

# Recovery Oriented System of Care



FY26 Strategic Plan  
Hardin-Pope ROSC Council  
Lead Agency: Arrowleaf  
12.30.2025

**Council Mission:** Collaborating to build, foster, and empower communities of recovery.

**Council Vision:** A community system that supports and encourages individuals and families seeking or maintaining recovery for themselves or a loved one

## Needs Assessment:

Community Overview. Hardin and Pope Counties – located in the southernmost region of Illinois known as “Little Egypt” - are home to a combined population of 7,253 residents spread across 546 rural square miles. Nestled in the scenic Shawnee National Forest of Southern Illinois, this community is among the most rural and remote in the state. While known for natural beauty and strong sense of community, they face significant barriers related to geographic isolation, economic hardship, and limited healthcare access. Residents report on challenges with housing and employment instability, food insecurity, and limited availability of healthcare or social service providers. Both counties have some of the highest poverty rates (17.7%) in Illinois and limited job opportunities, particularly for those in recovery or those with justice system involvement. Compounded by children in poverty (27.5%), nearly 30% of residents are over age 65, and 18% under 65 living with a disability; the community experiences significant gaps in care for the most vulnerable.

Health Disparities. According to the 2024 Census and County Health Rankings, Hardin and Pope Counties face significantly greater disparities compared to the state average. Life expectancy in the region is just 73.6 - over four years below the state average of 78. Contributing factors include higher rates of adult smoking (19.5% vs. 13%) and adult obesity (38% vs. 33%), indicating limited access to affordable, nutritious food. Residents also report greater barriers to healthy living, with 8.5% experiencing limited healthy foods compared to only 5% statewide. Food insecurity is elevated at 16%, and poor or fair health is reported by nearly one-fifth of the population (19% vs. 16% statewide). Mental health indicators are concerning, as residents experience an average of 5.8 poor mental health days per month compared to 4.5 statewide, with 19% reporting frequent mental health distress. Healthcare access is severely limited – the region has a staggering ratio of 4,343 residents per primary care physician and 1,815 residents per mental health provider, more than three and six times the state averages, respectively.

Community Survey Findings. The Hardin-Pope ROSC Council Community Survey, administered in Fall 2025, had a total of 101 respondents living in or working in Hardin and/or Pope Counties. The survey revealed both strengths and gaps in recovery-related beliefs for the community:

- **Assets:**
  - Strong belief that recovery is possible (4.5/5) and understanding that trauma correlates with substance use and mental health disorders (4.3/5)
  - Respect for those struggling with mental health (4.45/5) and substance use (4.02/5) remains high.
- **Gaps Highlighted:**
  - Awareness and Navigation: Residents reported low confidence in knowing where to find help: People in our community know where to go for help related to mental health (2.88/5); People in our community know where to go for help related to substance use (3.01/5); Treatment options for people who use substances are publicized within our community (3.11/5); and recovery support options for people seeking or maintaining recovery are well publicized within our community (3.01/5)
  - Harm Reduction and Medication Assisted Recovery (MAR) Confidence: Belief that harm reduction resources are accessible is very low (2.9/5), and confidence in MAR effectiveness is moderate (3.6/5). This suggests a need for education and increased visibility of harm reduction and MAR services.
  - Persistent Barriers: Stigma (66%), finances/insurance (65%), lack of awareness (59%), transportation (58%), and privacy/legal concerns (41% each) remain top obstacles to care.
- **Implications:**
  - These gaps highlight the need for targeted strategies to: improve public awareness of recovery supports and treatment options; normalize harm reduction and MAR as effective, accessible tools; and reduce stigma and address fears related to confidentiality and legal/employment consequences.

Qualitative Data – Community Feedback. Voices from the community reveal persistent stigma and misconceptions, growing acceptance of harm reduction, and the transformative impact of recovery supports – including the impact of the Hardin-Pope ROSC Council:

- “I was in a bad car crash 20 years ago and have been in pain ever since. When I first started on pain medication, I was appalled they offered me naloxone. I thought, ‘I’m not a drug addict!’ Now, I understand how easy it is to overdose and that really, everyone should have naloxone on hand.”

- “I’m in the suboxone program now. I saw my brother get help and his life is so much better. I decided I better give it a try.”
- “I’ve had nieces who have been on drugs. They’ve all gotten into recovery except one. I better have naloxone on me, just in case.”
- “I wouldn’t be alive today if it weren’t for recovery supports in our community. I figured out something that helps me in my recovery – It happened. It hurt. I healed. I’m happy.”

These voices underscore the need for stigma reduction, expanded harm reduction visibility, community engagement, and clear communication about where to find help.

### **Council Outreach and Communication Plans:**

**Purpose:** To ensure clear, consistent, and stigma-reducing communication that helps residents know where to go for help, normalizes recovery as part of overall health, and engages partners across sectors to strengthen community collaboration.

