

**Heritage Behavioral Health Center &
DeWitt County Community Mental Health Board**

COMMUNITY NEEDS ASSESSMENT

February 2026



**DEWITT COUNTY
MENTAL HEALTH BOARD**



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ACKNOWLEDGEMENTS

Many organizations and individuals supported this needs assessment. Heritage Behavioral Health Center, the DeWitt County Community Mental Health Board, and TriWest Group appreciate the time, effort, and commitment demonstrated by the residents and community partners throughout DeWitt County. They wish to thank those who completed the community and professionals surveys, the libraries who hosted the surveys, the professionals and community members who joined or hosted focus groups and provided data, and the organizations continuing their important work with DeWitt County residents.

Special Thanks To:

Birth to 5 Five Illinois Region 17

Central Illinois Continuum of Care

DeWitt County Coalition

DeWitt County Recovery Oriented System of Care (ROSC)

Encore Developmental Services

Village of Weldon and Library

United Way of Decatur and Mid-Central Illinois

Warner Hospital and Health Services

EXECUTIVE SUMMARY

This community needs assessment (CNA) reflects the joint efforts of Heritage Behavioral Health Center (Heritage) and the DeWitt County Community Mental Health Board (the Mental Health Board) to identify available resources and service gaps in DeWitt County related to mental health, substance use, and intellectual and developmental disabilities. The recommendations throughout this document should be considered the first step in a strategic planning process that involves a broader array of community organizations and providers.

TriWest Group, the independent evaluation consultant for Heritage’s federal Certified Community Behavioral Health Clinic (CCBHC) grant at its Decatur office, collaborated with Heritage and the Mental Health Board to conduct this CNA between November 2025 and February 2026. The Mental Health Board and Heritage conducted four focus groups with professionals, community members, children’s service providers, and individuals with lived experience interacting with the local behavioral health system. TriWest conducted an additional key informant interview with staff members from Heritage and the Mental Health Board, including staff representing multiple community organizations.

This CNA was conducted to align with the focus and missions of Heritage and the Mental Health Board; as such, it did not attempt to identify resources or assess needs for all facets of public health or healthcare.

We found that service needs are frequently more acute in DeWitt County than statewide, and resources are fewer. There is an urgent need to expand the types of services available locally and to strengthen coordination among the providers attending to the community’s broad behavioral health, economic, and environmental needs. A high-level summary of key findings and recommendations can be found on the following page. The full report expounds on these findings and includes information on community characteristics, barriers to services, and resources.



EXECUTIVE SUMMARY

Summary of Key Findings & Recommendations



Community Needs

- Expanding care coordination is a clear need in DeWitt County due to the complexity of behavioral health, substance use, and social service needs faced by residents and the limited number of providers in the county.
- Even with existing efforts, language services and access to interpretation are needed in behavioral and social services in DeWitt County.
- Understanding health information and knowing how to use it are ongoing challenges for residents in DeWitt County.
- The rural nature of DeWitt County creates unique challenges in accessing health and behavioral health services.
- The county has no shelters for individuals or families experiencing homelessness.



Treatment Needs & Resources

- The most common need identified in the community survey was access to mental health services (49% of respondents).
- DeWitt County continues to face significant behavioral health services gaps, particularly for individuals with substance use disorders and co-occurring mental health needs.
- The most pressing need identified by stakeholders for individuals with intellectual and developmental disabilities was the limited availability of qualified providers.
- Previous needs assessments in DeWitt County and stakeholders have highlighted increasing concerns related to attention-deficit/hyperactivity disorders (ADHD), autism spectrum disorders, learning challenges, and co-occurring mental health conditions such as anxiety and depression.



Barriers to Treatment

- Transportation remains a significant barrier to accessing behavioral health services in DeWitt County, particularly for residents living outside of Clinton and other population centers.
- Community stakeholders have consistently identified persistent stigma related to behavioral health conditions.
- Community members have shared that they are often unsure about which services are available locally, which organizations provide direct care, or how to take the first step in seeking help.
- Although virtual services have helped reduce some transportation and geographic barriers, not all residents have consistent access to the devices, broadband connectivity, or the digital skills needed to benefit from these options.
- DeWitt County is a designated healthcare provider shortage area, with insufficient primary care, dental, and behavioral health providers.

Introduction

Background

Purpose of the Needs Assessment

What is a Certified Community Behavioral Health Center?

History of CCBHC Implementation in Illinois

Methodology

Limitations

INTRODUCTION

Background

This community needs assessment (CNA) reflects the joint efforts of Heritage Behavioral Health Center (Heritage) and the DeWitt County Community Mental Health Board (the Mental Health Board) to identify available resources and service gaps in DeWitt County related to mental health, substance use, and intellectual and developmental disabilities. The recommendations throughout this document should be considered the first step in a strategic planning process that involves a broader array of community organizations and providers.

Heritage provides services in two of the state’s designated service areas (DSAs). DSA 12, covering DeWitt, Livingston, and McLean counties, includes Heritage’s Clinton location. Heritage’s primary site in Decatur is located in DSA 8, which covers Macon, Moultrie, Piatt, and Shelby counties. Heritage began offering services in 1956 under the name Mental Health Clinic. Following a 1987 merger with the Alcoholism Advisory Council for the Decatur Area, the clinic became Heritage Behavioral Health Center in 1998 and is now the primary provider of behavioral health services in the area. Heritage is accredited by the Commission on Accreditation of Rehabilitation Facilities.¹

The Mental Health Board was established in 1967, and its mission is to provide access to comprehensive, community-based services in an efficient and effective manner to all residents of DeWitt County experiencing mental illness, substance misuse, and/or intellectual and developmental disability.² The Board reviews funding requests from eligible organizations annually.

Purpose of the Needs Assessment

Heritage and the Mental Health Board complete this CNA to meet requirements set by the State of Illinois and the Illinois Community Mental Health Act. Heritage is participating in the Illinois Certified Community Behavioral Health Clinic (CCBHC) pilot, which requires conducting a CNA that evaluates cultural and linguistic factors; physical and behavioral health needs; availability of evidence-based practices and crisis services; access to CCBHC services, including hours, locations, and telehealth options; and barriers to care such as transportation, income, cultural factors, and workforce shortages. In compliance with the Community Mental Health Act and in support of its mission, the Mental Health Board must conduct a CNA to inform its 1- and 3-year strategic plans.



¹ Heritage Behavioral Health. (n.d.) *Our story*. <https://www.heritagenet.org/about>

² DeWitt County Mental Health Board. (n.d.) *About us*. <https://dewittcountymhb.com/about-us>

This assessment will help providers better understand the populations they serve and plan effectively to meet the behavioral health needs within DeWitt County. We (TriWest) gathered input from a wide range of stakeholders, including local organizations, service providers, community partners, clinic staff, individuals receiving services, and community members, to represent multiple perspectives and accurately identify community needs.

This CNA is designed to:

- Satisfy the requirements of the State of Illinois and the Community Mental Health Act
- Guide the staffing and training plans of Heritage and the Mental Health Board
- Guide the service delivery approach for required services and evidence-based practices of Heritage and the Mental Health Board
- Guide the quality improvement efforts of Heritage and the Mental Health Board

The assessment and related plans will be reviewed and updated at least every 3 years.

What Is a Certified Community Behavioral Health Clinic?

The State of Illinois requires Certified Community Behavioral Health Clinics (CCBHCs) to ensure access to nine core services and to demonstrate that services are accessible, coordinated, and responsive to community needs. CNAs are a required component under both federal and Illinois CCBHC guidelines and inform decisions related to service availability, operating hours, service locations, telehealth options, and staffing. CNAs identify the demographic characteristics of the service area; behavioral health treatment needs; linguistic considerations such as interpreter services; barriers to care, including transportation; and gaps in community resources. Findings from the assessment support compliance with Illinois CCBHC certification requirements and guide ongoing quality improvement efforts.



NINE CORE SERVICES:

Crisis Services	Screening, Assessment, & Diagnosis	Patient-Centered Treatment Planning
Primary Care Screening & Monitoring	Targeted Case Management	Psychiatric Rehabilitation Services
Outpatient Behavioral Health Treatment	Peer & Family Support	Services for the Armed Forces & Veterans

History of CCBHC Implementation in Illinois

In 2014, Congress authorized the Section 223 CCBHC Demonstration, establishing a pathway for developing CCBHCs nationwide. The following year, Illinois was one of 25 states to receive a 1-year planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to design a CCBHC certification process, develop a prospective payment system, and apply for participation as a Section 223 demonstration state. Illinois was not selected during that initial funding cycle.

In July 2021, the Illinois General Assembly passed Senate Bill 2294, which directed the Department of Healthcare and Family Services to establish a CCBHC pilot program. In 2023, the Department of Healthcare and Family Services developed the prospective payment system and certification standards required to apply for participation in the Section 223 Demonstration; the Illinois Department of Human Services – Division of Mental Health collaborated on this effort, and the National Council for Mental Wellbeing provided technical assistance. Heritage received provisional CCBHC certification for DSA 8, covering Macon, Moultrie, Piatt, and Shelby counties, and was included in Illinois' demonstration application. It currently offers all required services.

In June 2024, the U.S. Department of Health and Human Services officially selected Illinois as a Section 223 CCBHC Demonstration State through the Centers for Medicare & Medicaid Services. Heritage’s Clinton office in DSA 12 has been accepted into this cohort, with its launch date to be scheduled for 2026.

Methodology

TriWest Group (TriWest), the independent evaluation consultant for Heritage’s federal CCBHC grant at its Decatur office, collaborated with Heritage and the Mental Health Board to conduct this CNA between November 2025 and February 2026. The Mental Health Board and Heritage conducted four focus groups with professionals, community members, children’s service providers, and individuals with lived experience interacting with the local behavioral health system. TriWest conducted additional key informant interviews with staff members from Heritage and the Mental Health Board, including staff representing multiple community organizations.

To solicit community input on access, engagement, and barriers, we conducted an anonymous web-based survey open to all residents. This survey, available in both English and Spanish, was designed to be brief and accessible via phone or tablet. Paper copies were also distributed throughout the community. Heritage and the Mental Health Board promoted the survey within their offices, on social media, and via community partners that distributed the link to their own networks. We also administered a separate web-based survey intended for professionals in the behavioral health, intellectual and developmental disabilities (IDD), and social services sectors to collect information on access, engagement, barriers, and workforce challenges.

We examined the demographic characteristics of DeWitt County using census data published by the U.S. Census Bureau’s Population Estimates Program and the American Community Survey. We also used data from the U.S. Department of Veterans Affairs (VA) to summarize the estimated number of veterans in need of behavioral health services. We estimated county-level behavioral health needs by applying the most local and recent epidemiological data, including substate-level and state data from SAMHSA’s National Survey on Drug Use and Health, to current population estimates. Additional public data sources included CDC WONDER, County Health Rankings, economic estimates from United Way Illinois, Illinois Healthcare and Family Services, Illinois State Board of Education, the Illinois Youth Survey, and 211 call data. We also requested and received local emergency department data on behavioral health visits, coroner data, and homelessness information from the Central Illinois Continuum of Care.

COMMUNITY ENGAGEMENT

8 Focus Groups & Interviews

Web-Based Survey for Professionals

Web-Based Survey for All Residents



Limitations

This CNA was conducted to align with the focus and missions of Heritage and the Mental Health Board; as such, it did not attempt to identify resources or assess needs for all facets of public health or healthcare. Further, surveys of the community and of professionals were conducted using convenience and snowball sampling and may not be generalizable to the broader population of DeWitt County.

DeWitt County Characteristics & Demographics

Community Characteristics

Social Characteristics (Education, Employment, Income, Poverty)

Prevalence of Behavioral Health Conditions and Needs

Behavioral Health Needs for Veterans

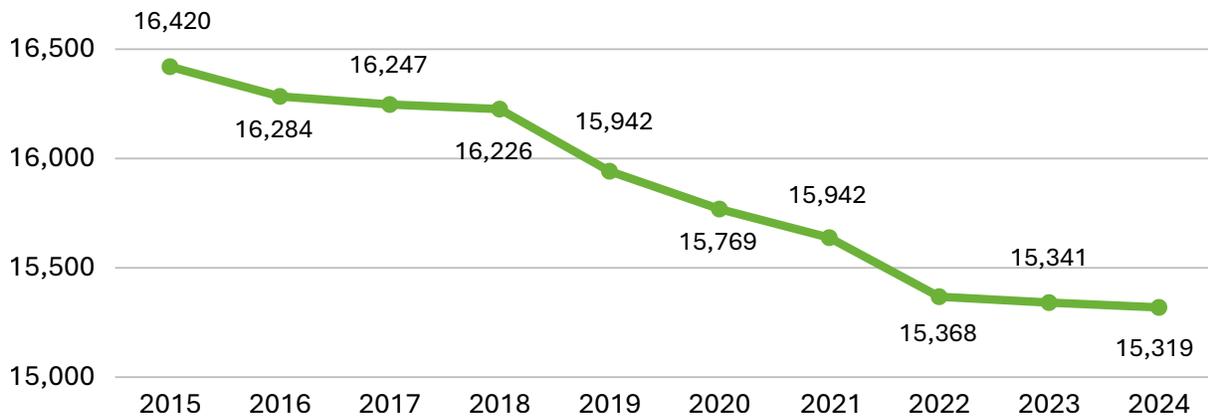
Health Trends

DEWITT CHARACTERISTICS & DEMOGRAPHICS

Community Characteristics

Approximately equidistant to Chicago and St. Louis, DeWitt County covers approximately 405 square miles of rural,³ nonmetropolitan central Illinois. The county is home to approximately 15,000 people,⁴ with 53% of the population living in areas with low population density.⁵ As shown in the figure below, DeWitt County’s population has decreased every year over the past decade, with 7% fewer residents in 2024 than in 2015.⁶ Over that same period, the proportion of residents living in low population density areas increased by 8%.⁷

DeWitt County Population 2015–2024



Nearly all residents (93%) identify as non-Hispanic White, 4% identify as Hispanic or Latino, and 2% identify as two or more races.⁸ Black, Native American, Asian, and Pacific Islander residents each made up 1% or less of the total population. Approximately 3% of residents speak a language other than English at home, with 1% estimated to have limited English proficiency.

DeWitt County has a higher percentage of adults over 65 (22%) than Illinois statewide (18%). Conversely, DeWitt County has a lower percentage of 20- to 44-year-old adults (29%) than Illinois overall (35%).

³ Health Resources & Services Administration. (September 2025). *How we define rural*. <https://www.hrsa.gov/rural-health/about-us/what-is-rural>

⁴ U.S. Census Bureau. (2024). *Population Estimates Program: Annual county resident population estimates by age, sex, race, and Hispanic origin vintage 2024*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

⁵ County Health Rankings. (2025). *DeWitt, IL county demographics*. <https://www.countyhealthrankings.org/health-data/illinois/de-witt?year=2025>

⁶ U.S. Census Bureau. (2024). *Population Estimates Program: Annual county resident population estimates by age, sex, race, and Hispanic origin vintage 2024*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

⁷ County Health Rankings. (2025).

⁸ U.S. Census Bureau. (2024). *Population Estimates Program: Annual county resident population estimates by age, sex, race, and Hispanic origin vintage 2024*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

COMMUNITY DEMOGRAPHICS

DeWitt County Demographics (2024)		
Total Population	15,319	
By Race and Ethnicity	#	%
Not Hispanic or Latino	14,738	96%
White	14,175	93%
Black or African American	178	1%
Native American or Alaska Native	38	<1%
Asian or Asian American	79	1%
Native Hawaiian and Other Pacific Islander	13	<1%
Two or More Races	255	2%
Hispanic or Latino	581	4%
By Age	#	%
0 to 5 Years	965	6%
6 to 11 Years	1,114	7%
12 to 17 Years	1,052	7%
18 to 64 Years	8,867	58%
65 Years and Older	3,321	22%

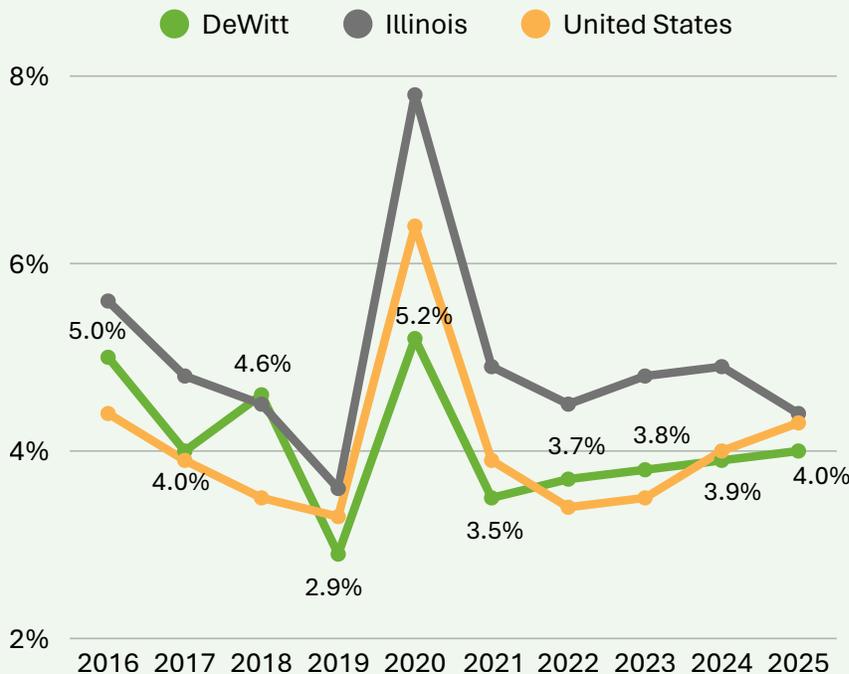


Social Characteristics (Education, Employment, Income, Poverty)

Among adults 25 years and over, 94% of DeWitt County residents have a high school diploma or equivalent, which is slightly higher than the Illinois statewide rate of 91%.⁹ DeWitt County residents are also more likely to have completed some college (23%) compared to Illinois overall (19%), but the county has a lower percentage of college graduates (16% vs. 23%) as well as those with graduate degrees (7% vs. 13%).

The primary employment sectors for residents of DeWitt County are office and administrative positions (13% of employed individuals), production occupations (11%), and sales and related occupations (8%).¹⁰ The county saw a spike in unemployment during 2020 because of the COVID-19 pandemic. Although rates dropped from these highs, they never returned to pre-pandemic levels, and the unemployment rate has been rising since 2021. As of November 2025,¹¹ the unemployment rate in DeWitt County was slightly lower than in Illinois and the United States as a whole.

Unemployment Rate 2016 - 2025



UNEMPLOYMENT SPIKE IN 2020 DUE TO COVID-19

⁹ U.S. Census Bureau. (2024). *American Community Survey 5-year estimates: Table S1501, educational attainment*. <https://data.census.gov/table/ACSST5Y2024.S1501>

¹⁰ U.S. Census Bureau. (2024). *American Community Survey 5-year estimates: Table S2401, occupation by sex for the civilian employed population 16 years and over*. <https://data.census.gov/table/ACSST5Y2024.S2401>

¹¹ U.S. Bureau of Labor Statistics. (2025). *Local area unemployment statistics*. <https://data.bls.gov/dataViewer/view/timeseries/LAUCN170390000000003>

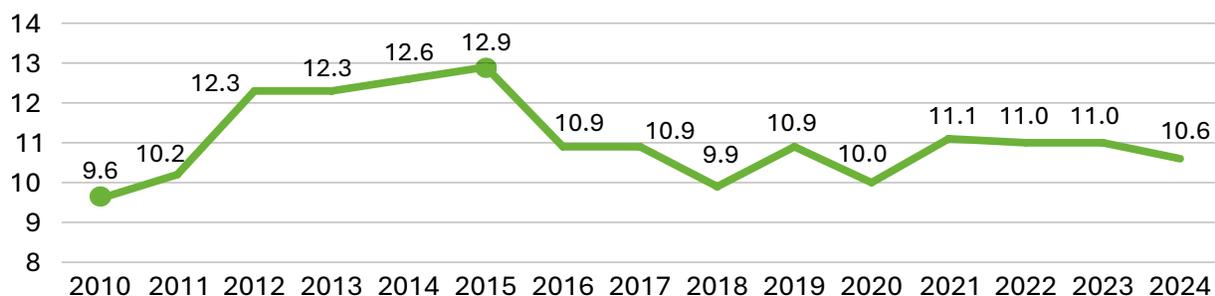
As shown in the table below, the mean and median household incomes in Illinois statewide are slightly higher than nationwide. DeWitt County household incomes are below both the state and national mean and median incomes. The mean household income in DeWitt County is 25% lower than Illinois,¹² and the median household income is 14% lower.¹³ Whereas the mean income can be skewed by high-earning households, the median income better represents the true middle household income, with half of all households earning less and half earning more.

