

GAP Analysis: Programs and Services Across the Continuum of Care for Bond County

		Program or Service Offering History					
Continuum of Care Category	Service or Program	Existing > 6 months	Existing < 6 months	Planning Stages	Offered through grant \$ outside county	Gap in service	Notes, History, Considerations, and Possibilities
Promotion	Anti-stigma efforts					X	Many in community do not understand addiction as a disease and still see it as a moral failing.
	Recreational Alternatives to Substance Use					X	Many residents report a lack of community gathering spaces.
	Substance Use Screenings					X	Primary Care & Pediatric Physicians and Faith Community do not utilize or have training in education, screening tools, and referral support.
	Community Outreach					X	There is limited proactive education or health literacy promotion activities.
	Trauma-informed Care Training					X	Many stakeholders were unaware of this concept and expressed an interest in more training and resources in this area, especially law enforcement and school systems.
Prevention: Universal	Public and/or school norm campaign					X	Alcohol, cigarette smoking, and marijuana use have been "normalized" even during "dry" periods in county history.
	SUPS School Curriculum					X	Law Enforcement has a full time Resource Officer in the county for the first time in 2023, but no SUPS provider in county.
	Community Education & Education Materials - Specialized by sector					X	A brochure wall at the BCHD and Greenville Police Dept. are the only materials with public access. There exists no training for each of the 12 community sectors regarding substance use and addiction (e.g. How can employers help? What do those who work with the senior population need to be screening for? etc.)
Prevention: Selected	Red Ribbon Week Activities	X	X			X	Previously, limited and inconsistent activities at schools, in 2021 a planned program through the ROSC was conducted at Pocahontas and offered program streaming to all schools in district and Mulberry Grove. Gap exists - neither high school participated.
	Family Members of those with an addiction	X				X	Prairie Counseling Center is offering a CRAFT group for families of those with SUD

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Prevention: Indicated	Adverse Childhood Experience (ACE) Support					X	No robust screening tools with appropriate training to identify and support youth in need with all service agencies that interact with youth.
	Children of Parents w/Addiction					X	With a genetic predisposition and the possibility of trauma, there are limited programs that educate on risks and teach alternative coping mechanisms while offering support.
	Case Identification through school screenings and involvement	X				X	While there are referrals, there is not enough trained personnel to support the numbers of youth experiencing mental health issues that can predispose them to substance use as well as substance use screenings.
	Law Enforcement Deflection Program					X	There is community interest in learning more about this option as a way to educate and provide alternatives for those at higher risks or already presenting with SUD symptoms.
Harm Reduction (HR)	MAT/MAR Services	X	X	X	X	X	There is one x-waivered provider in the county. This is someone who is available at Prairie Counseling Cener 1 to 2 days a week. They also use a hub and spoke program with Chestnut in Granite City which is a 50 mile drive for services.
	Naloxone training & distribution	X			X	X	Service provided by SOR Program. No sustainable strategy within county borders. The ROSC has been creating more locations within the county that you can get Narcan. They have provided leave behind kits to PCC, HSHS, Sheriff's Dept, Greenville PD, Pocahontas PD, and Sorento Fire Dept.
	Safe Syringe Access					X	Not available and lacking community readiness.
	Physician Education on HR					X	Not available and lacking community readiness.
	Judicial System Education on HR			X	X	X	Not available and lacking community readiness. There is no drug court; however, the Bond County Jail is now providing Vivitrol Injections to inmates.

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Medical Care	Hospital Warm Handoff Program			X	X	X	The hospital offers minimal SUD support; however, a warm handoff program is still being experimented with through Gateway.
	Hospital Withdrawal Management Program					X	The "New Vision" program was discontinued leaving a gap in this service offering. Agency stakeholders say Alton Memorial is the primary referral site for withdrawal management support.
	Stabilization Facility			X		X	Several stakeholders from multiple sectors voiced a need for a stabilization facility beyond what the hospital and jail can provide. The Prairie Counseling Crisis Care Coordinator is pursuing options for a facility.
	Transitions of Care Across Continuum of Care					X	Case Identification and tracking options across services are non-existent. (e.g. if someone is released from treatment, how can law enforcement be alerted to support their recovery efforts? How can primary care physicians and others work together to make sure no one fall through the cracks among service providers?)
	Coverage of Alternative and non-opioid therapies for pain					X	Chiropractic care is reimbursed through Medicaid at a rate of \$10.86 and it takes 10 months to receive payment - this makes it a non-viable alternative.
Treatment	Outpatient Care	X				X	Prairie Counseling, Jubilee House and a couple of private practice options exist. There is only 1 SUD counselor in the county.
	Intensive Outpatient Care					X	Not available in Bond County.
	Crisis Care	X		X			Expansion plans underway, but stabilization options lacking.
	Residential Care					X	Residents must travel to Madison, St. Clair and/or Sangamon County for services.
	Youth Counseling	X				X	Prairie Counseling offers youth counseling; though some stakeholders report a concern in their ability to service youth with complex trauma. Lincoln Prairie Behavioral Health in Springfield is a referral option but is often at capacity.
	Telehealth		X			X	Recent program set up with county jail. Telehealth for residents can be impeded by broadband access.
	Trauma-informed Care					X	Stakeholders report a lack across all services.

