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# HMA

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HEALTH MANAGEMENT ASSOCIATES

*Community Needs Assessment  
And  
SWOT Analysis  
2023*

PREPARED FOR  
COMWELL

BY

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MARCH 2023

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics  
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## Executive Summary

ComWell and its predecessor agencies for the past 52 years have served rural Southern Illinois and its residents who need Mental Health (MH), Substance Use (SUD), and Developmental Disability (DD) services. In FY2022, ComWell provided 23,157 counseling appointments, 14,142 hours of care, and 11,913 hours of paid employment for disabled adults. During the period, ComWell provided 634 Same Day/Walk-In Appointments and 246 psychiatric appointments. ComWell currently employs 102 individuals to work in Randolph and Washington counties and continues to hire to keep pace with its growth and service expansion.

ComWell has pursued several strategic priorities that support expansion of needed Behavioral Health (BH) and DD services on behalf of its community and community partners. ComWell has secured \$9.8 million in federal and state grant funding since FY2018. In FY2023, ComWell will receive \$4.4 million in grant funding for various initiatives aimed at strengthening and expanding services for clients. There has been significant growth in demand for services, particularly amongst clients ages 5-18 which grew by 73% from 1Q2022 and 2Q2023 and Hispanic clients which grew by 161% during the same period. ComWell is in good standing with all licensure requirements and accreditation standards.

The whole of ComWell's service area is designated as rural, with the nearest metropolitan statistical area identified as the Illinois (IL) sector of St. Louis. ComWell is the only outpatient BH clinic available for at least a 30-mile radius. As with many rural communities, the biggest barriers to receiving needed behavioral health care include transportation challenges (lack of reliable public transportation) and workforce shortages, particularly primary care providers and behavioral health clinicians. Residents also have less broadband access than the IL average impacting ability to use Telehealth.

Residents in ComWell's service area report more poor mental health days, more frequent mental distress, and more suicides than the Illinois state average. 11.75% of residents live below the federal poverty line and 22% are enrolled in Medicaid. Median household income is also below the State average.

Individuals and employees that participated in focus groups identified ComWell's service availability, clinicians and staff, and community service as its top strengths. Weaknesses include workforce recruitment and retention challenges, no-show/cancellation rates, and the need for more consistent and frequent communication regarding service availability. Opportunities include: more community messaging and marketing, more education and training, and additional services and supports particularly for families, individuals in need of bilingual services, and early childhood services. Threats include cuts or changes to funding, lack of sufficient transportation, and availability of qualified workforce.

ComWell has identified several priorities and initiatives to continue scaling services to meet the community's growing need for BH and DD services. These priorities and initiatives will be part of a three-year plan that focuses on continuing to serve the community and its evolving needs.

## History of ComWell

ComWell is a 501c3 not-for-profit in Southern Illinois providing community Mental Health (MH), Substance Use Disorder (SUD), and Developmental Disabilities (DD) services. ComWell has four sites offering a range of services and two residential facilities across Randolph and Washington counties:

- **ComWell Red Bud Office:** 10257 State Route 3, Red Bud, IL 62278
- **ComWell Sparta Office:** 104 Northtown Drive, Sparta, IL 62286
- **ComWell Chester Office:** 2517 State Street, Chester IL, 62233
- **ComWell Okawville Office:** 109 West Elm Street, Okawville, IL 62271
- **ComWell Melmar Supervised Residential Facility:** Sparta, IL 62278
- **ComWell Community Integrated Living Arrangement (CILA) Facility:** Chester, IL 62233

## ComWell's Current Service Portfolio

Mental Health Services	SUD Services	DD Services	Educational Services
<ul style="list-style-type: none"> <li>• Counseling</li> <li>• Psychiatry</li> <li>• Supervised Residential Program</li> <li>• Mobile Crisis</li> <li>• Case Management</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling</li> <li>• Recovery Supports</li> <li>• Medication Assisted Treatment</li> <li>• Court Ordered Treatment</li> <li>• Mobile Crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Community Day Services</li> <li>• CILA</li> <li>• Client Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health First Aid Training</li> </ul>

ComWell holds several licenses and accreditations, including:

- Certified Medicaid Provider (Illinois Department of Healthcare and Family Services)
- Community Mental Health Center (CMHC) (Division of Mental Health and Bureau of Accreditation, Licensure, and Certification)
- Certified Community Behavioral Health Clinic (CCBHC) – *anticipated April 2023*
- Licensed Child Welfare Agency (Department of Children and Family Services)
- Licensed Substance Use Treatment and DUI Facility (Division of Substance Use Prevention and Recovery)
- Certified Community Day Services Provider (Division of Developmental Disabilities)
- Certified Community Integrated Living Arrangement (CILA) (Division of Developmental Disabilities)
- National Accreditation (Council on Accreditation).

ComWell's mission is to promote positive, healthy changes for individuals and communities through engagement, education, treatment and recovery. ComWell's vision is a commitment to empowering individuals to pursue growth and wellness.

ComWell's Board of Directors is currently comprised of five members with two vacancies:

- David Holder, CPA, Board President
- Jeff Luthy, Vice President
- Ryan Riess, DC, Secretary/Treasurer
- Diane Schoenbeck
- Gail Letcher

ComWell's leadership team is comprised of:

- Shea Haurly, Executive Director
- Kendra Kennedy, Director of Quality Assurance & Development
- Beth Nortin, Director of Personnel
- Kimber Browne, Director of Finance
- Rachael Fields, Director of Behavioral Health
- Amy Wunderlich, Director of Care Coordination
- Sarah Ward, Director of Developmental Disabilities

ComWell was originally founded in 1971 as Randolph County Mental Health Services, a sheltered workshop for individuals with intellectual and developmental disabilities. In 1975, Randolph County Mental Health Services gave way to a new 501c3 called Human Service Center of Southern Metro-East. In 1991, Human Service Center established its first staffed residential facility in Sparta to serve adults diagnosed with mental illness and developed CILA in Chester to service adults with intellectual and developmental disabilities. In 2012, Human Service Center expanded mental health services to Washington County. In 2014, the Okawville office location adopted substance use counseling services and Driving Under the Influence (DUI) services for Washington County. In 2020, Human Service Center became ComWell.

