# 2023-2025 COMMUNITY HEALTH IMPROVEMENT PLAN

MCLEAN COUNTY/ILLINOIS
2024 PROGRESS REPORT











## **Executive Summary**

Carle BroMenn Medical Center, Chestnut Health Systems, the McLean County Health Department and OSF St. Joseph Medical Center, with the guidance of the McLean County Community Health Council, collaborated to produce two joint reports: the 2022 McLean County Community Health Needs Assessment (CHNA) and the 2023 – 2025 McLean County Community Health Improvement Plan (CHIP). The 2022 joint CHNA resulted in the identification of three health priorities: 1) behavioral health, including mental health and substance use; 2) access to care and, 3) healthy eating/active living. Previous efforts also resulted in joint CHNAs in 2016 and 2019 and joint CHIPs for 2017 – 2019 and 2020 – 2022.

The purpose of the 2023 - 2025 McLean County CHIP is to improve the health of McLean County residents by developing and maintaining partnerships to implement community health improvement plan interventions, working together to encourage health and healthcare access awareness and fostering systemic approaches that will improve the health and well-being of county residents and the community.

The development and implementation of the 2023 – 2025 McLean County CHIP was due in large part to the three priority action teams, one team for each of the three health priorities identified in the 2022 CHNA: behavioral health, access to care, and healthy eating/active living (HEAL). Each priority action team has between 20 and 40 members representing key stakeholders for the identified health priority.

Throughout 2024, McLean County stakeholders worked together to implement the improvement plan and to support related efforts. This progress report reflects progress made on implementing the intervention strategies and achieving the process indicators outlined in the plan in 2024.

The 2024 progress report for the 2023 – 2025 McLean County Community Health Improvement Plan that follows, identifies the progress of the strategies and interventions outlined in the improvement plan for all three health priorities.

## McLean County 2023 – 2025 Community Health Improvement Plan 2024 Progress Report: Access to Care

## **HEALTH PRIORITY: ACCESS TO CARE**

**GOAL:** Advance and advocate for equitable and affirming access to care and other resources, which address social determinants of health, to improve the health and well-being of our diverse community by 2026.

Related Social Determinants of Health: Access to Care; Housing Instability/Quality of Housing; Transportation, Employment

OUTCOME OBJECTIVE: By 2026, reduce the percentage of individuals utilizing McLean County hospital emergency rooms for non-emergent conditions.

## **Baseline**

• 16% of McLean County residents identified as "at risk" (Medicaid Population) reported the emergency department as their choice of medical care (McLean County Health Survey, 2021).

## State Health Improvement Plan (SHIP) 2021 Alignment

- Build upon and improve local system integration.
- Improve the opportunity for people to be treated in the community rather than in institutions.
- Assure accessibility, availability, and quality of preventive and primary care for all women, adolescents, and children, including children with special health care needs, with a focus on integration, linkage, and continuity of services through patient-centered medical homes.
- Increase community-clinical linkages to reduce chronic disease

THREE YEAR MEASURES	STRATEGIES and INTERVENTIONS	ANNUAL EVALUATION MEASURES	PROGRESS IN CY 2023	
IMPACT OBJECTIVE #1:	STRATEGY 1: SUPPORT ASSERTIVE LINKAGE NAVIGATION/ENGAGEMENT PROGRAMS WHICH LINK LOWER INCOME			
By 2026, decrease the number of	COMMUNITY MEMBERS WITH A MEDICAL HOME	AND INSURANCE COVERAGE.		
McLean County residents identifying the emergency department as	Intervention 1.1: Coordinating Appropriate Access to Comprehensive Care (CAATCH)	Intervention 1.1: Process Indicators	Intervention 1.1 Outcomes:	
choice of medical care. BASELINE DATA	Program	# of patients served through the CHCC CAATCH Program	<ul><li>2024: 4 patients</li><li>2023: Not Available</li></ul>	

•	16% of the at-risk population
	Identified the emergency room
	as their primary choice of
	medical care (McLean County
	Community Health Survey,
	2021).

 4% of the general population identified the emergency room as their primary choice of medical care (McLean County Community Health Survey, 2021). The CAATCH program is an emergency room navigation program for navigators and/or care coordinators to engage those without a primary care home.

#### Evidence:

http://www.healthycommunityalliance.org/promisepractice/index/view?pid=30259

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/medical-homes

(baseline: 248 patients in CY 2021)

Intervention 1.1: Outcome
Indicators

- 30-day hospital readmission rate for CAATCH patients (baseline: zero for CY 2021)
- CAATCH patient emergency department use (baseline: 89% reduction in CY 2021)
- Yearly estimated cost savings from CAATCH (baseline: \$1,116,000 in CY 2021)

• 2024: Not Available 2023: Not Available

- 2024: Not Available 2023: Not Available
- 2024: Not Available 2023: Not Available

# <u>Intervention 1.2</u>: Medicaid Innovation Collaborative's (MIC) Medicaid Transformation Project.

This project introduces a community health worker training curriculum and funds community health workers who will focus on reducing health equity barriers in the community via proactive field engagement and providing connection to primary care medical homes, assistance with Medicaid or Marketplace enrollment and increased access to digital health interventions.

## Intervention 1.2: Process Indicators

- # of community members connected with a medical home (baseline: to be established)
- # of community members receiving SDOH screening and intervention (baseline: to be established)

## Intervention 1.2 Outcomes:

- 2024: 207 community members
   2023: 54 community members
- 2024: 154 community members
   2023: 49 community members

# Intervention 1.2: Outcome Indicators Not Available Intervention 1.2: Outcome Indicators Not Available Not Available

Intervention 1.3: Process
Indicators

Intervention 1.3 Outcomes:

Intervention 1.3: Utilize trained professionals and community health workers to assist McLean County residents who have no insurance coverage in enrolling in either Medicaid, Medicare or a Marketplace product.	•	# of community members receiving assistance with Medicaid, Medicare or Marketplace enrollment (baseline: to be established) # of community members enrolled in Medicaid, Medicare or Marketplace (baseline: to be established)	•	2024: 88 community members (Chestnut Health Systems) 2023: 55 community members  2024: Total of 94 community members; 88 community members (Chestnut Health Systems), 6 community members (Carle Health) 2023: Total of 47 community members; 21 community members – Chestnut Health Systems, 26 community members – Carle Health
	Int	# of community members who have completed the CMS and State of IL Certified Application Counselor trainings and obtained certification (baseline: to be established)  ervention 1.3: Outcome licators  Not Available		2024: 9 community members (Chestnut Health Systems ) 2023: 4 community members (Chestnut Health Systems )  tervention 1.3: Outcome dicators  Not Available

## **IMPACT OBJECTIVE #2:**

By 2026, increase the number of McLean county residents indicating they have access to a dentist.

#### **BASELINE DATA**

- 45% of respondents reported "no insurance" as their reason for inability to access dental care (McLean County Community Health Survey, 2021).
- 37% of respondents reported "could not afford co-pay" as their reason for inability to access dental care (McLean County Community Health Survey, 2021).

## STRATEGY 2: INCREASE THE CAPACITY OF ORGANIZATIONS PROVIDING DENTAL SERVICES TO LOW-INCOME RESIDENTS OF MCLEAN COUNTY.

Intervention 2.1: Increase the number of fulltime equivalents (FTE) of dentists and hygienists available to serve low-income McLean County residents. Note FTE includes volunteer dentists and hygienists.

#### Evidence:

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/allied-dental-professional-scope-of-practice

## Intervention 2.1: Process Indicators

 # of clinical full-time equivalent (FTE) dentists and hygienists working with lower income McLean County residents (baseline: 1.5 FTE dentist and 1.6 FTE hygienists established BY 2021)

## **Intervention 2.1 Outcomes:**

- 2024: 1.0 FTE dentist / 3.0 FTE hygienist (Chestnut Family Health Center)
   2023: 0.0 FTE dentist / 0.0 FTE hygienist (Chestnut Family Health Center)
- 2024: 0.8 FTE dentist / 0.9
   FTE hygienist McLean
   County Health
   Department)
- 2023: 0.7 FTE dentist / 0.95 hygienist (McLean County Health Department)
- 2024: 0.13 FTE dentist /
   1.0 FTE hygienist (Community Health Care Clinic)
- 2023: Not Available (Community Health Care Clinic)
- # of patients served and # of unique visits through the Community Health Care Clinic (baseline: 604 patients and 1,466 visits in CY 2021)
- 2024: 189 patients / 927 visits

2023: Not Available

	# of patients served and # of unique visits through the McLean County Health Department (baseline: 2,397 visits in CY 2021)	<ul> <li>2024: 2,600 visits</li> <li>2023: 1,178 patients / 2,721 visits</li> </ul>
	# of patients served and unique visits through Chestnut Family Health Center (baseline: to be established)	• 2024: 673 patients / 1,451 visits (05/01 – 12/31) 2023: 0 patients / 0 unique visits
Intervention 2.2: Expand performance of	Intervention 2.1: Outcome Indicators  Not available	Intervention 2.2 Outcomes
Intervention 2.2: Expand performance of fluoride application in Pediatric and Primary Care Settings serving low-income pediatric McLean County residents  Evidence: https://pediatrics.aappublications.org/content/1 15/1/e69	Intervention 2.2: Process Indicators  • # of primary care/ pediatric practices performing fluoride applications in the primary care/ pediatric settings (baseline: 3 practices - Carle Pediatrics and Family Medicine and OSF Medical Group Pediatrics established in CY 2021).	2024: 5 practices (Carle Pediatrics Bloomington and Carle Family Medicine Normal, OSF Medical Group Pediatrics, Chestnut Family Health Center)     2023: 3 practices (Carle Pediatrics Bloomington and Carle Family Medicine Normal and OSF Medical Group Pediatrics)
	# of pediatric patients receiving fluoride applications in the primary care/pediatric settings (baseline: 776 patients – 501 Carle Pediatrics	2024: Total of 1,694     patients; 647 patients     (Carle Pediatrics     Bloomington and Carle     Family Medicine Normal)

		and 275 OSF Pediatrics) established in CY 2021).	<ul> <li>and 1,047 patients (OSF St. Joseph Medical Center)</li> <li>2023: Total of 735 patients; 460 patients (Carle Pediatrics Bloomington and Carle Family Medicine Normal) and 275 patients (OSF Pediatrics)</li> </ul>
		Intervention 2.2: Outcome  Measures  Not Available	
	Intervention 2.3: Expand performance of Caries Risk Assessments in Pediatric and Primary Care Settings serving low-income pediatric McLean County residents	Intervention 2.2: Process Indicators  • # of pediatric patients receiving Caries Risk Assessment in the primary care setting at Chestnut Family Health Center (baseline: to be established)  • # of primary care/ pediatric practices performing Caries Risk Assessments on pediatric	<ul> <li>Intervention 2.3 Outcomes:</li> <li>2024: 25 patients         <ul> <li>2023: 4 patients</li> </ul> </li> <li>2024: 1 practice (Chestnut Family Health Center)         <ul> <li>2023: 1 practice (Chestnut</li> </ul> </li> </ul>
		patients (baseline:to be established)  Intervention 2.2: Outcome Measures  TBD	Family Health Center)
IMPACT OBJECTIVE #3:	STRATEGY 3: INCREASE SERVICE DELIVERY MODEL INCREASE ACCESS AND AVAILABILITY OF COMMURESIDENTS.		

