CRCC Westside ROSC Council

Supporting a Diverse Chicago West Side Community

CRCC Community Needs Assessment

Updated: October 2023

The ROSC Council Needs Assessment is a collaborative undertaking by CRCC-Chicago Recovering Communities Coalition to highlight the needs of services on the Westside of Chicago as it pertains to the development of ROSC-Recovery Oriented Systems of Care.

ROSC Definition

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

Mission Statement

Chicago Recovery Communities Coalition (CRCC) will educate the communities in the Metro / Chicagoland area about the realities of addiction and mental illness recovery. CRCC will reduce stigma associated with addiction, while strengthening the community and building relationships with diverse populations. CRCC will help individuals' access and sustain long-term recovery.

Vision Statement

A. Put a Face on Recovery

B. Provide Recovery Support Services.

The Company

CRCC Chicago Recovering communities coalition is a 501(c)(3) not for profit organization with the purpose of providing recovery support services to individuals in or seeking recovery from alcohol and other drugs and mental illness. CRCC is a peer led recovery support organization. We will strive to make a difference in people's lives by increasing public awareness of alcohol and drug dependency and mental health issues. CRCC services will complement the Illinois Access to Recovery (ATR) population by providing education, technical assistance and learning opportunities about recovery support services and mental health awareness to substance abuse providers, sober living environments, recovery homes, their staff and others in the community. CRCC believes the face of recovery is diverse and that those who have experienced both addiction and recovery can and should have the opportunity to lead others by example. The Centers Institute is committed to making our vision of a peer driven recovery delivery process in Chicago and Illinois a reality, and we are confident that we have the team, experience, and the resources to make CRCC a success.

Project Description

CRCC primary purpose is to provide recovery support services to individuals in or seeking recovery. CRCC will also offer the opportunity for individuals to guide and be guided through the task of attaining long term recovery, find permanent housing, employment, vocational, and medical services while addressing other necessary life skills. Recovering people are more receptive to substance

abuse and mental health services when difficult tasks such as employment, housing and medical services are stabilized. Sober, recovering people are then in a better position to help and be helped.

A. The community needs assessment was developed using a social model approach placing emphases on the importance making sure the entire community know what recovery looks like and how to support recovery thru the continuum of care. The focus of this assessment was in the areas of substance use prevention/mental health, early intervention, long-term recovery, recovery support, peer support, employment, recovery housing, permanent housing, re-entry and legal. CRCC identified gaps, and strengths in resources and or the absence of resources needed which will be addressed throughout this assessment to enhance those who are in recovery, family friends and the over-arching community.

