

Chicago Recovering Communities Coalition



ROSC COUNCIL

Westside ROCS Community Needs Assessment Year 3

The ROSC Council Needs Assessment is a collaborative undertaking by CRCC-Chicago Recovering Communities Coalition to highlight the needs of services on the Westside of Chicago as it pertains to the development of ROSC-Recovery Oriented Systems of Care.

ROSC Definition

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

Mission Statement

Chicago Recovery Communities Coalition (CRCC) will educate the communities in the Metro / Chicagoland area about the realities of addiction and mental illness recovery. CRCC will reduce stigma associated with addiction, while strengthening the community and building relationships with diverse populations. CRCC will help individuals' access and sustain long-term recovery.

Vision Statement

- A. Put a Face on Recovery
- B. Provide Recovery Support Services.

The Company

CRCC Chicago Recovering communities coalition is a 501(c)(3) not for profit organization with the purpose of providing recovery support services to individuals in or seeking recovery from alcohol and other drugs and mental illness. CRCC is a peer led recovery support organization. We will strive to make a difference in people's lives by increasing public awareness of alcohol and drug dependency and mental health issues. CRCC services will complement the Illinois Access to Recovery (ATR) population by providing education, technical assistance and learning opportunities about recovery support services and mental health awareness to substance abuse providers, sober living environments, recovery homes, their staff, and others in the community. CRCC believes the face of recovery is diverse and that those who have experienced both addiction and recovery can and should have the opportunity to lead others by example. The Centers Institute is committed to making our vision of a peer driven recovery delivery process in Chicago and Illinois a reality, and we are confident that we have the team, experience, and the resources to make CRCC a success.

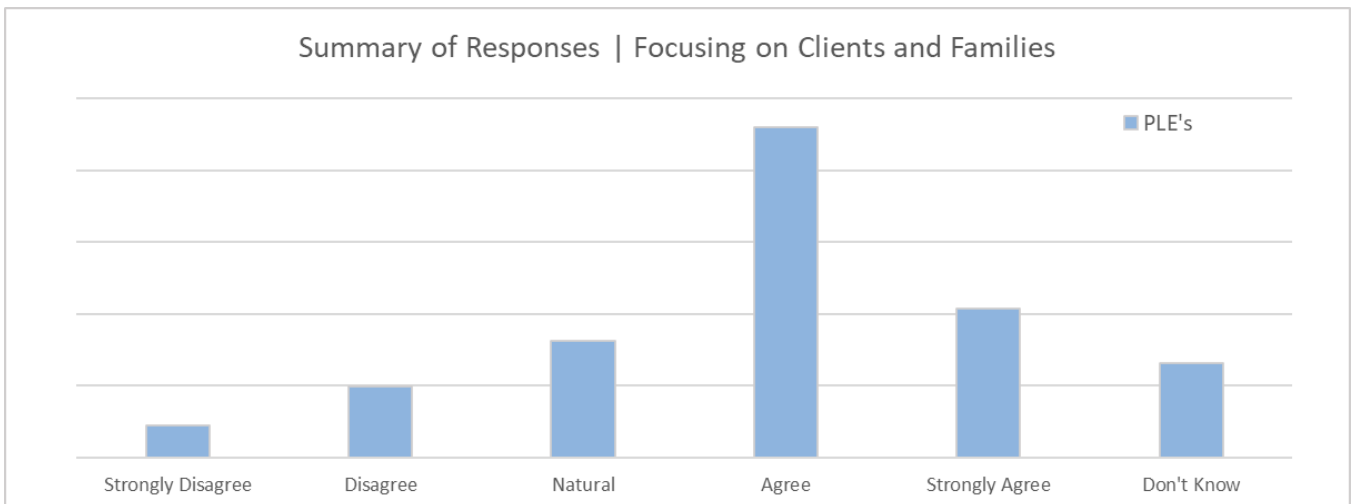
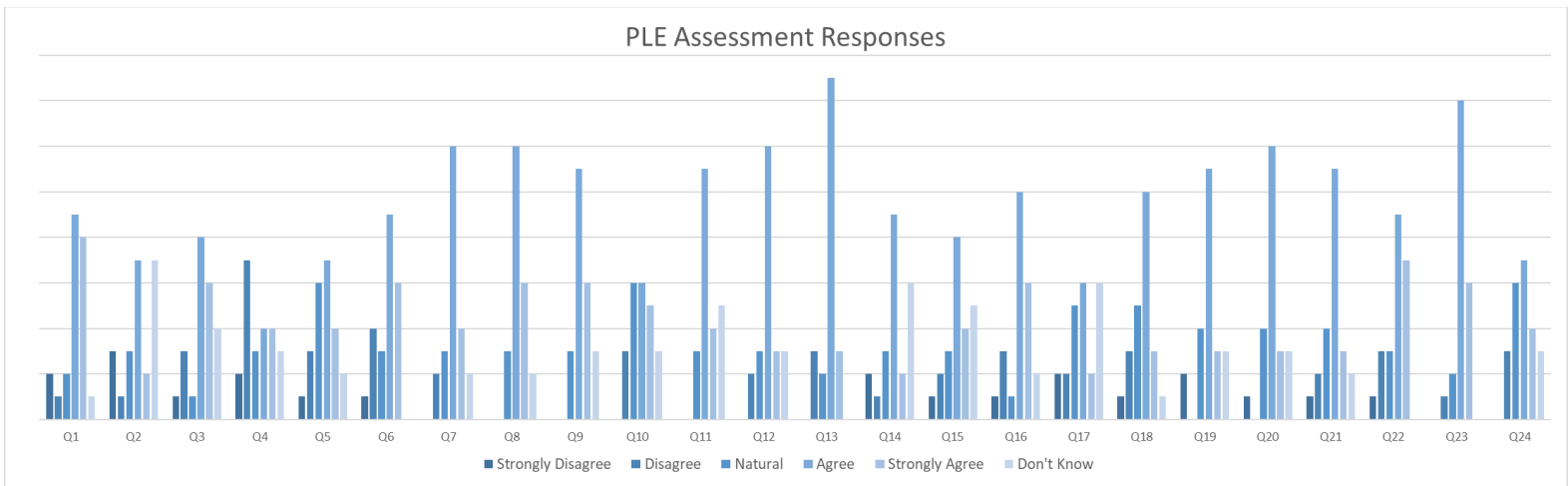
Project Description

