Recovery Oriented Systems of Care
Community Needs Assessment
ComWell
&
Southern Illinois Substance Abuse Alliance
December 2020

Purpose:

This Assessment will serve as a tool to evaluate our communities' readiness for building a Recovery Oriented System of Care and a guide for strategic planning and implementation of initiatives to address the identified gaps. The geographic area of the project is Randolph and Washington Counties in rural Southwestern Illinois.

Recovery Oriented Systems of Care Definition:

According to SAMHSA (Substance Abuse and Mental Health Services Administration) a branch of the federal Health and Human Services Department, a Recovery Oriented Systems of Care (ROSC) is a network of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in and treat substance use problems and disorders.

Through ComWell the Southern Illinois Substance Abuse Alliance (SISAA) Coalition was founded in February 2016. SISAA's membership functions as both the Coalition to prevent teen substance misuse and the ROSC Council to promote and support recovery. In this Assessment the terms Coalition and Council are synonymous.

Project Description:

The Recovery Oriented Systems of Care (ROSC) Council will assist communities with building local recovery oriented systems of care and that can network with the statewide ROSC Council. ComWell as the lead Agency collaborating with community members to form the local ROSC Council. To ensure sustainability of the ROSC Council, this lead agency must demonstrate a commitment to establish the ROSC Council permanently with a long-term (5-year) strategic plan, either as a stand-alone non-profit organization or with a permanent business relationship with the lead agency. This agreement is set forth by terms and conditions applicable to services funded by the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR) for the development of Recovery Oriented Systems of Care Council.

Project Expectations:

Involve people with lived experience. Lived Experience means personal knowledge about substance use disorders (SUDs), including co-occurring mental health and substance use disorders (CODs) treatment, and recovery gained through direct involvement, which may include that individual's involvement as a patient, family member or loved one of a person receiving SUD/COD treatment services.

Create an integration of systems within the ROSC, local hospitals, primary care, mental health, law enforcement, local business owners, local government representatives and policy makers, persons with lived experience and SUD intervention, treatment, prevention and recovery support service providers.

Build a menu of services and supports including all the components listed in the definition above: person-centered, building on strengths/resiliencies, coordinated, and community based.

Organize the logistics of ROSC Council meetings, stipends to ensure the participation of persons with lived experience, training cost, or website administration costs. Plans that include the development of Recovery Community Organizations (RCOs) in the ROSC are strongly encouraged.

Build capacity for communities to provide advocacy, education and recovery support services for people in recovery from SUDs and co-occurring (SUD/Mental Health) Disorders (COD).

Map resources and assess needs including: readiness for a recovery community organization.

Inform, educate and empower individuals and communities, expanding access to a comprehensive array of prevention, treatment and peer recovery support service options.

Mission:

Preventing substance misuse in youth and adults and supporting recovery in our communities.

Illinois ROSC Vision Statements:

- People can and do recover.
- Individuals and families determine the supports and services they need.
- Services and supports are continuous and cohesive across different phases of care and are coordinated across the various agencies involved in their delivery.
- Support of recovery is a community responsibility and value.
- There is inherent flexibility in the system, so it can be responsive to different pathways to recovery.
- Measuring quality and outcomes is a system priority.

Illinois ROSC Values:

- Recognize the right of a person to direct their own recovery.
- Recognizing that there are many models of and paths to recovery.
- Operate with integrity and a sense of personal responsibility.
- Include the voice of peers, family members, and the community in planning and decision making.
- Implement programs with competency and good stewardship.
- Empower individuals and families.
- Embrace cultural diversity.

17 Essential Elements of a ROSC:

1. Person-centered
2. Family and other ally involvement
3. Individualized and comprehensive services across the lifespan
4. Systems anchored in the community
5. Continuity of care (pre-treatment, treatment, continuing care and recovery support)
6. Partnership/consultant relationship, focusing more on collaboration and less on hierarchy
7. Strengths-based (emphasis on individual strengths, assets and resilience)
8. Culturally responsive
9. Responsive to personal belief systems
10. Commitment to peer recovery support services
11. Inclusion of the voices of individuals in recovery and their families
12. Integrated services
13. System-wide education and training
14. Ongoing monitoring and outreach
15. Outcomes-driven
16. Based on research
17. Adequately and flexibly financed

Identified at the National Summit on Recovery in 2005. Referenced from the Wisconsin Department of Health Services, ROSC education materials, April 6, 2016.

