

FY25 Strategic Plan: Madison/St. Clair County

ROSC / Lead Agency: Metro East Recovery Council (MERC) / Chestnut Health Systems



Table of Contents

Introduction.....	3
Demographic/population/overdose data.....	4
Review of gaps from community needs assessment.....	5
Review of communication/outreach plan efforts.....	6
Strategic Plan: ROSC Council goals/objectives/strategies.....	7
References, resources, and additional information.....	10

Introduction

The following includes information regarding Madison and St. Clair counties in Illinois. These counties are part of the St. Louis Metro East and are among the most populated IL counties south of Chicago and its surrounding areas. In 2018 Chestnut Health Systems applied for and received funding from the Illinois Department of Human Services' Substance Use Prevention & Recovery (SUPR) division to create a Recovery Oriented System of Care (ROSC) in Madison/St. Clair County. SUPR describes a ROSC as a "coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improved health, wellness, and quality of life for those with or at risk of substance use disorders. The central focus of a ROSC is to create an infrastructure, or "system of care", with the resources to effectively address the full range of substance use problems within communities." The Madison/St. Clair County ROSC took on the name, Metro East Recovery Council (MERC) and has worked since its conception to bring together community sectors and stakeholders to increase awareness and reduce stigma associated with those who use substances, as well as to promote and grow capacity for recovery support and behavioral health services.

MERC's FY25 Strategic Plan will outline the focus, the work, and the decision making to drive appropriate resource allocation and ensure the council is working towards its desired outcomes. In addition to input from council members, the goals/objectives/strategies outlined in this strategic plan are based off information gleaned from the MERC's FY25 Community Survey, Madison and St. Clair County's 2021-2026 IPLAN, The St. Clair County Health Department's 2021-2026 Strategic Plan, and Hospital Sisters Health System (HS) 2024 Madison and St. Clair County Needs Assessment. A more detailed synopsis can be found in MERC's FY25 Community Needs/Resource Assessment. This can be seen in its entirety, here: <https://www.govst.edu/WorkArea/DownloadAsset.aspx?id=59218>

This work is done in an effort to fulfill MERC's vision to build a community system that nurtures and supports individuals and families seeking or maintaining recovery for themselves or a loved one.

Madison and St. Clair County Demographics and Overdose Data

<i>census.gov</i>	Madison	St. Clair
Total Population	262,752	251,018
Male	48.50%	48.40%
Female	51.50%	51.60%
Population by Age		
under 5 years	4.90%	5.30%
5-18 years	21%	22.70%
19-64 years	55%	54%
65 years and older	19.10%	18%
Population by Race		
White alone	86.30%	64.40%
Black Alone	9.70%	30.60%
Amer. Indian/Alaskan Native	0.40%	0.40%
Asian Alone	1.10%	1.60%
Hispanic or Latino	4.40%	5.20%
Two or more	2.50%	2.90%
Median Household Income	\$74,800	\$70,178
Persons in Poverty, percent	11.10%	13.40%

The Opioid Epidemic has greatly impacted these counties with most recent reports showing an opioid fatality rate per 100,000 capita in Madison County of 27.4 and 22.7 in St. Clair County, which ranks them amongst the highest in the state (IL Department of Public Health's Overdose Report). While these numbers show a decrease in overdose deaths, which mirrors national and statewide trends, this continues to be an alarming number of preventable deaths. It should be noted that these decreases are not seen in underserved areas or in communities of color at the same rate as other areas (state and nationwide).

Gap Analysis and Identified Areas to Strengthen (taken from FY25 Community Needs/Resource Assessment)

Gaps identified from the FY25 ROSC Community Survey

Stigma and negative perceptions about people who use substances and people who are experiencing mental health concerns can be seen based on reports from participants in the community survey (not deserving respect was reported around 20% in the survey). This sentiment was also recorded during focus group meetings and community interviews. This shows a need for ongoing community education and stigma reduction.

Another identified gap is awareness about available treatment and recovery services as well as how to access these services. In the community survey, 47% of participants reported they did not know how to access mental health and substance abuse services. Additionally, only 20% reported knowing where to access Medication Assisted Recovery Services and 30% reported knowing where to find harm reduction services such as Narcan. These gaps highlight the need to educate/inform the public about available services and how to access them.