Mean and Median Household Income			
	DeWitt County	Illinois	United States
Mean Income	\$86,800	\$115,638	\$113,520
Median Income	\$71,678	\$83,390	\$80,734

The figure below shows income inequality in DeWitt County, which is the ratio of mean income for the highest quintile (20%) divided by the mean income of the lowest quintile, with higher values representing greater inequality. Income inequality is a social driver of health, with higher levels of income inequality associated with higher risks of depression, especially among women and individuals with low incomes.¹⁴

There are no state or federal benchmarks for income equality; rather, this descriptive measure is most helpful in assessing trends over time. As shown below, income inequality in DeWitt County increased from 2010 to 2015 but began to fall in 2016 and has remained relatively stable since then.¹⁵

Income Inequality in DeWitt County 2010-2024



¹² U.S. Census Bureau. (2024). *American Community Survey 5-year estimates: Table S1902, mean income in the past 12 months.* <https://data.census.gov/table/ACSST5Y2024.S1902>

¹³ U.S. Census Bureau. (2024). *American Community Survey 5-year estimates: Table S1903, median income in the past 12 months.* <https://data.census.gov/table/ACSST5Y2024.S1903>

¹⁴ Patel, V., Burns, J. K., Dhingra, M., Tarver, L., Kohrt, B. A., & Lund, C. (2018). Income inequality and depression: A systematic review and meta-analysis of the association and a scoping review of mechanisms. *World Psychiatry, 17*(1), 76–89. <https://doi.org/10.1002/wps.20492>

¹⁵ Federal Reserve Economic Data, Federal Reserve Bank of St. Louis. (2026). *Income inequality in DeWitt County, IL.* <https://fred.stlouisfed.org/series/2020RATIO017039>

In 2024, the most recent year for which data were available, the federal poverty limit (FPL) was \$15,060 for the first individual with \$5,380 added for each additional member of the family.¹⁶ Approximately 10% of all DeWitt County residents live below the FPL, compared to 12% of Illinois residents statewide. The proportion of youth living under the FPL is considerably higher at 16% for all youth under 18; 30% of the youngest children (0–4) live under the FPL.¹⁷

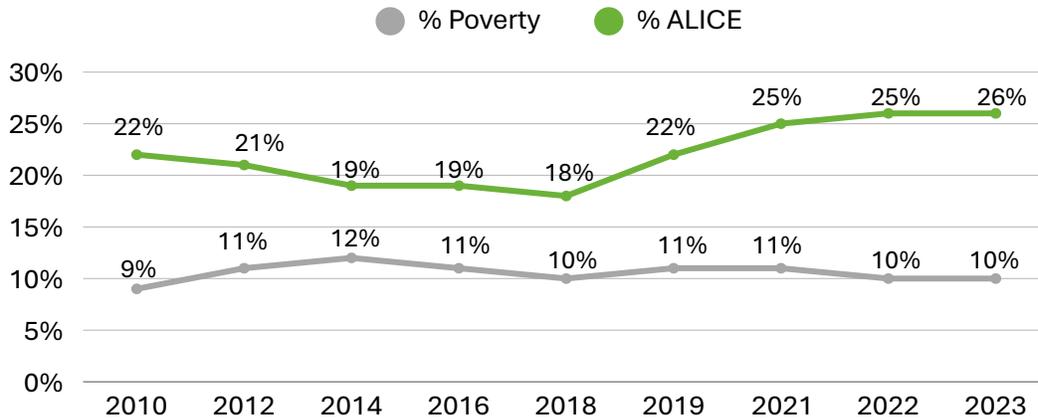
DeWitt County Population With Income Under Federal Poverty Level		
Population Up To 100% FPL	#	%
By Age		
Youth (Under 18)	504	16%
0-4 Years	230	30%
5-17 Years	259	11%
Adults (Ages 18+)	1,002	8%
18-64	842	10%
65+	159	5%
By Race and Ethnicity		
Black or African American alone	8	4%
American Indian and Alaska Native alone	15	40%
Asian alone	26	33%
Two or more races	14	5%
Hispanic or Latino origin (of any race)	78	14%
White alone, not Hispanic or Latino	1,403	10%

¹⁶ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (n.d.). *Prior HHS poverty guidelines and Federal Register references*. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>

¹⁷ U.S. Census Bureau. (2024). *American Community Survey 5-year estimates: Table S1701, poverty status in the past 12 months*. <https://data.census.gov/table/ACSST5Y2024.S1701>

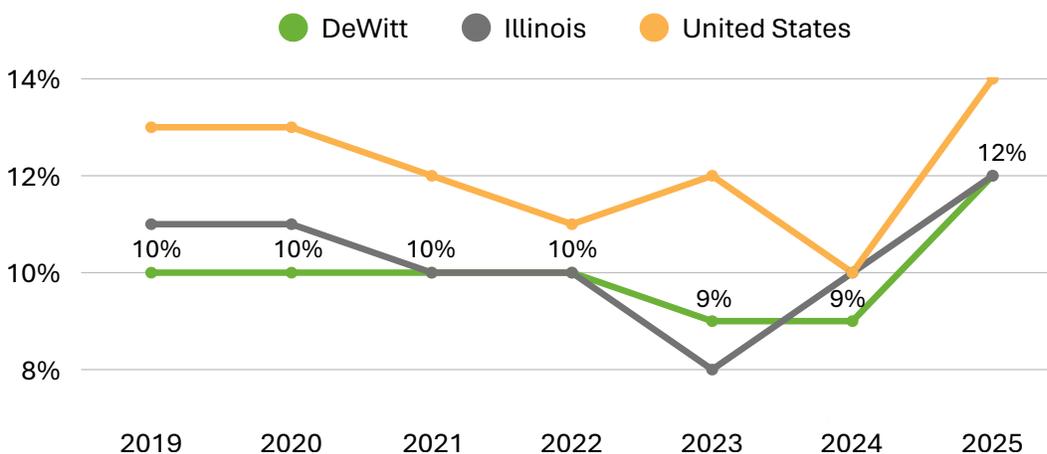
The estimates in the previous table, though, exclude the growing proportion of households in DeWitt County with incomes above the FPL but insufficient to afford basic daily living essentials. These asset-limited, income-constrained, and employed (ALICE) households make up 26% of the county, and this percentage has grown each year since 2018. Combining these data with the percentage of households below the FPL, we found that 37% of DeWitt County is financially insecure.¹⁸

Financial Hardship in DeWitt County



Approximately 12% of DeWitt County residents are food insecure and do not have adequate, reliable access to food. This is the same percentage as statewide and is slightly below the 14% of individuals who are food insecure nationwide. Food insecurity rose at the local, state, and national levels from 2024 to 2025.¹⁹

Individuals Without Adequate Access to Food



¹⁸ United Way Illinois. (2025). *The state of ALICE in Illinois*. <https://www.unitedforalice.org/county-reports/illinois#11/40.1663/-88.8615>

¹⁹ County Health Rankings. (2025).

Prevalence of Behavioral Health Conditions & Needs

The table below summarizes the estimated prevalence of mental health and substance use conditions among DeWitt County residents in a 12-month period. An estimated 670 adults have serious mental illness, and 2,190 residents ages 12 and up have substance use disorders. Among residents who need substance use treatment, 83% of children and youth and 81% of adults do not receive those services,²⁰ demonstrating high levels of unmet need.

Number of People With Behavioral Health Conditions in the Past 12 Months ²¹			
Behavioral Health Conditions	Children and Youth (6 to 17)	Adults (18+)	Total
Mental Health Conditions			
Any Mental Illness (AMI)	N/A	2,790	2,790
Co-Occurring Disorders with AMI	N/A	1,000	1,000
Serious Mental Illness (SMI)	N/A	670	670
Co-Occurring Disorders with SMI	N/A	360	360
Major Depressive Episode	220	1,140	1,360
Serious Emotional Disturbance	220	N/A	220
Suicidal Thoughts	150	630	780
Made Suicide Plan	70	170	240
Attempted Suicide	40	80	120
Bipolar ²²	20	160	180
Post-Traumatic Stress Disorder ²³	30	400	430
Needing but Not Receiving Substance Use Treatment	90	2,080	2,170

²⁰ SAMHSA. (2025). *National Surveys on Drug Use and Health, 2022 – 2023*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56957/2024-nsduh-sae-tables-percent-csvs/2024-nsduh-sae-tables-percent-csvs.zip>

²¹ Unless otherwise noted, sources for estimates are SAMHSA. (2025). *National Surveys on Drug Use and Health, 2021 – 2023*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56948/2023-nsduh-sae-sub-percent-tabs-csvs/2023-nsduh-sae-sub-percent-tabs.xlsx>

²² Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research*, 21(3), 169–184. <https://doi.org/10.1002/mpr.1359>

²³ Kessler et al. (2012).

Number of People With Behavioral Health Conditions in the Past 12 Months²¹

Behavioral Health Conditions	Children and Youth (6 to 17)	Adults (18+)	Total
Substance Use Conditions			
Methamphetamine Use	0	160	160
Substance Use Disorder	100	2,090	2,190
Alcohol Use Disorder	40	1,200	1,240
Drug Use Disorder	80	1,030	1,110
Pain Reliever Use Disorder	10	280	290
Opioid Use Disorder	10	260	270
Need Substance Use Treatment	140	2,580	2,720
Received Substance Use Disorder Treatment	50	490	540
Needing but Not Receiving Substance Use Treatment	90	2,080	2,170



Number of People With Behavioral Health Conditions in the Past 12 Months²¹

Behavioral Health Conditions	Children and Youth (6 to 17)	Adults (18+)	Total
Other Estimates			
Two or More Adverse Childhood Experiences	430 ²⁴	4,400 ²⁵	4,830
Difficulties Obtaining Mental Health Care for Children ²⁶	1,020	N/A	1,020

Behavioral Health Needs for Veterans

The estimated behavioral health needs among veterans in DeWitt County, summarized in the table below, indicates the need for community-based resources for this population. The nearest VA clinics are located in Bloomington, Decatur, and Danville, with additional resources available from Veterans Assistance Commissions in neighboring Macon, McLean, and Logan counties. Heritage staff receive training to work with the veteran population, and there is now a local chapter of Project Headspace and Timing, an advocacy and support group to promote better mental health among veterans.

12-Month Estimated Prevalence of Behavioral Health Conditions Among Veterans Estimates²⁷

Total Veteran Population²⁸	850
Any Mental Illness	150
Serious Mental Illness	40
Post-Traumatic Stress Disorder ²⁹	80
Substance Use Disorder	120
Alcohol Use Disorder	80

²⁴ Sacks, V. H., & Murphey, D. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity* (Publication #2018-03). <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

²⁵ Swedo, E. A., Aslam, M. V., Dahlberg, L. L., Niolon, P. H., Guinn, A. S., Simon, T. R., & Mercy, J. A. (2024). Prevalence of adverse childhood experiences among U.S. adults — Behavioral Risk Factor Surveillance System, 2011–2020. *Morbidity and Mortality Weekly Report*, 72, 707–715. <http://dx.doi.org/10.15585/mmwr.mm7226a2>

²⁶ Child and Adolescent Health Measurement Initiative. (2022). *2022 National Survey of Children's Health (NSCH) data query: Difficulties obtaining mental health care among children who received or needed care, ages 3–17 years*, Data Resource Center for Child and Adolescent Health. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://www.childhealthdata.org/browse/survey/results?q=10257&r=15&g=1102>

²⁷ Unless otherwise noted, veterans estimates from SAMHSA. (2024). *2023 National Survey on Drug Use and Health: Among the veteran population aged 18 or older*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt53159/2023-nsduh-pop-slides-veterans.pdf>

²⁸ National Center for Veterans Analysis and Statistics. (2022). *Veterans population by counties*. U.S. Department of Veterans Affairs. https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/9L_VetPop2020_County_NCVAS.xlsx

²⁹ Trivedi, R. B., Post, E. P., Sun, H., Pomerantz, A., Saxon, A. J., Piette, J. D., Maynard, C., Arnow, B., Curtis, I., Fihn, S. D., & Nelson, K. (2015). Prevalence, comorbidity, and prognosis of mental health among US veterans. *American Journal of Public Health*, 105(12), 2564–2569. <https://doi.org/10.2105/AJPH.2015.302836>

Health Trends

Based on length and quality of life measures, DeWitt County ranks in the lower-middle (25–50%) range of counties in Illinois.³⁰ However, a higher percentage of DeWitt County residents reported frequent physical distress, and they reported more poor physical health days per month than were reported statewide and nationally. Rates of frequent physical distress and poor physical health have risen across DeWitt County, Illinois, and the United States since 2023.

4.3

DeWitt County residents reported on average 4.3 poor physical health days per month³¹

5.5

DeWitt County residents reported on average 5.5 poor mental health days per month

18%

DeWitt County residents who reported frequent mental distress

16%

DeWitt County residents who reported they are in “poor” or “fair” health

13%

DeWitt County residents who reported frequent physical distress

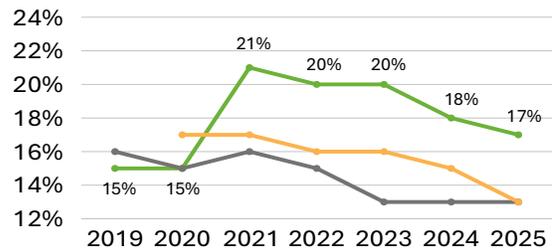
Full data in Appendix C Figures 1-5

Tobacco & Alcohol Use

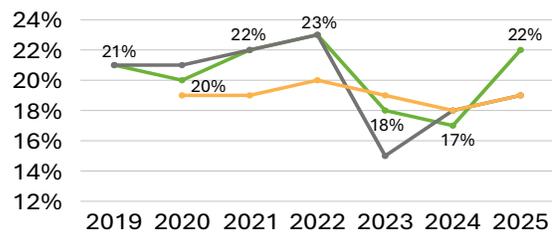
Between 2023 and 2025, fewer adults in DeWitt County were smokers than in previous years. However, this indicator is limited to smoking and does not account for vaping or e-cigarette use. Even with this decrease, a higher percentage of adults in DeWitt County smoke than in Illinois or the United States.³²

Binge drinking (four or more drinks during a single occasion for women or five or more for men) is also higher in DeWitt County than statewide and nationwide. Though rates dropped from 2022 to 2024, they rose again in 2025 and increased more sharply in DeWitt County than Illinois and the United States.³³

Adults Who Smoke 2019–2025



Binge Drinking in Adults 2019–2025



● DeWitt ● Illinois ● U.S.

³⁰County Health Rankings. (2025).

³¹County Health Rankings. (2025).

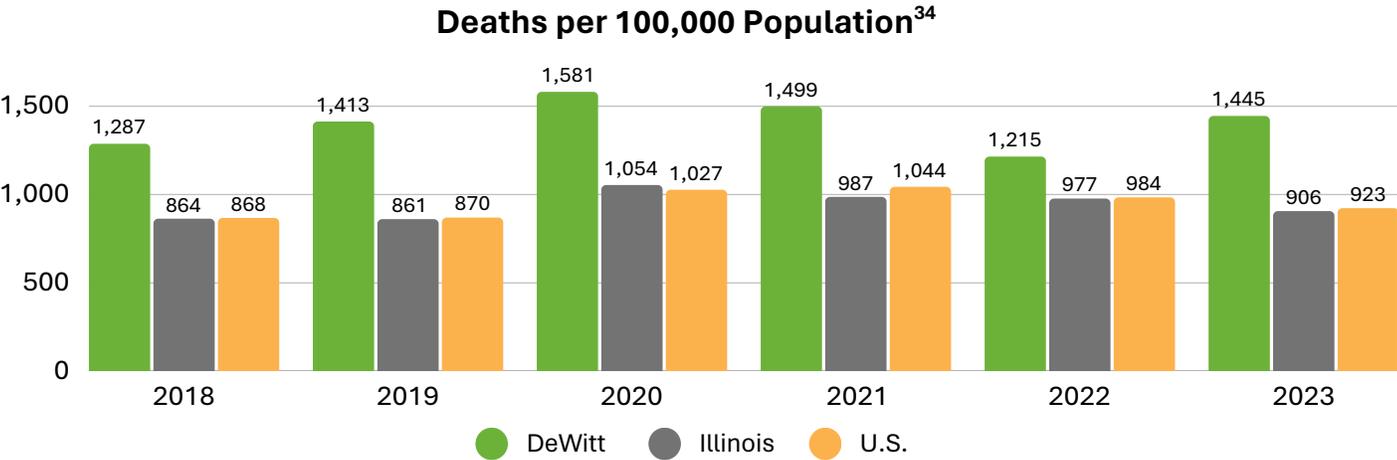
³²County Health Rankings. (2025).

³³County Health Rankings. (2025).



Full data in Appendix A Figure 6

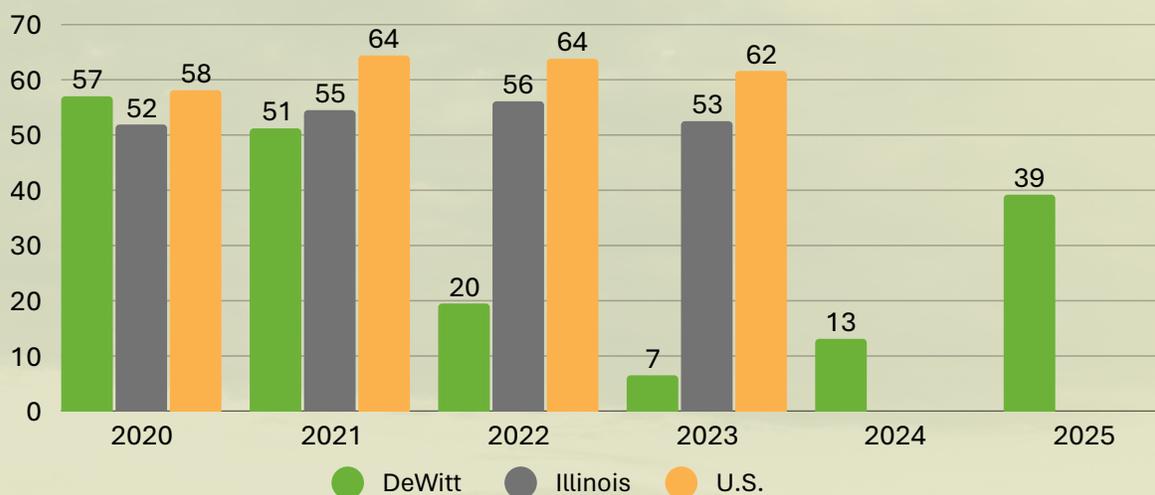
Before the COVID-19 pandemic, the average life expectancy in DeWitt County was 77 years, which was 2.3 years shorter than Illinois and 2.1 years shorter than the United States. Though average life expectancies dropped across the state and country during and immediately after the COVID-19 pandemic, DeWitt County experienced a much sharper decline: whereas Illinois decreased to 78.6 years, and the average nationwide dropped to 78.5 years, in DeWitt County average life expectancy fell to 74.9 years. Beginning in 2024, life expectancy in DeWitt County began to increase again, reaching 75.8 years in 2025. This improvement remains below both state and national averages, and lower than the county's average life expectancy pre-pandemic. Additional information on health trends can be found in Appendix C.



³⁴ National Center for Health Statistics. (2024). *National Vital Statistics System, mortality 2018-2023*. Centers for Disease Control and Prevention WONDER Online Database. <http://wonder.cdc.gov/ucd-icd10-expanded.html>

We were also able to review DeWitt County coroner data for deaths resulting from alcohol and other drug overdoses, as well as suicide, from 2020 to 2025.³⁵ Because of the small numbers of suicide and overdose deaths in some years, these categories are combined to report in aggregate. As seen in the figure below, these deaths decreased in the county from 2020 to 2023 before rising sharply in 2024 and 2025, with the increase driven almost exclusively by suicides as opposed to overdoses. Additionally, all individuals who died by suicide in 2024–2025 were men, and most involved firearms, suggesting there should be additional outreach and promotion of suicide prevention services to this group. Because of a delay in data releases, we cannot compare these to statewide or nationwide trends.³⁶

Alcohol, Drug, and Suicide Deaths 2020–2025
Rate per 100,000



³⁵ DeWitt County Coroner. (2026). *2020-2025 suicides and overdoses in DeWitt County, Illinois*.

³⁶ An additional limitation is the separate data source for DeWitt County as opposed to Illinois and the United States: these sources use separate methodologies and may not be directly comparable.

Key Findings & Recommendations



Community Needs

- Community Coordination & Collaboration
- Language Services
- Health Literacy
- Rural Needs
- Housing & Homelessness



Treatment Needs and Resources

- Behavioral Health Service Needs
- Intellectual & Developmental Disabilities Needs
- Children & Youth Needs



Barriers to Treatment

- Location & Transportation
- Stigma
- Community Awareness
- Accessibility & Cost
- Telehealth & Technology
- Workforce & Staffing Needs



Community Needs

Community Coordination & Collaboration

Language Services

Health Literacy

Rural Needs

Housing & Homelessness

COMMUNITY NEEDS

We identified complex needs in the service area—such as physical health, behavioral health, and environmental factors—that are largely beyond the control and scope of individual organizations. We also assessed the relationships and communication between services providers.

Community Coordination & Collaboration

Expanded care coordination is a clear need in DeWitt County because of the complexity of behavioral health, substance use, and social service needs faced by residents and the limited number of providers within the county. Previous needs assessments, such as those conducted in 2022³⁷ and 2024,³⁸ have highlighted that individuals often interact with multiple systems at once, such as behavioral health, primary care, schools, law enforcement, social services, and housing, yet these systems are not always well connected. Community members and providers reported confusion about where to seek help; difficulty navigating referrals; and delays in accessing appropriate services, particularly for individuals with co-occurring mental health and substance use disorders. Transportation barriers and the frequent need to access services outside the county further complicate coordination and continuity of care.

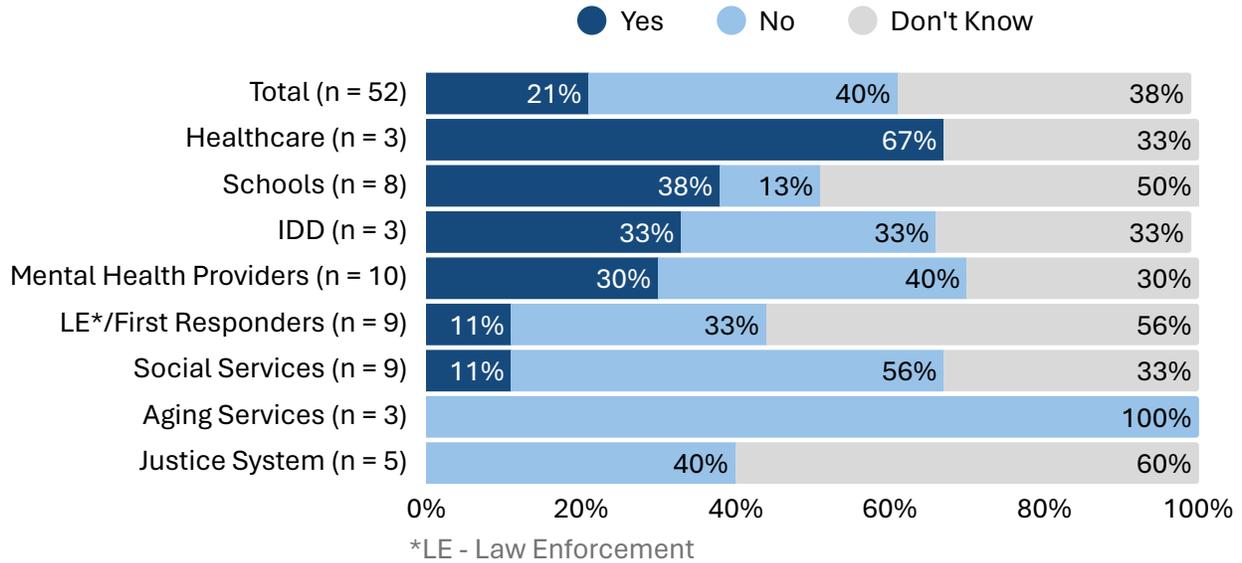
Illinois's Integrated Referral and Intake System (IRIS) makes it easier for families to get connected with the local services they need. It allows providers across health, social services, and early childhood programs to securely send and track referrals. Forty percent of respondents who completed the professionals survey reported that they are not connected to IRIS, and 38% did not know if they were. The figure on the following page shows overall responses to this question, as well as breakouts for select types of professionals and providers who responded. However, because of the small sample sizes among some groups, these results should not be considered generalizable or necessarily representative of IRIS connectivity.

³⁷ DeWitt County Mental Health Board. (2023). *2022 DeWitt County needs and resources assessment for mental health, substance use, and intellectual/developmental disabilities.*

³⁸ Heritage Behavioral Health. (2024). *CCBHC community needs assessment.*

Community Survey Response

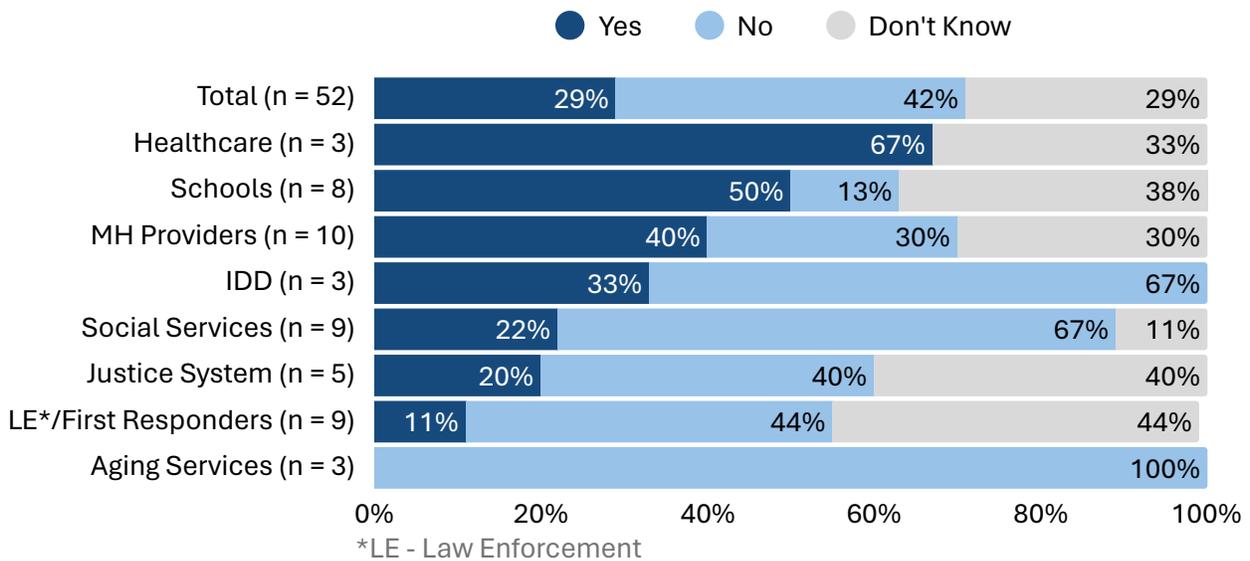
“Is Your Organization Connected to IRIS?”



