

COMMUNITIES OF DUPAGE COUNTY

DuPage County in the Western Chicago suburbs faces several challenges in combating the substance use and mental health challenges in our area. We conducted a community needs assessment to identify our existing resources, identify service gaps, and assess the region's readiness to support a **Recovery-Oriented** System of Care (ROSC) council.

We took a look at the current gaps, and

<complex-block>

performed a SWOT analysis to determine the strength of services as well as the county's recovery culture. We have also created an in-depth Resource Guide and Asset Map that contains a multitude of recovery resources along a dozen or more sectors, with the aim of making resource navigation easy for DuPage residents. By identifying our strengths and gaps, we hope to foster further community collaboration in building out a more seamless system of care for our residents.

The information gathered from the community on Substance Use and Mental Health challenges was determined through the employment of a needs assessment survey disseminated to the community.

The areas that we chose to focus our questions on were related to previous gaps and concerns raised by community members in previous assessments and focus groups, feedback from the Council on perceived areas of need, and areas that are on our Strategic Plan: addressing the Fentanyl Crisis, residents who are unhoused or at risk of being unhoused, residents who are uninsured or underinsured, specific MAT services that have attached stigmas, safe syringe programs, prevention education in area schools and general feedback on areas that we may have overlooked. Additionally, we collected some demographic data that gives us a snapshot of who is seeking out services and why.

Some of the key findings from assessment:

• People felt as though there have been positive changes in the perception of substance use and mental health challenges and stigmas, but still room for further improvement.

• The efforts of IDHS SUPR, DuPage ROSC, and Federal efforts in addressing the opioid/fentanyl crisis have been successful in responding to the Fentanyl crisis.

• Folks felt as though DuPage County suffers from being a desert with regards to needs specifically for inpatient treatment, transitional housing for SUD, MHC, and emergency or temporary housing for the unhoused.

• Residents have empathy for people with substance use and mental health challenges, and the unhoused.

• People felt that some of the more polarizing harm reduction efforts such as MAT (methadone specifically, not merely buprenorphine/Suboxone [®]) and needle-exchange programs are effective methods and in need of expanded efforts.

• Our justice-involved folks in recovery felt ambivalence about the ability of the court system to treat substance use challenges.

• Folks described some of the main barriers to recovery services include transportation to and from services, lack of insurance or not enough insurance.

• Respondents seemed mostly unsure of whether or not current prevention education programs in area schools have been effective in curbing substance use among students

We also included an open-ended question for folks to submit any particular gaps that weren't asked about, or gaps they themselves may have struggled with:

• Transitional housing and sober living; frequency of vacancies at the available options.

- Treatment options for uninsured.
- Public transportation.
- Lack of providers that accept Medicare and Medicaid.
- Lack of distinct inpatient/residential/sober living options for SUD/MHC within DuPage County.

• MHC inpatient/residential treatment options do not have as many options as for SUD, if at all.

• Not an immediate distinguishable place in the public consciousness about knowledge of *where* to go for treatment, in the same way as knowing to go to which hospital; awareness of distinct options.

- Childcare while in treatment.
- Lack of programs that will take people who are unhoused and single, unlike as with parents with children.
- Communication barriers if English is not their first language.

Based on the information gathered, DuPage ROSC was able to make some recommendations on how to fill current gaps and meet the demand for more equitable recovery services for all in our county:

• Continued advocacy for sober, supportive housing at various levels: campaigns, education/presentations for community partners, grassroots activism targeted at a city/township level.

• Creation and oversight of scholarship/voucher program that will provide medical transportation via rideshare apps like Uber Health.

• Increase the knowledge base of DuPage residents on the amount of SUD/MH services available via educations, collaborative resource events, and the expansion of ROSC projects like the Resource Guide and Map.

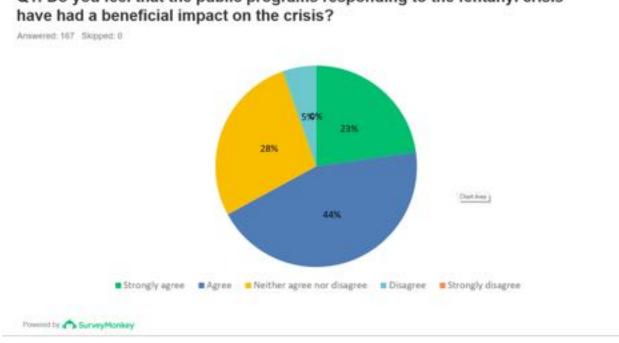
• Advocacy for reliable, inexpensive childcare for parents needed treatment, or more treatment centers and sober living options that can accommodate children.

