

**Recovery Oriented Systems of Care
Strategic Plan, 2020 to 2025
Human Service Center of Southern Metro East
&
Southern Illinois Substance Abuse Alliance
March 2020**

Purpose:

This Strategic Plan will serve as a road map to evaluate our progress toward building a Recovery Oriented System of Care as the Southern Illinois Substance Abuse Alliance (SISAA) implements initiatives to address the identified gaps. The geographic area of the project is Randolph and Washington Counties in rural Southwestern Illinois.

Recovery Oriented Systems of Care Definition:

According to SAMHSA (Substance Abuse and Mental Health Services Administration) a branch of the federal Health and Human Services Department, a Recovery Oriented Systems of Care (ROSC) is a network of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in and treat substance use problems and disorders.

Through Human Service Center the Southern Illinois Substance Abuse Alliance Coalition was founded in February 2016. SISAA's membership functions as both the Coalition to prevent teen substance misuse and the ROSC Council to promote and support recovery. In this Assessment the terms Coalition and Council are synonymous.

Project Description:

The Recovery Oriented Systems of Care (ROSC) Council will assist communities with building local recovery oriented systems of care that can network with the statewide ROSC Council. Human Service Center (HSC) of serves as the lead Agency collaborating with community members to form the local ROSC Council. To ensure sustainability of the ROSC Council, HSC has demonstrated a commitment to establish the ROSC Council permanently with a long-term (5-year) strategic plan, either as a stand-alone non-profit organization or with a permanent business relationship with the lead agency. This agreement is set forth by terms and conditions applicable to services funded by the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR) for the development of Recovery Oriented Systems of Care Council.

Project Expectations:

Involve people with lived experience. Lived Experience means personal knowledge about substance use disorders (SUDs), including co-occurring mental health and substance use disorders (CODs) treatment, and recovery gained through direct involvement, which may include that individual's involvement as a patient, family member or loved one of a person receiving SUD/COD treatment services.

Create an integration of systems within the ROSC, local hospitals, primary care, mental health, law enforcement, local business owners, local government representatives and policy makers, persons with lived experience and SUD intervention, treatment, prevention and recovery support service providers.

Build a menu of services and supports including all the components listed in the definition above: person-centered, building on strengths/resiliencies, coordinated, and community based.

Organize the logistics of ROSC Council meetings, stipends to ensure the participation of persons with lived experience, training cost, or website administration costs. Plans include the development of Recovery Community Organizations (RCOs) in the ROSC.

Build capacity for communities to provide advocacy, education and recovery support services for people in recovery from SUDs and co-occurring (SUD/Mental Health) Disorders (COD).

Map resources and assess needs including: readiness for a recovery community organization.

Inform, educate and empower individuals and communities, expanding access to a comprehensive array of prevention, treatment and peer recovery support service options.

SISAA Mission:

Preventing substance misuse by youth and adults and supporting recovery activities in Southern Illinois.

SISAA Vision:

Healthy communities in Southern Illinois focused on prevention and recovery free of stigma and without judgement.

Illinois ROSC Vision Statements:

- 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.
- Implement programs with competency and good stewardship.

- Empower individuals and families.
- Embrace cultural diversity.

17 Essential Elements of a ROSC:

1. Person-centered
2. Family and other ally involvement
3. Individualized and comprehensive services across the lifespan
4. Systems anchored in the community
5. Continuity of care (pre-treatment, treatment, continuing care and recovery support)
6. Partnership/consultant relationship, focusing more on collaboration and less on hierarchy
7. Strengths-based (emphasis on individual strengths, assets and resilience)
8. Culturally responsive
9. Responsive to personal belief systems
10. Commitment to peer recovery support services
11. Inclusion of the voices of individuals in recovery and their families
12. Integrated services
13. System-wide education and training
14. Ongoing monitoring and outreach
15. Outcomes-driven
16. Based on research
17. Adequately and flexibly financed

Identified at the National Summit on Recovery in 2005. Referenced from the Wisconsin Department of Health Services, ROSC education materials, April 6, 2016.

Strategic Plan Building Blocks:

The Community Needs Assessment returned information that the community needs to build its recovery capital in every way. In short, many different people let us know that our community has many recovery capital needs. This creates a problem in determining where and how to start. It was decided that the best approach was to use SAMSHA's Recovery Support Dimensions in creating the Strategic Plan: Health; Home; Purpose; and Community.

These are defined as (from SAMSHA.gov):

- **Health**—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- **Home**—having a stable and safe place to live.
- **Purpose**—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- **Community**—having relationships and social networks that provide support, friendship, love, and hope.

