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Arrowleaf Johnson County ROSC Council
Community Needs Assessment
March 2025

Introduction and Background Information

Johnson County, located in southern Illinois, is part of the region known as “Little Egypt” due to the confluence of the Ohio and Mississippi Rivers and its resemblance to the Nile River Delta. Historically, the county thrived on agriculture, river trade, and industry. However, like many rural counties in southern Illinois, it has faced decades of economic decline, disinvestment, and population shifts, leading to ongoing socio-economic challenges. While the county has experienced slight population growth in recent years - unlike many other rural Illinois counties - it remains predominantly rural, with limited infrastructure, economic opportunities, and healthcare access. These factors contribute to barriers in employment, education, and overall well-being.

At its peak in 1900, Johnson County had 15,742 residents. By 1930, the population had declined to just over 10,000, likely due to economic shifts, urbanization, and agricultural challenges. The Great Depression further devastated rural economies, forcing many residents to relocate in search of work. Additionally, World War I, World War II, and the Korean War drafted large numbers of Southern Illinoisans, many of whom did not return or resettled elsewhere after their service. By 1960, the county’s population reached its lowest recorded level of 6,900 - a nearly 56% decline in just 60 years.

Johnson County's demographics are distinct compared to its neighboring counties. The population is 85% White, 13% Black, and 4% Hispanic. In contrast, nearby Union and Pope Counties are over 90% White and less than 3% Black. The county’s racial composition also differs significantly from state and national averages, reflecting its unique demographic landscape.

Community Demographics	Johnson County	Illinois
Current Population (v2024)	13,381	12,710,158
Population Per Square Mile	38.7	230.8
White	84.9%	76.0%
Black	13.0%	14.6%
Two or More Races	1.1%	2.3%
Hispanic or Latinx	4.5%	19.0%
Persons age > 65	20.1%	17.6%
Persons with a Disability Age < 65	11.6%	8.0%



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Veterans (2019-2023)	6.3%	3.8%
<i>Source: Census.gov and County Health Rankings (2024)</i>		

Low educational attainment and a limited number of employer establishments create significant barriers to securing quality employment in Johnson County. Only 18.8% of residents aged 25 or older have earned a bachelor's degree, well below the Illinois state average of 37.2%. This educational gap further restricts economic opportunities in an already limited job market. While the overall poverty rate in Johnson County (15.2%) is slightly above the state average (11.6%), the child poverty rate (20.6%) is nearly five times higher than the state average of 4.6%, highlighting the economic hardships faced by families in the county.

Socioeconomic Factors	Johnson County	Illinois
High School Completion	86%	90.0%
Bachelor's Degree or Higher	18.8%	37.2%
Unemployment	5.8%	4.5%
In Civilian Labor Force, age 16+	41.8%	64.9%
Employer Establishments Per Capita	0.064	0.094
Driving Alone to Work	86%	67%
Long Commute – Driving Alone	50%	41%
Median Income	\$65,200	\$80,300
Persons in Poverty	15.2%	11.6%
Children in Poverty	17%	15%
Homes with a Computer	86.8%	94.4%
Broadband Access	79%	89%
Median Value of Owner-Occupied Housing Units	\$148,200	\$250,500
<i>Source: Census.gov and County Health Rankings (2024)</i>		

Limited employment opportunities in Johnson County often force residents to seek work in neighboring communities, requiring longer commutes and reducing local economic circulation. As families travel outside the county for employment, they are more likely to utilize childcare, healthcare, and other essential services in those areas, further diverting potential economic activity away from Johnson County. This ongoing cycle restricts local business growth and limits opportunities for community investment and development.



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Health Outcomes and Factors

The socio-economic barriers in Johnson County have a profound impact on residents' health and well-being. While individual health behaviors play a role in poor health outcomes, broader systemic issues—such as limited healthcare access, economic instability, and environmental challenges—further exacerbate these issues.

Johnson County ranks 97th out of Illinois' 102 counties in overall health outcomes, according to the County Health Rankings & Roadmaps. This ranking reflects multiple factors, including length and quality of life, health behaviors, clinical care, social and economic conditions, and the physical environment. The county falls significantly below state averages in key health indicators, with limited access to exercise opportunities, higher rates of mental and physical health distress, and a severe shortage of primary care physicians.

The intersection of these challenges creates additional barriers to care, particularly for families and older adults. The table below highlights key health disparities affecting Johnson County residents.

