

**Community Resource Assessment FY24  
Douglas County ROSC Council (DCRC)**

**Region:** ROSC Region 4

**Agency:** Hour House

**ROSC County:** Douglas County

**Contacts:**

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ROSC Program Supervisor, Karen Cook

**Purpose of the Community Resource Assessment:** This research details a community resource assessment and describes how resources were evaluated in the context of local needs. The evaluation of local resources is an important initial step in partnership development and is essential for the success of health promotion and disease prevention interventions.

**Executive Summary- Douglas County**

<b><i>Leadership Center Agency:</i></b>	Hour House
<b><i>Type of Report:</i></b>	Community Needs Assessment- Douglas County
<b><i>Setting:</i></b>	Rural
<b><i>Total Number of Residents:</i></b>	19,465
<b><i>Number of School-aged Youth:</i></b>	3,281 in public schools and 141 in private schools; total of 3,422 school-aged youth
<b><i>Total Number of Schools:</i></b>	12 public schools and 3 private schools
<b><i>Total Number of Institutions of Higher Learning:</i></b>	0 Institutions of Higher Learning
<b><i>Total Number of Treatment Facilities:</i></b>	1 Outpatient, 0 Inpatient
<b><i>Total Number of Coalitions/ROSC Councils:</i></b>	1 ROSC Council, 1 Coalition

**Background and Demographics**

Douglas County is located in East Central Illinois, totaling 417 square miles and a population of 19,465 residents. Douglas County was organized in 1859 and named in honor of Stephen A. Douglas, a previous United States Senator. Tuscola is the county seat and remains the most populated city in the county, with 4,564 residents. Other cities in Douglas County include Arcola, Newman, and Villa Grove. Villages within Douglas County include Arthur (partial), Atwood (partial), Camargo, Garrett, and Hindsboro. Douglas County is home to the largest Illinois Amish Community, with over 4,000 Amish (21% of the total Douglas County population) residing in Arthur and Arcola. The Amish settlement was established in 1865 by a handful of families with belief that farming opportunities attracted them to this area. On average, Amish farms within these communities consist of approximately 80 acres with main crops being wheat, oats, clover, and corn. As



agricultural barriers have faced the Amish population over the past decade, individuals are leaving farming for industries such as woodworking, canning, watch repair, and manufacturing jobs (Illinois Amish County, 2019). Since its existence, agricultural and manufacturing have been the most prevalent industries within the county.

Douglas County race and Hispanic origin demographics (U.S. Census Bureau, 2021):

White Alone	96.8%
Hispanic or Latino	7.3%
Two or More Races	1.4%
Black or African American Alone	0.7%
Asian Alone	0.7%
American Indian/Alaska Native Alone	0.4%
Native Hawaiian/Other Pacific Islander Alone	0.0%

Douglas County age and gender demographics (U.S. Census Bureau, 2021):

Persons under 5 years	6.6%
Persons under 18 years	24.7%
Persons 65 and over	18.3%
Female Persons	50.0%
Male Persons	50.0%

The median household income of Douglas County is \$56,714, which is 14% lower than the State of Illinois’s median household income of \$65,886 (U.S. Census Bureau, 2021). In 2019, it was estimated that 8.0% of Douglas County residents lived below the Federal Poverty Level, which is 41% lower than the State of Illinois poverty rate of 13.5%. In addition, 10.0% of Douglas residents were classified as uninsured or underinsured which is 14% higher than the State of Illinois, which stood at 8.6% in 2019. Douglas County is predominately comprised of Caucasian individuals, totaling 96.8% of the population. According to Data USA 2021, the most common employment sectors in Douglas County are Manufacturing (1,954 people), Health Care and Social Assistance (1,124 people), and Retail Trade (1,056 people). In regards to education, it is estimated that 83% of Douglas County residents possess high school diplomas. However, only 56% of residents have completed some extent of higher-level education, which is 20% lower than the State of Illinois average of 70%. It is currently estimated that 11% of children live in poverty and 16% of children are living in single-parent households (County Health Rankings and Roadmaps, 2021).

