

Community Resource Assessment- Bond County

Leadership Center Agency: Chestnut Health Systems

Type of Report: Community Needs Assessment – Bond County

Setting: Rural

Total Number of Residents: 16,725

Number of School-aged Youth: 1,975 in public schools (no private schools in county)

Total Number of Schools: 6 public schools

Total Number of Institutions of Higher Learning: 2

Total Number of Treatment Facilities: 1 facility: Prairie Counseling – Outpatient only

Total Number of Coalitions/ROSC Councils: 1 ROSC Council

Identified Gaps Across the Continuum:

- 1. Health Promotion:** Lack of education materials for youth and adults perpetuates misinformation and stigma. Lack of trauma-informed care and resources is an additional risk factor. Minimal community recreational options available.
- 2. Prevention:** No formal evidence-based classroom instruction and no community education available. No early screening process for at-risk youth.
- 3. Intervention/Harm Reduction:** One “in-county” MAR prescriber, but still a lack of government, agency, and community understanding regarding MAR. In county NARCAN® distribution locations-Prairie Counseling Service, Greenville Police Dept, Bond County Sheriff’s Dept, HSHS hospital, and Pocahontas Village Hall. Limited community readiness for harm reduction.
- 4. Treatment:** Only 1 SUD counselor in county who provides outpatient services, no residential or IOP options within the county. Limited substance use screenings or coordination between law enforcement, legal system, medical community and treatment providers.
- 5. Recovery Supports:** Increasing weekly meeting options including AA, SMART recovery, other 12-step, Celebrate Recovery, other Faith based options, Healers, and CRAFT for families. One maintenance MAR prescriber in county, no structured sober living or step-down housing opportunities, limited transportation options, and limited childcare options.

Historical Overview, Geographic Markers, and Demographic Trends

Bond County, with a population of 16,725 (2020 Census) is described by its citizens as small but mighty. As one of Illinois’ smallest counties in both size and population, Bond County is described by many citizens as a conservative, service-minded, and community used to pulling itself up by its and being self-reliant. According to the Bond Historical Society, this county was one of the counties when Illinois applied for statehood. one of the oldest cities in Illinois, is both the and the county seat for Bond with a population of



generous bootstraps County original 11 Greenville, largest city 6,375.

The county is divided into 9 Townships, each with elected officials. Though adjacent counties have

its own some cities

City	Population
Greenville	6,375
Mulberry Grove	599
Old Ripley	106
Pocahontas	852
Smithboro	182
Sorento	478

and towns whose formal boundaries extend into the county’s geography, Bond County has fully within its borders 6 primary cities listed to the left in alphabetical order with population data obtained from Home Town Locator 2019.

In terms of land use, Bond County is largely agricultural with just over 70% of its 245,100 acres zoned as agriculture. According to the USDA 2017 Census of Agriculture, there are 637 farms ranging in size from 1 acre to 1,000+ acres with a total of 47 farms in the latter category in Bond County. Approximately 87% of the total agriculturally zoned land is used as cropland with significantly smaller percentages for pasture and woodland.

Interestingly, because of Bond County’s geographic adjacency to Madison and other counties with much larger populations, it is often considered to be a “metro-urban county” as defined by the state of Illinois; however, many citizens of Bond county would define their community as rural, which is further supported by the role agriculture has played in their economy, lifestyle, and culture over the last several decades. It is important to note that historically agriculture has been used as the primary determinant for whether a community was considered rural; however, the latest trends suggest other industries beyond farming are integral parts of today’s rural communities and this trend is now a part of Bond County’s history, as well (U.S. Department of Agriculture, 2017).

Although farming and agriculture represent significant use of the land, it is no longer the leading industry, or primary means of employment. Some community stakeholders commented that the mechanization of family farms has contributed to the loss of purpose and increased boredom and downtime for younger generations in the community. While the (not seasonally adjusted) unemployment rate in Bond County was 3.5%, and below the U.S. average of 4.2%, many of the jobs held by residents are opportunities in neighboring counties (U.S. Bureau of Labor, 2021).

Yet, the Greenville City Council shared in a meeting the fact that over the past 10-12 years (pre-COVID) approximately 900 jobs had been created or retained in the community, while at the same time the number of people commuting to Greenville over that time had increased to between 1,200 and 1,500 during that same time period. In other words, the creation of jobs in Bond County does not always translate into jobs

for residents of the county and many residents seek employment in other counties. Unemployment spiked to 12.5% during COVID-19 and has since come down to below 6%. Both stakeholders and the HSHS Community Needs Health Assessment suggest that the largest barrier to lessening the unemployment number is a lack of child care. Many facilities were forced to close during the pandemic and have not reopened.

