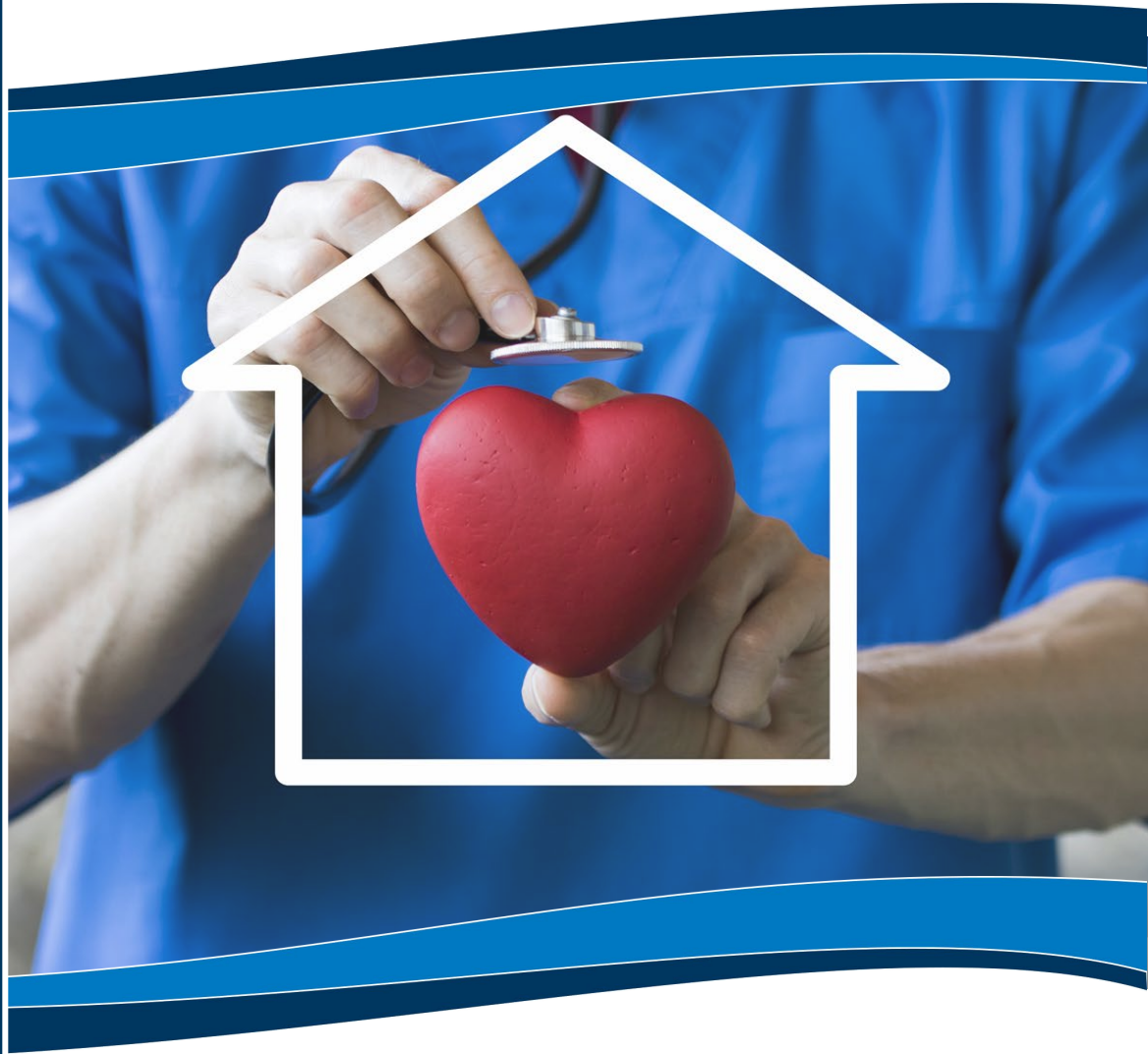


Community Health Needs Assessment 2019

St. Margaret's Health - Spring Valley
and St. Margaret's Health - Peru



St. Margaret's Health

SMP Health System

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Community Health Needs Assessment

July 2019

Collaboration for sustaining health equity

Executive Summary

St. Margaret's Health Needs Assessment is a collaborative undertaking by St. Margaret's Health to highlight the health needs and well-being of residents in Bureau, LaSalle, Marshall and Putnam Counties.

Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the service area. Several themes are prevalent in this health needs assessment – the demographic composition of the service area, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally, primary data were collected for the general population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most important health-related issues in the service area were identified and remained consistent with the previous assessment completed in 2016 with the addition of an opioid crisis concern. The collaborative team considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. The collaborative team prioritized two significant health needs:

-
- *Healthy Lifestyles–nutrition, physical activity, and obesity*
 - *Substance abuse and mental health*

I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt hospitals to conduct community health needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by St. Margaret's Health including those with special knowledge of or expertise in public health. For this study, a community health needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public.

Design of the Collaborative Team: Community Engagement, Broad Representation and Special Knowledge

In order to engage the entire community in the CHNA process, a collaborative team of health professional experts and key community advocates were included in the survey process and were selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from St. Margaret's Health, members of the Bureau, Marshall, and Putnam County Health Departments, and administrators from key community partner organizations.

Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. Specifically, members of the collaborative team consisted of individuals with special knowledge of and expertise in the healthcare of the community.

Definition of the Community

In order to determine the geographic boundaries for St. Margaret's Health, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by the service area of Bureau, LaSalle, Marshall, and Putnam Counties. Data show the service area represents over 90% of all patients for the hospital.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community.

Purpose of the Community Health Needs Assessment

In the initial meeting, the collaborative committee identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health care organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in the community.

Community Feedback from Previous Assessments

The 2016 CHNA was made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2016 CHNA on its website. While no written feedback was received by individuals from the community via the available mechanism, verbal feedback was provided by key stakeholders from community service organizations and incorporated as part of the collaborative process.

Summary of 2016 CHNA Identified Health Needs and Implementation Plans

The 2016 CHNA for the community identified two significant health needs. These included healthy lifestyles with a focus on nutrition, physical activity, and obesity, and mental health with a focus on substance abuse. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in Appendix A.

II. METHODS

To complete the comprehensive community health needs assessment, multiple sources were examined including the 2019 CARES Engagement Network Survey, and the 2019 North Central Behavioral Health System Opioid Needs Assessment. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, based on a sample of 85 online surveys and 9 paper surveys that were issued to community partners, a study was completed to examine perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to healthcare.

Secondary Data for the Community Health Needs Assessment

We first used existing secondary statistical data to develop an overall assessment of health-related issues in the community. Within each section of the report, there are definitions, importance of categories, data and interpretations. At the end of each chapter, there is a section on key takeaways.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected.

A. Survey Instrument Design

For the community health needs assessment, five specific sets of items were included:

Ratings of health issues in the community – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity. In all, there were 16 choices provided for survey respondents.

Ratings of unhealthy behaviors in the community – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking. In all, there were 13 choices provided for survey respondents.

Ratings of issues concerning well-being – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation. In all, there were 12 choices provided for survey respondents.

Accessibility to healthcare – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental healthcare, as well as access to prescription medications.

Healthy behaviors – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise and healthy eating habits.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the five categories discussed above.

B. Data Collection

To collect data in this study, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity.

CHAPTER 1 OUTLINE

- 1.1 Population
- 1.2 Age and Race
- 1.3 Household/Family
- 1.4 Economic Information
- 1.5 Key Takeaways

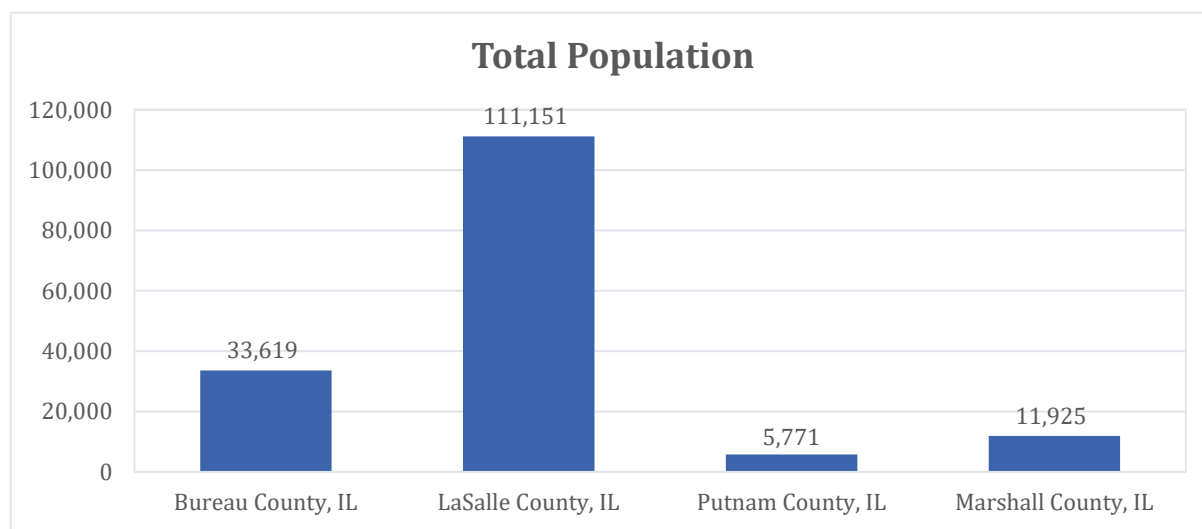
CHAPTER 1. DEMOGRAPHIC PROFILE

1.1 Population

Importance of the measure: Current population demographics and changes in demographic composition play a determining role in the types of health and services needed by communities.

Total Population

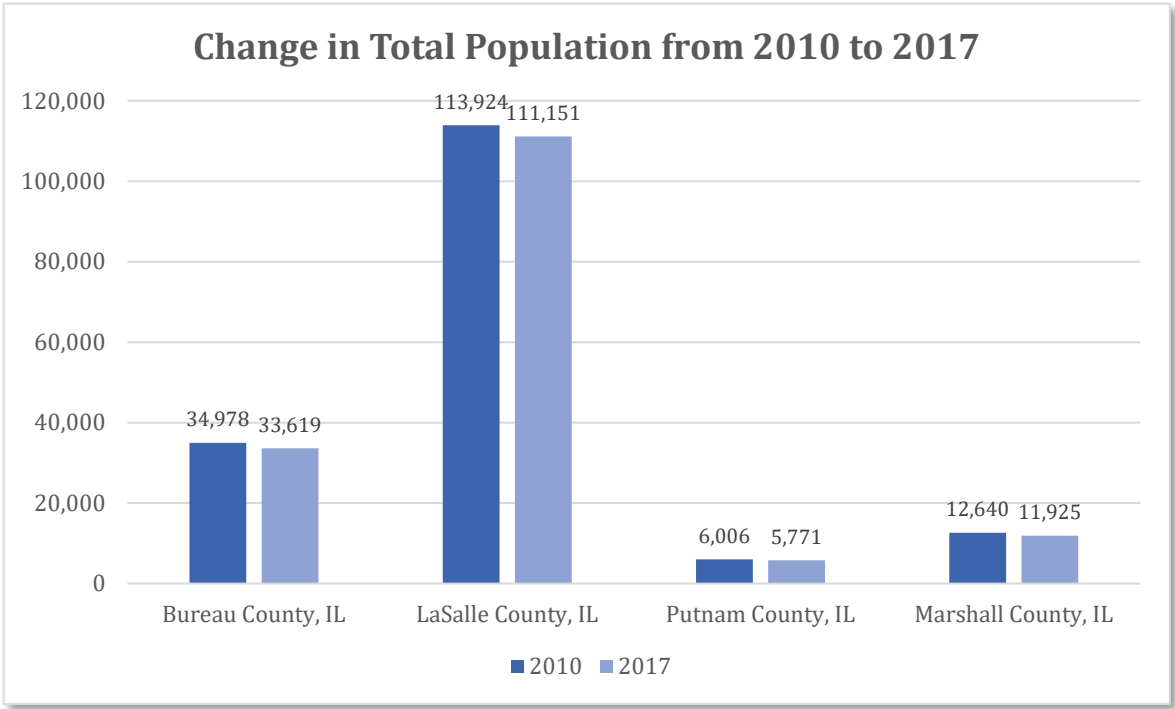
A total of 162,466 people live in the area defined as Bureau, LaSalle, Putnam, and Marshall Counties according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population is split evenly between males and females.



Source: US Census Bureau, American Community Survey. 2013-17.

Change in Total Population

According to the United State Census Bureau Decennial Census, between 2010 and 2017 the population in the report area has decreased by 5,082. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.



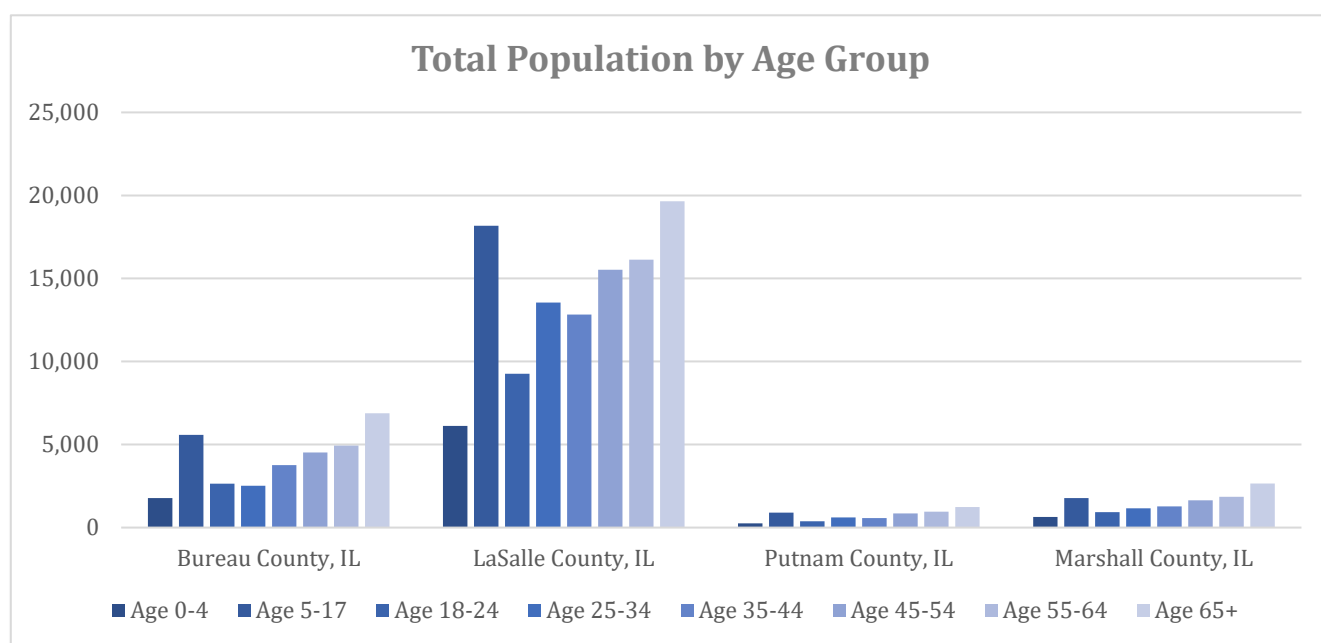
Sources: US Census Bureau, American Community Survey. 2013-17.
US Census Bureau, Decennial Census. 2000-2010.

1.2 Age and Race Distribution

Importance of the measure: Population data broken down by age and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering healthcare infrastructure and service delivery systems.

Age

The median age for Bureau County is 43.7, LaSalle is 41.8, Putnam is 47.5, and Marshall County is 46.3. The distribution of each age group for the respective counties is shown below.



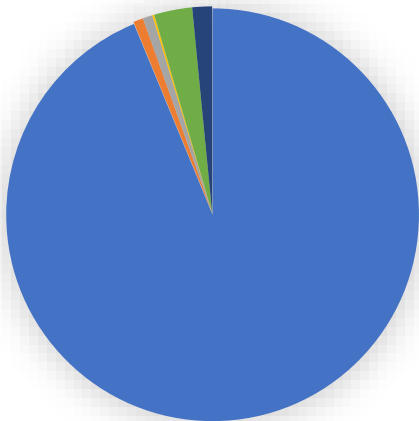
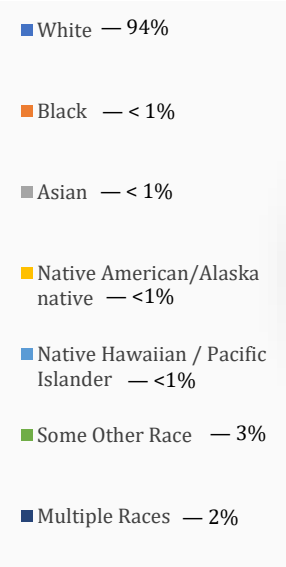
Source: US Census Bureau, American Community Survey. 2013-17.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Bureau County, IL	1,774	5,579	2,648	2,521	3,764	4,518	4,936	6,879
LaSalle County, IL	6,121	18,177	9,267	13,547	12,827	15,522	16,128	19,652
Putnam County, IL	255	903	378	615	574	855	953	1,238
Marshall County, IL	639	1,777	926	1,164	1,271	1,643	1,856	2,649
Illinois	785,560	2,173,437	1,229,450	1,782,100	1,661,674	1,739,014	1,635,359	1,847,932

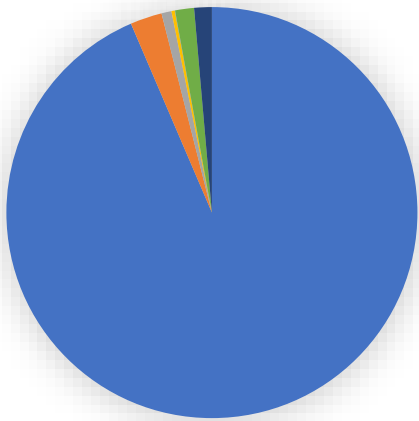
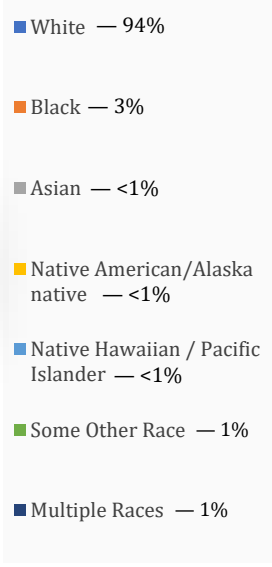
Race

With regard to race and ethnic background, the community is largely homogenous. All service areas tend to have a high percentage of white population above all else.

