# **Bond County Recovery Council**

## FY 25 Community Needs Assessment: Bond County

ROSC / Lead Agency: Chestnut Health Systems







# Community Health Specialists:

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## Introduction

**Purpose of the Assessment:** This Community Needs Assessment (CNA) aims to evaluate the strengths, weaknesses, and opportunities within Bond County, Illinois. The purpose is to identify the key needs of residents, the availability of services, and existing community resources. By conducting this assessment, we seek to inform local leaders, organizations, and stakeholders in making data-driven decisions to address community priorities and improve the overall quality of life in Bond County.

**Scope:** This assessment focuses on the needs of the entire population of Bond County, Illinois. It addresses several key areas such as views on mental health and substance use disorder, harm reduction practices, MAR services, equality of services, opinions on law enforcement, prevention and social services.

#### **Stakeholders Involved:**

- Bond County Health Department
- Local government officials
- Nonprofit organizations
- School districts
- Community members
- Business leaders
- HSHS Hospital
- Prairie Counseling Center
- Faith based community
- People with Lived Experience

Bond County Recovery Council will work in collaboration with the county health department, local behavioral health providers, established coalitions, State Opioid Response funded programs, Opioid Settlement funded programs, local RCO, local hospital, the faith based community and people with lived experience to identify areas of strength and help cultivate identified areas of need.

# Demographics

### **Population:**

- Bond County, Illinois, has an estimated population of approximately **17,000** residents (according to the U.S. Census Bureau).
- The age distribution is as follows:
  - Children (0-14): 20%
  - Adults (15-64): 60%
  - Seniors (65+): 20%

### **Race and Ethnicity:**

• The population is predominantly white (around **90%**), with small percentages of Black, Hispanic, and other racial or ethnic groups.

### Income and Employment:

- Median household income in Bond County is around \$55,000 per year, slightly below the state average of Illinois (\$70,000).
- The **poverty rate** is approximately **14.2%**, which is above the state's average of 12.5% which indicates a need for additional economic support.
- Unemployment rate in the county is around 5.3%.
- In 2019, the number of males **aged 18-24** living in poverty was nearly double the state average and males and females combined in that age group represent over 22% of the impoverished demographic for Bond County.
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## **Education:**

- Bond County has several public schools, including Greenville School District and Mulberry Grove School District.
- Educational attainment: Around **85%** of residents have a high school diploma or higher, with **25%** holding a bachelor's degree or higher.

## Healthcare:

- The county has a community hospital, **Holy Family Hospital**, and several local health clinics. However, access to specialized care is limited.
- The area faces a shortage of healthcare providers, particularly in mental health services, primary care, and dental care.

Bond County is described by its citizens as small but mighty. As one of Illinois' smallest counties in both size and population, Bond County is described by many citizens as a conservative,

service-minded, and generous community used to pulling itself up by its bootstraps and being selfreliant. According to the Bond County Historical Society, this county was one of the original 11 counties when Illinois applied for statehood. Greenville, one of the oldest cities in Illinois, is both the largest city and the county seat for Bond with a population of 6,375.



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In terms of land use, Bond County is largely agricultural with just over 70% of its 245,100 acres zoned as agriculture. According to the USDA 2017 Census of Agriculture, there are 637 farms ranging in size from 1 acre to 1000+ acres with a total of 47 farms in the latter category in Bond County. Approximately 87% of the total agriculturally zoned land is used as cropland with significantly smaller percentages for pasture and woodland.

Interestingly, because of Bond County's geographic adjacency to Madison and other counties with much larger populations, it is often considered to be a "metro-urban county" as defined by the state of Illinois; however, many citizens of Bond county would define their community as rural which is further supported by the role agriculture has played in their economy, lifestyle, and culture over the last several decades. It is important to note that historically agriculture has been used as the primary determinant for whether a community was considered rural; however, the latest trends suggest other industries beyond farming are integral parts of today's rural communities and this trend is now a part of Bond County's history, as well (U.S. Department of Agriculture, 2017).

An immediate comparison can be made in population density for 2020; Bond County has 44 people per square mile whereas Madison county (the largest adjacent county has 372 people per square mile). Though overall population has decreased, the aging population reveals that Bond County has a higher percentage of people over the age of 65 at 19.4% than the state's average of 16.1%. According to the Census Bureau, this population requires a different set of specialized medical and rehabilitation services, as well as innovative housing and public transportation options that are not currently available and/or accessible within the county.

Demographically, Bond County is primarily White (Non-Hispanic). The Black population has increased significantly in the last 10 years, along with small increases in Native American residents while Hispanic and Asian populations have remained the same or decreased. The age span distribution shows youth ages 5-17 as the largest population, but if the two oldest categories are combined, the largest population for Bond County becomes ages 65+ making the median age 41.6 years. Additionally, the demographics show a slightly larger male population at 52%.

# Survey Results from BCRC Community Survey and HSHS Health Needs Assessment

#### ROSC FY25 Community Survey

Over the past several months, Community Health Specialists from the Bond County Recovery Council and other council members have collected information from residents of Bond County. SUPR provided the ROSC with a template including ten questions and allowed each ROSC to propose additional questions before giving the final approval to conduct the survey. The Bond County Recovery Council used Microsoft Forms to conduct this survey and worked to disseminate it digitally by sharing a QR code, link to the survey and paper copies. A digital flyer was created, pesented at council meetingins and shared with Bond County Recovery Councils email distribution list (who were also asked to share). The QR code was also printed on flyers that were left in many agencies and businesses so people could take or scan to take the survey. Bond County Recovery Council also worked to engage underrepresented communities in this survey and went to underserved areas and collaborated with the local food pantry to meet people and ask them to fill out the survey. The community survery consisted of the following questions:

1. People who use drugs deserve respect.

2. People with a mental illness deserve respect.

3. Medication Assisted Recovery-MAR (which is the use of medications to treat substance use disorders e.g., methadone or buprenorphine to treat opioid use disorder) is an effective treatment for substance use disorders.

4. It is difficult to find healthcare providers who offer Medication Assisted Recovery-MAR (which is the use of medications to treat substance use disorders e.g., methadone or buprenorphine to treat opioid use disorder) in my community.

