



310 Fifth Street • Carrollton, IL 62016 • (217) 942-6961 • Fax: (217) 942-3904

Daniel Woodlock, D.D.S.
BOARD OF HEALTH PRESIDENT

Molly Peters, B.S., L.E.H.P.
PUBLIC HEALTH ADMINISTRATOR

Greene & Scott County Recovery Council Meeting Minutes

Date of Meeting: 7/18/23

Time of Meeting: 3:00 PM

Location of Meeting: North Greene Office 205 S Morse St, Roodhouse, IL 62082

Format: Hybrid

Attendees:

Ron Sprong, Community Health Manager, Greene County Health Department
Heather Pfeiffer, Recovery Coordinator, Greene County Health Department
Amanda Morrow, Recovery Coordinator, Greene County Health Department
Amanda McKinley, Community Health, Greene County Health Department
Keppen Clanton, Director of B to 5
Bob Krempasky
Sarah Crawford
Lauren Savoie
Nancy Phillips-Guest Speaker
Julie Pohlman
Anna
Grace
Jenna Hayes
Chase Daniels
PLEs-AT & RP

Heather started the meeting asking for motions to approve the meeting minutes from the meeting held on 6/27/23. 1st and 2nd motions given, and motion adopted to approve. Minutes will be sent to the state. Heather introduced our Guest Speaker Nancy Phillips who works for Hour House Recovery and will speak on the impact she sees on families and the needs of families.

Nancy-- I'm with IL Family Resource Center. It's a statewide program but Ron asked me to share the impact on mental health, substance use disorder, gambling. Kinda what we do at the Resource Center. We're going to get bigger. Hiring someone to cover the northern region. Our website www.ilfamilyresources.org -looks at little babies, grandparents raising grandchildren, healthy living, support people who are impacted by others use and how do you take care of yourself. Our goal is to

support people who are impacted by others use and issues going and how do you take care of yourself. The important thing is getting the message out there that you can take care of yourself even if the person that is having the issues is not taking care of themselves & how you support the person in recovery while also taking care of yourself. When I took the position, one of the requirements was for me to be certificated as a partnership professional, very similar to a peer recovery specialist. I had to have experience and be willing to share my story. My whole life has been impacted by someone else's use from my father, husband, a son in recovery, a grandchild not in recovery-getting there but not and the fall out of that. We have been on an interesting journey, been in guardianship of two granddaughters as well as great grandchildren.

I've been asked how I get through and that's the serenity prayer. I brought some handouts, but I want to read something to you because this is a ROSC Council. I sat on the original committee 5 years ago. We addressed where families fit in. Families are the network for the people in recovery and family is whoever fits that network, that ripple effect and it may not be your blood family. As I've done webinars, these will be posted on the site that you can listen to. The National Institute of Health had an article come out once a year. Research focused on ROSC as it demonstrates positive changes. ROSC identified as a network of organizations, to prevent, intervene, identifying pathways to identifying partners, ROSC holds a promise. It's the recovery journey for families as well as for the individuals in recovery. When you look at family there is no specific definition. Who is family? Who do you see as family? Parents, Siblings, Kids, Family, Neighbors. I did a training at the Hour House for new hires. One of the guys has 28 years of recovery, he said family is the network, I told him I am stealing that. It's the network that you survive in. ROSC is a network within the community to support family issues. If you work as a human services provider or as a member of the council. What is the chaos of the family living in that situation? We know families struggle just has hard if not more. Especially with gambling. The impact is very strong. So, looking at that, some of the chaos is anger, fear, stress, etc. I find it very exciting that we're working to reduce the stigma. It's just in general you can end up in the middle of it without knowing. My dad was an alcoholic died at 53 with the impact of his drinking. It starts out at the beginning and as the steps take place you suddenly wake up one day and your life has changed. Family doesn't function well. It's looking at changing the focus and the impact it has on families.

