



LIVINGSTON COUNTY ROSC STRATEGIC PLAN

Fiscal Year 2026-2028+

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

Livingston County Recovery-Oriented Systems of Care

Strategic Plan- Updated FY25

Purpose

The purpose of the Livingston County ROSC Strategic Plan is to identify specific strategies, measurement tools, and intended outcomes that will address identified needs and opportunities for creating a recovery-ready community. The Livingston County ROSC Strategic Plan was developed with the ROSC Council and includes data from our Needs Assessment, conducted in February 2025, as well as data derived from agencies throughout Livingston County. Continuing with and enhancing our previous work, the focus remains on items providing the greatest impact on the community we serve. The strategic plan will guide all efforts of the ROSC Council, including use of funds, human resources, and community outreach efforts to serve as a long-term plan for creating sustainable community change.

Mission Statement

Collaborating with stakeholders, people with lived experience, their families, and the community to empower, advocate, and support recovery by building a network of care to educate, reduce stigma, and improve connection for the community.

FY26-28+ Goals of Livingston County ROSC

1. Reduce stigma
2. Promote Medication Assistance Recovery and other evidence-based practices
3. Ensure effective service delivery

SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> • County collaboration-all social service agencies work well together • Key Stakeholders-Substantially involved • Crisis and Mental Health Services Available • Accredited Drug Court • Behavioral Health Services including crisis contacts, groups, mediation • Prevention Services in local schools • Diversity of secular and faith-based support groups • Concise Communication • Psychiatric Services • Smoking Cessation Campaigns • Anti Vaping Campaigns for Youth • MAR Supports • ROSC Council adheres to Strategies and Objectives • ROSC Council and Subcommittees volunteer with activities including preparation, events, distribution of materials, continuing self and agency education while key stakeholders are also sustainably involved. • ROSC Council has firm knowledge of Community Needs and is willing to access additional resources for the community. • Ability and knowledge to refer the community to the proper services • Weekly Family Support Group 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Stigma surrounding SUD/Mental Health • Lack of knowledge regarding harm reduction • Transportation Systems (no public transportation) • Need for Peer Recovery Mentors • Lack of Sober Activities • Limited Behavioral Health Services/Groups • Lack of Sober Activities for PLE • Limited Family Recovery Groups (al-anon/al-a teen) • Minimal adolescent-facing SUD/MH services • Limited Harm Reduction education, awareness, and resources (e.g. HR vending machines) • General Population is unlikely to be aware of the true concepts of ROSC • Community members with lived experience have limited representation on the ROSC council • Lack of Recovery Housing • Lack of Detox/SUD Treatment within 40 miles • Lack of awareness of available programs • Lack of transportation for meetings and connections with others in recovery
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Opportunities

- Peer Support with justice involved individuals and those recently released from any treatment or incarceration
- Collaborative effort toward a sustainable county wide Recovery Community Organization
- Reduce silos by continuing the unified vision of the coalition
- PLE involvement in community recovery efforts
- Encourage involvement in the ROSC from the 12 Step Recovery Community
- Promotion of Community based SUD/MH education
- Expansion of Faith Based recovery support
- Education surrounding additional MAR services/providers
- Uniform/topic specific messaging around existing gaps
- Provide weekly communication to Council & Subcommittees
- Bridging Gaps with other human services
- Communication among all recovery groups
- Research funding for collaborative or independent transportation services to recovery meetings/events/treatment that are of no cost to participants
- Increase groups who support multiple pathways to recovery

Threats

- Reduction of federal/state/local funding opportunities
- Apathy among the recovery community
- Outdated practices that limit other recovery pathways
- Lack of recognition that SUD and MH are treatable and recovery is sustainable
- Lack of transportation options threatens all early recoverees needing to attend meetings, group, doctor appointments, therapy, etc.
- Lack of awareness that harm reduction creates opportunities for sustainable long-term recovery
- Health service reductions due to pause or elimination of funding
- Individuals may not understand that recovery is a human right
- Homelessness being a cooccurring factor with SUD/MH
- Current resources being redistributed amongst already existing human services creating additional gaps

FY26-28+ Strategic Plan

Goal 1: Increase the number of community members that have factual knowledge of substance use disorder and mental health issues by 10% in three years (Ongoingly, FY26+)

Objective A: Livingston ROSC will provide evidence-based education and awareness around substance use, mental health, and co-occurring disorders to reduce stigma in Livingston County.

