

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. Survey participants were asked to rate prevention, recovery, and community awareness beliefs on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). 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, in FY27.

- 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 Committee Lead: Oversees online engagement and content scheduling
- Volunteer Coordination Committee Lead: 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
- Number of individuals reporting increased awareness of resources through the annual Community Survey
- 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: Reduce stigma and normalize recovery as part of whole-person health by implementing a multi-channel communication campaign, engaging individuals with lived experience, and expanding equitable partnerships with traditional and nontraditional community settings by June 30, 2026.

- Objectives for Year 1:
 - Increase exposure to stigma-reduction messaging by integrating campaign content into all printed and digital outreach materials, ensuring consistent framing of recovery as health across communication platforms

- Increase attendance of People with Lived Experience (PLE) at council meetings, expanding from 4 PLE to 6 PLE per council meeting by June 30, 2026
- Integrate physical health comparisons in messaging (e.g. “Recovery is like Physical Therapy”) across at least 6 social media posts by June 30, 2026
- Coordinate with the lead agency to host an informational session on confidentiality and legal protections, in partnership with organizations such as Land of Lincoln Legal Aid, by June 30, 2026
- Identify and/or develop, with the lead agency, at least 4 myth-vs-fact briefs addressing privacy and legal protections by June 30, 2026
- Integrate “Recovery = Health” messaging into at least 1 community-wide wellness event (Mental Health Awareness Month, May 2026), with participation from a minimum of 5 distinct community sectors (e.g., healthcare, education, legal, business, social services)
- Establish at least 3 new partnerships with nontraditional community organizations (e.g., restaurants, recreation programs, camps, parks, local businesses) to incorporate stigma-reduction messaging and recovery-supportive practices into community spaces by June 30, 2026
- Promote and distribute “Recovery First Aid” resource cards and materials in at least 10 informal community locations or events, ensuring discreet and accessible community-based engagement
- Participate in and/or coordinate at least 8 community events annually (minimum 2 per quarter) (e.g., health fairs, school events, seasonal events), incorporating stigma-reduction messaging and resource distribution strategies
- Coordinate with certified trainers to support at least 2 QPR (Question, Persuade, Refer) suicide prevention trainings, reaching a minimum of 25 participants total by June 30, 2026
- Outcome/Output Measures:
 - Number of campaign messages developed and disseminated
 - Number and type of sectors represented in community events and council activities
 - Number of partnerships established with nontraditional organizations
 - Number of informal community settings distributing recovery materials
 - Social media engagement (reach, shares, comments)
 - Attendance at sessions, events, and trainings
 - Pre/post changes in stigma-related attitudes and awareness (where applicable)
 - Documentation of campaign materials distributed and community placements

3-Year Goal: Sustain and expand stigma-reduction efforts to normalize recovery as part of whole-person health by maintaining a coordinated, multi-channel communication strategy, increasing visibility of lived experience, and embedding recovery-supportive messaging across diverse and equitable settings through June 30, 2028.

- Objectives:
 - Maintain and refresh a coordinated stigma-reduction campaign, releasing at least 3 updated or new campaign messages annually, ensuring alignment with community feedback and emerging needs
 - Sustain consistent multi-channel messaging by publishing at least 12 stigma-reduction posts annually per year
 - Continue to increase attendance of People with Lived Experience (PLE) at council meetings, expanding from 6 PLE to 10 PLE per council meeting
 - Expand lived experience engagement by supporting at least 4 individuals (one per quarter) to participate in outreach, storytelling, events, or campaign development
 - Continue development and dissemination of educational materials (including myth-vs-fact and recovery-as-health content), updating and redistributing at least 4 resources annually
 - Maintain participation in at least 8 community events annually, integrating stigma-reduction messaging into diverse settings, with intentional outreach to underserved populations
 - Sustain and expand nontraditional partnerships, adding at least 2 new recovery-friendly community partners per year, and maintaining previously established partnerships
 - Integrate recovery messaging into community-wide wellness and awareness events annually, ensuring representation from at least 5 sectors each year
 - Continue coordination of educational sessions (e.g., confidentiality, stigma, recovery awareness) with partners, hosting at least 1-2 sessions annually
- Outcome Measures
 - Number of campaign messages updated and released annually
 - Number of social media posts disseminated
 - Social media engagement trends over time (reach, shares, comments)
 - Number of individuals with lived experience engaged annually
 - Number of educational materials updated and redistributed
 - Number of events conducted and participants reached annually
 - Number of new and sustained partnerships (traditional and nontraditional)
 - Diversity in sectors represented in events and partnerships
 - Longitudinal changes in stigma-related attitudes (event feedback, surveys)

Goal #2: Expand equitable access to recovery supports, Medication Assisted Recovery (MAR), harm reduction resources, and service navigation by strengthening coordinated resource infrastructure, increasing awareness of evidence-based practices, and embedding access points across formal and informal community settings by June 30, 2026.

