

The logo features the letters 'BB2L' in a bold, blue, sans-serif font. Each letter is partially enclosed by a vertical yellow bar that extends above and below the letter, creating a stylized, cage-like appearance.

BOUNCE BACK 2 LIFE
ROSC COUNCIL

STRATEGIC PLAN FY2026 -2028

"Making Lives Better"

Recovery Oriented Systems of Care ROSC

Lights of Zion Ministries
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Introduction

BB2L identified a broad range of community priorities through focus groups, interviews, and community engagement efforts, building upon prior Recovery Support Program work. Updated findings highlight disparities in access to recovery support services across the service area.

This Updated Strategic Plan FY26 reflects a refined approach that clearly defines the ROSC Council's role as a coordinator, convener, and connector across the continuum of care. BB2L ROSC strengthens partnerships and aligns community resources to improve access, reduce fragmentation, and ensure individuals are connected to appropriate services.

This revision integrates a fourth project area — Faith-Based Partnerships & Recovery Congregations — and completes the full 3-year strategic direction with specific measurable goals and outcome benchmarks for FY26, FY27, and FY28.

Organization Description

Lights of Zion Ministries (LOZ) is a faith-based not-for-profit organization located in the West Pullman/Roseland community of Chicago, Illinois, and serves as the Lead Agency for the Bounce Back 2 Life (BB2L) ROSC Council serving Cook County and surrounding communities.

As the Lead Agency, LOZ provides administrative oversight, coalition coordination, and strategic direction for the BB2L ROSC Council. The council functions as a coordinated network of community partners and does not provide direct services. Instead, BB2L ROSC focuses on convening partners, facilitating referrals, coordinating access to recovery support services, and strengthening system alignment across the full continuum of care — ensuring individuals are connected to the right resources at the right time. All direct services are delivered by partner organizations within the network, including healthcare providers, workforce partners, reentry organizations, and faith-based Recovery Congregations.

Mission

To coordinate and strengthen a system of services that supports individuals and families in achieving recovery, self-sufficiency, and improved quality of life.

Vision

Every person seeking recovery support will be connected to coordinated, high-quality resources that promote dignity, stability, and long-term wellness.

Core Beliefs

- Recovery is possible for all individuals
- Strong partnerships create stronger outcomes
- Individuals deserve dignity, respect, and equitable access to care
- Communities thrive when systems are aligned and coordinated
- Lived experience is essential in recovery leadership
- Faith communities are a vital and trusted pillar of the recovery ecosystem

What Is a ROSC?

A Recovery-Oriented System of Care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities. ROSCs support multiple pathways to recovery and promote improved health, wellness, and quality of life.

The role of the ROSC Council is to coordinate partnerships, strengthen collaboration across systems, and improve access to services — ensuring individuals are connected to the right resources at the right time. The ROSC coalition does not deliver direct services; it builds and maintains the network that does.

Guiding Approach

BB2L ROSC recognizes that individuals engage in recovery at different stages and with diverse needs. The coalition promotes a person-centered approach by coordinating access to services that meet individuals where they are in their recovery journey.

Through strong partnerships and collaboration — including with faith-based Recovery Congregations — the ROSC ensures access to appropriate resources without barriers or judgment. The network focuses on strengthening the system of care rather than delivering direct services. We have also identified key barriers in our community — stigma and transportation — and are addressing both through coordinated partnerships and system-level strategies, including a stigma-reduction campaign featuring Persons with Lived Experience (PLEs) as storytellers and a volunteer transportation network connecting participants to recovery meetings, treatment, court dates, and workforce training.

Community Context & Opioid Crisis

Cook County continues to experience a significant opioid crisis, driven largely by fentanyl and polysubstance use. Opioid overdose deaths have more than doubled the number of homicides, surpassing previous records and highlighting the severity of the crisis.

Chicago alone has faced devastating impacts, with over 1,500 lives lost to drug overdoses — exceeding fatalities from gun violence.

Communities on Chicago's Far South Side, including Roseland and surrounding areas, are disproportionately affected due to economic instability, reentry barriers, and limited access to coordinated, culturally responsive care.

