



**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**  
**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

## **Champaign County Mental Health Board (CCMHB) Meeting Agenda**

**Wednesday, January 21, 2026, 5:45PM**

*This meeting will be held in person at the*

*Shields-Carter Room of the Scott M. Bennett Administrative Center, 102 East Main Street, Urbana, IL 61801*

*Members of the public may attend in person or watch the meeting live through this link:*

<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda\***
- IV. Draft 2026 Schedules, and PY27 Allocation Timeline (pages 3-8)\***  
*Action is requested to approve the CCMHB 2026 Meeting Schedule.*
- V. CCMHB Acronyms and Glossary (pages 9-20) No action needed.**
- VI. Public Participation/Agency Input See below for details.\*\***
- VII. Chairperson's Comments – Molly McLay**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes (pages 21-24)\***  
*Action is requested to approve minutes of the CCMHB November 19, 2025 meeting.*
- X. Vendor Invoice Lists (pages 25-32)\***  
*Action is requested to accept the "Vendor Invoice Lists" and place them on file.*
- XI. Old Business**
  - a) **Delayed Audits and Reviews (pages 33-56)\***  
*A Decision Memorandum presents detailed background information as context for possible actions to be taken by the CCMHB in relation to late audits and financial reviews. Agency requests are attached. Action is requested\**
- XII. New Business**
  - a) **Expo Activities for 2026 (pages 57-62)\***  
*A Decision Memorandum presents an update. Action is requested.\**
  - b) **AIR Activities for 2026 (pages 63-66)\***  
*A Decision Memorandum presents an update. Action is requested.\**
- XIII. Reports**
  - a) **Staff Reports (pages 67-78)**  
*For information only, staff reports are included in the packet.*
  - b) **Evaluation Capacity Building Project Update**  
*An oral update will be provided. See resources developed by the team at <https://www.familyresiliency.illinois.edu/resources/microlearning-videos>.*
  - c) **Community Behavioral Health Needs Assessment Activities (pages 79-98)**

*For information is the Community Health Improvement Plan. The full I-Plan is at [https://www.champaigncountyil.gov/mhbddb/PDFS/2026\\_2031%20CC%20IPLAN.pdf](https://www.champaigncountyil.gov/mhbddb/PDFS/2026_2031%20CC%20IPLAN.pdf)*

d) **disAbility Resource Expo Update**

*See New Business (above.) See also <https://disabilityresourceexpo.org>*

e) **Comparison of PY2025 Agency Revenues** (pages 99-130)

*For information is a report on revenue sources on which agencies funded by the CCMHB and Champaign County Developmental Disabilities Board (CCDDB) rely.*

**XIV. Public Participation/Agency Input** *See below for details.\*\**

**XV. Board to Board Reports** (page 131)

**XVI. County Board Input**

**XVII. Champaign County Developmental Disabilities Board Input**

**XVIII. Board Announcements and Input**

**XIX. Adjournment**

*\* Board action is requested.*

*\*\*Public input may be given virtually or in person.*

*If the time of the meeting is not convenient, you may communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org) any comments for us to read aloud during the meeting.*

*The Chair reserves the right to limit individual time to five minutes and total time to twenty minutes.*

*All feedback is welcome.*

*The Board does not respond directly but may use input to inform future actions.*

*Agency representatives and others providing input which might impact Board actions should be aware of the [Illinois Lobbyist Registration Act, 25 ILCS 170/1](#), and take appropriate [steps to be in compliance with the Act](#).*

*For accessible documents or assistance with any portion of this packet, please [contact us](#) ([leon@ccmhb.org](mailto:leon@ccmhb.org)).*



## CCMHB 2026 Meeting Schedule

5:45PM the Wednesday following the third Monday of each month, plus study sessions and off-cycle meetings  
Scott M. Bennett Administrative Center, 102 E. Main Street, Urbana, IL  
<https://us02web.zoom.us/j/81393675682> (if it is an option)

**January 21, 2026** – Shields-Carter Room  
**January 28, 2026** – *Study Session* - Shields-Carter Room  
**February 18, 2026** – Shields-Carter Room  
**March 18, 2026** – Shields-Carter Room  
**March 25, 2026** – *Study Session* - Shields-Carter Room  
**April 22, 2026** – Shields-Carter Room  
**April 29, 2026** – *Study Session* - Shields-Carter Room  
**May 20, 2026** – *Study Session* - Shields-Carter Room  
**May 27, 2026** – Shields-Carter Room (*off cycle*)  
**June 24, 2026** – Shields-Carter Room (*off cycle*)  
**July 22, 2026** – Shields-Carter Room  
**August 19, 2026** – Shields-Carter Room – *tentative*  
**September 23, 2026** – Shields-Carter Room  
**September 30, 2026** – *Joint Study Session w CCDDDB* - Shields-Carter  
**October 21, 2026** – Shields-Carter Room  
**October 28, 2026** – *Study Session* - Shields-Carter Room  
**November 18, 2026** – Shields-Carter Room  
**December 9, 2026** – Shields-Carter Room (*off cycle*)

*This schedule is subject to change due to unforeseen circumstances.*

Meeting information is posted, recorded, and archived at <http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>  
Please check the website or email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meeting times and locations.

All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend, virtually or in person, to observe and to offer thoughts during "**Public Participation**" or "**Public Input.**"  
An individual's comments may be limited to five minutes, and total time for input may be limited to twenty minutes. The Board does not respond directly but may use the content to inform future actions.

If the time of the meeting is not convenient, you may communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org) any comments for us to read aloud during the meeting.

Agency representatives and others providing input which might impact Board actions should be aware of the [Illinois Lobbyist Registration Act, 25 ILCS 170/1](#), and take appropriate [steps to be in compliance with the Act](#).

For alternative format documents, language access, or other accommodation or support to participate, contact us in advance and let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org).



## CCDDB 2026 Meeting Schedule

9:00AM the fourth Wednesday of each month

Scott M. Bennett Administrative Center, 102 E. Main, Street Urbana, IL 61801

<https://us02web.zoom.us/j/81559124557>

**January 28, 2026** – Shields-Carter Room

**February 25, 2026** – Shields-Carter Room - *tentative*

**March 25, 2026** – Shields-Carter Room

**April 22, 2026** – Shields-Carter Room

**April 29, 2026** – Shields-Carter Room – *tentative*

**May 27, 2026** – Shields-Carter Room

**June 24, 2026** – Shields-Carter Room

**July 22, 2026** – Shields-Carter Room

**August 26, 2026** – Shields-Carter Room - *tentative*

**September 23, 2026** – Shields-Carter Room

**September 30, 2026 5:45 PM** – Shields-Carter Room – *joint study session with MHB*

**October 28, 2026** – Shields-Carter Room

**November 25, 2026** – Shields-Carter Room

**December 9, 2026** – Shields-Carter Room (*off cycle*)

*This schedule is subject to change due to unforeseen circumstances.*

Meeting information is posted, recorded, and archived at

<http://www.co.champaign.il.us/mhbddb/DDDBMeetingDocs.php>

Please check the website or email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meeting times and locations.

All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend, virtually or in person, to observe and to offer thoughts during "**Public Participation**" or "**Public Input.**"

An individual's comments may be limited to five minutes, and total time for input may be limited to twenty minutes. The Board does not respond directly but may use the content to inform future actions.

If the time of the meeting is not convenient, you may communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) or [kim@ccmhb.org](mailto:kim@ccmhb.org) any comments for us to read aloud during the meeting.

Agency representatives and others providing input which might impact Board actions should be aware of the [Illinois Lobbyist Registration Act, 25 ILCS 170/1](#), and take appropriate [steps to be in compliance with the Act](#).

For alternative format documents, language access, or other accommodation or support to participate, contact us in advance and let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) or [kim@ccmhb.org](mailto:kim@ccmhb.org).



# IMPORTANT DATES

## 2026 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY27 Allocation Timeline

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDb. Included are tentative dates for steps in the funding allocation process for PY27 and deadlines related to PY25 and PY26 agency contracts. **Regular meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed with Board staff.**

*11/28/25                      Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*

**12/17/25                      Regular Board Meeting - tentative**

*12/19/25                      Online System opens for Applications for PY2027 Funding.*

*12/31/25                      Agency PY25 Independent Audits, Reviews, Compilations due.*

**1/21/26                      Regular Board Meeting**  
Mid-Year Program Presentations

**1/28/26                      Study Session: Mid-Year Program Presentations**

*1/28/26                      Agency PY26 2<sup>nd</sup> Quarter and CLC progress reports due.*

*2/2/26                      Deadline for submission of applications for PY27 funding (Online system will not accept any forms after 4:30PM).*

**2/18/26                      Regular Board Meeting**  
Discuss list of PY27 Applications and Review Process

**3/18/26                      Regular Board Meeting**

<b>3/25/26</b>	<b>Study Session</b>
4/15/26	<i>Program summaries released to Board, posted online with CCMHB April 22 meeting packet.</i>
<b>4/22/26</b>	<b>Regular Board Meeting</b> Board Review of Funding Requests
<b>4/29/26</b>	<b>Study Session</b> Continued Board Review of Funding Requests
4/29/26	<i>Agency PY2026 3<sup>rd</sup> Quarter Reports due.</i>
5/13/26	<i>Allocation scenarios released to Board, posted online with CCMHB May 13 study session packet.</i>
<b>5/20/26</b>	<b>Study Session</b> Discussion of PY2027 Allocations
<b>5/27/26</b>	<b>Regular Board Meeting – off cycle</b> PY2027 Allocations
6/1/26	<i>For contracts with a PY26-PY27 term, all updated PY27 forms should be completed and submitted by this date.</i>
6/16/26	<i>Deadline for agency application/contract revisions. Deadline for agency letters of engagement w/ CPA firms.</i>
<b>6/24/26</b>	<b>Regular Board Meeting – off cycle</b> Election of Officers
6/18/26	<i>PY2027 agency contracts completed.</i>
6/30/26	<i>Agency Independent Audits, Reviews, or Compilations due. (only applies to those with calendar FY, check contract)</i>
<b>7/22/26</b>	<b>Regular Board Meeting</b> Draft FY2027 Budgets

<b>8/19/26</b>	<b>Regular Board Meeting – tentative</b>
<i>8/26/26</i>	<i>Agency PY2026 4<sup>th</sup> Quarter reports, CLC progress reports, and Annual Performance Outcome Reports due.</i>
<b>9/23/26</b>	<b>Regular Board Meeting</b> Draft Three Year Plan 2025-27 with 2027 Objectives
<b>9/30/26</b>	<b>Joint Study Session with CCDDb</b>
<b>10/21/26</b>	<b>Regular Board Meeting</b> Draft Program Year 2028 Allocation Criteria
<b>10/28/26</b>	<b>Study Session</b>
<i>10/28/26</i>	<i>Agency PY2027 First Quarter Reports due.</i>
<b>11/18/26</b>	<b>Regular Board Meeting</b> Approve Three Year Plan with One Year Objectives Approve PY28 Allocation Criteria
<i>11/27/26</i>	<i>Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.</i>
<b>12/9/26</b>	<b>Regular Board Meeting – off cycle</b>
<i>12/18/26</i>	<i>Online system opens for applications for PY28 funding.</i>
<i>12/31/26</i>	<i>Agency Independent Audits, Reviews, Compilations due.</i>

(This page is intentionally left blank.)

### **Agency and Program Acronyms**

AA- Alcoholics Anonymous  
AIR – Alliance for Inclusion and Respect (formerly Anti-Stigma Alliance)  
BLAST – Bulldogs Learning and Succeeding Together, at Mahomet Area Youth Club  
CC – Community Choices or Courage Connection  
CCCAC or CAC – (Champaign County) Children’s Advocacy Center  
CCCHC – Champaign County Christian Health Center  
CCDDB or DDB – Champaign County Developmental Disabilities Board  
CCHCC – Champaign County Health Care Consumers  
CCHS – Champaign County Head Start, a department of the Champaign County Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)  
CCMHB or MHB – Champaign County Mental Health Board  
CCRPC or RPC – Champaign County Regional Planning Commission  
CN - Crisis Nursery  
CSCNCC - Community Service Center of Northern Champaign County, also CSC  
CU TRI – CU Trauma & Resiliency Initiative  
Courage Connection – previously The Center for Women in Transition  
DMBGC - Don Moyer Boys & Girls Club  
DREAAM – Driven to Reach Excellence and Academic Achievement for Males  
DSC - Developmental Services Center  
ECHO – a program of Cunningham Children’s Home  
ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center or The Refugee Center  
ECMHS - Early Childhood Mental Health Services, a program of CCRPC Head Start  
FD – Family Development, previously Family Development Center, a DSC program  
FF - FirstFollowers  
FS - Family Service of Champaign County  
FST – Families Stronger Together, a program of Cunningham Children’s Home  
GCAP – Greater Community AIDS Project of East Central Illinois  
ISCU - Immigrant Services of Champaign-Urbana  
MAYC - Mahomet Area Youth Club  
NA- Narcotics Anonymous  
NAMI – National Alliance on Mental Illness  
PATH – regional provider of 211 information/call services  
PEARLS - Program to Encourage Active Rewarding Lives  
PHC – Promise Healthcare  
PSC - Psychological Services Center (UIUC) or Problem Solving Courts (Drug Court)  
RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center  
RACES – Rape Advocacy, Counseling, and Education Services  
RCI – Rosecrance Central Illinois  
RPC or CCRPC – Champaign County Regional Planning Commission  
UNCC – Urbana Neighborhood Community Connections Center  
UP or UP Center – Uniting Pride  
UW or UWCC – United Way of Champaign County  
WELL – The Well Experience  
WIN Recovery – Women in Need Recovery  
YAC – Youth Assessment Center, a program of CCRPC

## **Glossary of Other Terms and Acronyms**

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

ABA – Applied Behavioral Analysis - an intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

ADD/ADHD – Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

ARCH – Access to Respite Care and Help

ARMS – Automated Records Management System - used by law enforcement

ASAM – American Society of Addiction Medicine - may be referred to in regard to assessment and criteria for patient placement in level of treatment/care.

ASD – Autism Spectrum Disorder

ASL – American Sign Language

ASQ – Ages and Stages Questionnaire – screening tool used to evaluate a child’s developmental and social emotional growth.

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.



ATOD – Alcohol, Tobacco, and Other Drugs

BARJ - Balanced and Restorative Justice approach

BD – Behavior Disorder

BJMHS - Brief Jail Mental Health Screening Tool

CADC – Certified Alcohol and Drug Counselor - provides clinical services, certified by the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

CALAN or LAN – Child and Adolescent Local Area Network

CANS – Child and Adolescent Needs and Strengths - a multi-purpose tool to support decision making, including level of care, service planning, and monitoring of outcomes of services.

C-CARTS – Champaign County Area Rural Transit System

CATS – Child and Adolescent Trauma Screen

CBCL – Child Behavior Checklist

CBT – Cognitive Behavioral Therapy

CC – Champaign County

CCBHC – Certified Community Behavioral Health Clinic

CCBoH – Champaign County Board of Health

CCHVC - Champaign County Home Visiting Consortium

CCMHDDAC or MHDDAC – Champaign County Mental Health and Developmental Disabilities Agencies Council

CCSO – Champaign County Sheriff's Office

CDC – federal Centers for Disease Control and Prevention

CDS – Community Day Services - day programming for adults with I/DD

CES – Coordinated Entry System

CESSA – Community Emergency Services and Support Act - an Illinois law also referred to as the Stephon Watts Act, requiring mental health professionals be dispatched to certain crisis response.

C-GAF – Children's Global Assessment of Functioning

CGAS – Children's Global Assessment Score

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement - Medicaid-waiver funded residential services for people with I/DD

CIT – Crisis Intervention Team - law enforcement officers trained to respond to calls involving an individual exhibiting behaviors associated with mental illness or substance use disorder.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

COC - Continuum of Care Program

CQL – Council on Quality and Leadership

CPTSD or c-PTSD – Complex Post-Traumatic Stress Disorder

CRSS- Certified Recovery Support Specialist

CRT – Co-Responder Team - mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker. Also CCRT – Crisis Co-Responder Team.

CSEs – Community Service Events, as described in a funded agency’s program plan, may include public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Meetings directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere

CSPH – Continuum of Service Providers to the Homeless

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument

CST – Community Support Team

CY – Contract Year, July 1-June 30. Also Program Year (PY), most agencies’ Fiscal Year (FY)

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services, renamed DSUPR, and later merged with Division of Mental Health and renamed as Division of Behavioral Health and Recovery.

DBHR – (Illinois) Division of Behavioral Health and Recovery

DBT - Dialectical Behavior Therapy

DCFS – (Illinois) Department of Children and Family Services

DECA – Devereux Early Childhood Assessment for Preschoolers

DEI – Diversity, Equity, and Inclusion

Detox – abbreviated reference to detoxification - a general reference to drug and alcohol detoxification program or services, e.g. Detox Program

DD – Developmental Disability

DDD or IDHS DDD – (Illinois) Department of Human Services - Division of Developmental Disabilities

DFI – Donated Funds Initiative - source of matching funds for some MHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI program requires community-based agencies to match the DFI funding with locally generated funds at 25 percent of the total DFI award.

DHFS – (Illinois) Department of Healthcare and Family Services, previously IDPA (Illinois Department of Public Aid)

DHS – (Illinois) Department of Human Services

DMH or IDHS DMH – (Illinois) Department of Human Services - Division of Mental Health, now merged with DSUPR and renamed as Division of Behavioral Health and Recovery.

DOJ – federal Department of Justice

DSM – Diagnostic Statistical Manual

DSP – Direct Support Professional - a certification required for those serving people with I/DD

DT – Developmental Therapy (children), or Developmental Training (adults), now renamed as Community Day Services

DV – Domestic Violence

EAP – Employee Assistance Program

EBP - Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EMS – Emergency Medical Services

EPDS – Edinburgh Postnatal Depression Scale – a screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment - intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

ES – Emergency Shelter

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee for Service - reimbursement or performance-based billings are the basis of payment

FOIA – Freedom of Information Act

FPL – Federal Poverty Level

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent - aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, which for the County is January 1 through December 31

GAAP - Generally Accepted Accounting Principles

GAF – Global Assessment of Functioning - subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAGAS - Generally Accepted Government Auditing Standards

GAO - Government Accountability Office

GAIN-Q – Global Appraisal of Individual Needs-Quick - the most basic form of the assessment tool, taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult .

GAIN Short Screen - Global Appraisal of Individual Needs - made up of 20 items (four five-item subscales). The GAIN-SS subscales identify internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

GSRC – Gender and Sexuality Resource Center

GSA – Gender/Sexuality Alliances

HACC – Housing Authority of Champaign County

HBS – Home Based Support – an Illinois Medicaid-waiver program for people with I/DD

HCBS – Home and Community Based Supports - a federal Medicaid program

HEARTH Act – Homeless Emergency and Rapid Transition to Housing

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HHS – federal department of Health and Human Services

HIC – Housing Inventory Counts

HIPPA – Health Insurance Portability and Accountability Act

HMIS – Homeless Management Information System

HRSA – Health Resources and Services Administration - housed within the federal Department of Health and Human Resources and responsible for Federally Qualified Health Centers.

HSSC – Homeless Services System Coordination

HUD – Housing and Urban Development

I&R – Information and Referral

ILAPSC – Illinois Association of Problem-Solving Courts

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP – Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA – Illinois Criminal Justice Authority

ID or I/DD – Intellectual Disability or Intellectual/Developmental Disability

IDHFS or HFS – Illinois Department of Healthcare and Family Services

IDHS DDD – Illinois Department of Human Services Division of Developmental Disabilities

IDHS DMH or DMH – (Illinois) Department of Human Services - Division of Mental Health

IDOC – Illinois Department of Corrections

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

IM+CANS – Illinois Medicaid Comprehensive Assessment of Needs and Strengths

IOP – Intensive Outpatient Treatment

IPLAN - Illinois Project for Local Assessment of Needs - a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQIA + – Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Ally

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

LSA – Life Skills Assessment

MAP – Matching to Appropriate Placement - a tool focused on those seeking stable housing

MAR/MAT – Medication Assisted Recovery/Medication Assisted Treatment

MBSR – Mindfulness-Based Stress Reduction

MCO – Managed Care Organization - entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.



MCR – Mobile Crisis Response - previously SASS, a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health

MHFA – Mental Health First Aid

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP – Mental Health Professional - Rule 132 term, typically referring to a bachelor's level staff providing services under the supervision of a QMHP.

MI – Mental Illness or Mental Impairment

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

MOU – Memorandum of Understanding

MRT – Moral Reconation Therapy

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NADCP – National Association of Drug Court Professionals

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NOFO – Notice of Funding Opportunity

NOMS – National Outcome Measures (used by SAMHSA)

NTPC – NON-Treatment Plan Clients, described in program plans, may be recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. Continuing NTPCs are those who were served before the first day of July and received services within the first quarter. New NTPCs are those new in a given quarter.

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

ODU/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups

PCP – Person Centered Planning

PFS - Protective Factors Survey

PIT- Point in Time count - a count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

PLAY – Play and Language for Autistic Youngsters - an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits – an evidence-based group/family therapy for youth/families involved in juvenile justice system.

PLWHA – People living with HIV/AIDS

PPSP – Parent Peer Support Partner

PSH – Permanent Supportive Housing

PSR – Patient Service Representative

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services - IDHS-DDD database to assist with planning and prioritization of services for individuals with disabilities based on level of need.

PWD – People with Disabilities

PWI – Personal Well-being Index

PY – Program Year, July 1 to June 30. Also Contract Year (CY), often agency Fiscal Year (FY).

QCPS – Quarter Cent for Public Safety - the funding source for the Juvenile Justice Post Detention programming. Also referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional - a licensed Master's level clinician with field experience.

REBT - Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault. Also Substance Abuse

SACIS – Sexual Assault Counseling and Information Service

SAD – Seasonal Affective Disorder

SAMHSA – Substance Abuse and Mental Health Services Administration - a division of the federal Department of Health and Human Services.

SASS – Screening Assessment and Support Services - a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment - a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs – Service Contacts/Screening Contacts - an agency's phone and face-to-face contacts, information and referral contacts, initial screenings/assessments, crisis services, or similar.

SDOH – Social Determinants of Health

SDQ – Strengths and Difficulties Questionnaire

SDS – Service Documentation System

Seeking Safety – present-focused treatment for clients with history of trauma and substance use

SED – Serious Emotional Disturbance

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping - a model developed by SAMHSA

SMI – Serious Mental Illness

SNAP – Supplemental Nutrition Assistance Program

SOAR – SSI/SSDI Outreach, Access, and Recovery - assistance with applications for Social Security Disability and Supplemental Income, provided to homeless population.

SOFFT – “Saving Our Families Together Today,” merged with the LAN (Local Area Network)

SSI – Supplemental Security Income - a program of Social Security

SSDI – Social Security Disability Insurance - a program of Social Security

SSPC – Social Skills and Prevention Coaches

SUD – Substance Use Disorder (replaces SA – Substance Abuse)

SUPR or IDSUPR – (Illinois Division of) Substance Use Prevention & Recovery

TANF – Temporary Assistance for Needy Families

TBRA – Tenant-Based Rental Assistance

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

TH – Transitional Housing

TPCs – Treatment Plan Clients, service participants with case records and treatment plans. Continuing TPCs are those who were served during the prior program year and then received services within the first quarter of the current program year. New TPCs have treatment plans written in a given quarter. Each TPC is reported only once during a program year.

TPITOS - The Pyramid Infant-Toddler Observation Scale - used by Champaign County Head Start

TPOT - Teaching Pyramid Observation Tool - used by Champaign County Head Start

TCU DS - Texas University Drug Screening tool

VAWA - Violence Against Women Act

VOCA - Victims of Crime Act

WHODAS – World Health Organization Disability Assessment Schedule - assessment instrument for health and disability, used across all diseases, including mental and addictive disorders

WIOA – Workforce Innovation and Opportunity Act

WIC – Women, Infants, and Children - a food assistance program for pregnant women, new mothers and young children eat well and stay healthy.

WRAP – Wellness Recovery Action Plan - a manualized group intervention for adults that guides participants through identifying and understanding their personal wellness resources and helps them develop an individualized plan to use these resources daily to manage their mental illness.

YASI – Youth Assessment and Screening Instrument - assesses risks, needs, and protective factors in youth, used in Champaign County by Youth Assessment Center and Juvenile Detention Center.

---

**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD  
REGULAR MEETING**

*Minutes—November 19, 2025*

*This meeting was held  
at the Scott M. Bennett Administrative Center, Urbana, IL  
and with remote access.  
5:45 p.m.*

---

**MEMBERS PRESENT:** Alejandro Gomez, Molly McLay, Tony Nichols, Elaine Palencia, Chris Miner, Jane Sprandel, Jon Paul Youakim

**MEMBERS EXCUSED:** Kyle Patterson, Emily Rodriguez

**STAFF PRESENT:** Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville

**OTHERS PRESENT:** Jacinda Dariotis, UIUC; Brenda Eakins, GROW in Illinois; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Jessie Heckenmueller, Champaign County Regional Planning Commission (CCRPC); Patty Walters, DSC

---

**CALL TO ORDER:**

CCMHB President McLay called the meeting to order at 5:49 p.m.

**ROLL CALL:**

Roll call was taken, and a quorum was present.

**APPROVAL OF AGENDA:**

The agenda was approved.

**CCDDB and CCMHB SCHEDULES:**

Updated copies of CCDDB and CCMHB meeting schedules and CCMHB allocation timeline were included in the packet.

## **ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.

## **CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

## **PRESIDENT’S COMMENTS:**

CCMHB Chair Molly McLay reviewed agenda items and reviewed potential agenda items for January 2026.

## **EXECUTIVE DIRECTOR’S COMMENTS:**

None.

## **APPROVAL OF MINUTES:**

Minutes from the October 22, 2025 CCMHB meeting and October 29, 2025 CCDDDB-CCMHB Joint Study Session were included in the board packet for review.

**MOTION: Mr. Miner moved to approve the minutes of the CCMHB’s meeting October 22, 2025 and CCDDDB-CCMHB October 29, 2025 joint study session. Dr. Youakim seconded the motion. A voice vote was taken and the motion passed unanimously.**

## **APPROVAL OF VENDOR INVOICE LISTS:**

The Vendor Invoice List was included in the packet.

**MOTION: Chair McLay moved to accept the Vendor Invoice Lists as presented in the Board packet. Mr. Miner seconded. A voice vote was taken and the motion passed.**

## **OLD BUSINESS:**

### **Input from Stakeholders:**

Included for information only were communications with stakeholders which were used to revise initial drafts of the new Three-Year Plan and Funding Priorities.

### **CCMHB Three Year Plan with One-Year Objectives:**

A decision memorandum was included in the packet. Staff requested board approval of the DRAFT CCMHB Three Year Plan for 2026-2028 with Objectives and Tactics for 2026.



**MOTION: Ms. Sprandel moved to approve the Draft CCMHB Three Year Plan for 2026-2028 with Objectives and Tactics for 2026 as presented. Mr. Miner seconded the motion. A voice vote was taken and the motion passed unanimously.**

**CCMHB PY2027 Funding Priorities:**

A decision memorandum was included in the packet. It presented CCMHB funding priorities and decision support criteria for Program Year 2027.

**MOTION: Mr. Miner moved to accept the CCMHB funding priorities and decision support criteria for Program Year 2027 as presented by staff. Dr. Youakim seconded the motion. A voice vote was taken and the motion passed unanimously.**

**CCMHB Requirements and Guidelines for Allocation of Funds:**

A decision memorandum was included in the packet. Board approval of the DRAFT Revised CCMHB Requirements and Guidelines for Allocation of Funds was requested by staff.