To further support identifying Bond County as rural, the Illinois Institute for Rural Affairs provides “A Snapshot of Rural Illinois” which discusses many trends regarding Illinois demographics: rural depopulation, an aging rural population, socio-economic distinctions (including lower wages, higher unemployment rates, and lower levels of educational attainment), and a variety of barriers to healthcare, broadband, education funding, and public transportation. Though Bond County is considered a metro county in this research, due to its adjacency to Madison County, the trends of a rural county are more in line with the quantitative and qualitative data collected during this needs assessment, in particular the depopulation and access challenges.

Using 2020 US Census Data, an immediate comparison can be made in population density; Bond County has 44 people per square mile whereas Madison County, the largest adjacent county, has 372 people per square mile. Though overall population has decreased, the aging population reveals that Bond County has a higher percentage of people over the age of 65 at 19.4% than the state’s average of 16.1%. According to the Census Bureau, this population requires a different set of specialized medical and rehabilitation services, as well as innovative housing and public transportation options that are not currently available and/or accessible within the county.

Demographically, US Census Data indicates that Bond County is primarily White (Non-Hispanic). The Black population has increased significantly in the last 10 years, along with small increases in Native American residents, while Hispanic and Asian populations have remained the same or decreased. The age span distribution shows youth ages 5-17 as the largest population, but if the two oldest categories are combined, the largest population for Bond County becomes ages 65+. The median age in Bond County is 41.6 years while the median age in Illinois is 38.1. Additionally, the demographics show a slightly larger male population at 52% (U.S. Census Data, QuickFacts, 2021).

The overall median household income for Bond County is \$57,289 which is 14% below the Illinois average of \$65,886. (2019, American Community Survey). Using 2019 numbers from DATAUSA, the poverty rate for Bond County was at 14.2% which is higher than the national average of 12.3% and the state average of 12.5%. In 2019, the number of males aged 18-24 living in poverty was nearly double the state average, and males and females combined in that age group represent over 22% of the impoverished demographic for Bond County.

The health of a community goes beyond demographic and financial measures to include a variety of factors that influence how long and how well residents live. The County Health Rankings & Roadmaps consistently places Bond County in the lower middle range for health outcomes (meaning it consistently ranks below average for current residents’ health). There has been great variability in the last 10 years for health factors, specifically, 5 years in the 25-50th quartile, 4 years in the 50-75th quartile and in 2021 it was in the 75-100% quartile. The table below highlights some of the key findings:

A higher number of poor physical and mental health days has contributed to Bond County being in the lower 25%-50% for health outcomes 10 out of the last 11 years. Survey respondents reported 4.2 poor physical health days and 4.5 poor mental health days in the last 30 days. This translates into almost 1/3 of days during a

County Health Rankings 2021	Bond County	Illinois
Premature Death	7,800	6,600
Poor Mental Health Days	4.5	3.8
Alcohol-impaired driving deaths	31%	31%
Adult Smoking	21%	16%
Primary Care Physicians	1,660:1	1,240:1
Dentists	5,480:1	1,240:1
Mental Health Providers	660:1	410:1

given 30-day window where residents are not feeling, performing, and/or contributing to their community at their highest potential. Some stakeholders suggested that culturally the community’s self-reliance may impede seeking mental health care. Additionally, a lack of knowledge around mental health, a known precursor and co-occurring incidence with substance use, could be a barrier. One community stakeholder reported that, “People don’t know when to seek help or what to be looking for until it reaches a crisis.”

Interestingly, one area of strength cited in the report was an upward trend in the ratio of health care providers to residents. Though this ratio has improved, it should be noted that the current ratio is still more unbalanced than the state averages for primary care physicians, as indicated in the above table. As days of poor mental health and experiences of frequent mental distress increase, a ratio of 660 residents for every 1 counselor is a potentially large gap in services for meeting the needs of this community. In the 2021 Community Health Needs Assessment conducted by HSHS Holy Family Hospital and Bond County Health Department it was stated that, “The county rate of emergency department (ED) visits for anxiety-related disorders is nearly double the state rate at 60.84/10,000 compared to 36.91/10,000.”

The survey results reinforced many of the aforementioned socio-economic data points and continued barriers to access, including an upward trend in childhood poverty rates (17%), severe housing problems (13%), and a lack of broadband access (22%). One last measured health factor is violent crime; Bond County is significantly below average in this category, though incidence of sexual assault, especially with methamphetamine use, has begun to rise according to law enforcement records.