CRCC primary purpose is to provide recovery support services to individuals in or seeking recovery. CRCC will also offer the opportunity for individuals to guide and be guided through the task of attaining long term recovery, find permanent housing, employment, vocational, and medical services while addressing other necessary life skills. Recovering people are more receptive to substance

abuse and mental health services when difficult tasks such as employment, housing and medical services are stabilized. Sober, recovering people are then in a better position to help and be helped.

A. The community needs assessment was developed using a social model approach placing emphases on the importance making sure the entire community know what recovery looks like and how to support recovery thru the continuum of care. The focus of this assessment was in the areas of substance use prevention/mental health, early intervention, long-term recovery, recovery support, peer support, employment, recovery housing, permanent housing, re-entry and legal. CRCC identified gaps, and strengths in resources and or the absence of resources needed which will be addressed throughout this assessment to enhance those who are in recovery, family friends and the over-arching community.

B. Learnings from PLE Needs Assessment



Initial Data Collected – 1/30/19

- a. Available Community Services: 43% of respondents DISAGREE there are enough services available.
- b. Education Services: 41% of respondents AGREE there are enough services available.
- c. Intervention Services: 38% of respondents AGREE there are enough services available.
- d. Adolescent Services: 33% of respondents DISAGREE and 23% DO NOT KNOW if there are enough services available.
- e. Long Term and Insurance: 45% of respondents DISAGREE there are enough services available.
- f. Additional Support Services: Split 37% of respondents DISAGREE and 36% AGREE there are enough services available.

Data Collected – 1/30/20

- a. Available Community Services: 48% of respondents AGREE there are enough services available.
- b. Education Services: 57% of respondents AGREE there are enough services available.
- c. Intervention Services: 50% of respondents AGREE there are enough services available.
- d. Adolescent Services: 48% of respondents AGREE there are enough services available.
- e. Long Term and Insurance: 51% of respondents AGREE there are enough services available.
- f. Additional Support Services: 58% of respondents AGREE there are enough services available.