**Objectives:** The Hardin-Pope ROSC Council Communication Plan aims to accomplish the following:

- Build strong internal communication channels for coordination among council members, volunteers, and partner organizations
- Maintain transparent external communication with the public, media, and stakeholders to increase trust and engagement
- Promote initiatives, events, and impact stories that frame recovery as health and reduce stigma
- Support recruitment and engagement of people with lived experience in outreach efforts.
- Increase community awareness of recovery supports by ensuring resources and service navigation tools are widely publicized
- Reduce stigma surrounding Medication Assisted Recovery (MAR) and harm reduction options through education and positive messaging.
- Align community beliefs to reinforce that individuals in recovery deserve respect and that mental health and substance use recovery should be viewed as part of a holistic health spectrum – similar to physical health recovery

**Target Audiences:** The Hardin-Pope ROSC Council will focus outreach and communication efforts on two primary groups:

- **Formal Support Networks.** Includes health clinics, schools, counseling offices, emergency departments, law enforcement, and social service agencies.
  - Why: Engage as referral sources, keep informed about initiatives, and strengthen collaboration.

- What to Share: Meeting agendas and minutes, resource guides (i.e. direct services of the lead agency and other service providers, 988 Hotline, Illinois MAR Now), training opportunities, and events.
- How: Email updates, monthly newsletter, online and hybrid community meetings, printed materials distributed through the lead agency and council members, and aligned social media messaging
- **Informal Community Networks.** Includes restaurants, bars, faith-based organizations, community centers, and other congregate spaces.
  - Why: Raise awareness, reduce stigma, and encourage help-seeking behaviors
  - What to Share: Flyers and posters for 988 Hotline and MAR Now, local recovery resources, community events, and educational content.
  - How: Printed materials in high-traffic locations, ROSC Facebook Group posts, press releases, and one-to-one outreach at events.

### **Key Messages:**

- Recovery is health and should be normalized as part of overall well-being
- Our efforts are collaborative, inclusive, and community-driven
- Individuals in recovery deserve respect and dignity
- Help is available – resources are accessible and confidential
- The council is committed to accountability, transparency, and reducing stigma through education and positive messaging

### **Communication Channels and Frequency:**

- Email & Newsletter: Monthly updates to council members and partners
- Social Media (ROSC Facebook Group): Weekly posts aligned with printed messaging and outreach calendar
- Printed Materials: Distributed quarterly through the lead agency and community hubs, including health clinics, schools, restaurants, and other high-traffic areas
- Press Releases: Issued for major initiatives, events, and awareness campaigns
- Virtual and Hybrid Meetings: Monthly planning committee meetings, engagement sessions, and council meetings
- Community Events: ongoing, with one-to-one outreach and resource distribution

**Roles and Responsibilities:** Currently, the council does not have assigned roles for communication tasks, but it is planned to establish work groups to address specific needs, including outreach and communication.

- The Outreach and Communication Work Group will ensure information is distributed as planned and report progress during monthly council meetings
- Future roles may include:

- Social Media Manager: Oversees online engagement and content scheduling
- Volunteer Coordinator: Organizes outreach efforts and event participation

**Evaluation and Feedback.** The council will track and measure outreach impact through:

- Social media engagement analytics (likes, shares, comments)
- Insights from Facebook and other platforms (reach, impressions)
- Newsletter open and click rates
- Number of individuals contacted during outreach events and resource distribution
- Quarterly communication review meetings to assess progress and adjust strategies

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

Following a significant increase in community feedback through the recent community survey, the Hardin-Pope ROSC Council reassessed its strategic priorities to better align with identified gaps and community needs. While previous goals focused on telehealth expansion, community-based education, and mobile engagement, the new goals consolidate these efforts into three streamlined priorities:

1. Reduce stigma and normalize recovery as health.
2. Increase service awareness and confidence in harm reduction and MAR.
3. Address barriers to care and strengthen community capacity.

This shift ensures that council activities remain focused on coordination, outreach, and messaging – while direct services are delivered through partnerships with the lead agency (Arrowleaf) and other providers. Progress from the first and second quarters informed these revisions, and adjustments were made to reflect updated baselines and community priorities.

**Goal #1:** Release 3 stigma-reduction campaign messages that frame recovery from substance use and mental health conditions as part of the same health spectrum as physical health recovery, while expanding partnerships with nontraditional community resources to promote recovery-friendly practices.