5. Harm reduction services like Narcan and syringe service programs reduce the risks of drug use.

6. It is difficult to find harm reduction services like Narcan and syringe service programs in my community.

7. It is difficult to find mental health and substance use treatment services in my community.

8. We should increase government funding on treatment options for mental health and substance use disorders.

9. Everyone in my community can get help for mental health regardless of income level, insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship status.

10. Everyone in my community can get help for substance use regardless of income level, insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship status.

11. I see materials available from the Bond County Recovery Council throughout the Community.

12. Addiction is a disease.

13. Addiction is a choice.

14. Either I or someone I know struggles with substance use disorder.

15. I believe our community is ready for other harm reduction services such as clean needle exchange.

16. I believe our community is ready for other harm reduction services such as clean smoking kits.

17. I have personally experienced negative consequences from alcohol use.

18. I have personally used marijuana products in the last 6 months.

19. I have personally used marijuana, illegal drugs or alcohol to get through a difficult time.

20. I think Bond County Youth are well educated on the dangers of alcohol & substance use.

21. Law Enforcement in Bond County is supportive of individuals who are seeking recovery from Substance Use Disorder or Alcohol Use Disorder.

The following demographic information was also collected:

#### Age

Under 18	1
18-24	31
25-34	69
35-44	113
45-54	71
55-64	72
65 and over	60

#### Income Level

Prefer Not to Say	102
Under \$24,999	. 73
\$25,000-\$49,999	95
\$50,000-\$99,999	99
\$100,000 and over	48

#### Gender

Prefer not to self-	-identify	15
Male	110	
<i>Female</i>	287	
Gender Fluid	1	
Non-binary	4	

#### Location

Bond County.....393 Other.....24

#### **Ethnicity**

Hispanic or Latino.....7 Non-Hispanic......410

#### Race

African American/Black13	
Asian	2
Caucasian/White	
Native American5	
Pacific Islander0	
Two or more races20	

#### **Primary Language**

English	411
Spanish	1
Mandarin	0
French	0
Arabic	0
Other	5

The Bond County Recovery Council received 417 responses from this survey. This data is being used to inform the recovery council in the areas of awareness and access to treatment, stigma related to accessing treatment and attitudes about those in need of and/or engaging in services. Efforts were made to collect data from a variety of communities and individuals within Bond County. It was encouraging to see that around 75% pf responders reported feeling that people who use substances deserve respect and around 93% reported people with mental illness deserve respect, however this still indicates a significant amount of stigma is present in the community. The data shows a range of awareness about available treatment services around 52% of participants reporting they know where to find mental health and substance use services. However, only around 9% reported knowing where to find MAR services and 28% reported knowing where to find harm reduction services. This data also shows a variety of responses in regard to the availability of mental health services for everyone regardless of income, insurance status, race, ext., with around 34% agreeing that mental health services are available to all and 32% agreeing that substance use services. This is a bit discouraging when 70% of participants said that

either they or someone they know suffers from a substance use disorder. We were impressed that 74% of our participants believe that addiction is a disease and 75% believe that government funding of treatment options for mental health and substance use disorders should be increased.

For specific data from each of the 21 areas listed above, refer to appendix A.

### Basic Information from HSHS 2024 Bond County Needs Assessment

The newest HSHS Community Health Needs Assessment completed in 2024 listed the following community health priorities for 2024: 1. Mental and behavioral health, 2. Chronic conditions, 3. Substance use disorder.

As an outcome of the prioritization process, the following community health needs were also identified but will not be addressed directly by the hospital for reasons indicated:

• Affordable housing: While not a direct priority issue, affordable housing challenges and barriers will be explored within the strategic plan of workforce barriers.

• Diabetes and obesity: While not a direct priority issue, diabetes and obesity eating will be addressed within chronic disease education and prevention strategies.

• Food insecurity: While not a direct priority issue, these barriers for health are incorporated in all strategic planning.

• Maternal health and child health: Holy Family is not focusing on this need as part of the CHNA. The hospital continues to offer some services and collaborates with those agencies that assist this population.

• Nutrition and healthy eating (access and knowledge): While not a direct priority issue, nutrition and healthy eating will be addressed within chronic disease education and prevention strategies.

• Oral health: Bond County Health Department identified oral health as one of their Illinois Project for Local Assessment of Needs (IPLAN) priorities. Holy Family Hospital will work closely with the health department to raise awareness and provide patient referrals for dental services.

• Transportation: HSHS and Holy Family Hospital support a rural transportation grant application to increase transportation for medical appointments across counties.

## <u>Responses from Bond County IPLAN completed May 2021 (There were 117 community residents</u> completing the survey).

**#1-Health Problem – Mental Health/Behavioral Health-**In the recent community health needs assessment, mental health was identified by Bond County residents as the number one priority. In the community-wide survey, 61% of respondents indicated a high need for reducing the stigma

of mental health conditions and substance use disorders; 60% indicated the availability of mental health services was of high concern; and 55% highlighting the need for early detection of mental health issues.

Bond County experiences a shortage of mental health providers, which can affect residents' access to services. Although some improvement was seen in the ratio of population served by one mental health provider between 2017 and 2018, access continues to be a contributing factor. In 2017, the ratio was 700:1 and in 2018, the population per mental health provider ratio decreased to 630:1. The Illinois population ratio for mental health **was** 480:1 in 2018. With individual's reluctant to seek treatment due to the stigma related to mental illness and substance abuse or low availability of providers, family and friends may be the first to recognize a need for intervention.

**#2-Health Problem – Chronic Disease Prevention-**Chronic diseases continue to be the top 5 leading causes of death for Bond County residents. According to Illinois Department of Public Health mortality statistics from 2020, diseases of the heart were the primary cause for 33.5% of all deaths in Bond County compared to 20.7% of total deaths throughout Illinois. The percentage for Bond County residents with heart disease increased 6% from the 2019 percentage, which was 27.5%. The four other leading causes of death in 2020 were cancer (18.5%), chronic lower respiratory disease (6%), stroke (5.5%), and diabetes (5%).

