Chairman Brett Grimm
Kim D. Joesting, Dist. 1
Nancy Proehl, Dist. 1
Mark Goddard, Dist. 1
Kaden Nelms, Dist. 1
Nick Graff, Dist. 2
Greg Menold, Dist. 2
Greg Sinn, Dist. 2
Eric Schmidgall, Dist. 3
Dave Mingus, Dist. 3
Tammy Rich-Stimson, Dist. 3

John C. Ackerman
County Clerk

Vice Chairman, Michael Harris, Dist. 3
Jay Hall, Dist. 1
Deene Milam, Dist. 1
Joe Woodrow, Dist. 1
Jon Hopkins, Dist. 2
Maxwell Schneider, Dist. 2
Cathryn Stump, Dist. 2
Eric Stahl, Dist. 2
Russ Crawford, Dist. 3
Vacant Position – Dist. 3
Greg Longfellow, Dist. 3

TAZEWELL COUNTY BOARD MEETING MINUTES
WEDNESDAY, MARCH 25, 2026
6:00 PM
James Carius Community Room, Tazewell Law & Justice Center, 101 S. Capitol Street, Pekin, Illinois 61554

ROLL CALL BY COUNTY CLERK

Attendance was taken by Roll Call and the following members of the board were present: Chairman Grimm, Members Crawford, Goddard, Harris, Hopkins, Joesting, Menold, Milam, Mingus, Nelms, Proehl, Rich-Stimson, Schmidgall, Schneider, Sinn, Stump, Woodrow – 17. Absent: Graff, Hall, Longfellow, Stahl – 4.

INVOCATION AND PLEDGE OF ALLEGIANCE

Chairman Grimm led the invocation followed by the Pledge of Allegiance.

COMMUNICATION FROM MEMBERS OF THE PUBLIC AND/OR COUNTY EMPLOYEES

No communications from members of the public.

PRESENTATION:

Lance Lelm, Heart Technologies Representative, spoke on developing an AI Policy and discussed the positives and negatives of using AI. He encouraged the County to be proactive in educating the staff on AI usage.

PRESENTATION: Amy Fox, Tazewell County Health Department Director provided a handout to the board members, and she discussed the Community Health Improvement Plan. She highlighted various topics that were priority heath concerns within the tri-county region of Peoria, Tazewell and Woodford Counties.

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PRESENTATION: Matt Brown, PJ Hoerr Representative, provided an update on the Justice Center Annex and Animal Control Building Projects. He showed the board members a drone video of the Justice Center Annex construction site and indicated the project is within budget. He spoke on the Animal Control Building Project and provided pictures of the current construction.

COMMUNICATIONS FROM ELECTED AND APPOINTED COUNTY OFFICIALS

Member Russ Crawford provided some legislative updates regarding bills that UCCI was supporting and opposing for the current legislative session. He spoke on HB5085 that discussed the VAC and language about their budget approval process and stated if passed the VAC would be subject to the FOIA laws. He stated that UCCI was opposed to SB 3076 and HB5391, which discussed expanding benefits and expansion of the State Comptroller in auditing of government entities. He also shared that Board Members Hopkins and Stump were accepted into the 2026 Leadership Academy.

County Clerk Ackerman announced that Statement of Economic Interest Forms can now be filed online. He encouraged all board members to visit the County Clerk website to file the SEI's electronically. He also announced that Tazewell County was recognized again by the Illinois Historical Society for the Best in Illinois History.

APPROVE THE MINUTES OF FEBRUARY 25, 2026, COUNTY BOARD PROCEEDINGS

Member Schmidgall moved to approve the minutes of February 25, 2026, County Board proceedings as printed; seconded by Member Rich-Stimson. Motion to approve the minutes as printed were approved by voice vote of 16 Yeas: 0 Nays.

IN-PLACE TRANSPORTATION COMMITTEE MEETING

Meeting Started at 6:35 PM

Transportation Committee Meeting ended at 6:37 PM

CONSENT AGENDA

Health Services: Approve agreement with the City of Washington for Animal Control Services, Resolution HS-26-13

Health Services: Approve agreement with the City of Delavan for Animal Control Services, Resolution HS-26-14.

Health Services: Approve agreement with the Village of Tremont for Animal Control Services, Resolution HS- 26-15.

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Health Services: Approve agreement with the Village of Armington for Animal Control Services, Resolution HS-26-16.

Health Services: Approve agreement with the Village of Hopedale for Animal Control Services, Resolution HS-26-17.

Health Services: Approve agreement with the City of East Peoria for Animal Control Services, Resolution HS-26-18.

Health Services: Approve agreement with the City of Marquette Heights for Animal Control Services, Resolution HS-26-19.

Health Services: Approve agreement with the Village of Morton for Animal Control Services, Resolution HS-26-20.

Health Services: Approve agreement with the Village of Green Valley for Animal Control Services, Resolution HS-26-21.

Transportation: Approve Resolution 25-00057-07-RS-Broadway Rd. Joint Funding Agreement – BLR 05310C, Resolution T-26-05. Upon approval of In-Place Meeting.

Property: Approve recommendation to decline purchase of property from IDOT, Resolution P-26-06.

Property: Approve Courthouse Flagpole Project, Resolution P-26-07.

Property: Approve use of contingency funds for the Animal Control Project, Resolution P-26-09.

Finance: Approve the expenditure of funds for ADP Services, Resolution F-26-08.

Risk: Approve disposal of a Sheriff vehicle and fund transfer, Resolution RM-26-02.

Executive: Approve a quote from Abel Monument for the Medal of Honor Monument, Resolution E-26-07.

Executive: Approve change to add the Roth option to the County 457(B) Deferred Compensation Plans, Resolution E-26-12.

Executive: Approve Decommissioning Agreement for Hawk Solar, LLC, Resolution E-26-21.

Executive: Approve Decommissioning Agreement for Coyote Road Solar, LLC, Resolution E-26-23.

