

## SI SUPRT FY24 Updated Asset Mapping

### *Inventory of SUD/COD resources*

A listing of all licensed SUD treatment facilities, MAT service providers, and recovery support services can be found in the 2021 Substance Misuse Resource Guide, 6th edition. This Substance Misuse Resource guide can be accessed at <https://www.hsidn.org/substance-misuse-resources>. This edition was updated December 2021. This resource is very detailed and includes substance use disorder organizations as well as location, contact information, program details and payment details including what insurances are taken by each organization. The resource also provides information/details on detox bed facilities, residential programs, outpatient programs, recovery support groups, medication assisted treatment providers, medication disposal programs and drug take back days, all in southern Illinois and neighboring states.

**Regarding medication-assisted treatment (MAT)**, there are multiple providers in our four counties who are able to provide this service. Specifically, Egyptian Health Department provides MAT in partnership with Dr. Michael Blain through Christopher Rural Health Planning Corporation (CRHPC). **Additional Southern Illinois area practitioners can be found on pages 34-35 in the HSIDN substance misuse resource link.** Our agency also participates in Centerstone's Hub and Spoke Medication Assisted Recovery Program.

**Peer recovery support (PRS) services:** Egyptian Health Department is the sole provider of Peer Support Services in our service region. EHD has five PRS staff, all of whom are Certified Recovery Support Specialists or will be before the end of FY24. We have had some turnover in these positions this year; however, EHD has filled in the positions quickly because of the strong network for peer support services in our area. Our Recovery Support Specialists are actively involved in our ROSC in many ways including executing and presenting monthly programs on recovery issues.

### ***Description of the community's current readiness to support ROSC and RCO***

We continue to partner with our area hospitals in addressing substance use concerns in the area. We include them as we advance our strategic plan, asking for input and informing them of our progress as a council, and more recently our services as an RCO. We build on the past community health needs assessments (CHNA) and will request involvement in their upcoming CHNAs, including new ways to collaborate and provide support to them in reaching their goals around substance use prevention and treatment.

We had an enthusiastic response in our outreach to partners in Saline and White County this year. Our Recovery Month events were met with great enthusiasm, with participants from every county that we serve. A critical need in the community for transitional and/or sober housing has been identified because of the requirement for justice involved participants to reside in the community where their probation officer is located, particularly after completing a residential treatment program in a distant community because there are none in our service areas. There is great community support for an Oxford style home. We are still working to create housing options for people who need supportive housing that includes recovery coaching and employment in the local area and hope to facilitate a home located in White County or Saline County. In addition, we are working toward more involvement from Hamilton County.

Our staff has been attending statewide ROSC meetings that focus on RCO development components and best practices. As of October 16th, 2023, our agency is also a Recovery Community Organization. We plan to attend onboarding and training provided by Faces and Voices of Recovery as we work to build out this new program. We continue to participate in the Southern Illinois Recovery Network (SIRN) which is a collaboration of all recovery support service providers in southern Illinois. SIRN's primary objective is to "Create a singular voice for the lower 18 counties in southern Illinois."

As mentioned above, our community/region has a long-standing history of collaboration and partnerships to address the community's needs. Various projects in recent years have required community collaboration with similar sector representation and have had successful outcomes. Other signs that the community stands ready to support the ROSC and RCO continue to include:

1. The strength, involvement and evolution of SI SUPRT (formerly the Substance Abuse Action Team, SAAT) in response to our community needs over seventeen years.
2. The community's willingness to support the ROSC program along with continued commitment to its processes.
3. Agency support and establishment of the Recovery Resource Center in Harrisburg. This center serves as a central location to obtain screening, assessment and treatment for substance use disorder and gambling addiction along with support for concerned loved ones and in cooperation with other SUD services offered by the agency throughout the four county service area. The Recovery Resource Center also currently serves as the central facility for our RCO, staffed primarily by people with lived experience who offer an array of recovery support services.
4. Agency involvement in regional substance use response and projects, regional and state opioid response councils and task forces, and operations partner in grants such as the Ending Transmission of HIV, HCV, and STDs and Overdose in Rural Communities (ETHIC) of people who inject drugs.
5. Experience with system of care work within the lead agency and community.

Because we did not have a great change in community demographics to our knowledge, we will summarize our strengths and weaknesses below based on previous SWOT analysis done in all counties. We continue to build on our strengths and bring the needs forth to our strategic plan over several years, identified by various partners.

In FY24 we plan to deliver our recovery support goals outlined in the strategic plan by designing work plans that best utilize the gifts of the council. We are confident that this process will address all the needs that have been identified and remain pertinent in the communities we serve. We want to focus on the needs that our ROSC has not yet met with the energy of our best collaborative efforts as a council. We continue to have ongoing conversations with Oxford House about recovery housing in Saline County. The judge in charge of White County's Drug Court spoke at last year's anti-stigma event about justice reform, and the differences that a treatment model (rather than punitive) has made for justice involved people in our community. We hope to continue providing education within our local government and law enforcement agencies about the on-going benefits of SUD treatment over incarceration. We foresee the implementation of a drug court in Saline County as well, and currently have a Recovery Resource Specialist through our RCO who is present at Saline County Court for all justice involved clients. We also provide harm reduction services for people leaving the detention center.