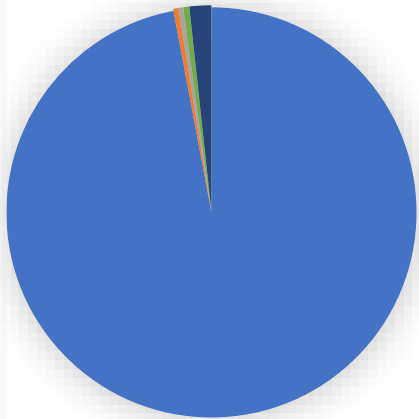
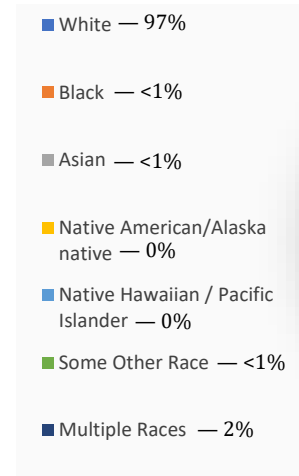
Bureau County, IL



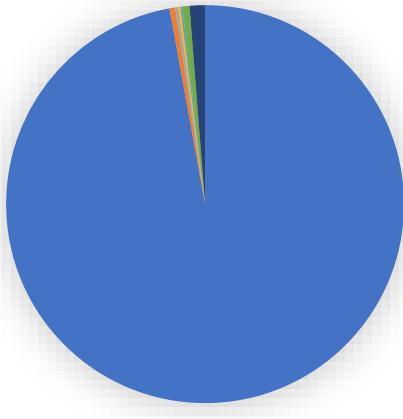
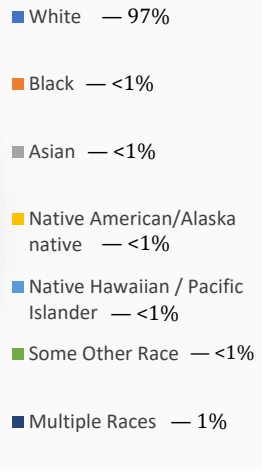
LaSalle County, IL



Putnam County, IL



Marshall County, IL



Report Area	White	Black	Asian	Native American/A laska native	Native Hawaiian / Pacific	Some Other Race	Multiple Races
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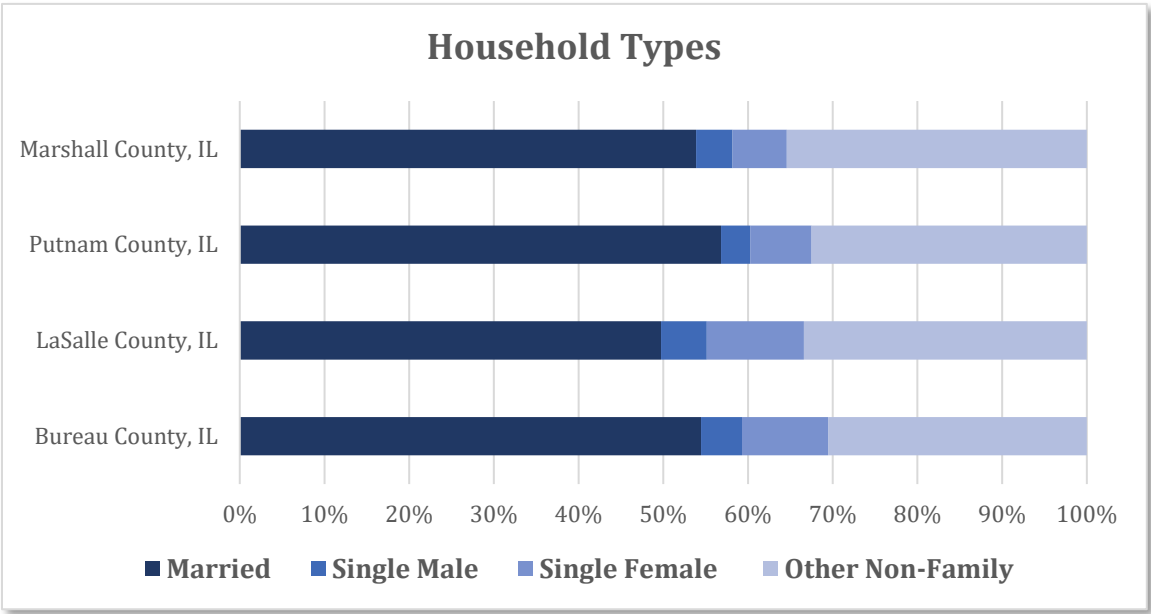
					Islander		
Bureau County, IL	31,527	261	256	50	3	1,001	521
LaSalle County, IL	103,991	2,777	871	296	24	1,652	1,540
Putnam County, IL	5,600	24	21	0	0	27	99
Marshall County, IL	11,584	53	32	19	19	69	149
Illinois	9,236,701	1,833,501	671,811	29,696	4,275	767,145	311,397

Source: US Census Bureau, American Community Survey, 2013-17.

1.3 Household/Family

Importance of the measure: Families are an important component of a robust society in the community, as they dramatically impact the health and development of children and provide support and well-being for older adults.

Family Composition

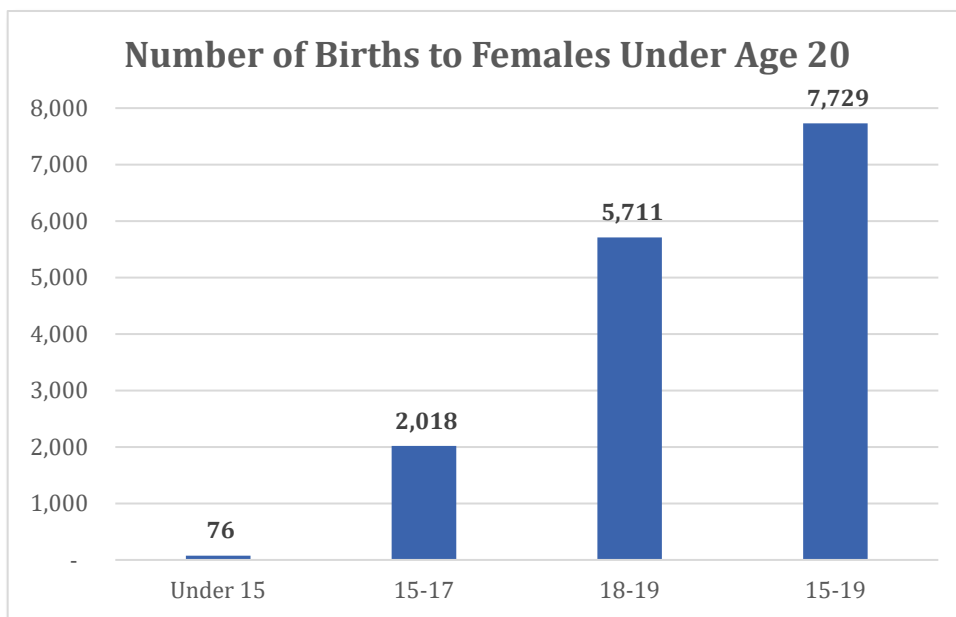


Source: US Census Bureau, American Community Survey, 2013-17.

Report Area	Married	Single Male	Single Female	Other Non-Family	Total Households
Bureau County, IL	54.46%	4.83%	10.16%	30.54%	13,816
LaSalle County, IL	49.73%	5.40%	11.48%	33.39%	44,448
Putnam County, IL	56.81%	3.45%	7.26%	32.49%	2,438
Marshall County, IL	53.88%	4.31%	6.39%	35.43%	4,900

Early Sexual Activity Leading to Births from Teenage Mothers

This indicator reports the rate of total births in women under age 20 in Illinois. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, a high rate of teen pregnancy may indicate the prevalence of unsafe sex practices. Illinois is ranked 31 out of 51 (50 states plus the District of Columbia) on the final 2016 birth rates among females ages 15-19 (with 1 representing the highest rate, and 51 representing the lowest rate). In Illinois, teen birth rates have decreased by 11% from 2015 to 2016.



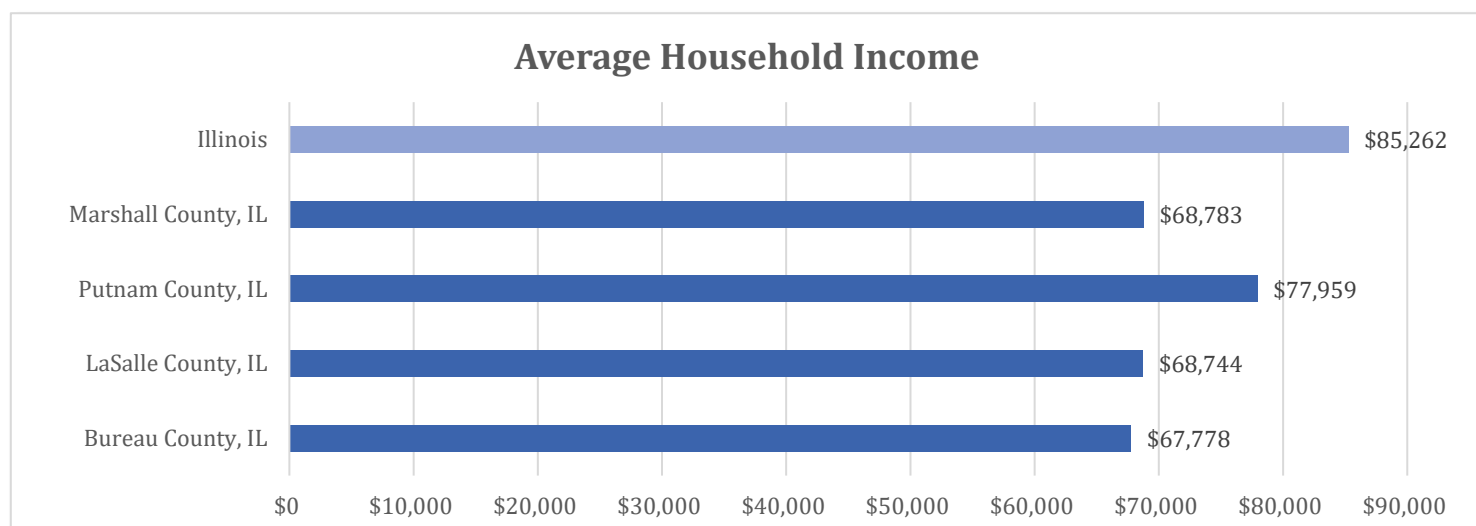
Source: HHS.gov, Illinois Adolescent Reproductive Health Facts, 2016.

1.4 Economic Information

Importance of the measure: Median income divides households into two segments with one-half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low-income values, it is considered a more reliable indicator than average income. To live in poverty means to lack sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education, and employment conditions.

Median Income Level

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. For 2013-2017, the median household income in the service area was lower than the State of Illinois.



Source: US Census Bureau, American Community Survey. 2013-17.

Unemployment

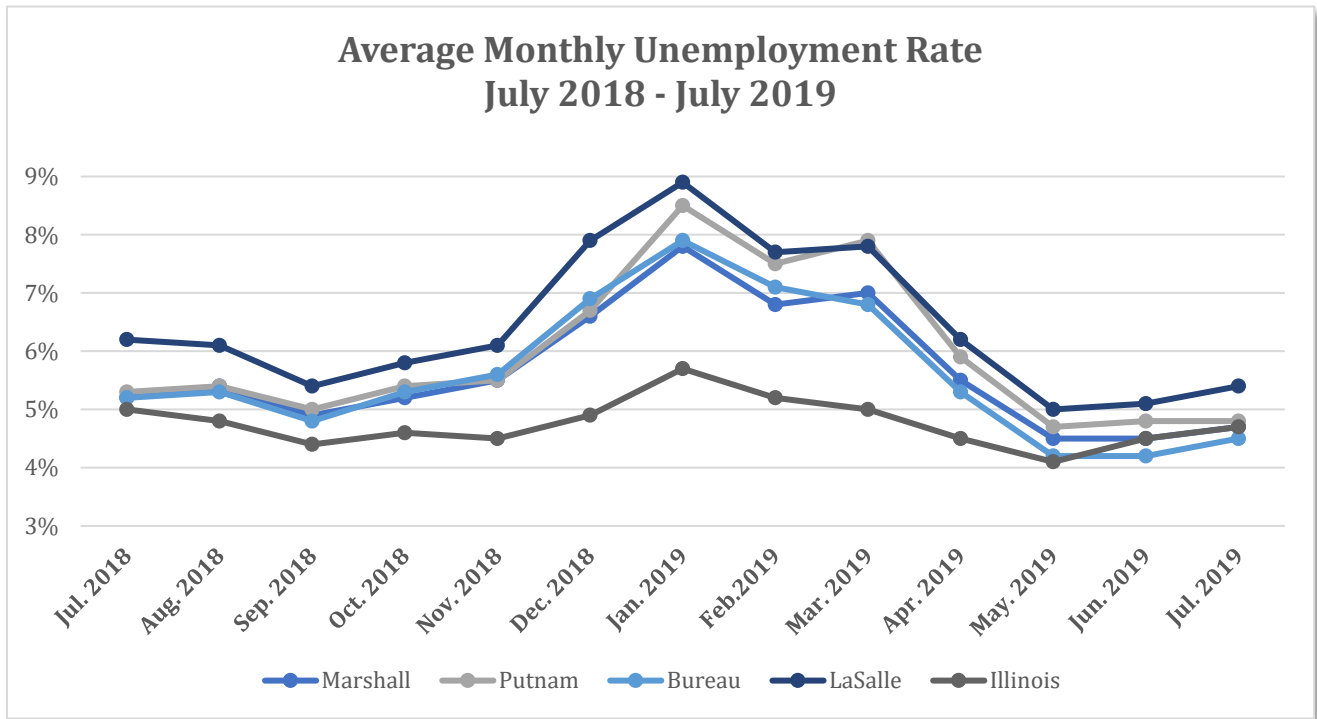
The unemployment rate in the service areas remains similar to the overall unemployment rate in Illinois. The current average unemployment rate across the service area, Bureau, LaSalle, Putnam, and Marshall County, is 4.4%, which is slightly above the state unemployment rate of 4.2%.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Bureau County, IL	18,007	17,283	724	4.00%
LaSalle County, IL	56,908	54,096	2,812	4.90%
Putnam County, IL	3,126	2,992	134	4.30%
Marshall County, IL	5,587	5,352	235	4.20%
Illinois	6,592,403	6,313,972	278,431	4.20%

Source: US Department of Labor Bureau of Labor Statistics, July 2019.

Average Monthly Unemployment Rate

The average unemployment in Bureau, LaSalle, Putnam, and Marshall County has fallen from 6.9% in 2015 to 4.4% in July 2019, but still remains above average for the State of Illinois. Between July 2018 and July 2019, unemployment decreased overall in every county.



Source: US Department of Labor Bureau of Labor Statistics, July 2018-2019.

Families in Poverty

Poverty has a significant impact on the development of children and youth. In the service area, the percentage of families living in poverty is higher in Bureau, LaSalle, and Putnam County compared to the State of Illinois.

Report Area	Total Population	Population in Poverty	% Population in Poverty	Population Under Age 18 in Poverty	% Children in Poverty
Bureau County, IL	33,099	4,175	12.61%	1,598	22.18%
LaSalle County, IL	107,626	14,617	13.58%	5,169	21.57%
Putnam County, IL	5,711	507	8.88%	223	20.20%
Marshall County, IL	11,607	1,194	10.29%	358	15.15%
Illinois	12,551,822	1,698,613	13.53%	549,508	18.85%

Source: US Census Bureau, American Community Survey. 2013-17.