I think it's important we look at the impact on our young ones. It's looking at our babies and I want to kind of go through the effects of substance use. This talks about everyone. Looking at home life, it's chaotic and unpredictable. The move from alcoholism just being the focus to SUD & Mental Health. You carry it into your adulthood. Building family activities. Looking at emotional changes, there is research out that state babies as young as two-month-olds carry that trauma with them. When children get old enough to reach out and tell the teacher things like "my mother passed out last night, my parents fought last night, etc.". It's hard for them to resolve it. Lack of comfort, lack of resolution. It's important that we're aware this affects our families. There's a lot that can be lost such as home, job, etc. Moms especially have so many appointments to go to, while keeping up with housework, while also needing to provide daycare or babysitters. So many things are going on yet we get frustrated with the person in recovery. I brought a handout on kinship care-Generations united has done research and comes out with updates 1 time per year for communities to pull on for grants. There are all kinds of data out there on IL. 263,000 children are living in homes where a relative is a head of the household, 8,000 are being raised by kinship because so many young people are taking care of families. Children drive better if someone they are related to or someone so close, they are considered family. In IL there are almost 72,000 grandparents reported as being responsible for their grandchildren, estimated in IL that for every child raised in foster care, for everyone there are 10 others who have been dumped on grandparent's porch and it is not reported. What can we do to help address the survival system? This is not a choice,

it's not a mental health, not a moral issue. It's a brain issue. I think it's important we look at that and share it. Families are impacted on either side.

Heather- gave an update on recovery talks (Coffee Talks) where people from the and how the talks are going. On June 15th Coffee Talk was held at Rural Cyclery with 4 people in attendance, and then on June 28th at Copper Stills and Mash with 6 people present. We had discussions around recovery and how it's been a different journey for everyone. What works for some may not work for others. We are hoping to continue these conversations and build upon the number in attendance. Our next Recovery Coffee Talk is scheduled for August 8th at Rural Cyclery at 10 AM.

Next on our agenda, Amanda and I had the opportunity to attend the RCORP Reverse Site Visit/RCHS Summit in Washington DC. We were invited by JCH and attended with Lauren Savoie and Sarah Crawford who are both members of the council. We listened to various speakers and the work they have done in their communities. One of the sessions that stuck out to me was the session called Tough as a mother. The campaign is structured around mothers in recovery. Tough as a mother has a lot of resources for supporting mothers. Each person has an opportunity to share their stories on a platform where they can record the story from their phone or on any device and it gets posted to a website where everyone else can listen to the videos. We were able to watch one video that was very inspiring. Tough as a mother has fun swag for everyone even small children. They have a 24-7 hotline as well. Heather asked Amanda if there was anything she would like to share with the group.

Amanda-I would say a lot of it was on communities and how there are some more rural than we are. The nearest grocery stores being 100 miles away. Just knowing that we are blessed to have so much for the area we live in for those in recovery means so much more.

Heather- I'm looking to reach out to churches with vans who might be helpful in transporting peers. This was something discussed in one of the sessions. Churches tend to not turn away, everyone is welcome. How can we make it so people have one less thing to worry about?

Our Next Life Skillz class is set for tomorrow at 5 PM and the topic will be on stress management. The Executive Committee will be held after Life Skillz and then our fun event will be an ice cream social.

Next item, our system where we get updates on anything ROSC called SLACK, a member of a ROSC in Sangamon County posted an update looking for volunteers on Aug 10-20 to pass out Narcan and have conversations around it with anyone that approaches the table. Do we have any questions or anything?

Ron- I'm curious about the Washington Trip, what things did you bring back that we can use here that is tangible?

Heather- National Rural Health Day that will be held on the 3rd Thursday of November. This year it is being held on November 16th. More information on this can be found on the website www.powerofrural.org In the month of September, a group has a meeting with all their partners and its supporters around Recovery. Each partner gets a chance to speak on the work they do for 15 minutes.

