

Community Needs/ Resource Assessment FY25 Coles County ROSC Council

Region: ROSC Region 4

Agency: Hour House

ROSC County: Coles County

Contacts:

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Purpose of the Community Needs/ Resource Assessment

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

Executive Summary- Coles County

Leadership Center Agency	Hour House
Type of Report	Community Needs Assessment- Coles County
Setting	Rural
Total Number of Residents	46,060
Number of School-aged Youth	5,786 in public schools and 400 in private schools; total of 6,186 school-aged youth
Total Number of Schools:	14 Public 3 Private
Total Number of Institutions of Higher Learning	3
Total Number of Treatment Facilities	1 inpatient 3 outpatient
Total Number of Coalitions/ROSC Councils	1 ROSC Council

United States Census Bureau QuickFacts, July 2024

Public Schools K12, 2011

Niche, 2024

Substance Abuse Treatment in Coles County, 2024

Demographics

As of the most recent data, the population shows a fairly balanced age distribution with 18.4% of the population under 18 years old, 62.6% aged 18 to 64 years old, and 19% aged 65 or older. Females make up 51% of the population, while males make up 49% of the population.

The racial composition is predominantly White at 91.9%, followed by African American at 4.3%, Asian at 1.0%, American Indian and Alaska Native at 0.4%, Native Hawaiian and Other Pacific Islander at 0.2%, and 2.2% identifying as two or more races. Hispanic or Latino

individuals account for 3.9% of the population. Veterans number 2,522, and 2.4% of residents are foreign-born.

There are 22,669 housing units, with a 60.4% owner-occupancy rate. The median home value is \$121,900, with monthly owner costs averaging \$1,210 with a mortgage and \$540 without. The median rent is \$793. In 2023, 30 building permits were issued. There are 20,335 households with an average of 2.12 persons per household, and 83.4% of residents have lived in the same home for at least a year. 4.1% of people aged 5 and over speak a language other than English at home.

From this we can determine that the majority of the population is White, speaks English, and is aged 18 to 64 years old.

Summary of Identified Gaps Across the Continuum

1. **Health Promotion:** Lack of awareness about community resources and limited awareness and confidence in accessing mental health resources.
2. **Prevention:** Barriers to seeking early support and limited youth prevention education & outreach.
3. **Intervention/Harm Reduction:** Lack of free/affordable public transportation and limited awareness and confidence in accessing harm reduction resources.
4. **Treatment:** Limited access to Medication Assisted Recovery (MAR) and treatment services. Need for additional treatment facilities and limited resources, space, and staff in existing treatment facilities.
5. **Recovery Supports:** Need for stable housing for those new in recovery and need for peer support for those new in recovery.

Point on Continuum	Identified Gap: Coles County	Ideas for Community Action Steps	Ideas for Partnerships with Outside Groups/Organizations	Ideas for Changes at the State Level – How can state funders help bridge this gap?
Health Promotion	Lack of awareness about community resources.	Promote via preferred channels like social media and email newsletters.	Partner with local event organizers, schools, and faith-based organizations for event dissemination.	Provide grants for community outreach and awareness campaigns targeting sober events.
Health Promotion	Limited awareness and confidence in accessing mental health resources.	Educational materials and informational sessions in libraries, jails, and community centers.	Collaborate with mental health organizations, local schools, and healthcare providers	Fund public education campaigns and resource directories.
Prevention	Barriers to seeking early support.	Continue stigma-reduction campaigns through schools, social media, and local events. Host educational workshops for parents, teachers, and community leaders on recognizing early signs of substance use & mental health struggles.	Partner with schools to include prevention education in curriculum and promote help-seeking behavior. Engage with faith-based organizations and community centers to provide safe spaces for support groups.	Fund public awareness campaigns about the importance of prevention and early intervention.
Prevention	Limited youth prevention education & outreach.	Ac in assists in the implementation of evidence-based youth programs like B.A.S.E.	Partner with schools and local youth organizations (e.g., Boys & Girls Clubs, after-school programs) to expand outreach.	<ul style="list-style-type: none"> - Support youth-led prevention initiatives with state grants for student-driven awareness projects. - Expand funding for school counselors & mental health specialists to provide early intervention.
Intervention/Harm Reduction	Limited awareness and confidence in	Educational materials and informational sessions in	Collaborate with harm reduction organizations, public health	Fund public education campaigns and resource directories.

