



# ROSC NEEDS ASSESSMENT

Macoupin & Montgomery County

20  
25



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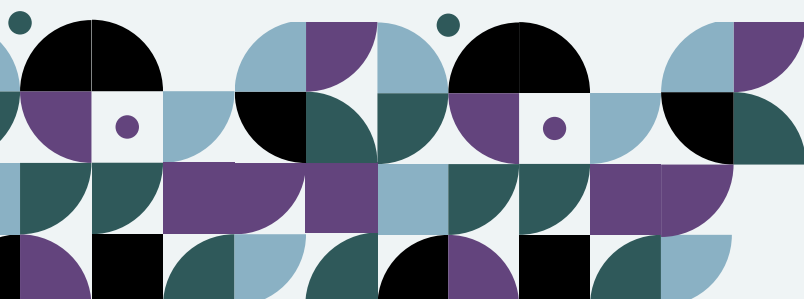
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# INTRODUCTION

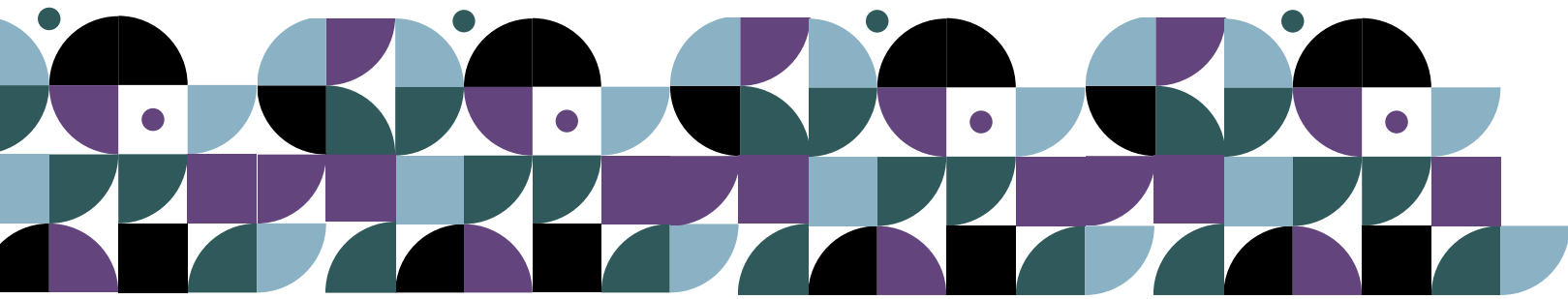
## ROSC DEFINITION

A Recovery Oriented System of Care (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 improve health, wellness, and quality of life for those with or at risk of substance use or mental health challenges. The central goal of the ROSC is to create an infrastructure or system of care with the resources to effectively address the full range of substance use and mental health issues within communities. The underlying premise of the ROSC is to promote recovery, the process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential as defined by SAMHSA.



## ROSC MISSION STATEMENT

Macoupin & Montgomery County ROSC, MMCR, seeks to (1) reduce stigma and increase engagement among community members, (2) improve awareness of substance use and mental health through education and outreach, (3) Facilitate cooperation across sectors, perspectives, and lived experiences, (4) Increase access to multiple recovery support options and timely care, (5) Increase the number of people pursuing and maintaining recovery.



# PROJECT DETAILS

## Project Description

**The Recovery Oriented Systems of Care (ROSC) Council will assist communities with building local recovery-oriented systems of care that can network with the statewide ROSC Council. Macoupin County Public Health Department serves as the lead Agency collaborating with community members to form the local ROSC Council. To ensure the sustainability of the ROSC Council, this lead agency must demonstrate a commitment to establish the ROSC Council permanently with a long-term (5-year) strategic plan, either as a stand-alone non-profit organization or with a permanent business relationship with a lead agency. 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.**



# PROJECT DETAILS

## Project Expectations

**Identify and address the needs of the recovery community and promote infrastructure development of Recovery Community Organizations (RCOs) or Recovery Community Center (RCC) 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.**





# PROJECT DETAILS

## Project Expectations

- **Build a menu of services and support, 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 costs, or website administration costs.**
- **Build capacity for communities to provide advocacy, education, and recovery support programs for people in recovery from SUDs and Co-Occurring (SUD/Mental Health) Disorders (COD).**
- **Map resources and assess needs.**
- **Inform, educate, and empower individuals and communities, expanding access to a comprehensive array of prevention, treatment, and peer recovery support service options.**



# DEMOGRAPHICS

## Demographics of Target Counties

Macoupin and Montgomery are large counties geographically, at 1,578 square miles, and are economically dependent on agriculture. Like much of the rural Midwest, the service area is about 95% white. Many low-income/medically underserved residents are isolated from appropriate behavioral health prevention, treatment, and recovery resources because of the large distances from the service area to regional population centers in which most such resources are located. The following table includes specific data points from the US Census relevant to target counties

Table 1. Demographics of Target Counties

	His p	Non-Hispanic				White	Poverty 100% FPL	Unemployed 2022
		AI/AN	Asian	Black	NH/PI			
Macoupin	1.4%	0.4%	0.4%	1.3%	0%	96.4%	13.0%	4.0%
Montgomery	2.2%	0.3%	0.6%	3.9%	0.0%	94.2%	14.7%	4.7%



# DEMOGRAPHICS

## Population, Gender & Age

As noted above, the area is mostly White and non-Hispanic. In Macoupin and Montgomery Counties, the poverty rate is 13.0%, while the rate for Montgomery County is 14.7%, and the national rate is 11.1%. As of December 2024, the official unemployment rate in target counties is 4.7% in Montgomery and 4.0% in Macoupin (vs. 4.1% nationwide). However, the rate of persons in the labor force is 52% Montgomery and 57.1% Macoupin vs. 62.5% nationwide.

County	Pop	Female	Age 0-5	Age LT 18	Age 65+	HS Grad
Macoupin	44,018	46.9%	4.9%	20.3%	22.3%	90.8%
Montgomery	27,663	50.4%	4.7%	20.0%	21.5%	90.0%





# DEMOGRAPHICS

## Conclusion

In Macoupin County, the 2010 population was 47,765, and the 2024 population was 44,018. Montgomery County has also seen a similar decline, with both counties experiencing a 2% decrease in the past year. As noted above, there are high rates of Medicare and Medicaid coverage. In Macoupin County 6.5% of the population has no health insurance coverage, while 27.1% has Medicaid coverage. In Montgomery County, 6.7% have no health insurance coverage while 31.2% have Medicaid coverage. For comparison purposes, nationally, 8.2% of Americans are uninsured – despite the advent of the ACA – while 23.7% have Medicaid coverage.