The survey also asked respondents if they had infrastructure in place to share data with other providers who saw mutual clients. Only 29% of respondents reported that such infrastructure was in place, and 29% did not know.

Community Survey Response

“Does Your Organization Have Data-Sharing Infrastructure?”



Respondents who indicated they did have data-sharing infrastructure in place (n = 31) were asked how often they actually used that infrastructure to share data. Overall, 29% of respondents reported “never,” whereas only 32% combined reported they “always” or “often” shared data.³⁹

³⁹ Because of the small number of respondents for this item, breakouts by service area are not reported.

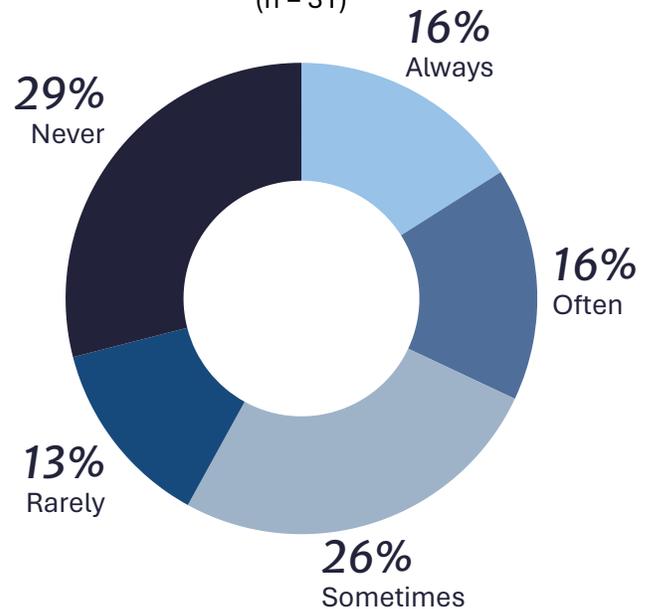
Expanding the use of IRIS across providers in DeWitt County would ensure that more families and individuals can access services more quickly and efficiently, reducing delays and gaps in care, and potentially avoiding higher levels of care if issues can be addressed before they escalate.

The need for stronger care coordination is especially pronounced for individuals experiencing crisis; children and families with complex needs; and people transitioning between levels of care, such as inpatient treatment, detoxification, or incarceration. Although tools such as 211 and IRIS have improved referral pathways, stakeholders indicate that many residents remain unaware of available services or struggle to follow through without hands-on support.

Community Survey Response

“If Data-Sharing Infrastructure is in Place, How Often Does Your Organization Share Data?”

(n = 31)



RECOMMENDATIONS: COMMUNITY COORDINATION & COLLABORATION

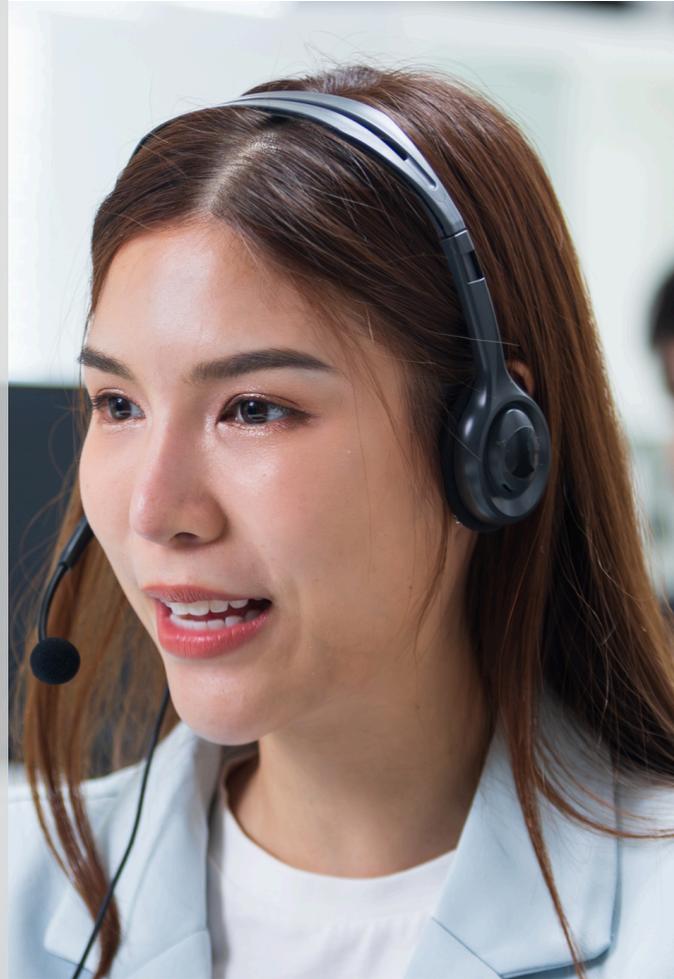
- Strengthen and broaden the use of shared referral and communication tools. Build on existing platforms, such as IRIS, by expanding participation among providers in DeWitt County and neighboring counties, including hospitals, law enforcement partners, housing providers, and recovery support organizations. Provide training and technical assistance to ensure consistent use of these tools and improve real-time communication, referral tracking, and accountability.
- Increase community and provider awareness of available services. Implement a coordinated outreach and education strategy to improve awareness of services, referral options, and care coordination supports. This could include regular cross-agency meetings; updated resource guides; and targeted outreach to schools, faith-based organizations, and first responders. Ensuring providers and community members understand how to access care coordination services can reduce delays in care and improve system navigation.

- Integrate care coordination into crisis response and stabilization services. Embed care coordinators and/or peer support specialists into crisis response efforts, including 988 follow-up, emergency department discharges, and post-crisis stabilization. Coordinators can ensure individuals are connected to ongoing services, medication management, recovery supports, and social services after a crisis event.

Language Services

In DeWitt County, only 1% of the population is estimated to have limited English proficiency, and 3% speak a language other than English at home, mainly Spanish.⁴⁰ To ensure access, Heritage has prioritized recruiting and retaining bilingual staff to meet the linguistic needs of the people it serves. Heritage also contracts with Certified Languages International to provide 24/7 interpretation services in over 200 languages, including American Sign Language. These interpreters have specialized training in medical and health interpretation.

Even with these efforts, language services and access to interpretation is a need in behavioral health and social services in DeWitt County. Focus group participants noted that Spanish-speaking residents face additional challenges accessing services. Limited availability of bilingual staff or interpretation services can create barriers to understanding eligibility, treatment options, and next steps, which discourage individuals and families from seeking care or continuing services once they are connected.



RECOMMENDATION: LANGUAGE SERVICES

Conduct additional outreach to promote awareness of Heritage and other providers' interpretation services, which are available at no additional cost.

⁴⁰ U.S. Census Bureau. (2024). *American Community Survey: Table S1601 language spoken at home*. <https://data.census.gov/table/ACSST5Y2024.S1601>

Health Literacy

Understanding health information and knowing how to use it are ongoing challenges for many residents in DeWitt County. Stakeholders noted that people are often asked to make important decisions about their health or a family member’s care without fully understanding their options or how different systems fit together. When information is not clear or easy to find, people may delay seeking help, misunderstand next steps, or give up on services altogether.

Improving health literacy means more than sharing information—it requires making information easier to understand and use. Community partners emphasized the value of plain language, consistent messaging, and trusted sources of information that residents can return to when questions arise. Helping people better understand available services and treatment options as well as how to navigate referrals can promote earlier intervention, better follow-through, and more positive outcomes.

IMPROVE HEALTH LITERACY & ACCESSIBILITY WITH...

Easy-to-follow materials and documentation



Consistent messaging and outreach



Trusted and reliable sources of information



RECOMMENDATIONS: HEALTH LITERACY

- Review existing materials and, if necessary, revise to ensure they are written in plain language, do not contain jargon, and are at a 6th- to 8th-grade reading level. When possible, prioritize visual aids and infographics. Additionally, translate materials into multiple languages and have them available.
- To ensure access across different levels of abilities, provide materials in large print or audio formats.
- Peer navigators can help residents understand their treatment choices, schedule appointments and transportation, and manage services they may receive from multiple providers.
- Ensure clinicians and social services staff receive health literacy training.

DeWitt County

2015-2024

8%

increase in residents living in low-population areas⁴¹

405

square miles of rural land⁴²

7%

decrease in overall population⁴³

Rural Needs

DeWitt County is classified as entirely rural,⁴⁴ which creates unique challenges in accessing health and behavioral health services. Residents often live far from service providers, and care options are more limited than in urban or suburban areas. Many services are centralized in Clinton or located in neighboring counties, requiring travel that can be difficult for individuals without reliable transportation, flexible work schedules, or adequate support systems. These geographic realities can delay care, reduce consistency in treatment, and increase reliance on emergency or crisis services when preventive or routine care is hard to access. Additionally, stakeholders noted residents may be reluctant to seek care for mental health or substance use issues because of stigma or a fear that others may find out they are seeking services.

Being a rural county also affects the availability of providers and the way services must be delivered. Workforce shortages, limited specialty care, and fewer provider choices mean residents may experience long wait times or accept services that are not ideally matched to their needs. Stakeholders emphasized that rural conditions require ongoing attention to transportation, workforce development, and service coordination to ensure residents across DeWitt County can access timely, appropriate, and effective care close to home.

⁴¹ County Health Rankings. (2025). *DeWitt, IL county demographics*. <https://www.countyhealthrankings.org/health-data/illinois/de-witt?year=2025>

⁴² County Health Rankings. (2025).

⁴³ U.S. Census Bureau. (2024). *Population Estimates Program: Annual county resident population estimates by age, sex, race, and Hispanic origin vintage 2024*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

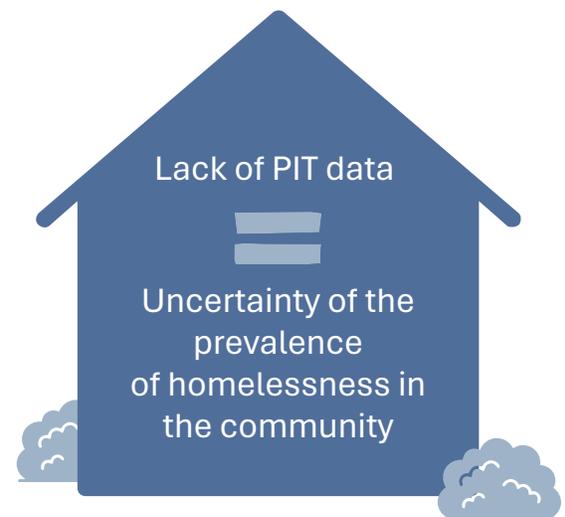
⁴⁴ Health Resources & Services Administration. (September 2025).

RECOMMENDATIONS: RURAL NEEDS

- Whenever possible, co-locate and embed providers in community hubs such as libraries, clinics, or churches to provide services closer to where residents live.
- Explore the feasibility of mobile behavioral health units that can provide services to outlying communities.
- Similarly, explore the feasibility of expanding in-home services for older adults, individuals with disabilities, and residents without reliable transportation.
- Continue to promote telehealth services, including through providing appropriate devices to individuals receiving services.

Housing & Homelessness

DeWitt has no shelters for individuals or families experiencing homelessness, and its two regular warming centers are limited to business hours at the DeWitt County Friendship Center and Vespasian Warner Public Library.^{45,46} Although DeWitt is part of Housing and Urban Development (HUD) Central Illinois Continuum of Care, which conducts the annual Point in Time (PIT) count to collect data on the number of unhoused individuals in an area, DeWitt County did not participate in the most recent PIT count in January 2026. This lack of data makes it difficult to understand the prevalence of homelessness in the community and identify the needs of this vulnerable population. The Central Illinois Continuum of Care recognizes the challenges this lack of data presents and is prioritizing data gathering and participation in next year's PIT Count.



RECOMMENDATION: HOUSING AND HOMELESSNESS

Collaborate with the Central Illinois Continuum of Care to develop a local housing coalition for DeWitt County to collect data and drive participation in next year's PIT Count. Once data are available, investigate indicated services and connect individuals experiencing homelessness with appropriate resources to address underlying conditions and attend to immediate needs.

⁴⁵ Illinois Office of the Governor. (2025). *2025-2026 Illinois warming centers*. <https://www.illinois.gov/services/service.warming-center.html>

⁴⁶ The Kenney Fire Department sometimes offers a warming center, though hours are not posted.



Treatment Needs & Resources

Behavioral Health Service Needs

Intellectual and Developmental Disabilities Needs

Children and Youth Needs

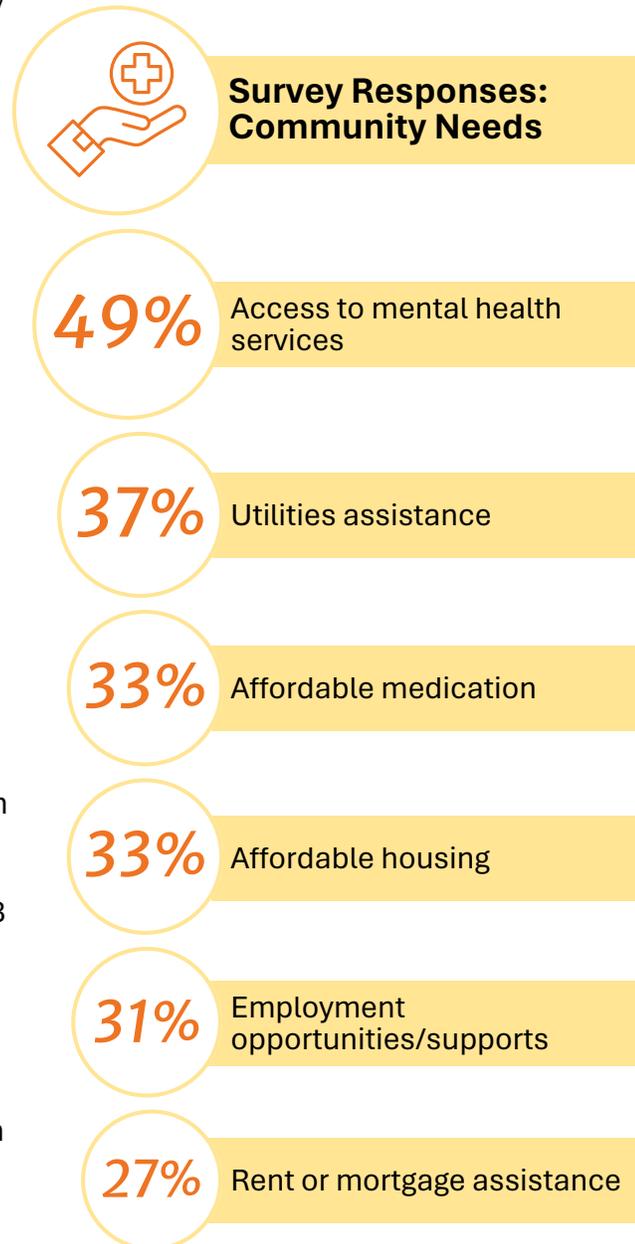
TREATMENT NEEDS & RESOURCES

Service needs are frequently more acute in DeWitt County than statewide, and resources are fewer. There is an urgent need to expand the types of services available locally and to strengthen coordination among the providers attending to the community’s broad behavioral health, economic, and environmental needs.

The community survey asked respondents to identify any needs they or a loved one had from a list that included different aspects of healthcare, necessities for daily living, and environmental factors. The most commonly identified need was access to mental health services (49% of respondents), followed by utilities assistance (37%), affordable medication (33%), affordable housing (33%), and employment opportunities/supports (31%). Taken together, these needs align with the broad economic insecurity and hardship discussed earlier and reiterate the complex, systemic challenges many residents of DeWitt County face.

We examined responses for differences in subpopulations (e.g., those who have IDD or have a family member with IDD, those who have a family member with behavioral health needs). The only meaningful difference is that employment opportunities were more likely to be identified as a need by respondents who have IDD or have a family member with IDD.

We also reviewed DeWitt County 211 call data from 2023 to 2025⁴⁷ (the only years of data available) to assess the most common needs in these calls. Housing and shelter needs were the most common every year. Employment and income, utilities assistance, and mental health and substance use services were also frequently identified in each year of data. Healthcare appeared only in the 2024 data.

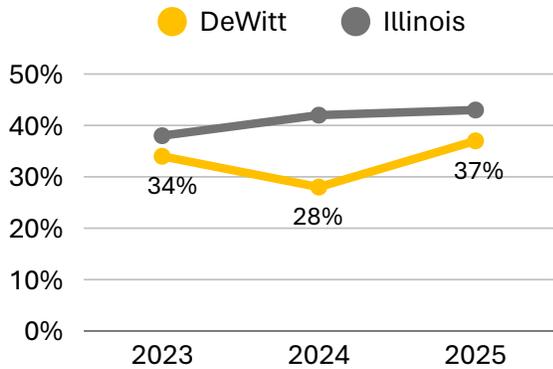


Full data in Appendix C Figure 7

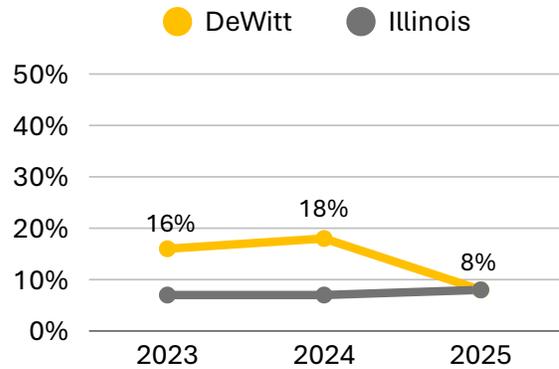
⁴⁷ As of 2025, the center handling these calls moved, and operators were not local. It is unclear whether this was apparent to callers or whether this changed the resources offered.

Needs Identified in 211 Calls

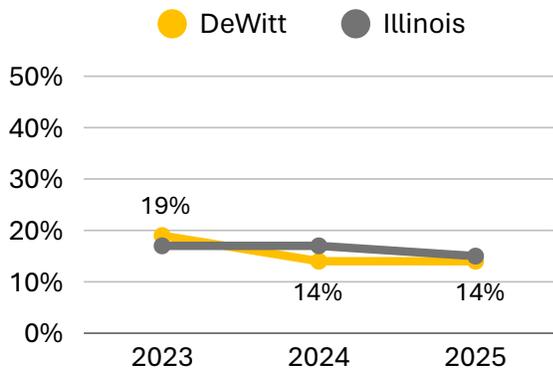
Housing and Shelter Needs



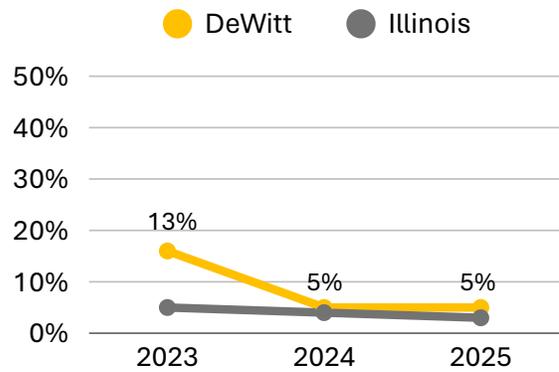
Employment and Income Needs



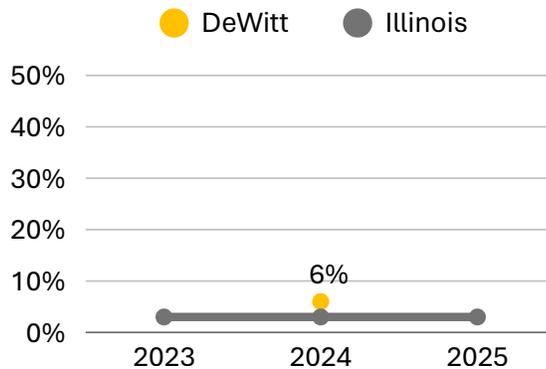
Utilities Needs



Mental Health and Substance Use Needs



Healthcare Needs

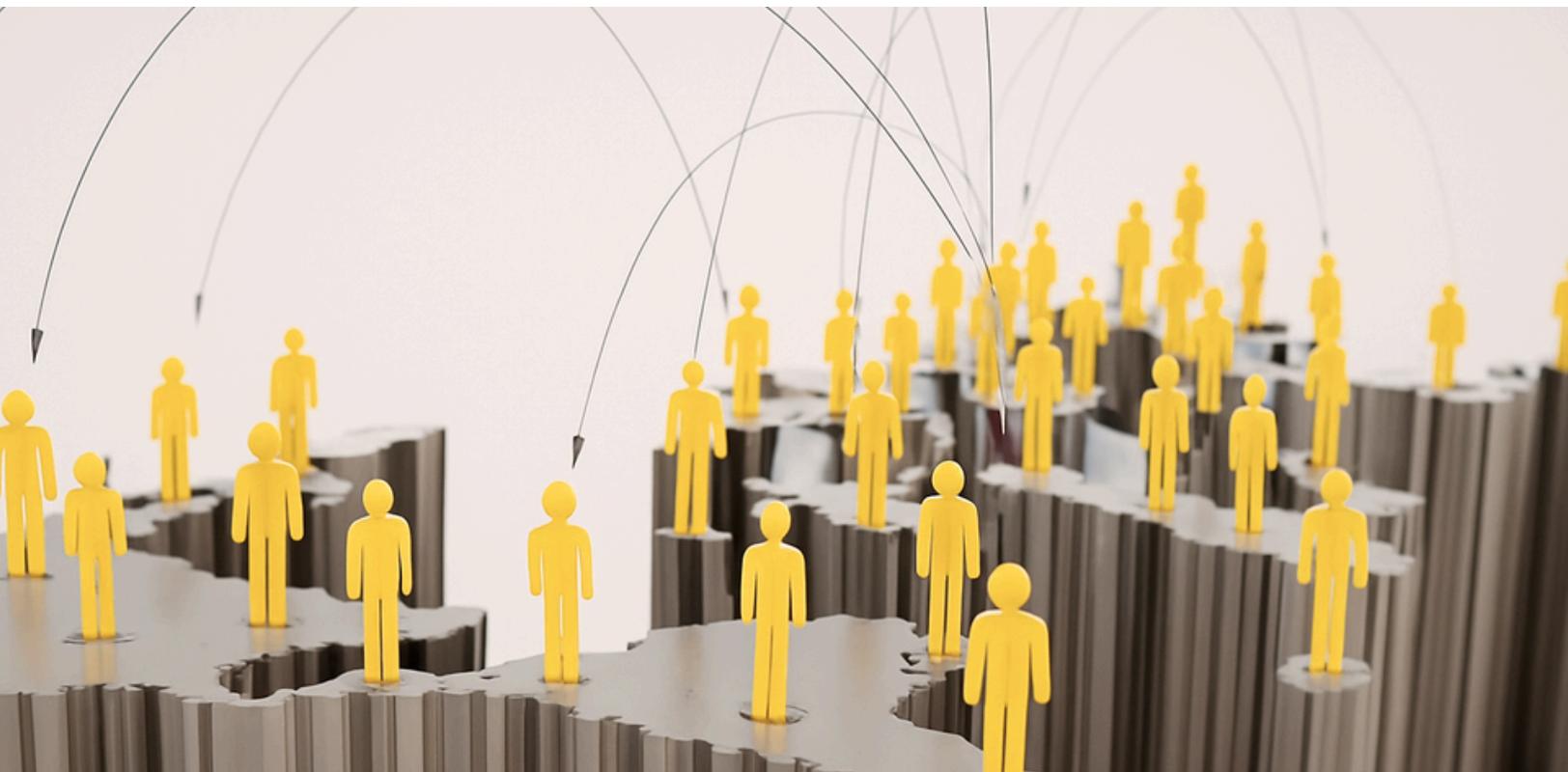


Call data reflect the wide-reaching and systemic needs of the community, which are often beyond the scope of providers and local organizations to solve. We have included these data to contextualize the factors that are shaping residents' lives and overall health, not to imply service providers should resolve these needs directly. Rather, providers can mitigate these effects through routine screenings, strong referral networks, and service models that accommodate financial and logistical barriers. Improved coordination between providers, through IRIS or other data sharing means, can improve awareness of and access to local resources.

