



Together We Thrive.

**NORTHWEST SUBURBAN
RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC) COUNCIL
COMMUNITY NEEDS & RESOURCE ASSESSMENT
UPDATED SPRING 2025**

KENNETH YOUNG CENTER
1001 ROHWLING ROAD
ELK GROVE VILLAGE, IL 60007

Contact Information:

Daryl Pass
Senior Manager of Recovery Support Services
Kenneth Young Center
(224) 229 – 7456
recoveryresources@kennethyong.org

Funding provided by the Illinois Department of Human Services.

Overview

Kenneth Young Center's (KYC) mission is "We partner with communities to support people of all ages to navigate life's challenges through personalized prevention, intervention, treatment, and recovery." Our vision is "Together We Thrive." Kenneth Young Center's Northwest Suburban ROSC Council is comprised of members who provide community oversight and input from multiple sectors from the Townships of Schaumburg, Palatine, Hanover, and Elk Grove as well as neighboring communities in Chicago's Northwest suburbs. Our target population includes individuals ages 14-65 with a particular focus on veterans and youth/young adults.

About the Northwest Suburban Recovery-Oriented Systems of Care

Recovery Oriented Systems of Care (ROSC) is 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 Northwest Suburban ROSC emphasizes prevention, intervention, treatment, and recovery for at-risk youth, providing education, access, and resources to the populations in need of support and services.

The Northwest Suburban ROSC Council is composed of individuals and organizations who are key stakeholders in supporting the full continuum of care (prevention, early intervention, treatment, and recovery) and their related support services: youth, parents, community members including persons with lived experience, schools, law enforcement, and first responders, civic organizations, faith-based organizations, local government/policy makers, media, local health and behavioral professionals, youth-serving organizations, recovery coaches, peer support, housing, transportation, employment, etc., and other organizations in Suburban Cook and Kane Counties. The Council is open to anyone who lives, works, or attends school in the community and supports the Council's mission, vision, goals, and objectives. The Council meets at least once monthly, typically on the third Thursday of each month.

We regularly collaborate with various community partners, such as:

- Harper College
- Elgin Community College
- Oakton College
- Schaumburg Township
- The City of Rolling Meadows
- Palatine Police Department
- Schaumburg Police Department
- Hoffman Estates Police Department
- Elk Grove Village Police Department
- Des Plaines Police Department
- Elgin Police Department
- Kane County Sheriff's Office
- Northwest Compass

- Schaumburg Township District Library
- State Representative Michelle Mussman
- Kingdom Impact Theater Ministries
- Elk Grove Interfaith Community
- Elk Grove Township
- Oak Park – River Forest Township
- Hicks-Wright Organization and Fox Valley Christian Ministerial Alliance
- Streamwood Behavioral Health
- Boys and Girls Club
- Summit Behavioral Healthcare
- Thrive Parenting Project

Council activities encompass monthly general meetings, sub-committee meetings, and special events for community engagement and trainings/webinars. Past events and activities have included:

- Self-Care Webinar Series which emphasized the importance of prioritizing self-care in order to sustainably continue our work in substance use and mental health recovery
- Webinars on trauma-informed approaches. This focus is ongoing and has included trainings on opioid overdose prevention, CRAFT, WRAP, and supporting survivors of domestic violence.
- Interfaith Luncheons highlighting the collaboration with community partners from varying faith-based organizations, providing an inclusive experience that is representative of the diversity of the community we serve.

ROSC Project Expectations

- Identify and address the needs of the recovery community and promote infrastructure development of Recovery Community Organizations (RCOs) through training and education on issues such as operations, billing systems, recruitment, sustainability and integration into larger systems.
- Involve people with lived experience. Lived Experience means personal knowledge about substance use disorders (SUDs), including co-occurring mental health and substance use disorders (CODs) treatment, and recovery gained through direct involvement, which may include that individual's involvement as a patient, family member or loved one of a person receiving SUD/COD treatment services.
- Create an integration of systems within the ROSC, local hospitals, primary care, mental health, law enforcement, local business owners, local government representatives and policy makers, persons with lived experience and SUD intervention, treatment, prevention and recovery support service providers.
- Build a menu of services and supports including all the components listed in the definition above: person-centered, building on strengths/resiliencies, coordinated, and community based.