Randolph and Washington Counties, Illinois, Demographic Information:

		Randolph	Washington
Total Population:		32,423	14,030
Total Square Miles:		597	564
Rural/Urban:		Partially Rural	Rural
Inhabitants per square mile:		58.2	23.8
Gender:	Male Female	50.4% 49.6%	50.1% 49.9%
		Randolph	**Washington**
Race and Ethnicity:	White African-American Asian Native American Hispanic/Latino	87.6% 9.7% 0.3% 0.2% 2.6%	97.7% 0.7% 0.3% 0.1% 1.3%
Language:	English Spanish Other Indo-European Language or Asian Language	96.9% 1.8% 1.3%	97.9% 1.0% 1.1%

Age:	Under 5 Under 18 Adults between 18 and 65 65 and Over Median Age	5.2% 19.2% 62.6% 18.2% 41.5	6% 21.5% 58.7% 19.8% 43
Socio-economic Status:	Median Household Income (2.37 people avg.) Median Family Income (2.90 people avg.) Percent Families Below Poverty Line Percent Individuals Below Poverty Line Percent Under 18 Below Poverty Line	$45,020 $55,113 7.0% 10.4% 11.9%	$51,440 $64,171 5.5% 9.1% 13.2%
Insured:	Private Insurance Medicaid/Medicaid Managed Care No Insurance Coverage	73% 22% 5%	79% 16% 5%

Data from USCensus.gov

ROSC Assessment Process:

The end of our year one assessment was completed during our November SISAA meeting by way of a ROSC Strategy Survey. This survey was comprised of a series of questions that were reflective back over our first-year strategic goals. Members answered with a 24% participation rate.

Question 1: Does SISAA hold regular monthly meetings?

Answer Choices	Response %
Our council is strong in this area	80%
Our coalition is lacking in this area	0%
I'm not sure	20%
This should remain an area of focus	60%
This should not remain an area of focus	0%
Reminders are sent ahead of meetings	60%
SISAA meeting minutes are available within a week after meetings	40%
Meeting minutes are posted on the Illinois ROSC site	20%

Question 2: To your knowledge, was an initial needs assessment created for ROSC?

Our coalition is strong in this area	80%
Our coalition is lacking in this area	0%
I'm not sure	20%

Question 3: To your knowledge, was an initial Strategic Plan for ROSC created?

Our coalition is strong in this area	80%
Our coalition is lacking in this area	0%
I'm not sure	20%

Question 4: Is there a Recovery Committee within SISAA to focus on recovery specific growth?

Our coalition is strong in this area	60%
Our coalition is lacking in this area	0%
I'm not sure	40%
This should remain an area of focus	40%
This should not remain an area of focus	0%

Question 5: SISAA offers stipends for meeting attendance for Persons with Lived Experience

Our coalition is strong in this area	20%
Our coalition is lacking in this area	0%
I'm not sure	80%
This should remain an area of focus	0%
This should not remain an area of focus	0%

Question 6: How would you grade the progress so far on identifying available resources?

Our coalition is strong in this area	40%
Our coalition is lacking in this area	20%
I'm not sure	0%
This should remain an area of focus	100%
This should not remain an area of focus	0%

Question 7: To your knowledge, what degree of progress has been made concerning a directory of resource options

Our coalition is strong in this area	20%
Our coalition is lacking in this area	40%
I'm not sure	0%
This should remain an area of focus	40%
This should not remain an area of focus	0%

Question 8: Do you think SISAA's Marketing and Messaging is effective overall

Our coalition is strong in this area	40%
Our coalition is lacking in this area	0%
I'm not sure	0%
This should remain an area of focus	60%
This should not remain an area of focus	0%

Question 9: Is SISAA doing an effective job of helping those with a criminal record find meaningful employment?

Our coalition is strong in this area	0%
Our coalition is lacking in this area	20%
I'm not sure	20%
This should remain an area of focus	60%
This should not remain an area of focus	0%

Question 10: Is SISAA doing an effective job of increasing supportive living opportunities for those leaving treatment?

Our coalition is strong in this area	0%
Our coalition is lacking in this area	0%
I'm not sure	20%
This should remain an area of focus	80%
This should not remain an area of focus	0%

Question 11: Is SISAA doing an effective job of researching and creating an anti-stigma messaging?