# COMMUNITY RECOVERY NEEDS, SERVICES & SUPPORTS

## Introduction to Community Recovery Needs, Services & Supports

### 2018–2022 Update:

Macoupin County Public Health Department began the needs assessment phase of the planning process in 2018 as part of the Rural Communities Opioid Response Program, by developing an open-ended survey about needs related to substance use prevention and treatment in the RCORP counties. As the timeline in the next section shows, they began by creating a list of stakeholders in the communities as instructed by the JBS international RCORP onboarding packet across different sectors: social services, substance use treatment, corrections, etc. Interviews were recorded when possible, and attempts were made to establish sampling saturation (that is, we attempted to ensure that we included in data collection and analysis, at least one of each stakeholder sector). For the 2022 ROSC needs assessment, we interviewed key informants met through our work with RCORP implementation and establishment of the ROSC.



# COMMUNITY RECOVERY NEEDS, SERVICES & SUPPORTS

## 2018–2022: Data Sources

- HRSA Health Professional Shortage Areas (HPSA)/Medically Underserved Area
- US Census – Small Area/Community Survey
- Community Commons
- Center for Medicare and Medicaid Services
- Illinois Department of Public Health, Illinois Project for Local Assessment of Needs (IPLANS)
- Illinois IDHS
- Illinois Department of Corrections
- Robert Wood Johnson County Health Rankings & Roadmaps, including those by University of Wisconsin Population Health Institute
- SAMHSA
- Uniform Crime Reporting – FBI
- Illinois Critical Access Hospital Network
- Center of Disease Control and Prevention, Behavioral Risk Factor Surveillance System
- National Provider Identifier Registry
- Illinois Alcohol and Other Drug Abuse Professional Certification Association
- ROSC Members
- Community Stakeholders



# COMMUNITY RECOVERY NEEDS, SERVICES & SUPPORTS

## 2018–2022: RCORP Planning Community Stakeholders

Community stakeholders who participated in the RCORP planning process represented the following area organizations and institutions were contacted for interviews, included:

- **EMT/Fire Departments:** Benld, Brighton, Bunker Hill, Carlinville, Dorchester, Gillespie, Gillespie–Benld Area Ambulance Service, Girard, Medora, Chesterfield, Mt. Olive, Northwestern, Palmyra, Prairieland, Scottsville, Shipman, Staunton, Virden
- **Schools:** Bunker Hill, Carlinville, Gillespie, Mt. Olive, Staunton, Southwestern
- **Law Enforcement:** Benld, Brighton, Bunker Hill, Carlinville, Gillespie, Girard, Mt. Olive, Palmyra, Staunton, Virden, Macoupin County
- **Courts/Probation:** Macoupin and Montgomery
- There was also input sought from individuals with lived experience with substance use disorder, physicians/providers, and community members more generally.

In addition to these methods, a Qualtrics link to a Needs Assessment was also distributed to members of the community via the ROSC list serve and Macoupin County Facebook pages. By the time data collection was complete, the total number of individual and group interviews was 130.



# COMMUNITY RECOVERY NEEDS, SERVICES & SUPPORTS

## 2018 – 2022 Update: Actionable Categories

On November 5th, 2022, Macoupin County Public Health Department’s consortium members and key stakeholders met for an all-day consortium meeting, at which time several topics were discussed, including vision, impact, barriers, access, needs/gaps, communication, and action plans. More than 40 substantial and identifiable needs were presented by the consortium as potential barriers to care for individuals living with OUD in Macoupin and Montgomery counties. The forty needs were then pared down and organized into six actionable categories:

- ACCESS
- TRANSPORTATION
- RESOURCES
- FUNDING
- WORKFORCE
- COMMUNITY



# COMMUNITY RECOVERY NEEDS, SERVICES & SUPPORTS

## 2023–2025 Update

According to minutes of RCORP meetings from November 2022 through December 2024, topics repeatedly addressed included awareness of substance use disorder, stigma, coordination with the criminal justice system, transportation, homelessness and access to affordable housing, workforce development, sustainability and funding for support services, and engagement and participation from community sectors with an emphasis on inclusion of individuals with lived experience. We have also identified prevention services for youth and more mental health services for youth as a significant service need. Additional gaps that were also identified included a need for recovery housing, programs that respond better to individuals with methamphetamine use disorder, and programs that ensure recovery and support for those currently and formerly involved in the criminal justice system. Members continue to be interested in building prevention programs for youth, which includes involvement with the Handle with Care program. Members also expressed an interest in the ROSC being more proactive, with less of a focus on traditional meetings and training, and more on collaborating and coordinating local sober events and resource fairs.





# COMMUNITY RECOVERY NEEDS SERVICES & SUPPORTS

## 2023–2025 Update Continued

RCORP Implementation funding provided an opportunity to respond to gaps identified during the 2018 needs assessment. Since that time, Macoupin County Public Health Department developed a behavioral health site, in Montgomery County which included a licensed substance and behavioral health treatment unit. This has increased access for behavioral health, substance treatment and psychiatric services in Macoupin and Montgomery counties. RCORP also provided funding to develop a more stable care-coordination system and provide technical assistance on no wrong door and safe passage programs.

The consortium also received substantial technical support from the Taylorville Safe Passages program. The Safe Passages and No Wrong Doors programs, established via the RCORP funding with help from the ROSC grant are responding to these needs in the following ways: (1) they are reducing community stigma by establishing a network of safe places for individuals with substance use disorder to seek help, and (2) they increase access to care by developing relationships outside of the Macoupin County Public Health Department – including with inpatient treatment providers.



# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2023–2025 Update Continued

Since 2022, ROSC has worked together to develop resource lists for Macoupin and Montgomery Counties with a focus on housing and employment. Many of the organizations and groups identified for these resource lists are in the Asset Map. They also worked with Beacon Church to develop The Next Network, RCO, which is focusing on partnering and working within the criminal justice system, and within Macoupin, Montgomery & Bond counties. The ROSC has maintained the Macoupin and Montgomery County Safe Passage System, which has over 35 formal and informal access sites. This Safe Passage Program has a CPRS (Certified Peer Recovery Specialist). Other accomplishments include the development of a respite center (Haven Home) in Hillsboro via Crossover Ministries, the partnering of Haven Home with The Next Network, planning meetings with Oxford House regional offices to determine strategies to build local recovery housing, a mental health awareness school art competition across Macoupin County school districts, social-emotional learning programs in Macoupin County schools via Botvin with Macoupin County Public Health Department, a youth advisory group that is focused on youth prevention education and is based out of Gillespie, and several yearly resource fairs, including a back to school event (held in August 2022/2023), bi-annual re-entry summits with several local prisons, Harm Reduction 101 Town Halls, Mental Health Legislative Summits, and an Overdose Awareness event held by Crossover Ministries.



# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024–2025 ROSC Survey

In November of 2024, Macoupin County Public Health Department developed a survey as one of ROSC’s statewide deliverables, which collected data from stakeholders in Macoupin and Montgomery County. The questionnaire is in Appendix H in the Macoupin & Montgomery County Asset Map. Macoupin County Public Health Department surveyed over 407 Macoupin and Montgomery County stakeholders, including about 72.5% from Macoupin County, 23.8% from Montgomery County, and 3.7% from surrounding counties, including Sangamon, Bond, Morgan, Madison, and St. Clair Counties. Missing variables were evaluated and determined to be missing at random, so listwise deletion was used (see Table Note). As shown by Table 1, participants who participated in the survey were representative of the demographics of target counties, except for age and gender. However, it should be noted that target county residents are more likely to be between the ages of 18 and 65 and that women are overrepresented in substance treatment, healthcare, criminal justice, and social service professions, and are more likely to answer surveys.



# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## Community Needs Survey Questions 2025

### Appendix H: Community Need Survey

This survey is anonymous. Please do not write your name on this survey.

The purpose of this survey is to understand better Macoupin and Montgomery County residents' awareness, need and understanding of substance treatment and recovery services. Please answer the questions honestly, and to the best of your ability.

How much do you agree with the following statements? (Circle one option per statement)

People who use drugs deserve respect	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am aware of the ROSC and understand its mission in our community	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
It is difficult to find mental health and substance treatment	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
People who are mentally ill deserve respect	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
It is difficult to find healthcare providers who offer Medication-assisted treatment in my community.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I know where to go for youth substance use services in or close to my county.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Harm reduction services, like Narcan and syringe service programs, reduce the risk of drug use.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am aware of organizations who can help friends and family with substance use issues.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Which of the following is a barrier to getting mental health services that you experienced? (Circle all that apply)

Cost	Insurance status	Race	Ethnicity	Primary language	Disabilities	Gender identity	Sexual orientation
Transportation or Distance to Providers	Time	No phone or internet	Don't want to take medication	I don't believe they will help	I had bad experiences with them	Trauma	Other



# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## Community Needs Survey Questions 2025

Which of the following is a barrier to getting substance treatment services that you experienced? (Circle all that apply)

Cost	Insurance status	Race	Ethnicity	Primary language	Disabilities	Gender identity	Sexual orientation
Transportation or Distance to Providers	Time	No phone or internet	Don't want to take medication	I don't believe they will help	I had bad experiences with them	Trauma	Other

What do you think prevents people in our community from seeking help for substance use and mental health disorders? (Circle all that apply)

Stigma/Afraid what other think	Awareness of Services	Not enough motivation	Transportation	Finances	Access to phone or internet	Time	Distance to Services
Housing/ Stable Housing	Peers or current relationships	Negative Experiences with Treatment	Don't believe treatment will be helpful	Chronic stress and trauma	Not enough services	Don't feel understood by providers	Other

If you listed other as a reason preventing your/community members from seeking help for substance use and mental health disorders, please explain: \_\_\_\_\_

Do you think government funding will help increase the number of people who seek and receive treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Food	Housing	Legal Services	Transportation	Domestic Violence Services	Health care services	Mental Health Services	Employment Services
Utility Assistance	Education Services	WIC	Family Services	Recovery Services	Psychiatric Services	LGBTQ+ Services	Harm Reduction Services

Which of the following are you unsure where to go for help? (Circle all that apply)

How comfortable are you asking for these services for yourself?	Very Uncomfortable	Not Comfortable	Neutral	Comfortable	Very Comfortable
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What types of services would you like to see in the community?

\_\_\_\_\_

\_\_\_\_\_



# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## Community Needs Survey Questions 2025

In what ways would you like to see the community more involved?

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What kinds of volunteer opportunities would you like to see offered by the ROSC?

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Are you a ROSC member? \_\_\_\_\_ How long? \_\_\_\_\_ What is your native language? \_\_\_\_\_

What is your age? \_\_\_\_\_ What is your gender? Male \_\_\_\_\_ Female \_\_\_\_\_ Other (Explain) \_\_\_\_\_

What is your race? \_\_\_\_\_ What is your ethnicity? Non-Hispanic/Latino \_\_\_\_\_ Hispanic/Latino

How many people live in your household? \_\_\_\_\_ What is your zip code? \_\_\_\_\_

\$0-\$24,999	\$25,000-\$74,999	\$75,000 - \$114,999	\$115,000 or more
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Please indicate the answer that includes your household income in the past year before taxes.





# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024-2025 ROSC Survey Results

Characteristic	All 407 (%)	Macoupin 195 (%)	Macoupin US Census 44018(%)	Montgomery 64 (%)	Montgomery US Census 28663(%)
Age Under 18 18-64 65+	12 (4.3) 263 (93.8) 5 (1.8)	2 (1.0) 173 (88.8) 20 (10.3)	8935 (20.3) 18751(42.6) 9816 (22.3)	2 (3.1) 55 (86.0) 7 (10.9)	5732 (20.0) 16,767 (58.5) 6162 (21.5)
Income 100K+ 99K 49K 24.9K Refused	50 (17.9) 91 (32.5) 45 (16.1) 35 (12.5) 59 (21.1)	37 (19.0) 30 (15.4) 63 (32.3) 42 (21.5) 23 (11.8)	Medium Household Income \$68.5K 13% Poverty	9 (14.1) 23 (35.9) 10 (15.6) 9 (14.1) 13 (20.3)	Medium Household Income \$61.8K 15% Poverty
Gender Female Male Other Refused	226 (80.7) 41 (14.6) 3 (1.1) 10 (3.6)	156 (80.0) 30 (15.4) 3 (1.6) 6 (3.1)	22185 (50.4) 21832 (49.6) NA NA	52 (81.3) 9 (14.1) 0 (0.0) 3 (4.7)	13443 (46.9) 15220 (53.1) NA NA
Ethnicity Hispanic Non Hisp	5 (1.9) 264 (98.1)	3 (1.6) 183 (98.4)	2069 (4.7) 41949 (95.3)	2 (3.2) 60 (96.8)	6305 (2.2) 26427 (92.2)
Race White Black Pacific I 2+ Race	269 (98.1) 1 (0.4) 1 (0.4) 3 (1.1)	192 (99.0) 0 (0.0) 1 (0.5) 1 (0.5)	42433 (96.4) 572 (1.3) 0 (0.0) 572 (1.3)	59 (98.3) 0 (0.0) 0 (0.0) 1 (1.7)	27000 (94.2) 1118 (3.9) 29 (0.1) 287 (1.0)
Language English Spanish	279 (99.6) 1 (0.4)	194 (99.5) 1 (0.5)	NA NA	64 (100.0) 0 (0.0)	NA NA

**Note: Percentages are in parentheses. NA=Not Available. A total of 138 participants did not report County location but ISP showed within Macoupin and Montgomery County areas, and 3.7% were from surrounding counties, including Bond, Christian, Fayette, Madison, Morgan, Sangamon, and St. Clair.**

**A total of 93.5% of survey participants were between the ages of 18-64 of which 4.4% were between 18-24, 18.2% were between 25-34, 19.6% were between 35-44, 23.9% were between 45-54 and 22.5% were between 55-64.**

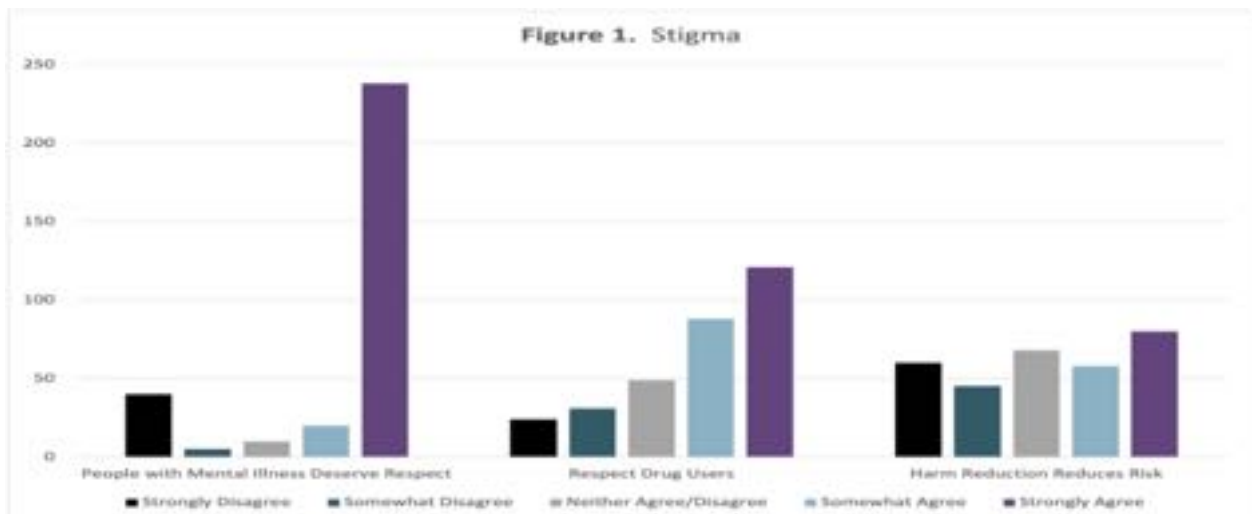


# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024-2025 ROSC Survey Continued

### Stigma

Below, we evaluated the level of stigma toward people with substance use and mental health disorders in our community. As shown by the Figure 1, most participants strongly agreed or somewhat agreed that people with mental illness deserved respect (82.4%) and people who use drugs deserve respect (66.8%). There was lower support for harm reduction programs, with a minority of participants believing such interventions reduce risk (44.4%). About 19% of participants strongly disagreed that harm reduction reduced risk, 13% disagreed that people with mental illness deserved respect and 8% disagreed that people who use drugs deserve respect. Gender differences were found when it came to the statements “mental illness deserves respect” (females more likely to strongly agree with 80.9% vs. 62.8% men).

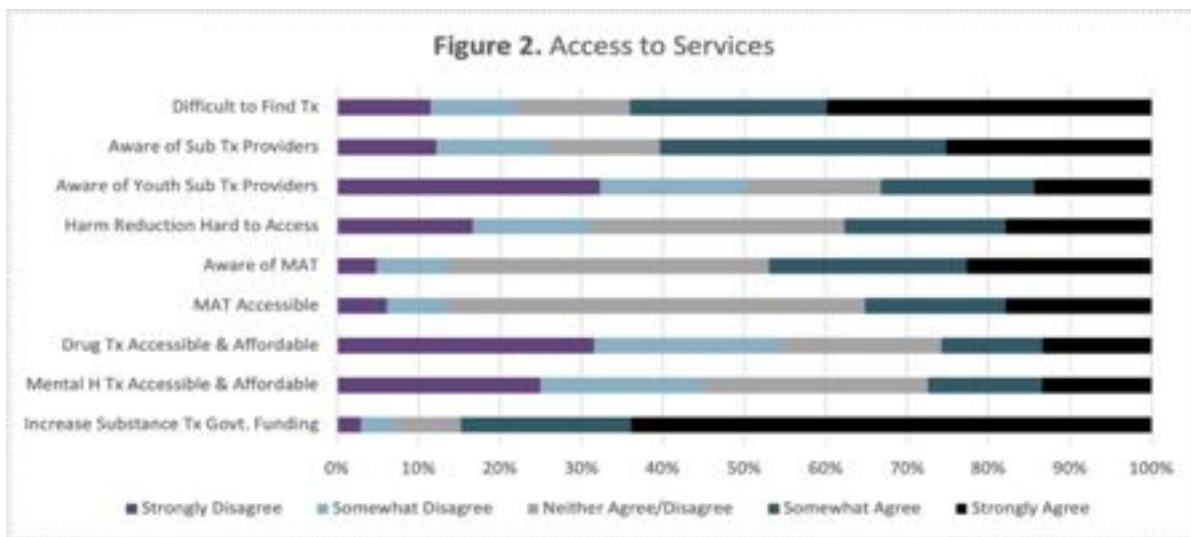


# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024-2025 ROSC Survey Continued