- Organize the logistics of ROSC Council meetings, stipends to ensure the participation of persons with lived experience, training cost, or website administration costs. Plans that include the development of Recovery Community Organizations (RCOs) in the ROSC are strongly encouraged.
- Build capacity for communities to provide advocacy, education and recovery support services for people in recovery from SUDs and co-occurring (SUD/Mental Health) Disorders (COD).
- Map resources and assess needs including readiness for a recovery community organization.
- Inform, educate and empower individuals and communities, expanding access to a comprehensive array of prevention, treatment and peer recovery support service options.

Service Area and Demographics

Our ROSC service area includes five major townships: Elk Grove, Palatine, Hanover, Schaumburg, and Maine. Collectively, these townships are home to approximately 560,000 residents and reflect the growing racial, ethnic, and economic diversity of suburban Cook County. These townships range in population from about 91,000 (Elk Grove) to over 134,000 (Maine), with average population densities between 2,800 and 5,200 people per square mile. These are characterized as densely populated suburban areas with limited affordable housing options. The service area is racially and ethnically diverse: white residents make up approximately 53–73% of the population, Asian populations are significant, especially in Schaumburg and Maine, comprising up to 21.7%, Black or African American residents account for between 3% and 5%; and, Hispanic/Latinx residents are highly represented, especially in Hanover Township, where they make up 40% of the population. While pockets of economic stability exist, many neighborhoods within these townships have high rates of poverty and unemployment. Certain neighborhoods, particularly in Hanover Park and Streamwood, exhibit concentrated economic hardship.

Resource Assessment

In addition to KYC, other strong behavioral health partners in the area include OMNI Youth Services (Wheeling Township), Live4Lali, Lutheran Social Services of Illinois (LSSI), and Alexian Brothers Center for Mental Health. Townships such as Elk Grove have invested in local response systems (e.g., EGV Cares), providing Narcan access and police diversion. Schools, libraries, and other township governments have shown increasing interest in partnering on prevention, harm reduction, and recovery programming. With technical assistance and community engagement, these partners serve as key partners in achieving KYC's ROSC goals.

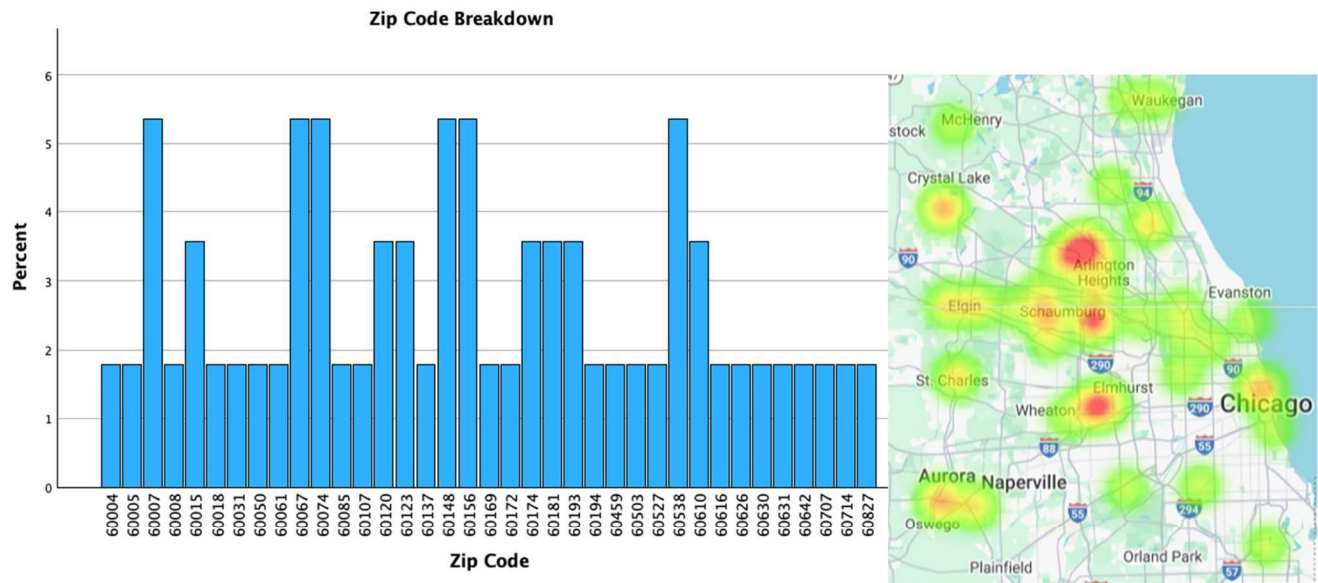
KYC offers resources for:

- Substance Use Disorder treatment
- MAT/MAR (Medication Assisted Treatment/Recovery)
- Mental Health and Counseling
- Housing

- Advocacy, education, and referrals for disabilities
- Access to PrEP and HIV/STI Testing and Treatment
- Peer Support, Mentorship, and Recovery Coaching
- Recovery Support Groups (Adults, Youth, LGBTQ+, Spanish Speaking)
- Legal assistance referrals
- Halfway House/Sober Living referrals

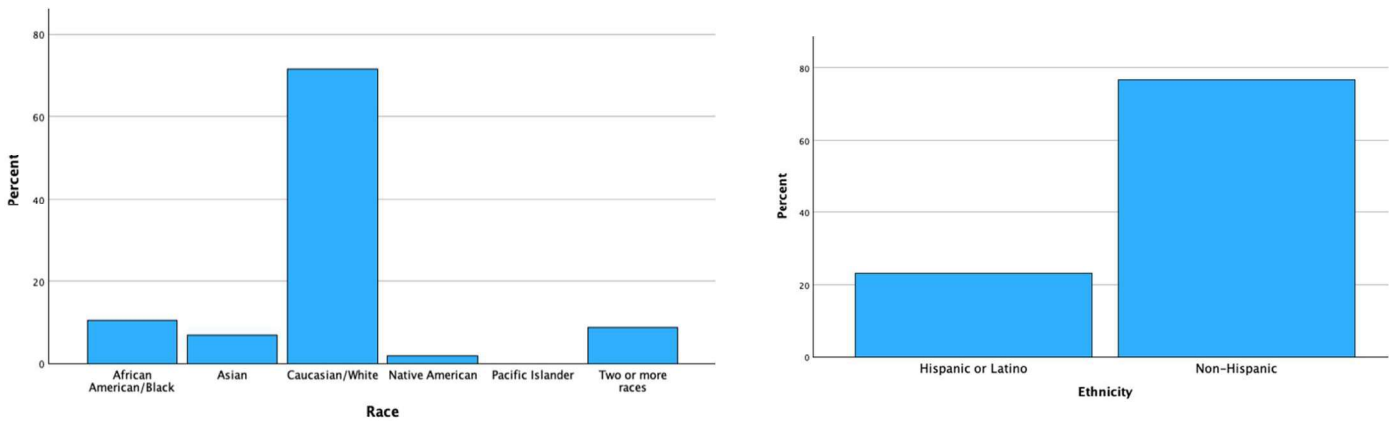
Demographic Information

Zip Codes: Most survey respondents reside across Suburban Cook and Kane Counties, within our service areas. The areas in which the most responses were collected from are Arlington Heights, Schaumburg, Lombard, Aurora, Elgin, and St. Charles.