The HSHS Community Health Needs Assessment listed the following community health priorities for 2021: access to care, obesity, mental health, and ATODA (Alcohol, Tobacco, and Other Drug Use). However, housing was not identified as a barrier, rather as an economic challenge for community growth, and transportation was identified as impacting only 12% and not of significant consequence. This could, in part, be a reflection of the demographic of the survey respondents not fully representing the demographic of the population; according to stakeholders with lived experience and multiple service provider stakeholders nearly 100% of clients with substance use disorders in Bond County cite transportation as one of their primary barriers, especially during early recovery.

Before exploring the intersection of substance use and this community, a last sector to examine more closely is the youth and the school system. An obvious gap in data is the lack of participation in the Illinois Youth Survey (IYS). 0/6 is the number of schools that have participated in the IYS survey for the 30 years the survey has been in existence. For the upcoming 2024 survey, all 6 schools are being encouraged to register.

Within the county lines, there exists a portion of 6 different school districts and 2 higher learning institutions, Greenville University and Kaskaskia Community College. The two predominant Pre-K-12 districts are Bond County Community Unit School District #2 and Mulberry Grove CUSD #1. There are no private or parochial school in the county.

BC CUSD#2 contains the following schools: Greenville High School, Greenville Jr. High School, Greenville Elementary School (PK-5), Pocahontas Center (PK-8), and an Early Childhood Center. MC CUSD#1 contains Mulberry Grove Sr. High

Mulberry Grove Jr. High School, and Grove Elementary School. According to the Report Card, the table above provides demographic information and the chart denotes the population distribution across

The following table, also populated with

Ethnic Breakout	BC CUSD#2	MG CUSD#1
White	88.40%	92.50%
Black	2.40%	1.40%
Hispanic	0.80%	2%
Asian	0.10%	0%
NHPI	0.10%	0%
American Indian	0.10%	0%
Two or more Races	5.80%	4%

School, Mulberry ISBE below each grade: 2020 ISBE

	Pre-K	Kdg	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Total
BC CUSD#2	62	98	111	104	102	105	121	120	122	137	143	142	137	125	1,629
MG CUSD#1	20	24	20	18	22	17	29	29	22	34	33	22	26	30	346

Report Card data, compares both school districts with the state across various demographic and educational milestone markers (noted exception – Chronic Absent/Truancy Rates are from current year report card and may be impacted by COVID-19). Data that is above or below state averages in a detrimental way are highlighted:

Area	Low Income	Home-less	Chronic Absent/Truancy Rates	Student Mobility Rate	Kindergarten Readiness			% of 8 th Graders Passing Alg. 1	4-year grad rate	Post-secondary Enrollment Rate	Drop-out Rate
					Social & Emotional	Language & Literacy	Math				
BC CUSD#2	46.6%	0.9%	16% 16.9%	6.6%	56%	65.4%	50.5%	38.7%	91.9%	60.7%	2.5%
MG CUSD#1	54.6%	5.2%	14% 13%	12.3%	44%	40%	20%	16.1%	84%	64%	1.9%
State of IL Avg.	48.5%	2.0%	21% 22.8%	6.2%	56%	47.1%	34.6%	30.8%	88%	70.3%	3.5%

It is evident from this data that Mulberry Grove CUSD#1 is not tracking with state averages on several data points. At double the state’s homeless and student mobility rates, and significantly behind in each Kindergarten readiness marker and the 8th grade math marker, further investigation in how to support this school district is warranted. Bond County CUSD#2 is tracking with state averages in a positive manner on most markers except student mobility rates. Even though low income rates are below the state average, this district is still faced with nearly half of its students being considered low income and has a significantly lower percentage of students that enroll in post-secondary education or trade-school opportunities than the rest of the state. Coupling both school system’s data with socio-economic trends across the entire community, it will be important to monitor and identify systemic opportunities to further support the development and readiness of school-age youth and transitions into opportunities post high school graduation, especially in light of the importance of offsetting risk factors like these with adequate

protective factors. Noting the increased rate of poverty for the 18-24 year old age group, both males and females, emphasis on this transition period may require priority focus.