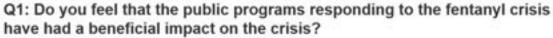
• ROSC will expand our Spanish-language access for referrals to service, but all organizations working on the recovery continuum should have alternatives to English whenever possible. This includes looking beyond only Spanish as primary language, as DuPage is home to several different groups speaking other languages (Polish, Russian, etc).

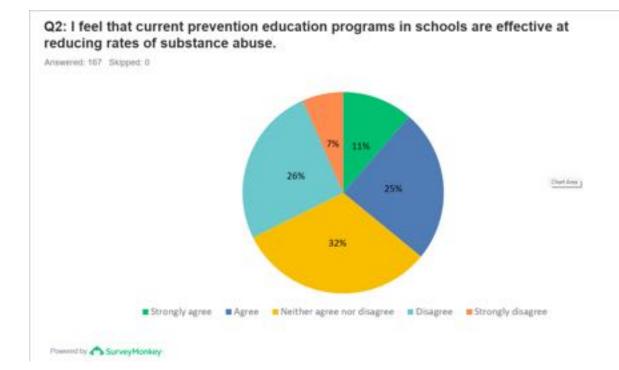
• Promotion of all pathways of Medication Assisted Recovery, including Methadone.

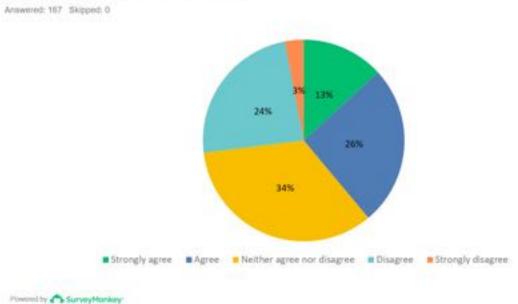
• Follow-up key informant interviews for the following sectors in 2025: gathering qualitative data from community members who do not have an attachment to recovery, SUD/MH, etc.

Breakdown of respondents:



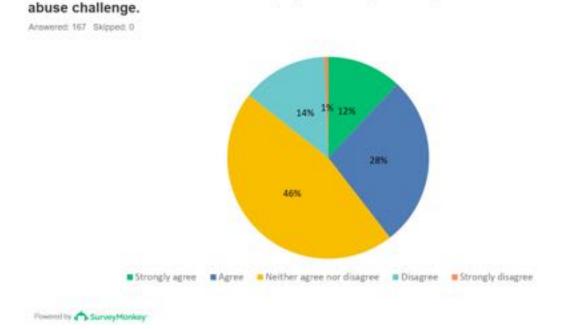


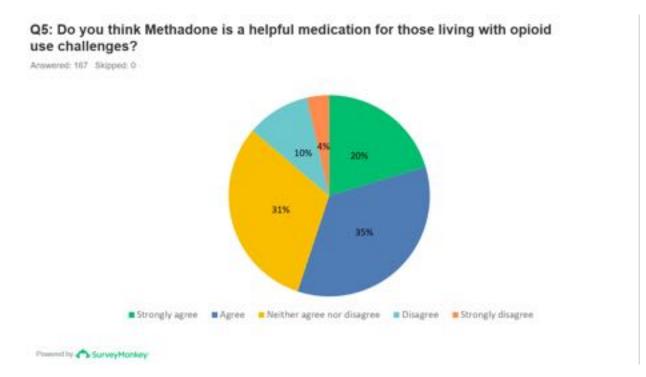


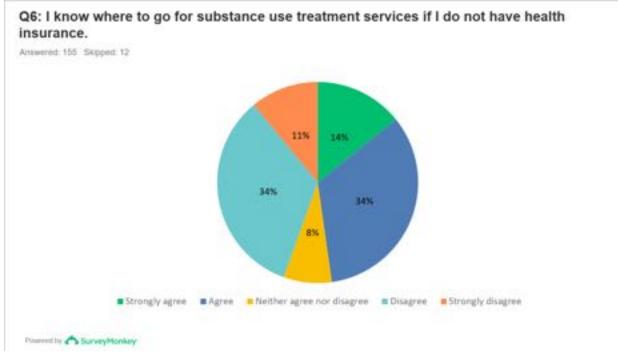


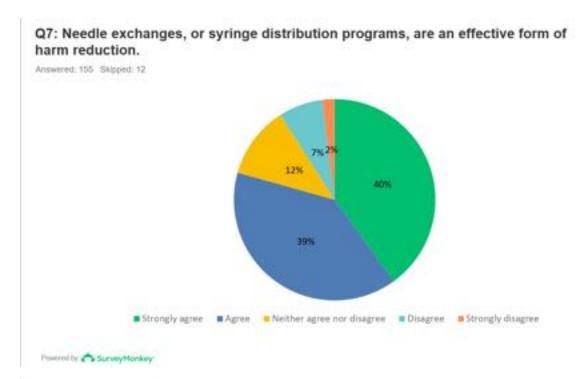
Q3: I feel that the stigmas surrounding substance abuse in DuPage County are as strong as they were three years ago.

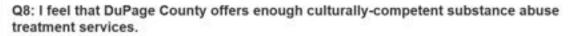
Q4: I feel that most of the unhoused people in DuPage County have a substance

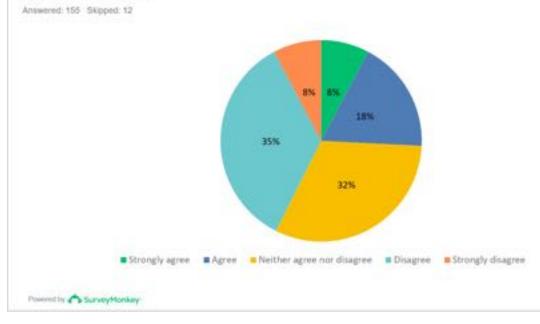


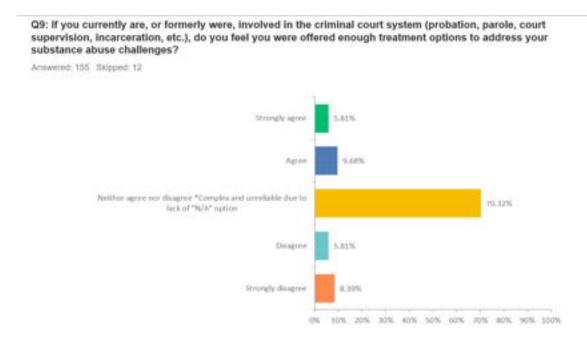












For the open ended question about gaps/barriers we may have missed, we created a wordcloud of the most submitted answers:

```
Q20 In your own words, what are the major challenges facing people seeking recovery in 
DuPage County?
```

center seeing go standard help retail people programs recovery people community, know here needs account insurance stigma treatment transportation programs enough services options options provide Stigma recovery Finding issues access medicaid people mental health lack programs insurance addiction Services resources transportation many need nets treatment access care enough mental health ow enough us need us housing memorizan Services challenges treatment support access available Help groups treatment go need enough DuPage County one state reach access job support treatment education People Understanding mental

Additionally, we looked at some of the data from the <u>Impact DuPage</u> dashboard, which is a multisector partnership working to create a shared understanding of community needs, priorities, and disparities, then using that knowledge to propel actions that improve the well-being of the DuPage County community. Some of the information that we collected and used to help form some recommendations, but also helps give a snapshot:

| | Adults who Bir | | Adults who Drink Excessively | | | | |
|-------|----------------|------------------------------|--|-----------|---------|--|------------------------------|
| 18.9% | L Courtes | Compared to U.S. Counters | US VALUE DALONS TALONS TALONS TALON | 16.5% | | Compared to: U.S. Counter Proc value reason | A, Valor (17.5%) Trend |
| | | | | | (18,19) | (16.8%) | ires |

| 1 2023 | R Overdoses in | 1 | Drug Overdose Deaths | |
|------------------------|-----------------------|----------------|------------------------|------------------|
| Compared to: | | 55.0 | Compared to: | 114 |
| Trend | Priser Value Ch2-D | (Housing (10)) | Prior Value Thread | 0xetti (2021) |
| Liberts Marte Server | | | Laser Mere Save Card | |

| design of the second | Received Substance Abuse Treatment Compared to: | | | Linda A. Kurzawa Community Center Narcan Vend Machine | | |
|----------------------|--|--------------------|-----------------------------|--|--------------------------|--------------|
| 1.2% | | UL Value (1.00) | A Propr Value (1.245) | 39 364-17 2025 | A Prior Volum (24) | Compared to: |