- **Strategy 1:** Focus on educating the Council by hosting a guest speaker to discuss stigma at least twice per year.
- **Strategy 2:** Partner with stakeholders prior to them participating in community events and qualifying their knowledge of non-stigmatizing language with a “Best Practices” worksheet.
- **Strategy 3:** Promote evidence-based best practices during community engagement events such as outlined in Wellness Recovery Action Plan (WRAP) and Qualify Prevent Refer (QPR).
- **Strategy 4:** Refer to the Community Needs Assessment ongoingly to target gaps and assess change.
- **Strategy 5:** Implement proper person first language during all interactions, including social and print media.

Outcome Measures:

- *Did we share the “Best Practices” worksheet with all new ROSC event volunteers?*
- *Did our efforts create positive change and awareness? Gathered by a participant survey with people who come to ROSC tables/events.*
- *Did we exhibit stigma reduction technics in the community? Participant survey.*
- *Do our community partners exhibit stigma awareness? Bi-annual council survey.*
- *Were the Community Needs Assessment gaps addressed/revisited quarterly?*
- *Was proper person first language used in all ROSC communication?*

Objective B: Livingston ROSC will proactively respond to stigmatizing comments, language, and barriers to recovery in order to educate and equip the community and stakeholders with knowledge on addiction as a disease.

- **Strategy 1:** Talk openly regarding mental health and substance use disorders at Council meetings, Subcommittee meetings, and community events.
- **Strategy 2:** Replace the lack of understanding with encouragement for positive change through the use of SUD/MH education resources.

- **Strategy 3:** Utilize the Stigma Toolkit from the Center for Community Engagement at Chestnut Health Systems and share these resources on social media at least monthly.
- **Strategy 4:** Share SUD/MH recovery testimonials at least monthly on social media to prove the possibilities of recovery and hope.
- **Strategy 6:** Utilize PLE testimonials at Council meetings and events to develop a narrative of what the systemic causes of stigma are while demonstrating options to reverse that narrative.

Outcome Measures:

- *Were we effective in changing the narrative? Council Survey.*
- *Did people with lived experience provide testimonials and exhibit recovery?*
- *Was our language affirming and positive? Council/participant survey.*
- *Did we provide the community with proper support? Educational materials distributed that aligned with the Community Needs Assessment, participant survey.*
- *Were the causes of stigma addressed in Council and Subcommittee meetings?*

Objective C: Livingston ROSC will advocate for systemic community change by addressing barriers to treatment and recovery, building new and strengthening existing partnerships, and utilizing media to promote Council activities and ROSC awareness.

- **Strategy 1:** Challenge stereotypes in the media with conclusive evidence-based findings shared via social media education.
- **Strategy 2:** Advocate for and prepare people with lived experience (PLE) to become the spokespersons in the community.
- **Strategy 3:** Participate in community partnerships to develop best practices in stigma reduction.
- **Strategy 4:** Continue to refer to the Community Needs Assessment and Health Department I-Plan to note changes and reassess strategies as needed.
- **Strategy 5:** Utilize local media to promote Council activities.
- **Strategy 6:** Continue partnership with IHR to support their prevention programs, including school programs.
- **Strategy 7:** Establish an intentional, collective relationship with local town, township, county governments to promote change.

Outcome Measures:

- *Was local media responsive to the promotion of change in the community?*
- *Were PLEs involved in recovery events including being active stakeholders?*
- *What were the impacts of collaborative efforts with community partners?*
- *Did local governments participate in the promotion for change?*
- *How effective was our social media reach to market ROSC events?*

Objective D: Livingston ROSC will address the stigma around MH/SUD by educating the Council and community on addiction as a disease and promoting available treatment services.

- **Strategy 1:** Compare treatment of mental illness with the treatment of other health conditions like heart disease, cancer and diabetes.
- **Strategy 2:** Normalize mental health and SUD treatments by providing MAR education via social media and council meetings.
- **Strategy 3:** Support local, county, and statewide mental health and SUD initiatives by promoting available resources at events and on social media and welcoming guest speakers at Council meetings.
- **Strategy 4:** Utilize ROSC social media platforms to promote current SUD/MH resources and initiatives.
- **Strategy 5:** Promote continuing education opportunities for Council and the community by sharing about free webinars and inviting Council members to SUD/MH training conferences.