According to stakeholders with knowledge and/or experience in the school system, the elementary and middle schools report having very few instances of substance use. They experience more interaction with students who are children of parents with addictions – some in active use, some in treatment, and some who have been incarcerated. The mental health crisis that existed pre-COVID has intensified, with many people reporting that the behavior they are seeing at all ages of youth is more typical of the month of May (end of school) than three months into a new school year. This conclusion was based on teachers and staff observing lower attention spans, more instances of disruptive behavior, and feelings by students and staff of being “done” or burned out. Several stakeholders also indicated that there were more reports of anxiety, depression, and fatigue which they attributed to the return to a structured environment after many months of virtual or hybrid classroom experiences.

Several stakeholders identified a huge increase in vaping use in middle schools and high schools in Bond County. They also cited other post-COVID challenges and concerns (e.g. now that students have to bring their own drinking container, is it possible to bring in alcohol that goes undetected?) Without IYS data, it is difficult to know the severity of substance use in youth, including vaping in this county. Noting that the county has been at or above average for many of the statistics, the National Institute on Drug Abuse (NIH) reports that in 2019, 9.6% of 8th graders, 19.9% of 10th graders and 25.5% of 12 graders have vaped in the past 30 days. This would equate to almost 100 students vaping in just those 3 grade levels alone.

Bond County utilizes a student stability tier system amongst school staff. Teachers and School Counselors are generally Tier 1; specialized counselors who are trained and/or licensed to perform a higher level of care for some crisis, mental health and substance use issues are Tier 2; and Tier 3 would generally be further specialized and consists mostly of referrals to other providers trained in crisis care or in-depth assessment and treatment. Due to the limited services available in the county, and the long wait times, many feel compelled, especially with self-harm situations, to refer to places like Chicago or Springfield. School policy manuals mention contraband, but do not clearly explain behaviors and consequences related to substance use.

Substance-related Data and Trends

Historically, Bond County has had a longstanding and controversial relationship with substances, alcohol in particular. Greenville College (now Greenville University) was (and is) a faith-based institution with rigid rules regarding social behavior that shaped much of the town’s policies regarding the availability of alcohol. While originally both staff and students signed a community standards agreement prohibiting alcohol, tobacco, and dancing, currently the agreement is less stringent in all areas, and alcohol prohibition is required only for undergraduate students.

In 2010, when Greenville University lightened its stance with further modification in 2016, the historically “dry” towns of Greenville, Sorento, and Mulberry Grove followed suit from a regulatory perspective; however, package liquor is the primary type of alcohol available, 11 years after the change. Even with this change, many residents still “hide” their consumption. Students continue to sign a behavioral contract, but according to community stakeholders, they are given opportunities for help, should they have any difficulties adhering to the rules. In other words, they are not immediately expelled for substance use

infractions. Jubilee House is a counseling group in Greenville that is under contract to work with university students on mental health, substance use, and other concerns. Many residents describe their relationship with the University as a “love-hate” relationship; with some attributing the lack of local economic growth to the University’s stance on alcohol, in particular, citing that restaurants and bars took their businesses to other nearby cities and that has slowed economic growth opportunities in Bond County.

Even though the town was dry for decades, many stakeholders from older generations remember their parents driving to a store in Pocahontas or Vandalia to buy beer, then closing the garage door while unloading the car so that the neighbors wouldn’t see the alcohol. One stakeholder remembered trips with his father who socialized with “the guys” on a Sunday afternoon for a few hours in a neighboring town that served alcohol at the local tavern. Based on anecdotal information, residents of Bond County have gone to great lengths to hide their use, which may be a contributing factor to the stigma and misinformation that exists around substance use and continues to make it a difficult environment for recovery. Regarding substance use disorders (SUDs), several stakeholders reported a community perception of, “if ‘they’ would just leave, then our community wouldn’t have any problems.” Community members with lived experience and their families shared how difficult it is to be on the receiving end of this attitude and report feelings of anger, shame, the need to hide the behavior and the struggle, and the frustration of feeling alone in facing the challenges that SUDs bring.

Many stakeholders report how this stigma increases the challenges associated with seeking help, including the possibility of being seen going in or out of the counseling services at the health department or attending recovery meetings. This is also an environment where one’s last name means something – in both directions. Community members shared stories of the impact of having a “bad” family name; the odds of thriving in the community were lessened significantly due to an inability to escape your family’s past which has perpetuated certain peoples’ ability to alter what feels like their fate. This has led to some service agencies reporting that when helping individuals and families there is a feeling of hopelessness. This belief has been reinforced, at times, through regulatory and judicial systems that do not always understand trauma-informed care, MAR, and the nature of addiction as a disease. As described by several stakeholders, there exists a “double-edge” that can work for or against individuals based on family name. One agency stakeholder explained that, “because it is a small community, those in positions of authority really want you to succeed, they know you or your parents or grandparents, and they want to help. At the same time, that means they know all about you, which can cause the system to feel unfair or biased or you may have differing views of what is actually helpful because they have history with the family of people entering the system and know more (and sometimes assume more) than the facts alone suggest.”