**#3-Health Problem** – Oral Health-According to the World Health Organization, oral health is a key indicator of overall health, well-being, and quality of life. Oral health can vary by geographic region based on availability and accessibility of services. Conditions, such as dental caries, periodontal diseases, and oral cancer, are most prevalent among poor, disadvantaged populations.

In the most recent Illinois County Behavioral Risk Factor Survey, Round 6, 2015 - 2019, 38.4% of residents indicated their last dental visit was 2 years or longer. Close to 11% of residents in the county have Medicaid, which is not an accepted payor for many dental providers in the region. Eight percent (8%) of county residents are uninsured and 23.2% are covered under Medicare, which does not include dental coverage.

Based on data available from 2018, the population to one dentist for Bond County is 5,540:1 compared to the Illinois rate of 1,280:1. This is an increase in population from 2017 of 4,237:1 in Bond County.

# Available Resources: Community Asset/Resource Map

The Community Health Specialists with the Bond County Recovery Council have recently updated and completed a Community Asset/Resource Map that outlines available social services and other community resources. This list includes but is not limited to SUD/Mental Health providers, MAR services, recovery support services, and general assets (such as parks, libraries, transportation services, ect.). In this service area, which is a small rural community, there are noted gaps and concerns related to people's ability to connect with needed services at times.

For a specific resource list, refer to appendix B.

## Gap Analysis and Identified Areas to Strengthen

As noted above from the community survey data, the gap analysis, and identified concerns in the county IPLAN, despite having some services available, there are gaps and areas for improvement in this area.

#### Gaps identified from the ROSC community survey

Stigma and negative perceptions about people who use substances and people who are experiencing mental health concerns can be seen based on reports from participants in the survey (believing addiction is a choice by 37% in the survey). This sentiment was also recorded during the focus group meetings and community interviews. This shows a need for ongoing community education and stigma reduction.

There is a notable scarcity of mental health and substance use disorder providers in Bond County. This shortage limits residents' access to essential services, leading to unmet needs for both prevention and treatment.

Access to existing services is hindered by factors such as transportation challenges and limited after-hours availability. These barriers prevent individuals from seeking and receiving timely care, especially during evenings and weekends.

There is a need for increased community education to reduce stigma associated with seeking mental health and substance use disorder treatment. Educational initiatives can encourage individuals to utilize available services and support recovery efforts.

Enhanced collaboration among healthcare providers, public health departments, educational institutions, and community organizations is crucial. Such partnerships can lead to more coordinated care, resource sharing, and comprehensive support systems for individuals facing mental health and substance use challenges.

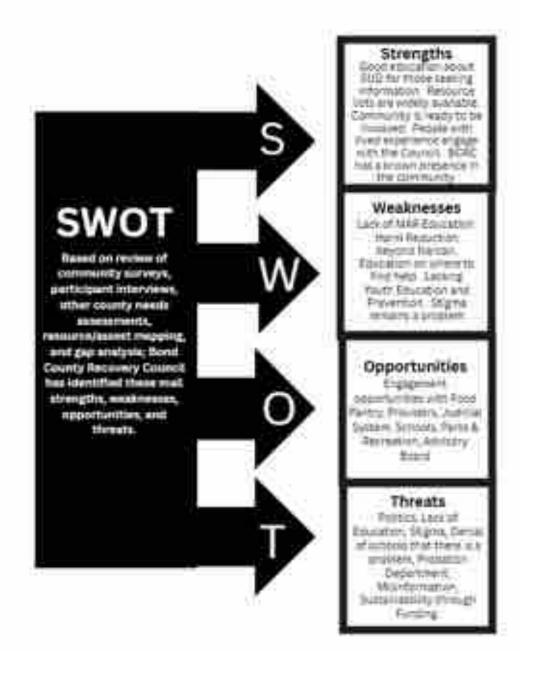
Addressing these gaps requires a concerted effort from all community stakeholders to develop and implement strategies that improve the availability, accessibility, and quality of mental health and substance use disorder services in Bond County.

The distribution of NARCAN® continues to help save lives; however, additional training and increased access are needed in Bond County. There are no safe syringe access sites in the county and many stakeholders expressed reluctance to this type of service which suggests there is a need for education on harm reduction benefits and purpose at the community level. Additionally, understanding the philosophy that harm reduction includes services, but it is also an attitude of respect and dignity for those who have an SUD, is not a well understood concept. Some stakeholders fully understand it as a disease that can be managed, other stakeholders expressed concern in making it too "easy" to use substances. The community needs assessment showed a gradual move towards acceptance of further harm reduction programs.

Recovery is difficult in Bond County, many site the stigma and the small community aspect as the primary challenges which makes it difficult for recovery meetings to have regular and large attendance. Area challenges include transportation, housing and job opportuities. Because there is no drug court, many in this population have felony charges, a loss of license, and/or legal challenges with reunification which make it more challenging to access services.

During 2021, a ROSC was formed and has gained momentum and increased participation from several sectors and stakeholders. Pending appropriate grant opportunities and resources to apply for them, the county continues to assess the viability of a crisis mobile unit, stabilization, recovery and respite housing,, and a warm hand-off program with local and nearby hospitals. There is now a nonsecular SMART recovery meeting being held in the county. There is a weekly AA meeting, a 12-step meeting for men and a separatae one for women, and a Celebrate Recovery meeting in Greenville along with the recent additions.

# Community Readiness to Support the ROSC



#### Support from the ROSC Council Community Sectors

One way that the Bond County Recovery Council is evaluating the community's readiness to provide support to the local ROSC is by examining the Membership Report that outlines attendance by the fifteen sectors identified by SUPR and the council meeting participants from said sectors. Engagement from a sector indicates buy in from the participants to the belief that recovery-oriented systems of care are worthy of time, energy and resources to help support those seeking recovery support in the community. In this setting, support can look different from sector to sector and event from participating to participant. One sector may be engaged on a level theat support looks like attending council meetings to share and take information back to their peers. Another sector may be engaged on a level where support looks like participating in community events the ROSC is hosting. While another sector may be engaged on a level where physical attendance is challenging but support comes in the form of disseminating information. These sectors are identified as:

- 1. Person with Lived Experience
- 2. Recovery Supports
- 3. Faith-Based Groups
- 4. Family/Parents
- 5. Service Providers
- 6. State/Local/Tribal/Government
- 7. Substance Use Organizations
- 8. Healthcare
- 9. Law Enforcement
- 10. Judicial
- 11. Volunteer/Civic
- 12. Education/School
- 13. Youth-Serving Organizations
- 14. Media
- 15. Business

#### *Current level of support/opportunities for support from community sectors:*

*Person with Lived Experience*: BCRC has made efforts to build an Advisory Board of Persons with Lived Experience (PLE) and has been successful in assembling a group of individuals. During the 3 past years, this Advisory Board has met monthly with the ROSC Coordinator to help drive planning of outreach events and to review the council's current Strategic Plan. They have provided additional support to the ROSC by networking with other PLEs to share about the work of the ROSC, to invite and encourage them to engage in the council, to invite and encourage them to get involved in the work and activities the ROSC is involved in, and to build a greater presence in the community. This group of PLEs played a role in getting the ROSC's recent community survey distributed to the recovery community as well as to people who use substances. The support BCRC has seen from this sector has grown exponentially each year, however, there remains room for increased support in this area. Specifically, BCRC would like to see increased representation in the council from PLEs. Currently the PLEs participate in community events such as Overdose Awareness Day, Recovery Month events, ongoing outreach

and recovery support events/activities, have a connection to the various service provider's engagement/recovery support staff to help connect people to treatment and recovery support services, and help support stigma reduction campaigns.

*Recovery Supports*: This sector regularly demonstrates support by engaging with the ROSC. One area this can be seen is the relationship between BCRC and the neighboring RCO, Next Network. Next Network has regular representation at the monthly council meetings, has staff who serve on BCRC's subcommittees, and the ROSC and RCO are starting to regularly collaborate to support each other's work and community outreach. An area of opportunity for further collaboration would be for BCRC's Advisory Board to network with Next Networks recovery coaches to increase awareness of RCO services/functions so they can help connect people to services. An opportunity for growth in this community sector is improving relationships with Recovery Supportive Housing. Service providers that have supportive housing and companies like Oxford House Inc. will attend meetings when invited to share about their programing, however BCRC would like to see an ongoing investment from these entities that allow for their leadership, staff, and/or benefactors to engage in the ROSC. As noted in the PLE section in the aforesaid, there is also opportunity for growth in the area of Recovery Support staff employed by the various service providers (and other organizations) to engage with BCRC's Advisory Board in an effort to build/strengthen this network of people who can link people to recovery services, grow awareness within the community, and support stigma reduction campaigns.

*Faith-Based Groups*: BCRC received support from the Center for Community Engagement's Illinois Faith and Recovery Collaborative. This group has networked with many of the churches and communities of faith in BCRC's service area. Support comes from this group in the form of regular attendance at monthly council meetings. This group has also supported community events BCRC has led or been a part of during the past year. During the past year there has been very good traction with local churches through the coordinators of the ROSC being offered a seat at the table with the Ministerial Alliance. BCRC has also helped make connections with local churches who have allowed council members to be present at food pantry days to solicit people to fill out the ROSC Community Survey. Increased support from the Faith-Based community sector's local pastors has been seen as partnerships have formed during the last year to work on projects such as creating bags for the unhoused, helping serve meals at the Community Table, and sharing of resources. The relationship with the Ministerial Alliance has been greatly welcomed and presents an opportunity for BCRC to continue building relationships with local churches.

*Family/Parents*: This community sector represents an area where there is opportunity for engagement. In the past, BCRC had regular representation from Parents of Addicted Loved Ones (PAL) who provide support meetings to parents and other family members who have a loved one dealing with substance use. Reconnecting with PAL could bring renewed support from this sector. BCRC would also like to see increased support from Family/Parents willing to

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share their experience and expertise and can engage in council meetings, contribute to workgroups, and assist in the development of the council's strategic plan. Support from this group would also help efforts to bring awareness to the community, reduce stigma, and also evaluate strengths and gaps in resources.

*Service Providers*: BCRC has on-going relationships with our several local service providers, and we continue to take opportunities to grow and strengthen these relationships. The Harm Reduction sub section, specifically the local Overdose Education and Naloxone Distribution (OEND) team, of this sector show ongoing support to BCRC by engaging in monthly council meetings, attending community events hosted or shared by BCRC, and disseminating resource information provided by BCRC. BCRC does see support from Employment Programs in the form of monthly council meeting attendance, but there are for sure opportunities for further support in the form of increased participation in community events to share information about employment available to those new to recovery. Service Providers who have programing for the unhoused and programing for violence prevention also represent opportunities for increased support. These programs work with a vulnerable population that, if engaged with BCRC, could bring valuable perspectives and voices to the ROSC.

*State/Local/Tribal Government*: An area of support from this sector comes from the Bond County Board. Although no one from this group attends monthly meetings, they have approved several requests that we have made for use of county properties. Opportunities for improved support can be found in the use of Opioid settlement funds in the future. None of the money awarded to the county has yet been used for any projects. The BCRC intends to put together a proposal for initiatives that can use these funds to support the work of the ROSC. Relationships or lack of relationships with other local, county, and state officials are clearly an area for improvement. Bond County has representatives that certainly support behavioral health and recovery support services and having their representation in the BCRC would go a long way in bringing additional awareness and support to the ROSC.

Substance Use Treatment Organizations: BCRC has had ongoing support from its lead agency who provides a range of substance use treatment ranging from outpatient to residential (including crisis residential and withdrawal management). The only local provider of services within the county is Prairie Counseling Center. They have been engaged with the BCRC from the beginning. The BCRC hopes to increase partnerships on projects over the next year with PCC. In the past year, support has grown substantially from providers in neighboring counties, including Gateway Foundation, Centerstone, and Illinois Recovery Center, all of which offer strong substance use treatment services. Support from these organizations has looked like regular attendance at meetings, increased collaboration with BCRC to discuss ways to help people access services, and increased discussion about how to connect those leaving residential treatment to local recovery supports. An opportunity for additional support echoes the previous call to increase communication with BCRC's Advisory Board and PLEs to build a network of

recovery coaches and support staff who can be available to quickly be connected to anyone seeking services, no matter what organization they work for.

