

Clinton County ROSC (Recovery Oriented System of Care)



Community Needs Assessment 2025

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Division of Substance Use Prevention and Recovery

Clinton County ROSC Gap Analysis

Purpose:

The purpose of this **Gap Analysis / SWOT Analysis/ Needs Assessment, Strategic Plan, Implementation/Evaluation Plan, and survey** is to assess the existing gaps in substance, use prevention, treatment, and recovery services for all residents of Clinton County, Illinois, and to explore how the Recovery-Oriented System of Care (ROSC) can help bridge these gaps and enhance community well-being. This research will include a Gap Analysis/SWOT Analysis/ Needs Assessment, Strategic Plan and Implementation/Evaluation plan. This gap analysis portrays the findings of results from the community resource list, Statewide ROSC Survey results, review of growth from the previous assessment and the needs identified by the stakeholders. The survey was directed by SUPR and ran for a duration of 126 days with 813 responses. The data is shared for both the entire results and filtered Clinton County having 721 responses. Data from outside stakeholders is also listed as there was research into how many patients were seen outside of the county. It also contains the Illinois Youth Survey, County Budget, 708 Board of Mental Health Funding, and the Illinois Courts Statistics to the county as they are paths of information for mental

health and substance misuse in the county. The areas pertaining to Clinton County are highlighted in the forms that are linked.

Overview of Clinton County Resources

Promotion and Presence/Lack of Current Resources in Clinton County Illinois

- 1) Clinton County resources may be present in the community but may need to be promoted to increase awareness of them or expanded to improve access, there are several resources that may be offered and undiscovered. Communication is key to not only advertising but obtaining these services. The Resource/Asset Map of Clinton County displays several standing resources and is being shared with the community. There is still a need to support or promote activities such as what churches, non-profits, government agencies, or schools may have as resources for wellness in the community. For example, churches may have food pantries, or clothing. Some schools or churches may have support groups such as the Breese Central Life Savers Group. It is necessary to collaborate with the entire community to ensure the resources are accurate and known to ease burdens of not only stakeholders such as social workers, but also residents seeking services.
 - a. Current resources such as Mat/MAR, Social Work, Non- Profits, Food, Clothing Pantries, Inpatient, Crisis, Child Advocacy, Infant, Prenatal, Mental Health, Wellness, Nutrition, Recovery Meetings, Housing, Transportation, Child Care, Adoption, Outpatient, Narcan distribution, Veterans assistance ,Senior Services, Recovery support, and more may be present, however, some are not readily known, some are overloaded, and some have many barriers to treatment or use. It is necessary to have transparency and availability of such resources for overall wellness. As communication increases resources are becoming more widely known. Some resources are still overwhelmed with waiting times or lack of

resources such as housing, transportation, or emergency vouchers, there are also those limited ones such as routes-times of transportation or costs. The promoting of the resources and non-profits has been mostly via social media and events as well as presented in resource lists and sharing of organizational marketing. Housing and transportation have been the most challenging. We have no sober living, or even regular living available. We also have very little transportation services and no funding to secure either as grants do not allow purchase of property, building maintenance, or vehicles and mileage /gas expenses.

See below the current list of resources for Clinton County, Illinois.

Resources:

1. **Adoption-** *there are no current adoption centers in Clinton County. The nearest is Faith Adoption Ministry 4243 Lincolnshire Dr, Mt Vernon, IL 62864-2157. They are under the Baptist Children's Home umbrella for Illinois. They offer a Children's Home in Carmi, Grace Haven Pregnancy Resource in Mt. Vernon which has STD Testing/HIV and assist the mother in employment and housing. Ultrasound as well as parenting counseling. Angels Cove Maternity center which is also in MT. Vernon.*
2. **Addiction Counseling Services-***The current resources which provide addiction or Mental Health Prevention, Education or Recovery counseling in Clinton County are the Community Resource Center, and New Life Midwest.*

*The **Community Resource Center** offers many different services and locations. There are some limitations for Clinton County if people must be seen in the Marion or other County setting. They have been using the Clinton County Carlyle location more and have services scheduled.*

New Life Midwest offers Medicated Assisted Treatment/ Recovery and counseling direction related to care outpatient detox care or necessary referral to inpatient detoxification.

3. **Aftercare Programs for SUD/ MH** - *There are currently no aftercare programs for people returning from treatment aside from following up with counseling and psychiatrists aside from youth that may be eligible for SASS services for up to 90 days after a psychiatric crisis through services like CRC, Hoyleton, Brightpoint etc. related to the Cares Hotline. There are some support groups in Clinton County, but very few. Most are in surrounding towns; online options are readily available.*
4. **After School Programs-** *Breese School Breese D12 had an arrangement with Study Studio previously.*

Germantown has an arrangement with Beyond the Bell- Dawn Strake, Facebook active Siblings and Co. has a bus that picks up for aftercare at certain schools as well as D's Learning Center.

None of the district schools offer after school care. After School and latch key programs are offered through independent daycare centers. Most of these centers provide transportation to their facilities after school time. According to Lulucare.com, there are 13-day care centers in the County and 26 home based providers. Most of the centers provide after care to youth up to age 12 and end care for all ages by 6 p.m. Two county schools have after school care run by private individuals.

Parent Support and education –Spero provides services for any family through the Nurturing Families program. Their Wrap around program is for DCFS clients.

Caritas provides foster care and adoption services throughout Southern Illinois. They also have an Intact family program where they work with families that have been referred

through DCFS. Their role is to work with families to stabilize them and when possible, avoid foster care placement.

5. **Alcohol and Drug/ Mental Health Prevention Programs-** *The schools offer some different prevention programs for Clinton County. DARE, Too Good for Drugs, Botvins, SUPS Grants (Hoyleton & CRC) Social Emotional Learning (different styles), Redeploy Statewide Program (Dennis Probation) Wrap around style. All schools use a form of SAFE, Age-Appropriate Sexual Abuse Prevention Education.*
6. **Child Advocacy-** *SAFE, CASA, The Amy Schultz Center, DCFS, Hoyleton Youth, ROE #13, Prevent Child Abuse Illinois*
7. **Churches (Spiritual and Community Support)-** *Diobelle.org will list the directory of the Catholic Churches, the churches of Clinton County participate in several different food pantries, free clothing, donations for hotels, counseling, AA or other meeting supports, community dinners, holiday give aways, teen or youth programs.*
8. **Community-Based Peer Support-** *Suicide Prevention Life Savers, Swing 4 Sydney, Chakota, Senior Services Meals on Wheels Carlyle and Breese, Clinton County ROSC activities, Angels Out Loud, Mater Dei, Christ Our Rock, Coping 4 Life, Share-pregnancy infant loss St Joseph's Hospital Breese, R.E.A.L, Take Action Coalition ROSC, Carlyle Christian Church, Life Church, YMCA Breese*
9. **Community Mental Health Centers-** *Community Resource Center, Prairie Counseling @ Clinton County Health Department - Prairie Counseling Center has entered into an agreement with Clinton County health Department provide face to face Mental Health Counseling Services to Clinton County residents at Clinton County Health Department in Carlyle, Illinois Tuesday through Friday. They will also be able to offer PMHNP access as*

well via telehealth for medication management as well. Medication management services will be in conjunction with other mental health services.

10. **Community Outreach and Education-** *Coping 4 Life, Senior's meals on wheels, Department of Aging, DCFS, Prairieland Coordination for Adult DD, Shelley Kenow-supports for neurodivergence, Birth to three, BCMW for HeadStart, Clinton County ROSC, Take Action Coalition (Debra Beckmann) - Narcan Training. Drug Take Back*
11. **Crisis Intervention Services-** *Community Resource Center- Crisis line, Peer Support Specialists, SASS, Hoyleton Youth, Brightpoint- lockout/runaway program for youth in Clinton County.*
12. **Cultural Competency in Care-** *Puentes de Esperanza- there is a large need for translators, ESL- English as a Second Language classes, printed materials and more in Spanish. Clinton has many Spanish speaking families.*
13. **Disability/people with physical or mental disabilities Services-** *Chakota, Community Link, Allsup, R.E.A. L- support group for people with disabilities.*
14. **Domestic Violence-** *SWAN is said to service Clinton County. There is not a physical location for Clinton, nor do many know of these services the nearest location is in Olney.*
15. **Drug-Free Workplace Programs-** *There are several companies that use DFWP for hiring employees such as nursing homes. There was not an updated list for Illinois on SAMHSA by state, however, several places send people to Marion County or Jefferson County to have this done.*
16. **Emergency Services (Police, Fire, EMS, EMA)-***Clinton County EMA, Clinton County Sheriff, Community Resource Center, Breese City Hall, Carlyle City Hall, Wamac /Centralia City Hall, Avison City Hall, New Baden Village Hall, Trenton, and as always 911 for all Clinton County or 988 for MH/SUD concerns.*

17. **Employment Assistance Programs-** *Clinton County Employment and training office, Southwestern Illinois workNet Center- Clinton County, Community Link workshop, St Vincent DePaul Gear Up for Interviewing Clothing, Kaskaskia College, Illinois Department of Unemployment*
18. **Family Support and Education-** *Clinton County Health Department-WIC & Family Support, Birth to Three, Birth to 5, Headstart, Community Link, possible Bethany Christian Services (parent coaching).*
19. **Faith-Based Support Groups-** *Alcoholics Anonymous, Life Church, Youth night Carlyle Christian Church, Branch of Hope Ministry Carlyle*
20. **Food and Housing Assistance-** *There are several different income-based apartments, several are senior living, and some families. The nearest HUD Section 8 location is in Marion County. There are a few food pantries, Angels Out Loud, House of Manna Breese, Matthew 25 Ecumenical Carlyle, St. Vincent DePaul, Westgate Baptist Trenton, WIC Clinton County Health Department, Zion united Church of Christ, and one blessing box in Breese. Also, Illinois SNAP, TANF*
21. **Foster Supports- Clinton County Resource Network-** *volunteers Drew Anne Kempworth*
22. **Frequent Transportation for Clients-** *South Central Transit is the only form of transportation and it has barriers or limitations.*
23. **Gambling Prevention and Support-** *The nearest gambling support is Gam Anon, closet GA support group Belleville, there are online services but nothing in the county of Clinton.*
24. **Health and Wellness Programs-** *HSHS Breese, SSM, AST Primary Care, Chiropractic, Alternative Health Solutions, Physical Therapy, Centralia Recreation, Highland Korte Recreation, YMCA Breese, gyms, F3 Men's Workout club, yoga, and B3 Fitness Terry Boyd*

25. **Health Clinics (Physical and Mental Health)-** *HSHS, SSM, Community Resource Center, AST, Urgent Care, Clinton County Health Department- Prairie Counseling (TBA) 2025.*
26. **Holistic Healing Resources (e.g., Yoga, Meditation)-** *Moonbird Yoga Breese, Breathe and Bend Albers, Gall Fitness St Rose, Liv Fitish Breese*
27. **Housing Programs and Transitional Housing-** *Family Self Sufficiency Program, Section 8, HUD, Matthew 25 Ecumenical Food pantry may also have some funding for unhoused, the Ministerial Alliance Kinney Vento (Homeless youth), we have no sober or transitional living. BCMW supports rental and LHEAP*
28. **Insurance-** *Illinois Medicare/Medicaid, Private Plans. The barriers of insurance are high costs out of pocket, limited providers which offer Medicaid, Medicare*
29. **Job Training and Employment Support-** *Clinton County Employment and training office, Southwestern Illinois workNet Center- Clinton County, Community Link workshop, St Vincent DePaul Gear Up for Interviewing Clothing, Kaskaskia College*
30. **Law Enforcement Collaboration-** *The ROSC has little interaction with law enforcement aside from dropping materials. They do participate in prevention programs such as D.A.R.E or attend events for recovery.*
31. **Legal and Probationary-** *There are legal services and other probationary or Problem-Solving Court presence. The Clinton County Drug (Problem Solving Court) collaborates with the ROSC in efforts to create more supports for people with SUD/MH. Probation offers a class MRT for them and participants are also seen at the Health Department by neighboring Bond County Prairie Counseling. Youth probation works with the ROE. The Clinton County Probation Department strives to provide evidenced-based cognitive programming for our clients. Listed below are just some of the various programs we offer. Drug Court: Special court given responsibility to handle cases involving substance abuse*

offenders through drug testing, treatment services, and increased supervision. “Thinking for a Change”: 22 session programs for adult offenders that teaches taking control of self by taking control of thinking. A.R.T. (Aggression Replacement Training): 30 session comprehensive intervention program for aggressive juvenile offenders. Moral Resonation Therapy (MRT) is a cognitive-behavioral treatment program for offenders that significantly lowers recidivism. Reasoning and Rehabilitation Program (R&R): A program for high-risk offenders that targets criminogenic risk and needs to reduce recidivism. The Probation Department utilizes several other programs and practices that relate to trauma or specific client risk such as trauma- specific groups, interactive journaling, on-line skill building, etc.

32. Libraries (Educational and Resource Support)- *Breese, Carlyle. Germantown, Trenton, New Baden, some offer services such as loaning Chromebooks, Internet hotspots, online book apps, Lego Club and use of computers or printers.*

33. LGBTQ Support and Advocacy- *The ROSC has created a Facebook support group for LGBTQIA+, however, there are no standing supports or programs for counseling pertaining exclusively to.*

34. Marijuana (MAR) Education and Support- *We have ROSC/SUPR flyers and sharables, but there are no standing programs.*

35. Mental Health and Substance Use Screening- *Currently we have the Community Resource Center.*

36. Medication-Assisted Treatment (MAT) Programs-*New Life Midwest, Community Resource Center. New Life Midwest is in Clinton County, the CRC provider is not*

37. Mental Health Crisis Services- *The CRC has 24-hour crisis support and line peers will be on call 24 hours for people that are at risk of harming oneself or others.*

38. **Neighborhood Safety Programs-** *Clinton County Health Department EMA*
39. **Nonprofit and Community Organizations-**
40. **Outpatient Treatment Programs-** *The CRC and NewLife Midwest offer outpatient detoxification or IOP, and counseling.*
41. **Peer-Run Recovery Centers-** *We do not have any, the ROSC is attempting its efforts to grow a center with peers.*
42. **Prevention and Early Intervention Programs-** *Head Start, Birth to Three, Birth to 5, ROE #13*
43. **Public Health Campaigns-** *ROSC initiatives and some online, there are events such as Celebrate Life which focuses on public health.*
44. **Recovery Housing-** *We have none.*
45. **Recovery-Oriented Family Services-** *We are lacking family support such as PAL, NAMI and other whole family approaches. We are seeking integrated partnerships for all ages.*
46. **Reentry Services for Incarcerated Individuals-** *Adult Redeploy- Problem Solving Court (Drug Court). Centralia Prison which is in Clinton County has 1,122 people. I have received emails seeking interest for reentry as well as SMART or Emotions Anonymous instructors. We are working on training facilitators and perhaps the prison would allow for telehealth meetings for this, SMART does have online meetings. It is important to assist those in prison as when they are released, they will need assistance to find work, housing, and more in an already marginalized environment.*
47. **Rehabilitation and Detox Centers-** *The CRC and NewLife Midwest offer outpatient detoxification or IOP, and counseling. We do not have detoxes or rehab and the nearest facility is Mt. Vernon or Belleville.*
48. **Relapse Prevention Programs-** *We have none.*

49. **Self-Help Groups (e.g., NA, AA, SMART Recovery)-** *AA is in Clinton County, other meetings are in Marion or other counties. There is a lack of volunteers for meetings. There are options for online self-help meetings for NA, AA, and SMART.*
50. **Schools (Educational Support and Resources)-** *ROE #13, Clinton County Schools - Albers, Aviston, Bartelso, Beckemeyer, Breese- All Saints, Breese Elementary, Central HS, Mater Dei HS, Carlyle, Elementary, Jr High, HS, Christ Our Rock, Kaskaskia College, North Wamac, Willow Grove, Damiansville, Germantown, Hoffman, New Baden, St. Rose, Trenton, Wesclin, Jr High and HS.*
51. **Spanish-Speaking Community Support-** *Puentes de Esperanza, we have a lack of supports for materials, education, and representation.*
52. **Substance Use Recovery Coaches-** *The Community Resource Center has some Peer Support Specialists; the ROSC is currently training a team of facilitators for SMART*
53. **Support for Co-occurring Disorders (Mental Health & Substance Use)-** *Community Resource Center*
54. **Teen Pregnancy Support Services-** *SHARE Pregnancy and Infant Loss Support Joseph's Hospital, Breese, IL*
55. **Telehealth Services-** *We can work with Centerstone and Prairie Counseling, we have not begun these opportunities.*
56. **Transportation Services-** *South Central Transit*
57. **Veteran Support Services-** *Jared Burke Foundation, VFW Post Carlyle, Veterans County Board, Community Resource Center, Clinton is in the process of getting a VAC, it is said to take a year.*

58. **Vaping Prevention and Education-** *None in Clinton County although there is a high report on the IYS for youth – teen use.*
59. **Volunteer Programs-** *The Boy Scouts, Girl Scouts, Meals on Wheels, Food Pantries, Angels Out Loud, REAL- supports for people/families of people with disabilities*
60. **Youth and Family Support Services-** *Brightpoint, Hoyleton Youth, Coping 4 Life/Kids, Community Resource Center, Lucy Schrage- Creative Solutions Counseling, Shelley Kenow IEP Services, Redeploy Illinois (Juvenile Probation), SAFE, The Amy Schulz Advocacy Center, DCFS, ROE # 13 (has multiple services), Prairie Counseling (TBA), Stephanie Altizer- Brain Essentials, Beth Riccardi- Coping 4 Life/Kids, St. Joseph's senior renewal (grandparents). There have been several requests for meetings for grandparents to raise grandchildren due to their child having SUD/MH. There is also a demand for teens.*
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Current Readiness of Clinton County to Support ROSC/RCO 2025

2) The current inclusion of the community's current readiness to support the ROSC council and an RCO, including strengths, weaknesses, opportunities, and threats (SWOT analysis).