B. **Learnings from PLE Needs Assessment**

PLE Assessment Responses

Summary of Responses | Focusing on Clients and Families
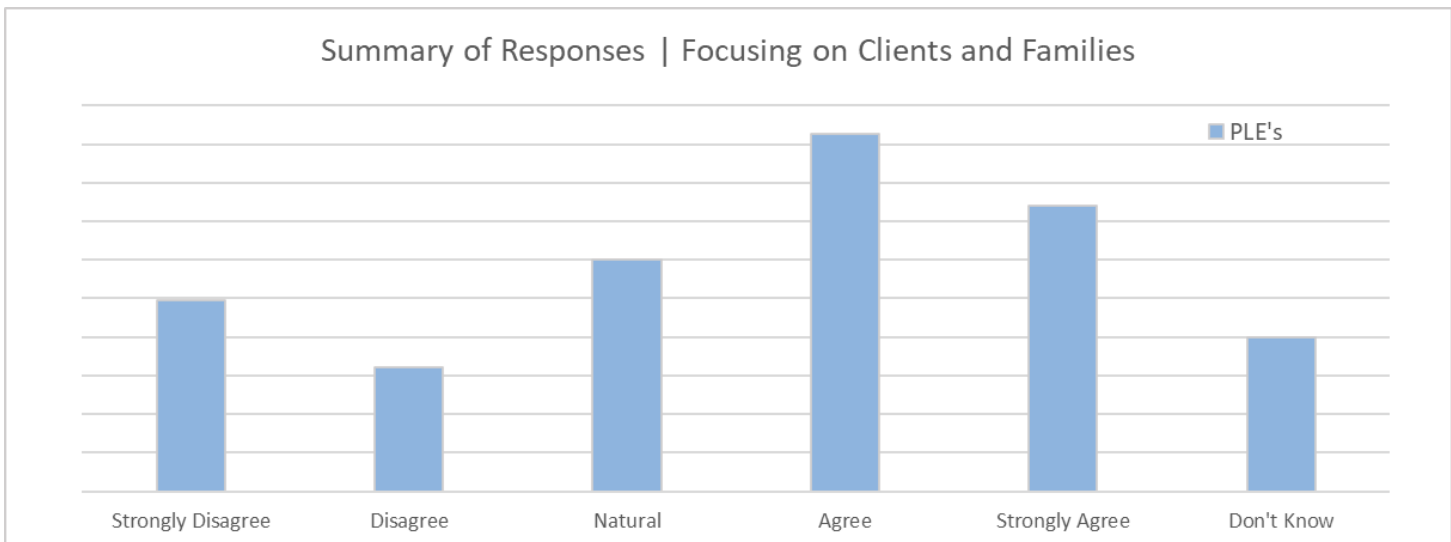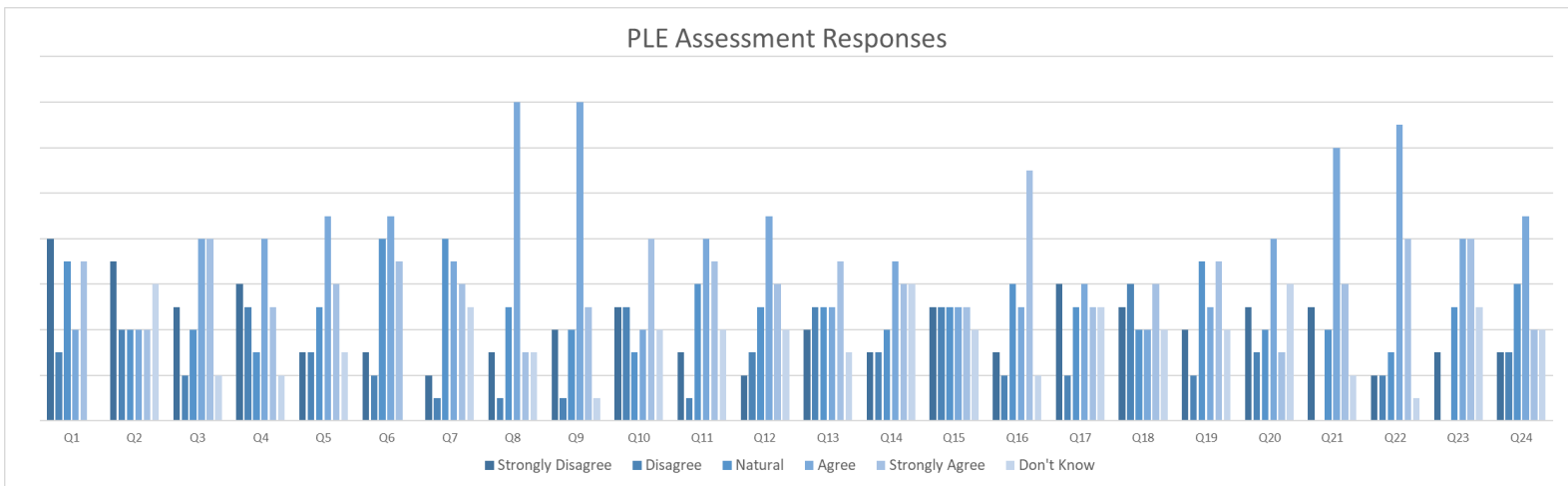
a. Available Community Services: 43% of respondents DISAGREE there are enough services available

b. Education Services: 41% of respondents AGREE there are enough services available

c. Intervention Services: 38% of respondents AGREE there are enough services available

d. Adolescent Services: 33% of respondents DISAGREE and 23% DO NOT KNOW if there are enough services available

e. Long Term and Insurance: 45% of respondents DISAGREE there are enough services available

f. Additional Support Services: Split 37% of respondents DISAGREE and 36% AGREE there are enough services available