*Healthcare*: BCRC sees support from this sector in the form of engagement from the only local hospital HSHS who have representation at monthly council meetings where they share health initiatives they are working on (typically in relation to opioid use and its related heath impact), share resources provided by BCRC, and they also have contributed at times to community events BCRC is involved with. There are opportunities for HSHS to join the council in promoting their programs and initiatives related to health and wellness, as substance use/mental health/and suicide are routinely identified as areas of concern in hospital needs assessments. BCRC also regularly sees representation from the Bond County Health Department at the monthly council meetings.

*Law Enforcement*: The community sector of Law Enforcement in this service area varies in their involvement and support of the ROSC. Local and County departments do not typically have representation at monthly council meetings or at community-based events. They are, however, responsive and will accept resource information and connect with the OEND regularly. They are also always willing to support events that are hosted by the council through donations and support. The council has seen regular meeting representation from the Bond County Coroner who works closely with local Law Enforcement. BCRC continues to grow and strengthen this share of our membership roster; we are looking at ways to create greater opportunities for support. Increasing support from law enforcement would result in the opportunity for the recovery community and service providers to collaborate with law enforcement and help reshape perceptions and stigma directed at both law enforcement and people who use substances.

*Judicial*: This community sector lacks engagement and support from the probation department who do not have a representative that attends monthly council meetings. This can be difficult due to the small department in a rural community. The BCRC does provide the probation department with Narcan bags, resource lists and local meeting cards to disseminate to those who are involved with the judicial system. With a lack of Drug Court in Bond County, there is little opportunity for the BCRC to connect with PLEs involved in the judicial system. Beyond this, however, the State's Attorney does stay up to date on what the council is doing and regularly responds to council emails with advice, opinions and encouragement. This could lead to support at community level events and strategic planning as noted in some of the aforesaid areas.

*Volunteer/Civic*: The neighboring counties of St. Clair and Madison Counties have a local coalition, Partnership for Drug Free Communities, that share some of the same values as the ROSC. This coalition has several members who are also on the ROSC council and work to support BCRC by attending monthly meetings, making connections with shared stakeholders, disseminating resource information, and collaborating on community outreach initiatives. While this coalition tends to see ups and downs in their own meeting attendance and engagement, BCRC is also able to help some of their efforts. An opportunity of increased support could come

in the form of engagement with additional clubs and groups that may be interested in helping support those in the recovery community. Making these connections could result in finding people/groups that can provide financial assistance to someone entering recovery housing or similar types of support. It can also bring awareness to more people in the community which in turn would contribute to efforts to reduce stigma.

*Education/Schools*: BCRC does see support from this sector from local colleges and universities, specifically Greenville University and Kaskaskia College. While these schools do not traditionally attend monthly council meetings, they do share information about collegiate events that are aligned with the work of BCRC and have invited the ROSC to participate in on campus events such as resource fairs and campaigns to bring awareness to behavioral health concerns impacting their student body. These colleges have also been willing to share resources provided by BCRC. While this level of collaboration is effective, there are opportunities for increased levels of support from this sector. These colleges and universities have representatives that certainly support behavioral health and recovery support services and having their representation and voice included in BCRC would go a long way in bringing additional awareness and support to the ROSC and the goals of reducing stigma and linking people to recovery support services.

*Media*: There is currently no representation from the media sector at monthly meetings of the BCRC. However, the local radio station WGEL has been a huge supporter of the council. They have done public service interviews and always include activities of the BCRC on their daily show. The local newspaper, the Advocate, also does not attend ROSC meetings, but is often present at Overdose Awareness events and has run stories on this. The Chamber of Commerce in Bond County has a podcast and has featured the BCRC several times in interviews. Interviews are also often done with the City of Greenville's social media director whenever events are coming up. This is an opportunity for growth and the BCRC is seeking input from council members who may be able to help address the lack of a media presence at monthly meetings. We want to continue to share accurate information that is intended to reduce stigma and provide information about available treatment and recovery support services and how to access them. Working with the media will provide opportunities to use inclusive and supportive language in an effort combat stereotypes and address stigma associated with those experiencing mental health issues and those who are experiencing problems related to their substance use. Having a media presence with BCRC also allows the ROSC to highlight the work of all of its members and community stakeholders that are working to connect the community with the services and resources they have available.

*Business*: There is currently no representation from local businesses or the Chamber of Commerce at the monthly ROSC council meetings. However, this sector does show some support in the way of allowing BCRC to place flyers that share resources and information about community activities and "yard signs" in support of upcoming events (such as Overdose Awareness Day as well as promoting BCRC). This indicates that increased representation from this sector is possible with further exploration and efforts to initiate more direct engagement from businesses. Their presence and value to the community provide an opportunity to bring awareness to the community driven initiatives BCRC is promoting.

### Support/opportunities for support from the community at large

As noted above, most community sectors in Bond County demonstrate support for the ROSC and the efforts BCRC is doing to educate the community and grow capacity for recovery support services. There are also areas for further collaboration and increased support from each community sector. Growing representation from each sector in the ROSC council would in turn grow the support from the stakeholders and the impact the ROSC could have on this service area. Another opportunity for support from the community comes in the form of increasing volunteers to help with community outreach events. This includes council members and others who are willing to invest time and energy into planning, promoting, and performing outreach. Support from the community at large would look like increased attendance at events BCRC is hosting or promoting such as Overdose Awareness events, Recovery Month events, etc. The more the community engages in these activities, attention to the efforts of the ROSC will grow. This in turn will promote treatment and recovery support services, promote overdose prevention education and other harm reduction services, and will help extinguish the stigma associated with needing or seeking treatment and/or recovery support services.

## Technical Assistance Priorities for Expanding ROSC in the

**Community-**An identified area of focus for technical assistance is for BCRC to build awareness of available treatment and recovery support services in Bond and surrounding counties. This can include campaigns to educate the community and highlight the types of services that are available, where they are available, and how they can be accessed.

Although related to the above-mentioned, Medication Assisted Recovery (MAR) services will be a dedicated technical assistance area of focus for BCRC. The past year has seen the expansion of warm hand-off programs within BJC's Hospital system which has made these services easier to access for individuals wanting to start MAR and provides more opportunities to hand these patients off to the providers they will continue their services with.

