



## **Livingston County ROSC Meeting Minutes**

Thursday January 8 10:30am

*via zoom*

### **Attendees**

- **Becky Ballard**- IHR
- **Diana Belicke**-Rosecrance Behavioral Health
- **Jaden Corsolini**- Maitri Path to Wellness
- **Teresa Diemer**- IHR
- **Taylor Hartman**-Livingston County Mental Health Board & Livingston County Commission on Children and Youth
- **Kami Garrison**- Chestnut Health Systems
- **April Fornero**- Heartland Community College Pontiac Campus
- **Grace Irvin**-Chestnut/Liv ROSC
- **Kari Knapp**- Chestnut/Liv ROSC
- **Rhonda Looney**-IHR
- **Shayla Mays**- IHR
- **Kayln Patterson**- Center for Youth and Family Solutions
- **Melissa Simmons**- DRS
- **John Schneider**-Liv ROSC
- **Tia Schum**- Piatt County ROSC
- **Shelley Smith**- Oxford House
- **Clare Spires**-OSF

### **Survey Gaps:**

- We went through the top three gaps that we found in the community survey. We would like to create a SMART goal on how we can help resolve this or make better for next year and help with the strategic plan.
- **Question 1:** *It is difficult to find mental health and substance use treatment services in my community.*
  - **Strongly Disagree**- 6.67%
  - **Disagree**- 24.09%
  - **Neither Agree nor Disagree/Neutral**- 29.56%
  - **Agree**- 24.09%
  - **Strongly Agree**- 15.69%

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- Feedback from Coalition Members
  - The numbers look better than in years past since our partnership with IHR and the ROSC. We have a significant waiting list and that might be due to the Agree/Strongly Agree numbers. If I can get people into me then it goes faster on getting
  - There are openings at IHR. People have gone to their substance use
  - Some people might have a hard time understanding what substance use or mental health means and how to navigate that.
  - Maybe changing the verbiage so it is easier to understand. It seems like it is more of a statement than a question.
  - The state makes us use words that people don't understand. So maybe changing the verbiage to make it more understandable? We understand the verbiage, but that doesn't mean everyone else does. Maybe just simply saying define counseling.
  - Changing the wording with substance use treatment services because a person may automatically think of a treatment facility. It doesn't specify if it is in-patient or outpatient. Because we have outpatient treatment with IHR, which isn't a treatment facility, and not any in-patient treatment options in Livingston County.
  - John brought up that there are discussions about resource guides and wondering if as a county we aren't getting the information out there to the community.
  - OSF has a similar resource guide, but it is not as in depth as the ROSC's. It is part of their community health needs assessment.
  - Possibly sending someone face to face to get the information out might be a good way to go about it. There has been success with that method. Maitri Path to Wellness has been going around to different local counseling agencies and treatment centers to get them to know who they are. Their individual counseling has been very open and since going out face to face communication, they are becoming more full.
- Wrap-Up



- Number one is how do we define the difference and what those services are and the clarification of those services in the county.
- **Question 2:** *I believe that stigma prevents some people from accessing substance use services.*
  - **Strongly Disagree**- 2.19%
  - **Disagree**-3.28%
  - **Neither Agree nor Disagree/Neutral** - 16.06%
  - **Agree**- 47.08%
  - **Strongly Agree**- 31.39%
    - Is it events or changing up how we do events?
    - Maitri Path to Wellness brought up about getting to the smaller towns. They had a resource event and about 17-18 resources to that event. People can see that there are resources and that there is help out there. There were about 200 people who attended. There were raffle baskets, food, games for kids, and live music. There was something for everyone!
      - Livingston County hasn't had anything like that there and maybe having something like that in their area to offer would be beneficial. They haven't had any sober living and not really any substance use help either.
    - YMCA for senior care, that's heavily trafficked. The focus isn't so much seniors, but they have family members. They have veterans or other family members that are younger that have substance use.
    - There is so much stigma around the term substance use and we have transitioned from substance abuse to substance use. In previous discussions we've been talking about how substance use is mental health and maybe we inviting individuals who have behavioral health supports, mental health supports to events to complement what everyone else is talking about. Reintroduce substance use concerns into the community in a non-derogatory way. There is much of, "oh, you have a problem? That's your problem? You shouldn't do that right?" There is so much blame, and I feel like the community is much more open to mental health. You use that term; everyone becomes very supportive and wants to do something about it. Reducing the stigma around substance use by also pairing it consistently with mental health support.