Top 5 Chicago Community Areas — Opioid-Related Deaths:

- Austin — 50 deaths
- North Lawndale — 29 deaths
- Humboldt Park — 28 deaths
- West Town (29) and South Shore (19)
- **Roseland — 28 deaths ← BB2L's primary service area**

These conditions reflect a fragmented system of care where services may exist but are not consistently aligned, accessible, or responsive to community needs. BB2L ROSC addresses these challenges by coordinating partnerships and aligning resources across healthcare, behavioral health, housing, workforce, faith, and justice systems.

SWOT Analysis

The following strengths, weaknesses, opportunities, and threats were identified through focus groups, participant interviews, and community surveys.

Strengths

- Strong provider partnerships supporting prevention services
- Roseland Community Hospital supporting individuals with MI and AOD issues
- Diversity of community services including Youth Build Program
- Good system collaboration including courts and judicial system
- Community awareness of mental health and AOD services
- Strong joint leadership and provider network
- Excellent continuum of care with crisis intervention capacity
- Good communication between providers, Children's Services, and Criminal Justice System
- Deep faith community presence through Southland Ministerial Health Network
- UMARC membership providing statewide RCO credibility and peer training best practices

Weaknesses

- Limited community knowledge and understanding of addiction and mental health
- Insufficient detoxification and sober living capacity
- Limited funding — no levy support for addiction services
- Long psychiatric services wait times
- Lack of open dialogue about substance misuse in community settings
- Strong stigma of mental illness, especially in school systems and faith communities
- Limited vocational and ongoing job coaching services
- Transportation barriers and limited recreational opportunities

Opportunities

- Increase community education on addictions, mental health, and dual disorders
- Implement more evidence-based best-practice models for addictions and mental health
- Develop and expand the Peer Recovery Community model through UMARC partnership
- Leverage media and PLEs to reduce stigma and educate the community
- **Activate 8 Recovery Congregations in FY26 via Southland Ministerial Health Network — expanding to 20 by FY27 and 35 by FY28**
- Pursue Medicaid reimbursement for peer services through RCO certification pathway
- Expand volunteer transportation network to remove access barriers

Threats

- Funding is extremely difficult to secure
- Ongoing impact of the fentanyl epidemic and rising overdose death rates
- Fragmented funding streams for addictions vs. mental health
- Competition between local providers for available funds
- Increased community stigma around mental illness and addiction
- Youth exposure to opioids and increasing school-based substance use
- Insurance gaps and psychiatrist shortage

Four Focused Community Projects

ROSC ROLE: For all four projects, the BB2L ROSC Council's role is to coordinate, convene, facilitate referrals, and track outcomes. Direct services are delivered by partner organizations within the ROSC network — not by the coalition itself.

Project 1: Reentry & Recovery Navigation

This project addresses ROSC goals of reducing stigma, promoting harm reduction, and prioritizing equity by supporting returning citizens during their critical transition back to the community. The coalition will expand peer-based reentry efforts by strengthening partnerships with local judges, probation departments, and reentry organizations. Trained PLEs employed by partner organizations will connect individuals to recovery groups, housing resources, and employment coaching.

Coalition Coordination Activities (BB2L ROSC Role):

- Expand coordination of peer-based reentry navigation through formal partnerships with organizations serving individuals leaving jail and prison
- Strengthen and formalize partnerships with local judges, courts, and probation departments through MOUs or letters of agreement
- Coordinate and support referral pathways connecting returning citizens to partner-provided recovery meetings, support groups, housing resources, and workforce services
- Coordinate the volunteer transportation network to remove barriers to service access for returning citizens
- Convene 4 quarterly community-based ROSC recovery network meetings
- Lead a stigma-reduction awareness campaign featuring PLEs as storytellers, using social media, print, and community events

Impact Story — Robert:

Robert, a returning citizen, engaged in programs coordinated through BB2L's partner network, including workforce development and peer support services. Through coordinated referrals and partner collaboration, Robert stabilized his recovery, reconnected with family, and developed job skills through our partnering training provider. Today, Robert works as a Carpenter and Solar Installer — a role he secured through hands-on training and placement by one of our employer partners. His story reflects the mission and effectiveness of Lights of Zion.

Project 2: Peer Workforce Development

This project supports ROSC goals by improving effective service delivery, promoting Medication-Assisted Recovery (MAR), and reducing stigma through a community-reflective peer workforce — built through coordination between BB2L, the LOZ Training Institute, and employer and certification partners.