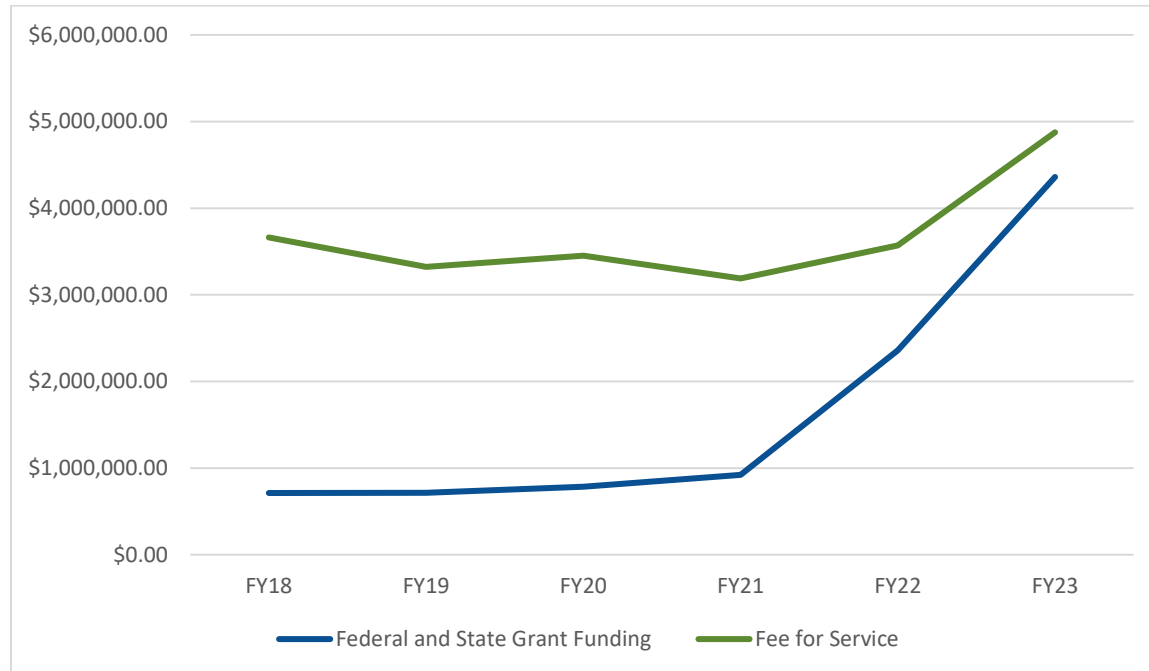
## **ComWell's Current Initiatives**

### **Funding Summary**

ComWell has continued to expand and grow its services and presence in Randolph and Washington Counties through several strategic initiatives. Since FY2018, ComWell has secured \$9.8 million in federal and state grant funding for projects that support the services ComWell provides to its clients and community. Most recently in FY2022, ComWell received \$2.3 million in grants and in FY2023 ComWell will receive \$4.4 million. Additionally, ComWell has secured \$725,375 in State and Federal grant funding for planned capital improvements.

By program in FY2023, ComWell has received an additional \$339,767 in program grants serving individuals with developmental disabilities and approximately \$4M for programs serving individuals with a range of behavioral health needs.

For the same period (FY18-FY23) ComWell saw 33% growth in its revenues tied to fee for service reimbursement for service delivery increasing from \$3.6M in FY2018 to \$4.8M to FY2023. In FY23, DD services comprises \$2.5M of total fee-for-service revenues and BH services comprises \$2.3M of total fee-for-service revenues.



## Specific Initiative Descriptions

### Capital Improvements and Modernizing Physical Plant

Beginning in 2019, ComWell initiated a planning process to identify and secure funds to modernize its current outpatient clinical space at its Red Bud campus. Improvements broke ground in 2022 and are planned for completion in Fall 2023. After improvements are complete, ComWell will have increased clinical offices and decreased the administrative office footprint to one building. The scope of improvements is budgeted to be approximately \$1.2M. In 2020, the Chester office was relocated to its current location within the health department thereby doubling its office space. In addition, a Mobile Crisis Response (MCR) Hub was purchased in 2022 and will be completed by April 2023 to house the MCR team. This building remodel was financed with cash on hand and a commercial loan, which is paid for through the MCR capacity grant. ComWell is also constructing an additional CILA, which is scheduled to open in 2024.

### **Community Mental Health Center (CMHC)**

In 2021, ComWell was awarded a CMHC grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the CMHC program is to enable community mental health centers to support and restore the delivery of clinical services that were impacted by the COVID-19 pandemic and effectively address the needs of individuals with serious emotional disturbance (SED), serious mental illness (SMI), and individuals with SMI or SED and substance use disorders, referred to as co-occurring disorder (COD). SAMHSA recognizes the needs of individuals with behavioral health conditions, including minority populations and economically disadvantaged communities, have not been met during the pandemic and that CMHC staff and other caregivers have been impacted. This grant ends September 2023.

### **Certified Community Behavioral Health Clinic (CCBHC)**

ComWell in 2022 was awarded a CCBHC Planning, Development, and Implementation Grant from SAMHSA. CCBHCs is a certification for community-based providers that offer comprehensive, evidence-based, integrated mental health and substance use disorder (SUD) treatment in connection with primary care and social services for both children and adults.

CCBHCs must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care. CCBHCs cannot refuse care to anyone based on their place of resident or inability to pay, as well as the use of a sliding fee scale adjusted for an individual's income. CCBHCs focus efforts on treating the most vulnerable, highest-need populations that are most likely to benefit from coordinated, integrated behavioral health care, including individuals with serious mental illness (SMI), severe SUD, children and adolescents with a serious emotional disturbance (SED), and people with co-occurring mental, substance use, or physical health disorders. This grant ends September 2026.

### **Rural Communities Opioid Response Program (RCORP)**

RCORP is a consortium of six partners, led by ComWell that received grant funding for the Healthy Strategies initiative to coordinate multi-county efforts into an efficient, non-duplicative implementation structure to expand access to, coordinate, improve the quality of basic health care services; and strengthen the rural health care system as a whole. The Healthy Strategies initiative is focused on the amelioration of adverse impacts on social determinants of health e.g., housing, food security. This grant ends August 2026.

### **Competitive Integrated Employment Capacity (CIEC) Grant**

In April 2022, the CIEC grant was funded by the Department of Developmental Disabilities with the grant intended to result in a higher proportion of individuals with DD obtaining and sustaining competitive employment. It is to enhance employment support service delivery through the training, certification and continued professional development of agency staff who demonstrate competency in, and are responsible for, CIE activities. ComWell was to create a consistent, accessible and sustainable pathway to start, grow and ultimately maintain a successful CIE program. This grant ends in June 2024.

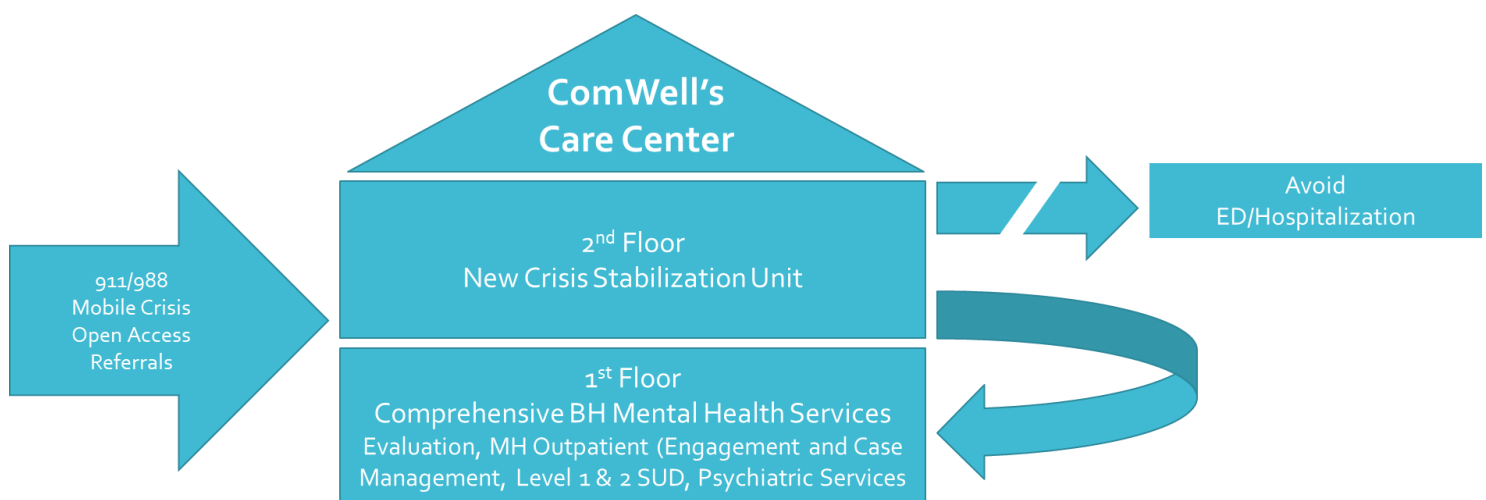
### Southern Illinois Substance Abuse Alliance (SISAA)

