



SOUTHEASTERN ILLINOIS SUBSTANCE, USE, PREVENTION, RECOVERY, AND  
TREATMENT (SI SUPRT) COUNCIL



**Community Needs Assessment Update**  
**Egyptian Health Department**  
**2022**

The following is an update of our December 2020 and May 2022 Community Needs Assessments (CNA).

**Background and Process**

Our initial 2018 needs assessment served as a tool to evaluate our communities’ readiness for building a Recovery Oriented System of Care (ROSC) and guide for strategic planning and implementation of initiatives to address the needs determined. **Now, in our fourth year focused on this effort, we are moving ahead with progress in building supports for recovery in the four counties covered by our ROSC. Previous needs assessments have helped articulate and form our work plan as outlined in our strategic plan.** We feel we have a grasp on the needs and are striving to meet them in innovative ways and make progress on our goals for building recovery capital in southern Illinois.

The geographical area of our ROSC consists of Saline, Gallatin, Hamilton and White counties in rural Southeastern Illinois. Many residents of the served population experience struggles surrounding a myriad of social and economic determinants of health.

	Illinois	Saline	White	Gallatin	Hamilton
<b>Total Population</b>	<b>12,812,508</b>	<b>23,768</b>	<b>13,877</b>	<b>4,946</b>	<b>7,993</b>
<b>Population Decline since 2010</b>	<b>18,124</b>	<b>1,145</b>	<b>788</b>	<b>643</b>	<b>464</b>
<b>Median income per household</b>	<b>\$68, 428</b>	<b>\$43,928</b>	<b>\$48,303</b>	<b>\$43,092</b>	<b>\$55,997</b>
<b>White alone</b>	<b>76.8%</b>	<b>92.9%</b>	<b>97.1%</b>	<b>96.8%</b>	<b>97.5%</b>
<b>Female</b>	<b>50.9%</b>	<b>50.8%</b>	<b>51%</b>	<b>51%</b>	<b>51%</b>
<b>Persons with disability under age 65</b>	<b>7.3%</b>	<b>16.7%</b>	<b>13.7%</b>	<b>13%</b>	<b>12.6%</b>
<b>Persons age 25 + with bachelor’s degree or higher</b>	<b>35.5%</b>	<b>19.9%</b>	<b>17.1%</b>	<b>11.5%</b>	<b>21.2%</b>
<b>Language other than English spoken in home, age 5 years +</b>	<b>23%</b>	<b>3.7%</b>	<b>1.4%</b>	<b>0.8%</b>	<b>4.9%</b>

All data is taken from [ILLINOIS: 2020 Census](#).

Population decline continues steadily in the state for the sixth straight year. Factors cited for this loss are labor market conditions and small business and state income taxes.

Data reviewed, collected and analyzed for Needs Assessment were compiled from the following sources, most current at the time:

- ROSC Stakeholder Self-Assessment
- Egyptian Health Department (EHD) IPLAN
- Ferrell Hospital CHNA
- Harrisburg Medical Center CHNA
- Southern Illinois Healthcare CHNA
- Qualitative data derived from community discussions, forums and coalition meetings
- Focus group meeting with NA
- Focused discussion activities at Substance Abuse Action Team (SAAT)/ROSC Council meetings
- Community Resource Guides

**Both local hospitals, Ferrell Hospital and Harrisburg Medical Center (HMC) conducted a CHNA in 2021.** A summary of the primary data, applicable to the scope of SI SUPRT's work of prevention, treatment and recovery, will be highlighted in the readiness of the community section below. Also, a 2015 CHNA from Hamilton Memorial Hospital in Hamilton County was not used in the initial CNA, but was included for our first update in year two. For the most part, we ascertain that the needs of people in recovery in our area remain largely the same as two years ago.

We are aware that the need for steady employment remains, and has increased due to COVID-19 pandemic job losses and movement/employment limitations for people in our area. Our employment work group met in December 2020 to reinvigorate our employment supports and services.

Our recovery support specialists report increased needs for help with rent and utilities for their clients. Some of this has been met with government funding through our local Wabash Area Development, Incorporated (WADI) agency, IL HEALS, and other agencies, but not nearly enough. Our community is in need of low-barrier emergency housing, and a local in-patient SUD treatment facility. Additionally, the community could benefit from more recreational activity facilities that are safe for people in recovery. Employment and transportation continue to be an ongoing need, as well as access to low-cost healthy food. Internet and cellular access is a new need due to the virtual component of care that most have switched to. SI SUPRT hopes to facilitate local services that can meet those needs.