- Objectives for Year 1:

- Develop and distribute at least 12 monthly printed and digital resource materials (1 per month) focused on recovery supports and social determinants of health (transportation, food, Medicaid, employment), maintaining distribution across a minimum of 10 high-traffic community locations
- Review, revise, and update, in collaboration with the lead agency, an Annual Community Resource Guide by June 30, 2026, featuring local, regional, state, and national supports
- Coordinate with at least 12 providers and partners to maintain a minimum of 12 consistent resource distribution sites (e.g., clinics, ERs, schools, restaurants, faith-based organizations)
- Partner with Arrowleaf and/or Southern Seven Health Department, both Drug Overdose Prevention Program sites, to conduct at least 8 naloxone trainings and distribute 100 kits
- Develop and distribute, in partnership with Arrowleaf, service navigation and privacy-focused waiting room materials (e.g., HIPAA, accessing care) to at least 4 service location by June 30, 2026
- Support Arrowleaf in coordination and outreach for the annual Dignity Fair (resource fair) with at least 75 attendees and 10 providers, to increase community awareness of available services
- Distribute "Recovery First Aid" kits (resource cards, naloxone information, crisis hotline numbers) in at least 12 formal and informal community locations such as restaurants, bars, and faith-based organizations, ensuring broad geographic and community reach
- Establish and maintain partnerships with nontraditional community settings (e.g., restaurants, recreation programs, parks, camps), integrating recovery resources and access information into at least 10 settings or events annually
- Participate in and/or coordinate community outreach activities (minimum 8 annually) that prioritize resource dissemination, service awareness, and navigation support, including collaboration with mobile outreach or partner-led events
- Outcome/Output Measures:
 - Number of monthly resources materials developed and distributed
 - Number of distribution sites maintained each month
 - Community Resource Guide completion, updates, and number of copies distributed
 - Number of provider partnerships and locations with active materials
 - Social media engagement metrics for posts and videos
 - Number of naloxone trainings supported, participants reached, and kits distributed by the DOPP partner
 - Attendance and participation at the Dignity Fair
 - Number of "Recovery First Aid" distribution sites kits and replenishment frequency

- Number of community events attended, and outreach contacts made
- Number of nontraditional community settings integrating recovery resource access

3-Year Goal: Sustain and enhance equitable access to recovery supports, Medication Assisted Recovery (MAR), harm reduction resources, and service navigation by maintaining and expanding coordinated resource systems, strengthening cross-sector partnerships, and increasing community awareness of available services through June 30, 2028.

- Objectives:

- Maintain and update the Community Resource Guide quarterly, with annual full revisions and redistribution, ensuring accurate inclusion of MAR, harm reduction, and support services
- Sustain distribution of monthly printed and digital resource materials (12 per year), maintaining at least 12 active distribution locations and expanding into at least 2 new locations annually
- Maintain partnerships with at least 12 service providers, with ongoing coordination to ensure consistent and accurate resource availability across community sites
- Support ongoing naloxone training coordination, partnering with providers to ensure at least 2-4 training events annually and continued community access to overdose prevention resources
- Sustain the Dignity Fair or similar resource events annually, maintaining or increasing participation benchmarks (75+ attendees, 10+ providers)
- Expand distribution of Recovery First Aid kits and harm reduction materials, reaching at least 4 new community locations annually, with a focus on informal and underserved settings
- Continue coordination and participation in community outreach and engagement efforts, maintaining at least 8 outreach events annually and strengthening partnerships that address transportation and access barriers

- Outcome Measures:

- Number of resource guides updated, distributed, and accessed
- Number of monthly materials produced, distributed, and locations maintained/expanded
- Number of provider partnerships sustained and expanded
- Number of service-awareness messages produced and engagement metrics
- Number of naloxone trainings supported and community reach
- Attendance and participation trends at resource events (e.g., Dignity Fair)
- Number of Recovery First Aid distribution sites and new locations added annually
- Number of outreach events and individuals reached annually
- Number of nontraditional partner sites maintaining recovery resources access

- Number of community conversations held and participant feedback
- Improvements in community awareness of services and perceived access (survey or feedback data)