

FY26 Strategic Plan
Peoria County ROSC
Trillium Place – Human Service Center
January 15, 2026

Council Mission: To foster a recovery-oriented system of care that prioritizes equity, compassion, and evidence-based practices. We are dedicated to reducing stigma, advancing harm reduction, promoting medication-assisted and other proven recovery methods, and ensuring effective, person-centered service delivery for individuals and families impacted by substance use and co-occurring disorders.

Council Vision: A thriving, inclusive community where every individual has equitable access to compassionate, evidence-based recovery supports—free from stigma and empowered to achieve sustained wellness and purpose.

Needs Assessment: The population of focus for the Recovery Community System of Care (ROSC) proposed by HSC are adults 18 and older in Peoria, Tazewell and Woodford Counties who are 1) experiencing or are at risk of homelessness with substance use disorder (SUD) and/or co-occurring disorder (COD). 2) Individuals in active recovery 3) Individuals struggling with SUD and who lack community, peer support, and reliable transportation to access services, particularly Medically Assisted Recovery. Individuals who meet these criteria and reside in Peoria, Tazewell, or Woodford Counties, with recruitment focus in zip-codes 61603 and 61605 which represent communities in the catchment area that have been disproportionately affected by the opioid crisis, concentrated gun violence, and poverty according to county-wide statistical data will be given priority for services.

The geographic catchment area will be Peoria, Tazewell, and Woodford Counties, which cover Illinois Congressional Districts 16th, 17th, 37th, 46th, and 91st Legislative Districts. As of the most recent U.S. Census Bureau estimates, the three counties have a combined population of approximately 347,736 residents, based on 2024 estimates for Peoria 179,630 residents; Tazewell 129,821 residents; and Woodford 38,285 residents. The Peoria Metro Area is rated 2 on the Rural-Urban Continuum (range 1-9) indicating a metro area with a population of 250,000 to 1 million. (<https://www.ers.usda.gov>)

The three-county region of Peoria, Tazewell, and Woodford Counties displays a clear gradient in racial and ethnic diversity, shaped by the urban center of Peoria and the more suburban–rural character of its neighboring counties. Peoria County is the most racially diverse, with 71.2% of residents identifying as White, 19.8% as Black, 4.9% as Asian, and 0.6% as American Indian/Alaska Native, along with additional residents identifying with other racial groups. This diversity reflects Peoria’s role as the region’s economic and population hub, drawing a wider mix of racial and ethnic communities.

In contrast, Tazewell and Woodford Counties are far more homogenous, with 94.8% of the population identifying as White, while only 1.9% identify as Black, 1.0% as Asian, and 0.4% as American Indian/Alaska Native. These proportions illustrate the county’s predominantly suburban and rural makeup, with significantly smaller minority populations compared to Peoria County.

Poverty levels vary sharply across the three counties. Peoria County has the highest poverty rates, with 15.4% of residents living below the federal poverty line, including disproportionately high rates among children and minority households. Tazewell County reports a significantly lower poverty rate of 7.4%, reflecting its more suburban socioeconomic profile. Woodford County has the lowest poverty level in

the region at 5.4%, consistent with its higher median household income and a more rural, higher income population base. These disparities highlight the uneven distribution of economic hardship across the tri-county area and underscore the need for targeted interventions that address both urban and rural poverty dynamics.

Peoria, Tazewell, and Woodford Counties continue to experience overdose deaths driven by fentanyl and other synthetic opioids. The Illinois Department of Public Health shows that Illinois recorded a 4% decrease in the overall age adjusted overdose death rate and a 9.7% decrease in opioid involved deaths since 2020. Despite this decline, synthetic opioids—primarily fentanyl—remain the leading cause of fatal overdoses, with many decedents testing positive for multiple substances at the time of death according to IDPH.

Statewide data also show that while opioid-related deaths have decreased, fatalities involving alcohol increased by 0.8% and psychostimulants increased by 1.5%, underscoring the growing role of polysubstance use in overdose mortality. These trends highlight the urgent need for expanded harm reduction services, improved access to treatment, and strengthened community-based prevention efforts across the tri-county region.

The ROSC Community Survey conducted by HSC to gauge how individuals in the community feel about topics surrounding substance use disorder (SUD), stigma, access to services, etc. was distributed to 10,000 individuals across the three target counties. Survey results highlight the need for information regarding the availability and effectiveness of MAR services, the need for education to combat stigma related to SUD, and education about the availability and effectiveness of NARCAN. The ROSC Council will use the data from the survey results to inform updated goals and objectives.