Outcome Measures:

- *Were all ROSC social media platforms used for current promotions and initiatives?*
***The four Outcomes below will be measured by written survey at event tables throughout the year.*
- *Did we effectively communicate the fact that all health conditions are lateral?*
- *Does the community acknowledge that support is crucial to equality?*
- *Did the ROSC stakeholders share experiences and actively listen to community experiences?*
- *What continuing education trainings did Council members participate in, regarding SUD/MH?*

Goal 2: Over the next three years, increase harm reduction initiatives within the community through at least two new initiatives (Ongoing, FY26+)

Objective A: Livingston ROSC will use a variety of platforms and engagement opportunities to increase Council and community knowledge around the importance, benefits, and types of harm reduction services.

- **Strategy 1:** Utilize social media to educate the community on the purpose of harm reduction and its effectiveness in rural communities.

- **Strategy 2:** Promote and train the Council on the reasoning of Harm Reduction and its positive effects to minimize negative health outcomes.
- **Strategy 3:** Explore opportunities to partner with the justice system to focus on positive change and support a community without judgement and prejudice.
- **Strategy 4:** Educate the community on the positive outcomes of the use of Naloxone, Fentanyl Test Strips.
- **Strategy 5:** Integrate evidence-based Harm Reduction Education with everyday health care initiatives by fostering new partnerships with medical providers and pharmacists.
- **Strategy 6:** Partner with the Livingston County Health Department to promote community Naloxone training opportunities.

Outcome Measures:

- *How many conversations did the ROSC have with healthcare providers around the topic of harm reduction? (year 1)*
- *Did Healthcare Providers engage in Harm Reduction conversations with clients? Measured by provider question check box per their protocol. (year 2+)*
- *Did Harm Reduction provide better outcomes for individuals who use substances? Measured by provider question check box per their protocol.*
- *Was the distribution of Naloxone increased over a 3-year period, noted by provider recording?*
- *Has the justice system recorded a change in community support for harm reduction?*

Objective B: Livingston ROSC will continue partnerships with local youth serving organizations to increase youth awareness and education around harm reduction.

- **Strategy 1:** Utilize existing in school prevention programs as fact finding opportunities to start framing adolescent harm reduction. Capture response from students, teachers, guardians.
- **Strategy 2:** Gather information from the Illinois Youth Survey as the basis to promote Harm Reduction programs and practices for youth.
- **Strategy 3:** Collaborate with the Livingston County Health Department to promote their anti-vaping and smoking cessation training.
- **Strategy 4:** Identify opportunities for volunteer-based peer support in schools, youth groups, and Boys and Girls Clubs.
- **Strategy 5:** Educate the public on the dangers of Fentanyl being incorporated in other substances such as marijuana, pills, and vape pens that are being used by the adolescent population.
- **Strategy 6:** Incorporate discussions regarding Naloxone and Fentanyl test strips in conversations with youth.

Outcome Measures:

- Did school prevention programs record changes in youth regarding substance use?
- Did the Illinois Youth Survey show changes in substance use in 8-10 & 12 grades? (two-year span)
- Was there a positive outcome with those who engaged in youth peer support?
- Did the distribution of Naloxone and Fentanyl test strips for youth increase?

Objective C: Livingston ROSC will expand its sector engagement to help decrease overdose rates in all sectors.

- **Strategy 1:** Increase access to Naloxone and to evidence-based treatments using existing providers/trainers.
- **Strategy 2:** Identify additional funding opportunities to expand education, training and prevention with County wide initiatives and incentives geared toward all populations.
- **Strategy 3:** Invite all medical professionals to provide proper training regarding the use of opioid medications in the home that may be self-administered or provided by a family member or care provider.
- **Strategy 4:** Work to build a committee of stakeholders from all sectors of public service such as Police, EMS, Fire, Probation, FEMA and elected officials to support Harm Reduction initiatives.

Outcome Measures:

- *Review County Coroner's report to assess overdose rates by year and substances found in each overdose death.*
- *Was additional funding received?*
- *How many Naloxone kits and Fentanyl test strips were delivered by year?*
- *Was a committee of public service stakeholders formed to address overdose in the County?*

Goal 3: Ensure Effective Service Delivery - Expand the number of agencies with established MOUs to improve service delivery, increasing participation from 2 to 5 agencies over the next three years (Ongoing, FY26+)

Objective A: Livingston ROSC will use a variety of data sources, including the Livingston ROSC Community Survey and Health Department I-Plan to make data-driven decisions based on identified community needs.