Our coalition is strong in this area	40%
Our coalition is lacking in this area	0%
I'm not sure	20%
This should remain an area of focus	40%
This should not remain an area of focus	0%

The original needs assessment tool was provided by the Illinois State Substance Use Prevention and Recovery division who has funded the effort to create a ROSC Council in Randolph and Washington Counties. The assessment tool was used to measure progress as perceived by coalition members. Our beginning Community Needs Assessment tool is attached to this Assessment.

Community Stakeholders involved in the ROSC Assessment were:

- ComWell
- Randolph County Health Department
- Washington County Judicial System
- Hospital Systems in Randolph County
- Local Business Owner from Randolph County
- Community Residents from Washington County
- Local DCFS Office
- Community Residents from Randolph County
- Washington County Administrator
- Multiple Municipal Police Departments from Randolph County
- Liquor Commissioner and Mayor from Randolph County
- St. Clair County School District (Marissa)

- Randolph County School District
- Prevention Coordinator from Randolph and Washington Counties
- Randolph County Commissioner/County Liquor Commissioner
- Local Community College
- Local Mental Health and Substance Use Counseling Agency
- Persons with Lived Experience

Overall Response to the Needs Assessment:

ComWell is the only treatment provider for both substance use and mental health services in the two counties. There are two small private practice providers who offer mental health counseling to those with insurance coverage or who are willing to self-pay in Red Bud, but those represent the only two other providers in both counties. ComWell believes they are providing quality treatment and care to those in services in the counties.

The needs assessment questions focused on treatment were as follows:

- While in services, Individuals who are doing well get as much attention as those who are having difficulties.
- Service providers believe that individuals can make their own life choices regarding such things as where to live, when to work, whom to be friends with, etc.
- Service providers listen to and respect decisions that individuals make about their treatment planning and care.
- Service providers regularly ask individuals about their interests and things they would like to do in the community.
- Service providers offer individuals opportunities to discuss their spiritual needs and interests if they wish.
- Service provider procedures are clear about the options for referrals to other programs and services if a provider cannot meet the needs of the participant.
- People in recovery can choose (and change) the therapist, counselor, psychiatrist, physician or other providers from whom they receive services.
- Every effort is made to involve significant others (spouses, friends, family members), community services (i.e., the local community mental health center) and other natural supports (i.e., clergy, neighbors, landlords) in the planning the transition out of services and into the community, if so desired.
- Service providers are trained in evidence-based or emerging best trauma-specific approaches.
- Service providers focus more on “what happened” to individuals rather than “what’s wrong” with individuals.
- Service providers and community organizations address stigma and attitudinal barriers associated with substance use disorders through outreach and education.
- Service providers work with consumer groups and advocates to increase demand for and knowledge of MAT and harm-reduction efforts in the community.
- Service providers have relationships with other organizations that can provide additional supports and resources (e.g. housing, childcare, employment services, and transportation) that may benefit individuals and families.

- Service providers work in a coordinated way with medical staff that can provide prescribed medications for the treatment of substance use disorders.
- Partnerships exist in a variety of settings that facilitate the use of evidence-based behavioral health screenings, on- site assessments, early intervention and referral strategies, as well as wellness checks.
- Service providers value the input of the recovery community in outreach and engagement of clients in treatment services.
- Every effort is made to involve family members (spouses, significant others, friends) and other natural supports (e.g. clergy, neighbors, landlords, coaches) in the planning of services- if so desired.

However, among the other stakeholders it was very clear that although the services provided by ComWell may meet those ideals, the stakeholders were not aware of the scope of services provided. Generally, much discussion was focused on the lack of understanding of ComWell's provided service. Many people reported that they know one or two people that they can contact within the organization, often those contacts involve emergency situations seeking speedy resolution. It was determined that ComWell needs to greatly improve community education about their services so it is not necessary to reach out to find answers in each instance.

Additionally, although ComWell may have some indicators that those above noted services are being provided with quality, the agency is still small and there are limitations within those areas. For instance, if a person wants to change their counselor they are welcomed to do that, however, there may not be another available counselor at that site. There is only one practicing psychiatrist in Randolph County. This psychiatrist is certified to prescribe for those seeking Medication Assisted Treatment, yet to get those service in the two counties, one has to seek treatment through ComWell which may not be the individual's choice.