1.5 Key Takeaways from Chapter 1

- ✓ **POPULATION IS AGING**
- ✓ **TEEN BIRTH RATE IS DECREASING**

- ✓ **UNEMPLOYMENT HAS DECREASED BUT REMAINS SLIGHTLY HIGHER THAN AVERAGE FOR THE STATE OF ILLINOIS**

CHAPTER 2 OUTLINE

- 2.1 Access
- 2.2 Wellness
- 2.3 Key Takeaways

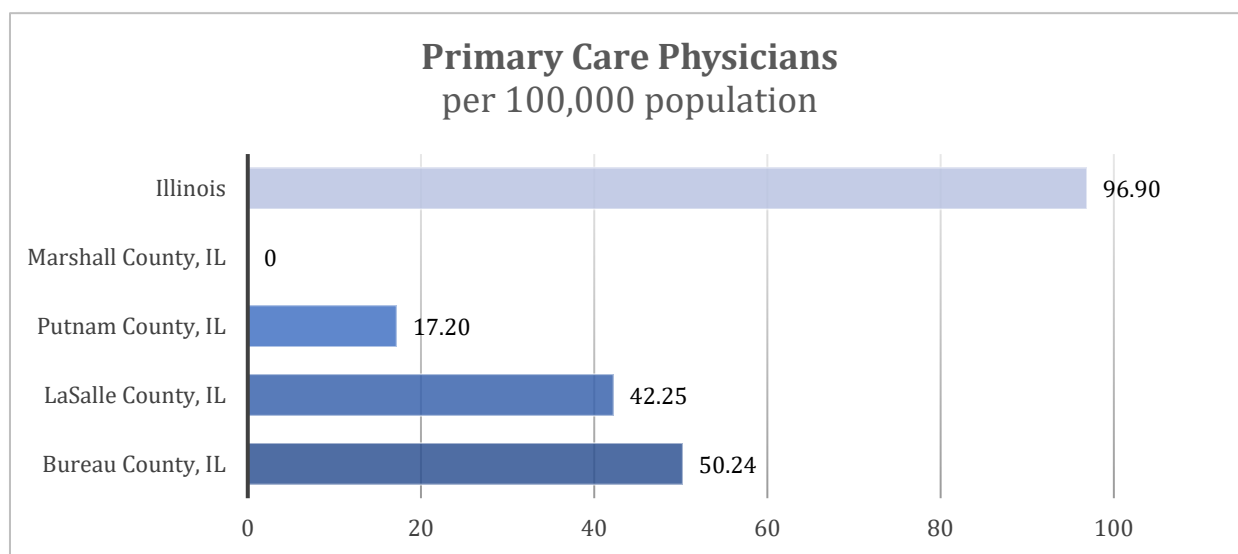
CHAPTER 2. PREVENTION BEHAVIORS

2.1 Access

Importance of the measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Access to Primary Care

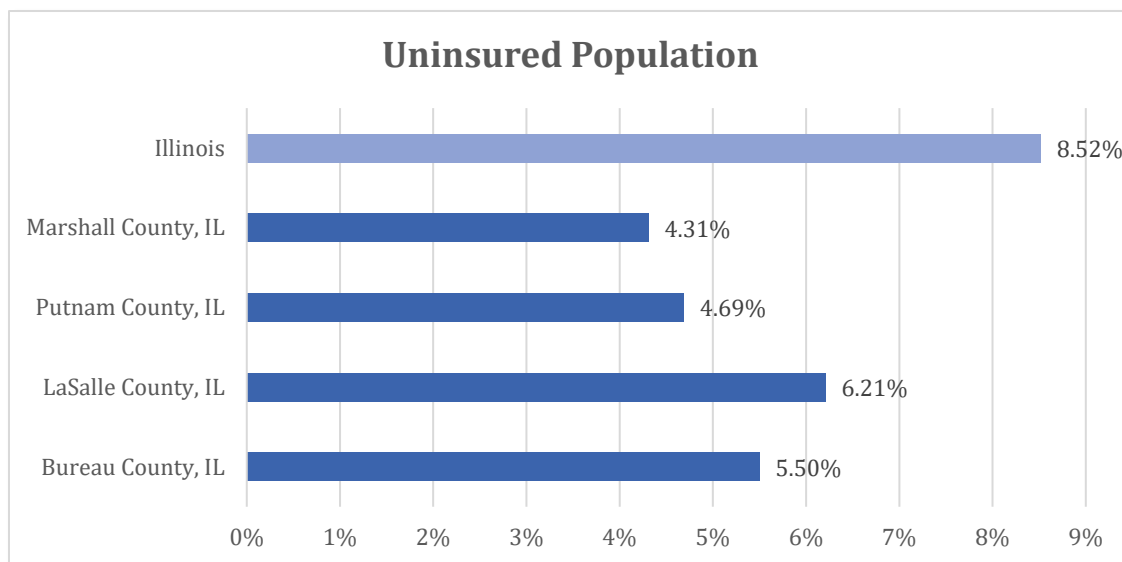
This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MD’s and DO’s, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs, Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage in health professionals contributes to access and health status issues.



Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.



Source: US Census Bureau, American Community Survey. 2013-17

Report Area	Total Uninsured Population	% Uninsured
Bureau County, IL	1,828	5.50%
LaSalle County, IL	6,712	6.21%
Putnam County, IL	270	4.69%
Marshall County, IL	502	4.31%
Illinois	1,079,822	8.52%

Access to Other Care

The lack of access to a variety of care providers is a barrier to healthcare access and other health services that contribute to poor health status. The rate of care providers per 100,000 population for primary care, dental, mental, and federally qualified health center providers in the service area is on average lower than average compared to the State of Illinois. This indicator is relevant because it shows a lack of access to care providers and/or social barriers to the utilization of services such as general, dental, and mental healthcare.

Providers Per 100,000 Population in 2014

Report Area	Primary Care	Dental	Mental	Federally Qualified Health Center
Bureau County, IL	50.24	32.75	51.10	0
LaSalle County, IL	42.25	51.20	86.30	.88
Putnam County, IL	17.20	35.44	No Data	0
Marshall County, IL	0	33.38	No Data	0
Illinois	96.90	72.60	207.80	2.97

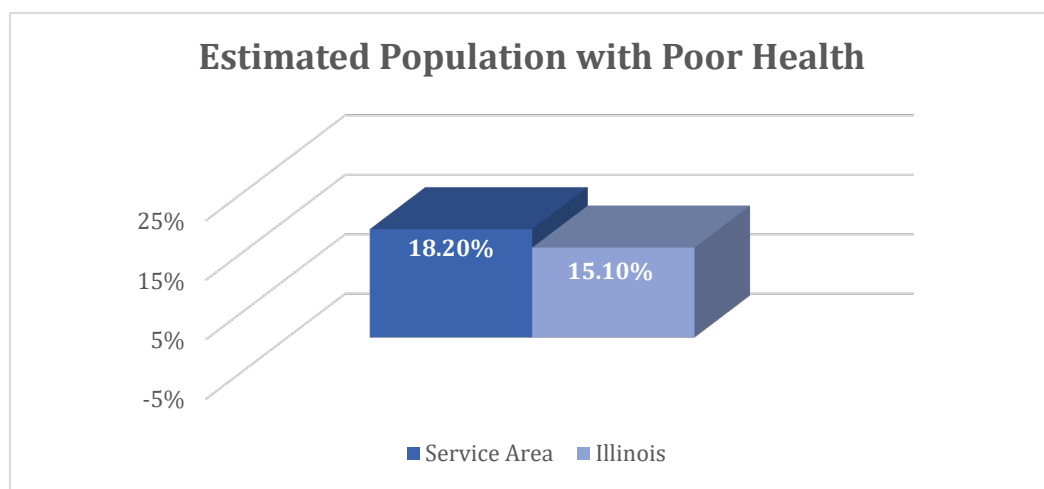
Sources, Mental Health Providers: University of Wisconsin Population Health Institute, County Health Rankings. 2017; US Department of Health & Human Services, health Resources and Services Administration. Area Health Resources File. 2014; Department of Health & Human Services, health Resources and Services Administration. Area Health Resources File. 2015; US Department of Health & Human Services, Center for Medicare and Medicaid Services. December 2018.

2.2 Wellness

Importance of the measure: Preventative healthcare measures, including engaging in a healthy lifestyle and participating in routine checkups, are essential to combating morbidity and mortality while reducing healthcare costs

Poor General Health

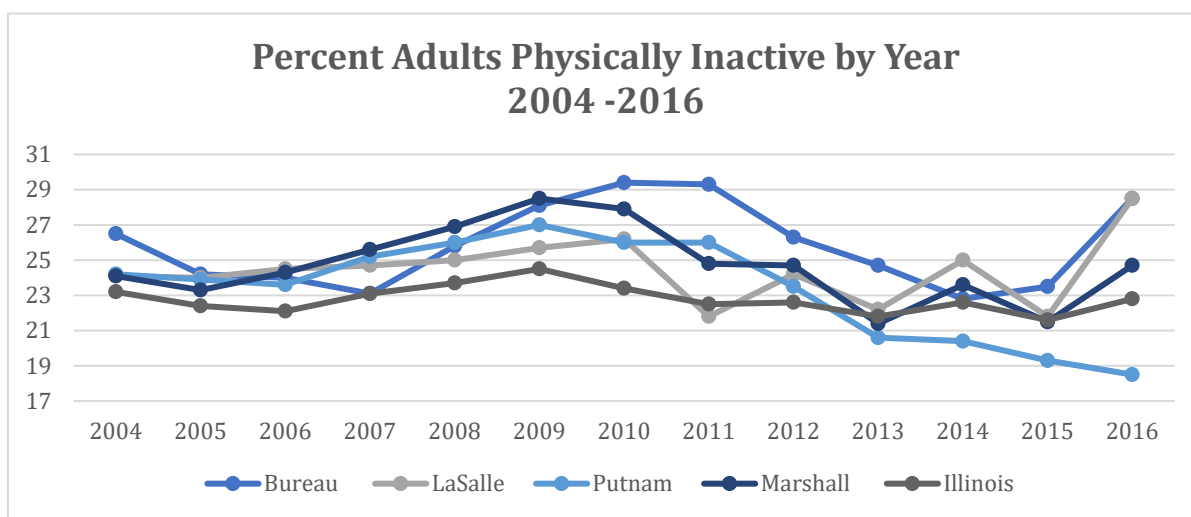
This indicator reports the percentage of the population that is estimated to be in poor health. Within the report area, 18.2% of adults aged 18 and older self-report having poor or fair health in response to the question “would you say that in general your health is excellent, very good, good, fair, or poor?” This indicator is relevant because it is a measure of general poor health status



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, health Indicators Warehouse. 2006-12

Physical Inactivity

This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.



Source: CARES Engagement Network Survey, 2019.

2.3 Key Takeaways from Chapter 2

- ✓ **PRIMARY CARE PHYSICIANS PER 100,000 POPULATION IN THE SERVICE AREA IS LESS THAN HALF OF THE ILLINOIS AVERAGE**
- ✓ **THE MAJORITY OF THE POPULATION IS INSURED**
- ✓ **ESTIMATED POPULATION WITH POOR GENERAL HEALTH IS ABOVE ILLINOIS STATE AVERAGE**

CHAPTER 3 OUTLINE

- 3.1 Tobacco Use
- 3.2 Drug & Alcohol Abuse
- 3.3 Opioid Overdose
- 3.4 Overweight and Obesity
- 3.5 Predictors of Heart Disease
- 3.6 Key Takeaways

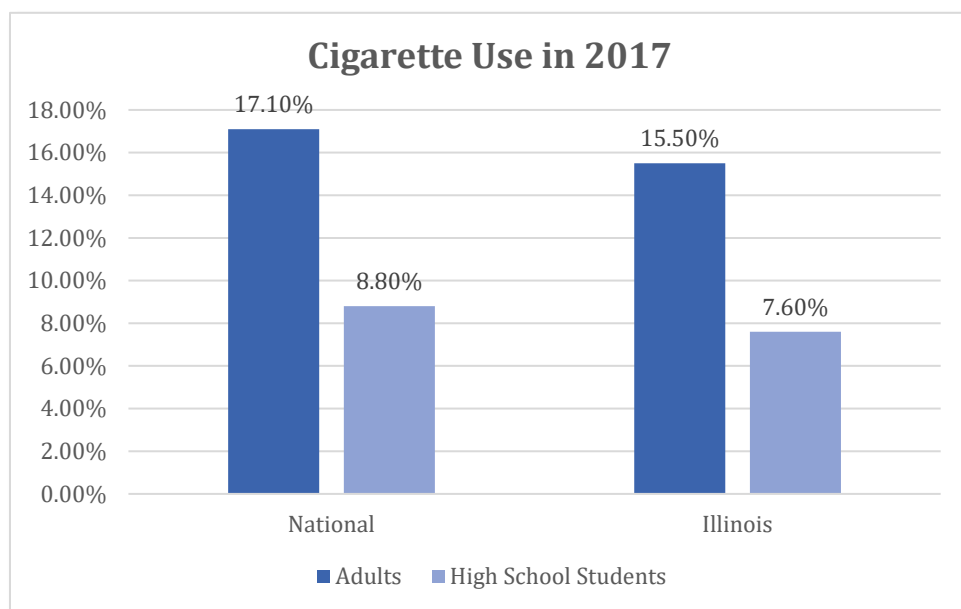
CHAPTER 3. SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

Importance of the measure: In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions.

Tobacco Usage – Current Smokers

Smoking rates in Illinois are lower than national averages for both adults and high school students. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.



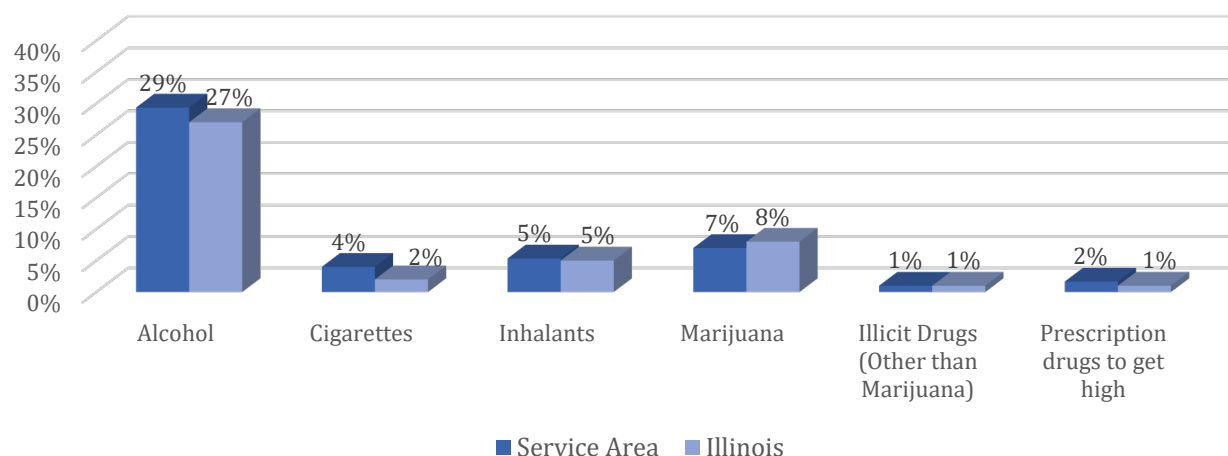
Source: Truth Initiative. Tobacco use in Illinois. 2019.

3.2 Drug and Alcohol Abuse

Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values, and behaviors of high school students, is a leading indicator of adult substance abuse in later years.

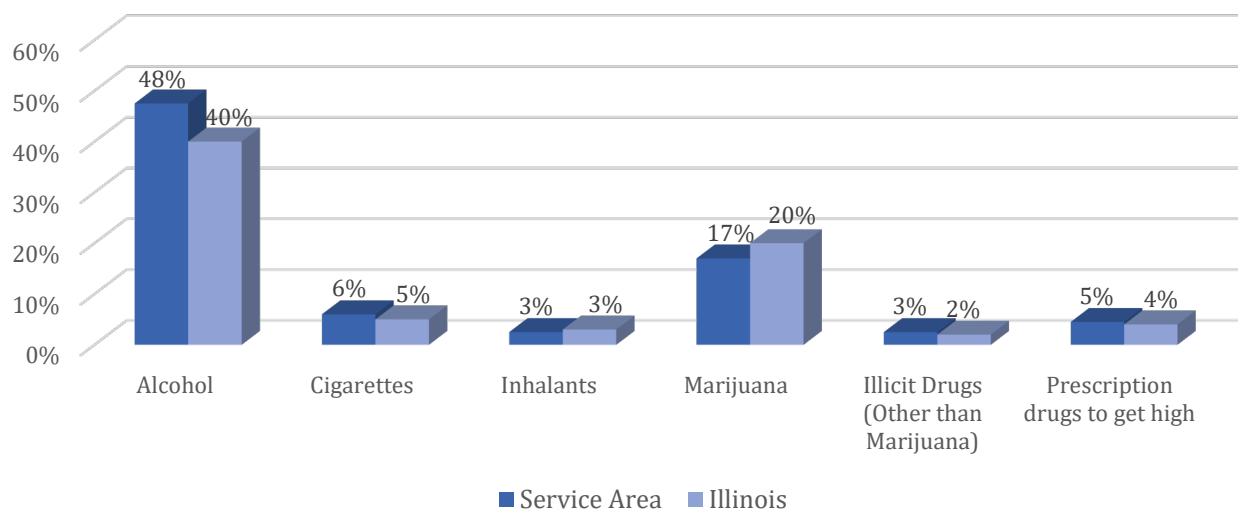
Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Among 8th graders the service area is at or above state averages in all categories except marijuana, which is 1% lower. Among 10th graders, the service area is at or below State averages in all categories except cigarettes and alcohol. Note that data is not available for Illinois in 2019; therefore 2018 benchmarks are used.

