



**Communities for Positive Youth Development (CPYD)
Coalition**

**Recovery Oriented Systems of Care (ROSC) – Illinois
Statewide Network**

Community Needs & Resource Assessment Update

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The Communities for Positive Youth Development (CPYD) Coalition

The Communities for Positive Youth Development (CPYD) is a collaboration of community partners who share the common goal of positive youth development, including a lifestyle that is free of alcohol, drugs, and other substances and promotes diverse recovery support services across the lifespan. The community coalition model is an evidence-based strategy to address public health issues through coordinated efforts. By using local data and a strategic planning process that is inclusive of our partners, including youth and persons with lived experiences, the coalition supports comprehensive strategies to address those issues that are most relevant to the community and to foster positive youth development. The coalition's goal is to reflect the diversity of our community and to have a strategy in place to ensure that all community voices are engaged.

The coalition is made up of individuals and organizations who are key stakeholders in supporting the full continuum of care (prevention, early intervention, treatment, and recovery) and their related support services: youth, parents, community members including persons with lived experience, schools, police, fire and first responders, civic organizations, faith-based organizations, local government/policy makers, media, local health and behavioral professionals, youth-serving organizations, businesses, treatment, intervention, and recovery support providers (recovery coaches, housing, transportation, employment, etc.) and other organizations in Schaumburg, Hoffman Estates, Elk Grove Village, Hanover Park, and Palatine. In addition to youth from local high schools, parents, and persons with lived experience who reside in our community, our current membership includes the following organizations and individuals:

- Representatives from Township High School District 211, Schaumburg District 54, Elk Grove District 59, and Elk Grove High School
- Trickster Native Veterans Group of Illinois
- Liv4lali

- Schaumburg, Palatine, Hoffman Estates, and Elk Grove police departments
- Streamwood Behavioral Health Hospital
- Northwest Community Hospital
- Northwest Compass

- AMITA Behavioral Health Hospital Hoffman Estates
- Harper College
- State Representative Michelle Mussman (D-56)
- Trickster Cultural Center
- Schaumburg Library
- Elk Grove Library
- Kingdom Impact Theater Ministries
- Countryside Unitarian Church
- Kenneth Young Center
- The Bridge Youth & Family Services
- Shelter, Inc.
- Comcast
- Illinois Army National Guard
- YWCA (Elk Grove)

The coalition is open to anyone who lives, works, or attends school in the community and supports the council’s mission, vision, goals, and objectives. The council meets in January, March, April, May, September, and November. The council's subcommittees (Elk Grove Township and Data & Strategic Planning meeting in the months that the coalition do not meet to move goals and objectives forward. The Schaumburg Plus Youth Advisory Council meets monthly, and the Elk Grove Youth Advisory Council meets weekly. The Executive Committee, comprised of the subcommittee chairs and the coalition’s leadership, meets two weeks before each meeting to set the agenda.

To learn more about the coalition, visit www.cpydcoalition.org

ROSC Project Description

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.

ROSC-Illinois Network Mission Statement

“Collaborating to build and empower communities of recovery.”

The CPYD Coalition will serve as a Recovery Oriented Systems of Care (ROSC) Council in order to build local recovery-oriented systems of care and that can network with the statewide ROSC Council. Kenneth Young Center serves as the lead agency working in collaboration with the CPYD Coalition. To ensure the sustainability of the ROSC Councils, Kenneth Young Center will demonstrate a commitment to establish the ROSC Council permanently with a long-term (5 year) strategic plan and a permanent business relationship. This agreement is set forth by terms and conditions applicable to services funded by the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR) for the development of Recovery Oriented Systems of Care Council.

ROSC Project Expectations

- Identify and address the needs of the recovery community and promote infrastructure development of Recovery Community Organizations (RCOs) through training and education on issues such as operations, billing systems, recruitment, sustainability and integration into larger systems.
- Involve people with lived experience. Lived Experience means personal knowledge about substance use disorders (SUDs), including co-occurring mental health and substance use disorders (CODs) treatment, and recovery gained through direct involvement, which may include that individual's involvement as a patient, family member or loved one of a person receiving SUD/COD treatment services.
- Create an integration of systems within the ROSC, local hospitals, primary care, mental health, law enforcement, local business owners, local government representatives and policy makers, persons with lived experience and SUD intervention, treatment, prevention and recovery support service providers.
- Build a menu of services and supports including all the components listed in the definition above: person-centered, building on strengths/resiliencies, coordinated, and community based.
- Organize the logistics of ROSC Council meetings, stipends to ensure the participation of persons with lived experience, training cost, or website administration costs. Plans that include the development of Recovery Community Organizations (RCOs) in the ROSC are strongly encouraged.