The current readiness of the ROSC council is growing, but not stable nor sustainable quite yet. It is difficult to maintain “boots on the ground” as the grant coordinators are holding nearly 98% of the weight. There has been active participation in stigma reduction, community connection to 988, and other SUD preventative resources. The agencies have lists and knowledge as to where to seek help. Daily volunteer participation to assist the ROSC efforts is lax due to overwhelming financial strain, childcare or work obligations. Financial strain is the most prevalent. The ROSC has made initiatives to strive for an RCO, however, it is financially difficult, and it will take time to organize, as the grant coordinators are limited on time due to other tasks and duties or

deliverables. Many current non-profit and other support agencies report financial burdens, lack of spaces to rent, lack of volunteers and overall difficulties for overhead.

There is space allotted for the RCO and options for growth and collaboration, however, the grant coordinators cannot maintain this task alone, it is not feasible. Spaces require insurance, legal representation, and several other overhead costs. The county nor city of Carlyle have really shown deep interest in assisting/ participating in growth with these barriers. Some in the community will reach out and ask about assistance, however, the presence communication/outreach state initiatives plan and mission have been made known to boards and the public, but very few stakeholders have sought to come to the center to meet or offer partnerships. There have been several organizations from outside of the county such as the Illinois Recovery Center, Belleville Memorial Detox, and Centerstone that have offered future help. The partnership of the Problem-Solving Court and several non-profit organizations has been the strongest presence for expansion. Currently, the financials of this RCO project are funded by me, Nellie Baity. The ROSC grant funding covers materials (books etc. for recovery), events, marketing, and guidance which supports the ROSC initiative, but we are not funded to support any type of repairs, rental, transportation, utilities, gas, or other costly overhead toward the building of an RCO. The ROSC activities are separate from the building remodeling, insurance, legal fees, and all other necessities for a recovery community organization-based location. I Nellie Baity, cover those expenses, to maintain a place for prevention growth. It functions within a “free to them” space to support people in recovery. The Clinton County ROSC has made connections with the local Drug Court and Probation department which has made a big impact on simple tasks such as building Narcan kits or calling resource list numbers which has allowed me more time to research and collect data or resources. Most of the social workers, stakeholders or “helpers” of society are already engaged in helping as much as they can. Several have reported not having

enough time for self-care and then this turns into burnout or essentially retreating from community activities. Free work is not free, it costs people their time and money, therefore it is necessary to create ways that are more efficient, enjoyable, and less costly to both time and money.

Community service toward prevention is one of the ways which the ROSC can sustain some momentum. Not only does it assist in more people getting resources together but also allows them to be a part of prevention and recovery. The data, resources, activities, outreach, Narcan provision, and more that the ROSC provides has made great changes provided the limited bodies that are carrying out the extensive list of projects. The future of prevention and recovery through the ROSC and RCO will continue growth in Clinton County. Currently, we have several people in training to lead meetings here that are in recovery. They will facilitate SMART and other recovery meetings for all ages. This will help with some of the weight of the demands and build family support.

SWOT Analysis 2025

Strengths

- Community Engagement
- Stigma Reduction
- Non- Profit Unity
- Organizational Unity

Weaknesses

- Youth Substance Use
- Lack of Data
- Financial Strain
- Lack of Volunteer Participants
- Lack of Housing
- Lack of Transportation
- Limited Providers

Opportunities

- ROSC Initiative
- Community Based Prevention
- People are starting to engage
- Advocacy
- Policy Reform

Threats

- Increased Substance Misuse
- Stigma and Barriers to Care
- Sustainability without grant funding
- Burn out of current participants

SWOT Analysis

3). This analysis includes a list of technical assistance priorities for expanding ROSC in the community.

- a. **Strengths-** *Community engagement, stigma reduction, non-profit unity, organizational unity.* Educating the community on what a ROSC is or does. Educating participants on daily tasks which are to be shared or managed by the center of the prevention community. The community and most stakeholders are accepting the education and guidance of the ROSC from SUPR.
 1. *Community Engagement*-Seeking ways to grow the ROSC and volunteer participation. Resources and updating websites are full-time work use of PLEs for community service could be beneficial in updating these resources. It is nearly impossible to find volunteers for daily engagement, without the paid ROSC positions, I fear there would be no way for sustainability at all. There are many volunteers for events and participants. These ROSC positions are very detailed, diverse and demanding. Data collection, processing, strategic planning, marketing, event planning, resource connection, and more are not something that will likely be provided without paid salary / income. They are very time-consuming and require some skills. Drug Court and probation have been a strength as well as many non- profits and people that band together to try to recover the rural community.
 2. *Stigma Reduction*- Continuing anti stigma activities, integrated activities, events and sharing of information. Increasing campaigns, outreach, social media presence.
 3. *Non- Profit Unity*- Seeking full lists of events in the county provided by all community resources to attend. At these events (if welcome) the ROSC can give out resources and

support for the community. It is not feasible for the ROSC grant coordinators to host events if volunteers may not participate. It is mentally, physically and financially more appropriate and less work to avoid several events. ROSC workers need to be sure they are meeting their deliverables and research and managing the growth of strategic plans and efforts, and this is very difficult when hosting events. The events have proven to be a very large success in breaking down the stigma of substance use and mental health and now that the “presence” is known it is best to attend already full or hosted events. This could also be something done with volunteers, or people with hours of community service, as they can hand out brochures and resources about recovery. The ROSC should promote advertising and share any information for standing non-profits.

4. *Organizational Unity*-Continued growth among all stakeholders of the community to create a continuum of communication and care for prevention, education and recovery. There is still a need to enhance church involvement with trainings to provide safety and best practices for those that may look to the churches for help.

b. Weaknesses-*Youth substance misuse, lack of data, financial strain, lack of volunteer participants, lack of housing, lack of transportation, limited provides and social services or support meetings.*

1. *Youth substance misuse-*, vaping and overall juvenile and youth is a concern or Clinton County. As we can see in IYS there are many youths between 8th and 12th grade that have reported concerns for mental health and mostly alcohol use as well as vaping. There is a lack of juvenile programs for assistance or reform, there is a need for immediate intervention. We must start programs which support families and youth immediately.

2. *Data collection is necessary.* Encouraging a yearly or 3-year assessment and/or maintenance on expanding upon current data for Clinton County, this will improve services, identify concerns and enhance opportunities for grants if applicable. There may also be a request for hospitals, or health departments to add SUPR guided questions into collection. Leveraging both local and state data will help identify areas with the greatest need for services, ensuring that Clinton County can build a more inclusive, accessible, and data-driven recovery system. We must compare previous data reports from the court system, IYS and others to ensure that we are proactive in prevention initiatives.
 3. *Financial strain*-we must seek avenues for growth as well as compare and review funding. We must seek ways to implement volunteer services or standing resources.
 4. *Lack of housing, lack of transportation, limited facilities and social services or support meetings.* - *We must seek ways in which peers or volunteers can safely assist the loads of the currently burdened systems. We must seek opportunities with housing owners, or transportation providers as well as explore telehealth integration.*
- c. **Opportunities-** *ROSC Initiatives Community Based Prevention People are starting to engage, advocacy, policy reform*
1. *People are beginning to engage-* The positive impact of the ROSC has taken some time, however, over the past 3 years we can see how communication and effort have grown tremendously.
 2. *Advocacy-* We must continue to advocate and expand our growth to the local and state representatives to enhance the city, county and state policies which will support the community.

3. *Policy reform*- we must advocate for change and reform policies as necessary to ensure prevention, education and recovery are available to all as guided by IDPH and SUPR guides.

d. **Threats-** *Increased Substance Misuse Stigma and Barriers to Care Sustainability without grant funding burn out of current participants*

1. *Increased substance misuse*- without proper resources the cycle of substance misuse will grow and impact the entire community. There is not much for youth to do and also there are very few alcohol free activities in the county.
2. *Stigma and barriers to care*- It is known that rural communities have a deep seeded thought of self-help and face self-stigma as well as external stigma toward seeking care. There is a need to continue breaking down these barriers of attitudes toward mental health and substance misuse.
3. *Lack of grant funding or support*- the lack of funding in the competitive Illinois will be a concern for Clinton County. The organizations, schools and non- profits should continue to seek opportunities for funding.
4. *Burn out*- The largest concern that has been voiced is that the current non- profits and rural workers are “tired” many are having to cut back on extra activities and protect their own mental health and practice as the burdens get heavier. There are simply not enough resources, and the volunteers quickly become burned out and opt to return to a simpler life.

Gap Analysis Clinton County Illinois 2025

Cross Analysis of Gap Analysis ROSC Growth Between 2023-2025

GAP Analysis from 2023 by Debra Beckmann

October 2023



The four main gaps in services which are identified in the Community Needs Assessment are:

- 1. Housing**
- 2. Transportation**
- 3. Stigma Reduction**
- 4. SUD Mental Health Providers**

Housing:

The Coalition reached out and spoke with a representative from Oxford House, Inc. and our communities are currently too small to support Oxford House under their current requirements. Changes may be coming to their program which may make our communities eligible in the future. The Coalition does not have enough funds or a donor to help fund a house on our own.

Transportation:

The Coalition reached out and had a representative from South Central Transit District, or public transit company, speak at our monthly meeting about their services. They recently had to suspend their routes and are currently only providing “on demand” services. We have provided Casey’s gift cards to our Probation Department to help with gas needs for those participating in drug court. A consideration is reaching out to churches that have vans to see if they could help with transporting persons to drug court program appointments but that hasn’t happened yet due to safety and insurance concerns.

Stigma Reduction:

The Coalition has been broadcasting about and attending community meetings and events talking about our work supporting persons seeking recovery. We sponsor an annual Overdose Awareness Day Event, Red Ribbon Week activities in schools, and in 2023 sponsored our first “Celebrate Life” event where we brought together all kinds of agencies that support people from birth to death, along with speakers, music, and food trucks in an outdoor setting in a park.

SUD Mental Health Providers:

Many different community surveys have all identified the need for more mental health providers in Clinton County. The rural setting is a challenge for attracting and keeping mental health providers. The cost of counseling is also prohibitive for many persons and families. The coalition has spoken with many mental health providers and the 708 Mental Health Board to brainstorm ideas to address these issues.

Gap Analysis 2025 Cross Analysis Update

1. **Housing** – *there is still a dire need for housing and rentals. The current housing situation is not well. HUD located in Marion County but serving Clinton has reported long waiting lists, we have seen a rise in homeless populations in Clinton County this year and lack of supports for the unhoused. The Drug Court is often seeking apartments or places to assist participants. There*

have been numerous calls (at least 30 this year) for assistance for lists/ assistance and even mothers reporting sleeping in cars with children. There is no sober living, recovery houses, Oxford, or warming centers in Clinton County. Some housing is limited to those with criminal histories, poor credit, past evictions, and other limitations. We have made a connection with the Sara Center of Springfield which will drive 2 hours to pick up and transport some to detox or housing, however, those also have some limitations for people that do not have a Springfield address or those that do not want to be so far from their family or hometown. Homeless shelters nearby also have rules in place which they will not take people with criminal history, so this has been a challenge. This summer we saw a rise in homeless sleeping in the Hardees parking lot in Carlyle as well as at Carlyle Dam. Most we engaged with were not from Clinton County or nearby but from out of state. Some were transported to treatment centers for both mental health and substance misuse.

2. **Transportation-** *We still have no transportation aside from the SCT opening the route “Purple Martin” back up and they now assist with Problem Solving Court. We had to go the county and call SCT to get the connection moving with Drug/Problem Solving Court. They do take kids to school that are not on the bus route which parents say costs daily. The parents report not feeling that their young children are safe to walk so far. The SCT also takes people to Breese hospital and some other locations by appointment and routes. There are no other forms, and many have DUIs or a lack of vehicles thus making it nearly impossible to travel. We were no longer able to give gas cards in the new FY 2025 budget. We still assisted in finding local friends or people which could help with finding rides, however, finances, insurance coverage and other legal obligations keep people from wanting to assist in transportation. It is not safe to transport people with mental health or substance misuse if you are not trained in personnel or if there is no proper insurance coverage which is costly. This limits us even further to our barrier since there are no standing transports to detox and many families struggle with rides to the city. The Med Cab and*

Illinois services have had a negative response from those needing rides due to either not enough services or lack of accommodations for disabled etc.

3. **Stigma Reduction-** *Previously the ROSC/ coalition had been hosting community events such as the Overdose Awareness Day, Red Ribbon Week, and Celebrate Life. They shared on social media and attended county meetings or advocated for Illinois Youth Surveys and promoting Narcan. As of now, ROSC has held several more events and activities such as Spooky Sober Bar Night, Family Fun Day, Love Recovery, Family Movie/Game Night, continued participation in OAD, Celebrate Life, Red Ribbon Week, and more. They have been recognized in not only the Breese Journal several times but also made the September edition of Clinton County Magazine. The social media pages have not only grown but also gave way to more pages being created to share help and resources. The ROSC assisted nearly 30 people in finding direct treatment and that is not counting the many resources distributed or calls for assistance.*

4. **SUD Mental Health Providers-** *as previously stated there had been different surveys which identified the lack in mental health providers in the county. The Illinois Youth Survey, IDPH IPLAN, DCFS, Birth to 5, and Breese Hospital have provided some surveys and data for the county. None particularly directed at the concern of SUD or MH or lack of provision, and the sample populations may not have reached those (marginalized or underserved) of the community which the ROSC Needs Assessment has. For many social workers, the setting is not enticing to providers and the costs, or insurance barriers may be challenging. Through new policies and changes brought by HB 2330 (still needs more support to pay) which give more access to billing to combat the mental health crisis, however, it may take years to fully integrate and implement services such as telehealth, or recovery-based support. This leaves the social workers of Clinton County Illinois burdened and the people at a loss for effective care, wellness and recovery thus creating a robust wheel of generational concerns, trauma, and situations such as poverty or substance misuse.*

According to the 2024 Community Health Needs Assessment by HSHS St. Joseph's Hospital Breese, the mental health provider-to-resident ratio in Clinton County improved from 2,210:1 in 2018 to 2,300:1 in 2024. This means there is one mental health provider for every 2,300 residents. Let's visualize this, there are 1,122 people in Centralia prison currently. So, one social worker inside a population of 2 Centralia prisons would be expected to service that number of people. Despite this improvement, the county remains a designated Health Professional Shortage Area (HPSA) for mental health services. Statewide, Illinois law references a nationally recommended student-to-school social worker ratio of 250:1, suggesting one school social worker for every 250 students. However, actual ratios can vary by district. The National Association of Social Workers (NASW) Illinois Chapter has proposed adaptable staffing ratios that reflect each district's unique demands, aiming to ensure that social workers have the capacity to meet students' needs effectively.

The ROSC / coalition had spoken with the providers and the 708 Board to brainstorm ideas. (This is how I, Nellie Baity Previous Treasury 708 Board, came to know and engage with the ROSC). Currently there is still a need for more services, the current ones have been becoming more connected in the community approach and the county has implemented Medicated Assisted Recovery / Treatment at the Clinton County Health Department. The county is still relying heavily on urban resources as well as nearby counties rather than providing internal support.

*Below are a few **outside** resources that have served Clinton County 2024.*

Counselors Associates Ltd, Troy- Waterloo – clients seen 45 in Troy, 20 in Waterloo- Jaime Becker- 2024

Pregnancy Care Clinic Marion County- 2023- Clients 24 and 2024 clients 16 served (pregnancy and std testing services) the numbers did not include those picking up donated items such as diapers.

Brightpoint Granite City- Youth Services programs 9 families served in 2023. Exact numbers for foster, intact and home visiting were not returned yet.

Chestnut Health- *59 people from 5/1/2023 to 5/22/2024 from Clinton County*

Clinton County Gap Analysis 2025

The Clinton County Recovery-Oriented System of Care (ROSC) involves identifying the current resources and services available in the county for substance use recovery, assessing their effectiveness, and pinpointing the gaps or areas for improvement in providing comprehensive, person-centered care.

1. Defining the Scope of the ROSC in Clinton County

- **ROSC Goal:** To create a system of care that is recovery-oriented, person-centered, and provides access to a continuum of care and support services for individuals with mental health or substance use disorders (SUDs). It also pertains to prevention and education, for key factors of which cause a risk to these concerns. ROSC initiatives which are led by SUPR are an excellent strategic plan for connecting small counties such as Clinton to prevention. This grant is coordinated with the support of Chestnut Health Systems and 2 ROSC/ Community Health Specialists.
- **Key Components of ROSC:**
 - Prevention services
 - Early intervention
 - Treatment options
 - Recovery support services
 - Community integration and engagement

2. Current Resource Assessment of Available County Resources

Prevention Programs: current substance uses prevention programs in schools, workplaces, and community outreach efforts. The schools offer some different prevention

programs for Clinton County. DARE, Too Good for Drugs, Botvins, SUPS Grants (Hoyleton & CRC) Social Emotional Learning (different styles), Redeploy Statewide Program (Dennis Probation) Wrap around style. All schools use a form of SAFE, Age-Appropriate Sexual Abuse Prevention Education. There needs to be more SUD intervention, bullying, and suicide awareness implemented.

Treatment Services: availability of inpatient, outpatient, detox services, medication-assisted treatment (MAT), and crisis stabilization services.