Substance Abuse in 8th Grade



Source: <https://iys.cprd.illinois.edu>

Substance Abuse in 10th Grade

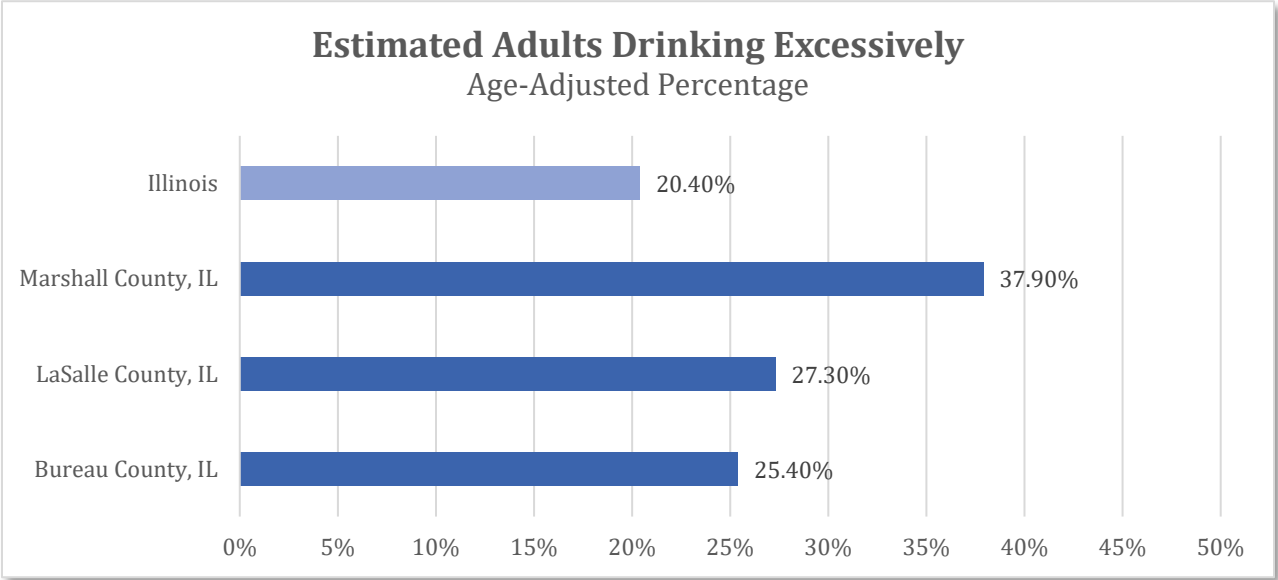


Source: <https://iys.cprd.illinois.edu>

Alcohol Consumption

This indicator reports the percentage of adults aged 18 and over who self-report heavy alcohol consumptions between 2006 and 2012 (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral needs.

The service area exhibits a higher percentage of adults who drink excessively, between 25.4%-37.9%, compared to the state average of 20.4%



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12

3.3 Opioid Usage

Opioids are a highly addictive drug and usage may result in serious health consequences, including an increased risk of death due to overdose. Data from the Illinois Department of Public Health indicates that the non-fatal overdose rate (per 10,000) from opioids in LaSalle, Bureau, Putnam and Marshall (Henry, IL. is located in Marshall County) counties all exceeded the rate for the State of Illinois in 2018. The rate for fatal overdoses related to opioids in LaSalle County in 2018 was nearly double the State rate.

2017 Overdoses	Non-Fatal Rate (per 10,000)	Fatal Rate (per 10,000)
Illinois	10.45	2.10
LaSalle	12.62	3.63
Bureau	6.58	0.90
Putnam	8.68	5.21
Marshall	7.63	-

2018 Overdoses	Non-Fatal Rate (per 10,000)	Fatal Rate (per 10,000)
Illinois	10.73	2.28
LaSalle	13.85	4.47
Bureau	12.11	0.91
Putnam	10.88	0.00
Marshall	11.83	0.85

Source: North Central Behavioral Health Systems Survey – Appendix B.

3.4 Overweight and Obesity

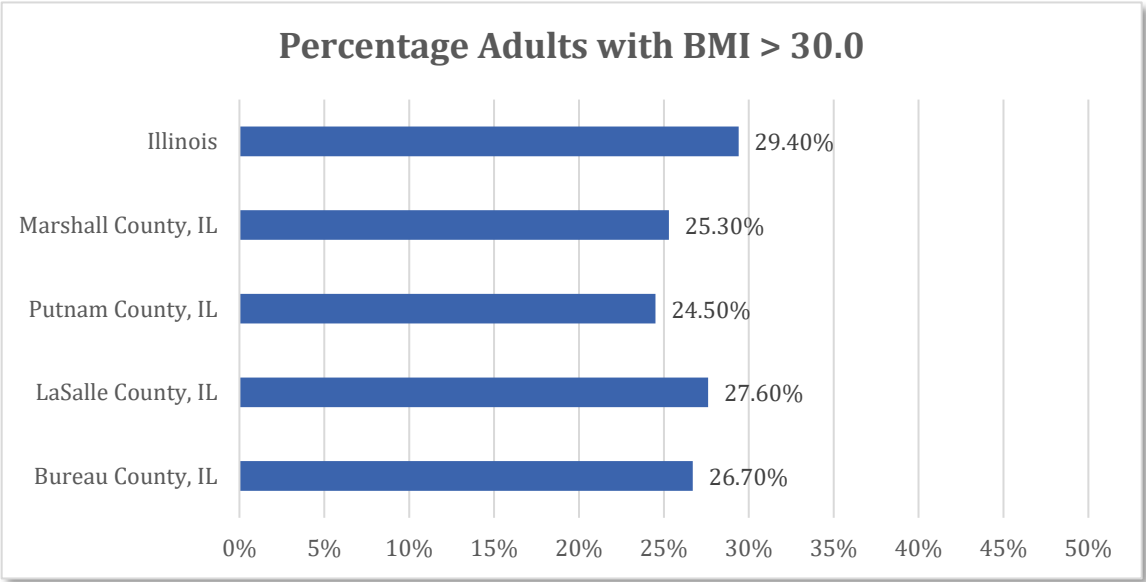
Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the service area.

With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation.

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates.

Obesity

This indicator reports the percentage of adults who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area in 2016. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.



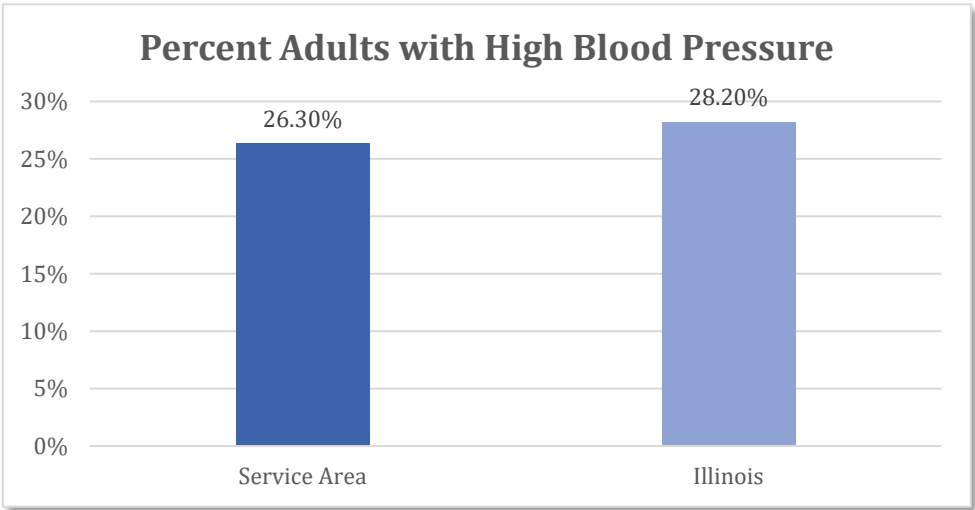
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016.

3.5 Predictors of Heart Disease

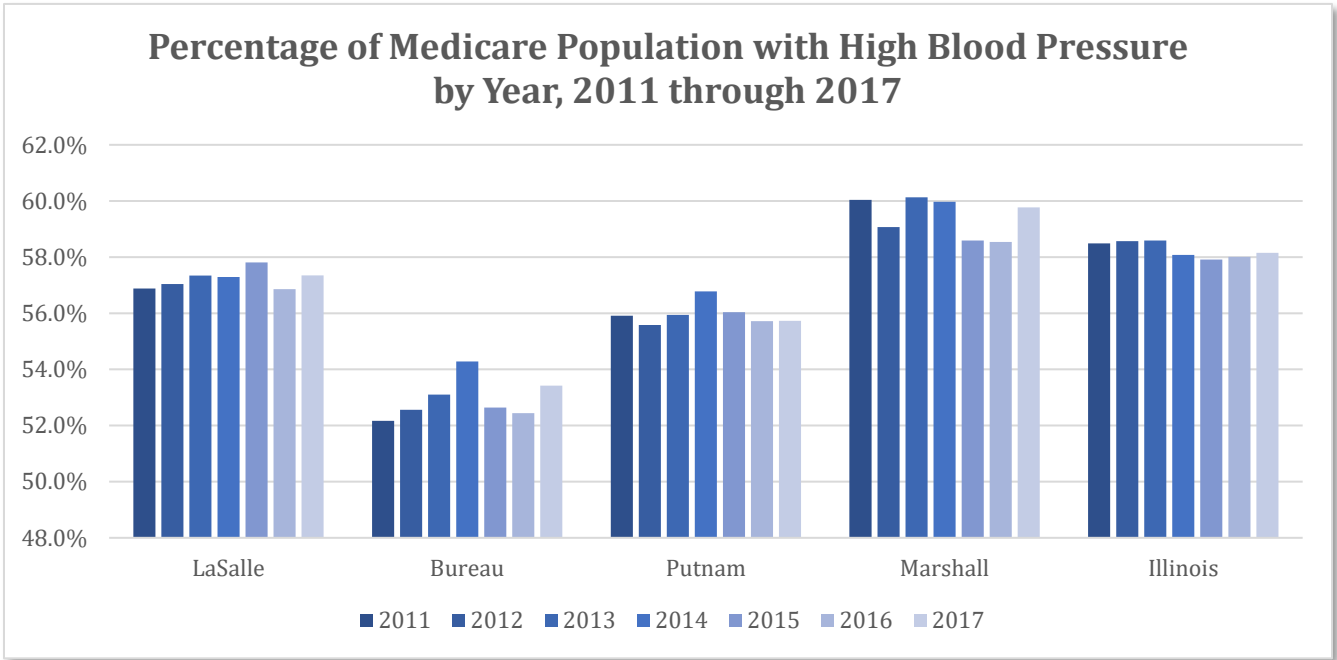
Importance of the measure: Individuals who exhibit signs of heart disease, such as high blood pressure and high cholesterol, have an increased chance of contracting heart disease. In the past, the service area has shown an above average percentage of residents with high blood pressure and cholesterol compared to the state of Illinois.

High Blood Pressure

This indicator is relevant because high blood pressure is related to coronary heart disease, a leading cause of death in the U.S. The service area has a slightly lower percentage of residents with high blood pressure than residents of the State of Illinois as a whole.

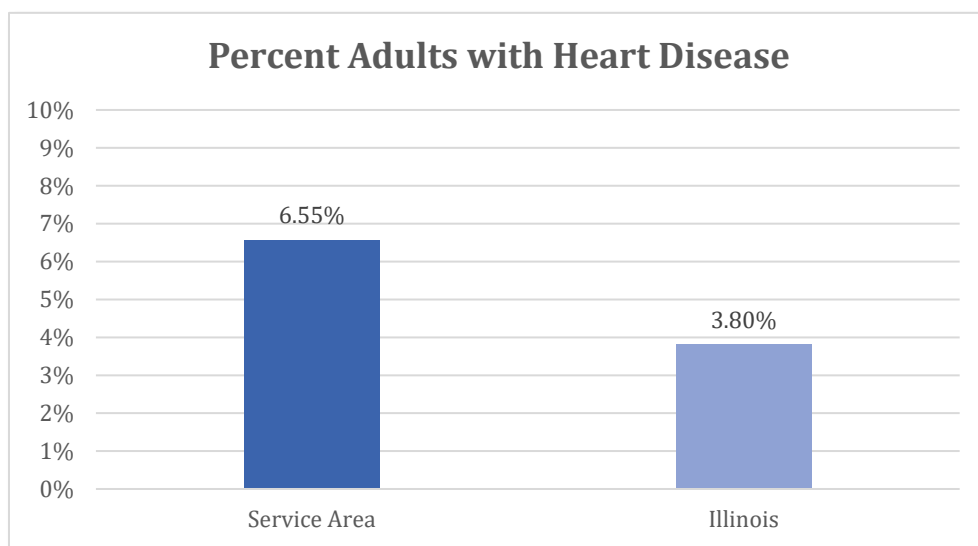


Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse 2006-12



Source: Centers for Medicare and Medicaid Services. 2017.

This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. Residents in the service area report a higher percentage of adults with heart disease than the residents of the State of Illinois as a whole.



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12

3.6 Key Takeaways from Chapter 3

- ✓ **SUBSTANCE ABUSE AMONG 8TH AND 10TH GRADERS IS ABOVE STATE AVERAGE**
- ✓ **OPIOID-RELATED OVERDOSE RATES ARE INCREASING**
- ✓ **THE PERCENTAGE OF ADULTS WHO DRINK EXCESSIVELY IS ABOVE AVERAGE**
- ✓ **PERCENTAGE OF OBESE ADULTS IS BELOW STATE AVERAGE**
- ✓ **PERCENTAGE OF ADULTS WITH HEART DISEASE IS ABOVE STATE AVERAGE**

CHAPTER 4 OUTLINE

- 4.1 Cancer
- 4.2 Diabetes
- 4.3 Opioid Abuse
- 4.4 Mortality Rates
- 4.5 Key Takeaways

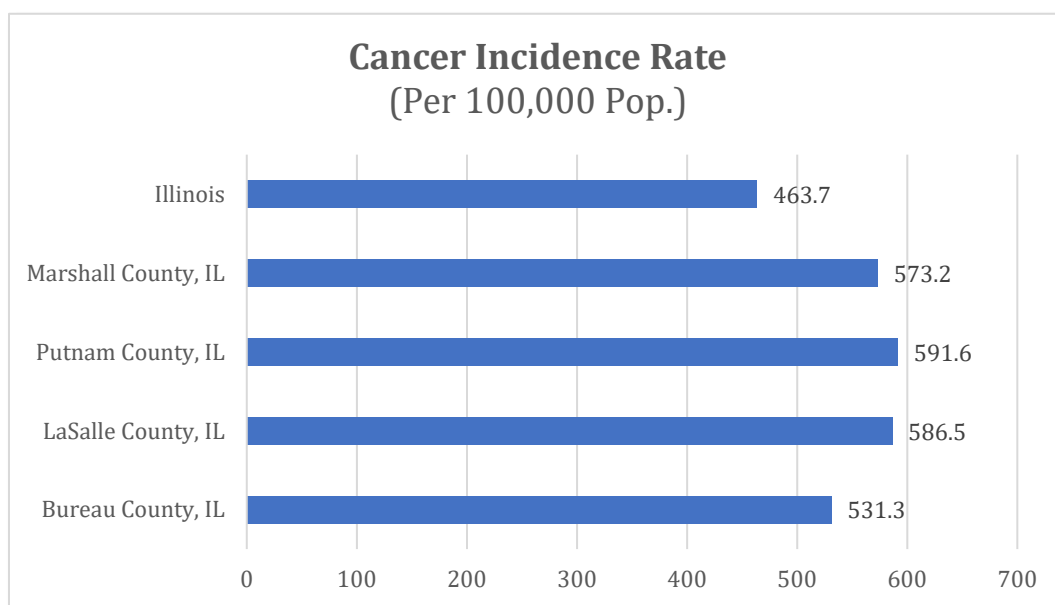
CHAPTER 4. MORBIDITY AND MORTALITY

4.1 Cancer

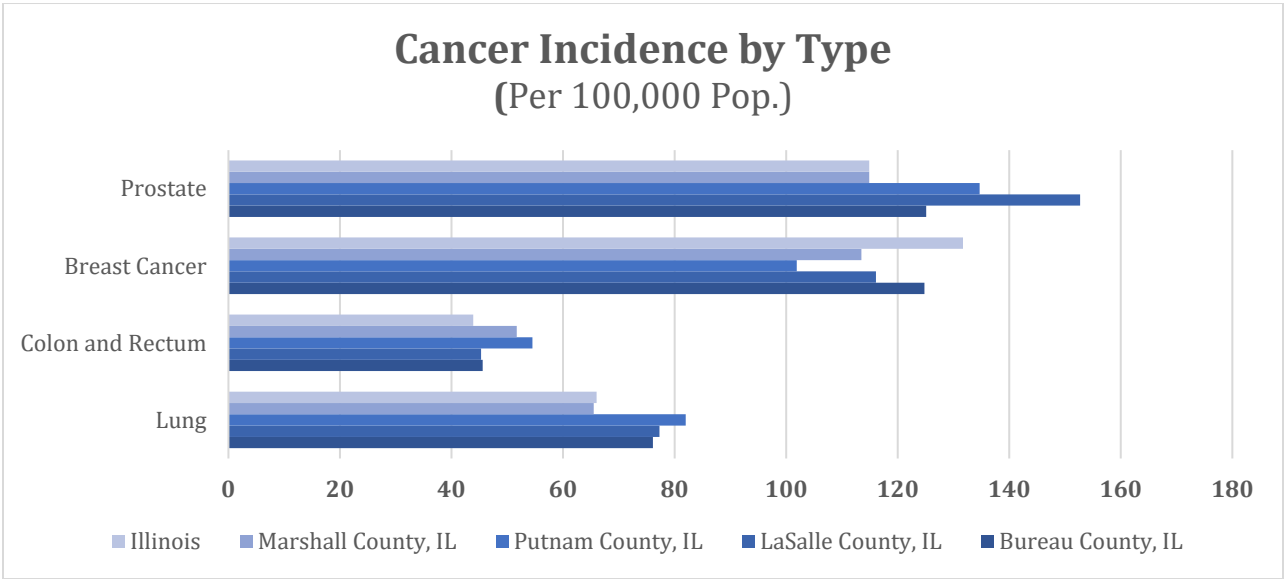
Importance of the measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is the leading cause of death in the service area.

Cancer Incidence

This indicator is relevant because cancer is the leading cause of death and it is important to identify cancer separately to better target interventions. Common cancer types in the service area include prostate, breast, lung and bronchus, and colon and rectum. The service area has a higher cancer incidence rate per 100,000 residents compared to the State of Illinois.



Source: State Cancer Profiles. 2011-15.