A noted gap can be seen in regard to accessibility of mental health and substance use services regardless of income level, insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship with 58% of the community survey participants reporting they do not agree that everyone can access mental health services and 62% reporting they do not agree that everyone can access substance use services. This information provides an opportunity to look closer at the data collected to identify communities within the service area that are underserved and underrepresented.

Based on the community survey, 30% of participants reported they did not know where to start if they or someone they love needs substance use or mental health services. This shows a need for community level education and promotion of services available and how to access them.

Gaps identified from the FY25 Gap Analysis

Although there has been work happening in regard to stigma-reduction, the above referenced community survey as well as the gap analysis continues to show a prevalence of negative attitudes and perceptions in this service area about those community members who use substances, those with mental health concerns, and the need to seek treatment and recovery support services. This shows a need for ongoing community education and stigma reduction.

Another gap identified was recreational alternatives to substance use. Although there are sober activities available for those who engage in traditional 12-Step meetings/home groups, (such as camping trips, float trips, movie events, BBQs, etc.) these activities are not widely promoted outside of the 12-Step community. The local RCO has worked to establish and promote recovery friendly events (such as the annual Rockin' 4 Recovery) and family friendly recovery events (such as fall pumpkin carving). The ROSC has been able to help support and promote these events, and they have seen some success regarding attendance. There is, however, an opportunity for more regular availability of these types of recreational alternatives to substance use.

As referenced previously in gaps identified from the community survey, the gap analysis also shows a need to educate the public about MAR services, including what they are and where they can be accessed.

While harm reduction services have seen a lot of momentum in some parts of Illinois, Madison and St. Clair County do have many of these services available beyond naloxone training/distribution. Safe Syringe Access was identified in the gap analysis as a service that is not readily available in our service area. The stigma associated with people who use substances logically carries over to harm reduction services such as safe syringe access, which informs the need to educate/inform the public about why these programs are important.

While transition of care between levels of care has programming in place, there continues to be a gap in this area. For example, there are opportunities to inform first responders about recovery coaches at various agencies that could be connected to people who survive an overdose, there are opportunities to connect SOR warm hand off staff with multiple recovery support services, etc.

Outreach and Communication Plan (Correlation to strategic plan)

MERC updated its Outreach and Communication Plan in October 2024. This plan can be viewed in its entirety, here: <https://www.govst.edu/WorkArea/DownloadAsset.aspx?id=57927>

This plan focuses on efforts to engage the community to grow representation and council involvement from the various ROSC sectors: Person with lived experience, recovery supports, faith-based groups, family/parents, service providers, state/local/tribal government, substance use treatment providers, healthcare, law enforcement, judicial, volunteer/civic organizations, education/schools, youth-serving organizations, media, and business. MERC's efforts to engage these sectors is important because bringing together as many community partners as possible will drive discussion and awareness that contributes to realistic strategic planning that includes achievable goals. Current outreach and communication plan efforts to grow council membership has seen some fruit, specifically growing representation in the recovery supports and substance use treatment provider sectors. Engagement from these groups (as well as all sectors) will be crucial in the council executing the strategies intended to promote success in achieving goals within the strategic plan.

FY25 Strategic Plan: ROSC Council goals/objectives/strategies

Goal: Educate and engage the community to increase awareness and reduce stigma associated with people who use substances, people who have mental health concerns, and those seeking or participating in treatment and recovery support.

Objective 1: Develop substance abuse and mental health education opportunities in the community.

Strategy 1: Offer and facilitate “Stigma Conversation” events with stakeholders and community members.

Strategy 2: Host or Co-Host community events aimed at growing awareness and reducing stigma in the community. Events that highlight overdose awareness, mental health awareness, and recovery awareness.

Strategy 3: Recruit MERC Advisory Board Members to offer expertise and lived experience to better fulfill the council’s mission and vision who are willing to speak openly about their journey of recovery

Objective 2: Develop and facilitate public awareness campaigns.

Strategy 1: Expand the use of social media to develop and promote social media campaigns to highlight the importance of combating stigma.

Strategy 2: Engage council members from different sectors and agencies to participate in developing and sharing content for public awareness.

Goal: Increase the community’s awareness of treatment and recovery support services as well as how to access them.

Objective 1: Engage the council’s representation from appropriate sectors that can contribute to promoting treatment and recovery support services.

Strategy 1: Meet with key community stakeholders to review survey data results, assess current level of buy-in, and work to promote their services.

Strategy 2: Arrange for stakeholders to present at monthly council meetings to share about available services and how to access them. The council at large will then disseminate this information.

