



ROSC COUNCIL

Strategic Plan

2021

Abstract

The Recovery Oriented System of Care's systematic process of envisioning a desired future, and translating this vision into broadly defined goals or objectives and a sequence of steps to achieve them.

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Recovery Oriented System of Care

Strategic Plan

Purpose

The purpose of establishing the strategic plan below is to provide individualized objectives. These objectives will provide a means for determining the success of the ROSC Council as well as guiding its members.

Strategic planning is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that members and stakeholders are working towards a common goal, establishing agreement around intended outcomes and results, and assess and adjust the council's direction in response to a changing environment.

Mission, Vision, Values and Goals

ROSC Mission:

"Collaborating to build and empower communities of recovery"

ROSC Vision:

- 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.

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

ROSC Goals:

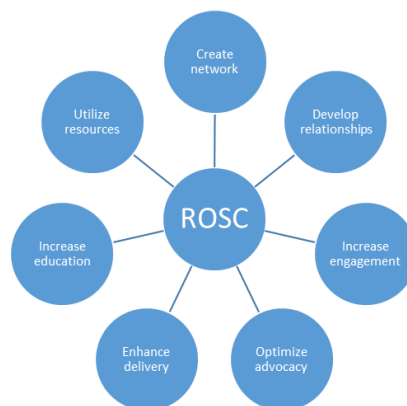
- Inform, educate and empower individuals and communities
- Determine existing services available as well as the needs to expand necessary services in the areas of prevention, treatment, peer recovery support and systems improvement
- Partnerships that are rich and diverse
- Increase in the number of people pursuing recovery, improving recovery capital to strengthen capacity to build and maintain lives in recovery and build recovery sustainability

SWOT



Strengths	Weaknesses
<ul style="list-style-type: none"> • Development of ROSC Council with diverse council members • Henry County Mental Health Alliance • Evaluation/intake services • Individual counseling • Outpatient group therapy • Intensive outpatient treatment • Adolescent services • Insight program • Relapse prevention services • Medication Assisted Treatment <ul style="list-style-type: none"> ▪ Suboxone ▪ Vivitrol ▪ Narcan Trained • AA • NA • Western Illinois Works, Inc. • Parks and recreational opportunities 	<ul style="list-style-type: none"> • Community gaps in services • No detoxification facility • No inpatient • No residential treatment facility • No peer ran sober living with various services offered in house • No certified peer specialists • Lacking other options of sober living • Lack of community awareness of services • Market concentration • Grants could be discontinued • Lack of community education involving substance use and mental health issues as well as recovery • Transportation system • Family support and education • Stigma • Lack of grief support groups • Limited number of providers

<ul style="list-style-type: none"> • Knox County Drug Court • Henry County Drug Court • Warren/Henderson County Drug Court • OSF Resource Link • OSF Navigation Link • Prairie State Legal Services • Crossroads • La Grace Hall of Hope • Oxford House • Supportive Community • 2-1-1 • Silvercloud App • Celebrate Recovery support groups • Mental Health First Aid • Faith based support • Older Adult Behavioral Health Unit • Collaboration with EMS and Police Department • 708 Boards (Knox, Warren & Henry) 	<ul style="list-style-type: none"> • Lack of sober activities • Lack of employment, housing and other resource opportunities • Homeless • Poverty
Opportunities	Threats
<ul style="list-style-type: none"> • Community involvement • Community education • Networking with community stakeholders • Initiatives • Building a culture that nurtures recovery • Building rich and diverse community partnerships and collaborations • Increase the number of individuals pursuing recovery • Advocate for needed services • Connecting communities • Making our communities healthier and stronger • Recognizing successful recovery stories • Treatment program for adolescents • Telehealth options • Faith based opportunities • More outpatient treatment options • Positive attitude towards our communities future • Future grants/funding • Increase in sober activities 	<ul style="list-style-type: none"> • Funding • Stigmas • Lack of consistent, ongoing collaboration • Rural demographics (recruitment challenges) • State of Illinois legislative changes • Lack of understanding of rural challenges for treatment • Apathy • Growing opioid epidemic • Absent parents/family



Strategic Plan 2020 Goals met and not met

Strategic Plan moving forward into 2021

On-going Strategic Goal:

Goal A: Maintain local ROSC Council meetings

Objective 1: The ROSC Council will continue to meet monthly and increase member attendance.

Activity 1: ROSC Council meets monthly, every 3rd Thursday of the month in the Bridgeway Boardroom, 2323 Windish Drive, Galesburg, Illinois.

Activity 2: Continue to update contact email list

Activity 3: Email blasts sent out monthly to remind members through Constant Contact

Activity 4: Two weeks prior to meeting, send out an email invite

Activity 5: ROSC Council website will be kept up to date

Activity 6: West Central Illinois ROSC Facebook page to be updated regularly

Goal B: Cheri Bustos to speak at ROSC Council

Objective 2: Cheri Bustos, local congress women, will inform educate and empower members of the ROSC Council.

Activity 7: Continue to contact office

Goal A met: In-person meetings were held January and February. Due to Covid-19, meetings were put on hold March-May. Meetings were made available via Zoom for the rest of 2020.