According to the 2021 Illinois County Health Rankings, Douglas County has an overall ranking of 39 out of 102 for health outcomes, which is based on length and quality of life measures. In addition, Douglas County has an overall ranking of 51 out of 102 for health factors, which is based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. Each of these rankings are considered to be in the higher middle

range when compared to other counties in Illinois. Improving and declining health factors for Douglas County, along with a State of Illinois comparison, is provided in the table below:

<b>Improving Health Factors</b>	<b>Douglas County</b>	<b>State of IL. Comparison</b>
Alcohol-impaired driving deaths	24%	31%
Number of uninsured individuals	10%	8%
Number of dentists	1,620:1	410:1
<b>Declining Health Factors</b>	<b>Douglas County</b>	<b>State of IL. Comparison</b>
Preventable hospital stays	5,614	4,913
Flu vaccinations	41%	49%
Sexually transmitted infections (per 100,000 population)	222.8	604.0

### Youth Population Data

There are four school districts within Douglas County, totaling 6 elementary schools, 2 middle schools, and 4 high schools with an approximate total of 3,281 students. All four districts serve Pre-K through 12th grade students. An individualized school district comparison, along with data for the State of Illinois, is provided in the table below:

<b>ISBE Report Card 2021-2022</b>	<b>Arcola CUSD 306</b>	<b>Arthur CUSD 305</b>	<b>Tuscola CUSD 301</b>	<b>Villa Grove CUSD 302</b>	<b>State of Illinois</b>
Enrollment	701	1,024	947	609	1.87M
Graduation Rate	91.9%	89.2%	97.2%	89.4%	87.3%
Mobility Rate	12.5%	9.1%	7.9%	9.6%	7.6%
Truancy Rate	16.4%	7.8%	4.8%	4.1%	22.1%
Low-Income	36.5%	49.6%	40%	43%	46.5%
IEP's	14%	16.9%	16.9%	21.2%	16.5%

As quoted by a Douglas County School Counselor, “many students come from drug endangered homes which impacts their overall mental well-being and can serve as a distraction for them while they are at school.” Mental health concerns amongst Douglas County youth were assessed through the 2022 Illinois Youth Survey (IYS). The percentages of students responding in the affirmative to questions related to mental health are outlined below:

<b>IYS 2022 Douglas County</b>	<b>8<sup>th</sup> Grade</b>	<b>10<sup>th</sup> Grade</b>	<b>12<sup>th</sup> Grade</b>
Seriously considered attempting suicide during the past 12 months	N/A	24%	23%

Felt so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities during the past 12 months	33%	43%	41%
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Since 1990, the Illinois Department of Human Services has funded the administration of the Illinois Youth Survey (IYS) biennially. The IYS is a self-report survey administered to 8th, 10th, and 12th grade students to gather information regarding a variety of health and social indicators. To understand substance use trends amongst Douglas County youth, 2022 IYS data is outlined in the table below:

**2022 IYS Substance Use Rates by Grade; Douglas County Compared to State of Illinois**

Used past 30 days	8 <sup>th</sup> Grade	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Alcohol	17% (State of IL: 24%)	40% (State of IL: 35%)	38% (State of IL: 46%)
Any tobacco or vaping products	1% (State of IL: 11%)	10% (State of IL: 20%)	7% (State of IL: 26%)
Illicit drugs (excluding marijuana)	0% (State of IL: 27%)	4% (State of IL: 38%)	2% (State of IL: 49%)
Marijuana	4% (State of IL: 7%)	21% (State of IL: 17%)	25% (State of IL: 26%)