SISAA began as a community anti-drug coalition and serves Randolph and Washington Counties (youth up to age 18 attending middle or high school in the six Randolph public school districts). SISAA is currently in the process of rebranding to be more inclusive of whole person health and becoming the Healthy Communities Alliance, "The Alliance." This includes whole health strategies for all ages for prevention, support and treatment, and recovery and aligns with the goals outlined in the RCORP grant.

### Future Initiatives and Growth

#### Care Center

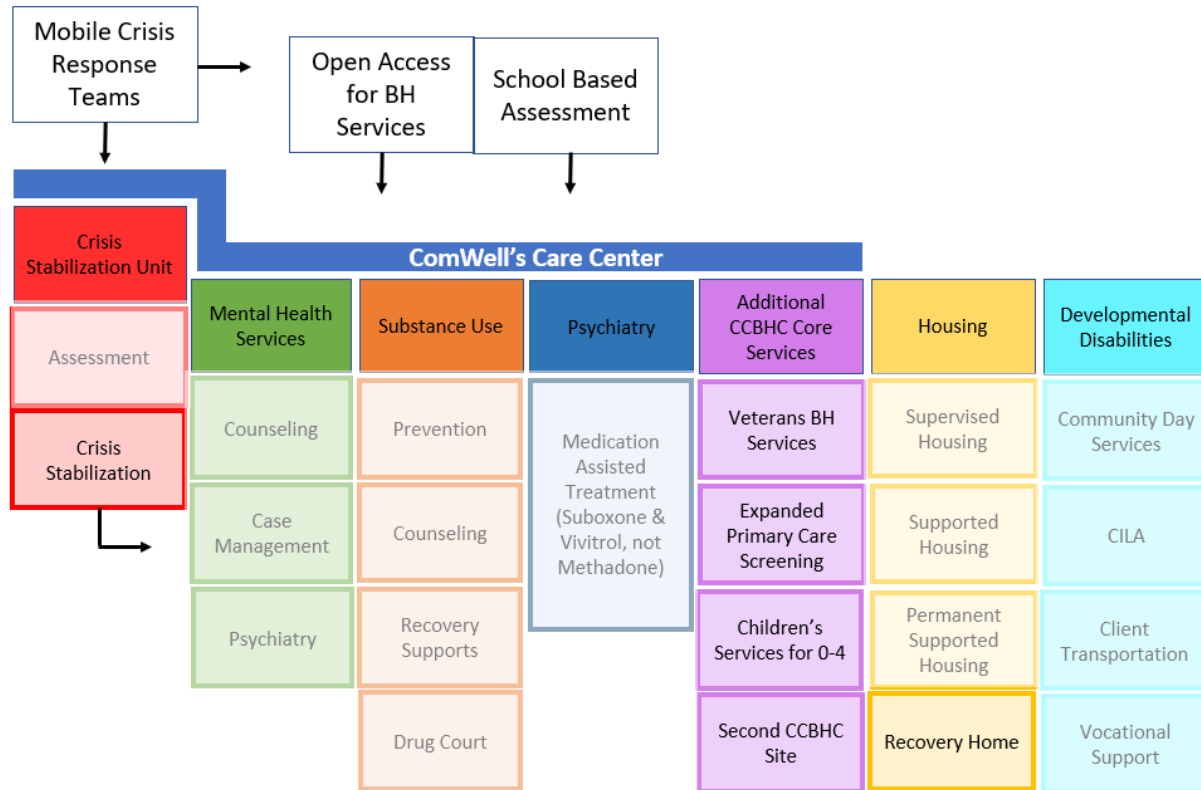
ComWell has proposed the development of a multi-use behavioral health facility with crisis stabilization services and outpatient treatment. The proposed facility, located in Randolph County, would serve as a setting where regardless of BH need or state of crisis an individual can receive immediate support and assessment, a needs determination, an evaluation for potential outpatient services, and a referral with warm handoff to any identified treatment or services. The primary goal of this outpatient treatment center is to support an individual's ability to stay in the community and out of the hospital. The Center would leverage national best practices for crisis response and service delivery and would provide critical space for the service expansions underway at ComWell.



#### Future State of ComWell Services

After implementation of the CCBHC initiative and Care Center, ComWell's service offerings will have significantly expanded and provide more holistic, integrated services for individuals with BH conditions. The following graphic demonstrates the envisioned service portfolio. Items that are highlighted represent new services that will be added to ComWell's current portfolio of services.





## ComWell's Community Impact

### Services and Utilization

In FY2022 (July 1, 2021 – June 30, 2022), ComWell provided to community members:



Since 2019, ComWell has provided 2,638 Same Day/Walk-In Appointments with. In FY2022, ComWell provided 634 Same Day/Walk-In Appointments or 24% of total visits. In FY2022, ComWell also provided 246 psychiatric appointments with an average wait time of 66 days.

As of 2Q2023, ComWell has seen 1,184 clients. Below is the demographic breakdown of those clients:

Age		Race	
Under 5	0.33%	White	86.90%
Under 18	27.78%	Black/AA	4.56%
18-30	21.11%	Am. Indian	0.33%
31-50	31.33%	Asian	0%
51-64	14.44%	Multiple Races	1.68%
65 & over	4.98%	Ethnicity	
Gender		Hispanic/Latinx	2.87%
Male	40.54%	Not Hispanic/Latinx	88.09%
Female	56.92%		

Significant growth was seen in two populations receiving treatment: children and Hispanic clients.

- From 1Q2022 to 2Q2023, ComWell saw a **73.15%** increase in clients ages 5-18.
- For the same period, ComWell saw a **161.53%** increase in Hispanic clients.

### Clinical Quality Indicators

ComWell met or exceeded most performance and clinical quality indicators for FY2022. In particular, all consumer satisfaction goals were met for counseling, community day programs, CILA and DD services, and residential MH services.

One area of improvement noted and further supported in stakeholder discussions was related to hours of care provided to clients. In 2<sup>nd</sup> quarter of 2022, ComWell saw an average 33% cancel/fail rate for appointments. Additionally, across non-crisis programs, ComWell on average provided 33% hours of care versus its goal of 60%+. It was noted that the lag in hours of care was in part due to shifts in programming and a transition to a new Electronic Health Record, which forced significant manual entry and errors.