	accessing harm reduction resources.	libraries, jails, and community centers.	departments, and healthcare providers	
Intervention/Harm Reduction	Lack of free/affordable public transportation.	Advocate for expanded public transit routes and create carpool schedules.	Partner with local transportation authorities, non-profits, and community organizations.	Advocate for funding for rural and low-income transportation initiatives and subsidize transit costs for vulnerable populations.
Treatment	Limited access to Medication Assisted Recovery (MAR) and treatment services.	Destigmatize and expand local provider training and education for MAR.	Partner with regional health centers and telehealth services.	Incentivize healthcare providers to offer MAR through funding and education.
Treatment	Limited resources, space, and staff in existing treatment facilities.	Advocate for increased local funding and support staff training, retention, donation and volunteer programs.	Collaborate with educational institutions to create internship and training pipelines.	Increase funding for treatment facilities to increase bed availability and staffing levels.
Treatment	Need for additional inpatient treatment facilities.	Campaign for the establishment of additional inpatient facilities and/or expansion of existing facilities	Partner with healthcare systems and non-profits focused on substance use treatment	Provide grants and incentives for opening new inpatient treatment centers
Recovery Supports	Need for stable housing for those new in recovery.	Advocate for expansion and development of transitional housing programs.	Partner with housing authorities to expand housing	Allocate funds for expansion of recovery housing.
Recovery Supports	Need for peer support for those new in recovery.	Promote existing peer-led support groups and establish groups in underserved areas.	Collaborate with recovery community organizations.	Allocate funds for education and promotion of peer support initiatives.

Coles County ROSC Community Survey Results, February 2025

Continuation of Gap Analysis (paragraph form)

The community faces several challenges related to substance use disorder (SUD) and mental health support. Key issues include a lack of awareness about available resources, limited access to affordable public transportation, and insufficient public awareness of mental health and harm reduction. To address these, strategies like promoting resources via social media and email newsletters, partnering with local organizations, and providing grants for outreach and sober events are recommended. There is also a need to advocate for expanded public transit, increased funding for treatment facilities, and more Medication Assisted Recovery (MAR) services. The community survey, with 387 responses, highlights that most people prefer receiving information through social media (78%) and email newsletters (56%). A significant portion of respondents know someone with SUD (84.5%) or a mental health disorder (91.5%). However, many are unaware of where to access sober events (64.5%), mental health resources (79.2%), or harm reduction materials (66.1%). Stable housing, peer support, and professional counseling are viewed as critical for those new in recovery. Barriers to seeking help include stigma, financial challenges, and lack of transportation. The majority support increasing government funding for treatment options (51.4%), though there's a perception that finding MAR and harm reduction services is difficult. Demographic data shows a predominantly non-Hispanic, White population, with varied age and income levels, and a slight majority identifying as female.

Many respondents took advantage of the 'Additional Comments' section to express concerns about the limited availability, accessibility, and quality of recovery resources in the area. Some examples are:

- *"Services are available, but those needing help exceed availability. Treatment providers have limited resources and would need double the funding to increase bed availability and 24-hour staff."*
- *"The services offered for mental health and drug abuse cases are very limited. While some exist, the current outreach and abilities lack a true recovery success."*
- *"Accessibility and quality of services should be the primary focus for providers and those who truly need the support. Mental health and drug abuse go hand in hand and accessing support is truly a challenging and finding effective support is next to impossible."*
- *"It would be nice to see other counseling services in the area who specialize more in substance abuse problems."*

This highlights the need for increased funding, specialized services, and more comprehensive support for both mental health and substance use disorders. There is a clear demand for expanded services and better outreach to meet the growing needs of the community.

SWOT Analysis

A SWOT Analysis consists of assessing the strengths, weaknesses, opportunities, and threats within a community. Within ROSC, we will be assessing the strengths, weaknesses, opportunities, and threats in relation to substance use treatment and recovery in Coles County.

SWOT Analysis of Coles County

Strengths:

- Established recovery frameworks
 - The Hour House coordinates a network of community-based services aimed at supporting individuals with substance use disorder.
- Comprehensive treatment services
 - Hour House offers a range of services including outpatient care, residential treatment, and recovery housing for both men and women.
- Community engagement
 - The Hour House and ROSC Council foster community involvement and provide sources for those in recovery by means of social media, local events, and educational resources.
 - Many organizations and businesses in the community have Drug Overdose and Prevention Program (DOPP) sites set up by Coles County ROSC. DOPP sites provide overdose prevention materials such as NARCAN®, which is a medication that prevents overdose.
- Strong recovery community
 - Coles County has a strong recovery community that fosters support for individuals seeking recovery. This includes programs like NA, AA, and CR.
- Law enforcement and court collaboration
 - Programs like Drug Court, Safe Passage, and Drug Assisted Recovery Team (DART) provide alternatives to incarceration for individuals with substance use disorder in Coles County.