In reviewing the assessment questions the general impression was that all areas need to be strengthened if not created. Many stakeholders have experience in helping someone in the middle of an addiction or mental health crisis through their personal life. Additionally, their positions within the community generate interest in creating a local network to help anyone interested in recovering from addiction or mental health issues. To this point, the infrastructure has not been present but the ROSC Council will tie these resources and interests together to create a recovery community.

Complete Assessment:

Question:	Condensed Responses:
We can identify cross-sector partners within our community.	Many partners are currently at the table, but additional resources are needed. Not all communities are equally represented and there is a lack of lived experience in the decision making process.
There are resources within the community to assist individuals with getting involved in non-mental health/addiction-related social activities.	Many functions involve alcohol and no functions are advertised as specifically being alcohol free or recovery oriented.

There are coordinated resources within the community to link individuals in recovery with other persons in recovery who can serve as role models or mentors.	The culture of Alcoholics Anonymous and Narcotics Anonymous highly encourages the identification of a personal role model. However, outside of these two sources, there is no coordinated effort to link individuals to a mentor.
Partnerships exist within the community to assist individuals with getting and retaining meaningful employment.	There are employment agencies that will help individuals find jobs. During the assessment process the belief was shared that some employers are more mindful of this than others, and a direct effort to engage some of these employers is already underway.
Partnerships exist within the community to assist individuals with finding safe affordable housing.	Randolph County has a housing authority but individuals with felonies are not able to get subsidized housing within those units, they have to use Section 8 housing vouchers. In both counties there are housing complexes that accept low income residents, but they too cannot accept an
	individual with a felony. In a nearby county the drug court has an apartment they have rented and individuals involved in the drug court are welcomed to stay for up to two months (rent and utilities free to them) to provide time to find a more permanent solution.
There are resources within the community to assist individuals with transportation to/from appointments, work, etc.	Both counties have transportation authorities located within them. Randolph County has one that serves Randolph and Washington County. Washington County has one that serves many surrounding counties. Because of the rural nature of the area there are no busing options and individuals have to plan rides ahead. This can create a barrier to transportation.
Partnerships exist with peer-based recovery support programs, recovery community organizations and other non-clinical recovery supports.	The local National Alliance on Mental Illness (NAMI) chapter has support groups they recently started in Red Bud (Randolph County) at a local church. There are Alcoholics and Narcotics Anonymous meetings in both counties. Currently there is no awareness of partnerships between these communities.
Every effort is made to involve family members (spouses, significant others, friends) and other natural supports (e.g. clergy, neighbors, landlords, coaches) in the planning of services- if so desired.	For those individuals seeking services at ComWell they are encouraged to involve natural supports into their treatment.

Strategies to decrease stigma are conveyed to all partners and are consistently implemented in communities (i.e. use of person-first language, opportunities for people in recovery to tell their stories outside of mutual aid support group settings).	In the current Coalition the membership is actively working to reduce stigma, but are not involved in any specific strategy to do so at this point. ComWell actively works with its staff to reduce stigmatizing language through training. ComWell also periodically offers Mental Health First Aid Training to stakeholders for their workforce. One of the goals of Mental Health First Aid is to reduce stigma.
People in recovery work alongside providers to develop and provide new programs and services.	There is not a system currently in place to include those in recovery in decision making. However, based on formal and informal feedback of those in services, changes are made to improve programs and services.
People in recovery, including family members, are involved in the evaluation of the community's programs, services, and service providers.	Those in services are invited to share their experience of services through their appointments, monthly satisfaction surveys, community wide surveys that are used during the agency's reaccreditation process.
People in recovery are members of agency advisory boards and management meetings.	There is no formal process to involve those in recovery in agency advisory boards or management meetings. However, throughout the agency there are individuals in recovery involved in those meetings in their official roles.
Service providers offers a variety of treatment options (e.g. individual, group, peer support, holistic healing, alternative treatment options, and medical) that persons seeking services can access.	Through ComWell a person can get individual, group and psychiatric care. The local hospital systems provide medical care.
Meaningful traditions to celebrate people's recovery and wellness exist and are formed with individual and family member input.	This may be an individual practice, but there is no formal meaningful celebrations of recovery in either county at this time.
Focus groups and other formats (surveys) are used regularly to seek feedback about participant satisfaction and improvement strategies from people receiving services.	ComWell regularly surveys the individuals receiving services about their satisfaction with those services. That information is used to inform the agency of needed changes.
Service providers make a concerted effort to welcome people in recovery and offer opportunities for feedback (i.e. comment cards, service follow-up surveys, and follow-up phone calls).	As noted above, individuals who receive services at ComWell are welcomed to share their thoughts and feelings on regular surveys and at any time through the front desk or clinical staff.