- *The CRC (Community Resource Center) has been growing in its relationship with Clinton County, they offer a wide variety of services and outpatient treatment. They have been growing recovery resources such as Crisis Teams for people which are in Crisis and Peer Supports as well as partnering with State and local supports to strengthen and grow future endeavors. The Clinton County Health Department now offers MAT/MAR through New Life Midwest, the Health Department has also implemented services for therapy through Prairie Counseling of Bond County and New Life Midwest for people with substance misuse concerns. The Sara Center has connected with Clinton County as an opportunity for transportation to treatment or housing, however, there are some implications as they are from Springfield. Clinton County ROSC has been working with Belleville Memorial Detox, Illinois Recovery Center and Chestnut as they are near. They also use other resources such as Comwell or Comp-Connect. Clinton County does not have inpatient or many direct resources for treatment, however, the acceptance and growth of the few and MAT/MAR, has been a huge step in recovery.*

- **Recovery Support Services:** availability of peer support, recovery coaching, sober living environments, employment support, educational opportunities, and post-treatment follow-up care.
- *There have been some new Peer Support Specialists being trained in the Community Resource Center and there are some further away, but Clinton County has not grown this resource as we do not have an RCO or a center to train more peers. The CRC Peers to my knowledge do travel to Clinton office and work in nearby Marion County offices. We still have no sober living, however, there is one landlord that has been working with Problem Solving Court to assist with apartments. There has been a growth in social media supports to post landlords, housing and other resources.*
- **Community Engagement:** local community organizations, faith-based groups, and other entities that support recovery.
- *The ROSC has made efforts to not only engage but partner and support the non-profits in the county. When the ROSC hosts events they will invite the community organizations and due to the high demands of the workers they also offer just to set out any information or signs to promote their resource/business and show a unity. The ROSC supports all organizations through social media by sharing resources or even making videos to highlight them. The ROSC has been in contact with several churches and food pantries to give Narcan, resources and even assessments or see if they would like to maintain free training such as Mental Health, First Aid Adult/Youth. There is a connection between many, and progress is growing. Nearly all resources are aware of each other and that together they*

are stronger as well as what each may offer the community or people seeking resources.

- **Integration of Services:** prevention, treatment, and recovery support are not integrated into a seamless continuum of care. There is no support for families, or recovery support upon returning from detox or becoming sober.

- **Data Collection:**

- *Existing reports on substance use trends in Clinton County are being created.*
- *The Illinois Youth Survey, Clinton County IPLAN, HSHS St. Joseph's Hospital, DCFS, Birth to 5, Chestnut, Illinois Courts, County Board Budget, 708 Board of Mental Health Budget, and Illinois Opioid Dashboard give way to the limited data for this subject as we continue research and planning.*
- *The Illinois Youth Survey, Clinton County IPLAN, HSHS St. Joseph's Hospital, Illinois Courts, and Illinois Opioid Dashboard give way to the limited data for this subject as we continue research and planning. This 2025 assessment is the most recent. We also completed one from 2024 which is a Community Based Research Project solely focusing on SUD and Mental Health.*

3. Stakeholder Interviews

- **Conduction of interviews or surveys with:**
 - *Treatment providers- we have met with many providers and social workers of the county. They were all actively involved in both assessments of 2024-2025 as they all have reported a consensus of "we need it".*
 - *Community organizations- The community organizations have all shown great support in the study as well as the ROSC taking the lead in this task.*

- Law enforcement- *we have had some participation from law enforcement, they accept the resources and Narcan but have not attended ROSC meetings or sought to address any needs or concerns they may have. Dennis Perez Sherriff and President of the 708 Board has been supportive of the efforts and it is my understanding that time is a conflict for officers. The ROSC works often with problem Solving Court and Probation to assist those in recovery or legal implications.*
- People in recovery- *the people in recovery have found the efforts of the ROSC and “stigma reduction” to be useful in their journey. It has allowed many to integrate into support roles, training, community engagement, social activities, and more bringing a sense of empowerment and growth. The people in recovery have been the most helpful in supporting one another. Several have begun taking roles or training such as SMART Recovery to give back to the community. They are valued and it is becoming more widely acceptable that people in recovery are assets to the community. SMART Recovery is an opportunity to use social worker tools and alignment with education to lighten loads of the standing systems in Clinton County.*
- Family members of people with SUDs- *Several family members have said they are very supportive and happy to have something started in Clinton County, several also have reached out of all ages for a loved one. I have helped roughly 30 people this year get into treatment.*

- Healthcare professionals- *The health care providers have been perceptive to the ROSC and support its growth. HSHS had come to ROSC meetings in support of the ROSC.*
- Local government representatives- *One representative had come to Celebrate Life and spoke, the ROSC coordinator has not sought comments or participation from the state representatives. The judge for Problem Solving Court is pleased with the new partnership.*
- Schools and educational institutions- *The schools have been cooperative with getting resources and keeping contact, the ROSC has some support through Hoyleton and will do Red Ribbon week again. There is still a very large concern about alcohol, bullying, vaping and suicide in our country. There are some prevention programs in place, however, our results from the IYS indicate concerns with mental health, alcohol, and vaping.*
- Employers- *there is a need for reintegrating people in recovery to employment as well as an increase in felon, or recovery friendly employers. There is also a need for training for prevention or awareness in the workplace.*

4. Identify Existing Gaps in the ROSC

a. Prevention Gaps:

- **Adequate prevention programs in schools, colleges, and community settings**

There are some in place, however, can we say it is adequate if we are losing children to suicide in our rural schools? I believe they are not adequate, and the current programs may be outdated or ineffective. Kaskaskia College is said to have a couple support groups. Grades 8-12 need to be addressed as soon as possible we are not reaching our

youth. There are also no great resources after a child has had an attempt or the family/friends suffer a fatal loss.

- **Lack of awareness or education on substance use prevention for specific populations (e.g., youth, elderly, marginalized communities).**

There is a lack of intersectional resources. The rural population is already marginalized and faced with barriers but there is also a lack of specialized services tailored to individual people, ages and cultures.

- **Need for more culturally competent prevention strategies.**

The community is lacking in integrated care, especially seniors, Veterans, Hispanics, Veterans and youth.

b. Treatment Gaps:

- **Accessible treatment facilities (inpatient, outpatient, detox centers)**

There are no inpatient services or detox centers within the county, there are only 2 outpatient treatment locations which have certain days and times for services. We fully realize that our county will not be likely to support a detox facility, but we could at least use some help with transportation to get our people to the nearest 45-minute locations.

- **Treatment providers offering evidence-based practices such as MAT or cognitive-behavioral therapy.**

There are a few. Our social workers use many tools such as CBT, there is MAT/MAR at the Health Department. The CRC (Community Resource Center) outsources its MAT from a partner doctor.

- **There is a need for more specialized treatment for co-occurring mental health disorders.**

There is some help for mental health but little for SUD and co-existing services. Of course, the CRC (Community Resource Center) is the only MH/SUD resource that is even evident for Clinton. The services or workers may be used between 3 different locations and clients may have to travel to Marion County for some or have waiting times. There is a lack of immediate assistance. There is an office in Carlyle now and there has been a great deal of growth in all the centers. They are training peers and people for crisis and seeking to grow.

- **Accessible services to underserved populations, including those in rural areas or those without insurance.**

There are limited resources for those on Medicaid and Medicare. Several counseling services will not accept those as well as rehab clinics.

c. Recovery Support Gaps:

- **Recovery housing and sober living options in the area.**

There are not only none in Clinton County, but not any for at least a distance of 40-100 miles away. There is no recovery housing, sober living, and barely any apartments or houses to rent at all. They are also limited by background checks, credit checks, past eviction, no employment, no money, and other barriers to the regular/ basic low-income housing options.

- **Peer support and recovery coaching available to individuals' post-treatment** *There are none of these services available.*
- **Employers support of individuals in recovery, with job placement and retention programs**

There are few programs for retention aside from drug court and probation. The policies of companies may limit felons and people in recovery from job placement. They also face stigmas of appearance and rehabilitation programs.

- **Recovery community centers, support groups, or activities readily available to people in recovery.**

We have only begun to hold events and game/ movie nights in Carlyle at the future RCO building. We must ensure that insurance and space are secure, which limits the places that we can hold activities. There are no centers for recovery. There are support groups and churches that hold things like AA, NA and Celebrate Recovery. There are only a couple meetings help in Clinton County; most are out of county. These are great for cognitive tools, but not effective for normalization into societal activities and reintegration. It is important for people in recovery to feel accepted, stigma free, and not have the pressures of alcohol or substances nearby. They need to socialize and heal through activities that are related to enjoyable hobbies. Crafts, movies, fitness, and other social activities are great ways to harvest self-worth and socialization. The ROSC coordinators have been effective at creating some events such as games or movie night, and social events such as dancing or sober bar night).

- **Lack of integration with social services (housing, employment, education).**

Yes. There is a lack of integration with social services. There is a lack of integration because there are no services left. Social workers are facing the challenge of turning people into housing that is exhausted, transportation that doesn't exist, employment that they cannot reach or gain, and educational challenges. There are also very few social workers for our community to even refer to such services.

d. Coordination and Integration Gaps:

- *Prevention, treatment, and recovery services are adequately coordinated.*

They are not. Aside from the drug court, all other services are not coordinated through a continuum.

e. Access and Barriers:

- **Transportation issues limit access to services, particularly in rural areas of the county.** *Transportation is ranking one of the highest barriers to quality of life.*

Transportation may be lost due to poverty or SUD/MH. Then with no transportation, there is a barrier to work and everything else. We have only South-Central transit, and the services are mostly out of the county. Several people are not able to afford vehicles, nor repair them. They also may have legal barriers which are expensive to reinstate driving.

- **Financial or insurance barriers prevent individuals from accessing treatment or recovery support services.** *Many have lost jobs and licenses due to substance misuse, DUI, or poverty. Insurance also may be a barrier to many, as some families do have Medicaid or Medicare, but the services or providers may be limited. For example, some providers do not accept Medicaid, then the person is forced to seek care further away. Then many transportation services will not take people to these locations. Some of the Medicaid/Medicare rides do not have adequate support for transportation equipment. Some people that do carry personal insurance do not go to the doctor due to high out of pocket costs and some simply do not carry insurance at all due to high costs.*
- **Lack of cultural and linguistically appropriate services.** *We do not have materials or support for those which need help. There is very little assistance for those of the Hispanic*

community aside from Puentes De Esperanza. Hispanic people may need translators, classes for English, help with accessing resource, applying for work, food assistance, housing, mental health, doctors and legal representation.

5. Prioritize the Gaps

- **Ranking the Gaps:** Use a prioritization process to identify which gaps are most critical to address. Consider factors such as:
 - Money
 - Transportation
 - Providers
 - Early Prevention
 - Bilingual Services
-

Strategic Plan 2025-2026

- **Expanding treatment** options such as MAT/MAR or specialized programs for co-occurring disorders. - *It is necessary to promote and announce the presence of this service. They are currently 3 days a week but depending on growth people may use the nearest location for MAR. Treatment for co-current disorders is more difficult. The CRC (Community Resource Center is our only in county location and is also limited for the 40k population. Doctors, social workers and counselors may unify to create a relationship with the program.*
- **Continued data collection-** *it is necessary to continue to seek ways to gather and implement data as well as create lists, websites and other paths for sustainable*

development. Seeking organizations or working with community service to create a path for continuous improvement of the ROSC system of connectivity would be beneficial.

Maintaining communication, updating lists and other tasks are full time work. If the ROSC were to stop receiving grant funding, I feel very strongly that this would never be a volunteer full time position therefore it would need to be explored by agencies such as the health department or something else.

- **Increasing funding** for recovery support services, including peer recovery coaches and sober living environments. – We may continue to seek ways to secure funding, however, grants are competitive and with the current outlook of being “better off” make it difficult. *The current financials of the county are linked here. I have highlighted some areas which pertain to this report. The county board budget, Clinton County court fines disbursements, and the 708 Mental Health Board funding are linked and highlighted.*
- **Implementing community-based prevention** strategies tailored to local demographics. *Community- based prevention is difficult, the schools have some resistance to anti-drug, vaping/gambling, suicide prevention, or sexual assault education. There needs to be more prevention for teen pregnancy, adult parenting, senior care, Veterans, and overall. Continue stigma reduction events and campaigns, attend events and continue education opportunities such as mental health first aid, youth and adult or other trainings.*
- **Improving the integration** of services across sectors, such as healthcare, criminal justice, and social services. – *SUPR, IDPH guided strategies need to be implemented across all sectors into a continuum of care. The increase of resource knowledge and support will ease the burdens of the stakeholders and the community. There may not*

always be resources as they may be exhausted, however, there are a great deal of resources that were unheard of until recently.

- **Training for providers** to increase cultural competency and improve access to diverse communities. – *The use of telehealth will require rural training. The providers from urban areas may not understand how people of rural communities are unique. The training of everyone will require competency for the marginalized community. There will need to be an increase in knowledge of SUD Mental Health, Veterans, Hispanic resources and provision, LGBTQIA+ and other culturally competent needs.*
 - **Identifying funding** streams and partners to support new initiatives. - *Currently the funding stream for most services is county, state or federal funding. There are some non-profits which raise money for their services, however, as someone that holds many fundraisers, I often find that the cost to host said event often is more than what the event raises financially. The event is good for awareness and overall happiness/ stigma reduction but is not always financially beneficial. The agencies will have to seek ways to be competitive, apply for grants, or advocate for more allocated funding. Applying for grants also can be time consuming or an expense. Currently, our county is often left out of competitive grants despite the growing concerns of the rural mental health crisis.*
-

Implement and Evaluate Progress

Timeliness, responsible parties, recommendations, and resources necessary

Continue the Strategic Plan, and Community Outreach Plan 2025

Continue growth of the ROSC and Clinton County partnerships

It is recommended to increase prevention and education as well as recovery

There will need to be finances to gather material growth resources, volunteer, and social media resources will continue growth

- **Evaluation:** Establish metrics to track the effectiveness of the improvements. For example:
 - Increased access to services (e.g., more people in treatment) by 2/2026.
 - Reduced wait times for services by 2/2026.
 - Higher rates of successful recovery outcomes by 2/2026.
 - Improved community engagement and support for people in recovery by 2/ 2026.
 - Review and cross reference data, strategic plans by 2026.
 - Develop KPI Monthly, weekly and daily deliverables for metrics.

Clinton County Demographics

County Data

County Name:	CLINTON COUNTY	Illinois	US
Total Population 2023	36785	12,549,689	334,914,895
Total Population 2010	36899	12,830,632	308,745,538
Percentage Population change 2010 - 2023	.3097%	.31%	8.47%
Urban-Suburban-Rural	Rural		
County Seat	Carlyle		

Source: U.S. Census Quick Facts, 2023

<https://www.census.gov/quickfacts/fact/table/>

State legislative districts represented in the service area:

Bond County:	Senate District: 55 Representative Districts: 109, 110
Clinton County:	Senate District: 55 Representative Districts: 109, 110
Madison County:	Senate District: 50, 55, 56 Representative Districts: 109, 111, 112, 113
St. Clair County:	Senate District: 55, 56, 57 Representative Districts: 109, 113, 114, 115

2023 Census Data

Race & Ethnicity	Clinton County	Illinois	US
American Indian/Alaskan Native	.4%	0.6%	1.3%
Asian	.7%	6.3%	6.3%
Black or African American	3.5%	14.7%	13.6%
White Alone	91.0%	59.5%	58.9%
Two or More Races	1.5%	2.2%	3.0%
Hispanic/Latino	3.5%	18.3%	19.1%
Other Data			
Median Household Income	78,054	78,433	75,149
Households with Internet	87.9%	88.1%	88.3%
Persons without Health Insurance	6.1%	7.7%	9.3%
Veterans	2,741	568,426	17,038,807
Housing Units (% of housing considered rental)	15,766 or 20%	5,452,765	143,786,655

Source: U.S. Census Quick Facts, 2023

Clinton County ROSC
Gap Analysis 2025

IL Report Card 2022-2023 Data

	CARLYLE HS CUSD1	Central CSHD71	Wesclin CUSD3	Carlyle JR CUSD1
Total # Schools	3	1	4	3
Enrollment	280	617	369	296
Graduation Rate	84%	92.2%	86.9%	
Mobility Rate	5%	4.9%	4.6%	8%
Truancy Rate	16.6%	8.7%	9.6%	10.3%
Low Income	43.6%	18.2%	36.6%	52%
IEPs	17%	10%	14%	17%
Homeless	2.1%	0	3.5%	0
Post Secondary Enrollment	53%	72%	69%	NA
Total HS Enrollment	280	617	369	0
Total Middle/Jr. High Enrollment	0	0	0	296

Source: Illinois Report Card, 2022-2023

<https://www.illinoisreportcard.com/>

Illinois Youth Survey Data: Number of schools completing IYS/Number of eligible schools:

	2022 Grade 8	2022 Grade 10	2022 Grade 12	2020 Grade 8	2020 Grade 10	2020 Grade 12
Alcohol- Past 30- Day Use	10%	26%	X	X	X	X
Binge Drinking	1%	7%	X	X	X	X
Marijuana- Past 30-Day Use	1%	19%	X	X	X	X
E-Cigarettes- Past 30-Day Use	1%	21%	X	X	X	X
Report Being in Recovery	3%	5%	X	X	X	X
Thoughts of Suicide- Past Year	NA	23%	X	X	X	X
Report Symptoms of Depression	32%	40%	X	X	X	X

Source: Illinois Youth Survey, 2020 and 2022

<https://iys.sprn.illinois.edu/results/county>

Current IYS Statistics and other Linked Below for 2024

[U.S. Census Bureau QuickFacts: United States, Data](#)

City Data.com

[Clinton County, Illinois detailed profile - houses, real estate, cost of living, wages, work, agriculture, ancestries, and more](#)

Illinois Department of Public Health Clinton County IPLAN-

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:d5aef1a2-34ff-468a-b55f-a3d33dffeae0>

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:7c50546c-5178-4dd7-a241-b7da77e1aace>

Funding Sources

Clinton County Budget- *Highlighted Clinton- Income and expenditures relative to community wellness of SUD/MH, Gambling, etc.*

<https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:46d096c3-4e86-4124-bfb8-90ff3be54641>

Clinton County 708 Board of Mental Health Budget and Grantees- *Attached is the non-profits and organizations which receive assistance for services aligned with MH/SUD*

[Grantees – Mental Health 708 – Clinton County, IL](#)

Clinton County Illinois Courts Report- *Highlighted Clinton- fines disbursements*

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:101823b3-a375-4472-a317-10f092eff543>

Clinton County Gambling Income-

While specific statistics on gambling prevalence among Clinton County residents are not readily available, data from the Illinois Gaming Board provides insight into the financial impact of

video gaming within the county. In 2023, Clinton County reported approximately \$22.5 million in net terminal income from video gaming, resulting in around \$1.9 million in tax revenue.