Source: State Cancer Profiles. 2011-15

Report Area	Lung	Colon and Rectum	Breast Cancer	Prostate
Bureau County, IL	76.1	45.6	124.8	125.1
LaSalle County, IL	77.3	45.3	116.1	152.7
Putnam County, IL	82.0	54.5	101.9	134.7
Marshall County, IL	65.5	51.7	113.5	114.9
Illinois	66.0	43.9	131.7	114.9

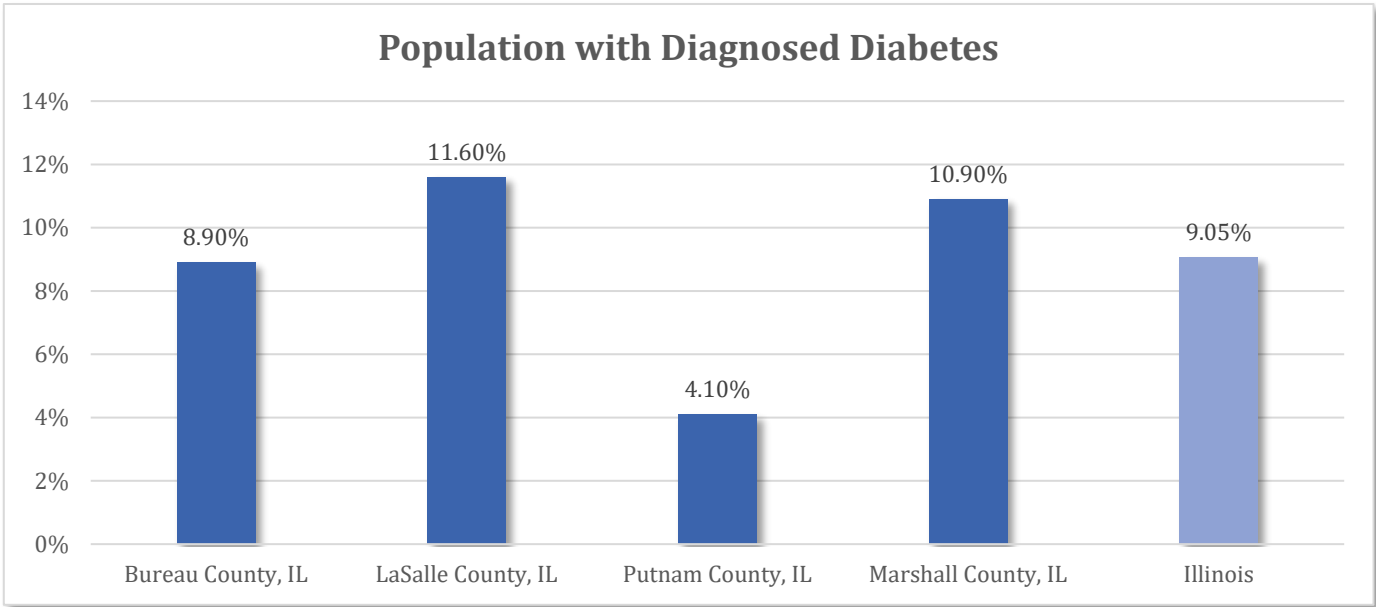
4.2 Diabetes

Importance of the measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks.

Diabetes

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

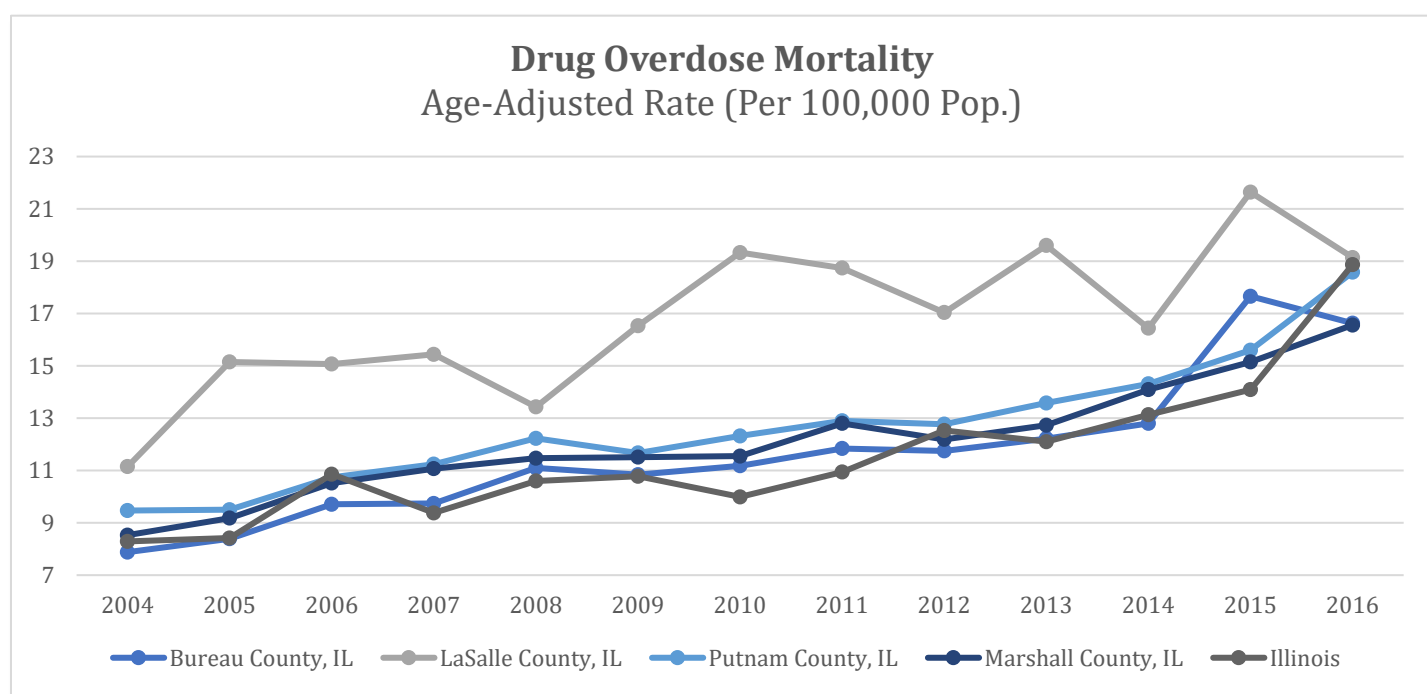
LaSalle and Marshall County both exhibit above average levels of population diagnosed with diabetes, while Bureau and Putnam County maintain below average levels of diagnosed residents. In 2014 the percentage of the population with diabetes in the service area was 12.1%, so all areas have decreased overall.



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016.

4.3 Drug Mortality

Importance of the measure: Drugs can be highly addictive, and abuse of drugs can lead serious life-threatening health consequences. Instances of drug overdose may occur more frequently in areas that suffer from drug abuse, and substance abuse generally promotes poor health.



Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed Via CDC WONDER. 2012-16

Opioid Related Deaths

Data from the Illinois Department of Public Health indicates that the non-fatal overdose rate (per 10,000) from opioids in LaSalle, Bureau, Putnam and Marshall (Henry, IL is located in Marshall County) counties all exceeded the rate for the State of Illinois in 2018. The rate for fatal overdoses related to opioids in LaSalle County in 2018 was nearly double the State rate. See Appendix B for additional data regarding opioid usage.

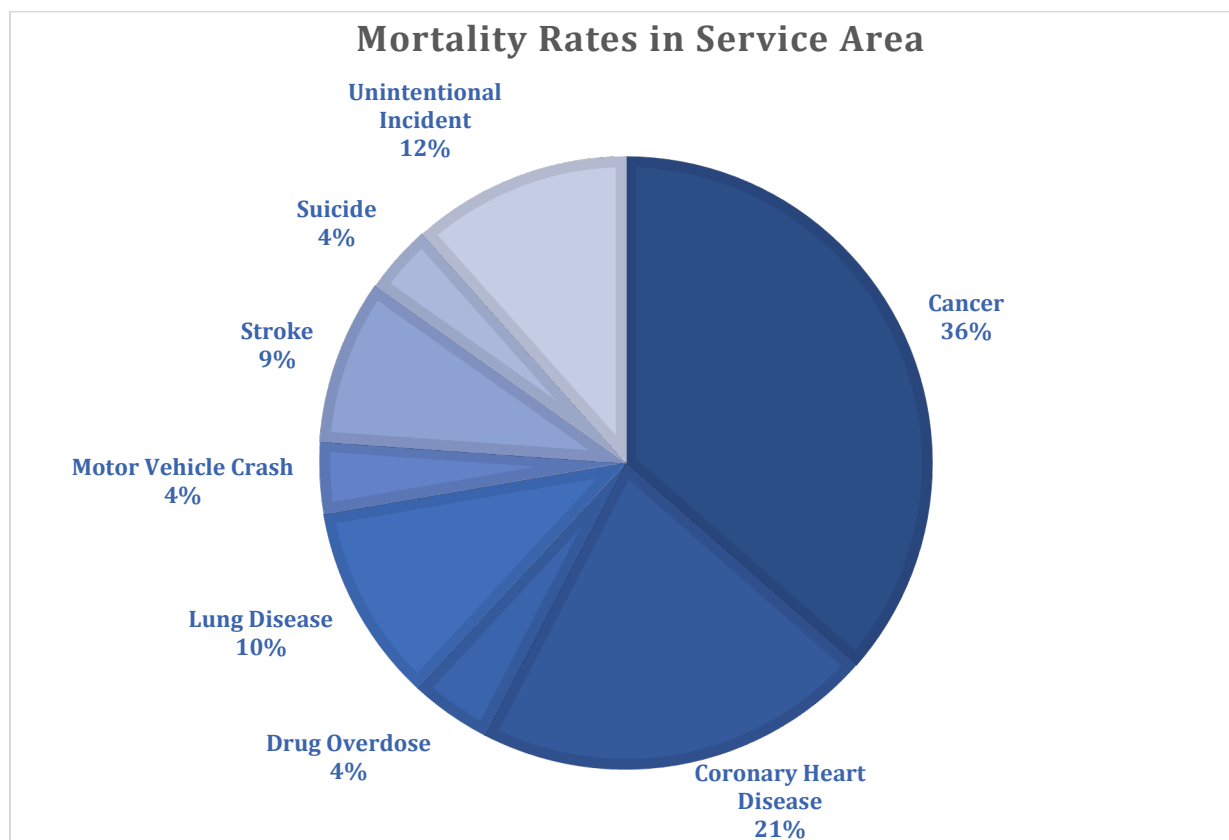
Opioid Overdose Deaths	Bureau County	LaSalle County	Putnam County	City of Henry
Actual	1	31	0	0

Opioid Overdose Deaths	Bureau County	LaSalle County	Putnam County	City of Henry
Actual	3	10	0	1

Coroner Data from Bureau, LaSalle, Putnam and City of Henry, 2018.

4.4 Mortality Rates

Importance of the measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths. The top leading cause of death in the service area is cancer, followed by heart disease and drug overdose.



Source: Centers for Disease Control and Prevention, 2013-17

4.4 Key Takeaways from Chapter 4

- ✓ **CANCER RATES IN THE SERVICE AREA ARE HIGHER OVERALL THAN STATE AVERAGES**
- ✓ **DIABETES RATES IN LASALLE, MARSHALL, AND PUTNAM COUNTY EXCEED STATE AVERAGES.**
- ✓ **IN 2018 BOTH FATAL AND NON-FATAL OPIOID OVERDOSE RATES WERE ABOVE STATE AVERAGE, AND THE RATE OF FATAL OVERDOSES WAS NEARLY DOUBLE THE STATE AVERAGE**
- ✓ **CANCER, HEART DISEASE, AND DRUG OVERDOSE ARE LEADING CAUSES OF DEATH IN THE SERVICE AREA**

CHAPTER 5 OUTLINE

- 5.1 Perceptions of Health Issues
- 5.2 Perceptions of Unhealthy Behavior
- 5.3. Perceptions of Issues Impacting Well-being
- 5.4 Summary of Community Health Issues
- 5.5 Significant Needs Identified and Prioritized

CHAPTER 5. PRIORITIZATION OF HEALTH-RELATED ISSUES

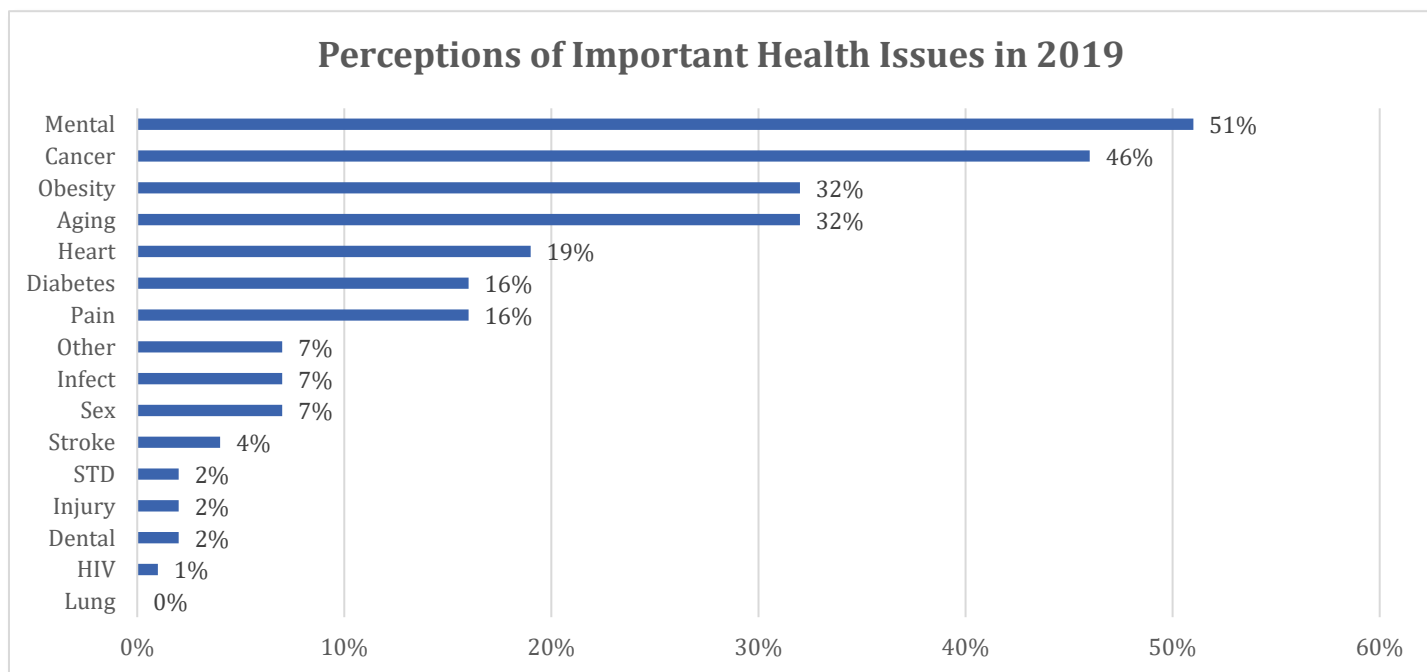
In this chapter, we identify the most critical health-related needs in the community. To accomplish this, we first consider community perceptions of health issues, unhealthy behaviors and issues related to well-being. Using key takeaways from each chapter, we then identify important health-related issues in the community. Next, we complete a comprehensive inventory of community resources; and finally, we prioritize the most significant health needs in the community.

Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

5.1 Perceptions of Important Health Issues in 2019

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 16 different options.

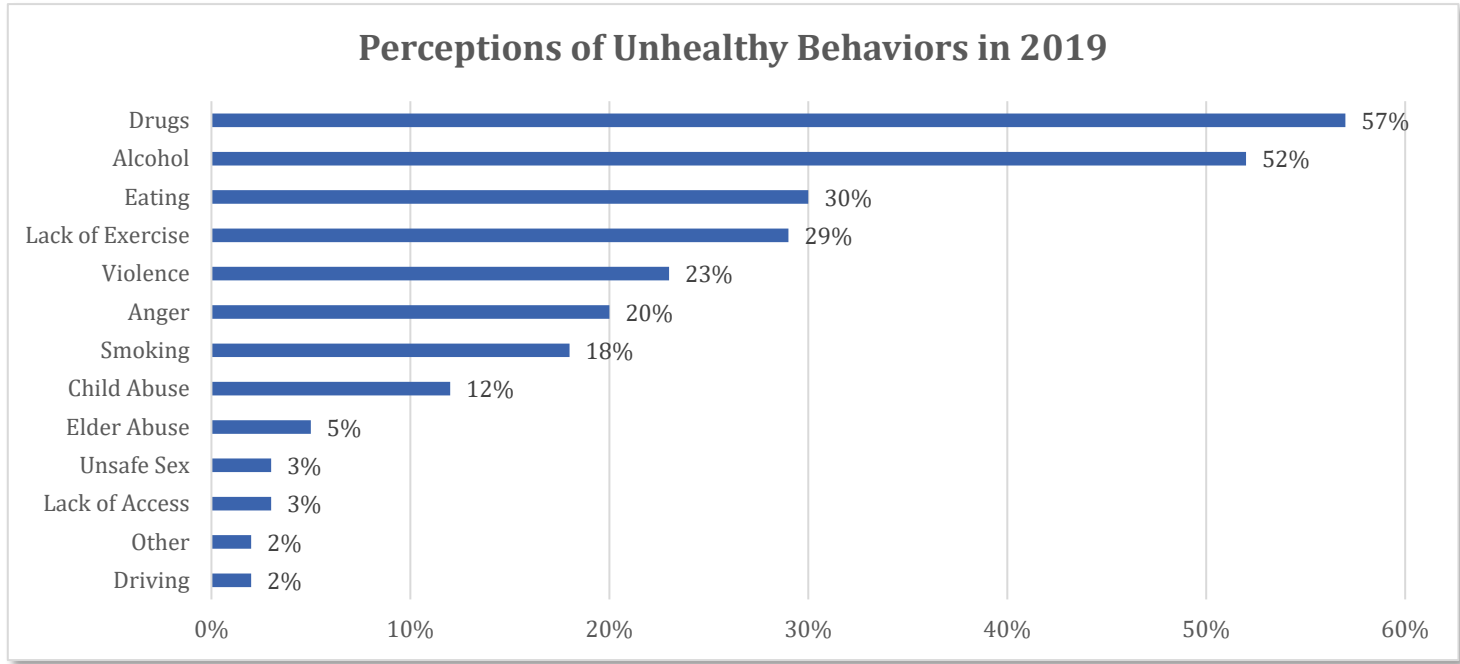
The health issue that rated highest was mental health. This was followed by cancer, obesity, and aging.