We used multiple resources to assess the needs of the four-county area that SI SUPRT serves. Much of the work to determine community needs came from long-standing community partnerships, collaborations, and Southern Illinois area-wide discussions of public and behavioral health issues surrounding substance use, prevention and recovery. EHD and the Southeastern Illinois Community Health Coalition (SICHC) have also both been involved in other similar community health needs assessment (CHNA) processes. Substance Use has been a standing health priority throughout our communities for several years, identified by various partners.

In this fourth year, we plan to deliver our recovery support goals outlined in the strategic plan by designing work plans that best utilize the gifts of the council. We are confident that this process will address all the needs that have been identified and remain pertinent in the communities we serve. We want to focus on the needs that our ROSC has not yet met with the energy of our best collaborative efforts as a council. And, through our collaboration in White County during a recent anti-stigma event, we have identified a new partner to help meet the need for recovery housing in our area. The judge in charge of White County's Drug Court spoke at our event about justice reform, and the differences that a treatment model (rather than punitive) has made for justice involved people in our community. We hope to continue

provided education within our local government and law enforcement agencies about the on-going benefits of SUD treatment over incarceration.

### ***Inventory of SUD/COD resources***

A listing of all licensed SUD treatment facilities, MAT service providers, and some recovery support services can be found in the 2021 Substance Misuse Resource Guide, 6th edition. This Substance Misuse Resource guide can be accessed at <https://www.hsidn.org/substance-misuse-resources>. This edition was updated December 2021. This resource is very detailed and includes substance use disorder organizations as well as location, contact information, program details and payment details including what insurances are taken by each organization. The resource also provides information/details on detox bed facilities, residential programs, outpatient programs, recovery support groups, medication assisted treatment providers, medication disposal programs and drug take back days, all in southern Illinois and neighboring states.

Addenda to this assessment include:

- Recovery Resource Center (RRC) and SI SUPRT brochure highlighting our program and the services available at our facility
- Egyptian Health Department's comprehensive brochure of regional addiction treatment programs
- List of Egyptian Health Department Substance Use Disorder Staff credentials

**Regarding medication-assisted treatment (MAT)**, there are multiple providers in our four counties who are able to provide this service. Specifically, Egyptian Health Department provides MAT in partnership with Dr. Michael Blain through Christopher Rural Health Planning Corporation (CRHPC). **Additional Southern Illinois area practitioners can be found on pages 34-35 in the HSIDN substance misuse resource link.** Our agency also participates in Centerstone's Hub and Spoke Medication Assisted Recovery Program.

**Peer recovery support (PRS) services:** Egyptian Health Department is the sole provider of Peer Support Services in our service region. EHD has four PRS staff, and they have three years to achieve their certification. We have had some turnover in these positions this year; however, EHD has filled in the positions quickly because of the strong network for peer support services in our area. Our Recovery Support Specialists are actively involved in our ROSC in many ways including executing and presenting monthly programs on recovery issues. This is a growth in our collaborative programming with our SUD staff. We have one Certified Recovery Support Specialist on our SUD staff, and another who will be certified Summer of 2023.

### ***Description of the community's current readiness to support ROSC and RCO***

We continue to partner with our area hospitals in addressing substance use concerns in the area. We include them as we advance our strategic plan, asking for input and informing them of our progress as a council. We build on the past community health needs assessments (CHNA) and will request involvement in their upcoming CHNAs, including new ways to collaborate and provide support to them in reaching their goals around substance use prevention.

We had an enthusiastic response in our outreach to partners in White County this year. The community outreach idea was met with great energy and was held in Summer of 2022. A critical need in the community for transitional and/or sober housing has been identified because of the requirement for drug court participants to reside in the community where their drug court is located, particularly after completing a residential treatment program in a distant community because there are none in White County. There is great community support for an Oxford style home to be created and supported. We are still working to create housing options for people who need supportive housing that includes recovery coaching and employment in the local area and hope to facilitate a home located in White County or

Saline County. In addition, we are working toward more involvement from Hamilton County, since some residents participate in the neighboring county's drug court program.

Our staff has been attending statewide ROSC meetings that focus on RCO development components and best practices. We are strategizing how an RCO could coexist with our ROSC Council. We have yet to identify the appropriate people or person to take on the leadership of an RCO. As we educate ourselves on RCOs and continue outreach to the community on our program, we will consider people in the recovery community who may be able to take up the banner for an RCO in our area and provide encouragement and education on the establishment and funding for such an endeavor. We will review the requests for proposals for funding and share them with potential leaders in the community who may be inclined to lead the inception of an RCO. We collaborate on a regular basis with our nearest RCO, Take Action Today (TAT), located in Franklin County. TAT has established the Southern Illinois Recovery Network (SIRN) which is a collaboration of all recovery support service providers in southern Illinois, with the hope of eventually building a regional RCO in our rural area. SIRN's primary objective is to "Create a singular voice for the lower 18 counties in southern Illinois."

