

St. Clair County ROSC

Monthly Council Meeting Minutes

- Date: 9/16/26
- Time: 10am-12pm
- Location: In-person, 505 South 8th Street,
E. St. Louis, IL 62201; Large Conference rm-2nd floor



St. Clair County
Recovery Council

Attendees

- Lead ROSC Agency
 - Angella Holloway
 - Conswala Jones
- Statewide ROSC
 - Beverly Holland
- Members: Via In-person, E. St. Louis
 - Alexa Plant, Bond/Clinton Co ROSC/CHS
 - Amanda Taul, Deflection/TASC Inc.
 - Andrea Cooper, D.E.U.C.E.S Truancy/ROE50
 - Chadene Gillespie, CORS/Alpharus Health
 - Charlie Prakit, SOR Warm Hand-off/Alpharus Health
 - Chris “Kit” Stanford, Deflection/TASC Inc.
 - Cora Hughes, United Congregation Metro East
 - Dawn Davis-Stellwag, O’Fallon PD
 - Delisha Richards, Urban League, Save our Sons + Sisters
 - Dusty Hanner, OEND/CHS
 - Ebonye Hudson, Deflection/TASC, Inc.
 - Greg Santoni, Deflection/TASC, Inc.
 - Jen Nagel-Fischer, Founder/The Porchlight Collective, SAP
 - Joe Jakson, St. Clair Co Mental Health Board
 - Latasha Curry, Community Mgt/Humana IL
 - Marva Rucker, Urban League, Save our Sons + Sisters
 - Meagan McGlasson, IL Recovery Ctr.
 - Megan Hall, Violence Prevention Center
 - Michele Wasser, SOR Warm Hand-off/Alpharus Health
 - Paul Fischer, The Porchlight Collective, SAP
 - Tee S. Whittley Baker, CORS/Alpharus Health
 - Tina Montgomery, Molina Healthcare of IL
 - Tracy Dones, Faith & Recovery Collaborative, CHS

10/6/26
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- Tyrone Hill, AMARE, NFP
- Quinella Penermon, Problem Gambling/TASC, Inc.
- **Guests/Visitors:**
 - Brian Stewart, Comprehensive Behavioral Health
 - Cara Kriz, Consultant, Marketing & Development
 - Cara Loddeke, Comprehensive Behavioral Health
 - Deedra Mager, Violence Prevention Center
 - Dr. Devin Banks, Washington University
 - Ellen Mossman, Safe Families for Children
 - Joseph Harper, Comprehensive Behavioral Health
 - Mike Nichols, Comprehensive Behavioral Health
 - Ron Wilkerson, Deflection, TASC, Inc.
 - Teira Wilkes, Comprehensive Behavioral Health

Agenda Items/Next Steps:

1. **Welcome: Who's New?** Introduced Council/new Community friends/CBHC team members while being provided with a paper copy of the Community Survey to be completed before start of meeting. Each partner introduced themselves and represented agency. Thanked council members and community partners for supporting the council and attending today's meeting!
2. **Community Partner...Let's "table talk"...together!** The ROSC team introduced CBHC team members to discuss program changes, increasing awareness for services and mental health/substance use challenges with solutions!

Speaker, Mr. Brian Stewart, Executive Director, CBHC: provided an overview of Comprehensive Behavioral Health, detailing current programs and how each are offered to community for support. The mission is to provide quality individualized essential services for people in need of emotional, rehabilitative and social support, on a twenty-four (24) hour basis, in the least restrictive environment.

CBHS's services are designed to meet the needs of children, adolescents and adults. Services may include but are not limited to therapeutic counseling, psycho-social testing, individual and group therapy, crisis intervention, consultation, community intervention, psychiatric evaluation, case management services, referrals, and outreach services. Emergency and Crisis Intervention services are offered 24-hours a day, seven (7) days per week. Professional staff provide walk-ins, outreach and telephone interventions for people of all ages who may be in crisis. Clients experiencing acute distress requiring protective care will be referred to the local hospitals or the Alton Mental Health Center. The coming years are filled with the anticipation of exciting challenges in the delivery of behavioral

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healthcare services. The Board of Directors, Administration and staff are committed to the provision of quality and individualized services to every person that walks through our doors as we strive to fulfill our vision to become the top-ranking community behavioral healthcare center of its size, population and category within the State of Illinois.

Comprehensive Behavioral Health Center Services Include:

- Adult Re-Deploy
- Case Management Services
- Consultation/Education to Community
- Crisis Intervention
- Linkage & Hospitalization Aftercare
- Opiate Treatment Services
- Parenting Classes
- Project for Assistance in Transition from Homelessness (PATH)
- Residential Services
- Specialized Children Services
- Substance Abuse Treatment Services
- Therapy & Transitional Services

Speaker, Dr. Delucia, Medical Director, CBHC: shared a presentation on how substance use disorder (ABUSE) is a Disease, discussed the historical context on how substances were viewed in previous/current years and which types caused the most harm. The Center has continued to grow and develop through the years and aggressively seeks to address the behavioral healthcare needs of the community. This is evidenced by The Center's commitment to providing "evidence-based treatment" services to its consumers. Several programs that were based upon this methodology are Psycho-Social Rehabilitation (PSR) and Assertive Community Treatment (ACT) Services.