### Accreditation Findings

For its 2020 Full Cycle Accreditation, the Council on Accreditation (COA) found that ComWell did not fall below average in any accreditation topics and exceeded the national average in the following topics:

- Conveniently located/accessible
- Does not discriminate, culturally sensitive, ethical
- Working with other Community Based Organizations (CBOs)
- Waiting times and fees are fair
- Personnel are competent
- Effective governing body
- Clear feedback policies, and improvement opportunities for personnel and management.

### Workforce

In FY2022, ComWell employed 79 total staff. In 2Q2023, ComWell expanded its staff to 102 employees to meet growing demand and need.

In FY2022, ComWell experienced lower turnover in administration and DD services than prior years. The highest turnover was in BH staff however turnover generally was less than projected. One-third of total departures were terminations (five out of 15). ComWell’s turnover rate over the last five years is 30%.

Members of the administrative team have served an average length of seven years and seven months. In contrast, members of the BH and DD team have served an average term of two years and four months.

Exit interview data indicates the main reasons for clinical staff leaving are unreasonable caseload sizes and IMCANS (a state requirement). The lowest ranked reasons were pay level and recognition. 90% indicated that they would work for ComWell again.

The following table includes data on current workforce and community demographics for ComWell.

### Workforce/Community Demographic Comparison

			FY2022								FY2023			
			1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		1st Quarter		2nd Quarter	
	Rand. County	Wash. County	Consumers	ComWell Staff	Consumers	ComWell Staff	Consumers	ComWell Staff	Consumers	ComWell Staff	Consumers	ComWell Staff	Consumers	ComWell Staff
<b>Census</b>	32,423	14,030	1,020	76	1,010	79	965	79	1,059	86	1,104	94	1,184	102
<b>Age</b>														
<b>Under 5</b>	5.2%	5.6%	0	0	0	0	2	0	3	0	5	0	4	0
<b>Under 18</b>	19.1%	21.1%	190	0	191	0	273	0	242	0	291	0	329	0
<b>18 to 30</b>	57.5%	53.5%	280	19	290	19	206	19	249	21	234	21	250	23
<b>31 to 50</b>			345	32	339	36	300	38	328	40	367	44	371	47
<b>51 to 64</b>			148	21	135	20	133	18	140	21	151	24	171	27
<b>65 &amp; over</b>	18.2%	19.8%	57	4	55	4	51	4	53	4	56	5	59	5
<b>Sex</b>														
<b>Male</b>	48.8%	50.0%	423	6	446	6	417	8	461	11	437	11	480	13
<b>Female</b>	51.2%	50.0%	596	70	563	73	574	71	610	75	647	83	674	89
<b>Race</b>														
<b>White</b>	87.1%	97.2%	701	72	614	75	703	75	820	82	820	90	1029	98
<b>Black/AA</b>	10.6%	1.0%	61	3	53	4	43	4	43	4	48	4	54	4
<b>Am. Indian</b>	.3%	.2%	0	0	10	0	5	0	5	0	7	0	4	0
<b>Asian</b>	.5%	.5%	0	0	4	0	1	0	1	0	1	0	1	0
<b>Multiple Races</b>	1.3%	1.0%	18	1	14	0	20	0	22	0	32	0	20	0
<b>Ethnicity</b>														
<b>Hispanic/Latinx</b>	3.3%	1.4%	13	0	10	0	18	0	23	0	28	0	34	0
<b>Not Hispanic/Latinx</b>	84.4%	96.0%	1,007	76	1,000	79	711	79	832	86	930	94	1043	102

## Community Needs Assessment, 2023-2026

### Environmental Scan

In the aftermath of the COVID-19 pandemic, there has been a growing recognition of the need for BH services, particularly for communities disproportionately affected due to equity challenges and barriers to care. This recognition has paved the way for an unprecedented level of funding opportunities from both Federal and State governmental sources. For example, over the past ten years the federal government has awarded more than \$2.5 billion to stimulate adoption of the CCBHC program across the country.

Further the State of Illinois continues to focus on models that promote collaboration across health care stakeholders, improved equity, and enhanced care coordination for individuals enrolled in Medicaid. To this end, Illinois has pushed out significant funding to:

- Improve BH reimbursement rates
- Increase funding to BH providers to support sustainability and workforce
- To fund collaborations that address social determinants of health, Healthcare Transformation Collaboratives
- Implement Pathways to Success, a care coordination model for high need children and youth

The federal government has also been entering into partnerships with several States under various Waiver authorities to fund robust demonstrations that address social determinants of health, equity issues, and delivery system transformation.

While this unprecedented level of financial support is finally commensurate with the essentiality of behavioral health services, the need to be strategic about which opportunities to pursue to ensure appropriate bandwidth and ability to manage projects is equally critical. ComWell has seized several recent funding opportunities to support the expansion of needed services for its communities in line with the need for services, as outlined below.

Another challenge highlighted by the pandemic, is a growing demand for behavioral health services. Mental Health America published in April 2022 a report highlighting a significant increase in individuals experiencing mental health concerns. Among individuals who screened positive or moderate to severe for a mental health condition in 2021, 63% reported that one of the top three things contributing to their mental health concerns was loneliness or isolation. This was followed by 49% reporting past trauma and 37% reporting relationship problems<sup>1</sup>.

An upcoming issue that the pandemic has also impacted is the number of individuals who are at risk of losing their Medicaid coverage when the Public Health Emergency (PHE) officially sunsets on May 11,

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<sup>1</sup> <https://mhanational.org/mental-health-and-covid-19-two-years-after-pandemic>

2023. At the start of the pandemic, Congress enacted the Families First Coronavirus Response Act (FFCRA), which included a requirement that Medicaid programs keep people continuously enrolled through the end of the month in which the COVID-19 PHE ends, in exchange for enhanced federal funding. When the continuous enrollment provision ends, millions of people could lose coverage that could reverse recent gains in coverage. As a result, agencies like ComWell may see current clients lose their Medicaid coverage if their eligibility status has changed since the PHE which could have potential access and financial consequences.

## Community Demographics

ComWell primarily serves Randolph and Washington County. The whole of the service area is designated by HRSA as rural, with the nearest metropolitan statistical area identified as the IL sector of St. Louis, 90 miles/1.5 hours away.

According to the most recent U.S. Census data, both counties have seen population decline recently with majority of residents between the ages of 18 and 64. In terms of racial and ethnic diversity, both counties' majority residents identify as white alone, however, Randolph County has more racial diversity with 11.4% individuals identifying as Black or African American. Randolph County also has more individuals (3.7%) identifying as Hispanic or Latino. 4.7% of residents of Randolph County and 2.3% of residents of Washington County speak language other than English at home. Across both counties there are 3,002 Veterans, representing about 6.85% of residents.

Both counties also experience significant poverty with an average 11.75% of individuals living in poverty and an average per capita income of \$31,130.50.