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Executive: Approve Road Use Agreement, 1st Amendment for Fast Ave Solar, LLC, Resolution E-26-24.

Member Crawford motions to approve the Consent Agenda items as outlined in the agenda packet: seconded by Member Schneider. 16 Yeas 0 Nays.

The following items were removed from the Consent Agenda for further discussion.

Item 10 Transportation:

Tazewell County Highway Engineer Dan Parr responded to Member Sinn's question and stated this would be a resurfacing project on Broadway Rd.

Member Crawford moved to approve the joint funding agreement for the Broadway Road Project, seconded by Member Schmidgall. Motion to approve passed the board by a voice vote of 16 Yeas; 0 Nays. Resolution T-26-05 was passed by the county board.

Item 19 Executive:

Member Hopkins asked if some issues addressed during Executive Committee had been resolved.

Community Development Director Jackie Workman spoke on some of the concerns addressed during the committee meeting and stated a certificate of insurance was provided.

Member Hopkins moved to approve Decommissioning Agreement for Coyote Road Solar, LLC, seconded by Member Rich-Stimson. Motion to approve Resolution E-26-23 was passed by voice vote of 14 Yeas: 2 Nays – Harris, Schmidgall.

APPOINTMENTS/REAPPOINTMENTS

Member Nelms moved to reappoint Michael Morris to the Brush Hill Fire Protection District; seconded by Member Proehl. Resolution E-26-13 was approved by voice vote of 16 Yeas; 0 Nays.

Member Nelms moved to reappoint Todd Mundorf to the Powerton Fire Protection District; seconded by Member Proehl. Resolution E-26-14 was approved by voice vote of 16 Yeas; 0 Nays.

Member Nelms moved to reappoint Russell Crawford to the Tri-County Regional Planning Commission; seconded by Member Proehl. Resolution E-26-15 was approved by voice vote of 15 Yeas; 0 Nays; 1 Abstention – Crawford.

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Member Nelms moved to appoint Jon Hopkins to the Veterans Assistance Commission; seconded by Member Proehl. Resolution E-26-17 was approved by voice vote of 15 Yeas; 0 Nays; 1 Abstention – Hopkins.

Member Nelms moved to reappoint Richard Schwab to the Board of Review; seconded by Member Proehl. Resolution E-26-18 was approved by voice vote of 16 Yeas; 0 Nays.

Member Nelms moved to reappoint Greg Sinn to the Farmland Assessment Review Committee; seconded by Member Proehl. Resolution E-26-19 was approved by voice vote of 15 Yeas; 0 Nays; 1 Abstention – Sinn.

Member Nelms moved to reappoint Michael Deppert to the Farmland Assessment Review Committee; seconded by Member Proehl. Resolution E-26-20 was approved by voice vote of 16 Yeas; 0 Nays.

UNFINISHED BUSINESS

It was determined the board had no unfinished business at this time.

NEW BUSINESS

It was determined the board had no unfinished business at this time.

REVIEW OF APPROVED BILLS

Board members have been sent the approved bills.

APPROVE THE APRIL 2026 CALENDAR

Member Schmidgall motioned to approve the April 2026 calendar, seconded by Member Hopkins. Motion to approve the April 2026 calendar was approved by voice vote of 16 Yeas: 0 Nays

ADJOURNMENT

There being no further business before the Board Chairman Grimm announced the meeting adjourned. The Tazewell County Board Meeting adjourned at 6:46 PM. The next scheduled County Board meeting will be on April 29, 2026.

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Community Health Improvement Plan

2026-2028

DRAFT

DRAFT

Who are We?

PFHC Board

2023-2025 CHIP Highlights

How Did We Get Here? The CHIP Process

The Priorities: Youth Food Insecurity

The Priorities: Access to Behavioral Health Services

The Priorities: Suicidal Ideation & Self-Harm Behaviors in Young People

The Plan Moving Forward

Evaluation & Monitoring

Acknowledgements

Who are We?

MISSION

A community-driven partnership of public and private partners working together to address priority health issues in Peoria, Tazewell, and Woodford Counties of Illinois.

VISION

Our vision for the tri-county region will be a thriving community that is inclusive, diverse, and sustainable to ensure health equity and opportunity for well-being for all.

PARTNERSHIP FOR A HEALTHY COMMUNITY

The Partnership for a Healthy Community (PFHC) is a multi-sector community initiative working to improve population health in the tri-county region. The PFHC focuses on strengthening and aligning community efforts, leverage funding and supporting collaborative opportunities to drive health outcomes. To improve health in the tri-county region, the PFHC was formed in 2015 to develop a collaborative approach to the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

The collaborative includes the regional health systems, local health departments, and community agencies. Since 2015, the Partnership for a Healthy Community has increased development and capacity to assist in creating a sustainable collaborative initiative to improve health.

PFHC Highlights:

- 2015 formation of a Board for the CHIP process for 2016-2019
- Initial Mission, Vision and Values created in January of 2016
- Partnership for a Healthy Community Bylaws in 2017
- Website in 2017
- 1st annual Report in 2017
- Two additional cycles of CHNA and CHIP – aligned
- 2026 marks the 4th Community Health Improvement Planning cycle of our Tri County team partners

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PFHC Board

The PFHC has a board which has a reporting structure, bylaws, elections and appointments of officers. Members are elected to 3-year terms and are comprised of 5 representatives for the Region, Peoria, Tazewell and Woodford counties for a total of 20 members.