**MOTION: Ms. McLay moved to approve the draft of Revised CCMHB Requirements and Guidelines for Allocation of Funds as presented. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed unanimously.**

**NEW BUSINESS:**

None.

**REPORTS:**

**Staff Reports**

Staff reports were included in the packet.

**Evaluation Capacity Building Project Update**

An oral update was provided. See resources developed by the team at <https://www.familyresiliency.illinois.edu/resources/microlearning-videos>

**Community Behavioral Health Needs Assessment Activities**

Deferred.

**disAbility Resource Expo Update**

An oral update was provided. See also <https://disabilityresourceexpo.org>

**First Quarter PY20226 Funded Program Service Reports:**

First quarter service activity reports were included in the Board packet for review.

**PUBLIC PARTICIPATION AND AGENCY INPUT:**

None.

**BOARD TO BOARD REPORTS:**

Ms. Palencia reported on Champaign County Community Coalition activities; she asked that they host a session on immigrant and refugee needs and commented on data sharing by Urbana Police Department to Courage Connection. She attended a session at the Chez (veteran's) Center, with some focus on mental health.

**COUNTY BOARD INPUT:**

None.

**CCDDB INPUT:**

The CCDDB met this morning with similar agenda items.

**BOARD ANNOUNCEMENTS AND INPUT:**

The December 17<sup>th</sup> CCMHB meeting will be cancelled.

**ADJOURNMENT:**

The meeting adjourned at 7:03 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Operations and Compliance Coordinator

*\*Minutes are in draft form and subject to CCMHB approval.*

**VENDOR INVOICE LIST**

**Champaign County, IL   FUND = IDDSI   MONTH = November 2025**

<i>Vendor Number</i>	<i>Vendor Name</i>	<i>Invoice</i>	<i>Invoice Date</i>	<i>Check Run</i>	<i>Invoice Description</i>	<i>Check Date</i>
1	CHAMPAIGN COUNTY TREASURER	Nov'25 IDDSI25-089	11/1/2025	110725A	IDDSI25-089 Community Life Sho	11/7/2025

# VENDOR INVOICE LIST

Champaign County, IL FUND = MHB MONTH = November 2025

Vendor Number	Vendor Name	Payee	Invoice	Invoice Date	Check Run	Invoice Description	Check Date
19928	BEST EXPO INC	-	207293	10/27/2025	110725A	Expo - Booth, table, chair rental	11/7/2025
18805	C-U AT HOME	-	Nov'25 MHB25-021	11/1/2025	110725A	MHB25-021 Shelter Case Managem	11/7/2025
1	CHAMPAIGN COUNTY TREASURER	-	Nov'25 MHB26-006	11/1/2025	110725A	MHB26-006 Champaign County Chi	11/7/2025
1	CHAMPAIGN COUNTY TREASURER	-	Nov'25 MHB25-026	11/1/2025	110725A	MHB25-026 Early Childhood Ment	11/7/2025
1	CHAMPAIGN COUNTY TREASURER	-	Nov'25 MHB25-004	11/1/2025	110725A	MHB25-004 Homeless Services Sy	11/7/2025
1	CHAMPAIGN COUNTY TREASURER	-	Nov'25 MHB26-025	11/1/2025	110725A	MHB26-025 Youth Assessment Cen	11/7/2025
1	CHAMPAIGN COUNTY TREASURER	-	Nov'25 Office Rent	11/1/2025	110725A	Nov'25 Office Rent 053	11/7/2025
18254	CHAMPAIGN COUNTY CHRISTIAN F	-	Nov'25 MHB26-029	11/1/2025	110725A	MHB26-029 Mental Heath Care	11/7/2025
18259	CHAMPAIGN COUNTY HEALTH CAR	-	Nov'25 MHB26-044	11/1/2025	110725A	MHB26-044 CHW Outreach & Benef	11/7/2025
18259	CHAMPAIGN COUNTY HEALTH CAR	-	Nov'25 MHB25-066	11/1/2025	110725A	MHB25-066 Disability Applicati	11/7/2025
18259	CHAMPAIGN COUNTY HEALTH CAR	-	Nov'25 MHB26-045	11/1/2025	110725A	MHB26-045 Justice Involved CHW	11/7/2025
10115	CHAMPAIGN MULTIMEDIA GROUP	-	01176731	11/20/2025	112625A	Notice of Funding Availability	11/26/2025
18265	CHAMPAIGN-URBANA MASS TRAN	-	001551	10/24/2025	110725A	Expo - Advertising	11/7/2025
10132	CITY OF CHAMPAIGN	-	32869	10/29/2025	110725A	Expo - Police Services 10/18/25	11/7/2025
10148	COMMUNITY SERVICE CENTER OF I	-	Nov'25 MHB26-008	11/1/2025	110725A	MHB26-008 Resource Connection	11/7/2025
18092	COURAGE CONNECTION	-	Nov'25 MHB25-007	11/1/2025	110725A	MHB25-007 Courage Connection	11/7/2025
10163	CRISIS NURSERY	-	Nov'25 MHB26-005	11/1/2025	110725A	MHB26-005 Beyond Blue Champaig	11/7/2025
18305	CUNNINGHAM CHILDRENS HOME	-	Nov'25 MHB25-018	11/1/2025	110725A	MHB25-018 ECHO Housing and Emp	11/7/2025
18305	CUNNINGHAM CHILDRENS HOME	-	Nov'25 MHB25-036	11/1/2025	110725A	MHB25-036 Families Stronger To	11/7/2025
10170	DEVELOPMENTAL SERVICES CENTE	-	Nov'25 MHB26-012	11/1/2025	110725A	MHB26-012 Family Development	11/7/2025
10175	DON MOYER BOYS & GIRLS CLUB	-	Nov'25 MHB25-015	11/1/2025	110725A	MHB25-015 CU Change	11/7/2025
10185	EAST CNTRL IL REFUGEE MUTUAL F	-	Nov'25 MHB26-001	11/1/2025	110725A	MHB26-001 Family Support & Str	11/7/2025
100	EMPLOYEE VENDOR	Bowdry, Kim	Bowdry 10/31/25	10/31/2025	110725A	Travel Log 9/1/25 - 10/31/25	11/7/2025
18343	FAMILY SERVICE OF CHAMPAIGN C	-	Nov'25 MHB26-014	11/1/2025	110725A	MHB26-014 Counseling	11/7/2025
18343	FAMILY SERVICE OF CHAMPAIGN C	-	Nov'25 MHB26-016	11/1/2025	110725A	MHB26-016 Self-Help Center	11/7/2025
18343	FAMILY SERVICE OF CHAMPAIGN C	-	Nov'25 MHB26-017	11/1/2025	110725A	MHB26-017 Senior Counseling an	11/7/2025
10214	FIRST FOLLOWERS	-	Nov'25 MHB25-034	11/1/2025	110725A	MHB25-034 FirstSteps Community	11/7/2025
10214	FIRST FOLLOWERS	-	Nov'25 MHB25-003	11/1/2025	110725A	MHB25-003 Peer Mentoring for R	11/7/2025

20173	GREATER COMMUNITY AIDS PROJE -	Nov'25 MHB25-022	11/1/2025	110725A	MHB25-022 Advocacy, Care, and	11/7/2025
10242	GROW IN ILLINOIS -	Nov'25 MHB25-011	11/1/2025	110725A	MHB25-011 Peer Support	11/7/2025
19785	IMMIGRANT SERVICES OF CHAMP/ -	Nov'25 MHB26-010	11/1/2025	110725A	MHB26-010 Immigrant Mental Hea	11/7/2025
20570	JP MORGAN CHASE BANK -	6233 10/31/25	10/31/2025	110725A	Act # 4485 9279 0007 6233 10/31/25	11/7/2025
10358	AUTOMATED COMMUNICATIONS, -	442001	10/17/2025	110725A	Expo - Foam Board Posters	11/7/2025
10348	MCS OFFICE TECHNOLOGIES INC -	01-712026	11/1/2025	110725A	Nov'25 MHB/DDB Managed IT Service	11/7/2025
10348	MCS OFFICE TECHNOLOGIES INC -	01-712098	11/4/2025	111425A	Service Ticket #53748 Authorization to	11/14/2025
18413	PROMISE HEALTHCARE -	Nov'25 MHB26-013	11/1/2025	110725A	MHB26-013 Mental Health Servic	11/7/2025
18413	PROMISE HEALTHCARE -	Nov'25 MHB26-041	11/1/2025	110725A	MHB26-041 Wellness	11/7/2025
10488	ROSECRANCE, INC. -	Nov'25 MHB25-019	11/1/2025	110725A	MHB25-019 Benefits Case Manage	11/7/2025
10488	ROSECRANCE, INC. -	Nov'25 MHB25-030	11/1/2025	110725A	MHB25-030 Crisis Co-Response T	11/7/2025
10488	ROSECRANCE, INC. -	Nov'25 MHB25-023	11/1/2025	110725A	MHB25-023 Recovery Home	11/7/2025
10595	UNITING PRIDE -	Nov'25 MHB25-009	11/1/2025	110725A	MHB25-009 Children, Youth, & F	11/7/2025
10583	UNIVERSITY OF ILLINOIS -	Nov'25 Award 112237	11/1/2025	110725A	Nov'25 MHB23-039 Building Agency Ev	11/7/2025
10597	URBANA ADULT EDUCATION -	Nov'25 MHB25-042	11/1/2025	110725A	MHB25-042 C-U Early	11/7/2025
10599	URBANA NEIGHBORHOOD CONNE(-	Jul'25 MHB26-024	7/1/2025	112625A	MHB26-024 Community Study Cent	11/26/2025
10599	URBANA NEIGHBORHOOD CONNE(-	Aug'25 MHB26-024	8/1/2025	112625A	MHB26-024 Community Study Cent	11/26/2025
10599	URBANA NEIGHBORHOOD CONNE(-	Sep'25 MHB26-024	9/1/2025	112625A	MHB26-024 Community Study Cent	11/26/2025
10599	URBANA NEIGHBORHOOD CONNE(-	Oct'25 MHB26-024	10/1/2025	112625A	MHB26-024 Community Study Cent	11/26/2025
10683	WIN RECOVERY INC -	Nov'25 MHB26-069	11/1/2025	110725A	MHB26-069 Community Support Re	11/7/2025

(This page is intentionally left blank.)



**VENDOR INVOICE LIST**

Champaign County, IL   FUND = IDDSI   MONTH = December 2025

<i>Vendor Number</i>	<i>Vendor Name</i>	<i>Invoice</i>	<i>Invoice Date</i>	<i>Check Run</i>	<i>Invoice Description</i>	<i>Check Date</i>
1	CHAMPAIGN COUNTY TREASURER	Dec'25 IDDSI25-089	12/1/2025	120525A	IDDSI25-089 Community Life Sho	12/5/2025

# VENDOR INVOICE LIST

Champaign County, IL FUND = MHB MONTH = December 2025

Vendor Number	Vendor Name	Payee	Invoice	Invoice Date	Check Run	Invoice Description	Check Date
10076	ALLISON M BOOT	-	0027	12/2/2025	121225A	Q4 2025 Expo/Air Coordinator	12/12/2025
19587	DYLAN BOOT	-	012	12/10/2025	121925A	Q4 2025 Disability Resource Expo Coord	12/19/2025
18805	C-U AT HOME	-	Dec'25 MHB25-021	12/1/2025	120525A	MHB25-021 Shelter Case Managem	12/5/2025
1	CHAMPAIGN COUNTY TREASURER	-	Dec'25 MHB26-006	12/1/2025	120525A	MHB26-006 Champaign County Chi	12/5/2025
1	CHAMPAIGN COUNTY TREASURER	-	Dec'25 MHB25-026	12/1/2025	120525A	MHB25-026 Early Childhood Ment	12/5/2025
1	CHAMPAIGN COUNTY TREASURER	-	Dec'25 MHB25-004	12/1/2025	120525A	MHB25-004 Homeless Services Sy	12/5/2025
1	CHAMPAIGN COUNTY TREASURER	-	Dec'25 MHB26-025	12/1/2025	120525A	MHB26-025 Youth Assessment Cen	12/5/2025
1	CHAMPAIGN COUNTY TREASURER	-	Dec'25 Office Rent	12/1/2025	120525A	Dec'25 Office Rent 053	12/5/2025
19970	CDS OFFICE SYSTEMS	-	INV1736092	11/13/2025	120525A	053 MHB CDS Contract 14172-01	12/5/2025
18254	CHAMPAIGN COUNTY CHRISTIAN F	-	Dec'25 MHB26-029	12/1/2025	120525A	MHB26-029 Mental Health Care	12/5/2025
18259	CHAMPAIGN COUNTY HEALTH CAR	-	Dec'25 MHB26-044	12/1/2025	120525A	MHB26-044 CHW Outreach & Benef	12/5/2025
18259	CHAMPAIGN COUNTY HEALTH CAR	-	Dec'25 MHB25-066	12/1/2025	120525A	MHB25-066 Disability Applicati	12/5/2025
18259	CHAMPAIGN COUNTY HEALTH CAR	-	Dec'25 MHB26-045	12/1/2025	120525A	MHB26-045 Justice Involved CHW	12/5/2025
10115	CHAMPAIGN MULTIMEDIA GROUP	-	304339625	11/26/2025	123025A	Notification of Funding	12/30/2025
10148	COMMUNITY SERVICE CENTER OF I	-	Dec'25 MHB26-008	12/1/2025	120525A	MHB26-008 Resource Connection	12/5/2025
18092	COURAGE CONNECTION	-	Dec'25 MHB25-007	12/1/2025	120525A	MHB25-007 Courage Connection	12/5/2025
10163	CRISIS NURSERY	-	Dec'25 MHB26-005	12/1/2025	120525A	MHB26-005 Beyond Blue Champaig	12/5/2025
18305	CUNNINGHAM CHILDRENS HOME	-	Dec'25 MHB25-018	12/1/2025	120525A	MHB25-018 ECHO Housing and Emp	12/5/2025
18305	CUNNINGHAM CHILDRENS HOME	-	Dec'25 MHB25-036	12/1/2025	120525A	MHB25-036 Families Stronger To	12/5/2025
10170	DEVELOPMENTAL SERVICES CENTE	-	Dec'25 MHB26-012	12/1/2025	120525A	MHB26-012 Family Development	12/5/2025
10175	DON MOYER BOYS & GIRLS CLUB	-	Dec'25 MHB25-015	12/1/2025	120525A	MHB25-015 CU Change	12/5/2025
10185	EAST CNTRL IL REFUGEE MUTUAL F	-	Dec'25 MHB26-001	12/1/2025	120525A	MHB26-001 Family Support & Str	12/5/2025
100	EMPLOYEE VENDOR	Howard-Gallo	Howard-Gallo	12/8/2025	121225A	Travel Log 9/1/25 - 11/30/25	12/12/2025
100	EMPLOYEE VENDOR	Bryson, Leon	Bryson 12/8/25	12/5/2025	121225A	Travel Log 10/1/25-12/5/25	12/12/2025
100	EMPLOYEE VENDOR	Summerville,	Summerville, 'Summerville	12/19/2025	123025A	Travel Log 10/30/25-12/5/25	12/30/2025
18343	FAMILY SERVICE OF CHAMPAIGN C	-	Dec'25 MHB26-014	12/1/2025	120525A	MHB26-014 Counseling	12/5/2025
18343	FAMILY SERVICE OF CHAMPAIGN C	-	Dec'25 MHB26-016	12/1/2025	120525A	MHB26-016 Self-Help Center	12/5/2025
18343	FAMILY SERVICE OF CHAMPAIGN C	-	Dec'25 MHB26-017	12/1/2025	120525A	MHB26-017 Senior Counseling an	12/5/2025
10214	FIRST FOLLOWERS	-	Dec'25 MHB25-034	12/1/2025	120525A	MHB25-034 FirstSteps Community	12/5/2025

10214	FIRST FOLLOWERS	-	Dec'25 MHB25-003	12/1/2025	120525A	MHB25-003 Peer Mentoring for R	12/5/2025
20173	GREATER COMMUNITY AIDS PROJE	-	Dec'25 MHB25-022	12/1/2025	120525A	MHB25-022 Advocacy, Care, and	12/5/2025
10242	GROW IN ILLINOIS	-	Dec'25 MHB25-011	12/1/2025	120525A	MHB25-011 Peer Support	12/5/2025
19785	IMMIGRANT SERVICES OF CHAMPA	-	Dec'25 MHB26-010	12/1/2025	120525A	MHB26-010 Immigrant Mental Hea	12/5/2025
20570	JP MORGAN CHASE BANK	-	6233 11/28/25	11/28/2025	120525A	Acct # 4485 9279 0007 6233 11/28/25	12/5/2025
10348	MCS OFFICE TECHNOLOGIES INC	-	01-712332	12/1/2025	121225A	Dec'25 MHB/DDB Managed IT Service	12/11/2025
18413	PROMISE HEALTHCARE	-	Dec'25 MHB26-013	12/1/2025	120525A	MHB26-013 Mental Health Servic	12/5/2025
18413	PROMISE HEALTHCARE	-	Dec'25 MHB26-041	12/1/2025	120525A	MHB26-041 Wellness	12/5/2025
10453	QUILL CORPORATION	-	46793301	12/2/2025	121225A	Acct # 8197518	12/11/2025
10453	QUILL CORPORATION	-	46993511	12/15/2025	123025A	Acct # 8197518	12/30/2025
10453	QUILL CORPORATION	-	47024106	12/16/2025	123025A	Acct # 8197518	12/30/2025
10453	QUILL CORPORATION	-	47081599	12/19/2025	123025A	Acct # 8197518	12/30/2025
10453	QUILL CORPORATION	-	47075520	12/19/2025	123025A	Acct # 8197518	12/30/2025
10453	QUILL CORPORATION	-	47074937	12/19/2025	123025A	Acct # 8197518	12/30/2025
10488	ROSECORANCE, INC.	-	Dec'25 MHB25-019	12/1/2025	120525A	MHB25-019 Benefits Case Manage	12/5/2025
10488	ROSECORANCE, INC.	-	Dec'25 MHB25-030	12/1/2025	120525A	MHB25-030 Crisis Co-Response T	12/5/2025
10488	ROSECORANCE, INC.	-	Dec'25 MHB25-023	12/1/2025	120525A	MHB25-023 Recovery Home	12/5/2025
18555	STEVEN JAY KHACHATURIAM	-	2855-1	10/18/2025	123025A	Ads - Disability Resource Expo	12/30/2025
18148	THE WELL EXPERIENCE	-	Jun'23 MHB23-068	12/9/2025	121925A	MHB23-068 Family Services	12/19/2025
10595	UNITING PRIDE	-	Dec'25 MHB25-009	12/1/2025	120525A	MHB25-009 Children, Youth, & F	12/5/2025
10583	UNIVERSITY OF ILLINOIS	-	Dec'25 Award 112237	12/1/2025	120525A	Dec'25 MHB23-039 Building Agency Eva	12/5/2025
10597	URBANA ADULT EDUCATION	-	Dec'25 MHB25-042	12/1/2025	120525A	MHB25-042 C-U Early	12/5/2025
10599	URBANA NEIGHBORHOOD CONNEC	-	Nov'25 MHB26-024	11/1/2025	120525A	MHB26-024 Community Study Cent	12/5/2025
10599	URBANA NEIGHBORHOOD CONNEC	-	Dec'25 MHB26-024	12/1/2025	120525A	MHB26-024 Community Study Cent	12/5/2025
10683	WIN RECOVERY INC	-	Dec'25 MHB26-069	12/1/2025	120525A	MHB26-069 Community Support Re	12/5/2025

(This page is intentionally left blank.)



## DECISION MEMORANDUM

DATE: January 21, 2026  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Delayed Independent CPA Reports

### Purpose:

This memorandum summarizes certain contract requirements and the process for exceptions, to offer a framework for agency request(s), support Board deliberations, and save time on questions of process and rules.

To respond to an agency request, the Board may request additional information to be answered through Board staff review of records or by the agency directly. Developing accurate and thorough replies to Board questions also depends on the timing of the request.

Due to the length of this document, notes on its structure may be helpful:

- Sections on **Background of Requirements, History of Exceptions, and Requirement Revisions** will be familiar to most Board members. All hyperlinks are updated due to website changes, and actions taken during 2025 are added.
- The **Agency Updates** Section details the start and completion dates of independent CPA audit or financial review reports for each agency funded by the CCMHB in PY25. Historical information is included here as well.
- Two agencies with late audits or reviews have made requests for the Board to consider. A final section offers **Possible Actions**.

## Background on Requirements:

The Board exercises its responsibilities and authorities as described in [the Community Mental Health Act, 405 ILCS 20/0.1-13](#), which incorporates [Illinois Department of Human Services Administrative Rules](#) and the [Illinois Administrative Procedure Act](#). Section 5-30 of the latter details “Regulatory Flexibility” through which rules may be established or amended to reduce the burden on small businesses or non-profit organizations.

[The CCMHB Funding Requirements and Guidelines](#) are based on these rules, describe expectations, are agreed to upon each request for funding and at execution of each contract, and posted at [ccmhddbbrds.org](#) and [champaigncountyl.gov/mhbddb/PublicDocuments.php](#). Financial Management and Reporting Requirements are described on pages 5-7 and 11-12, Non-Compliance and Appeals Processes pages 13-15, Extension Requests pages 12 and 19-20; Audit and Financial Accountability Requirements on pages 15-20.

Case-by-case consideration may be appropriate for some decisions. These excerpts from the Funding Requirements and Guidelines are relevant:

“... Board staff are not authorized to approve extensions of deadlines for the submission of applications for funding or for annual independent audit, review, or compilation reports. In such situations, the full Board may consider an agency request presented to them during a Board meeting. To make a formal written request, the agency should provide full information to the CCMHB staff at least ten (10) calendar days in advance of the Board’s regular or special meeting. The Board has complete discretion to approve or disapprove a request for extension.”

“... The following procedures will be followed in the appeal of suspension, reduction, or termination of funding:

- (i) The provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request within

fourteen (14) calendar days of the postmark of CCMHB staff notification.

- (ii) The written formal appeal should include the reasons for reconsideration and, at minimum: (1) a thorough explanation of what happened to cause the noncompliance; (2) proof of corrective action that has been taken, or is underway, to ensure that the root cause has been repaired; (3) a proposed plan for additional reporting by the agency and possible additional oversight by CCMHB relevant to the noncompliance for the remainder of the contract; and (4) other evidence relevant to the decision.
- (iii) CCMHB shall review information from the CCMHB Executive Director and the agency at the next available regular meeting or at an intervening special meeting if the Board President so chooses. All written materials for consideration should be submitted by the provider a minimum of ten (10) calendar days prior to the meeting of the Board. The agency shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision. Additional information may be required for the CCMHB to arrive at their final decision.”

## History of Exceptions:

Until 2021, Board action had not been necessary to extend an audit, review, or compilation deadline or to waive suspension of payments or contract cancellation. Such requests were handled by CCMHB staff and described in reports posted at

<https://www.champaigncountyil.gov/mhbddb/MHBMeetingDocs.php>:

[January 23, 2019, page 41](#) - 9 agencies requested and received extensions (not listed); 3 with late audits did not request prior to deadline (CU Area Project, DREAAM, UCP Land of Lincoln.)

[January 22, 2020, page 35](#) – 7 agencies requested and received extensions (not listed); 4 with late audits did not request prior to deadline (CU Area Project, DREAAM, FirstFollowers, Promise.)

[January 20, 2021, page 104](#) - 13 agencies requested and received extensions (not listed); 5 did not meet the extended deadline

*(Cunningham Children's Home, DREAAM, ECIRMAC, FirstFollowers, Up Center); 2 with late audits did not request prior to deadline (Champaign County Christian Health Center, Urbana Neighborhood Connections Center, Inc.)*

Since the 2021 revisions, the Board has discussed agency requests for exceptions/exemptions during regular meetings. Archived meeting documents include full board packets, recordings, and approved minutes, which summarize board actions and can be reviewed at the following links:

[October 20, 2021](#) – *Promise extra time, waive contract cancellations.*

[January 19, 2022](#) – *release payments for several agencies with audits which were delayed by their CPA firms.*

[September 21, 2022](#) – *Promise extra time (6 months more total.)*

[January 18, 2023](#) – *release payments for several agencies with audits delayed by CPA firm.*

[February 22, 2023](#) – *release 2 months' payments to The Well Experience to cover extra audit cost.*

[March 22, 2023](#) – *waive cancellation of contracts with GROW in Illinois, Urbana Neighborhood Connections Center, and The Well Experience; release payments to GROW.*

[May 24, 2023](#) – *The Well Experience extra time.*

[June 21, 2023](#) – *waive cancellation of GROW contract.*

[September 20, 2023](#) – *no quorum to waive cancellation of Promise contracts.*

[October 18, 2023](#) – *extra time for Promise (6 months total.)*

[January 17, 2024](#) – *release GROW payments (bank delay); postpone decision on Promise' request to waive contract cancellations.*

[April 17, 2024](#) – *waive cancellation of WIN Recovery contract, continue to hold payments.*

[May 22, 2024](#) – *waive cancellation of Promise contracts, release 2023 payments but hold 2024 payments.*

[June 12, 2024](#) – *release 3 of 4 held payments to The Well Experience.*

[September 18, 2024](#) – *cancel Promise' contracts if no audit by September 30.*

[January 22, 2025](#) – *release January payments to Family Service.*



February 19, 2025 – review PY26 funding requests from Immigrant Services of CU and Urbana Neighborhood Connections Center while waiting for their PY24 audits; continue suspension of WIN Recovery payments until PY24 audit is shared.

April 30, 2025 – defer consideration of applications for Immigrant Services Center of CU, Urbana Neighborhood Connections Center, and WIN Recovery until PY24 audits are shared; defer decision on WIN PY25 contracts until PY24 audits are shared; continue Champaign County Christian Health Center PY25 contract and continue withholding payments until PY24 audit is shared; defer decision on Champaign County Christian Health Center PY26 funding request until PY24 audit; continue FirstFollowers contracts and continue to hold payments until PY24 audit issues are resolved.

May 21, 2025 - continue the WIN PY25 contract and issue payments (audit shared); consider the Champaign County Christian Health Center PY26 funding request (audit shared); consider the WIN PY26 funding request.

May 28, 2025 – consider the Immigrant Services of CU PY26 funding request (audit shared).

September 17, 2025 – consider the Urbana Neighborhood Connections Center, Inc. PY26 funding request (audit shared).

## Requirement Revisions:

The Funding Requirements and Guidelines were amended several times between 2018 and 2025. A history of earlier revisions is offered on pages 120-123 of the Board's [September 18, 2024 meeting packet](#).

An important revision was to move the deadline for submission of an independent audit, review, or compilation from four months past the agency's fiscal year to six months, or December 30 or 31. Despite the additional two months, delays continued: eleven for PY21, twelve for PY22, nine for PY23, nine for PY24, and six for PY25. In some cases, the Board was asked to waive suspension of payments during the three-month grace period or contract cancellation after the three-month grace period.

The September 2024 memorandum also included feedback from a CPA firm, that if financial records were in order and agency staff available to meet, an audit could be completed in eight weeks. This suggested that the current period of six months to complete, approve, and file an audit is reasonable. To understand whether this happens in practice, a new requirement with PY2026 contracts was that each agency notify us of the start date of their audit or review.