Amanda-I learned about a group that talked about the Sober Living Houses. They talked about how to get one. There is a website with all the information. I thought that was something that we could look into. The group is even willing to speak at meetings.

Bob-Do we know of any grants out there for the Sober Living house?

Amanda- I think through the State. The people who have started a Sober Living Facility have helped set it up in other communities and they help with the money, while some are volunteers.

Julie-There is a lot of information out there. At first when they were talking about starting Oxford House, they had a corporation of 30,000 people. There are smaller places that are looking for recovery housing and some places are starting out small and doing a Recovery Café' such as the one in Hillsboro. You also have to look at your community and decide if your community is recovery ready.

Amanda-that's something they talked about; they started small with a two bedroom and worked their way up.

Ron-While Amanda and Heather were at the Rural Health Summit, Mandy and I were in Denver. Every session that I went to was about recovery housing, the things that we do as a team together to further services. I had a meeting with Autumn who is presenting at the August meeting on the 15th and will present the tool she has to offer. I was introduced to Autumn by Julie. I'm excited to talk about the updates with my team and then bring the tool to our Council.

Julie- What I think is you'll be able to take the parts and make it yours and what you said about transportation and the Churches is all part of it too.

Ron-It will give us another platform that we can use just to get the word out. I also have an inside source to the Oxford house and just met with someone today. I'll be looking at some grants that are out there that we can use to take these steps and I'll present it in the next couple of meetings.

Heather-There is something I'd like to do with our PLE's which is to create a poster board with the council's logo and at the top of the poster board it would say Recovery is.. This will allow our peers to write down what they believe recovery is. These posters can be posted in this room and pictures can be taken and posted on social media. I think this is another way to help reduce the stigma in our communities.

Ron-An update on our work here at the Health Department, we've been working on bringing clinical services, something to talk about in the next two meetings. So, we've got new MOUs signed with police departments. These are about exchanging data in real time. A lot of times we wait days for data but if we can get data in real time, I think this would be beneficial. The overall strategy would be to create a response team to go out and talk to the individuals. That is one of the things that I think could come out of that.

I'm hoping by the September meeting we'll be bringing clinical services to Greene County. So, any questions? Any questions online? I do have that meeting in Edgar County this week and hoping to bring back what they are doing with their ROSC. It's very clever and one of those things that I had to learn more about. One of the things they were able to do was secure an apartment for transitional housing and it was dedicated specifically for transitional housing. We were just talking about baby steps, but I want to know how they are doing it. Hopefully I'll be bringing back more information to bring back to the council at our Aug 15 meeting.

So, Heather and I want to talk about our strategy plan. In our last strategy meeting we talked about what comes next. The thing that came out of that was the development of an RCO and we want to either be affiliated with or create an RCO. In the last year we've come to the realization that no one is going to come to Greene County and do this for us. One of the things that was brought up was housing and transportation. What if the RCO could do it all? Using transitional housing as an employment opportunity to build skills for people with lived experience. So, yea, what comes next?

Julie-I don't know if you've been able to talk to John Magnuson over at Macoupin & Montgomery ROSC. John is a minister and based on gaps in his community, He started with two goals. One being housing and the other being employment. They didn't think they'd be able to create a room or a house, so they wanted to reach out to all the landlords in the community and try to work out the stigma. So if you are a landlord in Greene County and watched that person grow up and you knew that person was a little hellion you wouldn't want to work with that person. John wanted to go out and talk to landlords to discuss what it is that ROSC is doing, what the community is doing and then create an MOU with them so that they work together. Let the RCO put the down payment down, let the RCO put the support around the individuals with lived experience and just start out like that. John also wanted to do the same with employment. They would talk to employers and say "We have this person who would be a good employee, because they completed drug court, they met the requirements of attending meetings, they completed rehab or whatever the case may be" If the employer then gives this person a chance, then the RCO will support them by sending in a peer specialist who will make sure the person is comfortable with the job & understands the job's responsibilities. The peer specialist will stay with that person until comfortable and if there are problems, then the landlord and employer can contact the RCO and we'll then bring back the support specialist at no cost to the employer. They will employ the person, but the support of the person will be on the RCO. The goal being to go out and help by talking about the peers who have met all their goals, who is ready to be back out in their own communities. So, if we can't get this room or this house, then how can we get this community recovery ready? If we educate the landlords and the employers on what it is our peers have accomplished such as graduating drug court, met this number of meetings etc. We are helping people in their own community do better. We'll have peer support specialist who will have roles to fulfill regardless of having a house plus this should be something that we as RCO's should be doing anyway.

