

Executive Summary – Clinton County, IL

Leadership Center Agency: Chestnut Health Systems

Type of Report: Community Needs Assessment

Setting: Smaller cities/villages and rural-farming

Total Number of Residents: 37,292 residents

Number of School-Aged Youth: 6,001

Total Number of Schools: 12 school districts; 18 total public schools; 4 private schools

Total Number of Institutions of Higher Learning: 1

Total Number of Treatment Facilities: 1 (Outpatient only)

Total Number of Coalitions/ROSC Councils: 1

Identified Gaps Across the Continuum:

- 1. Health Promotion:** There is an overall lack of understanding and education surrounding Substance Use Disorders, which leads to increased stigma within the community.
- 2. Prevention:** Lack of comprehensive Prevention programming
- 3. Intervention/Harm Reduction:** Lack of syringe services programs (SSPs); lack of Intervention/Harm Reduction education
- 4. Treatment:** Lack of access and available transportation, staffing shortages; lack of SUD/Mental Health providers for youth and adults; lack of in-patient treatment services; lack of MAR prescribers; lack of home and public internet access
- 5. Recovery:** Lack of recovery homes/recovery housing supports; lack of recovery support groups

History and Demographics

Clinton County is the 38th largest county in Illinois. The current estimated population is 37,292, with a growth rate of (minus) -0.36% in the past year (U.S. Census Bureau QuickFacts 2021) The cities within Clinton County are: Breese, Carlyle, Centralia (part), Trenton and Wamac (part). Villages within Clinton County are: Albers, Aviston, Bartelso, Beckemeyer, Damiansville, Germantown, Hoffman, Huey, Keyesport (part), New Baden (part), Saint Rose and Shattuc.



According to the U.S. Census Bureau, Clinton County is located in the Southwestern portion of Illinois and has a total area of 503 square miles, of which 474 miles is land and 29 square miles is water. Eldon Hazlet State Recreation Area and South Shore State Park are in Clinton County. Its southern border is the Kaskaskia River. Carlyle Lake is a 25,000 acre reservoir largely located in Clinton County, with smaller portions of the lake within Bond and Fayette counties. It is the largest man-made lake in Illinois, and the largest lake wholly contained within the state.

Clinton County’s residential population is largely Caucasian, comprising over 93% of the population. An additional 6.35% of Clinton County’s population is comprised of all other races as shown in the accompanying chart.

Race	Population	Percentage
White/Caucasian	35,247	93.66%
Black/African American	1,298	3.45%
Two or More Races	586	1.56%
Asian	214	0.57%
American Indian/Alaskan Native	96	0.26%
Other	193	0.51%

There are 14,005 households in Clinton County, and 32.7% included children under the age of 18. The average household size was 2.55, and the average family size was 3.02. The median household income for Clinton County was \$66,639 compared to the Illinois state median income of \$65,886 (U.S. Census QuickFacts, 2021).

Regarding education level, 22% of the population of Clinton County has completed some form of higher education or degree, compared to the Illinois state average of 35%. The most common employment sectors for those who live in Clinton County include:

- Healthcare and social assistance (17.06%)
- Manufacturing (11.86%)
- Retail trade (9.19%)

These sectors represent employees of local hospitals, construction companies, and other small businesses. Not included in the data are the hundreds of family farms, each run by one or two individuals. From early on, farming has been an integral part of the growth of Clinton County. In fact, it is home to dozens of centennial farms, many from the beginning days of the county. While the size of the farms, techniques and equipment has changed over the years, the fact that

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agriculture is a driving force in the economy remains. Corn, soybeans, alfalfa, hay and eggs are the dominant farming products, and the county leads the state in the number of hogs and dairy cows raised.

From 2018 to 2019, employment in Clinton County declined at a rate of -0.283%, and the poverty rate for 2019 was 7.1%.