DeWitt County benefits from a dedicated network of nonprofit and community organizations⁴⁸ that work to meet residents' most essential needs. These agencies provide food and utility support, workforce services, and behavioral health care with limited resources and increasing demand. Their commitment, creativity, and collaboration represent a community strength and form the foundation for future improvements.

RECOMMENDATIONS: TREATMENT & RESOURCE NEEDS

Continue to expand and routinize the use of data sharing infrastructure and IRIS to better coordinate resources and data sharing across community partners and systems.



⁴⁸ See Appendix D for a list of community resources.

Behavioral Health Service Needs

DeWitt County continues to face significant behavioral health service gaps, particularly for individuals with substance use disorders and co-occurring mental health needs. Although outpatient services are available locally, the community lacks a full continuum of care, forcing residents to seek critical services outside the county. Transportation barriers, limited provider availability, and the rural nature of the service area further complicate access, especially for individuals in crisis or early recovery. These challenges underscore the need for expanded and coordinated behavioral health infrastructure within the county.

Medication-Assisted Recovery (MAR) has emerged as a critical need and an area of growing demand. Although MAR services have been available through limited local providers and mobile clinics, capacity remains insufficient to meet community need, particularly for individuals requiring consistent, long-term support. Stakeholders noted that gaps in detoxification services and the absence of local inpatient treatment options create disruptions in care, often delaying treatment initiation or leading to disengagement. Individuals frequently must travel long distances for detox or residential care, which presents a significant barrier for those without reliable transportation or stable support systems. Pursuing treatment outside of their community also removes individuals from their networks of support and creates additional barriers to involving loved ones in treatment and recovery.



The lack of safe, sober living options in DeWitt County presents another major challenge for individuals transitioning from treatment to recovery. There are currently no dedicated transitional or recovery housing resources within the county, leaving individuals at heightened risk of relapse when returning to unstable or triggering environments. Community partners and persons with lived experience consistently identified the need for structured, substance-free housing paired with recovery supports to help individuals sustain progress following treatment or incarceration.

Additional service gaps exist for individuals and families experiencing acute stress or crisis. DeWitt County lacks respite services that could provide short-term relief for individuals with serious mental illness or caregivers supporting loved ones in crisis. Similarly, the absence of a local crisis nursery (locations that can provide immediate childcare during times of acute stress for families) limits options for families facing emergencies related to mental health, substance use, or domestic instability. Currently, the closest crisis nursery available to DeWitt County residents is located in Bloomington, which can be up to a 45-minute drive. Without these supports, families are often left with few alternatives beyond emergency departments or child welfare involvement, neither of which are designed to meet these short-term stabilization needs.

Per the most recent substate data from the National Survey on Drug Use and Health, the local 12-month prevalence of many behavioral health conditions are higher in DeWitt County than statewide and nationally, as shown in the table below.

12-Month Behavioral Health Prevalence Estimates – Adults 18+ ⁴⁹			
Condition	DeWitt County	Illinois	US
Any Mental Illness (AMI)	22.89% 	22.12%	22.98%
Co-Occurring Diagnosis with AMI	8.22% 	8.04%	8.03%
Serious Mental Illness (SMI)	5.48% 	4.79%	5.80%
Co-Occurring Diagnosis with SMI	2.92% 	2.48%	2.71%
Major Depressive Episode	9.38% 	7.66%	8.59%
Suicidal Thoughts	5.20% 	4.93%	5.02%
Made Suicide Plan	1.43% 	1.26%	1.44%
Attempted Suicide	0.65% 	0.59%	0.64%
Methamphetamine Use	1.34% 	0.83%	1.03%
Substance Use Disorder	17.17% 	18.40%	17.87%
Alcohol Use Disorder	9.84% 	11.85%	11.16%
Drug Use Disorder	8.42% 	9.26%	9.56%
Pain Reliever Use Disorder	2.28% 	1.87%	1.96%
Opioid Use Disorder	2.16% 	2.05%	2.15%

-  Highest prevalence
-  Middle
-  Lowest prevalence

⁴⁹ SAMHSA. (2025). *National Surveys on Drug Use and Health, 2022–2023*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56957/2024-nsduh-sae-tables-percent-csvs/2024-nsduh-sae-tables-percent-CSVs.zip>

12-Month Behavioral Health Prevalence Estimates – Youth 12 – 17⁵⁰

Condition	DeWitt County	Illinois	US
Major Depressive Episode	20.52% 	20.69%	19.48%
Suicidal Thoughts	14.21% 	14.08%	12.89%
Made Suicide Plan	6.20% 	7.10%	6.11%
Attempted Suicide	3.58% 	3.99%	3.55%
Methamphetamine Use	0.16% 	0.11%	0.12%
Substance Use Disorder	9.38% 	10.04%	8.79%
Alcohol Use Disorder	3.46% 	3.31%	3.19%
Drug Use Disorder	7.48% 	7.67%	7.07%
Pain Reliever Use Disorder	0.70% 	0.92%	1.10%
Opioid Use Disorder	0.70% 	0.92%	1.10%

 Highest prevalence

 Middle

 Lowest prevalence

Utilization

We include utilization data from Heritage and Warner Hospital to complement the population-level estimates and provide a snapshot of service demand and response. These figures reflect individuals who successfully accessed these providers; they do not reflect the true need of the community, as they underrepresent the individuals who faced barriers to care and did not engage services.

In 2025, Heritage served 602 individuals in its DeWitt County programs. Ninety-four percent of clients received mental health services, 36% received psychiatry services, 7% received substance use services, and 1% received supportive housing services. The table on the following page summarizes the total numbers served in each program as well as the number of service contacts within each program.

⁵⁰ SAMHSA. (2025). *National Surveys on Drug Use and Health, 2022–2023*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56957/2024-nsduh-sae-tables-percent-csvs/2024-nsduh-sae-tables-percent-CSVs.zip>

Program Utilization at Heritage - Clinton Office

Heritage Program	Deduplicated Clients (2025)
Mental Health	567
Psychiatry	214
Substance Use	40
Supportive Housing	9
Heritage Program/Service Utilization - 2025	
Mental Health Services	Service Contacts
Case Management	325
Community Support	607
Crisis Intervention	26
Family Therapy	93
Group Therapy/Counseling	243
Individualized Assessment and Treatment Program	756
Individual Therapy/Counseling	3,043
Medication Administration	44
Medication Monitoring	143
Psychiatry	
Psychiatry	408
Psychiatric Evaluation	69
Substance Use Services	
Assessment	36
Group Therapy/Counseling	74
Individual Therapy/Counseling	54
Treatment Plan	33
Supportive Housing	
Case Management	110
Community Support	381
Individualized Assessment and Treatment Program	18
Individual Therapy/Counseling	<5
Medication Monitoring	<5

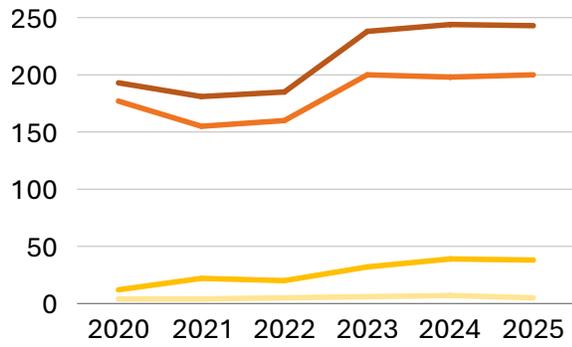
Warner Hospital provided data on behavioral health visits to its emergency department (ED) between 2020 and 2025. In aggregate, there was a steep increase between 2022 and 2023, with total individuals served slightly increasing in 2024 and then stabilizing in 2025.

When stratifying the data by visits for mental health versus substance use reasons, there is a sharp increase in the number of individuals presenting for substance use from 2021 to 2023 before falling through 2025. The number of individuals presenting for mental health, however, has increased annually since 2022.

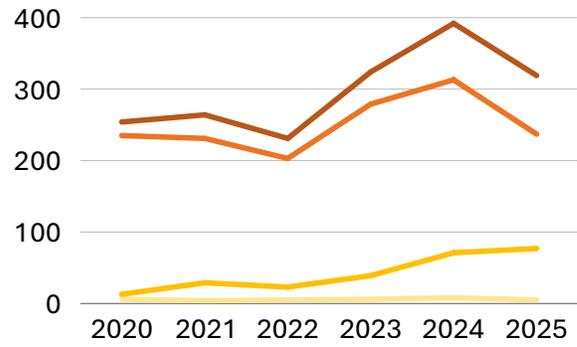
Warner Hospital Behavioral Health ED Visits 2020-2025

● Ages 4-11 ● Ages 12-17 ● Ages 18+ ● Total

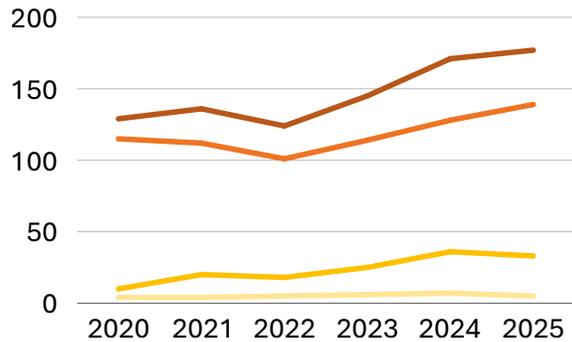
Behavioral Health ED Visits - Individuals



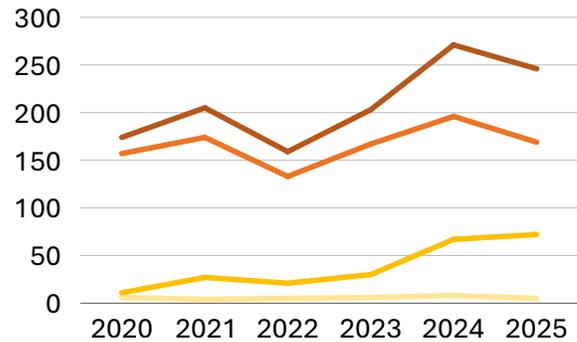
Behavioral Health ED Visits - Services



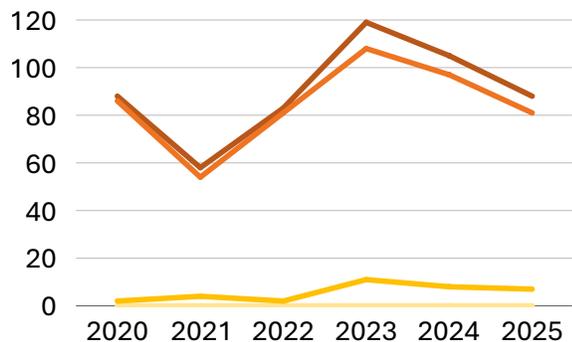
Mental Health ED Visits - Individuals



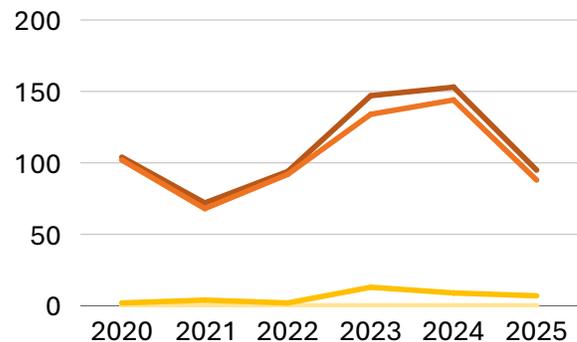
Mental Health ED Visits - Services



Substance Use ED Visits - Individuals



Substance Use ED Visits - Services

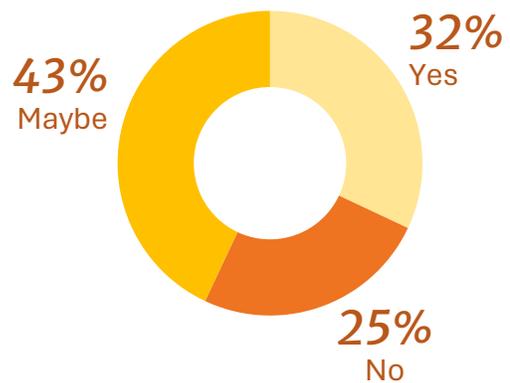


The growing demand for mental health services at the ED indicates a need for mental health urgent care to divert some of these individuals. Heritage is in the early stages of exploring the possibility of developing such a program. In the community survey, 75% of respondents replied “yes” or “maybe” when asked if they or a loved one would use a safe, calming place to stay for up to 23 hours during times of acute stress, and 100% of respondents in the professionals survey replied “yes” or “maybe” to the same question.

Community Survey Response

“Would you or a loved one use a safe, calming place to stay for up to 23 hours during times you're feeling upset or overwhelmed?”

(n = 108)



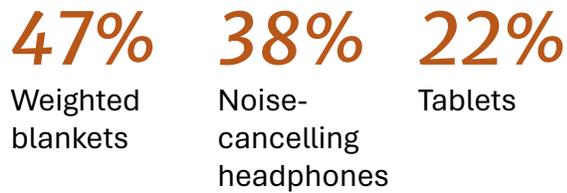
RECOMMENDATIONS: BEHAVIORAL HEALTH SERVICE NEEDS

- Providers should continue to track and share utilization data with other community partners to better understand current needs in the community and identify trends.
- As possible, introduce Medication-Assisted Recovery (MAR) services in DeWitt County, and explore the feasibility of mobile MAR services.
- Prioritize programming for individuals in times of acute stress or crisis to prevent ED visits.

Intellectual & Developmental Disabilities Needs

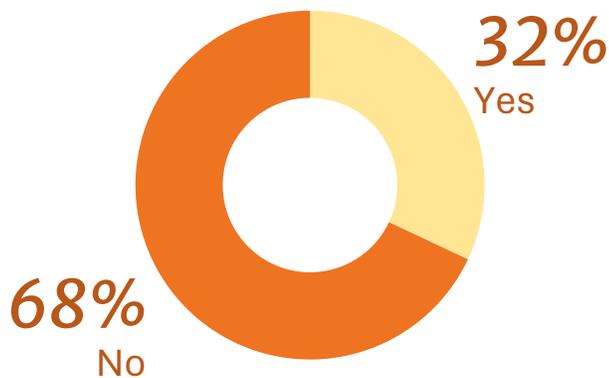
Individuals with intellectual and developmental disabilities (IDD) and their families in DeWitt County continue to face gaps in access to timely and comprehensive services. The most pressing need identified by stakeholders was the limited availability of qualified providers, particularly psychologists who can complete assessments required to determine eligibility for disability services. Long wait times for evaluations can delay access to critical supports. Although Heritage has increased access by adding additional psychologist time in Decatur, stakeholders noted that the demand for assessments still exceeds available capacity, leaving families waiting months to move forward with needed services. Responses to the community survey also noted delays in service access.

MOST COMMONLY NEEDED ASSISTIVE DEVICES



Community Survey Response

“Do you or a loved one have an IDD?”
(n = 124)

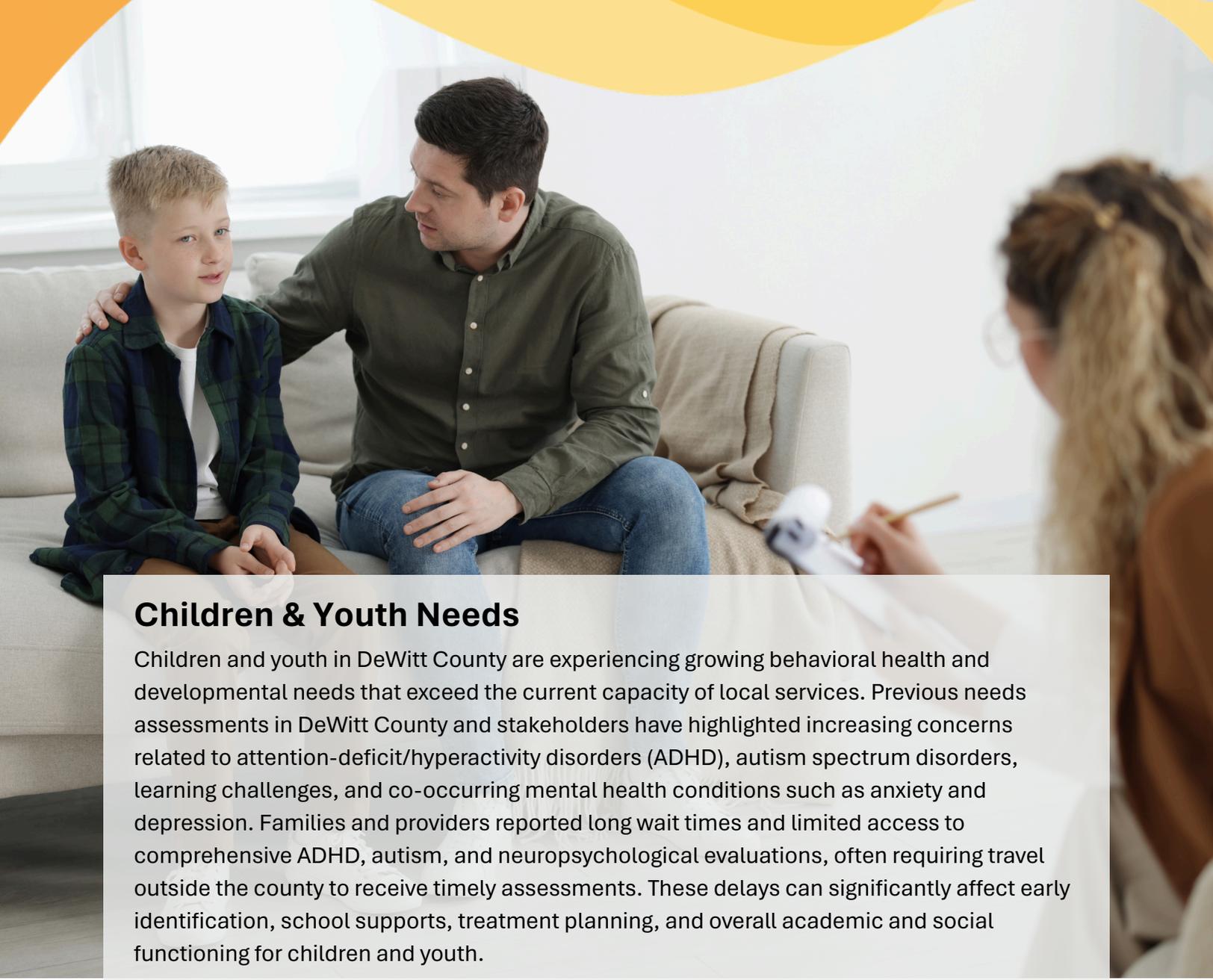


Employment opportunities and supports for individuals with IDD are also an area of need. Survey data show that employment concerns were more frequently identified by individuals with IDD or their family members (21%) than by respondents without a direct connection to IDD (14%), highlighting the former group’s lived experience of barriers to meaningful and inclusive employment. In response to such employment needs, Encore Developmental Services (Encore) is actively preparing to scale its employment services in DeWitt County. Encore plays a key role in supporting individuals with IDD through skill development, job readiness training, and supported employment opportunities. Additional employment development opportunities for DeWitt County residents ages 14–21 are available through LIFE Center for Independent Living (LIFE CIL) in Bloomington. Expanding these services could improve economic independence, social inclusion, and overall quality of life for individuals with IDD.

The community survey asked respondents to identify needed assistive devices for themselves or a loved one. The most commonly needed devices overall were weighted blankets (47%), noise-cancelling headphones (38%), and tablets (22%).

RECOMMENDATIONS: INTELLECTUAL & DEVELOPMENTAL DISABILITIES NEEDS

- Expand the availability of psychologists who can determine eligibility for disability services.
- Prioritize expanding employment services and opportunities for individuals with IDD, such as those at Encore and LIFE CIL.



Children & Youth Needs

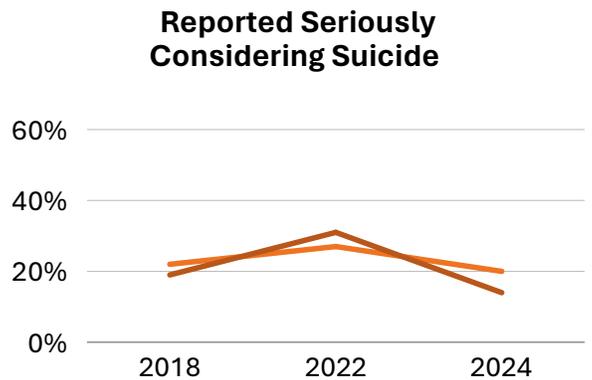
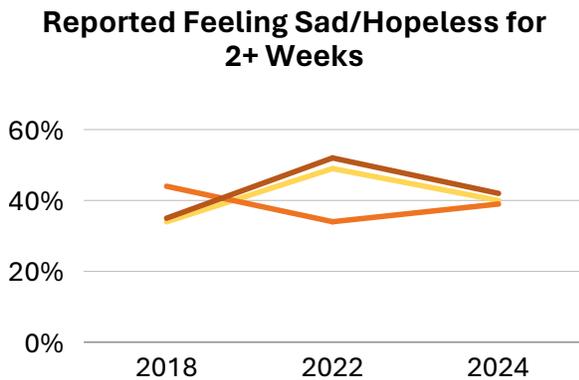
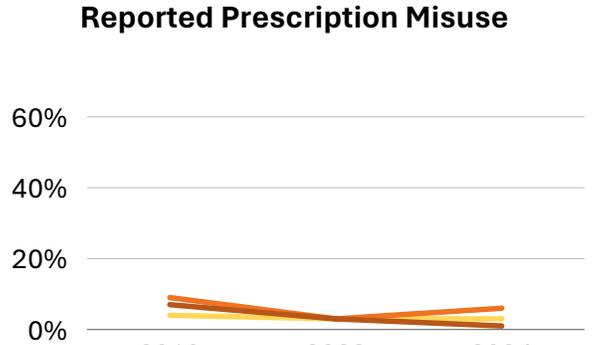
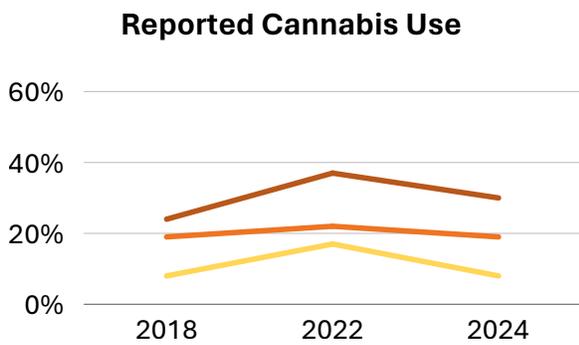
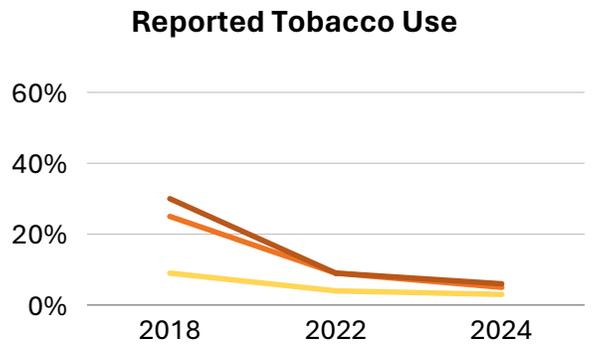
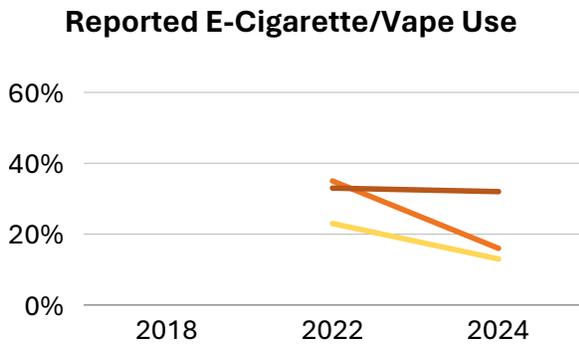
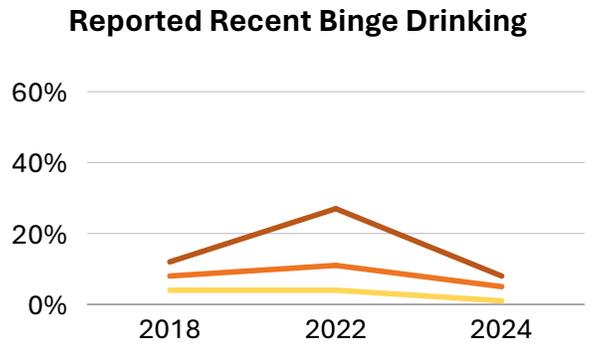
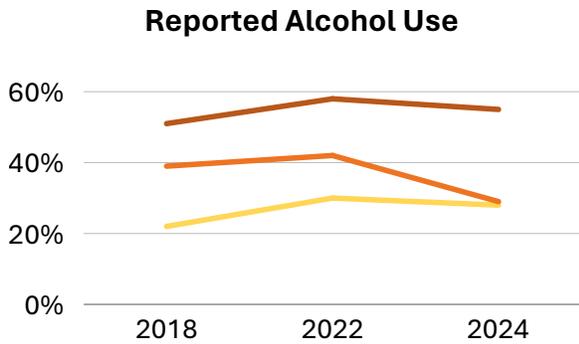
Children and youth in DeWitt County are experiencing growing behavioral health and developmental needs that exceed the current capacity of local services. Previous needs assessments in DeWitt County and stakeholders have highlighted increasing concerns related to attention-deficit/hyperactivity disorders (ADHD), autism spectrum disorders, learning challenges, and co-occurring mental health conditions such as anxiety and depression. Families and providers reported long wait times and limited access to comprehensive ADHD, autism, and neuropsychological evaluations, often requiring travel outside the county to receive timely assessments. These delays can significantly affect early identification, school supports, treatment planning, and overall academic and social functioning for children and youth.