REGIONAL

Phil Baer
OSF Healthcare

Jill Dodaro
Carle Health

Dr. Sarah Donohue, PhD
U of I College of Medicine Peoria

Kate Green
Continuum of Care

Jennifer Zammuto
HOI United Way

PEORIA

Beth Crider
Retired Peoria ROE

Monica Hendrickson
Peoria City/County Health Department

Becca Mathis
Central Illinois Friends

Chris Setti
Greater Peoria Economic Development Council

Andrea Parker
Hult Center for Healthy Living

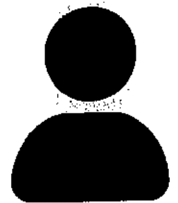
TAZEWELL

Rebecca Crumrine
U of I Extension

Amy Fox
Tazewell County Health Department

Amy Hubner
Pekin Public Schools District 108

Amanda Sutphen
OSF Healthcare


Vacant

WOODFORD

Amy Dewald
Woodford County Health Department

Sally Gambacorta
Carle Hospital Eureka

Autumn Jones
Woodford County Farm Bureau

Tricia Larson
Trillium Place

Craig Maynard
Illinois Wesleyan University

Dr. Sara Kelly, PhD

U of I College of Medicine Peoria

While not an official member of the PFHC Board, Dr. Sara Kelly, PhD is the lead of the PFHC Data Team and was an integral advisor in the Community Health Improvement Planning process.

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A Look Back at the 2023-2025 CHIP

Rooted in findings from the latest Community Health Needs Assessment (CHNA) and shaped by community voices, the CHIP highlights three priority areas with the greatest impact on regional well-being. From 2022-2025 those were:

- Healthy Eating - Active Living (HEAL)
- Obesity
- Mental Health

In these areas, the plan sets specific, measurable goals such as increasing access to nutritious foods and safe places for physical activity, reducing obesity among both teens and adults, and enhancing behavioral health support, including a 10% decrease in suicide deaths and a 10% rise in mental health treatment access.

The 2022–2025 Community Health Improvement Plan (CHIP) is a united, data-driven, and community-led blueprint for enhancing health and promoting equity across Peoria, Tazewell, and Woodford Counties. Created by the Partnership for a Healthy Community (PFHC), a coalition of hospitals, public health agencies, nonprofits, schools, and community partners, the CHIP reflects the region's collective commitment to building an inclusive, diverse, and sustainable Tri-County area where everyone can thrive.

The CHIP serves as both a strategic guide and a call to action, aiming to support cross-sector cooperation, influence policies and funding, and promote evidence-based solutions that reduce disparities and enhance quality of life.

By uniting partners around shared priorities and leveraging regional assets, the 2022–2025 CHIP outlined a path toward a healthier, more connected, and more resilient Tri-County community.

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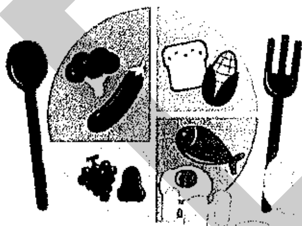
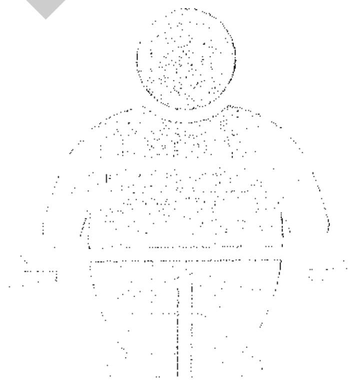
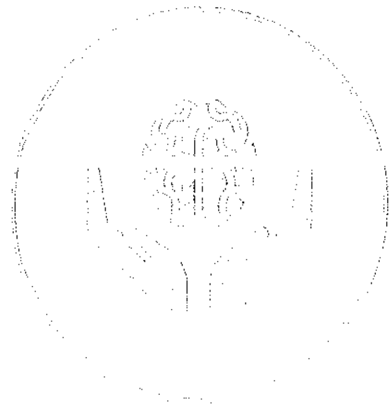


HEALTHY EATING - ACTIVE LIVING (HEAL)



OBESITY



MENTAL HEALTH

2023-2025 Highlights: HEAL

The HEAL Action Group leads regional efforts to increase access to nutritious foods, promote physical activity, and reduce obesity across Peoria, Tazewell, and Woodford Counties. HEAL focuses on creating equitable environments that enable all residents to make healthier choices. The group brought together partners from public health, food systems, education, and community organizations.

GROW A ROW

A signature effort of HEAL, the **Grow a Row** campaign encourages gardeners to donate produce to local food pantries. In the last three years, more than

69,000 pounds

of produce have been donated. The campaign continues to expand community engagement and directly supports food access for residents in need.

GARDENING GRANT PROGRAM

This program strengthens community gardens by funding infrastructure improvements, increasing production, and supporting the establishment of new garden sites. Grants help advance the group's garden capacity goals and expand sustainable access to local food.

2022-2025 HEAL GOALS

Increase community garden capacity by:

10%

Increase adults reporting exercise at least 1 day per week from just:

[illegible]8%

HEALTHY BEHAVIORS

HEAL developed practical toolkits and educational resources related to gardening, nutrition, and physical activity. These accessible materials enhance community readiness and support evidence-based practices across the region.

HEAL-FSP

The **HEAL Food System Partners (HEAL-FSP)** collaborative is a multi-sector group dedicated to enhancing regional food system coordination. This effort encompasses shared communications, educational strategies, and two planned pilot projects that aim to enhance food access, support community development, and mitigate system-level fragmentation.

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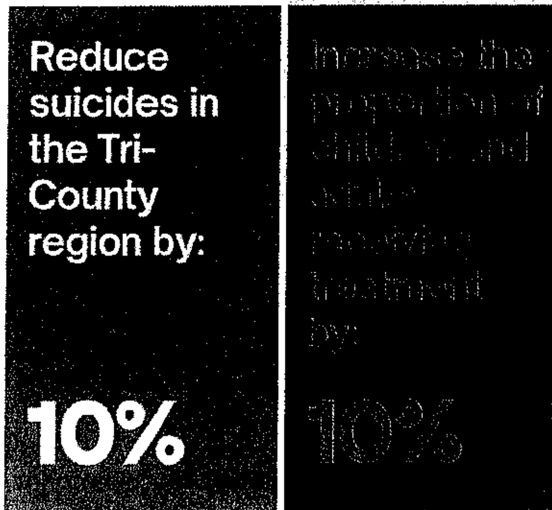
2023-2025 Highlights: Mental Health

2023-2025 MENTAL HEALTH GOALS



OUTREACH EFFORTS

Campaigns and outreach efforts during this period have emphasized suicide prevention, resource awareness, and the importance of early intervention. Community trainings, school partnerships, and workplace education all contribute to a more informed and responsive support network, particularly for youth and high-risk groups. The action team is engaged in ongoing discussions related to resource coordination, data tracking, and strengthening cross-agency collaboration to align prevention and treatment strategies across the region.