Data Reported – 1/30/20

a. Available Community Services: 48% of respondents AGREE there are enough services available

b. Education Services: 57% of respondents AGREE there are enough services available

c. Intervention Services: 50% of respondents AGREE there are enough services available

d. Adolescent Services: 48% of respondents AGREE there are enough services available

e. Long Term and Insurance: 51% of respondents AGREE there are enough services available

f. Additional Support Services: 58% of respondents AGREE there are enough services available

Data Reported – 1/30/21

a. Available Community Services: 52% of respondents AGREE there are enough services available

b. Education Services: 64% of respondents AGREE there are enough services available

c. Intervention Services: 63% of respondents AGREE there are enough services available

d. Adolescent Services: 35% of respondents AGREE there are enough services available

e. Long Term and Insurance: 61% of respondents AGREE there are enough services available

f. Additional Support Services: 66% of respondents AGREE there are enough services available

Data Reported – 1/30/22

a. Available Community Services: 68% of respondents AGREE there are enough services available

b. Education Services: 72% of respondents AGREE there are enough services available

c. Intervention Services: 70% of respondents AGREE there are enough services available

d. Adolescent Services: 61% of respondents AGREE there are enough services available

e. Long Term and Insurance: 77% of respondents AGREE there are enough services available

f. Additional Support Services: 71% of respondents AGREE there are enough services available

Data Reported – 11/1/22

a. Available Community Services: 44% of respondents DISAGREE there are enough services available

b. Education Services: 55% of respondents AGREE there are enough services available

c. Intervention Services: 51% of respondents AGREE there are enough services available

d. Adolescent Services: 39% of respondents DISAGREE there are enough services available

e. Long Term and Insurance: 48% of respondents AGREE there are enough services available

f. Additional Support Services: 56% of respondents AGREE there are enough services available

Data Reported – 10/30/23

a. Available Community Services: 41% of respondents AGREE there are enough services available

b. Education Services: 53% of respondents AGREE there are enough services available

c. Intervention Services: 47% of respondents AGREE there are enough services available

d. Adolescent Services: 38% of respondents AGREE there are enough services available

e. Long Term and Insurance: 38% of respondents AGREE there are enough services available

f. Additional Support Services: 59% of respondents AGREE there are enough services available