Individuals with SUD/COD experiencing homelessness or housing instability, lack access to SUD treatment, Peer Recovery Support, and stable affordable housing, and transportation. Unsheltered individuals pose unique challenges for outreach and engagement due to the transient nature of their circumstances and stigma around addiction and COD. The National Alliance to End Homelessness suggests approximately 35% of individuals experiencing homelessness struggle with SUD, and approximately 26% also have a severe mental illness or some form COD that increases the risk of overdose. Additionally, minority communities have been disproportionately affected by the opioid epidemic due to disinvestment, segregation, and institutional racism. The focus population is comprised of individuals identified as vulnerable community members with poor access to resources and linkage to affordable housing and SUD treatment who would most benefit from the services provided by the establishment of a ROSC Council in the tri-county region.

Council Outreach and Communication Plans: *(Recommended that this be no more than 2 pages)*

- **Purpose:** The purpose of this communication plan is to establish a clear, consistent, and intentional approach to how the newly formed ROSC Council will share information, engage partners, and build visibility within the community. Because the Council is in its early stages, this plan provides a foundation for communication practices that support transparency, collaboration, and meaningful involvement from a wide range of stakeholders. It ensures that the Council's mission, activities, and opportunities for participation are communicated in ways that are accessible, inclusive, and aligned with the principles of a Recovery Oriented- System of Care.
- **Objectives:** The objectives of this communication plan are to increase awareness of the Council's

work, strengthen engagement among members and partners, and build trust with the broader community. The plan aims to ensure that all stakeholders, especially those with lived experience, have access to timely information about meetings, initiatives, and opportunities to contribute. The ROSC Council will aim to reduce stigma by promoting recovery-oriented messaging, encourage cross sector- collaboration, and support the development of a shared understanding of the Council's goals and priorities.

- **Target Audiences:** The Council's target audience includes coalition members, volunteers, partner organizations, the public, marginalized and underrepresented groups, and local media. Coalition members will receive agendas, minutes, initiative updates, and action items to keep them informed and aligned; this information will be shared primarily through email, shared documents, and monthly meetings. Volunteers will be engaged through targeted outreach, social media posts, and direct communication about opportunities to support events and activities. Partner organizations—such as treatment providers, health departments, schools, law enforcement, and community-based organizations—will receive updates on initiatives, data snapshots, and collaboration opportunities through email briefings, presentations, and quarterly partner meetings. The broader community will be reached through social media, flyers, community events, and press releases to promote awareness, reduce stigma, and share recovery resources. Special attention will be given to marginalized and underrepresented groups through culturally responsive outreach, partnerships with trusted community organizations, translated materials, and -one-to-one- engagement. Media outlets will be engaged selectively to amplify major announcements, events, and success stories.
Across all audiences, the Council will emphasize key messages that reinforce its identity as a collaborative, inclusive, and community driven effort. Communications will highlight that the ROSC model depends on shared responsibility, cross sector partnerships, and the meaningful involvement of people with lived experience. Messages will also underscore the Council's commitment to transparency, accountability, and -evidence based- practices, as well as its belief that recovery is possible for everyone and that the community plays a vital role in supporting it.
- **Key Messages:** Across all audiences, the Council will emphasize key messages that reinforce its identity as a collaborative, inclusive, and community driven effort. Communications will highlight that the ROSC model depends on shared responsibility, partnerships, and the meaningful involvement of people with lived experience. Messages will also underscore the Council's commitment to accountability, and -evidence-based- practices, as well as its belief that recovery is possible for everyone and that the community plays a vital role in supporting it.
- **Communication Channels & Frequency:** The Peoria ROSC uses just an email list right now to communicate, but in the future the council plans to use a mix of communication channels, including email updates, GSU website updates, hybrid meetings, and press releases. Email will be used for meeting reminders, agendas, minutes, and general updates. GSU website will share educational content, event announcements, and recovery positive- messaging on a regular basis, and as a central hub for resources, meeting materials, and public information. Press releases will be used for major announcements, and one-to-one- outreach will help ensure meaningful engagement with marginalized and underrepresented groups.
- **Roles and Responsibilities:** At this early stage, communication tasks may be shared among

available members, with the intention of establishing dedicated roles. The New ROSC Coordinator will begin employment on January 5, 2026, and will assign roles such as Social Media Manager, Communications Lead, Outreach Coordinator, or Volunteer Coordinator, as the Council grows and builds capacity.

- **Evaluation & Feedback:** Qualitative feedback will be gathered through listening sessions, and quarterly communication review discussions. Insights from people with lived experience will be prioritized to ensure messaging remains relevant, respectful, and responsive to community needs. These evaluation efforts will help the Council refine its communication strategies, expand its reach, and strengthen its impact as it grows into a fully functioning Recovery Oriented- System of Care.

