

RUNNING HEAD TITLE

Strategic Plan 2025



Strategic Plan

Nellie C. Baity MAED, MHA

Chestnut Health Systems Region 5

Clinton County ROSC

3/30/2025

Author Note

Funded whole or in part by the Illinois Department of Human Services Division of Substance Use Prevention and Recovery.

Abstract

Addressing the gaps outlined in the community needs assessment allow for development of communication and outreach plan efforts which are also included in the strategic plan period it incorporates the demographic population overdose data from Clinton County. The plan is aligned with the Community Outreach Plan, Gap Analysis and Community Needs Assessment.

Keywords: Rural Mental Health Substance Misuse, ROSC, SUPR, Addiction, Recovery

SWOT Analysis

Current Clinton County ROSC Analysis 2025



SWOT Analysis

3). This analysis includes a list of technical assistance priorities for expanding ROSC in the community.

- a. **Strengths-** *Community engagement, stigma reduction, non-profit unity, organizational unity.* Educating the community on what a ROSC is or does. Educating participants on daily tasks which are to be shared or managed by the center of the prevention community. The community and most stakeholders are accepting the education and guidance of the ROSC from SUPR.
 1. *Community Engagement-* Seeking ways to grow the ROSC and volunteer participation. Resources and updating websites are full-time work use of PLEs for community service could be beneficial in updating these resources. It is nearly impossible to find volunteers for daily engagement, without the paid ROSC positions,

I fear there would be no way for sustainability at all. There are many volunteers for events and participants. These ROSC positions are very detailed, diverse and demanding. Data collection, processing, strategic planning, marketing, event planning, resource connection, and more are not something that will likely be provided without paid salary / income. They are very time-consuming and require many skills. Drug Court and probation have been a strength as well as many non-profits and people that band together to try to recover the rural community.

2. *Stigma Reduction*- Continuing anti stigma activities, integrated activities, events and sharing of information. Increasing campaigns, outreach, social media presence.
3. *Non- Profit Unity*- Seeking full lists of events in the county provided by all community resources to attend. At these events (if welcome) the ROSC can give out resources and support for the community. It is not feasible for the ROSC grant coordinators to host events if volunteers may not participate. It is mentally, physically and financially more appropriate and less work to avoid several events. ROSC workers need to be sure they are meeting their deliverables and research and managing the growth of strategic plans and efforts, and this is very difficult when hosting events. The events have proven to be a very large success in breaking down the stigma of substance use and mental health and now that the “presence” is known it is best to attend already full or hosted events. This could also be something done with volunteers, or people with hours of community service, as they can hand out brochures and resources about recovery. The ROSC should promote advertising and share any information for standing non-profits. Clinton County has been excellent in

sending people from Drug Court or probation to complete their community service hours at the building.

4. *Organizational Unity*-Continued growth among all stakeholders of the community to create a continuum of communication and care for prevention, education and recovery. We have a strong foundation with our schools, hospitals, health department, businesses, Veterans, and non- profit organizations. The ROSC is doing well to be engaged with social workers and policies impacting the community. There is still a need to enhance church and law enforcement involvement with training to provide safety and best practices for those that may look to the churches for help.

b. Weaknesses-*Youth substance misuse, lack of data, financial strain, lack of volunteer participants, lack of housing, lack of transportation, limited provides and social services or support meetings.*

1. *Youth substance misuse*- vaping and overall juvenile and youth is a concern or Clinton County. As we can see in IYS there are many youths between 8th and 12th grade that have reported concerns for mental health and mostly alcohol use as well as vaping. There is a lack of juvenile programs for assistance or reform, there is a need for immediate intervention. We must start programs which support families and youth immediately.
2. *Data collection is necessary.* Encouraging a yearly or 3-year assessment and/or maintenance on expanding upon current data for Clinton County, this will improve services, identify concerns and enhance opportunities for grants if applicable. There may also be a request for hospitals, or health departments to add SUPR guided questions into collection. Leveraging both local and state data will help identify areas

- with the greatest need for services, ensuring that Clinton County can build a more inclusive, accessible, and data-driven recovery system. We must compare previous data reports from the court system, IYS and others to ensure that we are proactive in prevention initiatives.
3. *Financial strain*-we must seek avenues for growth as well as compare and review funding. We must seek ways to implement volunteer services or standing resources.
 4. *Lack of housing, lack of transportation, limited facilities and social services or support meetings.* - *We must seek ways in which peers or volunteers can safely assist the loads of the currently burdened systems. We must seek opportunities with housing owners, or transportation providers as well as explore telehealth integration.*
- c. **Opportunities-** *ROSC Initiatives Community Based Prevention People are starting to engage, advocacy, policy reform*
1. *People are beginning to engage-* The positive impact of the ROSC has taken some time, however, over the past 3 years we can see how communication and effort have grown tremendously.
 2. *Advocacy-* We must continue to advocate and expand our growth to the local and state representatives to enhance the city, county and state policies which will support the community.
 3. *Policy reform-* we must advocate for change and reform policies as necessary to ensure prevention, education and recovery are available to all as guided by IDPH and SUPR guides.
- d. **Threats-** *Increased Substance Misuse Stigma and Barriers to Care Sustainability without grant funding burn out of current participants*

1. *Increased substance misuse-* without proper resources the cycle of substance misuse will grow and impact the entire community. There is not much for young people to do and also there are very few alcohol-free activities in the county.
2. *Stigma and barriers to care-* It is known that rural communities have a deep seeded thought of self-help and face self-stigma as well as external stigma toward seeking care. There is a need to continue breaking down these barriers of attitudes toward mental health and substance misuse.
3. *Lack of grant funding or support-* the lack of funding in the competitive Illinois will be a concern for Clinton County. The organizations, schools and non- profits should continue to seek opportunities for funding.
4. *Burn out-* The largest concern that has been voiced is that the current non- profits and rural workers are “tired” many are having to cut back on extra activities and protect their own mental health and practice as the burdens get heavier. There are simply not enough resources, and the volunteers quickly become burned out and opt to return to a simpler life.