Many stakeholders who have been impacted by access barriers and many stakeholders who serve those who have been impacted cited basic systems of community infrastructure: housing, broadband, transportation, child-care, and employment opportunities as significant challenges. Additionally, these particular barriers are often related; in other words, if a community member experiences difficulty with one area, it often leads to challenges with the others. These barriers are contributing factors to the systemic challenges that perpetuate unequal access across the state of Illinois. For example, a stakeholder with knowledge of the foster care system explained that a lack of child-care impacts the foster care system because fewer families can welcome children into their home while maintaining their employment. This, in turn, increases the possibility of trauma for children and can also lead to delayed social and

developmental skills; which can lead to lower readiness and performance in school; which can lead to an inability to launch and increased potential for substance use at a younger age.

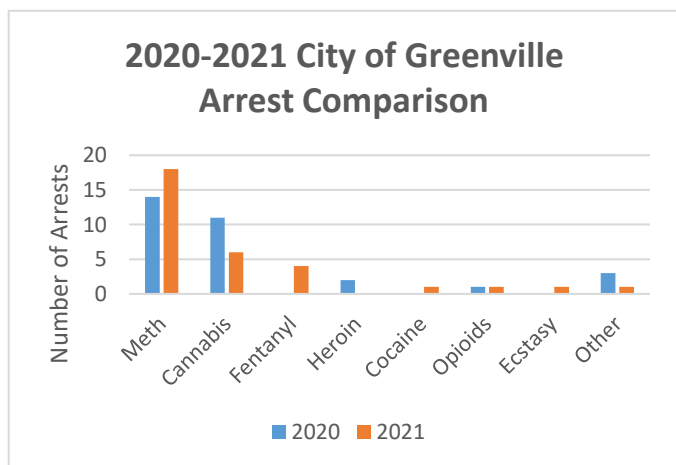
Most describe the people of Bond County as generous and giving, which is evidenced by the charitable programs many churches and agencies offer to help people in need. In talking with representatives from the faith community, the services are intended to be short term, but often the individuals requiring the services need assistance for much longer than intended. Because there isn't an integrated system of care and service offerings, a stakeholder reported that some individuals in need receive monetary assistance from one church and frequent other organizations for food and additional types of support, thereby impacting the pool of available community resources. These programs, many managed through the Ministerial Alliance in both Greenville proper and Mulberry Grove, are designed to help all people, not just those experiencing a substance use disorder. Some stakeholders expressed a desire to have a more unified system of support rather than the existing "silos" of community resources.

In every interview, and supported by quantitative data from the Coroner's Report and law enforcement arrests and calls, methamphetamine is the substance of primary concern in the county. Of secondary concern is alcohol and marijuana, especially among youth, but these substances have been normalized for the community so they aren't thought of as the "problem" substances. According to law enforcement and other agencies, the majority of drugs come into the county via the direct pipeline that is I-70/270 from St. Louis. Dealers living within the county are crossing the river and picking up what they can almost daily, and then distributing it amongst friends. Generally, those seeking substances will front a sum of money and wait for the dealer to return. Marijuana is typically brought back the same way, and due to the higher costs and tracking of dispensaries, youth are buying street weed.

Historically, due to available farming chemicals and rural buildings, meth was being made locally; however, Methamphetamine has become so cheap and readily available that dealers and users are no longer making it themselves. One theory offered by a community stakeholder regarding the increase in methamphetamine use is when the nationwide focus shifted to the heroin epidemic, shining the spotlight on users, they had to find and access other ways to get high. Marijuana use has not declined and, in fact, continues to increase along with alcohol use.

Law enforcement officers report that currently 90% of their cases involve methamphetamine, 5% opioids, and 5% marijuana. In Greenville alone there have been 31 arrests through October 2021 where substances were involved, and 32 total arrests in 2020.

The chart compares the substance related distribution shift from 2020 to 2021. Things to note include a nearly 30% increase in methamphetamine related arrests in 2021; a decrease in cannabis related arrests; an increase in fentanyl related arrests, and a decrease to 0 arrests for heroin related offenses – the latter two is most likely the result of a national trend that has resulted in heroin no longer being available on the streets, leading to an increased presence of fentanyl.