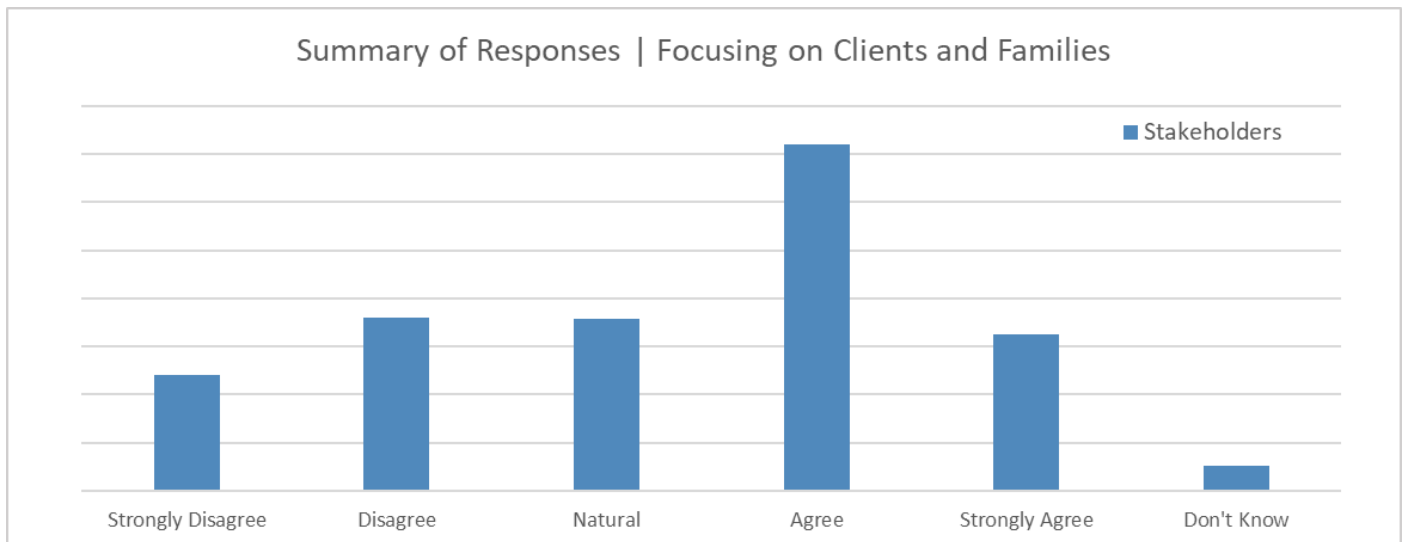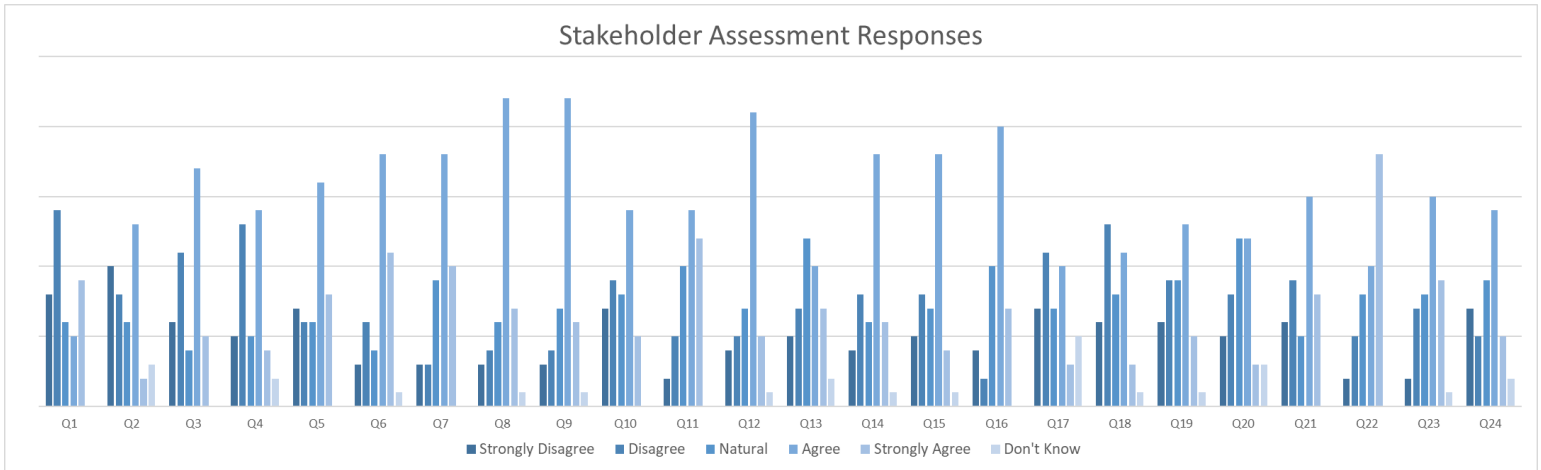C. **Analysis of the changes in the PLE Needs Assessment**

a. In looking at the data from the last 3 reporting periods, the trend is continuing PLEs believing that there are enough services available in the community. The change in perception to be noted is the fact that PLEs believe that there are now enough Adolescent Services in the community. In speaking to PLEs about their answers, there is much more awareness that programs exist there is a lack though of helping overcome basic barriers that not allowing them to take advantage of all the programs such as basic needs, transportation…etc.

D. **Gaps from PLE Needs Assessment**

a. Lower Fees in Housing both SRO and sober living.

b. Trauma Based Therapy.

c. More Treatment Centers.

d. How to reach relatives, etc to connect those in need with resources

e. Language exchange for better communication in areas where English is not well known

f. Housing for people who overdose and discharge from hospital. Housing for those who use drugs.

g. Housing does need help

h. Housing being more readily available and easier to get regardless of credit.

i. More help for women and children in recovery

j. More support for men in recovery

k. Financial planning, budgeting, Benefits focus

l. More information with employment preparation.