Clinton County health outcomes rating is 12th out of 102 Illinois counties. This puts the county in the top 25% overall. Clinton County ranks 11th in the health factors category, which measures health behaviors, clinical care, social/economic indicators, and physical environment. The following table details county health rankings data related to multiple factors (County Health Rankings, 2021):

Length of Life/Quality of Life	Clinton County	Illinois
Years of Potential Life Lost Before Age 75 per 100,000 Population	6,000	6,600
Average # of Physically Unhealthy Days Reported in Past 30 Days	3.8	3.6
Average # of Mentally Unhealthy Days Reported in Past 30 Days	4.3	3.8

Health Behaviors/Clinical Care	Clinton County	Illinois
Current Smokers Among Adult Population	20%	16%
Percentage of Adults Reporting Binge Drinking	22%	22%
Number of Drug Poisoning Deaths per 100,000 Population	13	22
Percentage of Population Under 65 Who Are Uninsured	6%	8%
Ratio of Population to Primary Care Physicians	2,510:1	1,240:1
Ratio of Population to Mental Health Providers	1,980:1	410:1

While Clinton County data is favorable in some indicators compared to that of the state, there are areas of concern. Those concerns include higher rates of smoking among the adult population as well as fewer primary care and mental health providers per capita. These factors combined can partially explain the higher average rates of both physically and mentally unhealthy days indicated for Clinton County residents.

Youth Population Data

The average graduation rate for schools in Clinton County was 88.66% in 2020-2021 (Illinois School Report Card). The average mobility rate for the 12 school districts was 5.58%, chronic truancy was 5.92%, and the low-income average of the 12 districts was 31.66%. There are 12 school districts and 18 public schools in Clinton County with a total enrollment of 5,121 students plus an additional student population of 880 in four private schools within the county. Specific school data follows:

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IL Report Card 2020-2021	Schools	Grades Served	Enrollment	Graduation Rate	Mobility Rate	Truancy Rate	Low-Income	IEPs
Albers SD 63	1 (Albers Elementary)	PK-8 th	178	N/A	2%	0%	19%	14%
Aviston SD 21	1 (Aviston Elementary)	PK-8 th	384	N/A	2%	0%	7%	15%
Bartelso SD 57	1(Bartelso Elementary)	PK-8 th	197	N/A	1%	1%	5%	9%
Breese ESD 12	2 (Beckemeyer Elementary, Breese Elementary)	PK-8 th	604	N/A	7%	6%	34%	11%
Carlyle CUSD 1	3 (Carlyle High, Carlyle Junior High, Carlyle Elementary)	PK-12 th	993	87%	11%	14%	47%	19%
Central CHSD 71	1 (Central Comm High)	9-12 th	625	90%	4%	10%	18%	12%
Damiansville SD 62	1 (Damiansville Elementary)	PK-8 th	113	N/A	3%	0%	20%	7%
Germantown SD 60	1 (Germantown Elementary)	PK-8 th	240	N/A	3%	0%	15%	12%
North Wamac SD 186	1 (North Wamac Grade School)	K-8 th	109	N/A	20%	14%	84%	19%
St. Rose SD 14-15	1 (St. Rose Elementary)	PK-8 th	187	N/A	2%	1%	29%	15%
Wesclin CUSD 3	4 (Wesclin Sr. High School, New Baden Elementary, Trenton Elementary, Wesclin Middle)	PK-12 th	1,322	89%	6%	2%	38%	17%
Willow Grove SD 46	1 (Willow Grove Elementary)	PK-8 th	169	N/A	6%	23%	64%	27%
State of Illinois	N/A	N/A	1.9M	86%	6%	23%	48%	15%

Clinton County schools did not participate in the 2020 Illinois Youth Service (IYS), likely due to COVID-19 pandemic school closures. An overview of 2018 IYS data for Clinton County students can be found in the chart below.