Bob-I'd still like to see if we can get something really going in this area. I know there's a house in Jacksonville, I don't know if it's open yet. I do know it's not affiliated with an Oxford house. I know of some other connections in Springfield. Between those two networks there's about 100 beds for the guys. Just between those two and there's several other locations that have it too that are Oxford houses. They buy a house and then they get interviews with clients that come in. They have a sober house manager, meetings, and at least one random drop too that happens at the house.

Julie-Lydia's house with 6 rooms with a house mom who stays there as they wanted a safe place for kids to come. Started small with the idea of creating a home for men as well. They had a real need for women who needed a house. They are not based out of a ROSC. This is just north of Quincy.

Ron-If we are going to make this a reality that's probably the direction we need to go.

Julie-The fact that they have housing like that is fantastic.

Bob- There's nothing in Greene, Scott, Morgan. The only house around here is in Quincy or Granite City.

Ron- I think we'd benefit tremendously. I'm trying to learn about Oxford House. I know the treatment side of things, but I haven't submerged myself in the transitional housing. I want to know how the house runs & how the governance work does & what do the politics look like.

Julie- They all would work with each other in the governance & the bills, but I know they are talking with people because the guy I sent you to today, they have a place in Madison & St. Clair. I'm hoping he can

give you some specifics because he couldn't give me another location, he was thinking of at the time we spoke.

Ron- I do know there is one opening in Jacksonville, but I don't know the specifics and don't have the name of the person who runs the house. I think it might be Oxford House though. Maybe this is something that I can continue to work on.

Bob- I can give you the name and number of the person I know who is spearheading the house in Jacksonville. Could be the same person and maybe we need to approach him at a different angle.

Ron-There are so many ways we can go with this to reach our goal. We can branch off the health department. We're still going to have people coming in, we're probably going to be flooded with applications, but I still think there's enough capacity there. If we do this right, we could do a rapid response team, we could do the clinical side of things at the health department so why couldn't we have somebody come in and sit them at a computer?

Ron-Speaking of there will be a 12-step program in Carrollton. It's not 7 days a week but we are getting there. I'm really excited about that.

Amanda, speaking of meetings I've been working on slowly but surely connecting people with meetings from A-Z. You name it, we can connect you to a meeting.

Ron- We do have the ability to connect you to any meeting on any topic A-Z and this is something we can get the word out on. This would benefit peers and their families.

Ron-We did get word that we are on the letters sent from IDOC, essentially, we are a referral partner for them so when they send out a letter, it says connect with XYZ. We have individuals contact us. This is big because it gives us more visibility.

Julie-There are so many ways that faith-based involvement can help. Presentations can be held at Churches. Talk to them about the possibility of having donations sent to the RCO on the 3rd Sunday of the month. Presentations may only need to be 10 minutes after a Church service or at a meeting.

Ron- I won't say that all meetings with Pastors have been successful. Looking at the small ways the Churches can help might be the way to go.

Julie-There's so much faith-based paperwork, there's a faith-based prayer for Narcan that can be given out to the Churches. The tool kits you'll be getting from Autumn, she is also working on toolkits for faith-based opportunities.

