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Macoupin and Montgomery (M&M) ROSC Council

Mission, Values and Membership Protocol

Attachment 2

Grant: 43CAC03706

Grantee Organization: Macoupin County Public Health Department

DUNS: 947095568

FEIN: 37-6001351

Recovery Oriented System of Care

Membership Protocols

Definitions

ROSC (Recovery Oriented System of Care)

ROSC is a network of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders, other addictions, and mental illness. The system in ROSC is not a treatment agency, but a macro-level organization of a community, a state, or a nation.¹

ROSC Council

The M&M ROSC Council is defined by the IL IDHS SUPR and GSU ROSC website as follows: “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 recovery and improved health, wellness, and quality of life for those with or at risk of substance use disorders. The central focus of a ROSC is to create an infrastructure, or “system of care”, with the resources to effectively address the full range of substance use problems within communities (<https://www.govst.edu/ROSC-GSU/ROSCC/ROSC/>).”

General

By definition, protocol is a system of rules that explain the correct conduct and procedures to follow in different situations. We should always display proper respect to anyone that is in recovery at the ROSC council meetings or related events. In no way will we pass judgement or criticize a person for their substance use, other addictions, or mental health disorders.

Readiness

ROSC were established because of the need for radical changes to how treatment services are delivered. Systems needed to be transformed and government officials, treatment providers and the advocacy community need to work together in order to ensure that this happened according to the principles of recovery management. Members of the M&M council have been working with each other to increase recovery management and supports since September of 2020. Stakeholders who have worked together since that time are committed to championing a ROSC council and increase community engagement. During the kickoff meeting on September

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27th, 2021, they also had an opportunity to gain a clear understanding of recovery-oriented systems of care, including key principles and elements of this framework.

The M&M ROSC council does believe that there is a compelling case for change in their community. We are aware that substance abuse is just a symptom of larger problems in the community. We believe that by working with each other across sectors and including individuals with lived experience – that we have a capacity to make systematic changes, to ensure long term recovery in their community.

Mission, Goal, Vision, and Values

We expect ROSC Council members to adhere to the mission, goal, vision, and values as stated below. Many of our fellow community members lack an understanding that recovery happens within the community. We believe that the development and sustainability of a collaborative Recovery Oriented System of Care will work to create a culture that builds and nurtures recovery.

ROSC Mission

To repair, renew, and restore the cultural, social, economic, and family systems that are systematically and generationally broken and distorted.

ROSC Goal

We believe that everyone has untapped potential - for some it is apparent, and for others it may be buried by psychiatric issues, trauma, substance use, other addictions. We believe in our fellow community members, even when they do not believe in themselves. This is why this ROSC wants to offer opportunities and make resources available to help those individuals become productive members of the community when they are ready. Our top priorities are to:

- Reduce stigma and increase engagement among community members and especially among marginalized populations
- Improve awareness of substance use and mental health through education and outreach
- Cooperate across sectors, perspectives, and lived experiences
- Advocate for Macoupin & Montgomery counties and for individuals with substance use disorders

Illinois ROSC Vision

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- People can and do recover
- Individuals and families determine the supports and services they need
- Services and supports are continuous and cohesive across different phases of care and are coordinated across the various agencies involved in their delivery
- Support of recovery is a community responsibility and value
- There is inherent flexibility in the system, so it can be responsive to different pathways to recovery
- Measuring quality and outcomes is a system priority

Illinois ROSC Values

- Recognize the right of a person to direct their own recovery
- Recognizing that there are many models of, and paths to, recovery
- Operate with integrity and a sense of personal responsibility
- Include the “voice” of peers, family members, and the community in planning and decision-making
- Individuals and families determine the supports and services they need
- Implement programs with competency and good stewardship
- Empower individuals and families
- Embrace cultural and situational diversity

ROSC Guiding Principles

- Recovery involves a process of healing and self-redefinition
- Recovery is support by peers and allies
- Recovery involves a personal recognition of the need for change and transformation
- Recovery is holistic
- There are many pathways to recovery

ROSC Elements

- Inclusion of voices and experiences of recovering individuals and their families
- Person-centered
- Strength-based
- Commitment to peer recovery support services
- Inclusive of family and other ally involvement