### Awareness and Access to Services

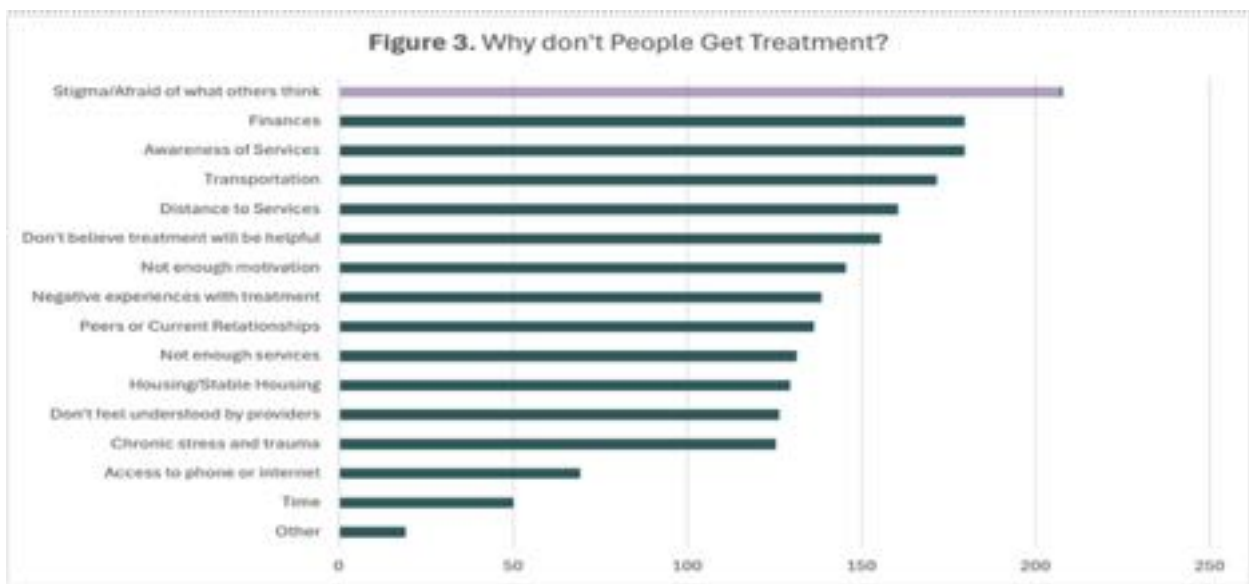
Macoupin County Public Health Department also measured community members' perceptions of mental health and substance treatment availability and access. As shown in Figure 2, about 64% strongly or somewhat agreed that it was very difficult to find treatment, while 60.4% strongly or somewhat agreed that they were aware of available treatment services. One reason may be the awareness of available youth treatment services (only 33.2% strongly or somewhat agreed they were aware of available youth treatment services). In terms of access and affordability, 25.8% (mental health treatment) and 27.5% (substance treatment) strongly or somewhat agreed that treatment was accessible and affordable, regardless of national origin, race, gender, and class.



# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024-2025 ROSC Survey Continued

Similarly, access to harm reduction interventions and medication-assisted treatment was also low according to the survey, with 37.7% and 35.1% strongly or somewhat agreeing that it is difficult to find harm reduction interventions and medication-assisted treatment, respectively. Older adults are much less likely to be aware of substance treatment providers (57.7% are somewhat or strongly aware vs. 66.5% who are 54 and younger). Low-income individuals were less likely to be aware of organizations that provide medication-assisted treatment (14.3% had strong awareness vs. 28.5% at higher incomes). Meanwhile, females and older adults (55+) were much more likely to be aware of organizations that provide medication-assisted treatment (51.3% of females had awareness vs. 34.9% of men, and 47.4% of older adults had awareness vs. 33% of those under 55). Females were also more likely to strongly agree that more funding is needed for substance treatment (70.7% vs. 48.8% men).



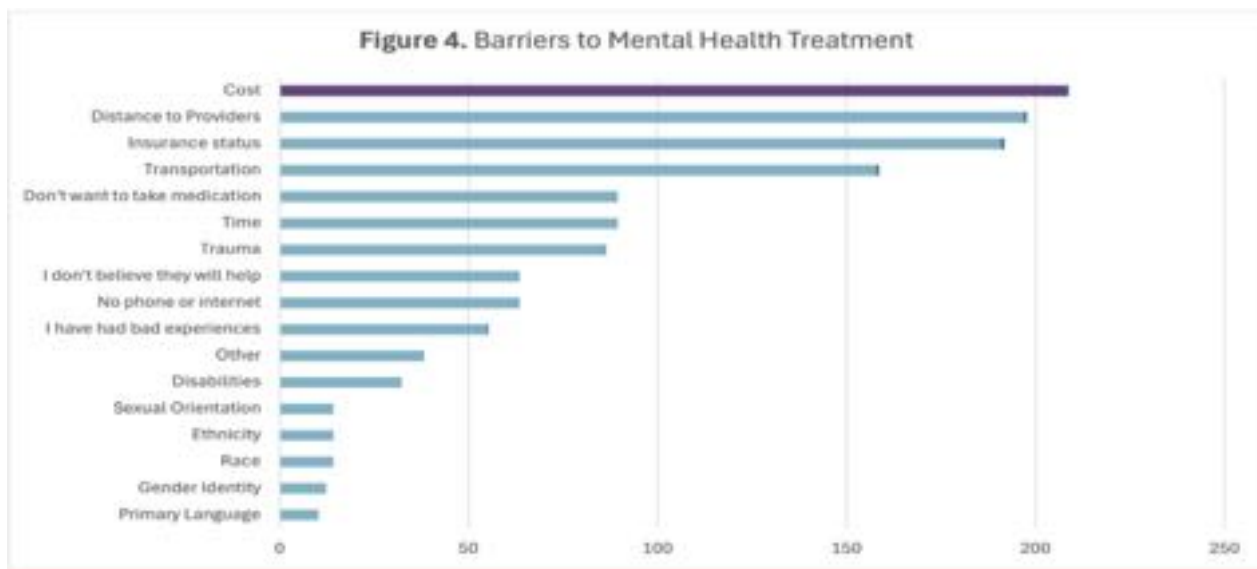
# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024-2025 ROSC Survey Continued

