

Recovery Oriented Systems of Care (ROSC)

Madison and St. Clair County Needs Assessment

Chestnut Health Systems

The Scope of the Opioid Crisis in Madison and St. Clair Counties

The US Census Bureau (2020) indicates that Madison and St. Clair counties have an estimated combined population of 525,520.

Roughly 15% of these individuals were living below the poverty level. This calculates to over 75,000 individuals living below the poverty level in the two counties. East St. Louis (St. Clair County) is one of the poorest cities in America, demonstrated by close to 45% of its individuals living below the poverty line. More than 40,000 of the individuals living in this region do not have health insurance.

St. Clair and Madison Counties have not been immune to difficulties of America's opioid epidemic. In 2014, it was reported by the Drug Enforcement Administration (DEA) that 9,031,240 oxycodone and hydrocodone pills were sold in St. Clair County and 14,367,940 were sold in Madison County. This equates to approximately 34 pills per St. Clair County resident and 54 pills per Madison County resident. By comparison, the statewide average per Illinois County was 1.22 pills per Illinois resident with the nation's average at 1.73 pills per U.S. resident.

This access has only fueled the addiction crisis in the area. This is demonstrated by the data from the 2016 State of Illinois Comprehensive Opioid Data Report in the chart on the next page.

Population	Rate of ER visits due to opioid analgesic and heroin overdose combined per 10,000 pop., IL 2016	Rate of hosp. for opioid analgesic and heroin overdose combined per 10,000 pop., IL 2016	Rate of hosp. due to heroin overdose per 10,000 pop., Illinois, 2016	Rate of ER depart. visits due to heroin overdose per 10,000 pop., Illinois, 2016	Rate of hosp. due to opioid analgesic overdose per 10,000 pop., Illinois, 2016	Rate of ER depart. visits due to opioid analgesic overdose per 10,000 pop., Illinois, 2016
SC: 265,569	5.21	2.66	.48	3.30	2.25	1.98

MC: 266,759	12.08	4.02	1.13	7.06	3.32	2.94
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As with the opioid epidemic, St. Clair and Madison Counties have equal concerns with AUD. According to a County profile conducted by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, St. Clair and Madison Counties had the following rates per 100,000 individuals in the categories below:

Population	Mental and Substance Use Disorders Mortality	Cirrhosis and other Chronic Liver Diseases Mortality	Heavy Drinking	Binge Drinking	Transport Injuries Mortality	Self-Harm and Interpersonal Violence Mortality
SC: 265,569	15.55	14.75	9.4	22.0	15.15	29.3
MC: 266,759	12.08	4.02	1.13	7.06	3.32	2.94

Many of these outcomes are associated with and/or directly related to AUD and other drug/alcohol related issues.

Drug overdose death trend data for the two counties follows:

County	2013	2014	2015	2016	2017	2018	2019	2020
Madison	53	91	77	71	87	107	95	88
St. Clair	29	47	43	35	46	51	83	93

As you can see, despite a wide variety of treatment options in the area, community partnerships including two coalitions, and funding from the federal, state and local levels to combat drug and alcohol related issues, the problem is still at crisis levels.

Fentanyl continues to be involved in the majority of the opioid-related deaths in both counties. In St. Clair County, fentanyl appeared in toxicology screens of 68 of the 72 opioid-related overdose deaths. In Madison County, 53 out of 59 opioid-related deaths involved fentanyl.

Methamphetamine deaths also continue to be of concern in both counties. In 2020, methamphetamine was present in 55 out of 93 total overdose deaths in St. Clair County. In four of those cases, methamphetamine was the only drug present in the screen. All others included methamphetamine and at least one other drug. In Madison County, methamphetamine was present in 29 out of 88 total overdose deaths. In 11 of those cases, methamphetamine was the only drug that was present at the time of death.

Alcohol claimed the life of five people in St. Clair County in 2020. In Madison County, two lives were taken in 2020

Assessment Data

Over the course of the three years, the Metro-East Recovery Council (MERC) has met monthly with regular participation from community members and agencies throughout both counties. We developed a new plan for outreach in 2020 given restrictions required by pandemic shut downs. Of course, assessment is ongoing. We will continue to reassess community needs regularly throughout the project. For now, we will continue to examine the issues identified during fiscal year 2021, which include:

1. Lack of community funding programs available to help people leaving treatment and/or in early recovery pay for first month's rent in sober living facility.
2. Lack of ample sober living opportunities for people leaving treatment and/or in early recovery.
3. Lack of readily available primary healthcare and dental needs and lack of partnerships and/or programs in place to enable these services for recoverees.
4. Lack of sufficient supports for family members.
5. Lack of adequate array of secular-based recovery programs (e.g. Rational Recovery, SMART Recovery, Secular Orgs. For Recovery) in St. Clair County.