2020. arrests Things a 45% 400% result heroin leading

The Bond County Probation Department reports that over 75% of all cases are directly or indirectly associated with substance use. While there is no Drug Court in the county, the office utilizes community service, drug testing, curfew monitoring, a web-based curriculum provided by Third Millennium (an evidence-based education program), restitution, and low risk supervision as management tools within the department. They report that 70-80% of individuals coming through the department have a high school diploma at the time of their arrest and another 10% earn their GED while under supervision. There exists many viewpoints on how best to handle substance related cases in the court system; some stakeholders in the county want strict compliance and strong penalties, yet others, especially those who are making progress, feel stymied by the “ever-changing” requirements and lack of support including the costs in both money and time to navigate the system. Other stakeholders expressed a need for consistent and increased support for those in probation, citing a need for basic life skill education and access to resources for mental health and substance use as part of the probation program.

Coroner’s Data for Bond County reports 26 alcohol-related deaths since 2014, 4 of which occurred in 2021 (data through October 2021); 2 were driving fatalities and 2 were related to illness from chronic alcohol use. The Report also includes 6 drug overdose (OD) fatalities in 2021, the latter of which represents a 100% increase from 2020 with 3 OD deaths and an even larger increase from 2019 where 2 deaths were reported. 2019 data from the Illinois Health and Hospital Association indicate that 36 people presented in the local ER as a result of overdose and intoxication in that same year.

All 6 overdose deaths in 2021 had methamphetamine in their systems at the time of death; 4 of those 6 also included Fentanyl, 1 multiple additional substances, and 1 only methamphetamine. By examining the OD numbers per 100,000 people, a comparison with most U.S. 2020 numbers (93,331 OD deaths) reveals that Bond County, with a population of 16,725, is tracking well above the national average in 2021: Bond County 36 people/100,000 compared to U.S. 29 people/100,000. The following is a fact-layered perspective on the scope of methamphetamine use in Bond County:

- 1) According to the 2020 National Survey on Drug Use and Health (NSDUH), an estimated 1,722,000 in the U.S. used methamphetamine in the last 30 days; this translates into 522 people/100,000 for the entire U.S.
- 2) Scaling this number to the relative size of Bond County, indicates that approximately 88 people would have used methamphetamine in the last 30 days. When discussing this statistic with community stakeholders with community use knowledge, all respondents felt the estimate was low and doubling it would be a more accurate representation. In other words, upwards of 170 individuals.
- 3) Given 88-176 people have used meth in the last 30 days, according to NSDUH, 25% use injection as their primary means of using meth – which translates into an estimated 22-44 people who may not have safe syringe access, which could be a contributing factor to the 11 active HIV diagnoses (only 2018 data available).
- 4) NSDUH further states that 50% meet the criteria for a DSM-5 methamphetamine use disorder – in Bond County that could mean as many as 44-88 people who need treatment. This fact does not include other substances like alcohol, marijuana, or opioids.
- 5) The current ratio of counselors to residents is 660:1 in Bond County, which is well above the state ratio or 410:1. This suggests a gap in the county’s ability to serve the population in need,

should a percentage or all of this population seek treatment and intervention on top of the existing mental health crisis.

- 6) This systemic view illustrates why many agencies and service providers feel the need for services is outpacing the availability of already limited resources.

Assessment of Available Resources

Many initiatives have been implemented in Bond County over the last year, most notably the work of 3 different grants, that has made some services more accessible:

- 1) The State Opioid Response (SOR) grant, as part of a harm reduction program, has distributed more than 75 NARCAN® Kits in Bond County during 2021 with invitations to participate in training sessions. This form of harm reduction has been accepted by many as an important way to save lives in the county, but some stakeholders report frustration that more effort and attention is being placed on harm reduction rather than prevention, especially with youth.
- 2) An IDHS/SUPR grant has made the formation of a ROSC Council possible in Bond County. This council has been growing in size and impact since March 2021. It has conducted a needs assessment, created a strategic plan, and has already implemented several events through its membership and leadership team.
- 3) To address Medication Assisted Recovery (MAR) in the county, a SOR A-MAR grant has made possible a few programs including a Hub & Spoke program with Chestnut Health Systems, the availability of a peer recovery coach who is now leading a Medication Assisted Recovery Anonymous (MARA) meeting each week, and a subcontract enabling Prairie Counseling to hire a part-time case manager to better assist clients.

