

## **Logan/Mason ROSC Community Needs Assessment 2022**

### **Key Informant Narrative**

The Logan/Mason ROSC Council interviewed 17 key informants for the FY23 strategic plan update. Interviews were completed with representatives from the following community sectors: law enforcement, faith-based organizations, behavioral health/substance use treatment providers, and people with lived experiences (PLEs). One hundred percent of the key informants stated that substance use was an issue in their community.

There were a variety of concerns identified regarding substance use in Logan and Mason Counties. Lack of recovery supports was a concern stated by 100% key informants throughout the interview process. Sixty five percent of key informants stated that a lack of aftercare/continued recovery for people with a Substance Use Disorder (SUD) was both the biggest concern and the most common contributing factor to substance use in their community. Currently, Logan County has a Medication Assisted Recovery (MAR) program offered at the Logan County Health Department through SIU Medicine, as well as a local Drug Court. There are also support groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) within Logan County. Mason County does not currently have any substance use providers but “may have one 12-step program” according to one stakeholder. Throughout interviews, 5 key informants stated that there were “no resources” or “no services” for mental health and substance use support in their community. These statements highlight a gap in knowledge about the resources that exist as well as the gaps in services that are available. One key informant stated, “I can name agencies, but I don’t know what these agencies do for anyone in substance use”. Another key informant mentioned that “the general public may not be as knowledgeable” about what services are available and “may be reluctant to reach out for various reasons” to receive support.

To receive SUD treatment and support, Logan and Mason County residents must often travel to other Counties to access services such as recovery homes. UnityPoint was a top agency that stakeholders were aware of for substance use treatment, mentioned by 59% of key informants. UnityPoint was also mentioned as an agency that 18% of key informants work with to address substance use treatment needs. Six key informants, 4 who were PLEs, stated that transportation as a concern or contributing factor people for receiving SUD treatment. Logan and Mason Counties have limited public transportation services, which creates a barrier to accessing care outside of a county. SHOWBUS is one of the only public transportation programs available in both Logan and Mason Counties. Without the availability of local SUD and mental health treatment options, people may have to travel up to an hour to receive care, which is not always feasible based on a person’s financial ability, physical ability, or schedule. As a result, some Logan/Mason County residents may not be receiving the treatment they need.

Lack of mental health services was also mentioned as a community concern at least once by all 17 key informants. One professional stated that “untreated/unacknowledged mental health concerns lead to a culture that promotes substance use”. Mental health concerns/trauma were identified as a top contributing factor of substance use according to 59% of key informants. “Substances are used to address mental health concerns/anxieties/stress/depression”, one key informant stated, and are often “a symptom of something not being addressed”. Some contributing factors to mental health concerns that were mentioned were trauma, domestic violence, abuse, poverty, lack of education, and lack of

parenting skills within the homes. One faith-based leader stated that the Counties had “a lack of community and safe spaces for people’s differences, struggles, and individuality”. One PLE stated that people are not talking about mental health enough, which contributes to a stigma towards substance use and having a mental health challenge. As a result, mental health and substance use concerns go unaddressed, untreated, and stigmatized.

Stigma around substance use and mental health was identified as a strong theme around SUD concerns in Logan and Mason Counties. Twenty four percent of key informants stated stigma as one of the biggest concerns around substance use and 41% stated it was a common contributing factor. One PLE states that “people are not able to be honest about struggling” with mental health or substance use concerns. Another PLE stated, “you don’t get treated fairly” when you have an SUD and often face the fear of being “labeled”. “The weight from the stigma of being labeled a drug addict is unbearable at times” said another PLE. Stigma also exists around certain the types of SUD treatment, such as Medication Assisted Recovery (MAR). This stigma results in people not “feeling comfortable obtaining treatment”, according to one substance use treatment provider. Stigma greatly hinders a person’s ability to seek out and follow through with treatment, leading individuals to remain in the shadows with their struggles. Lack of education around the facts of mental health and substance use was also stated as a contributing factor to stigma. Other concerns related to substance use that were mentioned during key informant interviews included crime, the relational impact of substance use on the person who uses and their families, youth using substances because there is nothing else to do, and a lack of collaboration for treatment amongst providers in the community.

Key informants mentioned collaboration with a variety of agencies and programs to address SUD concerns in Logan and Mason Counties. The specific agencies people worked with varied person to person but included medical agencies such as SIU Medicine and Lincoln Memorial Hospital, recovery/treatment centers such as Gateway and UnityPoint, and community programs such as the YMCA, Girls on the Run, Salvation Army, Christian Childcare, and local schools. Eighteen percent of key informants mentioned that they work with the Logan/Mason ROSC, which, along with UnityPoint was the highest mentioned agency that was collaborated with by key informants. Fifty nine percent of key informants reported that they do not collaborate with any agency to address the issue of substance use in their community. One stakeholder mentioned that providers “are lacking coordinated care to connect people with treatment options”.

