

Region: ROSC Region 4

Agency: Hour House

ROSC County: Douglas 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.

Leadership Center Agency	Hour House
Type of Report	Community Needs Assessment- Douglas County
Setting	Rural
Total Number of Residents	19,629
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:	12 public schools and 3 private schools
Total Number of Institutions of Higher Learning	1
Total Number of Treatment Facilities	3 outpatient facilities 0 inpatient facilities
Total Number of Coalitions/ROSC Councils	1 ROSC Council, 1 Douglas County Area Coalition

United States Census Bureau QuickFacts, July 2023

IECAM, June 2023

Revised February 2025

Demographics

Douglas County is predominately White alone at 96%. Hispanic or Latin account for 8.6%, African Americans 1.1%, Asian alone 0.8%, American Indian and Native Alaskan alone 0.5%, and two or more races 1.6% (United States Census Bureau QuickFacts, July 2023).

Persons under the age of 5 years old accounts for 6.2%, ages 5-18 years old is 24.3%, ages 18-65 years old is 50.4%, and ages 65+ is 19.1%. Females account for 50.1% and males 49.9% of the population (United States Census Bureau QuickFacts, July 2023).

The median household income is \$74,186 with the persons in poverty rate at 9% or 1833 people. The number of households for 2019-2023 is 7,821 with the average persons per household being 2.49 (United States Census Bureau QuickFacts, 2019-2023).

From this we can determine that the majority of those in Douglas County are White, with the majority being between the ages of 18 and 65 with a median household income of \$74,186.

Gap Analysis

Purpose of the Gap Analysis:

This document identifies and evaluates the current gaps from the Community Resource Assessment between their actual performance and identify potential/desired action steps/plans and strategies to fill these gaps.

Summary of Identified Gaps Across the Continuum

- 1. Health Promotion:** Ineffective dissemination of information about health and recovery services.
- 2. Prevention:** Limited support in schools for students and families affected by substance use.
- 3. Intervention/Harm Reduction:** Lack of awareness about Medication Assisted Recovery (MAR) and Narcan. Challenges in accessing harm reduction programs. Lack of Safe Passage Program.
- 4. Treatment:** Difficulty Finding doctors who offer Medication Assisted Recovery (MAR).

5. **Recovery Supports:** Lack of recovery housing. Inadequate recovery support services for Spanish-speaking individuals. Need for GED programs in local jails to support recovery and reintegration. Preference for in-person recovery support with limited online and hotline options.

Point on Continuum	Identified Gap: Douglas 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	Ineffective dissemination of information about health and recovery services.	Enhance communication through social media, community centers, and faith-based organizations.	Partner with local media, community leaders, and faith groups.	Fund public health communication initiatives.
Prevention	Limited support in schools for students and families affected by substance use.	Support School based programs and training for staff. Promote the use of resources housed in the local libraries.	Partner with Hour House BASE Program. Collaborate with educational institutions and youth organizations.	Allocate funds for school-based prevention and support programs.

<p>Intervention/ Harm Reduction</p>	<p>Challenges in accessing harm reduction programs.</p>	<p>Expand harm reduction services and improve accessibility.</p>	<p>Work with public health departments and harm reduction organizations.</p>	<p>Increase funding for harm reduction programs and supplies.</p>
<p>Intervention/ Harm Reduction</p>	<p>Lack of awareness about Medication Assisted Recovery (MAR) and Narcan.</p>	<p>Host educational workshops and public awareness campaigns.</p>	<p>Partner with healthcare providers, schools, and local media.</p>	<p>Provide funding for statewide education campaigns and materials.</p>

Intervention/ Harm Reduction	Lack of Safe Passage Program.	Implement Safe Passage Programs in collaboration with local law enforcement.	Partner with police departments and recovery organizations.	Fund pilot programs and training for Safe Passage initiatives.
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Treatment	Difficulty finding doctors who offer Medication Assisted Recovery (MAR).	Provide education/information on Medication Assisted Recovery (MAR) to the community.	Partner with medical associations and training institutions.	Incentivize healthcare providers to offer MAR through grants and subsidies.
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Point on Continuum	Identified Gap: Douglas 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?
Recovery	No recovery housing.	Establish more transitional housing with comprehensive support services. Encourage community involvement in the ROSC Transitional Housing Subcommittee.	Work with housing authorities and non-profits, such as Be BRAVE, who are focused on recovery housing.	Provide grants to support the start of recovery housing.
Recovery	Inadequate recovery support services for Spanish-speaking individuals.	Develop bilingual recovery programs and materials.	Collaborate with community organizations serving Spanish-speaking populations	Fund translation services and culturally appropriate recovery programs.