Council Goals, Objectives, and Outcome Measures: *(Recommended that this be no more than 3 pages)*

- Outline the ROSC Council Goals. This should include 2-3 goals that are aligned with gaps identified in your needs assessment. Note that this information was also included in your quarterly report. Your goals indicate what the ROSC Council wants to achieve.
 - Goals must be written in SMART format (Specific, Measurable, Achievable, Relevant, Timebound).
 - For each goal, list objectives (the strategies) the ROSC Council will use to meet the goal. So, how will you approach achieving your goal? What specific actions will you take?
 - For each objective, list how it will be determined if you complete the objective. What were the results? How do you document the results?

Goal #1- By June 30, 2026, increase community awareness and reduce stigma around behavioral health and recovery by hosting at least 8 education events across the Tri-County region, and distributing 1,000 information materials.

Objectives

- Partner with at least 5 new organizations, including faith-based groups, to expand outreach of the Peoria ROSC to underserved areas and connect individuals to recovery-based services at all levels, i.e. MAR services, SUD services, harm reduction, meetings, recovery events, etc.
- -Launch a regional anti-stigma campaign using social media and local media outlets.
- -Connect with recovery communities and invite them to become part of the Peoria ROSC.

3-Year Strategic Plan (Long-Term Direction) Goal:

Goal #1- By June 30, 2028, increase community awareness and reduce stigma around behavioral health and recovery by achieving a 30% improvement in positive attitudes (measured via annual community surveys) and hosting at least 18 education events across the Tri-County region.

Outcome Measures:

- Number of events held annually.
- Number of materials distributed.
- Percentage change in survey responses indicating positive attitudes toward recovery.
- Number of new partnerships formed.

Progress Achieved:

- Distributed a community survey and analyzed the raw data.

Next Steps:

Survey results indicate significant opportunities to reduce stigma. Many respondents selected “neither agree nor disagree” when asked about recovery, highlighting the need for education and public outreach.

The new ROSC Coordinator who started January 5, 2026, will make connections with cross-sector organizations and invite them to join the Peoria ROSC to ensure all sectors are represented. Together the members of the ROSC council will decide on events and implement community education campaigns to reduce stigma surrounding behavioral health.

Goal #2:

Promote Medication Assistance Recovery and other evidence-based practices and ensure effective service delivery across the Tri-County region by reducing the time it takes for a client to move from contact to enrollment from 3 weeks to 3 days by June 30, 2026.

Objectives

- Provide linkages to organizations that will provide transportation to MAR clinics, appointments, and court/drug court.
- Train 25% of partner organizations on MAR and evidence-based practices.
- Implement a centralized referral system to streamline client enrollment.

Progress Achieved:

The Trillium Place Compliance Team has already begun process improvement measures around MAR referral to streamline the process and decrease time between contact and enrollment in MAR services.

Next Steps:

Connect with MAR providers and supporters in the tri-county area and collect enrollment data.

3-year Strategic plan

By June 30, 2028, Peoria County ROSC and all MAR/MAT providers in the tri county area will have a less than 1 week wait time from first contact to enrollment in services.

Goal #3

By June 2028, reduce the average time from initial contact to MAR enrollment from 3 weeks to 3 days

and ensure 90% of clients receive timely access to evidence-based treatment, and train 100% of partner organizations on MAR and evidence-based practices.

Outcome Measures:

- Average time from contact to MAR enrollment (tracked by Trillium Place Compliance Team).
- Number of clients quarterly who are successfully enrolled in MAR Services within 3 days.
- Number of organizations trained on MAR practices.

Goal #3:

- To prioritize equitable access to services across the tri-county region, By June 30, 2026, PCR will increase rural recovery support in underserved communities by providing recovery support system linkages and referrals to at least 10 individuals from 2 identified underserved communities.
- **Outcome measures:**
- Number of individuals referred to recovery services based on community partner data.
- Number of events hosted and participated in in underserved communities.
- Number of meetings conducted with rural community partner agencies.
- Number of resource recovery materials disseminated.

Objectives

- Hire ROSC coordinator.
- Identify underserved communities.
- Deploy ROSC coordinator and begin outreach in 2 underserved communities by 6/26
- Conduct meetings with community agencies located in underserved communities one time per quarter.
- Host tabling events in underserved communities to disseminate ROSC informational materials 2 times per quarter.

Collaborate with community partners on recovery resource dissemination in underserved communities 2 times per quarter

Progress Achieved:

- ROSC coordinator started on January 5th, 2026.
- Coordinator has connected several individuals from underserved communities to resources in communities that will support and encourage recovery.

Outcome measures:

- Number of individuals referred to recovery services based on community partner data.
- Number of events hosted and participated in in underserved communities.
- Number of meetings conducted with rural community partner agencies.
- Number of resource recovery materials disseminated.

3-year strategic goal

- By June 30, 2028, Peoria County ROSC will successfully have referred 30 or more individuals from all underserved communities to resources and connections in the tri county area and all underserved communities.