[evanstonnow.com](https://www.evanstonnow.com)

Regarding poverty, the U.S. Census Bureau indicates that 7.5% of Clinton County's population lives below the poverty line.

[U.S. Census Bureau](https://www.census.gov)

While direct data linking gambling activities to poverty levels in Clinton County is not available, statewide assessments suggest a potential correlation. Approximately 3.8% of Illinois adults are considered to have a gambling problem, with an additional 7.7% at risk of developing one.

[Illinois Department of Human Services](https://www.illinois.gov/human-services)

Problem gambling can lead to financial difficulties, which may exacerbate poverty conditions. Given the substantial revenue generated from video gaming in Clinton County, further research could be beneficial to understand the social and economic effects of gambling on local communities, particularly concerning poverty and financial stability.

List of income and Gambling locations by City in Clinton County – link shows location and payout

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:623db19e-15bd-43f6-bab6-6857be18a4f6>

Drug Court Initiatives

In December 2024, the Administrative Office of the Illinois Courts announced a \$45,000 grant awarded to rural drug courts, including Clinton County. This funding, provided by the SIU School of Medicine's Center for Rural Health and Social Service Development, aims to enhance existing programs and establish new ones in areas lacking critical resources. Drug courts offer alternatives to incarceration for high-risk, high-need defendants by providing intensive,

individualized treatment and court supervision. Nationally, drug court graduates have a recidivism rate of 10–15%, compared to 66% for individuals on traditional probation or in prison.

[ISBA](#)

Statistics and Data

Recovery Oriented System of Care (ROSC) necessitates an examination of various health and social indicators. Below is an overview of pertinent statistics related to substance use, child neglect, crime, adoption, mental health services, suicide, and overdose, along with citations and references. The links for budgets and statistical data are linked below and highlighted for Clinton in the source PDF.

Drug Use and Overdose

Overdose Deaths: In 2019 and 2020, Clinton County reported four fatal overdose deaths linked to fentanyl and carfentanil. The 2020 opioid fatality rate per 100,000 population in Clinton County was 8.0, compared to the state rate of 23 per 100,000.

<i>2024 Coroners' Data⁹</i>	<i>Bond</i>	<i>Clinton</i>	<i>Madison</i>	<i>St. Clair</i>
Overdose deaths	3	1	61	53
Opioid related deaths	1	1	29	36

As of 2/2024 reported by CC Coroner

Crime/Drug Arrests Clinton County

As required by state legislation, all law enforcement agencies in the state submit monthly and annual NIBRS crime reports to the state's UCR program. This includes submission of monthly data for arrest related deaths, officer non-fatal shooting, hate crimes, domestic crimes, school incidents, use of force and mental health incidents. Of the over 1,000 law enforcement agencies in Illinois, 641 agencies reported 2023 statistics as compared to the 577 agencies who reported 2022 statistics.

Crime in Illinois Archives will only be available for years up to 2021, all other years are searchable using the Crime in Illinois Reports.

Mental Health NIBRS- *see below link cases in Clinton*

Mental Health Reports [Crime in Illinois](#)

Period: 01/01/2024 - 02/26/2025; Entities: 027 - Clinton County NIBRS

Offense	Year	2024	2025	<i>Totals</i>
Aggravated Assault		12	1	13
All Other Larceny		22	2	24
Animal Cruelty		2		2
Burglary/Breaking and Entering		41	1	42
Counterfeiting/Forgery		3		3
Destruction/Damage/Vandalism of Property		38	3	41

Clinton County ROSC
Gap Analysis 2025

Drug Equipment Violations	22		22
Drug/Narcotic Violations	51	2	53
Extortion/Blackmail	2		2
False Pretense/Swindle/Confidence Game	19		19
Fondling	12		12
Identity Theft	11		11
Impersonation	3		3
Incest	1		1
Intimidation	7		7
Kidnapping/Abduction	1		1
Motor Vehicle Theft	6		6
Pocket-picking	3		3
Pornography/Obscene Material	1		1
Rape	4		4
Shoplifting	5		5
Simple Assault	70	7	77

Clinton County ROSC
Gap Analysis 2025

Statutory Rape		1	1
Stolen Property Offenses	3		3
Theft From Building	2		2
Theft From Coin-Operated Machine or Device	1		1
Theft From Motor Vehicle	28		28
Weapons Law Violations	10	1	11
Wire Fraud	1		1
<i>Totals</i>	381	18	399

Clinton County News: [FBI arrests eight locals on federal drug charges | WMIX](#)

Drug-Related Arrests: In 2019, Clinton County residents experienced 148 drug-related arrests, equating to a rate of 394 arrests per 100,000 population. The breakdown is as follows:

- Methamphetamine: 33.1% (49 arrests)
- Drug Paraphernalia: 29.1% (43 arrests)
- Controlled Substances: 25% (37 arrests)
- Cannabis: 8.1% (12 arrests)
- Hypodermic Needles and Syringes: 4.7% (7 arrests)

govst.edu

Clinton County Illinois Courts Report- *Highlighted Clinton*

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:101823b3-a375-4472-a317-10f092eff543>

IDOC – 30 on parole, 1448 population Centralia Facility

[*FY24-Annual-Report-final.pdf](#)

IDOC Impact Program Clinton - 0

[*FY24-IDOC-IP-Report.pdf](#)

Alcohol Concerns Clinton County

Clinton County Statistics for Smoking and Alcohol/ Alcohol Related Deaths- Metopio



<https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:022ee067-a462-4dc9-a4e6-a1105755be39>

Clinton County Cited for Selling Alcohol to Minors 2024

[ISP cites nearly 20 Clinton County businesses for selling alcohol to minors | WMIX](#)

Clinton County “According to the CDC” The drunkest county in Illinois is Clinton. About 23.2% of adults there report excessive drinking, which ranks 118 among all 3,142 counties in the country.

[This Is Where Illinois Ranks Among the Drunkest States in America | Illinois | thecentersquare.com](#)

Study Showing Clinton Ranked Illinois Drinking

[These Illinois counties drink more than others, study finds | CIProud.com](#)

Youth Alcohol Use: In 2018, 38% of Clinton County youth reported alcohol use, a rate higher than the state average.

[Governors State University](#)

Children & Youth Concerns

Child Abuse & Neglect: In 2020, Illinois reported an estimated 1,750 child deaths resulting from abuse and neglect, translating to a rate of 2.38 deaths per 100,000 children. Notably, approximately 46% of these fatalities involved children under one year old.

Clinton County DCFS Report-

As of January 31, 2025, the Illinois Department of Children and Family Services (DCFS) reported the following statistics for the Southern Region:

Substance Exposed Infants (SEIs):

- *Total SEIs Reported: 92 cases, accounting for 21.7% of the statewide total of 424.*
- *Indicated SEIs: 18 cases, representing 19.6% of the 92 reported in the Southern Region.*

Statewide Comparison:

- *Total SEIs Reported: 424 cases.*
- *Indicated SEIs: 18 cases, representing 4.2% of the 424 reported statewide.*

These figures indicate that while the Southern Region reports a higher percentage of SEIs compared to other regions, the proportion of indicated cases is lower than the statewide average.

Illinois DCFS

Additionally, a 2023 report highlighted that during state fiscal years 2019-2023, 3.2% of youth cases opened had actionable substance use needs, with the highest percentage (25.4%) in the 15-17 age group.

Illa

Southern Region DCFS Report- Highlighted

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:6925bc15-f9a1-4ba1-99e8-5012e73dba04>

These statistics underscore the significant impact of substance use on child welfare cases in Illinois, particularly in the Southern Region.

Youth in Care by County Clinton DCFS-Highlighted

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:af3b5f58-6074-47e9-b856-f0ed0c311fb4>

Clinton County Birth to 5- The Region 13 Early Childhood Needs Assessment, conducted between February and May 2024, highlights several critical areas of concern for Clinton County:

Mental and Behavioral Health Services Limited Access: Families face significant barriers to mental and behavioral health services, including long waitlists and a scarcity of providers, especially for children aged birth to five. Lack of Awareness: Many community members are unaware of existing mental and behavioral health resources and services in the region. Provider

Challenges: Early Childhood Education and Care (ECEC) professionals report feeling overwhelmed and unsupported in addressing both their own mental health needs and those of their students. Recommendations To address these challenges, the assessment suggests:

Enhanced Education: Providing ongoing education to the community, families, and ECEC workforce about the importance of early childhood programs and available mental health resources. Centralized Resource Hub: Establishing a hub to connect families with specific ECEC services, including coordinated intake and caseworkers to guide them through available supports. These insights underscore the necessity for improved access to mental and behavioral health services, increased community awareness, and better support systems for both families and ECEC providers in Clinton County.

Assessment Data : [Early Childhood Region 13 Needs Assessment](#)

Clinton County IYS- *Highlighted Clinton*

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:9b5d2946-f162-4f9d-85c6-47e5e3d4465d>

IPLAN-According to the 2016-2021 IPLAN report, nearly one in three (31%) of Clinton County eighth-grade students reported feeling so sad or hopeless almost daily for two or more weeks that they stopped doing some usual activities. This rate is slightly higher than the state average of 28% for the same age group.

Child Abuse and Neglect: *The rate of children abused and neglected in Clinton County is 29.9 per 1,000, slightly higher than the state rate of 28.3 per 1,000.*

- **Sexual Abuse:** *The rate of sexual abuse in the county is 2.7 per 1,000, marginally above the state rate of 2.4 per 1,000.*

These statistics underscore the need for targeted interventions and resources to address mental health challenges, substance misuse, and abuse/neglect in Clinton County.

Clinton County Health

According to the "Juvenile Caseload Statistics by County" report, Clinton County reported the following juvenile case statistics:

- **Juvenile Abuse:** 0 new cases filed
- **Juvenile Delinquency:** 1 new case filed
- **Total Juvenile Cases:** 16 cases
- **Total All Cases:** 829 cases

These figures indicate that juvenile abuse cases are notably low in Clinton County, with a minimal number of delinquency cases. However, without comparative data from previous years or neighboring counties, it's challenging to assess trends or relative performance.

Specific statistics related to juvenile placements, as well as drug and alcohol-related offenses in Clinton County, are not detailed in the provided report.

Clinton County Illinois Courts Report- Highlighted Clinton

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:101823b3-a375-4472-a317-10f092eff543>

In Placement Reports Clinton

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:68858ca0-eaaf-4854-9b7d-fecf06da6855>

Mental Health Concerns Clinton County

In reviewing the Clinton County Community Health Needs Assessment and Community Health Plan for 2021-2026, several critical health concerns emerge. One particularly pressing issue is the limited access to mental health services in the county. The ratio of the population to mental health providers in Clinton County is 1,750:1, significantly higher than the Illinois state average of 390:1. This disparity indicates that residents may face substantial challenges in obtaining timely and adequate mental health care, potentially exacerbating issues related to mental health and substance use disorders.

[HSHS](#)

Addressing this shortage of mental health providers is crucial for improving overall community health and well-being in Clinton County.

Suicide Rates: While specific suicide statistics for Clinton County are not detailed in the provided sources, statewide data indicates that a significant proportion of individuals who died by suicide were not receiving mental health treatment at the time of death. For instance, 67% of 15 to 19-year-olds and 78% of 20 to 24-year-olds who died by suicide were not receiving mental health treatment at the time of death.

sprc.org

Youth Mental Health Concerns: *The 2018 Illinois Youth Survey indicated that a notable percentage of students in Clinton County seriously considered attempting suicide in the past year.*

[Governors State University](#)

IPLAN Clinton County- *The suicide and self-inflicted injury mortality rate in Clinton County is 8.2 per 100,000 population, slightly lower than the Illinois state rate of 9.0 per 100,000. [Clinton County Health](#)*

STATEWIDE ROSC ASSESSMENT 2025- Clinton County ROSC Nellie Baity

Link to assessment responses/data All Counties Adobe.

<https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:762b0dd5-7fd2-4914-b315-1f9a664e5b38>

This survey was provided through IDPH/SUPR to survey the need for expansion of Mental Health and Substance Misuse Services across the state but mostly seeking marginalized rural communities. The survey focuses on the needs, barriers, and strengths of rural communities regarding substance misuse and mental health services. This survey was done via Microsoft Office Forms, and it gathered 813 responses from residents of Illinois. There were several counties including Clinton, ST. Clair, Bond, Madison, Jefferson, and more. The calculated margin of error of sample size 813 per the entire State of Illinois (Margin of Error (MOE)

There is a 95% confidence level, the margin of error is $MOE = Z \times \sqrt{\frac{p(1-p)}{n}}$ approximately $\pm 3.43\%$. This means that 50% of the sample selected a particular response and we can be confident that the true proportion of the population in the is between 46.57% and 53.43%. The survey is also analyzed in only Clinton due to this research being conducted primarily focused on rural needs of Clinton County. A total of 721 responses were collected for Clinton County. The survey was conducted through social media, in person print out, and QR code sharing. Several stakeholders were involved in the collection of data. Business owners

(pharmacy-tattoo parlor- Scooters- others), health department, non- profits, and probation/drug court.

Data Reports all counties in Illinois 2025.

Link to assessment responses/data All Counties Adobe.

<https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:762b0dd5-7fd2-4914-b315-1f9a664e5b38>

https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=Voti4rhXt19foanSkTb1NRJTI0UTbQ4V&id=uuYPd5XzAEeUj8qm_jPri9YXUpNvwCxCrLiYWZHHFFgRUNzFQMEZXTVM2Nzk0WVhZN0UxSUY1OEc1Sy4u

Excel Results in Adobe- <https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:d29cfe5f-8796-4325-90fe-868827eebbfb>

Data Report Clinton County only

A total of 721 responses were collected for Clinton County.

This survey was done both for several counties and with the deduction of outside locations.

Clinton County only reports are linked below in the Excel/Adobe link.

The data was analyzed through conducting a survey with a sample size that exceeds 5% of the total population, it's important to apply the Finite Population Correction (FPC) to obtain a more accurate margin of error. This adjustment accounts for the reduced variability inherent in sampling a significant portion of a finite population. Calculating the Margin of Error with FPC:
Given: Sample Size (n): 721 Total Population (N): 36,785 (Clinton County, Illinois, as of 2023)
Proportion (p): 0.5 (assumed for maximum variability) Z-Score (z): 1.96 (corresponding to a

95% confidence level) 1. Calculate the Standard Margin of Error (SME): 2. Apply the Finite Population Correction (FPC): 3. Calculate the Adjusted Margin of Error (AME): Conclusion: By applying the Finite Population Correction, the margin of error for your survey of 721 respondents in Clinton County, Illinois, is slightly reduced from 3.65% to approximately $\pm 3.61\%$. This adjustment provides a more precise reflection of the population's characteristics, acknowledging the significant proportion of the population sampled. The data shows the needs for increased services and aligns with the rural gap analysis. There is also a concern for increased suicide prevention, recovery, family services, and several other financial services in Clinton County.

Link to assessment responses/data Adobe this is the assessment in full form, the results provided under are for Clinton County.

<https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:762b0dd5-7fd2-4914-b315-1f9a664e5b38>

DATA ANALYSIS
Gap Analysis/Needs Assessment
Nellie Baity MAED/MHA
3/26/2025



Survey Data Assessment Responses Clinton County 2025

721 Responses from Clinton County Residents

Question 1

1.) People Who use drugs deserve respect.