Another identified area of focus for technical assistance to expand the ROSC will be in regard to collaboration with media outlets (press releases) and developing a greater social media presence to share information, highlight recovery stories, promote recovery support services, and engage with the public. This will also include grass roots type outreach such as passing out and hanging flyers/resource information in public spaces that allow it. These efforts will promote the ROSC and its initiatives including building capacity for recovery support services and reducing stigma.

BCRC will also focus on empowering active council members to recruit additional members based on their professional and personal networks. This will bring more voices to the ROSC and ideally will address some of the gaps outlined in the level of current engagement from the various community sectors.

## **References, resources and additional information**

Bond County Health Department IPLAN

U.S. Census Bureau QuickFacts: Bond County, Illinois

Illinois Department of Public Health: Statewide Semiannual Overdose Report

HSHS Bond County Needs Assessment: CHNA report SJH DY 2024 FINAL.pdf

Naloxone/NARCAN training and distribution: <u>SR-NARCAN@chestnut.org</u>

Community Asset/Resource Map: Appendix B

ROSC Council: Bond County Recovery Council <u>Recovery Coaching Network at GSU</u>

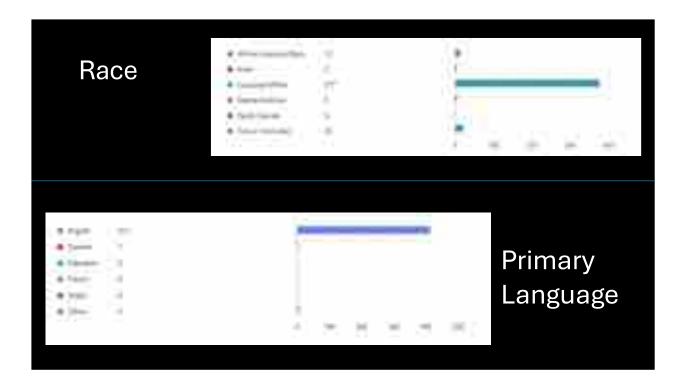
BCRC contact: Toni Randall tcrandall@chestnut.org

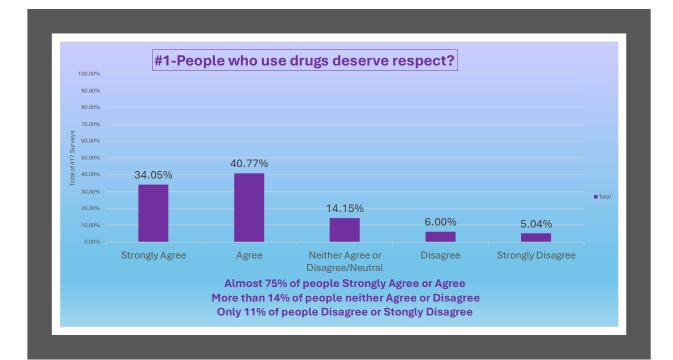
BCRC contact: Monique Brunious mbrunious@chestnut.org

Coalitions: Partnership for Drug-Free Communities Home - Partnership for Drug-Free Communities

