



MEMORANDUM OF UNDERSTANDING BETWEEN

SOUTHLAND RECOVERY COALITION (SRC) and

Enter into this Memorandum of Understanding to partner in the establishment Recovery Oriented Systems of Care-Illinois Statewide Network (ROSC-ISN)

PURPOSE

The purpose of this memorandum of understanding is to define the working relationship between SRC and _____ . This agreement will clarify the collaborative roles and responsibilities of the two agencies with respect to improving the local infrastructure supporting the establishment of a ROSC Council. The partnership will be part of a coordinated network of community-based services that builds on individual and community strengths to build a system of care that supports recovery.

ROLES AND RESPONSIBILITIES

Key roles and responsibilities define the working relationship between the two parties. The agencies will work together and with other community organizations to build a community culture that nurtures recovery, builds capacity and infrastructure to support a recovery-oriented system of care. In partnership the two parties agree to:

- Build a community culture that nurtures recovery by collaborating with other community members to form a Recovery Oriented System of Care.
- Achieve authenticity by valuing all areas of the community and all paths to recovery.
- Promote the needs of the recovery community and promote infrastructure development through training and education.
- Respect the sustainability of the ROSC by actively participating in Council meetings and activities and maintaining current information with the Council Roster.
- Recognize that community ROSC councils are part of a larger statewide network and contribute to the capacity building of the statewide recovery community.

This Memorandum of Understanding shall be in effect from the date of its execution through the period during which allocated funds in support of the ROSC award are available, unless otherwise terminated through written notice by IDHS/SUPR or **SOUTHLAND RECOVERY COALITION**.

IMPORTANT: Virtual Meetings will be recorded. Please refer questions to Meeting Host.

Signature _____ Date _____
Angelia Smith – SRC Lead

Signature _____ Date _____

Insert Name _____ - ROSC Council Member