

Strategic Plan FY26

Effingham County Recovery Oriented Systems of Care (ROSC) Council

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Lead Agency: Hour House

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Council Mission: The Effingham County ROSC Council strives to build and foster a safer, stronger, and healthier community that supports multiple pathways for recovery.

Council Vision: Effingham County is uniting to build new and strengthen existing community relationships by elevating voices of those with lived experience with substance use disorder (SUD) to better serve individuals and families affected by substance use and mental health disorders.

Needs Assessment

Demographics

Effingham County is predominantly White alone at 97.2%. Hispanics or Latinos account for 2.7%, African Americans 0.7%, Asian alone for 0.8%, American Indians and Native Alaskans alone for 0.3%, and two or more races 1.0% (United States Census Bureau QuickFacts, July 2024). The age ranges and gender for Effingham County are listed below (United States Census Bureau, County Population by Characteristics, July 2024):

	POP	AGE <5	AGE 5-13	AGE 14-17	AGE 18-24	AGE 25-44	AGE 45-64	AGE 65+
	34679	2300	4206	1884	2561	8546	8993	6189
Male	17404	1168	2157	975	1331	4423	4536	2814
Female	17275	1132	2049	909	1230	4123	4457	3375

The median household income is \$75,308, with a poverty rate of 11% or 3,680 people (*Illinois State Poverty Percentage Map*, Illinois Extension). The number of households for 2019-2023 is 14,030, with an average of 2.43 persons per household (United States Census Bureau QuickFacts, July 2024). With this data, it can be determined that most of the population in Effingham County is White, above average income, and largely in between the ages of 25-64.

Effingham County Coroner, Kim Rhodes, reports 10 fatal overdose deaths in FY24, which ended in November 2024, and 8 fatal overdose deaths in FY25, with alcohol being the most prevalent substance of overdose. She reports from 2018 to 2024, there were 16 fentanyl overdose deaths in the county.

The Effingham County Health Department, in partnership with HSHS St. Anthony Hospital, reports 77 reported cases of overdose, which resulted in medical attention in 2024. In 2025, reports showed 44 cases of overdose, which resulted in medical attention. There were 14 cases of self-harm, recreational drug use was 13 cases, and 17 cases of accidental ingestion.

CDC Essence Effingham County Resident ER Overdose Cases by Drugs Identified

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Meth	2	1	3	3	7	5	4	3	5	5	3	41
Other Stimulants	1	2	1	1	3	2	2	4	3	4	3	26
Fentanyl	2	2	0	2	1	2	2	7	8	5	8	39
Other Opioids	14	9	10	14	9	5	7	6	10	2	1	87
Benzodiazepines	19	15	18	8	14	12	6	5	6	6	3	112
Antidepressants	10	9	6	8	5	10	16	8	11	6	2	91
Antipsychotics	1	3	6	4	1	1	6	5	5	1	0	33
Anticonvulsants	3	1	4	4	2	3	5	1	3	3	2	31
Cannabis	3	2	2	1	2	5	3	6	5	2	1	32
OTC Medications	24	22	18	8	15	13	24	10	7	9	7	157
Other Prescription Medications	10	19	21	13	20	23	24	20	35	20	5	210
Other Substances	3	3	5	2	5	3	5	1	4	6	1	38
Unknown	13	19	14	14	9	8	13	7	7	14	16	134
Narcan Administered										4	5	9

Unknown/not collected at the time

The most prominent statistic given is the uptick in alcohol related ER visits in Effingham County. Cases on this data table involved the use of two or more substances. The categories of recreational alcohol use and treating withdrawal/long-term use symptoms rose from 2024-2025.

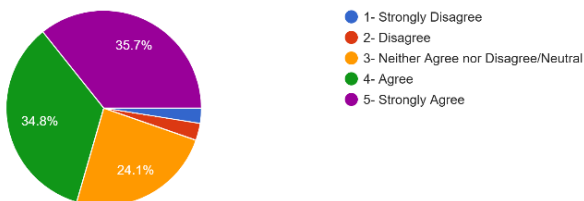
<i>Alcohol indicated ER Cases</i>	2023	2024	2025*	Total	% of All Cases
OD: Intentional ingestion/Self-harm	29	32	23	84	17.8%
OD: Recreational ingestion	75	79	92	246	52.2%
Non-OD: Treating withdrawal/long-term use symptoms	45	46	50	141	29.9%
Total	149	157	165	471	

