

SI SUPRT FY24 Updated Gap Analysis

As mentioned in our previous CNA, we continue to work on the following needs/gaps that have been identified through our council's long history and evolution. Our previous strategic plans addressed many of these major areas and some of the work we have done to tackle these is indicated in parentheses after the statement. In areas where we do not indicate further work, we have yet to tackle these needs and gaps which will need to continue to be addressed in our current program year.

- We have a low self-referral rate for treatment, impeded by stigma. (We have developed a stigma reduction campaign to address stigma that was displayed on billboards and mass transit in our coverage area. We are working with Egyptian Health's SUD department to measure self-referral rates and impact of our recovery messaging.)
- The time between arrest and prosecution is too long. (We are addressing several issues with our state's attorneys who attend our meetings and are supportive of recovery as a solution to addiction issues. Recent bond reform practices in Illinois have made it easier for us to connect with justice-involved individuals.)
- We have a problem with follow ups after overdoses and overdose interventions. (In collaboration with a local hospital system, we are working to assure that post-overdose clients have access to naloxone and recovery services.)
- We need to know how to better support young people after treatment. (We have youth SUD counselors who do follow up with young people. EHD has intervention support providers in each school district in our four county coverage area.)
- We have few-to-no prevention places/substance free hang outs for young people. (One strategy would be to involve our parks and recreation planners to provide open gyms and other non-school sports activities.)
- Access to care:
 - Need more access to long-term inpatient facilities closer to our area in order to assist in providing treatment in a timely manner. (Our RSS staff and church volunteers do provide transportation to treatment; however, closer proximity to treatment is something we will continue addressing and need technical assistance/visioning/funding to complete.)
 - Transportation to appointments, meetings and other recovery support services are needed. (Rides Mass Transit District provided information to council on services in our counties. EHD has two full-time transportation specialists who work with clients to resolve on-going transportation issues.)
- Health care that covers treatment is critical. (We will continue to work for advocacy for parity, and explain the coverage that IS available.)
- No sober living facility is available in our area. (As the need is known and we build collaboration, we intend to capitalize on the opportunity to work with other organizations to find solutions for safe living environments for those in recovery.)
Emergency housing, and housing in general, continues to be an ongoing issue in our area for people with SUD and/or a criminal history. Ultimately, we'd like to facilitate permanent emergency housing in our area, but have met several roadblocks in our efforts, including access to employment and transportation for recovery housing residents.

- Consistent recovery events in the community have not been offered frequently enough. (A few events have been hosted, including: Saline County Outreach, a multi-organizational event to promote regional recovery support services, and a Recovery Walk sponsored by local RCO, TAT.)
- We've struggled to fully engage all of local law enforcement. While we do have Peer Recovery Specialists who meet with incarcerated clients, the contact is minimal, and it's often difficult for those clients to reach us.
- Additionally, we would like more community members with lived experience on our council.

Additional and updated gaps in service from most recent council meetings:

SI SUPRT FY24 Updated Gap Analysis

- A. Housing insecurities
 - a. Lack of emergency shelters regardless of SUD, mental health issues, and/or criminal background
 - b. Lack of long-term, affordable housing options, esp. for people with criminal history
 - c. Lack of sober living facilities and recovery housing, esp. recovery housing that promotes multiples pathways to recovery
- B. Lack of recovery friendly workplaces, regardless of criminal background
- C. Professional career opportunities for those in recovery
 - a. Educational opportunities
 - b. Career advancement
- D. Increase availability of low-barrier Medication Assisted Recovery
 - a. Induction in emergency departments
 - b. Raising awareness about MAR NOW
 - c. MAR in jails and DOC
- E. No referral process from medical providers for patients presenting with SUD in local hospital
- F. No medical detox facility in coverage area.
- G. Delay between client readiness for treatment and inpatient bed availability.
- H. More recovery activities, recovery-friendly community events
- I. Improved participation with K-12 public schools and local colleges