m. Focus on interviewing, resumes, networking skills

n. Continue to awareness of their epidemic of addiction

o. Those with chronic illness be place with housing opportunities

p. Provide more Recovery Support Services

q. More treatment facilities

r. Spread Information

s. More Services

t. More Housing Opportunities

u. More Recovery Homes for Woman

v. Youth Services

w. More Zoom recovery services

x. Family Support Services

y. More housing after recovery homes

z. More access to healthy food

aa. More mental health services

bb. There should be more opportunities in my area for people with little to no income because even though my area has a high-income level, I see many homeless people daily in the area that are not getting the services that they need because they don't have the income

E. **Learnings from Stakeholder Needs Assessment**

Stakeholder Assessment Responses

Legend: Strongly Disagree, Disagree, Natural, Agree, Strongly Agree, Don't Know

Summary of Responses | Focusing on Clients and Families

Categories: Strongly Disagree, Disagree, Natural, Agree, Strongly Agree, Don't Know — Stakeholders

Initial Data Reported – 1/30/19

a. Available Community Services: 56% of respondents AGREE there are enough services available

b. Education Services: 51% of respondents AGREE there are enough services available

c. Intervention Services: 46% of respondents AGREE there are enough services available

d. Adolescent Services: 61% of respondents DISAGREE there are enough services available

e. Long Term and Insurance: 42% of respondents DISAGREE there are enough services available

f. Additional Support Services: Split 38% of respondents DISAGREE and 36% AGREE there are enough services available

Data Reported – 1/30/20

a. Available Community Services: 71% of respondents DISAGREE there are enough services available

b. Education Services: 33% of respondents AGREE and 33% DISAGREE there are enough services available

c. Intervention Services: 58% of respondents DISAGREE there are enough services available

d. Adolescent Services: 83% of respondents DISAGREE there are enough services available

e. Long Term and Insurance: 72% of respondents DISAGREE there are enough services available

f. Additional Support Services: 54% of respondents DISAGREE are enough services available

Data Reported – 1/30/21

a. Available Community Services: 61% of respondents DISAGREE there are enough services available

b. Education Services: 46% of respondents DISAGREE there are enough services available

c. Intervention Services: 43% of respondents DISAGREE there are enough services available

d. Adolescent Services: 71% of respondents DISAGREE there are enough services available

e. Long Term and Insurance: 49% of respondents DISAGREE there are enough services available

f. Additional Support Services: 42% of respondents DISAGREE are enough services available

Data Reported – 1/30/22

a. Available Community Services: 60% of respondents DISAGREE there are enough services available

b. Education Services: 41% of respondents AGREE there are enough services available

c. Intervention Services: 43% of respondents DISAGREE there are enough services available

d. Adolescent Services: 71% of respondents DISAGREE there are enough services available

e. Long Term and Insurance: 35% of respondents DISAGREE there are enough services available

f. Additional Support Services: 41% of respondents AGREE are enough services available

Data Reported – 11/1/22

a. Available Community Services: 48% of respondents DISAGREE there are enough services available

b. Education Services: 59% of respondents AGREE there are enough services available

c. Intervention Services: 51% of respondents AGREE there are enough services available

d. Adolescent Services: 45% of respondents DISAGREE there are enough services available

e. Long Term and Insurance: 41% of respondents DISAGREE there are enough services available

f. Additional Support Services: 53% of respondents AGREE are enough services available

Data Reported – 10/30/23

a. Available Community Services: 44% of respondents DISAGREE there are enough services available

b. Education Services: 61% of respondents AGREE there are enough services available

c. Intervention Services: 55% of respondents AGREE there are enough services available

d. Adolescent Services: 42% of respondents DISAGREE there are enough services available

e. Long Term and Insurance: 23% of respondents say they are Neutral and 37% of respondents DISAGREE and DISAGREE there are enough services available

f. Additional Support Services: 55% of respondents AGREE are enough services available

F. **Analysis of the changes in the Stakeholder Needs Assessment**

a. In looking at the data from the last 4 collections there is an overall change in perception that was uncovered in the November 2022 report has continued in this report. Thre is a gap between what is perceived and what services are available in the community. In a ROSC Council group discussion during the October Monthly Meeting across all categories the perception is that there are enough services, and the focus is now on education of those services and how agencies are not competing against each other but collaborating to aid participants find their way to the right services to aid in successful recovery path. They also disagreed that there are not enough services for youth and there is work to be done here to bridge all those programs together to make it easier for parents and youth. There is a consensus that more focus needs to be made on early intervention services.