	Randolph County	Washington County
<b>Population</b>		
Population Estimate, 2021	30,142	13,655
Population Percent Change, 2020 – 2021	-0.1%	-0.8%
<b>Age and Sex</b>		
Persons under 5 years	4.9%	5.4%
Persons under 18 years	19.2%	21.1%
Persons between 18 and 64	56.6%	52.2%
Persons 65 years and over	19.3%	21.3%
Female Residents	44%	49.4%
Male Residents	66%	50.6%
<b>Race and Hispanic Origin</b>		
White alone	86.2%	97.1%
Black or African American alone	11.4%	1.1%
American Indian and Alaska Native alone	0.4%	0.3%

Asian alone	0.6%	0.6%
Native Hawaiian and Other Pacific Islander alone	0.1%	-
Two or More Races	1.4%	1.0%
Hispanic or Latino	3.7%	1.6%
White alone, not Hispanic or Latino	83.2%	95.6%
<b>Population Characteristics</b>		
Veterans, 2017-2021	2,026	976
Foreign born persons, 2017-2021	2.5%	1.1%
<b>Housing</b>		
Owner occupied housing unit rate	74.3%	82.2%
Median value of owner-occupied housing units	\$114,400	\$123,500
Median gross rent	\$720	\$689
<b>Families &amp; Living Arrangements</b>		
Persons per household	2.33	2.34
Living in same house 1 year ago	86.7%	90.4%
Language other than English spoken at home	4.7%	2.3%
<b>Computer and Internet Use</b>		
Households with computer	88.9%	90.4%
Households with broadband internet	82.2%	82.3%
<b>Education</b>		
High school graduate or higher	85.1%	92.1%
Bachelor's degree or higher	13.2%	22.6%
<b>Income and Poverty</b>		
Median household income	\$58,093	\$67,030
Per capita income in past 12 months	\$27,903	\$34,358
Persons in poverty	15%	8.5%

Source: U.S. Census

When looking deeper into the cities that comprise ComWell's service area, Sparta, Red Bud, Chester, and Okawville, most cities except Chester saw either flat or declining population growth.

Chester saw significant population increase between 2000 and 2019. The median age across all cities is 40.6 years old. Chester saw the most significant level of poverty at 16.2% of residents living in poverty and per capita income at \$18,105.

Red Bud also experiences significant poverty with 14.2% of residents living in poverty and per capita income of \$30,941.

	Sparta	Red Bud	Chester*	Okawville
Population	4,008	3,704	7,787	1,317
People Per Square Mile	358.8	1,412.1	1,341.2	650.5
Males	53%	46%	70%	48%
Females	47%	54%	30%	52%
Median age	37.1	39.8	41.4	37
Median household income (midpoint of income per household)	\$57,375	\$61,310	\$56,368	\$73,864
Per capita income (average income per individual)	\$35,928	\$31,340	\$18,981	\$34,348
Median home value	\$103,700	\$147,500	\$98,900	\$136,400
Residents Living In Poverty	8.2%	11%	19.3%	2.7%
Race and Ethnicity – White	72%	98%	65%	92%
Race and Ethnicity – Black	23%	0%	28%	2%
Race and Ethnicity – Hispanic	2%	1%	6%	5%
Race and Ethnicity – Asian	0%	0%	0%	1%
Race and Ethnicity – NA/Islander	0%	0%	0%	0%
Race and Ethnicity – Two or more races	2%	0%	1%	1%
High school graduate or higher	92.2%	92.8%	70.3%	92.8%
Bachelor's degree or higher	25.9%	15.5%	7.3%	35.9%
Population with veteran status	4.7%	8.8%	7%	9.9%

\*Demographic detail for Chester influenced by the location of Menard Correctional Center

Source: Census Reporter

## Mental Health, SUD, and DD Prevalence

Both Randolph and Washington counties ranked in the lower range of health outcomes. 16% of individuals reported frequent mental distress compared to the State and US average of 12%. In addition, Randolph and Washington Counties were also above the State average for individuals reporting poor mental health days, alcohol-impaired driving deaths, and suicides.

SED/SMI REPRESENTATIVE PREVALENCE	ComWell Service Area
Reported Frequent Mental Distress (State & US=12%)	16%
Suicide Mortality/Deaths per 100,000 2015-2019 (most recent available)	41
Excessive Alcohol Use-Adult	28%
Excessive Alcohol Use-Youth/Binge (ages 14 & 17)	20-32%
SUD prevalence	9.3%
SUD related hospitalizations	35
SUD related emergency room visits	38
Youth with SED served by ComWell	261
Adults with SMI served by ComWell	1,209
Psychiatric hospitalizations – % of all crisis call clients	24.5%
# of individuals screened for SUD/OD reported at ComWell in 2022	186
# of non-fatal opioid overdoses in the geographic catchment/service area	31
# of fatal opioid overdoses in the geographic catchment/ service area	18

Source: ComWell CCBHC Application Needs Assessment

	Randolph	Washington	State Average
Poor Mental Health Days	4.9	4.6	4.5



<b>Frequent Mental Distress</b>	16%	15%	14%
<b>Alcohol Impaired Driving Deaths</b>	33%	41%	29%
<b>Drug Overdose Deaths</b>	15	-	24
<b>Uninsured</b>	7%	6%	9%
<b>Suicides</b>	14	23	11

Source: County Health Rankings

According to Mental Health America's County and State data map which gathers data from individuals who take MHA's online screening tool, Randolph and Washington County are also near or above the State average in number of people scoring positive for Post-Traumatic Stress Disorder, people identifying as Trauma Survivors, and People Scoring At Risk for Psychotic-Like Experience.

	<b>Randolph</b>	<b>Washington</b>	<b>State Average</b>
<b># of People Scoring with Severe Depression per 100K</b>	73.82	73.38	122.3
<b>#of People Reporting Frequent Suicidal Ideation per 100K</b>	69.9	80.7	128.8
<b># of People Scoring Positive for PTSD per 100K</b>	46.62	51.37	51.7
<b># of People Identifying as Trauma Survivors per 100K</b>	174.83	146.76	195.4
<b># of People Scoring At Risk for Psychotic-Like Experience</b>	89.36	Not Available	67.1

Source: Mental Health America

According to the State of Illinois Opioid Surveillance Data, Randolph and Washington counties are below the State average in Non-Fatal and Fata Overdose Rates.