5.2 Perceptions of Unhealthy Behaviors in 2019

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 13 choices.

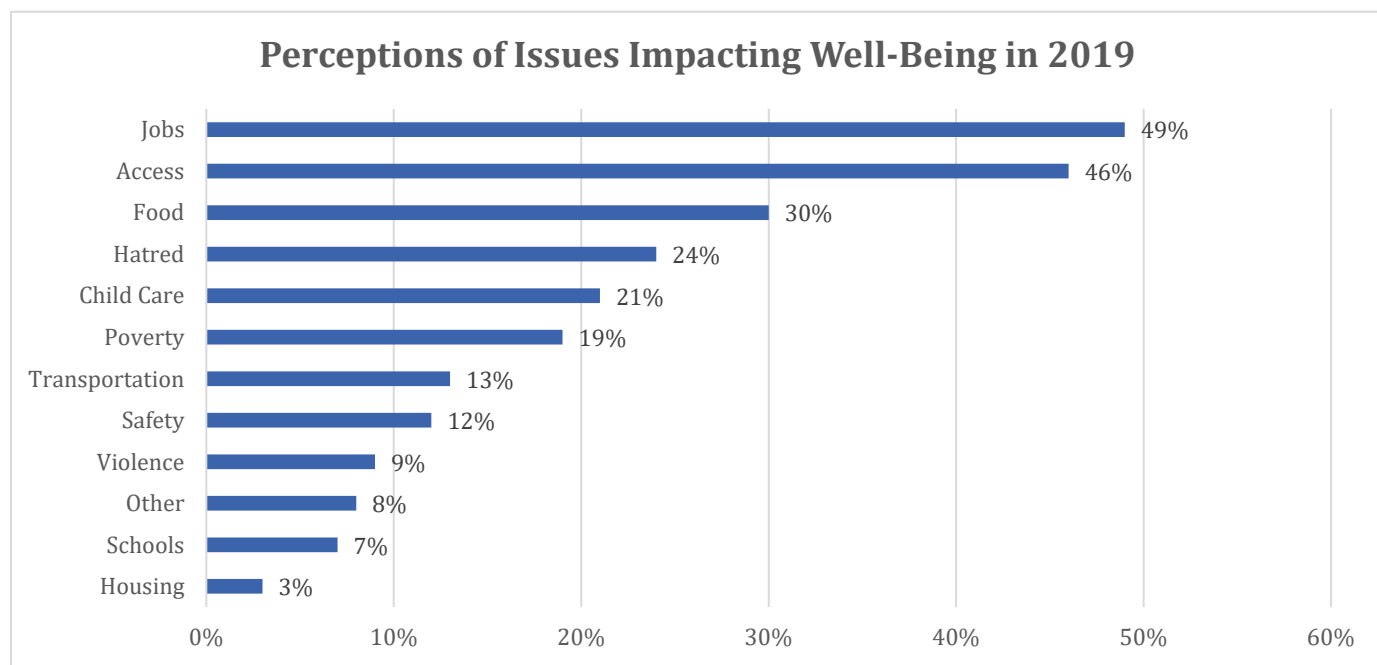
The most important perceived unhealthy behavior is drugs at 57%, followed by alcohol at 52%. Considering the recent struggle with opioid usage in the service area, this is unsurprising.



5.3 Perceptions of Issues Impacting Well-Being in 2019

Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 12 choices.

The two issues that rated highest were job opportunities at 49%, and Access to Health Services at 46%. This remains consistent with the top issues impacting well-being identified in our 2016 survey.



5.4 Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources, and potential for impact and trends and future forecasts.

Demographics (Chapter 1) – Three factors were identified as the most important areas of impact from the demographic analyses:

- Population is aging
- Teen birth rate has declined and is now below average for the state of Illinois
- Unemployment has decreased but remains slightly higher than average for the state of Illinois

Prevention Behaviors (Chapter 2) – Three factors were identified as the most important areas of impact from the chapter on prevention behaviors:

- Primary care physicians per 100,000 population in the service area is less than half of the Illinois average
- The majority of the population is insured
- Estimated population with poor general health is above Illinois state average

Symptoms and Predictors (Chapter 3) – Five factors were identified as the most important areas of impact from the chapter on symptoms and predictors:

- Drug Abuse - Opioids
- Tobacco Usage
- Alcohol Abuse
- Obesity

Morbidity and Mortality (Chapter 4) – Three factors were identified as the most important areas of impact from the chapter on morbidity/mortality behaviors:

- Cancer
- Heart Disease
- Drug Overdose

Identification of Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into eight potential categories. Based on similarities and duplication, the eight potential areas considered are:

- Access to healthcare providers
- Poor healthy behaviors – nutrition & exercise
- Diabetes
- Mental health
- Obesity
- Substance abuse
- Cancer
- Heart Disease

5.5 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. The collaborative team identified two significant health needs and considered both priorities:

- **Healthy Lifestyles – nutrition, physical activity, and obesity**
- **Mental Health and Substance Abuse – alcohol, drugs, opioids**

HEALTHY LIFESTYLES – OBESITY

OBESITY. Obese individuals place greater stress on their internal organs, thus increasing their propensity to utilize health services. Obesity can have far-reaching consequences for adults and adolescences and has been linked with numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma.

MENTAL HEALTH AND SUBSTANCE ABUSE – ALCOHOL, DRUG, AND OPIOID ABUSE

MENTAL HEALTH. The CHNA survey asked respondents to rate the three most important health issues in the community. The health issue that rated highest was mental health at 51%, suggesting that many residents are dissatisfied with their mental health state. Data shows that there are significantly less mental health providers available in the service provider than in the State of Illinois on average per 100,000 people (see 2.3 Access to Other Care). Several staff members sat on the Community Partners Against Substance Abuse Committee to address mental health planning that issues the report found in Appendix B.

SUBSTANCE ABUSE. Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. In the service area, the percentage of people who self-report heavy alcohol consumption, between 25.4 -37.9% is significantly higher than the Illinois state average of 20.4%.

OPIOID ABUSE. Opioids are a highly addictive drug that may have serious consequences, including an increased risk of death due to overdose. In 2016 the number of opioid related deaths nationally rose to more than 42,000 – more than in any previous year. Data from the Illinois Department of Public Health indicates that the non-fatal overdose rate (per 10,000) from opioids in LaSalle, Bureau, Putnam and Marshall (Henry, IL. is located in Marshall County) counties all exceeded the rate for the State of Illinois in 2018. The rate for fatal overdoses related to opioids in LaSalle County in 2018 was nearly double the State rate.

APPENDIX A.

Activities Related To 2019 CHNA Prioritized Needs

Two needs were identified in the 2016 CHNA. Below are examples of the activities implemented during the last three years to address these needs:

HEALTHY LIFESTYLES – NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

Nutrition, Physical Activity & Obesity: Identified as a Prioritized Health Need

- Kids Camp provided health, nutrition and safety education to Kindergarten through 8th grade students. Kids Camp was organized by St. Margaret's Health in collaboration with Illinois Valley Community College and University of Illinois Extension Service.
- Increased the number of chronic disease education programs from two to six.
- Began diabetic prevention program.

Access to Care: Identified as Prioritized Health Need

- Recruited six mid-level providers (nurse practitioners and physician assistants) to improve access for medical services.
 - Hired one new psychiatric nurse practitioner.
- Hired additional nurse practitioners to assist psychiatrist.
 - Developing new psychiatric nurse practitioner positions.

MENTAL HEALTH AND SUBSTANCE ABUSE

Substance Abuse: Identified as a Prioritized Health Need

- Assisted with random drug testing of high school students, to discourage substance abuse.
- Provided staff to The Perfectly Flawed Foundation, North Central Behavioral Health Systems Planning Grant Committee, and Community Partners Against Substance Abuse.

Mental Health: Identified as Prioritized Health Need

- Recruited a Family Practice/Psychiatry physician to the service area.
- Provided staff to the Arukah Institute of Healing for HRSA Planning Grant Committee (C-5 Rural).

APPENDIX B.

North Central Behavioral Health Opioid Needs Assessment (2019)

Background

In late September, 2015, the Bureau County Coroner alerted Community Partners Against Substance Abuse (CPASA), to the information that there had been 8 opioid-related deaths in Bureau County during the first 9 months of 2015. In 2016 the number of opioid related deaths nationally rose to more than 42,000 – more than in any previous year. The nation and the North Central Illinois area scrambled to address what by then was referred to as the opioid crisis.

Law enforcement, emergency medical services, hospitals mental health and substance use services providers and community organizations cooperated with focus on many of the aspects of the crisis. Naloxone became a part of every first responder's gear. Attitudes began to change among first responders, providers and the public. The Federal and state governments reacted with laws to help address the issues and funding to help in the critical local response.

In North Central Illinois, hospitals added staff and partners and changed - to the extent possible - approaches to substance use disorders and opioid prescribing. Physicians expanded medicine assisted treatment. Law enforcement recognized the usefulness of Naloxone and the approach of, treat rather than incarcerate, when appropriate. Counselors and other service providers expanded their efforts and partnerships as best they could. Diverse community groups strengthened around prevention and new groups developed around providing support for families and persons with use disorders, including peer support.

Nonetheless, data from the Illinois Department of Public Health indicates that the non-fatal overdose rate (per 10,000) from opioids in LaSalle, Bureau, Putnam and Marshall (Henry, IL. is located in Marshall County) counties all exceeded the rate for the State of Illinois in 2018. The rate for fatal overdoses related to opioids in LaSalle County in 2018 was nearly double the State rate. (4.47/2.28). In addition, Opioid Overdose Emergency Department cases January through September, 2019 were 18 in Bureau County and 76 in LaSalle County.

Conversations among providers and others led to the conclusion that an area-wide approach to opioid use was needed. A decision was made to form a consortium of key providers and community representatives, including a representative from St. Margaret's Health, Linda Burt, Vice President of Quality & Community Services, to investigate local gaps in services, determine how best to approach those gaps and further determine how to staff and sustain the resulting coordinated effort. This is spearheaded by North Central Behavioral Health System (NCBHS).

In May, 2019, the consortium received a grant to conduct the investigation and planning it was seeking with an opportunity to apply for further funds to facilitate carrying out the plan beginning in 2020. A broad-based gaps analysis was conducted by the Project Director and Project Coordinator from North Central Behavioral Health Systems and Public Health Planner from the Bureau, Putnam & Marshall County Health Departments in July through September, 2019, leading to the following report for future use by the consortium as part of their gaps analysis process in October, 2019. The results of that analysis will set the foundation for strategic planning to be conducted by the consortium in November, 2019.

Demographics

A total of 150,541 people live in the 2,164.33 square mile area defined as Bureau, LaSalle and Putnam Counties according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The **population density for this area, estimated at 69.56 persons per square mile**, is less than the national average population density of 90.88 persons per square mile and the Illinois' density of 231.55 persons per square mile. **A total of 2,850 people live in the 59.04 square mile report area defined by the zip code of Henry, IL.** The

population density for this area is estimated by the Community Survey at 48.27. **The total population of the area is 153,391.** The population is **split evenly between males and females.**

The data below represents the combined populations of Bureau, LaSalle and Putnam Counties. The data from Henry is not significantly different.

AGE	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
	5.41%	16.38%	8.17%	11.69%	11.4%	13.88%	14.63%	18.45%

MEDIAN AGE	Bureau County	LaSalle County	Putnam County	City of Henry
	43.7	41.8	47.5	Unavailable

RACE	White	Black	Asian	Native American / Alaska Native
	93.74%	2.03%	0.76%	0.23%
	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races	
	0.02%	1.78%	1.43%	

ETHNICITY	Hispanic	Non-Hispanic
	9%	91%

Social Determinants of Health

Social determinants of health include items influencing or reflecting economic stability, neighborhood and physical environment, education, food, community and social context and the local health care system. The following data, drawn from CARES (October 1, 2019) reflect on Social determinants.

- Within the BLP area 10,698 public school students or 48.83% are eligible for Free/Reduced Price lunch out of 21,910 total. In Henry 459 students or 49.09% are eligible.
- 17.91% of the BLP population aged 25 and older, or 18,882 have obtained a Bachelor's level degree or higher. Henry is 20.11% (392). These are compared to Illinois overall at 33.45% and the United States at 30.93.
- Within the BLP report area 85.8% of students are receiving their high school diploma within four years. Data represents the 2016-17 school year. Henry is 83.5%. Illinois is 85.7%. The U.S. is 86.8%
- Within the BLP report area there are 11,170 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 10.59% of the total population aged 25 and older.
- 68.38% of children in grade 4 in BLP had reading skills that tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. In Henry 70.3% tested below "proficient."
- In the BLP report area 21.73% or 6,990 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). In the Henry report area 22.57% or 158 children aged 0-17 are living in households with income below the FPL.
- Within the BLP report area 13.18% or 19,299 individuals are living in households with income below the FPL. Within the Henry report area 13.75% or 379 individuals are living in households with income below the FPL.
- Total unemployment in the BLP report area for September, 2019 equaled 3,670, or 4.7% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). The Henry report area rate was 4.2%. The Illinois rate was 4.2. The U.S. rate was 4%

- According to the USDA – Food Access Research Atlas 2015, 86,769 residents of the BLP report area lived in an area defined as a food desert.
- Collectively, 23.89% of occupied housing units in BLP have one or more substandard conditions. Substandard conditions include 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.
- In the BLP reporting area rates of availability of dentists, primary care physicians and mental health providers are all significantly below state and national levels.
- The rate of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care in the BLP report area is 78.2 per 100,000, compared to 207.8 per 100,000 for all of Illinois and 202.8 per 100,000 in the United States.
- In the BLP report area an estimated 26.9% of adults (age adjusted) drink alcohol excessively compared to 20.4% for all of Illinois and 16.9% for the United States.
- The age adjusted rate for suicide in the BLP report area is 28 per 100,000 males and 7 per 100,000 females compared to 16.96 males and 4.52 females for all of Illinois.

QUANTITATIVE DATA

Background

Quantitative data was collected and analyzed over a 3-month period by the Public Health Planner of the Bureau, Putnam and Marshall County Health Departments and Project Director and Project Coordinator from North Central Behavioral Health Systems. Data was collected from local, state and federal data sources. In addition, scholarly articles, media reports, Community Health Needs Assessments conducted by area hospitals and the IPLANs (Illinois Project for Local Assessment of Needs) from the local health departments were reviewed along with the 2018 Illinois Youth Survey, a comprehensive area CARES report and a data summary from ESRI. The collected data was analyzed and the information most relevant to this stage of our inquiries is reported in this section.

DEATH

Opioid overdose mortality rate.

Opioid Overdose Deaths	Bureau County	LaSalle County	Putnam County	City of Henry
Actual	1	31	0	0

Coroner Data from Bureau, LaSalle, Putnam and City of Henry, 2018

Opioid Overdose Deaths	Bureau County	LaSalle County	Putnam County	City of Henry
Actual	3	10	0	1

Coroner Data from Bureau, LaSalle, Putnam and City of Henry, 2019 (Jan-Sept)

2017 Overdoses	Non-Fatal Rate (per 10,000)	Fatal Rate (per 10,000)
State	10.45	2.1
LaSalle	12.62	3.63
Bureau	6.58	0.90
Putnam	8.68	5.21
Marshall	7.63	-

2018 Overdoses	Non-Fatal Rate (per 10,000)	Fatal Rate (per 10,000)
State	10.73	2.28
LaSalle	13.85	4.47
Bureau	12.11	0.91
Putnam	10.88	0.00
Marshall	11.83	0.85

Data Source: <https://idph.illinois.gov/OpioidDataDashboard/>

NALOXONE USE

Law Enforcement Narcan/Naloxone Use

(Blank spaces represent no data received.)

Office/Department	2018	2019
Bureau County		

Bureau County Sheriff	8	6
Princeton Police Department	4	2
Spring Valley Police Department	3	3
Ladd Police Department	4	0
Putnam County		
Putnam County Sheriff's Office	10	3
Marshall County		
Marshall County Sheriff's Office		
Henry Police Department		
LaSalle County		
LaSalle County Sherriff	5	6
LaSalle Police Department	8	5
Peru Police Department	10	6
Ottawa Police Department*	13	15
Streator Police Department	1	0
Seneca Police Department	0	0
Mendota Police Department	10	4
Oglesby Police Department	5	4

***Ottawa Police Department:** In the year 2018 the Ottawa police department responded to 13 overdose calls where Narcan was administered. 26 doses of Narcan were administered on those calls. In the year 2019 the number of overdose calls thru September is at 15. 22 doses were administered on those calls. Calls for 2018 thru Sept of 2019 (28) - total doses of Narcan Administered (48).

EMS

Data for Naloxone/Narcan Administered by EMS in Bureau, Putnam, LaSalle Counties for 2015 – 2019, where available. (Blank spaces represent no data received.)