G. **Gaps from Stakeholder Needs Assessment**

a. Networking with different organizations, it could use some help

b. Legal aid-for instance support with sealing or expungement and ID services

c. More Youth Prevention Programs

d. More job opportunities and counseling

e. There is a gap between treatment and recovery support services there is no warm handoff for individuals that do not meet criteria for outpatient services

f. Women and children services

g. More education to reduce stigma

h. Safer areas to go after recovery.

i. Trauma groups, Grief group, Employing people of color into the ROSC

j. Reentry Services

k. Housing is the biggest barrier for returning citizens.

l. Better collaboration amongst providers, referral engagement.

m. Housing is always challenging.

n. Housing, employment, mental health resources, health care, childcare

o. Mental Health Disorders

p. Housing-not Recovery Homes or Transitional Living are needed (apartments, low-income)

q. Home to treatment facilities transitions

r. Mobile Harm Reduction and Prevention Services - Take Folks to Treatment and Services

s. Harm Reduction Services and Education

t. More services in Spanish for women.

u. More Coaches

v. Services for LGBTQ members of the community

w. Pregnant and Post-Partum Women and medical stabilization

x. All services are mostly covered

y. Recovery Program for seniors

z. Employment

aa. Parental support

bb. Child Protective Services needs to be informed on SUD in order to be effective and safe in their role.

cc. There is no help for young adults who are recovering.

dd. Access to programs that address grievances and opportunities including homelessness and educational programs

ee. Access to mental health services

Inventory of all SUD and COD resources:
Refer to the Asset Mapping and Resource Guides for additional resources.
    A. **Including licensed SUD Prevention and Treatment Services: Highlight MAT Services:**