Data Collected – 1/30/21

- a. Available Community Services: 52% of respondents AGREE there are enough services available.
- b. Education Services: 64% of respondents AGREE there are enough services available.
- c. Intervention Services: 63% of respondents AGREE there are enough services available.
- d. Adolescent Services: 35% of respondents AGREE there are enough services available.
- e. Long Term and Insurance: 61% of respondents AGREE there are enough services available.
- f. Additional Support Services: 66% of respondents AGREE there are enough services available.

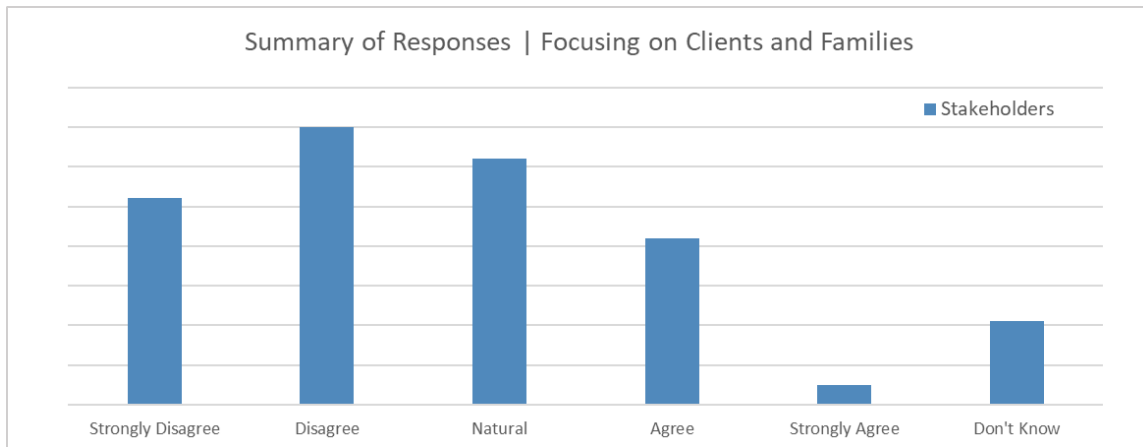
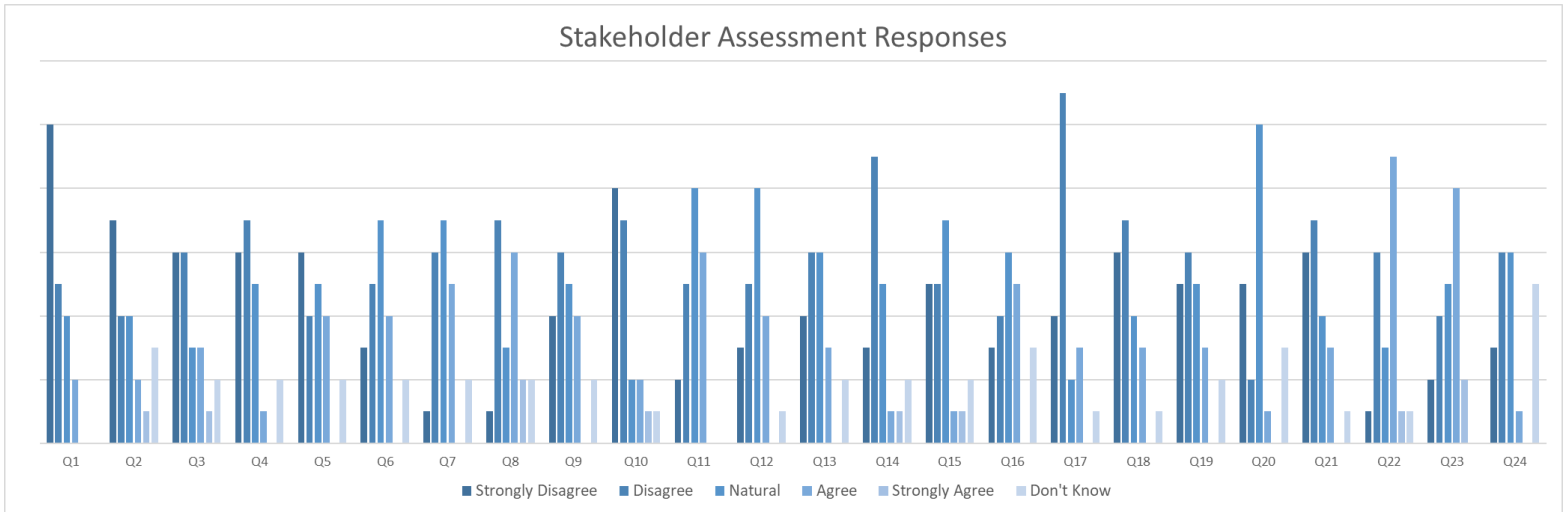
C. Analysis of the changes in the PLE Needs Assessment