* As of November 13, 2025

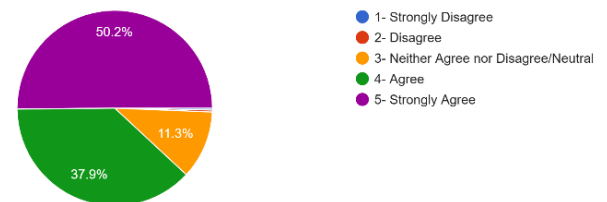
Effingham County has numerous social service resources, including substance use and mental health providers, youth serving services, and charities, which local faith-based organizations primarily facilitate. The **gap** regarding these services is the ability to be **transported** to them. Most of the county's social services resources reside within the city limits of Effingham, leaving the 9 outlying towns of Effingham County to search for ways to obtain such services. The FY26 Effingham County ROSC Council Community survey indicates 88.5% of respondents strongly agree or agree that transportation plays a critical role in accessing recovery services. CEFS Economic Opportunity Corporation Effingham County Public Transportation operates within the county but is costly for riders on a fixed income (\$6 per ride, each way). Central Illinois Public Transit also operates during regular business hours, and has contracts with other agencies to provide transportation services on set days and times reducing access to public transportation.

Health promotion is also a **gap** highlighted by the FY26 Effingham County ROSC Council Community Survey. Almost half of the respondents (46.1%) stated a person in active addiction could stop if they really wanted to stop. This shows lack of education of SUD being recognized as a complex brain disorder which contributes to the stigma around SUD in this conservative county. During an interview with a community member, it was stated, "It's a choice to use drugs or to not use drugs. People should have their priorities straight, especially if they have children." Question 14 and 15 from the FY26 survey also show the lack of education around SUD with a far larger number of people stating mental health illnesses deserve respect as opposed to people who use drugs.

14. People who use drugs deserve respect.
319 responses



15. People with a mental illness deserve respect.
319 responses



Early intervention and harm reduction are also identified as **gaps** in the FY26 survey. Results of the survey question, "What do you think stops someone from seeking help for addiction services or support?" 67.1% of the 319 respondents stated "Stigma", 54.5% stated "Not sure where to go for resources", and 45.8% stated "Finances". Harm reduction support and services are somewhat consistent in Effingham County, with five Medicated Assisted Recovery providers and a transportation service that accepts insurance only and provides transport outside of Effingham County for primarily MAR appointments. MAR related questions on the FY26 survey showed people "neither agree or disagree/neutral" as the highest percentage response for each question, at 37% or above.

Prevention has been identified as a **gap** highlighted by community member & Council member informant interviews, FY26 Effingham ROSC Council Community Survey data, and 2024 IYS (Illinois Youth Survey) data. The Family Life Center parenting

coordinator states, “I spoke with a retired superintendent, principal, and teacher of our area schools. They stated bullying is the largest problem the school systems have and it comes from low socioeconomic backgrounds where the family isn’t able to adequately take care of the child in reference to clothes, hygiene, etc. I work with a lot of parents who have SUD in this area and the children suffer from it not only in the home but at school too.” Effingham County Sheriff, Sheriff Kuhns states, “There are school resource officers in each school in the county which present a ‘Dangerous Drugs within our Community presentation’, but is not evidence-based.” Minimal SUD education exists in the area schools created by deep-rooted, local cultural acceptance of alcohol use. Data from the 2024 IYS survey indicates 38% of 8th graders have used alcohol in their lifetime. The Hour House, is the sole Substance Use Prevention (SUP) provider in Effingham County. Effingham Junior High is the only one of 22 schools in the county that allows the Hour House to deliver SUD prevention curriculum to adolescents. FY26 survey data indicate that over half of respondents do not think there are clear, definite resources for family members affected by substance use in Effingham County.

Overall, Effingham County’s largest **gaps** to address are transportation support to SUD treatment and recovery services, health promotion in relation to the stigma of SUD and harm reduction initiatives, and early intervention/prevention education with the adolescent and teen population. ROSC is continuously coordinating outreach efforts in the community to address these issues and bringing key stakeholders together to identify the gaps and barriers to produce an effective solution for individuals and families in recovery from SUDs and mental health illnesses.

