



HEARTLIFE MINISTRIES

R E C O V E R Y 1 8 0

Community Needs Assessment Will/Grundy Counties

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Introduction

Will and Grundy Counties in Illinois face various challenges in addressing substance use disorder (SUD) and mental health issues within their communities. This community needs assessment aims to provide a comprehensive evaluation of existing resources, identify critical service gaps, and assess the region's readiness to support a Recovery-Oriented System of Care (ROSC) council. Through a detailed gap analysis, SWOT assessment, and prioritization of technical assistance needs, this report seeks to provide actionable recommendations for improving recovery services. By strengthening community collaboration, enhancing available services, and advocating for necessary policy changes, Will and Grundy Counties can work toward a more supportive and effective recovery network for individuals in need.

Target Areas

Will County Illinois



Grundy County Illinois



Summary of Key Findings

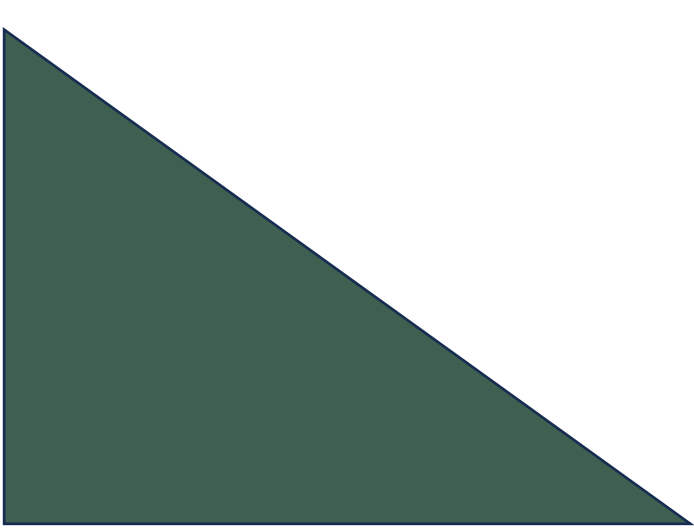
Gap Analysis: Community Resources Comparison

Category	Available Resources	Identified Gaps
Substance Use Treatment	Outpatient programs, detox centers, medication-assisted treatment (MAT) providers	Limited inpatient treatment facilities, lack of adolescent-specific services
Mental Health Services	Community mental health centers, crisis hotlines, private therapy providers	Insufficient crisis intervention services, high costs, long waitlists
Housing Support	Transitional housing, sober living homes, emergency shelters	Shortage of affordable sober housing, limited housing for families in recovery
Employment Assistance	Job training programs, workforce development agencies	Need for more employer partnerships for second-chance hiring
Peer Recovery Support	Peer-led support groups, community recovery organizations	Limited funding for peer coaching and recovery community centers
Prevention Services	School-based prevention programs, community coalitions	Limited outreach in rural areas, lack of culturally tailored programs
Transportation	Public transportation, ride-sharing services	Limited access to reliable transportation for treatment, employment, and recovery meetings, especially in rural areas

Solutions to address these gap

Substance Use Treatment	<ul style="list-style-type: none">• Expand Inpatient Facilities: Secure funding for additional inpatient treatment centers, particularly in high-need areas. Explore public-private partnerships to increase bed capacity.• Adolescent-Specific Programs: Develop age-appropriate treatment models and collaborate with schools, youth organizations, and pediatric healthcare providers to establish specialized programs.
Mental Health Services	<ul style="list-style-type: none">• Enhance Crisis Intervention: Establish 24/7 crisis stabilization units and mobile crisis response teams to provide immediate support.• Reduce Waitlists: Implement telehealth and group therapy models to increase service capacity. Explore task-sharing approaches where trained paraprofessionals support licensed clinicians.• Lower Service Costs: Expand insurance coverage and subsidy programs for low-income individuals. Advocate for increased Medicaid reimbursement rates for mental health services.
Housing Support	<ul style="list-style-type: none">• Increase Affordable Sober Housing: Invest in transitional housing programs and incentivize landlords to offer sober-living options. Support cooperative housing models to make recovery housing more accessible.• Focus on Families: Develop housing-first initiatives that prioritize family units, integrating childcare and support services for parents in recovery.
Employment Assistance	<ul style="list-style-type: none">• Strengthen Employer Partnerships: Launch incentive programs, such as tax credits, for businesses that hire individuals in recovery.• Expand Job Training Programs: Create specialized workforce development initiatives that include soft skills training and industry-specific certifications.
Peer Recovery Support	<ul style="list-style-type: none">• Increase Funding: Advocate for government grants and corporate sponsorships to expand peer support programs.• Establish More Recovery Centers: Set up community-based recovery hubs that offer peer coaching,

	mentorship, and skills-building workshops especially on the eastside of Will County.
Prevention Services	<ul style="list-style-type: none"> • Enhance Rural Outreach: Use mobile outreach units and telehealth platforms to bring prevention education to remote areas. • Develop Culturally Tailored Programs: Collaborate with local community leaders, faith-based organizations, and culturally competent professionals to design prevention initiatives that resonate with diverse populations.
Transportation Support	<ul style="list-style-type: none"> • Develop Community-Based Transportation Programs: Partner with ride-share services, volunteer networks, and local transit providers to create low-cost transportation options. • Advocate for Public Transit Expansion: Work with policymakers to improve public transportation routes that serve recovery housing, treatment centers, and employment hubs.



Summary of Key Findings

Community Readiness to Support ROSC Council

Strengths:

- Established recovery support organizations and coalitions.
- Community interest in expanding recovery-oriented services.
- Existing partnerships between healthcare providers, law enforcement, and local nonprofits.

Weaknesses:

- Stigma surrounding substance use disorder (SUD) and mental health issues.
- Limited funding and infrastructure to support comprehensive recovery services.
- Inconsistent collaboration among stakeholders.

Opportunities:

- Potential for state and federal funding to support recovery initiatives.
- Expansion of telehealth services to increase accessibility.
- Engagement of individuals with lived experience in policy-making and program development.

Threats:

- Overburdened healthcare and social service systems.
- Economic downturns impacting funding availability.
- Resistance from certain community sectors due to misconceptions about recovery services.

Knowledge of ROSC

Familiarity Levels Vary:

- **Some respondents are not familiar at all while others are somewhat or very familiar with recovery-oriented systems of care (ROSC).**

Summary of Key Findings

Technical Assistance Priorities for Expanding ROSC

- **Training and Capacity Building:**

- Develop workshops on stigma reduction and trauma-informed care.

- Provide training for peer recovery coaches and support specialists.

- **Infrastructure Development:**

- Establish a centralized recovery resource hub for streamlined access to services.

- Expand recovery housing options and employment support programs.

- **Community Engagement and Education:**

- Launch public awareness campaigns to promote recovery-positive messaging.

- Organize community forums to strengthen partnerships between local agencies.

- **Policy and Funding Advocacy:**

- Advocate for increased state and local funding for recovery services.

- Develop sustainable funding strategies, including grants and private partnerships.

- **Data Collection and Outcome Measurement:**

- Implement a system to track recovery outcomes and service utilization.

- Use data to inform policy decisions and adjust service delivery models.

Conclusion

Will and Grundy Counties demonstrate a foundational level of readiness to support a Recovery-Oriented System of Care (ROSC) council, yet significant gaps in service availability, community collaboration, and funding persist. By addressing these challenges through targeted technical assistance and capacity-building efforts, the region can enhance its recovery infrastructure and better support individuals on their recovery journey.