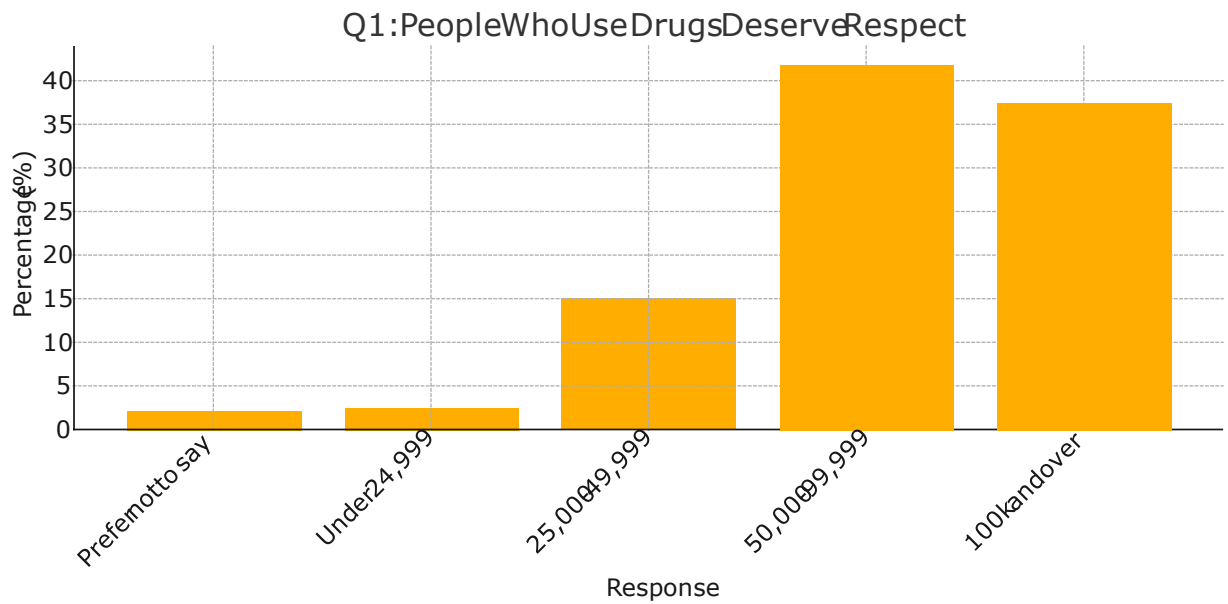
Clinton County ROSC
Gap Analysis 2025

1. Strongly Disagree - 17
2. Disagree- 19
3. Neutral/Neither Agree nor Disagree- 112
4. Agree- 302
5. Strongly Agree- 271

Percentiles

1.) **People Who Use Drugs Deserve Respect**

1. *Strongly Disagree: 2.36%*
2. *Disagree: 2.64%*
3. *Neutral/Neither Agree nor Disagree: 15.53%*
4. *Agree: 41.89%*
5. *Strongly Agree: 37.59%*



Question 2

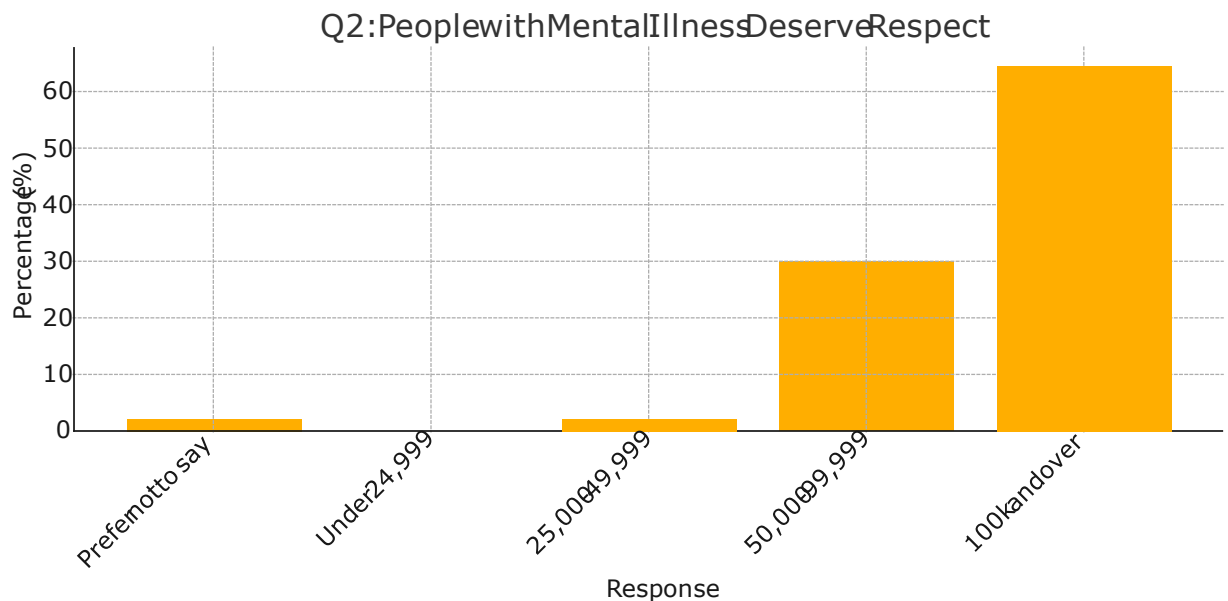
2.) People with mental illness deserve respect.

1. Strongly Disagree – 16
2. Disagree- 0
3. Neutral/ Neither Agree nor Disagree – 17
4. Agree- 222
5. Strongly Agree- 466

Percentiles

2. People with Mental Illness Deserve Respect

1. Strongly Disagree: **2.22%**
2. Disagree: **0.00%**
3. Neutral/Neither Agree nor Disagree: **2.36%**
4. Agree: **30.79%**
5. Strongly Agree: **64.63%**



Question 3

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

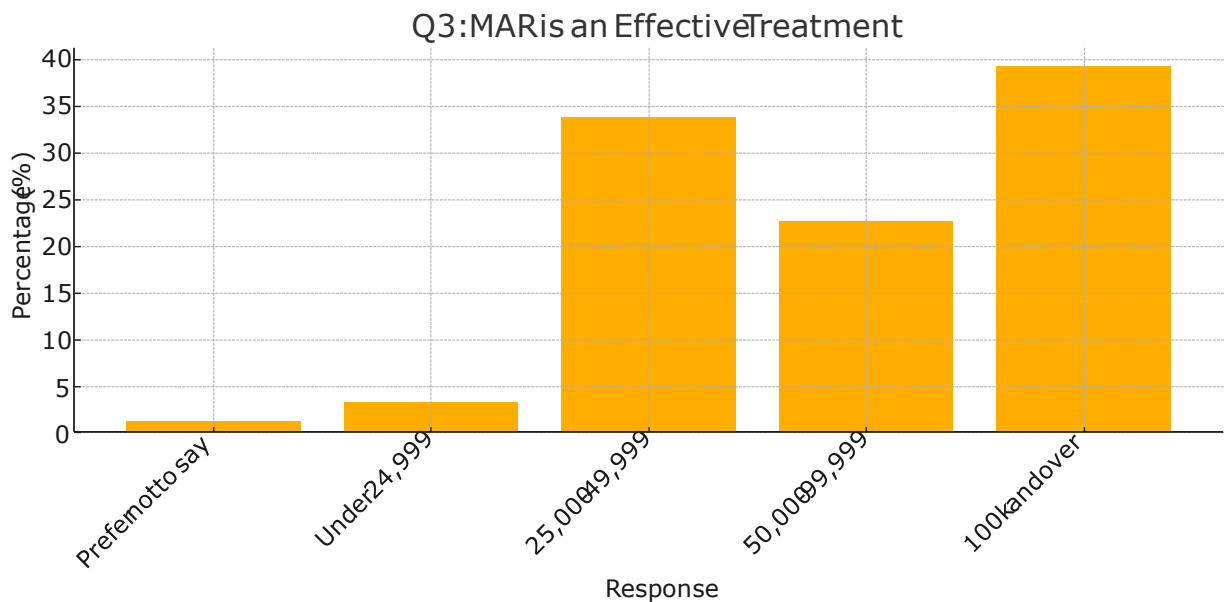
1. Strongly Disagree – 8

2. Disagree- 23
3. Neutral/ Neither Agree nor Disagree- 244
4. Agree- 163
5. Strongly Agree- 283

Percentiles

3.) Medication-Assisted Recovery (MAR) is an Effective Treatment

1. *Strongly Disagree: 1.11%*
2. *Disagree: 3.19%*
3. *Neutral/Neither Agree nor Disagree: 33.84%*
4. *Agree: 22.61%*
5. *Strongly Agree: 39.25%*



Question 4

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

1. Strongly Disagree- 9
2. Disagree- 10
3. Neutral/Neither Agree nor Disagree – 261
4. Agree- 221

5. Strongly Agree- 220

Percentiles

It is Difficult to Find MAR Providers in My Community

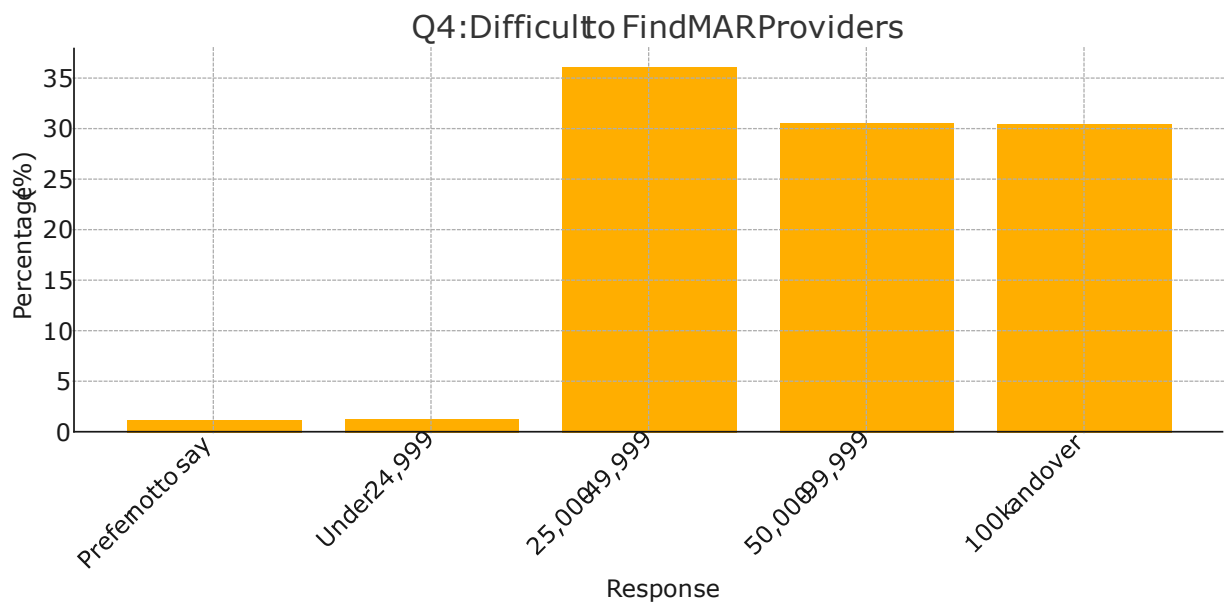
1.Strongly Disagree: 1.25%

2.Disagree: 1.39%

3.Neutral/Neither Agree nor Disagree: 36.20%

4.Agree: 30.65%

5.Strongly Agree: 30.51%



Question 5

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

1. Strong Disagree- 61

2. Disagree- 130

3. Neutral/ Neither Agree or Disagree – 239

4. Agree- 178

5. Strongly Agree – 113

Percentiles

5.) *Harm Reduction Services Like Narcan and Syringe Service Programs Reduce the Risk of Drug Use*

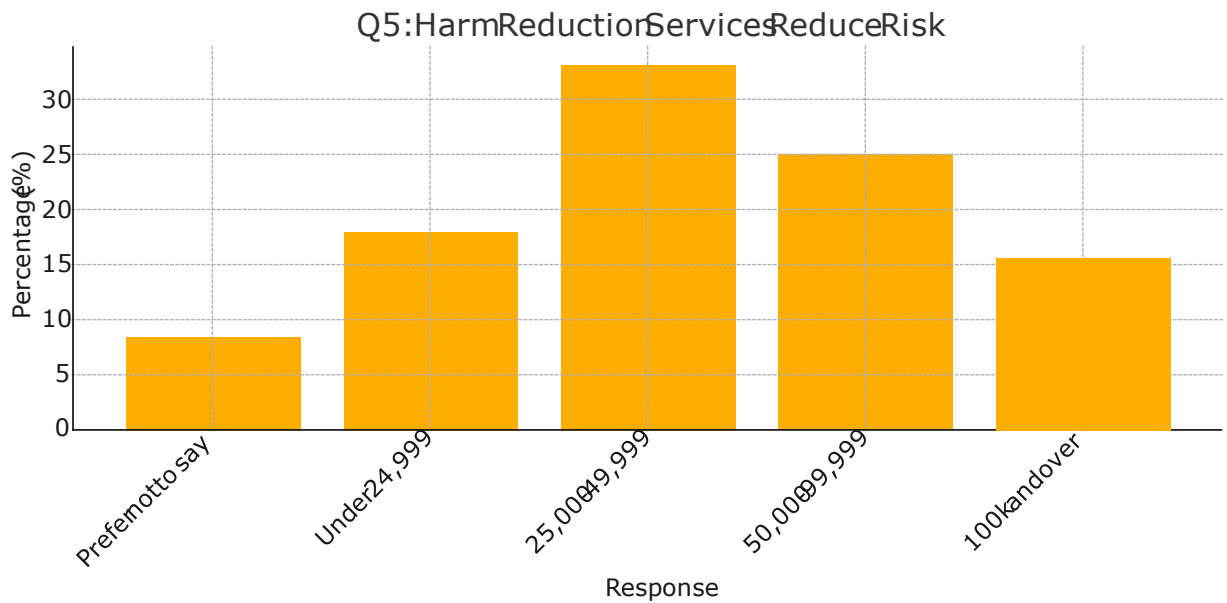
1.Strongly Disagree: **8.46%**

2.Disagree: **18.03%**

3.Neutral/Neither Agree nor Disagree: **33.15%**

4.Agree: **24.69%**

5.Strongly Agree: **15.67%**



Question 6

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

1. Strongly Disagree- 12
2. Disagree- 89
3. Neutral/ Neither Agree nor Disagree- 264
4. Agree- 212
5. Strongly Agree- 144

Percentiles

It is Difficult to Find Harm Reduction Services Like Narcan and Syringe Service Programs in My Community

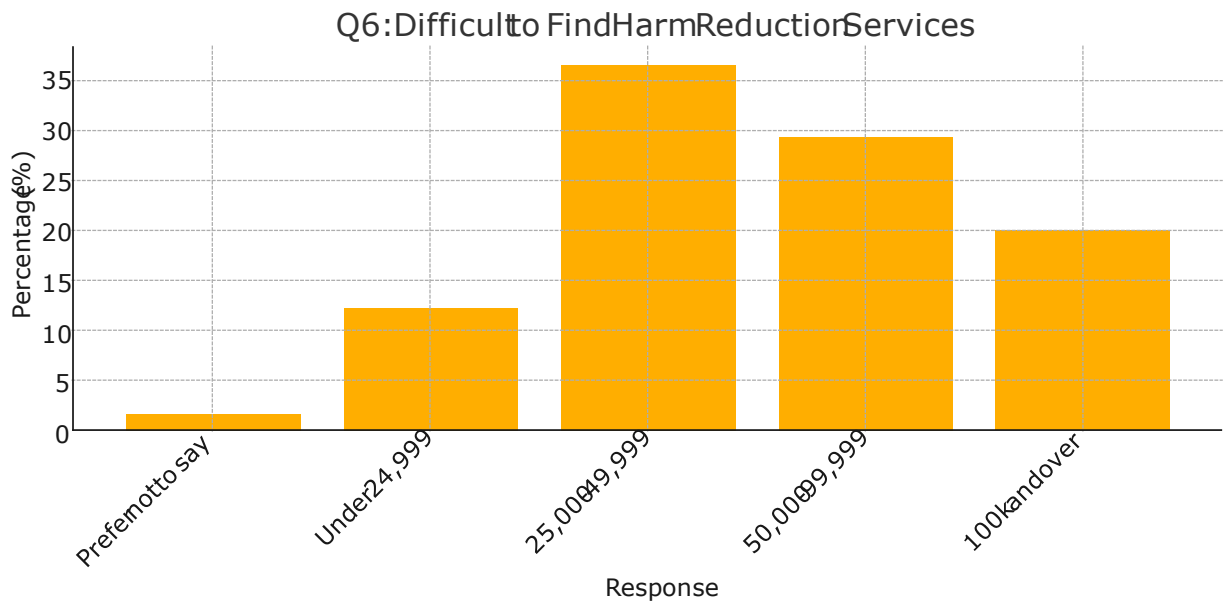
1.Strongly Disagree: **1.66%**

2.Disagree: **12.34%**

3.Neutral/Neither Agree nor Disagree: **36.62%**

4.Agree: **29.40%**

Strongly Agree: **19.97%**



Question 7

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

1. Strongly agree – 12
2. Disagree- 42
3. Neutral/ Neither Agree nor Disagree- 73
4. Agree- 272

5. Strongly Agree- 322

Percentiles

7.) **It is Difficult to Find Mental Health and Substance Use Treatment Services in My**