# Appendix A-Bond County Recovery Council Community Survey

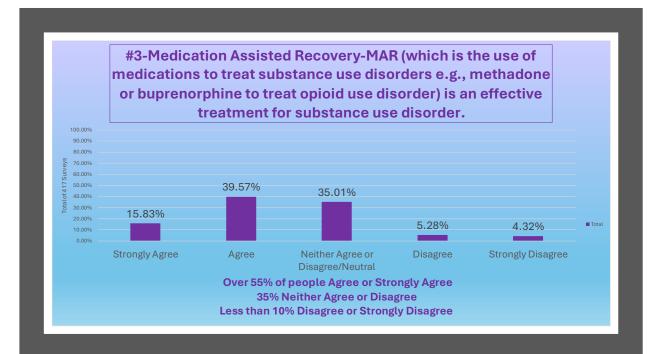


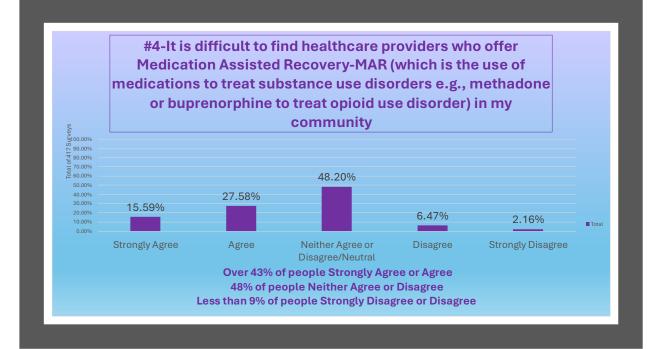


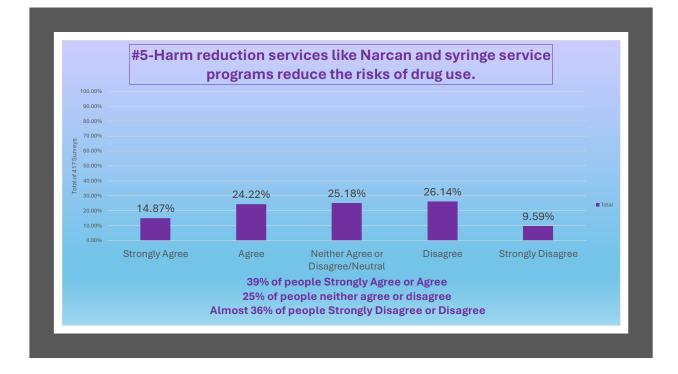


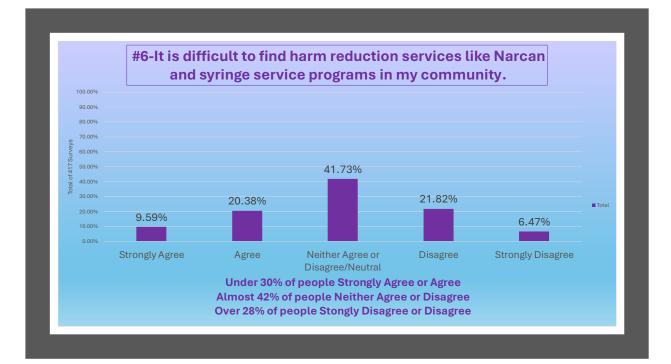
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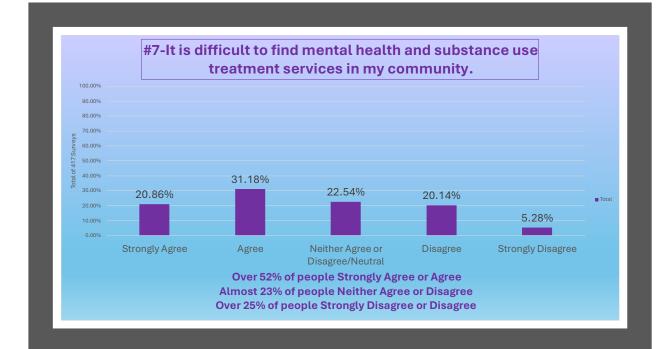




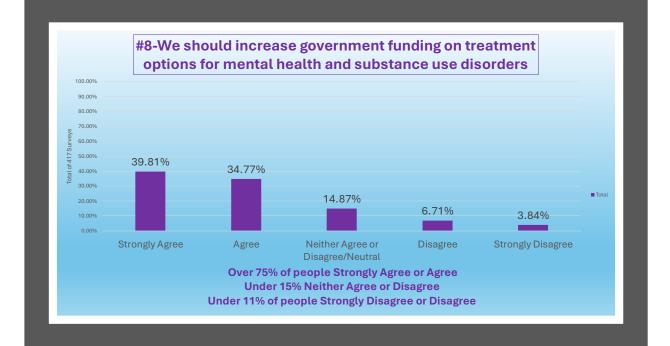


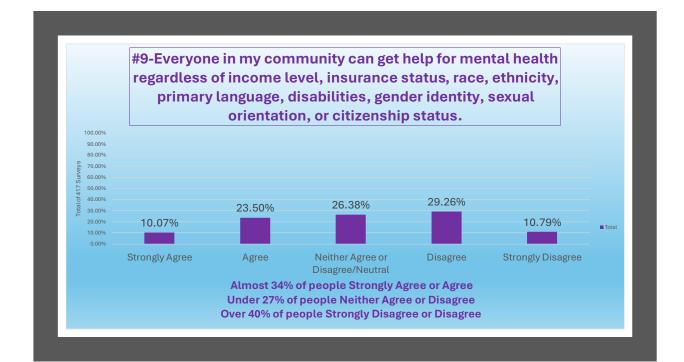


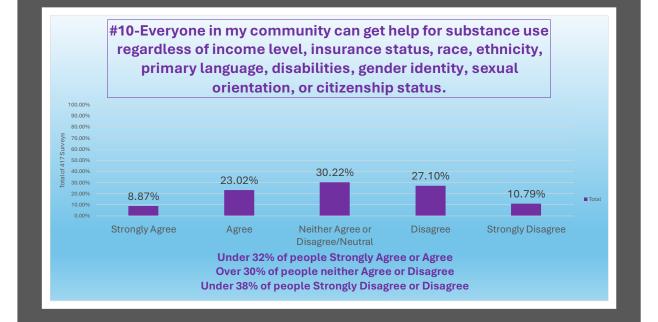


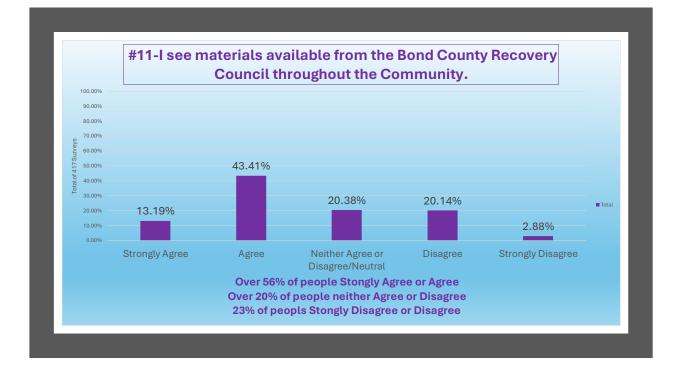


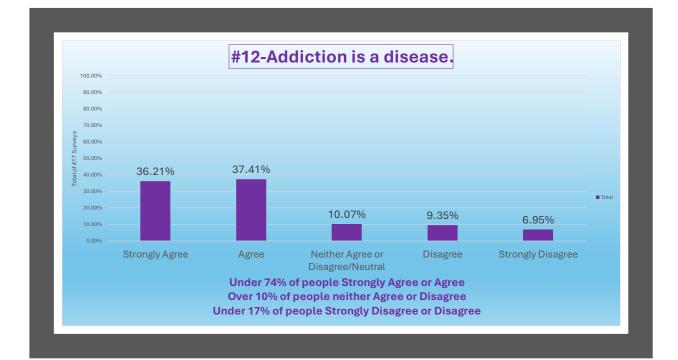
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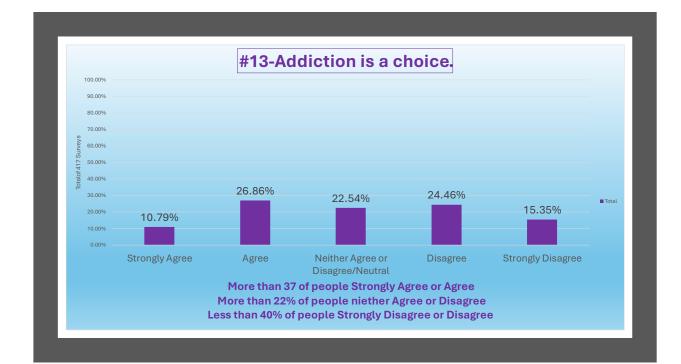