Demographics & Geographic Clusters

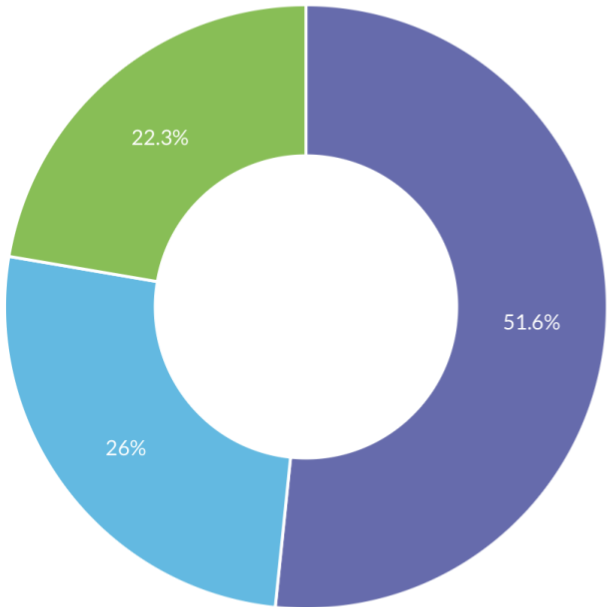
While participants came from a diverse group, several trends are noticeable:

Characteristic	Common Responses
Location	Many respondents are from Will County and adjacent counties (e.g., Grundy, Cook, Westchester)
Age Range	A wide span is represented (from young adults (18-24) to older adults (65+)), though a noticeable cluster appears in the 25-64 age range.
Income Level	A range is observed (from "Prefer not to say" up through \$25,000-\$49,999 and higher), with many respondents in the lower to moderate income tiers.
Ethnicity & Race	A mix of Non-Hispanic Caucasian/White , African American/Black , and Hispanic or Latino respondents; several noted their primary language is English (with some exceptions, e.g., Spanish).
Familiarity with ROSC	While views on recovery are strong, familiarity with recovery-oriented systems of care (ROSC) varies from Very familiar to Somewhat familiar . This suggests room for greater participant education and engagement.

Survey Data

Q1

Which County do you live?
Multiple Choice



Choice	Total
Will County	111
Grundy County	56
Other	48

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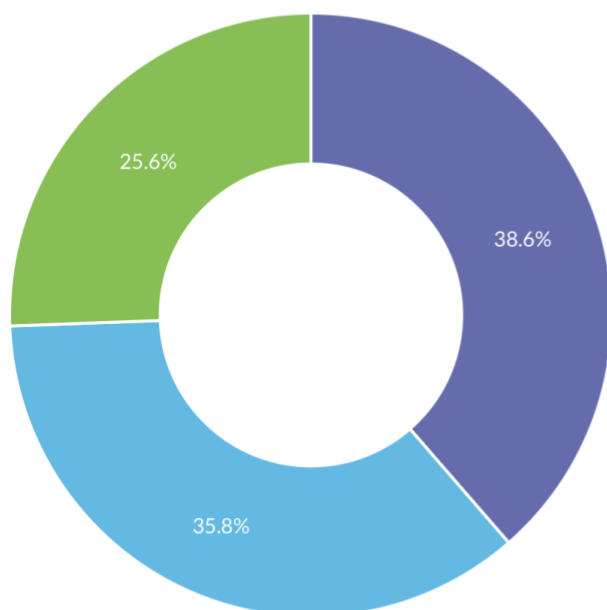
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Q2

How familiar are you with recovery-oriented systems of care (ROSC)?

Multiple Choice



Choice	Total
Very familiar	83
Somewhat familiar	77
Not familiar at all	55

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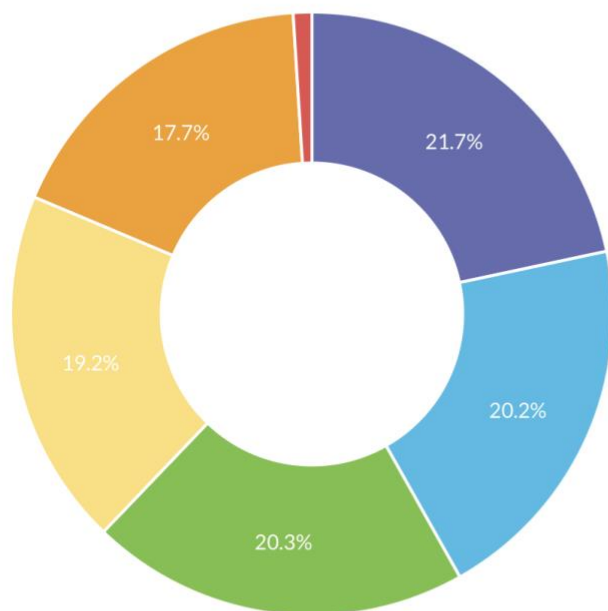
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Q3

What barriers do individuals in recovery face when accessing services in your community? (Check all that apply)

Multiple Choice



Choice	Total
Transportation	130
Cost of Services	121
Lack of Information	122
Stigma	115
Service Availability	106
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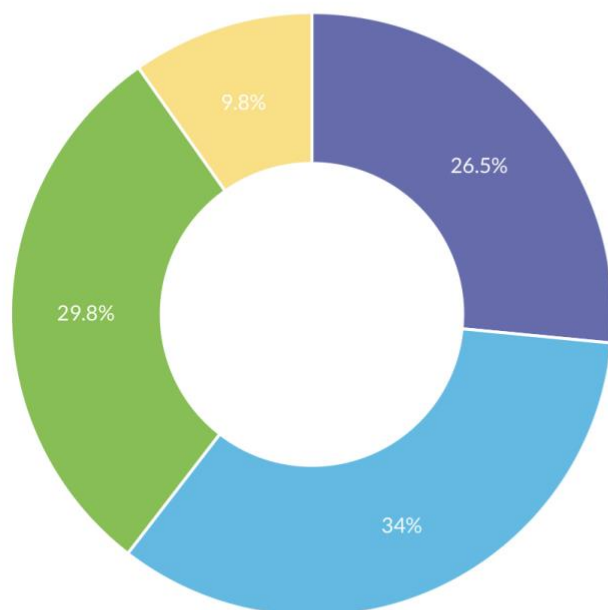
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Q4

How welcoming is your community toward individuals in recovery?

Multiple Choice



Choice	Total
Very welcoming	57
Somewhat welcoming	73
Neutral	64
Not welcoming	21

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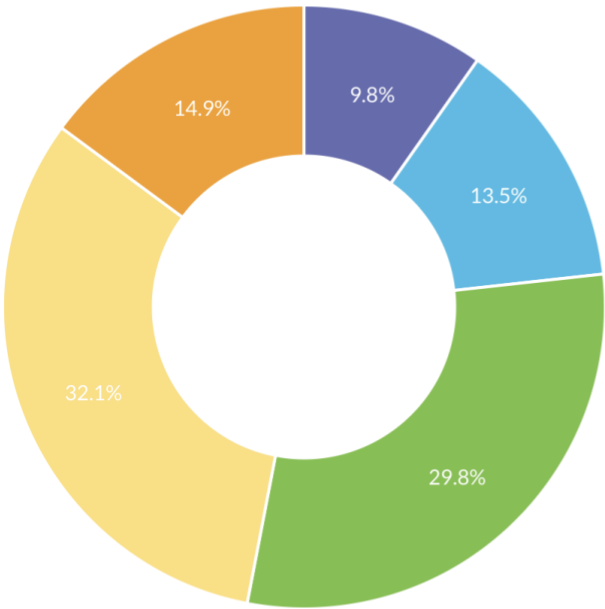
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Q5

Individuals in recovery can find alternative recovery programs like SMART Recovery, Celebrate Recovery, Refuge Recovery, etc. in addition to Twelve-Step Programs.

Multiple Choice



Choice	Total
Strongly Disagree	21
Disagree	29
Neither agree nor Disagree	64
Agree	69
Strongly Agree	32

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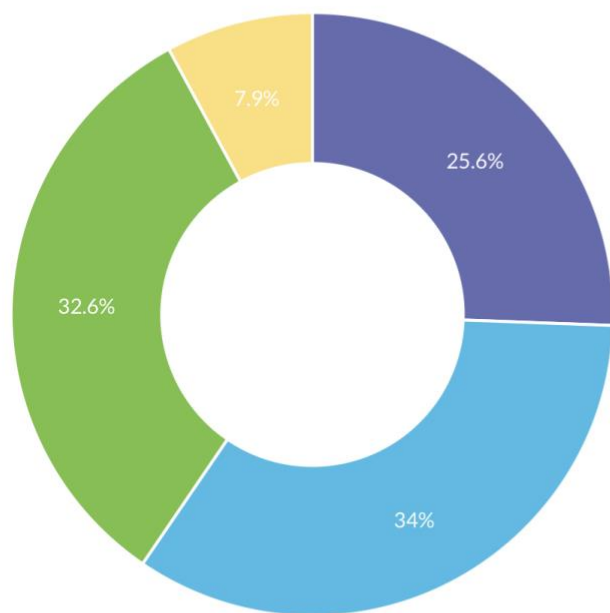
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Q6

How often do community members have opportunities to contribute to the design of recovery programs?