Health Indicators	Johnson County	Illinois
Life Expectancy	75.8	78
Adult Smoking	18%	13%
Excessive Drinking	21%	19%
Alcohol-Impaired Driving Deaths	33%	26%
Diabetes Prevalence	11%	10%
Access to Exercise Opportunities	66%	91%
Frequent Mental Health Distress	17%	14%
Frequent Physical Health Distress	13%	10%
Food Insecurity	14%	12%
Population to Dentists	4,460:1	1,360:1
Population to Primary Care Physicians (ratio)	13,460:1	1,260:1
Population to Other Primary Care (ratio)	2,220:1	830:1
Population to Mental Health Providers (ratio)	120:1	320:1
<i>Source: Census.gov and County Health Rankings (2024)</i>		



Youth Population Data

There are eight school districts serving youth in Johnson County, though two—Century CUSD 100 and Marion CUSD 2—are located outside the county and primarily serve students from Pulaski and Williamson counties. The six districts physically within Johnson County include Goreville CUSD 1, Vienna High School District 133, Buncombe CSD 43, Cypress SD 64, New Simpson Hill CSD 32, and Vienna SD 55.

Buncombe, Cypress, New Simpson Hill, and Vienna serve as feeder schools for Vienna High School. As a result, the data table below groups key indicators into two primary K-12 categories: Vienna High School District 133 (including its feeder schools) and Goreville CUSD 1, with state averages included for comparison.

Student Data	Goreville	Vienna	Illinois
Total Enrollment	649	1,148	NA
Graduation Rate*	94%	96%	87.7%
Mobility (Transfer in/out)	4.3%	10.7%	7.90%
Chronically Truant Students	7.6%	12%	20.0%
Homeless	6.6%	13.2%	2.6%
Low-income	45%	61.1%	48.90%
Source: ISBE Illinois Report Card (2023-2024) *High School Rates Only			

Even between the two major school districts, there are notable disparities in the rates of low-income, homeless, and chronically truant students. Goreville, which is geographically closer to communities like Marion, Williamson County, Illinois, reflects trends more like those areas – where rates of homelessness (4.8%) and low-income students (37.8%) are significantly lower. Youth within these school districts completed the Illinois Youth Survey (IYS; 2024). The following table provides an overview of youth responses to substance use across 30 day and one year time periods.



Substance Use	Johnson County			Illinois		
Past 30-Day Use	8th	10th	12th	8th	10th	12th
Alcohol	9%	11%	13%	8%	12%	21%
Binge Drinking	3%	6%	7%	1%	4%	8%
Tobacco/Vaping	6%	9%	10%	3%	5%	9%
Marijuana	4%	5%	5%	2%	5%	11%
Rx Drugs (not prescribed)	2%	0%	0%	1%	1%	1%
Used in Past Year	8th	10th	12th	8th	10th	12th
Common Substances and/or Vaping	24%	23%	18%	21%	28%	38%
Alcohol	22%	22%	18%	18%	26%	37%
Marijuana	6%	8%	7%	3%	9%	18%
E-cigarettes/Vaping	14%	12%	13%	5%	8%	12%
Illicit Drugs (Excluding Marijuana)	2%	2%	1%	1%	1%	2%
Any Rx Drugs to Get High	1%	2%	0%	1%	1%	1%
Rx Drugs (not prescribed)	3%	3%	2%	3%	3%	2%
Source: Illinois Youth Survey (2024)						

According to IYS (2024) responses, the most used substances among youth Johnson County are alcohol, vaping products, and marijuana. Prescription drug use (not prescribed) among 8th grade youth in Johnson County was slightly higher than the state average. Johnson County youth generally report lower or comparable rates of substance use compared to statewide averages.

It's important to highlight that Johnson County schools actively engage in Arrowleaf's Substance Use Prevention Services (SUPS) Youth Prevention Education (YPE) program. This evidence-based initiative begins in 4th grade and focuses on educating students about the effects of substance use on the body, while also building essential social-emotional skills to resist peer pressure. Each year, more than 200 Johnson County students participate, gaining valuable knowledge in areas such as goal setting, decision-making, and effective communication.



Adult Population Data

Between 2020 and 2021, total drug crime arrests for Johnson County increased by 50% according to the most recent editions of Crime in Illinois (CII): Annual Uniform Crime Report (2020, 2021).

Substance Use Arrests	Johnson County	
	2021 Summary	% Change 2020 - 2021
Total Drug Arrests	9	+50%
Rate per 100,000	72.7	+49%
Cannabis Control Act	3	+0%
Controlled Substances Act	0	-100%
Hypodermic Syringes/Needle Act	0	+0%
Drug Paraphernalia Act	1	+100%
Methamphetamine Act	5	+25%
Source: Crime in Illinois (CII): Annual Uniform Crime Report (2020, 2021)		

The steady increase in drug-related arrests highlights a growing concern about substance use and availability in the region. The Illinois Prescription Monitoring Program (ILPMP) provides valuable data on controlled substance use in Johnson County, tracking metrics such as the dispensing of controlled substances, the number of patients, and the number of prescriptions. According to the most recent data, 63% of patients prescribed controlled pain medication receive doses exceeding 90 morphine milligram equivalents (MME)

Prescription Monitoring	Johnson County
Buprenorphine Pts/County	49
Pts/Capita	391.4
Buprenorphine Rx/County	515
Rx/Capita	4,114
>90MME on Avg. Day (2021) Patients per Capita	91.87
Source: ILPMP Buprenorphine Dashboard (2020); ILPMP Above 90MME Dashboard (2021)	

Higher rates of prescriptions exceeding 90 MME may be influenced by several factors, including a higher prevalence of chronic pain, limited access to healthcare providers,



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socioeconomic challenges such as unemployment and stress, and a lack of alternative pain management options, as highlighted by earlier data.

