

Winnebago County ROSC (WCR)

COMMUNITY ASSESSMENT

GLORIA J. PROWELL

1. There are resources within the community to assist individuals with getting involved in non-mental health/addiction-related social activities.

- Rose Crance has Alumni that have sober events. The events are ongoing throughout the year. Some examples: Chili Day in the winter...Softball and volleyball in the summer. Some faith-based organizations have Celebrate Recovery Day. Typically, 1 day every week.

2. 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.

-Yes, there are many churches that have recovery ministries. Also there is a group called H&I (Hospitals and institutions) that travels throughout the county talking to people in hospitals, jails, churches, group homes and talks to people who are new to recovery or who may have substance use disorder.

3. Partnerships exist within the community to assist individuals with getting and retaining meaningful employment.

-Our partners assist us with connecting to staffing agencies in the surrounding community that help our clients get and retain meaningful employment.

-Good will has training for shipping and receiving. There is a new organization called "Get Connected". They help people retain employment and they assist people re-entering from incarceration. The Rockford rescue mission has a team who helps people find employment also.

4. Partnerships exist within the community to assist individuals with finding safe affordable housing. **(Identified as a GAP)**

-The Rockford mission offers housing help if you live in the mission. Rose Crance has housing assistance for veterans. Rose Crance also has a program called "Path" to assist those who are homeless or have a mental illness find housing. Greendale Recovery homes in Rockford allows people to stay 3-6 months or longer and upon transition will assist finding housing.

5. There are resources within the community to assist individuals with transportation to/from appointments, work, etc. **(Identified as a GAP)**

- There is a program called "Ms. Carly", Provides whatever service people need including Transportation (Food, clothing, shelter,). This service is both for those seeking recovery or not seeking recovery. This program is run from her home.

6. Partnerships exist with peer-based recovery support programs; recovery community organizations and other non-clinical recovery supports.

- Rose Crance has linkage agreements with several community organizations to fill in gaps and make smooth transitions of services.

7. 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. **(Identified as GAP)**

-Although these services may exist. communication is a problem currently. There is an organization for families (Ala non) of people who have substance use disorders this organization is through 12 steps and meets weekly.

Many believe this is something that can be expanded. The population we work with usually wants to connect with family, but family is hurt and not ready to connect with them until they are further along in the process and their recovery.

8. 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). **(GAP)**

- Not Practiced

9. People in recovery work alongside providers to develop and provide new programs and services. **(GAP)**

10. People in recovery, including family members, are involved in the evaluation of the community's programs, services, and service providers. **(GAP)**

11. People in recovery are members of agency advisory boards and management meetings. **(GAP)**

- People in recovery who might serve on these boards are there to do their job only and don't represent the community during these meetings.

12. Service providers offers a variety of treatment options (e.g. individual, group, peer support, holistic healing, alternative treatment options, medical) that persons seeking services can access

-Yes, there are service providers who offer a variety of services such as Rose Crance.

13. Meaningful traditions to celebrate people's recovery\ and wellness exist and are formed with individual and family member input. **(Needs to be strengthened)**

-There are events that celebrate recovery however family member's input has not been a norm. (Ex. Drug court, TIP Court, Rockford rescue mission, Reformers Anonymous)

14. Focus groups and other formats (surveys) are used regularly to seek feedback about participant satisfaction and improvement strategies from people receiving services. **(GAP)**

-Yes, there is an organization in the process of hosting 3 focus groups in the month of March.

15. Service providers make a concerted effort to welcome people in recovery and offer opportunities for feedback (i.e. comment cards, service follow-up surveys, follow-up phone calls)

-Yes, there are organizations such as Rockford Rescue Mission and Rose Crance Alumni

16. Service providers are diverse in terms of culture, ethnicity, lifestyle, and interests.

-Yes

17. Service settings within the community offer an inviting and dignified physical environment.

-Yes

18. Individuals have choices when selecting service providers within the community.

-Yes. This is dependent on insurance. Unfortunately, certain insurances or lack thereof provide limited choices.

19. While in services, Individuals who are doing well get as much attention as those who are having difficulties.

-Yes; However, There should be more effort in recognizing successes and those who are doing well.

20. 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.

-Depends on the agency.

-Service providers will consider what individuals want and ultimately let the individuals know that it is their choice where to live, work, etc; however, service providers should also provide feedback and insight as to what may or may not be a positive situation regarding the individual's long-term recovery.

21. Service providers listen to and respect decisions that individuals make about their treatment planning and care.

-Yes

22. Service providers regularly ask individuals about their interests and things they would like to do in the community.

-Yes

23. Service providers offer individuals opportunities to discuss their spiritual needs and interests if they wish.

-Yes

-Most of the time, yes. Service providers need to remain open to multiple avenues of spirituality in supporting those individuals they work with.

24. 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.

- Not always. This is something that can be improved.

25. People in recovery can choose (and change) the therapist, counselor, psychiatrist, physician or other providers from whom they receive services.

-Yes, but Only to a certain extent based on insurance, time, and accessibility.

26. 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.

-Yes

27. Service providers are trained in evidence-based or emerging best trauma-specific approaches. **(Practice needs to be strengthened)**

28. Service providers focus more on “what happened” to individuals rather than “what’s wrong” with individuals. **(Practice needs to be strengthened)**

29. Service providers and community organizations address stigma and attitudinal barriers associated with substance use disorders through outreach and education. **(Practice needs to be strengthened)**

30. Service providers work with consumer groups and advocates to increase demand for and knowledge of MAT and harm-reduction efforts in the community Are members of the harm-reduction community represented on the ROSC council? **(GAP)**

-Yes. There is a program through the police department but mostly advertised to the youth.

-Yes, and it is growing/expanding. Organizations are more open to this now whereas they were not as open-minded to multiple pathways of recovery in the past.

31. Service providers have relationships with other organizations that can provide additional supports and resources (e.g. housing, childcare, employment services, transportation) that may benefit individuals and families

-Yes

32. Service providers work in a coordinated way with medical staff that can provide prescribed medications for the treatment of substance use disorders.

-Yes, but this can depend on the organization.

33. Partnerships exist for 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. **(Practice needs to be strengthened)**

34. Service providers value the input of the recovery community in outreach and engagement of clients in treatment services.

Yes, well Practiced.

35. Service providers offer effective continuing recovery support services for clients that have completed formal treatment services.

Yes, but this depends on the organization. Some are better than others at this. With the implementation of recovery coaches/peer support specialists, this continues to get better.