1. Haymarket - 932 Washington, Chicago, IL 60607

2. Gateway Foundation - 3828 W Taylor, Chicago, IL 60624

3. Mercy Housing - 1244 N Clybourn, Chicago, IL

4. Loretto Hospital - 645 S Central, Chicago, IL 60644

5. Rincon Family Services - 3809 W Grand Ave, Chicago, IL 60651

6. Garfield Counseling Center - 4132 W. Madison Chicago, IL 60644

7. Bobby E Wright - 9 S. Kedzie, Chicago, IL 60612

8. Health Care Alternative Systems - 210 S Ashland, Chicago, IL 60607

9. New Age Services - 1330 S. Kostner, Chicago, IL 60624

10. COIP-Community Outreach Intervention Program - 4650 W Madison, Chicago

11. Hargrove Hospital - 5730 W Roosevelt, Chicago, IL 60644

12. Association House - 1116 N Kedzie, Chicago, IL 60651

B. **Peer Recovery Support Services**

1. Campaign for Drug Free Westside

2. TEECH Foundation

3. N' the Spirit

4. Sisters in the Hood

5. Outside the Walls Ministries

6. NAFEI-National Alliance for the Empowerment of the Formerly Incarcerated

7. Fathers in Transition

8. EDDR

9. Greater West Town Training Partnership

10. North Lawndale/U Turn Permitted-Job training

11. Circle Urban Ministries

12. 15th District Police Station

13. Above and Beyond

C. **Location of Recovery Residences**

1. Phoenix Recovery - 501 N Central, Chicago, IL 60644

2. Hand N Hand - 4207 W Carroll, Chicago, IL 60644

3. Sisters House - 851 N Leamington, Chicago, IL 60644

4. Multitude of Zion - 4925 W Gladys, Chicago, IL 60651

5. Ashanti House - 4909 W. Huron, Chicago, IL 60651

6. The Path for Women - 7530 Lexington Street, Forest Park, IL 60130

7. Gerald's House - 176 N Leclaire, Chicago, IL 60644

8. Leslies Place - 1014 N Hamlin, Chicago, IL 60651

9. Grace House - 1801 W Adams, Chicago, IL 60612

10. Sangamon House - 120 N Sangamon, Chicago, IL 60607

11. Brighter Behavior Choices - 6525 S Campbell, Chicago, IL 60626

12. St Leonard's Ministries - 2100 W Warren, Chicago, IL 60612

13. Inner-Voice - 1621 W Walnut, Chicago, IL 60612

14. Ignatia House - 3052 W Belmont, Chicago, IL 60618

15. Revive Center for Housing & Healing - 1668 W. Ogden, Chicago, IL 60612

16. HAS Transitional Living - 1866 N Milwaukee, Chicago, IL 60647

D. **Chicago Recovering Communities Coalition has contacted with Illinois Certification Board to assess the number of the credentialed peer recovery support professionals in our region. It is confirmed that the following recovery support professionals are (CRCC is waiting on final Data from ICB below is 2022 data until updated):**

- CRSS – 223
- CPRS – 244
- NCRS – 112 (55 are transferred to NAADAC)
- CRSS – 4

E. **CRCC has on its current staff and volunteers the following:**

- 6 Naloxone Train the Trainers
- 3 Recovery Coach Trainers (Trained through CCAR w/certificate)
- 2 CADC
- 1 CSADC
- 4 NCRS (National Certified Recovery Specialists)
- 2 CPRS (Certified Peer Recovery Specialist)

- 10 Volunteer Recovery Coaches that have completed the Governors State Recovery Coach Certification Training on staff

1. **Description of community current readiness to support the ROSC and RCO**

   CRCC is currently educating the community on ROSC and RCO's and they appear hesitant as evidence by their questions regarding what services do, we provide, which may result in their early resistance to become involved or send a representative on behalf of the agency to attend meetings.

   A. Strengths | CRCC has been active in the community and a resident of the Westside community since 2012. Local businesses to serve the community.

   B. Weakness | Lack of collaboration amongst treatment providers and specific sectors we will be focusing on in the FY24 Communication and Outreach plan.

2. **List of technical assistance priorities for expanding ROSC in the Community**

   A. More education on ROSC/RCO to include in other coalition and organizations presentations and monthly meetings as well as at conferences.

   B. Provide consultations for the ROSC /RCO providers

   C. Assist with developing sustainability resources

   D. Outreach with more Law Enforcement and Civic leaders in our community.

3. Westside ROSC Council offers information on community intervention, prevention resources that aide addicted individuals in their pathway to recovery. Although, there are limited substance abuse provider's present at the table, we are developing and will implement a strategic communication message to increase dissemination of recovery service information for potential consumers and to increase participants' involvement in ROSC objectives. We have launched increased effort to meet face to face with each provider to enlist their support and every effort to educate and inform them of the importance of their role in the council. Present ROSC Members are enthusiastic and knowledgeable and have been receptive to encourage other providers and spread the word. This will help promote and build interest in building other ROSC Councils on the west side which will help ensure expansion of funding

Needs Assessment SWOT Analysis

Strengths

- State recognized RCO Recovery Community Organization since 2012
- Drug Overdose Prevention Program Certified thru State of Illinois
- Lead agency on the Westside of Chicago to develop ROSC Council
- CRCC history and understanding of community resources, community stakeholders, consumer needs, and people with long term recovery commitment for advocating ROSC objectives
- Gained experience and expertise of the ROSC Council as its establishment in the community
- Sharing Coucil expertise to assist in training other ROSC Council being formed in the Chicgoland area and statewide.

Weaknesses

- Need a concise and clear message of ROSC goals to be formulated to attract other SUD providers.
- Community gaps in services
- Lack of community awareness
- Education
- No services for young adults
- Lack of community education involving substance abuse and mental health issues as well as recovery

Opportunities

- Present ROSC members are enthusiastic
- Knowledgeable and passionate in engaging others
- Building a network of recovery service providers to engage addicted individuals in treatment services.
- Opportunities to help promoting and building other ROSC Councils on west side
- Expansion of ROSC Funds
- Bridge the gap between Mental Health Services and Recovery Support Services
- More Social Services provied to individuals in recovery in our community
- Diversify the council as we expand into new communities in Chicago

Threats

- Funding
- Stigma
- Lack of consistent, ongoing collaborations
- Growing opioid epidemic