Goal B not met: Due to Covid-19 and the upcoming election, we were not able to secure Cheri Bustos as a speaker.

Goal C: Hire peer support specialist

Objective 3: To provide peer support to persons who are in or recently experienced a mental health or substance use disorder. This is a critical role in the continuum of care for Behavioral Health Services.

Activity 8: Applying for funding for this position in the 2020, 708 Knox County Mental Health Board grant cycle.

Goal C met: Goal met and exceeded expectations. We were able to secure grant funding through our 708 Knox County mental Board as well as a HRSA grant to be able to hire 2 Peer Support Specialists.

Goal D: Involvement of all schools in Henry, Henderson, Knox and Warren counties in a prevention program through Bridgeway.

Objective 4: Adolescence is the critical period to prevent substance use disorders. Implement this program in all schools for the 2019-2020 school year.

Activity 9: Speak with school administration and ROE to establish an ongoing relationship.

Activity 10: Develop a plan/program that will be sustainable

Activity 11: Applied for tMHFA pilot program and was accepted. 4 trainers were sent away for training. We taught 2 out of the 75 high schools that were chosen for this pilot program in the United States. We trained over 400 students on teen Mental Health First Aid. This pilot program is ending in June 2020 and is being opened to all high schools across the United States. We will continue to expand this educational opportunity to other schools in Knox, Warren, Henderson and Henry Counties.

Goal D not met: Due to Covid-19 this goal will be re-evaluated for 2021.

Goal E: Family support groups

Objective 5: Support groups for families of addicts can be helpful for anyone who has an addict in your life.

Activity 12: Develop support group

Activity 13: Recruit families with lived experience

Activity 14: Incorporate the peer support specialist to find the best candidate to run this support group.

Goal not met: This goal was not met due to Covid-19. With the start of the Peer Support Specialist, this goal will be accomplished in 2021 via a virtual platform.

Goal F: Develop list of transportation options for people in treatment and recovery

Objective 6 : People who need substance use treatment may not get the help they need because they cannot get to the treatment facility or service providers. Rural communities are more geographically dispersed and have fewer public transportation options. A lack of treatment options nearby often means that people must travel great distances, often to neighboring counties, in order to access services.

Activity 15: Meet with local public transportation options

Activity 16: Develop list and distribute throughout communities

Activity 17: Meet with Knox County after new transportation system is established, will meet to finish transportation list project: Goal to have list to be distributed by August 2020

Goal F not met: This goal was put on hold during Covid-19. An increase in participation in treatment services for substance use was accomplished through a virtual platform, overcoming a transportation barrier. We are hopeful that in 2021, virtual platforms and telehealth will still be available for SU services.

Goal G: Increase the amount of peer supported activities in all 4 counties.

Objective 7: Peer activities provide opportunities for peers to interact with each other in a fun, community-based setting that allows for social support and friendships to flourish.

Activity 18: Offer educational opportunities present by person's with lived experience in a centralized location. This goal will be met with the hire of a peer support specialist.

Activity 19: Develop Teen ROSC

Goal G met: In 2020, we increased the number of educational opportunities we made available to our communities through a virtual platform. We will continue to increase this availability in 2021.

Year 3 (2021)

Goal H: Develop data and quality management system

Objective 8: Individually, organizations and council/consortium members collect their own data and within various systems that do not have the capability to communicate. Providers work to measure progress independently based on the service they alone provide. Outcome data is shared sporadically and only for specific identified needs. Providers do produce data, which is available for review but do not collectively utilize or share data to assist with managing progress or to implement necessary changes. This development will allow for the sharing of information and assist with future planning.

Activity 20: Develop a collaborative data system for input, tracking and reporting in order to manage data and quality measurements.

Activity 21: Participation from council members to develop a data and quality management system.

Activity 22: The council members will determine data metrics and quality measurements.

Activity 23: As a true collaboration, collectively input data across programs to see outcomes and assist with further needs assessments and strategic planning.

Goal I: Analysis to determine need for Methadone Clinic

Objective 9: When people become addicted to heroin, they crave the drug so strongly that, even when they know what consequences they face as a result of their heroin use, they are unable to stay away from the drug. This makes relapse to heroin use incredibly likely after detox. Often, those struggling with heroin addiction experience multiple episodes of relapse on their road to recovery. In some instances, methadone can help these people to avoid relapse.

Activity 24: Complete needs assessment.

Activity 25: Determine program development.

Activity 26: Complete cost analysis.

Activity 27: Determine necessary licensure, certification and regulations.

Year 5 (2023)

Goal K: Open a Recovery Community Center

Objective 10: A Recovery Community Center (RCC) is a resource for skill-building education, information, support and socialization for those in recovery and their loved ones. It makes real the belief that recovery from addictive disorders is possible. The basis for available services and programming through an RCC are Peer Based Recovery Support Services (P-BRSS)

Activity 28: Apply for funding

Activity 29: Establish residency of the RCC

Activity 30: Recruit volunteers to run center activities

Activity 31: Develop schedule