By 2026, decrease the number of	Intervention 3.1: Continue providing patients	Intervention 3.1: Process	Intervention 3.1 Outcomes:
McLean County residents indicating	with options for virtual visits to support	<u>Indicators</u>	
<ul> <li>3% of survey respondents indicated that they do not seek care when asked to choose the type of healthcare they use when they are sick.</li> </ul>	community members in accessing care.  Evidence: <a href="http://www.healthycommunityalliance.org/promisepractice/index/viw?pid=3230">http://www.healthycommunityalliance.org/promisepractice/index/viw?pid=3230</a>	# of organizations offering virtual health services (baseline: 4 established in CY 2021).	2024: 3 organizations     (Carle BroMenn Medical     Center, Chestnut Health     Systems, OSF St. Joseph     Medical Center)     2023: 4 organizations     (Carle BroMenn Medical     Center, Chestnut Health     Systems, Community     Health Care Clinic, OSF St.     Joseph Medical Center)
		# of unduplicated patients and # of unique virtual visits provided through Chestnut Family Health Center for primary care services (baseline of 714 unduplicated patients received 1,036 virtual primary care services in CY 2021).	• 2024: 372 virtual visits (142 patients) 2023: 23 virtual visits (19 patients)
		# of unduplicated patients and unique virtual visits provided through The Community Health Care Clinic (baseline: 647 unduplicated patients received 1,627 virtual visits in CY 2021)	• 2024: 0 patients / 0 visits 2023: Not Available
		# of visits for adults and pediatric patients provided through OSF Healthcare (baseline of 14,808 total virtual visits provided – 14.038	2024: 9,360 virtual visits (8,711 adults and 649 pediatrics)

	for adults and 770 for pediatric patients in CY 2021)	• 2023: 6,427 virtual visits (6,041 adults and 386 pediatrics)
	<ul> <li># of unique virtual visits         provided by Carle Health         (baseline of 75% of the 4,351         visits at Carle BroMenn Family         Health Clinic were provided         virtually in CY 2020. Baseline         for Carle Health is to be         established.</li> </ul>	<ul> <li>2024: 1,687 virtual visits         (1,216 patients)</li> <li>2023: 1,308 virtual visits</li> </ul>
	Intervention 3.1: Outcome	
	<u>Indicators</u>	
	Not available	
Intervention 3.2: Expand the use of mobile	Intervention 3.2: Process	Intervention 3.2 Outcomes:
health in McLean County.	<u>Indicators</u>	
Evidence:	<ul> <li># of organizations with mobile units (baseline: to be</li> </ul>	• <b>2024:</b> 3 organizations (Carle BroMenn Medical
The scope and impact of mobile health clinics in	established)	Center, Chestnut Health
the United States: a literature review - PMC		Systems, McLean County
(nih.gov)		Health Department)  2023: 3 organizations
Carle Foundation Hospital :: Promising Practices ::		(Carle BroMenn Medical Center, Chestnut Health
-		-
Care-A-Van Mobile Medical Clinic (thehch.net)		Systems, McLean County
Care-A-Van Mobile Medical Clinic (thehcn.net)		Systems, McLean County Health Department)
Care-A-Van Mobile Medical Clinic (thehch.net)	# of sites hosting mobile	*
Care-A-Van Mobile Medical Clinic (thehch.net)	clinics (baseline: to be	Health Department)  • 2024: 43 sites; 27 sites (Chestnut Health
Care-A-Van Mobile Medical Clinic (thehch.net)	G	<ul> <li>Health Department)</li> <li>2024: 43 sites; 27 sites (Chestnut Health Systems), 6 sites (Carle</li> </ul>
Care-A-Van Mobile Medical Clinic (thehch.net)	clinics (baseline: to be	<ul> <li>Health Department)</li> <li>2024: 43 sites; 27 sites         (Chestnut Health         Systems), 6 sites (Carle         BroMenn Medical Center),</li> </ul>
Care-A-Van Mobile Medical Clinic (thehch.net)	clinics (baseline: to be	<ul> <li>Health Department)</li> <li>2024: 43 sites; 27 sites (Chestnut Health Systems), 6 sites (Carle</li> </ul>

Intervention 3.3: Chestnut Health Systems, through their work as a partner of the Medicaid Innovation Collaborative (MIC), will proactively connect Chestnut Family Health Center patients and community members covered under IL Medicaid to the OSF On-Call suite of services focused on introducing use of supportive technology devices and services to compliment	Intervention 3.2: Outcome Indicators  Not available Intervention 3.3: Process Indicators  # of Chestnut Family Health Center patients connected with an OSF On-Call product (baseline: establish).  # of McLean County residents with IL Medicaid connected	<ul> <li>Intervention 3.3 Outcomes:</li> <li>2024: 33 patients</li> <li>2023: 3 patients</li> <li>2024: 81 residents</li> <li>2023: 0 residents</li> </ul>
and supplement traditional services.  Evidence: Pilot project	with an OSF On-Call product (baseline: establish).  Intervention 3.3: Outcome Indicators	2024: Not Identified
	• TBD	<b>2023</b> : Not Identified

## **RELATED IMPROVEMENT PLAN EFFORTS**

The following organizations received grants in 2024 for implementation in 2024/2025 or FY25 (May 1, 2024 – April 30, 2025) from the John M. Scott Health Care Commission. The grants are tied to the health priorities selected for the 2022 McLean County Community Health Needs Assessment and the 2023 – 2025 McLean County Community Health Improvement Plan. The data below is for May 1 – October 31, 2024.

- The Community Health Care Clinic received a category I grant for general operating; number served has not yet been reported.
- Faith in Action received a category II program grant for senior transportation and support services; number served has not been reported yet.
- Chestnut Health Systems received a category II program grant for the mobile health unit; 59 people were served during the above timeframe.
- The Promise Council received a category II program grant for the Student Health Care Program; number served has not yet been reported.
- The Salvation Army received a category II program grant for Safe Harbor Shelter operations; number served has not yet been reported.
- Black Nurses of Central Illinois received a category II program grant for the Junior Health Services Career Academy; 12 people were served during the above timeframe.

## **Other Related Accomplishments**

- Chestnut Health Systems opened dental programming in May 2024. Between May 1, 2024 and December 31, 2024, Chestnut's dental staff provided 1,451 visits to 673 unduplicated patients.
- In 2024, Chestnut Heath Systems doubled the number of community health workers collocated at sites with collaborating organizations and now has collocations at more than 12 sites.
- In 2024, Carle Health had several system wide Diversity, Equity, and Inclusion (DEI) related accomplishments:
  - Hosted 12 Health Equity Grand Round sessions, with a total of 1,904 participants. Sessions were available to community members for continuing education credits.
  - Delivered 15 weeks of anti-racism education to nurse leaders. The education was supported by a \$20,000 grant from the American Nurses Association.
  - o Delivered 65 live DEI education sessions to Carle Health teams on topics like cultural humility, LGBTQ+ inclusive education, racism in healthcare and bias time out.
  - Over 2,800 nurses completed education on caring for diverse hair types and textures.
  - Carle BroMenn Medical Center was designated as a "high performer" on the 2024 Healthcare Equality Index, which is a nationwide designation of hospitals and healthcare facilities for LGBTQ+-inclusive healthcare practices.
  - Carle Health leadership participated in over 4,000 hours of education through inclusive leadership forums; 102 leaders were Carle BroMenn Medical Center and Carle Eureka Hospital leaders accumulating 460 hours of education.
  - o Carle Health employees participated in 12 multicultural DEI forums for a total of 430 learning hours.
- In 2024, the Carle Mobile Health Clinic hosted 67 clinics at various sites in McLean County and provided services to 486 patients.
- In 2024, Carle Health launched YoMingo. YoMingo is a new app offered as an educational resource for new and expecting mothers. It has important information and answers to everyday questions as well as the following:.
  - o Information on topics like prenatal care, pregnancy, labor and childbirth, breastfeeding, newborn care, and parenting.
  - o Interactive maternity tools such as contraction timer, personal journal, feeding log and immunization log.
  - o Classes, videos and animations on multiple topics.
  - o Personalized content available in English, Spanish and 12 other languages.
- On October 18, 2024, Carle BroMenn Medical Center, in collaboration with the Illinois Breast and Cervical Cancer Program and Prairie State Women's Health, offered free, walk-in mammograms to uninsured and underinsured community members. Nineteen women participated.
- On November 13, 2024, Queer Coalition, Illinois State University's sponsored LGBTQIA+ faculty, staff and graduate student affinity group, and the Women's Gender and Sexuality Studies Program hosted a lunch and interactive workshop led by a Carle BroMenn Medical Center senior staff chaplain. The purpose of the event was to empower LGBTQIA+ people of all ages to take control of their healthcare decisions. Twenty-five people participated in the event.

- The McLean County Health Department dental program provided over 2,600 face-to-face services to clients and completed over 220 required school dental exam forms.
- In 2024, Dr. Caruso with the McLean County Health Department dental program continued providing routine dental exams at the Juvenile Detention Center every two months.
- The McLean County Health Department Health Promotions team visited 10 rural communities across McLean County with the mobile unit, offering free health education and assessment including A1C and blood pressure screenings and height, weight, and BMI measurements.
- In 2024, Home Sweet Home Ministries (HSHM) completed participation in the Illinois Medical Respite Capacity Building Initiative (IMRCBI) in order to learn more about providing medical respite (recuperative care) to people experiencing homelessness who have been recently discharged from hospitalization. HSHM intends to further explore this concept in partnership with Chestnut Health Systems, pending renewal of IMRCBI funding.
- In 2024, Home Sweet Home Ministries continued to partner with Chestnut Health Systems via a health navigator through the Medicaid Innovation Collaboration (MIC) program. In addition to engaging clients at The Junction, the health navigator accompanies HSHM's street outreach team in order to engage clients throughout the community.
- In 2024, Home Sweet Home Ministries continued to partner with nursing students from the Mennonite College of Nursing at Illinois State University as well as students from the nursing program at Illinois Wesleyan University (IWU). Nursing interns engaged community members at The Junction by completing blood glucose testing, blood pressure checks, and fielding general health questions. Additionally, IWU nursing students implemented a nutritional education and food labeling system within HSHM's Bread for Life food co-op.In 2024, Home Sweet Home Ministries' supportive services and street outreach teams began providing transportation to healthcare appointments for clients residing in the shelter or experiencing unsheltered homelessness in the community.

<sup>\*</sup>The Four Organizations comprising the McLean County Executive Steering Committee—Carle BroMenn Medical Center, Chestnut Health Systems, the McLean County Health Department and OSF St. Joseph Medical Center—are all implied resources/partners for Access to Care.

## McLean County 2023 – 2025 Community Health Improvement Plan 2024 Progress Report: Behavioral Health

## **HEALTH PRIORITY: BEHAVIORAL HEALTH**

GOAL: Further equitable, inclusive, and integrated systemic community approaches to behavioral health and well-being for our diverse community by 2026.

Related Social Determinants of Health: Access to Care; Housing Instability/Quality of Housing

OUTCOME OBJECTIVES: By 2026, reduce the number of deaths due to suicide and emergency room visits due to suicide and intentional self-inflicted injury.

By 2026, reduce the death rate due to drug poisoning and emergency room visits due to alcohol use.

## Baseline

- 28 deaths due to suicide, McLean County Coroner's Office, 2021.
- 47.7 emergency room visits per 10,000 population ages 18 years and older due to suicide and intentional self-inflicted injury (Conduent Healthy Communities Institute, Illinois Hospital Association, 2018 2020).
- 151.5 emergency room visits per 10,000 population 10 17 years of age due to adolescent suicide and self-inflicted injury (Conduent Healthy Communities Institute, Illinois Hospital Association, 2018 2020).
- 18.6 deaths/100,000 population due to drug poisoning, Conduent Healthy Communities Institute, County Health Rankings, 2017 2019
- 47.8 emergency room visits per 10,000 population 18 years and older due to alcohol use (Conduent Healthy Communities Institute, Illinois Hospital Association, 2018 2020).

## State Health Improvement Plan (SHIP) 2021 Alignment

- Build upon and improve local system integration.
- Improve the opportunity for people to be treated in the community rather than in institutions.
- Increase behavioral health literacy and decrease stigma.
- Reduce deaths due to behavioral health crises.

			PROGRESS IN 2024
THREE YEAR MEASURES	STRATEGIES and INTERVENTIONS	ANNUAL EVALUATION MEASURES	PROGRESS IN 2024

## **IMPACT OBJECTIVE #1:**

By 2026, increase the percent of McLean County residents reporting good mental health and feeling less sad, depressed, stressed or anxious.

#### **BASELINE DATA**

- Residents reported that their mental health was not good 4.0 days in the past 30 days (County Health Rankings, 2018).
- 24% of survey respondents reported their overall mental health as good (McLean County Community Health Survey, 2021).
- 23% of survey respondents reported feeling depressed for 3 or more days in the 30 days prior to the survey (McLean County Community Health Survey, 2021).
- 19% of survey respondents reported feeling stressed or anxious for 3 or more days in the 30 days prior to the survey (McLean County Community Health Survey, 2021).

STRATEGY 1: SUPPORT EDUCATIONAL PROGRAMS AND MEDIA CAMPAIGNS AIMED AT REDUCING BEHAVIORAL HEALTH STIGMA, INCREASING MENTAL HEALTH AWARENESS AND/OR IMPROVING MENTAL HEALTH STATUS.

