

JERSEY COUNTY ROSC FY26 STRATEGIC PLAN



Table of Contents

Introduction.....	
.....3	
Demographics/Population/Overdose Data.....	4
Review of Gaps from Community Needs Assessment.....	5
Review of Communication /Outreach Plan.....	6
Strategic Plan: ROSC Council Goals/Objectives/Strategies.....	7

Introduction

Recovery Oriented System of Care Overview:

The Jersey County Recovery Council (JCRC) was formed in 2025 after being awarded a grant to move Jersey County towards becoming a recovery ready community. This will allow us to work collaboratively within our community with other recovery providers, to make the road to recovery easily accessible. This will be possible by focusing on all aspects of care including prevention, early intervention, treatment, and continuum of care for those in recovery.

JCRC Mission:

Moving Jersey County towards becoming a recovery ready community- one that is inclusive, and responsive to the needs of individuals and families affected by substance abuse.

JCRC Vision:

To reduce the stigma of substance use by developing an easily accessible recovery system within our community that empowers individuals to achieve an improved quality of life and better health outcomes.

Demographics/Population/Overdose Data

<i>Data obtained from census reporter.gov</i>	Jersey County
Total Population	21,336
Male	49%
Female	51%
Population by Age	
Under 9yrs	9%
10-19yrs	13%
20-29yrs	12%
30-39yrs	12%
40-49yrs	11%
50-59yrs	14%
60yrs+	28%
Populations by Race	
White	95%
Black	1%
Asian	1%
Hispanic	2%
Two or More	2%
Median Household Income	\$78,104
Persons in Poverty	10%

Opioid-related deaths in Jersey County have continued to rise, reflecting alarming trends at both the state and national levels. According to the Illinois Department of Public Health, there were five confirmed overdose deaths in the county in both 2022 and 2023. However, local stakeholders suggest the actual number may be higher, pointing to factors such as stigma, privacy concerns, and inconsistencies in how overdose deaths are classified. Many of these fatalities could have been prevented with broader access to naloxone. Synthetic opioids—particularly fentanyl and heroin—were involved in most cases. Data from NORC at the University of Chicago shows that between 2018 and 2021, Jersey County had an opioid overdose mortality rate of 38.1 deaths per 100,000 people, significantly higher than the Illinois state average of 29.7 per 100,000.

Barriers to treatment—particularly for youth and justice-involved individuals—remain high due to limited services, stigma, and rural isolation. While it's difficult to estimate the total number of individuals who would benefit from ROSC initiatives, community feedback and stakeholder insights indicate hundreds are affected either directly or indirectly by substance use.

Gap Analysis and Identified Areas to Strengthen (taken from FY26 Community Survey)

The survey results indicate a significant level of uncertainty within the community regarding knowledge of available resources for substance use assistance. A combined total of 44.45% of respondents either disagreed or strongly disagreed with the statement, while only 22.22% agreed or strongly agreed. The neutral responses (33.33%) suggest that many participants may feel unsure or uninformed about the available resources.

The survey results indicate a significant perception gap regarding the availability of treatment options for substance users within the community. A combined total of 74.07% of respondents either strongly disagree or disagree with the statement, suggesting that many feel that detox and residential centers are not adequately publicized. Only 7.41% agree, and none strongly agree, which highlights a clear lack of awareness or communication about these services

The survey results indicate a significant level of skepticism regarding the public awareness of recovery support options within the community. A combined total of 57.4% of respondents either disagreed or strongly disagreed with the statement, suggesting that the majority feel that these resources are not adequately publicized. Additionally, 31.48% of respondents remained neutral, indicating uncertainty about the visibility of these options. Only 11.11% of respondents agreed that recovery support options are well publicized.

The responses to the question regarding comfort with using Narcan reveal a generally positive attitude among participants, with a combined total of 59.26% expressing agreement (Agree and Strongly Agree). However, a significant portion of respondents (24.07%) remain neutral or express discomfort (Strongly Disagree and Disagree). This indicates a potential gap in confidence or knowledge about Narcan usage among some individuals

The survey results indicate a strong preference for in-person support for individuals experiencing Substance Use Disorder (SUD), with 55.56% of respondents selecting this option. Group support follows as the second most favored choice at 24.07%, while virtual support is significantly less popular at only 5.56%. Peer support garnered 14.81% of the responses, suggesting a moderate interest in this type of assistance.