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Recovery	Bond County Recovery Council (ROSC)	X			X		Established in March 2021 - developing many connections and new programs to support recovery and other aspects across the continuum of care.
	Peer Recovery Coach		X			X	Introduced in August of 2021 - supporting Bond, Clinton, and Madison Counties; having a dedicated Bond County Coach could be helpful .
	AA Meeting/12-Step Meetings	X				X	AA meets weekly and there is a men's and women's 12-Step meeting at Lost & Found - all in Greenville, not in outlying areas which makes transportation a barrier.
	Celebrate Recovery Meeting	X					Meets weekly on Thursday evening at Free Methodist Church - Provides meal and child care
	The Healers Meeting		X				Recently started and meeting weekly. Format is unclear.
	MARA Meeting					X	First meeting in December of 2021 to address stigma related to Medication Assisted individuals who may not feel welcome in traditional AA meetings – ended in 2022
	Secular Meetings		X				New SMART meeting is now available through Prairie Counseling Center
	Sober Entertainment Options	X				X	Lost & Found is a sober "bar" and hangout for those in recovery. The Bond County Recovery Council is now hosting Game Nights, Family Picnics and other sober events.
	Recovery Housing					X	There are no sober living options within the county or any other step-down options after residential treatment. Subsidized housing is limited and prohibited if an individual has a felony.

Point on Continuum	Identified Gap	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 understanding about substance use and addiction, leading to stigma.	<ul style="list-style-type: none"> • Conduct survey within community to identify what stigma looks like “here”. • Deliver stigma reduction training at community and organizational meetings across all sectors. • Conduct social norms campaign specific to youth use of alcohol and marijuana. 	<ul style="list-style-type: none"> • Review web content and resource materials with businesses and service agencies including judicial, law enforcement, schools, and medical providers for stigmatizing language and concepts. 	<ul style="list-style-type: none"> • Create statewide messaging and community education campaign that offers funding for local implementation and offers equity-based strategies for rural communities.
	Lack of understanding regarding the impact of trauma on youth and adults.	<ul style="list-style-type: none"> • Conduct Trauma-Informed Care (TIC) training for all sectors within community. • Conduct Mental Health training (ex. Mental Health First Aid, QPR, etc.) for teachers, staff, law enforcement, parents, and community members at large and from all sectors. 	<ul style="list-style-type: none"> • Support school system in developing mechanisms for identifying and serving youth with known ACEs. • Collaborate with service agencies to mitigate risk factors and replace with protective factors. 	<ul style="list-style-type: none"> • Increase funding for counselors, social workers, and resources. • Provide support on how best to organize and allocate resources to meet the needs of the community.

Prevention	Lack of data on youth behavior trends; no schools participating in Illinois Youth Survey (IYS).	<ul style="list-style-type: none"> • Hold regular meetings with school personnel to address concerns and educate on benefits of having IYS data. Ongoing areas of concern to address include: <ul style="list-style-type: none"> ➤ Fear that asking about various substances and/or behaviors will encourage youth use. ➤ Fears around exposing youth to new terminology ➤ Lack of sufficient class time with all the other state mandates • Engage stakeholders to increase awareness and acceptance of conducting the survey. 	<ul style="list-style-type: none"> • Reach out to other school districts to learn more about how they have used IYS data to make changes within their communities and school districts. Share this information with local school administrators. 	<ul style="list-style-type: none"> • Mandate IYS participation and/or offer incentives to participate in program.
	No formal evidence-based classroom or community education.	<ul style="list-style-type: none"> • Take advantage of free distance learning opportunity, Project ALERT, for middle school students with participation from Law Enforcement. • Implement “Too Good for Drugs/Violence” at junior high or high school level. • Include substance use and mental health education as part of freshman orientation with programs for students and parents, as a part of comprehensive prevention programming. Avoid using scare tactics. 	<ul style="list-style-type: none"> • Law Enforcement partner with school system ways to foster healthy relationships between students and law enforcement; potentially to include provision of educational presentations. • Training to increase understanding of primary, evidence-based prevention practices to community groups. 	<ul style="list-style-type: none"> • Change SUPS grant population requirements to make this evidence-based program more accessible to rural communities.

Intervention/Harm Reduction	Lack of awareness throughout community regarding availability of NARCAN® and no in-county distribution locations.	<ul style="list-style-type: none"> • Identify distribution locations and educate community members on NARCAN® as life-saving medication. • Work with Ministerial Alliance to adopt faith-based harm reduction approaches and recovery-oriented congregations. 	<ul style="list-style-type: none"> • Partner with pharmacists, first responders, and medical community to provide NARCAN® and educate those with lived experience and those who love someone with lived experience on how to use it and why to carry it. 	<ul style="list-style-type: none"> • Promote state-wide messaging on the life-saving properties of NARCAN® to increase community awareness and acceptance. • Promote state-wide stigma reduction messaging around NARCAN® and/or other harm reduction services.
	Limited community readiness for harm reduction principles or practices.	<ul style="list-style-type: none"> • Conduct sector-specific education on the principles and practices of harm reduction (including the importance of treating people with lived experience (PLEs) with dignity as part of a harm reduction approach). • Work with Law Enforcement, First Responders, Religious Organizations and Medical providers to build trust in the community with PLEs by promoting and offering harm reduction services as part of their daily work. 	<ul style="list-style-type: none"> • Partner with organizations that provide harm reduction services (e.g. Phoenix Center) by allowing them to promote their services in locations and ways that reach those in need of these services. 	<ul style="list-style-type: none"> • Review and change laws, policies, and governmental practices that increase barriers to access for harm reduction services.

