

## FY26 Strategic Plan

### Clark County Recovery Oriented Systems of Care (ROSC) Council

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**ROSC Council Mission:** Clark County ROSC Council aims to build and foster relationships throughout the community to better serve individuals and families who are affected by substance use and mental health disorders. We use voices of persons with lived experience to guide our progress of systemic change alongside local agencies and businesses through the collaboration with such entities to provide connections to resources to meet people where they're at on the continuum of care in their recovery journey. "WE CAN & DO RECOVER" is the focal point of recovering out loud to reduce stigma and build a healthier, stronger future for our community.

**ROSC Council Vision:** Clark County ROSC Council aims to build a safer, stronger, and healthier community that supports multiple pathways of recovery for families.

#### **Needs Assessment:**

Clark County, Illinois, is a rural community with an estimated 2024 population of 15,076, reflecting a 2.6% decrease since the 2020 Census. The median age is 42 years, with 21.7% of residents under the age of 18, while 21.1% are age 65 or older. Adults between 18 and 64 represent the remaining 57% of the population. This distribution highlights significant service needs across both youth and senior populations, including prevention efforts, aging supports, family services, and youth mental health and recovery programming. (U.S. Census Bureau, ACS 2019-2023.)

Clark County's population is predominantly White (96.8%), with White non-Hispanic residents making up 95% of the total. Other racial groups include Black or African American (1.1%), Asian (0.5%), individuals of two or more races (1.3%), and Hispanic/Latino residents (2.0%). While small in number, minority and immigrant populations should be included in culturally responsive outreach and service planning to ensure equitable access to recovery supports. (U.S. Census Bureau, QuickFacts-2024)

The median household income in Clark County is \$70,625, and the per capita income is \$35,425. The estimated poverty rate is approximately 9.5%, indicating that a notable portion of households face economic challenges that may limit access to healthcare, recovery services, transportation, and housing stability. These factors directly influence an individual's ability to seek and maintain recovery. (U.S. Census Bureau, ACS 2019-2023)

The county has an estimated 7,300 housing units as of 2024, with 81.7% being owner-occupied. The median home value is \$123,100, and the median gross rent is \$828 per month. (U.S. Census Bureau, QuickFacts-2024.) High homeownership contributes to stability but also limits the availability of rental housing, which is essential for individuals in early recovery, transitioning from treatment, or navigating re-entry. Rental scarcity and affordability barriers highlight the need for expanded recovery housing options and housing partnerships.

While Clark County has social service resources, including outpatient substance use treatment, mental health services, and recovery supports, these services are centralized in Marshall or farther distances, creating inequitable access for residents in outlying communities. The FY26 Clark County ROSC Council Community Survey data indicates that 44.1% of respondents agree or strongly agree it is difficult to find mental health and substance use treatment services, with an additional 25.3% responding neutral, reflecting both unmet need and uncertainty about how to access care. Transportation barriers were consistently cited in open-ended responses as a key impediment to engagement in treatment and recovery services.

Health promotion and stigma reduction were identified as critical gaps through FY26 survey results. While 90% of respondents agree or strongly agree that people with mental illness deserve respect, support is lower for individuals who use drugs, with 77.9% agreeing or strongly agreeing, and 22.1% remaining neutral or disagreeing. This disparity reflects continued stigma toward substance use disorder (SUD) and indicates incomplete recognition of SUD as a chronic, treatable brain disorder. A Survey Respondent who identified himself as in recovery was quoted, as saying “my diabetes meds should be free, not Narcan. I didn’t choose diabetes but, I choose to use & chose to quit.” This highlights the stigma still surrounding SUD and harm reduction, even in the persons with lived experience sector. Open-ended responses frequently referenced judgment, public shame, and fear of community backlash as deterrents to seeking help. These findings directly support Department of Behavioral Health and Recovery (DBHR) emphasis on public education and stigma reduction as foundational components of community-based recovery systems.