Intervention 1.1: Offer Mental Health First Aid (MHFA) Courses to the Community (evidence-based program)

#### Evidence:

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mental-health-first-aid

- Intervention 1.1: Process Indicators
   # of MHFA for Older Adults courses offered (baseline: 1 course, 2021)
- # of MHFA courses sponsored by Carle BroMenn Medical Center (baseline: 3 courses –McLean County MHFA Collaborative, 2021)
- # of MHFA courses sponsored by OSF St. Joseph Medical Center (baseline: 3 courses— McLean County MHFA Collaborative, 2021)
- # of McLean County community members trained in MHFA per year (baseline: 323 community members, McLean County MHFA Collaborative, 2021)

- Intervention 1.1 Outcomes
- 2024: 2 courses
   2023: 1 course
- 2024: 3 courses2023: 3 courses
- **2024**: 4 courses **2023**: 4 courses
- 2024: 278 community members; 152 through MHFA collaborative, 36 through District 87 and 90 through ROE. #17 (includes 22 students trained in Teen MFHA) 2023: 313 total community members;

265 through MHFA

collaborative and 48

40% of 8 <sup>th</sup> , 10 <sup>th</sup> and 12th grader students reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (Illinois Youth Survey, 2020).	# of instructors trained to teach MHFA	through the Regional Office of Education (ROE)  • 2024: 0 instructors
	(baseline: 16 instructors – McLean County MHFA Collaborative, 2021)	2023: 1 adult trainer and 3 youth trainers (1 from Carle BroMenn Medical Center)
	<ul> <li>Intervention 1.1: Outcome Indicators</li> <li>% of MHFA course participants that         "Agree" or "Strongly Agree" that they are         More Confident About Being Aware of         Their Own Views &amp; Feelings About Mental         Health Problems &amp; Disorders (baseline:         94% of survey respondents-McLean County         MHFA Collaborative, 2021)</li> </ul>	2024: Data no longer available     2023: 89% (83 individuals submitted an evaluation)
	% of MHFA follow-up survey participants that still feel prepared to assist a person who may be dealing with a mental health problem or crisis to seek professional help (baseline: 70.7%, McLean County MHFA Collaborative, 2022) * The survey went to individuals who took a MHFA course within the last 6 years.	2024: Data no longer available     2023: Follow-up survey not conducted in 2023
	% of MHFA follow-up survey participants that feel prepared to ask a person whether s/he is considering killing her/himself	2024: Follow-up survey not conducted in 2024 2023: Follow-up survey not conducted in 2023

	(heading, 00,00/, NASI see County, NAII 5	1
	(baseline: 90.9%, McLean County MHFA	
Intervention 4.2. Offer National Alliance on	Collaborative, 2022)	Internation 4.2 Outcomes
Intervention 1.2: Offer National Alliance on	Intervention 1.2: Process Indicators	Intervention 1.2 Outcomes
Mental Health (NAMI) Ending the Silence in	# of public schools in McLean County where	• <b>2024</b> : 19 public schools
McLean County Public Schools (evidence-	Ending the Silence is implemented	<b>2023</b> : 20 public schools
based program)	(baseline: 20 public schools, Project Oz, 2021)	
Evidence:	# of students in McLean County public	• <b>2024</b> : 3,180 students
https://www.countyhealthrankings.org/take-	schools participating in Ending the Silence	<b>2023</b> : 3,256 students
action-to-improve-health/what-works-for-	(baseline: 3,317 students, Project Oz, 2021)	·
health/policies/universal-school-based-		
suicide-awareness-education-programs	Intervention 1.2: Outcome Indicators	
	% of Ending the Silence student participants	• <b>2024</b> : 93%
	agreeing with the following statement, "As a	<b>2023</b> : 92%
	result of this presentation, I know how to	
	help myself or a friend if I notice any of the	
	warning signs" (baseline: 89% of students,	
	Project Oz, 2021)	
	% of Ending the Silence student participants	• 2024: 93%
	agreeing with the following statement, "I	<b>2023</b> : 92%
	know the early warning signs of mental	
	illness" (baseline: 90% of students, Project	
	Oz, 2021)	
	% of students reaching out for help as a	• <b>2024</b> : 14%
	direct result of Ending the Silence	<b>2023</b> : 14.2%
	presentations (baseline: 12.2% of 2,476	
	students who completed an evaluation,	
	Project Oz, 2021)	
Intervention 1.3: Convene an annual	Intervention 1.3: Process Indicators	Intervention 1.3 Outcomes
Behavioral Health Forum for the Community	# of community members attending the	• 2024: Forum not held
	forum (baseline: 142 community members	

	for 7 virtual sessions, McLean County Government, Fall, 2021)  Intervention 1.3: Outcome Indicators  Not available	2023: 246 community members
Intervention 1.4: To support McLean County in creating a trauma-informed and resilience-oriented county through helping individuals and communities build resilience and organizations become trauma-informed.  Evidence:  Trauma-informed approaches to community building   County Health Rankings & Roadmaps  https://www.countyhealthrankings.org/take-	<ul> <li>Intervention 1.4: Process Indicators</li> <li># of organizations on RISE (Resilience Inspires and Spreads to Everyone) core team (baseline: 17 organizations, 2022, McLean County Government)</li> <li>Establish a baseline for the # of community trainings conducted to increase trauma</li> </ul>	Intervention 1.4 Outcome  • 2024: 5 organizations (Carle BroMenn Medical Center, Home Sweet Home Ministries, PATH, Public Defender's Office, Bloomington Library) 2023: 17 organizations  • 2024: 0 presentations 2023: 7 presentations
action-to-improve-health/what-works-for-health/policies/trauma-informed-schools	Initiate a trauma awareness social media campaign and online presence and establish a baseline for engagements and/or website utilization	focused on increasing trauma awareness were held at the 2023 behavioral health forum  • 2024: Facebook account for RISE initiated in Feb 2024, biweekly content posted until April due to inactivity of group.

		Biweekly social media content restarted August 2024 via Behavioral Health Coordination Department Facebook account, which included information about trauma. 2023: Launched the RISE website on mcleancountyil.gov
	Intervention 1.4: Outcome Indicators	
	Not available	
Intervention 1.5: Conduct a Behavioral Health Social Media Campaign  Bi-monthly social media messages will be posted with collaborating agencies being tagged to share the same message.	# of individuals reached on Facebook     (baseline: 2,689 individuals, Chestnut     Health Systems, January and October —     December, 2021)	• 2024: 6,774 individuals (decrease due to changes in social media algorithms) 2023: 86,903 individuals  Note: due to a technical glitch, collaborative organizations were not tagged on posts; data is only for Chestnut Health Systems
	# of Facebook engagements (baseline: 1,000 engagements, Chestnut Health	• <b>2024</b> : 247 engagements

		Systems, January and October – December 2021)	<b>2023</b> : 3,760 engagements
		# of individuals reached on Twitter/X (baseline: 2,533 individuals, Chestnut Health Systems, January, and October – December 2021)	• 2024: 1,044 individuals 2023: 717 individuals
		# of Twitter/X engagements (58 engagements, Chestnut Health Systems, January, and October – December 2021)	• 2024: 74 engagements 2023: 7 engagements
		# of individuals reached on LinkedIn (baseline: 1,057 individuals, Chestnut Health Systems, October – December 2021)	• 2024: 9,410 individuals 2023: 1,430 individuals
		# of LinkedIn engagements (59 engagements, Chestnut Health Systems, October – December 2021)	• 2024: 304 engagements 2023: 18 engagements
		<ul> <li>Intervention 1.5: Outcome Indicators</li> <li>Not available</li> </ul>	
IMPACT OBJECTIVE #2:  By 2026, decrease the percent of McLean County residents reporting heavy or binge drinking and the use	STRATEGY 2: SUPPORT DRUG AND ALCOHOL EDUCATIONAL PROGRAMS and COLLABORATIVE COALITIONS TO INCREASE KNOWLEDGE AND DECREASE SUBSTANCE USE.		
of any type of substance.	Intervention 2.1: Offer Too Good for Drugs	Intervention 2.1: Process Indicators	Intervention 2.1 Outcomes
BASELINE DATA	in McLean County Public Schools (evidence- based program)	# of public school districts in McLean County where Too Good for Drugs is implemented	2024: 8 public school districts

0	1.4% of adults reported heavy or binge drinking (County Health cankings, 2018)	Evidence:	(baseline: 7 public school districts, Project Oz, 2021)		2023: 8 public school districts
	% of survey respondents eported using marijuana one or	http://www.toogoodprograms.org/too- good/evidence-base/	# of students in McLean County public schools participating in Too Good for Drugs (baseline: 2,473 Project Oz, 2021)	•	<b>2024</b> : 2,923 students <b>2023</b> : 2,986 students
• 2:	nore times/day (McLean County Community Health Survey, 2021)  1% of survey respondents eported having an alcoholic		<ul> <li>Intervention 2.1: Outcome Indicator(s)</li> <li>Average improvement in student pre and post—test scores for Too Good for Drugs (baseline: +2.67, Project Oz, 2021)</li> </ul>	•	<b>2024</b> : +3.1 <b>2023</b> : +2.24
(N H	rink one or more times/day McLean County Community Health Survey, 2021)  % of survey respondents eported the use of illegal	Intervention 2.2: Coordinate Recovery Oriented Systems of Care (ROSC) community-based recovery services in McLean County for the following behavioral health areas: Behavioral Health & Wellness, Sober Living, Spirituality, Recovery	<ul> <li>Intervention 2.2: Process Indicators</li> <li># of community sectors participating in ROSC council meetings. (baseline: establish)</li> </ul>	Int.	2024: 13 community sectors 2023: 24 community sectors
si ti Co	ubstances one or more imes/day (McLean County Community Health Survey, 2021) % of survey respondents	Recreation, Diversity in Recovery and various activities organized by the McLean County ROSC. <u>Evidence:</u>	# of recovery recreational activities offered (baseline: establish)	•	2024: 9 recovery recreational activities 2023: 19 recovery recreational activities
re pi m	eported the improper us of crescription medication one or more times/day (McLean County Community Health Survey, 2021)	Strategic Prevention Framework   SAMHSA William White Papers   Chestnut Health Systems	# of unduplicated participants attending recovery recreational activities (baseline: establish)	•	2024: 106 unduplicated participants 2023: 149 unduplicated participants
re ty	3% of 12th grade students eported that they have used any ype of substance in the past ear (Illinois Youth Survey, 2020)		Intervention 2.2: Outcome Indicator(s)  Not available		

<ul> <li>26% of 12<sup>th</sup> grade students reported that they drank alcohol during the 30 days prior to the survey (Illinois Youth Survey, 2020)</li> <li>16% of 12<sup>th</sup> grade students reported using marijuana 1 or more times in the past 30 days (Illinois Youth Survey, 2020)</li> <li>18.6 deaths/100,000 population are due to drug poisoning (Conduent Healthy Communities Institute, County Health Rankings, 2017 – 2019)</li> <li>9IMPACT OBJECTIVE #3</li> </ul>	STRATEGY 3: INCREASE ACCESS TO		
By 2026, increase access to	BEHAVIORAL HEALTH SERVICES AT VARIOUS SITES WITHIN THE COMMUNITY.		
behavioral health services in McLean County.	Intervention 3.1: Support on-site or integrated behavioral health at primary care	Intervention 3.1: Process Indicators  # of organizations that have integrated or	Intervention 3.1 Outcomes  • 2024: 3 organizations
17% of McLean County residents reported that they needed counseling and were not able to get it (McLean County Community Health Survey, 2021)	offices  Evidence:  https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/behavioral-health-primary-care-integration	collocated behavioral health services at primary care locations (baseline: 2 organizations; Chestnut Family Health Center and OSF Medical Group Primary Care Offices, 2022)	(Chestnut Family Health Center, OSF Medical Group Primary Care offices and Center for Youth and Family Solutions at the Community Health Care Clinic) 2023: same as above
		Intervention 3.1: Outcome Indicators	