Community

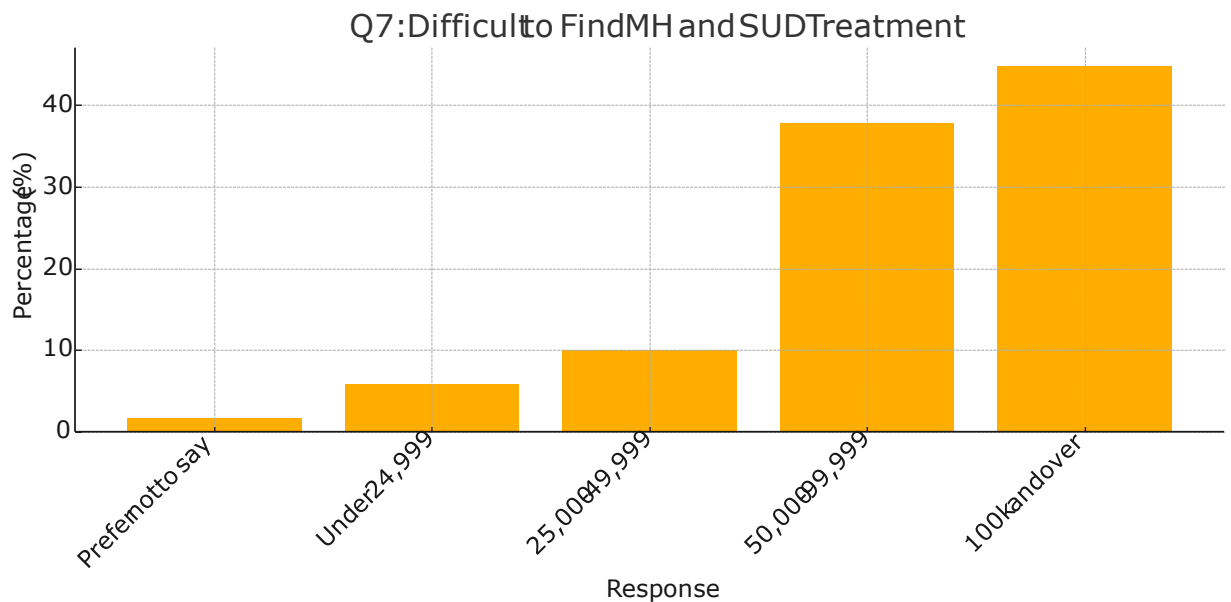
1. *Strongly Disagree: 1.66%*

2. *Disagree: 5.83%*

3. *Neutral/Neither Agree nor Disagree: 10.12%*

4. *Agree: 37.73%*

5. *Strongly Agree: 44.66%*



Question 8

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

1. Strongly Agree- 6

2. Disagree- 14

3. Neutral/ Neither Agree nor Disagree- 32

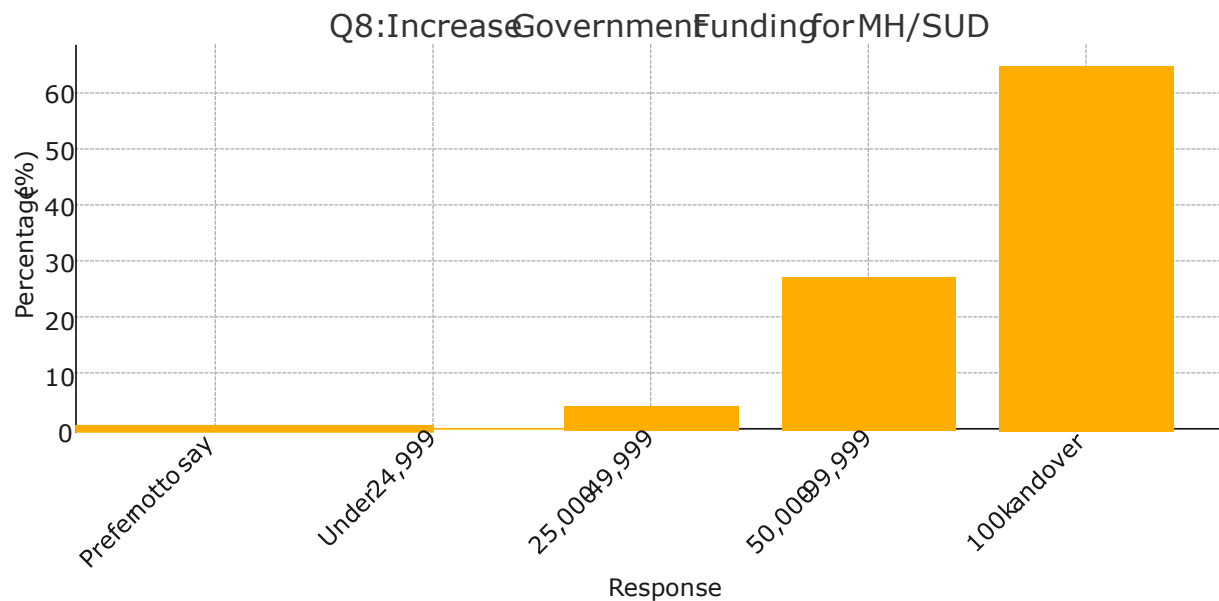
4. Agree- 198

5. Strongly Agree- 471

Percentile

8.) ***We Should Increase Government Funding on Treatment Options for Mental Health and Substance Use Disorders***

1. *Strongly Disagree: 0.83%*
2. *Disagree: 1.94%*
3. *Neutral/Neither Agree nor Disagree: 4.44%*
4. *Agree: 27.46%*
5. *Strongly Agree: 65.33%*



Question 9

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

1. Strongly Agree- 202
2. Disagree- 262
3. Neutral/ Neither Agree nor Disagree- 114

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Gap Analysis 2025

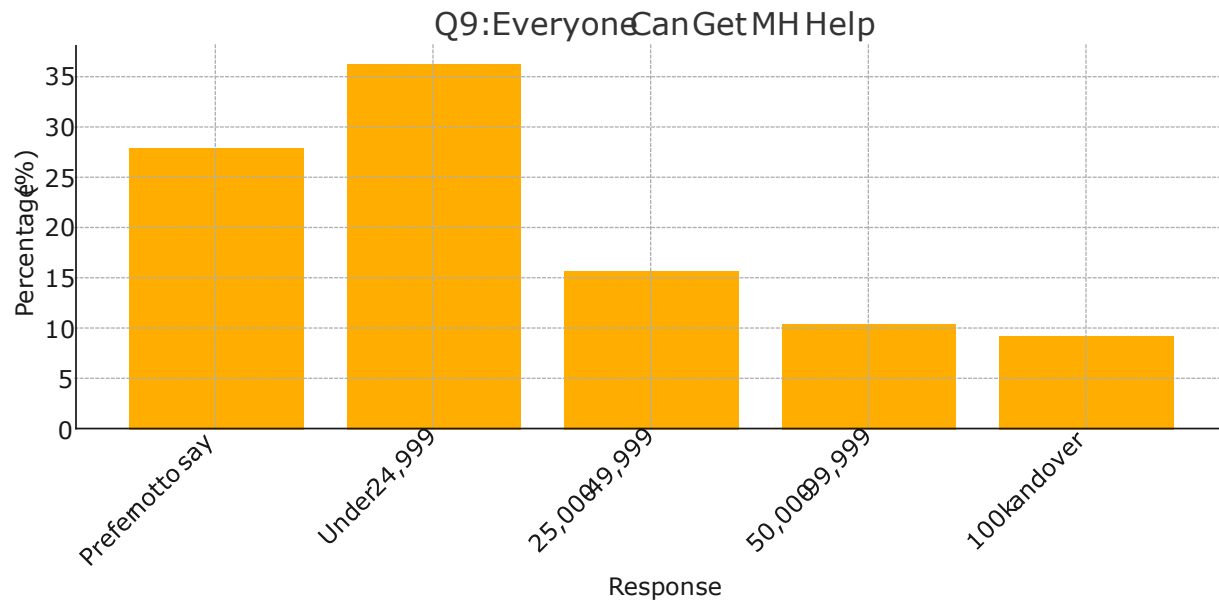
4. Agree- 76
5. Strongly Agree- 67

Percentiles

9.) *Everyone in My Community Can Get Help for Mental Health Regardless of Barriers*

(Income, Insurance, Race, Etc.)

- *Strongly Disagree: 28.02%*
- *Disagree: 36.34%*
- *Neutral/Neither Agree nor Disagree: 15.81%*
- *Agree: 10.54%*
- *Strongly Agree: 9.29%*



Question 10

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

1. Strongly Agree- 249
2. Disagree- 212

Clinton County ROSC
Gap Analysis 2025

3. Neutral/ Neither Agree nor Disagree- 124
4. Agree- 78
5. Strongly Agree- 56

Percentiles

10.) Everyone in My Community Can Get Help for Substance Use Regardless of Barriers

(Income, Insurance, Race, Etc.)

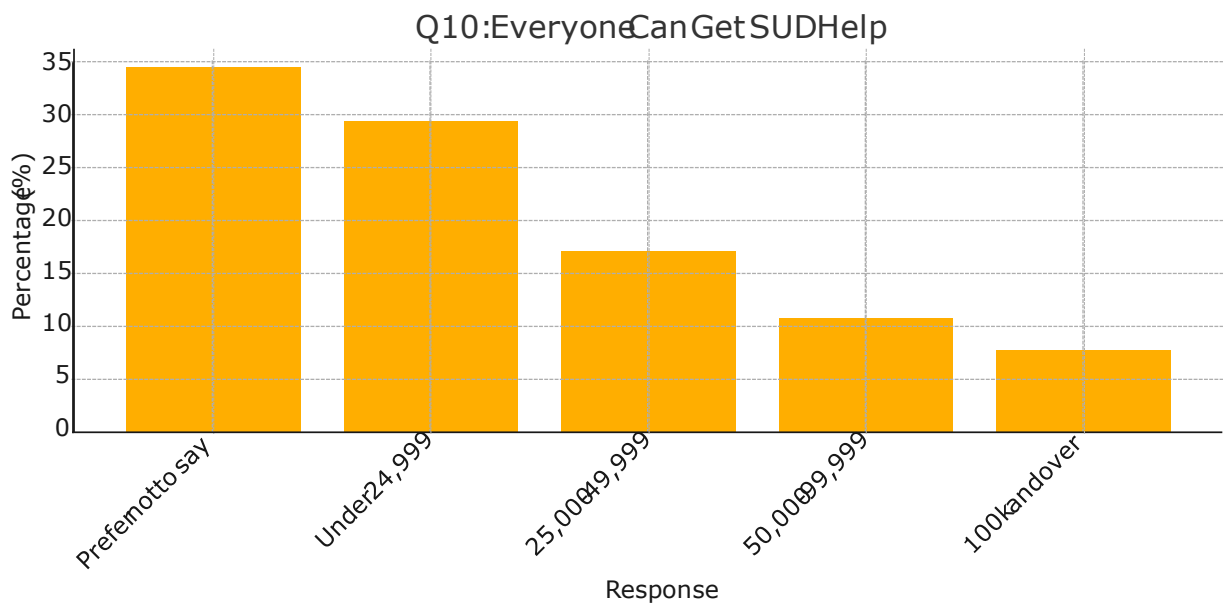
1.Strongly Disagree: 34.54%

2.Disagree: 29.40%

3.Neutral/Neither Agree nor Disagree: 17.20%

4.Agree: 10.82%

5.Strongly Agree: 7.77%



Question 11

11.) Transportation is a problem for access to mental health providers/ other resources of care.

1. True- 477

Clinton County ROSC
Gap Analysis 2025

2. False- 24

3. Not Sure- 21

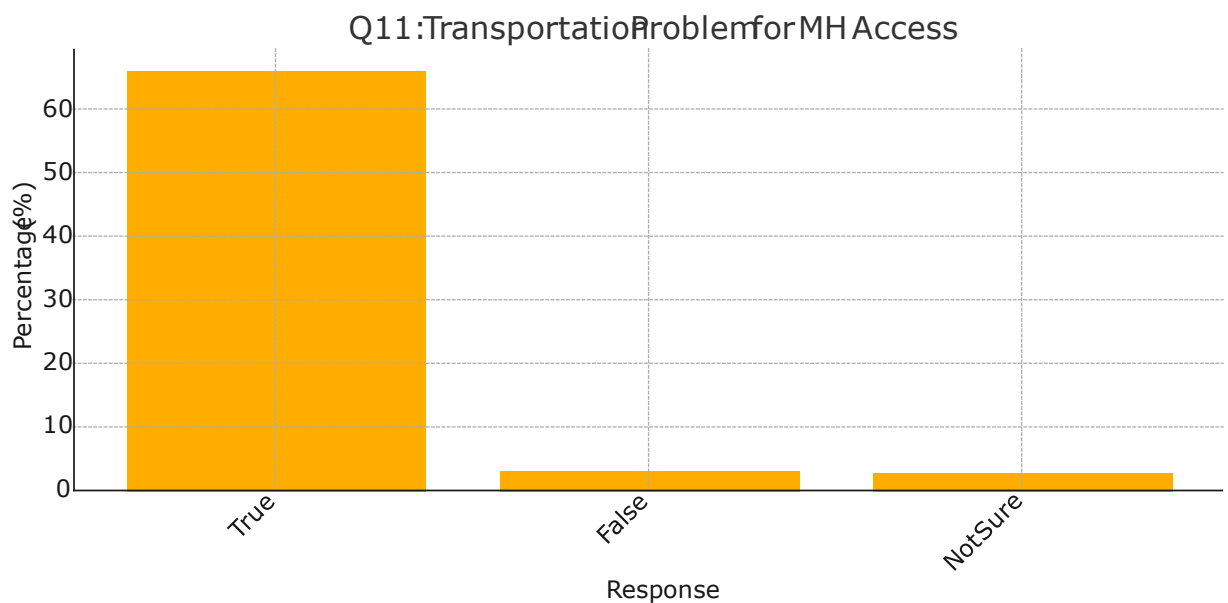
Percentiles

11.) Transportation is a Problem for Access to Mental Health Providers/Resources

1.True: 66.16%

2.False: 3.33%

3.Not Sure: 2.91%



Question 12

12.) I feel that living in a rural community is a barrier to mental health wellness

1. Strongly disagree- 12

2. Disagree- 36

3. Neutral/ Neither Agree or Disagree- 92

4. Agree- 291

5. Strongly Agree- 290

Percentiles

12.) Living in a Rural Community is a Barrier to Mental Health Wellness

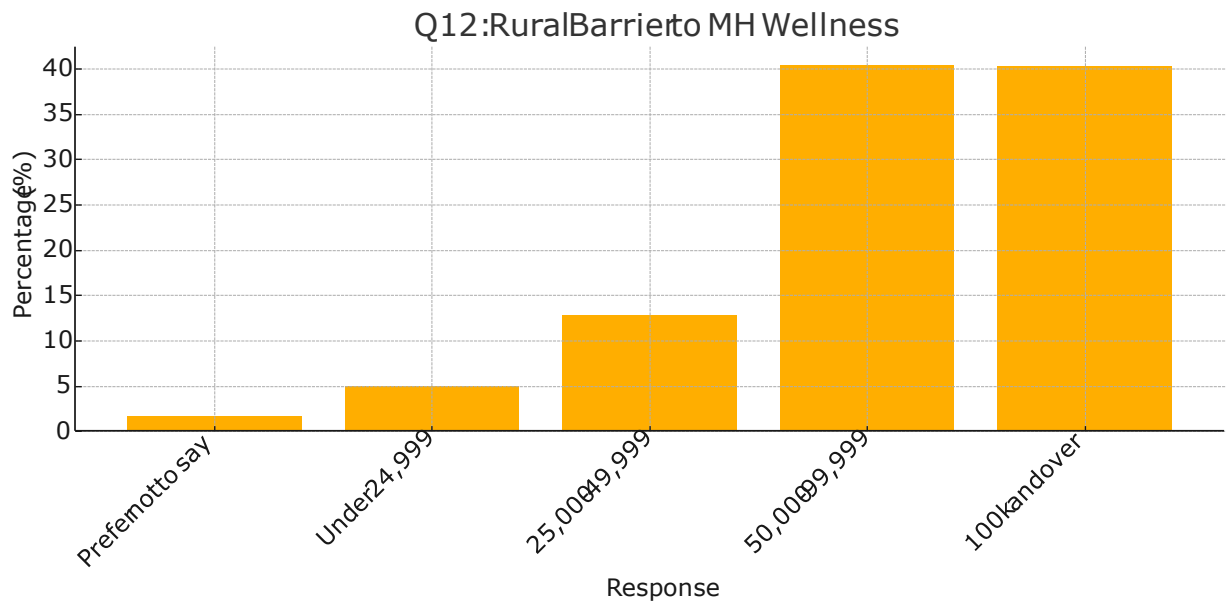
1.Strongly Disagree: 1.66%

2.Disagree: 4.99%

3.Neutral/Neither Agree nor Disagree: 12.76%

4.Agree: 40.36%

5.Strongly Agree: 40.22%



Question 13

13.) I feel that living in a rural community is a barrier to overcoming substance misuse.

1. Strongly disagree- 13

2. Disagree- 15

3. Neutral/ Neither Agree or Disagree- 128

4. Agree- 274

5. Strongly Agree- 251

Percentiles

13.) Living in a Rural Community is a Barrier to Overcoming Substance Misuse

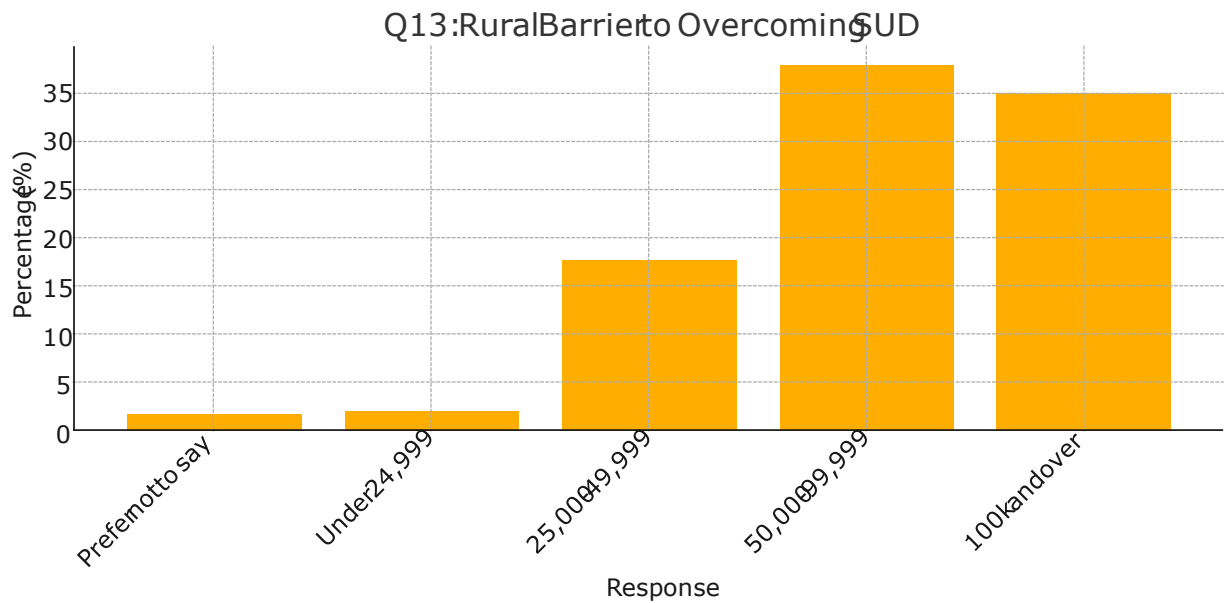
1. Strongly Disagree: **1.80%**

2. Disagree: **2.08%**

3. Neutral/Neither Agree nor Disagree: **17.75%**

4. Agree: **38.00%**

5. Strongly Agree: **34.81%**



Question 14

14.) Transportation is a problem for access to substance misuse treatment providers/other resources of care (in patient/outpatient treatment, recovery meetings etc.)