As mentioned above, our community/region has a long-standing history of collaboration and partnerships to address the community's needs. Various projects in recent years have required community collaboration with similar sector representation and have had successful outcomes. Other signs that the community stands ready to support the ROSC and RCO were listed last year and continue to include:

1. The strength, involvement and evolution of SI SUPRT (formerly the Substance Abuse Action Team, SAAT) in response to our community needs over seventeen years.
2. The community's willingness to support the ROSC program along with continued commitment to its processes.
3. Agency support and establishment of the Recovery Resource Center in Harrisburg. This center serves as a central location to obtain screening, assessment and treatment for substance use disorder and gambling addiction along with support for concerned loved ones and in cooperation with other SUD services offered by the agency throughout the four county service area.
4. Agency involvement in regional substance use response and projects, regional and state opioid response councils and task forces, and operations partner in grants such as the Ending Transmission of HIV, HCV, and STDs and Overdose in Rural Communities (ETHIC) of people who inject drugs.
5. Experience with system of care work within the lead agency and community.

Because we did not have a great change in community demographics to our knowledge, or a good way of accessing people for a survey, we will summarize our strengths and weaknesses below based on previous SWOT analysis done in all counties in September 2021. We continue to build on our strengths and bring the needs forth to our strategic plan.

### ***Strengths and Opportunities***

As stated above, our community is supportive of our mission and work in the arena of building recovery capital and infrastructure. We are aware of previous years' community needs assessments and bring them into this year.

We would be remiss to ignore the opportunity we have been able to seize through social media and virtual meeting platforms. We continue to reach out to the community by offering monthly programs around recovery topics, in addition to anti-stigma community events and our annual Overdose Awareness Day event. We showed *The Anonymous People* for one program to increase enthusiasm for recovery advocacy. Over the past several months, we've seen a marked increase in attendance to our monthly council meetings. In May 2022 we held our first in-person council meeting since the beginning of the pandemic.

## **Strengths identified by SI SUPRT Council and Community Members**

We have continued to build on the strengths identified in our previous CNA and update. We have generated good information on our strengths and opportunities in the communities and the awareness of and enthusiasm for ROSC. Some of the opportunities, such as our newfound collaboration with White County and our desire to make a large community outreach there were curtailed by COVID-19 precautions. We held a well-attended recovery outreach event at our Recovery Resource Center during the summer of 2021, with speakers from the community, naloxone distribution, and a community recovery walk.

There are many strengths in our service area that support recovery capital. We continue to collaborate with TAT, a local RCO, to bring more peer recovery service to Southern Illinois. We need to continue to strive to share the recovery message with those in and seeking recovery with our public health, public safety, public service and political partners.

Over the past year we've increased our visibility in the community, and have become a trusted resource. We have built strong alliances within the community, and have great support from key stakeholders in our coverage counties. Our messaging about better, dignified approaches to SUD have helped reduce stigma.

The feedback we received from the council regarding recovery strengths in the community pointed to robust and easily accessible MAT programs, increased awareness of our ROSC, well-attended outreach events, as well as prolific overdose prevention training and naloxone distribution within our service area.

## ***Needs and Gaps***

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

- We have a low self-referral rate for treatment, impeded by stigma. (We have developed a stigma reduction campaign to address stigma that was displayed on billboards and mass transit in our coverage area. We are working with Egyptian Health's SUD department to measure self-referral rates and impact of our recovery messaging.)
- The time between arrest and prosecution is too long. (We are addressing several issues with our state's attorneys who attend our meetings and are supportive of recovery as a solution to addiction issues.)
- We have a problem with follow ups after overdoses and overdose interventions. (In collaboration with a local hospital system, we are working to assure that post-overdose clients have access to naloxone and recovery services.)
- We need to know how to better support young people after treatment. (We have youth SUD counselors who do follow up with young people. EHD has peer support providers in each school district in our four county coverage area. )
- We have few-to-no prevention places/substance free hang outs for young people. (One strategy would be to involve our parks and recreation planners to provide open gyms and other non-school sports activities.)
- Access to care:
  - Need more access to long-term inpatient facilities closer to our area in order to assist in providing treatment in a timely manner. (Our PRS staff and church volunteers do provide transportation to treatment; however, closer proximity to treatment is something we will continue addressing and need technical assistance/visioning/funding to complete.)
  - Transportation to appointments, meetings and other recovery support services are needed. (Rides Mass Transit District provided information to council on services in our counties. EHD has

two full-time transportation specialists who work with clients to resolve on-going transportation issues.)