Early intervention and harm reduction services represent a significant gap in Clark County. Survey data show divided perceptions of harm reduction effectiveness: only **47.8%** agree or strongly agree that harm reduction services such as Narcan and syringe service programs reduce risk. In comparison **31.5%** disagree and **20.8%** remain neutral, demonstrating a critical need for education. Additionally, **50.9%** of respondents agree or strongly agree that it is difficult to find harm reduction services, including Narcan, in their community.

Despite these challenges, Clark County ROSC and community partners have **distributed 179 boxes of Narcan since July 2025**, reflecting a strong grassroots effort to increase overdose prevention capacity. However, the continued perception of limited access—paired with survey findings—shows that harm reduction distribution sites, visibility, and education must be expanded to meaningfully meet community needs.

Support for overdose prevention remains high, with **73.9%** agreeing or strongly agreeing that increasing Drug Overdose Prevention Program (DOPP) sites would be beneficial. Narcan distribution (**51.9%**) and fentanyl testing kits (**51.2%**) were identified as the most needed harm reduction services. These findings strongly align with DBHR overdose-prevention priorities focused on expanding naloxone access and low-barrier harm reduction strategies.

Access to evidence-based treatment, including Medication-Assisted Recovery (MAR), remains inconsistent. While 48.9% of respondents agree or strongly agree that MAR is an effective treatment, a substantial 39% responded neutral, suggesting limited knowledge or exposure rather than opposition. Additionally, 40.5% of respondents agree or strongly agree that it is difficult to find MAR providers in their community, reinforcing access challenges in rural settings. Despite these barriers, 79.2% of respondents agree or strongly agree that government funding for mental health and substance use treatment should be increased, demonstrating strong community readiness for investment in evidence-based care. These findings align with DBHR priorities to expand MAR availability, provider capacity, and treatment access across the continuum.

Recovery housing emerged as a top priority in the FY26 survey. 86.5% of respondents agree or strongly agree that recovery or transitional housing would be beneficial for individuals in recovery. Housing instability was identified as a major barrier, with 80.8% citing criminal record or justice involvement, 77.4% citing high housing costs, 54.8% citing discrimination or stigma, and 52.1% citing transportation or location challenges. These findings directly support DBHR’s emphasis on housing stability as a core recovery support and demonstrate a clear gap in Clark County’s recovery infrastructure.

The absence of a local Drug Court represents a critical gap in the justice-system. While 62.2% of respondents have heard of drug court, awareness remains inconsistent. Importantly, 82.1% of respondents believe individuals with substance use or mental health disorders should be offered treatment instead of jail for certain non-violent offenses, indicating strong public support for diversion-based approaches. This aligns directly with DBHR priorities, promoting therapeutic courts, treatment alternatives, and reduced recidivism for justice-involved individuals with behavioral health needs.

**Overdose Statistics:** Per Illinois Department of Public Health (IDPH) Overdose Data Dashboard, in 2023, Clark County had 2.27 fatal overdoses per 10,000 in population involving opioids. Clark County Coroner Jeff Pearce states the county

experiences an average of 3 overdoses per year. These statistics highlight the ongoing risk and underscore the importance of expanding harm reduction and recovery support services in the community.

## Clark County ROSC Council Outreach and Communication Plan

### **Purpose of the Communication/Outreach Plan:**

This document outlines how the Clark County ROSC Council will communicate the ROSC concept by educating community stakeholders on our mission, objectives, events, and other related activities. The information below includes the specific populations we intend to target and the tactical plan for various communication channels. This plan also explains the in-depth process by which Clark County ROSC Council will provide outreach to its community and implement the ROSC concept.

### **Objectives:**

- Increase public awareness of SUD as a treatable condition.
- Reduce stigma across key stakeholder sectors.
- Promote available treatment, recovery, and harm-reduction resources.
- Build the Clark County ROSC Council credibility and visibility.
- Strengthen internal communication across the Clark County ROSC Council partnerships.
- Mobilize community members to support systemic change.
- Measure and report community progress.