As stated by multiple Douglas County school personnel stakeholders, e-cigarette use amongst adolescents has been on the rise over the past few years. Additionally, key informant interviews showed that Douglas County School personnel recognize that multiple students come from homes where caregivers have a Substance Use Disorder (SUD) that in return negatively affects a student’s learning success. The Substance Abuse and Mental Health Services Administration (SAMHSA) states that parental SUDs can have negative impacts on children, including difficulties in academic and social settings when compared to children living with parents without a SUD (SAMHSA, 2017) In effort to address these substance use needs amongst Douglas County youth, the Central East Alcoholism and Drug Council (CEAD, doing business as Hour House), is the Substance Use Prevention Provider for Douglas County. Hour House utilizes the evidence-based substance use prevention curriculum, Too Good for Drugs, to educate every 6th, 7th, and 8th grade student at East Prairie Middle School in Tuscola, Illinois. Through these efforts, students are equipped with the knowledge and skills needed to reduce risk factors and enhance protective factors related to alcohol, tobacco, and other drug (ATOD) use (Mendez Foundation, 2021). During the 2019-2020 school year, Hour House implemented the Too Good for Drugs program to 176 students, with the 2021-2022 school year Hour House is trending to reach 203 students. Due to limited grant funding and staff capacity, Hour House is limited to

providing the Too Good for Drugs programs to only one middle school in Douglas County. In addition, Hour House implements a curriculum titled ‘My Generation RX’ at Arcola Junior High School in Arcola, Illinois for 7th and 8th grade students. This curriculum is designed to educate teens about the importance of using medications safely, as well as teaching teens the key skills needed to say no to misuse and positive alternative coping skills (Ohio State University and Cardinal Health Foundation, 2021).

**Adult Population Data**

In 2020, 96 adults and 3 juveniles were ordered to participate in some form of alcohol and drug treatment through the Douglas County Probation Department. Those numbers for 2021, as of November 2021, include 73 adults and one juvenile, The Douglas County Probation Department explains that ordered treatment includes anything from 10 hours of risk education to full drug inpatient or outpatient treatment over a longer period.

**Illinois Prescription Monitoring Program (IPMP) 2020 Data:**

<b>Total Buprenorphine Patients per County</b> (the total number is based on the patient's location)	52 patients
<b>Total Buprenorphine Prescriptions per County</b> (the total number is based on the location of pharmacy where the prescription is dispensed)	455 prescriptions
<b>Greater than 90MME on Average per Day</b> (patients who have been prescribed greater than 90MME (Morphine Milligram Equivalent) on average per day)	24 patients

Illinois Opioid Data Dashboard for 2019 overdose Douglas County data is as follows: 16 non-fatal overdoses, 13 of which were heroin and three of which were other substances; 4 fatal overdoses, two of which were heroin and two of which were other substances. It is important to acknowledge this data may not be fully inclusive of the total number of nonfatal overdoses, as not all nonfatal overdoses may be reported. As of 2023, no new data is readily available for Douglas County.

According to the Executive Director of RISE Behavioral Health and Wellness, it is estimated that 12% of RISE adult clientele have a comorbid Substance Use Disorder. According to the Douglas County Sheriff’s Department during a prior assessment, it is was estimated that 75%-80% of Douglas County inmates are either in need substance use treatment or have substance use offenses. Numerous stakeholders share a similar belief that methamphetamine is the most commonly misused substance within the county with local law enforcement stating, “Meth charges are a leading cause for arrests in our community.” It is believed by law enforcement that the majority of methamphetamine within Douglas County is accessed from Champaign and Mattoon, with both of these cities likely receiving supply from Chicago. Most methamphetamine in the United States is produced by transnational criminal organizations (TCOs) in Mexico

(National Institute on Drug Abuse, 2019). In addition to methamphetamine, heroin, marijuana, and alcohol were mentioned as other commonly misused substances within Douglas County. Compounding the issue of substance use in Douglas County is the stigma present amongst residents. As quoted by a local healthcare stakeholder, “substance use is greatly stigmatized by community members, especially amongst the Amish population.” Stakeholders within the region cite stigma as a reason for low turnout for community substance use awareness events. In addition, community members have shared that stigma inhibits individuals from seeking the services and support that they may need as substance use is oftentimes viewed as being a “weakness.”