	Not available	
	Not available	
Intervention 3.2: Support Telepsychiatry	Intervention 3.2: Process Indicators	Intervention 3.2 Outcomes
Evidence:  https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/telemental-health-services	# of sites where telepsychiatry is available (baseline: 6 sites, 2021)	• 2024: 5 sites Carle BroMenn Medical Center, Chestnut Health Systems, McLean County Government, McLean County Jail, OSF St. Joseph Medical Center • 2023: 6 sites Carle BroMenn Medical Center, Center for Youth and Family Solutions (services ended in April 2023), Chestnut Health Systems, McLean County Government, McLean County Jail, OSF St. Joseph Medical Center
	# of individuals receiving services via telepsychiatry (baseline: 1,979 individuals, 2021)  **The control of the control of t	2024: Total of at least 1,857 individuals  116 individuals and 156 services – McLean County Center for Human Services

	30.7 hours - Carle BroMenn
	Medical Center; # of
	individuals not available
	15 individuals with 53 visits
	McLean County Jail
	15 individuals with 48 visits
	McLean County
	Government
	1,526 unique individuals
	with 6,268 visits - Carle
	Behavioral Health
	Bloomington
	200 individuals received
	434 remote/virtual
	psychiatry visits – <i>Chestnu</i>
	Family Health Center
	4,290 remote visits; # of
	individuals not available—
	OSF Medical Group
	Behavioral Health
	2023: Total of at least
	1,545 individuals
	25 youth with 83 hours
	from January – April 30,
	2023. Services ended in

	April- Center for Youth and
	Family Solutions
	121 individuals and 171
	services – McLean County
	Center for Human Services
	20.5 hours - Carle BroMenn
	Medical Center; # of
	individuals not available
	97 individuals with 317
	visits McLean County Jail
	44 1 1 1 1 1 1 72 11
	11 individuals with 73 visits
	McLean County
	Government
	1,012 unique individuals
	with 3,337 visits Carle
	BroMenn Behavioral Health
	Bloomington
	Biodinington
	279 individuals received
	501 remote/virtual
	psychiatry visits- Chestnut
	Family Health Center
	2,222 remote visits – (2,054
	adults, 168 pediatrics) OSF
	Medical Group Behavioral
	Health.
Intervention 3.2: Outcome Indicator(s)	

## **Intervention 3.3: Support Frequent Users** System Engagement (FUSE)

FUSE is a program designed to break the cycle of homelessness and crisis among individuals with complex medical and behavioral health challenges who are intersecting the justice, homeless or emergency systems of care frequently.

#### Evidence:

https://www.csh.org/fuse/

## Not available

## **Intervention 3.3: Process Indicators**

• # of FUSE participants (baseline: average of 10 participants, McLean County Government, 2021)

## **Intervention 3.3: Outcome Indicators**

- Decrease in mental health emergency room visits pre-FUSE (18 months prior to joining FUSE) versus post-FUSE (baseline: 60 mental health emergency room visits pre-FUSE versus 13 visits post-FUSE, McLean County Government, 2021)
- Reduction in # of justice contacts (baseline: 46 justice contacts pre-FUSE (18 months prior to joining FUSE versus 8 justice contacts post-FUSE, McLean County Government, 2021)
- Decrease in shelter bed days (baseline: 2,502 shelter bed days pre-FUSE (18 months prior to joining FUSE) versus 62 shelter bed days post-FUSE, McLean County Government, 2021)

## **Intervention 3.3 Outcomes**

- **2024**: 37 FUSE participants **2023**: 23 FUSE participants
- **2024**: 3.1 contacts/visits pre-FUSE versus 1 contacts/visits post-**FUSE 2023**: 3.7 contacts/visits pre-FUSE versus .55 contacts/visits post-**FUSE**
- **2024**: 3.3 justice contacts pre-FUSE versus .36 post-FUSE **2023**: 3.22 justice contacts pre-FUSE versus .43 justice contacts post-FUSE
- **2024**: 1.4 shelter bed contacts/admissions (shelter bed days not available) pre-FUSE versus .38 shelter bed contacts/admissions post-FUSE **2023**: 1.7 shelter bed

days pre-FUSE versus

			.22 shelter bed days post-FUSE
Urger Behav option	vention 3.4: Support Behavioral Health of Care (formerly the Triage Center)  vioral Health Urgent Care is a walk-in of individuals experiencing a vioral health crisis.	<ul> <li>Intervention 3.4: Process Indicators</li> <li># of clients served (baseline: 296 clients, McLean County Government, 2021)</li> </ul>	<ul> <li>Intervention 3.4 Outcomes</li> <li>2024: 161 clients</li> <li>2023: 64 clients</li> </ul>
Evide	nce:	Total # of client services	• 2024: 698 services 2023: 347 services
as-alt	://www.nlc.org/resource/triage-centers- ernatives-to-jail-for-people-in- vioral-health-crises/	<ul> <li>Average number of services per client (baseline to be established)</li> </ul>	• 2024: 4.34 services 2023: 4.4 services
	://www.gjcpp.org/pdfs/2013-007-final- 0930.pdf	<ul> <li>Modern Section 1.4: Outcome Indicator(s)</li> <li>% of clients sent to the emergency room (baseline: .7%, McLean County Government, 2021)</li> </ul>	• 2024: 2.87%* 2023: 3%*  *Sent to ER does not mean clients were admitted
		<ul> <li>% of client interactions that do not result in a psychiatric hospitalization (baseline: 99.3%, McLean County Government, 2021)</li> </ul>	• <b>2024</b> : 96.7% <b>2023</b> : 97%
		% of client interactions that do not result in law enforcement involvement post initial hand-off (98.9%, McLean County Government, 2021)	• 2024: 100% 2023: 100%

Intervention 3.5: Offer PEARLS to McLean County Older Adults in the home  The Program to Encourage Active, Rewarding Lives (PEARLS) is a national evidence-based program for late-life depression. PEARLS brings high quality mental health care into community-based settings that reach vulnerable older adults.	Intervention 3.5: Process Indicators  • # of persons served (baseline: 54 older adults, CCSI Case Coordination LLC, FY2021)	2024: 30 people     2023: 0 people     CCSI Case Coordination     LLC was unable to hire     a geriatric counselor in     2023
Evidence:  https://depts.washington.edu/hprc/evidence -based-programs/pearls-program/pearls- evidence/	<ul> <li># of units/hours for individuals in PEARLS (657 units/hours, CCSI Case Coordination LLC, FY2021)</li> <li>Intervention 3.5: Outcome Indicator(s)</li> <li>Average PHQ-9 score pre-PEARLS versus six months post PEARLS (baseline to be established)</li> </ul>	<ul> <li>2024: 506 units/hours</li> <li>2023: 0 units/hours</li> <li>2024: 17.13 average PHQ-9 score pre-Pearls versus 2.96 average PHQ-9 score six months</li> </ul>
Intervention 3.6: Support Embedded Behavioral Health in Schools  Defined as a community agency providing services through a school setting in McLean County. Community agency can bill Medicaid or Medicare.	<ul> <li>Intervention 3.6: Process Indicators</li> <li>Number of school districts with embedded behavioral health in schools (baseline: 5 school districts, Center for Human Services and Chestnut Health Systems, 2021)</li> </ul>	post PEARLS 2023: Not available  Intervention 3.6 Outcomes 2024: 5 school districts (see 2023 listing of districts and schools) 2023: 5 school districts  Chestnut Health Systems - Ridgeview CUSD#19 -Ridgeview Jr/Sr. High School -Ridgeview Elementary School

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		McLean County Center for Human Services — Bloomington District 87 -Bloomington High School -Bloomington Junior High School -Bent Elementary School -Irving Elementary School -Oakland Elementary School -Sarah Raymond Early Childhood Preschool -Sheridan Elementary School -Stevenson Elementary School -Washington Elementary School  McLean County Unit District #5
		-Normal West High School -Chiddix Junior High School -Evans Junior High School -Kingsley Junior High School -Parkside Junior High
		School -Fox Creek Elementary School -Oakdale Elementary School

	Olympia CUSD #16 -Olympia High School - Olympia Middle School - Olympia North Elementary School - Olympia South Elementary School - Olympia West Elementary School  Lexington CUSD #7 -Lexington Elementary School -Lexington Junior High School -Lexington High School
Number of students receiving counseling services in school setting through Embedded Behavioral Health in Schools (baseline: 928 students, Center for Human Services and Chestnut Health Systems, 2021)  Intervention 3.6 Outcome Indicators	2024: 849 total students; 53 students (Chestnut Health Systems), 796 (McLean County Center for Human Services)     2023: 829 total students; 64 students (Chestnut Health Systems), 765 students McLean County Center for Human Services

	Not available	
Intervention 3.7: Support Central Illinois	Intervention 3.7: Process Indicators	<b>Intervention 3.7 Outcomes</b>
Bridge Academy  Central Illinois Bridge Academy is a specialized alternative educational program under ROE #17 to serve adolescents in 7th through 12th grade with internalizing mental health concerns at risk for hospitalization, returning from hospitalization, or utilizing significant resources that exceed their school's ability. Students attend for full days, meet state standards for their academics through project based learning, with full access to case managers, therapist and sensory room on-site, as well as community connections for ongoing resources.	The number of students served by Bridge Academy (baseline to be established)  Academy (baseline to be established)	• 2024: 2023 – 2024 school year: 30 students served. 2024 – 2025 school year: 21 students enrolled on first day of school, 30 students enrolled (as of January 10, 2025) 2023: 2022-2023 school year: 32 students served. 2023-2024 school year: 30 students served (as of January 8, 2024)
Evidence:  https://safesupportivelearning.ed.gov/sites/defau lt/files/13-ImpSchMnHlthSprtBtPrt-508 0.pdf  https://store.samhsa.gov/sites/default/files/d7/pr iv/pep19-school-guide.pdf  https://oschool.org/	The number of school districts and/or schools served within ROE (baseline to be established)	2024: 7 districts served as of January 10, 2025; 8 districts served within 2024 – 2025 school year, 13 total districts served since opening Fall 2022 2023: 11 districts served as of January 8, 2024; 12 total districts served since opening Fall 2022
	Intervention 3.7 Outcome Indicators	_

The average percentage of full-day attendance pre-Bridge Academy enrollment versus post Bridge Academy enrollment (baseline to be established)  GAD 7 scores and BHO data upon	2024: 47% pre-Bridge     Academy versus 75%     post-Bridge Academy;     18 students remained     the same or had an     increase in attendance     compared to prior year     attendance (pre-Bridge     Academy attendance     data not available for     12 students). Students     who had a decrease in     attendance rate was     due to hospitalization     impacting dates in     attendance.     2023: 63% pre-Bridge     Academy versus 77%     post-Bridge Academy;     21 students have a     current increase in     attendance compared     to prior year     attendance
GAD-7 scores and PHQ data upon enrollment at Bridge Academy versus one- year post-Bridge Academy enrollment (or upon9 transition back to the referring school, whichever one comes sooner) (baseline to be established)	2024: See 2023 below     2023: Bridge Academy     transitioned in the     2023 - 2024 school year     to the Behavioral     Assessment System for     Children 3 <sup>rd</sup> Edition     (BASC-3) for a more

		comprehensive assessment. In future reporting years, Bridge Academy will provide BASC-3 comparisons.
Intervention 3.8: Improve collaboration and close service gaps for residents 18+ with significant mental health related service needs.  Chestnut Health Systems and the Center for Human Services will use SAMHSA Certified Community Behavioral Health Clinic (CCBHC) funding to improve collaboration between the two organizations and close service gaps for 305 unduplicated adults over the next four years.  Evidence:	<ul> <li>Intervention 3.8: Process Indicators</li> <li># of unduplicated patients served through the collaboration (baseline: establish)</li> </ul>	<ul> <li>Intervention 3.8 Outcomes</li> <li>2024: 125 patients</li> <li>2023: 65 patients</li> </ul>
https://www.samhsa.gov/section-223/quality-measures  https://www.thenationalcouncil.org/program/ccb hc-success-center/	<ul> <li>Intervention 3.8: Outcome Indicators</li> <li>Within six months of funding, establish         Consumer/Family Committee comprised of         clients from both organizations to         meaningfully involve consumers in service         development and provision.</li> </ul>	2024: Established and ongoing     2023: Established and ongoing
	Creation and implementation of shared care team and clinical model to support	2024: Established and ongoing

patient-centered and coordinated provision of core CCBHC services.	<b>2023</b> : Established and ongoing

## **2024 RELATED ACCOMPLISHMENTS**

The following organizations received grants in 2024 for implementation in 2024/2025 or FY25 (May 1, 2024– April 30, 2025) from the John M. Scott Health Care Commission. The grants are tied to the health priorities selected for the 2022 McLean County Community Health Needs Assessment and the 2023 – 2025 McLean County Community Health Improvement Plan. The data below is for May 1 – October 31, 2024.