## Agency Updates:

Fifteen agencies funded by the CCMHB were to share an audit and four, a financial review, prior to December 30 or 31, 2025. We received thirteen audits or reviews on or before December 31.

One other agency's audit is due by June 30, 2026, and two more do not have this requirement because they are included in the County's independent combined audit. Those not required are **Champaign County Children's Advocacy Center** and the **Champaign County Regional Planning Commission**, which itself includes both "CCRPC – Community Services" and "Champaign County Early Childhood" (formerly Champaign County Head Start/Early Head Start.)

In response to the new contract requirement, eight agencies notified us of the audit/review start date, which might clarify how long the process should be expected to take. Although we do not have this information for all, many were completed on time.

### **CU Early**

No start date provided. Completed by and shared on 10/26/25.

### **CU at Home**

No start date provided. Completed by and shared on 12/21/25.

### **Champaign County Christian Health Center**

No start date provided. Shared on 1/7/2026.

*Will be complete when approved by agency board, expected 1/24/26.*

### **Champaign County Health Care Consumers**

No start date provided. Completed by and shared on 12/26/25.

### **Community Service Center of Northern CC**

Started 10/13/25.	Completed by and shared on 12/30/25.
<b>Courage Connection</b>	
No start date provided.	Completed by and shared on 12/19/25.
<b>Crisis Nursery</b>	
No start date provided.	Completed by and shared on 11/17/25.
<b>Cunningham Children's Home</b>	
No start date provided.	Completed by and shared on 12/31/25.
<b>Don Moyer Boys and Girls Club</b>	
No start date provided.	Completed by and shared on 12/30/25.
<b>DSC (Developmental Services Center)</b>	
Started 7/28/25.	Completed by and shared on 11/25/25.
<b>ECIRMAC/The Refugee Center</b>	
Started 8/15/25.	LATE.
<b>Family Service</b>	
Started 10/6/25.	Completed by and shared on 12/24/25.
<b>FirstFollowers</b>	
No start date provided.	LATE.
<b>GCAP of East Central Illinois</b>	
No start date provided.	LATE.
<b>GROW in Illinois</b>	
Started 12/12/25.	Shared on 12/31/25.
<i>Will be complete when approved by agency board, expected 1/12/26.</i>	
<b>Immigrant Services of CU</b>	
Not started or required. Audit not owed due to no PY25 contract.	
<b>Promise Health Care</b>	
No start date provided.	Audit is due on or before 6/30/26.
<b>RACES, Inc.</b>	
Started 6/10/25.	Completed by and shared on 12/30/25.
<b>Rosecrance Central Illinois</b>	
No start date provided.	Completed by and shared on 12/4/25.
<b>Uniting Pride</b>	
Started 9/29/25.	LATE.
<b>Urbana Neighborhood Connections Center, Inc.</b>	
Started 9/16/25.	Audit not owed due to no PY25 contract.
<b>WIN Recovery</b>	
No start date provided.	LATE.

Of the six CCMHB agencies with PY2025 audits or reviews not shared by December 30/31, GCAP and Uniting Pride had informed us of delays in advance. Both then made requests, which are attached. Some additional information which may support Board consideration comes from agency directors, and some from our records:

- **Greater Community AIDS Project of East Central Illinois (GCAP)** shared copies of emails between them and the CPA, including a plan to request extension of the deadline. The process was started in October but not completed due to circumstances explained in the attached request. The agency was newly funded in PY25, so this is the first time a financial review report is expected.  
*Action is requested of the CCMHB (see attached and below.)*
- **Uniting Pride's** CPA firm initially informed them the financial review would be completed before December 31. On December 29, they learned that the person assigned to their account was no longer with the firm and the new CPA was out of the office until early January. The agency's PY21 review was shared on 5/25/22, PY22 on 2/2/23 (delayed by CPA), and PY23 and PY24 on time.  
*Action is requested of the CCMHB (see attached and below.)*

After the deadline, staff notified agencies that payments would be paused. Below are some responses and some information from our records.

- **Champaign County Christian Health Center (CCCHC)** replied that their audit was completed before Christmas. It was then sent to us January 7 and is to be approved by their board January 24. *No action is needed from the CCMHB.*
- **ECIRMAC/The Refugee Center** did not reply. The agency's PY21 audit was shared on 3/2/22, PY22 on 3/31/23, PY23 on 3/25/24, and PY24 on 1/30/25. *No Board action is requested.*
- **FirstFollowers** indicated they "are still working through the audit, and I believe we are in a better position to complete it sooner in comparison to the previous years." The agency's PY21 audit was

shared on 3/9/22, PY22 on 3/21/23, PY23 on 5/3/24, and PY24 on 4/23/25. *No Board action is requested.*

- **Women in Need (WIN) Recovery** did not reply. The agency was first funded in PY22. Their PY22 audit was shared on 7/7/23, PY23 on 4/24/24, and PY24 on 5/7/25. *No Board action is requested.*

If an audit/review is received on or before March 31, the agency's contracts will continue, and CCMHB staff will begin to review them and ask for any follow-up indicated, releasing payments when issues are resolved.

If an audit/review is not received by March 31 or is received on or after April 1, the CCMHB will be asked to consider contract cancellation(s).

If an agency with an outstanding audit/review requests release of payments or contract continuation, the Board might agree and set conditions such as:

- The agency will document the causes of the delay and identify an appropriate future remedy.
- If the CPA firm has contributed to the delay, they will communicate directly with the Board, explaining the circumstances through a letter or by attending a Board meeting.
- The agency will inform Board staff on a regular basis of progress on the audit or review and of progress toward the future remedy.
- If the circumstances and remedy are complex, the agency will propose a corrective action plan for Board consideration.

The issue of full consideration for PY27 funding requests may also be impacted by delayed audits or reviews. The deadline for funding requests is 4:30PM Monday, February 2, 2026, and requests are not complete without a filed, approved independent CPA audit, review, or compilation report of the most recently completed agency fiscal year, with resolution of any issues raised. This is an effort to ensure eligibility prior to contracting, lowering the risk of loss for the agency, the CCMHB, and the community.

**ECIRMAC/The Refugee Center** and **WIN Recovery** - have two-year contracts for PY26 and PY27 and are *not* expected to apply for additional PY27 funding.

**FirstFollowers, GCAP,** and **Uniting Pride** have two-year contracts for PY25 and PY26 and *are* expected to apply for PY27 funding.

The Board might consider treating any PY27 requests which are not accompanied by PY25 audits/reviews in the same manner as they handled those without PY24 audits/reviews last year, so that while staff will review funding requests, the Board would consider them only after the audit/review requirement is met.

### Possible Actions:

Motion to **waive** suspension of payments on **GCAP's** Program Year 2026 contract due to late financial review and to authorize CCMHB staff to release January, February, and March payments as scheduled.

*OR*

Motion to **continue** the suspension of payments on **GCAP's** Program Year 2026 contract until the PY25 financial review is submitted and any follow-up issues resolved.

Motion to **waive** suspension of payments on **Uniting Pride's** Program Year 2026 contract due to late financial review and to authorize CCMHB staff to release January, February, and March payments as scheduled.

*OR*

Motion to **continue** the suspension of payments on **Uniting Pride's** Program Year 2026 contract until the PY25 financial review is submitted and any follow-up issues resolved.



Darya Shahgheibi <executivedirector@gcapnow.com>

---

## FW: FW: [External] Re: Out of Office Re: Review

1 message

---

**Bermingham, Katie** <Katie.Bermingham@claconnect.com>

Wed, Nov 19, 2025 at 6:39 AM

To: "Stevenson, Berry" <executivedirector@gcapnow.com>, "Shipp, Megan" <Megan.Shipp@claconnect.com>

Hi Darya,

I'm including Megan on the email as I do believe there were more open items.

Megan, can you please provide Darya the most recent request list?

Darya, can you please provide me the correspondence with CCMHB on the extension?

Katie



**Katie Bermingham, CPA**  
Principal

**Direct 217-373-3144**  
CLA (CliftonLarsonAllen LLP)  
katie.bermingham@claconnect.com

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAGlobal.com/disclaimer](https://CLAGlobal.com/disclaimer). Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

---

**From:** Darya Shahgheibi <[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com)>

**Sent:** Tuesday, November 18, 2025 4:04 PM

**To:** Bermingham, Katie <[Katie.Bermingham@claconnect.com](mailto:Katie.Bermingham@claconnect.com)>

**Subject:** Re: FW: [External] Re: Out of Office Re: Review

**Think Security – This email originated from an external source. Be cautious with any links or attachments.**

Hi Katie,

CCMHB said they dont have a form for this, however they have approved a general extension for all other forms and documents for FY25. I believe everything has been submitted except for the internal control form, is this right?

**Darya Shahgheibi (she/her/hers)**  
pronounced: DAHR-yuh shah-GAY-bee  
Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)  
P.O Box 713 Champaign, IL 61824  
Talk or Text: 815-901-5893

[Schedule a meeting with me](#)

GCAP empowers individuals and families living with and affected by HIV/AIDS in East Central Illinois by providing housing and supportive services and actively works within the community to reduce virus transmission.

**Disclaimer:** If you are not the person to whom this message is addressed, be aware that any use, reproduction, or distribution of this message is strictly prohibited. If you received this in error, please contact the sender and immediately delete this email and any attachments.

On Thu, Nov 13, 2025 at 2:59 PM Bermingham, Katie <[Katie.Bermingham@claconnect.com](mailto:Katie.Bermingham@claconnect.com)> wrote:

Hi Darya,

I just wanted to reach out to see if you heard back from CCMHB on an extension date? If you have an approval from them, please send it to me.

Based on that, we can determine when it would be best to re-schedule the engagement.

Thank you!

Katie



**Katie Bermingham, CPA**  
Principal

**Direct 217-373-3144**  
CLA (CliftonLarsonAllen LLP)  
[katie.bermingham@claconnect.com](mailto:katie.bermingham@claconnect.com)

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAGlobal.com/disclaimer](https://CLAGlobal.com/disclaimer). Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

---

**From:** Darya Shahgheibi <[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com)>  
**Sent:** Wednesday, October 15, 2025 4:41 PM  
**To:** Bermingham, Katie <[Katie.Bermingham@claconnect.com](mailto:Katie.Bermingham@claconnect.com)>  
**Subject:** Re: FW: [External] Re: Out of Office Re: Review

**Think Security – This email originated from an external source. Be cautious with any links or attachments.**

Thank you for sending. I have reached out to CCMHB

**Darya Shahgheibi (she/her/hers)**  
pronounced: DAHR-yuh shah-GAY-bee



Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)  
P.O Box 713 Champaign, IL 61824  
Talk or Text: 815-901-5893

[Schedule a meeting with me](#)

GCAP empowers individuals and families living with and affected by HIV/AIDS in East Central Illinois by providing housing and supportive services and actively works within the community to reduce virus transmission.

**Disclaimer:** If you are not the person to whom this message is addressed, be aware that any use, reproduction, or distribution of this message is strictly prohibited. If you received this in error, please contact the sender and immediately delete this email and any attachments.

On Fri, Oct 10, 2025, 7:00 AM Bermingham, Katie <[Katie.Bermingham@claconnect.com](mailto:Katie.Bermingham@claconnect.com)> wrote:

Hi Darya,

So sorry to hear that. I attached the list.

You may want to reach out to CCMHB to see if they would provide you an extension due to the circumstances. If that would help, feel free to do that and send us their extension approval.

We could then re-schedule the review for a time that works better for you.

Thank you!

Katie



**Katie Bermingham, CPA**  
Principal

**Direct 217-373-3144**  
CLA (CliftonLarsonAllen LLP)  
[katie.bermingham@claconnect.com](mailto:katie.bermingham@claconnect.com)

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAGlobal.com/disclaimer](https://CLAGlobal.com/disclaimer). Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

---

**From:** Darya Shahgheibi <[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com)>  
**Sent:** Friday, October 10, 2025 6:28 AM  
**To:** Bermingham, Katie <[Katie.Bermingham@claconnect.com](mailto:Katie.Bermingham@claconnect.com)>  
**Subject:** [External] Re: Out of Office Re: Review

**Think Security – This email originated from an external source. Be cautious with any links or attachments.**

Hi Katie,

I've been in and out of the hospital and haven't been able to get the documents back to you, so sorry! Are you able to send an updated list with what is still needed?

Thanks!

**Darya Shahgheibi (she/her/hers)**  
pronounced: DAHR-yuh shah-GAY-bee  
Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)  
P.O Box 713 Champaign, IL 61824  
Talk or Text: 815-901-5893

[Schedule a meeting with me](#)

GCAP empowers individuals and families living with and affected by HIV/AIDS in East Central Illinois by providing housing and supportive services and actively works within the community to reduce virus transmission.

Disclaimer: If you are not the person to whom this message is addressed, be aware that any use, reproduction, or distribution of this message is strictly prohibited. If you received this in error, please contact the sender and immediately delete this email and any attachments.

On Thu, Oct 2, 2025, 9:53 AM Darya Shahgheibi <[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com)> wrote:

Hello,

Thank you for your email. I am currently out of the office due to illness and will respond to your message upon my return.

For urgent assistance regarding the Rapid ReHousing program, financial assistance to prevent an imminent power shut-off or eviction, or other critical matters, please contact our case manager, Meg, at [meg@gcapnow.com](mailto:meg@gcapnow.com) or 217-351-2437.

--

Darya Shahgheibi  
\*(she/her/hers)\*pronounced: DAHR-yuh shah-GAY-bee  
Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)  
P.O Box 713 Champaign, IL 61824  
Talk or Text: 815-901-5893  
[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com)

GCAP empowers individuals and families living with and affected by HIV/AIDS

in East Central Illinois by providing housing and supportive services and actively works within the community to reduce virus transmission.

Disclaimer: If you are not the person to whom this message is addressed, be aware that any use, reproduction, or distribution of this message is strictly prohibited. If you received this in error, please contact the sender and immediately delete this email and any attachments.

-----

**The information (including any attachments) contained in this document is confidential and is for the use only of the intended recipient. If you are not the intended recipient, you should delete this message. Any distribution, disclosure, or copying of this message, or the taking of any action based on its contents is strictly prohibited.**

**CliftonLarsonAllen LLP**

-----



---

## Re: GCAP Review

1 message

---

**Darya Shahgheibi** <executivedirector@gcapnow.com>  
To: "Shipp, Megan" <Megan.Shipp@claconnect.com>  
Cc: "Bermingham, Katie" <Katie.Bermingham@claconnect.com>

Mon, Dec 15, 2025 at 12:07 PM

Hi Megan,

Thank you for your patience.

I did attempt to upload several documents last week but experienced technical difficulties, which led to a prompt for a security code, and I had to stop the process. I will attempt to upload the remaining documents today. I suspect that the failed resubmissions or perhaps submitting a large batch of files may have triggered the security re-confirmation and request for the code. If the security re-confirmation prompt occurs again today, I will reach out to you for assistance before proceeding.

If there are any follow up questions or concerns regarding my responses, please let me know. Thank you

**2. Please provide the 7/31/24 bank statements for the Busey checking account 3803 and the Busey MM account 3838.**

These statements were among the files I attempted to upload last week. It is highly likely they were missed due to the technical issues I was experiencing.

**3 Please provide support for the grants receivable balance as of 6/30/25 and 6/30/24.**

This was among the files I attempted to upload last week. Will re-upload

**5. Please provide the depreciation schedule as of 6/30/24 and 6/30/25.**

No depreciation recorded given advice of our previous accountant. If this needs to be amended, please let me know. We would typically use straight-line depreciation as per our financial policies. If it needs to be corrected, we will work with a bookkeeper to do this. If you have a bookkeeper suggestion, please let me know.

**6. Does the entity have any leases?**

Equipment (copy machine) is leased through Watts Copy Systems, Inc. Would you like this included? Approximately \$1500/year, 5 year lease.

**8. How many full time and part time employees were there as of 6/30/24 and 6/30/25?:**

07/01/2024-02/16/2025: 1 full time and 1 part time

02/17/2025-06/30/2025: 2 full time

**9. Were there any changes to the entity's IRS status during the year?:**

No

**10. Are you aware of any restricted net assets?**

No donor-restricted contributions or other assets

**11. Was the CCMHB grant approved in the FY24 board minutes? If so, please provide the board minutes showing this approval.**

Approved in July 2024 board minutes. The vote would have happened June 2024, but had to be moved to July 2024 due to lack of quorum. See June 2024 board meeting minutes for further explanation.

**13. Please provide the W-2s that will agree to the gross payment on the 941 for the quarter ending March 2025.**

draft 2025 W2 will be uploaded

**14/15.** Corrected reconciliation reports and trial balance for 2024 and 2025 were submitted last week, did you receive these? Trial balance and reconciliation amounts correlate on the newly submitted forms. I've attached here as well.

**17 Please provide the email approval from CCMHB approving the extension.**

I will upload an email exchange with CCMHB.

**Darya Shahgheibi (she/her/hers)**

pronounced: DAHR-yuh shah-GAY-bee

Executive Director

[Schedule a meeting with me](#)

GCAP empowers individuals and families living with and affected by HIV/AIDS in East Central Illinois by providing housing and supportive services and actively works within the community to reduce virus transmission.

Disclaimer: If you are not the person to whom this message is addressed, be aware that any use, reproduction, or distribution of this message is strictly prohibited. If you received this in error, please contact the sender and immediately delete this email and any attachments.

On Mon, Dec 15, 2025, 8:16 AM Shipp, Megan <[Megan.Shipp@claconnect.com](mailto:Megan.Shipp@claconnect.com)> wrote:

Hi Darya,

Please see attached for the remaining open items for the review.

I am on PTO starting Thursday through the end of the year, but please feel free to send items while I'm gone and I can jump into it when I return.

Were you able to get an extension approved from CCMHB? Please provide that documentation if so.

Thanks!  
Megan



**Megan Shipp, CPA**  
Senior

**Direct 217-373-3113**  
CLA (CliftonLarsonAllen LLP)  
[megan.shipp@claconnect.com](mailto:megan.shipp@claconnect.com)

*We'll get you there.*  
CPAs | Consultants | Wealth Advisors



CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAGlobal.com/disclaimer](http://CLAGlobal.com/disclaimer). Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.



The information (including any attachments) contained in this document is confidential and is for the use only of the intended recipient. If you are not the intended recipient, you should delete this message. Any distribution, disclosure, or copying of this message, or the taking of any action based on its contents is strictly prohibited.

CliftonLarsonAllen LLP

-----

---

**4 attachments**



**06-2025 trial.pdf**

42K



**3838-06-2024 rec.pdf**

103K



**trial 06-2024.pdf**

41K



**rec 06-2024.pdf**

451K

## **Special Request for Consideration by CCDDDB or CCMHB**

Complete and direct to [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) and either [kim@ccmhb.org](mailto:kim@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org). Full Board approval is needed for certain exceptions to requirements and to reverse actions taken by the CCDDDB- CCMHB staff. The completed request form will be presented to the CCDDDB or CCMHB at a meeting.

**Requester's Name:** Darya Shahgheibi

**Date:** 01/06/2026

**Agency Name:** Greater Community AIDS Project of East Central Illinois

**Contract(s):** Closing the Gaps in Access and Care

**Step One:** Identify the type of special consideration requested.

- ☐ Consideration of Late Funding Request
- ☒ Release of Paused Payment(s)
- ☐ Continuation of Contract(s)
- ☐ Reversal of Other Compliance Action
- ☐ Waiver of Other Contract Requirement
- ☐ Other

**Step Two:** Describe the circumstances necessitating this request.

GCAP has recently faced a series of unforeseen operational challenges. Our Executive Director has been on extended medical leave due to significant health issues, which impacted our administrative capacity and delayed the completion of our annual audit. Simultaneously, the departure of our Case Manager required our Board of Directors to step in directly to manage client services and ensure no lapse in community support.

Regarding financial reporting, a transition from QuickBooks Desktop to QuickBooks Online in Summer 2024 resulted in data synchronization errors that have required manual reconciliation. These discrepancies were identified during the audit preparation phase and created a cascading effect on our financial data. Not only did this impact historical records, but it also compromised the accuracy of our current reporting. Consequently, we have had to systematically fix and re-run all subsequent reports to ensure they align with the corrected data. Our Treasurer and Finance Committee are working in close coordination with the Executive Director to complete this reconciliation and to compile all of the needed paperwork for the audit. This process is essential to ensuring that our current and future financial standing is reflected with absolute accuracy. We are in active communication with our CPAs at CliftonLarsonAllen as we compile the finalized

documentation, and we remain grateful for their continued partnership and guidance during this time.

**Step Three: Identify a solution to be implemented to avoid this circumstance in the future.**

To ensure long-term stability and prevent future delays, GCAP is planning to engage in services with a professional bookkeeper to maintain financial accuracy and ensure our records are audit-ready at all times, regardless of staff availability.

The Board is also developing a formal “continuity of operations” plan. This includes cross-training staff and board members on essential administrative functions to ensure that medical leave or staff transitions do not disrupt our financial or reporting obligations moving forward.

**Step Four: Attach documentation which will clarify the situation, including documentation from your CPA firm, if related to the annual audit or financial review.**

Emails showing continued communication with CLA attached.

**Step Five: Attend a meeting of the full Board, preferably in person, to answer questions.**

GCAP Executive Director is planning to attend the meeting of the full Board in-person on January 21, 2026 at 5:45PM, however may need to join virtually depending on health status.



## **Special Request for Consideration by CCDDDB or CCMHB**

Complete and direct to [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) and either [kim@ccmhb.org](mailto:kim@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org).

Full Board approval is needed for certain exceptions to requirements and to reverse actions taken by the CCDDDB- CCMHB staff. The completed request form will be presented to the CCDDDB or CCMHB at a meeting.

**Requester's Name:** Joshua Gavel

**Date:** 1/9/2026

**Agency Name:** Uniting Pride

**Contract(s):** CCMHB PY26

**Step One:** Identify the type of special consideration requested.

- ☐ Consideration of Late Funding Request
- ☒ Release of Paused Payment(s)
- ☐ Continuation of Contract(s)
- ☐ Reversal of Other Compliance Action
- ☐ Waiver of Other Contract Requirement
- ☐ Other

**Step Two:** Describe the circumstances necessitating this request.

Uniting Pride engaged with Aprio CPA firm and was on track to deliver the required financial review but was informed that the CPA working on our financial review was very suddenly no longer employed with the firm in the final days of 2025. Despite our work with them over the past few months and delivering all requested information in a timely manner this departure has meant the work needed to be completed by another CPA at the firm and an internal review was conducted to ensure that all prior work was accurate. Uniting Pride has been engaged with the Aprio team to move this process along as quickly as possible and met with them multiple times upon return from the holidays and plan to have the review completed before the end of the month. Unfortunately, much of this is completely out of Uniting Pride's control and related to Aprio's internal staffing situation.

**Step Three:** Identify a solution to be implemented to avoid this circumstance in the future.

We will continue to do our best to ensure clear communication with both our firm and CCMHB, but due to this being related to Aprio's internal staffing decisions, there was not

much we could do.

**Step Four: Attach documentation which will clarify the situation, including documentation from your CPA firm, if related to the annual audit or financial review.**

Uniting Pride Financial Review

External

Inbox x

F

Finance & Program Manager Uniting Pride

to William, Treasurer, me

Mon, Dec 29, 2025, 11:12 AM (11 days ago)

☆

↶

⋮

Hi William,

My name is Madison and I work at Uniting Pride, we spoke on the phone during the engagement process of us finding a firm to conduct our financial review.

It has just come to my attention that Ciara is no longer with Aprio, and we have been working closely with her on our financial review. We were supposed to get a rough draft over a week ago and our final version is meant to be submitted to our funder on 12/31.

Obviously we are very worried on our end, and need to get this moving ASAP. Who is our new contact for this process and how do we get the rough draft in our hands?

I'm available at 309-339-2517 if you have time to talk directly today.

Thanks!

Madison

--


Madison Palmer (she/her)

Finance and Program Manager

<https://www.unitingpride.org/>

1001 S. Wright St.

Champaign, IL 61820



Uniting Pride of Champaign County is a nonprofit organization with 501(c)(3) status and Federal EIN # 27-1636190.



**William Donahue** <William.Donahue@aprio.com>

to Finance, Treasurer, me ▾

Mon, Dec 29, 2025, 12:51 PM (11 days ago)



Hi Madison,

Thanks for your email and for bringing this to my attention. I will try to call you right now.



**William Donahue**

Partner, Assurance Services | Audit

Nonprofit

Aprio, LLP | Aprio Advisory Group, LLC

[William.Donahue@aprio.com](mailto:William.Donahue@aprio.com)

Upload files securely

Subscribe to insights

240-364-2678

[www.aprio.com](http://www.aprio.com)



"Aprio" is the brand name under which Aprio, LLP, and Aprio Advisory Group, LLC (and its subsidiaries) provide professional services. LLP and Advisory (and its subsidiary entities) practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations and professional standards. LLP is a licensed independent CPA firm that provides attest services to its clients, and Advisory and its subsidiary entities provide tax and business consulting services to their clients. Advisory and its subsidiary entities are not licensed CPA firms. APRIO, the Aprio pentagonal pinwheel logo and "PASSIONATE FOR WHAT'S NEXT", are registered marks of Aprio Advisory Group, LLC. Aprio Advisory Group, LLC © 2024. All rights reserved.

Any tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or under any state or local tax law or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein. Please do not hesitate to contact us if you have any questions regarding this matter.

CONFIDENTIALITY NOTICE: This e-mail may contain information that is privileged or otherwise confidential. It is intended solely for the holder of the e-mail address to which it has been directed, and should not be disseminated, distributed, copied or forwarded to any other persons. It is not intended for transmission to, or receipt by, any other person. If

Checking In

External

Inbox x



**Finance & Program Manager Uniting Pride**

to Ciara, Treasurer, me ▾

Mon, Dec 22, 2025, 3:50 PM



Hi Ciara,

I hope you are getting a great start to the week!

I gave you a call earlier today hoping to connect to get the latest update on our rough draft for the financial review. I am going to be out for the Holiday starting tomorrow, but will check my email through the day on the look out for the rough draft. You can give me a call anytime though!

I'll be back online 12/29 and a half day 12/30 as well.

Hoping to connect soon!

Madison

--

**Madison Palmer** (she/her)  
Finance and Program Manager  
<https://www.unitingpride.org/>  
1001 S. Wright St.  
Champaign, IL 61820



*Uniting Pride of Champaign County is a nonprofit organization with 501(c)(3) status and Federal EIN # 27-1636190.*



Finance & Program Manager Uniting Pride  
to Treasurer, me ▾

Mon, Dec 29, 2025, 11:09 AM (11 days ago)



FYI

----- Forwarded message -----

From: Ciara Leahy <[ciara.leahy@aprio.com](mailto:ciara.leahy@aprio.com)>

Date: Tue, Dec 23, 2025 at 11:33AM

Subject: Re: Checking In

To: Finance & Program Manager Uniting Pride <[finance.manager@unitingpride.org](mailto:finance.manager@unitingpride.org)>

Hi Madison,

Unfortunately I do not have good news to share - I am leaving Aprio. I have put all that you shared with me in the caseware file and I am sure someone at Aprio will be reaching out to wrap this up for you.

It was really great meeting and working with you. If you don't hear from someone at Aprio I recommend reaching out to Will Donohue.