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- Systems anchored in the community
- Continuity of care
- Ongoing monitoring and outreach
- Research based

Membership Inclusion, Expectations, and Role of Nonmembers

- Membership in Macoupin and Montgomery counties is open to all persons who understand and agree with the mission, goals, principles, and elements without regard to age, race, sex, creed, gender, sexual orientation, values, or physical challenges.
- It is the goal of the ROSC Council to be inclusive rather than exclusive. Rich and diverse community involvement will aide in the success of the ROSC Council.
- Persons on the ROSC Council who serve in the capacity of PLE (Persons with Lived Experience) or a family member of a PLE should not have judgement or criticism placed on them in any situation.
- PLE’s must be intentional and actively involved in their own recovery program.
- Members must be willing to collaborate with other persons or organizations for the purpose of helping persons in recovery.
- Members will remain open minded and flexible in their thinking and willing to learn from one another.
- Members must maintain confidentiality and respect the privacy of all members; personal stories and situations that may be shared need to be kept within the council.
- Members have a common understanding of the language that pertains to addiction, mental health, and recovery.
- It shall be the right of the Council to change membership protocols if and when the Council determines a change is necessary. Such changes will be made by a 60% democratic majority vote at a ROSC meeting.

Non-Members

- All meetings are open to the public and interested parties are welcome to attend
- Nonmembers are community members or interested stakeholders who do not request formal membership and do not complete the orientation process.
- Agendas, minutes and information are posted on state ROSC website
- We continue to outreach to individuals in each county and others to create diverse sector representation of both non-members and members.

Recruitment

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It will be the responsibility of the ROSC Coordinator(s) to fulfill duties of recruitment, outreach and education both within Macoupin and Montgomery counties, and outside the counties. This will be accomplished through the ROSC website, emails, distribution of printed material, press releases, social media, radio ads, presentations, health fairs, trainings, reports, white papers, community discussions, etc. The importance of recruitment is to build our coalition. This coalition is important because it will allow our ROSC Council to develop relationships with people, programs and processes that will strengthen our community resources and move the entire four counties toward a positive cultural, social, economic, and family system change.

It will also be expected that ROSC Council members recruit through word of mouth.

Priority groups include individuals that live in the community, local hospital systems, primary care, mental health, law enforcement, states attorneys, drug courts, public defenders, regional leadership centers, landlords, local business owner(s), local and state government representatives and policymakers, persons with lived experience (PLEs), SUD prevention providers, SUD intervention providers (such as recovery homes), SUD treatment providers, SUD peer recovery support services provider(s), faith-based organizations, and other organizations such as homeless shelters.

Orientation

In order to ensure the efficacy of this ROSC council, it is necessary that members are oriented in ROSC values, principles and elements.²

It will be the responsibility of the ROSC Coordinator(s) and Macoupin County Public Health Recovery Care Coordinators to contact anyone who is interested in becoming a member. The new council members will learn about the council's vision, goals, objectives, history, purpose, structure and expectations of membership. Older members are also encouraged to provide a short introduction to new members, so that the latter understand their rights and responsibilities within the Council.

Training

It will be the responsibility of the ROSC coordinator(s) and other Recovery Care Coordinators to provide trainings to Council members. A few examples include Voices for Recovery, Partnership in Addiction, IRETA trainings and others as they are introduced through the council. Members are encouraged to attend trainings when offered through the ROSC Council. This is not mandatory, but education will be a vital piece of conquering the stigmas and misunderstanding

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surrounding substance use disorders, other addictions such as gambling and technology, and mental health disorders in our communities.

Council Work Groups

There will be no division in work groups at this time. The Council may revise this decision when and if it determines a change is necessary.