- The McLean County Center for Human Services received a category I grant to support the integration of behavioral and primary healthcare services; 2,749 people were served during the above timeframe.
- Boys & Girls Club received a category II program grant for a behavioral health program; 78 people were served during the above timeframe.
- Project Oz received a category II program grant for the Transitional Living Program for Homeless Youth; 31 people were served during the above timeframe.
- The Center for Youth & Family Solutions received a category II program grant for the Child, Adolescent and Family Behavioral Program; 322 people were served during the above timeframe.
- INtegRIty Counseling, Inc. received a category II program grant for Mental Health Counseling; 284 people were served during the above timeframe.
- Lifelong Access received a category II program grant for pediatric therapy; 62 people were served during the above timeframe.
- YouthBuild of McLean County received a category II program grant for mental health services and interventions. Number served has not yet been reported.

A leader from both Carle BroMenn Medical Center and OSF St. Joseph Medical Center continued to serve on the City of Bloomington's John M. Scott Health Care Commission Grants Committee.

## Other related accomplishments

- In 2024, The Center for Youth and Family Solutions (CYFS) accomplished the following:
   Justice Involved
  - CYFS Behavioral Health is a contracted provider of mental health services for McLean County Court Services. CYFS expanded their role in offering behavioral health services to court-involved clients and became involved in all of the specialty court endeavors in some way. CYFS participated in the new Family Treatment Court planning group and became one of the child welfare agencies providing the Department of Children and Family Services (DCFS) case management services.

- o The Comprehensive Assessment Team (CAT) program served youth who were referred by the justice system or who were at risk of having justice system involvement. The grant ended September 30, 2024, but was replaced by two programs that will help fill the gap that the CAT grant was developed to address. The two programs are:
  - Mental Health Juvenile Justice program (Department of Mental Health funded program) CYFS was one of two funded applicants in McLean County (the other being the Center for Human Services (CHS)). The goal of this program is to provide assessment, referral and linkage, and case management assistance to youth who are either involved in the justice system or at risk of being involved in the justice system and may have a behavioral health need.
  - Care Coordination Program CYFS has developed and grown a care coordination program for youth who have more complex behavioral health needs. This program is funded by two main sources the state for Medicaid-enrolled youth who are determined to be eligible by the state and McLean County government through a Substance Abuse and Mental Health Administration (SAMHSA) System of Care (SOC) grant for those youth who are not Medicaid-enrolled OR not deemed eligible by the state but could benefit. The program utilizes a wraparound model (echoing the model used by CAT) and builds upon partnerships and stakeholder input that the CAT team developed.

## Other Projects/Additions

- o Integration of counseling/therapy services for vulnerable populations CYFS partnered with the Community Health Care Clinic, embedding Spanish and Englishlanguage counseling/therapy services in the clinic to better support clinic patients and offer another location for services in the community. This included adding a second full-time therapist who can provide therapy/counseling in Spanish.
- CYFS partnered with Home Sweet Home Ministries and embedded therapy/counseling services in the Junction, both to offer services and better support the unhoused population, but also as another location to serve community residents.
- CYFS obtained a grant from the McLean County Health Department that begins in January 2025, that will allow continuation and expansion of the
  partnership with Home Sweet Home Ministries to include outreach to unhoused individuals in public spaces and to add outreach clinical services
  to seniors and the aging population in community settings such as congregate care, assisted living, and homes.
- o Through funding from the John M. Scott Health Care Commission, CYFS worked to increase timely access to services by piloting the Single Session Intervention Pilot Program, a one-time solution-focused intervention which is offered to individuals seeking counseling/therapy services who will have a wait before being able to access a clinician. This intervention is designed to assist individuals in identifying strengths and strategies to start addressing the issues challenging them, engaging them when motivation is highest (when asking for services) and empowering them until they can access ongoing care.

## <u>Training/Collaboration</u>

- CYFS provided two trainings that were open to behavioral health providers: Lost in TRANSlation: Developing Awareness, Knowledge, and Skills in Working with Trans and Nonbinary Clients (in Peoria) and Polyvagal Theory in Action: Creating Safety and Connection with Trauma Clients, which was funded by a grant from the McLean County Health Department, free to attendees, and held at Carle BroMenn Medical Center.
- In 2024, Bloomington School District 87 accomplished the following:

- o Developed and trained Bloomington High School students in Peer Mediation, which will continue to be used as an alternative to punitive consequences in 2025.
- Established a partnership with Cartwheel, a telehealth mental health provider, to serve the district's multilingual population since there are limited Spanish-speaking therapists in McLean County.
- Secured the Stronger Connections Grant which provided the opportunity to hire a behavior specialist, focusing on training around
  Positive Behavior Intervention and Supports at the Tier 1 level and a behavior coach that will support teachers and students with high behavior
  needs.
- Held three Youth Mental Health First Aid courses for 36 staff.
- o Recertified 51 staff in Youth Mental Health First Aid.
- Held three Diversity, Equity and Inclusion affinity group trainings for 754 staff.
- Held trauma-informed trainings including, "What Happened to You?" book study, "Conscious Discipline" book study, and "Behavior Strategies for Your Toolbox" and trained 100 staff.
- Trained 50 staff in Ukeru a national crisis intervention program that offers alternatives to the use of restraints/seclusion by using trauma-informed care/restraint.
- In 2024, Unit 5 accomplished the following:
  - o Piloted a partnership with Cartwheel to increase secondary students' access to mental health services.
  - o Developed and implemented professional development on the signs and symptoms of suicide as well as how to respond to students.
  - o Reinitiated Mental Health First Aid certification training in the district.
- In 2024, 25 students completed the Certified Recovery Support Specialist (CRSS) program at Heartland Community College. Eight of the students also completed an internship. This unique certificate program prepares students for entry-level positions as a recovery support specialist, specifically in substance abuse and mental health recovery. Through a combination of academic courses, practical experience, and professional training, students learn how to facilitate recovery, build resilience of people in recovery, and use principles to guide ethical decision-making. Upon completion, students demonstrate competency in advocacy, mentoring and education, professional responsibility, recovery support and wellness skills.
- In 2024, Carle Behavioral Health Bloomington accomplished the following:
  - o Increased adult psychiatrist and psychiatric nurse practitioners from three to seven practitioners.
  - Added an additional mental health counselor.
  - o Added intake RN for outpatient services to support referral process.
  - o Successfully launched patient portal scheduling for psychiatric providers.
  - Hosted an informative conversation about mental health for community members. Carle Behavioral Health psychiatrists discussed what mental health and psychiatric care can mean to the individual and to the community. The panel of experts included Rachel Immen, MD, psychiatrist, Burgundy Johnson, DO, child/adolescent psychiatrist and Alyssa Wood, DO, child/adolescent psychiatrist. Approximately 30 individuals were in attendance.
- In 2024, Carle Behavioral Health Bloomington had the following community collaborations:

- o Contracted with McLean County Government for psychiatric services with McLean County Jail.
- o Contracted with McLean County Government for psychiatric services with FUSE Program.
- Received a State of Illinois SAMHSA Assisted Outpatient Treatment Grant (adult psychiatry/care management). This pilot program (in partnership with Cook County and the State of Illinois) will expand the successful use of court ordered outpatient behavioral health treatment. Court ordered outpatient treatment is an underutilized resource in the State of Illinois; this program will create models that can be expanded and replicated in other Illinois counties.
- Carle Behavioral Health Bloomington and United Way of McLean County continued their partnership entitled *ThriveMind* to increase rural access to behavioral health services for kindergarten through twelfth grade students who do not readily have access to these services, at Olympia, Ridgeview , LeRoy and Lexington schools. As a part of the collaboration, 27 students received counseling services in 2024 at no charge and without a limit on the number of services received.
- A leader from Carle BroMenn Medical Center, participated in McLean County's newly established Family Treatment Court (FTC). Carle BroMenn Medical Center is also a part of the FTC team that is designed to work with parents and children who have become involved with the Department of Children and Family Services because of child abuse or neglect that is directly related to a parent's substance abuse.
- In 2024, Carle BroMenn Medical Center increased inpatient psychiatric bed capacity from 13 beds to 16 beds by adding another inpatient psychiatrist.
- In 2024, Brightpoint's *The Butterfly Project* added a therapy position, increasing access to individual therapy for caregivers affected by domestic violence and participating in family counseling with their child.
- In 2024 McLean County Government had the following related accomplishments:

# **Behavioral Health Coordination**

System of Care

- o Completed year one of the System of Care Grant, a federal opportunity through SAMHSA meant to expand and sustain comprehensive community mental health services for children with serious emotional disturbances.
- Hired a project director in July 2024, contributing to significant progress in aligning contractual agreements with strategic goals of the grant and establishment of a governance structure to ensure sustainability of the initiative during and beyond the grant.
- o Held a resource fair at Western Avenue Community Center to increase local awareness of current resources for families.
- Subgrantees continued to work with the Project Director on pursuing the goals of the grant through contracts made with Behavioral Health Coordination:
  - ROE #17 to assist with establishment and implementation of standardized mental health screening in McLean County schools.
  - Center for Youth and Family Solutions to provide care coordination services and a lead family coordinator that assists in collection of data and facilitates a Parent Youth Advisory Board.
  - Center for Human Services to help expand availability of psychiatric services for youth by hiring a provider.
  - The Baby Fold to support intensive home-based services by hiring staff to support filling this gap in local services.
  - Wellbeing In Action to continue to provide evaluative and technical support to the System of Care leadership team.

The Frequent Users System Engagement (FUSE) Program

- o Continued providing Community Support Team services to McLean County residents who experience frequent interactions with the justice system, homeless services, and/or emergency mental health services.
- Moved location, allowing for an upgrade to office space and therapeutic communal space options for clients.
- Opened with 21 clients in 2024 (17 new, 4 returning), ended the year with 30 active clients, for a total of 37 people served in 2024 and 54 people total since opening in late 2019.
- Added on-demand interpretation and translation services for clients.
- Hired a recovery case manager and nurse to replace promoted staff.
- o Transitioned services from Genoa to Carle Behavioral Health for psychiatric services for clients.

#### Other

- o Hired a visitors' aide to provide wayfinding, referral and de-escalation support to visitors to the County's Front Street campus.
- Provided administrative support to the Behavioral Health Coordinating Council and the new Mental Health and Public Safety Funding Advisory
   Council by:
  - Assisting the group and communicating changes? to partners during transition period.
  - Monitoring contracts and awards previously approved by BHCC, after the body changed function.
- Created a behavioral health grant search engine (not yet published) to allow community partners an opportunity to search for funding based on population, service, etc.
- Completed a follow up Sequential Intercept Model Mapping event, in collaboration with several community partners and the Administrative
  Office of Illinois State Courts. The Sequential Intercept Model is a federal tool that details how individuals with mental and substance use
  disorders come into contact with and move through the criminal justice system, by extension helping to identify resources and gaps in services at
  each intercept and to develop local strategic plans.

# Resilience Inspires and Spreads to Everyone (RISE)

- o Continued active participation from Home Sweet Home Ministries, PATH, the Public Defender's office, the Bloomington Library, and Carle Health.
- o Presented plan to host continuing education and professional development events in 2025.

# Behavioral Health Coordinating Council

- o Approved up to \$717,016 for walk-in crisis and referral services through the Behavioral Health Urgent Care.
- o Approved up to \$100,000 for mental health services for those experiencing sexual assault through YWCA Stepping Stones.
- Approved up to \$330,000 for renovations to space on Jacobssen Drive for community day services and intensive youth academic services through Lifelong Access and Regional Office of Education #17's Bridge Academy.
- o Approved a contract for psychiatric services for FUSE Program clients through Carle Health.
- o Changed from subcommittee of the McLean County Board to an independent ad hoc advisory body in June 2024.
- o Created five 2025 Strategic Priorities from the Mental Health Action Plan, and conducted workgroups to describe a scope of work for each.
  - Enhance public awareness and effective use of the following through expanded education:
    - Available resources.