Multiple Choice



Choice	Total
Regularly	55
Occasionally	73
Rarely	70
Never	17

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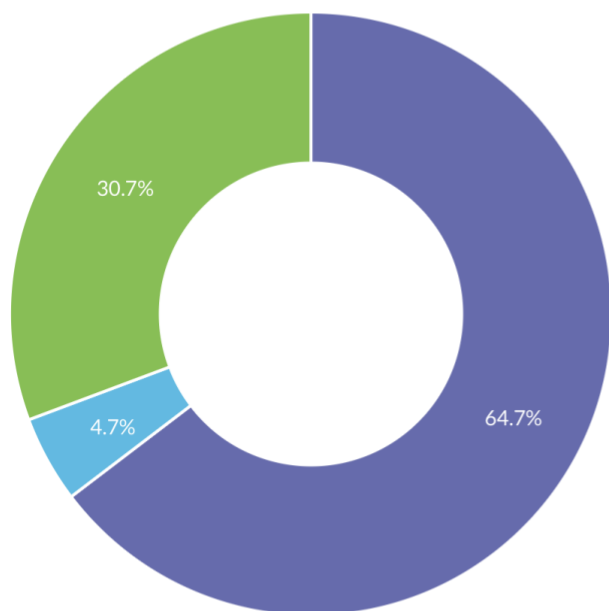
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Q7

Would you be interested in participating in initiatives to strengthen recovery-oriented care in your community?

Multiple Choice



Choice	Total
Yes	139
No	10
Unsure	66

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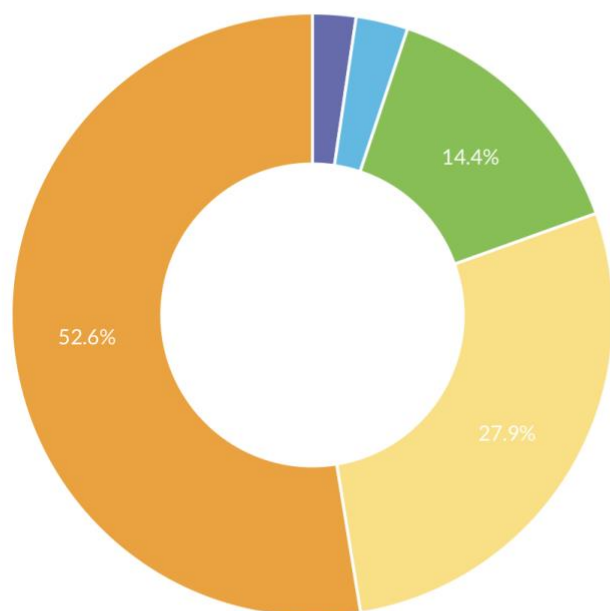
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Q8

People who use drugs deserve respect.

Multiple Choice

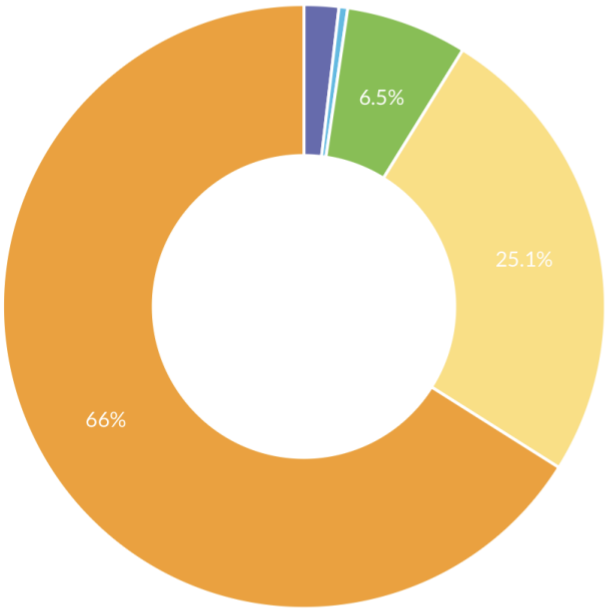


Choice	Total
Strongly Disagree	5
Disagree	6
Neither agree nor Disagree/Neutral	31
Agree	60
Strongly Agree	113

Unanswered
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215[See all answers >](#)

Q9

People with a mental illness deserve respect.
Multiple Choice



Choice	Total
Strongly Disagree	4
Disagree	1
Neither agree nor Disagree/Neutral	14
Agree	54
Strongly Agree	142

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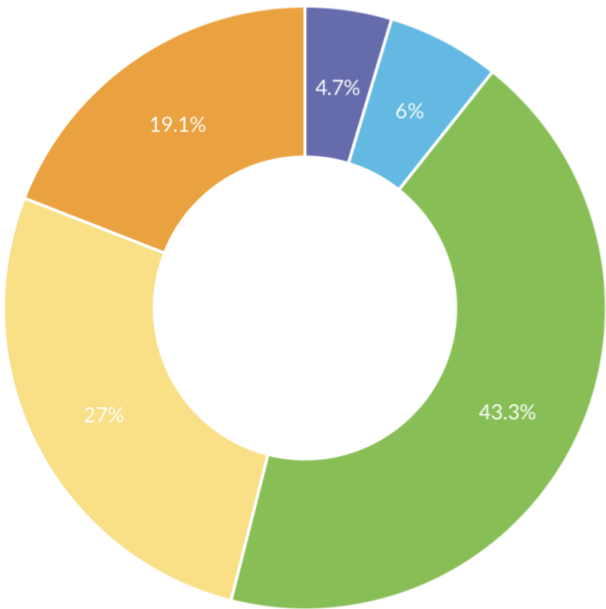
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Q10

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...

Multiple Choice



Choice	Total
Strongly Disagree	10
Disagree	13
Neither agree nor Disagree/Neutral	93
Agree	58
Strongly Agree	41

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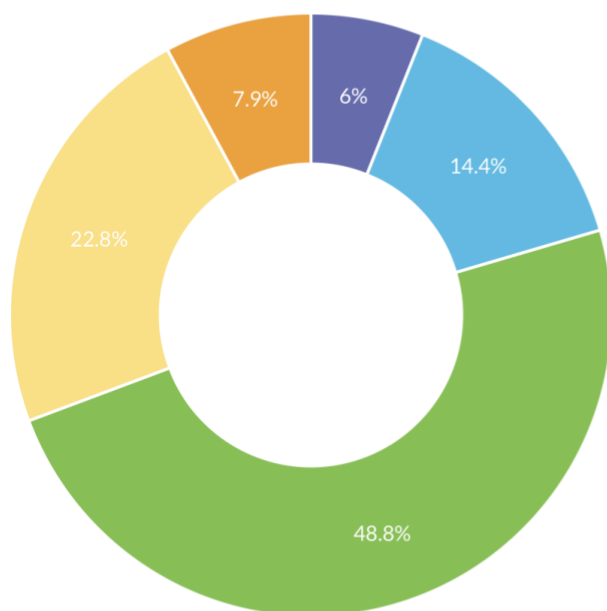
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[See all answers >](#)

Q11

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...

