

**Region:** ROSC Region 4

**Agency:** Hour House

**ROSC County:** Effingham 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.

<b>Leadership Center Agency:</b>	Hour House
<b>Type of Report:</b>	Community Needs Assessment- Effingham County
<b>Setting:</b>	Rural
<b>Total Number of Residents:</b>	34,331
<b>Number of School-aged Youth:</b>	9,084 (26.6%)
<b>Total Number of Schools:</b>	5 School districts, 22 Public schools
<b>Total Number of Institutions of Higher Learning:</b>	1 Community College
<b>Total Number of Residential Treatment Facilities:</b>	0; 9 SUD outpatient providers in the county

United States Census Bureau QuickFacts, July 2024

Demographics

Effingham County is predominately White alone at 97.2%. Hispanic or Latin account for 2.7%, African Americans 0.7%, Asian alone 0.8%, American Indian and Native Alaskan alone 0.3%, and two or more races 1.0 (United States Census Bureau QuickFacts, July 2024).

Persons under the age of 5 years old accounts for 6.3%, ages 5-18 years old is 24%, ages 18-86 years old is 51.1%, and ages 65+ is 18.6% (*Community Demographics Effingham County IL, 2025*). Females account for 49.4% and males 50.6% of the population (United States Census Bureau QuickFacts, July 2024).

The median household income is \$75,308 with the persons in poverty rate at 11% or 3,680 people (*Illinois State poverty Percentage map*, Illinois Extension). The number of households for 2019-2023 is 14,030 with the average persons per household being 2.43 (United States Census Bureau QuickFacts, July 2024).

With this data, it can be determined most of the population in Effingham County is White, above average income, and between the ages of 18-65 years old.

### 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 (FY25):**

- 1. Health Promotion:** Lack of community readiness to address substance use disorder (SUD) issues; Lack of awareness and understanding regarding SUD resulting in increased community stigma.
- 2. Prevention:** Very minimal SUD education in area schools created by deep-rooted, local cultural acceptance of alcohol use.
- 3. Intervention/Harm Reduction:** Lack of knowledge/information regarding county access to harm reduction supplies and services, lack of knowledge and access to skilled intervention services, lack of knowledge and access to specific social services.
- 4. Treatment:** Lack of affordable transportation to treatment services, lack of information regarding access to harm reduction programs and services, lack of access to treatment due to costs and waitlists.
- 5. Recovery Supports:** Lack of recovery housing, lack of knowledge of family supports of the SUD individual, lack of Recovery Navigator/CPRS/CRSS support, lack of adolescent recovery support/meetings.

Point on Continuum	Identified Gap: Effingham 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 education/community understanding regarding substance use, resulting in increased stigma	Provide SUD education and statistics to identified sectors, provide real life stories of affected individuals/families suffering from SUD, anti-stigma efforts.	Partner with PLEs and families to share their stories of SUD, partner with ECHD for health promotion events or facilitation of ideas for the community	Provide funds allocated to sober events.
Prevention	Lack of readiness for prevention education in K-12 schools.	Provide SUD education and statistics to identified sectors, provide real life stories of affected individuals/families suffering from SUD.	Partner with Hour House Prevention for K-12, partner with school resource officers and guidance counselors	Require outside entity to provide SUD prevention education to K-12.

<p style="text-align: center;"><b>Prevention</b></p>	<p>Insufficient trainings for medical/law enforcement personnel on early identification and screening of substance use.</p>	<p>Provide SUD education and statistics to identified sectors, identify organizations who would be able to hire someone specifically for SUD screenings and provide transport</p>	<p>Partner with Evolve Counseling, Heartland Human Services, or other champions in this sector to gain access to local statistics via local TASC data analysis officer, partner with Heartland Human Services to provide SUD education to sectors, partner with school resources officers to promote SUD prevention in local schools.</p>	<p>Require community-based organization to provide trainings; fund these trainings</p>
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<b>Intervention/ Harm Reduction</b>	Lack of knowledge/education of harm reduction programs and supplies.	Provide harm reduction supplies and education throughout the community.	Partner with Gentle Care Consultants and Gateway Foundation/HSHS to provide pathway to intervention services and access to harm reduction services; continue to set up DOPP sites at local businesses.	Make the “red tape” of acquiring harm reduction supplies less strenuous so more businesses can acquire these supplies
<b>Intervention/ Harm Reduction</b>	Lack of knowledge and access to skilled intervention services.	Engage schools with Hour House Prevention services.	Share resources with helping organizations to gain access to Peer Recovery Support opportunities, trainings, CEUs; identify potential peers for such positions	Promote to all helping organizations the opportunity to become a peer recovery support specialist.