Best,  
Ciara



**Ciara Leahy**

Director, Assurance Services

Nonprofit

Aprio, LLP | Aprio Advisory Group, LLC

[ciara.leahy@aprio.com](mailto:ciara.leahy@aprio.com)

Upload files securely

Subscribe to insights

847-278-4272

[www.aprio.com](http://www.aprio.com)

**Step Five: Attend a meeting of the full Board, preferably in person, to answer questions.**



## DECISION MEMORANDUM

**DATE:** January 21, 2026  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** Expo/Community Awareness Activities for 2026

### **Background:**

During 2025, when planning 2026 budgets for the CCMHB, Champaign County Developmental Disabilities Board (CCDDB), and I/DD Special Initiatives funds, we understood that one of our annual community awareness events would continue and the other would not. Typical of 2025, both predictions were wrong. This memorandum provides an overview and seeks guidance from the CCDDB and CCMHB, as we restructure planned activities and expenses to continue promoting inclusion and challenging stigma, explicit goals of each board.

### **Expo Update:**

The CCDDB and CCMHB have hosted an annual Disability Resource Expo since 2007, with virtual alternatives during the COVID-19 pandemic in 2020 or 2021. A popular resource book is published each year, and the Expo website includes an online version of this resource directory. See <http://disabilityresourceexpo.org>.

For 2025, costs and activities were consistent with prior years. Also typical in Expo history, unexpected challenges required last-minute responses. While successful, these disruptions revealed how vulnerable this project has been, relying heavily on coordinators and a core team to pitch in despite other demands and barriers.

- An appropriate venue has not been secured for 2026. This will take time and thought, and if the result is not a publicly available space, such as a shopping mall, there will be impact on what the event offers attendees and exhibitors. This could be a very positive development, but costs and planning would be different from what we have anticipated.
- The two coordinators responsible for all aspects are stepping back.
- As in prior years, the contributions of many volunteers and sponsors have become harder to secure. This is further complicated by the frequent last minute changes which impact volunteer tasks.
- Lack of clarity about the roles of committee members and Board staff have created confusion and frustration.
- Exhibitors, sponsors, and attendees have many more community resource event options to participate in than they did in 2007.



## **Expo Inclusion Impact:**

This annual event is very well known in Champaign County and beyond. The event serves as a high visibility inclusion effort, as do planning activities leading up to it and the sharing of resource information which follows. The project has the power to increase disability visibility in the community and center disability in practice.

Although greatly expanded from the initial “DD Expo” vision, it has retained the focus on disability, including in the planning and coordination of all aspects. In a community with so many non-profit and governmental resources, coalescing around a single event is remarkable.

Despite this focus, it remains challenging to offer an event and environment which is fully accessible to all who might need or enjoy the resources and activities. These are important challenges, appropriately capturing our attention. The event has been sustained by dedicated coordinators, steering committee members, staff and board members, volunteers, sponsors, and exhibitors. Since its inception, many other approaches to sharing resource information have emerged, and some are easier for people to access, depending on their abilities. Fullest inclusion seems to require all approaches, including the promulgation of online information and search tools and the renewed attention to value of call services. The Expo has embraced and added to these approaches but also demonstrates the value of face-to-face communication.



## **Expo Budget Impact:**

The following revenue totals include deposits received in different years from the events they supported. In recent years, total project expenses have stayed near \$71,000. Time spent by staff, committee members, and volunteers varies each year and is not included.

2014 Revenue: \$28,192

2015 Revenue: \$26,221

2016 Revenue: \$18,822

2017 Revenue: \$5,225

2018 Revenue: \$21,613

2019 Revenue: \$14,275

2020 Revenue: \$13,805

2021 Revenue: \$100

2022 Revenue: \$15,403

2023 Revenue: \$11,426

2024 Revenue: \$14,015

2025 Revenue: \$13,739

If it is not possible to secure primary coordinators or an appropriate venue in time to carry out an in-person event during 2026, then revenues and expenses associated with the Expo will be much lower than budgeted. Related activities will have lower costs but are not expected to generate sponsorships which, apart from exhibitor fees, are the only other source of revenue to this project.

## **The Unexpected:**

Because all staff and board members and many community members expect the full in-person Disability Resource Expo each year, our budget plans and work plans for 2026 were based on relatively stable history. Toward the close of 2025, factors combined to make the prospect of the traditional event unlikely during 2026. This will result in lower revenues and expenses to each Board. Board staff are mindful of the need to balance costs, but the Expo's long-term future warrants a reset, and Steering Committee members suggest a planning year.



- Board staff recognize the need for clear communication about transactions, agreements, and the roles of planners and volunteers.
- We also recognize that the primary coordinators have been responsible for many tasks that require a high degree of organization and much time.
- One coordinator will continue to support activities, including advising on what other paid consultants would do and have done.
- An advisory committee has been formed from a subset of active steering committee members. They will hold an inaugural meeting after the CCDDDB and CCMHB January meetings. Board members are welcome to join this committee or to share ideas through Board staff.
- A survey of service providers and community members might support the work of the advisory committee.
- Already recommended: continue to distribute the physical Resource book; update the online version (on the Expo website) as appropriate; and support other resource events through Expo sponsorship, which may include advertising of the Expo website and a booth to distribute Resource Books and promote the updated online resource directory.

### **Decision Section:**

Motion to direct CCDDDB-CCMHB staff to form an Advisory Committee to plan and carry out Disability Resource Expo activities, which may include an in-person event, and to authorize the Executive Director to pay for related services and products using approved budgeted funds.

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

(This page is intentionally left blank.)



## DECISION MEMORANDUM

**DATE:** January 21, 2026  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** AIR/Community Awareness Activities for 2026

### **Background:**

During 2025, when planning 2026 budgets for the CCMHB, Champaign County Developmental Disabilities Board (CCDDDB), and I/DD Special Initiatives funds, we understood that one of our annual community awareness events would continue and the other would not. Typical of 2025, both predictions were wrong. This memorandum provides an overview and seeks guidance from the CCDDDB and CCMHB, as we restructure planned activities and expenses to continue promoting inclusion and challenging stigma and building community awareness of behavioral health and developmental disabilities.

### **AIR Update:**

The Alliance for Inclusion and Respect (AIR) sponsored anti-stigma films and related activities during Roger Ebert's Film Festival from 2008 to 2025. Festival coordinators facilitated activities, media coverage, and the attention of their guests, especially to related panel discussions and art exhibits. The CCMHB was the lead member, with CCDDDB and providers partnering on various aspects. AIR expanded to include large and small organizations, college departments, support groups, and most recently CU Able and Positive Centered Art Therapy, LLC.

During the April 2025 festival, AIR sponsored "Color Book," a full-length feature on a young father and son dealing with the loss of the mother. The lead actor is a

teenager who has Down Syndrome, which was not the focus of the film. AIR was represented during the post-film Q&A by regional disability advocate Annie Bruno of the Arc of Illinois. The Q&A was moderated by Dr. Eric Pierson, a UIUC alum with enduring interest in AIR. Original pieces by AIR artists were presented as gifts to the film's director, producer, and two male lead actors.

We hosted the traditional art show and sale inside the Virginia Theatre, this time for two full days, developed print promotions for use by members, and used AIR website and social media to promote activities, the artists' work, and the mission.



*(Colorful logo: "AIR alliance for inclusion and respect")*

### **AIR Inclusion Impact:**

AIR members and artists had the option to identify any film aligned with their interests and secure a block of tickets for their staff, students, and people they serve. This resulted in greater participation, as many films address issues relevant to AIR. One AIR artist asked questions during several post-film Q&As.

Artists and supporters were invited to the opening ceremony, and NAMI representatives were able to attend. We hope to increase the presence of AIR members and artists, as the festival continues to prioritize them.

Artists again chose indoor shows rather than outdoor, and festival and theater staff accommodated. Stephanie Howard-Gallo coordinated the shows. We received much positive feedback from members, artists, and festival attendees.



*(Drawing of Roger Ebert, by Preston Lord)*

### **AIR Budget Impact:**

\$15,000 has been the cost for sponsorship of an anti-stigma film within the festival. Sponsorship included their support for concurrent AIR activities and a large presence in all festival promotions. This is a Public Relations cost, along with other expenses related to AIR and Expo activities and outreach.

Beyond the film sponsorship paid by the CCMHB, costs (e.g., for promotions and refreshments for artists) and offsets vary each year:

- \$3,906 in contributions and sales of passes in 2019.

- \$2,825 in 2022, when an in-person event was once again held.
- \$680.55 in passes, contributions, and donations in 2023. High staff turnover for many member agencies made it difficult to participate fully.
- \$575 in sale of passes and tickets in 2024.
- \$1,475 from passes, contributions, and donations in 2025. In lieu of payment, some members offered food and beverages for artists.

The most recent cost for anti-stigma film sponsorship was \$15,000 and was paid by the CCMHB. Costs related to the art show were split between the CCMHB and CCDDDB as other administrative costs, with CCDDDB paying 42.15%. At this time, we do not have much information regarding potential sponsorship costs, as the planning for the festival is being handled very differently.

The CCMHB will consider this action at their regular business meeting on January 21, and the CCDDDB at theirs on January 28. If both boards choose to support film sponsorship during the 2026 event, the highest cost to CCMHB would be **\$8,677.50**, and the highest cost to CCDDDB would be **\$6,322.50**. Sharing the cost to support the art show is within previously budgeted amounts.

### **The Unexpected:**

Due to the festival's loss of support from the University of Illinois, 2025 was to be the last Ebertfest, and I did not seek approval of continued film sponsorship while we developed the fund budgets. Later, Chaz Ebert shared her intention to hold one final event at the Virginia Theatre on April 17 and 18, 2026. If this event does come together, and if AIR is a sponsor, we anticipate similar activities, costs, support, and offsets and could adjust our plans accordingly.

### **Decision Section:**

Motion to approve up to \$15,000 to sponsor an anti-stigma film in Roger Ebert's Film Festival 2026 and to authorize the Executive Director and staff to issue payment.

\_\_\_\_\_ Approved  
 \_\_\_\_\_ Denied

**Kim Bowdry,**  
**Associate Director for Intellectual & Developmental Disabilities**  
**Staff Report – December 2025 & January 2026**

**CCDDB/CCMHB/IDDSI:** PY2026 2<sup>nd</sup> Quarter Reports are due on January 28, 2026. At the end of December, I cloned PY2026 2nd Quarter programs in the Online System to create programs for claim reporting for PY2026 3rd Quarter. Each program using the claims system must be created for each quarter, then specific claims are associated with each program/quarter.

Formal notice of the PY2027 Funding Cycle was published in the News Gazette. I also shared the NOFA electronically with the MHDDAC and HSC email groups. The deadline for PY2027 application submission is February 2, 2026, at 4:30 PM CST. I reviewed the written instructions and created a trial application to test the Online Reporting System, in advance of the system opening for PY2027.

PACE submitted a letter to request the CCDDB waive the requirement to pause payments due to late submission of the PY2025 PACE audit. The agency is working with their auditor to complete the PY2025 audit by the end of February 2026. The letter is included in the January 2026 CCDDB packet for further information. Ms. Howard-Gallo send a compliance letter to the agency on January 6, 2026.

Community Choices did not submit their audit prior to the deadline. Ms. Howard-Gallo sent a compliance letter to the agency on January 6, 2026. Community Choices submitted their audit on January 8, 2026.

I continue working on the PY2025 claims data that was entered into the Online Reporting System. Each claim that was entered into the Online Reporting System is downloaded and then sorted by program/agency. The data is then sorted by client. This provides me with a client list that is agency and program specific. Through my review of this data, I can track duplication of services and client specific program involvement. An overview of how participants are using CCDDB funded services will be provided prior to the next application review.

I participated in monthly meetings with CCDDB/CCMHB staff and staff from the Family Resiliency Center related to the Evaluation Capacity project. The January meeting was cancelled; meetings will resume in February.

I reviewed and provided input in the 'PY2027 Allocation Priorities and Decision Support Criteria' Decision Memorandum.

I continued working on consultant contracts for FY2026. Several consultant contracts have been fully executed. One contract remains to be signed by the consultant, Board Presidents, and Executive Director Canfield.

I uploaded every CCDDDB & CCMHB monthly meeting and study session Zoom recording, since April 2020 to the CCDDDB/CCMHB YouTube channel. Please visit the CCDDDB/CCMHB YouTube channel to [view the recordings](http://www.youtube.com/@champaigncountymhbandddb) (<http://www.youtube.com/@champaigncountymhbandddb>). Please let me know if you have any problems viewing any recordings.

I met with Executive Director Canfield, Associate Director Bryson, and a representative from Recite Me regarding website and PDF accessibility options provided by Recite Me.

Illinois Department of Human Services - Division of Developmental Disabilities IDHS-DDD: In early December, IDHS-DDD announced that 814 people waiting on the PUNS list would be receiving a letter from the Division notifying them that they are likely to be selected from PUNS during summer 2026. This is dependent on the state's budget process and appropriation of funds.

Contract Amendments: A contract amendment for the CCRPC Community Life Short Term Assistance program was completed in December. This amendment changes the scope of services to increase maximum award amount to \$5,000 for people seeking funding to establish eligibility through assessments or evaluations not otherwise covered or available. This contract amendment is a result of discussion from the October and November CCDDDB meetings and the difficulty autistic people are having with PUNS renewals and enrollment, the maximum award amount per person is being increased for the CLSTA contract to allow for additional assessments/evaluations to establish eligibility.

Learning Opportunities: Tim Offenstien, Falling Leaf Productions is scheduled to present two accessibility training courses in January and February. "Accessibility Training: Creating Accessible WORD and PDF Documents" will be held on January 29, 2026, at 10AM. Please [register via Zoom to join](https://us02web.zoom.us/meeting/register/KhXCuzF3TXKWV8T9a-X-1g) (<https://us02web.zoom.us/meeting/register/KhXCuzF3TXKWV8T9a-X-1g>).

On February 26, 2026, Mr. Offenstien will present "Accessibility Training: Building Accessible Websites." This training is also scheduled to begin at 10AM. [Interested](#)



[participants can sign-up here](#)

([https://us02web.zoom.us/join/zoom/register/WSdic\\_WaRkCvTj8EY0IITg](https://us02web.zoom.us/join/zoom/register/WSdic_WaRkCvTj8EY0IITg)).

CCDDB and CCMHB will also be partnering with UIUC School of Social Work and The University of Illinois Leadership Center (ILC) to offer a series of leadership training courses. The United Way and Community Foundation of East Central Illinois are also partnering on this project. I participated in several meetings regarding the details of these training courses. The first training course is being planned for March 25, 2026, from 9-11AM at the Champaign Public Library. Further details are coming soon.

DISABILITY Resource Expo: I participated in the 2025 Disability Resource Expo wrap-up meeting. During that meeting, we shared with the full Steering Committee that Allison and Dylan Boot had decided to step away as the Expo Coordinators. After the meeting, I created a Doodle poll to determine a date/time for the next meeting so that next steps can be discussed. The next meeting is scheduled for January 28, 2026, from 2-3pm.

Mental Health and Developmental Disabilities Agencies Council (MHDDAC): I did not participate in the November 25, 2025, MHDDAC meeting due to holiday travel. The MHDDAC does not meet in December. I participated in the January 27, 2026, MHDDAC meeting.

Association of Community Mental Health Authorities of Illinois (ACMHAI): I attended the December Membership Meetings virtually. I participated in the January Executive Committee meeting. I chaired that January I/DD Committee meeting on January 13, 2026. I also participated in two webinars hosted by ACMHAI.

National Association for County Behavioral Health and Developmental Disability Directors (NACBHDD): I participated in the January meeting of the NACBHDD I/DD committee.

Human Services Council (HSC): I participated in the December meeting of the HSC. Cindy Crawford, Executive Director – Community Services Center of Northern Champaign County. Ms. Crawford shared information about the services provided by CSCNCC. I also participated in the January 2026 meeting of the HSC. During the January meeting, Sandy Burgener shared information about Minds in Motion, a program for seniors with memory loss issues. The next meeting is scheduled for February 5, 2026.

Champaign County Transition Planning Committee (TPC): The January 2026 meeting of the TPC was held January 9, 2026. I was unable to participate due to a scheduling conflict.

Champaign County Local Inter-Agency Council (LIC): I participated in the January LIC meeting. The meeting was held on January 12, 2026.

Other: I also participated in several webinars.

## Leon Bryson, Associate Director for Mental Health & Substance Use Disorders Staff Report-January 2026

**Summary of Activity:** On December 19, 2025, the online PY27 funding application portal was open for agencies to submit applications for funding requests. CCMHB/CCDDB staff are available to provide limited technical support at the request of the agency. The deadline for submission of funding applications is February 2, 2026.

**Agency Progress Reports:** The agency PY26 Second Quarter Program Service Activity and CLC progress reports are due on January 28, 2026.

**Audits:** On December 31, 2025, the Agency PY25's independent audits, reviews, and compilations were required to be completed. Among the six CCMHB agencies with PY2025 audits or reviews due before December 31st, only Uniting Pride notified us prior to the deadline. Upon the expiration of the deadline, Ms. Stephanie Howard-Gallo informed the remaining five agencies that payments would be suspended and provided a Special Request Consideration form for their completion. Those agencies include the Champaign County Christian Health Center, the East Central Illinois Refugee Mutual Assistance Center (The Refugee Center), First Followers, the Greater Community AIDS Project of East Central Illinois (GCAP), and Win Recovery. If an audit or review is received on or before March 31st, the agency's contracts will remain in effect, and payments will be disbursed once the issues are addressed. Please refer to Director Canfield's Decision Memo for further details within this Board packet.

**Site Visits:** The following PY25-26 agency site visits were conducted in recent months with the support of Stephanie Howard-Gallo and Shandra Summerville: Champaign County Health Care Consumers, CCRPC, CU at Home, Courage Connection, Rosecrance, The Refugee Center, and Uniting Pride. The site visit includes a discussion with the Program Director and personnel concerning the program's effectiveness, along with a review of client records and utilization data. Upon request, all necessary supporting documentation was supplied by each director and their staff. At the time of this writing, there were no notable concerns regarding the agencies.

**Mid-Year Progress Reports:** I have been collaborating with several agencies to facilitate the preparation of Mid-Year Progress Reports. At the January 28th Study Session, Don Moyer Boys and Girls Club's Community Coalition Summer Initiatives and Family Service's Counseling Program are scheduled to present their respective program progress to board members in person. Presentation materials in PowerPoint format will be supplied.

**ACMHAI Committee:** I attended the 2-day ACMHAI December Membership Business Meeting via zoom.

**CCMHDDAC Meeting:** At the November 25th meeting, members delivered updates. The Evaluation Capacity Building Team shared an update. There were no December meetings. The next meeting is scheduled for January 27th, at 9 a.m. Cindy Crawford from the Community Service Center of Northern Champaign County will discuss what is going on in Rantoul and the services available to the community.

**Continuum of Service Providers to the Homeless (CSPH):** On January 6th, members gathered in the Martens Center to hear a presentation by Mary Simons of Homebase. Homebase is a mission-driven nonprofit organization dedicated to increasing community capacity to eliminate homelessness, alleviate poverty, and develop vibrant communities. They are CSPH's Strategic Planning Consultants. John Ruffin provided an update on the Racial Equity Committee's Strides Listening Session Report and Katie Harmon mentioned the Point-in-Time Count on Thursday, January 22nd, from 6pm to 9:30pm. Register to Volunteer -

<https://forms.gle/c3NiFUUFSjDiWoGY8> Danielle Chynoweth updated the Strides Revisioning Plan on behalf of Charlene Murray. Strides Day Center will be open to the community on Wednesdays exclusively, from 9 a.m. to 5 p.m. On Wednesdays, community members can participate in services such as clothing pantry, laundry, mail, partner programs, waitlist status check-ins, and Strides intakes. Due to capacity limits and service efficiency, the Day Center will be limited to 64 bed holders on all other days of the week.

**Evaluation Capacity Committee Team:** I attend and participate in the monthly meetings with the Evaluation Capacity project staff. The January meeting was canceled as there were no new updates.

**Rantoul Service Provider's Meeting:** On December 15<sup>th</sup>, members provided updates. The next meeting is scheduled for January 19<sup>th</sup> at 9am via zoom.

**SOFTT/LANS Meeting:** The December meeting was cancelled, and the next scheduled meeting is for January 21<sup>st</sup> via Microsoft Teams.

**Other Activities:**

- On January 7th, Director Canfield, Associate Director Bowdry, and I met with Fathom's Aaron Van Auken to learn about their accessibility tools and how our pdfs, reports, and websites, can be assessed and made more inclusive for the community.
- On December 19<sup>th</sup>, I attended the Older Americans Act Rally hosted by Nikki Budzinski, IL 13<sup>th</sup> District at the Family Service building.

## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – January 2026 Board Meeting**

#### **SUMMARY OF ACTIVITY:**

##### **2nd Quarter Reporting 2026:**

2nd quarter financial and program reporting will be due January 28th at 11:59 p.m. I will send the funded agencies a reminder of the deadline, along with the form to submit if they need an extension.

##### **Fourth Quarter Reporting 2025:**

GCAP completed their 4<sup>th</sup> quarter reporting.

##### **Audits:**

Audits/financial compilations for most of the agencies were due December 30, 2025. I sent out compliance letters suspending payments for late audits by email and certified mail to the following agencies and their board presidents:

*CCDDB Funded*  
Community Choices  
PACE

*CCMHB Funded*  
Champaign County Christian Health Center  
ECIRMAC/The Refugee Center  
FirstFollowers  
GCAP  
Uniting Pride  
WIN Recovery

Completed audits are sent to a consultant (John Brusveen) for review. I provide the consultant with all financial reports for funded programs from FY2025.

**Site Visits:**

I accompanied Leon Bryson on a site visit to Rosecrance Inc. in early December. I reviewed client files for three programs. My notes and findings were given to Mr. Bryson and he wrote the final report.

**Trainings:**

I attended Sexual Harassment Prevention training as required for Champaign County employees.

As the designated FOIA officer for the CCMHB/CCDDB, I completed the required annual Open Meetings Act (OMA) training and Freedom of Information Act (FOIA) training on 12/31/25 and submitted my certificates to Lynn Canfield.

**Notice of Funding Availability (NOFA):**

I requested the NOFA be listed in the *News Gazette* for two days, November 22 and 26. I also had it posted on our website and the County's facebook page. Inquiries to the Daily Illini were not successful. We received an affidavit of publication from the *News Gazette*.

**Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):**

I will plan for the usual art show/sale at the final Ebertfest in April 2026. The Crow at 110 has invited AIR artists to participate in their art show in the spring.

**Other:**

- Prepared meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Attended meetings for the CCMHB/CCDDB.
- Wrote minutes for the CCMHB/CCDDB meetings.

**January 2026**

**Staff Report- Shandra Summerville**

**Cultural and Linguistic Competence Coordinator**

## **CCMHB/DDB Cultural Competence Requirements for Annual CLC Plans connected to National CLAS (Culturally and Linguistically Appropriate Services) Standards**

Annually for submitting CLC Plan with actions supporting the National CLAS Standards. Cultural Competence is a journey, and each organization is responsible for meeting the following requirements:

1. **Annual Cultural Competence Training-** All training related to building skills around the values of CLC and ways to engage marginalized communities and populations that have experienced historical trauma, systematic barriers to receiving quality care. Each organization is responsible for completing and reporting on the training during PY25/26
2. **Recruitment of Diverse backgrounds and skills for Board of Director and Workforce-** Report activities and strategies used to recruit diverse backgrounds for the board of directors and workforce to address the needs of target population that is explained in the program application.
3. **Cultural Competence Organizational or Individual Assessment/Evaluation-** A self-assessment organizational should be conducted to assess the views and attitudes towards the culture of the people that are being served. This also can be an assessment that will identify bias and other implicit attitudes that prevent a person from receiving quality care. This can also include client satisfaction surveys to ensure the services are culturally responsive.
4. **Implementation of Cultural Competence Values/Trauma Informed Practices-** The actions in the CLC Plan will identify actions that show how policies and procedures are responsive to a person culture and the well-being of employees/staff and clients being served. . This can also show how culturally responsive, and trauma informed practices are creating a sense of safety and positive outcomes for clients that are being served by the program.
5. Outreach and Engagement of Underrepresented and Marginalized Communities defined in the criteria in the program application.
6. **Inter-Agency Collaboration-** This action is included in the program application about how organizations collaborate with other organizations formally (Written agreements) and informally through activities and programs in partnership with other organizations. Meetings with other organizations without a specific activity or action as an outcome is not considered interagency collaboration.
7. **Language and Communication Assistance-** Actions associated with CLAS Standards 5-8 must be identified and implemented in the Annual CLC Plan. The State of Illinois requires access an accommodation for language and communication access with qualified interpreters or language access lines based on the client's communication needs. This includes print materials as assistive communication devices.

# **Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB**

## **Agency Monitoring and Site Visits**

### ***Next Site Visits for PY2026-27***

- Children's Advocacy Center
- Christian Health Center
- CSCNCC
- CU Early
- DMBGC (2 programs)
- Family Service (3 programs)
- GROW
- Head Start/Early Head Start
- Immigrant Services
- Promise (2 programs)
- WIN Recovery

The CLC Assessment was distributed to Promise Healthcare on November 10. Staff will complete the survey and return it to the CLC Committee for review and to make modifications.

### **2<sup>nd</sup> Quarter Report Support**

- First Followers

## **Anti-Stigma Activities/Community Collaborations and Partnerships**

### **ACMHAI:**

**Membership Meeting December 4-5, 2026-** Facilitated a roundtable discussion on the monitoring and evaluation of Cultural and Linguistic Competence as a MHB/DDB. There was a robust conversation about how Champaign County has implemented the process for over 20 years.

Executive Committee Meeting- January 7, 2026

Children's Behavioral Health Committee – January 22, 2026

### **Human Services Council**

–Attended the Meeting January 8, 2026, there was a presentation about Senior Services in Champaign County.



# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

## Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



# The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.<sup>1</sup> Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,<sup>2</sup> such as socioeconomic status, education level, and the availability of health services.<sup>3</sup>

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.<sup>4</sup>

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.<sup>5,6</sup> By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities<sup>7</sup> and the National Stakeholder Strategy for Achieving Health Equity,<sup>8</sup> which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

**Of all the forms of inequality, injustice in health care is the most shocking and inhumane.**

— Dr. Martin Luther King, Jr.

## Bibliography

1. U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved from <http://minorityhealth.hhs.gov/npa>
2. World Health Organization. (2012). Social determinants of health. Retrieved from [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)
3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>
4. LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: <http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>
5. Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: <http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf>
6. Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: [http://www.commonwealthfund.org/usr\\_doc/Goode\\_evidencebasecultlinguisticcomp\\_962.pdf](http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf)
7. U.S. Department of Health and Human Services. (2011). HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care. Retrieved from [http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf)
8. National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?vl=1&vlid=33&ID=286>





# Champaign County Community Health Improvement Plan

## Statement of Purpose

The Champaign County Community Health Plan (CHIP) serves as a strategic framework to guide the improvement of health outcomes across the county. Its purpose is to identify priority health issues, set actionable goals, and implement evidence-based strategies that address both immediate health needs and underlying determinants of health. The plan is intended to inform community partners, healthcare organizations, public health agencies, and local stakeholders about priority areas for intervention, facilitate collaboration across sectors, and ensure resources are effectively allocated to improve health equity and overall community well-being. By aligning initiatives with local data, community input, and best practices, the CHIP supports sustained improvements in access to healthcare, behavioral health, healthy behaviors, and violence prevention.

## Methods

The development of the CHIP followed a structured, community-engaged process grounded in the MAPP 2.0 framework and the IPLAN process. The plan was guided by the Community Health Plan Steering Committee, which includes representatives from the Champaign-Urbana Public Health District (CUPHD), Champaign County Mental Health Board (CCMHB) / Champaign County Developmental Disabilities Board (CCDDB), Carle Health, OSF HealthCare, and United Way. The Steering Committee oversees the Community Health Assessment (CHA) and CHIP processes, convenes annual meetings, and ensures information from workgroups informs the development and monitoring of the CHIP.