### **Target Audiences:**

Communication and outreach to the *whole* community are important of increasing the visibility of ROSC & progress on systemic change. The Clark County ROSC Council has identified its main target audiences as **persons with lived experience (PLE), faith-based organizations, family members of those affected by SUD, healthcare, businesses, and education**, to increase the likelihood of local community change.

- **Persons with Live Experience:** To empower PLEs to use their voices to guide local change in the community.
- **Faith-based:** To increase the stewardship of like-minded organizations to enhance access to recovery resources and services.
- **Family of individuals affected by SUD:** To increase authentic and continuous support for families affected by SUD.
- **Healthcare:** To reduce gaps and barriers in services when assisting a person with SUD/MH disorders; to shift the perspective of healthcare providers in reference to SUD being a complex brain disorder.
- **Businesses:** To gain the support of local businesses to increase recovery capital & reduce stigma.
- **Education:** To gain the support of local school administration to facilitate discussion in reference to SUD prevention and early intervention efforts.

### **Key Message:**

The Clark County ROSC Council is committed to transparent, inclusive, and collaborative communication, sharing strategic initiatives, progress, resources, and opportunities with stakeholders and the community through regular updates, multi-channel outreach, stakeholder presentations, feedback loops, and accessible meetings to promote engagement, accountability, and community impact.

### **Communication Channels, Audience, Frequency, Responsible Person(s)**

| Channel              | Audience   | Frequency | Responsible Person(s)    |
|----------------------|--|-----------|--------------------------|
| ROSC Council Meeting | Primarily service providers, youth serving agencies, SUD | Monthly   | ROSC Council Coordinator |

|  |   |   |   |
|--|---|---|---|
| Email, phone, text with Council Members          | treatment, PLE's law enforcement, local government, faith-based groups, judicial, recovery supports<br>Primarily service providers, youth serving agencies, SUD treatment, PLE's law enforcement, local government, faith-based groups, judicial, & recovery supports | Weekly                                      | ROSC Council Coordinator  |
| ROSC Concept presentations with key stakeholders | PLE's, faith-based family members of those affected by SUD, healthcare, businesses, education, judicial   | 6x per fiscal year                          | ROSC Council Coordinator, ROSC Council Recovery Navigator, Council Members, Committee Members |
| 1:1 meeting's with key stakeholders              | All sectors but focus on target audience  | 2x per week                                 | ROSC Council Coordinator, ROSC Council Recovery Navigator, Council Members, Committee Members |
| ROSC resource folders                            | PLE's, service providers, law enforcement, faith-based, businesses  | Each stakeholder meeting, each peer meeting | ROSC Council Coordinator, ROSC Council Recovery Navigator, Council Members                    |
| Attend County Board Meetings                     | Local government, judicial, law enforcement   | Quarterly                                   | ROSC Council Coordinator, ROSC Council Recovery Navigator                                     |
| Attend City Hall Meetings                        | Local government  | Bi-Annually                                 | ROSC Council Coordinator, ROSC Council Recovery Navigator                                     |
| Attend Chamber of Commerce events                | Community members, businesses, civic organizations, youth serving organizations, faith based, service providers   | Quarterly depending on schedule             | ROSC Council Coordinator, ROSC Council Recovery Navigator                                     |
| Clark County ROSC Council Facebook page          | Community members, PLE's, PLE families, service providers, faith based, civic organizations, other coalitions   | 5 posts a week                              | ROSC Council Coordinator, ROSC Council Recovery Navigator, Council Members                    |
| Anti-Stigma Campaign (social media)              | Community members, social media   | Monthly                                     | ROSC Council Coordinator  |