In addition to service capacity challenges, a consistent theme across previous assessments, focus groups, and the community and provider survey results was the lack of awareness among families and community members about available resources and how to access them. Families reported difficulty navigating referral processes or understanding which organizations provide evaluations, therapy, care coordination, or school-based supports.

Blue Ridge Community Unit School District (CUSD) and Clinton CUSD are the primary school districts for children and youth in DeWitt County; Deland-Weldon CUSD also serves some DeWitt County residents. Overall, districts in DeWitt County have lower truancy and chronic absenteeism rates than statewide, which is favorable. However, they also have slightly lower graduation rates. Clinton CUSD has a slightly higher percentage of low-income students and students with individual education plans (IEPs) than Illinois overall.

Illinois Youth Survey Responses by Grade

● 8th Grade ● 10th Grade ● 12th Grade



School Districts In And Serving DeWitt County⁵¹

	Deland-Weldon CUSD 57	Blue Ridge CUSD 18	Clinton CUSD 15	Illinois Statewide
# of Schools	3	3	5	N/A
Students Enrolled	173	642	1,722	1,848,560
Graduation Rate	86%	85%	86%	89%
Mobility Rate	14%	7%	7%	7%
Chronic Absenteeism	26%	23%	20%	25%
Truancy	12%	5%	7%	20%
Low-Income Studies	54%	47%	52%	19%
IEPs	18%	15%	19%	16%

Students from Blue Ridge CUSD and Clinton CUSD participate in the Illinois Youth Survey, which collects data from 8th, 10th, and 12th grade students on health and social indicators.⁵² For this assessment, we reviewed and summarized responses from the 2018, 2022, and 2024 surveys; there was no survey conducted in 2020 because of the COVID-19 pandemic.⁵³

Generally, reported substance use increased across all surveyed grade levels from 2018 to 2022 before declining in 2024. The exception was for students reporting misusing prescriptions: there were decreases for all grades from 2018 to 2022, with a sharp increase among 10th graders in 2024, though it should be noted that these were still relatively small percentages of respondents.

RECOMMENDATIONS: CHILDREN & YOUTH NEEDS

- Expand local evaluation and diagnostic capacity to reduce wait times for assessments.
- Explore the possibility of developing tele-assessment partnerships to provide remote diagnostic interviews.
- Ensure local pediatricians and family medicine providers are trained in and comfortable with brief, evidence-based screening tools (e.g., Vanderbilt Assessment Scale, Screen for Child Anxiety Related Disorders [SCARED], autism spectrum disorder screenings) so treatment may begin while waiting for a full evaluation.
- Coordinate with local providers and schools to create a centralized family navigation hub that helps caregivers understand where and how to access these services.

⁵¹ Illinois State Board of Education. (2025). *Illinois state report card*. <https://www.illinoisreportcard.com/>

⁵² Illinois Department of Human Services. (2025). *Illinois youth survey*. <https://iys.cprd.illinois.edu/results/county>

⁵³ There are some limits to the survey. In 2024, 64% of DeWitt County's eligible students responded to the survey, though comparable responses rates are not available for the past years. Although these surveys are helpful in understanding broad trends, sample sizes are small, and results may not be generalizable. Additionally, the e-cigarette/vape question was only introduced in 2022, and 8th graders are not surveyed on seriously considering suicide.



Barriers to Treatment

Findings From the Community Survey

Location & Transportation

Stigma

Community Awareness

Accessibility & Cost

Telehealth & Technology

Workforce & Staffing Needs

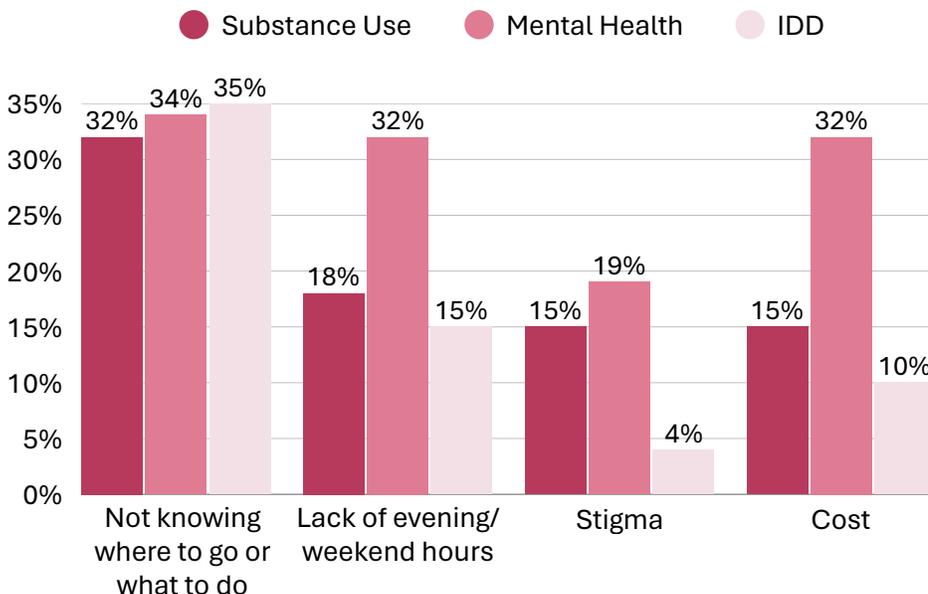
BARRIERS TO TREATMENT

Heritage and the Mental Health Board are committed to reducing barriers to care for residents seeking services for mental health, substance use, and IDD. Staff are dedicated to these efforts, but barriers remain, many of which are beyond an organization’s control.

Findings From the Community Survey

Based on survey responses from community members, the most common barrier to getting services across each service type (mental health, substance use, and IDD) was not knowing where to go or what to do. The second most common barrier was a lack of evening and weekend hours, though this was much more likely to be reported as a barrier to mental health services than substance use or IDD. Responses were generally similar across the three service types, except for cost, finding trusted providers, long wait times, and finding childcare, which were higher for mental health services than substance use or IDD. For professionals, not knowing where to go or what to do was also the top barrier identified, followed by lack of transportation and cost. The full survey results can be found in Appendix C, Figures 8 and 9.

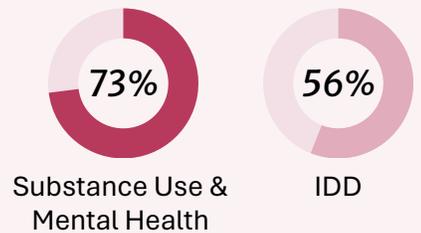
Community Reported Barriers to Care



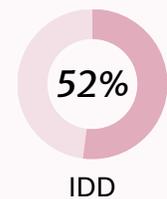
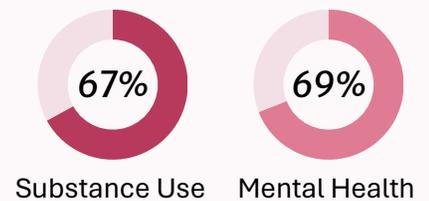
Full data in Figure 8

Professionals Reported Barriers to Care

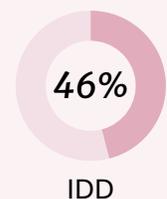
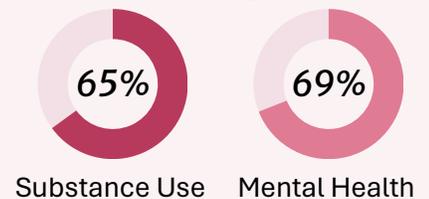
Not knowing where to go or what to do



Lack of or Unreliable Transportation



Cost



Full data in Figure 9

Location & Transportation

Transportation remains a significant barrier to accessing behavioral health services in DeWitt County, particularly for residents living outside of Clinton and other population centers. As a rural county, many individuals must travel considerable distances to reach mental health, substance use, or crisis services. For residents without reliable personal vehicles, these distances can make routine appointments difficult and, in some cases, prevent them from seeking care altogether. Limited public transportation options compound this challenge, especially for people with low incomes, older adults, individuals with disabilities, and those experiencing behavioral health symptoms that make travel more difficult.

Public transportation options in DeWitt County are limited and, according to stakeholders, survey respondents, and past needs assessments, do not consistently meet the needs of individuals seeking behavioral health care. Piattran, the regional public transportation based in nearby Piatt County and offering limited service in DeWitt County, does not operate every day, which can make it impossible for residents to attend appointments on certain days. Additionally, there is no cab company operating in DeWitt County, leaving residents without on-demand transportation options for urgent or last-minute needs. For individuals requiring services in neighboring counties, transportation limitations can turn a single appointment into an all-day commitment or make travel unfeasible.

Community providers and stakeholders consistently noted that transportation barriers disproportionately affect individuals who require frequent or ongoing services, such as counseling, psychiatric appointments, medication management, and recovery supports. In response to these barriers, DeWitt County service providers have worked to reduce residents' need to travel outside the county by maintaining local offices, offering school- or community-based services, and using flexible service delivery models. Telehealth, home-based services, and locally hosted programs have become important strategies for improving access, particularly for those without reliable transportation. Funding decisions by the Community Mental Health Board have also reflected an emphasis on supporting services “close to home,” recognizing that transportation can be a deciding factor in whether individuals can access care. Despite these efforts, transportation remains a persistent barrier to accessing behavioral health services in DeWitt County.

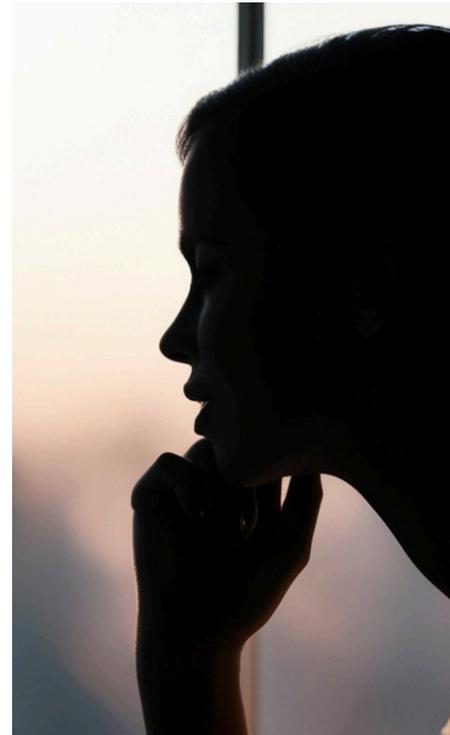
RECOMMENDATIONS: LOCATION & TRANSPORTATION

- Continued collaboration among behavioral health providers, community organizations, and transportation resources will be essential to further reduce this barrier.
- Addressing transportation needs—whether through expanded telehealth, local service availability, mileage support, or volunteer transportation programs—will remain an important component of ensuring access to behavioral health care for all county residents.

Stigma

Community stakeholders consistently identified persistent stigma related to behavioral health conditions, which can discourage individuals from acknowledging concerns or seeking help. Fear of being judged, labeled, or perceived differently within a small, close-knit community can lead residents to delay or avoid accessing behavioral health services.

Stigma is especially pronounced in relation to substance use disorders. Stakeholders reported that many residents view substance use as a personal choice or behavioral issue rather than a chronic medical condition. This perception can lead to blame, shame, and reduced compassion for individuals with a substance use disorder further discouraging them from seeking treatment or recovery supports. Viewing substance use through a moral or behavioral lens rather than a health lens also affects community willingness to support prevention, treatment, and recovery services.



RECOMMENDATIONS: STIGMA

- Increase community education, including ongoing, visible education efforts to reframe behavioral health challenges. This could take the form of community training sessions, workshops, or presentations given in trusted spaces such as schools, libraries, and churches.
- Use trusted local leaders. Engage local leaders, educators, healthcare professionals, faith leaders, and individuals with lived experience to share their stories and normalize help-seeking for behavioral health.

Community Awareness

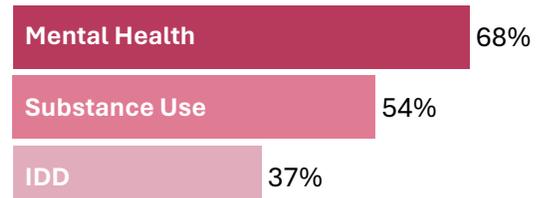
Community members have shared that they are often unsure about which services are available locally, which organizations provide direct care, or how to take the first step in seeking help. More survey respondents reported that they definitely know where to get help if they or a loved one needs mental health services (68%) compared to substance use services (54%) and IDD services (37%).

Among survey respondents, 27% indicated that they or a loved one need help accessing mental health supports or services; 10% noted the same for IDD and 8% for substance use. According to stakeholders and past assessments, services—particularly IDD—are offered by multiple providers, which can exacerbate confusion about where to go or what to do. When someone is already feeling overwhelmed, stressed, or in crisis, navigating an unfamiliar system can feel daunting. Organizationally, Heritage addresses this through its “no wrong door” policy, which seeks to rapidly connect individuals with needed services no matter how they initially contact the organization. Less than a quarter of survey respondents reported they were “extremely” or “very” familiar with Heritage, indicating an opportunity to increase awareness of its presence in the community.

Survey responses and stakeholder feedback indicate that this confusion is especially common for people who have never used behavioral health services before. Some residents reported “knowing that resources exist” but not understanding the differences between providers or what types of concerns each organization addresses. Others were unaware that providers based outside the county still offer services to DeWitt County residents. In some cases, people identified organizations that no longer provide direct services or misunderstood the role of system-level agencies, highlighting gaps in how information is shared and understood within the community.

Survey Responses:

I definitely know where to get help if I or a loved one needs services for...



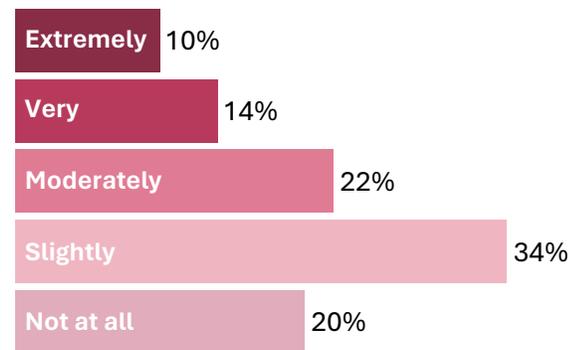
Full data in Figure 10

I or a loved one needs help getting services for...



Full data in Figure 11

How familiar are you with the services provided by Heritage Behavioral Health Center?

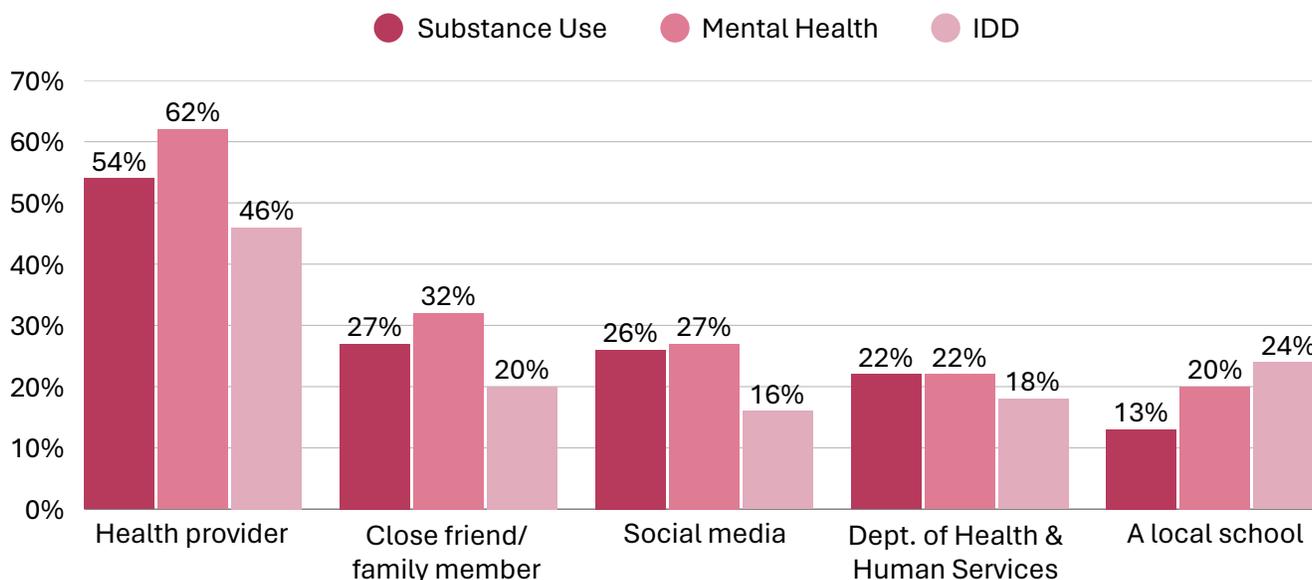


(n = 130)

Survey responses also highlighted the avenues through which people identify community resources, which can help guide engagement and outreach planning. Health providers are the most common source for information on substance use, mental health, and IDD resources, followed by close friends and family and social media. Sources of information were roughly the same across substance use, mental health, and IDD with a few exceptions: law enforcement and the justice system were slightly more likely to be sources of information for substance use services, and schools were identified twice as often as sources for IDD information than substance use and mental health. This suggests that although both Heritage and the Mental Health Board already have a presence in schools, additional resources and engagement could increase mental health and substance use service awareness for students and families.

How Do You Find Out About Community Resources?

(n = 125)



Full data in Figure 12

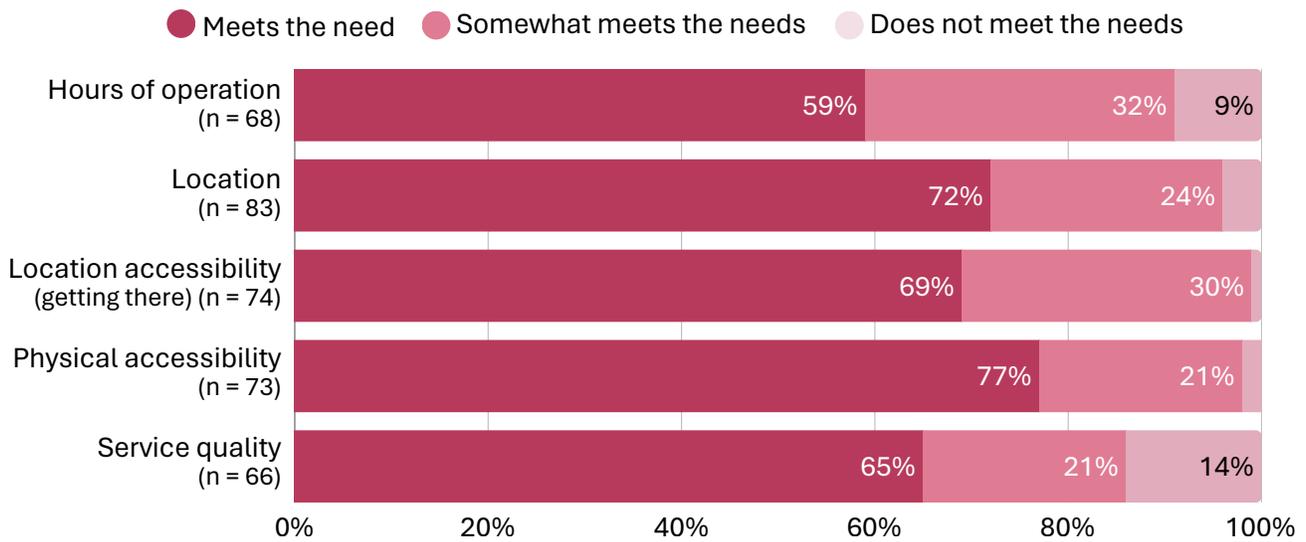
RECOMMENDATIONS: COMMUNITY AWARENESS

- Continue to promote available services widely throughout the community, including at other providers’ offices, schools, libraries, community centers, and third spaces where individuals gather in the community.
- Respondents who had a family member with IDD were more likely to report they get information about service availability and access through schools. This is an important hub to promote awareness to this population.
- As feasible, scale and expand Heritage’s “no wrong door” policy to include IDD resources and referrals and encourage other service providers in the area to adopt similar policies.

Accessibility & Cost

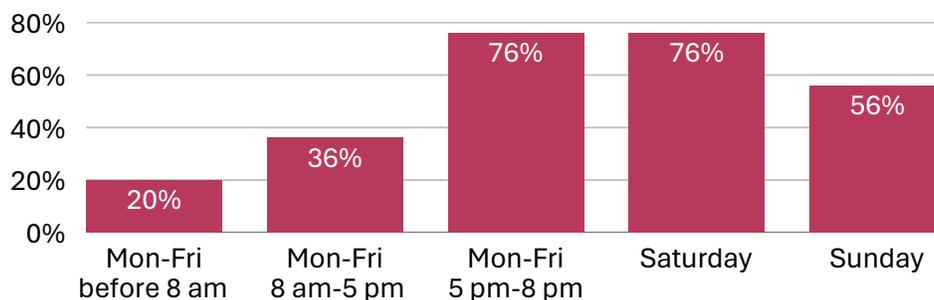
The community survey asked how Heritage’s hours, location, accessibility, and service quality are meeting the community’s needs. Physical accessibility was rated the highest among “meets the needs,” followed by its location. Hours of operations was rated lowest. Respondents who indicated that service quality did not meet the needs of the community were prompted to answer an open-text question that asked for specifics. The most common answers concerned limited hours of operation and difficulty with transportation; some reported that Heritage needed more therapists.