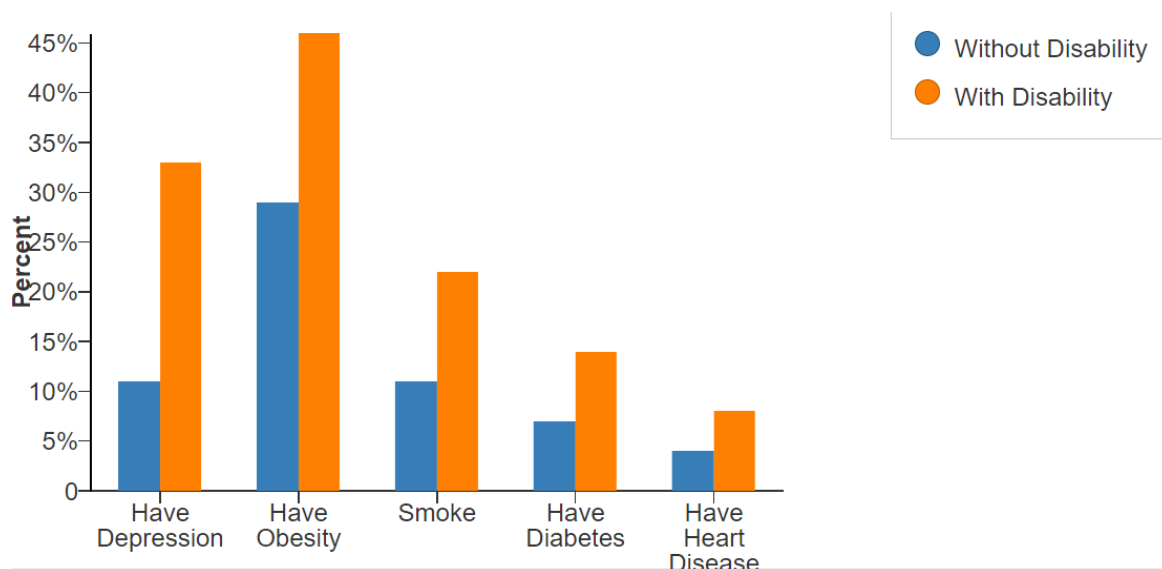
	<b>Randolph</b>	<b>Washington</b>	<b>State Average</b>
<b>Non-Fatal Overdose Rate</b>	6.69	5.09	13.43
<b>Fatal Overdose Rate</b>	1.27	2.18	2.95

Source: State of Illinois Opioid Surveillance Data

According to IL's Transformation Data and Community Needs Report from October 2022, in 2019 East Saint Louis had the highest rate (181) of frequent inpatient hospitalizations for mental, behavioral, and neurodevelopmental reasons when compared to other regions of Illinois. In 2020, East Saint Louis had the second highest rate (150) statewide. Mental, behavioral, and neurodevelopmental reasons was the top cause for frequent inpatient hospitalizations in East Saint Louis in 2019 and 2020.

According to the Centers for Disease Control and Prevention (CDC), 11% of State residents have a mobility disability, 8% have a cognitive disability, 5% have an independent living disability, and 2% have a self-care disability.

Adults with disabilities also have a significantly higher rate of depression (33%) compared to individuals without a disability (11%).



Source: Centers for Disease Control and Prevention

## Health Related Social Needs

Health Related Social Needs (HRSNs) are the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. HRSNs include this such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation, and affordable utilities.

According to County Health Rankings, individuals in Randolph and Washington County have a higher rate of injury deaths, have lower median household incomes, and experience higher rates of suicide than the State average. There is also less access to broadband internet, which is a barrier to individuals receiving care via telehealth. Public high schools in the area report an average Math proficiency score of 22% and reading proficiency score of 32%, which are both lower than the State average and are in the bottom 50% of the State.

	Randolph	Washington	State Average
High School Completion	85%	92%	90%
Some College	50%	73%	71%
Unemployment	7.1%	5.3%	9.5%
Children in Poverty	16%	9%	14%
Income Inequality	4.2	3.8	5.0
Children in Single Parent Households	25%	19%	25%
Violent Crime	97	332	403
Injury Deaths	95	97	70
Median Household Income	\$56,900	\$69,400	\$71,200
Children Eligible for Free or Reduced-Price Lunch	50%	36%	49%
Suicides	14	23	11
Broadband Access	79%	80%	85%

Source: County Health Rankings

Social Determinants of Health Condition			
Total Medicaid Enrollment <sup>vii</sup>	22%	General Unemployment Rate <sup>viii</sup>	4.5%
All ages in Poverty <sup>ix</sup>	26%	Homelessness/Underhoused <sup>x</sup>	550/55
Anticipated Poverty Rate	45%	Households/state involvement/children <sup>xi</sup>	123+
Anticipated Unemployment Rate of POF	25%	Food Insecurity/Free/Reduced Meals <sup>xii</sup>	67%
Anticipated Lack of Educational Attainment /Lack of High School Equivalency or GED			15-20%

Source: ComWell CCBHC Application Needs Assessment

## Transportation

A significant barrier that was noted in several stakeholder engagement sessions, was lack of reliable and affordable transportation in Randolph and Washington Counties. ComWell's service area spans 1,161 square miles. There are two available public transportation options that services the region: the Monroe Randolph Traffic District (MRTD) and South Central Transit (SCT).

SCT is limited to serving only a portion of ComWell's service area in the northeast near Nashville, IL. MRTD, which serves the majority of the service area requires 24-hour notice in advance to schedule pick up between 5:30 AM and 5:00 PM. Service is not available after normal business hours and are subject to availability. Additionally, rides reimbursable by Medicaid must be scheduled one week in advance. There are also no-show fees that are a disincentive for individuals who may need to miss or cancel a trip with less than 24 hours' notice. Pick up and drop off times are 30-minute windows and can sometimes be late. Riders may also be subject to longer rides to accommodate other passengers. Many times, individuals will schedule transport to appointments, but buses will not wait nor return to pick up patients who need to return home after a scheduled visit with ComWell. Individuals with special needs are required to bring a personal assistant if they have mobility issues.

ComWell is often the only accessible option for BH services for individuals in Randolph and Washington County. The closest available inpatient and outpatient services are between a 30-minute and 3-hour drive depending on the type of service that is needed.

## Workforce

Overarching barriers for the community ComWell serves include lack of specialized health services, health workforce shortages, and stigma related to both mental health and SUD/COD. This is common for small, rural communities where visibility is high.

According to the Behavioral Health and Economics Network, Illinois needs to increase the current workforce over 3.5 times to meet residents' need for services. Additionally, Illinois has seen a 215% increase in its behavioral health workforce shortage, a rate that outpaces neighboring states. Rural parts of the State, like Washington and Randolph counties are even further disadvantaged. The Association of American Medical Colleges notes that as of 2017 an additional 14,100 to 17,600 physicians are needed in nonmetropolitan areas in order to give underserved populations the same

access to care as populations facing fewer barriers. Areas with higher proportions of low-income and minority residents, such as rural areas, tend to suffer most from lower supply of physicians and other health professionals.

Randolph and Washington are both designated Health Professional Shortage Areas (HPSAs) by the Health Resources Services Administration (HRSA). There is 1 provider and 2 Psychiatric Mental Health Nurse Practitioner's (MHNP's) waived to provide Medication Assisted Treatment MAT. Recent federal regulation no longer requires a waiver to provide MAT. In order to obtain a DEA license all medical prescribers will be required to receive the training to prescribe MAT. County Health Rankings also indicate that both Randolph and Washington Counties are below the state average in the ratio of primary care and mental health providers to residents.

Service Area Gaps and Disparities		
	Randolph	Washington
HPSA Mental Health Score	18	14
Estimated # of agencies offering virtual treatment options for all clients as result of COVID-19	1 (ComWell)	
Randolph County=100 & Washington County=161; Provider rate per 1,000 residents	Illinois-334/1000	
Number of healthcare providers currently waived to provide MAT	1 Physician 2 PMHNPs	

Source: ComWell CCBHC Application Needs Assessment

Professional Type Ratio	Randolph	Washington	Illinois
Primary Care Physicians	2,120:1	6,940:1	1,230:1
Mental Health Providers*	900:1	630:1	370:1

Source: County Health Rankings

\*Mental Health Providers is defined using National Provider Identifiers (NPIs) which are used to inform Health Professional Shortage Areas Statistics and includes a broad set of provider types

## Focus Group and Survey Findings

As part of strategic planning activities, several surveys and focus groups were conducted to collect feedback regarding ComWell.