### Barriers to Treatment

Most respondents (73%) believed that target populations were not getting treatment because of stigma, i.e., they were afraid of what others think. They also believed that finances (63%), awareness of services (63%), transportation (60%), distance to services (57%), don't believe treatment will be helpful (55%), not enough motivation (51%), negative experiences (49%), peers or current relationships (48%), not enough services (46%), housing insecurity (46%), don't feel understood by providers (45%) and chronic stress and trauma (44%).

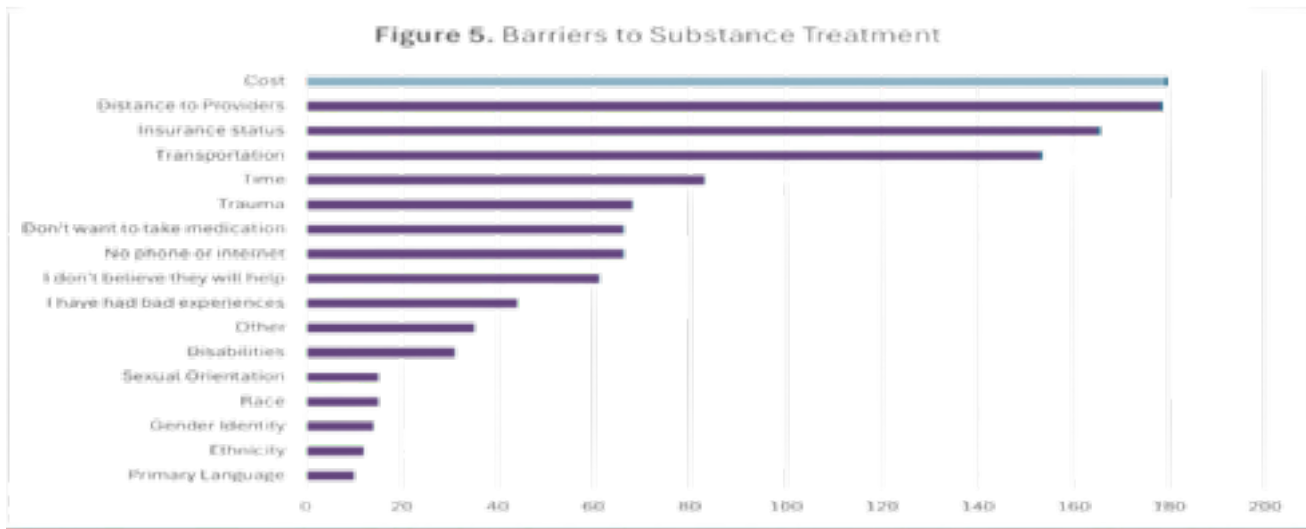
As shown below in Figure 4, when respondents were asked about their own barriers, cost was the biggest barrier to mental health treatment, according to 75% of respondents. After cost, were distance to providers (71%), insurance status (68%), and transportation (57%). We also note that other barriers should be considered, including willingness to take medication, time (time to go to treatment/capacity to get off work), and existing trauma.



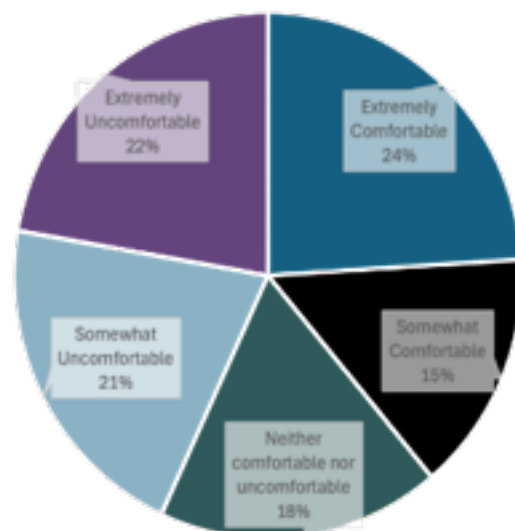
# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024-2025 ROSC Survey Continued

Patients also listed housing issues (experiencing homelessness), problems with childcare, long wait times, lack of motivation to get care, not enough providers, lack of specialized care and stigma.



Barriers to substance treatment, according to respondents, was very similar to barriers to mental health treatment, with cost (69% of respondents) being the most significant barrier, and distance to providers (69%), insurance status (64%), transportation (59%), time (32%), trauma (26%) and not wanting to take medication (26%) also significant barriers. Respondents who stated “other” barriers listed housing, requirements for a referral, lack of motivation, provider turnover, criminal justice involvement, and wait times. Although stigma was not mentioned as a major barrier to treatment, less than half of respondents felt comfortable seeking care for mental health and substance use disorders. (Figure 6).