Substance Use Among Arrowleaf Enrolled Clients

Substance use among Arrowleaf enrolled clients in Johnson County reflects significant trends and challenges consistent with broader state and national patterns. The most reported substances among enrolled clients from these counties are alcohol, marijuana, and methamphetamine.

Arrowleaf's Recovery Orientated System of Care (ROSC) program provided a survey in February 2025 to gather community feedback on recovery beliefs, barriers to treatment, frequency of substance use, and factors contributed to substance use disorders. A total of nineteen participants from Johnson County participated in the survey. The table below compares the top three substances reported among Arrowleaf's substance use clients from Johnson County with the substances identified through the community survey.

Rank	Arrowleaf's SU Clients	Community Survey
1	Alcohol	Methamphetamine
2	Marijuana	Marijuana
3	Methamphetamine	Alcohol

Source: Arrowleaf Substance Use Program Services – FY23 and FY24 Client Report

Alcohol was the most reported substance among Arrowleaf clients, while methamphetamine emerged as the most prevalent substance in the community survey. This highlights a disconnect between treatment-seeking behaviors and the community's perception of substance use issues. When asked if they believe substance use is a medical condition, less than half (42%) of respondents agreed, a significant decrease from the overall participant average of 56%.

Several systemic and structural barriers contribute to the high rates of substance use in Johnson County. Increased mental and physical health distress, combined with limited access to primary care providers and long commutes to work, make it more difficult for individuals to seek consistent care, heightening vulnerability to substance use.

Additionally, transportation barriers and long work commutes limit opportunities for community members to engage in both in-person and virtual recovery support, which is typically offered during regular work hours.

Access to Services and Resources



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Arrowleaf works to support individuals in Johnson County by facilitating access to essential services. However, the availability of resources within the county remains minimal. Accessing services independently is further complicated by barriers such as unemployment, poverty, limited broadband access, and low household income. Although many neighboring community providers accept Medicaid, Medicare, and Medicaid Managed Care insurance, the cost and difficulty of traveling outside of the community to receive care often prevents individuals from engaging in services.

A comprehensive listing of licensed substance use disorder (SUD) treatment facilities, Medication-Assisted Treatment (MAT) providers, and recovery support services can be found in the 2024 Substance Misuse Resource Guide. Additionally, the Illinois Helpline provides an interactive resource hub to locate services related to substance use, mental health, and recovery support.

- Substance Use Disorder (SUD) Services
 - Arrowleaf is the only provider offering Impaired Driver Intervention and Outpatient Substance Use Services to the community in Vienna, Illinois
 - There is one Medication-Assisted Treatment (MAT) provider, Rural Health, Inc., located in Goreville.
 - The nearest Withdrawal Management provider, Centerstone of Illinois – Fellowship House, is located 20 miles away in Union County.
 - The nearest residential treatment facility is located 20 miles away in Williamson County.
 - There are no Substance Use housing services in Johnson County. The nearest Oxford House is located in Williamson County.
 - While limited, there are in-person Alcoholics Anonymous recovery support groups within Johnson County (Goreville and Vienna) and other in-person support groups such as Celebrate Recovery (Anna and Herrin) and SMART Recovery (Metropolis and Marion) are available in neighboring counties.
- Medical and Maternity Care
 - There are no hospitals located within Alexander or Pulaski Counties
 - For expectant parents, there are no delivering hospitals within the southernmost seven counties of Illinois. Individuals may need to travel upwards of 50 miles to access prenatal care and delivery services.
 - For opioid-dependent expectant parents, the nearest specialist treatment facility, the WISH Center – Women and Infant Substance Use in St. Louis, is 150 miles away from community residents.
- Transportation
 - Johnson County's only public transportation system is Shawnee Mass Transit District. However, there are no regularly scheduled routes within



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the county or to neighboring areas for employment access. Transportation services are primarily limited to scheduled medical appointments.

Addressing these factors requires a multi-faceted approach, including expanding local employment opportunities, strengthening community-based recovery services, and increasing access to mental health support within Johnson County.