Objective 2: Collaborate with the ROSC’s lead agency and stakeholders lead agencies to develop and share marketing campaigns.

Strategy 1: Meet with key community stakeholders to gather information that can be shared as digital and physical media.

Strategy 2: Take the resource information referenced above and strategically use social media, traditional news papers in the area, local radio, podcasts, etc.

Goal: Increase access to treatment and recovery services for all people regardless of income level, insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship.

Objective: Connect with community members in underrepresented areas to learn more about the specific needs they are seeing for their areas.

Strategy 1: Host and facilitate discussions with community members and appropriate stakeholders to gain insight into general needs and obstacles that are preventing these needs from being met.

Strategy 2: Report these needs in the council meeting to be discussed so brainstorming of solutions and targeted outreach can be completed by the appropriate service providers.

Objective: Create resource information/directories that are targeted for specific areas.

Strategy 1: Breakdown community resource/asset map into more specific and accessible resources based on geographical location.

Strategy 2: Translate resource information/directories into Spanish to distribute to areas that have high Spanish speaking populations.

Goal: Increase support of individuals who are interested in treatment or recovery support services but don't know where to start.

Objective: Grow a network of and bring awareness to recovery support staff from different agencies to provide community outreach and be available to connect with those in need or trying to support a loved one.

Strategy 1: Form a recovery support subcommittee that consist of recovery coaches from different agencies willing to work together to grow awareness for the services and capabilities they have.

Strategy 2: Continue efforts to publicize efforts of the group and maintain community support of those in recovery through social media posts and other engagement opportunities.

Goal: Create opportunities for and grow exposure of healthy recreational activities and alternatives to drug use.

Objective: Create a monthly meeting/event where a safe space is available to those seeking a lifestyle without substance use, especially for those navigating early recovery.

Strategy 1: Engage the advisory board and other people with lived experience to brainstorm, develop, and facilitate healthy/sober recreational activities.

Strategy 2: Utilize the council members and their networks to share information about and promote these events.

Goal: Increase public awareness about what MAR services are, where they are located, and how to access them.

Objective: Educate the public about MAR services and how to access them, especially areas that report underrepresentation.

Strategy 1: Schedule meetings with local MAR providers to learn about what services they provide (such as suboxone, vivitrol, methadone), where they are located, and how to access services.

Strategy 2: Create media campaigns to promote the information collected from providers.

Strategy 3: Host focus group discussions in areas identified as being underserved to provide educational information about what MAR is and where it is provided.

Goal: Educate the community about harm reduction services and grow advocacy in this area.

Objective: Inform the public about what harm reduction is, why it is important, and how it is connected to preventing overdose deaths and promoting healthier communities.

Strategy 1: Work with local OEND team to develop and provide community training about what harm reduction is.

Strategy 2: Promote this education via MERC's social media and enlist support from council members to promote as well.

Goal: Increase connections between first responders and treatment/recovery support workers (recovery coaches, engagement specialist, etc.).

Objective: Increase first responders' level of education and awareness about recovery coaches and those agencies that can provide treatment and recovery support services.

Strategy 1: Engage first responder agencies to ensure they have education about available recovery support services and resources that outline how to make a referral to them.

Strategy 2: Engage hospital emergency departments to ensure they are aware of available recovery support services and know how to connect with recovery coaches who can provide warm hand-offs to treatment and/or recovery support.

References, resources and additional information

[Madison County IPLAN -FINAL 6.30.22 \(003\) \(003\).pdf \(revize.com\)](#)

[SCCHD IPLAN 2021 2026.pdf \(scchealthdept.com\)](#)

[SCCHD Strategic Plan 2021 2026.pdf \(st-clair.il.us\)](#)

[St. Clair County Community Health Improvement Plan \(st-clair.il.us\)](#)

[U.S. Census Bureau QuickFacts: Madison County, Illinois](#)

[U.S. Census Bureau QuickFacts: Illinois; St. Clair County, Illinois](#)

Illinois Department of Public Health: Statewide Semiannual Overdose Report

HSHS Madison County Needs Assessment: [CHNA report SJH DY 2024 FINAL.pdf](#)

HSHS St. Clair Needs Assessment: [CHNA report SEO DY 2024 FINAL.pdf](#)

ROSC Council: Metro East Recovery Council [Recovery Coaching Network at GSU](#)

MERC contact: Mark Knott maknott@chestnut.org

MERC contact: Angella Holloway aholloway@chestnut.org