Effingham County ROSC Council Outreach & Communication Plan

Purpose: This document outlines how the Effingham 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 the Effingham 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 Effingham County ROSC Council credibility and visibility
- Strengthen internal communication across the Effingham 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 for increasing the visibility of the Effingham County ROSC Council and the progress on systemic change. During the next three years, the Effingham County ROSC Council has identified its main target audiences as **persons with lived experience, faith-based organizations, family members of those affected by SUD, healthcare providers, businesses, and education institutions** 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 Effingham 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)
Email, phone, text with Council members	Primarily service providers, youth-serving agencies, SUD treatment, PLEs, law enforcement, local government, faith-based, judicial, recovery supports	Weekly	ROSC Council Coordinator
ROSC Council meeting	Primarily service providers, youth-serving agencies, SUD treatment, PLEs, law enforcement, local government, faith-based, judicial, recovery supports, faith-based	1x/month	Maggie Gouchenouer (Council member), ROSC Council Coordinator
Roads to Recovery Committee meeting	Judicial, faith-based, treatment providers, PLEs, law enforcement	1x/month	Maggie Gouchenouer (Council member), ROSC Council Coordinator

Pathways to Peer Support Committee meeting	PLEs, education, PLEs	1x/month	Maggie Gouchenouer (Council member), ROSC Council Coordinator
Healing Families Committee meeting	Youth serving, PLEs, businesses	1x/month	Maggie Gouchenouer (Council member), ROSC Council Coordinator
Persons with Lived Experience Committee (PLE) meeting	PLEs & family members of PLEs	1x/month	Maggie Gouchenouer (Council member), ROSC Council Coordinator
1:1 meetings with key stakeholders	All sectors but focus on target audience	2 days/week	ROSC Council Coordinator & Committee members
Effingham County ROSC Facebook page	Community members; PLEs, PLE families, service providers	5 posts/week	ROSC Council Coordinator & Recovery Navigator
Premier Broadcasting (radio & FB live)	Community members; businesses, service providers	2 spots quarterly	ROSC Council Coordinator & other Council members or Committee members
Community free laundry days	PLEs, families of PLEs, unhoused, subsidized housing recipients	1x/month	ROSC Council Coordinator & Recovery Navigator, volunteers from Council & other stakeholders, PLEs
Volunteer at local community events	Community members; service providers	1x/month	ROSC Council Coordinator & Recovery Navigator
Local coalition meetings	Healthcare	1x/month (depending on frequency of meeting dates)	ROSC Council Coordinator & Recovery Navigator
Government board meetings	Local government, judicial, law enforcement	2x/month (depending on frequency of meeting dates)	ROSC Council Coordinator & Recovery Navigator
Peer-led Recovery Wellness groups	PLEs, community members	2 days/week	Recovery Navigator, PLEs
Anti-Stigma Campaign (newspaper & social media)	Community members, media	1x/month	Hour House ROSC Council Coordinators
ROSC Concept presentations with key stakeholders	PLEs, faith-based, family members of those affected by SUD, healthcare, businesses, education	8x per fiscal year	ROSC Council Coordinator & Recovery Navigator, Council members
ROSC Resource folders	PLEs, service providers, law enforcement, faith-based, businesses	Each stakeholder meeting, each peer meeting	ROSC Council Coordinator and/or Recovery Navigator, Council members
ROSC Council Newsletter (email & social media)	Council members & Community members	1x/month	ROSC Council Coordinator & Recovery Navigator
Recovery-oriented events	Community members; PLEs, PLE families	1x/quarterly	ROSC Council Coordinator & Recovery Navigator, Council members
Volunteer at other organization or agency events	Civic organizations, youth-serving organization, faith-based, service providers	1x/month	ROSC Council Coordinator & Recovery Navigator
Drug Overdose Prevention (DOPP) sites	Community members; families of PLEs, parents	Every other week check-ins	ROSC Council Coordinator & Recovery Navigator, PLEs
Billboard	Community members	FY26	ROSC Council Coordinator, Media
Focus groups	PLEs	2x/year	ROSC Council Coordinator & Recovery Navigator

Evaluation and Feedback

The communication and outreach of the 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, ROSC Community survey data, number of focus groups to collect qualitative data, number of sectors represented on the ROSC Council, retention rate of ROSC Council, timeliness of completing goals, survey of ROSC Council progress.

Effingham County ROSC Council Goals, Objectives, & Outcome Measures

Goal 1: Assist in the development of a volunteer transportation network for individuals needing residential treatment for Problem-Solving Court, Probation, and Safe Passage by June 30th, 2026.