The Mental Health Action Group of the Partnership for a Healthy Community (PFHC) leads regional efforts to strengthen mental health systems, expand access to care, and reduce suicide across Peoria, Tazewell, and Woodford Counties. Goals surrounded decreasing suicide and increasing the proportion of people receiving treatment. Addressing these gaps requires coordinated prevention efforts, crisis intervention capacity, and stronger community awareness.

EVIDENCE-BASED TRAININGS

One of the group's core efforts involves expanding access to evidence-based trainings such as Mental Health First Aid and QPR Suicide Prevention Gatekeeper Training. These programs equip residents, educators, parents, and frontline workers with skills to recognize warning signs, respond to crises, and connect individuals to appropriate care. The region also continues to support school-based trauma-responsive programming, strengthening early identification and support for youth experiencing mental health challenges.

ACCESS TO SERVICES

The group maintains a publicly available list of mental health and telepsychology providers, helping residents connect with local and virtual care options. This aligns with CHIP sub-priorities focused on improving telemedicine access and supporting culturally adaptive healthcare.The Mental Health Action Group also integrates its work with broader community programs that support behavioral health, suicide prevention, youth well-being, and community education.

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2023-2025 Highlights: Obesity

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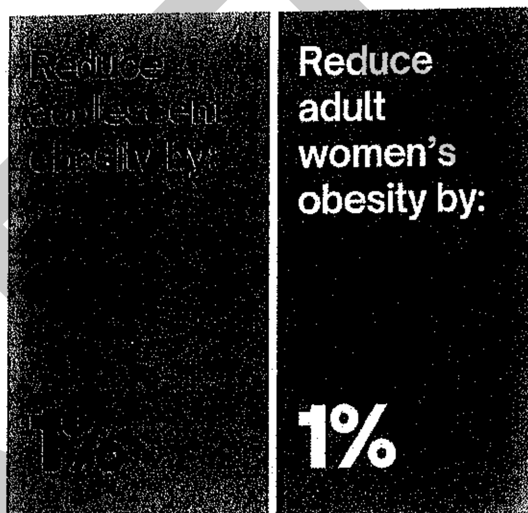
The Obesity Action Group focuses on reducing obesity among adolescents and adults across Peoria, Tazewell, and Woodford Counties. The group collaborates with local health departments, schools, healthcare providers, and community organizations to implement evidence-based interventions that prevent obesity and related chronic diseases.

2022-2025 OBESITY GOALS



STRONG PEOPLE, HEALTHY WEIGHT

Targeting high-risk areas for obesity such as Northeast Peoria county, **Strong People Healthy Weight** is a

12 week

adult curriculum nutrition education with structured physical activity. Pilot results demonstrated improvements in participant weight, fitness, and blood pressure, signaling positive health impacts.

COLLABORATION WITH HEAL

Coordination with the HEAL Action Group, ensures environmental supports such as community gardens, healthy food access, and physical activity infrastructure reinforce obesity prevention goals. State-level collaboration, including alignment with initiatives such as the Illinois State Physical Activity and Nutrition (ISPAN), further strengthens the group's evidence-based and multi-sector approach.

WELL AND HEALTHY KIDS U

the Obesity Action Group has leveraged digital interventions and health coaching programs, including WELL and Healthy Kids U, which have reached hundreds of youth. These programs are expanding through partnerships with schools and universities, increasing access to education and behavioral support for healthy lifestyles. Additionally, the group is continuing work on a collaborative grant examining the impact of social media on youth obesity, and recently applied for an extension to broaden this initiative.

How Did We Get Here? The CHIP Process

PURPOSE

The Community Health Improvement Planning (CHIP) process is used to collaboratively address key health priorities in our community by identifying root causes, using data-driven strategies, and promoting health equity with input from our community and our partners. Mobilizing Action Through Planning and Partnerships or MAPP 2.0 was used as the guide to collect community data and develop value-based, people-centered interventions. Three assessments were used to gather the necessary data from primary and secondary sources:

ASSESSMENTS

COMMUNITY STATUS ASSESSMENT (CSA)

CSA informs MAPP and collects quantitative data on the status of your community such as demographics, health status, and health inequities. The PFHC developed a Tri-County Community Survey to identify health needs and health behaviors, including social determinants of health.

COMMUNITY CONTEXT ASSESSMENT (CCA)

The CCA centers on people and communities with lived experiences and lived expertise. It focuses on the views, insights, values, cultures, and priorities of those experiencing inequities firsthand. The CCA consisted of engaging various focus groups of specific populations to help understand health status and well-being, forces of change, built environment and access to care.

COMMUNITY PARTNER ASSESSMENT (CPA)

The CPA allows community partners involved in MAPP to look critically at their (1) individual systems, processes, and capacities; and (2) collective capacity as a network of community partners to address health inequities. The CPA was used to identify current and future actions to address health inequity at individual, systemic, and structural levels. The CPA assesses each PFHC partner's assets, resources, and strengths to improve community health, health equity, and advance community health improvement goals and strategies.

The findings from these assessments were then compiled into the Community Health Needs Assessment (CHNA).

These 3 assessments were supplemented with a variety of public health surveillance data to identify emerging trends and issues impacting community health and well-being. The data encompassed health behaviors, chronic disease prevalence, social determinants of health, and health inequities, as well as systemic factors such as power, privilege, and oppression that influence health outcomes in the Tri-County region of Central Illinois. A series of areas of concern were identified by the PFHC based on the assessment findings.