## ***Strengths and Opportunities***

As stated above, our community is supportive of our mission and work in the arena of building recovery capital and infrastructure. We are aware of previous years' community needs assessments and bring them into this year.

We continue to reach out to the community through our annual Overdose Awareness Day event, Recovery Walk and Picnic, social media campaigns, and presence of PLEs at various community events. We continue to see strong attendance at our council meetings.

### **Strengths identified by SI SUPRT Council and Community Members**

- Strong support of the recovery community in White and Saline Counties as evidenced by sponsorships from local businesses and organizations for our events throughout the year.
- Well attended Free Laundry Events in all of the counties we serve, with new faith-based and business sponsors for these events, including attendance from resource providers outside of our agency.
- Prolific overdose prevention training and naloxone distribution within our service area, including easily accessible naloxone dispensers in each of the counties we serve. We have partnerships with local detention centers for distribution to formerly incarcerated people who are at highest risk of overdose.
- Council participation from a wide array of community stakeholders.
- Continued involvement in our regional recovery network, with shared participation in regional recovery events.
- Expert speakers at our monthly council meetings covering a wide array of recovery and harm reduction relation topics.
- Increased faith-based recovery support in our area.
- Continued involvement in other need-based services, such as our local food pantry and free meal organization, Heaven's Kitchen.

There are many strengths in our service area that support recovery capital. We continue to collaborate with TAT, a local RCO, to connect peer recovery support across our rural service area. We continue to share evidence-based, stigma-free recovery messaging with our public health, public safety, public service and political partners.

We've increased our visibility in the community, and have become a trusted resource. We have built strong alliances within the community, and have great support from key stakeholders in our coverage counties. Our messaging about better, dignified approaches to SUD have helped reduce stigma.

The feedback we received from the council regarding recovery strengths in the community pointed to robust and easily accessible MAT programs, increased awareness of our ROSC, well-attended outreach events, as well as ***Needs and Gaps***.

As mentioned in our previous CNA, we continue to work on the following needs/gaps that have been identified through our council's long history and evolution. Our previous strategic plans addressed many of these major areas and some of the work we have done to tackle these is indicated in parentheses after the statement. In areas where we do not indicate further work, we have yet to tackle these needs and gaps which will need to continue to be addressed in our current program year.

- We have a low self-referral rate for treatment, impeded by stigma. (We have developed a stigma reduction campaign to address stigma that was displayed on billboards and mass transit in our coverage area. We are working with Egyptian Health's SUD department to measure self-referral rates and impact of our recovery messaging.)
- The time between arrest and prosecution is too long. (We are addressing several issues with our state's attorneys who attend our meetings and are supportive of recovery as a solution to addiction issues. Recent bond reform practices in Illinois have made it easier for us to connect with justice-involved individuals.)
- We have a problem with follow ups after overdoses and overdose interventions. (In collaboration with a local hospital system, we are working to assure that post-overdose clients have access to naloxone and recovery services.)
- We need to know how to better support young people after treatment. (We have youth SUD counselors who do follow up with young people. EHD has intervention support providers in each school district in our four county coverage area. )
- We have few-to-no prevention places/substance free hang outs for young people. (One strategy would be to involve our parks and recreation planners to provide open gyms and other non-school sports activities.)
- Access to care:
  - Need more access to long-term inpatient facilities closer to our area in order to assist in providing treatment in a timely manner. (Our RSS staff and church volunteers do provide transportation to treatment; however, closer proximity to treatment is something we will continue addressing and need technical assistance/visioning/funding to complete.)
  - Transportation to appointments, meetings and other recovery support services are needed. (Rides Mass Transit District provided information to council on services in our counties. EHD has two full-time transportation specialists who work with clients to resolve on-going transportation issues.)
- Health care that covers treatment is critical. (We will continue to work for advocacy for parity, and explain the coverage that IS available.)
- No sober living facility is available in our area. (As the need is known and we build collaboration, we intend to capitalize on the opportunity to work with other organizations to find solutions for safe living environments for those in recovery.) Emergency housing, and housing in general, continues to be an ongoing issue in our area for people with SUD and/or a criminal history. Ultimately, we'd like to facilitate permanent emergency housing in our area, but have met several roadblocks in our efforts, including access to employment and transportation for recovery housing residents.
- Consistent recovery events in the community have not been offered frequently enough. (A few events have been hosted, including: Saline County Outreach, a multi-organizational event to promote regional recovery support services, and a Recovery Walk sponsored by local RCO, TAT.)
- We've struggled to fully engage all of local law enforcement. While we do have Peer Recovery Specialists who meet with incarcerated clients, the contact is minimal, and it's often difficult for those clients to reach us.
- Additionally, we would like more community members with lived experience on our council.