The four issues identified early on in our work included:

1. Lack of awareness/education about addiction and support services for families and community members. There is great stigma still attached to individuals with SUD on the part of both family and community members.
2. Lack of age-appropriate education, treatment, recovery supports, and leisure activities for youth in recovery.
3. Lack of timely access to treatment services.
4. Lack of appropriate services for students in recovery offered at local colleges and universities.

As can be seen, the main focus issues identified have shifted in the past year, but the supports for the previously identified focus issues are still in development. Chestnut staff will work with MERC members to incorporate all community concerns into the strategic plan.

The following information can be found in the Appendices following this document:

Appendix A- **Inventory of SUD/COD Resources
MAT Services**

Appendix B- **Recovery Support Services/Groups**

Appendix C- **Recovery Residences**

Prevention Services

Chestnut Health Systems has a long history of providing quality ATOD prevention services through grants provided by the Illinois Department of Human Services/Division of Substance Use, Prevention, and Recovery. We are currently funded to provide services in the following communities in Madison and St. Clair counties (communities listed together indicate one service area):

Alton and Godfrey

Belleville and Swansea

East Alton, Wood River, Roxana, Hartford, and Bethalto

Edwardsville, Glen Carbon, Hamel, Worden. Moro, Dorsey, Prairietown Midway, and Troy

Granite City, Pontoon Beach, Mitchell, and Madison

Hoyleton Youth and Family Services also has a Substance Abuse Prevention Services grant to serve the communities of Dupon and Cahokia. East Side Health District serves the East St. Louis community with Prevention services.

Community Readiness to support the ROSC and RCO

The Metro-East Recovery Council is a dynamic group comprised of individuals representing numerous community sectors. They welcome the chance to participate in the group and are excited about the chance to make a difference for individuals and families in our communities. We have made great progress regarding work with an RCO. We have developed a strong partnership with Amare, NFP. This local RCO operates in Madison County. We meet with Amare at least once per month. They have recently agreed to assist MERC in developing an RCO in St. Clair County. In addition to this exciting partnership, we are working with the following groups as well:

1. The Partnership for Drug-Free Communities- this coalition is comprised of over 60 cooperating agencies, treatment centers, colleges, hospitals, individuals, law enforcement entities, family members, and other groups has worked diligently to engage the community in drug prevention efforts. Three work groups (Prevention and Education, Treatment and Recovery Supports, Law Enforcement) meet separately and have developed strategic plans to address the opioid crisis in the Metro East area. This group has been in existence for over 10 years.

2. The St. Clair County Drug Prevention Alliance- in an attempt to reduce both youth substance use and the number of opioid overdose deaths in the county, this group convened for the first time in February of 2018.
3. Take Action Coalition of Clinton County- This dynamic group of volunteers joined our efforts to support Metro-East families. They have participated in MERC meetings over the past year and have recently secured their own ROSC funding. MERC and TAC will work together to support individuals and families in the entire region.
- 4.

SWOT Analysis

MERC members engaged in virtual discussions related to Strengths, Weaknesses, Opportunities, and Strengths present in our communities related to recovery supports.

Strengths:

- There are numerous individuals and agencies engaged in supporting individuals in recovery
- There are several active drug prevention coalitions
- There are numerous outreach opportunities (radio, newspapers, etc)

Opportunities:

- We are able to reach people through social media and other outreach platforms
- Improving communication efforts with medical personnel and the faith community could significantly increase our ability to reach the public
- We have the opportunity to reduce stigma

We have continued to work to increase our outreach capacity in local communities. Our efforts were hampered by the pandemic, but we have used this opportunity to utilize outreach volunteers already in our communities. It is our intention to continue to support these groups as they provide services. True recovery happens in communities, and we will seek to build a community system that supports recovery.

Technical Assistance Priorities

Part of the value in a ROSC Council comprised of members from many different sectors of the community is that they all come to the table with varied perspectives but a similar desire to help create change. With those different perspectives comes a need for training so that all members are aware of the breadth and scope of the issue and the possible strategies to employ. We anticipate that training will be needed in the following areas:

- How does a person develop a substance use disorder?
- Language and stigma.
- Overdose prevention in jails and prisons.