1. Strongly Disagree- 6

2. Disagree- 9

3. Neutral/ Neither Agree nor Disagree- 167

4. Agree- 301

5. Strongly Agree- 238

14.) Transportation is a Problem for Access to Substance Misuse Treatment/Resources

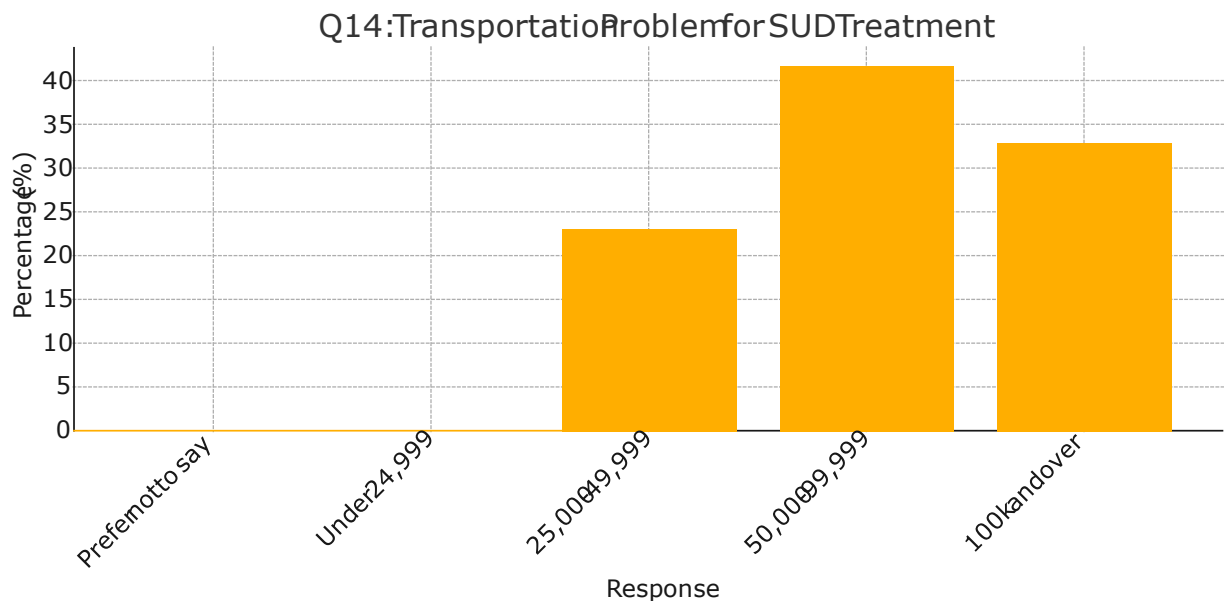
1. Strongly Disagree: **0.83%**

2. Disagree: **1.25%**

3. Neutral/Neither Agree nor Disagree: **23.16%**

4. Agree: **41.75%**

5. Strongly Agree: **33.01%**



Question 15

15.) Children are impacted by mental health concerns in this community. For example, they have parents with mental health concerns, they are being raised by grandparents, they themselves are experiencing a lack of resources for trauma, grief, neurodivergences etc.

1. Strongly Disagree- 3

2. Disagree- 8

3. Neutral/ Neither Agree or Disagree- 27

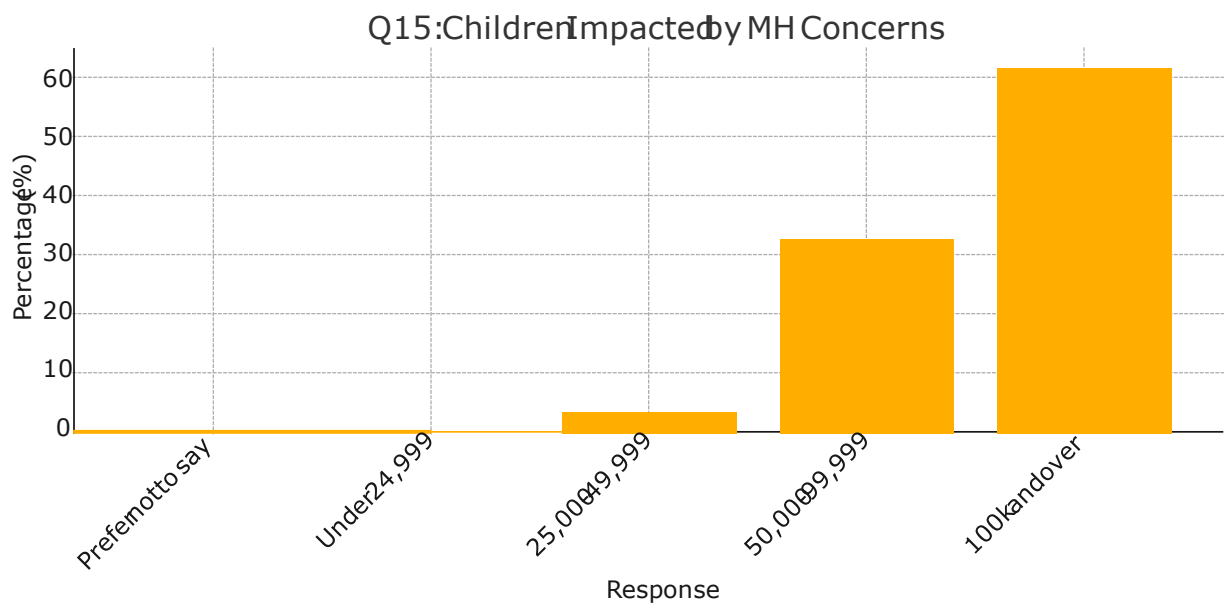
4. Agree- 237

5. Strongly Agree- 446

Percentiles

15.) *Children are Impacted by Mental Health Concerns in This Community*

1. *Strongly Disagree: 0.42%*
2. *Disagree: 1.11%*
3. *Neutral/Neither Agree nor Disagree: 3.74%*
4. *Agree: 32.87%*
5. *Strongly Agree: 61.86%*



Question 16

16.) **Adults are impacted by mental health concerns in this community. For example. They have mental health concerns, they are experiencing a lack of resources for trauma, grief, neurodivergences etc.**

Clinton County ROSC
Gap Analysis 2025

1. Strongly Disagree-3
2. Disagree- 15
3. Disagree/Neither Disagree- 40
4. Agree- 274
5. Strongly Agree- 389

Percentiles

16.) Adults are Impacted by Mental Health Concerns in This Community

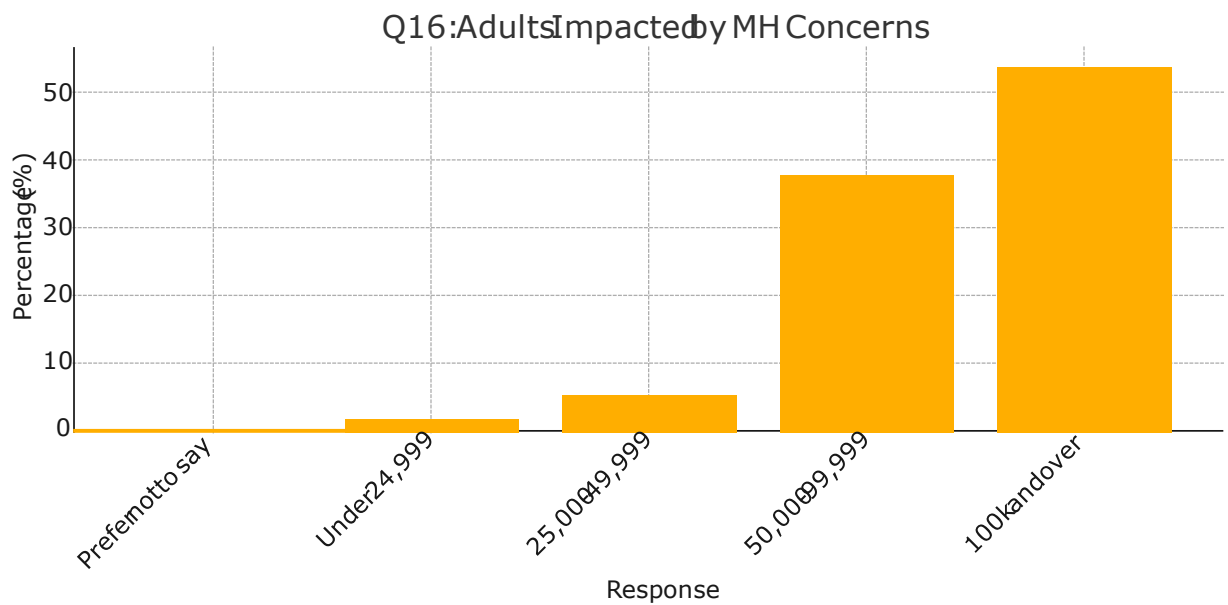
1.Strongly Disagree: 0.42%

2.Disagree: 2.08%

3.Neutral/Neither Agree nor Disagree: 5.55%

4.Agree: 38.00%

5.Strongly Agree: 53.95%



Question 17

17.) Children are impacted by substance misuse concerns in this community. For example, they have parents with substance misuse concerns, they are being raised by grandparents, they themselves lack resources for trauma, grief, housing, child family services, foster care etc.)

- 1. Strongly Disagree- 2
- 2. Disagree- 6
- 3. Neutral/ neither Agree or Disagree- 41
- 4. Agree- 262
- 5. Strongly Agree- 410

Percentiles 17: Children are impacted by substance misuse concerns

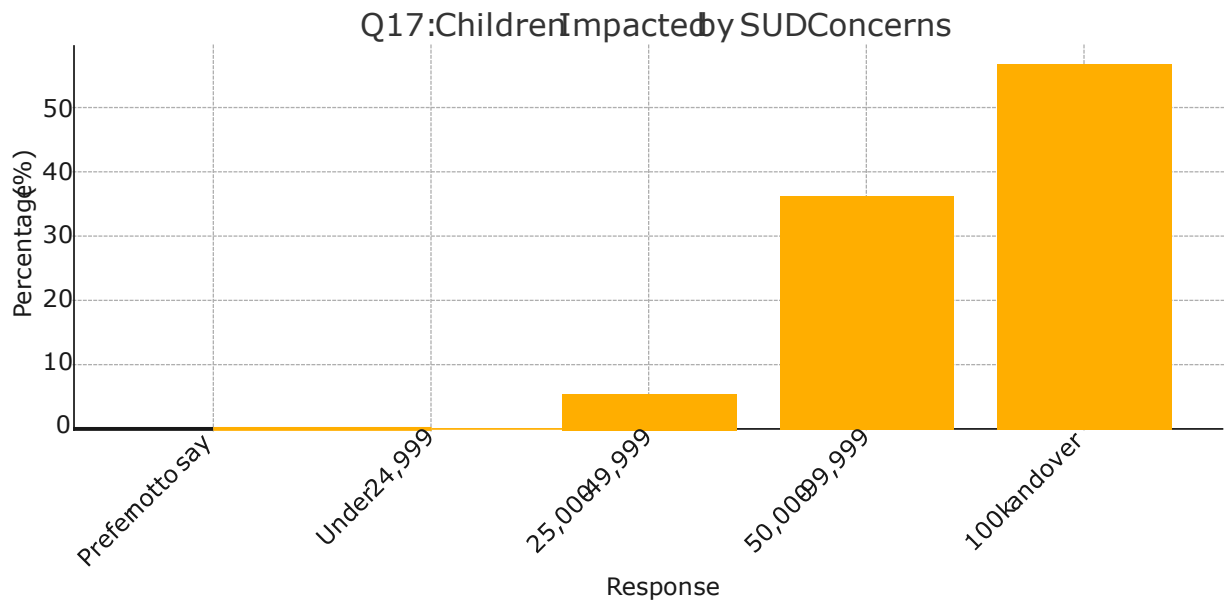
1.Strongly Disagree: 0.28%

2.Disagree: 0.83%

3.Neutral: 5.69%

4.Agree: 36.34%

5.Strongly Agree: 56.87%



18.) Adults are impacted by substance misuse concerns in this community. For example, they have substance misuse concerns; they are experiencing a lack of resources for grief, trauma, recovery, treatment, employment, grief, housing, child family services, foster care, etc. due to the result of substance misuse.

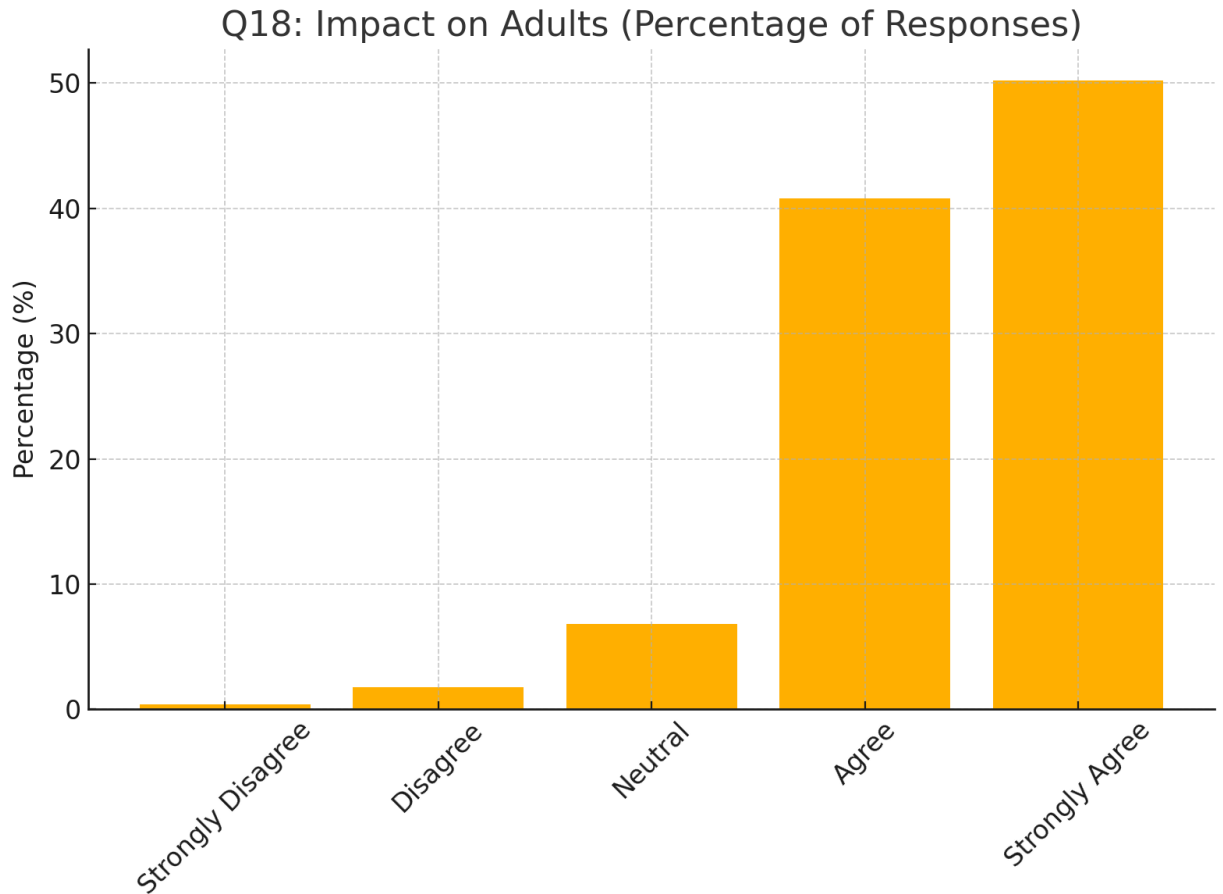
1. Strongly Disagree- 3
2. Disagree- 13
3. Neutral/ Neither Agree or Disagree- 49
4. Agree- 294
5. Strongly Agree- 362

Percentiles

18) Adults are impacted by substance misuse concerns

1. Strongly Disagree: 0.4%
2. Disagree: 1.8%
3. Neutral: 6.8%
4. Agree: 40.8%

5. **Strongly Agree: 50.2%**



19.) **Which of the following do you feel is growing or rising in your community?**

1. Suicide-
2. Overdose
3. Homelessness
4. Alcoholism
5. Drug Abuse-
6. None of the Above- 0
7. All the Above- 178

Combination Multiple Choices Answers-

Suicide, Overdose, Alcohol, Drug – 61

All the Above – 178

Suicide, Alcohol, Drug-

Suicide, homelessness- 28

Alcohol, drug- 22

Percentiles

All the Above: 24.69%

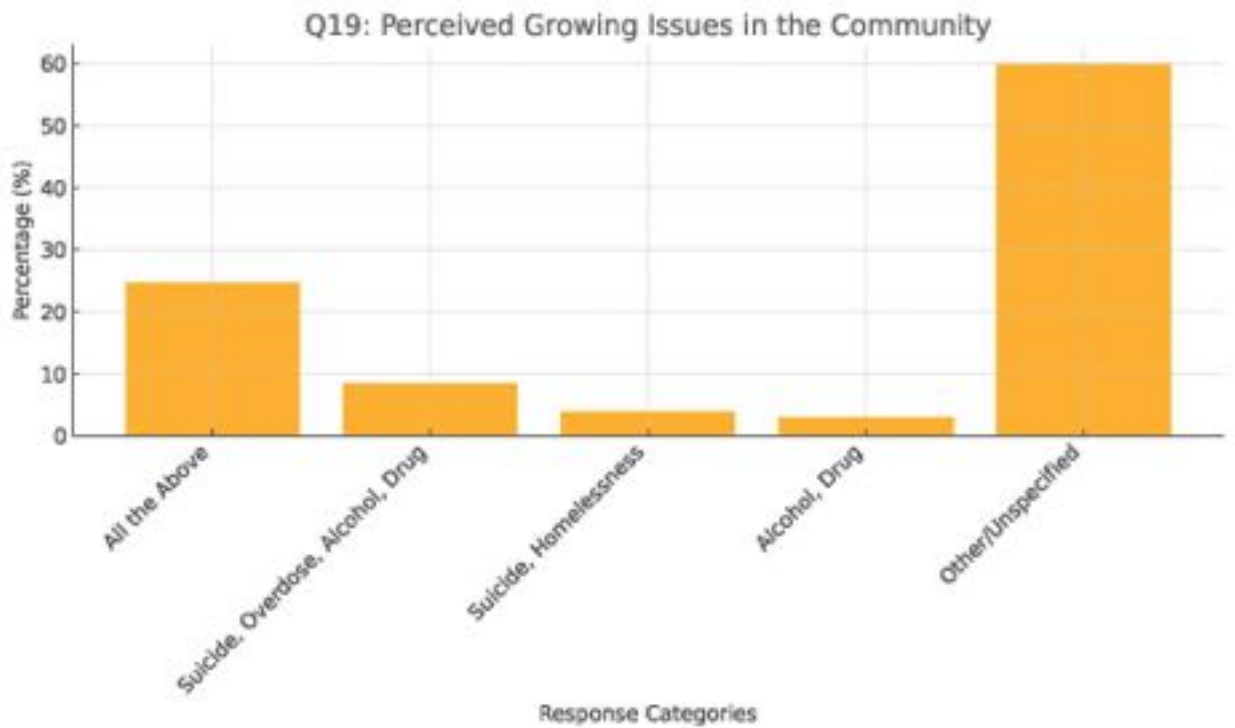
Suicide, Overdose, Alcohol, Drug: 8.46%

Suicide, Homelessness: 3.88%

Alcohol, Drug: 3.05%

Other/Unspecified: 59.92%

Clinton County ROSC
Gap Analysis 2025



20.) What is your age?