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Used past 30 days	8 th Grade	10 th Grade	12 th Grade
Alcohol	15% (State of IL: 15%)	38% (State of IL: 23%)	55% (State of IL: 40%)
Cigarettes	7% (State of IL: 1%)	8% (State of IL: 2%)	16% (State of IL: 5%)
Vaping Products	12% (State of IL: 7%)	29% (State of IL: 18%)	27% (State of IL: 27%)
Marijuana	9% (State of IL: 5%)	12% (State of IL: 13%)	22% (State of IL: 26%)

“Youth alcohol use has been an issue in Clinton County for decades”, according to community stakeholders. A community member stated, “Most parents don’t care when their kids drink and even at what age. Alcohol is not considered a problem in the community because so many drink socially.” Stakeholders from the law enforcement and government sectors expressed there is a huge denial within Clinton County with the rampant use of alcohol and marijuana by adults and youth. They shared that substance use by youth ages 15-20 is a problem, but even if a youth is caught with substances, they are rarely prosecuted for minor offenses. Another stakeholder stated, “Overall, many community members do not think substance use is a problem within Clinton County. This is an interesting mindset in a county with staggering alcohol use rates that include youth.” These comments are supported by the IYS data above. Alcohol use among 10th graders is a staggering 65% higher than state rates. Clinton County 12th graders report 30-day alcohol use rates 38% higher than those of their peers statewide. Youth use of cigarettes and vaping products also indicate higher rates for Clinton County youth than those statewide.

Mental health concerns amongst Clinton County youth were also assessed through the 2018 IYS data. The percentages of students responding in the affirmative to questions related to mental health are outlined below:

During the past 12 months did you ever seriously consider attempting suicide:

10th grade – 21%, 12th grade – 12%

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities:

8th grade – 44%, 10th grade – 31%, 12th grade – 21%

It was noted in a comment by a Clinton County counselor who works with youth with mental health and substance use issues, “Having to go virtual due to COVID hasn’t necessarily been a positive thing and hasn’t gone over as well as hoped. Individuals need to connect one-on-one with others.” As the aforementioned mental health data is from the 2018 IYS, there is concern that even more youth are experiencing mental health concerns as a result of pandemic-related stressors.

Adult Population Data

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Centralia, a city situated partly in three counties (Clinton, Marion, and Washington), was mentioned by several key stakeholders as a major source of drugs for Clinton County residents. The community member quoted above shared that Centralia “is the hub of drug distribution.” Other stakeholders also mentioned U.S. Highway 64 as a pipeline for substances coming into Illinois communities from St. Louis.

According to a community member with over four years of recovery, methamphetamines and opioids are the primary illicit substances among Clinton County adults. They stated that, “These substances are super easy to get. The new influx of Fentanyl has become a huge factor. Fentanyl is being mixed in with other drugs such as Heroin.”

A key stakeholder familiar with the law enforcement community shared that “Meth is coming in more and more, and ... there is a significant increase in the recreational use of pills/opioids, and using other people’s meds.”

A primary care provider shared several experiences with patients who have a long history of using painkillers. The provider detailed how they attempt to help the individuals access pain management services but have been hampered by issues with insurance and access. They report providing education regarding the “cycle of addiction.” The provider reports being threatened with lawsuits by patients who are refused additional prescriptions for pain medications. One particular patient was described as “constantly in and out of the ER, where they tried to get more pills and were often successful.” This provider highlighted the difficulty in distinguishing between legitimate needs for pain medication and individuals with an addiction.

There were 148 drug-related arrests of Clinton County residents in 2019 (Illinois Criminal Justice Information Authority, ICJIA), the latest date for which this information was available. This amounts to a rate of 394 arrests per 100,000 population. The Illinois state rate is 406 arrests per 100,000 population. The Clinton County arrests included:

- 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)

There were four (4) fatal overdose deaths related to Fentanyl and Carfentinil in 2019 and 2020 (Coroner data provided by the Take Action Coalition). The 2020 Illinois opioid fatality rate per 100,000 capita for Clinton County is 8.0. This compares to the overall state rate of 23 per 100,000 population (Illinois Department of Public Health- Opioid Overdose Semi-Annual Report, August 2021).