### **Services and Support Available:**

In effort to reduce stigma and increase recovery efforts and support within the county, Hour House (lead agency) coordinates and supports the Douglas County Recovery Oriented Systems of Care (ROSC) Council. The ROSC is currently comprised of 61 active members, which represent a variety of sectors: law enforcement, community action agencies, school personnel, treatment administration, and the health department, among others. These stakeholders meet monthly to identify gaps and discuss ways to build a culture that nurtures recovery. Their goal is to build capacity and infrastructure to support a recovery-oriented system of care and to eventually become a Recovery Community Organization (RCO). Through the ROSC anti-stigma campaign, a ‘recovery is possible’ billboard was displayed within the county for 12 months, totaling an average of 20,000 views per week. In addition, the ROSC anti-stigma radio ad campaign reached an approximate 20,000 listeners per week for a total of 4 weeks. The ROSC has also distributed 2,000 local substance use recovery resource brochures to county residents. Champaign Urbana Public Health District is funded through the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS/SUPR) to provide Overdose Education and Naloxone Distribution (OEND) services for 10 counties including: Champaign, Vermilion, Ford, Dewitt, Piatt, Douglas, Edgar, Coles, Clark and Cumberland.

Through OEND services, Douglas County Health Department is equipped with NARCAN® to distribute to community members. In addition, Stacy Welch, founder and President of a local organization titled Shalynn’s Hope Inc., is registered with IDHS/SUPR as a Drug Overdose Prevention Provider (DOPP) allowing Stacy to be an additional NARCAN® distributor for Douglas County residents. Local entities including Probation, Sheriff’s Department, Police Departments, Fire Departments, and Emergency Medical Services carry and administer NARCAN® as needed. Although stakeholder support of distribution and administration of NARCAN® is evident within the county, community stigma exists when discussing, collecting, or administering this medication. Several community stakeholders expressed belief that with additional community education to increase NARCAN® awareness and highlights substance use trends within the county, NARCAN® will slowly become more widely accepted by Douglas County residents. As one local stakeholder stated, “Oftentimes, people think that people with a substance use disorder ‘choose’ this life but they do not realize the effects it is having on the brain.” Additionally, Hour House became registered with IDHS/SUPR as a Drug Overdose Prevention Provider (DOPP), allowing an additional NARCAN® distributor for eight counties, including Coles, Clark, Cumberland, Douglas, Edgar, Effingham, Moultrie, and Shelby counties.

Through a partnership with Douglas County ROSC, Hour House supplies eight host sites throughout Douglas County that allow individuals to pick up NARCAN® along with information and training materials, no questions asked. These locations include Arthur Public Library District, Arcola Food Pantry, Atwood-Hammond Public Library, Camargo Township District Library, RISE Behavioral Health, Newman Regional Library District, Tuscola United Methodist Church, and Rural Grace Food Pantry.

In regards to safe syringe access, the Douglas County Health Department offers a project titled Safety, Wellness, and Prevention (S.W.A.P), which is a free and anonymous needle exchange program. It is through this harm reduction service that Douglas County residents are able to obtain clean and unused needles while reducing the negative consequences that are associated with drug use. In effort to increase awareness, additional health promotion efforts could be enhanced to ensure residents are accessing and utilizing this service. In 2022, the Douglas County Health Department added a harm reduction box on the outside of the building allowing 24-hour access to safe syringes and other harm reduction supplies.

According to the 2021 Illinois County Health Rankings, there are approximately 6,490 residents for every one mental health provider within Douglas County. RISE Behavioral Health and Wellness, formally Douglas County Mental Health and Family Counseling, Inc. is a private, not-for-profit organization located in Tuscola and is the sole mental health provider in County. Since 1974, RISE Behavioral Health and Wellness continues to live its mission “to provide quality services in a comfortable, empathic environment to persons suffering from a mental illness or emotional disturbance and to return them to a higher quality of life.” Through accessible mental health services and supports, RISE served 532 clients, 318 adults, and 214 youth in fiscal year 2023 (July 1, 2022, to June 30, 2023). As of July 2023, RISE had a total of 355 open clients.