Service providers are diverse in terms of culture, ethnicity, lifestyle, and interests.	Although services providers are diverse in terms of lifestyle and interests, there is not diversity in terms of culture and ethnicity of providers. ComWell engages in practices to hire and retain a diverse workforce, but at this time diversity is low.
Service settings within the community offer an inviting and dignified physical environment.	ComWell works within its capacities to create an inviting and dignified environment for those seeking services. In recent years, much effort has been put into those efforts.
Individuals have choices when selecting service providers within the community.	There is only one community based counseling agency in both counties. In Red Bud (Randolph County) there are two private practices offering mental health counseling to those with insurance coverage.
While in services, Individuals who are doing well get as much attention as those who are having difficulties.	Providers schedule individuals based on need and personal desires of the individual. No individual is given priority in scheduling over another and for those in crisis situations in need of additional services, additional clinicians are available to fill any gaps.
Service providers believe that individuals can make their own life choices regarding such things as where to live, when to work, whom to be friends with, etc.	Providers within ComWell strongly believe that an individual has the right to make their own life choices. Clinicians will guide those that they are working with, but the ultimate choice is with the individual.
Service providers listen to and respect decisions that individuals make about their treatment planning and care.	As noted above, clinicians work within their capacity to help those they are working with to make well informed and well thought out decisions. However, the ultimate decision making is left to that person as the ultimate consequences for that decision reside with that individual.
Service providers regularly ask individuals about their interests and things they would like to do in the community.	Because a huge part of recovery involves the person finding enjoyable and sustainable outlets for their energies, much time is devoted to exploring each person's individual interests.
Service providers offer individuals opportunities to discuss their spiritual needs and interests if they wish.	For some a personal spiritual connection is desired or necessary for recovery to be maintained, therefore individuals in services are invited to explore this area of their lives.
Service provider procedures are clear about the options for referrals to other programs and services if a provider cannot meet the needs of the participant.	ComWell has clear referral procedures for those who need a higher level of care than the agency can provide. The local hospital systems also have a specified referral path for those individuals.

People in recovery can choose (and change) the therapist, counselor, psychiatrist, physician or other providers from whom they receive services.	Within ComWell a person has the ability to change the counselor or therapist they are working with. However, because of the size of the local offices, there may not be another counselor in that location and therefore the person would have to commute to the next closest office. ComWell is proud to offer services in so many of its communities, but it does create a situation where there are not more than one or two clinicians seeing individuals in any one location.
Every effort is made to involve significant others (spouses, friends, family members), community services (i.e., the local community mental health center) and other natural supports (i.e., clergy, neighbors, landlords) in the planning the transition out of services and into the community, if so desired.	As noted above, efforts are made to involve natural supports in the planning of services and discharge from services.
Service providers are trained in evidence-based or emerging best trauma-specific approaches.	ComWell trains all staff on trauma and trains clinicians working with individuals who have experienced trauma on evidenced based practices to use in treatment.
Service providers focus more on "what happened" to individuals rather than "what's wrong" with individuals.	See above. Through SISAA, there has been an effort to engage community members in training on trauma and how to work with those who have had trauma. One meeting program was devoted to this topic and when trainings are held locally members of SISAA are invited. Local school districts, one in particular, are focused on creating a trauma informed school district.
Service providers and community organizations address stigma and attitudinal barriers associated with substance use disorders through outreach and education.	This is a work in progress. ComWell has two trained Mental Health First Aid trainers on staff and offers this training to all community agencies. However, because the length of the program, the number of individuals in the community who have been trained is low.
Service providers work with consumer groups and advocates to increase demand for and knowledge of MAT and harm-reduction efforts in the community.	Through the assessment process it was noted that this is an area that needs strengthened and ComWell intends to provide more community education about our services.