With regard to medication as a treatment option, previously, there was only 1 doctor writing scripts for buprenorphine medications in the county. This person continues to come into Bond County one Saturday a month, but does not regularly write scripts for maintenance doses. Rather, they utilize MAR as a withdrawal management option only. The Hub & Spoke expansion has seen an increase in the number of 30 day scripts being processed by local pharmacists. According to ILPMP data detailed in the table below, there were 40 residents in Bond County receiving scripts for burprenorphine and a total of 393 scripts filled in the county. Of the scripts written, there is no accessible data on ILPMP to indicate the average duration of these scripts to confirm whether the majority were withdrawal management or maintenance scripts.

<i>Total Buprenorphine Patients per County</i> (the total number is based on the patient's location)	40 patients
<i>Total Buprenorphine Prescriptions per County</i> (the total number is based on the location of pharmacy where the prescription is dispensed)	393 prescriptions
<i>Greater than 90MME on Average per Day</i> (patients who have been prescribed greater than 90MME (Morphine Milligram Equivalent) on avg./day)	21 patients

There are a number of wraparound services within the county that have been the primary means of support for many years. The Bond County Health Department has Prairie Counseling Services as the primary available option for youth, family, mental health, and substance use counseling. Reactions to the service offering is varied across the community. On one end of the spectrum stakeholders report having had great experiences and rave about the services. Others are more neutral stating that the services are sufficient but express concern that they do not offer trauma-informed care and may not be adept at youth counseling or severe or complicated disorders. At the other extreme, a few stakeholders shared that they wouldn't consider going there and shared a variety of reasons including, 1) "I don't want to be seen there because it is a small community and people will know I have a problem", 2) "I have heard they aren't any good", and 3) "I didn't have a good experience – if I miss a session I have to pay money each week until I can come back and if I miss 2 sessions, I am no longer able to go there for services."

In addition to this assessment, there have been a couple of needs assessments conducted for this county due to grant requirements in the last few years. The assessment conducted by the ROSC in 2021 also indicates access to treatment as a weakness facing this community. It identifies a lack of collaboration and understanding between service providers and existing supports, a lack of follow-up after overdoses and overdose interventions, the impact of having no drug court in the county, and the limited number of support resources for people who return to the community after treatment as primary challenges facing the community. Additionally, the ongoing barriers of transportation, housing, local and available treatment centers, and community stigma are challenges that lead to a low self-referral rate for this county. This needs assessment corroborates the findings from the ROSC assessment.

The Rural Community Opioid Response Planning (RCORP) also conducted a recent assessment of Bond and neighboring counties. It further verified a gap in available treatment services, specifically ASAM level II-IV, as well as withdrawal management (detox) services, unreliable transportation options, recovery support for individuals working on long-term recovery, and linkage to care and treatment. It also noted, as was confirmed in this assessment, that stigma impacts the implementation of programs and needs to be addressed for progress to be made. This was further supported by comments from stakeholders indicating that many community members see substance use disorders as a choice and a moral failing, which makes it difficult to get full community support to allocate resources for new programs.

Gap Analysis Across the Continuum of Care for Substance Use and Barriers to Access

The continuum of care is a model that provides a meaningful framework when determining where gaps in service may exist for a community. To compensate for a lack of direct services to treat SUDs, Bond County offers a handful of wraparound services that are available for many groups of people, not just those with substance use disorders. While these services are outside the continuum of care, they do intersect with it in important and necessary ways (e.g. vocational training, food pantries, etc.). The last section of this document provides a spreadsheet that indicates which programs are currently offered, how long they have been in place, and where there are gaps in the array of available services; this section offers a narrative explanation of the service offering and gaps.

Health Promotion: Stigma is pervasive in Bond County and it will be something that they will need support in resolving and healing from on many levels. Individuals impacted by generational trauma and generational poverty significantly increase the possibility of substance use, and stigma intersects with each

of these in triggering and debilitating ways. A stakeholder from the faith community described the community's attitude toward addiction as a "mixed bag", stating that, "Some people understand it as a disease, others see it as a choice, and others see it as a moral failing. All want the problem to be addressed, but some would rather brush it under the rug and have it "go away" while others are ready to address it head on."

Prevention: Aside from some schools participating in Red Ribbon Week activities, there is no formal prevention program in the county. Pre-COVID, local police officers had a regular presence in the classrooms; however, this practice had to be discontinued and it was not based on an approved evidence-based curriculum. With no Substance Use Prevention Services (SUPS) provider, the limited resources that are trying to address and offer prevention information leads to a general lack of evidence-based practices which may be more harmful than helpful.