- Build capacity for communities to provide advocacy, education and recovery support services for people in recovery from SUDs and co-occurring (SUD/Mental Health) Disorders (COD).
- Map resources and assess needs including: readiness for a recovery community organization.
- Inform, educate and empower individuals and communities, expanding access to a comprehensive array of prevention, treatment and peer recovery support service options.

Information about Kenneth Young's ROSC Service Area

The geographic area to be served are the Townships of Schaumburg, Palatine, Elk Grove, Hanover and a small western portion of Main Township that is served by Elk Grove High School. The service area is located in the Northwest suburbs of Chicago and is about 15 miles east to west and 10 miles north to south, and has a combined population of about 437,745 residents (2016 Census Reporter). The demographic profile of the entire community is: Caucasian (57%), African American (3%), Native (0.2%), Asian (16%), Pacific Islander (0.1%), Other (0.25%), and Two+ races (1.5%), and Hispanic (22%). The top three languages spoken at home are English (60%), Spanish (16%) and Indo-European (16%). About 15,590 residents are veterans and 25% of the population is between the ages of 15 and 25. Source:

www.censusreporter.gov School Report Card data indicate that the majority of high schools in the area have 35% of students qualifying for free/reduced lunch with some schools over 50%.

The CPYD Coalition, coordinated by KYC's prevention team, was formed in 2014 when community stakeholders came together to host the community's first Town Hall Meeting on youth substance use. The event was organized as a response to the 2013 conviction of three Schaumburg police officers charged with selling confiscated drugs and physically abusing suspects. The charges resulted in 17 lawsuits against the village costing \$1.33 million. The scandal contributed to the perception that there is no support for building a drug-free community and that the community was falling to the growing opioid crisis. Since its creation, CPYD has helped to promote, educate and connect the communities with a focus to prevent and decrease youth substance use rates and increase access to youth-friendly resources.

While the coalition has seen a decrease in youth alcohol consumption, there has been an increase in youth and young adults substance use treatment, overdoses, and deaths due to substances such as opioids and heroin. In 2017, local police department reported high numbers of drugs collected during the National Drug Enforcement Administration Drug Take Back Day: Hoffman Estates collected approximately 110 pounds of drugs and Elk Grove Village collected 125 pounds of drugs. The Schaumburg PD has a drug take back box which is available to the public 24/7 and approximately 10,000 pounds of medication has been collected over the past five years; From 2017-2018 there have been eight Elk Grove High School recent graduate opioid overdose deaths of individuals between the ages of 18-25. In 2017, Schaumburg PD received 33 overdose related reports and 24 were heroin related and of the 33 reports, 19 overdoses had Narcan delivered either by Schaumburg Police or Fire Department members; 4 overdoses had Narcan delivered by the victim's family; and Palatine PD reported that from 2017-2018, 150 calls were overdose related, both accidental and intentional (suicide attempts/completions where opioids were used; 25 of those patients received Narcan).

AMITA Health Behavioral Medicine has recognized the increase in opioid and heroin addiction and overdose rates, opening the AMITA Health Foglia Family Foundation Residential Treatment Center (RTC) in Elk Grove Village in April of 2017. The center utilizes evidence-based treatments to treat dual diagnosis, with a specific focus on co-occurring mental health and substance use disorders. In June 2018, Elk Grove Village Mayor Craig Johnson announced a new initiative, "Elk Grove Village Cares: A Community-Based Strategy to Tackle Opioid Addiction, Help Those in Need and Make Our Community Stronger, Safer and Healthier." The goal of the program is to reduce the number of opioid overdoses and deaths by (1) prioritizing compassion for those seeking treatment and provide safe transportation to a treatment facility, (2) increasing access to resources for those suffering from addiction and their families, (3) educating residents about addiction and reduce the stigma individuals and families suffer and (4) placing Narcan kits in public places for employees and residents to reverse the effects of an overdose. The EGV PD has committed to becoming a ROSC Council member, ensuring access to the target population, as well as providing an opportunity to partner on local strategies in response to the Opioid Crisis.