|  |  |                      |  |
|--|--|----------------------|--|
| Volunteer at local community events              | Civic Organizations, youth serving organizations, faith based, service providers   | Monthly as available | ROSC Council Coordinator, ROSC Council Recovery Navigator, Council Members |
| Peer led Wellness Groups                         | PLE's, families of PLE's, community members  | 2x per week          | ROSC Recovery Council Navigator  |
| Community free laundry days                      | PLE's families of PLE's, unhouse, subsidized housing recipients, community members | Quarterly            | ROSC Council Coordinator, ROSC Council Recovery Navigator, Council Members |
| Recovery oriented events                         | Community members, PLE's, families of PLE's  | Quarterly            | ROSC Council Coordinator, ROSC Council Recovery, Council Members           |
| Volunteer at other organization or agency events | Civic organizations, youth serving organizations, faith based, service providers   | Monthly as available | ROSC Council Coordinator, ROSC Council Recovery Navigator, Council Members |
| Drug Overdose Prevention (DOPP) sites            | Community members, families of PLE's, PLE's families                               | Monthly              | ROSC Council Coordinator, ROSC Council Recovery Navigator, Council Members |

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### **Evaluation and Feedback**

The communication and outreach of the Clark County ROSC Council will be evaluated based on social media analytics, the number of community event attended and hosted, number of harm reduction trainings hosted, number of 1:1 stakeholder meetings, number of ROSC concept presentations given, number of harm reduction supplies distributed, number of DOPP sites established, number of resource folders distributed, number of families attending free laundry days, Clark County ROSC Council Community Survey data, number of sectors represented on the ROSC Council, retention rate of Council, timeliness of completing goals, survey of ROSC Council progress.

### **Council Goals, Objectives, and Outcome Measures:**

**Goal 1: To addresses local needs related to treatment access, judicial alternatives, and recovery outcomes, the Clark County ROSC Council will support the exploration and development of a Drug Court by engaging legal and judicial stakeholders, establishing a planning subcommittee, conducting community education efforts, and securing state-level guidance necessary to determine feasibility and prepare for implementation. by June 30<sup>th</sup>, 2026.**

### **Objectives FY26**

- Hold one introductory meeting with Public Defender to assess buy in of Drug Court development and current barriers by Nov 15<sup>th</sup>, 2025. (completed)
- Conduct one introductory meeting with new Chief Probation Officer to assess buy in of Drug Court development and current barriers by Nov 15<sup>th</sup>, 2025. (completed)

- Collect impact letters from Drug Court officials and graduates to give to the Clark County Sheriff to present to the local judge by Jan 5<sup>th</sup>, 2026.
- Conduct one collaborative meeting with Clark County Probation and HRC by Jan 30<sup>th</sup>, 2026.
- Host one community education event featuring at least two Drug Court Graduates by March 30<sup>th</sup>, 2026.
- Create and share a simple Drug Court overview handout for community partners by May 30<sup>th</sup>, 2026.
- Develop and distribute Drug Court informational materials (print and digital) county-wide by June 30<sup>th</sup>, 2026.
- Form a Drug Court Exploration Workgroup by March 30<sup>th</sup>, 2026.
- Collect local Data and summarize into a short report for judicial representatives to demonstrate need by June 30<sup>th</sup>, 2026.
- Share Drug Court information through the Clark County ROSC Council social media, partners, and recovery groups by June 30<sup>th</sup>, 2026.
- Meet one time with the Illinois Supreme Court/Administrative office of the Illinois Courts Coordinator for guidance by June 30<sup>th</sup>, 2026.
- Identify one rural Drug Court mentor program willing to answer questions or share documents by June 30<sup>th</sup>, 2026.
- Explore funding options and grant opportunities for the formation of Drug Court by June 30<sup>th</sup>, 2026.

**Progress Achieved:**

- Gathered data from FY25-FY26 Clark County ROSC Council Community Survey in reference to this project for stakeholders.
- Held one introductory meeting with Public Defender to assess buy in of a Drug Court and discuss barriers.
- Held one introductory meeting with Clark County Probation to assess buy-in of a Drug Court and discuss barriers.
- Scheduled a meeting with Clark County Probation Human Resource Center (HRC) SUD Supervisor for Feb 2026.
- Began collecting impact letters to provide to Clark County Sheriff by Jan 5<sup>th</sup>, 2026
- Shared recent funding for starting a rural Drug Court with Clark County Probation, States Attorney, and ROSC Council Members.