AGENCY	2015	2016	2017	2018	2019
Services in Bureau County					
Tiskilwa Ambulance	3	3	1	6	
Princeton Ambulance	11	11	8	28	
Total Bureau County	14	14	9	34	
Services in Putnam County					
Putnam County EMS	16	5	3	6	7
Total Putnam County	16	5	3	6	7
Services in LaSalle County					
LaSalle Fire Department	24	30	37	10	19
Lostant Fire Department	0	0	0	1	0
Oglesby Ambulance	7	11	14	13	5
Peru Ambulance	31	27	37	27	17
Ottawa Fire Department	57	44	54	35	28
Utica Fire Department	3	3	4	1	4
Total LaSalle Co.	65	71	92	52	45

Data Source: Emergency Services and hospital records

HOSPITALS

Naloxone Administered in Hospital

AGENCY	2018	2019
Perry Memorial Hospital	14	12

St Margaret's Hospital	19	22
OSF St Elizabeth	87	50
OSF St. Paul	7	4
IVCH		

Opioid/Mental Health Emergency Department Visits:

Opioid/Mental Health Emergency Department Visits	2016	2017	2018 (Jan-June)	2018 (July-Dec)	2019 (Jan-Sept)	Projected Visits 2019 - 2020
Perry Memorial Hospital	434	434	101	0	0	
IL Valley Community Hospital	397	386	111			
St. Margaret's Hospital	278	281	55			
St. Elizabeth's Hospital	599	929	255	118	415	500
Total for year	1708	2030	522			

Data Source: Individual Hospital Records

Opioid Overdose Emergency Department cases January through September, 2019

Bureau County – 18

LaSalle County – 76

NON-MEDICAL INTERVENTIONS

Perfectly Flawed	162 units of Narcan distributed to members of the public
Buddy's Purpose	Trained 225 people & 275 kits of Narcan distributed
Dusty Roads	

COUNSELING CONTACTS

North Central Behavioral Health System reported the number of individuals receiving substance use counseling – for all substances:

North Central Behavioral Health Systems Counseling	2016	2017	2018	2019
LaSalle County	462	505	443	430
Bureau County	104	113	89	80
Putnam County	13	17	12	16
Henry, City	12	12	8	1

REFERRAL OUT OF AREA (NCBHS/Chestnut) (5/2019 - 8/2019)

- Data / number of clients referred to Chestnut and received services?
LaSalle County – 3

- Data / number of clients referred to Chestnut but client declined services and for what reason?
LaSalle County – 8
- Data / number of clients that were referred to Chestnut but were declined by Chestnut?
LaSalle County - 2

Additional Information

The 2017 – 2022 LaSalle County IPLAN reported community satisfaction with health care as 30% unsatisfied and 55% satisfied and with mental health care as 62% unsatisfied and 21% satisfied.

The rate (per 100,000 population) of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care in Bureau, Putnam and LaSalle counties is 78.2 compared to 207.8 for all of Illinois and 202.8 for the United States.

QUALITATIVE DATA

Background

Qualitative data was collected by a facilitator (Public Health Planner) from the Bureau, Putnam & Marshall County Health Departments working with staff of North Central Behavioral Health Systems and others. The process was conducted utilizing town hall meetings, focus groups, key informant interviews and surveys.

Eight focus groups were conducted with representatives of

- Law Enforcement/EMS,
- Schools,
- Faith Based Organizations,
- an Intensive Outpatient Group, and
- a Nar-Anon Group.

Four Town Hall meetings were conducted - one each in Bureau, LaSalle and Putnam Counties and one in the City of Henry.

Nine Key Informant interviews were conducted with representatives of

- Law enforcement,
- Jail operations,
- Probation services,
- Emergency planning,
- Economic development,
- Workforce development, and
- Community services.

Anonymous surveys were targeted to eleven community segments. The groups surveyed included

- Business,
- Community members,
- Faith Based providers,
- Families of persons facing addiction,
- Fire/EMS,
- Law Enforcement,
- People in Recovery,
- Pharmacist,
- Probation,
- Treatment Providers,
- Youth and Teens

Observations from focus groups and key contacts related to Opioid issues since 2015

- Gaps exist in manpower and equipment for EMS impact response
- Repeat overdose calls for some persons with Substance Use Disorders is frustrating for EMS and Law Enforcement
- Finding resources for persons wanting help is time consuming and hit and miss
- Persons finishing in-patient substance recovery often return to the area making long term recovery more difficult
- Impact of Narcan use on opioid use is uncertain
- Families of persons with Substance Use Disorders are often in denial

- Success in getting overdose patients to hospitals varies with departments
- Peru is not seeing a decline in overdoses or deaths
- Number of walk-ins seeking help at PDs is declining
- Opioid and other substance abuse and use disorders are impacting the quality and availability of the workforce
- Deaths are declining in some areas but use is increasing

Positive observations

- Number of overdoses and related deaths seem to be down in Ottawa
- Narcan is a good tool for first responders
- HTHS has nasal Narcan in every classroom
- OTHS has an ALATEEN group that meets on campus
- OTHS has 1 LCSW, one psychologist and 5 counselors on staff
- LPHS has expanded student services
- Counsellors at LPHS are charged with focusing on social/emotional needs
- Student Support Services at LPHS enjoys a strong relationship with students
- There is a very low perception of opioid use by students at LPHS
- Some harm reduction is taking place including access to clean needles
- Dialogues that are helping to reduce stigma are occurring
- There are more conversations about opioids and more community education opportunities that may be reducing stigma
- Communities, agencies and providers are better at identifying and sharing information about resources
- Naloxone (Narcan) has become available from a number of sources
- Public awareness of opioid issues has increased
- Stigma has improved
- People are communicating about opioids
- Medication-assisted treatment is available
- More and better data about opioids is available

NEEDS IDENTIFIED BY FOCUS GROUPS

Law Enforcement, EMS

- Readily available detoxification
- Readily available resources for Law Enforcement for the 1st handoff
- Services for methamphetamine use and other substances beyond opioids
- Access to peer support for persons in recovery and at other stages as appropriate
- A shared resource for locating available resources for handoffs
- Distant alternatives for long term rehabilitation and re-entry that would not bring the person back into their old environment.
- Professional staff or resources to provide crisis intervention
- Manpower, knowledge and available backup to fill gaps facing EMS
 - Trained EMT Basics, especially with daytime availability
 - Knowledge about substance use
 - Available law enforcement back up
- The next resource at every level
- Access to referrals for opportunities for extended post-inpatient recovery outside of the area
- Access to beds for inpatient care

- Access to family education throughout the process
- Continuing education for officers, including hands on and personal observation opportunities, for the steps in the process that precede and follow law enforcement involvement
- Community prevention education
- Identify resources for transfers
- Identify resources for transportation
- In-school prevention education
- Address impact of stigma on families that may delay intervention
- Someone to talk to pre ER release about services available as alternative to walking out the door
- Less talk, more answers among services addressing these issues
- Understanding of insurance for substance related services and recognition by insurance of the nature of this as an illness

Schools

- Expanded substance use prevention education and programs
- Exposure to substance use prevention at earlier ages
- Professional development for school staff to identify youth in need of services
- Access to prevention speakers and services that are more than one and done
- Transportation to services for youth
- Increased parental involvement
- Access to services for low income youth
- Expand Mental Health Juvenile Justice (MHJJ) services to new areas
- Facilitate direct sharing of exit paperwork for youth returning to school from inpatient care
- Education for school staff on recognizing and identifying opioid use and other substance use
- More resources available to schools including counsellors in the buildings or districts
- Address issues related to parental involvement and follow through with substance use in their children
- Access to information about students returning from inpatient care
- Parental education and intervention
- Purposeful, continual prevention programming
- Coordination with inpatient care to continue education
- Improved access to information from inpatient care when students return
- Information for staff about available research-based prevention programs
- Address parental apathy
- Information sharing to allow schools to know what is going on in the community
- Information for school staff on how to identify mental health issues and substance abuse
- Transportation for youth to services and counseling

Community Open Town Hall Meetings

- Community education directed at reducing stigma around seeking help
- Prevention education for parents
- Information about support groups
- Community education about services available at each step of detoxification, rehabilitation and recovery
- Easy access to treatment at all levels
- A “warm handoff” at every step
- Local access to inpatient services
- Increased availability of Medication-assisted treatment
- Access to services specifically for pregnant women with substance use disorders
- Increased access to intensive outpatient care
- Find ways to facilitate successful return to the community after recovery

- Explore applying harm reduction to encouragement improvement rather than demand recovery
- Wrap around resources for life/living for people in recovery and also for those still using opioids
- Create job opportunities for persons in recovery and for persons still using opioids
- Increase services for families of persons with substance use disorder
- Increase access to family mediators and peer support
- Recovery coaches
- Single source information
- Educate school staff on how to deal with children with neuro development issues related to substances, including opioids
- Education for grandparents on how to raise children and education for grandchildren on how to live with grandparents
- Access to services at all levels for children that are, de facto, homeless as a result of parental substance use disorders
- Education for physicians about the importance of early intervention where parents have, or are recovering from, substance use disorders
- Better access to early intervention services
- Increase awareness of co-occurrence of mental health issues and substance abuse
- Decrease the stigma of seeking help for substance use disorders
- Wrap round services from recognition of need for help to forever
- Access to local group support for families of persons with substance use disorders
- Access to peer support for persons with substance use disorders
- Increased substance abuse prevention education and programming at earlier ages
- Education for parents about substance use disorders

Intensive Outpatient Group

- Flexible affordable transportation to services
 - Transportation service hours that accommodate group and other service times
 - Low or no cost transportation alternatives
- Expanded access to counseling
- Expanded group sessions (5x/wk instead of 3x/wk) for persons that would benefit
- Access to weekend and expanded daily hours for groups and counseling
- Education about time management for treatment and life
- Jobs training
- Education and guidance about job applications
- Soft job skills education
- Access to job matching in order to reduce rejection
- Different groups for different substances
- Access to information about available professional services and services in the community
- Faster access to inpatient services
- Local, affordable access to anger management
- Availability of walk in services and services without referrals
- Faster access to outpatient services (30 – 90-day wait to see a psychiatrist)
- Access to free or low priced Literature for recovery assistance including AA and NA books, *Daily Reflections*, *How it Works* and others
- Apps to aid recovery assistance
- Access to motivational speakers and programs
- Safe places to use, needle exchanges

Faith Based Organizations

- Community information about local substance issues especially opioids

- Better information for referrals from Faith Based providers
- Celebrate Recovery
- More Peer Support opportunities and information on how to access them
- Improved resources for grief
- Address stigma
- Address soft skills/life skills needs
- Education for Pastors

Nar-Anon Group

- Community education about mental health and substances and co-occurring illnesses
- Bridge the gaps between services from the earliest steps on for both persons with use disorders and families
- Access to peer assistance
- A one stop hub for assistance with access to resources for persons with use disorders and families
- Information from emergency rooms at time of discharge on how to access detoxification or other services
- Inpatient services that allow pet visitation or offer pet therapy
- Community education about available services
- Access to life assistance for persons in recovery that are being discharged from prison

Needs Identified by Key Informants

Key Informants included:

Chauntelle Biagi-Bruer, Coordinator
Putnam County Office of Emergency Management

Duane Calbow, Economic Development Planner
North Central Illinois Council of Governments

Joni Hunt, Executive Director
Illinois Valley Area Chamber of Commerce

Wayne Strawn
Marshall County Sheriff

Megan Spradling
Marshall County Probation Officer

Vanessa Hoffeditz
Community Services/Food Pantry Manager

Pam Furlan – Executive Director
North Central Illinois Works

Liberty Grzybowski
Licensed Clinical Social Worker

Jason Edgcomb, Jail Superintendent
LaSalle County Jail

Needs Identified

- Local access to detoxification, rehabilitation and recovery
- Peer counseling and support for persons with, and recovering from, substance use disorders
- Local crisis services
- EMS or hospital based home services for recent discharges or persons with chronic illness to monitor medication use
- Reduce stigma around Naloxone
- More community education about the risks of substance abuse
- Regional cooperation for intentional action to address the impact of substance abuse on the workforce
- A comprehensive unified effort to address opioid issues
- Create education and training opportunities to allow reintegration of persons in recovery
- Access to health care and mental health care providers in jails
- Timely access to detoxification
- Timely access to inpatient rehabilitation after detoxification
- Transportation to services
- Life reintegration services
- Crisis intervention to assist law enforcement and EMS
- Peer support and support groups
- Positive influences on buses to group treatment
- Reduced time between services especially inpatient-to- recovery
- Home outreach
- Reduce hepatitis
- IOP that focuses on co-occurring substance and mental health conditions
- Counseling services for youth
- Groups for youth
- Family support services
- Community education about the impact of substance abuse on the workforce
- Education and programs to advance recognition that there are innocent ways to find yourself in opioid use disorder in order to reduce the stigma that becomes a barrier to reintegration into the workforce
- Web based information for employers about available tools and resources for them and for referrals to employees
- Assist employers with understanding and implementing action plans for persons with use disorders
- Businesses need to be pro-actively involved in the process of addressing opioids in the community
- Ready, accessible treatment
- Flexible, available transportation to Medicine Assisted Treatment
- Community education about the local significance of the issue
- Resources for grandparents raising grandchildren due to substance issues
- Counseling and trauma services for children impacted by use disorders involving opioids and other substances
- Increased access to counseling to support recovery
- Peer support for persons using opioids or recovering from opioid use
- Job and career training for persons with Opioid Use Disorder
- Job coaches to assist individuals with substance use disorders, families and employers
- Better information for employees and employers on signs problems for persons on prescription drugs
- Employers that are willing to give people a chance
- Improved community awareness of available services
- Reduce 4 – 6 week wait times for in-patient services
- Increase access to peer support and recovery coaches
- Integrated home and community based services
- Better community education about Opioid Use Disorder as a disease and the need to give second chances
- Increased access to education and guidance for persons facing Opioid Use Disorder about life needs including jobs and services

- Create/expand wrap around services to assist with life needs and reduce stress
- Encourage understanding of options after relapse
- Increase access to MAT providers
- Linkage, or a referral hub, for helping provide information on first steps for obtaining services for persons coming out of incarceration, police contacts and others.
- Access to a local recovery home to help with re-entry and life skills
- Establish a recovery home option for court dispositions
- Create a process to provide certification or other recognition to prove completion of skills training, counseling, etc.

Surveys

Anonymous surveys were targeted to eleven community segments. The groups surveyed included

1. Business,
2. Community members,
3. Faith Based providers,
4. Families of persons facing addiction.
5. Fire/EMS
6. Law Enforcement
7. People in Recovery
8. Pharmacist
9. Probation
10. Treatment Providers
11. Youth and Teens.

The top three selections from key questions common to all groups are summarized here.

Faith Based (4 Responses)

What services are most needed in your community?

1. Peer Recovery Coaches and support services
2. Recovery homes in the community where individuals can temporarily live with others experiencing substance use disorder with ongoing treatment and support
3. Intensive outpatient treatment programs in our local communities for substance use Disorders

What challenges does your community face that relate to people with opioid related issues

1. High Recidivism rates among people with substance use issues
2. Lack of In-home based services
3. Inadequate outpatient treatment

Families of those Facing Addiction (3 Responses)

What services are most needed in your community?

1. Detoxification and inpatient hospitalization
2. Recovery Homes in the community where individuals can temporarily live with others experiencing substance use disorder with ongoing treatment and support
3. Intensive outpatient treatment programs in our local communities for substance use Disorders

Fire/EMS Sector (6 Responses)

What services are most needed in your community?

1. Detoxification and inpatient hospitalization
2. Intensive outpatient treatment programs in our local communities for substance use disorders

3. Recovery homes in the community where individuals can temporarily live with others experiencing substance use disorder with ongoing treatment and support

What challenges does your community face?

1. High recidivism rates among people with substance abuse
2. Inadequate outpatient treatment
3. Lack of transportation options

People In Recovery (13 Responses)

What services are most needed in your community?

1. Intensive outpatient treatment programs in our local communities for substance use disorders
2. Provide evidence based education
3. Recovery homes in the community where individuals can temporarily live with others experiencing substance use disorder with ongoing treatment and support

What challenges does your community face?

1. Lack of transportation options
2. Lack of knowledge of available transportation options
3. Lack of in-home based services

Probation (4 Responses)

What services are most needed in your community?

1. Detoxification and inpatient hospitalizations
2. Intensive outpatient treatment programs in our local communities for substance use disorders
3. Recovery homes in the community where individuals can temporarily live with others experiencing substance use disorder with ongoing treatment and support

What challenges does your community face?

1. High recidivism rates among people with substance use
2. Lack of knowledge of available transportation options
3. Lack of transportation options

Youth and Teens (23 Responses)

Did not provide the questions to this group

Business (8 responses)

What Services are most needed in your community?

1. Intensive outpatient treatment programs in our local communities for substance use disorders
2. Detoxification and inpatient hospitalizations
3. Peer Coaches and support services

What challenges does your community face?

1. Inadequate outpatient treatment
2. Inadequate social services
3. High recidivism rates among people with substance use

Law Enforcement (32 Responses)

What services are most needed in your community?

1. Detoxification and inpatient hospitalization
2. Intensive outpatient treatment programs in our local communities for substance use disorders
3. In home based services

What challenges does your community face?

1. High recidivism rates among people with substance use
2. Inadequate social services
3. Inadequate outpatient treatment

Pharmacists (5 Responses)

What services are most needed in your community?

1. Detoxification and inpatient hospitalization
2. Intensive outpatient treatment programs in our local communities for substance use disorders
3. Recovery homes in the community where individuals can temporarily live with others experiencing substance use disorder with ongoing treatment and support

What challenges does your community face?

1. Inadequate social services
2. Inadequate outpatient treatment
3. High Recidivism rates among people with substance use

Community Needs Assessment (17 responses)

What Challenges does your community face?

1. High recidivism rates among people with substance use
2. Inadequate social services
3. Inadequate outpatient treatment

KNOWN RESOURCES

Services of Consortium Members

Illinois Valley Community Hospital (IVCH)

IVCH offers Medication-Assisted Treatment through Jennifer Olesen as well as 24/7 emergency services in IVCH ED. Additionally, 2 outpatient clinics have tele-health behavioral health programs.