- Prevention efforts.
- Early-intervention services.
- o Crisis services and access to care.
- Support community members' behavioral health by:
  - o Advancing availability of behavioral health care in ways that are accessible to youth, families and vulnerable populations.
  - o Connecting vulnerable populations to psychiatric care and affordable medication.
- Increase safe, temporary shelter space with coordinated access to behavioral health services.
- Support innovative efforts to recruit and develop a workforce that spans the behavioral health spectrum including:
  - Creating a governance group to explore requirements for standard data collection and establish a template business associate agreement (BAA) for information sharing.

## Mental Health and Public Safety Funding Advisory Council (FAC)

- Created in June 2024 as an advisory board to the Executive Committee of the McLean County Board. Provides recommendations about budgeting for funds from the shared sales tax Mental Health and Public Safety Fund that was created in an intergovernmental agreement between the City of Bloomington, Town of Normal and County of McLean in 2016.
- Approved bylaws for group and recommended \$1.5 million for behavioral health community projects as a part of the 2025 budget for Behavioral Health Coordination (This budget was subsequently approved by the McLean County Board).

# 11<sup>th</sup> Judicial Circuit

- o Initiated a Family Treatment Court, in conjunction with several local provider agencies, as supported by a grant from the Office of Juvenile Justice and Delinquency Prevention. This problem-solving court is meant to provide increased multidisciplinary services to court involved adults in McLean County who are at risk of losing their children due to substance use issues.
- Confirmed partnership with the Administrative Office of Illinois Courts (AOIC) with a federal Assisted Outpatient Treatment (AOT) grant. Will work
  with the AOIC to develop and operationalize a replicable and effective structure to increase the utilization of AOT as a step-down transition from
  inpatient to community-based care.
- Confirmed partnership with the AOIC for the Swift, Certain, Fair grant, which provides additional resources for court involved young adults aged 18 25.
- The courts had previous collaborative opportunities with Center for Youth and Family Solutions through The Comprehensive Assessment Team grant, which ended September 30, 2024. CYFS has secured additional grants, and the courts expect to be able to continue to provide referrals to services to CYFS based on the relationships the CAT grant built and through the additional grants that are beginning.

# McLean County Jail

- o Medication Assisted Recovery program restarted in July 2024 after provider transition. It is now a collaboration with Carle Behavioral Health Bloomington and treatment options have expanded to include additional injectable options as well as partnership with a methadone clinic.
- o Received approval for a substance use counselor position for 2025.
- o Added a facility emotional support dog to serve incarceration persons?? and staff.

- o Added a garden for use of those in custody to provide stress relief and improve nutritional options.
- o Increased collaboration with the Department of Health and Human Services to provide restoration counseling to those in custody found Unfit to Stand Trial.
- In 2024, McLean County Recovery Oriented System of Care (ROSC) had the following related accomplishments outlined below:

## **Outreach & Community Engagement**

- o Cold and Hot Weather Outreach: Over 500 outreach bags with essential items were distributed to local agencies and unhoused populations in Bloomington/Normal and rural McLean County communities.
- Narcan Trainings and Distribution: Multiple Narcan training sessions were conducted across various community sectors, with over 250 individual
  units of Narcan distributed at outreach events.
- Sober Social Events: Several successful sober social events, including canvas painting, coffee, and family events, were organized, reaching diverse groups including seniors and youth.
- Resource Distribution: Numerous McLean County ROSC marketing materials, including Sober Social Guides, business cards, and resource binders, were distributed at community events, fairs, and outreach tables, reaching hundreds of individuals.

## **Community Collaborations**

- Partnerships and Networking: Established relationships with local organizations such as A New Horizon Recovery Community Center, Eastview
   Community Center, and Living Well United, to facilitate joint events and resource sharing.
- o Rotary and Faith-Based Engagements: Expanded connections within civic, volunteer, and faith-based sectors, increasing the ROSC's community presence.

# **Special Initiatives & Events**

- o "Generation Found" Film Screenings: Several screenings were held for community engagement, with a specific focus on young adults and youth, offering both film and resource-based support.
- National Recovery Month Activities: Joint initiatives with local libraries and wellness fairs, including a book display on substance use and mental health recovery, alongside Narcan distribution.
- Annual Family Fun & Wellness Events: The ROSC organized and participated in multiple events such as the McLean County ROSC Annual Grady's Family Fun Night and community wellness fairs, with wide participation and engagement.

# **Training & Education**

- Recovery Monitoring & Support (RMS) Certification: Two team members were trained in RMS, strengthening the coalition's capacity for supporting individuals in recovery.
- Evidence-Based Practices Education: The ROSC educated community members on evidence-based substance use prevention and recovery practices.

# **Collaboration & Planning**

• Strategic Planning for FY25: Key priorities were identified, including rural outreach, collaboration, education, and resource accessibility, to guide the ROSC's efforts in the upcoming year.

o Collaboration with Faith-Based Communities: Made connections with local faith groups to further expand recovery support.

#### **Outreach & Resource Distribution**

- Over 1,200 print campaign materials were distributed across various sectors.
- Narcan distribution was extensive, with nearly 350 units distributed across various events, fairs, and community outreach initiatives.

#### Support for Recovery

- Recovery Support Specialist Graduates: The ROSC facilitated the gifting of graduation bags to graduates of the Recovery Support Specialist program.
- Essentials Drive: In collaboration with A New Horizon Recovery Community Center, a hygiene and personal care essentials drive was implemented to support individuals in early recovery.
- In 2024, Project Oz accomplished the following:

## Mental Health Prevention Services

• Secured funds for program expansion. In 2025, Project Oz will begin providing resources and education for parents and caregivers, expand school-based programming to four additional non-standard or private schools, and provide presentations at the Juvenile Detention Center.

## **Restorative Schools Program**

- o Continued embedded restorative practitioners in six schools (three high schools, one junior high, two elementary schools).
- o Coordinated over 200 restorative circles/conflict resolution and 14 training sessions. The original R3 grant expired and Project Oz received a new three-year award to continue the program at the elementary level.

## Juvenile Justice/Diversion

 Received state funds to implement an expanded juvenile justice diversion program as part of the existing Comprehensive Community Based Youth Services (CCBYS) program. Hired new staff and worked with court services and law enforcement to strengthen partnerships and improve the referral pipeline.

# Youth Housing

- Received state funds to expand transitional housing for youth (18-23) experiencing housing insecurity by six beds, which brings the total capacity to 30 beds annually.
- o Hired new staff and worked with landlords to identify additional locations for the scattered-site housing model.
- Successfully re-applied for a federally-funded transitional living program grant and received a new five-year award. The program specifically serves youth who are experiencing homelessness and who are pregnant or parenting.
- In 2024, McLean County Health Department (MCHD) continued its participation in the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS/SUPR) Drug Overdose Prevention Program (DOPP). This partnership provides MCHD with free Narcan, a nasal spray that temporarily reverses opioid overdoses, which is distributed to community members and partners. A total of 612 boxes of Narcan were distributed through this partnership.
- In October 2024, MCHD added a Narcan wall dispenser on the 1st floor, with 156 boxes distributed from October 2024 to December 2024. MCHD also provided The Junction with the same type of machine and Narcan.

*The Four Organizations comprising the McLean County Executive Steering Committee—Carle BroMenn Medical Center, Chestnut Health Systems, th Health Department and OSF St. Joseph Medical Center—are all implied resources/partners for Behavioral Health.	e McLean County
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# McLean County 2023 – 2025 Community Health Improvement Plan 2024 Progress Report: Healthy Eating/Active Living

# **HEALTH PRIORITY: HEALTHY EATING/ACTIVE LIVING (HEAL)**

**GOAL:** Promote equitable opportunities to access healthy eating and active living to strengthen the health and wellbeing of our diverse community by 2026.

Social Determinants of Health Areas of Focus: Food Insecurity, Social Isolation

## Related Social Determinants of Health: Food Insecurity, Transportation

OUTCOME OBJECTIVE: By 2026, maintain or increase the percentage of people living at a healthy body weight in McLean County. Baseline

- Adults: 32% of McLean County adults are classified as obese (County Health Rankings, 2022).
- Adolescents: 11% of 8<sup>th</sup> graders, 9% of 10<sup>th</sup> graders, 6% of 12<sup>th</sup> graders in McLean County are obese (Illinois Youth Survey, 2020).

# State Health Improvement Plan (SHIP)

- Increase opportunities for healthy eating.
- Increase opportunities for active living.
- Increase opportunities for chronic conditions prevention and wellness.

THREE YEAR MEASURES	STRATEGIES and INTERVENTIONS	ANNUAL EVALUATION MEASURES	PROGRESS IN 2024
IMPACT OBJECTIVE #1: By	STRATEGY #1: SUPPORT, PROMOTE, AND		
2026, increase opportunities	EDUCATE THE COMMUNITY ABOUT THE		
for healthy eating.	AVAILABILITY AND ACCESSIBILITY OF FRUITS		
	AND VEGETABLES IN MCLEAN COUNTY.		
BASELINE DATA		Intervention 1.1: Process Indicators	Intervention 1.1
			Outcomes:

• 32% of adults (18+) are	Intervention 1.1: Develop and share	# of free programs that help identify how	• <b>2024</b> : 39 free
obese; 34.6% of adults	educational tools and programs to assist in	healthy foods are prepared	programs (OSF
(18+) are obese in the 10	educating the community about healthier		St. Joseph
High Health Equity Needs	food choices		Medical Center,
ZIP codes with a 4-5			Chestnut Family
ranking (Conduent Healthy			Health Center,
Communities Institute,			Town of Normal,
County Health Rankings,			University of
2022 and CDC – Places,			Illinois Extension
2019)			Mayors Manor,
2013)			Carle Health &
<ul> <li>94% of McLean County</li> </ul>			Fitness Center)
residents do not consume			<b>2023</b> : 227 free
5+ servings of fruit and			programs (OSF
•			St. Joseph
vegetables per day; citing			Medical Center,
transportation issues or			University of
"don't like". (McLean		" 6 " 1 " 1 " 1 " 1 "	Illinois Extension)
County Community Health		# of participants who attend free programs	• <b>2024</b> : 1,700
Survey, 2021)		on preparing healthy foods	participants
			<b>2023</b> : 2,542
• 9.5% of people in McLean		" 6 :1 .1 .1 .1 .1 .1	participants
County experience food		# of paid programs that help identify how     healthy foods are proposed.	• <b>2024</b> : 3 paid
insecurity (Conduent		healthy foods are prepared	programs (OSF
Healthy Communities			St. Joseph Medical Center,
Institute, Feeding America,			University of
2019)			Illinois Extension)
			<b>2023</b> : 0 paid
<ul> <li>An average of 30 percent</li> </ul>			programs
of 8 <sup>th</sup> , 10 <sup>th</sup> and 12 <sup>th</sup> graders		# of participants who attend programs	• <b>2024</b> : 63
ate fruit two times per day		# or participants wito attenu programs	2024. 03

participants

(with a fee) preparing healthy foods

ate fruit two times per day

in the last seven days and			<b>2023</b> : 0
an average of 12 percent			participants
ate three or more		Intervention 1.1: Outcome Indicators	
vegetables per day in the			
last seven days (Illinois		Not available	
Youth Survey, 2020)		Intervention 1.2: Process Indicators	Intervention 1.2
	Intervention 1.2: Promote awareness of		Outcomes:
	local resources for healthy eating and access to healthy foods	# of promotional activities taking place to encourage healthy eating (QR code, newsletters, websites, chat boxes, social media, Pantagraph articles, etc)	• 2024: 8 promotional activities (OSF St. Joseph Medical Center, University of Illinois Extension, Faith In Action, District 87) 2023: 7 promotional activities (OSF St. Joseph Medical
			Center, University of Illinois Extension)
		Intervention 1.2: Outcome Indicators	
		Not available	
	Intervention 1.3: Promote healthy food	Intervention 1.3: Process Indicators	Intervention 1.3
	accessibility	Veggie Oasis:	Outcomes:
	Evidence: https://www.countyhealthrankings.org/take-	# of pounds of produce donated to the community	• 2024: 5,200 pounds 2023: 5,200 pounds

action-to-improve-health/what-works-for-	OSF SmartMeals:		
•	OSF Silial Liviedis:		
health/policies/community-gardens	# of meals given	•	<b>2024</b> : 2,086
	ŭ		meals
https://www.countyhealthrankings.org/take-			<b>2023</b> : 1,072
action-to-improve-health/what-works-for-			meals
health/policies/healthy-food-initiatives-in-	Midwest Food Bank:		
<u>food-banks</u>	# of cases of healthier foods donated	•	<b>2024</b> : Data not
	# of cases of fleatifile floods doffated		available
			<b>2023</b> : 342,589
			cases
	# of organizations reached	•	<b>2024</b> : Data not
			available
			<b>2023</b> : 127
			organizations
	Food Farmacy		
	# of members in program	•	<b>2024</b> : 115
			members (Home
			Sweet Home
			Ministries,
			Chestnut Family
			Health Center)
			<b>2023</b> : 75
			members (HSHM)
	# of visits	•	<b>2024</b> : 307 visits
			(Home Sweet
			Home Ministries,
			Chestnut Family
			Health Center)
			<b>2023</b> : 260 visits
			Home Sweet
			<b>Home Ministries</b>