- a. In looking at the data from the last 3 collections there is an overall change in perception that initially questioned much more the services available in the community vs what is perceived today. Across all categories the perception is that there are enough services available in the community apart from adolescents where there are less perceived services than in 2020.

D. Gaps from PLE Needs Assessment

- a. The gang violence needs to be addressed in both the south side and west side very badly.
- b. More safe places for women who are victims of domestic abuse who also suffer from mental health or addiction issues.
- c. Giving prevention education to the youth
- d. Reaching OUTSIDE of city limits
- e. Exercise, budgeting, mental health syndrome support/services
- f. More PPEs in the community
- g. Women and children
- h. More education and more everything
- i. Reasonable rental rates
- j. The need to make known that there is help for anyone that needs it. People want help but do not know how to go about getting it.
- k. Covid19 Testing
- l. Two things: 1. Increasing mental health care and counseling services trying to make that more accessible and available such as people working in suicide prevention. 2. Reach out more to the younger population of people in school, education on addiction and recovery. Some programs are in place, but we could do more, we could provide more education and tools at a younger age, results ending in, they will not become a victim of addiction and abuse.
- m. Housing. The process. At the end of treatment if you do not have housing available then you return to active addiction when you leave treatment.
- n. Although there is some help there is always more help needed
- o. Go to places that they (the city) have relocated POC to BECAUSE of gentrification
- p. The Westside Austin community could use a wider array of peer support services.
- q. More communication about other programs available
- r. It is better than it used to be, but it is a long way from perfect.
- s. My hope that the whole industry will continue to grow and change, that hopefully more funding will be put into addiction and recovery education and services.
- t. More services available for people who are homeless.

E. Learnings from Stakeholder Needs Assessment



Initial Data Collected – 1/30/19

- a. Available Community Services: 56% of respondents AGREE there are enough services available.
- b. Education Services: 51% of respondents AGREE there are enough services available.
- c. Intervention Services: 46% of respondents AGREE there are enough services available.
- d. Adolescent Services: 61% of respondents DISAGREE there are enough services available.
- e. Long Term and Insurance: 42% of respondents DISAGREE there are enough services available.
- f. Additional Support Services: Split 38% of respondents DISAGREE and 36% AGREE there are enough services available.

Data Collected – 1/30/20

- a. Available Community Services: 71% of respondents DISAGREE there are enough services available.

- b. Education Services: 33% of respondents AGREE and 33% DISAGREE there are enough services available.
- c. Intervention Services: 58% of respondents DISAGREE there are enough services available.
- d. Adolescent Services: 83% of respondents DISAGREE there are enough services available.
- e. Long Term and Insurance: 72% of respondents DISAGREE there are enough services available.
- f. Additional Support Services: 54% of respondents DISAGREE are enough services available.

Data Collected – 1/30/21

- a. Available Community Services: 61% of respondents DISAGREE there are enough services available.
- b. Education Services: 46% of respondents DISAGREE there are enough services available.
- c. Intervention Services: 43% of respondents DISAGREE there are enough services available.
- d. Adolescent Services: 71% of respondents DISAGREE there are enough services available.
- e. Long Term and Insurance: 49% of respondents DISAGREE there are enough services available.
- f. Additional Support Services: 42% of respondents DISAGREE are enough services available.