Gaps Across the Continuum & Community Feedback

Community feedback from the February 2025 ROSC survey highlights key challenges and perceptions around substance use and access to care within Alexander and Pulaski counties. Survey participants were asked to rate their level of agreement with statements related to recovery, access to services, and the effectiveness of treatment on a 5-point scale. A higher score indicates greater agreement with positive recovery beliefs, except for two key statements where a lower score indicates better access to services.

- **Recovery Beliefs**
 - Respect
 - Respondents rated the belief that individuals with mental illness deserve respect higher (4.5) than those who use substances (3.9).
 - Upon reviewing responses, it is important to note that many individuals who reported that people who use substances do not deserve respect identified as being in recovery themselves. This lower score may reflect personal beliefs shaped by their own recovery journey, rather than views of the broader community. In contrast, most respondents who identified as family members or friends of individuals in recovery strongly affirmed that respect is deserved.
 - Substance Use as a Medical Condition
 - Only 42% of respondents stated they held the belief that substance use is a medical condition, reinforcing the community's view that stigma surrounding help-seeking is a major barrier to accessing care.
 - Medication Assisted Recovery (MAR)
 - Respondents rated the belief that MAR is an effective treatment for substance use disorders higher (4.1) than their belief that it is difficult to find healthcare providers who offer MAR in their community (3.9). This highlights the community's recognition of the effectiveness of such services, while also acknowledging the barriers to accessing them.
- **Community Health Concerns**



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- Respondents identified the most significant health concerns in the community as:
 - Mental Health Needs – 89%
 - Substance Use – 79%
 - Housing Instability – 68%
- Barriers to Care
 - The most cited barriers to accessing mental health and substance use services include:
 - Transportation Issues – 74%
 - Financial or Insurance Barriers – 63%
 - Stigma around Seeking Help – 53%
- Factors Contributing to Substance Use
 - Survey respondents identified the following as key contributors to substance use:
 - Behavioral and Mental Health Needs – 79%
 - Poverty – 68%
 - Family History – 63%
 - Unemployment – 58%
 - Ease of Access – 53%

Barriers to Access and Underlying Trends

Survey participants identified transportation, financial barriers, and stigma around seeking help as the most significant obstacles to accessing care—trends that align with the county’s limited healthcare infrastructure and lack of public transportation options. Johnson County has no regularly scheduled public transit routes, and transportation services are primarily limited to medical appointments. These barriers, combined with financial challenges and a lack of local providers offering Medication-Assisted Recovery (MAR), create significant obstacles for individuals seeking substance use disorder (SUD) treatment and mental health services.

Economic Challenges and Family Influence

Economic hardship and family history emerged as key contributors to substance use in Johnson County. With 68% of respondents identifying poverty and 58% citing unemployment as contributing factors, economic instability plays a central role in shaping substance use trends. Limited job opportunities and the lack of accessible public transportation further hinder economic mobility, making it more difficult for individuals to secure stable employment and healthcare. Additionally, 63% of respondents pointed to family history as a factor in substance use, highlighting the generational cycles of substance use within the community.



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Healthcare Gaps and Community Perceptions

While Johnson County has lower-than-average youth substance use rates, survey responses indicate ongoing challenges in public perceptions of substance use as a medical condition. Only 42% of respondents recognized substance use as a medical issue, suggesting that stigma remains a barrier to seeking care. Despite strong prevention efforts in local schools through Arrowleaf's Substance Use Prevention Services (SUPS), adults experiencing substance use disorders may struggle to find local providers and support services. Additionally, concerns about housing instability (68%) and financial barriers to treatment (63%) further limit access to recovery resources.

Alignment Across Data Sources

The challenges outlined in community feedback align with broader economic, healthcare, and social trends within Johnson County. Limited transportation, economic hardship, and stigma surrounding substance use create significant barriers to treatment and recovery. These findings highlight the need for expanded behavioral health services, economic supports, and continued prevention efforts to reduce substance use in the county. Addressing these gaps through increased treatment availability, harm reduction services, and community-based interventions will be essential in improving health outcomes for residents.

Conclusion

The findings from this needs assessment highlight the significant challenges faced by Johnson County in addressing substance use, mental health, and healthcare access. Economic instability, transportation barriers, and limited local treatment options contribute to gaps in care, leaving many individuals without access to necessary services. Survey data indicate that financial constraints, stigma, and a lack of available provider, particularly for Medication-Assisted Recovery (MAR) and withdrawal management, create substantial obstacles for individuals seeking recovery support.

To address these challenges, targeted interventions are essential. Expanding local treatment options, increasing harm reduction services, and improving access to transportation will help bridge gaps in care. Efforts to reduce stigma, enhance community outreach, and advocate for policy change, such as increased funding for behavioral health and substance use services, are also critical. Strengthening broadband infrastructure and telehealth services could further expand support for individuals unable to travel for care. By prioritizing comprehensive, community-driven solutions, Johnson County can move toward a more accessible and sustainable recovery system.



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