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Community Prioritization

The MAPP 2.0 3 assessment process provided a structured approach for the PFHC to prioritize health issues for the 2026-2028 CHIP cycle. From the MAPP 2.0 assessments, the PFHC identified particular areas of concern that resulted in the development of 10 issue statements structured for community discussions and prioritization. These sessions involved reviewing raw data and summarizing key health issues affecting the Tri-County region. The Hanlon Method for Prioritizing Health Problems was used to guide this process. This method is widely recognized in public health for its systematic approach to evaluating and ranking health issues. As part of the comprehensive prioritization process, the PFHC applied the PEARL method, a key component of the Hanlon Method for Prioritizing Health Problems, to systematically evaluate a broad list of community health issues. The PEARL criteria—Propriety, Economics, Acceptability, Resources, and Legality—served as a screening tool to determine whether each issue was appropriate and feasible for public health intervention.

The PFHC held several community meetings in the Tri-County area to give community members and stakeholders an opportunity to rank the issue statements. Additionally, the PFHC, Tri-County health departments, OSF Saint Francis Medical Center, Carle Health, and the Community Conversations Group also participated in ranking issue statements.

Based on data collected from the assessments and the community prioritization process, three priority areas have been identified for the 2026-2028 CHIP Cycle:

Reduce food insecurity among youth, especially during school closures

Increase access to behavioral health services by improving navigation of services, particularly for youth and those with low income

Decrease suicidal ideation and self-harm behaviors among adolescents and young adults

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The Priorities: Youth Food Insecurity

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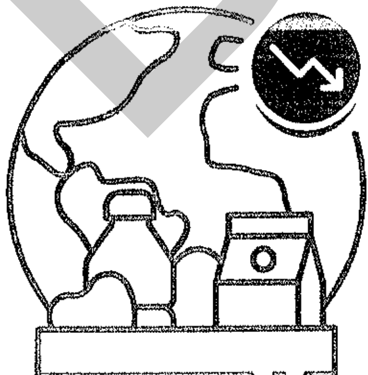
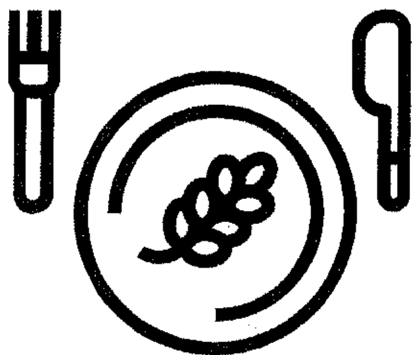
OUR FINDINGS

- 12,751 Tri-County youth are food insecure.
- Those who were younger, had lower household income, and unstable housing less often reported consumption of healthy fruits/vegetables.
- The most common reasons for not eating more fruits/vegetables were the lack of importance, dislike, and affordability.
- Youth report skipping meals or choose unhealthy options due to lack of time and money.
- Approximately half of the organizations reported food insecurity (through economic stability and built environment) as an issue that they focus much of their effort.



Youth Food Insecurity: The Data



12,751

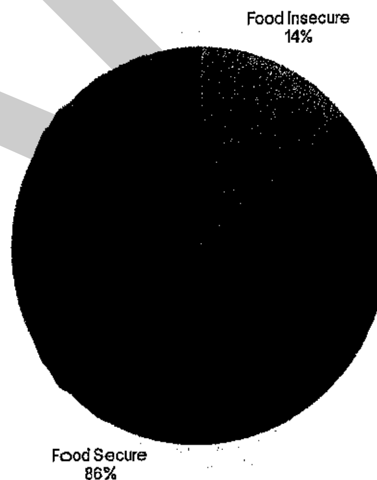
TRI-COUNTY YOUTH ARE AFFECTED BY FOOD INSECURITY

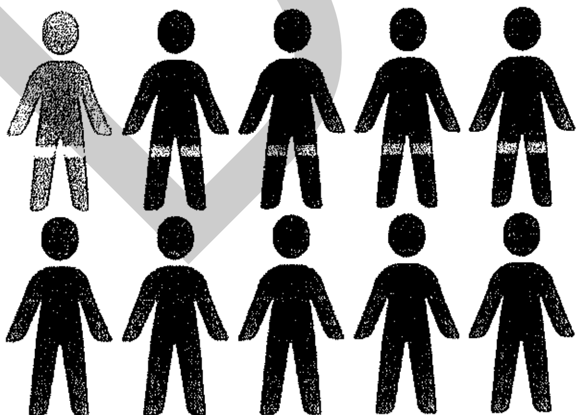
SOURCE: 2024 TRI-COUNTY CSA

THAT MAKES UP

14%

OF TRI-COUNTY YOUTH





WHICH MEANS MORE THAN

1 IN 10

DON'T KNOW WHERE THEIR NEXT MEAL WILL COME FROM

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The Priorities: Access to Behavioral Health Services

OUR FINDINGS

- 30% of adults had unmet mental health treatment in the past year.
- Worse mental health was more common among those with unstable housing environments and minority populations.
- The most common barriers for seeking mental health treatment include cost, or no coverage under insurance, limited awareness of available treatment, and transportation.
- Shortage of mental health providers was an often-discussed issue.
- Lack of diverse providers and overall stigma around mental health among community members.
- Mental/behavioral health was one of the top topics that organizations specifically stated they were working on in the region (67%).
- Healthcare access/utilization are top issues addressed by organization in the community (72%).