Harm Reduction: The distribution of NARCAN® continues to help save lives; however, additional training and increased access are needed in Bond County. The only access, aside purchasing from local pharmacies, is through grants that are being hosted by organizations outside the county; therefore, direct in-county access is lacking. There are no safe syringe access sites in the county and many stakeholders expressed reluctance to this type of service which suggests there is a need for education on harm reduction benefits and purpose at the community level. Additionally, understanding the philosophy that harm reduction includes services, but it is also an attitude of respect and dignity for those who have an SUD, is not a well understood concept. Some stakeholders fully understand it as a disease that can be managed, other stakeholders expressed concern in making it too "easy" to use substances.

Treatment: Prairie Counseling is the only treatment provider in the county and has 1 SUD counselor and 1 Crisis Coordinator. Additional counselors are needed and better access to other ASAM levels of care is critical for this community. There are no withdrawal management services, no MAR prescribers within the county, and no residential treatment options. The only MAR options for maintenance prescriptions is through the Hub and Spoke program.

If these services were available, transportation to and from them would continue to be a barrier. Services have been extended to the county jail through a kiosk that allows telehealth appointments, but telehealth, in general, is challenging due to the broadband access challenges that impact many throughout the county.

Recovery: Recovery is difficult in Bond County. Many cite the stigma and the small community aspect as the primary challenges, which makes it difficult for recovery meetings to have regular and large attendance. Secondary challenges include transportation, housing, and job opportunities. Because there is no drug court, many in this population have felony charges, a loss of license, and/or legal challenges with reunification which make it more challenging to access services.

Pending appropriate grant opportunities and resources to apply for them, the county continues to assess the viability of a crisis mobile unit, stabilization, recovery, and respite housing, and a warm hand-off program with local and nearby hospitals. There are no secular recovery meetings in the county and a limited number of AA and 12-Step meetings and only one MARA meeting; therefore, contributing to additional gaps in the continuum of care.

Transportation: The lack of Residential Care and in-county harm reduction options requires many residents to travel far distances (50-75+ miles) for residential care in Madison, St. Clair, and/or Sangamon Counties, some even traveling to Chicago. Due to the lack of MAR services, the hub and spoke program requires residents to travel to Granite City in Madison County (50 miles). Travel this distance assumes access to a car, money for gas, available child care, flexible employment, and available beds (for inpatient care) at the different facilities along with insurance coverage for treatment. All of these “assumptions” become barriers to access treatment.

Travel within the county can be challenging, but even travel within Greenville, the largest city, can be problematic. For example, to travel from Kingsbury Apartments, a subsidized housing unit, to Bond County Health Department and Prairie Counseling is a distance of 1.6 miles. If a person was willing and able to wait (interviewees indicated a typical wait time can be 2-6 weeks to see a counselor and up to 3 months to see the psychiatrist), they would have to walk over 3 miles round trip or arrange for transportation with Bond County Transit (which only operates on weekdays during normal business hours), and figure out childcare, if needed, and how to pay for both. Again, more barriers that can prevent access to local outpatient therapy.

Housing: If a person has a felony conviction, they are not eligible for subsidized housing. A person with lived experience said the hardest time (once a decision for inpatient treatment is made) is re-entry into the community; the stakeholder explained, “if you aren’t able to continue accessing services because of transportation, money, time, child care, etc., then you are back in the same environment, perhaps living with someone who still uses or having no social outlets other than what you knew before treatment. The prospect of going to meetings is daunting because you don’t know anyone in recovery, you may not be able to get there, and it is a lot easier to score more dope than to figure out how to get help.”

Broadband Access: Telehealth is often suggested as an option to address transportation, but the difficulty is that there are many homes lacking broadband access. Several stakeholders reported challenges, especially with COVID, of having youth be able to access schoolwork remotely, let alone people in treatment being able to access virtual therapy. One stakeholder reported seeing cars full of children sitting in the school’s parking lot in order to access broadband during times when all school sessions were remote. Though the library in Greenville and other business offer broadband access, transportation continues to be a barrier especially for more rural areas immediately outside the city limits, as well as smaller cities like Sorento and Mulberry Grove, where access is not available and/or families are unable to afford the service.

Stigma: Though mentioned in several locations throughout this needs assessment, it is important to re-emphasize the impact this has on someone’s readiness and willingness to seek help and the potential hurdle it represents to integrate the network of care. Community education is needed as a part of the community plan.

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.