

## **FY26 Strategic Plan**

**Northern Cook County ROSC Coalition (NCC)**

**Peer Services**

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**Date: 12/22/2025**

### **Mission**

**The mission for Northern Cook County ROSC Coalition Group is to commit to transforming systems of care by implementing recovery-driven, person-centered, and community-based supports that promote hope, resilience, connection, and sustained wellness to individuals, families and communities for those with or at risk of substance use disorders.**

### **Vision**

**Our vision is to aid in molding communities where people feel supported, connected, and empowered to find and sustain recovery in ways that work for them.**

### **Needs Assessment**

**Community Demographics:** The Northern Cook County ROSC Coalition services the following 12 communities in the Chicago North Side and North Suburbs: Evanston, Skokie, Wilmette, Niles, Glenview, Northbrook, Morton Grove, Lincolnwood, Lakeview, Uptown, Rogers Park, and Lincoln Park. The largest population in these communities represent Jewish, Asian, and Middle Eastern. These communities also have White, Hispanic and African American population among them. There is an estimate of 1.4 Million residents who reside in these 12 communities. North Cook County communities represent one of the most influential, diverse, and economically significant regions in Illinois. Taken together, they function as a cultural, economic, educational, and civic engine for the Chicago metropolitan area.

**Overdose Rate from NCC ROSC Service Area:** These zip codes are consistently reported to CDPH and EMS data: **60201, 60202, 60203** – Evanston, **60076, 60077** – Skokie, **60712** – Lincolnwood, **60053** – Morton Grove, and **60714** – Niles. In 2024 there was a report of 800–950 deaths caused by overdose. These following zip codes have the lowest rates in Northern Cook County, **60091** – Wilmette, **60025, 60026** – Glenview, **60062** – Northbrook, **60015** – Deerfield, **60068** – Park Ridge, and **60016** – Des Plaines.

**Gaps Highlighted by Councils Community Survey results:** The Community Surveys have revealed gaps in accessing Mental health and substance abuse treatment. Locals have expressed the community having little to no services. The surveys show the community sees people with mental health issues should be given respect more than a person suffering from substance use disorder. NCC will benefit from spreading awareness and conducting outreach to ensure the community is aware of the services that are available and who can benefit from the services.

### **Council Outreach and communication Plans**

**Purpose:** To establish clear and comprehensive commitment, NCC will tap into communication portals including Newsletters updated Monthly, facilitate monthly meetings and create 3 press releases annually. Keeping coalition members, partners, locals, individuals and the community informed by utilizing these forms of engagement.

**Objectives:** Build Trust with community, reduce stigma, implement no barriers for recovery support, speak regarding getting individuals Medications for Opioid Use Disorder (MOUD) if needed, share ROSC activities, progress and accomplishments.

**Target Audiences:** The strategic plan is shared with multiple backgrounds to ensure partnership, trust, and community engagement. Coalition members receive agendas, progress updates, data findings, and minutes through email, meetings, and shared platforms for transparency with all partners. Individuals need to receive information on events and resources through social media or workshops. All information is to be broadcasted to help someone gain hope. Medical providers are updated with new programs or changes in programs and referrals.

**Key Messages:** Hope and Healing can be found in many forms; NCC is to help individuals develop the skills and resilience to overcome challenges and to unleash their inner capacities to create the lives they want in recovery.

**Communication channels and frequency:** Monthly newsletters, monthly meetings, weekly posts, tabling events and outreach.

**Roles and responsibility:** Outreach coordinator and Recovery Support Specialist (RSS).

**Evaluation and feedback:** Participation tracker, community surveys, member and community feedback.

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

**Goal 1: NCC will develop a plan to harmonize the barriers that individuals with substance use disorder face in trying to receive treatment by June 2026.**

Objectives for year 1:

- A. NCC ROSC Coalition will harmonize the barriers that individuals with substance use disorder face in trying to receive treatment by documenting discussions in monthly meetings, pushing surveys and doing outreach.
- B. NCCRC will collaborate with 8 new organizations in hopes to break the barriers that are preventing people from receiving treatment.

C. NCCRC will continue to share resources and collect data. Collecting data and sharing it with council in meeting more data collection due to feedback.