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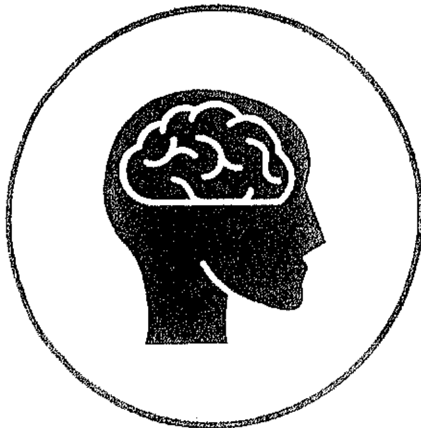
Access to Behavioral Health Services: The Data



61,111

ADULTS IN THE TRI-COUNTY HAD A MENTAL HEALTH ISSUE IN PAST YEAR

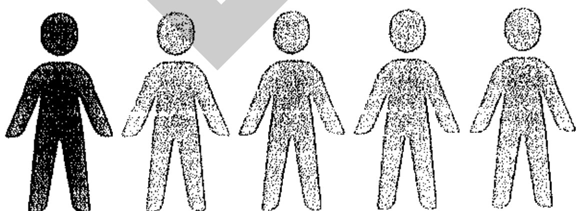
SOURCE: 2024 TRI-COUNTY CSA

BUT ONLY

51%

OF RESPONDENTS TALKED WITH SOMEONE ABOUT IT

22%



OF RESPONDENTS RATED MENTAL HEALTH AS THE MOST IMPORTANT HEALTH ISSUE. THAT'S THE HIGHEST IN THE ASSESSMENT

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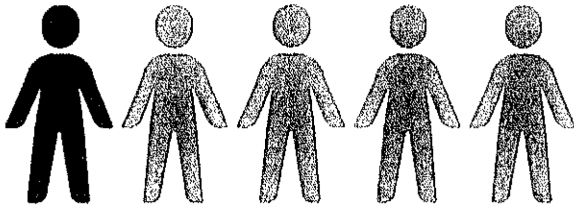
The Priorities: Suicidal Ideation and Self-Harm Behaviors In Young People

DRAFT

OUR FINDINGS

- 20% of high school students have seriously considered attempting suicide in the past year.
- Suicide mortality rate in the Tri-County region is higher than state.
- Low-income population and youth cited self-medication as a treatment for unmanaged mental health issues.
- Low-income population reported high levels of stigma and an overall lack of mental health treatment which contributes to accessing preventive care and other issues (i.e. substance use).
- Mental/behavioral health was one of the top topics that organizations specifically stated they were working on in the region (67%).

Suicidal Ideation and Self-Harm Behaviors in Young People: The Data

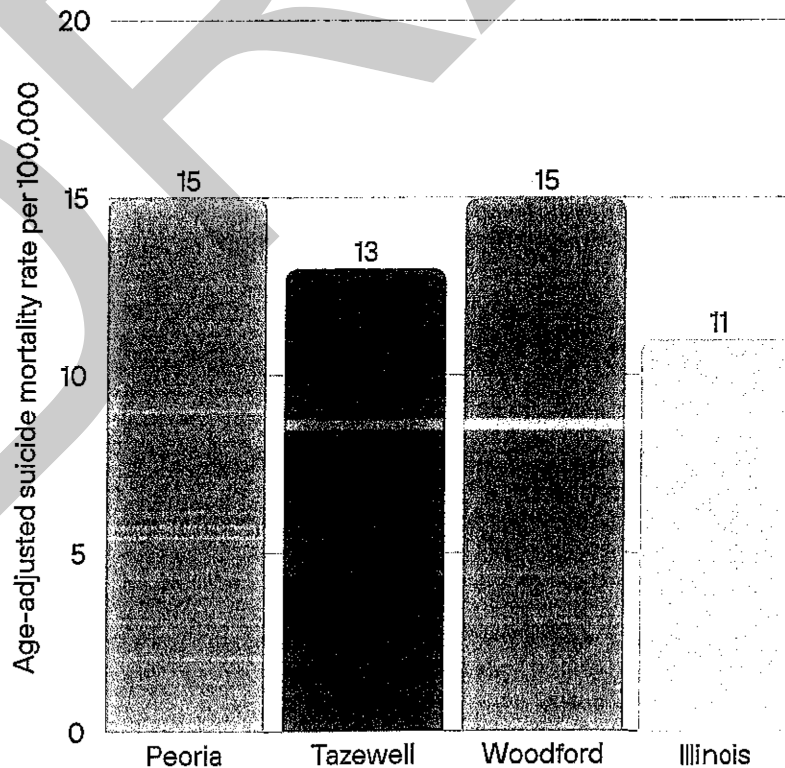


20%

OF HIGH SCHOOL STUDENTS HAVE SERIOUSLY CONSIDERED SUICIDE IN THE PAST YEAR

SOURCE: 2023 YRBSS

SUICIDE DEATHS FOR ALL COUNTIES IN THE TRI-COUNTY ARE HIGHER THAN ILLINOIS STATE AVERAGE



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The Plan Moving Forward

Now that we have identified the priority health needs of our communities, it's time to get to work! **CHIP planning action teams** focusing on each priority area were formed to begin developing goals, interventions and strategies pertaining to the newly chosen health priorities. Each action team was made of representatives from numerous organizations and employed a:

Systems of Change Approach for Interventions

This approach prioritizes systems and structures, considers events and patterns, discovers root causes, emphasizes a shared vision, and facilitates the mental models for value based, people centered intervention. CHIP planning action teams were formed for each issue statement. The action teams held a series of meetings to that included discussions on current and future states, root causes of health inequities, data review, and community assets to develop intervention goals, objectives and strategies for the 2026-2028 CHIP cycle.

The following definitions and contexts were also identified and deemed essential during the planning process by each action team:

Youth Food Insecurity

Youth - individuals ages 0-18
Food insecurity - household-level economic and social condition of limited or uncertain availability of adequate and nutritious food.
School closures - any period of time outside a school setting, includes weeknights, weekends, holidays.

Access to Behavioral Health Services

Youth - ages 4-18
Low income - un-insured, under-insured, and those on Medicaid
Access - effectively engaging in care in a timely manner
Behavioral Health Care - any service targeted to improve mental health and/or substance use concerns

Suicidal Ideation and Self-Harm Behaviors in Young People

Young people - age range: 12-25 yrs
Suicidal thoughts - thinking about, considering, or planning suicide
Suicidal behaviors - engaging in behaviors with the intent to end own life
Self-harm - intentionally causing harm to own body

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PARTNERSHIP FOR A HEALTHY COMMUNITY

Youth Food Insecurity

GOAL

Empower and increase resiliency amongst youth and their families to improve access to adequate nutrition.