| Adults U | nable to Afford to See a Doctor | Adults w | ho have had a Routine Checkup |
|------------------|---|-----------------|--|
| 5.8% | Compared to: | 78.9% | L Counties U.S. Counties U.S. Value (05.1%) |
| | Learn Mere Save Card | | Learn Mare Seve |
| Adults wit | th a Usual Source of Health Care | Ad | ults with Health Insurance |
| 80.4% pro rom | Compared to: Prior Value (IS.0%) Latin Mare Save Certi | 92.7% | Compared to: U.S. Counties Fit Value Phon Value (S2.0%) E Value (P1.2%) Trend |
| | | | Learn Mare Seve |
| Adul | ts without Health Insurance | Chil | dren with Health Insurance |
| 6.3% | Compared to: I. Counties U.S. Counties US Value (10.0%) Learn Mare Lave Cerd | 96.8% (2023) | Compared to: |

County: DuPage Health / Health Care Access & Quality



| Medicare Healthcare Costs 🔤 | | | Non-Physician Primary Care Provider Rate | | | | |
|---|-----------------------|----------------------|--|---|-------------|---------------|------------------|
| 40.050 | | Compared to | 6 - L | 130 | | Compared to: | |
| \$9,869 Dollars per enrollee (2015) | L. Value (RL. SHI) | US Value (99,729) | A Prior Value (89.728 | Providers per 100,000 population (2023) | L Counties | U.S. Courtles | L Value (112) |
| | = | | | | Prine Value | Trend | |





| Poo | r Mental Health: 14+ Days | s | Poor Ment | al Health: Aven | ige Number (| of Days |
|--------|---------------------------|---------------------|-----------|-----------------|---------------|-------------------|
| 12.8% | Compared to: | | 3.9 | | Compared to: | 1 |
| (2022) | 6 6 | 4 | Days | 61 | 6 | 4 |
| | IL Counties U.S. Counties | US Value (15.8%) | (2021) | IL Counties | U.S. Counties | IL Value (4.2) |
| | Laura S | tors Save Card | | 0 | = | 1 |
| | | | | US Wille | Prior Value | Trend |