Additional and updated gaps in service from most recent council meetings:

## SI SUPRT FY24 Updated Gap Analysis

- A. Housing insecurities
  - a. Lack of emergency shelters regardless of SUD, mental health issues, and/or criminal background
  - b. Lack of long-term, affordable housing options, esp. for people with criminal history
  - c. Lack of sober living facilities and recovery housing, esp. recovery housing that promotes multiples pathways to recovery
- B. Lack of recovery friendly workplaces, regardless of criminal background
- C. Professional career opportunities for those in recovery
  - a. Educational opportunities
  - b. Career advancement
- D. Increase availability of low-barrier Medication Assisted Recovery
  - a. Induction in emergency departments
  - b. Raising awareness about MAR NOW
  - c. MAR in jails and DOC
- E. No referral process from medical providers for patients presenting with SUD in local hospital
- F. No medical detox facility in coverage area.
- G. Delay between client readiness for treatment and inpatient bed availability.
- H. More recovery activities, recovery-friendly community events
- I. Improved participation with K-12 public schools and local colleges

These on-going needs and gaps are echoed in the “weaknesses” listed by our previous SWOT analyses.

### **Summary statement:**

**Weaknesses:** The main issues we are focusing on as we progress in our fourth year are:

- No local recovery or transitional housing
- Easily accessible employment, especially gainful employment for clients with criminal background
- Stigma towards people with addiction
- Transportation to and from treatment, between housing and employment and to other services.

Our ROSC Council’s vision areas and strategic plan encompass the four major dimensions identified by SAMHSA that support a life in recovery. We will continue to utilize the needs identified by ROSC council members to help create the ideal recovery community.

- **Health-** Physical and emotional, including managing one’s disease
  - **We will work to:**
    - Assist with prevention activities

- Provide social emotional support for loved ones of people with SUD
  - Increase sensitivity to SUD and co-occurring conditions in the healthcare arena
- **Home-** Safe and stable place to live
  - **We will work to assist with:**
    - Housing needs
    - Recovery/Transitional Housing (supported housing)
    - Family Recovery support/options
    - Utilizing community centers in public housing complexes for on-site supports
- **Purpose-** Meaningful daily activities including jobs, volunteering, caretaking, creative endeavors, independence, income and resources
  - **We will work to focus on:**
    - Economic/Employment Support
    - People in recovery to have no problem finding a job
    - Employer support for treatment with time off, support and no stigma upon return
    - Peer-run businesses
    - Stronger partnerships with business and employers
    - Recovery Speaker Series and/or Speakers Bureau to provide education and dialogue
- **Community-** Relationships and social networks, support friendship, love and hope
  - **We will work to:**
    - Build empowering communities of support to be compassionate for people in recovery
    - Promote positive relationships with law enforcement and referral issues
    - Increase participation of community members in all of our counties

***Technical Assistance priorities for expanding ROSC in the community***

Our area's needs for technical assistance remain largely the same as last year but we have begun addressing many of them. Several are large scale and ongoing infrastructure issues (i.e. housing). All are addressed in our Strategic Plan. Some recent TA developments include: our lead agency now offers SUD

treatment in local jails, and we have intervention specialists working in all public schools in the ROSC coverage area. Our local hospital group distributes free naloxone in their ER in addition to referring those patients to SUD treatment at EHD.

These additional needs to meet the above vision can be condensed into technical assistance priorities as follows:

- Training
  - For Stigma Reduction targeted in these areas:
    - General Community
    - Employers/Workplaces
    - Health Care Providers
    - Law Enforcement
    - Education Providers
  - Social media training to promote RCO
  - Peer Support Services/Recovery Messaging:
    - Recovery Coaches, more training for them in the area
    - Recovery Community Advocates/Leaders
    - Recovery Speakers Bureau training
  - Brain Disease/Chronic Illness Model education in community:
    - Medication Assisted Treatment (MAT)
    - Sensitizing community to disease model and recovery centered language
- Prevention: Continued and expanded prevention training and implementation in schools and community
- Housing Support:
  - Transitional supports for individuals seeking recovery and families
  - Low-barrier emergency housing for people who use drugs or are in early recovery
  - On-site recovery supports in current housing units (family support groups, counseling interventions, other)
- Local in-patient treatment options, or in-patient SUD treatment within the local hospital system
- Community/Infrastructure supports:
  - Transportation to groups/treatment/jobs and for basic needs and services

- Childcare for treatment, and in general
- 24-hour services available
- Help paying for services
- Improve regular recovery programming
  
- Economic and Job opportunity:
  - Training and funding for additional transitional job coaching/supported employment
  - Opportunities and encouragement for peer-run businesses
  - Employer support for treatment with time off, support and no stigma upon return
  - Vocational training options locally
  
- Treatment options/pathways:
  - Long term recovery center closer to our area