In 2023, it was announced that the Douglas County Health Center (Douglas County Health Dept.) would begin offering MAR services. In addition, SIHF would also start offering MAR services but planned on only offering the service through word-of-mouth advertising. In July of 2023, RISE Behavioral Health and Wellness released a notice that they would begin outpatient substance use services and also acknowledged that some of their clients could be enrolled in MAR. Information has also been provided to the Douglas County Sheriff’s Office for enrollment in MAR with Health Management Associates (HMA). The Douglas County Sheriff later provided a letter to support the enrollment of the justice-involved population. Due to the newness of these efforts, no data is currently available.

### **Substance Use Gaps Across the Continuum**

**Promotion:** As previously stated, substance use is highly stigmatized in Douglas County. Stakeholders have shared that many residents believe that addiction only occurs amongst individuals who: come from troubled homes; have criminal records; or struggle with a mental illness. Further, stigma amongst residents influences their beliefs about how addiction occurs, and the resulting shame and secrecy can contribute to the delay or refusal of substance use treatment. Stigma also leads to negative thoughts or beliefs regarding treatment options and interventions, and it can even inhibit individuals from attending community education events

regarding substance use. Overall, the lack of education and information regarding Substance Use Disorders contributes to the stigma present within Douglas County. Stakeholders have shared that additional educational efforts are needed within the community to increase awareness and decrease stigma.

**Prevention:** Only 40% of Douglas County middle school students (approximately 308 out of 767 students) are receiving evidence-based substance use prevention programming through the utilization of the Too Good for Drugs and My Generation RX curriculum. Due to limited grant funding and staff capacity, Hour House is limited to providing substance use education to only 2 middle schools within the county, resulting in an education gap for 60% of middle school students.

**Intervention/Harm Reduction:** Another gap identified by multiple Douglas County entities is the lack of a local drug court. As defined by the U.S. Department of Health and Human Services, drug courts are designed to help an individual's recovery from substance use disorder with the aim of reducing future criminal activity. As an alternative to incarceration, drug courts reduce the burden and costs of repeatedly processing low-level, non-violent offenders through the nation's courts, jails, and prisons while providing offenders an opportunity to receive treatment and education. Through the National Institute of Justice (NIJ) Multisite Adult Drug Court Evaluation it was found that participants reported less criminal activity (40% vs. 53%) and had fewer rearrests (52% vs. 62%) than comparable individuals, participants reported less drug use (56% vs. 76%). They were less likely to test positive for drug use (29% vs. 46%) than comparable individuals, and treatment investment costs were higher for participants, but with less recidivism, drug courts saved an average of \$5,680 to \$6,208 per individual overall (U.S. Department of Health and Human Services, 2020). These statistics suggest that drug courts have the power to breakdown substance use barriers, empower individuals who are suffering from substance use disorder, and embody the message that disease does not always have to result in punishment. Without access to Drug Court, individuals arrested for low-level, non-violent substance use related offences in Douglas County lack access to treatment and support services that individuals in counties with Drug Court services have available to them. Overall, health promotion efforts regarding intervention and harm reduction supplies and services, including safe syringe access and NARCAN® distribution, have been enhanced to ensure residents are aware of these programs and supplies.

**Treatment:** When addressing substance use trends and gaps within Douglas County, it is evident that local substance use support and additional recovery efforts are needed within the community. Currently, Douglas County does not have a substance use treatment provider within the county. Although RISE Behavioral Health and Wellness in Tuscola, IL. became certified as a Level 1 and Level 2 outpatient provider in March of 2020, the RISE team had to quickly re-evaluate staffing and community priorities shortly thereafter in the wake of the COVID-19 pandemic. As the sole mental health provider for the entire county, RISE made the difficult decision to pause the development of substance use services in order to best prioritize and meet the mental health needs of Douglas County residents. Several years ago, multiple Douglas