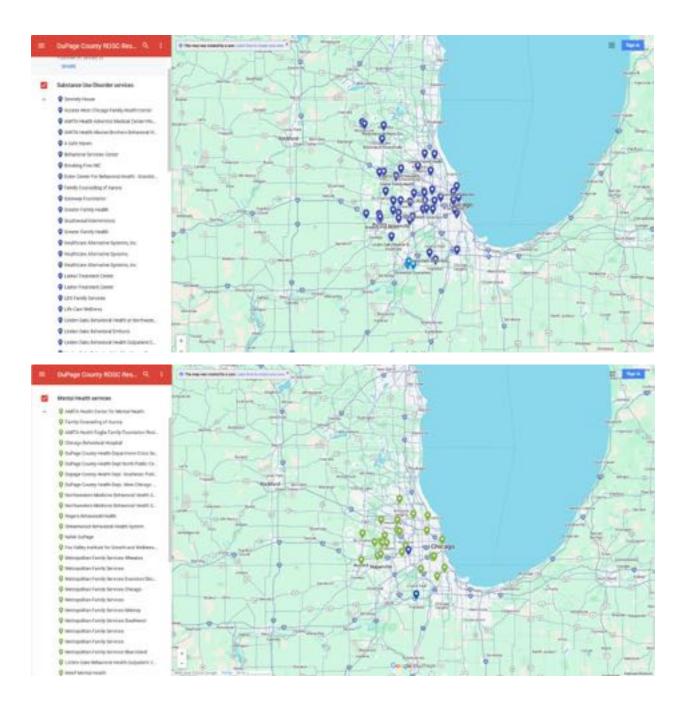
Resources and Strengths

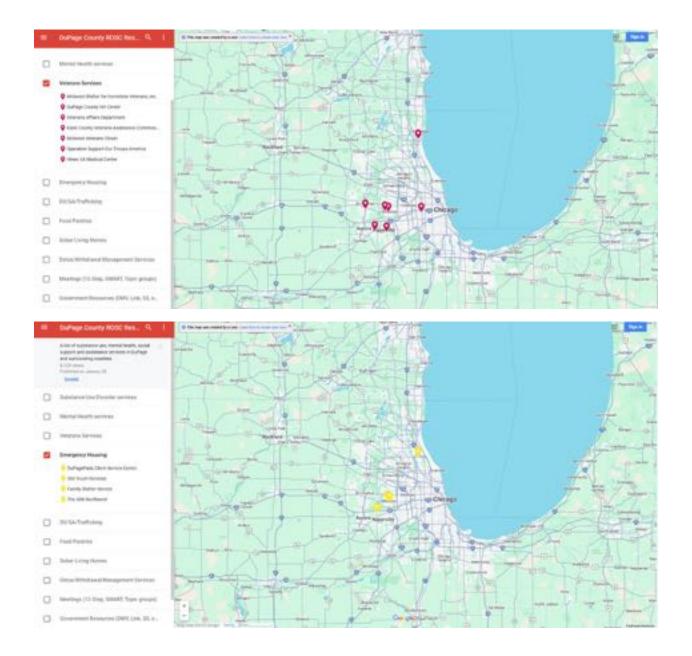
DuPage ROSC has been building out a massive and comprehensive Resource Guide that not only covers DuPage County, but most of Northern Illinois. The ROSC Resource Guide is constantly being updated with new entries across several important sectors. The guide is available to download on the Governor's State website here: https://www.govst.edu/Recovery-Support/Northern-IL-ROSC/DCR-ROSC-Council/

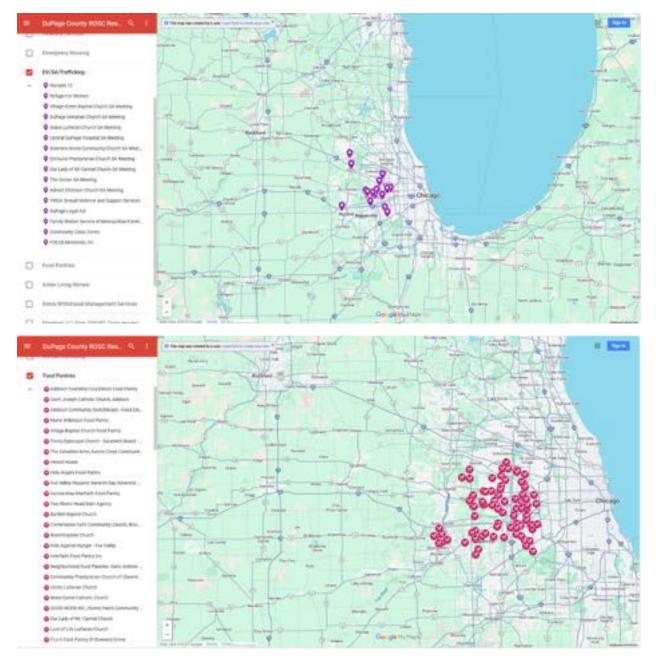
We have the guide broken down by sector, which you can see here:

| | DUPAGE ROSC RCO | Information Key Bingual and other languages listed at the location of each last well as in their carn tab | | | | | | |
|-------------------|--|---|--|--|--|--|--|--|
| 211 211 321 | | of the colored boxes in this information key will take you to that tab in this from the colored boxes in this information key will take you to that tab in this from the colored boxes in this information the colored boxes in the colored boxes in t | | | | | | |
| | Inpatient Insetent treatment programs are what traditionally comes to mind when thinking of a stay in rehalls. | | | | | | | |
| | Detox | A detail program will safely handle the discontinuing use of a substance in a medically monitored setting. | | | | | | |
| Exte | nded Residential | Edended residential is what halfway houses would be considered. They are distinct from sober living in that there is more accountability and treatment implied. | | | | | | |
| S | ober Living | Sober living can be thought of as a step-down from extended residential. Clients are required to maintain sobriety and may still do some level of treatment. | | | | | | |
| 0 | ILA | Community integrated Using Arrangement is an arrangement for adults with developmental disabilities to five together in groups of 8 or less under the supervision and care of a community developmental services agency and community support feam. | | | | | | |
| P | РНР | Partial hospitalization programs generally consist of intensive day-time treatment while allowing the client to go home at right to sleep in their combads. PHPs require 20 hours of treatment per weeks, while XDPs require nine hours per week of treatment. | | | | | | |
| | | | | | | | | |

Additionally, we have turned this guide into a physical map of Northern Illinois, and is searchable by sector, keyword, etc. So if you come across a resident who's a 50 y/o male with Aetna insurance suffering from anxiety, you can search by those terms and find what you're looking for. The map is available to the public here and here are some examples of what sectors are available:







As you can see, it contains everything from substance use and mental health services, to sober living, to recovery meetings, food pantries, DV shelters, and more.