The responses to the question regarding the accessibility of harm reduction services indicate a significant level of concern among participants. A combined total of 44.44% of respondents either agreed or strongly agreed that it is difficult to find harm reduction services in their community, while only 24.08% disagreed or strongly disagreed. The neutral response rate of 31.48% suggests that a considerable portion of the population may be uncertain or indifferent about the availability of these services. This data highlights the potential gap in accessibility of harm reduction resources within our community which could be detrimental to public health efforts aimed at reducing harm associated with substance use.

The responses to the question regarding the effectiveness of harm reduction services like Narcan and syringe service programs indicate a divided opinion among participants. A significant portion of respondents (29.63%) chose "Neither agree nor Disagree/Neutral," suggesting uncertainty or lack of awareness about these services. The combined percentage of those who agree (40.74%) versus those who disagree (29.63%) shows a slight inclination towards support for harm reduction services, but not overwhelmingly so.

The survey results indicate a significant level of neutrality regarding the availability of Medication Assisted Recovery (MAR) providers in the community, with 51.85% of respondents selecting "Neither agree nor Disagree/Neutral." This suggests that a considerable portion of the population may be unsure about the accessibility of MAR services. Meanwhile, a combined total of 37.03% of respondents agreed or strongly agreed that it is difficult to find such healthcare providers, which highlights a notable concern about availability.

The responses to the question regarding the effectiveness of Medication Assisted Recovery (MAR) for substance use disorders show a mixed perception among participants. A significant portion, 33.33%, remains neutral, indicating uncertainty or lack of information about MAR. Meanwhile, a combined 59.26% of respondents agree or strongly agree with the effectiveness of MAR, suggesting a favorable view among those who have a positive opinion. However, the presence of 7.41% who strongly disagree and the absence of any respondents who disagree indicate a small but notable dissent.

Review of Communication/Outreach Plan Efforts

The communication plan focuses on our efforts to engage the community in growing our council with involvement from the various sectors across the community: People with Lived Experiences (PLE's), recovery support groups, faith based groups, mental health

service providers, hospitals and primary care providers, law enforcement and drug courts, as well as local schools. Our council's efforts to engage these sectors is important because building relationships among various community partners helps to contribute to a realistic strategic plan and achievable goals. A strong communication plan ensures that information flows effectively between community stakeholders, service providers, people with lived experiences, and the public. It helps the council stay aligned to its goals, share resources, coordinate initiatives, address challenges, and support a unified message around recovery.

Audience	Communication Goal
People and Families with Lived Experience	Connect with members of the community with lived experiences. Make them and their families aware of the services and support available to them. Involve in ROSC efforts as well
Existing Peer Support Groups	Increase awareness of ROSC work with existing groups, potentially adding more to our community
SUD Service Providers	Make Local MAR providers aware of ROSC goals and how they can become involved
Mental Health Service Providers	Local mental health providers are aware of how to become involved as well as ROSC goals
Hospitals and Primary Care Providers	Make hospitals and medical providers aware of our efforts and how to be involved. Create a referral tool for warm hand off for providers
Law Enforcement and Drug Courts	Make officers, parole officers and drug court officials aware of our work and how they can collaborate
Faith Communities	Make faith communities aware of our ROSC goals, how we can help them and vice versa. Connect to a network of resources to help those in the community
Local Schools	Make local schools aware of our work, offer to collaborate where needed. Provide opportunities to educate topics surrounding prevention, recovery and Narcan
Business Owners	We want to build relationships with local businesses and make them aware of our

	ROSC council and ways that they can support individuals in recovery
Local Media Outlets	Engage with all local media to connect, educate and empower
General Population	Educate and empower the general population to help those in recovery and reduce the stigma surrounding SUD.