Coalition Coordination Activities (BB2L ROSC Role):

- Coordinate with training providers, including the IBHE-certified Lights of Zion Training Institute, to expand curriculum in peer recovery support, recovery ethics, and trauma-informed practice
- Facilitate and broker connections between trained peers and employment opportunities through Community Assistance Programs (CAPs), local labor unions, and workforce agencies
- Track peer training enrollment, certification progress, and employment outcomes across the partner network
- Coordinate access to coaching and certification support services delivered by partner organizations
- Lead the Recovery Community Organization (RCO) certification process

UMARC Partnership:

Lights of Zion is a core member organization within UMARC (United Mental Health and Addictions Recovery Coalition), a recognized and established statewide Recovery Community Organization (RCO). Our participation in this network enhances our credibility, strengthens our peer training model, and aligns us with best practices in recovery-oriented systems of care. UMARC membership also supports our pathway toward Medicaid reimbursement for peer services.

Project 3: Youth Development & Prevention

This project addresses equity, harm reduction, and effective service delivery by engaging youth ages 16–26 through training, mentorship, and leadership development coordinated through partner organizations.

Coalition Coordination Activities (BB2L ROSC Role):

- Coordinate with training providers and partner organizations to integrate recovery-informed concepts and life skills into CNA, logistics, construction, and job readiness programs
- Coordinate mentorship and leadership development opportunities through partner providers

- Apply SAMHSA’s Strategic Prevention Framework in collaboration with partners and youth co-designers to ensure cultural relevance and peer appeal
- Coordinate and co-organize stigma-reduction workshops with schools and community organizations
- Track referral pathways connecting high-risk youth to treatment and recovery services through the partner network

Project 4: Faith-Based Partnerships & Recovery Congregations

This project leverages BB2L’s faith-based identity and the Southland’s deep church community roots through the Southland Ministerial Health Network. Faith congregations serve as trusted access points for individuals who may not engage with traditional treatment systems.

This project expands the ROSC network by formally onboarding faith communities as recovery-supportive partners through the existing Southland Ministerial Health Network — BB2L’s co-lead ROSC organization. Recovery Congregations are churches and faith organizations that serve as welcoming, stigma-free spaces connecting members to recovery resources through the BB2L ROSC referral network.

Coalition Coordination Activities (BB2L ROSC Role):

- Leverage monthly Southland Ministerial Health Network meetings to introduce and recruit Recovery Congregation candidates — targeting 2 new congregations per quarter throughout FY26
- Establish a formal MOU or partnership agreement with each Recovery Congregation defining roles, referral protocols, and shared expectations
- Coordinate orientation for congregation liaisons (pastors, deacons, lay leaders) on ROSC referral pathways and recovery resources — delivered through partner training providers
- Establish and maintain referral pathways so congregation members can be connected to partner recovery services
- Host a minimum of 2 joint ROSC/congregation recovery awareness events annually
- Track and report on individuals connected to recovery resources through faith-based referral pathways (target: 40+ per year)

Implementation of MAR & Harm Reduction

Medication-Assisted Recovery (MAR) and harm reduction are core commitments of the BB2L ROSC network, aligned with our original program design and funded scope of work.

BB2L ROSC will promote Medication-Assisted Recovery through the following coordinated activities:

- Partner with Roseland Community Hospital to ensure MAR education and referrals are integrated into reentry and recovery navigation pathways
- Include MAR education in all peer training programs coordinated through the LOZ Training Institute
- Feature MAR success stories in stigma-reduction campaigns to normalize treatment and reduce barriers to engagement

Our harm reduction commitment includes:

- Coordinate Narcan distribution through partnerships with local harm reduction organizations
- Incorporate harm reduction education into all peer training and youth development programming
- Expand harm reduction access points into Recovery Congregation sites as the faith network grows in FY27 and FY28

ROSC Council Development Process

BB2L ROSC implements its projects following the NOFO's five-step process, ensuring each activity is grounded in community assessment, structured for impact, and measured for outcomes.