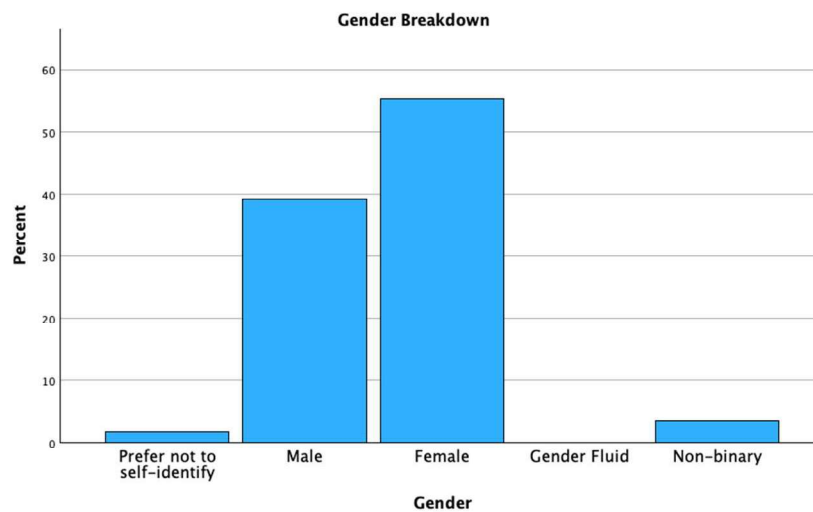


Race and Ethnicity: Respondents self-identified their race and ethnicity, 71.4% are Caucasian/White, 10.7% are African American/Black, 7.1% are Asian, 1.8% are Native American, 0% are Pacific Islander, and 8.9% identify as two or more races. Ethnically, 23.2% of respondents are Hispanic or Latino.

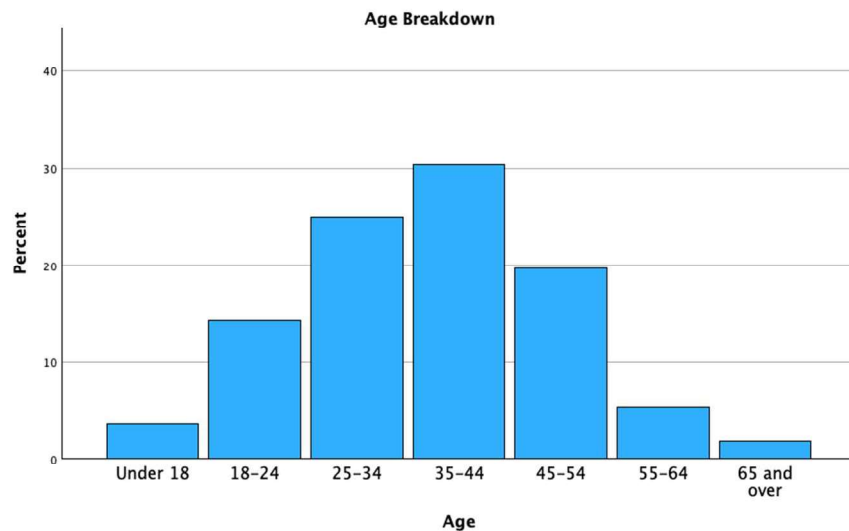
Race and Ethnicity Breakdown



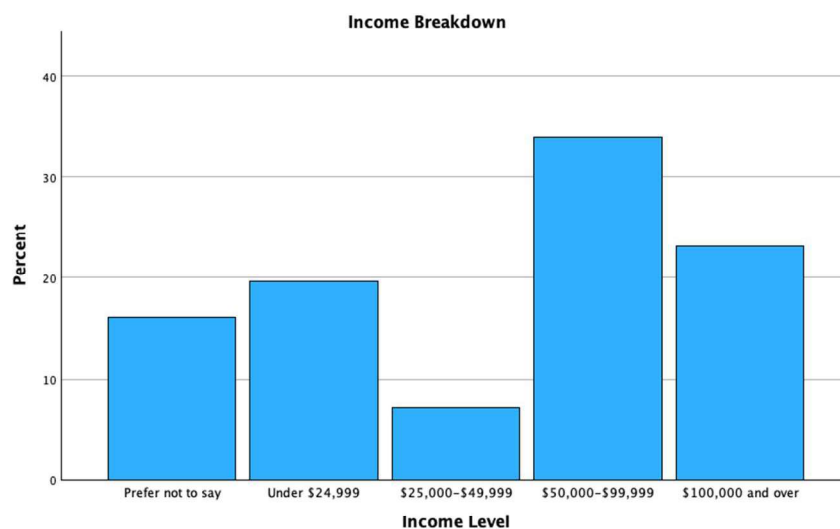
Gender: Though 1.8% of respondents declined to self-identify their gender, 55.4% of survey respondents identified as female, 39.3% identified as male, 3.6% identified as non-binary, and 0% identified as gender fluid.