1. >18 – 0
2. 18-24- 37
3. 25- 34 - 124
4. 35-44 – 229
5. 45-54- 158
6. 55- 64 - 107
7. 65+- 65

20. Percentiles

Under 18: **0.00%**

18–24: **5.13%**

25–34: **17.20%**

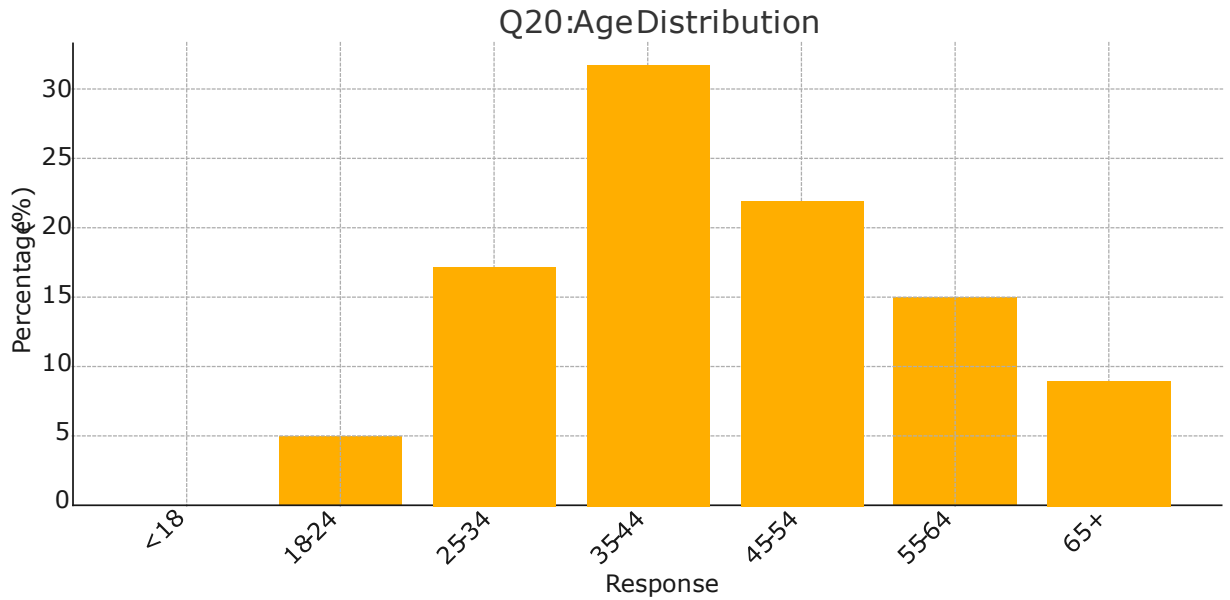
35–44: **31.76%**

45–54: **21.91%**

55–64: **14.84%**

Clinton County ROSC
Gap Analysis 2025

65 and older: **9.02%**



21.) **What is your income level?**

1. Prefer not to say- 104
2. Under 24,999- 56
3. 25000-49999- 119
4. 50,000- 99,999- 252
5. 100k and over- 187

Percentiles

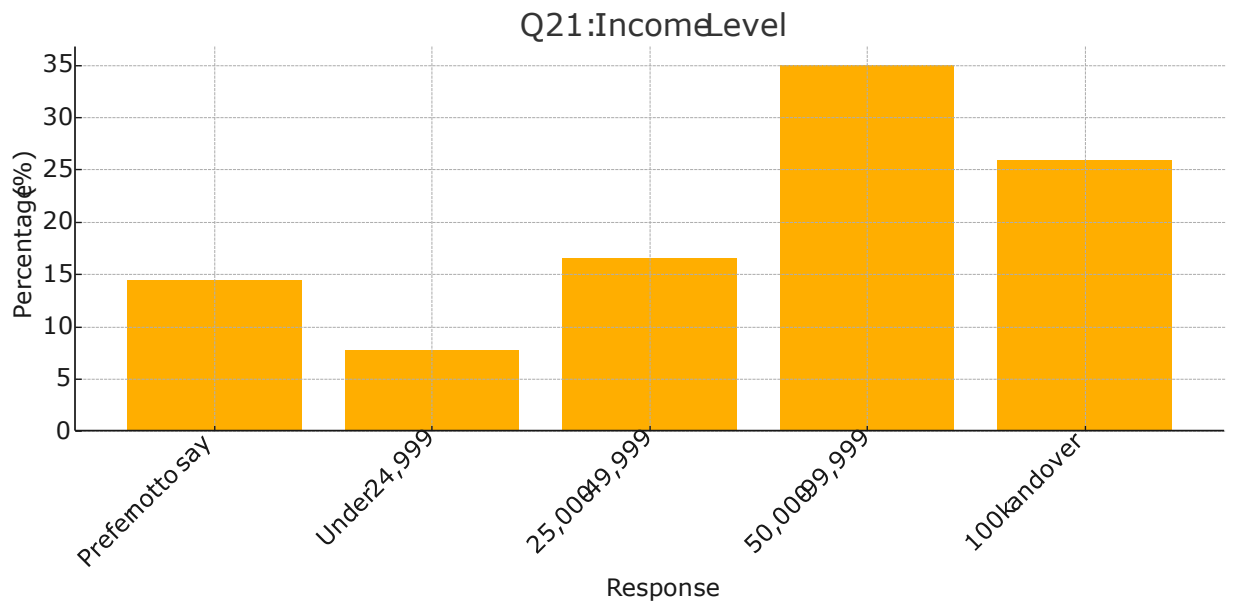
Prefer not to say: **14.42%**

Under \$24,999: **7.77%**

\$25,000–\$49,999: **16.50%**

\$50,000–\$99,999: **34.95%**

\$100,000 and over: **25.94%**



22.) **What gender do you identify as?**

1. Prefer not to identify- 15

2. Male- 53

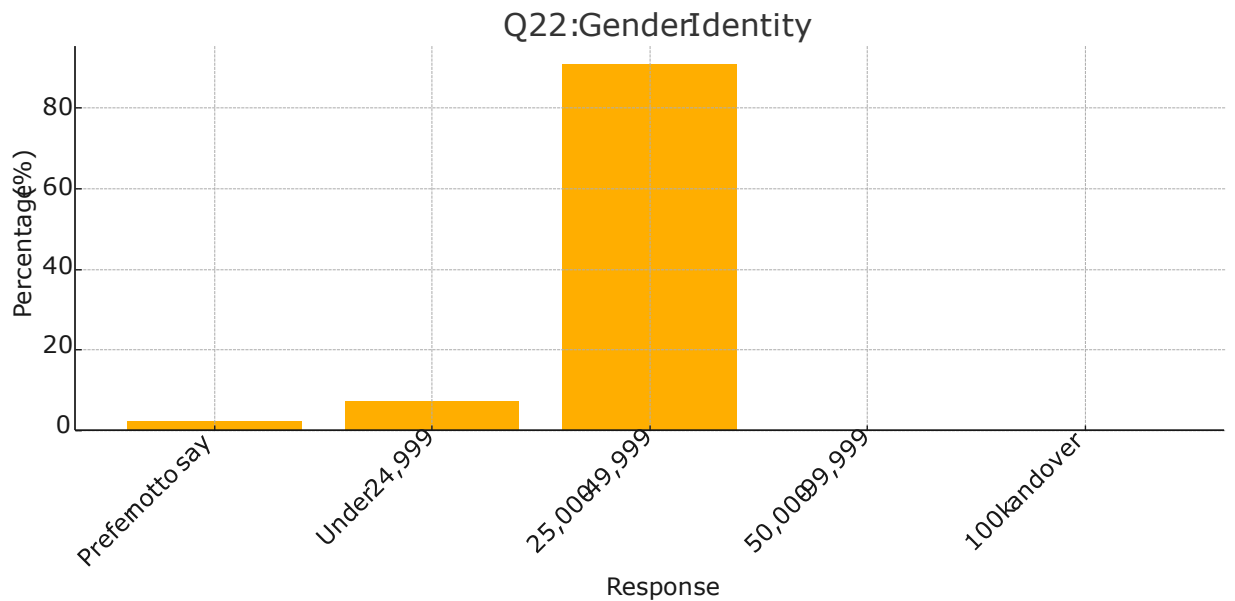
3. Female-652

4. Gender fluid-1

5. Non-Binary- 0

Percentages

Clinton County ROSC
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23.) What is your location? County Zip. Clinton

All data has been set to only include Clinton County 721 results. The original assessment/survey was 813 Respondents. The other counties have been removed to reflect true Clinton County reports. Other counties were Bond, Madison/St. Clair, Marion, Jefferson, Effingham which were delivered to the state of Illinois.

24.) What is your race?

African American/Black – 5

Asian- 0

Caucasian/ White-700

Native American – 4

Pacific Islander- 0

Hispanic/Latino- 2

Two or more races African /Black and white -2

Two or more races Hispanic/white- 3

Clinton County ROSC Gap Analysis 2025

Two or more races Native American /White- 2

Other two or more races- 2

Percentiles

African American/Black: **0.69%**

Asian: **0.00%**

Caucasian/White: **97.09%**

Native American: **0.55%**

Pacific Islander: **0.00%**

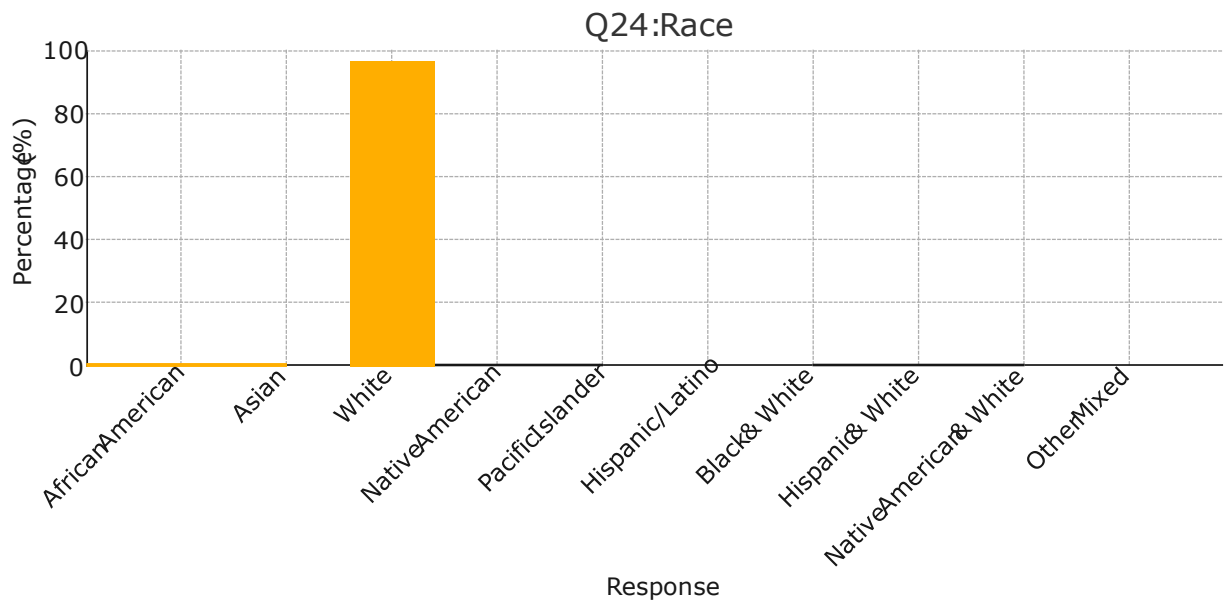
Hispanic/Latino: **0.28%**

Two or more races (Black & White): **0.28%**

Two or more races (Hispanic & White): **0.42%**

Two or more races (Native American & White): **0.28%**

Other two or more races: **0.28%**



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25.) What is your primary language?

1. English – 719

2. Spanish- 1

3. Mandarin- 1

4. French-0

5. Arabic- 0

6. Other -0

Percentiles

English: **99.72%**

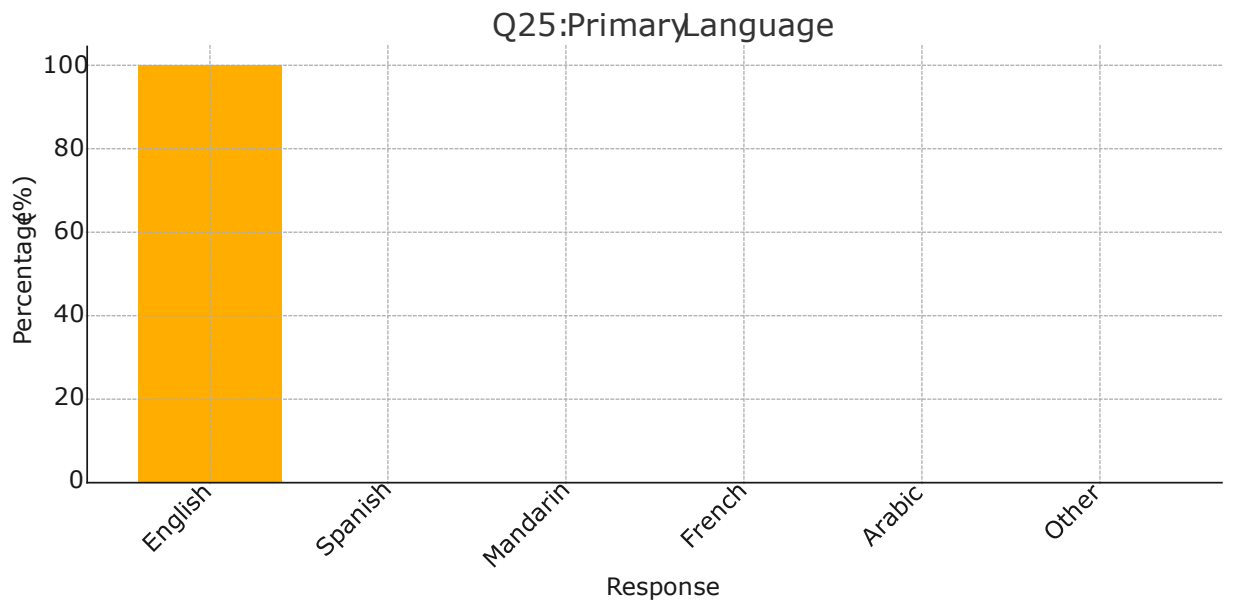
Spanish: **0.14%**

Mandarin: **0.14%**

French: **0.00%**

Arabic: **0.00%**

Other: **0.00%**



Overall Insights

Demographics:

Age (Q20):

- Largest age group: 35-44 (229)
- Followed by: 25-34 (124) and 45-54 (158)

Income (Q21):

- Majority earn \$50,000-\$99,999 (252)
- Followed by: \$100k+ (187)
- Prefer not to say: 104

Gender (Q22):

Clinton County ROSC
Gap Analysis 2025

- Female-majority (652 of 721)
- Male: 53 | Non-binary/Gender fluid/Prefer not to say: 16

Race (Q24):

- Predominantly White/Caucasian (700)
- Very small representation of BIPOC populations.

Language (Q25):

- Almost all English-speaking (719/721)
- Only 2 non-English speakers (Spanish, Mandarin)

-
- There's a strong consensus that substance misuse is affecting both children and adults in the community.
 - The community is noticing a rise in multiple crises simultaneously — especially overdose, suicide, and homelessness.
 - Respondents are mostly middle-aged, white, female, and from moderate-income households.
 - The data suggests a need for trauma-informed services, grief counseling, family support programs, and expanded recovery/treatment infrastructure.

Substance Misuse Impact:

Q17: Impact on Children

- Agree/Strongly Agree: 672 (93.2%)
- Neutral or Disagree: 49 (6.8%)
- Insight: The overwhelming majority recognize how deeply children are affected — via trauma, lack of resources, being raised by grandparents, etc.

Q18: Impact on Adults

- Agree/Strongly Agree: 656 (91%)

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- Neutral or Disagree: Only 6.8% are Neutral and 1.8% Disagree that Substance use impacts adults in Clinton County
- Insight: Similar to children, adults are seen as significantly impacted, particularly in areas like treatment access, grief, housing, and employment.

Community Concerns (Q19):

- "All of the Above": 178
- Other top combinations:
 - Suicide, Overdose, Alcohol, Drug – 61
 - Suicide + Homelessness – 28
 - Alcohol + Drug – 22
- Insight: People feel multiple crises are growing at once — especially overdose, drug use, and mental health struggles. The “All of the Above” option being most selected points to a community feeling overwhelmed by multiple intersecting issues.

<https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:762b0dd5-7fd2-4914-b315-1f9a664e5b38>

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Clinton County Asset/Resources Map

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