OBJECTIVES

1. Reduce the rate of youth screening positive for food insecurity by **1.5%** in the Tri-County by the end of December 2028
2. Increase the number of youth screened for food insecurity by **10%** in the Tri-County region by the end of December 2028.

Intervention Strategies	Tasks & Tactics	Evaluation Plan
Complete community assessment of nutrition resources for youth to develop a plan to address the gaps in food access.	1. Identify existing nutrition resources and preferences for youth 2. Identify gaps in nutrition resources 3. Compile collection of data around nutrition resources 4. Identify strategies to engage partners 5. Host conversation amongst partners and community members 6. Develop plan to address gaps	1a. Number of resources identified 2a. Number of gaps identified 3a. Establish baseline numbers and plan for ongoing stability 4a. Number of strategies identified & engagement plan developed 5a. Number of meetings held throughout cycle 6a. Report created that highlights gaps and plans to address them
Promote family stability by increasing food literacy and connecting families with sustainable food resources	1. Define roles of both individuals and organizations have in food security 2. Train identified organizations on food insecurity 3. Financial literacy training and connection to financial and nutrition assistance resources 4. Provide nutrition education opportunities for youth and families	1a. Increase number of partnerships between organizations and families 2a. Number of food insecurity trainings held 3a. Number of financial literacy trainings held 4a. Number of nutrition education trainings held
Promote awareness and advocacy around youth food insecurity to improve and sustain food access	1. Address gaps in utilization and availability of food resources 2. Develop or identify outreach strategies to improve community knowledge and perceptions of nutrition assistance programs 3. Develop communication processes among partners for continuity of care 4. Develop policy recommendations in support of legislation and/or potential funding applications	1a. Implementation of plan, including existing programs 2a. Strategies identified and carried out Increase participation in and knowledge on navigation of assistance programs 3a. Number of contacts made 3b. Number of organizations attended 4a. Number of policy recommendations

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Access to Behavioral Health

GOAL

Improve access to and utilization of behavioral health resources for youth and low-income adults

OBJECTIVES

1. Increase the proportion of primary care visits that provide a mental health screening for Tri-County youth and low-income adults by **2%** by the end of December 2028.
2. Increase follow-up care after ED visits for behavioral health concerns among Tri-County youth by **5%** by the end of December 2028

Intervention Strategies	Tasks & Tactics	Evaluation Plan
Increase behavioral health (BH) family support	1. Identify existing family-centered community organizations and groups and evaluate their internal behavioral health resources 2. Develop plans to increase family support	1a. Number of family-centered community spaces 1b. Catalog of organizations/groups Where are they? Where should they be? What do they provide/not provide? 1c. Gap assessment (tiered review) of resource availability and utilization of behavioral health programs/services 2a. Number of plans developed
Increase access to behavioral health (BH) services and programs	1. Identify existing BH resources in the Tri-County area 2. Create a public, dynamic, and centralized Tri-County directory of BH resources and programs 3. Identify a public, centralized location for a directory of resources, accessible to community members and providers 4. Develop a promotional campaign for directory	1a. Number of resources identified 2a. Comprehensive directory created 3a. Centralized location identified 4a. Track number who access directory
Improve coordination of programs and services among BH providers	1. Educate stakeholders about System of Care principles & strategies 2. Integrate System of Care framework within previous & future BH PFHC activities 3. Educate key community leaders about coordination of BH services/programs 4. Develop a local behavioral health System of Care implementation policy	1a. Meeting products/number of stakeholders 2a. Gap analysis (streamlining processes, expansion of services, hours, locations, workforce development, health literacy 3a. Meeting products/number of presentations 4a. Number of implementation policies developed

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Suicidal Ideation and Self-Harm Behaviors in Young People

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GOAL

Develop, encourage, and sustain a Tri-County region where adolescents and young adults live and feel supported, included, heard, and valued.

OBJECTIVES

1. Reduce suicide mortality rates among Tri-County adolescents and young adults by **1%** by the end of December 2028
2. Reduce the annual number of ED visits related to self-harm and behaviors among Tri-County adolescents and young adults by **2%** by the end of December 2028.

Intervention Strategies	Tasks & Tactics	Evaluation Plan
Strengthen family stability and reduce adversity across the lifespan	1. Assess diverse community settings, school SEL programs, and counseling services to identify gaps affecting family stability	1a. Number of assessments completed across settings 1b. % of identified gaps (categorized) 1c. Number of partners engaged in assessment process
	2. Provide linkages to behavioral health and supportive resources based on assessment findings and maintain a resource repository	2a. Number of families and programs connected to BH resources 2b. Number of resources added, updated, accessed in repository 2c. Increase in resource utilization over time
	3. Assess community awareness of brain development and create/disseminate education materials on coping and problem-solving	3a. Pre/post awareness survey results on brain development 3b. Number of educational materials created/number distributed 3c. Engagement metrics (event attendance, website/social media metrics)
	4. Develop and disseminate localized interventions on misinformation, social media, AI, etc. and promote realistic expectations and multiple paths to success for youth	4a. Number of interventions created and delivered 4b. Participation metrics for youth and adults 4c. Pre/post measures indicating understanding of materials
Expand behavioral health awareness, access, and workforce capacity	1. Provide suicide prevention and self-harm education and increase public understanding of identifying untreated mental health issues	1a. Number of suicide prevention/self-harm education sessions delivered 1b. Number of participants trained (youth, adults, families) 1c. Pre/post training surveys showing increased knowledge of warning signs and help-seeking behaviors 1d. Number or percent of referrals to mental health services following education