There were 37 individuals admitted to the Emergency Room as a result of overdose or intoxication in 2019/2020 (Take Action Coalition Community Assessment, 2021). As non-fatal overdoses are not always reported in full, it is difficult to ascertain the scope of overdoses in Clinton County. Conversations with key community stakeholders suggest the non-fatal overdoses are likely much higher.

Egyptian Health Department supplies Clinton County with NARCAN® through funding provided by the Drug Overdose Prevention Program (Illinois Department of Human Services,

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Division of Substance Use, Prevention, and Recovery, IDHS-SUPR). Egyptian reported their NARCAN® distribution over the past two years:

Timeframe	Number of Community Members Trained	Number of Kits Distributed (two doses per kit)
January 2020-December 2020	8	2
January 2021-December 2021	48	116

While the huge increase in trainings and distributions cannot be solely attributed to any one reason, it should be noted that the Take Action Coalition of Clinton County and Egyptian Health Department collaborated in early 2021 to increase NARCAN® access in the county.

A stakeholder in the law enforcement community confirmed that all officers carry NARCAN® and are proficient in administering it. They added, “Clinton County seems to be the last one to receive NARCAN® and the last one to receive grant-related funding.” This stakeholder shared a story about a woman on dialysis who overdosed on pain medication and was saved by NARCAN®. Another community stakeholder, someone with lived experience, stated, “I know from recent experience how NARCAN® can save lives as it did mine. I have taken four people to the ER...NARCAN® helped save their lives.”

There is one Clinton County agency licensed by IDHS-SUPR to provide substance use disorder treatment services. Community Resource Center (CRC) in Carlyle provides both outpatient and intensive outpatient for adolescents and adults. CRC also serves as a spoke for the Access to Medication Assisted Recovery (AMAR) program covering the county. Chestnut Health Systems serves as the hub for the project and works with CRC to increase access to MAR. According to Chestnut AMAR staff, there were eleven Clinton County residents provided with MAR services in 2021.

A community member in recovery stated, “There really isn’t any rehab in Clinton County except CRC. They are the only one available!” Additionally, there are currently no warm handoff programs available in the county.

The following table provides information related to Buprenorphine patients and prescriptions filled in Clinton County. Conversations with community members familiar with Medication Assisted Recovery (MAR), confirm that most residents utilizing MAR are being prescribed the medications by a provider outside of the county. No one interviewed as part of this assessment could identify any prescribers within the county.

Illinois Prescription Monitoring Program (IL PMP) 2020 Data	
Total Buprenorphine Patients per County (the total number is based on the patient's location)	58 patients
Total Buprenorphine Prescriptions per County (the total number is based on the location of pharmacy where the prescription is dispensed)	449 prescriptions
Greater than 90MME on Average per Day (patients who have been prescribed greater than 90MME (Morphine Milligram Equivalent) on average per day)	19 patients

CRC is also one of the only providers of mental health counseling located within the county.

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There is at least one private counseling provider in the county but no other local counseling services are located within county borders. Community members seeking alternative counseling services travel to Madison or St. Clair Counties, located anywhere from 30-60 minutes away.

Resources

Hoyleton Youth and Family Services coordinates the Substance Use Prevention Services (SUPS) grant for Clinton County. The SUPS project, funded through IDHS-SUPR, includes a 10-session Youth Prevention Education curriculum (Botvins Lifeskills) to middle school aged students at Breese and Aviston Elementary Schools. Hoyleton staff also work with high school peer leaders.