Service providers have relationships with other organizations that can provide additional supports and resources (e.g. housing, childcare, employment services, and transportation) that may benefit individuals and families.	Local stakeholders typically have strong relationships with each other. In a rural area, with relatively few resources, those resources work together to ensure that community members are covered when they are in need.
Service providers work in a coordinated way with medical staff that can provide prescribed medications for the treatment of substance use disorders.	ComWell has hired additional nursing staff to increase the coordination of care between the agency and medical providers.
Partnerships exist in a variety of settings that facilitate the use of evidence-based behavioral health screenings, on- site assessments, early intervention and referral strategies, as well as wellness checks.	Local hospital systems use evidenced based health screening tools in their practices and use those results to indicate whether a person needs additional services.
Service providers value the input of the recovery community in outreach and engagement of clients in treatment services.	Providers value the input of the recovery community, but at this time there is no formal engagement of that community to provide these outreaches.
Service providers offer effective continuing recovery support services for clients that have completed formal treatment services.	At this time there is no agency that offers recovery support to individuals how have completed formal treatment. This service has been provided in the past in a group setting. Currently at discharge a plan is made for an individual to receive those supports through outside entities.

Resources:

Meetings:

- Alcoholics Anonymous – there are currently meetings happening every day in Randolph County. Some are closed and others are open meetings. In Washington County there are meetings happening two to three days per week. These are closed meetings.
- Narcotics Anonymous – there is one meeting per week in Randolph County. This is an open meeting.

Recovery Support Services:

- Alcoholics Anonymous (AA) Hotline
- Crisis and Referral Entry Services (CARES) Line:
- 800-345-9049 (24-hour crisis line)
- Department of Human Services/Department of Mental Health (DHS/DMH) Recovery Support Specialists:

Cindy Mayhew, 618-474-3813

- The Warm Line (Peer and Family Support by phone)

  866-359-7953 (Monday to Friday between 8 am and 5 pm)

- National Alliance on Mental Illness (NAMI) Connection Recovery
  For individuals living with a mental illness:
  Wednesdays 6:30-8:00 pm https://us02web.zoom.us/j/5757670313
  Saturdays 4-5:30 pm https://us02web.zoom.us/j/9139935003
- National Alliance on Mental Illness (NAMI) Family Support Groups
  For family members and other caregivers of persons with mental illness:

  First Thursday of each month, 7-8:30 PM
  Facilitators: Diane and Paul Borawski
  Contact: Pat Rudloff, silverlining6@charter.net

  Second Thursday of each month, 7-8:30 PM
  Facilitators: Mark and Kelly Jefferson
  Contact: Kelly Jefferson, kellyjefferson@charter.net

  Third Thursday of each month, 7-8:30 PM
  Facilitators: Julie Swogger and Linda Hylla
  Contact: Pat Rudloff, silverlining6@charter.net

  Fourth Thursday of each month, 7-8:30 PM
  Facilitators: Pat Rudloff and Beverly Churchill
  Contact: Pat Rudloff, silverlining6@charter.net

  Any month that has a Fifth Thursday, 7-8:30 PM
  Facilitators: TBD
  Contact: Pat Rudloff, silverlining6@charter.net

Housing Support:

- Randolph County Housing Authority; Chester, 618-826-4314
  Housing located in Sparta and Chester. Housing units are available for individuals and families. Individuals with felony convictions are not able to live in housing, but there can apply for Section 8 vouchers for a community living arrangement.
- Village Apartments; Nashville, 618-327-3276

Violence Prevention:

- Violence Prevention Center; Belleville, 618-236-2531
- Violence Prevention Center, Legal Advocacy; Chester, 618-826-5000 ext 173
  A legal advocate is available several days per week on-site. She is available by phone during business hours.

Community Readiness:

Based on initial conversations around the ROSC Council many stakeholders show excitement and interest in being involved. To this point, no person has indicated they are uninterested in this initiative. For many years, there has been community conversation through the SISAA Coalition meetings that the community needs to provide a greater safety net and further opportunities for those interested in recovery. Prior to the ROSC Council Grant, there has been the desire to make changes to the community structure, but the resources to drive the efforts have not been available. With a Recovery Coordinator solely focused on engagement of the community towards these goals, it is likely that those resources to support the effort will engage and provide that support.

Technical Assistance Needed:

This area has had few resources for many years and has not been able to progress towards creating a recovery community before now. A great deal of technical assistance may be needed to ensure the group can achieve success.

Specific Technical Assistance Needs:

- Stigma Reduction Efforts
- Planning for and working toward a Recovery Community Organization
- Identifying the right kind of Local Recovery Home for our Community Needs
- Sustainability Planning
- Expanding and Creating Services based on the Identified Needs of those with Lived Experience

Attachment:

1. Community Needs Assessment Tool Used to complete Assessment.