In 2013, KYC staff organized a round table event, with then Congresswoman Tammy Duckworth to discuss the growing opioid crisis. Participants with lived experiences shared that there is a need for community-based recovery support services. The conversation concluded that services were scarce and inaccessible by residents in the

target community. In May of 2015, CPYD organized another community event for SAMHSA's National Prevention Week titled, "Opioid Overdose Prevention; Why your Community Needs it." As a result of the event, the community determined that there was a gap in services between when students graduate from high school and transition to adulthood (ages 18-25). Three years later, this is still a community problem.

In July 2018, Trickster Native Cultural Connections conducted three focus groups with (1) Native American (NA) women veterans, (2) NA Vietnam veterans and (3) NA post-Vietnam veterans. NA veterans disclosed the difficulties of seeking help for substance use and mental health disorders because of societal stigmas and limited access to resources. Lastly, to describe the need for a ROSC in the service area, KYC staff reviewed the 2018 Illinois Youth Survey (IYS) data and concluded that of the 6 schools in the service area that administered the IYS (all five D211 high schools and Elk Grove- High School) about 22% of 12th grade students were high risk and would benefit from an individual substance use assessment based on the CRAFFT assessment criteria (Car, Relax, Alone, Forget, Friends, Trouble): Students who reported using substances and answered that they: used and drove a car, used to relax, used alone, used to forget, used and impacted relationships with friends, and/or used and got in trouble. District 211 high school averaged 160 drug and alcohol offense referrals to treatment from 2012 – 2017. According to the Northwest Community Hospital's 2018 Community Needs Assessment survey responses (N=414), 74% said that substance use and mental health problems were negatively impacting the community's overall health; 71% said that mental illness is a problem in the community; 65% said that alcohol abuse is a problem in the community; and 72% said drug abuse is a major concern. The assessment found that Hispanic and young adults with inadequate or no health insurance are the two groups most impacted by the lack of access to adequate behavioral health services including substance use prevention, treatment and recovery and concluded that the number one problem in the community is "access to behavioral healthcare." The assessment named "embarrassment and stigma" as the greatest contributors outside of funding that impact treatment and recovery, thus demonstrating a need for a ROSC Council in our community.

Local ROSC Resources

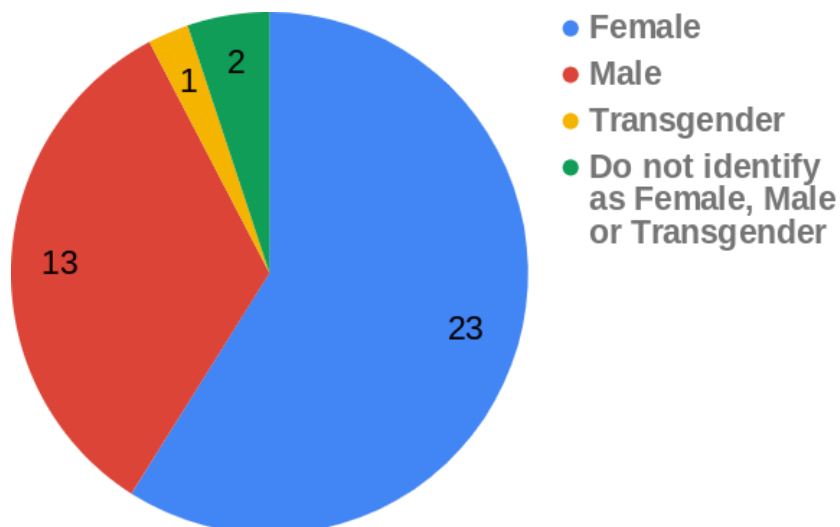
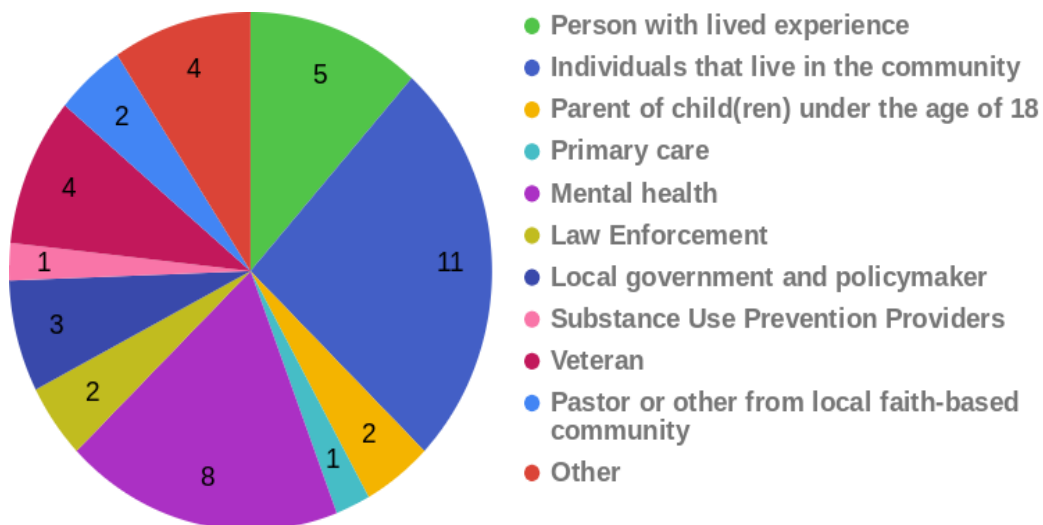
The list of over 120 local resources was shared with the CPYD Coalition by one of its member organization, Live4Lali, and expanded by the coalition's Fall 2018 intern from the University of Illinois, Chicago. The resources identified include services for recovery housing, treatment, Narcan/naloxone training and distribution, food pantries, recovery