The Take Action Coalition of Clinton County (TAC) was formed in 2018. The group's early work centered on promoting the importance of services across the continuum, from Prevention to Recovery Supports. Among other activities, they participated in overdose awareness events, developed resource materials, and worked to engage schools in Prevention efforts. In 2021, Chestnut Health Systems received funding through IDHS-SUPR to mobilize the TAC as a Recovery Oriented Systems of Care (ROSC) Council. The TAC has evolved into a vibrant and engaged community group whose work includes providing supports for both primary prevention and recovery supports. The group has conducted a needs assessment and developed a strategic plan in 2021. One of their projects in Fall of 2021 was to partner with ten (of thirteen) area schools on Red Ribbon Week activities. A TAC member stated, "It is our goal to encourage use of evidence-based information and consistent prevention programming across all Clinton County schools in 2022."

TAC members also report multiple community entities have expressed interest in working with the group. Current partnerships include Hospital Sisters Health Systems (HSYS)-St. Joseph's Hospital in Breese; Clinton County Probation; NA and AA of the Metro East; The Living Room in Belleville, IL; Parents of Addicted Loved Ones (PAL) in Breese; CRC in Carlyle and Centralia; Butterfly Dreams Alliance; Egyptian Health; Illinois National Guard Drug Enforcement Division, and Hoyleton Youth & Family Services.

Recovery support groups in Clinton County include limited Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. There is also an active support group for loved ones of individuals with a substance use disorder or those who are in recovery; Parents of Addicted Loved Ones (PAL) is an education-based support group coordinated by a couple from Breese. They are also active in a Metro-East family support committee that manages a phone line, run by volunteers, to provide support and resources for individuals utilizing the service. The PAL group is offered weekly via Zoom, making it accessible for individuals from Clinton County and beyond. Another group, being organized by parents who lost a daughter to a fatal overdose, aims to provide employment assistance to individuals seeking or maintaining recovery.

Gaps In Services Across the Continuum

Health Promotion: There is a general lack of education and understanding of the impact of alcohol and other drug use in Clinton County. This lack of understanding can lead to isolation of individuals and family members, many of whom are made to feel ashamed that they (or their loved one) cannot "just stop using".

Numerous key community stakeholders identified stigma as a barrier to individuals and families reaching out for the help they need. Comments included:

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“Stigma is a big roadblock for loved ones getting help or reaching out.” (Family member of an individual with a substance use disorder)

“There is a lot of stigma connected to substance use, recovery and anyone trying to get clean...they care ONLY when it affects someone close to them or a family member. THEN they care!” (Community member)

“I can’t describe it very well...there are those for supporting substance use education, awareness, etc. and those who are not. The entire country has lost perspective of the impact of substance use on their own communities.” (Law Enforcement stakeholder)

Prevention: Although Hoyleton Youth and Family Services provides Prevention services through a SUPS grant, due to limitations of the program, they are unable to provide these comprehensive programs to all youth in Clinton County. Middle school aged students at two Clinton County schools receive Youth Prevention Education curriculum, but students at nine other schools serving grades 6-8 do not receive those services. Hoyleton has one Prevention Specialist serving a two-county service area, and it is not possible for them to travel to every school in both Clinton and Washington counties.

Community members agree that young people need additional education. A stakeholder stated, “There is a mixed attitude about what needs to be done to make progress with substance use prevention, and we can use all the help we can get in educating the community.” They added that, “We need to stop turning a blind eye to the reality of our youth, young adults, and others who are dealing with substance use.”

Intervention/Harm Reduction: There is a relative lack of awareness and education regarding the importance of harm reduction efforts. Not only are there no safe syringe access programs, it is clear that community members lack readiness for these programs. Education and awareness efforts are needed to increase capacity for safe syringe and NARCAN® access. While NARCAN® access has increased over the past year, there is still a reluctance on the part of some community members to acknowledge the need for NARCAN®.

Treatment: Significant gaps in access to treatment services exist in Clinton County. A community member with lived experience shared that, “The challenges and road blocks encountered when looking for treatment are brutal. It takes time and education awareness, because one feels broken and fragile, and receives judgement from people they thought they could trust.”