**Next Steps:**

- Develop and distribute Drug Court informational material's (print and digital) county-wide by June 30<sup>th</sup>, 2026.
- Create and share a simple Drug Court overview handout for community partners by June 30<sup>th</sup>, 2026
- Form a Drug Court Exploration Workgroup by June 30<sup>th</sup>, 2026.
- Collect local Data and summarize into a short report for judicial representatives to demonstrate need by June 30<sup>th</sup>, 2026.
- Host one community education event featuring at least two Drug Court Graduates by June 30<sup>th</sup>, 2026.
- Share Drug Court information through the Clark County ROSC Council social media, partners, and recovery groups by June 30<sup>th</sup>, 2026.
- Meet one time with the Illinois Supreme Court/AOIC Court Coordinator for guidance by June 30<sup>th</sup>, 2026.
- Identify one rural Drug Court mentor program willing to answer questions or share documents by June 30<sup>th</sup>, 2026.

**Outcome/Output Measures:**

- Number of stakeholder meetings held to discuss the Drug Court planning process.
- Number of Drug Court Exploration Workgroup members.
- Number of workgroup meetings held and attended.
- Number of community awareness events held to bring awareness about the purpose and benefits of a Drug Court.

- Number of attendees at events
- Creation and dissemination of Drug Court handout/summary materials to inform partners and the public.
- Number of impact letters collected and shared with local judicial representatives.
- Number of social media posts.

**Year Three: By June 30, 2028, Clark County will complete the planning, stakeholder engagement, and foundational policy development required to establish a Drug Court program, with the goal of launching a pilot Drug Court with a small initial caseload.**

**Objectives: (FY27-FY28)**

- Quarterly, engage legal, judicial, law enforcement, and treatment partners to assess feasibility and maintain support for establishing a Drug Court by June 30, 2028.
- At least once per year, meet with an established rural Drug Court to learn program operations, policies, and best practices by June 30, 2028.
- Monthly or bi-monthly, convene the Drug Court Exploration Workgroup to coordinate planning and ensure consistent communication by June 30, 2028.
- Annually, collect and summarize local data (arrests, jail trends, treatment capacity, recidivism) to update the “Case for a Drug Court” by June 30, 2028.
- At least once per year, hold a community education event featuring a Drug Court graduate and distribute informational materials to increase public awareness by June 30, 2028.
- Ongoing throughout the year, develop and refine draft Drug Court components—eligibility criteria, referral pathways, phase structure, and treatment integration by June 30, 2028.
- At least twice per year, consult with Illinois Supreme Court/AOIC staff for technical assistance, policy alignment, and feedback by June 30, 2028.
- Annually, identify and review potential funding sources and update preliminary fiscal planning for Drug Court implementation by June 30, 2028.
- Ongoing, develop and revise written Drug Court policies, procedures, participant handbooks, and operational documentation as planning advances by June 30, 2028.
- Annually, support training and orientation for court staff, probation, treatment providers, and recovery support partners as program components develop by June 30, 2028.
- Once program requirements are met, launch a small pilot Drug Court with an initial caseload of 3–5 participants (target: within the 3-year plan period) by June 30, 2028.

**Outcome Measures:**

- Number of stakeholder meetings conducted to track engagement of key stakeholders in support of a Drug Court.
- Documentation of stakeholder feedback and level of support.
- Number of site visits or virtual meetings with established Drug Courts in surrounding areas to learn best practices.
- Summary of best practices gathered.
- Number of Drug Court Exploration Workgroup meetings held.
- Meeting minutes documenting progress and decisions regarding the implementation of a Drug Court.
- Completion of annual data summary report.
- Updated evidence through community feedback and survey data demonstrating local need for a Drug Court.
- Number of community education events held.
- Event attendance totals.
- Number of informational materials distributed.
- Completion of draft Drug Court program framework.
- Documentation of program components created or revised.

