JERSEY COUNTY ROSC
RECOVERY ORIENTED SYSTEM OF CARE

Meeting Minutes

- Date/Time/Location: 7/13/26 @ noon. Jersey County Health Department or online via Teams Meeting
- Location: 1307 State Highway 109. Jerseyville, IL. 62052
- Next Meeting: 8/10/26 @ noon.

Attendance:

- Becky Shipley
- Rita Robertson
- Dustin Pearcy
- Derek Benedict
- Heidi Carter
- Toni Randall
- Greg Santoni
- Carrie McKenzie
- Sarah Crawford
- Erin Hileman
- Toni Hutchens

## Locust Street operational changes

Locust Street reported funding and service-model changes effective July 1, including retiring the living room model and piloting a behavioral health urgent care open 8 a.m.–8 p.m., selling the crisis and CARES lines, maintaining mobile crisis response, and expanding assessment, stabilization linkage, and therapist access. The urgent care will offer walk-in access but will no longer be free.

**FY26 priorities and impact report**
The meeting reviewed FY26 ROSC priorities—stigma reduction, increased service delivery, expanded awareness of local SUD resources, and equity efforts—and reported concrete achievements such as educational campaigns, strengthened referrals, creation of recovery resource guides, and distribution of over 400 Narcan boxes. An FY26 ROSC Impact Report was referenced and offered on request.

**FY27 goal planning and Recovery Corps support**
The group discussed FY27 goals focused on continued stigma reduction and community education about medication-assisted recovery and harm reduction. Becky reported ongoing meetings with Recovery Corps and the intention to fill a part-time project coordinator role to support ROSC activities and working on an anti-stigma campaign, and invited additional topic suggestions via email for this campaign.

**Harm-reduction distribution and placement challenges**

Participants reviewed harm-reduction distribution outcomes, noting over 400 Narcan boxes distributed and one 24/7 box installed in Grafton, while Jerseyville's planned outdoor 24/7 box remains uninstalled and several boxes are inside facilities with access concerns. The group debated potential public locations (parks, alleys, libraries, wellness centers) and highlighted the difficulty of tracking actual kit usage without voluntary reporting.

**Awareness goals and community resources**

The meeting opened with stated targets to increase awareness and service utilization and noted an existing recovery guide and a family resource in development. The facilitator asked the group what additional community resources were needed to meet those targets.

**Meeting availability and types**

Participants discussed the shortage of non-AA meetings and concerns that AA meetings are often alcohol-focused, creating a need for additional program types. The group named Smart Recovery as an effective alternative and emphasized the need for more meeting options in town.

**Geographic access and transportation barriers**

Attendees observed that although meetings exist across nearby towns, transportation gaps make them inaccessible for many clients. The discussion highlighted the practical distance challenges even when meetings are only 10–15 miles away.

**Recovery community importance and housing prerequisites**
Dustin described the limited presence of Narcotics Anonymous locally and explained that sober-living models require three in-person meetings per week initially. The group connected recovery community availability directly to the success of Oxford Houses and similar models.

**Partnerships, training, and service coordination**
The team outlined plans to enhance recovery support networks via ROS and Recovery Corps collaboration and to develop handoff protocols among community sectors. Training and prevention items were discussed, including an upcoming ROSC presentation and interest in school-based training.

**Recovery housing proposal and operational concerns**
A participant who is recently in recovery presented a recovery housing concept, described written house rules, and explained plans for a multi-house model. He identified critical barriers: insufficient local meetings, funding constraints, and limited capacity.

Funding and startup barriers for recovery housing

Attendees outlined the core obstacle of obtaining startup funding and banking backing to buy land and establish a first recovery house, and noted that formal grants typically only become accessible after a program is established. They characterized the funding-grant cycle as a barrier that requires initial local investment or loans to unlock larger grant resources.

Financial model and Oxford House experience

Dustin Pearcy explained Oxford House-style financing, including a $4,000 government loan repaid over two years and resident-funded ongoing costs, and emphasized that houses must be supported by community services and meetings to succeed. He offered to advise Derek and others on do’s and don’ts, referencing his experience opening multiple houses in the past year.

**Stigma reduction, community oversight, and policing implications**
The group emphasized reducing stigma and increasing community education, with Rachel and Nick conducting outreach. Participants debated gated community models to concentrate supports and noted that some incidents would still require police involvement.

**Community outreach and law enforcement coordination**
The group discussed the broader community return from recovery housing and the domino effect of peer-led support, and stressed the importance of police and outreach staff shifting from enforcement-only roles to connecting people with recovery resources. Nick and Rachel have begun active engagement with the sheriff’s department, with plans for officers to call outreach contacts when they encounter potential clients and distribute Nick’s resource card.

**Transportation and volunteer transport planning**
Participants identified transportation as a significant barrier because local transit requires day-ahead signup and runs only daytime hours, which limits access to evening meetings. Rachel agreed to consult other recovery organizations about volunteer transportation models and to move this initiative forward.

**Got Faith training, outreach activities, and support services**
Toni Hutchins described Got Faith's mental health awareness training and recovery-congregation certification that covered suicide and overdose prevention, compassionate engagement, and recognizing changes in demeanor among visitors. Got Faith operates weekly recovery meetings, men's and women's groups, provides grocery and clothing assistance, and will host grief counseling in August to broaden entry points for people seeking help.