Goals, Objectives, Activities

GROW (Goal, Reality, Options, Will) Plan

Goal 1: Improve Access to Integrated Mental Health & Substance Use Services in Rural Illinois

Objective 1.1: Increase the number of providers, volunteer support, Peer Support specialist, recovery-based meetings (SMART, NA, AA, EA, etc.) trained in integrated treatment by 25% within two years.

Activity 1.1.1: Develop training in integrated MH/SUD care. Rural communities have some differences from urban regions. Some providers providing health may not understand the deep-rooted culture of rural communities. There also is a need for an overall educational understanding which is accessible to the community.

Activity 1.1.2: Partner with local colleges and professional organizations for CEU-accredited courses. Colleges need resources for education, prevention and recovery. Some thoughts would be having colleges offer credit for completing an awareness course or even high schools for a full understanding of how mental health and SUD build a generational concern as well as negative impacts on the self as well as the population.

Activity 1.1.3: Secure funding through state and federal grants (e.g., ROSC, RCORP). Continued funding with Chestnut Health Systems through SUPR would be the best route for Illinois to continue services as the organization provides the tools and knowledge to manage grants for the rural communities. The last year has built a great deal of momentum for the ROSC and overall knowledge and growth of services.

Objective 1.2: Expand transportation options for rural residents accessing services by 30% within three years.

Activity 1.2.1: Conduct a transportation needs assessment.

Activity 1.2.2: Develop partnerships with local transit services and volunteer ride programs. Research all access to transportation options.

Activity 1.2.3: Advocate for policy changes to expand Medicaid-covered transport.

Goal 2: Enhance Community Engagement and Awareness of ROSC Model

Objective 2.1: Increase community participation in ROSC meetings and events by 40% in the next two years.

Activity 2.1.1: Host quarterly town hall meetings and focus groups.

Activity 2.1.2: Develop a social media and outreach campaign targeting rural populations.

Activity 2.1.3: Create culturally relevant, stigma-reducing materials on integrated treatment. Use SMART Recovery for support groups which are inclusive.

Objective 2.2: Establish at least three new community-based recovery support groups within 18 months.

Activity 2.2.1: Identify community champions to lead peer support groups (substance use, youth teen, Veterans, Hispanic etc).

Activity 2.2.2: Provide training on evidence-based peer support models and offer various SMART Recovery meetings aligned to groups. Continue to train facilitators and meeting leaders.

Activity 2.2.3: Develop a sustainable funding plan for long-term support.

Goal 3: Improve Recovery Outcomes for Adults Over 60, teens, adults, children in Rural Communities

Objective 3.1: Increase engagement of older adults, teens, and others in integrated treatment programs by 25% in three years.

Activity 3.1.1: Develop age-specific outreach and education materials.

Activity 3.1.2: Partner with senior centers, youth, schools, and Drug Court as well as healthcare providers for referrals.

Activity 3.1.3: Implement telehealth options tailored to rural populations.

Objective 3.2: Reduce barriers to insurance coverage for integrated services by advocating for policy reform. Participate in local meetings and town halls as well as connections with state representatives.

Activity 3.2.1: Conduct research on Medicaid/Medicare gaps in covering integrated care.

Activity 3.2.2: Engage policymakers through advocacy efforts.

Activity 3.2.3: Develop a policy brief with recommendations for improving coverage or other access to care.

Reality: Rural Illinois has a shortage of trained professionals and integrated mental health and substance misuse care. Limited transportation options prevent many from being able to access services. Stigma and lack of awareness hinder community engagement. Older adults face barriers including lack of tailored services and insurance limitations as well as the concern of having children with substance misuse or mental health disorder and having to raise grandchildren. Teens and youth are also impacted by mental health and substance misuse of the rural community as we see higher rates of death by suicide, substance misuse, foster placement, truancy, and other concerns.

Options: training programs such as developing and funding integrated treatment training for volunteers local providers meeting leaders and members of organizations such as churches are beneficial in maintaining a community based approach to mental health and substance use recovery period transportation expansion maybe saw through partnering with potential transit services and contacting companies that offer transportation through Medicaid or Medicare to understand the barriers or concerns that the companies And people are having. Community engagement may be increased through town halls targeted outreach and culturally relevant materials. The need for more access to resource lists and information which pertain to each age group or culturally diverse the population is evident. Creating tools and sharing on social media links to such resources as well as promoting local resources will be beneficial in sustainability.

Advocating for policies which lead to the gaps in rural substance use and mental health may assist in legislative reform thus leaving sustainability for community-based recovery systems.

Securing funding and partnerships to implement training and outreach programs may be difficult however continued growth and opportunities may arise. Searching for strong partners or standing nonprofit organizations which may be able to secure grant funding for expansion into different programs can possibly bring funding to the project however, funding is very competitive and challenging to receive. Researching other grants for the rural health from Chestnut as well as other organizations which in Clinton County can assist in some projects. Actively engaging community members to restrain and sustain recovery support groups and monitoring progress using tools to record measurable benchmarks demonstrates the growth of the ROSC and its council. Continuing training for SMART Recovery and recovery meetings by the risk not only offers people of lived experience to give back as support to current peers but also creates more support and free meetings for the community.

Data Collection Overview Community Needs Survey Data 2025

<https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:762b0dd5-7fd2-4914-b315-1f9a664e5b38>

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CC Excel Data: <https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:c5b2e8d1-d8f2-4937-b667-c619144e9ae4>

