**Quarterly ROSC Report**

**Council Name/Region:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reporting Period (e.g., Q1 FY26):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitted by (Name & Role):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Progress Update on SMART Goals/Objectives**

**Instructions:**

For your top two to three community challenges, **please clearly identify each challenge and provide a summary of progress toward your SMART goals/objectives this quarter.** Be sure to include any **accomplishments** and **milestones** your council has achieved, as well as any **adjustments made, or challenges** encountered while advancing your strategic plan.

**Community Challenge #1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Progress toward SMART objective:*

*Adjustments or Challenges:*

**Community Challenge #2**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Progress toward SMART objective:*

**Community Challenge #2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Progress toward SMART objective:*

*Adjustments or Challenges:*

**Community Challenge #3** *(if applicable)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Progress toward SMART objective:*

*Adjustments or Challenges:*

### ****2. Alignment with IL Statewide ROSC Goals****

### *****Provide a brief explanation of how this work responds to the community challenges outlined above and supports one or more of the Illinois Statewide ROSC Goals.***** *Check the IL ROSC Goals this aligns with:* Reducing stigma Promoting Medication-Assisted Recovery and other evidence-based practices Promoting harm reduction Ensuring effective service delivery Prioritizing equity

*Explanation of alignment:*

### 3. Challenges or Emerging Needs

**3. Challenges or Emerging Needs: *(Internal/Coalition-Level and Community/System-Level)***

**4. Support or TA Requested from Statewide ROSC or IDHS/DBHR**

(Check all that apply or specify other needs)

Data collection and evaluation

Grant Management Guidance

Advice on policies, practices, and strategic direction

Review and feedback on marketing or outreach materials.

Training and capacity building for council members

Peer workforce development support

Community engagement strategies

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Optional Quote or Story (Local Voice)**

*(Brief quote or story showing community impact)*

**6. Council Engagement Snapshot**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Metric** | Number of Council Meetings | Average Attendance | New Members Added | Number Sectors Represented | | **This Quarter** |  |  |  |  | |  |

*(Please refer to the main sector categories listed in the membership roster below and check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Sector Representation (Check all that apply)** | | | |
| **Person with Lived Experience** | **Business** | **Healthcare** | **Service Providers** |
| **Recovery Supports** | **Media** | **Substance Use Treatment Organizations** | **Volunteer/Civic Organizations** |
| **Faith-based Groups** | **Youth-Serving Organizations** | **Law Enforcement** | **Judicial** |
| **Family/Parents** | **Education/Schools** | **State/Local/Tribal Government** | **Youth** |