Survey Ratings of Heritage Behavioral Health Center



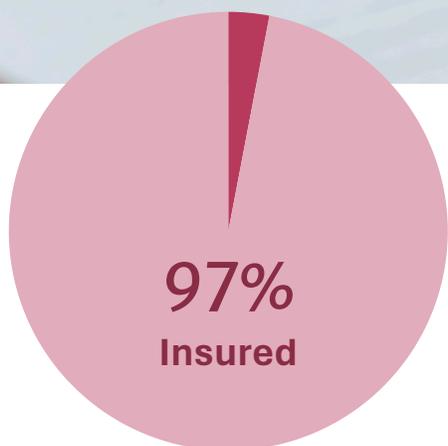
Behavioral health and IDD services are only offered during standard business hours, and the lack of early morning, evening, and weekend availability makes it difficult, potentially impossible, for individuals to engage in services if they have inflexible jobs, are responsible for caregiving, or rely on others for transportation. Among survey respondents, the most convenient times to access services are 5:00–8:00 PM on weekdays (76%) and Saturdays (76%).

Survey Responses to Most Convenient Times to Access Services (n = 66)





DeWitt County Health Insurance Status



Access to behavioral health care in DeWitt County is closely tied to a range of socioeconomic factors that can make it difficult for residents to seek and maintain services. Although the majority of county residents are insured, 3% are not.⁵⁴ Those not in the labor force, those who were unemployed, and adults between the ages of 35 and 44 were most likely to lack coverage. For individuals in this age range, competing responsibilities such as

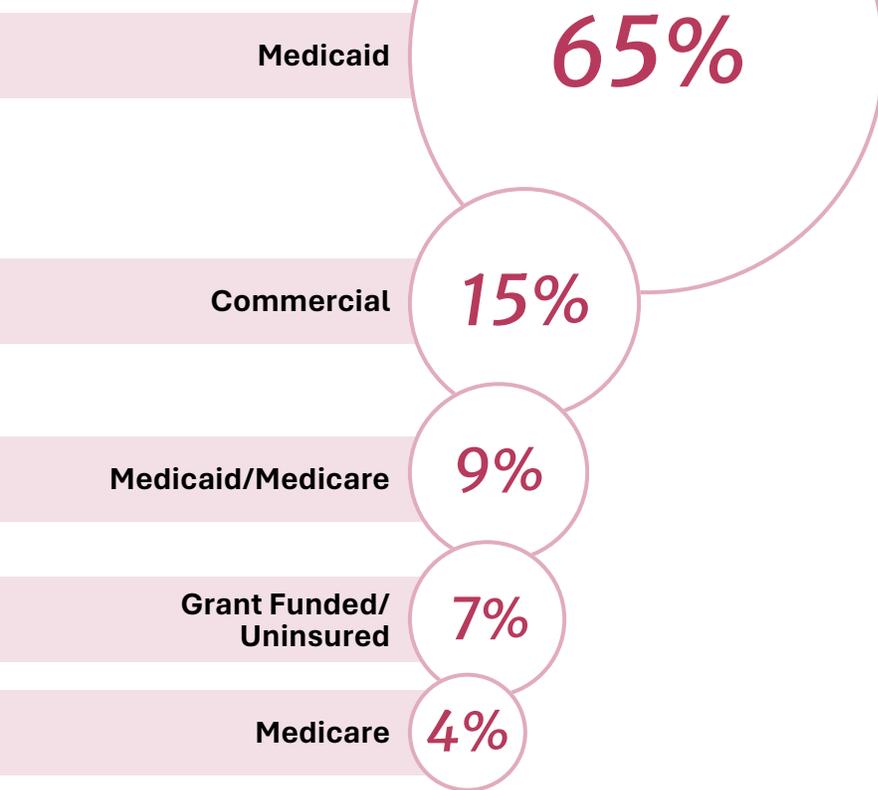
employment, caregiving, and financial obligations can make navigating insurance enrollment or paying out-of-pocket costs especially challenging. Even for insured residents, high deductibles, copays, and limitations in covered services can discourage consistent use of behavioral health care. However, it is important to note that individuals may perceive cost to be a greater barrier than it is: Heritage and other service providers often have access to other funding sources that can reduce the cost to the individuals receiving services.

Approximately 25% of DeWitt County residents rely on Medicaid coverage, underscoring the importance of providers who accept public insurance and can serve lower-income populations.⁵⁵ Fluctuations in enrollment over time may reflect changes in employment, eligibility, or economic conditions, all of which can disrupt continuity of care. When insurance status changes, residents may face gaps in services, delays in treatment, or difficulty re-establishing care, particularly in a rural county with limited provider options. Looming Medicaid cuts are a concern among providers in DeWitt County. Although precise estimates of the number of individuals who will lose coverage are not currently available at the county level, the pending increase in uninsured residents will compound this existing barrier to care. This is especially salient for Heritage, as 65% of its clients served in 2025 were enrolled in Medicaid, 9% were enrolled in Medicaid and Medicare, and 7% were uninsured.

⁵⁴ U.S. Census Bureau. (2024). *American Community Survey 5-year estimates subject tables, Table S2701, selected characteristics of health insurance coverage in the United States*. <https://data.census.gov/table/ACSST5Y2024.S2701>

⁵⁵ Illinois Department of Healthcare and Family Services. (n.d.) *Number of persons enrolled in DeWitt County*. <https://hfs.illinois.gov/info/factsfigures/program-enrollment/dewitt.html>

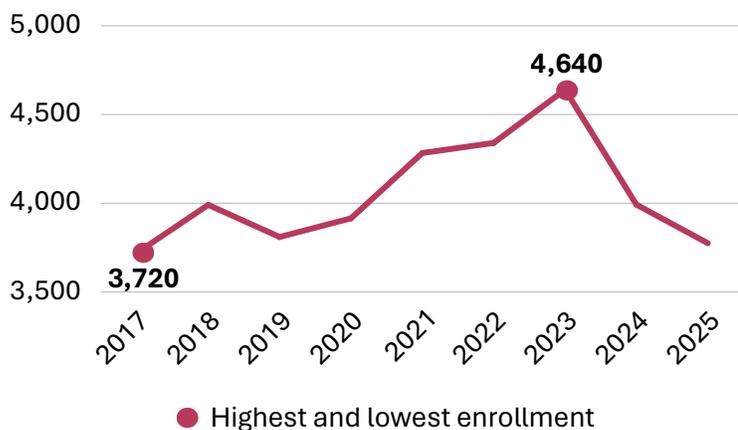
Payer Type for Heritage Clients 2025



RECOMMENDATIONS: ACCESSIBILITY & COST

- Promote awareness of low-cost, no-cost, and sliding-scale fee options for individuals who are uninsured or underinsured.
- Make care coordinators and benefits navigators available to help individuals who are at risk of losing insurance coverage understand new requirements. Ensure the availability of employment supports to assist with job placement to meet new work requirements.
- As feasible given workforce constraints, work toward expanding service hours to include at least some evenings and weekends.

DeWitt Residents Enrolled in Medicaid



Telehealth & Technology

Access to technology and reliable internet service is an increasingly important factor for behavioral health access in DeWitt County, particularly as telehealth and online resources become more common. Although virtual services have helped reduce some transportation and geographic barriers, not all residents have consistent access to the devices, broadband connectivity, or the digital skills needed to benefit from these options. Nearly all survey respondents (98%) had a smartphone, and the majority had laptops (71%) or tablets (61%). In the county as a whole, 88% of residents had a smartphone, 57% had a tablet, and 73% had a desktop or laptop computer in 2024.⁵⁶ The large majority (86%) of county households also had an internet subscription, but this access was not equal: whereas only 14% overall had no internet subscription, 30% of households with the lowest annual incomes (up to \$20,000) had no internet subscription. The discontinuation of the FCC Affordable Connectivity Program as well as local programs that provided free devices and data plans to low-income residents will likely compound this challenge. However, the recently introduced state bill SB3612 would amend the Public Utilities Act and require broadband providers to offer reduced rates for low-income households,⁵⁷ which could increase internet access in DeWitt County.

Stakeholders noted that limited access to technology can make it difficult for residents to access care. For individuals with lower or fixed incomes, the cost of internet service, data plans, or up-to-date devices can be prohibitive. Older adults and individuals with disabilities may face additional challenges related to digital literacy or the usability of technology platforms. As a result, some residents may be unable to take advantage of telehealth even when it is offered as an alternative to in-person care.

Types of Devices Owned by Survey Respondents

(n = 110)



Types of Internet Subscriptions Use by Survey Respondents

(n = 109)

72%
Broadband

66%
Cellular data plan

17%
Satellite internet

1%
No internet subscription

⁵⁶ U.S. Census Bureau. (2024). *American Community Survey 5-year estimates: Table S2801, types of computers and internet subscriptions*. <https://data.census.gov/table/ACSST5Y2024.S2801>

⁵⁷ Illinois General Assembly. (February 2, 2026). *Full text of SB3612*.

<https://www.ilga.gov/Legislation/BillStatus/FullText?GAID=18&DocNum=3612&DocTypeID=SB&LegID=166707&SessionID=114>

RECOMMENDATIONS: TELEHEALTH & TECHNOLOGY

- Follow the progression of SB3612, a state bill that would require broadband providers to offer reduced rates for low-income households. If the bill passes, help low-income households enroll in this new program.
- To maximize telehealth use among individuals who have access to appropriate technology for telehealth, provide digital literacy classes focused specifically on telehealth platforms.
- Consider staff who could act as digital navigators to assist individuals using this technology. Heritage already anticipates hiring for these positions at its Clinton office as part of its participation in the state CCBHC model.
- As feasible, expand device lending directly from providers to individuals to increase direct access to telehealth. Heritage already offers this service at its Decatur office.

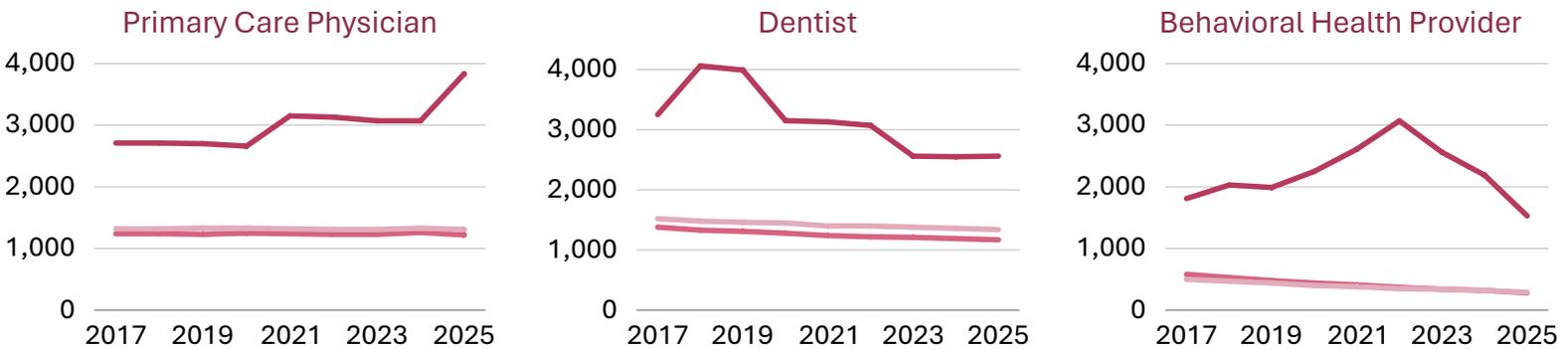
Workforce & Staffing Needs

DeWitt County is a designated healthcare provider shortage area, with insufficient primary care, dental, and behavioral health providers. This dearth negatively affects patient care, contributes to long wait times, and presents a barrier to accessing services.

To assess a healthcare provider shortage area, the Health Resources and Services Administration (HRSA) looks at the number of primary care physicians, dentists, and behavioral care providers per resident; DeWitt is a designated shortage area for each type. The following charts show the change in population per provider from 2017 to 2025.⁵⁸ Although there have been improvements in dentists and behavioral health providers, the county still has far more population per provider than Illinois or the United States overall.

Population per Healthcare Providers

● DeWitt ● Illinois ● U.S.

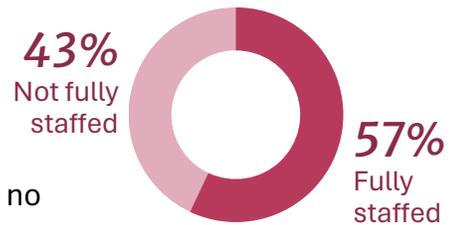


⁵⁸ County Health Rankings. (2025). *DeWitt, IL county demographics*. <https://www.countyhealthrankings.org/health-data/illinois/de-witt?year=2025>

There are some local partnerships, such as the Certified Recovery Support Specialist program available to DeWitt County residents at Heartland Community College, that provide a pathway for individuals to access training and earn a certification to work in the behavioral health field.

The provider survey asked respondents a series of questions on their current staffing and challenges recruiting and retaining staff. Fifty-seven percent of respondents overall reported that their organization was fully staffed. However, this varied by the type of service the organization provided: 75% of respondents from social services and behavioral health organizations reported they were fully staffed, as did 67% of respondents in the K–12 school system, and 0% of law enforcement and first responders. In the interest of anonymity and encouraging candid responses, we did not collect the names of respondents or the organizations for which they worked. As such, it is possible that some organizations had multiple staff respond, skewing the data to look like there may be higher levels of staffing than there actually are. There are no other data to corroborate that 75% of local behavioral health and social service providers are fully staffed.

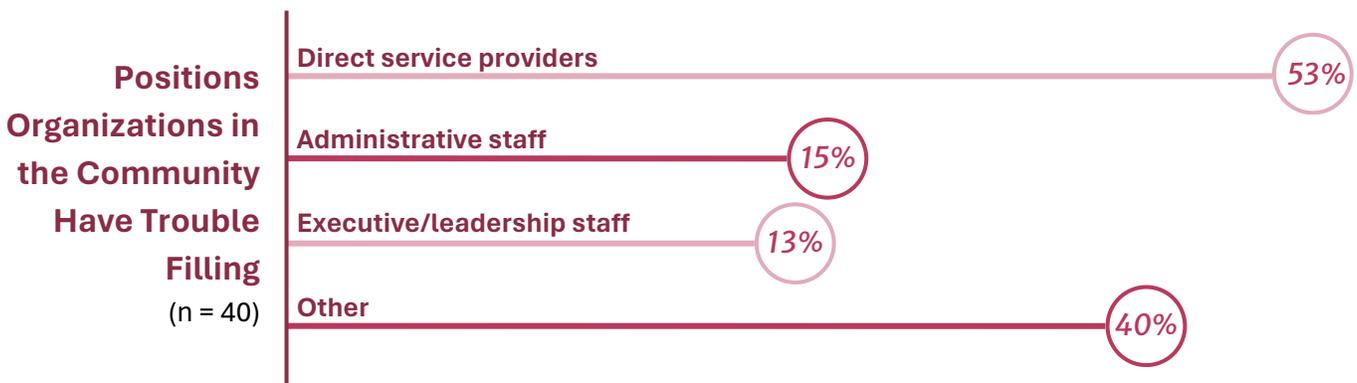
Staffing Status of Local Organizations
(n = 54)



Professionals from all sectors reported the most difficulty filling direct service positions. Respondents who selected “other” were asked to specify; of these responses, most were direct service providers, such as licensed clinical social workers, community outreach workers, police officers, and emergency dispatch responders.

The survey also asked what makes it difficult to recruit and retain staff. Unsurprisingly, the most common challenge in both recruiting and retention was salary, followed by benefits, hours and scheduling expectations, in-office work (as opposed to work-from-home) requirements, and the location.

These responses also varied somewhat by sector. Law enforcement reported salary and benefits as greater difficulties than any other sector (100% in recruiting and 88% in retaining), and respondents from schools were the most likely to identify location as a barrier to recruiting (40%), but 0% reported location was a challenge in retaining staff.

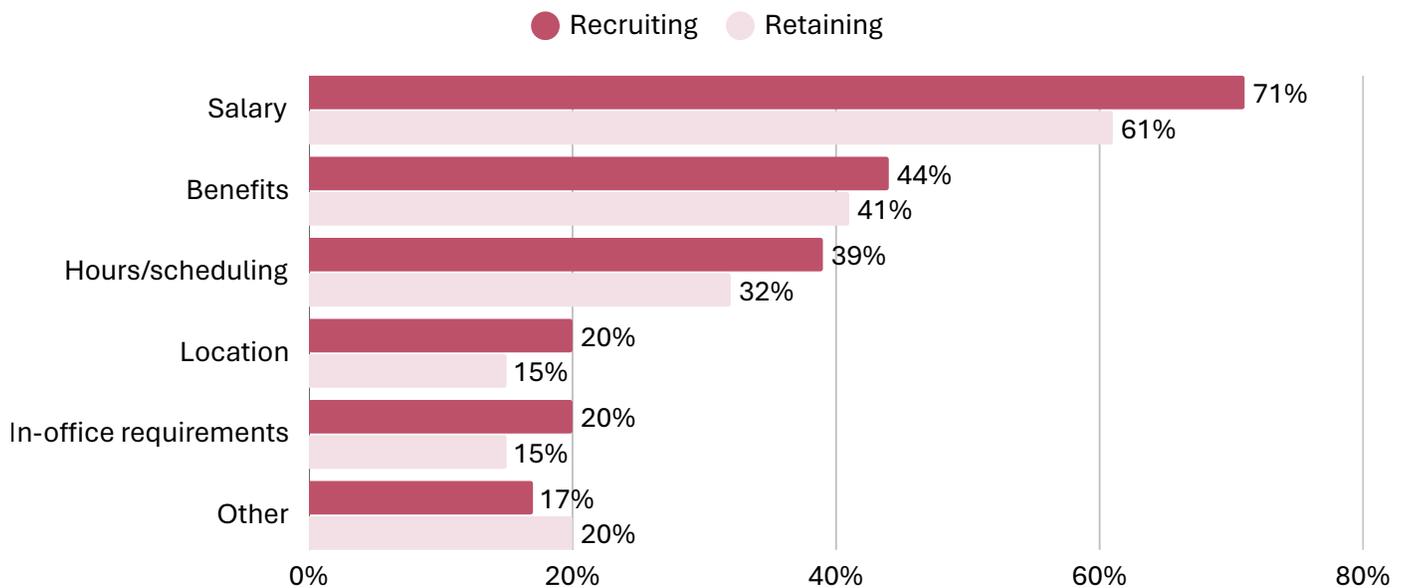


There were not enough responses from individuals working in the IDD field to break them out separately, but we know from stakeholders and long waits for services that there are significant shortages in this field. As mentioned previously, there needs to be investment in the IDD workforce to keep pace with the growing demand for these services.

Similarly, as mentioned by stakeholders and open-text responses in the community survey, there remains a significant need for behavioral health staff. As part of its participation in the state CCBHC model, Heritage anticipates adding 11 new clinical positions to its Clinton location this spring, with a total of 72 additional direct, administrative, and leadership staff planned over the next 2 years. Through competitive hiring and innovative benefits, Heritage has had success staffing its CCBHC in Decatur. The staffing plan for DeWitt County, when fully realized, will provide the capacity to offer expanded services and better meet the needs of the community.

Barriers to Staff Recruitment and Retention for Local Organizations

(n = 54)



RECOMMENDATIONS: WORKFORCE & STAFFING NEEDS

- Continue to partner with regional colleges and universities, community colleges, and high schools to develop internships and placement opportunities locally. This “grow-your-own” approach can also apply to pathways for paraprofessionals and non-licensed individuals to pursue credentials and move into direct service roles.
- As Heritage has done with Wellness Days, explore the feasibility of offering new or innovative benefits to attract new staff and prevent burnout.

Appendices

Appendix A: Key Informant Interviews

Appendix B: Surveys

Appendix C: Figures

Appendix D: Local Resources

Appendix E: McLean County CNA Findings

Appendix F: Livingston County CNA Findings

APPENDIX A: KEY INFORMANT INTERVIEWS

List of Key Informants

Key Informants
Organization Staff
Heritage Behavioral Health Center
DeWitt County Community Mental Health Board
Focus Groups
Weldon Focus Group
DeWitt County Children’s Mental Health Forum
ROSC Focus Group
DeWitt County Coalition Professional’s Focus Group

APPENDIX B: SURVEYS

Community & Professionals Survey Questions

Survey Questions

Community Survey

Do you or a loved one have an intellectual or developmental disability? Intellectual and developmental disabilities are physical or mental impairments and can include cerebral palsy, autism, and down syndrome.

Do you know where to get help if you or a loved one needs the following kinds of help? Please choose one answer each for substance use, mental health, and intellectual and developmental disabilities in their respective columns.

Do you know how to get help (what steps to take) if you or a loved one needs the following kinds of help? Please choose one answer each for substance use, mental health, and intellectual and developmental disabilities in their respective columns.

How do you usually find out about resources in your community that can help you and your loved ones? Please select all that apply and answer for substance use, mental health, and intellectual and developmental disabilities in their respective columns.

How familiar are you with the services provided by Heritage Behavioral Health Center?

Considering Heritage Behavioral Health Center, please rate the following: hours of operation, the location, accessibility of the location, physical accessibility of the location, and service quality.

What times are most convenient for you to access services?

What could Heritage do to better meet the needs of the community?

Would you or a loved one use a safe, calming place to stay for up to 23 hours during times you're feeling upset or overwhelmed?

Do you or a loved one need help getting the following supports or services?

Do you or a loved one need help getting the following supports or services?

Do you or a loved one have a need for an assistive device, such as the ones listed below?

Survey Questions

Community Survey

What types of computers/devices do you have?

What type(s) of internet subscriptions do you have?

Which of the things below makes it difficult to get services when you need them? Please select all that apply and answer for substance use, mental health, and intellectual and developmental disabilities in their respective columns.

How do you describe your role as you were answering these questions? Please select all that apply to you.

Which city/town do you live in (or is closest to you)?

Professionals Survey

What best describes the type of services you/your organization primarily provide?

What age groups do you/your organization serve? Please select all that apply.

Do you/your organization serve the following populations? Please select all that apply.

Is your organization fully staffed right now?

What types of positions does your organization have trouble filling?

What makes it difficult to **recruit** staff? Please select all that apply.

What makes it difficult to **retain** staff? Please select all that apply.

Which of the things below make it difficult for individuals in DeWitt County to get services when they need them? Please select all that apply and answer for substance use, mental health, and intellectual and developmental disabilities in their respective columns.

What needs do you see among the people you/your organization serve? Please select all that apply.

We want to know if there is interest in a place where people can go for up to 23 hours when they are experiencing a mental health crisis but are not a danger to themselves or others. Do you think our community needs this?

Survey Questions

Professionals Survey

Do you/your organization have infrastructure in place to share resources with other local providers?

When appropriate, how often do you/your organization use this infrastructure to share resources with other providers?

What types of resources do you share with other local providers?

Do you/your organization have infrastructure in place to share data on mutual clients?

When appropriate, how often do you/your organization use this infrastructure to share data on mutual clients?

Are you/your organization connected to IRIS (Integrated Referral and Intake System)?

Are you/your organization included in 211?

What is working well for service delivery in the community?