- If people understood that using a substance is just the symptom of the problem. They tell us in recovery that the problem is in the mind. I don't think we can overemphasize enough that recovery is possible.
- A coalition member talked about their recovery journey. Saying they were in a dark place and couldn't see the light down the road where people recovered. That stigma overpowers the fact that people do recover. We are not defined by the past or the disease. It's stepping into that recovered state of mind, body, and spirit.
- With the Livingston ROSC social media, we plan to start doing some testimonials to help with the stigma.
- The word stigma breeds into a lot of scenarios, especially in a small, populated area like Livingston County, or Ford County, or Iroquois County, or LaSalle County. Stigma is what it is for the most part. We don't know what it is to every individual, but the overproduction of the word stigma also creates stigma in the minds of those who are currently in the struggle mode of whether that's substance use disorder or mental health. Statistics out there prove that public speaking, being in groups, and being in recovery meetings lead many facets of recovery discussions and it is tough. We have to use this word moving forward to create a better space for everyone. There is no better word for it, but it does create its own little bubble that is hard to break into from time to time. That is coming from a worldwide view as opposed to a professional view, but we see it on a regular basis.
- Need to understand to keep an open mind and that not one shoe fits all forms of recovery. There are multiple pathways for recovery (AA, NA, CA, Smart Recover, Inpatient, Outpatient, etc..)
- **Question 3:** *I have heard of the Livingston County Recovery Oriented Systems of Care (ROSC)?*
  - **Yes-** 42.70%
  - **No-** 57.30%
  - John mentions that in four years we have made huge strides with getting the community to know about the ROSC. He asks how we can close the gap. His goal for a year from now is 42% not knowing the ROSC instead of 57%. He asks the group what an achievable number would be.
  - He talks about how we have events, go to events, we have a community presence in almost not every activity there is. Other than community events, he feels we are stretched fairly thin. Asks the group what can the ROSC do differently that are specific and



measurable, whether that's places, people, types of outreach, our social media.

- Council member mentioned having an elevator pitch training.
- There isn't a radio station in Livingston County anymore, but there is a local podcast where the health department and IHR have been on a couple of times. They are starting to have a community forum again. We are going to see if we can get a spot in April to talk about Alcohol Awareness Month or something like that.
- A council member mentioned trying to get information to all employees in the larger companies. John said that we have reached out to the larger companies and due to them being so big, their HR doesn't feel right or they aren't allowed through the corporate lens, to push information to employees. If we are to pursue this, we would need to put a team together to make phone calls, to get those contacts lists instead of blanket email blasts, making eye to eye across the desk contact is the best possible way to do that with those HR reps that are hesitant to push our information out there. Getting to those places and giving them our resource guide, telling them who we are and what we do, is time consuming and would take a complete team effort to be able to go out and pursue that properly. It would be affective.
- We believe we have an impact, but it isn't that great. So personal contact in those places would be a great idea and will bring that up to the subcommittee this month and see who we can get to make those efforts to help with that.