1. **Assessment** — Continuously refining our community needs assessment through focus groups, surveys, and resource mapping to identify gaps and target interventions
2. **Capacity** — Mobilizing our PLEs, LOZ Training Institute, UMARC network, and Southland Ministerial Health Network to provide complementary and coordinated services
3. **Planning** — Developing comprehensive action and strategic plans with evaluation metrics aligned to DBHR reporting requirements and the 3-year outcome framework
4. **Implementation** — Launching quarterly stigma-reduction campaigns, monthly peer training cohorts, reentry navigation coordination, and Recovery Congregation onboarding
5. **Evaluation** — Collecting quantitative metrics and qualitative feedback through participant tracking, partner reporting, quarterly impact huddles, and community surveys

Our ROSC Coordinator oversees all administrative responsibilities, schedules meetings, builds stakeholder relationships, and tracks outcomes. This position is supported by two part-time Peer Support Specialists focused on community engagement. BB2L ROSC commits to full participation in the Statewide ROSC Learning Collaborative, including semi-annual meetings, monthly calls, and collaboration with the Leadership Center for technical assistance



SMART Goals by Project

The table below outlines measurable goals for all four project areas and clarifies the coalition’s coordination role for each. Recovery Congregations (highlighted in green) reflect the new FY26 faith-based partnership expansion.

Project	SMART Goals	ROSC Role (Coalition)
Reentry & Recovery Navigation	<ul style="list-style-type: none"> Facilitate connections for 75 returning citizens to partner recovery support services Achieve 60% retention in recovery supports (tracked via partner data) Host 4 quarterly ROSC recovery network meetings Establish 3 formal MOUs/LOAs with courts and probation 	<i>Facilitate referrals to partner providers; coordinate, convene, and track — do not provide direct services</i>
Peer Workforce Development	<ul style="list-style-type: none"> Coordinate training pathway for 20 peers via LOZ Training Institute Support 12+ peers to achieve state certification through partner providers Complete RCO certification by December 2025 Broker 8 new peer employment opportunities with workforce partners 	<i>Connect peers to training/employer partners; track outcomes; do not deliver training directly</i>
Youth Development & Prevention	<ul style="list-style-type: none"> Engage 100 youth through partner recovery-oriented activities Coordinate training of 15 youth as recovery ambassadors via partners Co-organize 3 stigma-reduction workshops reaching 300+ students Refer 25 high-risk youth to treatment/support services via partner network 	<i>Coordinate and co-organize with partner orgs; refer to services; do not deliver services directly</i>
Faith-Based Partnerships & Recovery Congregations	<ul style="list-style-type: none"> Activate 8 Recovery Congregations by June 30, 2026 through Southland Ministerial Health Network outreach Establish a formal MOU or partnership agreement with each Recovery Congregation Connect 40+ individuals to recovery resources through faith-based referral pathways Host a minimum of 2 joint ROSC/congregation recovery awareness events in FY26 	<i>Convene faith partners through ministerial network; establish formal agreements; coordinate referrals and track engagement</i>

Performance Monitoring & Evaluation

At the heart of BB2L ROSC is a simple belief: evaluation should serve the people. Data is more than numbers on a report — it is a reflection of trust, connection, and the healing journey of our community.

Data Collection & Measurement

Our ROSC Coordinator oversees all data collection and reporting, supported by Peer Support Specialists active in the field. Each month we track individuals served, events held, referrals made, and training hours completed.

Reentry & Recovery Navigation — We track:

- Number of returning citizens engaged and types of services connected to (housing, treatment, employment)
- Length of engagement with peer support
- Recovery retention rates at 3, 6, and 12 months
- Recidivism rates compared to Cook County averages

Peer Workforce Development — We measure:

- Number of individuals trained and certification completion rates
- Employment placement statistics and job retention
- Knowledge gains in MAR and harm reduction principles (pre/post assessments)
- Systems impact of peer integration in partner organizations

Youth Development — We document:

- Youth participation rates and demographic data
- Knowledge and attitude changes (pre/post surveys)
- Referrals to treatment or support services and program completion rates
- Youth leadership development milestones

Faith-Based Partnerships — We track:

- Number of Recovery Congregations active and MOUs signed
- Individuals referred to recovery resources through faith-based pathways
- Congregation liaison participation in ROSC orientation and training
- Joint events hosted and community members reached

Beyond numbers, we gather participant stories and conduct community surveys twice yearly to measure awareness and stigma reduction. Our most recent results showed over 70% of respondents felt more comfortable discussing recovery in faith-based or peer-led settings — guiding our expansion of Recovery Congregations. Our team holds quarterly impact huddles with UMARC partners to review both data and insights.