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<p><b>Treatment</b></p>	<p>Lack of reliable transportation</p>	<p>Compile a volunteer list for transportation to Level 3.5 treatment services. Continue to use PLE committee for transport resources.</p>	<p>Facilitate potential partnership with churches for use of buses, give “Local Recovery meetings” list to all organizations and groups to find transportation to recovery meetings via ROSC Coordinator or Recovery Navigator.</p>	<p>Provide large rural transportation grants to cater to on-call access to recovery meetings and rides to treatment.</p>
<p><b>Treatment</b></p>	<p>Lack of information/access regarding harm reduction materials</p>	<p>Share locations to access harm reduction materials, provide SUD treatment centers education on harm reduction program/materials.</p>	<p>Connect other helping organizations with outside entities with access to free harm reduction material and education; provide Narcan trainings by request.</p>	<p>Provide SUD and family services with access to harm reduction materials automatically, updated statewide list of harm reduction services and materials.</p>
<p><b>Treatment</b></p>	<p>Lack of access to treatment due to costs and waitlists</p>	<p>Share job openings to SUD related careers, encourage organizations to use “Super bills” to help with costs to individuals, maintain relationships with 2<sup>nd</sup> chance employers</p>	<p>Continue to share local job postings of other organizations via SUD support, continue to advertise Recovery Navigator support</p>	<p>Raise physician’s pay to same level as private insurance to see Medicaid clients to incentivize seeing lower-income community, allocate large funds for overall staff supports and retention.</p>

<b>Treatment</b>	Lack of Recovery Navigator, CPRS, CRSS support	Share resources with helping organizations to gain access to Peer Recovery Support opportunities, trainings, CEUs; follow up with Lakeland College about credits for this position	Share resources with helping organizations specifically SUD treatment organizations to gain access to Peer Recovery Support opportunities, trainings, CEUs; partner with Evolve Counseling	Promote to all helping organizations the opportunity to become a peer recovery support specialist.
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<b>Recovery</b>	No recovery housing	Engage community champions to the idea of recovery housing, gain support for recovery housing.	Engage community champions to the idea of recovery housing, gain support for recovery housing via statistics and sharing of surrounding counties experiences with recovery housing.	Provide incentives to start 12 step/faith-based recovery housing, be aware of city laws which inhibit recovery housing (if applicable.)

<b>Recovery</b>	Lack of childcare and animal support to enter into Level 3.5 treatment to attend SUD counseling sessions/meetings	Engage community champions in discussion of this identified gap.	Discuss access to childcare with specialized family service organizations, advertise Crisis Nursery services; speak with local animal rescues and shelters in area	Work with DCFS to provide action plan for support of individuals with children entering into Level 3.5 SUD treatment.
<b>Recovery</b>	Lack of knowledge of family support services of the SUD individual	Encourage family support/counseling services to market services they offer.	Identify specific services with specialized family service organizations, advertise Illinois Family Life Center resources.	Allocate funds for family support services specifically in rural communities.
<b>Recovery</b>	Lack of adolescent support groups/recovery meetings.	Make available to parents the education of the developmental stages in children and how SUD can affect these stages.	Identify an Al-Anon member and suggest an Alateen recovery group start up; connect with EHS student council for feedback about support groups	Campaign towards adolescent support services.

Continuation of Gap Analysis (paragraph form)

Effingham County has numerous social service resources such as substance use and mental health providers, youth serving services, and charities which are mainly facilitated by local faith-based organizations. The gap in reference to these services is the ability to be



transported to the services. Most of the county social services resources reside in the city limits of Effingham leaving the 8 outlying towns of Effingham County to search for means to obtain such services. Although these towns do not have an abundance of direct services, local champions of their small-town communities have created community assets to assist with the burden of access to essential needs such as food and clothing.

The compilation of the community resource and assets guide proved daunting as the ROSC Council members compiled the hidden resources within Effingham County. What the Council found was a wealth of resources which are not explicitly advertised within the community. Most of the “word-of-mouth” resources such as community meals and monetary assistance for people would only be known if a person lives in the community. Some organizations don’t explicitly advertise such monetary assistance to keep patrons served on an organizational referral basis. Well known resources, such as C.E.F.S and Catholic Charities, are greatly utilized but often overburdened with the size of the population seeking services as well as the distribution of funding for their programs.

In the ROSC Community survey, 17.6% of 358 responses stated they did not know where to go to receive services such as food insecurity, housing stability, family services, domestic violence, public health, legal, and sexual assault/trafficking services. This statistic parallels the question asked “Why do you think someone wouldn’t seek substance use or mental health services” with 62.7% responding “Not sure where to go for services.” The highest response to this question was “Stigma,” then “Finances,” then “Transportation.” C.E.F.S. Effingham County Public Transportation operates within the county, but is costly to riders with a fixed income and operates during regular business hours.

In reference to mental health and substance use services, the Council identified 18 clinical therapy service providers in the area. Heartland Human Services is Effingham County’s licensed community behavioral health service provider. As with other well-known resources, waitlist for services is prevalent as they are one of three behavioral health provider that accepts some state insurance MCOs.