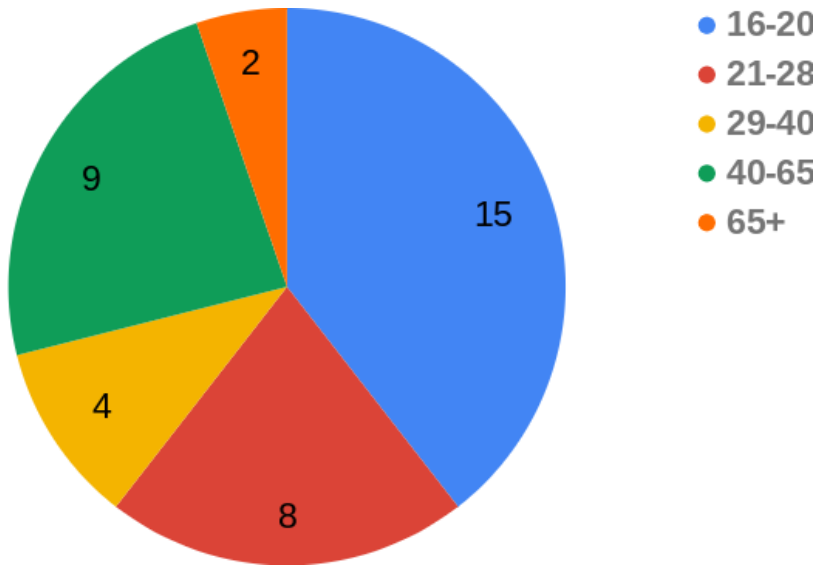
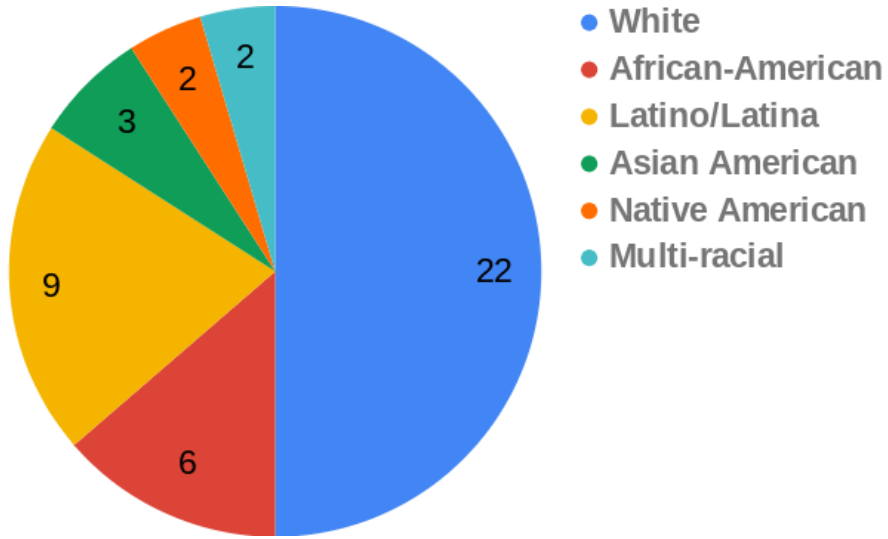
coaches, and other recovery support services. See appendix **North Suburban ROSC Resources 2018**.