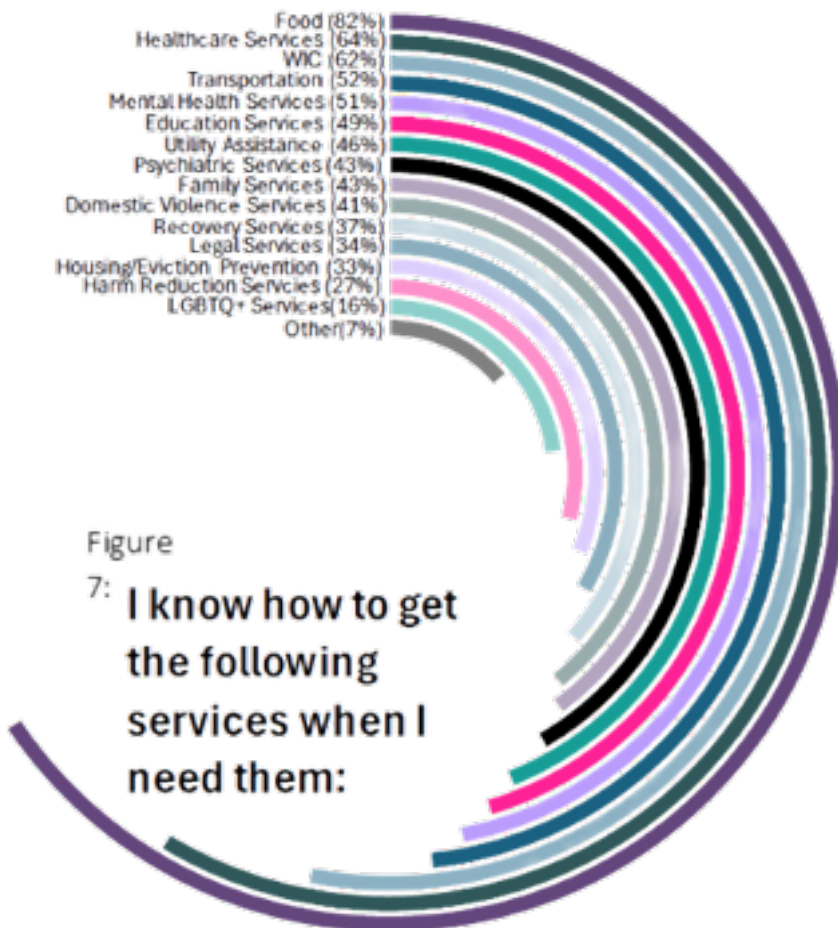


# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024-2025 ROSC Survey Continued

### Recovery Capital

As shown in Figure 7, most respondents were aware of where to get food (82%), healthcare services (64%), WIC (62%), transportation (52%) and mental health services (51%). Less than 50% were aware of how to get education services, utility assistance, psychiatric services, family services, domestic violence services, recovery services, legal services, housing/eviction services, LGBTQ+ services, and other types of services (shared spaces).



# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## 2024-2025 ROSC Survey Continued

### The Role of ROSC

About 23% of respondents were aware of ROSC and its mission. They said they wanted to see the ROSC do more to engage community members ensuring they know the ROSC, and it's available resources (see Figure 8 Wordcloud). Many believed there should be more advertising of ROSC and substance use treatment services. They also thought it was important that ROSC continues to help as a source for information and training. Many also thought that ROSC needed to find ways to get funding for housing and transportation. Survey participants said they would be more willing to get engaged with the ROSC if they continued what they were doing, and ensured the community was aware of the ROSC and substance use treatment resources. They also wanted to see more community events and involvement with homelessness, human trafficking, costs related to mental health and substance treatment, contingency management and working with police.



# COMMUNITY SERVICES & SUPPORTS ASSESSMENT

## ROSC Survey Updated List of Gaps



# COMMUNITY READINESS

## Introduction To Community Readiness

Opioid and Methamphetamine use has been a significant issue in our community for quite some time. Since 2020, Macoupin County Public Health Department and key health care, criminal justice, behavioral health and substance treatment partners have worked together to address this by developing substance use treatment and recovery programs. There has been a high level of awareness about these efforts. The professional, and lived experience stakeholders in recovery communities, have demonstrated enthusiasm and willingness to participate with Macoupin and Montgomery County ROSC efforts, presently being headed up by the Macoupin County Public Health Department project team. The team is continuously seeking to bring new stakeholders to the table to ensure that a wide array of roles and perspectives are represented. This includes those organizations and agencies listed in the Community Resources Appendix.

On March 17, 2025, the Macoupin and Montgomery County ROSC consortium convened for a four-hour SWOT analysis to gain a comprehensive understanding of the needs within our communities. This analysis serves to inform strategies aimed at optimizing our strengths and opportunities while effectively addressing weaknesses and threats. This SWOT Analysis has determined the following strengths, weaknesses, opportunities and threats.



# COMMUNITY READINESS

## SWOT Analysis Results

### Strengths

ROSC members are excited to be engaged in mental health and substance use programs within Macoupin & Montgomery Counties.

ROSC collaborates effectively with diverse local community members and groups.

All sectors of the community are represented on our ROSC consortium.

ROSC consortium excels at finding resolutions to challenges and barriers within our counties.

The ROSC provides several alternative routes of communication for maximum collaboration efforts, to ensure that all ROSC members' input is valued and utilized.

Our ROSC consortium members are strong advocates in the community for mental health and substance use.

Our ROSC consortium utilizes our county residents with lived experience, to inform and drive decision making regarding resources.

County residents with lived experience have significantly reduced stigma related to mental health and substance use.



# COMMUNITY READINESS

## SWOT Analysis Results

### Strengths

The ROSC finds ways to involve stakeholders who are unable to attend ROSC meetings & events by meeting them where they are at within their scope of work.

Our ROSC consortium presents and focuses on relevant topics and educational content related to current events and issues in our counties.

Our ROSC consortium focuses on youth prevention, recovery, harm reduction, active use, and long-term support programs.

Our ROSC collaborates with outside organizations to bring support groups to the communities that don't already exist.

ROSC consortium members are well-informed about mental health and substance use services and are actively facilitating warm handoffs.

ROSC Consortium created an anti-stigma campaign focused on mental health and substance use disorders.

Active Mental Health Court & 708 Board in Montgomery County





# COMMUNITY READINESS

## SWOT Analysis Results

### Weaknesses

Limited ability to attain and retain behavioral health workforce in the area.

Limited funding to be able to fill the gaps such as housing, transportation etc.

We need more access to services outside of regular business hours.

Lack of detox units inside and outside of our counties.

Lack of support from local governing officials to bring recovery programming & housing to the two-county area.

Lack of sufficient warming & cooling centers outside of regular business hours.

There is a lack of support for job training and employment programs for people with mental health and substance use disorders.



# COMMUNITY READINESS

## SWOT Analysis Results

### Opportunities

Providers offering health and social services should explore effective evidence-based strategies for addressing mental health and substance use.

There are numerous opportunities to further develop the ROSC system, including the implementation of safe passage protocols and the "No Wrong Door" approach, both within healthcare systems and emergency response frameworks.

There are opportunities via mental health legislative health summits, town halls, and community events to engage individuals.