Recovery	Need for GED programs in local jails to support recovery and reintegration.	Introduce and expand GED programs in correctional facilities.	Collaborate with educational institutions and correctional facilities.	Allocate educational grants for jail-based programs.
Recovery	Preference for in-person recovery support with limited online and hotline options.	Expand online support resources and establish local drop-in centers.	Work with tech companies and local health departments.	Provide grants information for digital health innovations and community hubs.

Douglas County Community Survey Results

In the community, there appears to be a mixed level of support available for individuals struggling with substance use. A large portion of respondents, 65.9%, indicated that there is some support, but more is needed, while 26.7% believe there is plenty of support available. Only 7% felt there was very little or no support at all. Schools are also involved in providing some form of support to students and families affected by substance use disorder, with 48.8% of respondents stating that schools offer some support, though 49.4% felt that it is not enough. The community's accessibility to recovery support services for Spanish-speaking individuals shows a clear gap, with 33.6% stating that Spanish speakers face many barriers, while 48.5% believe there is some help but more is needed.

The term "Medication Assisted Recovery (MAR)" was familiar to a majority, with 53.3% of respondents knowing what it is. However, 42.8% had heard of it but didn't know much. Respondents generally agreed that MAR is an effective treatment, with 67.1% expressing positive views. Despite this, 50.9% of people feel that it is somewhat difficult to find doctors offering MAR in their

community. When asked about "Narcan," 54% were familiar with it, and most agreed on the value of harm reduction services like Narcan in saving lives.

Finding harm reduction programs in the community remains a challenge for many, with 67% of respondents agreeing that it is difficult to access such services. Transitional housing programs are believed to be a key support mechanism, as 74.4% agreed that they would help reduce substance use issues. People in transitional housing most commonly need job training, mental health counseling, and substance use counseling, with nearly 80% of respondents choosing these services as the most critical.

The idea of a Drug Court program in the community received significant support, with 57.4% of respondents strongly in favor and 29.3% expressing interest with some reservations. Many people believe a Drug Court would provide benefits like reducing crime rates, saving taxpayer money, and offering second chances to people with substance use disorders. There was also strong interest in a Safe Passage Program, with 57.1% of respondents indicating support, and many believe it would help by encouraging people to seek help, reducing harm related to substance use, and reducing stigma around seeking treatment.

GED programs in the local jail were seen as an important resource by 59.6% of respondents, as they offer benefits like better job opportunities and a reduced chance of reoffending. The majority of respondents (81.7%) saw GED programs as valuable for people in recovery or reentering the community, particularly for increased self-confidence and a sense of personal achievement.

For accessing information about health or recovery services, 70% of people rely on online searches, while other sources include word of mouth, social media, and community centers. When it comes to recovery support, 54.5% of respondents prefer in-person meetings or appointments, while 22.4% prefer online resources or support groups.

Attitudes toward recovery were generally positive, with a strong agreement that people with substance use or mental health issues deserve respect. However, a majority (77%) believe that not everyone in the community can access help for mental health, and 74.8% feel the same about substance use. There was also a consensus on the need for increased government funding for treatment options, with 67.5% agreeing on the importance of this.

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 Douglas County.

Strengths:

- Active Douglas County Area Coalition meeting monthly.
- Several DOPP sites throughout Douglas County supported by ROSC and the Douglas County Health Department.
- Weekly educational groups for the community and in the County Jail facilitated by ROSC Recovery Navigator.
- A proactive local health department offering diverse programs including dental care, mental health counseling, and a Health Navigator to help connect people to resources.
- An active health department that supports mental health initiatives, DOPP, and the ROSC Council.
- A determined *ROSC Transitional Housing Subcommittee* focused on expanding recovery housing options.

Access to comprehensive healthcare, including mental health and dental services, is crucial for recovery. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), integrated care that addresses both physical and mental health significantly improves outcomes for individuals with substance use disorders (SUD). Regular healthcare access facilitates early intervention, better management of co-occurring conditions, and increases the likelihood of sustained recovery. The National Institute on Drug Abuse (NIDA) highlights that individuals who receive integrated care are more likely to complete treatment and maintain long-term recovery.

Weaknesses:

- Absence of recovery housing options in Douglas County.
- Higher rate of uninsured individuals; 11% in Douglas County compared to the state average of 8% (County Health Rankings & Roadmaps, 2024).
- Persistent stigma surrounding substance use disorders within the community.
- Limited access to culturally and linguistically appropriate services for non-English speakers.

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- Insufficient availability of specialized treatment programs tailored to adolescents and young adults.
- Shortage of trained healthcare professionals specializing in addiction treatment.