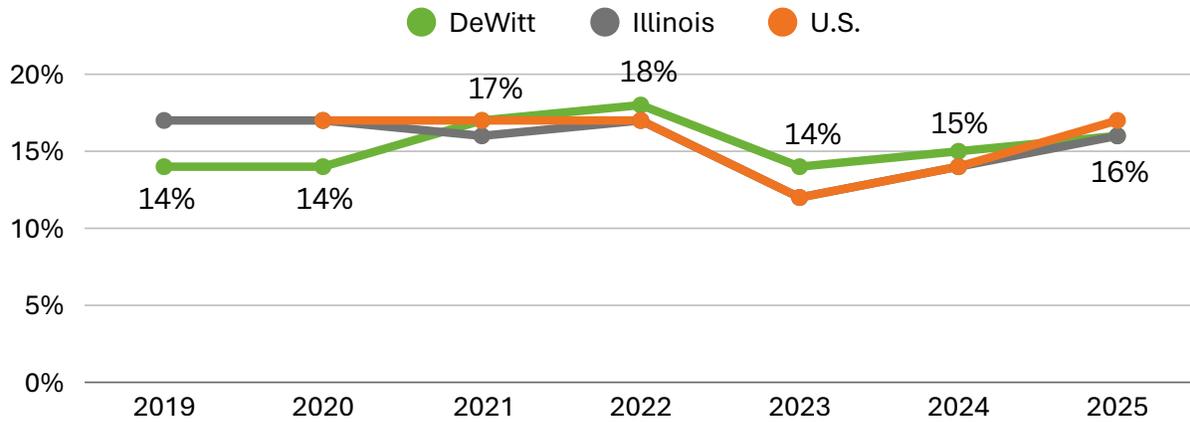
How can providers in the community work more effectively to provide services?

Which city/town do you work in (or is closest to you)?

If you would like to share additional thoughts or comments about the need for services in your community, difficulties in getting to services, or successes, please feel free to share those below.

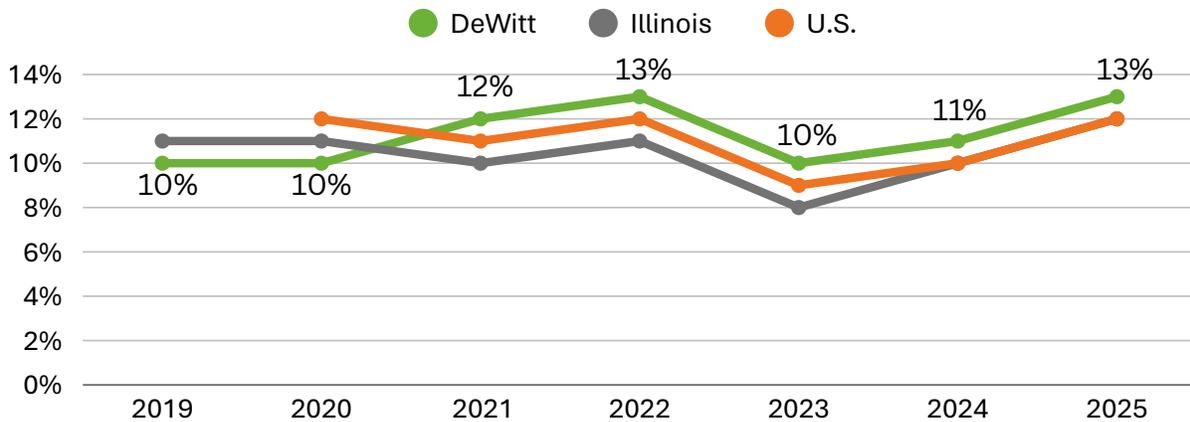
APPENDIX C: FIGURES

Figure 1. Poor or Fair Health 2019–2025



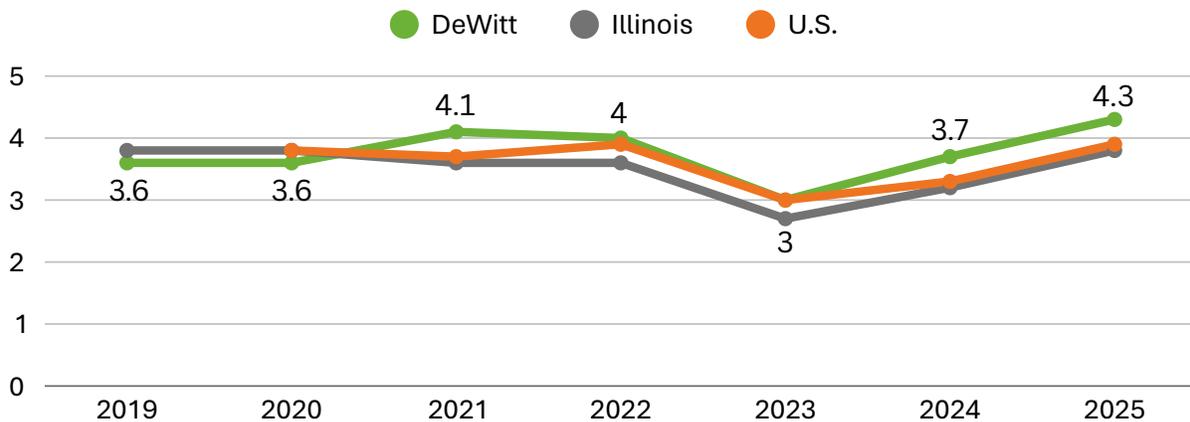
Source: County Health Rankings. (2025).

Figure 2. Frequent Physical Distress Reported 2019–2025



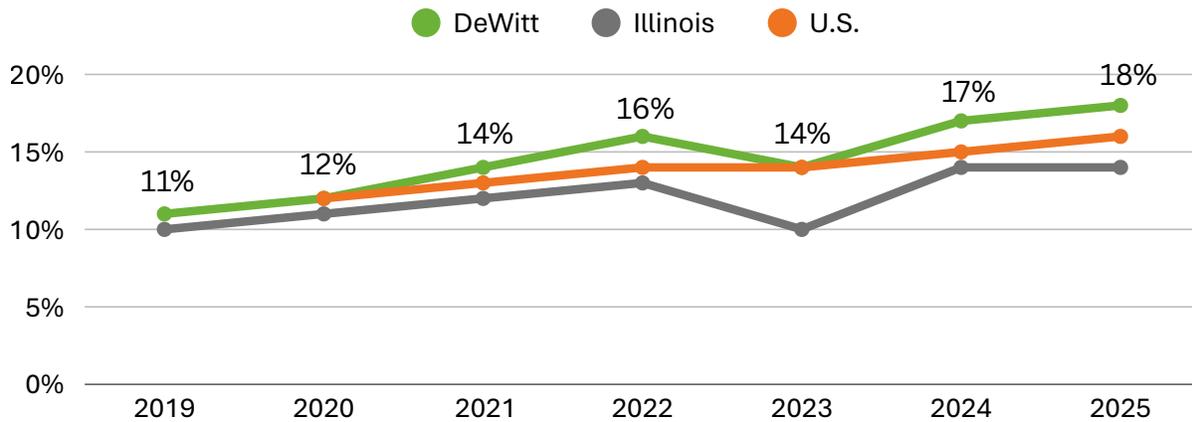
Source: County Health Rankings. (2025).

Figure 3. Poor Physical Health Days per Month 2019–2025



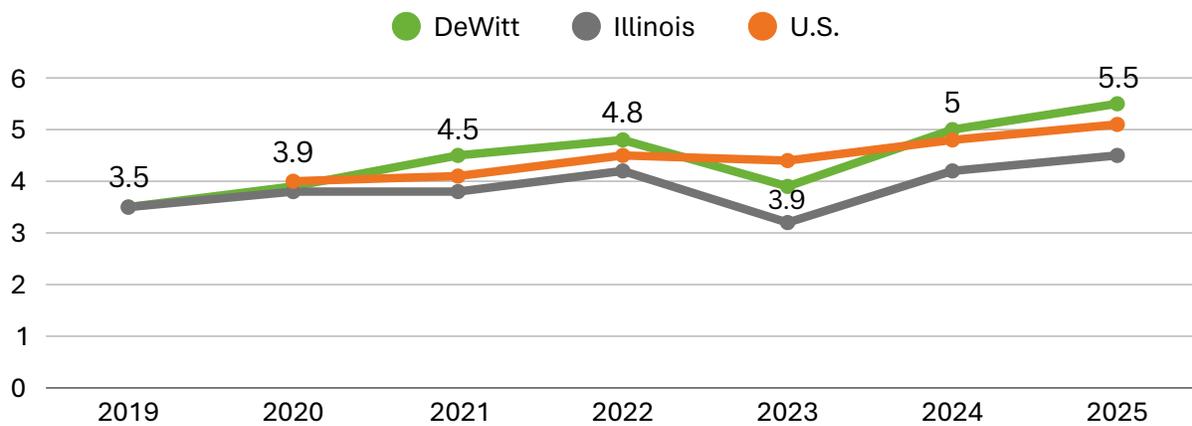
Source: County Health Rankings. (2025).

Figure 4. Frequent Mental Distress Reported 2019–2025



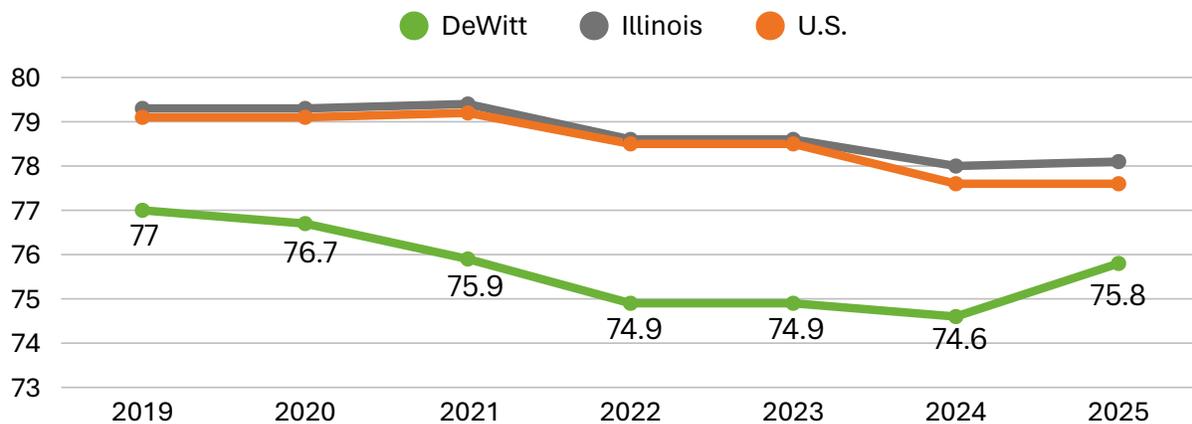
Source: County Health Rankings. (2025).

Figure 5. Poor Mental Health Days per Month 2019–2025



Source: County Health Rankings. (2025).

Figure 6. Average Life Expectancy (Years) 2019–2025



Source: County Health Rankings. (2025).

Figure 7. Needs of Self or Loved One - Community Survey

“Do you or a loved one have any of the following needs?”

(n = 53)

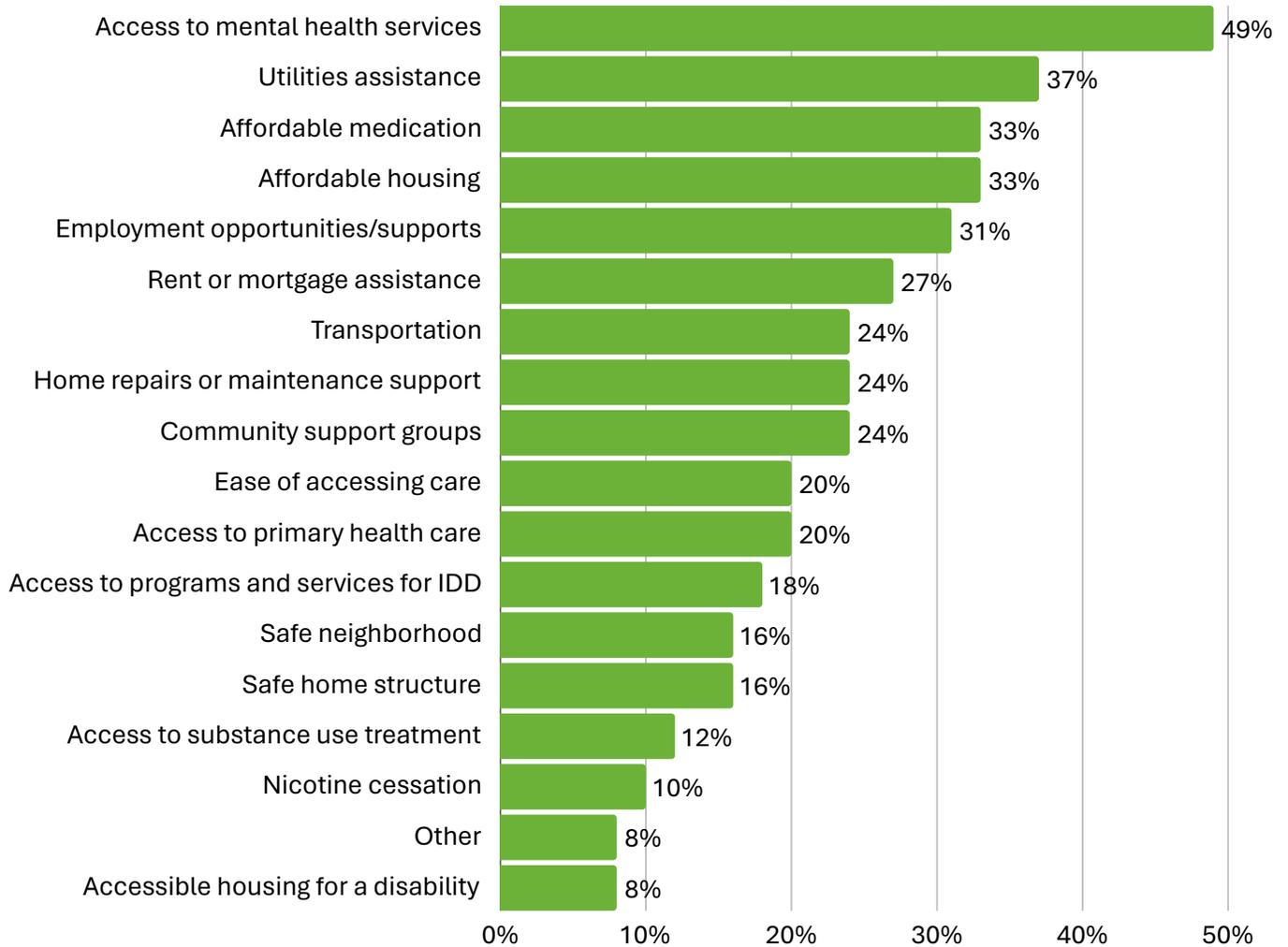


Figure 8. Barriers to Care - Community Survey

(n = 68)

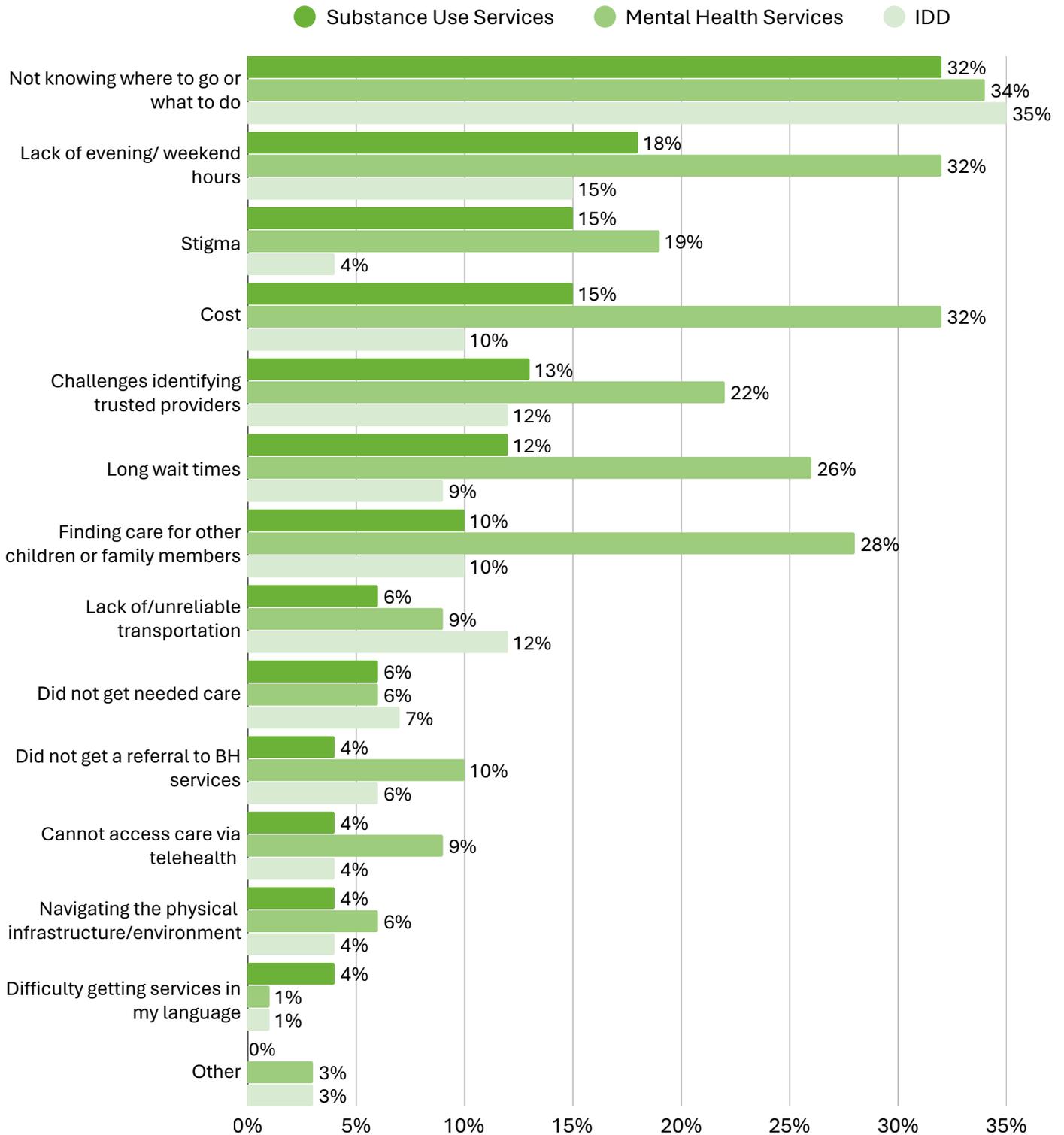


Figure 9. Barriers to Care - Professionals Survey

(n = 48)

● Substance Use Services ● Mental Health Services ● IDD

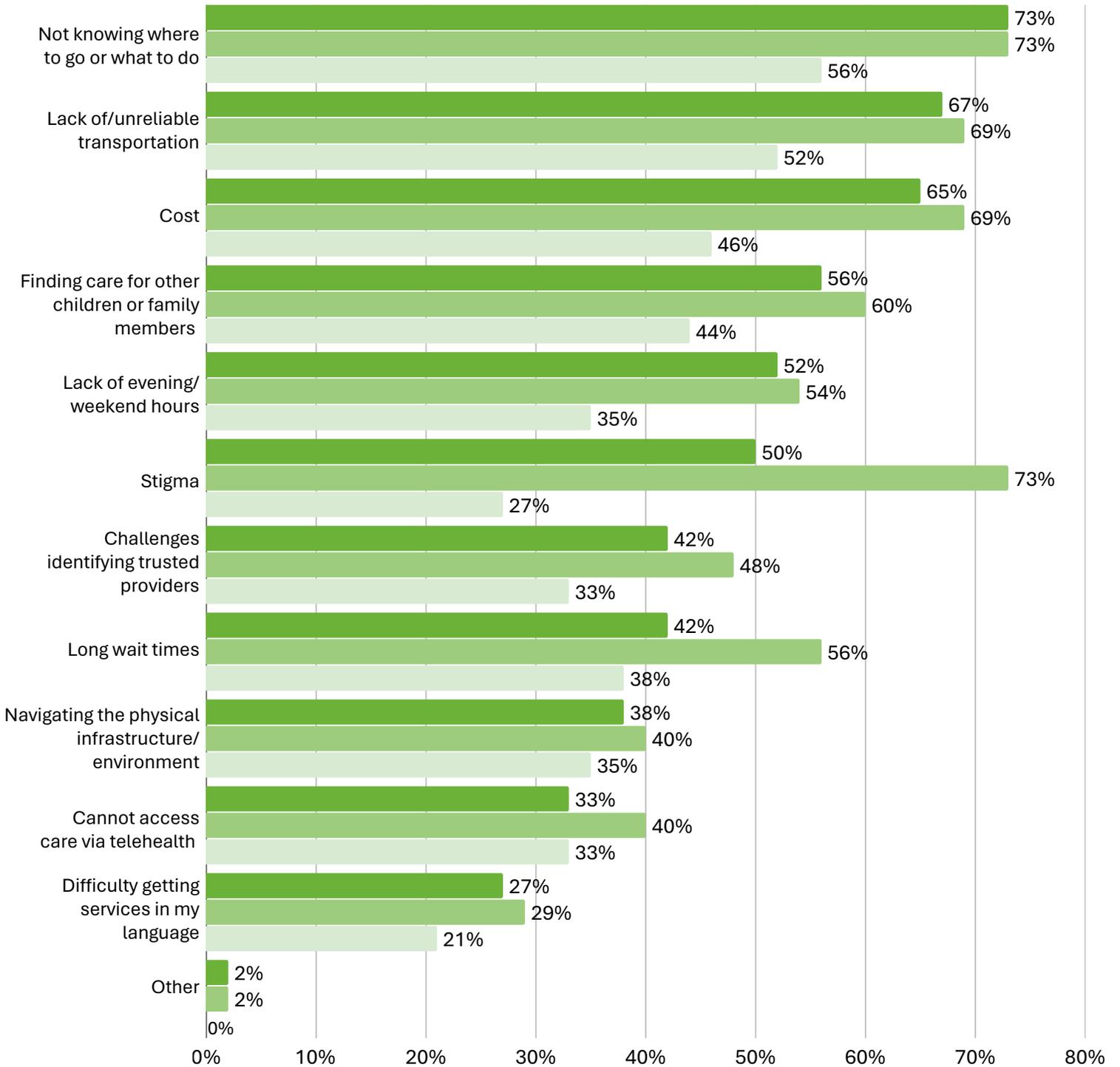


Figure 10. Awareness of How to Access Services - Community Survey

“Do you know where to get help if you/a loved one needs services?”