There are opportunities to support ROSC consortium members in creating and strengthening support groups both in person and virtually.

An opportunity is present to develop anti-stigma campaigns for mental health and substance use disorders and surrounding topics.

Opportunity to pursue additional funding for mental health and substance use disorders.

Opportunity to support in the development of more youth mental health and substance use programs and services.



# COMMUNITY READINESS

## SWOT Analysis Results

### Opportunities

Increase collaboration between members of the ROSC and mental health and substance use providers.

Opportunity to increase outreach about training opportunities for our counties.

Opportunity to increase outreach about local MAR services available, as well as continuing to recruit and train MAR providers.

Opportunity to collaborate with HUD and local housing groups which increases the likelihood of getting individuals with mental health and substance use disorders housed.

Opportunity for our first responders to embrace community risk reduction model which focuses to educate, engineer, enforce, economically incentivize, and enhance capacity to respond effectively.

Opportunity to expand mental health court & 708 board to Macoupin County.

Opportunity to establish MAR in jails and emergency rooms.

Opportunity to encourage warm hand offs to peer support services after release from the criminal justice system.



# COMMUNITY READINESS

## SWOT Analysis Results

### Threats

Increased synthetic substance use access.

Budget cuts and financial challenges may impact the sustainability and availability of mental health and substance use services.

Local recovery services are at risk of being overwhelmed by an increase in demand for mental health and substance use services.

There may be resistance from sectors of the community.

Population or decline shifts may affect the availability and need for recovery services.

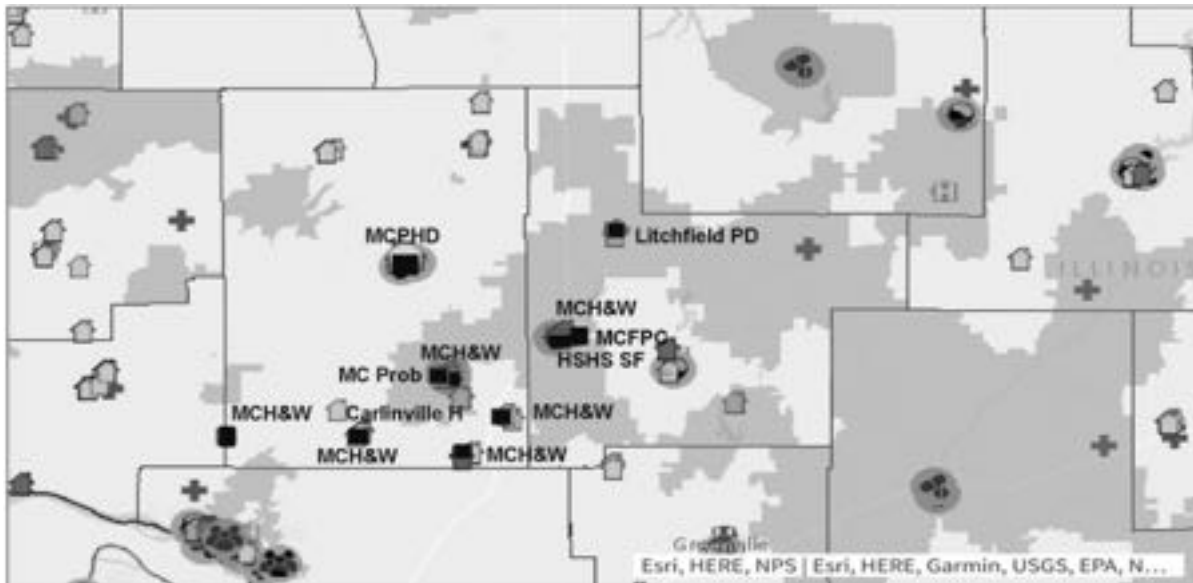
There are limitations in funding or resource allocation for recovery-oriented services.

Lack of transportation services will impact those who are seeking mental health and substance use services.



# PRIORITIES FOR EXPANSION

## Asset Map & Description For Macoupin & Montgomery Counties



As shown in the map above, Macoupin and Montgomery County ROSC started with partnerships between the Macoupin County Public Health Department which provides services for public health, primary care, behavioral health, oral health and transportation, hospitals in the two-county region, Macoupin County Probation and Litchfield Police Department. The map also shows subsidized housing in the area (houses), medical providers (crosses), treatment providers (pills, heads) and residents who are low-income or at the poverty level (shaded). As of 2025, our ROSC has increased its partnership to over 135 stakeholders. The Macoupin and Montgomery County ROSC needs this large and diverse stakeholder pool to invoke actual change in the community – especially for goals related to increasing housing opportunities (which require significant resources, capital, and community buy-in) but also reducing stigma towards individuals with substance use issues.



# PRIORITIES FOR EXPANSION

## Continued ROSC Expansion

It is important to engage and involve members of the community who have influence in these areas and to keep these community members in mind, while also ensuring that the ROSC provides a safe and welcoming space for people in recovery. With this in mind, some of the measures required to continue expanding the ROSC are as follows:

- **Continual Council Membership Recruitment**
- **Follow-up meetings to re-engage**
- **Meeting speakers from local agencies as well as national experts**
- **More flexible opportunities for involvement and engagement**
- **Provide training and education within the ROSC Framework**
- **Educational Sessions such as Stigma reduction, Housing Development/Affordable Housing, Reentry Programming/Legal Services, Community Development, Youth Behavioral Health/Prevention, Harm Reduction, etc.**
- **Community Outreach Events and Activities, including sober living activities**
- **Sustained research of Services and Supports offered to individuals covering areas of the recovery spectrum**
- **Continue to work together to develop strategies to respond to housing and transportation needs of people in recovery**



# PRIORITIES FOR EXPANSION

## Technical Assistance Needed

### Technical Assistance Needed:

- **Advocacy training, i.e., how to create a lobbying day, lobbying strategies**
- **Information about how to navigate state funding mechanisms – particularly as they relate to substance and behavioral health treatment (for example, who should we ask for help? How are block grants distributed?)**
- **Information on how to develop and fund sustainable recovery housing programs in a rural area**
- **Legal assistance – expungement, navigating re-entry, driver's license revocation, child custody/children and family services, orders of protection, DCFS advocacy, landlord laws**
- **Different resources and models for working with criminal justice systems and populations**
- **Recovery Housing/general housing**