Four community health workgroups were established, aligned with the IPLAN priority areas for Champaign County:

1. **Access to Healthcare**
2. **Behavioral Health**
3. **Healthy Behaviors**
4. **Violence Prevention**



Each workgroup was formed through a structured process:

- **Leadership and Planning:** Volunteer leaders were secured to facilitate meetings, take notes, and act as neutral conveners. Meeting times were scheduled to encourage participation from community members and organizations.
- **Community Engagement:** Workgroups invited a broad representation of stakeholders and community members to participate in discussions, providing insights on local health needs and gaps in service delivery.
- **Goal Development:** By September 10, 2025, workgroups developed goals for each priority area to be incorporated into the CHIP.
- **Implementation and Evaluation:** Workgroups will track active and past projects, meeting frequency, and the progress of interventions. Evaluation ensures strategies remain responsive and relevant.

The CHIP emphasizes an equity-focused, multi-level approach to health improvement:

- **Downstream:** Physical and mental health interventions.
- **Midstream:** Social and spiritual well-being.
- **Upstream:** Community conditions affecting health.
- **Groundwater:** Root causes of inequities.

Workgroups were tasked with identifying missed opportunities, system gaps, and potential improvements to service delivery. Each strategy was considered in terms of its feasibility, intended setting, and expected impact on the community.

**Adopted by the Board of Health on: 11/12/2025**





## Priority 1: Access to Healthcare

### **Description**

Access to health care means having "the timely use of personal health services to achieve the best health outcomes." (Agency for Healthcare Research and Quality). In the 2024 Community Health Needs Assessment Survey for Champaign County, Access to Healthcare was listed as the most important issue impacting well-being, with 16% of respondents (n=550) selecting it as their top concern.

Access to Healthcare is deeply interconnected with Champaign County's three other selected priorities: Behavioral Health, Healthy Behaviors, and Violence Prevention, which have been identified priorities for Champaign County for the last three IPLAN cycles. Without accessible and affordable care, individuals are less likely to receive timely mental health support, contributing to rising rates of depression, anxiety, and untreated trauma. Similarly, access barriers hinder preventive services and counseling that promote healthy behaviors like proper nutrition, physical activity, and substance use prevention. In communities impacted by violence, limited access to trauma-informed care and crisis intervention perpetuates cycles of harm and poor health outcomes. Improving healthcare access strengthens the entire system of support, enabling earlier intervention, continuity of care, and better outcomes across all priority areas.

### **Healthy People 2030 Objectives Related to Access to Healthcare**

<https://odphp.health.gov/healthypeople/custom-list?ids=31065+31063+31064+31394+31452+31066+31060+31377+31070+31453>

### **Risk Factors**

- Lack of insurance or underinsurance
- Delayed or foregone care
- Inadequate access to preventive services
- Unmanaged chronic conditions (e.g., diabetes, hypertension)
- Lack of continuity in care (e.g., no primary care provider)

### **Direct Contributing Factors**

- High cost of care and co-pays
- Loss of Medicaid or refusal of insurance by providers
- Shortage of providers accepting public insurance
- Limited transportation to clinics and pharmacies
- Language and cultural barriers
- Long wait times or limited clinic hours
- Lack of awareness of existing affordable care options



### **Indirect Contributing Factors**

- Policy changes reducing public coverage (e.g., Medicaid unwinding)
- Low health literacy and limited outreach around insurance options
- Racism and discrimination in healthcare settings
- Provider workforce shortages and burnout
- Fragmented or siloed healthcare and social service systems
- Lack of investment in multilingual, culturally competent care infrastructure
- Housing instability and food insecurity creating competing priorities for care

### **Population Groups at Risk**

- Low-income individuals and families
- Uninsured and underinsured residents
- Black, Latinx, and immigrant communities
- Refugee populations
- People with limited English proficiency
- Rural residents with fewer provider options
- Older adults on fixed incomes
- People with disabilities or chronic illnesses

### **Overall Goal**

Ensure that all residents of Champaign County have equitable access to affordable, preventive, and coordinated healthcare services by reducing barriers such as cost, insurance gaps, provider shortages, and transportation, and by strengthening connections across medical, dental, behavioral, and maternal health systems.

### **Objectives and Strategies**

Outcome Objective1: By 2031, Improve Maternal & Infant Health Equity

Impact Objective 1.1: By December 2031, increase the percentage of non-Hispanic Black mothers in Champaign County receiving first-trimester prenatal care from 72% to 80% and reduce the proportion of low-birthweight births from 8.6% to 7%.



#### Strategies 1.1:

- Expand CUPHD doula program with Medicaid billable doula support.
- Provide community-based prenatal navigation supports (e.g., Carle/CUPHD Birth Basics Class “A Walk in the Laborhood”).
- Partner with community organizations for culturally responsive prenatal outreach and education.
- Strengthen bi-directional referral pathways between CUPHD’s Maternal & Child Health Programs (WIC, home visiting, Better Birth Outcomes, breastfeeding peer counseling, etc.) and Promise (FQHC) for prenatal and postpartum services.
- Strengthen linkages between prenatal providers and social services to address insurance, housing, and food insecurity.

#### Local Data:

- Prenatal care in first trimester (Champaign County): overall 81.8%; non-Hispanic Black mothers 72% (IL Public Health Community Map, 2019–2021)+
- Low birthweight: 8.6% of births countywide (CUPHD Health Atlas, 2017–2021)

### Outcome Objective 2: By December 2031, Strengthen Primary & Preventive Care Access.

Impact Objective 2.1: By December 2031, increase the percentage of Champaign County adults reporting a usual primary care provider from 74.4% to 80% and reduce the percentage of residents who self-report that in the last year, there was a time when they needed medical care but were not able to get it from 19% to 15%.

#### Strategies 2.1:

- Increase telehealth and mobile unit availability, especially in rural and underserved areas.
- Develop community health worker/navigator programs to connect residents with preventive care and insurance enrollment.
- Partner with community-based organizations (CBOs) to continue hosting and attending health fairs, resource fairs, and outreach events to promote available services, connect residents with preventive care, and share updates with Access to Healthcare Workgroup members for improved coordination.

#### Local Data:

- 74.4% of adults report a usual primary care provider (CUPHD Health Atlas)
- 19% of residents delayed/did not get care in past year (2025 CHNA survey)



**Impact Objective 2.2:** By December 2031, decrease the percentage of Champaign County residents under age 65 without health insurance from 7.6% to 6.5%.

**Strategies 2.2:**

- Strengthen enrollment assistance efforts (e.g., ACA marketplace, Medicaid, All Kids) through navigators and CBO partnerships.
- Share progress and enrollment updates with the Access to Healthcare Workgroup to coordinate outreach and reduce duplication of efforts.

**Local Data:**

- 28% of survey respondents were unable to access medical care due to lack of insurance (CHNA Survey)
- 7.6% of residents under 65 uninsured, compared to 8.4% in Illinois and 5.4% in McLean County (IL Public Health Community Map)

**Impact Objective 2.3:** By December 2031, the Access to Healthcare Workgroup will monitor the impact of Medicaid redeterminations (“big beautiful bill”) on Champaign County residents and work to minimize coverage loss, ensuring that those eligible for Medicaid remain enrolled or transition smoothly to other coverage options.

**Strategies 2.3:**

- Establish a system within the Access to Healthcare Workgroup to track local Medicaid disenrollment trends and share quarterly updates across partners.
- Collaborate with CBOs, clinics, and navigators to provide targeted outreach and case management for residents flagged at risk of losing coverage.
- Develop educational campaigns (multilingual, culturally tailored) to inform residents about the redetermination process, appeals, and alternative coverage options.
- Advocate at local and state levels for policy and administrative changes that simplify reenrollment and protect continuity of care.

**Local Data:**

- 2023 Medicaid enrollment: Total 16.4% Champaign (19.8% IL); CHIP 23.1% (34.1%); Adult 14.5% (15.7%)





### Outcome Objective 3: By 2031, Improve Access to Affordable Dental Care.

Impact Objective 3.1: By 2031, increase the percentage of residents who had a dental visit in the past year from 60.4% to 65% and reduce the percentage of residents who self-report being unable to access dental care from 29% to 25%.

#### Strategies 3.1:

- Centralize and regularly update a community dental resource guide (print, online, multilingual) listing FQHCs, CUPHD programs, sliding-scale providers, and annual free dental days.
- Leverage CBOs, schools, libraries, and faith-based organizations to distribute information on affordable dental care.
- Promote dental resources through health fairs, outreach events, and social media campaigns.

#### Local Data:

- 60.4% of adults had a dental visit in past year (CUPHD Health Atlas)
- 29% are unable to access dental care (CHNA Survey)

Impact Objective 3.2: By June 30, 2026, increase the number of low-income children receiving preventive dental visits through CUPHD's Child & Teen Dental Program by 10% over baseline to 1,357.

#### Strategies 3.2:

- Hire two additional Registered Dental Hygienists (RDH) with Public Health Dental Hygienist (PHDH) designation.
- Attend outreach events to promote services and obtain parental consent forms.

#### Local Data:

- FY25: 1,234 low-income children receiving preventive visits

### Outcome Objective 4: By 2031, Expand Access to Mental Health Services

Impact Objective 4.1: By December 2031, reduce the percentage of residents who were unable to access counseling in the past year from 24% to 19%.

#### Strategies 4.1:

- Centralize and regularly update a community mental health resource guide listing FQHCs, CUPHD programs, and sliding-scale providers.
- Promote counseling resources through health fairs, outreach events, and social media campaigns.



#### Local Data:

- 24% not able to access mental health counseling (CHNA Survey)

Objective 4.2: By December 2031, increase the number of residents registered on CUPHD's CredibleMind mental health platform from 259 to 1,250.

#### Strategies 4.2:

- Promote CredibleMind through healthcare providers, schools, employers, and CBOs as a free, evidence-based self-help resource.
- Incorporate CredibleMind referrals into existing programs (primary care clinics, WIC, wellness programs).
- Track and share user engagement data with the Access to Healthcare Workgroup to ensure equitable reach.

#### Local Data:

- 259 registered users as of September 2025 (platform launched March 2024)

### Community Resources

Champaign County benefits from a robust network of community-based organizations, healthcare providers, and support programs. Federally Qualified Health Centers (FQHCs) such as Promise Healthcare and Community Health Partnership of Illinois, and free clinics like Avicenna and Champaign County Christian Health Center provide affordable primary care, dental care, and behavioral health services. CUPHD provides preventive services including maternal and child health programs, WIC, Child & Teen Dental Program, doula services, and mental health resources like CredibleMind. OSF HealthCare Heart of Mary Medical Center and Carle Health provide inpatient and outpatient services and support charity care, community benefit programs, and specialized services. Mental health resources include Rosecrance, The Pavilion, and multiple counseling practices. Community-based organizations (CBOs) such as United Way, Champaign County Healthcare Consumers, and Family Service assist in outreach, education, and linking residents to care.

### Funding Strategy

Champaign County will use local resources like CUPHD programs, FQHCs, hospitals, schools, and community organizations to support healthcare initiatives. Funding will cover staff, mobile units, telehealth, outreach, and preventive services. Resources will come from federal and state grants, Medicaid, partner agency budgets, local community health granting foundations, non-profit community partners, and partner contributions. Using these resources together helps reach more people and keep programs sustainable.



## **Program Evaluation**

CUPHD will use workgroups to carry out public health programs and collect data on key indicators. Workgroups will submit quarterly reports to the IPLAN Steering Committee, and an annual evaluation will be reviewed with all community partners. Surveys, attendance logs, focus groups, and public health records will track progress, ensuring programs remain effective, equitable, and guide improvements and resource decisions.

## **Promoting Awareness of Access to Healthcare**

CUPHD will share information about healthcare services through social media, resource guides, health fairs, schools, and community partners. Materials will be multilingual and culturally responsive. Education will focus on finding a primary care provider, enrolling in insurance, accessing preventive care, and connecting with dental and behavioral health services. This helps reduce barriers and ensures timely, affordable care for all residents.

## **Priority 2: Behavioral Health**

### **Description**

Behavioral health encompasses mental health, substance use, and overall emotional well-being. In Champaign County, youth ages 12–17 show higher trends in depressive disorders and suicide attempts compared to other age groups. Local data also indicates higher rates of bipolar disorder than the national average, though diagnosis patterns may vary by provider. Other mental health concerns include schizophrenia spectrum disorders, typically diagnosed in early adulthood, and disruptive behaviors/impulse control, more common in childhood and adolescence. Emergency room data and school-based assessments highlight the need for targeted interventions, particularly for school-age youth, while emphasizing family and community engagement to ensure equitable access to behavioral health support.

### **Healthy People 2030 Objectives Related to Behavioral Health**

[https://odphp.health.gov/healthypeople/search?query=Behavioral%20health&f%5B0%5D=content\\_type%3Ahealthy\\_people\\_objective](https://odphp.health.gov/healthypeople/search?query=Behavioral%20health&f%5B0%5D=content_type%3Ahealthy_people_objective)

- MHMD-01: Reduce the proportion of adolescents with major depressive episodes.
- MHMD-02: Increase access to mental health services for children and adolescents.
- MHMD-03: Increase the proportion of adults with mental health disorders who receive treatment.
- MHMD-04: Reduce suicide rates among youth and adults.

### **Risk Factors**

- Adolescents (ages 12–17) at higher risk for depression and suicidal behaviors
- Limited family awareness and engagement regarding mental health needs



- Provider variation in diagnosis of conditions such as bipolar disorder
- Early adulthood onset of serious mental illness (e.g., schizophrenia)
- Disruptive behavior and impulse control issues in youth

### **Direct Contributing Factors**

- Lack of consistent school-based mental health screenings prior to recent Illinois law changes
- Limited awareness or trust in available resources (e.g., parents not ready, distrust of providers)
- Stigma associated with accessing behavioral health services
- Insufficient participation in community surveys (e.g., Illinois Youth Survey)
- Gaps in early intervention programs for families

### **Indirect Contributing Factors**

- Small population sample sizes inflating reported rates for minority groups
- Systemic inequities impacting youth and immigrant communities
- Limited coordination between schools, law enforcement, and community behavioral health services
- Workforce limitations and provider availability

### **Population Groups at Risk**

- Adolescents (ages 12–17), particularly 10th and 12th graders
- Families with children requiring mental health support
- Immigrant populations facing language or cultural barriers
- Youth involved with law enforcement or at risk of school disengagement
- Parents and caregivers needing resources to support children's mental health

### **Overall Goal**

Improve behavioral health outcomes for Champaign County residents by enhancing social connectedness and expanding access to prevention, intervention, and treatment services.

### **Objectives and Strategies**

Outcome Objective 1: By December 31, 2031, decrease the amount of mental health related visits to emergency departments.



Impact Objective 1.1: By December 31, 2026, establish a baseline of mental health visits to emergency departments using syndromic data.

Impact Objective 1.2 By December 2028, increase awareness and utilization of behavioral health resources outside of emergency department for families and professionals.

#### Strategies 1.2

- Utilize CUPHD's Credible Mind online resource to share preventative behavioral health information (<https://c-uphd.crediblemind.com/>)
- Promote 211 services

Impact Objective 1.3: By December 31, 2029, redirect community members seeking mental health support as a primary concern from emergency departments to community-based prevention, intervention, and treatment services.

#### Strategies 1.3:

- Increase availability of low-barrier mental health services, including walk-in clinics, and peer support programs.
- Conduct public awareness campaigns to inform residents about community-based behavioral health options.
- Promote the BEACON portal as a centralized resource for parents, teachers, and providers.
- Expand mentorship opportunities through programs such as CU1to1.
- Support the Youth Assessment Center in providing community-accessible services, including referrals from law enforcement.

Objective 2: By December 2031, increase mental health support access for adolescents Youth in Champaign County schools.

Impact Objective 2.1: By December 2028, assess current school-based mental health support access, including availability of services, referral pathways, and service delivery models in Champaign County Schools.

#### Strategies 2.1:

- Promote participation in the Illinois Youth Survey to gather county-specific youth behavioral data.
- Collaborate with Promise Healthcare.

Outcome Objective 3: By December 31, 2031, increase social connectedness among residents of Champaign County.



Impact Objective 2.1: By December 31, 2031, collect qualitative data from Champaign County residents to document lived experiences of social connectedness and social isolation, with attention to populations at higher risk of disconnection.

Strategies 3.1.1:

- Use MAPP 2.0 Framework to align with Community Context Assessment (Or updated equivalent).

Impact Objective 3.2: By December 31, 2028, partner with ADAPT Lab at the University of Illinois to establish baseline measures of social connectedness, loneliness, and social isolation for Champaign County, IL.

Impact Objective 3.3: Identify existing community programs that support social connectedness across all sectors.

### **Community Resources**

- School-based Programs: NAMI Champaign workshops, K–12 mental health curriculum, Illinois Youth Survey participation.
- Public Health Agencies: Champaign-Urbana Public Health District (CUPHD), DHS Children’s Behavioral Health Transformation Office.
- Portals & Platforms: BEACON portal for connecting children, families, educators, and providers.
- Community Programs: Youth Assessment Center, CU1to1 mentorship program.
- Family Engagement Initiatives: Parent-focused outreach and education to reduce stigma and improve early intervention.
- Universities & Research: University of Illinois Center for Prevention and Development to support youth surveys and program evaluation.

### **Community Resources and Funding:**

CUPHD will work with local mental health clinics, schools, community organizations, and social service agencies to support behavioral health programs. Funding will come from federal and state grants, Medicaid, local budgets, foundations, and partner contributions. These resources will support counseling, walk-in clinics, peer support, online platforms, outreach, and mentorship programs, ensuring services are accessible and sustainable.

### **Program Evaluation**

CUPHD will use workgroups to carry out public health programs and collect data on key indicators. Workgroups will submit quarterly reports to the IPLAN Steering Committee, and an annual evaluation will be reviewed with all community partners. Surveys, attendance logs, focus groups, and public health records will track progress, ensuring programs remain effective, equitable, and guide improvements and resource decisions.



## **Promoting Awareness and Education**

CUPHD will raise awareness about behavioral health services through social media, resource guides, schools, health fairs, and community outreach. Materials will be multilingual and culturally responsive. Education will focus on preventive mental health, school-based support, counseling services, peer mentorship, and online tools. This helps reduce stigma and ensures residents know about available services.

## **Priority 3: Healthy Behaviors and Wellness**

Healthy behaviors are actions individuals take to maintain or improve their health, including physical activity, proper nutrition, social engagement, and preventive health practices. In Champaign County, promoting healthy behaviors also involves intergenerational social connectedness, integrating youth and senior engagement programs, and addressing systemic inequities that affect access to opportunities for health. Key local concerns include gaps in youth programming, access to safe routes to school, increasing teacher shortages and burnout, and disparities affecting immigrant and older adult populations. Fostering healthy behaviors through community programs, active living initiatives, food environment interventions, and civic engagement is expected to improve overall well-being, reduce social isolation, and promote equitable access to health-promoting opportunities.

### **Healthy People 2030 Objectives Related to Healthy Behaviors**

[https://odphp.health.gov/healthypeople/search?query=Healthy+Behaviors&f%5B0%5D=content\\_type%3Ahealthy\\_people\\_objective](https://odphp.health.gov/healthypeople/search?query=Healthy+Behaviors&f%5B0%5D=content_type%3Ahealthy_people_objective)

- PA-01: Increase the proportion of adults who meet the guidelines for aerobic physical activity and muscle-strengthening activity.
- NWS-05: Increase the proportion of the population who consume enough fruits and vegetables.
- SDOH-01: Improve social and community context, including civic engagement and social connection.

### **Risk Factors**

- Youth disengagement from structured programs
- Social isolation among older adults
- Limited access to safe outdoor spaces for physical activity
- Food insecurity and limited access to healthy foods
- Systemic inequities affecting immigrant and low-income populations

### **Direct Contributing Factors**

- Limited youth programming tied to school and community engagement
- Lack of intergenerational opportunities linking youth and seniors
- Reduced volunteer programs (e.g., RSVP funding cuts affecting ~500 participants)
- School choice policies that may limit neighborhood engagement



- Insufficient resources for safe walking and biking routes to schools

### **Indirect Contributing Factors**

- Teacher shortages and burnout
- Increasing IEP needs and educational disparities
- Limited digital access among older adults
- Structural inequities and systemic racism affecting access to programs
- Fragmented coordination between community organizations and public health initiatives

### **Population Groups at Risk**

- Immigrant populations (including those facing citizenship verification barriers)
- Youth, particularly in underserved or high-need schools
- Older adults with limited digital literacy or mobility
- Low-income families and neighborhoods with reduced access to recreational spaces
- Residents impacted by food insecurity

### **Overall Goal**

In 5 years, improve intergenerational social connectedness and the adoption of healthy behaviors in Champaign County by creating accessible, engaging, and equitable programs for youth, older adults, and immigrant populations, while supporting active living, nutrition, and civic engagement initiatives.

### **Objectives and Strategies**

Outcome Objective1: By December 31, 2031, increase social connectedness among residents of Champaign County.

Impact Objective1.1: By December 31, 2031, collect qualitative data from Champaign County residents to document lived experiences of social connectedness and social isolation, with attention to populations at higher risk of disconnection.

Strategies 1.1.1:

- Use MAPP 2.0 Framework to align with Community Context Assessment (Or updated equivalent).

Impact Objective1.2: By December 31, 2028, partner with ADAPT Lab at the University of Illinois to establish baseline measures of social connectedness, loneliness, and social isolation for Champaign County, IL.

Impact Objective1.3: Identify existing community programs that support social connectedness across all sectors.





Outcome Objective 2: By December 31, 2031, increase intergenerational participation in youth and senior volunteer programs using documented enrollment and participation data from local organizations.

Impact Objective 2.1: By December 31, 2028 establish a baseline for measuring intergenerational participation in youth and senior volunteer programs.

Strategies 2.1.1:

- CUPHD will develop and maintain a comprehensive inventory of youth mentorship programs, senior volunteer programs, volunteer offerings through the University of Illinois, and other volunteer coordinating agencies.
- CUPHD will collaborate with the Healthy Behaviors Workgroup to define a shared definition of “intergenerational participation.”
- Contact volunteer organizers from the list to identify group offerings and needed supports.

Outcome Objective 3: By December 31, 2031, strengthen coordination and collaboration among food system stakeholders in Champaign County to enhance the impact of food and nutrition initiatives.

Impact Objective 3.1: By February 2026, CUPHD hire a Food Access Specialist.

Impact Objective 3.2: By December 2028, formalize the Food Access Consortium, a countywide network of local government, nonprofits, healthcare providers, universities, growers, food banks, and community members to improve food and nutrition security.

Strategies 3.2:

- Coordinate with Healthy Champaign County’s Food Environment Committee.
- Participate in the Annual Feeding Champaign County Food Summit.

Objective 4: By December 2031, increase community awareness and engagement in active living programs.

Impact Objective 4.1: By December 2028, Coordinate with community partners to create annual active living week highlighting free community exercise resources.

Strategies 4.1:

- Coordinate with Healthy Champaign County’s Active Living Committee.

Impact Objective 4.2: By December 2028, collaborate with Healthy Champaign County to create and maintain an Active Living Resource Directory.



## **Community Resources**

### **Schools & Afterschool Programs:**

- DREAMM Academy,
- Urbana Neighborhood Connections, and
- Local Public School Districts

### **Universities & Extension Services:**

- University of Illinois Urbana-Champaign
- U of I Extension Gardens
- Carle Illinois College of Medicine

### **Volunteer & Civic Programs**

- RSVP
- intergenerational pen-pal programs
- Youth Build

### **Food & Nutrition:**

- Feeding Champaign County
- Head Start and community gardens
- local farmers markets.

## **Community Resources and Funding**

CUPHD will use local resources including schools, universities, volunteer organizations, food and nutrition programs, and community-based initiatives to support health behaviors and wellness programs. Funding will come from federal and state grants, local agency budgets, grant foundations, and contributions from community partners.

## **Program Evaluation**

CUPHD will use workgroups to carry out public health programs and collect data on key indicators. Workgroups will submit quarterly reports to the IPLAN Steering Committee, and an annual evaluation will be reviewed with all community partners. Surveys, attendance logs, focus groups, and public health records will track progress, ensuring programs remain effective, equitable, and guide improvements and resource decisions.

## **Promoting Awareness and Health Education**

CUPHD will promote healthy behaviors through social media, resource guides, schools, community events, and partnerships with local organizations. Materials and programs will be culturally responsive and multilingual to reach youth, older adults, immigrant populations, and low-income families. Education will focus on physical activity, nutrition, social engagement, civic participation, and available community programs. These efforts aim to increase awareness, encourage participation, reduce social isolation, and ensure equitable access to health-promoting opportunities.



## Priority 4: Violence Prevention

### Description

Violence prevention encompasses strategies to reduce interpersonal, community, and school-based violence while promoting safety, conflict resolution, and social-emotional well-being. In Champaign County, youth-focused interventions are critical, particularly in schools, where prevention and early recognition of sexual abuse, peer violence, and bullying are central priorities.

Efforts emphasize age-appropriate education, peer support structures, trauma-informed responses, and family and staff engagement. Effective violence prevention requires data-informed strategies, bi-directional information sharing, and coordinated partnerships between public health, schools, law enforcement, and community organizations.

### Healthy People 2030 Objectives Related to Violence Prevention

[https://odphp.health.gov/healthypeople/search?query=violence+prevention&f%5B0%5D=content\\_type%3Ahealthy\\_people\\_objective](https://odphp.health.gov/healthypeople/search?query=violence+prevention&f%5B0%5D=content_type%3Ahealthy_people_objective)

- **IVP-01:** Reduce homicide and violent crime rates.
- **IVP-02:** Reduce nonfatal injuries resulting from interpersonal violence.
- **IVP-03:** Increase the proportion of children and adolescents who are taught safe and healthy relationship skills.
- **IVP-04:** Increase community access to programs for violence prevention, including school-based initiatives.

### Risk Factors

- Youth exposure to sexual abuse, bullying, or violence in schools
- Limited knowledge of healthy boundaries and consent among students
- Insufficient social-emotional wellness education for youth and families
- Communities with high rates of gun violence or violent incidents
- Lack of uniform, real-time violence data to inform interventions

### Direct Contributing Factors

- Gaps in school-based sexual violence and boundary violation prevention programs
- Limited peer support and mediation programs for students
- Inconsistent implementation of survivor-centered support and reporting systems
- Lack of coordinated educational programming for parents, guardians, and staff
- Insufficient communication and data sharing between schools, public health, and law enforcement



### **Indirect Contributing Factors**

- Structural inequities impacting safety and access to resources in certain neighborhoods
- Barriers to real-time data sharing (HIPAA/confidentiality concerns, system incompatibility)
- Fragmented systems for tracking and analyzing violence-related data across multiple agencies
- Mental health and substance use factors contributing to community violence

### **Population Groups at Risk**

- Students of all ages, from pre-K through high school
- Families and caregivers needing education and resources for prevention
- Justice-involved or at-risk youth
- Communities disproportionately affected by gun violence or school-based incidents
- School staff and administrators implementing prevention and response policies

### **Overall Goal**

Prevent and reduce interpersonal, school-based, and community violence in Champaign County by enhancing youth-focused education, social-emotional wellness programs, peer and family engagement, and coordinated, real-time data sharing among community partners.