St Margaret's Hospital

As a hospital, St Margaret's Hospital are providers in the event of an overdose when they present to the ED. But we also have undertaken certain initiatives to reduce the offering of opioids. Some of these include the use on non-opioid meds like IV Tylenol, tramadol, etc. Dr. Perona also uses nerve blocks for major joint replacements to achieve pain control so the patient can participate in therapy. Many of our physicians now require patients on long term narcotic use to sign a contract and this may result on repeated testing to make sure they are using it as directed and not selling it. Physicians are also now enrolling more patients for medical marijuana if they meet the criteria for that.

Perry Memorial Hospital

At Perry Memorial, we provide MAT at our Princeton Prompt Care. Patients are provided Buprenorphine through Dr. Bonucci. Patients also participate in individual counseling with Ariel, LCSW.

North Central Behavioral Health Systems

NCBHS utilizes a multimodal treatment paradigm and delivery system to promote, engage, and provide services to the surrounding community. Individuals struggling with substance abuse and dependency can access local services by scheduling an Alcohol and Drug intake, which follows ASAM criteria to assess and recommend the proper level of care

for the individual. Individuals struggling with opioid addiction often require intense therapeutic services to safely detox from the drug and begin treatment in a restrictive and structured environment. Thereafter, the transition to outpatient services allows for individuals to build coping skills and a knowledge base about their addiction to prevent relapse. NCBHS provides outpatient services for individual counseling, intensive outpatient group counseling, and aftercare group counseling, which provide both psycho-education and evidence-based therapy. Additionally, NCBHS partners with Chestnut Health Systems to provide detox and inpatient treatment services. NCBHS collaborates with multiple entities to provide community outreach and education about the opioid crisis, as well as connects with local hospitals for additional services. NCBHS has an addictions team with an on-staff physician and Master's level clinicians to monitor and assess client progress and need. Mental health services are available to individuals with dual diagnoses, who require both addiction and mental health treatment.

Open Door Counseling

Open Door Counseling compliments opioid addiction treatment by addressing mental health issues that are comorbid with the substance use disorders. ODC assist with identifying resources and referrals for additional supports. It is within the scope of our licenses to treat substance use disorders; however, ODC does not have specific opioid or substance related services. ODC currently only provides individual counseling. ODC has the ability to provide group counseling, case management, and other services as they grow.

LaSalle County Health Department

LCHD provides naloxone training for law enforcement and Hep C testing and HIV testing and information. LCHD is also working on setting up alert system to monitor overdoses in community.

Bureau Putnam & Marshall County Health Departments

BPMCHD provides a Narcan program for Law Enforcement and Public Health Planning relying on data analysis

CPASA

Community Partners Against Substance Abuse (CPASA) is a community organization with over 140 active members from all areas of the Bureau county and Putnam county community. It is our mission to reduce substance abuse among youth in Bureau and Putnam counties, and, over time, among adults by addressing the factors in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. CPASA's overall vision is to work together to help our youth stay healthy, safe, and substance free. In 2017, CPASA was designated a NACCHO National Model Program.

LOCAL SERVICES OUTSIDE OF CONSORTIUM

COUNSELING

LaSalle County

Crossroads Counseling

Addiction Services
Ottawa, IL
Morris, IL
Plainfield, IL

7th Fire Counseling

Outpatient Programs for Drug & Alcohol Misuse, Abuse & Addictions (Client Assessment, Group, Individual & Family Counseling) and DUI Evaluations
Ottawa, IL

Gage & Associates, LLC

Specializing in the Treatment of Drug and Alcohol Abuse and all DUI Services

Ottawa, IL

LaSalle, IL

Illinois Valley Counseling Services

Therapists who treat both mental health and substance use issues

Ottawa, IL

Mendota, IL

Morris, IL

Bureau County**New Directions Counseling Center**

Full Service DUI Provider, DUI Evaluations, Substance Use Evaluations, State Licensed Drug & Alcohol Treatment

Provider, Mental Health Counseling

Princeton, IL

MEDICATION ASSISTED TREATMENT/MEDICALLY-ASSISTED TREATMENT (MAT)**IVCH - Hygienic Institute**

Jennifer Olesen, NP-C

LaSalle, IL 61301

Perry Memorial Prompt Care

Dr. Paul Bonucci

Cory Kramer, APRN FNP

Princeton, IL

Perry Memorial Hospital

Sitaldas Pamnani

Dr. Daniel Saviano

Princeton, IL

Earlville Medical Clinic

Dr. Kwang Chung, MD

Earlville, IL

Great Heights Medicine LTD.

Dr. Adeyemi Fatoki

Ottawa, IL

VETERAN SERVICES**LaSalle VA Clinic/Edward Hines, Jr. VA Hospital**

Peru, IL 61354-1109

Services

- Primary care services for veterans in LaSalle county and surrounding suburbs.
- Behavioral Health services including individual, and group counseling.

- Handicapped Accessible: full and easy access for all veterans.
- Personal Care: Highly qualified primary care providers, specialty care referrals to the Edward Hines Jr. VA Hospital.
- Laboratory: Blood drawing services available.
- Prescriptions: Routine prescriptions processed through the mail

LaSalle County VAC

Ottawa, IL 61350

Services

- Office helps Veterans and their families apply for benefits and file any claims with the Department of Veterans Affairs, Department of Defense and various other agencies.
- Assist with obtaining any military document and awards/medals.

Sterling VA Clinic

Sterling, IL 61081-3407

Services

- Primary Care, Preventive and Wellness Services
- Mental Health Services including group PTSD classes
- Onsite lab and x-ray
- Dietician providing individual dietary counseling as well as group classes
- Telehealth including audiology and retinal screenings
- Onsite Social Worker providing general social work services including assistance with Advance Directives (Living Will, Health Care Power of Attorney)
- Physical Therapy
- Podiatry
- Substance abuse counseling and education

Two Rivers Outreach

Two Rivers Outreach has committed to and have obtained added space exclusively for IOP in the Two Rivers Board Room with a launch date of November 1, 2019. IOP will be held on Mondays, Tuesdays and Thursdays for a 3-hour session from 4:00pm to 7:00pm. In addition to our Regular Assessment for DUI Assessment and Alcohol and Drug Assessments: Two Rivers has a behavioral health component with 2 LCSW's available for a myriad of complexities facing the recovering clients and patients that we encounter. New EMR Launch was on 10/16/19. Two Rivers will be accepting Medicaid as well.

NON-MEDICAL

The Perfectly Flawed Foundation

- Perfectly Flawed Yes4Youth program works with local service providers and supports children impacted by addiction and overdose death by providing grants for camps, counseling and enrichment activities. This is available for parents working on recovery or with a Substance Use Disorder (SUD) and/or Opiate Use Disorder (OUD) to help ease the burden and build connections. It is also available for grandparents and guardians raising youth.
- Yes4Youth program provides creative prevention for youth by hosting events that seek to unlock talents and encouraging youth to find their passion and "Just Say YES"

- Speaks to classrooms and conducts survey at community and youth events to get an understanding of the level of stigma of people who used drugs or with OUD/SUD
- Peer and Family Support serves as peer navigators and a trusted entry point to individuals looking to seek assistance for drug use, OUD, SUD and families seeking support. Provide services such as budgeting, navigating courts, assist in removing barriers to re-entry into the workforce and connecting to a higher level of care.
- Peer and Family Support program seeks to empower individuals and facilitate positive change for people in recovery, with OUD/SUD and people who use drugs (including opioids) by providing one-on-one peer support, SMART recovery support groups and providing compassion and a sense of belonging.
- Peer and Family Support program provides individuals with OUD/SUD ride assistance for individuals seeking treatment and peer support meetings.
- Provides safe housing spaces on a limited basis when inpatient treatment, shelters or safe housing is unavailable for individuals with OUD/SUD or persons in recovery. Provide access to services such as a laundry and basic household supplies and basic hygienic items and toiletries.
- Peer and Family Support program helps families understand drug use, OUD and SUD from the perspective of a peer with lived experience with OUD/SUD and act as a liaison to help build a supportive relationship between the person in recovery and their family.
- Advocacy & Education program seeks to de-stigmatize people who use drugs and suffer from OUD or SUD by educating the general public, elected officials and community leaders on evidence-based practices related to OUD and by working to dispel any false information in community forums and various media.
- Drug Overdose Prevention program reduces overdose by distributing overdose reversal medication naloxone.
- Provides resources kits to hospitals, including hygiene supplies and resource list of area services providers and access to addiction-related services to provide to individuals with OUD. (Our first kits are going out this month to local hospitals and we will be working to provide these to local first responders and law enforcement as well)
- Operates staffed walk-in office hours M-F (10a-3pm) as well as a peer text line, digital messaging and phone support with availability after hours and weekends. This is available for people with OUD/SUD, people who use drugs as well as their family members and loved ones.

Cornerstone

Cornerstone offers Nar Anon family group for support for friends and family of addicts. We also keep resources on hand for referral.

Arukah Institute

Arukah Institute provides client-centered, complementary health and counseling services to foster prevention wellness, and mental health in rural communities. Their method involves a variety of approaches including novel video-based programs, mind-body therapies as well as more conventional individual and groups therapies. Journey with clients long-term and help them build a healthy view of self as well as healthy relationships with others. Their method is data-driven and validated by our research program.

Services offered that are considered to be effective for treatment of opioid use disorders include the following:

(1) Mindfulness Meditation

Available data suggest that mindfulness-based interventions may help significantly reduce the consumption of several substances including alcohol, cigarettes, opiates, and others compared to control groups.

(2) Yoga

While more clinical studies directly measuring the effects of yoga on opioid use are warranted, yoga has been shown to be an effective non-pharmacologic treatment for chronic pain (a condition often leading to opioid dependence or misuse).

(3) Restorative Group Therapy

Addiction can damage relationships with family members or friends, and the behavioral patterns and relational dysfunction associated with addiction need to be addressed to promote healthy recovery over the long-term. Offers 4 Restorative Groups classes that target relationships, and teach participants how to propel a healthy self and be an active member in life-giving, positive relationships.

(4) General Adult Counseling & Family Counseling

Provides conventional counseling services for treating psychiatric disorders, a risk factor in opioid use disorder. Currently offer services for adult clients and for families.

Dusty Roads Foundation (information off website)

The Dusty Roads Foundation is a 501(c)3 not-for-profit organization dedicated to helping those suffering from addiction and alcoholism. They currently offer assistance with rehab and detox placements and transportation, treatment and halfway house fees, and organizing interventions. In the future, they hope to help those in early recovery with medical, dental and legal costs. Though focused on the citizens of Streator, Illinois and the surrounding areas, they do not turn anyone away.

Buddy Purpose

Buddy's Purpose is a nonprofit organization founded in memory of those loved & lost as well as those still struggling with addiction and substance abuse. We help provide support for both those currently suffering from addiction's grasp and their families struggling to cope. In the event of a loss to substance abuse, Buddy's Purpose strives to offer comfort to those collecting the pieces left in tragedy's wake.

An important component of our work has been through the outreach, training and distributing Naloxone (Narcan), an overdose prevention drug. We have trained around 225 people in our area and distributed 275 kits.

In August of 2012, we planned and held our first Overdose Awareness & Memory Walk and through the help of our communities, continue to do so annually. We are educating our community on this epidemic and fighting the stigma that surrounds addiction.

We have joined forces with other area organizations concerned with Addiction and Substance Abuse outreach, including Debbie Hallam of Dusty Roads, and Sherri Countryman of Sober is the New High, to organize, promote and hold Dare 2 Care about Addiction events. We hold monthly support groups on the first and third Thursday of every month. We also go to area schools to speak to them about Overdose awareness and this epidemic and let them know that there is help out there for them and educate them. We have been asked to be on the forum in a couple of different counties to discuss the drug epidemic and what we can do as a community.

Anyone that comes to Buddy's Purpose looking to get someone into treatment, we refer them to Dusty Roads.

We have unyielding hope we can help alleviate the shame and stigma plaguing those battling the devastating disease of addiction and keep other families from experiencing the tragic pain of losing a loved one to an overdose.

Streator Recovery Home, Inc.

- Men's house, 6 men maximum occupancy. Democratically run, self-supporting.
- In our community "Resident" = "Member".
- Uses the Oxford House model (see <https://oxfordhouse.org>)
- 3 basic rules: Pay your share of expenses on time, do not use drugs/alcohol in or out of the house, and share in the democratic procedures of the house.
- House Sponsor is paired with each resident, with structured contact to include discussion about recovery plan (participating in 12 Step Meetings, any follow-up with aftercare), financial plan (including work), and adjusting to life at the house and in the community.
- Our volunteer Board includes 2 trained recovery coaches who assist the House Sponsors.
- Each resident is responsible for attending weekly house meetings, where all decisions about the operation of the house are made, and each resident fulfills a position of responsibility (President, Secretary, Treasurer, Comptroller, and Coordinator). Recovery issues are also addressed.
- 12-panel drug screen kits are used for 1) Weekly random screens and 2) If a member is suspected of relapse. (From the newcomer agreement: "This is a Zero tolerance house. When 2 or more members of the house or the SRH Board request a urine sample, you must provide the sample within 2 hours; you cannot leave the residence until the sample is provided... In the case of a positive result: You will have 30 minutes to gather what you need and leave...").
- Must have a minimum 28 days sober to begin. We may provide transportation from the discharging facility (eg treatment center, county jail) to the house.
- SRH volunteers have forged relationships with the superintendent of LaSalle County Jail, members of the county probation and court services, and municipal police department. We have connected with treatment centers across the state.
- If a resident tests positive, he will be assisted in finding treatment. Any person is eligible to return to the house, given bed availability, if he has 28 days sober.

LaSalle County Jail

Jail Programs in Response to Opioid Epidemic

- MAT (Medically-Assisted Treatment) program for inmates being released from custody. Dr. Adeyemi Fatoki who also has a medical clinic in Ottawa IL will do an assessment of persons we see fit the Criteria (release and not prison).
- When someone is found to be eligible, we work with them to get appointments set up upon release for mental health care, and future appointments with Dr. Fatoki or a provider at the LaSalle Hygienic Institute. These persons are given a vivitrol shot before release.
- Along with this program, we have taken the steps to assist these persons in gaining employment with local companies who have come to us looking for people who want to work. These companies are aware of the persons back ground and are willing to give them the opportunity to make a living for themselves without worrying about trying to hide who they are or their past. This is an important step in recovery as I have spoken with many people in programs who have said shame is a big part of relapse.
- Intensive AA/NA volunteer group that is growing in numbers and comes to the jail on Wednesday evenings to meet with groups of inmates looking for help. These groups have given people another contact upon release to see they are not in this fight alone.
- We are continuing to expand our jobs program and trying to get to as many employers as possible to give people the chance to find a purpose and find a job that they can enjoy, not just go to because they have to.

- We also are continuing to try to expand our relationships with other groups that can help us get more in house treatment for inmates while they are incarcerated. This has been a slow process but hope to see it grow substantially in 2020 with the start of the county Drug Court Program.

Live Well Streator (info off website)

The Live Well Streator steering committee is partnering to create a sustainable movement that will support the improvement of the health, wellness and strength of the community. We focus on building awareness about community resources and creating new partnerships that support healthy living. While healthy living could mean a number of things, the steering team worked to determine which areas of focus could enact the greatest amount of positive change for the community.

DISTANT RESOURCES

Chestnut Health Systems

Bloomington, IL

Rosecrance

Rockford, IL

Champaign, IL

Gateway Foundation

Pekin, IL

Peoria, IL

Illinois Institute for Addiction Recovery

Peoria, IL

Footprints to Recovery

Arlington Heights, IL

LSSI Addiction Treatment Center

Chicago, IL

Haymarket Center

Chicago, IL

POTENTIAL RESOURCES

Bureau County has recently received a USDOJ grant to create crisis response for opioids in the county to allow for counsellors or LCSWs to respond with law enforcement and/or emergency medical services to the scene or residence of a substance related call to 911. Bureau County Crisis Response Program.

North Central Illinois Works has recently received a Workforce Development grant to create job skills training and job matching for persons with substance use disorders. The grant also provides for salary assistance to participating employers,

Arukah has received an Integrated Services Planning Grant from HHS to explore providing non-medical services for mental health as part of overall mental health services.

APPENDIX C.

2019 Community Needs Plan

Two needs were identified in the 2019 CHNA. Below are examples of the activities that could be implemented to address those needs:

HEALTHY LIFESTYLES – NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

Nutrition, Physical Activity & Obesity: Identified as a Prioritized Health Need

- Offer Diabetic Prevention Program twice a year
- Offer Diabetic Support Group
- Develop additional Diabetic Educators
- Continue Healthy Kids Camp and other school programs
- Promote healthy recipes through the quarterly magazine Healthy You
- Offer Chronic Disease Programs and screenings
 - a. Breast Cancer, Heart Programs,
 - b. Colon Screenings, Cholesterol Screenings, Diabetic Screenings

MENTAL HEALTH AND SUBSTANCE ABUSE

Substance Abuse: Identified as a Prioritized Health Need

Represent St. Margaret's on the following Community Organizations;

- Perfectly Flawed Foundation on Board and on Health Care subcommittee
- C -5 Rural Consortium
- CPAPSA
- North Central Illinois Opioid Needs Assessment and Planning Grant
- North Central Illinois Opioid Consortium

Mental Health Services: Identified as Prioritized Health Need

- Recruited a Family Practice/Psychiatry physician to the service area.
- Provided staff to the Arukah Institute of Healing for HRSA Planning Grant Committee (C-5 Rural)
- Submit SAMSHA Grant to establish Certified Behavioral Health Clinic
- Hire Mental Health Professionals (MSW or LCPC) for large clinics if resources permit (obtaining CCBHC grant)
- Begin BHI chronic care management telehealth visits
- Increase access to Mental Health Services through Center for Family Health by Hiring an additional Psych Nurse Practitioner
- Offer Mental Health Hotline for Employees during Covid Pandemic
- Offer Naloxone training to ED staff