Stigma remains widespread as one-third of the responses indicate that “people who use drugs” do not deserve respect or are ambivalent to the statement. Over three-fourths of responses to the statement “People with mental health illnesses deserve respect” showed individuals agreed or strongly agreed to this statement. Education of substance use disorder with it’s parallels to mental health illnesses is greatly lacking in Effingham County. During an interview with a community member, it was stated “It’s a choice to use drugs or to not use drugs. People should have their priorities straight, especially if they have children.”

Effingham County has one licensed Prevention provider, Hour House, who is active in our area schools. Effingham Junior High is the only school out of twenty-two who allow Hour House to teach state mandated curriculum to adolescents in reference to substance

use disorder prevention. Effingham County has made large strides in providing child prevention services such as Effingham County Connections, Effingham Crisis Nursery, and C.E.F.S. 0-5 Programs. Services and support groups for adolescent children (ages 9-17) are scarce and must travel to neighboring counties or states to receive support for behavioral health issues.

Effingham County offers 18 recovery support groups throughout the week consisting of Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, Al-Anon family group, Family Mental Health Support, and the ROSC Recovery Wellness group (which is facilitated by member of ROSC's persons with lived experience committee). With this being said, there is a lack of non-12 step groups for individuals who desire evidence-based material. Efforts to develop groups such as these have been pushed toward, but has not yet come to fruition.

Recovery housing is non-existent in Effingham County due to resistance from local officials and lack of funds and manpower to execute a successful recovery residence. Attempts to bring in the Oxford House Inc. has been pursued, but has remained unresponsive to collaboration efforts for Effingham County.

Harm reduction support and services is somewhat consistent in Effingham County with two MAR providers and a transportation service which accepts insurance and will provide transport outside of Effingham County to MAR appointments only. The county is in the beginning stages of implementing limited MAR services in the Effingham County jail. Harm reduction supplies (Narcan and fentanyl testing kits) are available at four locations in Effingham County, all residing in Effingham city limits. Feedback from community stakeholders in regard to allowing access to free Narcan is mixed. This issue is led back to lack of education of substance use disorder and harm reduction initiatives.

Overall, Effingham County's largest gaps to address are access to substance use disorder treatment due to socioeconomic status and lack of capacity from the treatment provider, transportation to social services for outlying towns, stigma of substance use disorder, recovery housing options, and early intervention/prevention education with the adolescence population. ROSC is continuously coordinating outreach efforts in the community to address these issues and bring key stakeholders together to identify the gaps and barriers to produce an effective solution for individuals and families in recovery.

### SWOT Analysis

#### Strengths:

- Community connections
- Strong recovery community

- Able to resource ideas & mold to specific county
- Ability to create substantial relationships within the community as a whole
- Numerous SUD Level 1 treatment providers; some Level 2 providers
- Numerous non-recovery-oriented resources available for referral

Weaknesses:

- Rebuilding community relationships/creating long standing rapport
- Reducing stigma with law enforcement & county officials
- Lack of reliable and affordable public transportation
- Community readiness is unstable in regard to SUD
- Duplication of services with different criteria to be met for each program
- No recovery housing

Opportunities:

- Opportunity to create partnerships with other long-standing community organizations
- Creation of relationships with other sectors to offer support
- Create relationship with community behavioral healthcare provider
- Partner with Deflection specialists after initiative is implemented in county

Threats:

- Lack of involvement from jail/sheriff department, schools (prevention)
- Transportation (in general) to and from treatment
- Lack of knowledge and education of SUD
- Lack of early intervention and prevention
- No SUD Level 3.5 facility within county limits

Community Readiness

Throughout FY25, the ROSC Council and PLE Committee has been able to make effective and substantial strides in raising awareness of substance use disorder and Recovery in the forms of family-oriented events, presentation to key stakeholders, and continuous outreach to members and organizations of Effingham County. Although strides have been made, opposition to this topic is still extensive due to generational beliefs, hardened ideas due to work environments, and the hurt caused within families due to the nature of this disease. Stakeholders with community power are weary of prevention and harm reduction efforts. Community members lack the education or awareness of substance use disorder as well as access to local resources. Even so, Council members and PLE Committee members have been willing to share their experiences with substance use disorder within their families or themselves with faith-based leaders, local businesses, and other helping organizations helping to break down barriers to conversations surrounding this sensitive topic—which is where it starts.

### **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 & PLE Committee recruitment
- Provide training and education within the ROSC framework in partnership with other organizations
- Educational sessions such as disease concept and stigma reduction, primarily with education sector in reference to prevention efforts
- 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
- CPRS & CRSS certification opportunities (Lakeland College)
- Create solid relationship with Deflection specialist to penetrate other hard to reach community sectors
- Sustain faith-based relationships and utilize transportation opportunities and volunteers
- Identify champions willing to pursue recovery housing and connect them with ROSC Council and contacts to facilitate discussion around this topic