Age: The age category with the greatest number of respondents is 35-44 at 30.4%. The category with the fewest respondents is 65 and over at 1.8%. 3.6% of the respondents are under the age of 18. 14.3% of respondents are between 18-24. 25% of respondents are between 25-34. 19.6% of respondents are between 45-54. 5.4% of respondents are between the ages of 55-64.

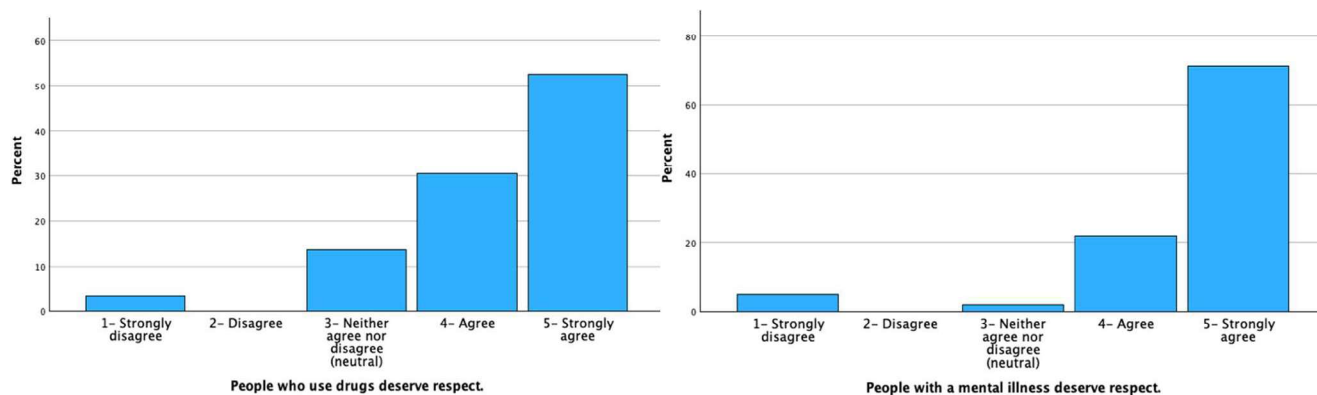


Annual Income: 16.1% of respondents declined to provide their income. 19.6% earn under \$24,999. 7.1% earn between \$25,000-\$49,999. 33.9% earn between \$50,000-\$99,999. 23.2% earn more than \$100,000.

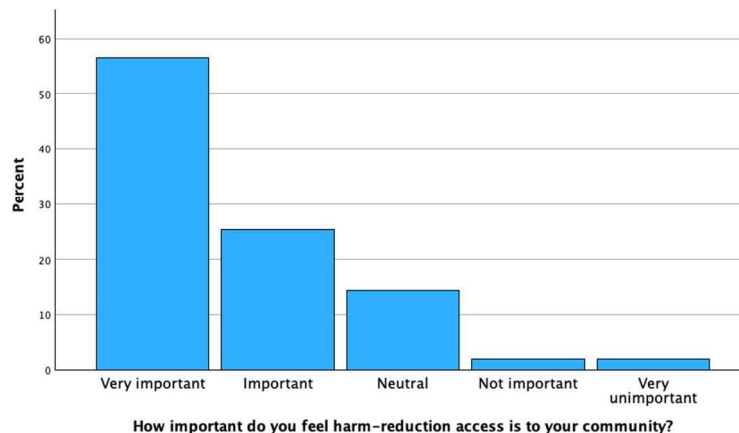
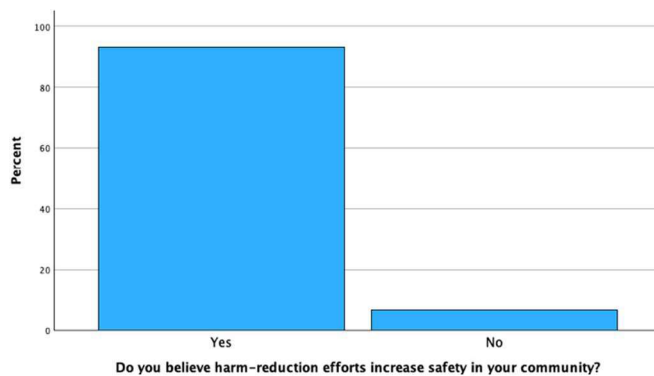


Perceptions on Mental Health, Substance Use, and Harm Reduction

Mental Health and Substance Use: Though the majority of respondents strongly agree that people with mental health disorders and people who use drugs (PWUD) deserve respect, more people are neutral about whether PWUD deserve respect as compared to those with mental illness.