Ron-to give more context, the tool that Autumn is going to give us is like an app essentially. It takes all of our resources plus the resources we put together, and it will be in one format that will be distributed widely. We'll be able to change it, modify it once it's built. It will be done within the next couple of weeks. We'll be presenting it at the next meeting. I'm really excited about it as it's one more avenue for us.

Ron-There are a lot of opportunities for justice involved individuals. There's the brick factory in Alsie, trash service.

PLE-The landfill through Express.

Ron-There's a lot of involvement and opportunities we just must know how to juggle.

PLE-My son just got a job at the landfill, and he just got released from jail after going to a job fair and within two weeks landed a job.

Ron-There are things that can be leveraged there.

Keppen-My husband works in construction and needs to find out if the carpenters union hires people in recovery. The trades are suffering big time and so I don't know if we can talk to a union steward and see if they are willing to hire.

Ron- That is a good idea and that's something I hadn't thought of

Keppen-The solar plant is a good one too. I was thinking about the unions, and the trades. Even if we could get people in with the election, plumbers and can apprentice under them. Let's talk to our local plumbers. Something my brother mentioned is he had a guy who was a good election and had a DUI and said that we need to figure out a way for people to get their license back by writing a letter so they can get back and forth to work.

Ron-that is essentially something we've done before. Wrote a letter to the security state and the bench. The letter to the security state was successful & the bench was not.

Ron- I'm interested in the solar plant because they hire 1700 people. I think 600 are going to be full-time employees and this place is in Greene & Jersey County.

Keppen-We also have several three services in the area and might be willing to hire.

Ron-I had a meeting with a couple of small business owners. It's just the nature of the beast, I think. I don't think it's just people in recovery either. We hear it in health care too. People just don't want to do it anymore.

Keppen- I think it would be beneficial to us to call and learn what the guidelines are for hiring. Erny could probably give me the different union stewards. He works with Concreate, carpenters in general and operators. He's always looking for people.

Ron-Reynolds is a massive factory in Jacksonville. We're familiar with everybody we work with.

Julie-There are felon friendly positions available online. This could be a way to share with people who have felons. It's very specific and would be helpful to know where people can apply or where not to apply based on their background.

Bob-when I was with gateway there were a lot of outreaches with businesses in the Jacksonville area. Home Depo is probably one of the biggest ones.

Ron- I have connected someone to Home Depo, Casey's is another place too.

Keppen-What about hospital or nursing homes with janitorial or cleaning services.

Ron-So there are laws that say people who have been committed with certain crimes cannot work directly with people but there is a big BUT. This is what we're trying to work on. There is a waiver that each person can qualify for in health care. You can request one in which the place will give it to you, but they still must accept or deny. The challenge is that these places are corporately run. I know there are people who work in white hall who are convicted felons and are working. Even the Health Department policy is recovery friendly. Health Care is the number one challenge.

Julie-A lot of times healthcare are short staffed and must rely on others to deliver food. My son works in health care and has received his CNA so he can deliver food or whatever the need of the patient is.

Ron-Hopefully the state of IL can make some changes.

Julie-You'll still be on the beginning cusp but in time you'll make that difference. You'll start getting calls about the referrals and they'll request another peer.

Ron-We'll wrap it up, but does anyone have anything else to add? Next meeting is August 15th at 3 PM in Roodhouse. From now on we'll be in Roodhouse.

Julie-I just have a couple little notes-Patrick Miller faith based, Jerome who has the Lydia house and then John.

Ron-we met John, but we didn't know who he was until later when we realized he was who you've been talking about.

Julie-John created a text platform. Questions being where are they connecting from? How can we help you? It keeps going until the person relates to the service they need.

Ron- I'm working on an AI bot where you carry on a conversation and at the end it will connect you to a peer specialist. There is a lot of work that goes into it. It's unrealistic to expect three people to take on all the work.

Julie-People are very comfortable working from their phone in a text conversation.

Meeting adjourned
Minutes submitted by HP