ROSC Community Needs Assessment Results

In 2018, The CPYD coalition used a modified version of an Ohio Association of County Behavioral Health Authorities Assessment to determine community readiness for a ROSC Council. The anonymous survey was shared with the community via social media, community events, the coalition’s website, council partners’ websites, and via partner’s listservs. The goal was to obtain a diverse representation from the community regarding sectors, race/ethnicity, ages, and genders. It was especially important to obtain input from persons with lived experience, youth/young adults, and veterans (our target population). The efforts resulted in 41 responses with diverse community representation.

Survey Responses Representation





A=Agree D=Disagree DK=Don't Know N=Neutral

SA=Strongly Agree SD=Strongly Disagree. Y=Yes, N=No

The number before the letter represents the number of responses to A, D, DK, N, SA, and SD

Service providers are trained regularly in recovery topics and resilience-based and trauma-informed assessments.

16A 4D 6DK 6N 9SA

Service providers do not use threats or bribes or other forms of coercion to influence the person's behavior or choices.

14A 2D 4DK 3N 8SA 1SD

Service providers offer specific services and programs for individuals with different cultures, life experiences, interests and specific needs.

17A 5d 3DK 7N 9SA

Every effort is made to involve family members (spouses, significant others, friends) and other natural supports (e.g., clergy, neighbors, landlords, coaches) in the planning of services – if so desired.

22A 4D 5DK 2N 8SA

People in recovery can choose (and change, if desired) the therapist, psychiatrist, physician, or other providers from whom they receive services.

15A 7D 9DK 3N 6SA 1SD

Most services are provided in a person's natural environment (e.g., home, community, workplace).

9A 12D 9DK 6N 4SA 2SD

People in recovery are given opportunities to discuss their spiritual needs and sexual preferences.

10A 5D 12DK 6N 7SA 1SD

Service providers listen to and follow the choices and preferences of participants.

18A 2D 6DK 11N 4SA

Progress toward goals (as defined by the person in recovery) is regularly monitored.

20A 1D 8DK 3N 8SA

Staff uses recovery language (e.g., hope, high expectations, respect) in everyday conversation.

18A 3D 7DK 3N 10SA

Boards and service providers use people-first language.

14A 2D 13DK 5N 7SA5

Barriers (e.g., childcare, transportation) are addressed for participants.

12A 6D 12DK 6N 3SA 2SD

Multi-disciplinary teams (e.g., clinician, peer support, family members, other cross-system partners) work together with the goal of recovery.

16A 5D 10DK 4N 6SA

Stage-appropriate services (e.g., detox before treatment, crisis services) are offered.

19A 3D 11DK 6N 2SA

Flexibility in outpatient care is allowed.

16A 5D 9DK 5N 7SA

Provide low-intensity care for those who would not benefit from high-intensity treatment at that time (e.g., outpatient vs. residential).

16A 5D 11DK 3N 6SA

Age appropriate services are offered to children, adolescents, young adults, and seniors.

17A 3D 8DK 1N 11SA 1SD

Individuals have timely access to the services and supports that are most helpful for them.

19A 9D 4DK 3N 3SA 3SD

Groups, meetings, and other activities are scheduled in the evenings and on weekends to minimize conflict with other recovery-oriented activities (e.g., employment or school).

19A 2D 12DK 3N 4SA 1SD

Staff routinely assists individuals in the pursuit of education and employment.

12A 3D 9DK 9N 7SA 1SD

Partnerships exist for all ages in a variety of health care settings that will facilitate the use of evidenced-based behavioral health screenings, on-site assessments, early intervention and referral strategies, as well as wellness checks.