- Number of technical assistance consultations with AOIC/Illinois Supreme Court.
- Guidance received from other area Drug Courts and incorporated into planning.
- List of funding opportunities identified and shared with key stakeholders.
- Completion of updated fiscal plan to reflect readiness and allocate resources.
- Number of policies, procedures, and handbooks drafted or finalized and distributed.
- Completion status of operational documentations.
- Number trainings on Drug Court policies, procedures, participant handbooks, and operational documentation for court staff, probation, treatment providers, and recovery support partners
- Pilot Drug Court launched.
- Number of participants enrolled in Pilot Drug Court

**Goal 2: To address community needs around harm reduction, stigma, and awareness in the community, the Clark County ROSC Council will expand harm reduction access and awareness by increasing Narcan distribution sites, strengthening partnerships, delivering community education, and implementing data-driven outreach strategies to improve overdose prevention throughout the county by June 30, 2026.**

**Objectives FY26**

- Host Recovery Month events and Annual Candle Light Vigil with personal testimonies from recovery champions who have benefitted from harm reduction resources to incorporate into education and advocacy efforts by Oct 1<sup>st</sup>, 2025. (completed)
- Collaborate with the Clark County Health Department to create and maintain a shared Narcan training calendar available share with all partners by Nov 30<sup>th</sup>, 2025. (completed)
- Analyze Clark County ROSC Council's Community Survey data assess knowledge gains, effectiveness, and opportunities for improvement by Dec 30<sup>th</sup>, 2025. (completed)
- Secure partnerships with three local businesses or organizations willing to host Narcan display sites and support Narcan training events by April 30<sup>th</sup>, 2026. (completed)
- Host at least one harm reduction presentation with a target of 25 or more attendees, providing education on overdose prevention, stigma reduction, and available community supports by May 30<sup>th</sup>, 2026.
- Add two additional DOPP display sites as partnerships develop and ensure each site has clear signage and restocking procedures by June 30<sup>th</sup>, 2026. (completed)
- Conduct regular Narcan training sessions, collecting post-training surveys to measure knowledge improvement and participant confidence by June 30<sup>th</sup>, 2026. (ongoing)
- Continue collaboration with the Health Department, Coroner, & Emergency Services to review local overdose trends, Narcan usage data, and adjust outreach strategies based on emerging needs by June 30<sup>th</sup>, 2026. (ongoing)
- Distribute at least 60 Narcan kits through newly established display sites and document restocking frequency to monitor community use by June 30<sup>th</sup>, 2026. (completed)
- Train at least five additional community members in overdose recognition and Narcan administration by June 30<sup>th</sup>, 2026. (completed)
- Provide ongoing community education on harm reduction practices through social media, flyers, tabling events, and partnerships with recovery and faith-based organizations by June 30<sup>th</sup>, 2026. (ongoing)

**Progress Achieved**

- Created a shared calendar group with the Clark County Health Dept available to share with all partners.
- Secured new Narcan DOPP sites locations include: Road Ranger, Pilot, 3 county libraries, 121 Studio, & Possums Purpose
- Conducted Narcan training to 10 individuals from different organizations.

- Continue to collaborate with Health Dept, Coroner, & Emergency Services to review local overdose trends, Narcan usage data, and adjust outreach strategies based on emerging needs.
- Hosted a community picnic celebrating Recovery Month with personal testimonies from recovery champions who have benefitted from harm reduction resources to incorporate into education and advocacy efforts.
- Hosted Candle Light Vigil with personal testimonies from recovery champions who have benefitted from harm reduction resources to incorporate into education and advocacy efforts.
- Analyzed Clark County ROSC Council's Community Survey data to assess knowledge gains, effectiveness, and opportunities for improvement.
- Continue to provide ongoing community education on harm reduction practices through social media, flyers, tabling events, and partnerships with recovery and faith-based organizations.

#### **Outcome Measures**

- Establishment of a shared training/distribution calendar with the Clark County Health department.
- Number of partnerships secured with local businesses or organizations.
- Number of new DOPP display sites successfully installed.
- Restocking frequency and total number of kits distributed from display sites.
- Number of Narcan training sessions conducted.
- Number of participants trained.
- Number of harm reduction presentations held.
- Attendance numbers for harm reduction presentations.
- Adjustments made to outreach strategies based on data (documented actions).
- Total number of Narcan kits distributed (goal: at least 60 through new sites).
- Number of community education efforts completed (social media posts, flyers, events, etc.).