- Objectives for Year 1:
  - Develop 3 campaign messages and graphics by March 15, 2026, using themes such as “Recovery is Health” and “Asking for Help is Strength”
  - Integrate physical health comparisons in messaging (e.g. “Recovery is like Physical Therapy”) across 6 posts and 2 short videos
  - Feature 3 local recovery stories that highlight recovery as a health process
  - Partner with the lead agency to host an informational session on confidentiality/legal protections with partners (e.g. Land of Lincoln Legal Aid)

- Identify and/or develop, with the lead agency, and distribute 4 myth-vs-fact briefs on privacy and legal protections
- Embed “Recovery = Health” themes at a community-wide wellness event, spearheaded by the lead agency, in May for Mental Health Awareness month
- Expand partnerships (greater than 3 new partnerships) with nontraditional recovery-friendly businesses and organizations (e.g. local bar and grill offering mocktails and naloxone trainings, Camp Ondessonk offering outdoor recreation) to integrate recovery messaging and activities into natural spaces
- Promote “Recovery First Aid” resource cards and materials in these informal settings (at least 10 community locations) to normalize recovery and provide discreet access to help.
- Attend community health fairs, trunk-or-treats, school homecoming events, and back-to-school events (at least 4 events/year) to share stigma-reduction messaging and connect with community members in informal ways.
- Outcome/Output Measures:
  - Number of campaign messages and videos released
  - Social media engagement (reach, shares, comments)
  - Attendance at sessions and events
  - Pre/post event attitude shifts
  - Documentation of campaign materials distributed
  - Documentation of recovery-friendly partnerships and community spaces with integrated resources

**3-Year Goal:** Continue the campaign with bi-monthly stigma-reduction messages released annually through social media, flyers, and other distribution methods in FY27 and FY28; concluding by June 20, 2028.

- Objectives:
  - Develop 6 new messages yearly informed by community input in the community survey
  - Maintain annual storytelling series (greater than 6 stories/year) that reinforce recovery as health
  - Host 4 stigma-reduction events annually with integrated messaging
  - Grow partnerships (at least 2 new partnerships/year) with local businesses, recreational spaces, and community leaders to embed recovery-friendly practices (mocktails, naloxone trainings, resource cards) and leverage natural assets like the Shawnee National Forest and Camp Ondessonk for informal recovery activities.
  - Continue participation in community health fairs, school events, and seasonal outreach opportunities (at least 4 events/year) to maintain visibility and normalize recovery
- Outcome Measures
  - Number of messages and stories released

- Event attendance and engagement
- Documentation of campaign materials distributed
- Documentation of recovery-friendly partnerships and community spaces with integrated resources

**Goal #2:** Establish and support a Community Resource Guide and distribute recovery and harm reduction materials at 12 community locations by June 30, 2026

- Objectives for Year 1:
  - Review, revise, and update, in collaboration with the lead agency, an Annual Community Resource Guide featuring local, regional, state, and national supports
  - Coordinate with at least 12 providers (Arrowleaf, Illinois MAR Now, Land of Lincoln Legal Aid, Southern Illinois Center for Independent Living) to place printed materials at a minimum of 12 high-traffic locations (clinics, ERs, schools, restaurants, faith sites)
  - Publish 4 “Where to Go for Help” social media posts, 2 short videos, and 1 audio interview by June 30, 2026
  - Partner with Arrowleaf, a Drug Overdose Prevention Program site, to conduct at least 8 naloxone trainings and distribute 100 kits
  - Partner with Arrowleaf to create service waiting-room handouts on HIPAA/privacy briefings and distribute to a minimum of 4 service locations
  - Support Arrowleaf in hosting the annual Dignity Fair (resource fair) with at least 75 attendees and 10 providers by June 30, 2026
  - Distribute “Recovery First Aid” kits (resource cards, naloxone information, crisis hotline numbers) in informal community spaces such as restaurants, bars, and faith-based organizations
  - Collaborate with nontraditional partners (e.g., local bar and grills, restaurants, and recreation resources) to embed recovery resources and harm reduction messaging into natural community settings and events, and back-to-school events (at least 10 settings/events/year) to share stigma-reduction messaging and connect with community members in informal ways.
- Outcome/Output Measures:
  - Resource guide updated, number of resources listed, and number of guides distributed
  - Number of materials distributed and locations reached
  - Social media engagement metrics for posts and videos
  - Number of naloxone trainings and kits distributed by the lead agency
  - Attendance and participation at the Dignity Fair
  - Number of community spaces with "Recovery First Aid" kits and recovery messaging
  - Number of community events attended, and outreach contacts made

**3-Year Goal:** Maintain the resource guide and quarterly distribution materials; release 6 “Where to Go for Help” messages annually; sustain harm reduction visibility through FY 27 and FY28.

- Objectives:
  - Update resource guide quarterly and refresh printed guides annually
  - Continue monthly social media posts and quarterly video series
  - Partner with Arrowleaf to host at least 2 formal naloxone trainings annually and provide access to community members in need
  - Continue service waiting room handout distribution in at least 10 locations
  - Expand “Recovery First Aid” distribution and recovery messaging into additional informal community spaces and recreational areas (e.g., local businesses, parks, Shawnee National Forest activities, Camp Ondessonk) reaching 4 new locations per year
- Outcome Measures:
  - Quarterly resource guide updates and distribution counts
  - Number of trainings and kits distributed
  - Engagement metrics for social media and videos
  - Attendance at community events
  - Number of community spaces with "Recovery First Aid" kits and recovery messaging
  - Number of community events attended, and outreach contacts made