- **Strategy 1:** Identify gaps that are reported in the ROSC Needs Assessment, Health Department I-Plan, and other community resources.
- **Strategy 2:** Research into which populations are underserved and why they are underserved.
- **Strategy 3:** Identify all barriers that limit access to existing resources.
- **Strategy 4:** Assess the types of SUD's (including opioids, alcohol, methamphetamine and other types of substances) to identify where treatment resources should be channeled first.
- **Strategy 5:** Evaluate outcomes of those who are using existing resources. (voluntary surveys, community interaction with services).
- **Strategy 6:** Use all collected data for planning purposes to target results.

Outcome Measures:

- *Were gaps identified and efforts made to make changes?*
- *Are populations that were identified as underserved now being served? (3-year plan)*
- *Are existing barriers being torn down? Are barriers changing?*
- *Have gaps in the ROSC Needs Assessment changed?*

Objective B: Livingston ROSC will serve as a leader in proactively engaging with diverse community sectors to address gaps in access to treatment and recovery services.

- **Strategy 1:** Encourage and allow key stakeholders to speak to client needs and lead the coalition to positive results.
- **Strategy 2:** Welcome diverse perspectives that will lead to informed and effective decision making when expanding/building services.
- **Strategy 3:** Emphasize there are multiple pathways to recovery and build on this proven concept.
- **Strategy 4:** Identify solutions to gaps in transportation services throughout the County. (Volunteers, paid services, funding streams.)
- **Strategy 5:** Engage with elected representatives regarding needs, gaps, funding, and education needs surrounding the community.
- **Strategy 6:** Partner with and utilize information from the States Attorney's Office, Probation Department, and other local stakeholders to ensure their clients and families are aware of all available resources.
- **Strategy 7:** Strategize with Providers, Court Systems, and recovery groups to help integrate Peer support personnel into those agencies. Continue to work with Heartland Community College Peer program.

Outcome Measures:

- *Stakeholders assess the results from these first three Strategies. (3-year plan)*
- *Were transportation gaps improved or changed?*
- *Who is using new or additional transportation options?*
- *Has the elected representative been engaged with ROSC?*
- *Have Peer Supports been added? If “Yes” what is the result?*

Objective C: Livingston ROSC will strive to create a recovery-friendly community and work to foster opportunities for people in recovery to reach their full potential.

- **Strategy 1:** Offer increased social interaction with the entire community outside of recovery to help build and maintain interpersonal relationships. (Sober Social Events)
- **Strategy 2:** Research adequate re-entry housing for those returning from rehabilitation of incarceration.
- **Strategy 3:** Continuously connect with social services who provide education, jobs, housing, counseling and all aftercare options.
- **Strategy 4:** Determine feasibility/sustainability for a Living Room Program within the community. (2-year plan)

Outcome Measures:

- *Were the addition of group/family activities attended?*
- *Was the community involved and accepting of the recovery community?*
- *How well were Sober Social Events attended?*
- *Was re-entry housing established?*
- *Is the recovery community more or less engaged than previously?*
- *Are more individuals in recovery housed and employed?*

Objective D: Livingston ROSC will partner with treatment/service providers to help ensure that services are consistent, efficient, and effective for people seeking supports in the community.

- **Strategy 1:** Offer one on one/small group breakout opportunities during Council meetings to foster connectedness within the Council.
- **Strategy 2:** Strive for all communication to be concise, consistent and timely with the Council, Sub-committees, and all future stakeholders.
- **Strategy 3:** Support the goals of community partners/stakeholders to foster a reciprocally upbuilding partnership.
- **Strategy 4:** Seek continuation of increasing recovery capital (personal/ community/ social). With a goal of 8+% growth each year for the next three years for a total increase

of 25% in that timeframe. The largest target sector will be those individuals with lived experience.

- **Strategy 5:** Assess satisfaction of all events, meetings, communication and volunteers and evolve accordingly.

Outcome Measures:

- *End of meeting responses from the Council to the following questions: What did we gain from this meeting? Tracked in meeting minutes.*
- *Membership growth and retention rates.*
- *Are we meeting the needs of the community? (Community Assessment review)*
- *Has recovery capital increased?*