One of the barriers identified is transportation. Individuals without access to a car (due to loss of license or cost associated with insurance or gas) must rely on family members, friends, or public transportation to get to appointments. With the relative lack of available treatment providers within the county, many individuals find themselves needing to travel 45-60 minutes (or more) to access needed services. The county’s transit system is extremely limited. An individual may ride the bus to an appointment but then have to wait several hours for the bus to return. Long routes restrict quick access across the county. If an individual misses the bus, they will not have another opportunity until the next day. There are no Ubers, Lyft, or taxi services in the county.

An individual familiar with law enforcement in Clinton County stressed the frustration of the existing barriers in serving their clients, including the lack of access to treatment. They stated that having only one provider available (CRC) in the county makes it very difficult to help their

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clients. The stakeholder said there is no public transportation and noted that, “if a client lives in New Baden and needs treatment, it’s at least a 25-30 minute drive, AND they often don’t have access to a vehicle to drive that 25-30 minutes!” They also shared that the drive becomes even longer for some services. Some CRC clients need to travel to El Dorado, which is 90 minutes (94 miles) from Carlyle, where CRC is located.

There is an insufficient number of treatment options for Clinton County residents. CRC has services available, but large caseloads and a small staff prevent some individuals from accessing needed services. The local hospital, St. Joseph’s in Breese, lacks a Peer Recovery Coach to provide support for individuals who come in to the hospital Emergency Room. There are no MAR prescribers located within Clinton County. CRC offers MAR services, but the prescribing doctor is in El Dorado, IL, which is almost a 2-hr. drive from Breese.

A person familiar with law enforcement in Clinton County stated, “It is so difficult getting clients into treatment and a huge struggle to get clients who need MAR. We are in such need of additional treatment providers, transportation and also having DUI providers...this would be of great benefit to our community.”

A family member of a person in recovery highlighted a number of barriers to treatment access, stating, “Even if someone wants to get sober, there is no public transportation and there is only one bus route in the county. Transportation, beds, and treatment are badly needed. There is no treatment center, only CRC in Carlyle...There are no recovery resources in the county and no mental health or substance use specialists. Even my wife drives to Edwardsville for counseling. There are too many hoops to jump through for treatment IF you can find it! We couldn’t find doctors in our area to prescribe what our loved one needed and had to go to Missouri.”

Internet access was also discussed as a barrier to access services. While many agencies and providers offer telehealth as an option for patients and clients, this service is out of reach for many county residents due to non-existent or spotty internet service. 23% of Clinton County residents do NOT have a broadband internet subscription (U.S. Census QuickFacts, 2019). There are no internet cafes in Clinton County, and clients who do not have internet access may have difficulty traveling to where there is service available.

Recovery: There is a lack of recovery homes and/or housing supports. Individuals leaving treatment or jail find themselves without the structure that helps them to maintain their recovery. There are no Oxford Houses due to population restrictions and individuals with lived experience report difficulty in finding a landlord who will rent an apartment to “someone who has been in trouble”.

Multiple community members identified available recovery support groups as another barrier for individuals seeking or maintaining recovery. A family member of an individual in recovery stated that the “Lack of education and accurate knowledge of what is really involved in a loved one being addicted... and what they can do as a loving supportive family to help their addicted loved one, is a vital piece in facilitating recovery.”

They also shared though there are meetings during the week and some are recovery meetings, there are not enough. There is what they described as a “good old boy” AA meeting, but the attendees are “NOT welcoming to anyone with substance use issues other than alcohol.” There is one Narcotics Anonymous (NA) meeting in the county, but it is inaccessible to those with

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transportation barriers and is only held one evening per week. There are no secular (ex. SMART Recovery) meetings available in the county.