**Year Three: By June 30, 2028, increase community access to Narcan by expanding at least two additional DOPP display sites and distributing a minimum of 60 Narcan kits through those sites each year; strengthen harm reduction education by conducting at least one community presentation annually; expand partnerships in harm-reduction efforts; and support Clark County's readiness to implement additional harm-reduction services through ongoing data monitoring and annual coordination meetings with the Health Department & HRC.**

#### **Objectives (FY27-FY28)**

- Collaborate monthly with the Clark County Health Department to maintain a shared Narcan training and distribution calendar for coordinated scheduling and record keeping by June 30, 2028.
- Add new display sites as partnerships are established, aiming for two site additions per year over the 3-year period by June 30, 2028.
- Conduct Narcan training sessions quarterly by June 30, 2028.
- Host at least one harm reduction presentation per year, targeting 25 or more attendees by June 30, 2028.
- Analyze Clark County ROSC Council's Community Survey annually and adjust outreach as needed by June 30, 2028.
- Distribute at least 60 Narcan kits through newly established display sites over the 3-year period, monitoring restocking frequency by June 30, 2028.
- Train at least five additional community members in overdose recognition and Narcan administration each year by June 30, 2028.

- Conduct ongoing community education outreach monthly (social media posts, flyers, public tabling, partner engagement) by June 30, 2028.

### **Outcome Measures**

- Number of new DOPP display locations identified.
- Creation of shared Narcan training/distribution calendar.
- Number of business or organizational partnerships established.
- Number of new Narcan display sites installed.
- Total Narcan kits distributed from DOPP display sites.
- Number of Narcan training sessions conducted.
- Number of individuals trained.
- Number of harm reduction presentations held.
- Total attendance at presentations.
- Documented outreach adjustments based on data.
- Total Narcan kits distributed through new sites (goal: at least 60).
- Participant feedback collected and summarized.
- Number of community education efforts conducted.

**Goal 3: To address the need for safe and stable living environments for those in early recovery, the Clark County ROSC Council will explore the feasibility of recovery housing by forming a small subcommittee of at least 3-5 members, engaging key community partners, providing basic education to the public through at least one forum or informational campaign, and developing an initial written action plan based on community readiness and available resources by July 30, 2026.**

### **Objectives FY26**

- Conduct introductory outreach local landlords and at least one recovery housing provider to about potential partnerships by Sept 30<sup>th</sup>, 2025. (Completed)
- Offer one panel or informational session featuring a recovery housing provider or lived-experience speaker by Oct 15<sup>th</sup>, 2025. (completed)
- Gather and analyze community feedback from the FY26 Clark County ROSC Council Community Survey to understand concerns, readiness, and interest levels by Dec 30<sup>th</sup>, 2025. (completed)
- Secure one to two supportive partners willing to explore the idea of recovery housing. (business, civic groups, faith-based organizations, or recovery programs) by Jan 30<sup>th</sup>, 2026. (Completed)
- Gather information on Recovery Home guidelines, rules, and regulations in IL to guide the initiative and aid in buy-in by March 30<sup>th</sup>, 2026.
- Explore potential funding sources and options by March 30<sup>th</sup>, 2026.
- Develop educational materials to help community members understand what recovery housing is, who it serves, and how its benefits neighborhoods by April 30<sup>th</sup>, 2026.
- Form a Recovery Housing Subcommittee to guide early-stage exploration by April 30<sup>th</sup>, 2026.
- Host one public education session to address Not in My Back Yard (NIMBY) concerns, introduce the concept recovery housing by June 30<sup>th</sup>, 2026.
- Prepare a short FY26 summary report reflecting outreach, feedback, partnerships, and recommended next steps by June 30<sup>th</sup>, 2026.