In advance of planned focus groups, surveys were sent to ComWell's staff, leadership, management, and board of directors. Five members of the board of directors, 56 staff, and 12 members of the leadership/management team responded. Survey questions were focused on requesting feedback on ComWell's Strengths, Weaknesses, Opportunities, and Threats, including priorities for the next 3-5 years. Responses were collected electronically between January 9 and January 24.

In addition to survey feedback, in-person focus groups were held with key stakeholders involved with ComWell, including ComWell’s Board of Directors, Leadership and Management teams, and staff. Focus groups were also held with consumers, family members, and employers involved with I/DD services, consumers and family members receiving MH and/or SUD services, and external partners, including school district representatives, hospital representatives, county health department representatives, and others.

For individuals unable to attend focus groups in person, an additional electronic survey opportunity was shared. An additional 21 individuals provided feedback comprised of 9 individuals receiving services, 4 school district representatives, three community partners, one family member/caregiver/guardian of an individual receiving services, one hospital leader, and one local employer.

Feedback from these focus groups and surveys were used to develop a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis for ComWell. A SWOT analysis a technique for assessing these four aspects of your business and as a tool can help to analyze what your business does best now and to devise a successful strategy for the future.

### SWOT Analysis Results

<p><b><u>STRENGTHS</u></b></p> <ul style="list-style-type: none"> <li>• Securing grant funding</li> <li>• Financial position</li> <li>• Service availability</li> <li>• Growth</li> <li>• Compliance/auditing performance</li> <li>• Values and culture</li> <li>• Leadership and management team</li> <li>• Quality of services</li> <li>• Partnerships</li> <li>• Clinicians and staff</li> <li>• Responsiveness</li> <li>• Community driver of new initiatives</li> <li>• Serving as a safety net</li> <li>• Supports for DD population</li> <li>• Competitive salary and benefit package compared to other nonprofit BH agencies in the area</li> </ul>	<p><b><u>WEAKNESSES</u></b></p> <ul style="list-style-type: none"> <li>• Recruitment/Retention</li> <li>• No show rates and cancellations</li> <li>• Managing clinical hours target</li> <li>• Front office customer service experience, including need for consistent communication with clients and families</li> <li>• Need for more formal P&amp;Ps</li> <li>• Services not as accessible for non-Medicaid populations</li> <li>• Need for consistent supervision/management</li> <li>• Physical space limitations</li> <li>• Services are siloed</li> <li>• Assessment of skills as part of hiring/onboarding</li> <li>• Holiday time/paid time off</li> <li>• Communication on organizational changes with clients, families, partners</li> </ul>
<p><b><u>OPPORTUNITIES</u></b></p> <ul style="list-style-type: none"> <li>• Marketing</li> <li>• Staff education and training</li> <li>• Additional services/supports: trauma, families, early childhood, elders, and bilingual (Spanish)</li> <li>• Match clients with clinicians based on need vs. availability</li> <li>• Need for Medicare services</li> <li>• Internal coordination and structural alignment</li> <li>• Communication and forums for sharing</li> <li>• Access supports: after hours and transportation</li> <li>• Job training/supports for DD clients</li> <li>• Additional school-based counselors with parenting supports</li> </ul>	<p><b><u>THREATS</u></b></p> <ul style="list-style-type: none"> <li>• Cuts or changes to funding</li> <li>• Regulatory environment</li> <li>• Scalability commensurate with current growth</li> <li>• Lack of sufficient transportation</li> <li>• People do not understand or know about services</li> <li>• Administrative requirements are insensitive to trauma informed approach</li> <li>• Availability of qualified workforce with on-the-job experience</li> <li>• Insurance barriers that impact access (i.e., deductibles, authorization)</li> <li>• Continued future growth without sustainable infrastructure</li> </ul>

## Strengths

<b>BOD</b>	<ul style="list-style-type: none"> <li>• Organizational assets, including staff, training, facilities, and leadership</li> <li>• Securing funding from grants</li> <li>• Strong financial position</li> <li>• Service delivery</li> <li>• Growth and pursuit of market opportunities</li> <li>• Strong auditing and compliance performance with low error rates</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Access and availability of services</li> <li>• ComWell's values and culture</li> <li>• Leadership and management</li> <li>• Quality of services, particularly:             <ul style="list-style-type: none"> <li>○ Crisis</li> <li>○ Recovery coaches, engagement specialists</li> <li>○ At home assessments</li> <li>○ Housing</li> </ul> </li> <li>• Partnerships</li> <li>• Serving individuals with less privilege (Medicaid-enrolled)</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Most staff and clinicians are great</li> <li>• Feel 100% supported by leadership</li> <li>• Management and leadership are understanding and empathetic</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Availability and access to services for all community members</li> <li>• Staff/clinicians care about and have compassion for clients, including their empowerment and independence</li> <li>• Communication, supports, resources, and education for employees</li> <li>• Great clinicians. Staff are known to the community on a first name basis</li> <li>• High demand for services</li> <li>• Partnerships with housing, hospitals, and schools</li> </ul>
<b>Consumers &amp; Families</b>	<ul style="list-style-type: none"> <li>• Communication with ComWell is much better</li> <li>• Communication is crystal clear and perfect</li> <li>• Very caring/empathetic/supportive employees</li> <li>• Parents and guardians are invited to meetings for I/DD clients</li> <li>• Communication and openness and creative thinking to provide best services, and partner</li> <li>• ComWell's people – they care and want to be involved and make a difference</li> <li>• Putting forth an effort to find job placements in the community for I/DD individuals (before DHS set the expectation)</li> <li>• Doing more one on one activities with clients and individual programming to meet individual needs/preferences</li> <li>• Responsive</li> <li>• Prompt</li> <li>• Safe and secure feeling while at location</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• ComWell services are readily available</li> <li>• Willingness to collaborate</li> </ul>

- ComWell is committed to helping individuals with mental illness and/or developmental disabilities, which has improved the lives of their clients
- ComWell is always at the table - listening and adding new services
- Partnerships
- Expansion of ComWell's crisis team
- ComWell is a driver – pulls in resources, grants for the community
- Outpatient services – counseling in Randolph and Washington counties
- School counselors
- ComWell has provided uninterrupted services which has helped to keep students in services