Multiple Choice



Choice	Total
Strongly Disagree	13
Disagree	31
Neither agree nor Disagree/Neutral	105
Agree	49
Strongly Agree	17

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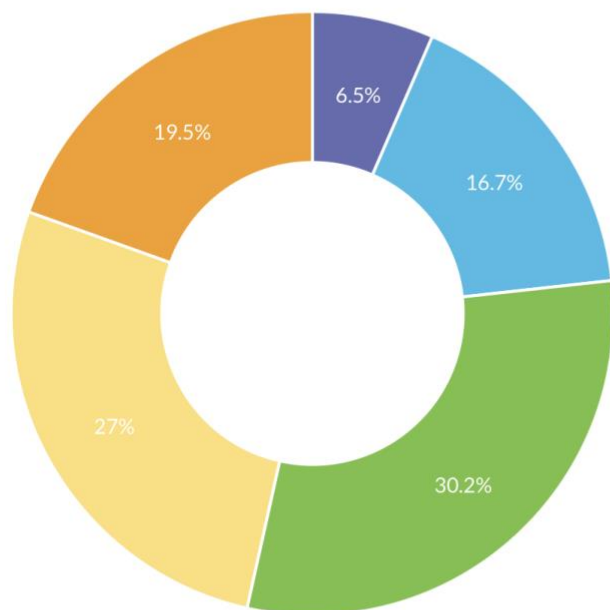
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Q12

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

Multiple Choice



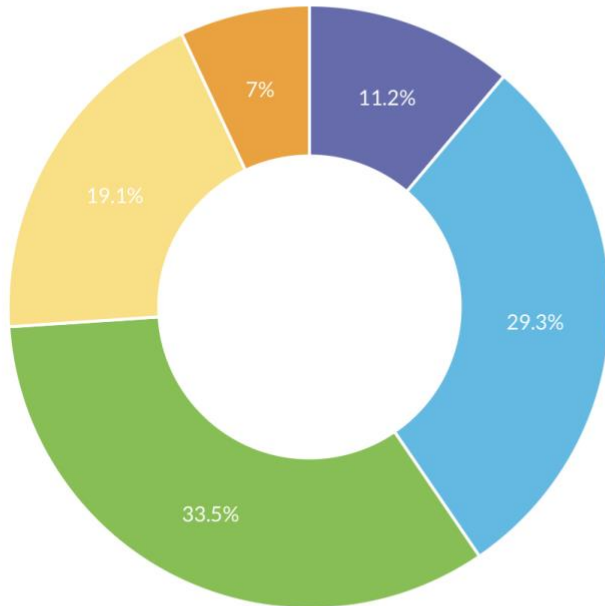
Choice	Total
Strongly Disagree	14
Disagree	36
Neither agree nor Disagree/Neutral	65
Agree	58
Strongly Agree	42

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Q13

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

Multiple Choice



Choice	Total
Strongly Disagree	24
Disagree	63
Neither agree nor Disagree/Neutral	72
Agree	41
Strongly Agree	15

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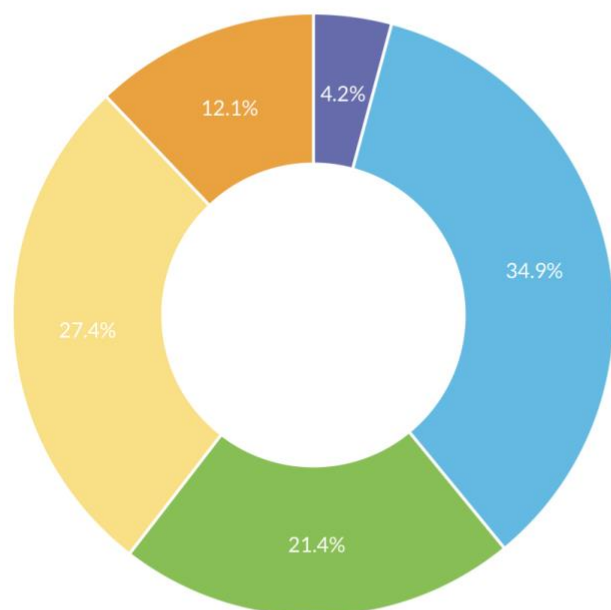
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[See all answers >](#)

Q14

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

Multiple Choice



Choice	Total
Strongly Disagree	9
Disagree	75
Neither agree nor Disagree/Neutral	46
Agree	59
Strongly Agree	26

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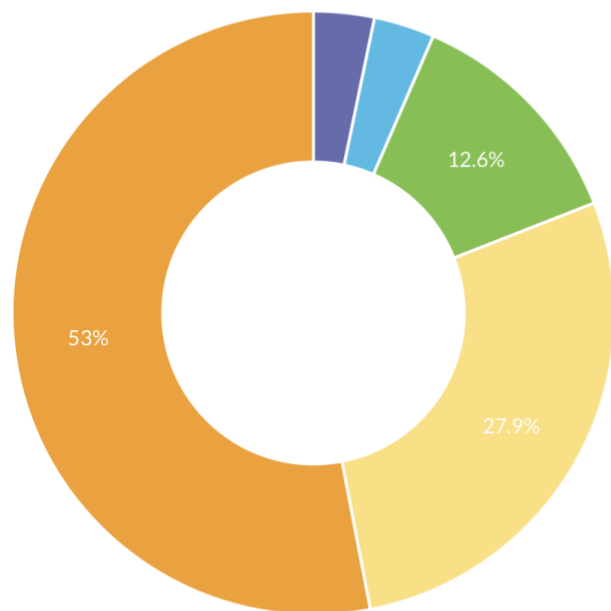
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Q15

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

Multiple Choice



Choice	Total
Strongly Disagree	7
Disagree	7
Neither agree nor Disagree/Neutral	27
Agree	60
Strongly Agree	114

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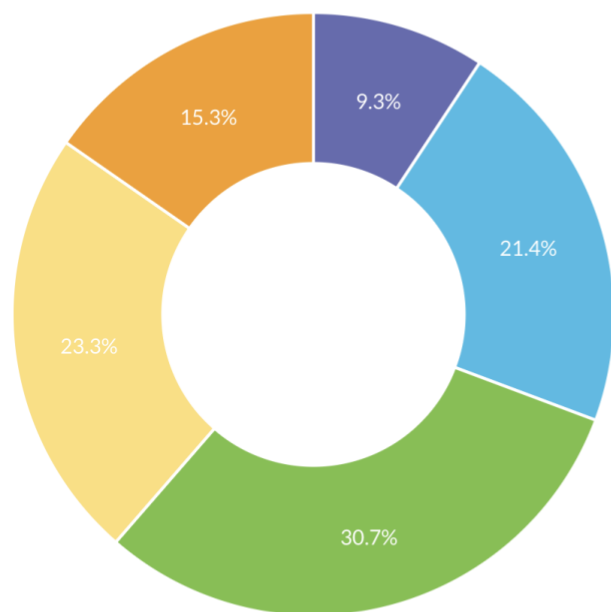
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Q16

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...

Multiple Choice



Choice	Total
Strongly Disagree	20
Disagree	46
neither agree nor Disagree/Neutral	66
Agree	50
Strongly Agree	33

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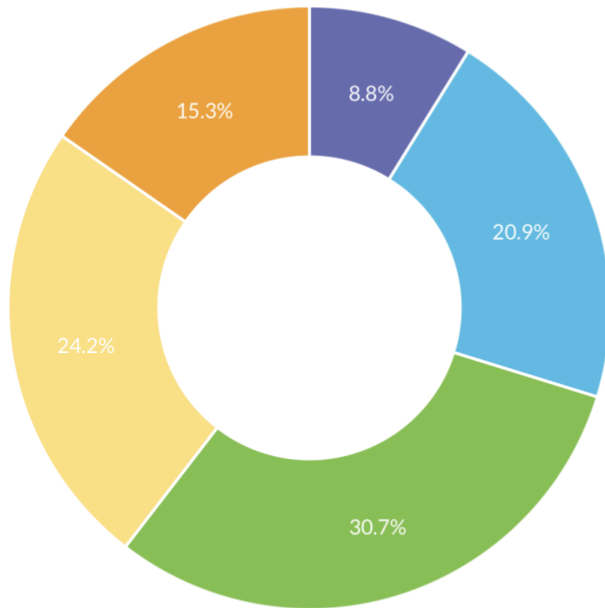
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[See all answers >](#)

Q17

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...