Suicidal Ideation and Self-Harm Behaviors in Young People

Intervention Strategies	Tasks & Tactics	Evaluation Plan
Expand behavioral health awareness, access, and workforce capacity (cont.)	2. Implement processes and surveys to identify gaps in behavioral health resources and disseminate accessible BH information	2a. Number of surveys distributed and percentage completed 2b. Number and type of BH gaps identified and documented 2c. Number of BH resource guides disseminate (digital or print) 2d. Number and/or % increase in resource inquiries or website traffic related to BH information
	3. Assess BH case coordination, develop warm-hand-off policies, and implement and evaluate the care coordination plan	3a. Number of partner organizations adopting warm-hand-off protocols 3b. Number of warm-hand-off referrals conducted 3c. Evaluations showing improved service navigation and reduced drop-off between referrals
	4. Conduct BH workforce assessment, develop a BH workforce plan, integrate it into broader workforce efforts, and implement staff self-care and training initiatives	4a. Number of workforce plan recommendations implemented 4b. Number of BH staff participating in self-care or wellness initiatives 4c. Number or % participation rates and pre/post training competency scores 4d. Number or % increase in BH workforce recruitment or retention metrics
	5. Assess BH policy gaps, develop needed policies, and advocate for improved BH communication and support systems	5a. Number of BH policies reviewed, identified, or drafted 5b. Number of advocacy activities completed (meetings, policy briefs, coalition actions) 5c. Number or % increase toward adoption, revision, or implementation of BH policies 5d. Number or % increase in BH communication systems (e.g., shared protocols, data-sharing agreements)
Enhance family wellbeing by increasing awareness of existing supportive networks and expanding equitable access to interventions that strengthen diverse families and backgrounds	1. Increase family connection and emotional awareness	1a. Number of family involvements or workshops conducted 1b. Attendance rates and participant demographics 1c. Pre/post surveys measuring improvement in family communication, emotional understanding and quality time 1d. Participant-reported increase in empathy, problem-solving, and emotional coping skills
	2. Develop or identify outreach strategies to improve community knowledge and perceptions of behavioral health programming	2a. Number of outreach strategies implemented 2b. Reach and engagement metrics 2c. Pre/post surveys assessing awareness and perceptions of nutrition assistance programs 2d. Number or % increase in program enrollment or utilization after outreach

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Suicidal Ideation and Self-Harm Behaviors in Young People

Intervention Strategies	Tasks & Tactics	Evaluation Plan
Enhance family wellbeing by increasing awareness of existing supportive networks and expanding equitable access to interventions that strengthen diverse families and backgrounds (cont.)	3. Strengthen support networks across community touchpoints	3a. Number of partnerships established with community organizations (faith-based, recreational, cultural)
	4. Improve navigation of services using a 'No Wrong Door' approach	4a. Number of families successfully connected to services through multiple entry points 4b. % of inquiries resolved without referral failures 4c. Participant satisfaction surveys on ease of accessing services 4d. Number of staff trained on 'No Wrong Door' navigation protocols
	5. Reduce Mental Health Stigma through shared experiences	5a. Number of supportive group sessions or storytelling events conducted 5b. Attendance and demographic diversity of participants 5c. Pre/post surveys measuring changes in attitudes toward mental health and help-seeking behaviors 5d. Number of referrals to mental health services originating from group sessions
	6. Expand Awareness of and Access to Supportive Services	6a. Number of resource guides, digital tools, or outreach materials created and disseminated 6b. Number or % increase in the number of families accessing BH and community resources 6c. Engagement metrics (website hits, downloads, hotline calls) 6d. Participant-reported awareness and satisfaction with available resources

Evaluation & Monitoring

The Partnership for a Healthy Community (PFHC) Community Health Improvement Plan (CHIP) includes a comprehensive evaluation framework with both process and outcome indicators. These indicators will be monitored and updated regularly through data reports led by the PFHC Data Team. The PFHC Board will ensure accountability by reviewing progress and reporting results to the community. Indicator tracking will occur throughout the three-year cycle, with a focus on measuring changes in priority health issues and assessing the impact of implemented strategies.

Partnership for a Healthy Community Board reserves the right to amend this 2026-2028 Community Health Improvement Plan as needed to reflect changes with organizational capacity as well as changes in community focus. In addition, throughout the cycle, the acuity of health needs may become more significant and require amendments to the strategies and tactics developed to address the health need. Finally, in compliance with Internal Revenue Code Section 501(r), requirements for hospitals may refocus the limited resources the organization committed to the Plan to best serve the community.

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Acknowledgements

Thank you!

To everyone who helped contribute to this Community Health Improvement Plan and process, we so appreciate your dedication to improving the health of our communities. This plan will serve as the foundation of creating a healthier Tri-County throughout the next 3 years. A special thank you to:

- Partnership for a Healthy Community Board Members
- 2023-2025 CHIP Action Teams and Co-Chairs
- 2026-2028 CHIP Planning Action Teams and Co-Chairs
- MAPP Steering Committee
- Community Conversations Group
- Bradley University
- University of Illinois College of Medicine (UICOMP)
- Tri-County Community Residents and Stakeholders
- Greater Peoria Healthcare Collaborative

And to the organizations that help make up the Partnership for a Healthy Community!

Partner Organizations

Bradley University
Carle Health
Center for Youth & Family Solutions
Central IL Friends
Chestnut Health Systems
Children's Home Association of Illinois
Economic Recovery Crops
Edge Counseling & Wellness
Eureka College
Gateway Foundation
Greater Peoria Economic Development Council
Heart of Illinois United Way
Heartland Health Services
Hult Center for Healthy Living
Methodist College
OSF Healthcare
Peoria City/County Health Department
Peoria County Sustainability
Peoria Heights Grade School
Peoria Park District
Peoria Parole Office
Peoria Regional Office of Education
Pekin School District 108
Phoenix Community Development Services
Southside Community Center
Solvera Health
STM Food
Tazewell County Health Department
Trillium Place
U of I Extension
U of I College of Medicine - Peoria
Veteran's Affairs
Woodford County Health Department

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