### **Objectives and Strategies**

Objective 1: By December 2031, increase the ability of community members to manage and resolve conflicts peacefully

Impact Objective 1.1: By December, 2028 establish a baseline of conflict resolution knowledge and skill using surveys, focus groups, and program assessment.

Impact Objective 1.2: By December 2031, increase participation in evidence-based conflict resolution programs by at least 10% from baseline.

Strategies 1.2:

- Partner with existing school and community-based conflict resolution and peer mediation programs
- Integrate conflict resolution into community workshops
- Promote awareness campaign for families and community members on strategies for managing interpersonal conflict



Objective 2: By December 31, 2031, increase knowledge, skills, and community support for healthy boundaries among youth in Champaign County, contributing to safer relationships and reduced risk of sexual harm.

Impact Objective 2.1: By December 2028, partner with local schools to ensure that counselors and relevant school staff are trained to provide age-appropriate healthy boundaries education, including internet safety, communication, consent, and recognizing unsafe behaviors.

Strategies 2.1:

- partner with health educators to provide training for school counselors, teachers, and staff on healthy boundaries, consent, and trauma informed approaches
- deliver age-appropriate healthy boundaries education to students

Impact Objective 2.2: By December 2029, increase community awareness of healthy boundaries and youth safety through coordinated education and outreach efforts.

Strategies 2.2:

- Launch social media campaigns to promote healthy boundaries, consent, and trusted help-seeking.
- Host community forums and educational events for families, caregivers, and community members.
- Normalize conversations about healthy boundaries by using billboards, flyers, and local media

Objective 3: By December 2031, improve coordinated violence prevention and accountability efforts in Champaign County through enhanced, timely, and consistent data sharing across public health, schools, law enforcement, and partners.

Impact Objective 3.1: By December 2028, implement a coordinated system for routine and timely sharing of violence-related data across sectors

Impact Objective 3.2: By December 2030, use shared data to improve accountability, transparency, and targeted violence prevention interventions.

Strategies 3.2:

- Conduct regular analyses of violence-related data to identify populations at risk
- Share findings with community partners and the public through reports and presentations
- Use data to guide resource allocation, program adjustments, and policy recommendations.



## Community Resources

- **Schools & Programs:** Local schools, regional superintendents, Parent-Teacher Associations, peer support councils, Dispute Resolution Institute.
- **Public Health & Law Enforcement:** Champaign-Urbana Public Health District, Illinois State Police Drug Task Force, local police departments.
- **Data & Reporting Tools:** METCAD, gunshot detection systems, emergency department data, coroner reports, school incident tracking, license plate readers, real-time dashboards.
- **Parent & Family Engagement:** Parent-teacher conferences, workshops, and resource sharing.
- **Universities & Research:** University of Illinois and other local institutions for program evaluation, survey participation, and community partnership support.

## Community Resources and Funding

CUPHD will work with schools, law enforcement, community organizations, and public health agencies to support violence prevention initiatives. Funding will come from federal and state grants, local budgets, foundations, and partner contributions. These resources will support school-based programs, peer mediation, social-emotional learning curricula, mentoring programs, data systems, and community workshops. Coordinating these resources ensures programs are sustainable and reach students, families, and communities at highest risk.

## Program Evaluation

CUPHD will use workgroups to carry out public health programs and collect data on key indicators. Workgroups will submit quarterly reports to the IPLAN Steering Committee, and an annual evaluation will be reviewed with all community partners. Surveys, attendance logs, focus groups, and public health records will track progress, ensuring programs remain effective, equitable, and guide improvements and resource decisions.

## Promoting Awareness and Health Education

CUPHD will raise awareness about violence prevention through schools, resource guides, community events, social media, and family outreach. Materials and programs will be culturally responsive and multilingual to reach students, families, and at-risk populations. Education will focus on creating healthy interpersonal boundaries, promoting conflict resolution skills, teaching social-emotional wellness, and providing information on available community programs and support services. These efforts help reduce violence, improve safety, and empower residents with knowledge and resources.



## BRIEFING MEMORANDUM

**DATE:** January 21, 2026  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** All PY2025 Revenues to Funded Agencies

### **Background: Required Reports**

Agencies funded by the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) report the revenues they have received as of September 30, December 31, March 31, and June 30 of each contract (program) year. Their quarterly revenue reports are cumulative, and the last of these shows all revenues for the whole program year, for the total agency, total program, and CCDDDB or CCMHB. In many cases, the independent CPA audit or financial review report will have differences from the year-end submitted report, but for the summary and comparisons which follow, the latter were used.

### **Purpose: Identify Sources of Funding**

For the Program Year 2025 (July 1, 2024 to June 30, 2025), the CCDDDB funded four agencies and the CCMHB another twenty-one. Twenty-two are private non-profits, and three are within local government. Some have existed since the CCMHB formed, and some are quite large and complex.

These organizations are valued by the community and provide services to people who lack resources and access. To understand where their financial support comes from, combined data are presented here, and agency charts attached.

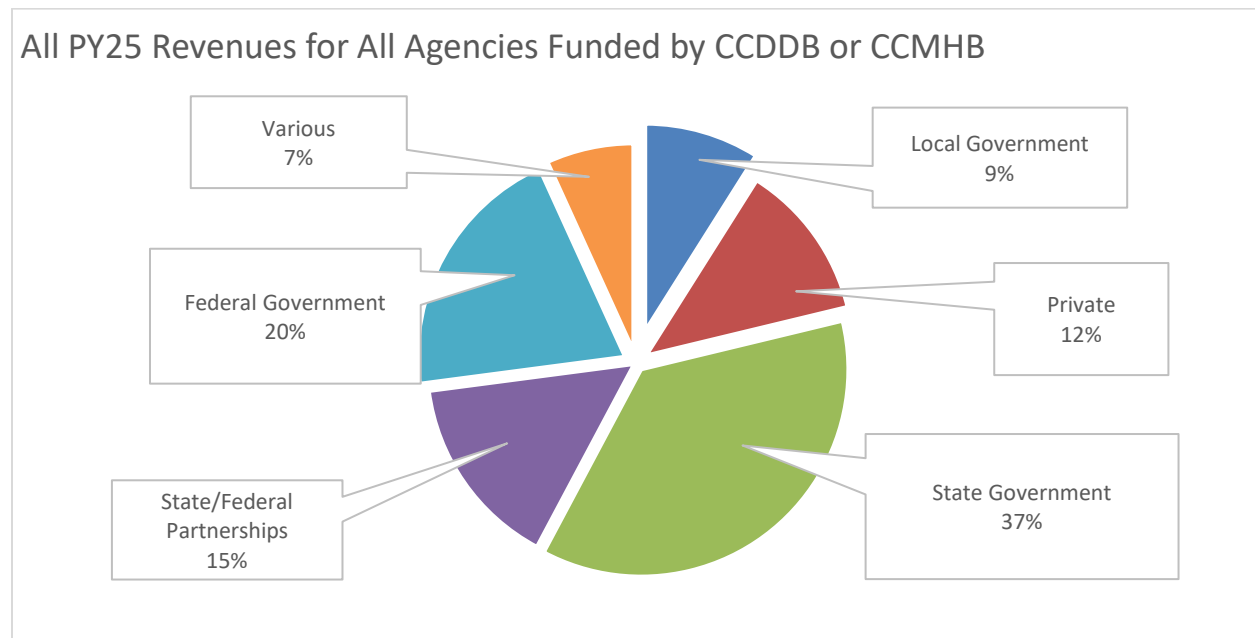
## All Sources of Funding:

Organizations providing social services are traditionally encouraged to diversify their funding sources. Some secure multiple contracts for services, including through public funding (from governmental sources) and private (from foundations, United Ways, and similar.) Some receive endowments or individual donations or run fundraising campaigns which generate other private revenue.

Many are unaware that much of this work is supported by tax-based funds. Securing and maintaining contracts with various funders is no small feat, and public funding can be fickle. Private funding may offer the most flexibility and security, but this is also not guaranteed.

When grouped in large categories, combining all agencies' funding sources, we find that largest to smallest proportions of revenue come from:

- State Government (\$50,860,361 or 37%)
- Federal Government (\$28,218,145 or 20%)
- State and Federal Partnerships (\$21,059,291 or 15%)
- Private (\$17,070,402 or 12%)
- Local Government (\$12,470,622 or 9%)
- Various (\$9,461,559 or 7%)





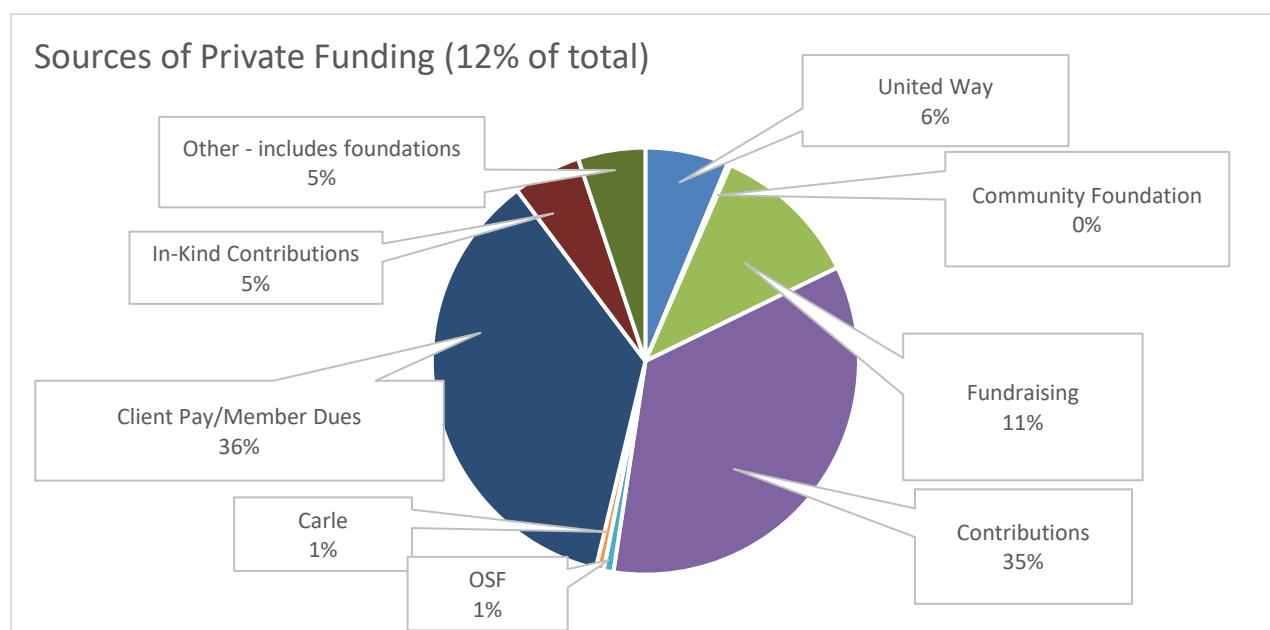
### *Cautions:*

- Agencies do not report all categories uniformly.
- Miscellaneous, unknown, and unique revenues are combined as “various.”
- Many different contracts and contract types are included in each category.
- Agencies report contracts by acronyms so I may have introduced errors.
- All data are unaudited, based on agencies’ internal financial records.

### **Private Funding Sources:**

Of sources of private revenue, proportions (largest to smallest) were from:

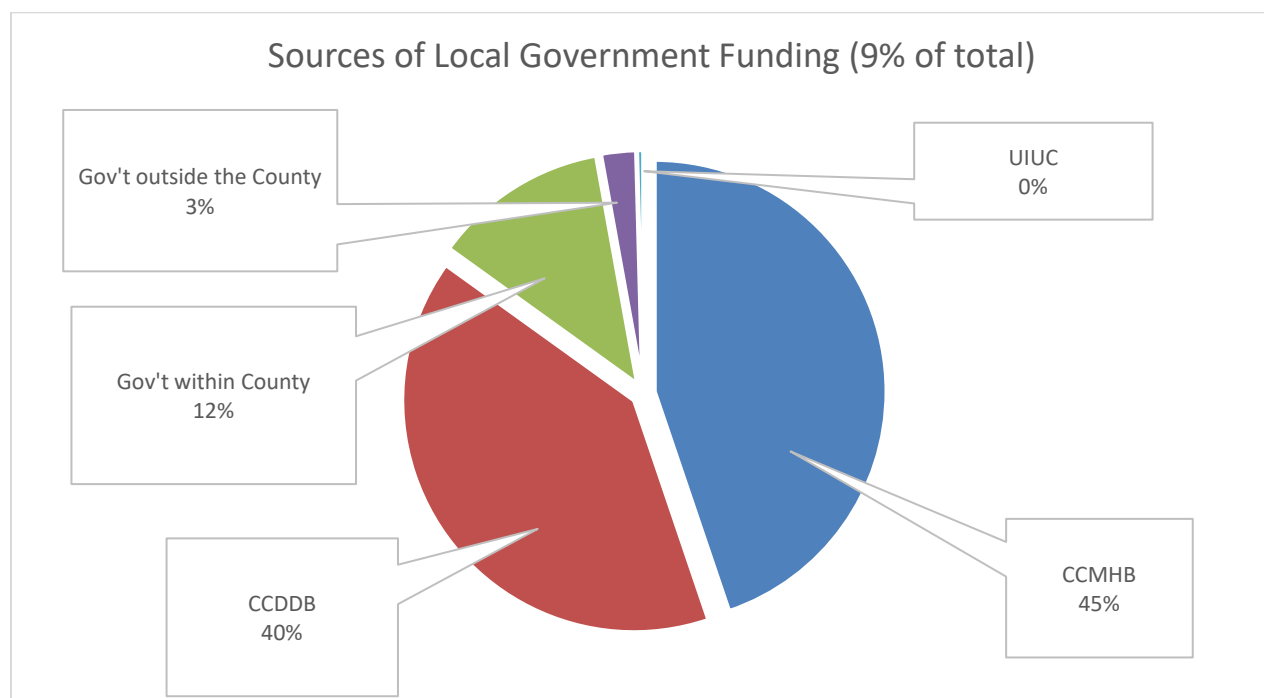
- Client Pay and Member Dues (\$6,144,722 or 36%)
- Contributions (\$5,908,561 or 35%)
- Fundraising (\$1,922,066 or 11%)
- United Way (\$1,072,484 or 6%)
- In Kind Contributions (\$880,130 or 5%)
- Other including Foundations (\$870,994 or 5%)
- Carle (\$127,500 or 1%)
- OSF (\$102,560 or 1%)
- Community Foundation of East Central Illinois (\$41,385 or 0%)



## Local Government Funding:

Of the sources of local government revenue, amounts received (largest to smallest) were from:

- CCMHB (\$5,586,710 or 45%)
- CCDDDB (\$5,003,525 or 40%)
- Other government within Champaign County, including Champaign County itself (\$1,525,347 or 12%)
- Local government outside of Champaign County (\$302,683 or 3%)
- University of Illinois at Urbana Champaign (\$52,358 or 0%)



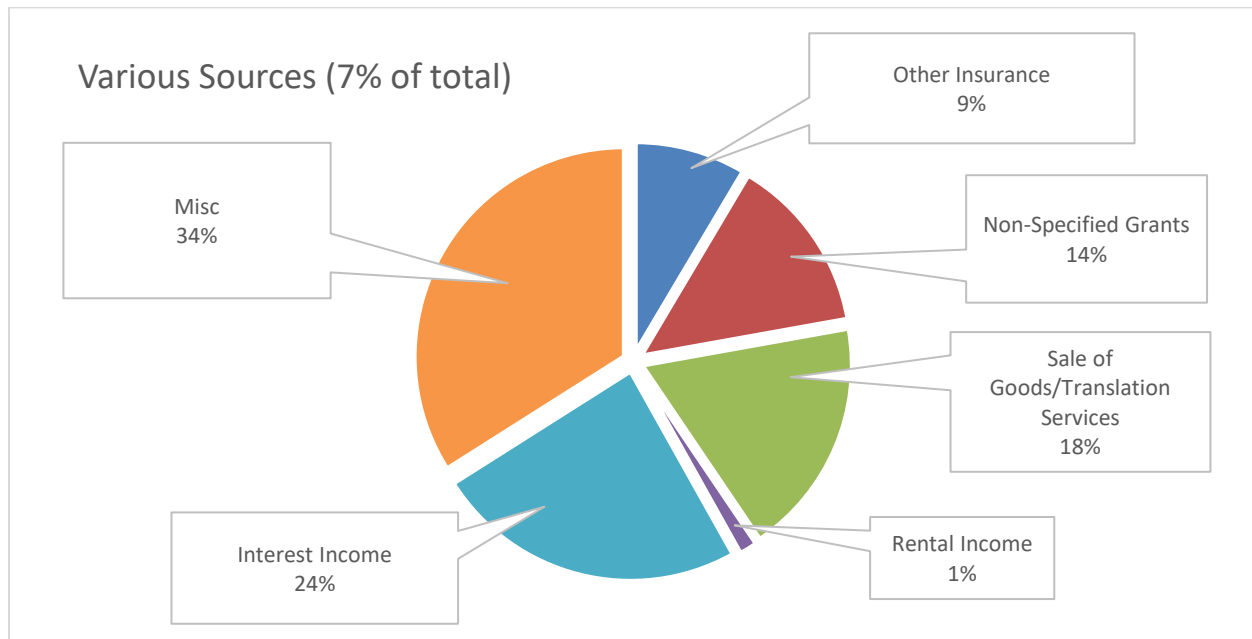
## Various Other Sources:

That many items are combined in this revenue category conceals that some are likely other governmental funding (e.g., non-specified grants) and some private (e.g., rental income). They do show a variety of efforts to sustain operations.

Of these revenue sources, proportions were (largest to smallest) from:

- Miscellaneous (\$3,215,432 or 34%)

- Interest Income (\$2,283,921 or 24%)
- Sale of Goods/Translation Services (\$1,736,555 or 18%)
- Non-Specified Grants (\$1,291,463 or 14%)
- Other Insurance (\$807,106 or 9%)
- Rental Income (\$127,082 or 1%)



## Federal and State Government Funding:

By far the largest shares of support for local social service agencies, public tax-based federal and state revenues introduce great uncertainty and change fatigue. Audits and financial reviews will include notes about ‘concentration of risk’ for those agencies with funding from a single source or too few sources.

Funding from other sources, including the CCDDDB and CCMHB, offers some stability and flexibility, but it is not adequate to fill gaps left when state and federal sources change dramatically or stop. While private funding may be the most sustainable, and data show the generosity of Champaign County residents, they are also not guaranteed and can take time for an organization to secure.

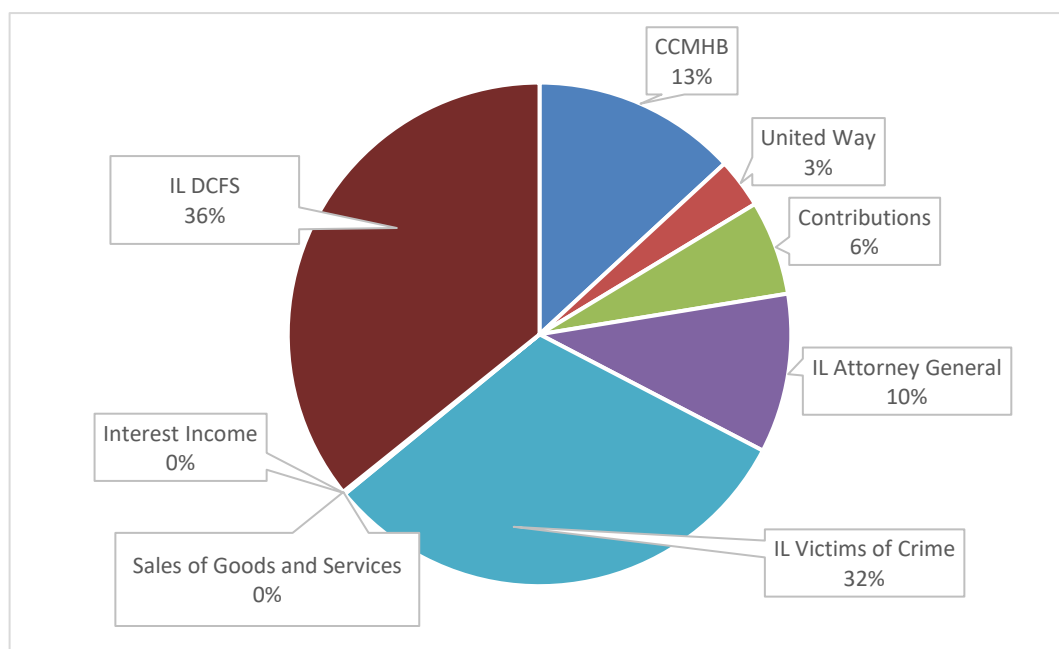
## ADDENDUM: Revenue Detail Per Agency:

The following charts show the various sources of revenue received by local organizations which were also funded by the CCDDb or CCMHB during PY2025. Each chart tells the agency's unique story. Many of those with the most diverse revenue or private funding are older agencies.

### Champaign County Children's Advocacy Center (total agency budget = \$405,638)

Sources of total PY25 agency/program revenue, from largest to smallest amounts:

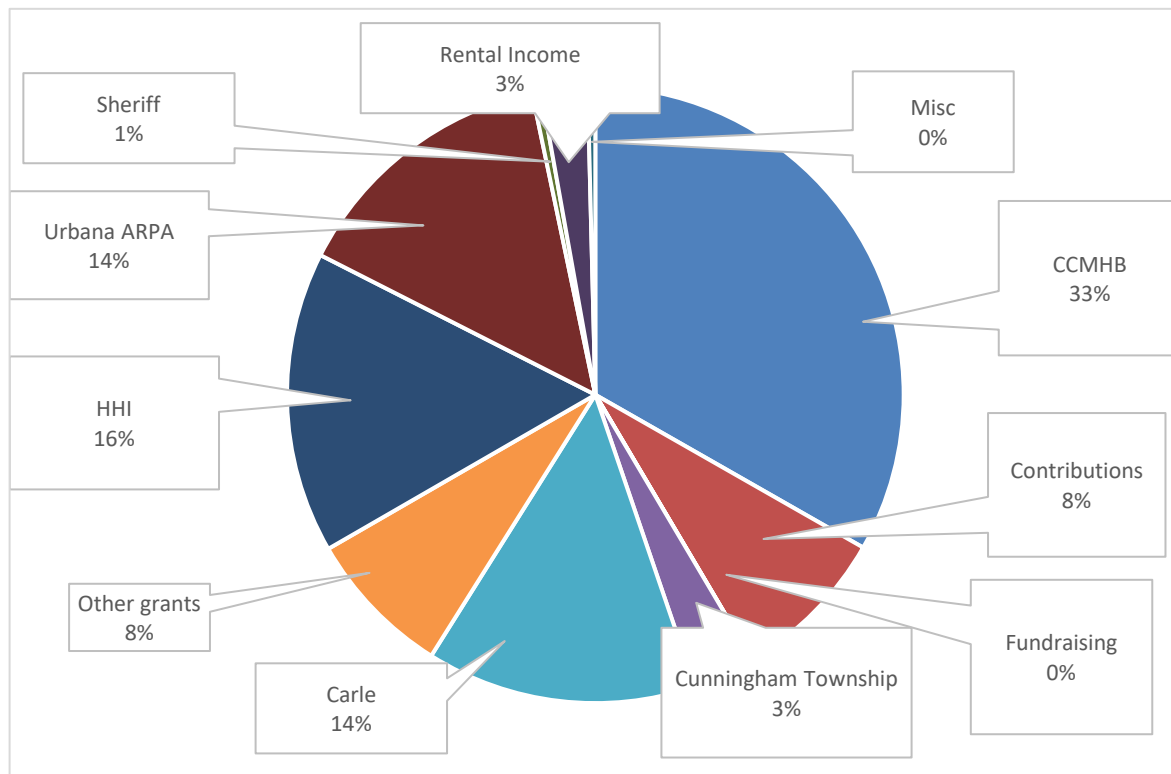
- IL Department of Children and Family Services (DCFS) \$145,054 or 36%
- IL Victims of Crime Act \$127,473 or 32%
- CCMHB \$53,281 or 13%
- IL Attorney General \$41,500 or 10%
- Contributions \$24,633 or 6%
- United Way of Champaign County \$13,000 or 3%
- Interest Income \$557 or 0%
- Sales of Goods and Services \$140 or 0%



## Champaign County Health Care Consumers (total agency budget = \$847,037)

Sources of total PY25 agency revenue, from largest to smallest amounts:

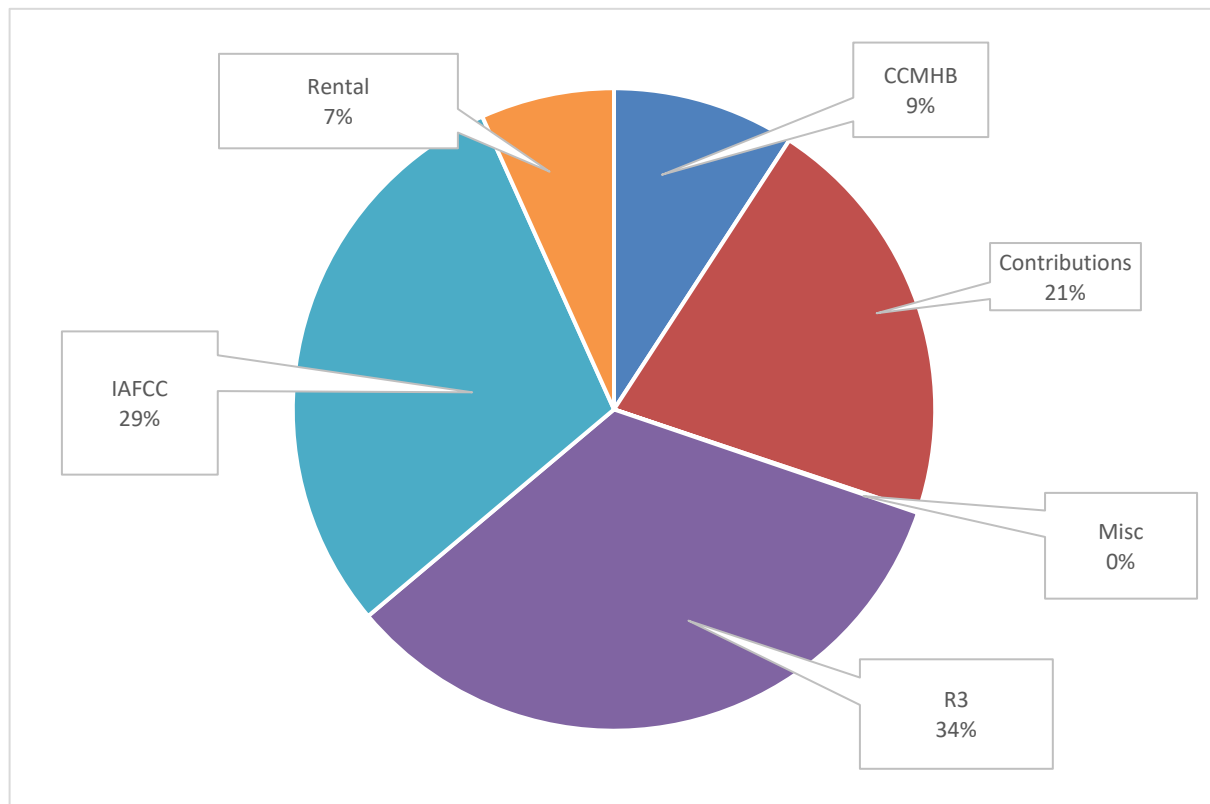
- CCMHB \$281,648 or 33%
- Urbana Housing & Homeless Innovation (HHI) \$133,918 or 16%
- Urbana ARPA \$120,523 or 14%
- Carle \$120,000 or 14%
- Contributions \$69,798 or 8%
- Other Grants \$65,553 or 8%
- Cunningham Township \$27,708 or 3%
- Rental Income \$20,488 or 3%
- Champaign County Sheriff \$4,029 or 1%
- Miscellaneous \$3,352 or 0%
- Fundraising \$20 or 0%