Multiple Choice



Choice	Total
Strongly Disagree	19
Disagree	45
Neither agree nor Disagree/Neutral	66
Agree	52
Strongly Agree	33

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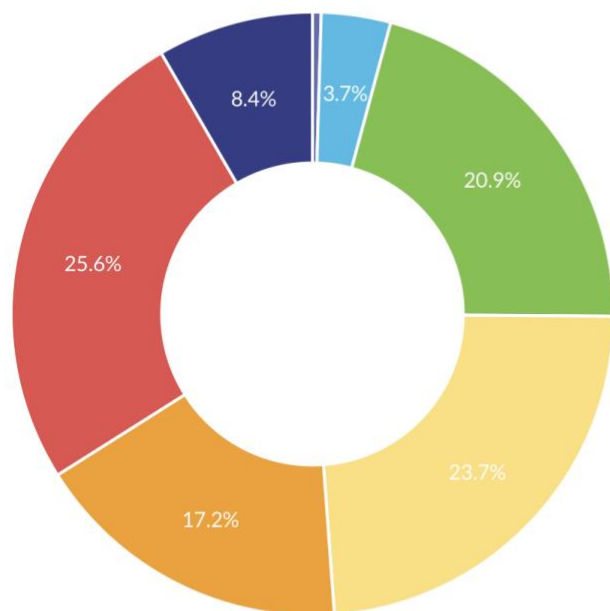
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Q20

Age:
Multiple Choice



Choice	Total
Under 18	1
18-24	8
25-34	45
35-44	51
45-54	37
55-64	55
65 and over	18

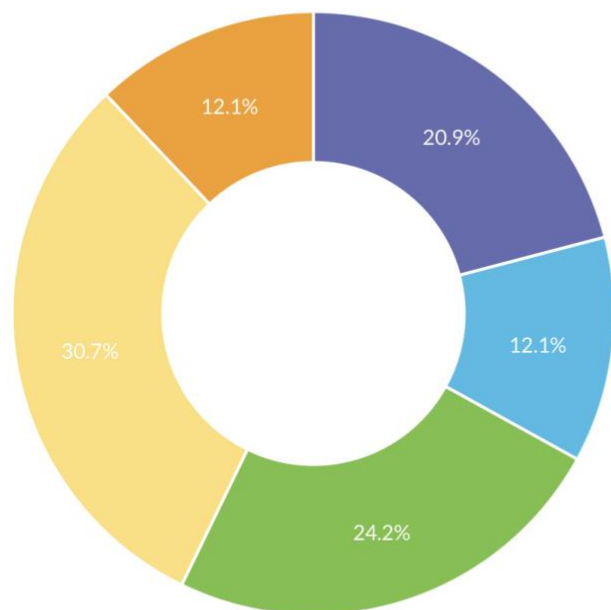
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[See all answers >](#)

Q21

Income level:
Multiple Choice



Choice	Total
Prefer not to say	45
Under \$24,999	26
\$25,000-\$49,999	52
\$50,000-\$99,999	66
\$100,000 or more	26

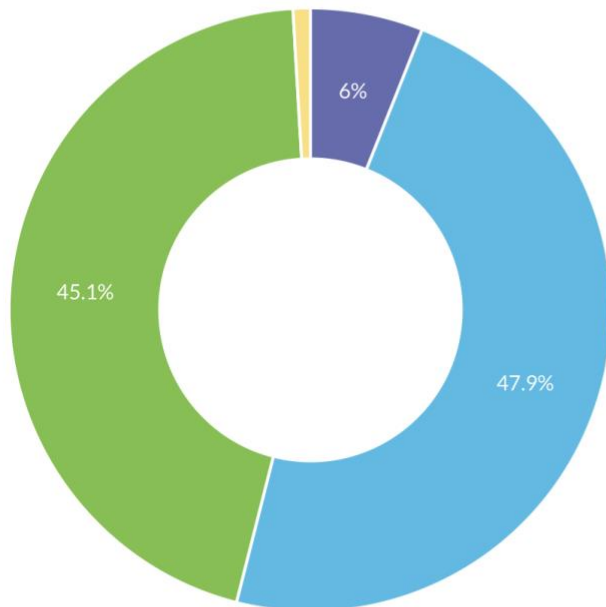
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Q22

Gender:
Multiple Choice



Choice	Total
Prefer not to self-identify	13
Male	103
Female	97
Gender Fluid	2
Nonbinary	0

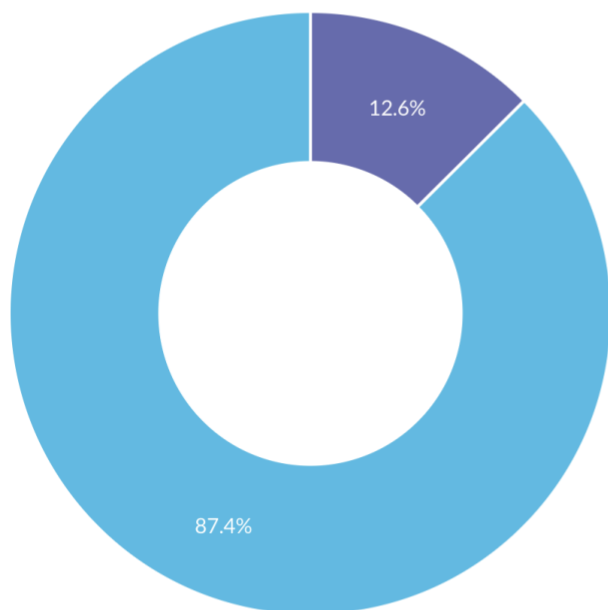
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Q24

Ethnicity:
Multiple Choice



Choice	Total
Hispanic or Latino	27
Non-Hispanic	188

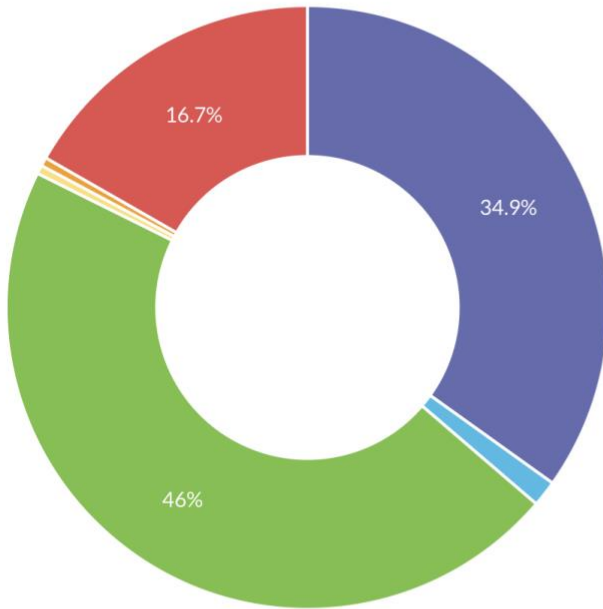
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Q25

Race:
Multiple Choice



Choice	Total
African American/Black	75
Asian	3
Caucasian/White	99
Native American	1
Pacific Islander	1
Two or more races	36

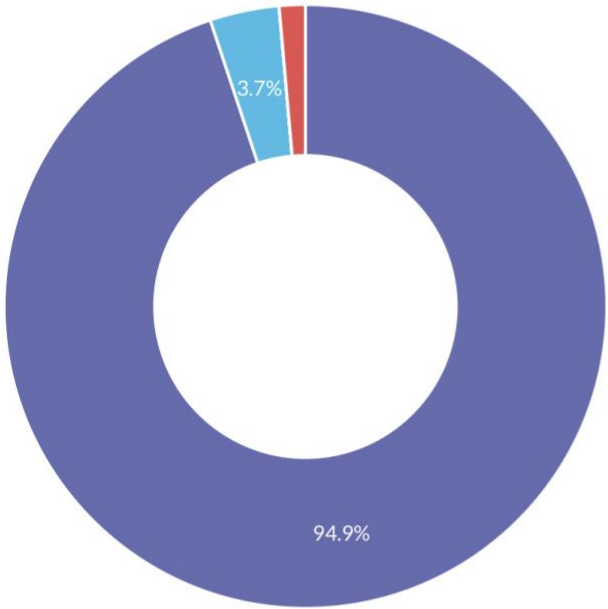
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Q26