F. Analysis of the changes in the Stakeholder Needs Assessment

- a. In looking at the data taken over three cycles there is an overall change in perception that what was once believed to enough services available in the area is now not believing that there are enough services. There is shift over the last year that the perception is less in disagreeing that there are not enough services, so respondents believe services are increasing but are lacking even more in education services and still very much lacking for adolescents.

G. Gaps from Stakeholder Needs Assessment

- a. Youth Services and job training, accessibility to recovery support services for families and youth.
- b. Disparity in services
- c. The availability of information of services for those seeking services in the community. Sharing resources.
- d. There needs to be a mass movement all over Chicago, all the communities need to come together and fight for recovery, mental illness, PTSD. I am a willing participant to join in to help.
- e. Housing, street outreach with warm handoffs to MSU, MAR, treatment.

- f. Rental assistance
- g. Homelessness and more day shelters services
- h. Show young men and women how to dress appropriate and help them with their language when on an interview.
- i. More resources and spreading information sufficiently.
- j. Safe housing is a huge factor.
- k. Funding but it is not ROSC'S fault we need help from the state or city.
- l. Lack of volunteerism
- m. Not enough public service announcements or ads to encourage people to get sober or to know that additional services are available.
- n. Healthy food choices
- o. LGBTQ awareness
- p. Racial Disparities
- q. ROSC are needed in every community.
- r. Increase in all services mentioned above in the Austin community.
- s. CRCC is the only agency that I know of that goes into the community on the West Side to address needs and concerns. We need more boots on the ground.
- t. Helped is needed.
- u. No reasonable rent amounts.
- v. Federally funded stipends for volunteers
- w. It appears that if you do not know someone that is in recovery or working in that field that finding information about how too can be incredibly challenging.
- x. The west side of Chicago is a resource desert. Resources are extremely limited or non-existing. CRCC is a beacon of hope.
- y. Fund LGBTQ awareness this is a contributing factor to SUD.

Inventory of all SUD and COD resources:

A. Including licensed SUD Prevention and Treatment Services: Highlight MAT Services:

1. Haymarket - 932 Washington, Chicago, IL 60607
2. Gateway Foundation - 3828 W Taylor, Chicago, IL 60624
3. Women's Treatment Center* - 140 N Ashland, Chicago, IL 60607
4. Mercy Housing - 1244 N Clybourne, Chicago, IL
5. Loretto Hospital - 645 S Central, Chicago, IL 60644
6. Rincon Family Services* - 3809 W Grand Ave, Chicago, IL 60651
7. Garfield Counseling Center* - 4132 W. Madison Chicago, IL 60644
8. Bobby E Wright - 9 S. Kedzie, Chicago, IL 60612
9. Health Care Alternative Systems* - 210 S Ashland, Chicago, IL 60607
10. New Age Services - 1330 S. Kostner, Chicago, IL 60624
11. COIP-Community Outreach Intervention Program - 4650 W Madison, Chicago
12. Hargrove Hospital - 5730 W Roosevelt, Chicago, IL 60644
13. Association House*- 1116 N Kedzie, Chicago, IL 60651
14. HSI-415 S. Kilpatrick, Chicago, IL 60644

B. Peer Recovery Support Services

1. Campaign for Drug Free Westside
2. TEECH Foundation
3. N' the Spirit
4. Sisters in the Hood
5. Outside the Walls Ministries
6. NAFEI-National Alliance for the Empowerment of the Formerly Incarcerated
7. Fathers in Transition
8. EDDR
9. Greater West Town Training Partnership
10. North Lawndale/U Turn Permitted-Job training
11. Circle Urban Ministries
12. 15th District Police Station