FY26 Implementation Plan — Quarter by Quarter

Quarter 1 (July–September 2025) — COMPLETED

- Launched initial outreach campaigns across all four project areas; distributed ROSC informational materials at community events and partner locations
- Connected approximately 20 returning citizens to partner recovery support services through coordinated referral pathways
- Initiated recruitment for first peer training cohort; 5 individuals connected to the LOZ Training Institute
- Coordinated first youth recovery activity with partner organizations; approximately 25 participants engaged
- Introduced Recovery Congregation initiative at Southland Ministerial Health Network monthly meetings; 2 pastors agreed to participate and began MOU discussions
- Began developing official social media presence to support stigma-reduction campaign

Quarter 2 (October–December 2025) — COMPLETED

- Continued outreach campaign across all project areas; social media accounts launched and campaign content posted
- Connected an additional 20 returning citizens through partner referral pathways (running total: approximately 40)
- Coordinated second peer training cohort; running total of 10 peers in the training pipeline; certification pathway support underway
- Co-organized second youth recovery activity and first stigma-reduction workshop; approximately 100 students reached
- Continued Recovery Congregation outreach at ministerial meetings; 2 additional pastors signed on (running total: 4 congregations committed)
- Hosted first joint ROSC/congregation recovery awareness event
- Advanced formal MOU discussions with courts and probation partners

Quarter 3 (January–March 2026) — COMPLETED

- Continued outreach campaign; additional releases distributed across all project areas
- Connected an additional 20 returning citizens (running total: approximately 60); retention tracking underway with partner organizations
- Coordinated third peer training cohort (running total: 15 peers in pipeline); certification progress being monitored through partner providers
- Co-organized third youth recovery activity and second stigma-reduction workshop with school and community partners
- All 4 Recovery Congregations active through Southland Ministerial Network; referral tracking initiated across all active congregation partnerships
- Formalized at least 1 court/probation partnership through a letter of agreement
- Participated in ROSC Learning Collaborative and submitted quarterly IDHS report

Quarter 4 (April–June 2026) — IN PROGRESS

- Completing final outreach releases across all four project areas (target: 20 total per project by June 30, 2026)
- Coordinating connections for remaining returning citizens to reach goal of 75 total; monitoring 60% retention rate via partner data
- Coordinating final peer training cohort to reach target of 20 trained; working to confirm at least 12 state certifications through partner organizations
- Co-organizing fourth youth recovery activity and third stigma-reduction workshop; working to confirm 25 high-risk youth connected to services
- Recruiting 4 additional Recovery Congregations through continued Southland Ministerial Network engagement to reach FY26 goal of 8 total; confirming 40+ individuals referred through faith-based pathways; hosting second joint ROSC/congregation awareness event
- Finalizing remaining court/probation MOUs to meet target of 3 formal partnerships
- Submitting final quarterly IDHS report and end-of-year ROSC performance summary



3-Year Outcome Targets: FY26 – FY27 – FY28

The table below provides DBHR with a year-by-year benchmark tracking framework across all four project areas. Goals build progressively each year, with FY26 establishing baselines, FY27 expanding reach, and FY28 deepening system integration and sustainability.