**Champaign County Christian Health Center (total agency budget = \$359,124)**

Sources of total PY25 agency revenue, from largest to smallest amounts:

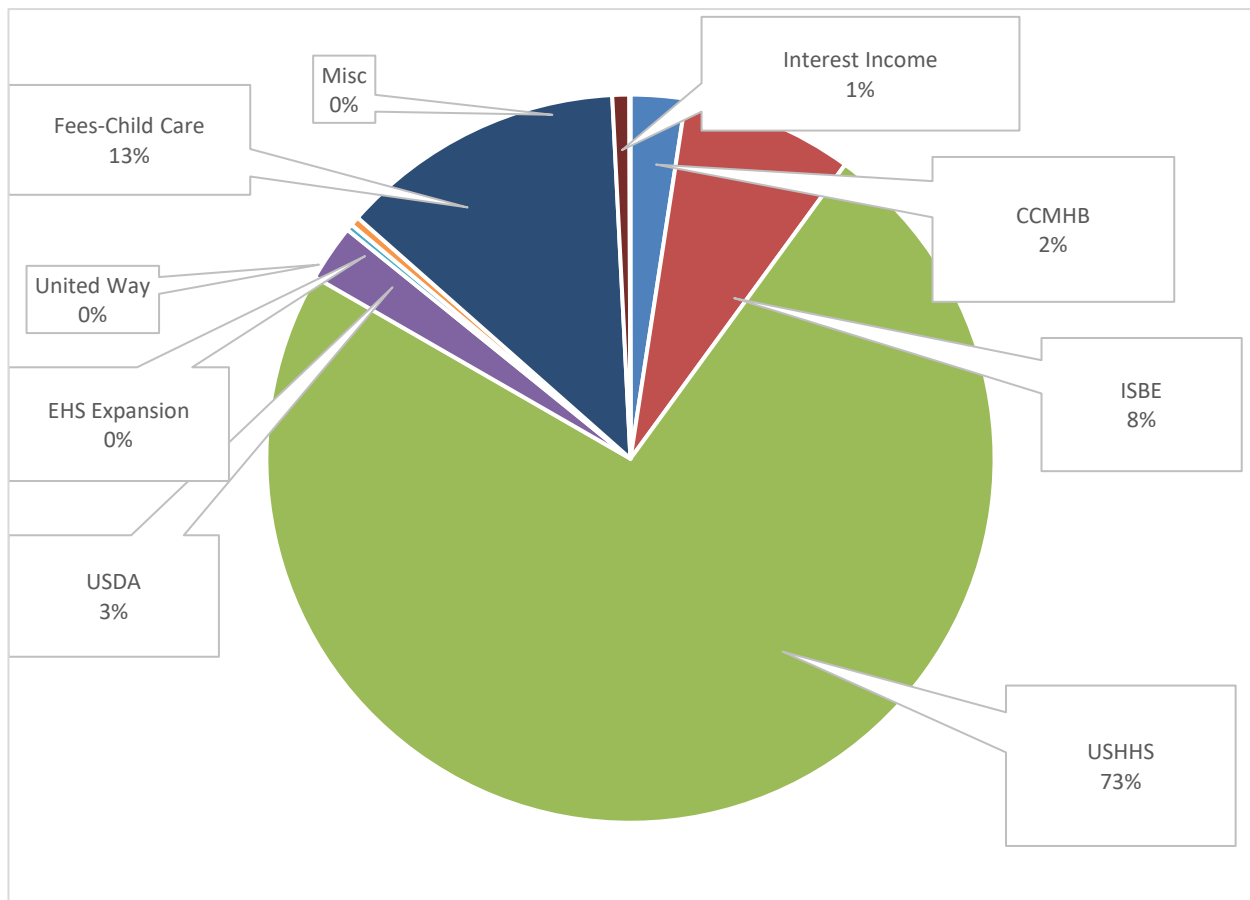
- IL Restore, Reinvest, and Renew (R3) Program \$120,841 or 34%
- IL Association of Free & Charitable Clinics (IAFCC) \$105,579 or 29%
- Contributions \$75,261 or 21%
- CCMHB \$33,000 or 9%
- Rental Income \$24,154 or 7%
- Miscellaneous \$289 or 0%



## Champaign County Head Start (total 'agency' budget = \$15,969,300)

Sources of total PY25 agency revenue, from largest to smallest amounts:

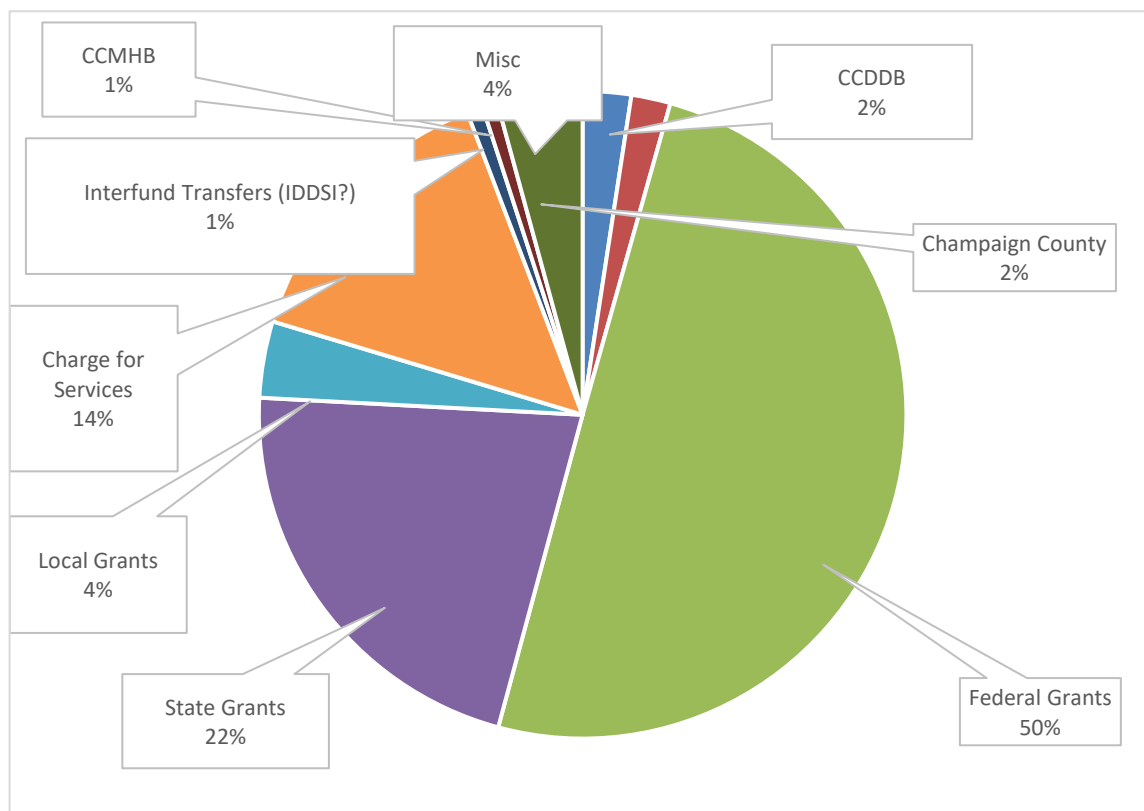
- US Health and Human Services (HHS) \$11,701,811 or 73%
- Child Care Fees \$2,025,349 or 13%
- IL State Board of Education (ISBE) \$1,214,171 or 8%
- US Dept of Agriculture (USDA) \$400,770 or 3%
- CCMHB \$388,463 or 2%
- Interest Income \$120,030 or 1%
- United Way \$65,370 or 0%
- Early Head Start (EHS) Expansion \$45,600 or 0%
- Miscellaneous \$7,736 or 0%



**Champaign County Regional Planning Commission – Community Services (total 'agency' budget = \$17,332,699)**

Sources of total PY25 agency revenue, from largest to smallest amounts:

• Federal Grants	\$8,635,944 or 50%
• State Grants	\$3,751,605 or 22%
• Charge for Services	\$2,520,224 or 14%
• Miscellaneous	\$736,390 or 4%
• Local Grants	\$661,222 or 4%
• CCDDDB	\$418,845 or 2%
• Champaign County	\$339,335 or 2%
• Interfund Transfer (IDD Special Initiatives?)	\$138,503 or 1%
• CCMHB	\$130,631 or 1%

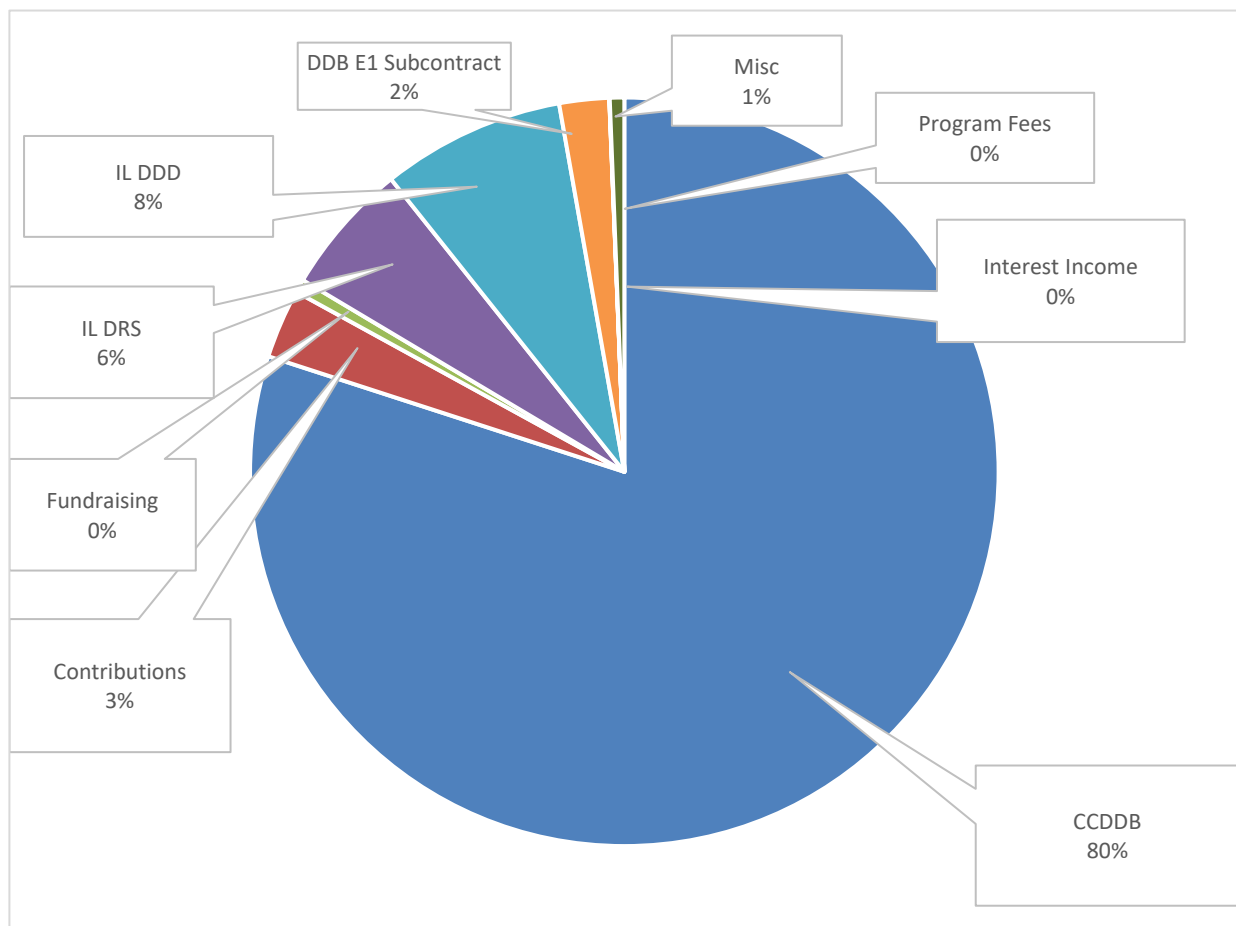




## Community Choices (total agency budget=\$1,088,828)

Sources of total PY25 agency revenue, from largest to smallest amounts:

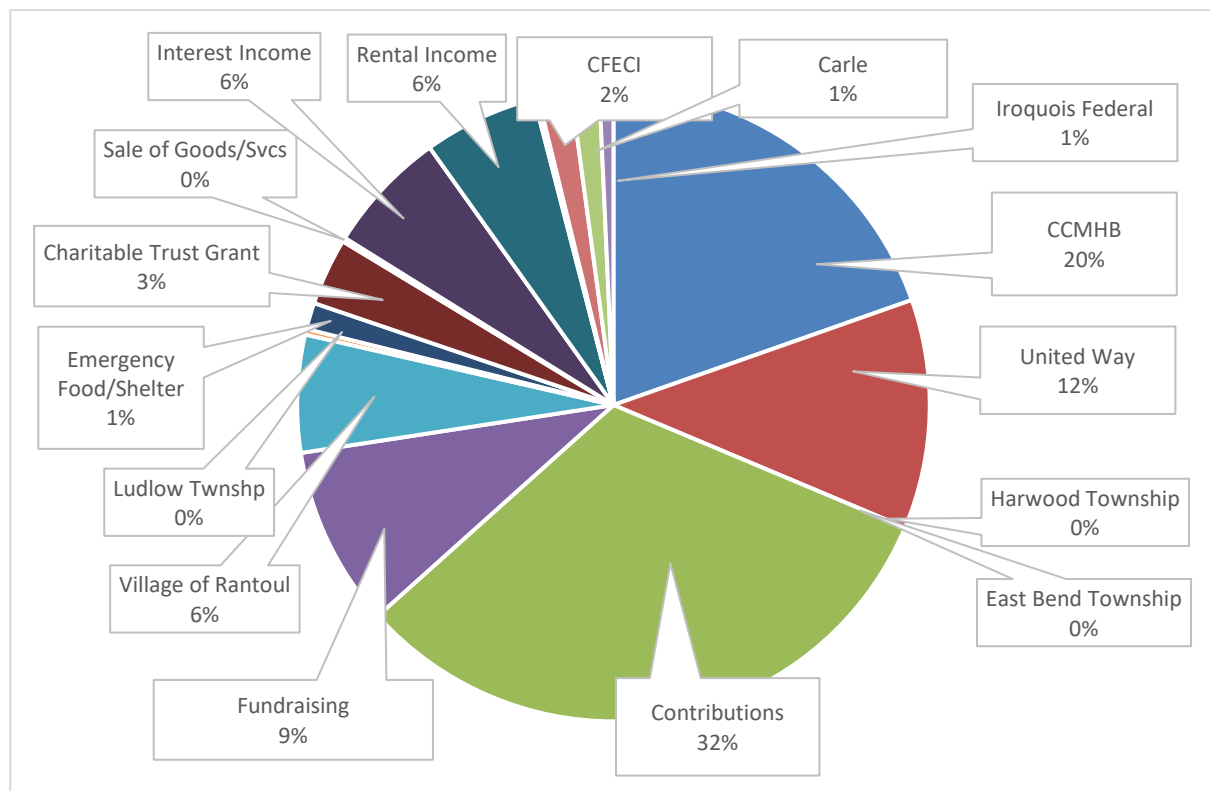
- CCDDDB \$871,000 or 80%
- IL Division of Developmental Disabilities (DDD) \$86,225 or 8%
- IL Division of Rehabilitation Services (DRS) \$62,384 or 6%
- Contributions \$32,559 or 3%
- CCDDDB Employment First (E1) Subcontract \$23,414 or 2%
- Miscellaneous \$6,778 or 1%
- Fundraising \$6,245 or 0%
- Interest Income \$151 or 0%
- Program Fees \$72 or 0%



**Community Services Center of Northern Champaign County (total agency/program budget=\$349,820)**

Sources of total PY25 agency/program revenue, from largest to smallest amounts:

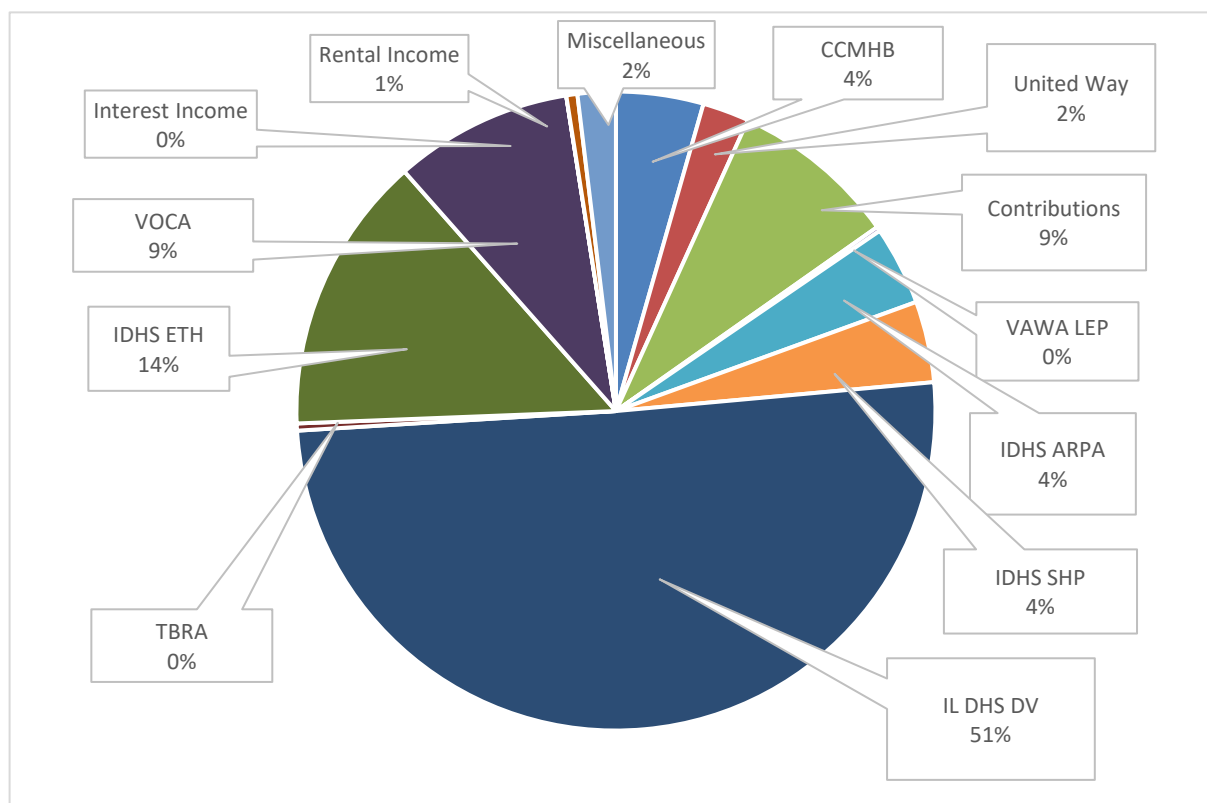
- Contributions \$112,092 or 32%
- CCMHB \$68,609 or 20%
- United Way \$41,009 or 12%
- Fundraising \$32,175 or 9%
- Interest Income \$21,935 or 6%
- Village of Rantoul \$21,000 or 6%
- Rental Income \$20,425 or 6%
- Charitable Trust Grant \$12,000 or 3%
- Community Foundation of East Central IL (CFECI) \$5,850 or 2%
- Carle \$5,000 or 1%
- Emergency Food/Shelter \$4,750 or 1%
- Iroquois Federal \$2,500 or 1%
- Ludlow Township \$1,000 or 0%
- Sale of Goods and Services \$725 or 0%
- Harwood Township \$500 or 0%
- East Bend Township \$250 or 0%



**Courage Connection** (total agency/program budget \$2,896,326)

Sources of total PY25 agency/program revenue, from largest to smallest amounts:

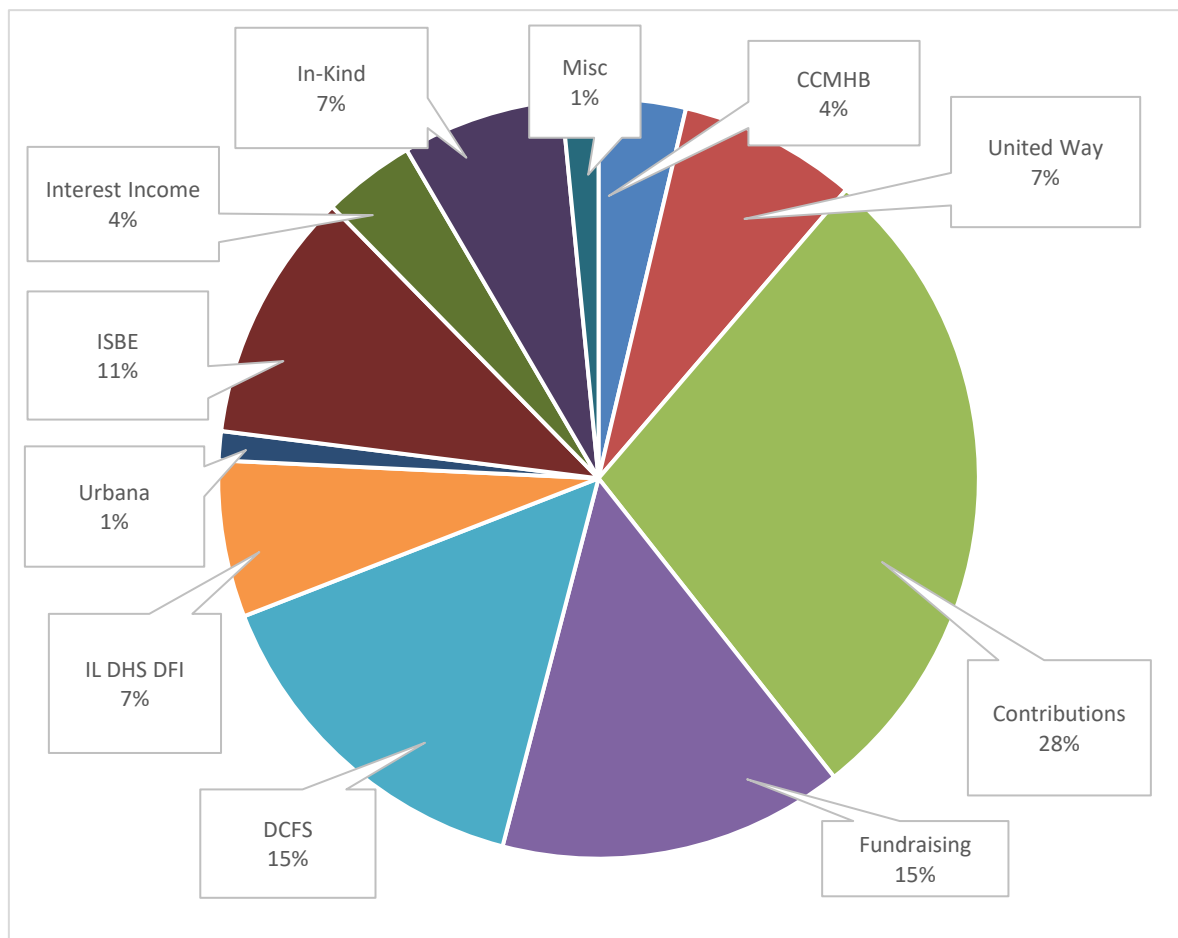
- IL Dept of Human Services (DHS) Domestic Violence (DV) \$1,461,583 or 51%
- IL DHS Emergency & Transitional Housing (ETH) \$408,577 or 14%
- Victims of Crime Act (VOCA) \$261,295 or 9%
- Contributions \$244,868 or 9%
- CCMHB \$128,038 or 4%
- IL DHS Supportive Housing Program (SHP) \$118,848 or 4%
- IL American Rescue Plan Act (ARPA) \$115,658 or 4%
- United Way \$68,340 or 2%
- Miscellaneous \$55,830 or 2%
- Rental Income \$16,159 or 1%
- Tenant Based Rental Assistance (TBRA) \$10,444 or 0%
- Violence Against Women Act Limited English Proficient (VAWA LEP) \$6,544 or 0%
- Interest Income \$142 or 0%



## Crisis Nursery (total agency budget \$2,433,641)

Sources of total PY25 agency revenue, from largest to smallest amounts:

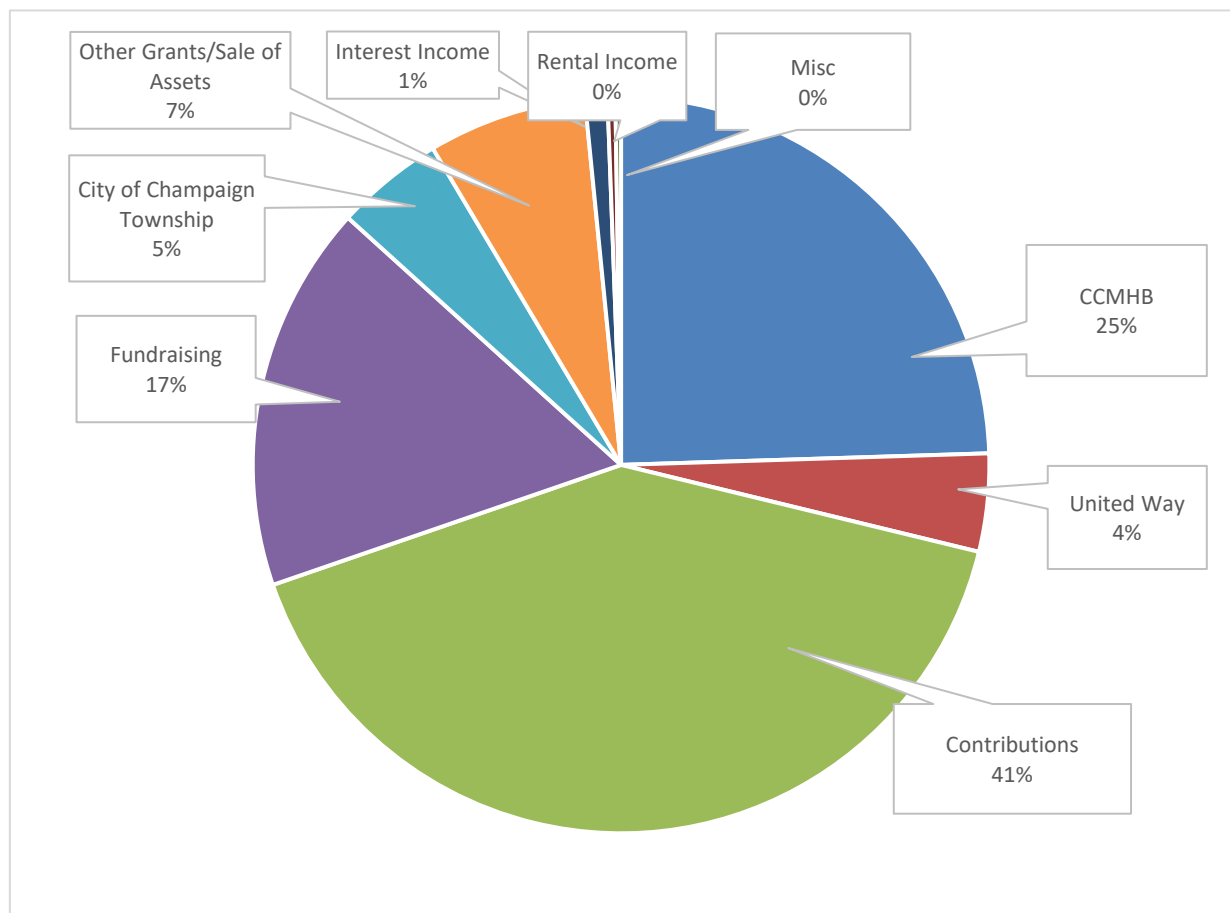
- Contributions \$683,459 or 28%
- Dept of Children & Family Services (DCFS) \$365,898 or 15%
- Fundraising \$357,560 or 15%
- Illinois State Board of Education (ISBE) \$259,560 or 11%
- United Way \$184,631 or 7%
- In Kind Contributions \$166,970 or 7%
- IL DHS Donated Funds Initiative (DFI) \$162,081 or 7%
- Interest Income \$95,671 or 4%
- CCMHB \$90,000 or 4%
- Miscellaneous \$37,811 or 1%
- City of Urbana \$30,000 or 1%