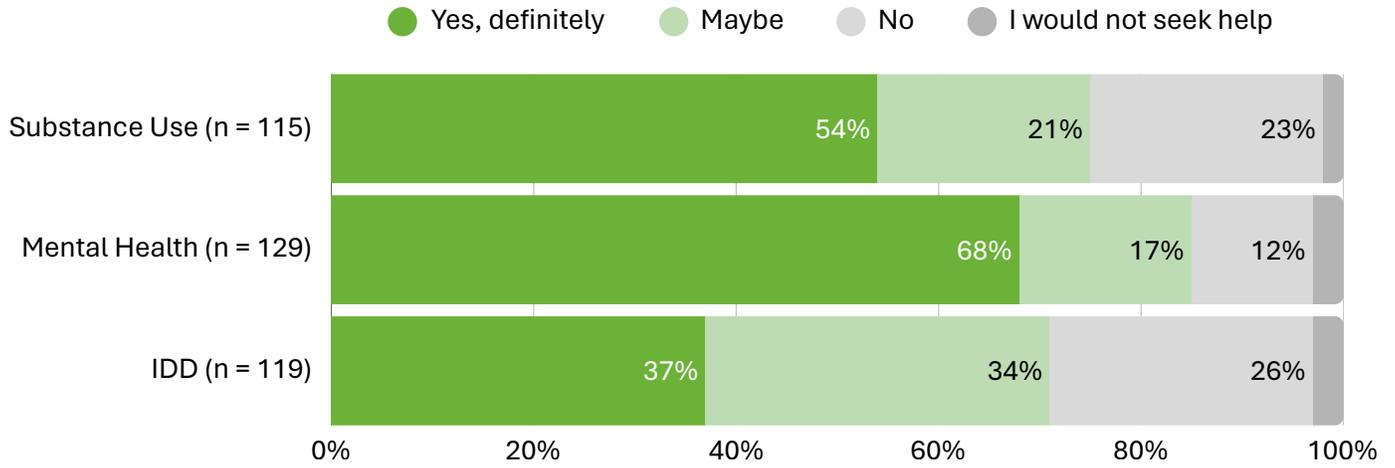


Figure 11. Reporting Need for Services - Community Survey

“Do you or a loved one need help getting the following supports or services?”
 (n = 120)

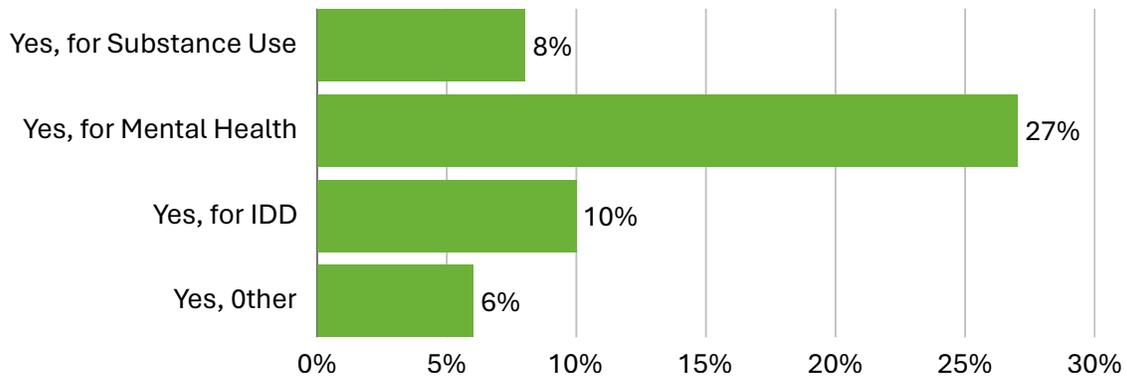
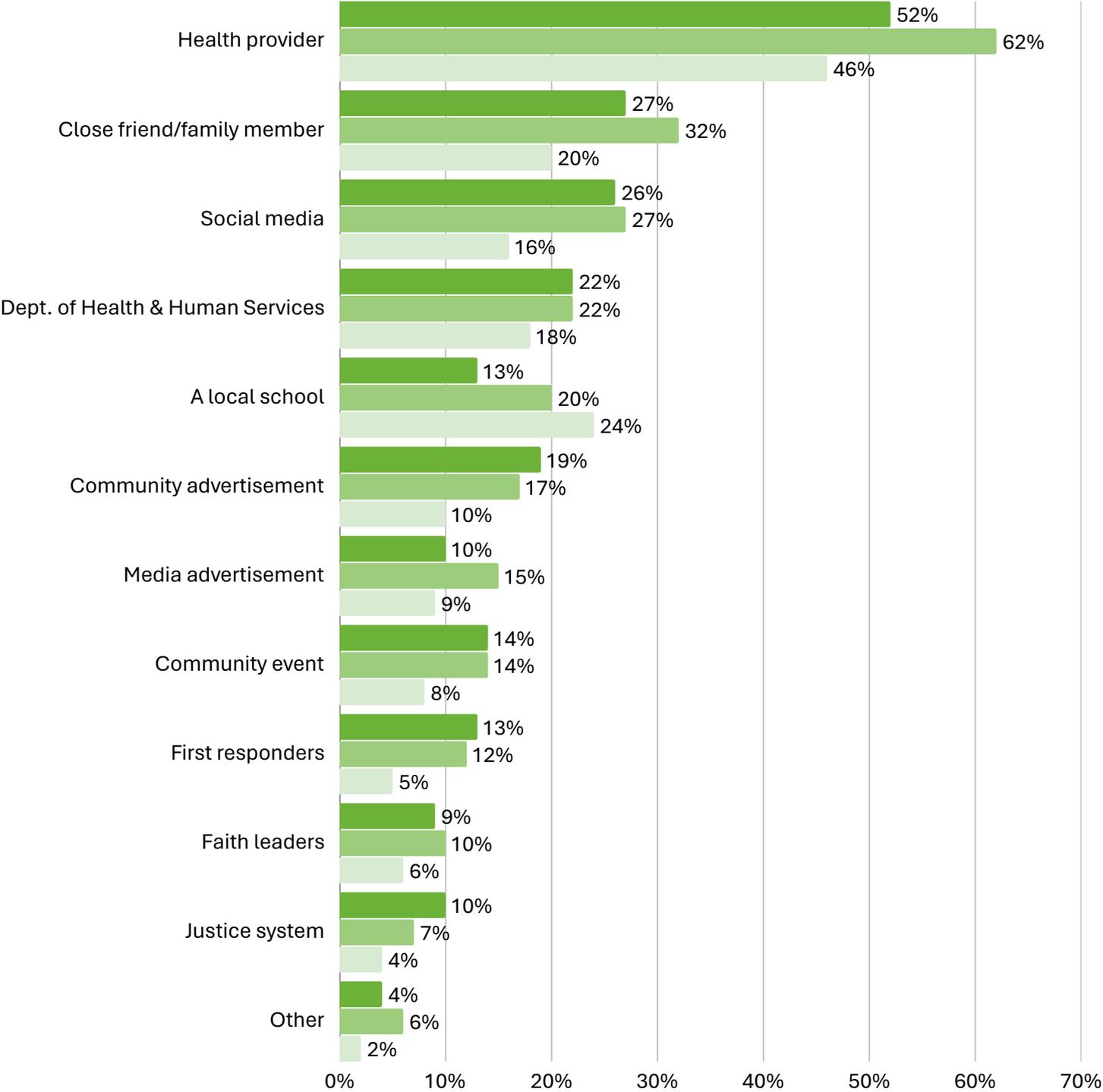


Figure 12. How Do You Find Out About Community Resources? - Community Survey

(n = 125)

● Substance Use Services ● Mental Health Services ● IDD



APPENDIX D: LOCAL RESOURCES

This is not an exhaustive list of health and human service organizations serving DeWitt County. The information is provided for reference only and may need to be updated. Please confirm details before relying on this information.

For immediate help:

Call 211 for information about services available to DeWitt County residents.

Call or text 988 to reach the 988 Suicide & Crisis Lifeline.

Dial 911 if you are experiencing a medical emergency.

Clothing		
Encore Thrift Store	1700 State Hwy 10, Clinton	(217) 935-2218
Farmer City Clothes Closet	701 E Clinton Ave, Farmer City	No phone available
Love It Once More	1044 E Jemima St, Clinton	(217) 731-4141
Emergency Housing/Homeless Services		
Community Action	1800 5th St, Lincoln	(217) 732-2159
Hope on 5th	200 5th St, Lincoln	Rhss2005th@gmail.com
Regional Office of Education #17	Student Assistance - McKinney Vento	Drew Goebel (217) 935-8321
Square 1 Prairieland Service Coord.	4857 US Rte 36 East, Decatur	(217) 433-0196
Food Pantries		
<i>Each food pantry has its own specific days/hours</i>		
DOVE, Inc.	803 W Leander St, Clinton	(217) 935-6619
Eastern IL Mobile Food Pantry	Mobile	(217) 328-3663
Farmer City Food Pantry	701 E Clinton Ave, Farmer City	(309) 824-9718
First Church of the Nazarene <i>Appointment required</i>	1220 Kleeman Dr, Clinton	(217) 935-9516
Neighborhood Care Center	309 W Main St, Clinton	(217) 935-6844

Subsidized Housing		
Arbor Apartments	999 State IL-10 West	(217) 762-2280
DeWitt County Housing Authority	100 S Railroad St, Clinton	(217) 935-8804
Kleeman Village (Encore Services)	1101 Kleeman Dr, Clinton	(217) 935-2218
Village Apartments	1610 E Main St, Clinton	(217) 935-6132
Senior Services		
Care Horizon - CCU office	304 N. Maple, Suite 202 Urbana	(877) 626-7911
CCSI Case Coordination, LLC <i>CPOE, Medicare SHIP counselor</i>	520 E Main St, Office #100, Clinton	(217) 518-8010
CCSI Case Coordination, LLC <i>Caregiver Advisory Services</i>	520 E Main St Office #100, Clinton	(309) 445-7098
DeWitt County Friendship Center	410 E Main St, Clinton	(217) 935-9411
Farmer City Outreach	710 E Clinton Ave, Farmer City	(309) 928-9400
Peace Meals - Congregate & Home Delivered		
Clinton: Friendship Center	410 E Main St, Clinton	(217) 935-9411
Farmer City: Santa Anna Township	819 N Main St, Farmer City	(309) 928-3321
OSF Peace Meal	Bloomington, IL	(833) 923-3905
Income Assistance		
DHS office - TANF, SNAP, Medicaid	1550 4th Street, Lincoln	(217) 735-2306
DHS Long Term Care Division - Medicaid		(217) 362-6500
Social Security Admin- SSI, SSDI	328 Susan Drive #100, Normal	(877) 405-4640

Rent & Utilities Assistance		
Clintonia Township <i>Residents only</i>	9180 Township Rd, Clinton	(217) 935-2506
Community Action LIHEAP	45 Cedar Square, Clinton	(217) 732-2159
DOVE Financial Assistance	803 W Leander St, Clinton	(217) 433-7435
Neighborhood Care Center	309 W Main St, Clinton	(217) 935-6844
Santa Anna Township	819 N Main St, Farmer City	(309) 928-3321
St. John's Catholic Church	502 N Monroe St, Clinton	(217) 935-3727
Warm Neighbors, Cool Friends (DOVE)	803 W Leander St, Clinton	(217) 433-7435
Legal Assistance		
Land of Lincoln Legal Assistance	1620 S Taylorville Rd, Decatur	(217) 859-7320
Home & Community-Based Services		
Care Horizon CCU	304 N. Maple, Suite 202 Urbana	(877) 626-7911
CCSI PEARLS Counseling	3601 GE Road, Bloomington	(309) 661-6400
Community Action Hands Up	45 Cedar Square, Clinton	(217) 732-2159
Department of Rehab Services (Disabled)	1065 W Pershing Rd, Decatur	(217) 875-8703
LIFE Center for Independent Living	2201 Eastland Dr# 1, Bloomington	(309) 663-5433
Prairieland Service Coordination, Inc	1670 South Taylorville Road, Decatur	(217) 362-6128
Veterans Administration - Decatur	3035 E Mound Rd, Decatur	(217) 875-2670
Transportation		
PIATTRAN - <i>Call 24 hours ahead</i>	1925 N Market St Monticello	(217) 762-7821
Dental Care		
DeWitt-Piatt Bi-County Health Department	5924 Revere Rd, Clinton	(217) 935-3427

Provider - Home & Community-Based Services		
Addus Healthcare	132 S Water St Suite 100, Decatur	(217) 428-1724
All Ways Caring	211 S Prospect Rd Ste #4, Bloomington	(309) 270-3409
Circle of Friends Adult Day Services	609 W Washington St, Champaign	(217) 359-7937
Help at Home	605 W Jefferson St, Springfield	(217) 753-0211
KTB Financial Services	1301 W Washington St, Bloomington	(309) 200-8664
Lifeline EHRS		(800) 635-6156
M & T Group/Central IL Cares Services	1110 W Arbor Ste B, Decatur	(217) 330-8583
Medical		
DeWitt-Piatt Bi-Country Health Department	5924 Revere Rd, Clinton	(217) 935-3427
Farmer City Health Clinic	1230 George Rock Dr, Farmer City	(309) 928-9192
Haven Nursing Home	404 Brookview Dr, Farmer City	(309) 928-2118
Heritage Behavioral Health Center	140 Sunrise Court, Clinton	(217) 570-0900
Goldwater Care- LTC, Rehab, SLF	1 Park Lane West, Clinton	(217) 935-8500
OSF Physician Office	1231 Kleeman Dr, Clinton	(217) 935-5022
Warner Hospital and Health Services Family Medicine Clinic	422 W White St, Clinton	(217) 937-5284
Warner Hospital & Health Services	422 W White St, Clinton	(217) 935-9571

Medical Equipment - Loan Program		
AmVets - Clinton	302 N Monroe St. Clinton (Ed Beck)	(217) 848-1131
American Legion - Farmer City	755 Strensel Dr, Farmer City	(309) 928-3055
Life Center for Independent Living	2201 Eastland Dr Ste #1, Bloomington	(309) 663-5433
Emergency Numbers		
Adult Protective Service Hotline	Hotline	(866) 800-1409
CHELP Adult Protective Services	2545 Millikin Parkway, Decatur	(217) 422-9888
DeWitt Co Sherriff Department	101 W Washington St, Clinton	(217) 935-3196
Non-Emergency	101 W Washington St, Clinton	(217) 935-9507
Scam Hotline	101 W Washington St, Clinton	(217) 935-7867
DOVE, Inc - Domestic Violence	803 W Leander St, Clinton	(217) 935-6619
Farmer City Police Non-Emergency	105 S. Main St, Farmer City	(309) 928-2111
Growing Strong - Sexual Assault Center	270 W Prairie Ave, Decatur	(217) 428-0770
211 Illinois	Call Line	211
National Suicide & Crisis Lifeline	Call Line	988
Veterans Crisis Line	Call Line	988
Illinois Help Line	Text HELP to 833234	(833) 234-6343
Illinois Warm Line		(866)359-7953

Behavioral Health Treatment & Recovery Services		
Heritage Behavioral Health Center - Clinton	140 Sunrise Court, Clinton	(217) 570-0900
Heritage Behavioral Health Center - Decatur	2965 North Main Street D, Decatur	(217) 362-6262
Alcoholics Anonymous	Neighborhood Care Center, 309 West Main, Clinton Wednesdays at 12:00 PM 718 West Woodlawn, Clinton Saturdays at 7:00 PM	(309) 828-7092
Narcotics Anonymous	First Christian Church, 100 North Jackson Street, Clinton Thursdays at 6:30 PM beginning 3/5/2026	(217) 428-4672
DeWitt County Recovery Oriented System of Care (ROSC)	ROSC Groups: Trinity Community Fellowship, 1300 W Clinton Ave, Farmer City Sundays at 6:00 PM First Christian Church, 100 North Jackson Street, Clinton Thursdays at 4:00 PM	(217) 762-5371
Crossing Healthcare	320 Central Avenue, Decatur	(217) 877-9117
Kirby Medical Center	1000 Medical Center Drive, Montichello	(217) 762-2115
Chestnut Health Systems	1003 Martin Luther King Jr Drive, Bloomington	(309) 827-6026
Rosecrance on Moreland	2302 Moreland Boulevard, Champaign	(866) 330-8729
Gateway Foundation	2323 Stevenson Dr, Springfield	(217) 387-8863
Springfield Treatment Center	1227 S 9 th St, Springfield	(217) 679-1406

Volunteer Opportunities		
Retired Senior Volunteer Program	803 W Leander St, Clinton	(217) 935-2241
Support Groups		
CCSI Case Coordination LLC & Warner Hospital Alzheimer Assoc Support Group	(309) 445-7098/ (217) 937-5275	
CCSI Case Coordination LLC Family Caregiver Support Group	(309) 445-7098/ (217) 206-0705	
CCSI Case Coordination LLC Grandparent/Relatives Raising Children Support Group	(309) 445-7098	
CCSI Case Coordination LLC/Warner HHS Wellness Center Memory Cafe	(309) 445-7098	
Additional Resources		
DeWitt County Help Book	https://www.dewittpiatthealth.com/file/194/DeWitt%20Help%20Book%2010-30-25.pdf	

APPENDIX E: MCLEAN COUNTY CNA FINDINGS

In this appendix, we summarize findings from the 2025 McLean County Community Health Needs Assessment (CNA), a joint report developed by the McLean County Health Department, OSF St. Joseph Medical Center, Carle BroMenn Medical Center, and Chestnut Family Health Center.⁵⁵ The CNA combined detailed secondary data with a 2024 community health survey of 684 residents to assess local health status, disparities, access barriers, and community perceptions of health needs. Its purpose was to guide collaborative planning and the development of the 2026–2028 McLean County Community Health Improvement Plan. In describing the community, the CNA highlights McLean County’s demographic characteristics and socioeconomic context. The county’s population is roughly 171,324 residents, and an estimated 13% live below the federal poverty line. About 10% of people report experiencing food insecurity, and nearly 29% of adults (20 years and older) are obese. Survey respondents identified access to healthcare (21%), affordable clean housing (15%), and job opportunities (11%) as the top factors that would improve overall well-being.

Although McLean County ranks second in the state for clinical care by objective measures, barriers remain significant at the community level. Survey data show that 24% of respondents reported not having access to dental care, and 8% of at-risk residents reported using the emergency department as their primary source of care, compared with 3% of the general population. Cost, long wait times, and lack of insurance were the most cited reasons for not accessing medical services.

The CNA highlighted how environmental factors shape health behaviors and outcomes. Nearly 10% of residents experience food insecurity, reflecting disparities in food access despite the county's overall resources. Only 9% of adults met the daily fruit and vegetable intake recommendations, and 88% did not meet the recommended exercise guidelines (150 minutes per week). These patterns are tied not just to individual behavior but to broader conditions such as transportation availability, affordable housing quality, and neighborhood design.

Mental health findings highlighted both community perceptions and measurable trends. In the community health survey, 19% of respondents rated their own mental health as poor, whereas 62% described it as average and 19% as good. The CNA draws particular attention to acute mental health needs among adolescents; McLean County averages 191 emergency room visits per 10,000 youth (ages 10–17) for suicide and self-inflicted injury. This is nearly double the Illinois average of 98.9 visits per 10,000.

⁵⁵ McLean County Health Department, Carle BroMenn Medical Center, Chestnut Health Systems, & OSF St. Joseph Medical Center. (2025). *2025 McLean County Community Health Needs Assessment*.

Substance use indicators echoed the behavioral health priorities identified in the assessment. The substance use prevalence data in the report reflected community concerns that alcohol and drug use are contributors to emergency room visits and chronic health outcomes. The CNA data showed higher rates of emergency room visits for alcohol use and opioid involvement relative to state benchmarks, and community survey feedback indicated persistent challenges in accessing substance use treatment and harm reduction resources. These trends help explain why behavioral health, including substance use, is consistently prioritized by both survey respondents and stakeholder groups.

The prioritization process described in the CNA brought together community perceptions and objective measures. When asked which issues most affect health and quality of life, survey respondents and stakeholder partners repeatedly ranked access to care and behavioral health challenges as the top concerns. In the prioritization meetings, McLean County Community Health Council members considered six significant health needs: access to care, behavioral health (mental health and substance use), chronic disease, healthy eating/active living, infectious diseases, and oral health. From that list, the council selected three priorities for focused action in the 2026–2028 Community Health Improvement Plan: access to care, behavioral health, and healthy eating/active living. These priorities reflect both community voices and data patterns.

Taken as a whole, the 2025 McLean County CNA reveals a community that is resourceful and engaged yet facing persistent challenges. Access to clinical care remains constrained by cost, wait times, and insurance coverage. Social determinants of health, such as obesity, physical inactivity, and food insecurity, interact with these barriers to amplify chronic disease risk and diminish quality of life. Behavioral health indicators, especially those related to youth mental health and substance use, stand out as pressing areas for collaborative intervention.

APPENDIX F: LIVINGSTON COUNTY CNA FINDINGS

The Community Health Needs Assessment for Livingston County provided a detailed look at the community's overall health, combining resident survey responses with secondary data. The assessment reflected that Livingston County still faces meaningful gaps, particularly in access to care, behavioral health, and the burden of chronic disease.⁵⁶

Access to healthcare was one of the most consistent themes across the assessment. Most residents reported seeking care at a clinic or physician's office when they were ill, with a smaller group relying on urgent care facilities. Insurance coverage was generally strong, with most residents enrolled in employer-sponsored or commercial plans, and a smaller portion covered by Medicare or Medicaid. Only a small percentage reported being uninsured. Even so, coverage did not automatically translate into access. Some residents described being unable to obtain needed medical care, prescription medications, dental services, or counseling within the past year. Cost was an issue for some, while others pointed to long wait times or difficulty securing appointments. These challenges were not evenly distributed. Residents with lower income, lower educational attainment, or unstable housing reported greater difficulty navigating the system, suggesting that access barriers were closely tied to broader social and economic conditions.

Food insecurity appeared limited overall, but it had not disappeared. Most respondents reported that they or their families never went hungry. Still, a small percentage acknowledged going hungry one to two days per week. Patterns in the data showed that food insecurity was more likely among residents with lower income and education levels, those facing housing instability, and certain racial and ethnic minority groups. In other words, hunger was not widespread across the county, but where it existed, it was concentrated. Stakeholders rated both their physical and mental health positively. However, some described their physical or mental health as poor. Compared to earlier assessments, perceptions of mental health had improved slightly. More than half of respondents reported no recent depression or anxiety, and many said they had spoken with someone, like a friend or family member, about mental health concerns. That willingness to talk may signal reduced stigma or greater awareness. Even so, some residents continued to report difficulty accessing counseling services, underscoring the gap between recognizing a need and being able to meet it.

⁵⁶ OSF HealthCare. (2024). Livingston County community health needs assessment. OSF HealthCare.

Tobacco use showed signs of progress, though not without new concerns. Adult cigarette smoking had declined compared to prior years, with most respondents indicating they did not smoke. At the same time, vaping had increased and was emerging as a more visible issue, particularly among younger populations. While traditional cigarette use was decreasing, nicotine use overall had not necessarily followed the same trajectory. As with other health behaviors, tobacco and vaping use were more common among residents experiencing economic hardship or housing instability, reinforcing the broader connection between social determinants and health outcomes.

Substance use trends were somewhat mixed. Most adults reported that they did not consume alcohol on a typical day, and only a small percentage acknowledged misuse of prescription medications or illegal drugs. Youth data suggested that substance use rates were generally below state averages in Illinois, though there were exceptions. Cigarette and marijuana use among 8th graders were slightly higher than statewide peers, raising concerns about early exposure and the long-term risks associated with early initiation. While overall prevalence remained relatively low, these early patterns highlighted the importance of sustained prevention efforts.

Residents most frequently identified overweight status and depression or anxiety when asked about personal health conditions. Other chronic illnesses—such as diabetes, heart disease, asthma/COPD, and allergies—were reported less often in self-identification data, though secondary sources confirmed that chronic disease remained a significant issue in the county. Obesity rates had continued to climb, and diabetes prevalence was increasing. Lung cancer incidence exceeded state averages, and the leading causes of death included heart disease, cancer, and chronic lower respiratory disease. One of the more concerning findings involved injury data: suicide rates in Livingston County were higher than the Illinois average. This disparity reinforced earlier survey findings related to mental health and suggested that behavioral health services and suicide prevention efforts warranted sustained attention.

When asked to consider the community, residents most often pointed to chronic pain, mental health conditions, cancer, and obesity as serious health problems. They identified illegal drug use, alcohol abuse, and smoking as leading unhealthy behaviors affecting the community. Access to healthcare was ranked as the factor with the greatest influence on overall well-being. This perception aligned closely with the quantitative data, which repeatedly highlighted access challenges despite high insurance coverage.



DEWITT COUNTY
MENTAL HEALTH BOARD