Target Area	FY26 (July 2025– June 2026)	FY27 (July 2026– June 2027)	FY28 (July 2027– June 2028)
ROSC Council Meetings	12 (Monthly)	12 (Monthly)	12 (Monthly)
Quarterly Recovery Network Meetings	4	4	4
Returning Citizens Connected	75 (60% retention)	100 (60% retention)	125 (60% retention)
Retention Tracking (3/6/12 months)	Baseline established	Data compared to baseline	3-yr longitudinal trend reported
Recidivism Rate Tracking	Begin tracking vs. county avg	Report comparison data	Sustained reduction documented
Peer Workforce — Trained	20	30	40+ (cumulative: 70+)
Peer Certifications Achieved	12+	20+	30+
Peer Employment Opportunities Brokered	8	10+	15+
PLEs Trained	10	15	20
Youth Engaged	100	150+	200+
Stigma-Reduction Workshops	3 (300+ students)	4 (400+ students)	5 (500+ students)
High-Risk Youth Referred to Services	25	35+	50+
Recovery Congregations Active	8 ✓ NEW	20 ✓ EXPANDED	35 ✓ EXPANDED
Individuals Referred via Faith Pathways	40+ ✓ NEW	75+ ✓	100+ ✓
Joint ROSC/Congregation Events	2 ✓ NEW	3 ✓	4 ✓
Formal Partner MOUs/LOAs	3 courts + 8 congregations	5 courts + 20 congregations	8+ courts + 35 congregations
New Cross-Sector Partnerships	Baseline	5+ new	8+ new
MAR Education Sessions Delivered	Via partner training programs	Expanded to congregation network	Embedded in all peer training
Narcan Distribution Events Coordinated	Via partner harm reduction orgs	Expand to 2+ congregation sites	4+ congregation sites active
IDHS Reports Submitted	4 (Quarterly)	4 (Quarterly)	4 (Quarterly)
ROSC Learning Collaborative Participation	2 (Semi-Annual)	2 (Semi-Annual)	2 (Semi-Annual)

Year 2 Strategic Direction (FY27: July 2026 – June 2027)

Building on FY26 foundations, Year 2 expands the ROSC network’s reach, deepens partner relationships, and grows the Recovery Congregation network from 8 to 20 active faith partners through continued Southland Ministerial Health Network engagement.

Focus Area	Key Activities (ROSC Coordination Role)	FY27 Measurable Outcomes
Reentry & Recovery Navigation	Strengthen court/probation partnerships; expand coordinated referral pathways; conduct community outreach; track referral and retention data	100+ returning citizens connected; 60% retention maintained; 5+ formal court/probation partnerships; recidivism data reported vs. county average
Peer Workforce Development	Coordinate additional peer training cohorts via LOZTI; align training with workforce partners and unions; facilitate employment connections; track certifications and placements	30 peers trained; 20+ certifications achieved; 10+ job placements brokered; expanded employer partnership network
Youth Development & Prevention	Expand school and youth org partnerships; coordinate programming and ambassador development; co-organize workshops; track participation and referrals	150+ youth engaged; 4 workshops conducted reaching 400+ students; 35+ high-risk youth referred to services
Faith-Based Partnerships & Recovery Congregations	Continue monthly ministerial network outreach; formalize MOUs with new congregations; coordinate onboarding and training; strengthen referral pathways; co-host events	20 active Recovery Congregations (up from 8); 75+ individuals referred through faith pathways; 3 joint ROSC/congregation events hosted
System Coordination & Infrastructure	Convene monthly ROSC Council meetings; host quarterly network meetings; expand formal partnerships; strengthen data tracking and IDHS reporting; participate in Learning Collaboratives	12 monthly meetings; 4 quarterly meetings; 5+ new cross-sector partnerships; improved data tracking systems; 4 quarterly IDHS reports submitted



Year 3 Strategic Direction (FY28: July 2027 – June 2028)

Year 3 focuses on deepening system integration, scaling the Recovery Congregation network to 35 active faith partners, and establishing BB2L ROSC as a sustained coordination hub with the infrastructure, data systems, and partnerships to support long-term recovery outcomes across the Southland.

Focus Area	Key Activities (ROSC Coordination Role)	FY28 Measurable Outcomes
Reentry & Recovery Navigation	Expand correctional facility partnerships; standardize referral pathways; coordinate case conferencing with providers; conduct targeted outreach in high-need communities	125+ returning citizens connected; 60% retention maintained; 8+ formal partnerships; 3-year longitudinal retention and recidivism data reported
Peer Workforce Development	Coordinate training cohorts via LOZTI; align training with emerging workforce needs; facilitate job connections; pursue Medicaid reimbursement for peer services	20+ peers trained (cumulative 70+); 30+ certifications achieved; 15+ job placements brokered; Medicaid reimbursement pathway initiated
Youth Development & Prevention	Coordinate youth programming with schools and partners; co-design culturally relevant activities; expand ambassador programs; expand stigma-reduction workshops	200+ youth engaged; 5+ workshops reaching 500+ students; 50+ high-risk youth referred to services; sustained youth ambassador program
Faith-Based Partnerships & Recovery Congregations	Continue ministerial network recruitment; formalize MOUs with new congregations; expand Narcan distribution to congregation sites; coordinate training for church leaders	35 active Recovery Congregations (up from 20); 100+ individuals referred through faith pathways; 4 joint events hosted; harm reduction at 4+ congregation sites
System Coordination & Infrastructure	Convene monthly ROSC Council meetings; host quarterly network meetings; expand cross-sector partnerships; strengthen centralized data tracking; participate in Learning Collaboratives	12 monthly meetings; 4 quarterly meetings; 8+ new partnerships; centralized data tracking system fully implemented; 4 quarterly IDHS reports submitted