### **Next steps:**

- A. Provide community surveys to service providers, community members and at outreach events.
- B. Consistency in Business outreach and street outreach to gain the trust of the community and continue collecting data to identify what are the barriers.
- C. Share information with coalition and coalition helps share community surveys as well.

### **Outcome Measures**

- A. Track surveys (30+ surveys monthly)
- B. Track referrals (10+ Monthly)
- C. Track engagements (20+ Monthly)
- D. Track requests

**Goal 1 Year 3: NCC will develop a plan to harmonize the barriers that individuals with substance use disorder face in trying to receive treatment by June 2028.**

### **Long term Objectives and Outcome Measures for FY27/FY28**

- A. Collaborate with community and organizations to achieve referrals to MAR treatment. Collaborate with Law enforcement regarding sending someone in need of treatment to the Living Room and getting signed up for MAR.
- B. Hosting events with MAR Van and nurses to spread awareness to the community. Hosting events with other organizations to join and NCC join events that are open to table in.
- C. Consistently stepping into the community and collaborating with people in recovery, people who want recovery, people who can help others with recovery and families.

- D. Perform key informant interviews to gather qualitative data.
- E. Creating warm hand-off so people in need of services are feeling safe and confident they will get the help they need.
- F. Engaging with community regarding services PEER Services provides and sharing information regarding ROSC Coalition.

## **Goal 2: Strengthen Peer Leadership and Community-Based Supports By June 2026**

### Objective for year 1

- A. Connect behavioral health, physical health, education, housing, and social supports
- B. Improve communication among service providers
- C. Reduce service fragmentation regarding communication, enhancing information, coordinating care, and transparency in the roles that each provider serves.

### Next Steps

- A. Identify all local providers
- B. Clarify what services each agency offers, eligibility and referral process.
- C. Identify barriers in services
- D. Establish formal partnerships through agreements
- E. Create clear referral pathways
- F. Connect residents to non-clinical, community-based recovery supports.
- G. Ensure members are all on same page before making any decisions

### Outcome Measures

- A. Monitor referrals made and completed with warm hand off
- B. Assess number of individuals connected to services within 7-14 days

- C. All services and events in NCC Region will share with other organizations and communities.
- D. Evaluate data collection regarding barriers in NCC region services.
- E. Servicing those in need with little to no wait time
- F. Residents experience one connected system rather than multiple disconnected programs.
- G. Reducing reliance on crisis driven care

## **Goal 2 Year 3: Strengthen Peer Leadership and Community-Based Supports By June 2028**

### **Long term Objectives and Outcome Measures for FY27/FY28**

- A. Maintain and deepen long-term partnerships with community, organizations, families, caregivers, and natural support systems.
- B. Improve families' knowledge of recovery principles, boundaries, and trauma-informed approaches to reduce stigma and burnout.
- C. Increase participants' recovery stability, connection, and resilience by strengthening positive family and natural support relationships.
- D. Instill hope through surveys and sharing progress within the community.
- E. Continue implementing relationships with local community members and organizations.

## **Goal 3: Build Data, Evaluation, and Quality Improvement Infrastructure by June 2026**

## Objectives for year 1

- Establish the core systems, processes, and culture needed to measure recovery outcomes and use data for continuous improvement.

## **Next steps**

- A. Identify the following:
  1. Quality of life and well-being
  2. Housing stability and employment
  3. Social connection and recovery capital
  4. Self-reported hope, empowerment, and satisfaction

## **Outcome Measures**

- A. Ensure services are person-centered and respectful.
- B. % of participants reporting improved quality of life over time
- C. % of participants reporting increased hope, empowerment, or self-efficacy
- D. % of participants reporting progress toward self-identified recovery goals

**Goal 3 Year 3: Build Data, Evaluation, and Quality Improvement Infrastructure by June 2026**

**Long term Objectives and Outcome Measures for FY27/FY28**

- A. Strengthen care coordination processes so individuals receive timely, appropriate, and aligned services.
- B. Improved service quality, equity, and accountability
- C. Regular use of participant and family voice in evaluation
- D. Sustained recovery-oriented improvement culture
- E. show the system's ability to use data effectively
- F. Share outcomes with stakeholders and community partners.
- 1. Establish participant-informed priorities.