Survey data indicates that 424 respondents believe there is "some support, but more is needed" for individuals struggling with substance use, and 172 believe there is "very little support."

Stigma significantly impacts both the community and individuals with SUD. The World Health Organization (WHO) states that stigma is one of the biggest barriers to seeking and receiving treatment for SUD. At the community level, stigma can prevent the establishment of necessary treatment and recovery programs due to public opposition. It fosters an environment where misinformation thrives, reducing the overall effectiveness of outreach and educational initiatives. For individuals, stigma can lead to feelings of shame, isolation, and a reluctance to seek help, which can result in untreated conditions, worsening health outcomes, and a higher risk of overdose or relapse. Survey data supports this, with 429 respondents agreeing that "finding harm reduction programs in my community is challenging."

Opportunities:

- Continued Anti-Stigma Campaign efforts to shift public perception.
- Potential to establish a local Drug Court to provide alternatives to incarceration, which has been shown to reduce recidivism by up to 45% (National Drug Court Institute, 2023). In the survey, 370 respondents expressed interest in a Drug Court program "with some reservations," and 189 were "definitely" interested.
- Opportunity to provide materials about SUD and ROSC in Spanish to better serve the Hispanic community. Survey responses indicate that 312 believe Spanish-speaking individuals face "many barriers" to accessing recovery support services.
- Development of peer support networks and recovery coaching programs, proven to increase recovery success rates by 30% (SAMHSA, 2024).
- Expansion of telehealth services to improve access in rural areas, with studies showing a 25% increase in treatment retention (American Telemedicine Association, 2023).

Threats:

- Transportation issues limiting access to treatment and recovery services, particularly in rural areas where public transit is scarce.
- Lack of education on substance use disorders among community members and stakeholders.

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- Stigma that may deter individuals from seeking or providing treatment.
- Economic instability that may reduce funding for essential programs, with potential cuts to Medicaid and other support services.
- High rates of substance use-related crimes influencing negative public perception.
- Rising prevalence of fentanyl and synthetic opioids increasing overdose risks (CDC, 2024.).

Community Readiness

Douglas County exhibits a moderate level of community readiness to support recovery initiatives, characterized by increasing public awareness, dedicated leadership, and the foundation of existing resources. However, to elevate this readiness, the community must confront stigma, broaden recovery education, and enhance collaboration across sectors.

Community readiness is also deemed positive due to the following:

- Strong community involvement at ROSC council meetings and events.
- Council members acknowledging the necessity of more educational opportunities and taking steps to address this.
- Community receptiveness to harm reduction tools like Naloxone.

Priorities for Expansion/Technical Assistance for Expansion

From the information gathered in the SWOT analysis, it is clear the Douglas County ROSC will require sustained commitment from stakeholders to overcome potential risks and challenges in fostering community-wide change. Risks may include member complacency, exclusion of key stakeholders, funding limitations, loss of interest, and groupthink. To ensure continued growth and effectiveness, the following measures are recommended:

Continual Council Membership Recruitment: Focus on including faith-based groups, Spanish-speaking community members, and people with lived experience (PLE).

Provide Training and Education: Partner with organizations to offer training on topics like the disease concept of addiction, stigma reduction, Medication Assisted Recovery (MAR) services, diverse recovery pathways, racial equity, and pathways to spirituality.

Educational Sessions: Expand public education on harm reduction, 12-step programs, and non-traditional recovery methods to demystify and destigmatize substance use disorders (SUD).

Research Services and Supports: Regularly assess available recovery services and identify gaps, especially in underserved populations such as Spanish-speaking individuals.

Partner with Local Food Banks & Organizations: Collaborate with food banks like Eastern Illinois Foodbank to ensure individuals in recovery have access to nutritious meals.

Job Training and Employment Support: Partner with local businesses and employment agencies to provide job readiness programs and connect individuals with second-chance employers and recovery-friendly workplaces.

Community Education Campaigns: Launch anti-stigma campaigns in collaboration with schools, churches, and local businesses to promote understanding of SUD as a medical condition.

Storytelling and Lived Experience Speakers: Invite individuals with lived experience to share their recovery stories at community events to humanize addiction and recovery.

Engage Faith-Based Groups: Utilize faith-based subcommittees to promote compassionate, non-judgmental support within religious communities.

Transportation Support: Collaborate with local transportation providers to offer free or reduced-fare rides for individuals attending recovery-related services.

Conclusion

Douglas County has laid a solid foundation for supporting recovery initiatives but must continue to address significant gaps in resources, education, and inclusivity, especially for Spanish-speaking populations. By focusing on targeted education, expanding partnerships, and reducing stigma, the county can foster a more supportive environment for individuals in recovery.