Community Resources: Formal & Informal Relationships

The following organizations serve as key partners within the BB2L ROSC network. These partners deliver services, while BB2L coordinates and facilitates access through the partner network to support individuals in recovery. UMARC, the Southland Ministerial Health Network, and Recovery Congregations (highlighted in green) reflect the expanded FY26 network.

Formal or Informal Relationship	Types of Services
Emages, 110 E. 79th St, Chicago	DUI Services
Human Resource Development Institute (HRDI)	Outpatient Alcoholism Recovery, Mental Health Services, Treatment & Housing
Alcoholics Anonymous (AA) – Harvey Branch	Peer Recovery Support
Haymarket Recovery & Rehab Center	Residential & Outpatient Recovery
Agape Love Community Center	Food Basket / Childcare
Phalanx Family Services	Family Counseling & Services
U.S. Bank	Financial Literacy
Greater Chicago Food Depository	SNAP Training / Food Donations / Soup Kitchen
Community Assistance Programs	Subsidized Job Placement
Cornerstone Recovering Community	Opioid Addiction / Substance Abuse / Alcoholism
Advocate Trinity Hospital	Emergency Services
Roseland Community Hospital	Training, Emergency Services & MAR Support
Salvation Army	Housing Assistance, Clothing, Furniture
Catholic Charities	Housing & Employment
Olive Leaf Branch	Shelter for Families
Prentice House	Transitional Housing
UMARC (United Mental Health & Addictions Recovery Coalition)	Statewide RCO network; peer training best practices; credentialing support
Southland Ministerial Health Network	Faith-based ROSC partner; Recovery Congregation recruitment & engagement
8 Recovery Congregations (activating FY26 via Southland Ministerial Network)	Faith-based peer support, community referrals, recovery meetings, stigma reduction

Sustainability Plan

Sustainability for BB2L ROSC is an active strategy already in motion, not a future hope. Our goal is to ensure our impact endures beyond any single funding stream through four key approaches:

1. **Fee-for-Service Models** — Expanding funding through the LOZ Training Institute’s certified vocational programs that generate revenue while supporting recovery. As we complete RCO certification, we will pursue Medicaid reimbursement opportunities for peer services through our UMARC partnership.
2. **Community and Philanthropic Support** — Strengthening relationships with local foundations, faith-based donors through the Recovery Congregation network, and community stakeholders to diversify revenue.
3. **Recovery Congregation Network** — As the faith-based network grows to 20 congregations in FY27 and 35 in FY28, it becomes a self-sustaining community infrastructure that operates with minimal cost to the coalition while expanding reach significantly.
4. **Data-Driven Grant Strategy** — Using our 3-year outcome data to pursue additional federal, state, and private grants. LOZ has successfully managed multiple state and federal grants including Access to Recovery (ATR), R3, and our current ROSC grant, with exemplary reporting compliance.

BB2L ROSC Council is committed to building and sustaining a coordinated system of care that expands access, reduces stigma, and strengthens recovery outcomes across the Southland. Through intentional partnership development, measurable goals, and a strong foundation of lived experience leadership, the coalition will continue to evolve as a trusted coordination hub. This strategic plan reflects not only our roadmap for the next three years, but our long-term commitment to ensuring that every individual has access to the support, resources, and opportunities needed to achieve lasting recovery and stability



“Dedicated to Making Lives Better”

Lights of Zion Ministries | Bounce Back 2 Life Recovery Network
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