Community Needs Assessment

Our community needs assessment will be developed from a conceptual framework derived from previous work with the Rural Communities Opioid Response program. This has resulted in the ability of the current council members to develop a common vision, common values, systems elements, outcomes and definitions for this protocol. Surveys, focus groups, key informant interviews, and secondary data (i.e., census data, IL Dept. Public Health) will be used to ensure input from a broad spectrum of the community.³ We will prioritize the participation of individuals in recovery as well as their families and allies. The needs assessment will also ensure that stakeholders understand the extent of substance use problems in the community, the population affected, gaps in services and supports, and services and systems that require quality improvement. We will also encourage stakeholders to examine current policies and practices to ensure that they align with ROSC elements.⁴ Additional tools which will be reviewed and used if appropriate include either the Community Anti-drug Coalitions of America (CADCA)⁵ and Yale Assessment⁶ primer. We will also consider the following tools available through CADCA, to ensure that the needs assessment process also leads to a plan for capacity building.⁷

The community needs assessment will be updated annually via use of survey and be available to all members of the ROSC Council as well as community members on the ROSC website. Periodic qualitative methods will be used to assess and review implementation issues on an as needed basis.

Strategic Plan

After the needs assessment process has provided the council information about strengths as well as gaps in services within Macoupin and Montgomery counties and capacity building is underway, a strategic plan will be developed. The strategic plan will be developed based on Attachment 2

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data gathered during the assessment process and will include individuals that represent stakeholder interests. The needs assessment will be used to develop goals, objectives, and strategies which are specific, measurable, attainable, and realistic. Steps to strategic planning will include:

- Developing action steps
- Identifying timelines and parties responsible for completing each strategy
- Creating a resource plan
- Documenting the entire plan

For the purpose of the ROSC Council, goals will be set and these goals will reflect the long-term vision of the council and the communities we serve as well as the need to meet all required deliverables according to the grant. At any time, the council can adjust their choice of strategy and tactics in unplanned ways. Immediate council needs and decisions will be discussed and evaluated to determine adjustments to the strategic plan.

To further guide the strategic planning process we will also utilize the following resources as recommended by the SAMSHA ROSC guide.⁴

- Planning Primer: Developing a Theory of Change, Logic Models, and Strategic Action Plans
<http://www.actmissouri.org/PDF%20Files/Planning.pdf>
- Creating a Strategic Plan
http://www.ncspfsig.org/Project_Docs/Creating%20A%20Strategic%20Plan_How%20To%20Guide.pdf
- Getting to Outcomes: 10 Steps for Achieving Results-based Accountability
http://www.rand.org/pubs/technical_reports/2007/RAND_TR101.2.pdf
- Getting to Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation
http://www.rand.org/pubs/technical_reports/2004/RAND_TR101.pdf

Contact Information

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Meeting Information

- Platform for meetings: Hybrid (Live and Zoom). Zoom link and meeting agenda will be sent out monthly via email one week prior to meeting.
Zoom Link: <https://slu.zoom.us/j/99791426686>
- In-person meeting location: 805 St. Francis Way, Litchfield, IL 62056
- Meeting dates/time: Fourth Monday of the month at 2:00 PM (1 hour):

(Tentative 2021-2022 schedule) 11/22/2021, 12/27/2021, 1/24/2022, 2/28/2022, 3/28/2022, 4/25/2022, 5/23/2022, 6/27/2022, 7/25/2022, 8/22/2022, 9/26/2022, 10/24/2022, 11/28/2022.

References

1. White WL. The new recovery advocacy movement in America. *Addiction*. 2007;102(5):696-703.
2. White W. *Recovery management and recovery oriented systems of care: Scientific rationale and promising practices*. Philadelphia, PA: Northeast ATTC;2008.
3. Winarski J, Dow M, Hendry P, Robinson P. Self-Assessment/Planning Tool for Implementing Recovery-Oriented Services (SAPT). 2018.
4. SAMSHA. *ROSC Guide*. Washington DC2009.
5. CADCA. Assessment Primer: Analyzing the Community, Identifying Problems, and Setting Goals <http://www.cadca.org/resources/detail/assessment-primer> Accessed.
6. University Y. Yale Program for Community Health and Recovery: Recovery Self-Assessment (Provider Version). http://www.yale.edu/prch/tools/rec_selfassessment.html. Accessed.
7. CADCA. Capacity Primer: Building Membership, Structure and Leadership <http://www.cadca.org/files/CapacityPrimer-07-2009.pdf> Accessed.

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