Primary Language:
Multiple Choice



Choice	Total
English	204
Spanish	8
Mandarin	0
French	0
Arabic	0
Other: _____	3

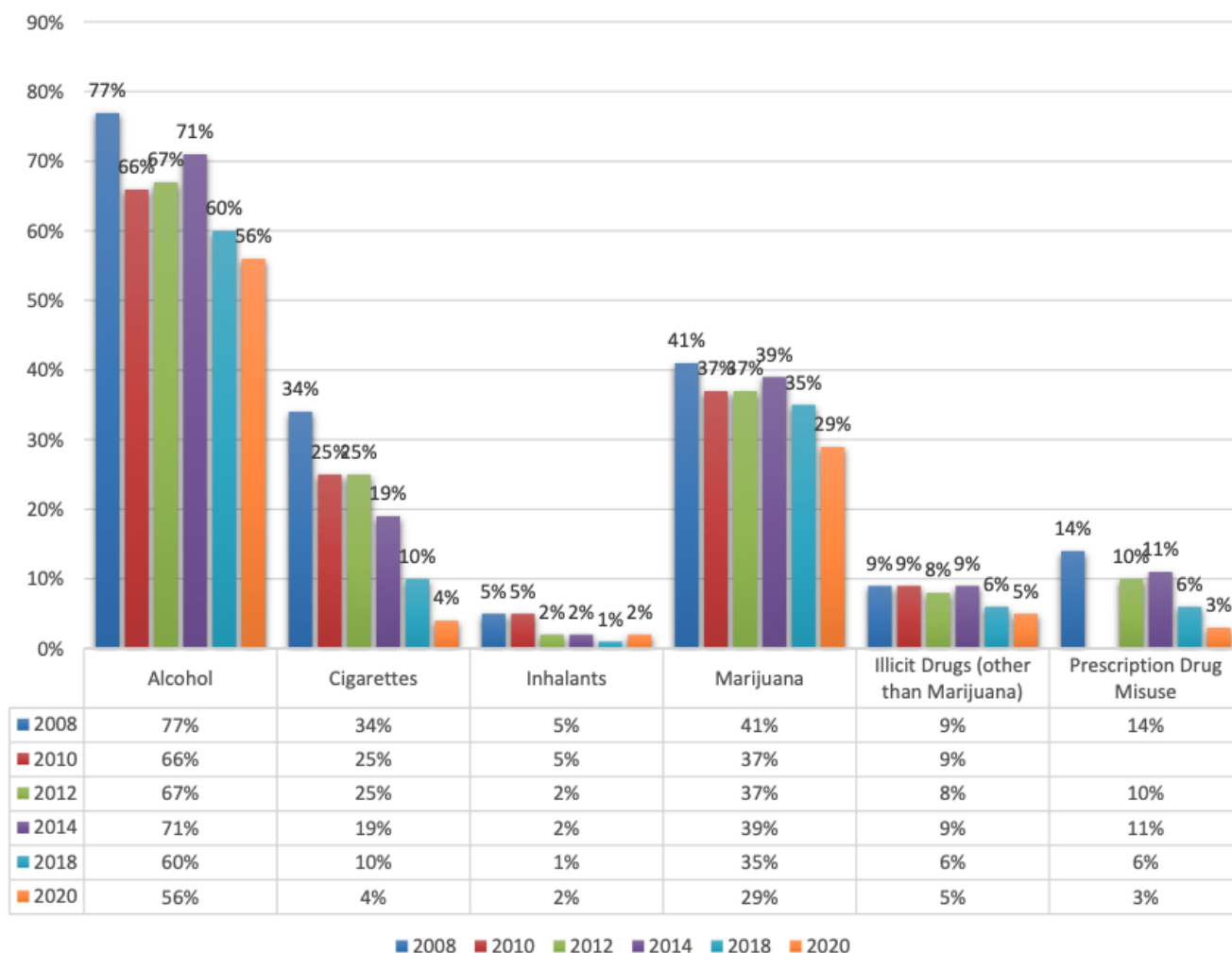
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Will County Health Dept. Data

Will County 12th Grade Substance Use 2008-2020



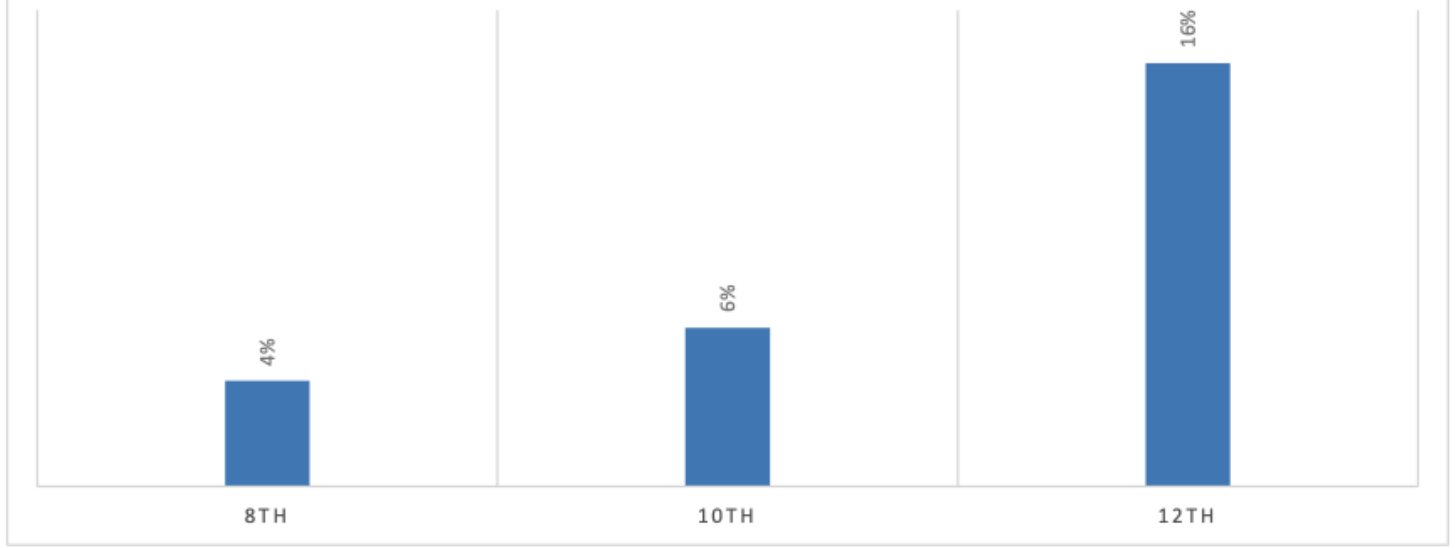
The Illinois Youth Survey (IYS) is a self-report survey administered in participating schools in even-numbered years and is designed to gather information about a variety of health and social indicators, including substance use and its contributing factors.

Substance Use

In Will County, alcohol is the primary substance used among 12th graders, with marijuana use coming in second. A small percentage of 12th graders currently smoke cigarettes (4%), which is an improvement from 2012, but the percentage who use e-cigarettes is on the rise. Over one-fourth of 12th graders (24%) reported using e-cigarettes in 2020.

When asked if they have engaged in binge drinking in the past two weeks, twenty-three percent of 12th graders reported that they have.

WILL COUNTY YOUTH BINGE DRINKING IN PAST 2 WEEKS 2020



Source: Illinois Youth Survey, 2020 County Report

Substance Use Consequences

The CRAFFT Screening Tool is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted. CRAFFT Screening questions are included in the 2018 IL Youth Survey, with results shown below.

CRAFFT Screening Questions	10th Grade	12th Grade
Did you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	15%	21%
Did you ever use alcohol or drugs while you were by yourself, alone?	13%	20%
Did you ever forget things you did while using alcohol or drugs?	9%	16%
Did your family or friends ever tell you that you should cut down on your drinking or drug use?	5%	5%
Have you ever gotten into trouble while you were using alcohol or drugs?	6%	6%
Have you ever ridden in a car driven by someone (or yourself) who was 'high' or had been using alcohol or drugs?	16%	19%
Experienced 2 or more consequences (indicating the potential need for substance abuse assessment according to the CRAFFT Screening Test)	16%	23%

Social and Mental Health

CATEGORY DEFINITION: This category represents social and mental factors and conditions that directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.