Strategic Plan:

Goal 1A: Increase SISAA membership by increasing individuals with lived experience. *Purpose and Community

Year 1	<ul style="list-style-type: none"> Continue regular meetings on the third Wednesday of the month, ten months annually. Send meeting reminders one week before. Send meeting minutes within one week after the meeting. Ensure meeting minutes are posted online on the ROSC website. Offer PLE stipends through gift cards for participation. Engage a recovery committee within SISAA to focus on recovery specific growth.
Year 2	<ul style="list-style-type: none"> Have members sign MOUs in Year 2 to show continued engagement in the Recovery Committee and SISAA.
Years 3 to 5	<ul style="list-style-type: none"> Continue progress of Years 1 and 2, engaging more community members each year to the work of SISAA.

Goal 1B: Maintain an Updated Assessment and Strategic Plan. *Purpose and Community

Year 1	<ul style="list-style-type: none"> Create initial Assessment. Create initial Strategic Plan.
Year 2	<ul style="list-style-type: none"> Review initial Assessment and Strategic Plan to determine where updates and changes are needed.
Years 3 to 5	<ul style="list-style-type: none"> In year 3 complete a SWOT Analysis to ensure current Assessment and Plan are accurate, up-to-date, and are aligned with community needs and goals. Update documents as needed.

Goal 2A: Increase available resources to those in recovery. *Home, Purpose, Community

Year 1	<ul style="list-style-type: none"> Identify currently available resources. Create a directory of options available to those in recovery. Increase understanding of current options for services through updated marketing materials and greater distribution.
Year 2	<ul style="list-style-type: none"> Identify two areas of resource shortage and create specific plans to improve access to those in recovery. Increase understanding of current services options through quarterly lunch and learn offerings from HSC.
Years 3 to 5	<ul style="list-style-type: none"> Each year identify areas of resource shortages and continue to build capital in those areas. Continue to create and disseminate information about available resources through marketing materials and other learning opportunities.

Goal 2B: Increase opportunities for those with a criminal record to find meaningful employment. *Home and Purpose

Year 1	<ul style="list-style-type: none"> Preparation.
Year 2	<ul style="list-style-type: none"> Establish a relationship between SISAA and local employers. Identify opportunities for SISAA network to assist employers.
Years 3 to 5	<ul style="list-style-type: none"> Establish a job support program through HSC to assist those out of work in returning to the workforce and maintaining meaningful employment. Expand the network of participating employers and those in Recovery in the employment program. Continue to expand job support program with additional businesses and potential employees.

Goal 2C: Increase supportive living opportunities for those leaving treatment. *Health, Home, Community

Year 1	<ul style="list-style-type: none"> Preparation.
Year 2	<ul style="list-style-type: none"> Identify options and opportunities for a sober living home in Randolph County. Identify a model program for the program to be based upon. Identify resources needed.
Years 3 to 5	<ul style="list-style-type: none"> Begin the process of opening a sober living facility in Randolph County. Engage resources needed.

Goal 3: Create anti-stigma campaign. *Health, Home, Community

Year 1	<ul style="list-style-type: none"> Research and identify options for an anti-stigma campaign well suited for local communities.
Year 2	<ul style="list-style-type: none"> Create a campaign to begin in the fall focused on reducing stigma in the community. Hold focus groups to determine campaign effectiveness. Create and disseminate messages based on focus group feedback.
Years 3 to 5	<ul style="list-style-type: none"> Each year identify new messages and new methods of disseminating the anti-stigma messages.

Community Readiness:

Based on initial conversations around the ROSC Council many stakeholders show excitement and interest in being involved. To this point, no person has indicated they are uninterested in this initiative. For many years, there has been community conversation through the SISAA Coalition meetings that the community needs to provide a greater safety net and further opportunities for those interested in recovery. Prior to the ROSC Council Grant, there has been the desire to make changes to the community structure, but the resources to drive the efforts have not been available. With a Recovery Coordinator solely focused on engagement of the community towards these goals, it is likely that those resources to support the effort will engage and provide that support.

Technical Assistance Needed:

This area has had few resources for many years and has not been able to progress towards creating a recovery community before now. A great deal of technical assistance may be needed to ensure the group can achieve success.

Specific Technical Assistance Needs:

- Stigma Reduction Efforts
- Community Engagement
- Engagement of those with Lived Experience
- Growth of the Recovery Community
- Expanding and Creating Services based on the Identified Needs of those with Lived Experience