Treatment	<p>Only one in county MAR prescriber and lack of government, agency, and community understanding regarding MAR</p>	<ul style="list-style-type: none"> Educate local providers regarding the latest pain management approaches and promote ECHO projects for prescribers new to MAR. Continue working with county jail on implementing MAR program for withdrawal management, maintenance while in jail, upon release, and provide easy alternatives to maintain MAR after release. 	<ul style="list-style-type: none"> Partner with Recovery meeting leaders to educate members on welcoming all paths of recovery, including MAR. 	<ul style="list-style-type: none"> Research options to address barriers that prevent rural physicians and other x-waiver candidates from providing MAR in rural counties (e.g. liability concerns, case support, etc.).
	<p>Lack of local detox, stabilization, residential, and intensive outpatient treatment programs or facilities; only 1 SUD counselor to serve the entire county.</p>	<ul style="list-style-type: none"> Support the community's Mobile Crisis Unit to provide de-escalation and stabilization options that don't involve incarceration and/or emergency department visits. 	<ul style="list-style-type: none"> Partner with neighboring rural counties to create a "mini-network" of services across the continuum of care. 	<ul style="list-style-type: none"> Provide funding and model development for stabilization options in rural communities and/or incentives and payment for hospitals to serve in this capacity.
	<p>Lack of Internet access for some residents (which impacts telehealth options).</p>	<ul style="list-style-type: none"> Assess the scope and impact of internet access as a barrier to services in Bond County. 	<ul style="list-style-type: none"> Promote new telehealth partnership between the school district and outside mental health care agency (for both parents and students) as a great resource to supplement existing counseling resources in the county. 	<ul style="list-style-type: none"> Develop model or incentives for cellular companies to offer free minutes for telehealth options in rural communities Fund innovative practices (ex. telehealth cafes) to address telehealth needs in rural communities.

<p>Treatment (continued)</p>	<p>Limited substance use screenings or warm hand-offs and coordination between law enforcement, legal system, medical community, and treatment providers.</p>	<ul style="list-style-type: none"> • Regularly assemble key sector representatives to strengthen network of services within the county. • Utilize existing in-county resources (medical and behavioral health providers) to train other sectors on signs and symptoms of mental health disorders and substance use disorders. 	<ul style="list-style-type: none"> • Partner with other organizations that fill service gaps across the continuum of care to ensure warm hand-offs and re-entry into the community after treatment. 	
<p>Treatment and Recovery</p>	<p>Lack of reliable transportation.</p>	<ul style="list-style-type: none"> • Meet with Bond County Transit to identify evening and weekend hours that would best facilitate transportation access. • Work with Ministerial Alliance to generate and train a network of volunteer drivers in serving and supporting PLEs. 	<ul style="list-style-type: none"> • Look into partnerships with other county transit companies to assess possibility for cross border services. 	<ul style="list-style-type: none"> • Expansion of Good Samaritan Laws to include volunteer transportation programs.

Recovery	Lack of recovery housing options.	<ul style="list-style-type: none"> • Research housing models to adapt, as needed, to meet community needs. • Train Landlords and Zoning boards on addiction and mental health. • Identify any community regulations that limit location or number of residents and advocate for change, as needed. 	<ul style="list-style-type: none"> • Partner with other agencies to identify available funding sources (e.g. health department, C.E.F.S, etc.). 	<ul style="list-style-type: none"> • Provide incentives to landlords and developers who rent to individuals in recovery.
	Limited meeting options and no secular recovery support groups/meetings.	<ul style="list-style-type: none"> • Promote and expand Peer Recovery Specialist workforce with providers. Peers can offer increased supports between meetings and lead secular meetings. • Support Prairie Counseling Center in their new SMART Recovery meetings. 	<ul style="list-style-type: none"> • Work with neighboring counties to expand network of meetings and shared transportation options. 	
	Lack of local (walkable) employment opportunities.	<ul style="list-style-type: none"> • Present at Chamber of Commerce meetings with data, education, and contact-based programs to expand the number of businesses willing to hire PLEs. • Address transportation issues identified above to expand access to additional employers. 	<ul style="list-style-type: none"> • Partner with MERS Goodwill program coordinators for GED, resume building, and job placement opportunities. 	<ul style="list-style-type: none"> • Work to expand problem-solving/recovery court programs to lessen the barriers that result when non-violent substance use leads to felony convictions.