Addiction is a medical disease, just like diabetes or hypertension. Withholding treatment is deadly; about 10% of patients who were given naloxone for an overdose died within 1 year. We have medications that reduces the risk of death, we should be using it. Disease addiction characterizes compulsive driving to take a drug despite serious adverse consequences, loss of control over intake, and the emergence of a negative emotional state during abstinence.

Harm Reduction is an evidence-based approach that is critical to engaging with people who use drugs. Equipping them with life-saving tools and information to create positive change and save their lives. For example, Methadone is a treatment for opioid addiction, not a substitute for heroin. It was approved for use as an analgesic in the United States in 1947.

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After 50 years of use, methadone remains a safe medication.

Alcohol use disorder is a chronic brain disease characterized by an impaired ability to stop or control drinking despite negative social, occupational, or health consequences. The following detoxification methods have been used as treatment options; i.e., Naltrexone, Librium/Chlordiazepoxide, Folic Acid, Thiamine and Disulfiram. These medications are not addictive and can be used alone or in combination with therapy.

Community-based peer support groups such as Alcoholics Anonymous and other 12-step programs are helpful for many people but are not a substitute for medication and therapy.

- NAMI (National Alliance on Mental Illness) offers a variety of resources, support phone lines, support groups, and more for individuals and for family members.
- SMART Recovery (Self-Management and Recovery Training) helps people learn the skills needed to overcome their addictions and change their lives. It provides mutual support meetings, offered online and in-person, and has specialized meetings and resources for a variety of communities, including family/friends, veterans, and more.
- Moderation Management™ provides a non-judgmental, compassionate peer-support community for anyone who concerned about their drinking and wants to make positive lifestyle change.

Speaker, Dr. Devin Banks, Washington University: introduced the VOICE Project (Voices for Outcomes, Inclusion & Community Engagement) and its mission to reduce disparities for people experiencing homelessness who have mental health and substance use disorders. The project is focused on building capacity for treatment research that is relevant to people experiencing homelessness and the organizations that serve them.

VOICE will bring together three collaborative boards; an Advocate Board, a Clinician Board, and a Lived Experience Board—along with World Cafés and behavioral health roundtables to gather broad community input. Key outcomes include creating an engagement guide for researchers, a research priority agenda, a toolkit for organizations to serve as real-world clinical research sites, and a coalition with greater capacity to engage in research.

Opportunities to get involved include the Behavioral Health Roundtables (quarterly), the World Cafe's (planned for next summer), and for people with lived experience, an information session on October 21. Contact Dr. Banks at banks.devin@wustl.edu for more.

3. **ROSC updates: *Next Council meeting:** Will be scheduled for October 28th instead of 21st, due to team attending the Statewide ROSC in Effingham. There will be (2) presenters; IL State Police (Firearm Restraining Order) and St. Clair Co IGD (Special project- need volunteers); agenda will be sent once details are finalized.

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**Community Survey:* The QR code, link and paper copies of the ROSC survey have been distributed and sent by email to community partners/public to complete. Encouraged council to disseminate for feedback to reach project goal of 5000. Discussed providing paper copies for any agency in need; send an email and will schedule for delivery.

**Upcoming events:* discussed events scheduled for the next (3) days; flyers provided, participation encouraged. Selected community partners shared agency updates and how they plan to support the VOICE project.

4. *Community partners: “Share out” upcoming events/training opportunities:*

Each member provided (1) update re: their program, staff changes or self-care regimen for group. Council discussed the impact of these recent cuts and how SU/MH issues may be on the rise, if communities are lacking access, funding and transportation. Provided council/guests with updated housing options and point of contact for agencies who are present in meeting. Encouraged council/guests to exchange information for follow-up.

5. *Closing remarks/thank you:*

Reminded council/guests to find time to connect and follow up with current/new community partners when time permits. Encouraged to continue tracking their self-care takeaways to “share out” at the beginning of each meeting.

Due to end time, we thanked the members/partners for attending and assured them that we would follow-up with meeting minutes and community updates for September/October; members were encouraged to network, eat, share resources and exchange contact information with new partners for continued collaboration, next steps, and increase community awareness.

Reminded everyone to attend the 4th Annual CBHC conference on Friday at JJK ctr. The next council meeting date will be **October 28th at 10am, hybrid (BV-CHS office) or via Teams!** We will continue to update the council on program changes as we continue to grow.

Thank you for attending and staying engaged!

Mission: “Build and empower recovery ready communities”

Vision: “A community working together to embrace recovery and connecting with those who seek it.”