Objectives FY26:

- a. Create a committee called Roads to Recovery (RTR) from interested ROSC Council members, including Probation, faith-based organizations, and service providers, to work towards this goal by October 1st, 2025. (Completed)
- b. Distribute the external transportation toolkit to RTR Committee members by November 30th, 2025. (Completed)
- c. Identify which sector of the community the RTR committee wants to target by November 30th, 2025. (Completed)
- d. Set RTR Committee presentation dates for leadership teams of faith-based organizations by February 15th, 2026.
- e. Support the development of policy & procedure for volunteers, outlining duties and risks involved in transporting individuals with SUD (SUD) to treatment by April 1st, 2026.
- f. Facilitate transportation training overview in conjunction with Narcan trainings for volunteers via the ROSC Council Coordinator or members of the RTR committee. Recovery Committee by May 1st, 2026.
- g. Assist in compiling a transportation volunteer list from the Journey Church Celebrate Recovery and the congregation, Crossroots congregation, New Hope congregation, Christ Church congregation, AA, NA, & Al-Anon, and other churches if applicable by June 1st, 2026.
- h. Distribute the transportation volunteer list to the Problem-Solving Court, Probation, and Safe Passage by June 30th, 2026.

Progress achieved

- Collected and analyzed data from the FY25-FY26 Effingham County ROSC Council Community Survey in reference to this project for stakeholders about this project.
- Established the RTR Committee.
- Distributed the transportation toolkit to all RTR Committee members.
- Identified faith-based organizations as the primary target audience.
- Scheduled a leadership meeting date with Journey Church.

Next Steps

- Coordinate and deliver presentations using the outline developed by RTR Committee members.
- Develop a policy and procedure framework for potential volunteers in conjunction with Hour House and other volunteer transportation entities to distribute to faith-based organizations.
- Distribute policy and procedures document to committee for approval and feedback.
- Create a volunteer training structure for Narcan trainings.
- Begin the volunteer recruitment pipeline.

Outcomes Measures

- Number of participating faith-based organizations.
- Number of volunteers trained.
- Number of volunteers enrolled in the transportation network.
- Number of transportation trips completed by volunteers.
- Feedback collected through surveys from volunteers, agencies using the list, and participants.

Year Three: Community Partner data will show a 50% increase in the number of individuals accessing residential treatment for Problem-Solving Court, Probation, and Safe Passage through volunteer transportation by June 30, 2028.

Long Term Objectives FY27/28

- a. Yearly, expand volunteer recruitment and retention across community sectors with recovery groups, community agencies, and civic groups.
- b. By June 2027, integrate overdose response, harm reduction, and recovery support as standard components of transport services with other local transportation agencies (CIPT, Effingham Transport, FISH Human Services).
- c. By December 2028, integrate recovery service transports with existing public transportation (CIPT).
- d. Annually measure and report the program's impact on treatment access.

Long Term Outcomes Measures

- Number of rides provided and referral source.
- Number of transport training conducted and the sectors represented.
- Number of new stakeholder sector categories represented.
- Annual compiled report of surveys collected from volunteers, participants, and partnering organizations.

Goal 2: Strengthen support systems for persons in recovery and their families by June 30th, 2026.

Objectives FY26:

- a. Form a committee (Healing Families) of interested ROSC Council members to lead this goal by October 1st, 2025. (Completed)
- b. Determine the focus population (e.g. grandparents raising grandchildren, parents affected by SUD, children affected by SUD) by November 30th, 2025. (Completed)
- c. Identify gaps and barriers in local services from committee member's input by January 30th, 2026.
- d. Conduct a community resource inventory of current support groups, peer services, recovery events, and family resources in Effingham County by January 30th, 2026. (Completed)
- e. Gather feedback from persons in recovery and family members to determine unmet needs via PLE Committee & recovery groups by March 30th, 2026.
- f. Create a shared calendar or document of recovery-supportive activities (e.g., coping workshops, recreation nights, and educational seminars) in partnership with other agencies and organizing already providing these services by March 30th, 2026.
- g. Develop a plan to host quarterly family-friendly, recovery-oriented events incorporating harm reduction strategies in partnership with the Persons with Lived Experience (PLE) committee and ROSC Council to provide resources to families in recovery by May 1st, 2026.
- h. Continue implementing public awareness campaigns to educate the community about resources, recovery support, and family involvement by June 30th, 2026.

Progress achieved

- Collected and analyzed data from FY25-FY26 Effingham ROSC Council Community Survey in reference to this project for stakeholders.
- Established the Healing Families Committee.
- Gathered feedback from Healing Families committee members regarding to barriers to family support.
- Completed a community resource inventory using the ROSC Community Resource list
- Continued monthly anti-stigma campaigns.