Harm Reduction and MAT/MAR:



Medication Assisted Recovery (the use of medications to treat Substance Use Disorders e.g., methadone, buprenorphine to treat Opioid Use Disorder) is an effective treatment for Substance Use Disorders.

1- Strongly disagree	2- Disagree	3- Neither agree nor disagree (neutral)	4- Agree	5- Strongly agree
1.7%	0.0%	32.2%	35.6%	30.5%

It is difficult to find healthcare providers who offer Medication Assisted Recovery- MAR (the use of medications to treat Substance Use Disorders e.g., methadone, buprenorphine to treat Opioid Use Disorder) in my community.

1- Strongly disagree	2- Disagree	3- Neither agree nor disagree (neutral)	4- Agree	5- Strongly agree
5.1%	1.7%	49.2%	25.4%	18.6%

Harm reduction services like Narcan and syringe service programs reduce the risk of drug use.

1- Strongly disagree	2- Disagree	3- Neither agree nor disagree (neutral)	4- Agree	5- Strongly agree
0.0%	16.9%	22.0%	23.7%	37.3%

Perceptions on Access to Local Resources:

It is difficult to find harm reduction services like Narcan and syringe service programs in my community.

1- Strongly disagree	2- Disagree	3- Neither agree nor disagree (neutral)	4- Agree	5- Strongly agree
3.4%	18.6%	37.3%	30.5%	10.2%

It is difficult to find mental health and substance use treatment services in my community.

1- Strongly disagree	2- Disagree	3- Neither agree nor disagree (neutral)	4- Agree	5- Strongly agree
6.8%	20.3%	28.8%	32.2%	11.9%

We should increase government funding on treatment options for mental health and substance use disorders.

1- Strongly disagree	2- Disagree	3- Neither agree nor disagree (neutral)	4- Agree	5- Strongly agree
0.0%	0.0%	8.5%	28.8%	62.7%

Everyone in my community can get help for mental health, regardless of income level, insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship status.

1- Strongly disagree	2- Disagree	3- Neither agree nor disagree (neutral)	4- Agree	5- Strongly agree
8.5%	23.7%	16.9%	30.5%	20.3%

Everyone in my community can get help for substance use, regardless of income level, insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship status.

1- Strongly disagree	2- Disagree	3- Neither agree nor disagree (neutral)	4- Agree	5- Strongly agree
8.5%	22.0%	22.0%	22.0%	25.4%

While some efforts exist in the community, there is a lack of accessibility regarding resources for mental health and substance use recovery. For example, due to geographic barriers, many people in recovery must travel to receive recovery support services, preventing many from receiving essential resources. Furthermore, we learned through semi-structured interviews with persons with lived experience and service providers, that there is a misconception that “being in recovery” means a person is not only fully abstaining from all substances, but has “successfully completed” some form of therapeutic services such as detox or inpatient rehabilitation and is also attending a support group or outpatient program regularly. This all comes with the assumption they have abstained from substances for a significant number of years (e.g., ten or more years) or strive to. This perception can be harmful to some as it does not support the existence of several pathways to recovery and discredits and/or invalidates some people’s experience.

The ROSC Council is building a recovery-ready community—one where individuals feel respected, have access to evidence-based services, and are supported through all stages of recovery. Our community projects address the gaps identified in our ROSC community needs assessment.

Reducing Stigma: 90.6% of respondents believe stigma is attached to addiction and mental health (Q15), while 84.4% reported a lack of education concerning addiction (Q13). These findings confirm a critical need for widespread community education. Our anti-stigma campaign will directly address these attitudes by lifting voices of lived experience, offering culturally relevant education, and partnering with schools and trusted community spaces. When stigma is reduced, community members are more willing to seek help and support others in recovery.