Will County Social and Mental Health Key Findings

- There continues to be limited resources for mental health and addiction disorders, especially for those on Medicaid or those that are self-pay.
- The percentage of 8th, 10th & 12th grade students reporting symptoms of depression has increased since 2016.
- Reported rates of dating violence among youth has decreased since 2016. Dating violence among youth decreased slightly in 2020 from 2016.
- Crime and drug arrest rates have decreased; however, reports of hate crimes and school incidents have risen.
- As of November 8th, 2021 the Will County coroner reported 35 suicide cases. In Will County, 2020 there were 65 suicide cases reported by the Will County coroner, which was a slight decrease from the 68 reported suicides in 2019.

Behavioral Health Issues

Behavioral health continues to be a concern among Will County residents. The term behavioral health is inclusive of mental health and substance use disorders. Resources in Will County are limited for hospitalizations for mental health disorders as well as inpatient and outpatient treatment for substance use disorder. Individuals who lack insurance or are Medicaid recipients are additionally limited in their ability to find services.

The closing of the Tinley Park Mental Health Facility in June of 2012 reduced the availability of hospital beds for Will County residents due to mental health disorders. Will County MAPP Collaborative assessment findings in 2016 and 2018 confirmed that mental and substance use disorder treatment was difficult to access for many residents. In response to this need, Silver Cross Hospital partnered with US Health Vest to bring a 100-bed behavioral health hospital to Will County in early 2019.

Hospitalizations due to mental disorders is the third leading cause of hospitalizations.

Hospitalizations for Mental Health Disorders in Will County						
Year	2010	2011	2012	2013	2014	2015
Number of Hospitalizations	5,446	5,652	5,560	5,612	5,783	4,583

Source: Illinois Department of Public Health, EMS Data Reporting System

Adult

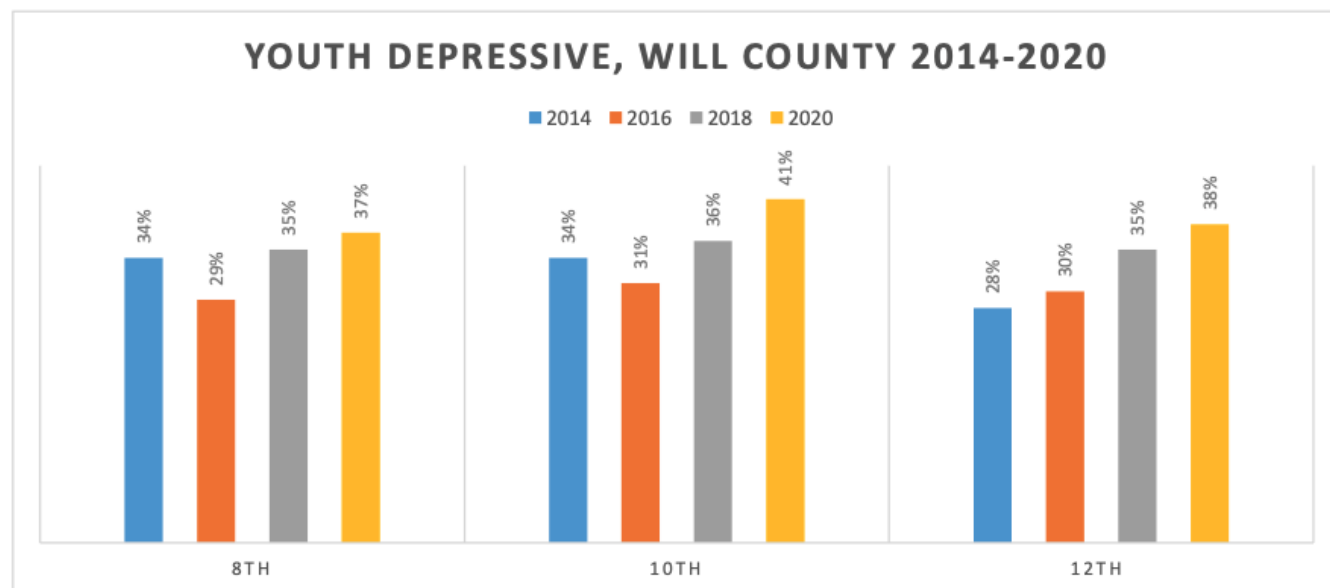
One of the indicators in the Behavioral Risk Factors Surveillance Survey is to measure the number of days that residents report their mental health to be not good. The latest data available for Will County residents is the 2015-2019 survey. Compared to Illinois, no significant changes in various risk factors were noticed among Will County residents during the four rounds of the BRFSS survey. The percentage of individuals reporting that their mental health was not good for 8-30 days increased gradually in the second and third round of the survey and then decreased slightly in the fourth round.

1-7 Mental Health Days 'Not Good'			8-30 Mental Health Days 'Not Good'		
BRFSS Round	Will County	Illinois	BRFSS Round	Will County	Illinois
	Collective %	Collective %		Collective %	Collective %
2015-2019	23.0%	23.0%	2015-2019	12.6%	14.8%
2010-2014	22.0%	23.50%	2010-2014	15.0%	14.9%
2007-2009	17.3%	25.4%	2007-2009	17.3%	12.7%
2004-2006	25.8%	22.0%	2004-2006	11.6%	12.7%
2001-2003	26.8%	20.0%	2001-2003	10.4%	11.7%

Source: Illinois Behavioral Risk Factor Surveillance System

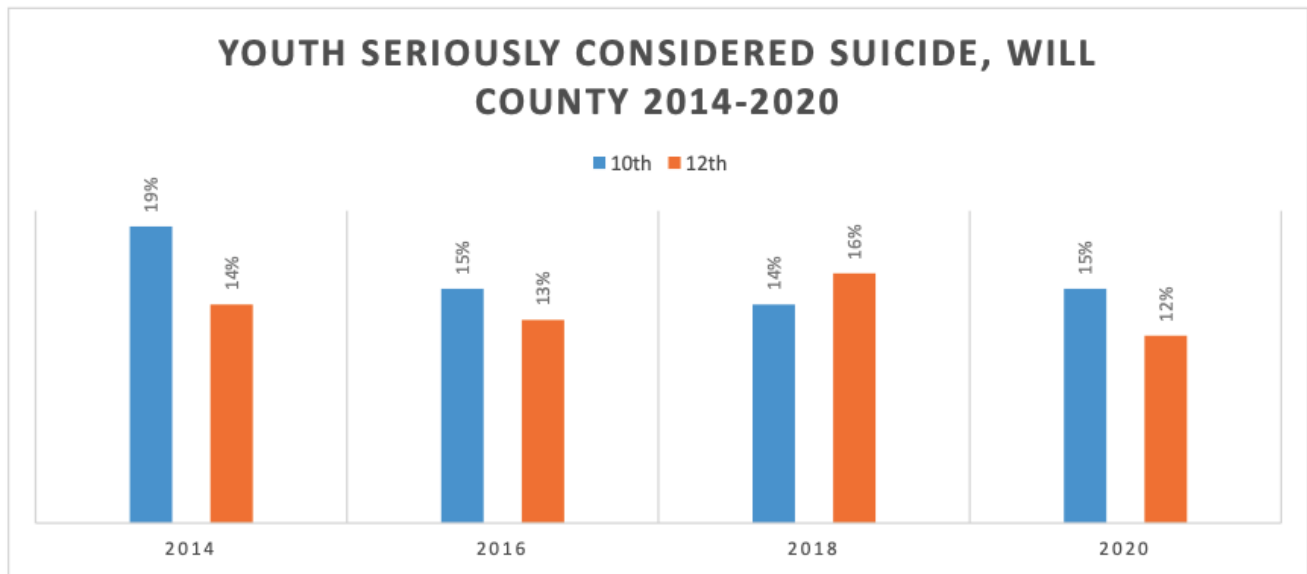
Youth

The Illinois Youth Survey includes questions that relate to mental health, and enough schools participate to provide data for a county report. When asked, "During the past 12 months did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" 35% of 12th graders responded yes in 2018, which is an increase from 30% reported in 2016. 8th, 10th, and 12th grade saw an increase in students that responded yes in comparison to 2018. 2020 had the overall highest percentage in students that responded yes in comparison to 2014, 2016, and 2018. All grades surveyed saw an increase in depressive behaviors.



Source: Illinois Youth Survey, Will County Report 2014, 2016, 2018, 2020.