#### **Member Updates:**

- **Shelley**- Oxford House- We are expanding into Quincy, but nothing new for Livingston County.
- **Teresa**-IHR- Working on the resource directory. Tackling the waitlist. We are fully staffed, but might be down one therapist. With the reduction of stigma, we are seeing more and more people and trying to get the waiting list down. Everyday the waiting list amount shifts, so it is a good problem to have. We have been helping with the waitlist, as long as it is in their wheel house. Other than that nothing new.
- **Lauren**-Faith Journeys- No new updates. Just getting back to work after the holidays. It has been very busy. 2026 will be different than 2025. We have seen a increase in OP's than last year and our shelter is running at capacity.

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- **Taylor-** Youth Commission is picking up next month. Monday February 9<sup>th</sup> at 12pm, if anyone is planning on coming, we would love to have you. If anyone does not typically and would like to be invited, let me know.
- **April-** Our spring classes start on Monday. We serve 211 students. Pontiac we have about 60 students and due to staffing issues, we have had to cancel some classes this semester. We have GED classes and it is open enrollment and free to the community. We can do about six different enrollment in the year. They can come in during the middle of a semester. We have enrollment about every three weeks and will take another cohort that joins the current class. They all get the same class and have the same instructor.
- **Diana-** With Rosecrance, I'm really highlighting our veterans' programs, and we are fortunate enough to be certified to treat veterans for inpatient residential detox at our Rockford Harrison location. Our in-network with Tricare services for active military, veterans, as well as their family, with all of those services being inpatient residential all the way through outpatient, for mental health and substance use services. Also, on behalf of North Central, they have their behavioral health urgent care clinic, and they have one in Ottawa and one in LaSalle. It might be a little distance but just want to make sure that that's highlighted.
- **Tia-** We are seeing an uptake with people wanting to get off Kratom and keeping track of those numbers. We passed an ordinance in Monticello to ban the sale of Kratom and other THC products that are not FDA regulated and maybe that has something to do with that. We want to get that county wide, but that can be slow process. We aren't sure if the ban is why people are wanting to get off Kratom because we are having an uptake or if it is because people are hearing how nasty these things are and becoming more aware. I'm not sure if there is a correlation or not, but I'm seeing it in our small town recovery groups as well. It is not just a teen thing, it's across all demographics.
- **Jaden-** We have mental health and substance use services, sober living, counseling, and treatment groups. Anyone who lives in our facility will just walk around and get their outpatient services in the front of the office. My supervisor Kelly Jones told me about this meeting because we follow you on Facebook. She asked me to join. I'm the outreach coordinator and I'm just trying to get myself out there. Anywhere that we could get somebody some help is what I'm trying to do right now.



**Next Meeting: Thursday, February 5, 2025**

- 10:30am-11:30am location TBD and Zoom
- <https://zoom.us/j/91925670666?pwd=eFZGQnFkTW41UjN2bGtNSHdlbisyZz09>
- Subcommittees 4<sup>th</sup> Wednesday of the month at Livingston County Health Department

**Upcoming Trainings:**

- Visit <https://www.coalitionsupport.org/trainings> for upcoming trainings.

**Virtual Resource Guide/Social Media**

- Virtual Resource Guide: <https://www.jotform.com/app/231105805739152>
- Facebook: <https://www.facebook.com/LivingstonCountyRecovers>
- Instagram: <https://www.instagram.com/livingston.county.roscl/>
- YouTube: [https://www.youtube.com/channel/UCGU\\_LCzRafxtFTikOV38oDg](https://www.youtube.com/channel/UCGU_LCzRafxtFTikOV38oDg)

**ROSC Contact Information**

- John Schneider, Community Health Specialist [jjschneider@chestnut.org](mailto:jjschneider@chestnut.org)
- Kari Knapp, Associate Director of Community Health [kmknapp@chestnut.org](mailto:kmknapp@chestnut.org)
- Grace Irvin, Prevention Coordinator [gcirvin@chestnut.org](mailto:gcirvin@chestnut.org)
- Livingston County ROSC Team [LivingstonCountyROSC@gmail.com](mailto:LivingstonCountyROSC@gmail.com)

**Meeting adjourned at 11:31 a.m.**