Weaknesses:

- High poverty and food insecurity rates
 - Approximately 18.4% of Coles County residents live below the poverty line, which is higher than the state average of 11.7%.
 - Coles County faces a food insecurity rate of 16.1%, which is higher than the regional average of 13%.
- Basic needs as barriers
 - Without access to basic needs like food and shelter, individuals are more likely to experience stress, which triggers substance use disorder.
 - Substance use may be a coping mechanism for poverty-related stress, while substance use disorder can lead to job loss and deeper financial instability.
- Survival over sobriety
 - For individuals facing homelessness and food insecurity, day-to-day survival may take precedence over long term recovery goals.

- Limited access to mental health services
 - There is limited access to mental health services in Coles County, especially for individuals without qualifying medical insurance.

Opportunities:

- Expansion of recovery housing
 - There is a potential for increasing the availability of recovery housing, especially for women and individuals experiencing homelessness.
- Strengthening partnerships
 - Collaborating with faith-based organizations, local businesses, and other community groups can help grow networks for individuals in recovery.
- Enhancing community education
 - Implementing strategies to promote anti-stigma and educational programs to raise awareness about substance use disorder and available resources.

Threats:

- Stigma
 - Stigma may deter individuals from seeking help or from participating in/providing recovery programs.
- Economic challenges
 - High poverty rates and food insecurity exacerbate substance use issues and hinder recovery efforts.
- Lack of transportation
 - Transportation barriers in rural areas prevent individuals from accessing treatment and support services.

Community Readiness

Coles County demonstrates a moderate level of community readiness to support recovery initiatives with engaged leadership, existing resources, and growing public awareness. However, to achieve a higher level of readiness, the community needs to address stigma, expand resources, expand SUD and recovery education, and foster broader collaboration across sectors. Community readiness is also deemed positive due to Council and community members recognizing the need for more educational opportunities in the community and taking action.

Priorities for Expansion/ Technical Assistance for Expansion

Based on our SWOT analysis, The Effingham County ROSC will require continuous commitment and involvement from its stakeholders in order to overcome many of the risks and challenges associated with invoking change in a community-wide fashion. Risks to the project effort could include member complacency, key stakeholders missed or not involved, lack of funding, loss of buy-in or interest, too many perspectives to the point the council becomes unwieldy, groupthink about certain priorities, and other potential issues that may be identified further into this effort. With this in mind, some of the measures required to continue expanding the ROSC are as follows:

- Continual Council Membership recruitment, including faith-based groups and PLE community members.
- Provide training and education within the ROSC Framework in partnership with other organizations.
- Educational Sessions such as Disease Concept, Stigma Reduction, MAR Services, 12 Steps, Different Recovery Paths, Racial Equity, Pathways to Spirituality etc.
- Sustained research of Services and Supports offered to individuals covering areas of the recovery spectrum
 - Identify and execute opportunities to share evidence-based research with low involvement sectors.
- Partner with local food banks & community kitchens
 - Collaborate with food banks like Eastern Illinois Foodbank and community kitchens to create a plan that ensures individuals in recovery have regular access to nutritious meals.
- Job training and employment support
 - Partner with local businesses and employment agencies to offer job readiness programs and events for people in recovery, helping them gain stable employment to break the poverty cycle.
 - Share resources with individuals in recovery, such as second-chance employers and recovery-friendly workplaces.
- Community education campaigns
 - Launch anti-stigma campaigns in partnership with local schools, churches, and businesses to educate the public on substance use disorders as medical conditions, not moral failings.
- Storytelling and lived experience speakers
 - Invite individuals with lived experience to share their recovery stories at community events and council meetings to humanize addiction and recovery.
- Engage faith-based groups
 - Utilize the *Faith in Community Subcommittee* to spread compassionate, non-judgmental messaging within religious communities, emphasizing support over condemnation.
- Transportation vouchers or rideshare partnerships
 - Collaborate with local transportation providers to offer free or reduced-fare rides, like Dial-A-Ride, for people attending recovery meetings, counseling, or medical appointments.