21A 1D 10DK 4N 5SA

Co-occurring behavioral and physical health are addressed in integrated ways, including assertive referral to and coordination with primary care providers, with an aim to address co-occurring issues through integrated rather than consecutive care.

10A 5D 13DK 7N 6SA

Collaborations exist with childcare centers to promote early interventions to better meet children's emotional and behavioral needs.

11A 5D 13DK 8N 3SA 1SD

Connections with key community partners (e.g., housing and food shelters, halfway houses, church-based meal programs, community corrections facilities, recreation centers) exist for at-risk individuals.

19A 4D 5DK 4N 8SA

Partnerships exist with peer support recovery programs, recovery community organizations and other support groups.

22A 2D 9DK 8SA

Partnerships exist with organizations that provide other resources (e.g., housing, childcare, employment services, transportation) that may benefit the individuals and families served.

19A 1D 8DK 7N 5SA 1SD

Partnerships and learning exchanges exist with first responders to help stabilize individuals by providing education on: mental health and substance abuse issues, common responses to trauma, and facilitation of referrals.

13A 3D 11DK 6N 7SA

Cross training and referrals with child and adult protective services are in place.

15A 5D 14DK 3N 4SA

A no-wrong-door policy exists in the community for children, adolescents, and adults to engage individuals at whatever point they enter the system and determine the most appropriate type and level of care at that time.

12A 6d 14DK 5N 3SA

Age-appropriate peers are used in community outreach and early engagement efforts.

13A 6D 12DK 3N 7SA

Families, peer support staff, and volunteers are used in outreach efforts.

20A 2D 10DK 5N 3SA

Interim services are available for people on waiting lists and/or who are not ready to commit to treatment.

9A 5D 17DK 6N 1SA 2SD

Assertive linkages exist during transitions using peer-based recovery support staff and volunteers through levels of care.

16A 4D 12DK 6N 2SA

Intake and engagement strategies use evidenced-based practices (e.g., motivational interviewing, contingency management and cognitive behavioral techniques).

21A 1D 10DK 4N 5SA

Stages of change models are used in treatment (including motivational interviewing, and ensure that services provided are strength-based approaches that promote hope).

15A 1D 14DK 7N 3SA 1SD

Helping people build connections with their neighborhoods and communities is a priority.

12A 5D 5DK 4N 15SA

The community receives education about mental illness and addictions.

13A 14D 4DK 1N 7SA 2SD

Persons in recovery are involved with facilitating trainings and education programs.

16A 6D 10DK 6N 3SA

Cities, township ordinances are receptive to sober lifestyle communities (e.g., housing, self-help groups, consumer advocacy groups).

13A 5D 7DK 9N 4SA 3SD

Coordination exists to link people in recovery with other persons in recovery who can serve as role models or mentors.

17A 3D 11DK 7N 3SA

The community offers a variety of treatment options (e.g., individual, group, peer support, holistic healing, alternative treatment options, medical) that persons in recovery can access.

15A 6D 7DK 7N 6SA

The community formally acknowledges and celebrates the achievement of goals of people in recovery.

10A 13D 9DK 6N 3SA

The community offers opportunities to help people become involved in activities that give back to their community (e.g., volunteering, community services, neighborhood watch/clean up).

18A 1D 6DK 10N 6SA

Strategies to decrease stigma are conveyed to all partners and are consistently implemented in communities.

17A 8D 9DK 4N 3SA

Community coalitions and task forces use the Strategic Prevention Framework (5-step planning process that guides the selection, implementation, and evaluation of evidence-based, culturally appropriate, and sustainable prevention activities).

4a 1d 11dk 8n 8sa

Prevention, Treatment and Support services are available in the community.

22A 3D 2DK 5N 7SA

Partnerships and learning exchanges exist with first responders and others in the community to provide education on mental health and substance abuse disorders, and common responses to trauma, facilitate referrals and alter them to types of situations you may be able to help them stabilize (e.g., Crisis Intervention Training, Mental Health First Aid).

13A 3D 11DK 4N 9SA

People in recovery (service recipients) and their family members are actively involved in the evaluation of services and programs.