Soup Kitchen:	
# of participants who consume a salad	• 2024: 9,745 participants 2023: 5,300 participants
% of healthier foods offered	• 2024: 80% 2023: 80%
# of meals given:	
o Lunch	• 2024: 12,606 meals 2023: 6,740 meals
o Dinner	• 2024: 15,237 meals 2023: 28.571 meals
o Sack Lunches	• 2024: 11,533 meals 2023: 10,200 meals
Bread for Life Co-op:	
• # of visits	• <b>2024</b> : 1,655 visits <b>2023</b> : 1,142 visits
# of shopping carts	• 2024: 1,854 carts 2023: 1,269 carts
<ul><li>Community Gardens:</li><li># of pounds of produce donated</li></ul>	• 2024: 543 pounds (OSF St. Joseph Medical

Establish a baseline for the locations of and number of community gardens	•	Center, Mayors Manor) 2023: 425 pounds (OSF St. Joseph Medical Center) 2024: 2 community gardens (OSF St. Joseph Medical Center, Mayors Manor) 2023: 3 community gardens (OSF St. Joseph Medical Center, Mid Central Community Action.
		Community Action, Bloomington School District 87)
Community Food Drives		0.7
# of healthy food drives	•	2024: 2 healthy food drives (OSF St. Joseph
		Medical Center, Carle BroMenn Medical Center) 2023: 3 healthy food drives

# of partnerships	• 2024: 2 partnerships 2023: 8 partnerships
<ul> <li># of Double Snap participants         (baseline: 282 unique participants, 2021)</li> </ul>	• 2024: 208 participants 2023: 378 participants
Prepared Food Boxes:  • # of boxes donated	• 2024: 0 boxes 2023: 1,160 boxes
<ul> <li>"Screen and Connect" tool in OSF Medical Group Offices</li> <li># of patients identified who are food insecure and referred to local entity</li> </ul>	• 2024: 41,604 patients screened, 4,093 stated they were food insecure 2023: 27, 940 patients screened, 998 patients referred.
OSF Peace Meal Senior Nutrition Program:  • # of meals served	• 2024: 162,615 meals 2023: 135,149 meals
Intervention 1.3: Outcome Indicators (Peace Meal only)	• 2024: 88.2%

		% of clients who can stay home because meals are being delivered	<b>2023</b> : 98%
		% of clients who are eating healthier due to the meals served	• <b>2024</b> : 93.1% <b>2023</b> : 95%
		Intervention 1.4: Process Indicator	Intervention 1.4
		# of free meals provided to students	Outcomes: • 2024: 630,606
		# of reduced priced meals provided to students	free meals 2023: 618,900 free meals 2024: 33,863 reduced price meals 2023: 23,363 reduced priced meals
		Intervention 1.4: Outcome Indicators Not available	
IMPACT OBJECTIVE #2: By 2023, increase opportunities for active living.	STRATEGY #2: PROMOTE ACTIVE LIVING IN THE WORKPLACE AND COMMUNITY.		
BASELINE DATA:	Intervention 2.1. Promote access to	Intervention 2.1. Process Indicators	Intervention 2.1
<ul> <li>Access to exercise opportunities Adults:</li> </ul>	Intervention 2.1: Promote access to wellbeing programs in the workplace  Evidence:	<ul> <li># of employers offering at least 3 worksite wellbeing opportunities in the workplace</li> </ul>	Intervention 2.1 Outcomes: • 2024: 8
83.9% have access (Conduent Healthy Communities Institute,	https://www.thecommunityguide.org/finding s/obesity-worksite-programs	per year (EAP, Employee Surveys, education programs)	employers (Carle Health, OSF Healthcare,

County Health Rankings, 2020)  • Physical Activity: Adults: 19.9% did not participate in any leisure-time physical activities in the past month (Conduent Healthy Communities Institute, County Health Rankings,	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-fitness-programs		Systems, Town of Normal, YMCA, Project Oz, The Baby Fold, University of Illinois Extension, District 87, Unit 5) 2023: 15 employers
2019)  • 86% of McLean County		Intervention 2.1: Outcome Indicators  Not available	
residents are not meeting exercise guidelines (150 minutes per week); 28% report being too tired to exercise, 23% report they don't like to exercise (McLean County Community Health Survey, 2021)  • An average of 22% of 8 <sup>th</sup> , 10 <sup>th</sup> and 12 <sup>th</sup> graders were physically active for at least	Intervention 2.2: Promote access to wellbeing programs in the community	<ul> <li># of free programs/events promoting physical activity in the community</li> </ul>	Intervention 2.2 Outcomes:  • 2024: 18     programs (OSF     St. Joseph     Medical Center,     Town of Normal,     Carle Health &     Fitness Center,     District 87)     2023: 88     programs (OSF     Healthcare, Carle     Health & Fitness     Center, Project
60-minutes for 5 days, during the past 7 days (Illinois Youth Survey, 2020)		# of community members participating in free programs/events promoting physical activity	Oz, Fleet Feet)  • 2024: 515 community members (OSF St. Joseph Medical

An average of 27% of 8th,		Center, Town of
10th and 12th graders		Normal, Carle
reported being physically		Health & Fitness
active for a total of 60		Center, District
minutes per day for 7 days		87)
a week (Illinois Youth		<b>2023</b> : 7,625
Survey, 2020)		community
3di VCY, 2020)		members (OSF St.
• 140.6		Jospeh Medical
hospitalizations/10,000		Center, Carle
		Health & Fitness
population 18+ years due		Center, Project
to unintentional falls		Oz)
(Conduent Healthy	<ul> <li># of visits at a local fitness center</li> </ul>	• <b>2024</b> : 537,384
Communities Institute,		(Carle Health &
Illinois Hospital		Fitness Center,
Association, 2018-2020)		YMCA)
		<b>2023</b> : 600,504
		(Carle Health &
		Fitness Center,
		Project Oz, OSF
		St. Joseph
		Medical Center,
		YMCA, Town of
		Normal)
	<ul> <li># of participants who utilize the</li> </ul>	• <b>2024</b> : Data not
	Constitution Trail	available
		<b>2023</b> : 640 visits
		(Chestnut Health
		Systems)
	Intervention 2.2: Outcome Indicators	
	Not available	

Intervention 2.3: Offer A Matter of Balance to older adults  Evidence:  https://ijbnpa.biomedcentral.com/articles/10	<ul> <li>Intervention 2.3: Process Indicators</li> <li># of people participating in the A Matter of Balance course.         (baseline: 58 participants, 2021)</li> <li># of Matter of Balance courses offered (baseline: 1 course)</li> </ul>	Intervention 2.3 Outcomes:
.1186/s12966-017-0509-8	<ul> <li>% of participants reported "feeling improved strength"</li> <li>Outcome Indicators 2.3:</li> <li>% of participants reported "feeling a reduction in a fear of falling"</li> </ul>	• 2024: NA 2023: 88.3% • 2024: NA 2023: 94.1%
Intervention 2.4: Offer Partnership in Health to individuals with developmental and intellectual disabilities and to their support workers  Evidence:	<ul> <li># of people participating in the Partnership in Health program         (baseline: 33 participants, Carle Health &amp; Fitness Center, 2021</li> </ul>	<ul><li>Intervention 2.4</li><li>Outcomes:</li><li>2024: 21 people</li><li>2023: 29 people</li></ul>
https://ijbnpa.biomedcentral.com/articles/10 .1186/1479-5868-10-18	Outcomes Indicators 2.4:  • % of participants who decreased their blood pressure (baseline: 50%, Carle Health & Fitness Center, 2021)	2024: 45% of participants decreased their systolic pressure, 50% of participants decreased their diastolic pressure.     2023: 48% of participants decreased their systolic pressure, 50% of

	% of participants who improved or maintained their waist circumference	participants decreased their diastolic pressure.  • 2024: 60% 2023: 48%
	% of participants who improved their BMI	• 2024: 60% 2023: 34%
Intervention 2.5: Promote the 5-2-1-0 Campaign amongst school-aged kids	Intervention 2.5: Process Indicators	Intervention 2.5 Outcomes:
Evidence:  https://www.countyhealthrankings.org/take-	<ul> <li>Track # of facilities who promote the 5-2-1-</li> <li>0 campaign</li> </ul>	• 2024: 3 facilities 2023: 2 facilities
action-to-improve-health/what-works-for-health/policies/community-wide-physical-activity-campaigns	Track # of children educated on the 5-2-1-0     Campaign amongst school-aged kids	• 2024: 880 children (OSF St. Joseph Medical Center)
https://www.countyhealthrankings.org/take- action-to-improve-health/what-works-for-		• <b>2023</b> : 683 children
health/policies/screen-time-interventions- for-children	Intervention 2.5: Outcome Indicators  Not available	
Intervention 2.6: Increase physical activity access in the pediatric population through Healthy Kids University	<ul><li>Intervention 2.6: Process Indicators</li><li># of participants</li></ul>	Intervention 2.6 Outcomes:  • 2024: 50 participants
Evidence:	Outcome Indicators 2.6:	2023: 22 participants

	https://www.countyhealthrankings.org/take- action-to-improve-health/what-works-for- health/policies/multi-component-obesity- prevention-interventions	<ul> <li>% of individuals who report feel healthier</li> <li>% of individuals that adopted healthier behaviors</li> </ul>	• 2024: 100% 2023: 100% • 2024: 100% 2023: 100%
	Intervention 2.7: Promote and implement	Intervention 2.7: Process Indicators	Intervention 2.7
	Girls on the Run program in McLean County	# of participants	Outcomes:  • 2024: 142
	Evidence:  Our Impact   Girls Empowerment Program		participants 2023: 67 participants
	Girls on the Run	# of programs offered in McLean County	• 2024: 9 sites 2023: 5 sites
		<ul> <li>Intervention 2.7: Outcome Indicators</li> <li>% of participants who increased physical activity</li> </ul>	• <b>2024</b> : 37% <b>2023</b> : 84%
		% of participants who improved confidence and connection	• <b>2024</b> : 94% • <b>2023</b> : 93%
IMPACT OBJECTIVE #3: By 2026, promote opportunities for chronic conditions	STRATEGY #3: PROMOTE WELLNESS RELATED CHRONIC DISEASE PREVENTION PROGRAMS IN THE COMMUNITY.		
prevention and wellness programs in the community.	Intervention 3.1: Offer community programs and/or screenings related to heart disease to community members	<ul> <li>Intervention 3.1: Process Indicators</li> <li># of blood pressure screening participants</li> </ul>	Intervention 3.1 – 3.8 Outcomes: • 2024: 328
<ul> <li>T1.8% of adults have taken medication for high blood</li> </ul>			participants (OSF St. Joseph Medical Center, Chestnut Family Health Center,

pressure (Conduent			University of
Healthy Communities			Illinois Extension
Institute, CDC – Places,			Mayors Manor,
019)			Carle Health &
			Fitness Center )
f adults have a			<b>2023</b> : 619
rol test history			participants (OS
althy			St. Joseph
titute, CDC			Medical Center,
9)			Chestnut Family
			Health Center,
			Home Sweet
			Home Ministrie
	# of heart disease educational classes	•	<b>2024</b> : 14 classes
	offered		(OSF St. Joseph
			Medical Center
			Town of Norma
			University of
			Illinois Extensio
			Mayors Manor)
			<b>2023</b> : 6 classes
			(OSF St. Joseph
			Medical Center
	# of participants in heart disease	•	<b>2024</b> : 988
	educational classes		participants (OS
			St. Joseph
			Medical Center,
			Town of Norma
			Mayors Manor)
			<b>2023</b> : 191
			participants (OS