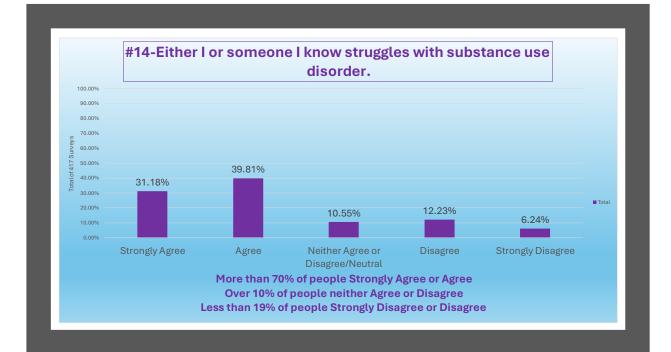


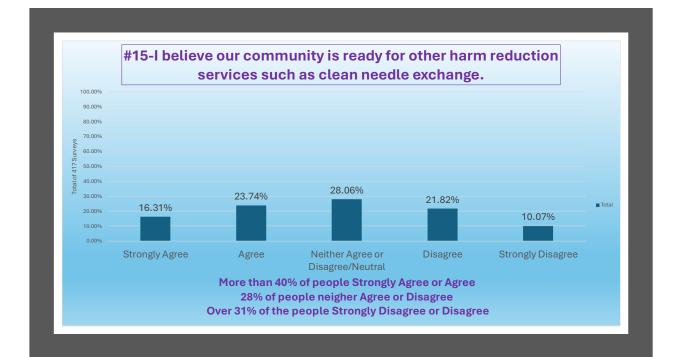




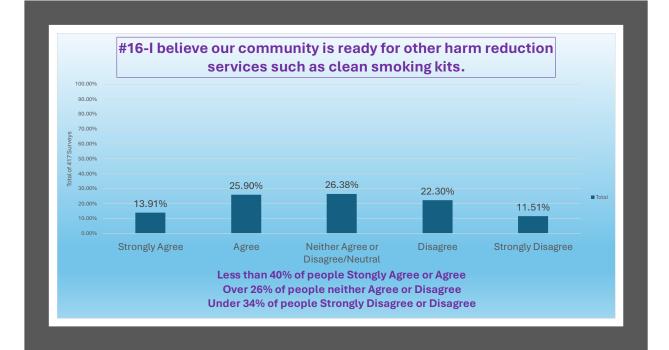


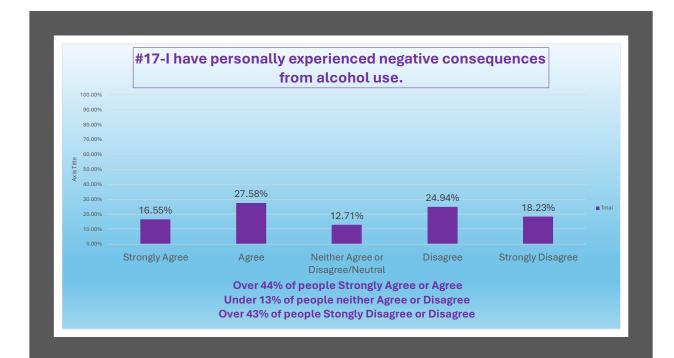
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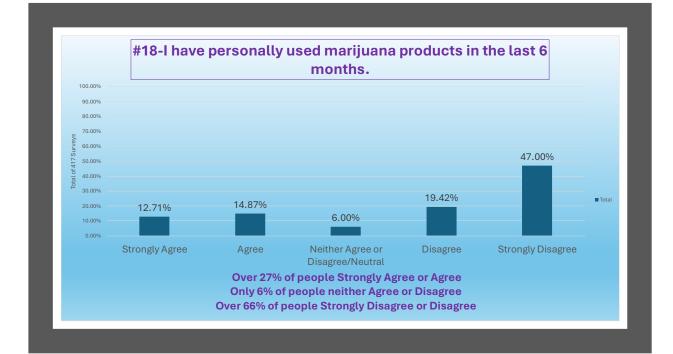


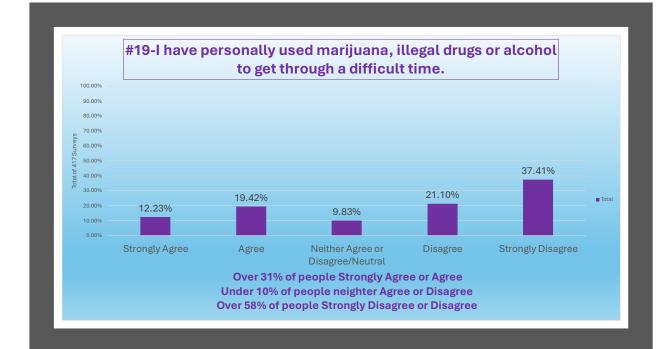


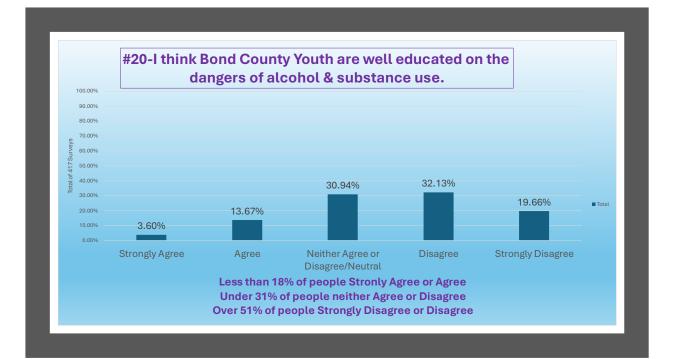
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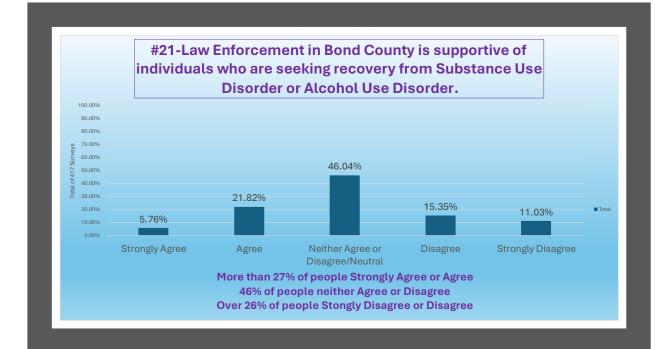












# Appendix B-Community Asset/Resource Map

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## Appendix C-Gap Analysis

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