SWOT Analysis

DuPage ROSC also conducted a SWOT Analysis of the program, which also contains insights on DuPage County's readiness for recovery as a whole. We gathered information from assessments, surveys, focus groups, conversations with key informants, and breakout groups at various DuPage ROSC Council meetings:



Readiness to Support ROSC Council

DuPage ROSC has been fortunate enough to earn the support of a number of large organizations, programs, and coalitions across the area over the past three years, including:

- DuPage and Kane County Health Departments
- DuPage and Kane County Corrections/Problem Solving Courts/Probation
- Harm Reduction: Live 4 Lali, DuPage Narcan Program, Hope For Healing, Chicago Recovery Alliance
- Hospitals: Central DuPage, Elmhurst, Endeavor hospitals/health systems
- Treatment Centers: Abraxas, SHARE Program, Existential Counseling, Gateway Foundation, Linden Oaks Behavioral Health, Recovery Centers of America, Rosecrance
- Sober supportive housing: Serenity House, Oxford House, Positive Intentions, Evergreen Sober Living, Way Back Inn, Guildhaus
- Medication Assisted Recovery: Stonybrook Center, Symetria, Greater Family Heath, DuPage Health Department, Healthcare Alternative Systems
- DV/Emergency shelter: Mutual Ground, Family Shelter Services, YWCA Metro Chicago, Reclaim 13, Safe Passage
- Gambling/cross addiction: Ecker Center, Stepping Stones, Wolf Pack Therapy

- Social Services/Food pantries: People's Resource Center, The Outreach House, St Vincent DePaul, West Suburban Community Pantry, Catholic Charities, Northeast DuPage Youth and Family Services
- Schools: College of DuPage, Elgin Community College, North Central College, Elmhurst University
- First responders: Glendale Heights PD, Wheaton PD, Downers Grove PD, Naperville PD, Addison PD, Elmhurst University and College of DuPage Safety Officers
- Local libraries: Villa Park, Wheaton, Glen Ellyn, Itasca, Addison
- Recovery programs: 12-step, SMART Recovery, Refuge Recovery
- Places of worship: First Congregational Church of Downers Grove, The Center Church, Eternal Buzz, College Church of Wheaton
- Coalitions: DuPage Council on Strengthening The System, HOPE Opioid Task Force, Kane County Opioid Task Force, Southwest Coalition, DuPage Behavioral Health Collaborative, Offices of Fatality Review in DuPage and Kane Counties, DuPage Treatment Alternatives For Safe Communities, Illinois Recovery Support Specialists Committee

Additionally, DuPage ROSC has received funding from the Strategic Prevention Framework grants through the DuPage Health Department, and the BASE grant through the DuPage Narcan Program. We have also sought funding through various harm reduction grants, and have a partnership in place for the next two years to provide harm reduction services as an outreach arm of the DuPage Health Department. We feel this is a good sign that there could be some sustainability options for the future.

One of the biggest supporters has been local schools like College of DuPage, Elgin Community College, and Elmhurst University, all three of which attend ROSC meetings, events, trainings, and they also suggest Human Services students attend ROSC meetings to get "plugged in" to the recovery community. This is where we've been able to identify some of the next leaders in the community, and who we need to carry the ROSC into the future.

If you look at our SWOT Analysis, you can also see that the areas of need/gaps are things that the ROSC is currently working on, or have as a priority in the coming years: need for sober supportive housing, bilingual services/help, stigmas attached to substance use and mental health challenges, stigmas attached to harm reduction, barriers for the uninsured/underinsured, etc. We feel that DuPage ROSC has been working tirelessly to fill those gaps as they arise through our programs and existing community collaborations.

One of our biggest strengths has been resource navigation: through the creation of our ROSC Resource Guide, Asset Map, and our DuPage ROSC Referral Hub, we've hopefully taken steps to make sure entry to services is more equitable and easier to navigate for firsttimers. The ROSC Referral Hub on WhatsApp has been incredibly popular with not only our council but folks seeking services in general we hope to have 200 members by the end of FY26, and to-date the Hub has been able to facilitate hundreds of fast and easy referrals, with warm handoffs to real people.

Additionally, there is a continued push to make sure that harm reduction materials are readily available for DuPage County residents,

and not just Narcan, but different testing strips, safe using kits, syringeexchange, etc. We have a dozen partner sites hosting our ROSC Narcan Access Point boxes throughout DuPage, and there's currently a waiting list of sites that have requested boxes. We feel we can continue to meet that need, and expand overall harm reduction services to fill those specific gaps.

We could not have accomplished any of our goals without the buy-in and engagement from our many community partners, and we hope that spirit of collaboration continues into the coming years.