### **Progress Achieved**

- Identified community members interested in the Recovery Housing initiative.
- Secured two supportive partnerships with Directors of Recovery Homes (Ruth House & Truman House) willing to guide in the project.
- Held three 1:1 meeting with faith-based groups to encourage support.
- Had a recovery champion from the community shared their testimony on how Recovery Housing was pivotal in their recovery at our Recovery Picnic.
- Invited several Recovery Homes to have tables at our outreach events.
- Gathered and analyzed data from the FY26 Clark County ROSC Council Community Survey to understand concerns, readiness, and interest levels.
- Identified one or two programs the ROSC Council feels would be successful in Clark County.

### **Next Steps**

- Develop educational materials to help community members understand what recovery housing is, who it serves, and how its benefits neighborhoods by June 30<sup>th</sup>, 2026.
- Form a subcommittee that meets at least every other month to help guide the initiative by June 30<sup>th</sup>, 2026.
- Continue relationship building with landlords and housing partners through 2026.
- Host one public education session to address NIMBY concerns, introduce the concept recovery housing by June 30<sup>th</sup>, 2026.
- Explore funding sources and options by June 30<sup>th</sup>, 2026.
- Prepare a short FY26 summary report reflecting outreach, feedback, partnerships, and recommended next steps by June 30<sup>th</sup>, 2026.

### **Outcome Measures**

- Recovery Housing Subcommittee meeting minutes.
- Number of outreach contacts with landlords, Housing Authority, and organizations.
- Number of education sessions held and total attendance.
- Development of educational materials.
- Number of community partners secured.
- Number of panel or informational sessions conducted.
- Community feedback collected and summarized.
- Completion of FY26 progress support.

**Year three: By June 30, 2028, the Clark County ROSC Council will support the establishment of a fully operational recovery home in Clark County by securing at least one formal partnership with a housing provider or landlord, engaging a minimum of three community partners in planning, conducting at least two community education or stigma-reduction events addressing equity and NIMBY concerns, and developing the coordinated written policies, operations plan, and partnership structure needed for the recovery home to open and function sustainably.**

### **Objectives (FY27-FY28)**

- Engage bi-monthly with local landlords, community partners, and recovery housing organizations to explore potential sober living opportunities by June 30, 2028.

- Host public education sessions at least once per year to address stigma, reduce NIMBY concerns, and promote community understanding of recovery housing by June 30, 2028.
- Develop educational materials annually that explain the benefits of recovery housing, address misconceptions, and highlight local success stories by June 30, 2028.
- Secure at least two community partnerships per year over the 3-year period to support the development, sustainability, or promotion of recovery housing by June 30, 2028.
- Collaborate annually with recovery homes, local landlords, and recovery support groups to host community panels or informational sessions showcasing how recovery housing operates by June 30, 2028.
- Collect community feedback annually through forms, surveys, or listening sessions to assess readiness, concerns, and areas for improvement by June 30, 2028.
- Compile a comprehensive progress report once per year summarizing community engagement, partnership development, barriers identified, and next steps for expanding recovery housing options by June 30, 2028.
- Identify opportunities for equitable access by ensuring outreach and planning centers individuals who face housing instability, financial hardship, or systemic barriers to recovery support through FY28.
- Conduct ongoing outreach with Human Resource Center (HRC), community partners, and recovery support groups to align recovery housing exploration with existing treatment and peer support services by June 30, 2028.

#### **Outcome Measures**

- Recovery Housing Subcommittee meeting minutes.
- Number of engagement meetings with landlords and housing organizations.
- Number of public education sessions held.
- Attendance totals for public education sessions.
- Educational materials developed.
- Number of community partnerships secured.
- Number of community panels or informational sessions hosted.
- Community feedback collected (surveys, forms, listening sessions.)
- Completion of annual progress report.
- Number of collaborative meetings with HRC, community partners, and recovery support groups.
- Evidence of increased community understanding or reduced NIMBY concerns.
- Identification of potential recovery housing sites or willing landlords.