When asked, “During the past 12 months did you ever seriously consider attempting suicide?” 13% of 12th graders and 15% of 10th graders responded yes, which has decreased from 2014. 12% of 12th graders responded yes, which is a decrease from 2018. 15% of 10th graders responded yes, which was an increase from 2018.



Source: Illinois Youth Survey, Will County Report 2014, 2016, 2018, 2020.

Grundy County Health Data

Substance Abuse

Smoking

Smoking continues to be a leading cause of preventable death in the United States. Smoking rates in the service area range from 8.6% in Kendall County to 24.9% in Grundy County. The Healthy People 2020 objective for smoking is 12%; Kendall and Will Counties are below this rate.

Smoking Prevalence among Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Smoker	24.9%	8.6%	21.4%	9.7%	13.5%	16.7%
Former smoker	21.6%	31.9%	26.1%	24.1%	24.7%	23.8%
Non-smoker	53.5%	59.5%	52.5%	66.1%	61.7%	59.6%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Alcohol Use

Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males, this is five or more drinks per occasion and for females, four or more drinks per occasion. The rate of binge drinking in three area counties exceeds the state rate of 20.3%, and two of the counties – Grundy and LaSalle – exceed the Healthy People 2020 objective of 24.4% for binge drinking.

Adult Binge Drinking

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
At risk for binge drinking	28.6%	20.2%	25.4%	20.4%	17.7%	20.3%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Youth Alcohol/Tobacco/Drug Use

A large percentage of 10th grade youth have drunk alcohol within the past year, from 43% to 55% in service area counties, while 24-38% have drunk alcohol within the past 30 days. 10%-29% of 10th graders have smoked a cigarette in the past year, with 12% to 29% using some form of tobacco product within the past month. 15% to 35% of area 10th graders have smoked marijuana. Use of tobacco products by youth occurs at higher rates in area counties than when compared to the state. LaSalle County has the highest occurrences of all listed substance use, while the lowest rates are seen in Will County for tobacco products, and in Livingston County for alcohol and marijuana.

Use of Alcohol/Tobacco/Drugs, 10th Grade Youth

	Grundy County	Kendall County*	LaSalle County	Livingston County*	Will County	Illinois
Smoked marijuana, past year	26%	23%	35%	15%	24%	26%
Smoked a cigarette, past year	11%	13%	29%	17%	10%	9%
Used any tobacco product, past 30 days	14%	13%	29%	16%	12%	10%
Drank alcohol in the past year	53%	49%	55%	43%	51%	48%
Drank alcohol, past 30 days	33%	30%	38%	24%	32%	27%

Source: Illinois Youth Survey, 2014. *Kendall and Livingston Counties = 2012. <https://iys.cprd.illinois.edu/results/county>
No 2014 data for 10th Graders for Kendall and Livingston Counties.

Over half the 10th grade youth population in area counties identified that alcohol, tobacco and marijuana are easy to obtain, with the exception of marijuana in Livingston county, where only a third of responding 10th graders thought it was easy to obtain. Alcohol was available to 55%-68% of 10th graders; marijuana available to 33%-59%. Cigarettes were available to 43%-63%, and other drugs were available to 32%-42% of 10th graders.

Ease of Obtaining Alcohol/Tobacco/Drugs, 10th Grade Youth

	Grundy County	Kendall County*	LaSalle County	Livingston County*	Will County	Illinois
Very easy and sort of easy to obtain alcohol	65%	68%	62%	58%	55%	56%
Very easy and sort of easy to obtain cigarettes	50%	55%	63%	52%	43%	47%
Very easy and sort of easy to obtain marijuana	54%	56%	59%	33%	52%	53%
Very easy and sort of easy to obtain prescription drugs	41%	No data	42%	No data	32%	32%

Source: Illinois Youth Survey, 2014. *Kendall and Livingston Counties = 2012. <https://iys.cprd.illinois.edu/results/county>
No 2014 data for 10th Graders for Kendall and Livingston Counties.

When 10th grade youth were asked about driving with others who have used drugs or alcohol or driving themselves after consuming alcohol or using drugs, 18%-28% indicated they had ridden in a car driven by someone under the influence. Fewer youth indicated they had driven when using marijuana (7%-11%) or alcohol (6%-7%). 69% to 77% of area 10th graders had been spoken to by a parent or guardian in the past year, regarding not driving drunk or riding in a car with drunk drivers.

Drinking/Drugs and Driving, Past 12 Months, 10th Grade Youth

	Grundy County	Kendall County*	LaSalle County	Livingston County*	Will County	Illinois
Ridden in car driven by someone, including yourself, who was drinking or using drugs	23%	24%	28%	18%	21%	19%
Driven a car when using alcohol	7%	6%	7%	6%	6%	5%
Driven a car when using marijuana	11%	9%	11%	7%	8%	9%
Been talked to by parents about not drinking and driving, or riding with a drunk driver	77%	71%	69%	69%	73%	N/A

Source: Illinois Youth Survey, 2014. *Kendall and Livingston Counties = 2012. <https://iys.cprd.illinois.edu/results/county>
No 2014 data for 10th Graders for Kendall and Livingston Counties.

Community Input – Substance Abuse

Stakeholder interviews identified the following issues, challenges and barriers related to substance abuse:

- The abuse of substances is main stream. The addiction is more prevalent because abuse is more prevalent.
- More people are taking heroin, smoking in general is going down, but it's still a major problem, as is vaping or e-cigarettes.
- The misuse of opiates and heroin use and abuse are seen fairly regularly. A lot of patients ask for referrals for substance abuse. Distance is a barrier as the outpatient treatment is in Morris or Joliet.
- There is an addiction MD specialist in Joliet, but not one in Morris.
- Access to care is limited if you don't have a payer source.
- More drug activity is occurring in the community. Heroin is on the rise.
- We are seeing people get rehab and help. They get dried out and clean and then they relapse. They will consume the dose they were last getting high at, which their body is no longer accustomed to and that results in a high incidence of overdose or death.
- Substance abuse is becoming more of an issue. Tobacco is not as much of an issue; abusive prescription drugs are more of a problem. Heroin is getting to be a bigger problem.
- Use of chewing tobacco and smoking seems better. We see a lot of youth smoking, pot smoking, people almost think it is normal. There are a lot of overdoses in the ED.
- Huge problem with pain management. We see a lot more people on narcotics, seeking narcotics or OxyContin.
- One of the first medicinal pot dispensaries opened here in Morris.
- People may think smaller communities don't have problems with substance abuse, but I'm seeing it more than usual. There are not sufficient resources in the service area that offer help. There is no local inpatient rehab center.

Mental Health

Among adults, between 18.7% and 25.9% of the population in Morris Hospital service area counties rated their mental health as 'Not Good' for between 1 and 7 days in the past month. Mental health ratings of 'Not Good' for between 8 and 30 days in the past month were reported by an additional 10.4% to 15% of the population. Mental or physical health issues limited the activities for between 1 and 7 days out of the past 30 for between 19.9% and 25.4% of the adults in those counties where sufficient responses were received to provide data (Grundy, LaSalle and Will Counties). Activities were limited for between 8 and 30 days of the past 30 for an additional 13.7% to 26.1% of service area adults.

Mental Health Status in Past 30 Days, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Mental Health 'Not Good' 1-7 days in past 30	21.4%	25.9%	18.7%	23.1%	22.0%	24.4%
Mental Health 'Not Good' 8-30 days in past 30	13.4%	10.4%	14.3%	15.0%	15.0%	14.8%
1-7 days kept from doing usual activities by physical or mental health	21.0%	No data	19.9%	No data	25.4%	23.5%
8-30 days kept from doing usual activities by physical or mental health	23.2%	13.7%	26.1%	15.4%	17.8%	16.6%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

When asked about feelings of sadness and helplessness, one-third of 10th graders from the counties reporting identified these feelings. 19%-26% of youth in area counties had seriously considered suicide; these rates are higher than the state rate of 16%.

Mental Health Indicators, 10th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Felt so sad or helpless stopped usual activities	33%	No data	34%	No data	34%	31%
Seriously considered attempting suicide	21%	No data	26%	No data	19%	16%

Source: Illinois Youth Survey, 2014 <https://iys.cprd.illinois.edu/results/county>

No 2014 data for Kendall County; no 10th Grade data for Livingston County.