17A 4D 10DK 7N 2SA

Criteria for completing and exiting treatment are clearly defined and discussed with participants upon entry to services.

11A 5D 14DK 6N 3SA 1SD

The success of community-based screening processes is monitored regularly.

7A 7D 11DK 3N 3SA

Indicators of initial treatment engagement (e.g., “no shows,” frequency with which people come back for return appointments) are monitored regularly.

14A 5D 13DK 5N 3SA

Focus groups and other formats (surveys) are used regularly to seek feedback about participant satisfaction and improvement strategies from adults, youth and families receiving services and supports.

16A 3D 10DK 6N 3SA 1SD

Peer leaders are developed and promoted to affect program development, evaluation and improvement.

18A 2D 9DK 6N 5SA

Behavioral health is included as a health indicator in the community.

16A 5D 7DK 7N 5SA

Participants, alumni, and family members are engaged in the evaluation of continuing care.

17A 3D 10DK 9N 1SA

Evaluation procedures track the provision of research supported approaches to continuing support

10A 1D 13DK 5N 2SA

Quantitative and qualitative evaluation approaches are used to prevent barriers to program participation and satisfaction.

11A 3D 14DK 8N 4SA

Leveraging of resources is used to enhance and promote prevention, treatment and recovery support services.

15A 2D 16DK 3N 3SA 1SD

Contracts are outcome-prioritized.

7A 1D 16DK 5N 2SA

Outcomes are connected to community plan priorities.

6A 4D 13DK 7N 1SA

People in recovery are regular members of agency and community boards and their management meetings.

9A 4D 19DK 6N 1SD

People in recovery work alongside providers to develop and provide new programs and services.

19A 2D 12DK 6N 1SA

Procedures are clear about the options for referrals to other programs and services if a provider cannot meet the needs of a participant.

16A 3D 12DK 6N 3SA

Young adults as adolescent peer support specialists are active in the community.

19A 3D 10DK 6N 2SA

Primary care and behavioral health follow-ups are integrated and coordinated.

17A 6D 8DK 6N 3SA

Opportunities exist for people to share their stories.

14A 6D 6DK 3N 11SA

Meaningful traditions to celebrate people's wellness exist and include individual and family member input.

17A 6D 8DK 6N 3SA

The community ensures that age-appropriate, peer-run leisure activities are available.

17A 6D 10DK 4N 3SA

Safe, sober, and fulfilling activities are offered in the community.

18A 4D 4DK 5N 9SA

Communities are proactively addressing emerging issues.

16A 3D 5DK 10N 5SA 1SD

Partnerships exist with local businesses to increase opportunities for employment.

15A 6D 11DK 4N 4SA

Partnerships exist with other public and private entities (e.g., criminal justice, education, businesses, and community organizations).

16A 3D 10DK 7N 4SA

Prevention and wellness management services are available in the community.

7DK 2N 32Y

People in recovery work alongside providers to develop and provide new programs and services.

21DK 4N 15Y

Treatment services are available in the community, including outpatient, residential, partial hospitalization, and sub-acute detoxification.

6DK 2N 22Y

Recovery supports are available in the community, including peer support, housing, and transportation.

12DK 7N 22Y

Workforce programs and supports are available to help individuals get back to work.

17DK 3N 21Y

Observations

While some efforts exist in the community, many persons in recovery must travel over twenty miles to receive recovery support services. Furthermore, we learned through key informant interviews with persons with lived experience and service providers, there is a perception that “being in recovery” means a person who is fully abstaining from all substances, has “successfully completed” some form of therapeutic services, and is attending a 12-step program regularly or has abstained from substances for a significant number of years (e.g., ten or more years). This perception can be harmful to some and discredits and/or invalidates some people’s experience.

Next Steps

The Communities for Positive Youth Development will use the information gathered from the ROSC Needs and Resource Assessment to update the strategic plan to enhance the coalition as a Recovery Oriented Council that promotes multiple recovery pathways. The strategic plan currently identifies goals and objectives, promoting and supporting recovery support services for young people (16 - 25 years of age), veterans, and their families.

Update: The CPYD coalition will utilize its subcommittees and engage community partners and persons with lived experience to update the strategic plan in FY24. The plan will be made public via the council’s website, coalition meetings, and community events. This community and resource assessment will be updated in FY24.