### Weaknesses

<b>BOD</b>	<ul style="list-style-type: none"> <li>• Recruitment and Retention</li> <li>• Marketing/Advertising</li> <li>• Finances and Budgeting</li> <li>• Involved in all areas tied to current mission. Any new services would creep outside scope of current mission.</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• High no show rates</li> <li>• Physical space challenges</li> <li>• Need management approach that can effectively and independently supervise and train staff</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Struggling to keep people in services due to workforce constraints</li> <li>• Not able to have full complement of staff at sites, especially during open access day or walk-in service day</li> <li>• Staff are frustrated with constant change</li> <li>• No consistent communication/training in place on new initiatives; each department has different onboarding protocol for staff</li> <li>• DD disconnected from MH/SUD</li> <li>• School staff also feel separate/siloed</li> <li>• Pool of qualified applicants are slim – COVID and lack of in-person educational opportunities have impacted the quality of training/education for new hires</li> <li>• Many fail-to-show/cancellations from clients - need to work with clients on accountability</li> <li>• Recruitment challenges has led to holding onto lower performing staff which impacts accountability. Need to set and enforce a consistent level of expectation for staff.</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Training for new employees is inadequate</li> <li>• Open access has been a challenge – clients come in with the expectation of receiving treatment and can be frustrated.</li> <li>• Job training inadequate; need a supplement to Relias/zoom training</li> <li>• DD services are siloed</li> <li>• Not able to get all “hours of care” or “paperwork” because they spend too much time driving clients. Some type of better transportation system.</li> <li>• Lack consistent communication channels across the organization, including maintenance issues at clinics</li> </ul>
<b>Consumers &amp; Families</b>	<ul style="list-style-type: none"> <li>• Need improved communications on cancellations, appointment changes, and clinician changes</li> <li>• Lack of information on what changes are being implemented at ComWell and how it will (or will not) impact current clients</li> </ul>

	<ul style="list-style-type: none"> <li>• A shortage of staff/available appointments. It's difficult to control this without financial aid and people on hand, so either one being too low would see a decline in treatment</li> <li>• Lengthy waiting period</li> <li>• Limited office space</li> <li>• Need improved management of office staff scheduling clients for appointments</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Best kept secret – need to get the word out</li> <li>• Services are cost prohibitive for individuals not on Medicaid</li> <li>• ComWell needs to take ownership for communication with parents regarding students receiving school-based treatment. If there is a planned schedule change or an anticipated vacancy, it would be helpful for ComWell to communicate directly with students/families.</li> </ul>

## Opportunities

<b>BOD</b>	<ul style="list-style-type: none"> <li>• Improved Marketing/Advertising</li> <li>• Provide alcoholism treatment for DUIs</li> <li>• Expand services to older adults</li> <li>• Services tailored to the growing Hispanic populations</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Accessibility to services and expansion of services</li> <li>• Education, training and communication</li> <li>• Marketing and advertising</li> <li>• Expanded SUD programs – services for employees who need drug testing; drug courts that mandate treatment can drive certain referrals</li> <li>• In Sparta, there is an older/geriatric community with BH needs</li> <li>• Services for prison guards with trauma</li> <li>• Wraparound services/whole family treatment: early childhood/school based &amp; children, early intervention (gap in Randolph County), play therapy, existing parenting class needs EBP and improvement</li> <li>• Hispanic/Spanish speaking population have emerging BH needs</li> <li>• DD clients need increased CILA spaces especially as parents get older</li> <li>• Opportunity to interface DD with School Based services and DD into crisis services</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Improve coordination across leadership and management</li> <li>• More shared time to identify strategies to execute on new priorities (quarterly meetings, all staff meetings)</li> <li>• Improve agency wide communication, including planning across departments for space.</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• More internal and external advertising/marketing on the range of ComWell's services, including community partnerships</li> <li>• Shorter wait times, improved referral and assessment process</li> <li>• Hire more clinicians and staff</li> <li>• Improve data sharing so staff know what areas have capacity/openings.</li> <li>• Improve transparency to the community and partners on the length of the wait list.</li> <li>• Use risk stratification to pair clinicians with consumers based on need rather than strictly based on availability. More specific than MH and SUD (trauma counselors, etc.). Evaluate urgency/severity to target interventions.</li> <li>• Delegate more staff to assessments to improve wait times for individuals who do not need therapy.</li> <li>• Identify strategies for clinicians to fulfill clinical hours if there are cancellations or no-shows (i.e., open access coverage)</li> </ul>



	<ul style="list-style-type: none"> <li>• Grow our peer/recovery coaching program. Not advanced degrees but equipped to support individuals in case management.</li> <li>• DD is underrepresented in the organization.</li> <li>• Future trainings should be in-person.</li> <li>• Add practical application to trainings and provide shadowing opportunities to new staff (i.e., working orientation)</li> </ul>
<b>Consumers &amp; Families</b>	<ul style="list-style-type: none"> <li>• More after hour appointments and transportation options for families who have difficulty making appointments</li> <li>• More recreational/social opportunities for DD clients</li> <li>• Transition services are needed. This area is limited in options. Most of the services are in the urban areas</li> <li>• Limited to no services available when kids age out</li> <li>• Time it takes for a client to receive services</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Employers who want to employ special needs populations are providing all of the training, need support providing additional supervision/support/training. Expensive for employers to manage and train.</li> <li>• Need improved communication with employers. Job coaches and care managers should communicate with employers to assist in making informed decisions based on common behaviors.</li> <li>• Need BH services expanded within the schools. Need to consistently have the position (school counselors) filled and available.</li> <li>• Match counselors to clients to ensure better fit to client needs (cognitive ability, planning). Counselors need to be educated in the issues that particular person has. Do a full case study before meeting with an individual.</li> <li>• Parenting classes and supports linked to school-based services.</li> <li>• Schools would like more social workers on-site</li> <li>• Hold psychoeducational groups at schools on social emotional learning standards</li> <li>• Using paraprofessionals/non-licensed professionals for assessment/triage services</li> <li>• Opportunity to recruit recently retired individuals from State MH agency</li> <li>• Electronic intake process to reduce need for entry level manpower</li> <li>• More telehealth (particularly for younger people)</li> <li>• Group options that serve as a check in (monthly) post counseling services to prevent condition re-exacerbating, support groups via zoom (NAMI saw an increase when they shifted electronically)</li> <li>• More frequent, ongoing data, including waitlist information (internal employees need that data as well)</li> <li>• Continue to link clients who are ready for full or part time employment with local employers that are ready to work with them to make them successful on the job.</li> <li>• Strengthen Core Services Focus on Staff Recruitment &amp; Training More Outreach to Employers - Find Employment for Clients</li> </ul>

### Threats

<b>BOD</b>	<ul style="list-style-type: none"> <li>• Cuts or changes to funding</li> <li>• Ability to hire commensurate with growth</li> <li>• Regulatory Environment</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Recruitment and Retention</li> <li>• Scalability to Keep Pace with Recent Growth</li> </ul>

	<ul style="list-style-type: none"> <li>• Need improved documentation and checklists.</li> <li>• Need to formalize P&amp;Ps and adopt a consistent dissemination approach</li> <li>• Develop assessment process for new staff as part of onboarding</li> <li>• Need consistent, defined supervision and training</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Not able to hire new clinicians because current clinicians are not meeting hours of care</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Lack of transportation for clients</li> <li>• Staff safety</li> </ul>
<b>Consumers &amp; Families</b>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Cost barriers for individuals not on Medicaid</li> <li>• Vulnerable people can fall through the cracks</li> <li>• Need consistent, professional therapy approaches that do not retraumatize clients</li> <li>• Huge need in this community – one organization cannot do it alone</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Insurance barriers that impact access.</li> <li>• People don't understand or know the services ComWell provides</li> <li>• Growing Pains</li> <li>• It is frustrating to parents of our students, when we do a referral but they then learn they do not qualify for in-school services based on insurance.</li> </ul>