Service Delivery: The community identified major gaps in access to care:

- 48.5% agreed it is difficult to find mental health and substance use services (Q7)
- 52.9% agreed it is hard to find MAR providers in the community (Q4)
- 41.2% agreed that harm reduction services are difficult to access (Q6)

These responses underscore fragmented service systems and a lack of centralized navigation. Our ROSC Council will formalize warm hand-off processes between emergency departments, shelters, jails, and behavioral health services, leveraging existing KYC programs such as Mobile Crisis Response and Peer Recovery Support. We will also create a shared resource map and navigation tools to help ensure people are not left without follow-up after a crisis or referral.

Harm reduction was recognized by respondents as both important and effective:

- 81.3% rated harm reduction access as “important” or “very important” (Q17)
- 78.1% agreed that harm reduction increases safety in the community (Q18)

Despite this, community members reported difficulty accessing supplies like Narcan and fentanyl test strips. The ROSC Council will expand KYC’s current harm reduction distribution by bringing supplies to libraries, food pantries, and other trusted community sites, while also offering peer-led harm reduction trainings.

Data Source: Kenneth Young Center ROSC Community Needs Assessment Survey, FY25 (n = 68)

Challenges

1. Many communities in these townships continue to experience stigma around substance use disorders (SUD), creating barriers to early intervention, peer-led recovery supports, and sustained engagement in care. Faith-based communities, schools, and even some healthcare providers may lack understanding of harm reduction and recovery, resulting in limited service delivery.
2. Residents of color—especially Latinx and Black individuals in Hanover Park, Streamwood, and parts of Des Plaines—face disproportionate rates of overdose, criminalization, and poverty. These same populations often face barriers to culturally responsive recovery services, peer support networks, and affordable care.
3. The lack of public transportation infrastructure connecting low-income neighborhoods to treatment and recovery services remains a major hurdle. Residents without reliable transportation struggle to access consistent care, peer groups, or employment.

Next Steps

While the ROSC Council is well-positioned to lead the proposed community projects, we recognize that implementing meaningful change in a complex behavioral health landscape comes with challenges. Below are key obstacles we anticipate—and the proactive strategies we will use to overcome them:

1. **Stigma and Community Resistance:** Despite growing awareness, stigma around substance use and recovery remains strong. Some community members, leaders, and institutions may be hesitant to support public education efforts, harm reduction strategies, or the inclusion of people with lived experience in leadership roles. KYC will aim to: 1) Continue building trust by

- elevating recovery stories from diverse voices, particularly youth, BIPOC, and LGBTQ+ individuals 2) Use data to challenge misconceptions: Share ROSC survey findings, such as the 84% of respondents who believe there is a lack of education about addiction and the 90% who believe stigma exists (Q13, Q15) 3) Partner with supportive school administrators, faith leaders, and healthcare providers to normalize recovery-focused language and practices 4) Tailor education materials to the cultural and linguistic needs of different communities.
2. Limited Access to Harm Reduction Supplies and Distribution Partners: Although community support for harm reduction is strong (with 78% agreeing it increases safety, per Q18), logistical barriers—such as local zoning restrictions, stigma among service providers, and limited funding—may delay efforts to expand supply distribution. KYC will aim to: 1) Leverage existing partnerships to scale up distribution without starting from scratch 2) provide technical assistance, and trauma-informed training to organizations interested in becoming distribution sites and 3) Expand KYC’s mobile harm reduction outreach to fill gaps where fixed sites may not be feasible.
 3. Service Fragmentation and Referral Gaps: Participants in the ROSC Survey reported difficulty accessing treatment (Q7, Q10), reflecting a broader challenge of disconnected services and inconsistent referral follow-through. KYC will aim to 1) Formalize processes between key systems (e.g., hospitals, jails, shelters) and KYC’s Recovery Support Services and Crisis Teams 2) Equip professionals across sectors with the tools and knowledge to make timely, trauma-informed referrals 3) Work with partners to streamline access regardless of insurance status or documentation—responding to the 44% of survey participants who disagreed that substance use services are equitably available (Q10).

By anticipating and planning for these barriers, the ROSC Council will create solutions that are responsive and sustainable. Next, the ROSC Council will use the information gathered from the ROSC Needs and Resource Assessment to develop a strategic plan.