

Gap Analysis FY24
Effingham County ROSC Council (EfCRC)

Region: ROSC Region 4
Lead Agency: Hour House
County: Effingham County

Contacts:
Samantha Hicks, ROSC Coordinator
Karen Cook, ROSC Supervisor

Purpose of the Gap Analysis:

- This document identifies and evaluates the current gaps from the Community Resource Assessment between their actual performance and identify potential/desired action steps/plans and strategies to fill these gaps.

Summary of Identified Gaps Across the Continuum (FY24):

- 1. Health Promotion:** Lack of community readiness to address substance use disorder (SUD) issues; Lack of awareness and understanding regarding SUD resulting in increased community stigma.
- 2. Prevention:** More than half of K-12 students receive very little SUD education in area schools created by deep-rooted, local cultural acceptance of alcohol use.
- 3. Intervention/Harm Reduction:** Lack of knowledge/information regarding county access to harm reduction supplies and services, lack of knowledge and access to skilled intervention services.
- 4. Treatment:** Lack of transportation to treatment services, lack of information regarding access to harm reduction programs and services, lack of access to treatment due to costs and waitlists
- 5. Recovery Supports:** Lack of recovery housing, lack of childcare to obtain SUD Residential treatment, lack of knowledge of family supports of the SUD individual, lack of Recovery Navigator/CPRS/CRSS support, lack of adolescent recovery support/meetings.

Point on Continuum	Identified Gap: Effingham County	Ideas for Community Action Steps	Ideas for Partnerships with Outside Groups/Organizations	Ideas for Changes at the State Level- How can state funders help bridge this gap?
Health Promotion	Lack of education/community understanding regarding substance use, resulting in increased stigma	Provide SUD education and statistics to identified sectors, provide real life stories of affected individuals/families suffering from SUD, anti-stigma efforts.	Partner with PLEs and families to share their stories of SUD, partner with Effingham Co Health Dept (ECHD) in future health promotion events/trainings, bring ideas to Health Coalition group.	Provide funds allocated to sober events.
Prevention	Lack of readiness for prevention education in K-12 schools. Insufficient trainings for medical/law enforcement personnel on early identification and screening of substance use.	Provide SUD education and statistics to identified sectors, provide real life stories of affected individuals/families suffering from SUD.	Partner with Hour House Prevention for K-12, gain access to local statistics via local TASC data analysis officer, partner with Heartland Human Services to provide SUD education to sectors.	Require outside entity to provide SUD prevention education to K-12.

Intervention/Harm Reduction	Lack of knowledge/education of harm reduction programs and supplies.	Provide harm reduction supplies and education throughout the community.	Partner with Gentle Care Consultants and Gateway Foundation/HSHS to provide intervention services and access to harm reduction services; continue to set up DOPP sites throughout at local business.	Make harm reduction supplies more accessible community-wide.
Intervention/Harm Reduction	Lack of knowledge and access to skilled intervention services.	Engage schools with Hour House Prevention services.	Share resources with helping organizations to gain access to Peer Recovery Support opportunities, trainings, CEUs; continue to advertise Recovery Navigator services via ROSC and provide data to support.	Promote to all helping organizations the opportunity to become a peer recovery support specialist.

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<p style="text-align: center;">Treatment</p>	<p>Lack of reliable transportation</p>	<p>Compile a volunteer list for transportation to Level 3.5 treatment services.</p>	<p>Facilitate conversation CIPT for access to transportation to treatment services; potential partnership with churches for use of buses, give "Local Recovery meetings" list to all organizations and groups to find transportation to recovery meetings via ROSC Coordinator or Recovery Navigator.</p>	<p>Provide large rural transportation grants to cater to on-call access to recovery meetings and rides to treatment.</p>
<p style="text-align: center;">Treatment</p>	<p>Lack of information/access regarding harm reduction materials</p>	<p>Share locations to access harm reduction materials, provide SUD treatment centers education on harm reduction program/materials.</p>	<p>Connect other helping organizations with outside entities with access to free harm reduction material and education; provide Narcan trainings by request.</p>	<p>Provide SUD and family services with access to harm reduction materials automatically, updated statewide list of harm reduction services and materials.</p>
<p style="text-align: center;">Treatment</p>	<p>Lack of access to treatment due to costs and waitlists</p>	<p>Share job openings to SUD related careers, encourage organizations to use "Super bills" to help with costs to individuals.</p>	<p>Continue to share local job postings of other organizations via SUD support, continue to advertise Recovery Navigator services via ROSC.</p>	<p>Raise physician's pay to same level as private insurance to see Medicaid clients to incentivize seeing lower-income community, allocate large funds for overall staff supports and retention.</p>

Treatment	Lack of Recovery Navigator, CPRS, CRSS support	Share resources with helping organizations to gain access to Peer Recovery Support opportunities, trainings, CEUs; continue to advertise Recovery Navigator services via ROSC and provide data to support.	Share resources with helping organizations to gain access to Peer Recovery Support opportunities, trainings, CEUs; continue to advertise Recovery Navigator services via ROSC and provide data to support; engage Fayette County with possible ROSC grant resources.	Promote to all helping organizations the opportunity to become a peer recovery support specialist.
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Point on Continuum	Identified Gap: Effingham County	Ideas for Community Action Steps	Ideas for Partnerships with Outside Groups/Organizations	Ideas for Changes at the State Level- How can state funders help bridge this gap?
Recovery	No recovery housing	Engage community champions to the idea of recovery housing, gain support for recovery housing.	Engage community champions to the idea of recovery housing, gain support for recovery housing via statistics and sharing of surrounding counties experiences with recovery housing.	Provide incentives to start 12 step/faith-based recovering housing, be aware of city laws which inhibit recovery housing (if applicable.)

<p style="text-align: center;">Recovery</p>	<p>Lack of childcare support to enter into Level 3.5 treatment and attend SUD counseling sessions/meetings</p>	<p>Engage community champions in discussion of this identified gap.</p>	<p>Discuss access to childcare with specialized family service organizations, advertise Crisis Nursery services.</p>	<p>Work with DCFS to provide action plan for support of individuals with children entering into Level 3.5 SUD treatment.</p>
<p style="text-align: center;">Recovery</p>	<p>Lack of knowledge of family support services of the SUD individual</p>	<p>Encourage family support/counseling services to market services they offer.</p>	<p>Identify specific services with specialized family service organizations, advertise Illinois Family Life Center resources.</p>	<p>Allocate funds for family support services specifically in rural communities.</p>
<p style="text-align: center;">Recovery</p>	<p>Lack of adolescent support groups/recovery meetings.</p>	<p>Make available to parents the education of the developmental stages in children and how SUD can affect these stages.</p>	<p>Find a PLE who is interested in taking the steps to become an Ala-Teen facilitator.</p>	<p>Campaign towards adolescent support services.</p>