County stakeholders, including representatives from the Douglas County Probation, Douglas County Sheriff's Department, Douglas County Public Health Department, and Douglas County State's Attorney, met to discuss and determine the need for substance use services within the county. The stakeholders shared a strong belief in the critical need for these services. A number of Douglas County stakeholders and residents shared that due to a lack of substance use services in Douglas County, many individuals are unable to access the resources they need to achieve sustainable and healthy change. This unfortunately, often leads to individuals repeating negative behaviors and criminal offenses. As individuals are released from the Douglas County jail, it is often observed that they lack the substance use services and support they need. As a result, drug offenses are often repeated resulting in additional incarceration. RISE Behavioral Health and Wellness announced that they would begin outpatient substance use services in Douglas County starting July of 2023; there has yet to be any data available to prove if the need has been met or if there is still a gap in service.

Undeniably, transportation is the largest barrier in accessing substance use treatment for Douglas County residents. Because there are no substance use disorder treatment facilities within the county, many residents travel to Champaign, Charleston, Bloomington, Decatur, or Danville to receive needed treatment. With these cities located between 30 to 60 miles away from Douglas County, many residents do not have the capacity to travel to and from treatment centers. Transportation barriers can result from a variety of factors including: lack of a driver's license (expired, physically lost, lost to due criminal charge, etc.), lack of a personal vehicle, lack of income needed to pay for fuel, or simply challenges in navigating the public transportation system. As another large gap within the county is lack of support groups, many county residents are forced to travel to neighboring counties, such as Champaign (30 miles away from Douglas County), to receive access to support services. Stakeholders have shared that individuals do not seek out support groups, as they simply do not have transportation capabilities. In addition, due to transportation limitations, Douglas County residents are also faced with barriers in accessing mental health services, such as counseling appointments, within the county. Later, in 2023, Coles County Regional Planning met with the transportation advisory committee to develop the survey to assist in a study on transportation needs. As the current public transportation for Douglas County, Dial-A-Ride was also present to assist. Data will not be available from the survey until at least 2024.

Numerous Douglas County residents are also faced with insurance challenges when seeking treatment services. As it is approximated that 10% of residents are uninsured or underinsured, this often leads to individuals struggling to find a treatment center suitable to their health and financial needs. Congruently, residents are often faced with waitlists that can extend anywhere between three and six months. Douglas County stakeholders have shared that this results in individuals simply not receiving needed care.

The lack of local Medication Assisted Recovery (MAR) services is another barrier for Douglas County residents. This is highlighted by the powerful and heart touching story of a local family. Four years ago, a Douglas County family lost their daughter, Shalynn, to an opioid overdose.

Shalynn participated in MAR treatment through the use of a Vivitrol shot during her inpatient treatment beginning in June of 2017. When Shalynn returned to her home in Douglas County, she was faced with inadequate treatment and recovery supports and the lack of local MAR services. To continue receiving MAR services, Shalynn and her family had to travel over 160 miles during the months of July 2017 and August 2017. Shalynn's family shares that Vivitrol allowed Shalynn's opioid cravings to diminish as she continued to seek treatment services. Due to restrictions on the amounts of Vivitrol one could receive during this time, Shalynn did not receive a Vivitrol shot in September of 2017, which contributed to her fatal overdose in October of 2017. Today, Shalynn's Hope is a local organization that strives to prevent, educate, and promote awareness of substance use in the community and to provide support to those who have been affected by SUDs. This organization stresses the positive impact that MAR services can bring to individuals facing addiction, in turn bringing healing and recovery to individuals and families.

**Recovery:** Recovery housing is nonexistent within the county, with the closest sober living facility being 30 miles away from Douglas County in Champaign. As alcohol and drug free living environments are a necessary part of sustaining recovery, stakeholders have shared that this is a crucial resource for individuals seeking recovery services. Additionally, Douglas County lacks recovery support groups with stakeholders sharing "support groups are limited within our county, individual and family support groups" and "lack of support groups are one of the biggest barriers for individuals in this community getting help regarding a substance use disorder." Through conversations with community members, it is evident that a variety of support groups would benefit the recovery community of Douglas County.

### **Conclusion**

Access to education, prevention, treatment (including harm reduction), and recovery supports 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