				St. Joseph Medical Center)
		# of cholesterol screening participants	•	<b>2024</b> : 579
		# of cholesterol screening participants	•	participants (OSF
				St. Joseph
				Medical Center,
				Town of Normal)
				<b>2023</b> : 346
				participants
				(OSF St. Joseph
				Medical Center,
				Carle Health &
				Fitness Center
		Intervention 3.1: Outcome Indicators		
		Not available		
	Intervention 3.2: Offer programs related to	Intervention 3.2: Process Indicators		
	stress reduction to the community	<ul> <li># of participants in stress reduction</li> </ul>	•	<b>2024</b> : 1,282
		participants		participants (OSF
				St. Joseph
				Medical Center,
				Town of Normal,
				University of
				Illinois Extension,
				Mayors Manor)
				<b>2023</b> : 2,946
				participants (OSF
				St. Joseph
				Medical Center,
				The Baby Fold)
1		Was Calana and a Canada and a Chanada	1	2024: 14 deces
		<ul> <li># of stress reduction classes offered</li> </ul>	•	<b>2024</b> : 14 classes
		# of stress reduction classes offered	•	(OSF St. Joseph

			Town of Normal, University of Illinois Extension, Mayors Manor) 2023: 25 classes (OSF St. Joseph Medical Center, The Baby Fold)
	<ul> <li>Intervention 3.2: Outcome Indicators</li> <li>Not available</li> </ul>		
Intervention 3.3: Offer COPE program to	Intervention 3.3: Process Indicator		
teens in the community.  COPE is Creating Opportunities for Personal Empowerment. It's a seven week program for teens to focus on cognitive behavioral therapy  Evidence:	# of classes offered  # of classes offered	•	2024: 12 consultations (OSF St. Joseph Medical Center) 2023: 37 consultations (OSF St. Joseph Medical Center) 2024: 4 classes (OSF St. Joseph Medical Center) 2023: 4 classes (OSF St. Joseph
Intervention Studies Supporting Evidence-based COPE for Helping Depression, Stress and Anxiety — Coping Skills Programs for Children, Teens, Young Adults, Adults   Schools, Universities, Healthcare, Parents/Teens (cope2thrive.com)	Intervention 3.3: Outcome Indicators  • % of participants who improved resiliency	•	Medical Center)  2024: 92% 2023: 93%

Intervention 3.4: Offer Diabetes Prevention 3.4: Offer Diabetes Prevention and other classes related to diabetes risk reduction to community members  Evidence:  https://coveragetoolkit.org/about-	<ul> <li>Intervention 3.4: Process Indicators         <ul> <li># of Diabetes Prevention Program participants</li> </ul> </li> <li># of Diabetes Prevention Program classes</li> </ul>	•	2024: 10 participants 2023: 23 participants 2024: 2 classes 2023: 37 classes
national-dpp/evidence/	<ul> <li>Intervention 3.4: Outcome Indicators</li> <li># of persons who decreased their body weight</li> </ul>	•	2024: 35 participants 2023: 16 participants
	# of people who increased physical activity	•	2024: 37 participants 2023: 23 participants
Intervention 3.5: Offer programs relat cancer prevention/diagnosis to commumembers		•	2024: 46 participants (OSF St. Joseph Medical Center) 2023: 63 participants (OSF St. Joseph Medical Center)
	o # of programs offered	•	2024: 10 programs (OSF St. Joseph Medical Center)

<ul> <li>Cancer group fitness classes</li> <li># of participants</li> </ul>	•	2023: 10 programs (OSF St. Joseph Medical Center)  2024: 0 participants 2023: 0 participants
<ul> <li># of classes offered</li> </ul>	•	<b>2024</b> : 0 classes <b>2023</b> : 0 classes
Cancer education classes     # of participants	•	2024: 89 participants(OSF St. Joseph Medical Center) 2023: 204 participants (OSF St. Joseph Medical Center) Carle Cancer Institute Normal, University of Illinois Extension)
o # of classes offered	•	2024: 3 classes (OSF St. Joseph Medical Center) 2023: 4 classes (OSF St. Joseph Medical Center) Carle Cancer

	Intervention 3.5: Outcome Indicators  • Not available	Institute Normal, University of Illinois Extension)
Intervention 3.6: Offer programs related to achieving a healthy body weight	Intervention 3.6: Process Indicators  • Healthy weight education classes  o # of participants  o # of classes offered	<ul> <li>2024: 66         participants         2023: 320         participants     </li> <li>2024: 2 classes</li> <li>2023: 3 classes</li> </ul>
Intervention 3.7: Offer programs related to	Intervention 3.6: Outcome Indicators  Not available Intervention 3.7: Process Indicators	•
smoking cessation  McLean County Facilitates the Intervention for Nicotine Dependence, Education, Prevention, Tobacco and Health (INDEPTH) program. The program helps schools and communities address teen e-cigarette use in	INDEPTH	<ul> <li>2024: 26 participants (Mayors Manor) 2023: 47 participants</li> <li>2024: 1 class</li> </ul>
a more supportive way. Instead of solely focusing on punitive measures, INDEPTH is an interactive program that teaches students about nicotine dependence, establishing healthy alternatives, and how to overcome unhealthy substance dependence. The	Intervention 3.7: Outcome Indicators  • # of participants who quit smoking	(Mayors Manor) 2023: 35 classes  NA
program was developed by the American Lung Association and consists of five 1-hour sessions. In addition, INDEPTH educates students on the impact of tobacco use in		

teens, the long-term health consequences, and other skills to support teens in quitting or reducing their tobacco product use.		
Intervention 3.8: Offer programs related to	Intervention 3.8: Process Indicators	
chronic disease management	Chronic disease management course	• <b>2024</b> : 83
	<ul><li># of participants</li></ul>	participants
		(University of
		Illinois Extension,
		Carle Health &
		Fitness Center)
		<b>2023</b> : 20
		participants
		(University of
	# of classes offered	Illinois Extension)
	o # of classes offered	• 2024: 1 class
		(University of Illinois Extension)
		• 2023: 1 class
		(University of
		Illinois Extension)
	Intervention 3.8: Outcome Indicators	IIIIIOI3 EXCEISIOII)
	Not available	

## **RELATED IMPROVEMENT PLAN EFFORTS**

The following organizations received grants in 2024 for implementation in 2024/2025 or FY25 (May 1, 2024 – April 30, 2025) from the John M. Scott Health Care Commission. The grants are tied to the health priorities selected for the 2022 McLean County Community Health Needs Assessment and the 2023 – 2025 McLean County Community Health Improvement Plan. The data below is for May 1 – October 31, 2024.

- OSF HealthCare received a category II program grant for Peace Meal Senior Nutrition program; 1,287 people were served during the above timeframe.
- One Hope Project received a category II program grant for their eating disorder program; 28 people were served during the above timeframe.
- Living Well United received a category II program grant for the Senior Center for Rural Mclean County; 381 people were served during the above timeframe.
- The Bloomington-Normal YMCA received a category II program grant for the Healthy Kids University; 50 people were served during the above timeframe.
- West Bloomington Revitalization Project received a category II program grant for the Bike Co-Op; number served has not yet been reported.

#### **Other Related Accomplishments**

- District 87 Schools, Western Ave Community Center, and Second Presbyterian Church collaborated to hold three Nourish and Nurture Nights for 12 families.
- Project Oz offered 22 total events for employees focused on healthy behaviors where 420 individuals participated.
- LINK Match distributed: 13,217 and LINK Match redeemed: 10,852 with an 82.11% redemption rate which is 2.58% higher than the 2023 redemption rate.
- In 2024, Carle BroMenn Medical Center accomplished the following:
  - Carle Cancer Institute Normal, held *Trail Tuesdays* from June to October to boost physical activity for current and previous cancer patients. A total of approximately 60 people participated in the weekly walks on the Constitution Trail.
  - The Nurse Practice Council at Carle BroMenn Medical Center donated over 700 jars of peanut butter and 550 boxes of crackers to benefit children in need at Glenn, Fairview and Oakland Elementary Schools.
  - The Spiritual Care department at Carle BroMenn Medical Center, in cooperation with the Carle Faith Community Partners, launched the Compassion Cupboard in May 2023 as a pilot program. The Compassion Cupboard provided bags of basic food items such as canned fruits, vegetables, proteins and grains to 70 individuals experiencing food insecurity that were discharged from the hospital or sought services at an outpatient clinic in 2024. The intent of the food bags is to aid with food insecurity in the short term. Information about local food pantries and support programs was included in each bag.
  - Cardiopulmonary Rehab and Nutrition Services at Carle BroMenn Medical Center hosted a low-sodium food drive. Approximately 124 donated items were given to Home Sweet Home Ministries and Center for Hope Outreach Program.
  - A food waste composting pilot began at Carle BroMenn Medical Center in August 2024 that diverted an average of 800 pounds of food waste from a landfill each month.
- In 2024, the Carle Health & Fitness Center accomplished the following:
  - o Conducted a free blood pressure screening for 40 Illinois Wesleyan University nursing students.
  - o Conducted a free fall prevention workshop to 23 participants in partnership with Carle McLean County Orthopedics.
  - Held a free bone density bone density presentation to 50 participants in partnership with Carle McLean County Orthopedics.

- Held a free nutrition presentation to five seniors and a free presentation on olive oil to eight people.
- Ten staff members volunteered at the Midwest Food Bank and the center held drive for essentials for The Salvation Army.
- University of Illinois Extension Office provided 578 SNAP-Ed classes to 2,726 participants for nutrition education. They also attended the Farmers' Market eight times providing opportunities to register for their healthy eating newsletter, QR code to recipe website, and/or registration for upcoming classes.
- In 2024, OSF HealthCare St. Joseph Medical Center (OSF SJMC) accomplished the following:
  - Sponsored the Peace Meal Senior Nutrition Program to seniors living in McLean County.
  - Sponsored Student Health 101 for Normal Community West and Normal Community High Schools. Produced? weekly emails
    promoting overall health and wellbeing education and resources for parents and students.
  - o Offered a genetic cancer risk assessment to women during mammogram screening visits.
  - Updated benefits package to OSF Healthcare employees to encourage self-care and volunteer time.
  - Donated money to the Boys & Girls Club of Bloomington Normal as part of a fundraiser within OSF SJMC.
  - o Partnered with Fleet Feet to give shoes to nine random employees during a wellbeing challenge.
  - Women Empowered Giving Circle through OSF donated \$4,500 to the OSF Maternal and Fetal Services for women undergoing extra gynecological testing.
  - Partnered with various employers in the community to promote health and wellbeing for their employees, reaching over 15,000 people.
- In 2024, The Baby Fold accomplished the following:
  - Budgeted a wellness fund line item where staff could apply for funding throughout the year. In 2024, there were 12 funding requests for a total of \$3,800.
  - Held a Lunch and Learn on the topic of vicarious trauma that 35 staff attended.
  - o Offered an employee wellness fair with various breakout sessions. Topics included yoga and compassion fatigue. Approximately 105 staff attended the fair.
  - o Hosted an all-agency gathering of food, games and music bingo. Approximately 80 staff attended the gathering.
  - o Offered four yoga classes to 20 staff by a therapist who is trained in trauma-informed yoga...
- In 2024, The Salvation Army accomplished the following:
  - Had a total of 4,020 food pantry visits for the year (average of 335 visits per month).
  - Served a total of 11,607 people (average of 967 people per month).
  - Served 613 households for the first time.
  - o Distributed \$1,046,584 worth of food to pantry clients based on the average cost of food per visit.
- In 2024, District 87 offered monthly education programs for their employees:
  - o January 2024-Better sleep.
  - o February 2024-Step challenge.

- o March 2024-Eat two or more different colored fruits or vegetables at one meal.
- o April 2024-Be active outside.
- o May 2024-Attend the 5K/wellness event.
- o September 2024-Do yoga.
- o October 2024-Walk outside.
- o November 2024-Eat fall produce.
- December 2024-Do a wellness activity with a friend.

<sup>\*</sup>The Four Organizations comprising the McLean County Executive Steering Committee—Carle BroMenn Medical Center, Chestnut Health Systems, the McLean County Health Department—are all implied resources/partners for Healthy Eating/Active Living.