13. Above and Beyond

C. Location of Recovery Residences

1. Phoenix Recovery - 501 N Central, Chicago, IL 60644
2. Hand In Hand - 4207 W Carroll, Chicago, IL 60644
3. Sisters House - 851 N Leamington, Chicago, IL 60644
4. Multitude of Zion - 4925 W Gladys, Chicago, IL 60651
5. Ashanti House - 4909 W. Huron, Chicago, IL 60651
6. The Path for Women - 7530 Lexington Street, Forest Park, IL 60130
7. Gerald's House - 176 N LeClair, Chicago, IL 60644
8. Leslie's Place - 1014 N Hamlin, Chicago, IL 60651
9. Grace House - 1801 W Adams, Chicago, IL 60612
10. Sangamon House - 120 N Sangamon, Chicago, IL 60607
11. Brighter Behavior Choices - 6525 S Campbell, Chicago, IL 60626
12. St Leonard's Ministries - 2100 W Warren, Chicago, IL 60612
13. Inner-Voice - 1621 W Walnut, Chicago, IL 60612
14. Ignatia House - 3052 W Belmont, Chicago, IL 60618
15. Revive Center for Housing & Healing - 1668 W. Ogden, Chicago, IL 60612
16. HAS Transitional Living - 1866 N Milwaukee, Chicago, IL 60647

D. Chicago Recovering Communities Coalition has contacted with Illinois Certification Board to assess the number of the credentialed peer recovery support professionals in our region. It is confirmed that the following recovery support professionals are:

- CRSS – 223
- CPRS – 244 (This includes 196 people who are CRSS and 48 who are just CPRS)
- NCRS – 129 (an additional six awaiting initial fees – ready to cert)
- CRSS- – 4

E. CRCC has on its current staff and volunteers the following:

- 5 Naloxone Train the Trainers
- 4 Recovery Coach Trainers (Trained through CCAR w/certificate)

- 2 CADAC
- 2 CSADC
- 5 NCRS (National Certified Recovery Specialists)
- 2 CPRS (Certified Peer Recovery Specialist)
- 10 Volunteer Recovery Coaches that have completed the Governors State Recovery Coach Certification Training on staff

1. Description of community current readiness to support the ROSC and RCO

CRCC is currently educating the community on ROSC and RCO's and they appear hesitant as evidence by their questions regarding what services do, we provide, which may result in their early resistance to become involved or send a representative on behalf of the agency to attend meetings.

- A. Strengths | CRCC has been active in the community and a resident of the Westside community since 2012. Local businesses to serve the community.
- B. Weakness | Lack of collaboration amongst treatment providers and organization.

2. List of technical assistance priorities for expanding ROSC in the Community.

- A. More education on ROSC/RCO to include webinar presentations.
- B. Provide consultations for the ROSC /RCO providers.
- C. Assist with developing sustainability resources.
- D. Develop and roll out constant contact e-blast.

3. CRCC ROSC offers information on community intervention, prevention resources that aide addicted individuals in their pathway to recovery. Although, there are limited substance abuse provider's present at the table, we are developing and will implement a strategic communication message to increase dissemination of recovery service information for potential consumers and to increase participants' involvement in ROSC objectives. We will launch an aggressive and increased effort to meet face to face with each provider to enlist their support and every effort to educate and inform them of the importance of their role in the council. Present ROSC Members are enthusiastic and knowledgeable and have been receptive to encourage other providers and spread the word. This will help promote and build interest in building other ROSC Councils on the west side which will help ensure expansion of funding.

Needs Assessment SWOT Analysis

Strengths

- State recognized RCO Recovery Community Organization since 2012
- Drug Overdose Prevention Program Certified thru State of Illinois
- Lead agency on the Westside of Chicago to develop ROSC Council
- CRCC history and understanding of community resources, community stakeholders, consumer needs, and people with long term recovery commitment for advocating ROSC objectives

Weaknesses

- Need a concise and clear message of ROSC goals to be formulated to attract other SUD providers.
- Community gaps in services
- Lack of community awareness
- Education
- No services for young adults
- Lack of community education involving substance abuse and mental health issues as well as recovery

Opportunities

- Present ROSC members are enthusiastic
- Knowledgeable and passionate in engaging others
- Building a network of recovery service providers to engage addicted individuals in treatment services.
- Opportunities to help promoting and building other ROSC Councils on west side
- Expansion of ROSC Funds

Threats

- Funding
- Stigma
- Lack of consistent, ongoing collaborations
- Growing opioid epidemic

Statewide ROSC

Illinois Department of Human Services/Division of Substance Use Prevention and Recovery
 Recovery Oriented Systems of Care (ROSC) Coalitions