Seventy one percent key informants stated that more mental health and recovery supports were a needed resource in Logan and Mason Counties. Forty one percent key informants indicated a need for better, or higher quality recovery programs. One key informant stated that some local recovery supports are “opposed to one another, not accepting of ‘many paths to recovery’”, which can lead to recovery supports feeling “cliquey”. Another key informant mentioned that there were a lot of recovery supports, but “they aren’t sure about the quality”.

Local recovery housing was mentioned by 47% of key informants as another need in the community to address SUD concerns. Services such as local sober living, detox treatment, recovery homes for families and pregnant patients, and outpatient services were all needed resources identified by key informants. Wraparound supports such as job training for people in recovery was discussed by 29% of key informants as another needed community resources to help people in recovery transition back into society.

Logan and Mason Counties have opportunities for collaboration among different sectors to address SUD concerns more comprehensively. The faith community was lacking a presence in the recovery community for both Logan and Mason Counties, but there was expressed desire for collaboration amongst one faith leader in Logan County. There is also community buy-in to continue addressing barriers to substance use prevention, treatment, and recovery. "This is my town; I want to do anything I can to help the hurting people in it" said one dedicated community leader in Logan County. Educating the community, speaking openly about mental health and substance use, supporting collaboration amongst providers, increasing awareness of current services, and advocating for additional local mental health and SUD treatment services are all themes that have been identified to inform updates to the ROSC council strategic plan for Logan and Mason Counties.

## Quantitative Analysis of Key Informant Data

Table 1: Biggest Concerns Regarding Substance Use in Logan/Mason County	
Lack of aftercare/continued recovery (11/17)	65% of key informants
Mental health as a concern (8/17)	47% of key informants
Nothing for youth to do (7/17)	41% of key informants
Stigma (4/17)	24% of key informants
Lack of transportation (4/17)	24% of key informants
Crime (2/17)	12% of key informants
Lack of collaboration (2/17)	12% of key informants
Lack of education (1/17)	6% of key informants

Table 2: Common Contributing Factors to Substance Use Issues in Logan/Mason County	
Lack of mental health and recovery services (11/17)	65% of key informants
Mental health/trauma (10/17)	59% of key informants
Poverty (8/17)	47% of key informants
Stigma (7/17)	41% of key informants
Lack of education around mental health/substance use (5/17)	29% of key informants

Table 3: Most Broadly Known Community Services for Substance Use in Logan/Mason County	
UnityPoint (10/17)	59% of key informants
Recovery meetings (AA/NA) (10/17)	59% of key informants
Drug Court (6/17)	35% of key informants
MAR (5/17)	29% of key informants
Police station (2/17)	12% of key informants
Capsule (1/17)	6% of key informants

Table 4: Agencies/Organizations with The Most Mentions for Working or Collaborating with in Logan/Mason County	
None (10/17)	59% of key informants
ROSC (3/17)	18% of key informants
UnityPoint (3/17)	18% of key informants
Gateway (2/17)	12% of key informants
Lincoln Memorial Health (2/17)	12% of key informants
Salvation Army (1/17)	6% of key informants
Capsule (1/17)	6% of key informants

Table 5: Recommendations for Additional Needed Services in Logan/Mason County	
Recovery supports in community (12/17)	71% of key informants
Recovery housing (8/17)	47% of key informants
Mental health supports (5/17)	29% of key informants
Job training (5/17)	29% of key informants
More support/safe spaces for people in recovery (4/17)	24% of key informants
Education to debunk stigma (3/17)	18% of key informants

Table 6: Knowledge & Opinions of Current Recovery Supports in Logan/Mason County	
Aware of recovery support groups (8/17)	47% of key informants
Need better <b>quality</b> supports (7/17)	41% of key informants
Need more supports (6/17)	35% of key informants
Do not know what recovery supports are (2/17)	12% of key informants

## **Comparison of Key Informant Data with Logan/Mason ROSC Strategic Plan SWOT Analysis**

Data and findings from the key informant interviews were consistent with the following elements from the Logan/Mason ROSC Strategic Plan SWOT Analysis:

- **Strengths**
  - Strong awareness of the need for expanded recovery services
  - Strong foundation in the community: Drug Court, etc.
  - Passion and willingness for the work
- **Weaknesses**
  - No existing inpatient treatment centers or sober living options in our area
  - Lack of public transportation options or support to help people in recovery get to treatment
  - Lack of MAR services and wraparound services
  - Resistance to facing the issue within the community/denial/lack of understanding or education of addiction as a disease, rather than a moral failure
  - Despite desire to collaborate, many providers and organizations remain silos of service
  - Limited access to Harm Reduction services
  - Need additional representation from PLE
  - Lack of safe spaces to gather and feel supported
- **Opportunities**
  - Other organizations willing to partner/assist with action in Logan & Mason Counties
  - SIU MAR Program in Logan County
- **Threats**
  - Stigma around recovery and denial that there is a community problem
  - Healthcare gaps and lack of mental health professionals
  - Inadequate youth services, prevention & treatment options
  - Lack of willingness to collaborate/resistance to collaboration