



# HCA Community Needs Assessment 2025

Below is a community needs and resources assessment for individuals with substance use disorders (SUD) who are in or seeking recovery in and around Randolph County and Washington County, Illinois. This assessment identifies key needs, available resources, and gaps based on the context of these rural counties as of February 27, 2025.

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## Community Context

- **Geographic Overview:** Randolph County (population ~30,000) and Washington County (population ~14,000) are rural areas in Southern Illinois. They are characterized by small towns, limited public transportation, and economies tied to agriculture, manufacturing, and some tourism (e.g., Chester in Randolph County, home to the Popeye statue).
  - **SUD Prevalence:** While exact local data is limited, Illinois has faced significant challenges with substance use, particularly opioids. In 2023, the Illinois Department of Public Health reported over 3,000 opioid overdose deaths statewide, with rural areas like Southern Illinois increasingly affected due to socioeconomic factors such as poverty and unemployment. Randolph and Washington Counties likely mirror this trend, exacerbated by isolation and limited healthcare access.
  - **Demographics:** Predominantly white, aging populations with a mix of younger adults struggling with economic opportunities. Poverty rates hover around 12-15%, higher than the state average, contributing to SUD risk factors.
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## Key Community Needs

1. **Access to Treatment Services**
  - **Need:** Comprehensive SUD treatment options (detox, inpatient, outpatient, and medication-assisted treatment or MAT) are scarce locally. Rural residents often need to travel 30-60+ miles to reach facilities in larger hubs like Belleville or Carbondale.
  - **Barrier:** Lack of transportation—public options are minimal, and many cannot afford private vehicles or gas.
2. **Recovery Support Services**

- **Need:** Ongoing support like peer groups (e.g., AA/NA), sober living environments, and counseling to prevent relapse.
- **Barrier:** Few local support groups exist, and stigma in tight-knit communities discourages participation.

### 3. Mental Health Integration

- **Need:** Many individuals with SUD have co-occurring mental health issues (e.g., depression, anxiety, trauma), requiring dual-diagnosis care.
- **Barrier:** Shortage of mental health providers; rural Illinois faces a provider-to-population ratio far below urban areas.

### 4. Prevention and Education

- **Need:** Community-wide education on SUD, overdose prevention (e.g., Narcan access), and early intervention for youth.
- **Barrier:** Limited funding and outreach in schools or community centers.

### 5. Economic and Social Supports

- **Need:** Job training, housing stability, and food security to support long-term recovery.
- **Barrier:** High poverty and unemployment rates (5-7% unemployment vs. 4.5% statewide average) limit resources for reintegration.

## Available Resources

### 1. Treatment Providers

- **ComWell (Community Resource Center):** Based in Red Bud (Randolph County) and nearby Sparta, ComWell offers outpatient SUD counseling, assessments, and recovery-oriented care. They emphasize harm reduction and abstinence-based models. Contact: 618-282-6233.
- **Human Service Center of Southern Illinois:** Located in Sparta (Randolph County), provides outpatient SUD treatment and mental health services. Limited capacity but accessible locally.
- **Chestnut Health Systems:** Nearest facility in Belleville (~40 miles from Randolph County), offering detox, inpatient, and MAT (e.g., methadone, buprenorphine). Transportation is a challenge for residents.

### 2. State and Regional Support

- **Illinois Department of Human Services (IDHS) Division of Substance Use Prevention and Recovery (SUPR):** Oversees a network of community-based programs statewide.

Funds some services in Southern Illinois, though specific providers in Randolph/Washington Counties are limited. Helpline: 1-833-2-FIND-HELP.

- **Illinois Helpline for Opioids and Other Substances:** 24/7 support for treatment referrals (1-833-2-FIND-HELP or text HELP to 833234).

### 3. Community-Based Options

- **AA/NA Meetings:** Sparse but present. Examples include meetings in Chester (Randolph County) at local churches and occasional groups in Nashville (Washington County). Schedules vary and are informal.
- **Washington County Behavioral Health Fund:** Assists uninsured residents with SUD treatment costs if they meet income eligibility. Contact via Washington County government: 618-327-8282.

### 4. Crisis and Overdose Response

- **Narcan Availability:** Distributed through IDHS/SUPR and local health departments (Randolph County Health Department in Chester, Washington County Health Department in Nashville). Free but requires awareness and training.
- **SAMHSA National Helpline:** 1-800-662-HELP (4357) connects residents to broader resources.

### 5. Broader Regional Resources

- **Southern Illinois University Carbondale:** Offers some community health outreach, including SUD education, ~60 miles away.
- **Gateway Foundation:** Inpatient and outpatient services in Swansea (~45 miles), accessible with transportation.

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## Gaps and Challenges

1. **Transportation:** No reliable public transit links rural residents to distant treatment centers. Ride-sharing or volunteer driver programs are virtually nonexistent.
2. **Provider Shortages:** Few local clinicians are trained in MAT or dual-diagnosis care. Specialists are concentrated in urban areas.
3. **Funding:** Rural counties lack the tax base to sustain robust SUD programs, relying heavily on state/federal grants that may not prioritize small populations.
4. **Stigma:** Cultural attitudes in rural communities often view SUD as a moral failing, reducing help-seeking behavior and community support.
5. **Data Deficiency:** Limited local statistics hinder targeted resource allocation. Statewide data is often applied broadly, missing rural nuances.

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## Recommendations

1. **Mobile Treatment Units:** Partner with IDHS/SUPR to deploy mobile clinics offering assessments, MAT, and counseling directly in Randolph and Washington Counties.
2. **Telehealth Expansion:** Leverage virtual platforms for therapy and peer support, addressing transportation and provider shortages. Requires broadband investment—rural internet access is spotty.
3. **Peer Recovery Networks:** Train local recovering individuals as peer support specialists to host more AA/NA meetings and reduce stigma through relatable advocacy.
4. **Community Education Campaigns:** Use schools, churches, and county fairs to distribute Narcan, teach overdose recognition, and normalize recovery discussions.
5. **Transportation Solutions:** Subsidize gas vouchers or coordinate with nonprofits for ride programs to treatment hubs like the Metro East or Carbondale area.
6. **Economic Partnerships:** Collaborate with local employers for job programs tailored to recovering individuals, paired with sober housing incentives.

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## Conclusion

Randolph and Washington Counties face significant hurdles in supporting SUD recovery due to their rural nature, but existing resources like ComWell, IDHS/SUPR, and county health departments provide a foundation. Addressing transportation, stigma, and provider access through innovative delivery models and community engagement could greatly enhance recovery outcomes. For immediate help, residents can call the ComWell crisis line (888-855-0034), the Illinois Helpline (1-833-2-FIND-HELP) or SAMHSA (1-800-662-HELP).