- Health care that covers treatment is critical. (We will continue to work for advocacy for parity, and explain the coverage that IS available.)
- No sober living facility is available in our area. (As the need is known and we build collaboration, we intend to capitalize on the opportunity to work with other organizations to find solutions for safe living environments for those in recovery.) Emergency housing, and housing in general, continues to be an ongoing issue in our area for people with SUD and/or a criminal history. Ultimately, we'd like to facilitate permanent emergency housing in our area, but have met several roadblocks in our efforts, including access to employment and transportation for recovery housing residents.
- Consistent recovery events in the community have not been offered frequently enough. (A few events have been hosted, including: Saline County Outreach, a multi-organizational event to promote regional recovery support services, and a Recovery Walk sponsored by local RCO, TAT.)
- We've struggled to fully engage all of local law enforcement. While we do have Peer Recovery Specialists who meet with incarcerated clients, the contact is minimal, and it's often difficult for those clients to reach us.
- Additionally, we would like more community members with lived experience on our council.

These on-going needs and gaps are echoed in the “weaknesses” listed by our previous SWOT analyses.

**Summary statement:**

**Weaknesses:** The main issues we are focusing on as we progress in our fourth year are:

- No local recovery or transitional housing
- Easily accessible employment, especially gainful employment for clients with criminal background
- Stigma towards people with addiction
- Transportation to and from treatment, between housing and employment and to other services.
- Minimal involvement in our council by one of our key county stakeholders.

Our ROSC Council's vision areas and strategic plan encompass the four major dimensions identified by SAMHSA that support a life in recovery. We will continue to utilize the needs identified by ROSC council members to help create the ideal recovery community.

- **Health-** Physical and emotional, including managing one's disease
  - **We will work to:**
    - Assist with prevention activities
    - Provide social emotional support for loved ones of people with SUD
    - Increase sensitivity to SUD and co-occurring conditions in the healthcare arena
- **Home-** Safe and stable place to live
  - **We will work to assist with:**
    - Housing needs
    - Recovery/Transitional Housing (supported housing)
    - Family Recovery support/options

- Utilizing community centers in public housing complexes for on-site supports
- **Purpose-** Meaningful daily activities including jobs, volunteering, caretaking, creative endeavors, independence, income and resources
  - **We will work to focus on:**
    - Economic/Employment Support
    - People in recovery to have no problem finding a job
    - Employer support for treatment with time off, support and no stigma upon return
    - Peer-run businesses
    - Stronger partnerships with business and employers
    - Recovery Speaker Series and/or Speakers Bureau to provide education and dialogue
- **Community-** Relationships and social networks, support friendship, love and hope
  - **We will work to:**
    - Build empowering communities of support to be compassionate for people in recovery
    - Promote positive relationships with law enforcement and referral issues
    - Increase participation of community members in all of our counties

***Technical Assistance priorities for expanding ROSC in the community***

Our area's needs for technical assistance remain largely the same as last year but we have begun addressing many of them. Several are large scale and ongoing infrastructure issues (i.e. housing). All are addressed in our Strategic Plan. Some recent TA developments include: our lead agency now offers SUD treatment in local jails, and we have intervention specialists working in all public schools in the ROSC coverage area. Our local hospital group distributes free naloxone in their ER in addition to referring those patients to SUD treatment at EHD.

These additional needs to meet the above vision can be condensed into technical assistance priorities as follows:

- Training
  - For Stigma Reduction targeted in these areas:
    - General Community
    - Employers/Workplaces
    - Health Care Providers
    - Law Enforcement
    - Education Providers
  - Peer Support Services/Recovery Messaging:

- Recovery Coaches, more training for them in the area
  - Recovery Community Advocates/Leaders
  - Recovery Speakers Bureau training
- Brain Disease/Chronic Illness Model education in community:
  - Medication Assisted Treatment (MAT)
  - Sensitizing community to disease model and recovery centered language
- Prevention: Continued and expanded prevention training and implementation in schools and community
- Housing Support:
  - Transitional supports for individuals seeking recovery and families
  - On-site recovery supports in current housing units  
(family support groups, counseling interventions, other)
- Local in-patient treatment options, or in-patient SUD treatment within the local hospital system
- Community/Infrastructure supports:
  - Transportation to groups/treatment/jobs and for basic needs and services
  - Childcare for treatment, and in general
  - 24-hour services available
  - Help paying for services
  - Improve regular recovery programming
- Economic and Job opportunity:
  - Training and funding for additional transitional job coaching/supported employment
  - Opportunities and encouragement for peer-run businesses
  - Employer support for treatment with time off, support and no stigma upon return
  - Vocational training options locally
- Treatment options/pathways:
  - Long term recovery center closer to our area

Thank you for your support and consideration.