Next Steps

- Identify the primary target audience to prioritize efforts.
- Determine the top 3–5 service gaps, unmet needs, or duplicated efforts identified by Healing Families Committee and ROSC Council members.
- Conduct two focus groups of PLEs outside of PLE Committee to identify recovery barriers.
- Reach out to 3–5 prospective partners (faith groups, schools, treatment providers, park district, youth groups) to co-host recovery-oriented events.
- Create a shared Google Calendar and/or Google document of existing family activities and events.

Outcomes Measures

- Qualitative data from focus group participants.
- Number of attendees at the recovery-oriented events, workshops, recreation nights, and educational seminars.
- Number of recovery resources distributed.
- Number of hosted or co-hosted workshops, recreation nights, and educational seminars.

Year Three: Community partner data will show an increase in services and support provided to persons in recovery and their families affected by SUD.

Long Term Objectives FY27/28

- a. By December 2027, develop of a family-focused support model facilitated by a peer support specialist or peer facilitator trained in the selected model of the family program (e.g. Community Reinforcement and Family Training (CRAFT)).
- b. By 2028, create a coordinated referral and support network for children (primary focus, foster children) whose families are affected by substance use.

Long Term Outcomes Measures

- At least one peer facilitator trained in CRAFT or selected model.
- Qualitative and quantitative feedback from community partners who provide services for foster children and their families.

Goal 3: Support Effingham County agencies in adopting the Certified Peer Recovery Specialist/Certified Peer Support Specialist (CPRS/CRSS) model to build recovery capital and establish Certified Peer roles by 2027.

Objectives FY26:

- a. Form a committee called Pathways to Peer Support (PTPS) from interested ROSC Council members to work towards this goal by October 1st, 2025. (Completed)
- b. Identify existing educational institutions that offer the CPRS/CRSS certification educational hours by November 1st, 2025. (Completed)
- c. Attend Illinois Department of Human Services (IDHS) educational webinars and trainings about CPRS/CRSS certification requirements by December 30th, 2025. (Completed)
- d. Provide educational materials to healthcare, behavioral health agencies, jail, and judicial system to raise awareness of the CPRS/CRSS certification model to educate local agencies about the importance of peer to peer services by March 30th, 2026.
- e. Assist in finding grant funded opportunities for participants and agencies who employ CPRS/CRSSs by March 30th, 2026.
- f. Promote CPRS/CRSS position in the community at two community events hosted by PLE & PTPS committees by April 20^h, 2026.

Progress achieved

- Collected data from FY25-FY26 Effingham County ROSC Council Community Survey in reference to this project for stakeholders.
- Formed the PTPS Committee.
- Identified institutions offering online certification coursework.
- Consulted with Southern Illinois University (SIU) School of Medicine regarding potential funding opportunities and facilitated the implementation of Hour House becoming a potential apprenticeship site with SIU to expand work experience opportunities for the rural population.

Next Steps

- Develop an educational presentation and printed materials explaining the CPRS/CRSS certification and the importance of peer services.

- Identify barriers faced by PLEs in obtaining certification.

Outcomes Measures

- Number of outreach events held by the PLE & PTPS committee participant attendance.
- Number of interested agencies and PLEs who sign up at events.

Year Three: Community partner data will show a 100% increase in Effingham County organizations who employ CPRS/CRSS professionals.

Long Term Objectives FY27/28

- By 2027, identify three agencies who employ CPRS/CRSS.
- By 2027, assist in identifying three PLEs to fill such positions.
- By 2028, integrate CPRS/CRSS roles into major behavioral health, healthcare, and justice agencies in Effingham County.
- By 2028, establish a sustainable peer workforce pipeline in Effingham County.
- By 2028, establish a local scholarship fund for persons pursuing CPRS/CRSS certification.
- By 2028, have one Effingham County agency develop peer-driven community outreach programs, such as naloxone education, resource navigation, and recovery coaching for justice-involved individuals.

Outcomes Measures

- Number of Effingham County agencies that formally adopt CPRS/CRSS job descriptions to their organizational structure.
- Number of PLEs enrolling in and completing CPRS/CRSS certification programs.
- Number of agencies that hire at least one CPRS/CRSS staff member by 2028.
- Number of scholarships awarded annually.
- Increase in community awareness of peer support services, based on survey data.