According to a parent familiar with substance use disorder, “There is so much missing in Clinton County! People with private insurance have the advantage...but people on Medicaid who are usually the ones in need, do not have an advantage and are often overlooked. All is hidden in Clinton...you don’t see it...all behind closed doors. We need to expose what is happening, do more education...and continue consistent efforts in breaking down stigma.”

Conclusion

Access to education, prevention, intervention, treatment, and recovery support services will reduce stigma and result in empowering individuals to live healthier lives. Our next steps will include assisting community stakeholders with developing a community action plan that addresses the gaps and barriers identified in this document.

Programs and Services Across the Continuum of Care for Clinton County

Continuum of Care Category	Service or Program	Program or Service Offering History					Notes, History, Considerations, and Possibilities
		Existing > 6 months	Existing < 6 months	Planning Stages	Offered through grant \$ outside county	Gap in service	
Promotion	Educational Materials	X				X	There is some effort to provide education; more is needed
	Recreational Alternatives to Substance Use					X	Not available
	Substance Use Screenings					X	Not provided by most primary care providers
	Community Outreach	X				X	Some outreach efforts exist but more is needed
	Trauma-informed Care Training					X	Lacking across entire continuum of care
Prevention: Universal	Anti-stigma efforts			X		X	
	Public and/or school norm campaign					X	Not available
	SUPS School Curriculum	X				X	Provided at 2/12 school districts
	Community Education - Specialized by sector					X	Lacking and mostly not available
Prevention: Selected	Red Ribbon Week Activities		X				Provided through TAC
	Family Members of those with an addiction	X				X	PAL meetings conducted by local parents in Breese but attendance inconsistent and low due to stigma and
Prevention: Indicated	Adverse Childhood Experience (ACE) Support					X	No consistent efforts
	Children of Parents w/Addiction					X	Not available
	Case Identification through school screenings and involvement					X	Not available
	Law Enforcement Deflection Program					X	Not available
Harm Reduction (HR)	MAT/MAR Services	X			X	X	Limited- provided through AMAR grant- Chestnut and CRC
	Nalaxone training & distribution				X	X	Recently offered through Egyptian HD
	Safe Syringe Access					X	Not available
	Overdose Prevention Sites					X	Not available
	Physician Education on HR					X	Mostly not available
	Judicial System Education on HR					X	Not available

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Medical Care	Hospital Warm Hand-off Program			X		X	Not available
	Hospital Withdrawal Management Program					X	Not readily available and has a number of limitations when it is available.
	Stabilization Facility					X	Not available
	Transitions of Care Across Continuum of Care					X	Not easily accessible/ available
	Coverage of Alternative and non-opioid therapies for pain					X	Unknown
Intervention & Treatment	Out Patient Care	X				X	Limited outpatient care is available but funding and staffing concerns make this largely not available.
	Intensive Out Patient Care	X				X	CRC says they provide this service. Stakeholders claim not really available, not in-County and too far away.
	Crisis Care	X				X	CRC provides a 24/7 crisis line and services, but there is little marketing of this service.
	Residential Care					X	Any services are out of county referred by CRC and very long distance to travel for Clinton residents.
	Youth Counseling	X				X	Offered by CRC but key stakeholders say they are way too busy and 1 or 2 outside private practices try to provide but lack staff and funding.
	Telehealth					X	Available through hospital but not jails/prison and limited availability of broadband/internet services by residents is sparse.
	Trauma-informed Care					X	Key Community Stakeholders voiced how sadly lacking their county is in Trauma-informed care for adults and children of SU parents.
Recovery	Clinton County Recovery Council (ROSC)	X			X		Chestnut is the lead agency; Council is TAC
	Peer Recovery Coach				X	X	Not available yet in hospitals in County; Chestnut provides through AMAR grant.
	AA Meeting	X				X	Available, but issues exist to make it inaccessible to most individuals.
	Celebrate Recovery Meeting					X	Not available
	Secular Recovery Support Groups (SMART Recovery)					X	Not available.
	Recovery Housing					X	No Recovery Housing or Oxford Houses