Our Five Target Audiences for Focus are:

1. People with Lived Experience
2. SUD/Mental Service Providers
3. Law Enforcement
4. General Public
5. Schools

Communication Channels

Jersey County ROSC will make every effort to build connections by building a strong community presence through the following communication efforts:

- Host monthly ROSC meetings at Jersey County Health Department with a hybrid mode of delivery
- Create a web page on the Jersey County Health Department page to include a virtual resource guide
- Electronic communication with members and the public via email, zoom meetings, social events, social media- Facebook
- Networking with key stakeholders within the community, to include but not limited to people with lived experience, faith-based leaders, business owners, law enforcement, local providers
- Word of mouth- providers and members within the community will see and hear about us within the community and share our resources to those who need them
- Attend existing community events, including public social events, to seek any new opportunities to connect with members within the community

Strategic Plan: ROSC Council Goals/Objectives/Outcome Measures

12-Month Plan

Goal #1:

There are high rates of stigma surrounding substance use disorder in Jersey County. Jersey County ROSC will work to reduce stigma by disseminating monthly campaign releases to the public through flyers, social media posts, and other methods by June 30, 2026

Objectives for Year 1:

- Develop at least 2 substance use and mental health education opportunities in the community by 6/30/2026.
- Determine two areas of educational need from the survey by January 30th 2026.
- Determine campaign leader by January 30th 2026.
- Develop an informal campaign draft by February 27th 2026.
- Finalize campaign and launch via social media by March 30th 2026, focusing on one topic each month through June 30th 2026.

Progress Achieved:

- Survey completed and results reviewed with the council members
- Selected two areas of focus for campaign

Next Steps:

- Develop a subcommittee of PLE's to support anti-stigma campaign.
- Continue to expand outreach by hosting or cohosting at least two community events per year, directed towards growing awareness and stigma reduction.

Outcome Measures:

- Number of events ROSC staff hosted or participated in disseminating anti-stigma campaign materials
- Number of promotional materials dispersed throughout the community

- Number of persons reached through social media such as Facebook followers, likes and shares

Goal #2:

There is a need to enhance recovery support networks through ROSC and RCO collaboration. Jersey County ROSC will increase service delivery by facilitating discussions among at least 3 community sectors (local hospitals, law enforcement, and EMS Personnel) to develop formal warm handoff protocols for individuals with substance use disorder by June 30, 2026.

Objectives for Year 1:

- Partner with external recovery peer service providers by December 30th 2025.
- Form a recovery support subcommittee consisting of recovery peers from multiple agencies to collaborate in growing awareness for their services in their area by February 27th 2026.
- Form a warm handoff working group by December 30th 2025.
- Hold monthly warm handoff meetings through March 2026 and launch warm handoff protocols with at least one of our desired community sectors by March 30th 2026.

Progress Achieved:

- Recruitment of members at November 2025 ROSC meeting, and first warm handoff meeting set to meet on December 8th 2025.
- Peer recovery navigator hired through Americorps on December 1st 2025, and set to begin work on January 5th 2026, with Jersey County Health Department being home site for this individual.

Next Steps:

- Connect the Jersey County Recovery Navigator with a Recovery Peer at Sacred Spaced of Care.
- Assist Recovery Navigator in developing a working schedule.

- Collaborate with local in-patient stabilization unit to assist in warm hand off work.

Outcome Measures

- Number of peers connected with the Recovery Navigator.
- Formation of recovery groups
- By our facilitation, we were able to connect X amount of people through our warm handoff program (reported from peer that we collaborated with)

3-Year Strategic Plan Example (Long- Term Direction)

Goal #1:

Continue with anti-stigma campaign, disseminating quarterly campaign releases to the public through flyers, social media posts, and other methods in FY 27 and FY28, with conclusion of campaign by June 30, 2028.

Objectives:

- **Each year, develop stigma reduction educational messages based on results and need obtained from community wide survey.**
- **Each year, distribute anti stigma messages through social media and community resource events every three months.**

Outcome Measures:

- **Survey percent increase in community knowledge about substance use disorder and mental health conditions**
- **Increase in community awareness of local recovery resources by percent increase on community survey**
- **Increase in social media reach, by gaining more likes on our council page, daily posts**

- Number of individuals reached through events, presentations, outreach

Goal #2:

Continue to increase service delivery by means of a formal warm handoff program with at least three community sectors, seeing an increase in patients served in FY 27 and FY28.

Objectives:

- Each year, measure number of individuals referred by means of warm handoff with the local ER, EMS and PD.
- Establish a clear communication and referral pathway that is utilized each time these service providers come in contact with someone with substance use disorder

Outcome Measures:

- Reported number of individuals offered a warm handoff per peer that we partner with
- Number of individuals who accept a referral when offered per peer that we partner with