## CU at Home (total agency budget \$1,047,782)

Sources of total PY25 agency revenue, from largest to smallest amounts:

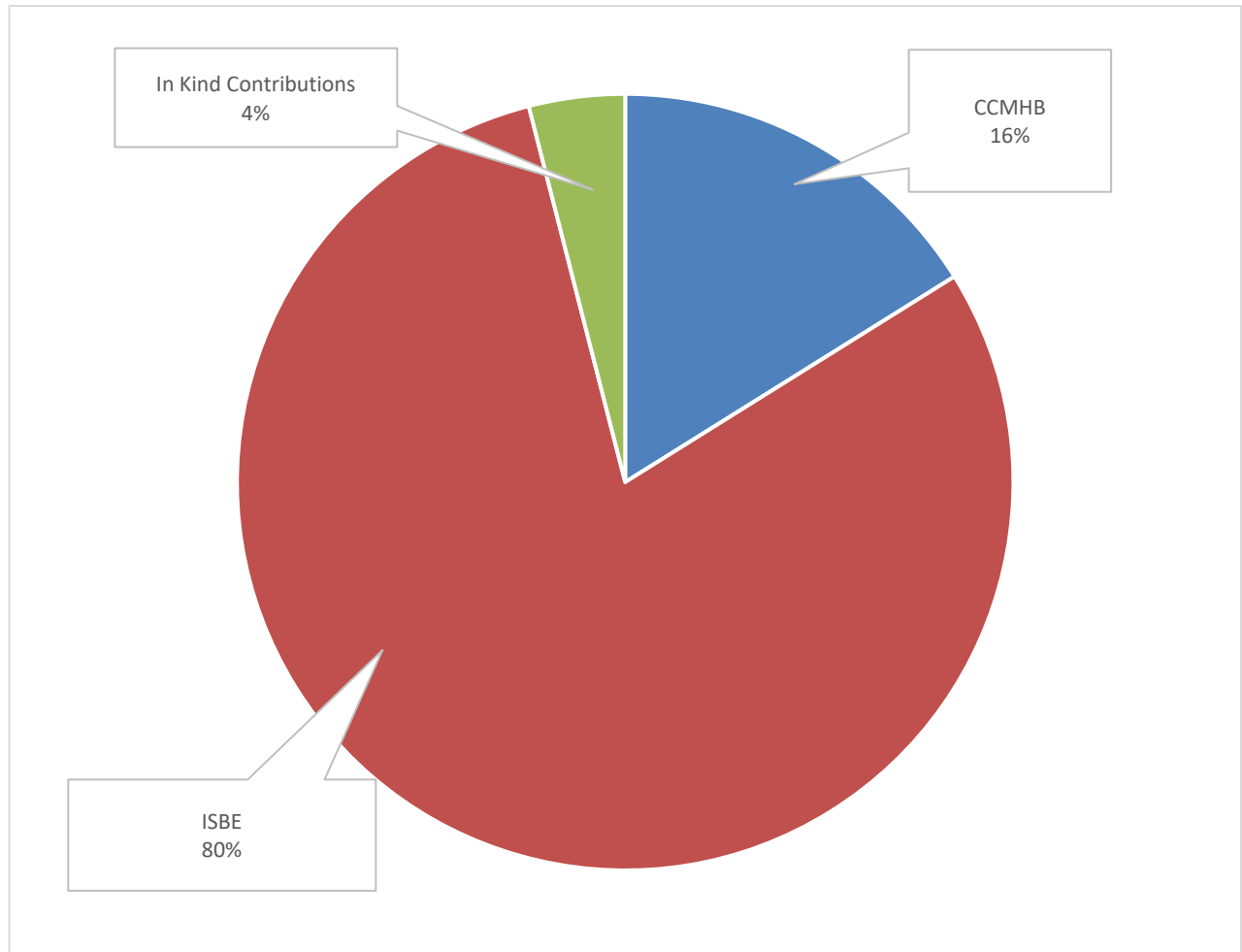
- Contributions \$428,791 or 41%
- CCMHB \$256,700 or 25%
- Fundraising \$178,000 or 17%
- Other Grants/Sale of Assets \$72,974 or 7%
- City of Champaign Township \$49,818 or 5%
- United Way \$45,000 or 4%
- Interest Income \$10,323 or 1%
- Rental Income \$3,600 or 0%
- Miscellaneous \$2,576 or 0%



**CU Early** (total agency/program budget \$498,972)

Sources of total PY25 agency/program revenue, from largest to smallest amounts:

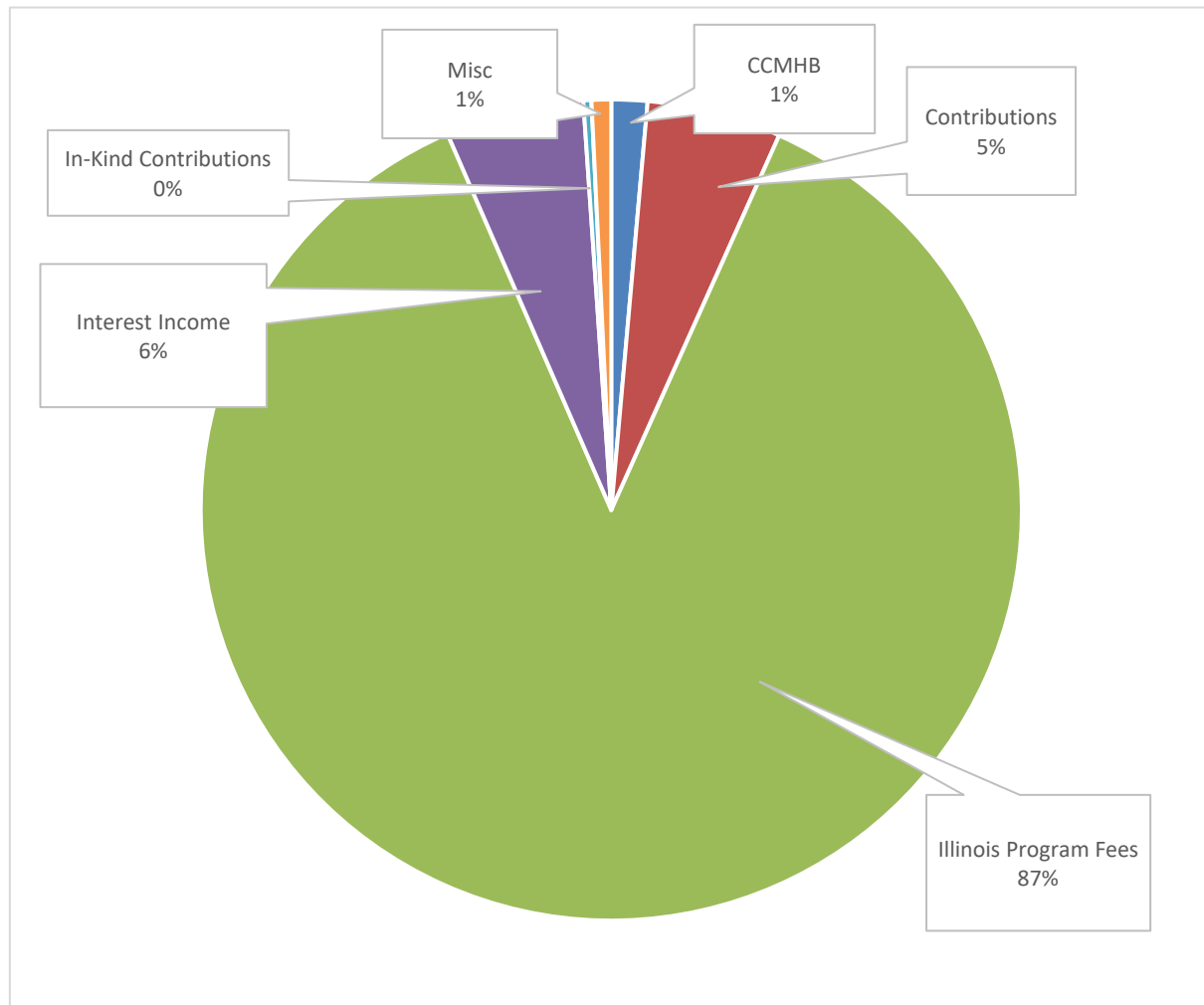
- IL State Board of Education (ISBE) \$398,606 or 80%
- CCMHB \$80,416 or 16%
- In-Kind Contributions \$19,950 or 4%



## Cunningham Children's Home (total agency budget \$34,317,328)

Sources of total PY25 agency revenue, from largest to smallest amounts:

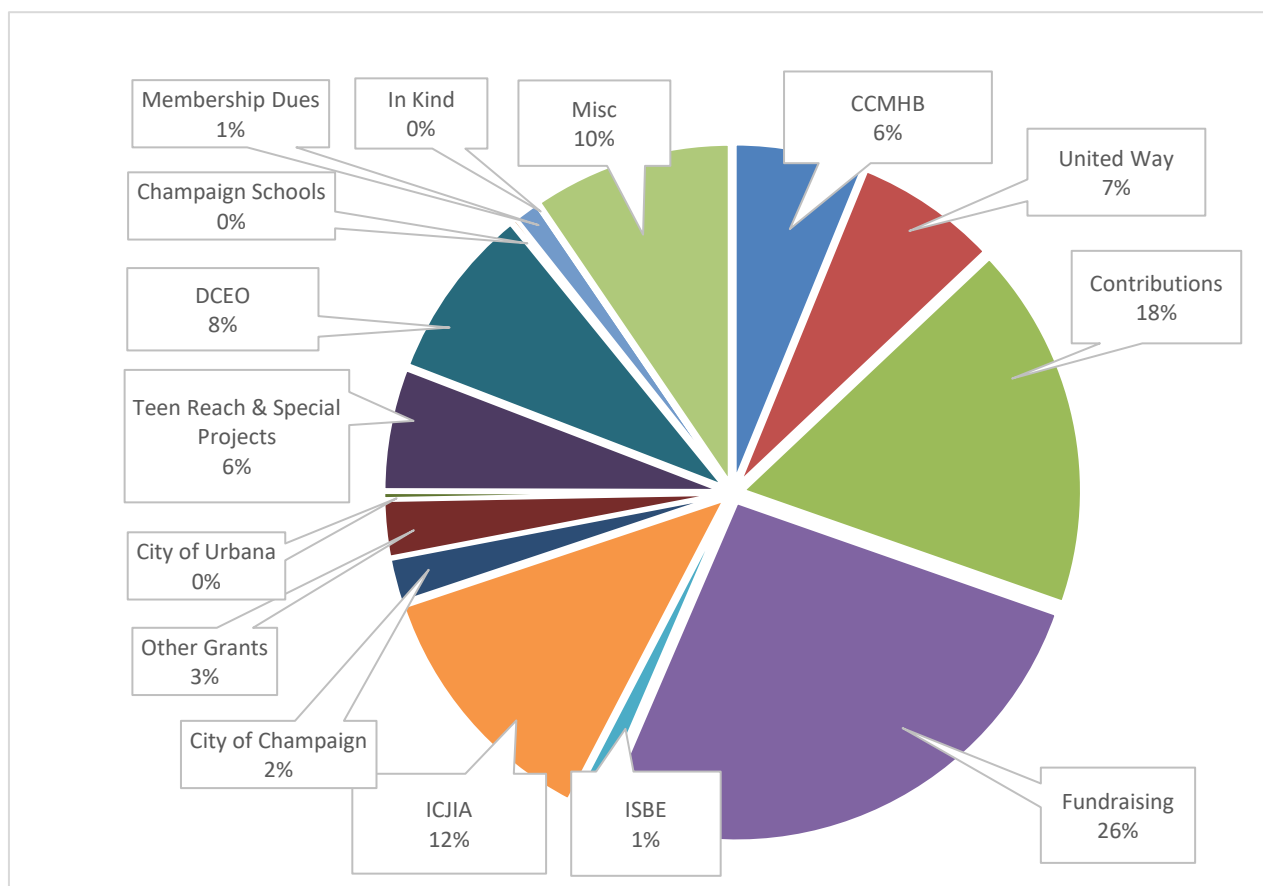
- Illinois Program Fees \$29,771,871 or 87%
- Interest Income \$1,869,650 or 6%
- Contributions \$1,816,080 or 5%
- CCMHB \$485,849 or 1%
- Miscellaneous \$264,891 or 1%
- In-Kind Contributions \$108,987 or 0%



## Don Moyer Boys and Girls Club (total agency budget \$3,012,438)

Sources of total PY25 agency revenue, from largest to smallest amounts:

• Fundraising	\$786,145 or 26%
• Contributions	\$524,202 or 18%
• IL Criminal Justice Information Authority (ICJIA)	\$368,727 or 12%
• Miscellaneous	\$286,347 or 10%
• IL Dept of Commerce & Economic Opportunity (DCEO)	\$250,000 or 8%
• United Way	\$204,742 or 7%
• CCMHB	\$185,575 or 6%
• Teen Reach & Special Projects	\$174,792 or 6%
• Other Grants	\$81,954 or 3%
• City of Champaign	\$63,569 or 2%
• IL State Board of Education (ISBE)	\$35,575 or 1%
• Membership Dues	\$34,647 or 1%
• City of Urbana	\$10,000 or 0%
• Champaign Schools	\$6,000 or 0%
• In-Kind Contributions	\$163 or 0%

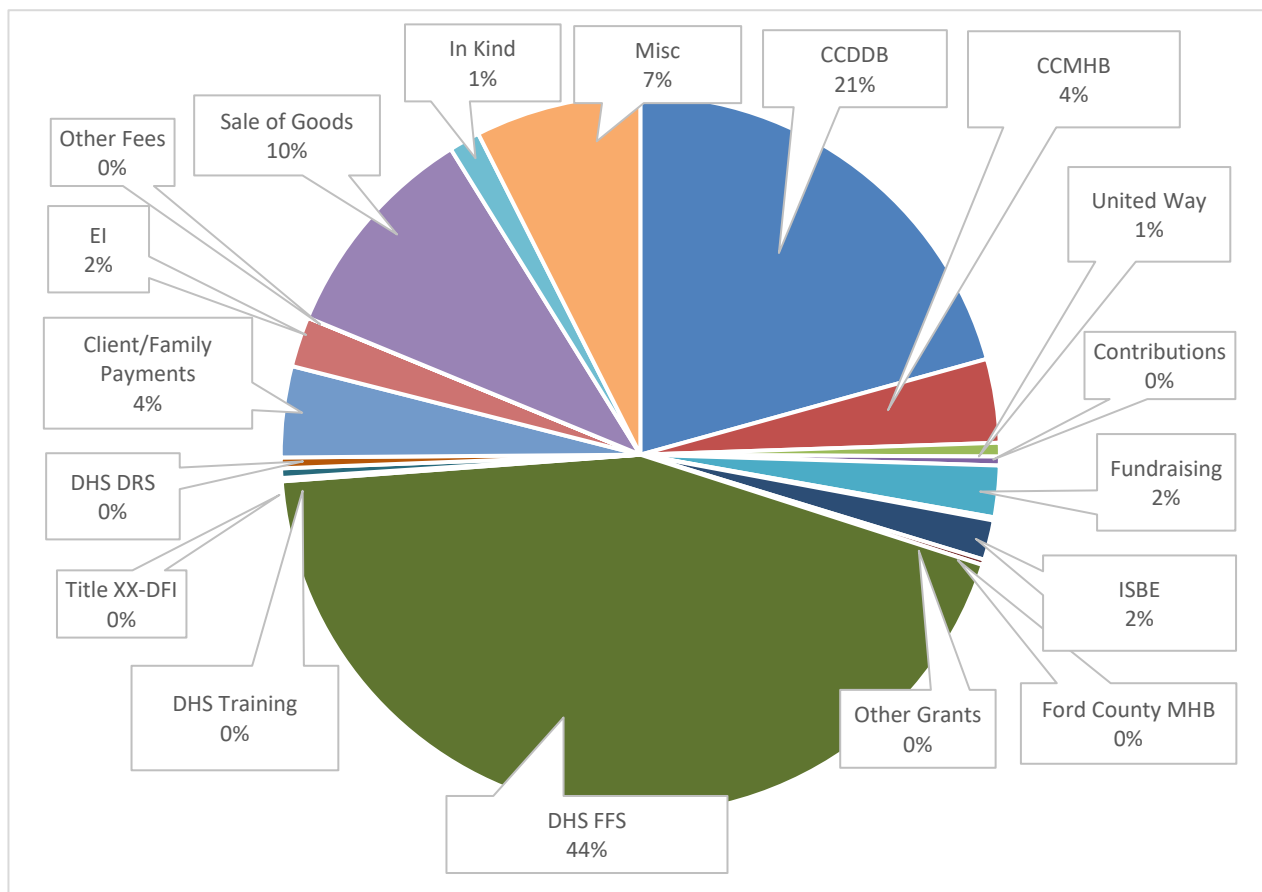




## DSC (total agency budget \$17,438,088)

Sources of total PY25 agency revenue, from largest to smallest amounts:

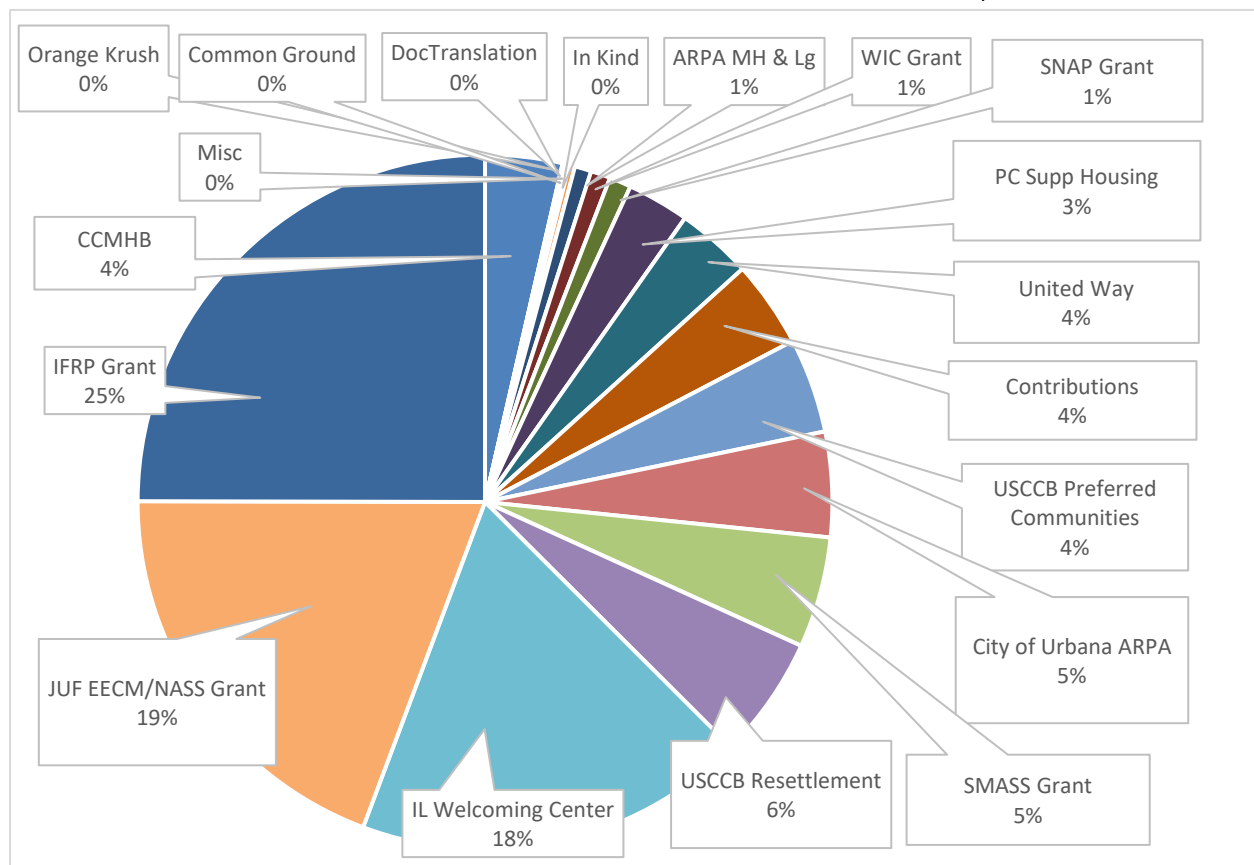
• IL Dept of Human Services (DHS) Fee for Service (FFS)	\$7,647,043 or 44%
• CCDDDB	\$3,611,000 or 21%
• Sale of Goods	\$1,732,820 or 10%
• Miscellaneous	\$1,298,143 or 7%
• Client/Family Payments	\$712,852 or 4%
• CCMHB	\$656,174 or 4%
• Fundraising	\$402,763 or 2%
• Early Intervention (EI)	\$392,819 or 2%
• Illinois State Board of Education (ISBE)	\$311,242 or 2%
• In Kind Contributions	\$242,689 or 1%
• United Way	\$106,857 or 1%
• IL Division of Rehabilitation Services (DRS)	\$84,141 or 0%
• Title XX-Donated Funds Initiative (DFI)	\$74,687 or 0%
• Contributions	\$69,553 or 0%
• Other Grants	\$42,678 or 0%
• DHS Training	\$25,967 or 0%
• Ford County Mental Health Board	\$24,960 or 0%
• Other Fees	\$1,700 or 0%



## ECIRMAC (The Refugee Center) (total agency/program budget \$1,727,754)

Sources of total PY25 agency/program revenue, from largest to smallest amounts:

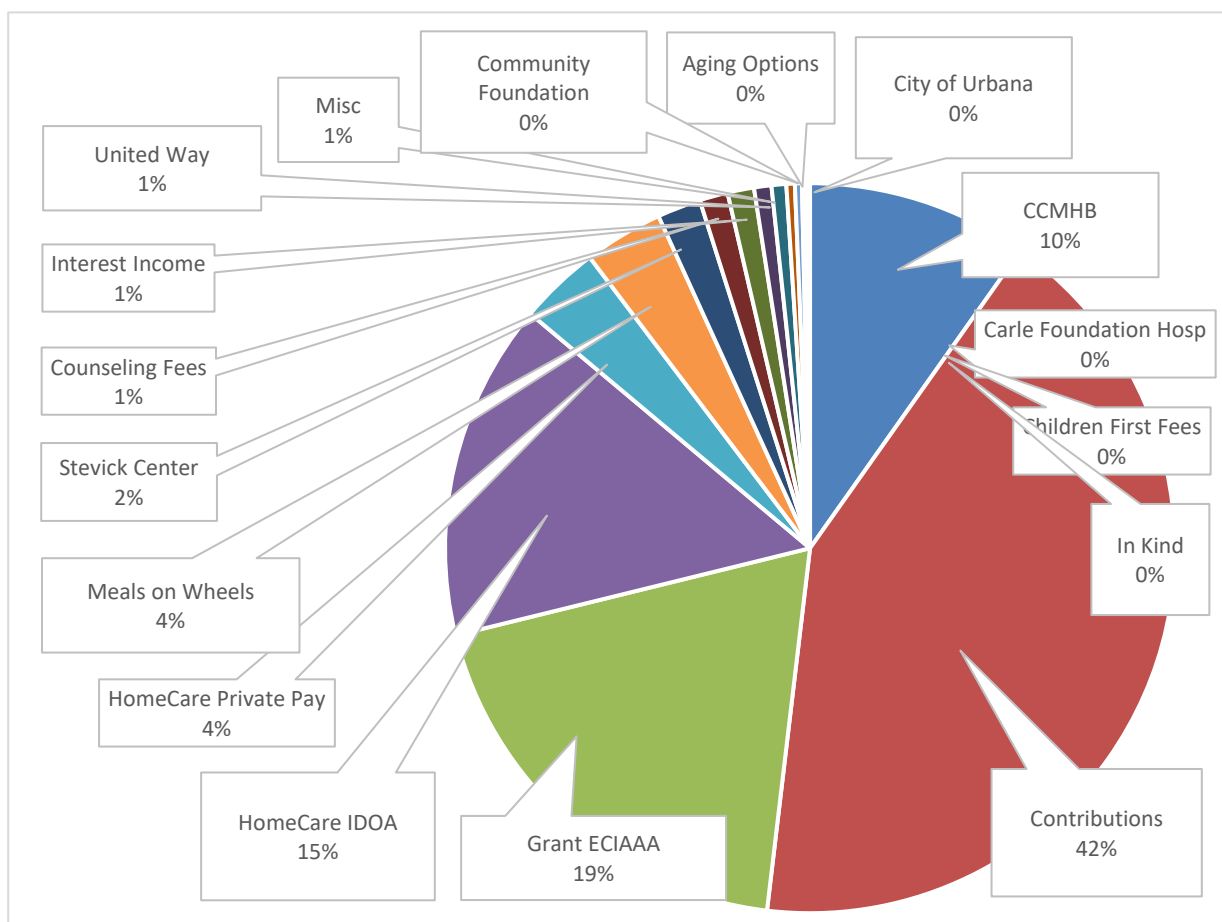
• Immigrant Family Resource Program (IFRP) Grant	\$431,328 or 25%
• Jewish United Fund (JUF) EECM/NASS Grants	\$333,935 or 19%
• IL Welcoming Center	\$315,000 or 18%
• US Conference of Catholic Bishops (USCCB) Resettlement	\$98,104 or 6%
• Supporting Municipalities for Asylum Seeker Services (SMASS) Grant	\$89,198 or 5%
• City of Urbana American Rescue Plan Act (ARPA)	\$84,544 or 5%
• USCCB Preferred Communities	\$76,223 or 4%
• Contributions	\$69,788 or 4%
• CCMHB	\$62,000 or 4%
• United Way	\$60,846 or 4%
• PC (?) Supportive Housing	\$49,995 or 3%
• Supplemental Nutrition Assistance Program (SNAP) Grant	\$17,500 or 1%
• Women, Infants, and Children (WIC) Grant	\$15,860 or 1%
• ARPA Mental Health & Language	\$13,356 or 1%
• Common Ground	\$4,715 or 0%
• Document Translation	\$2,810 or 0%
• In Kind Contributions	\$1,245 or 0%
• Orange Krush	\$1,000 or 0%
• Miscellaneous	\$307 or 0%



## Family Service of Champaign County (total agency budget \$2,417,331)

Sources of total PY25 agency revenue, from largest to smallest amounts:

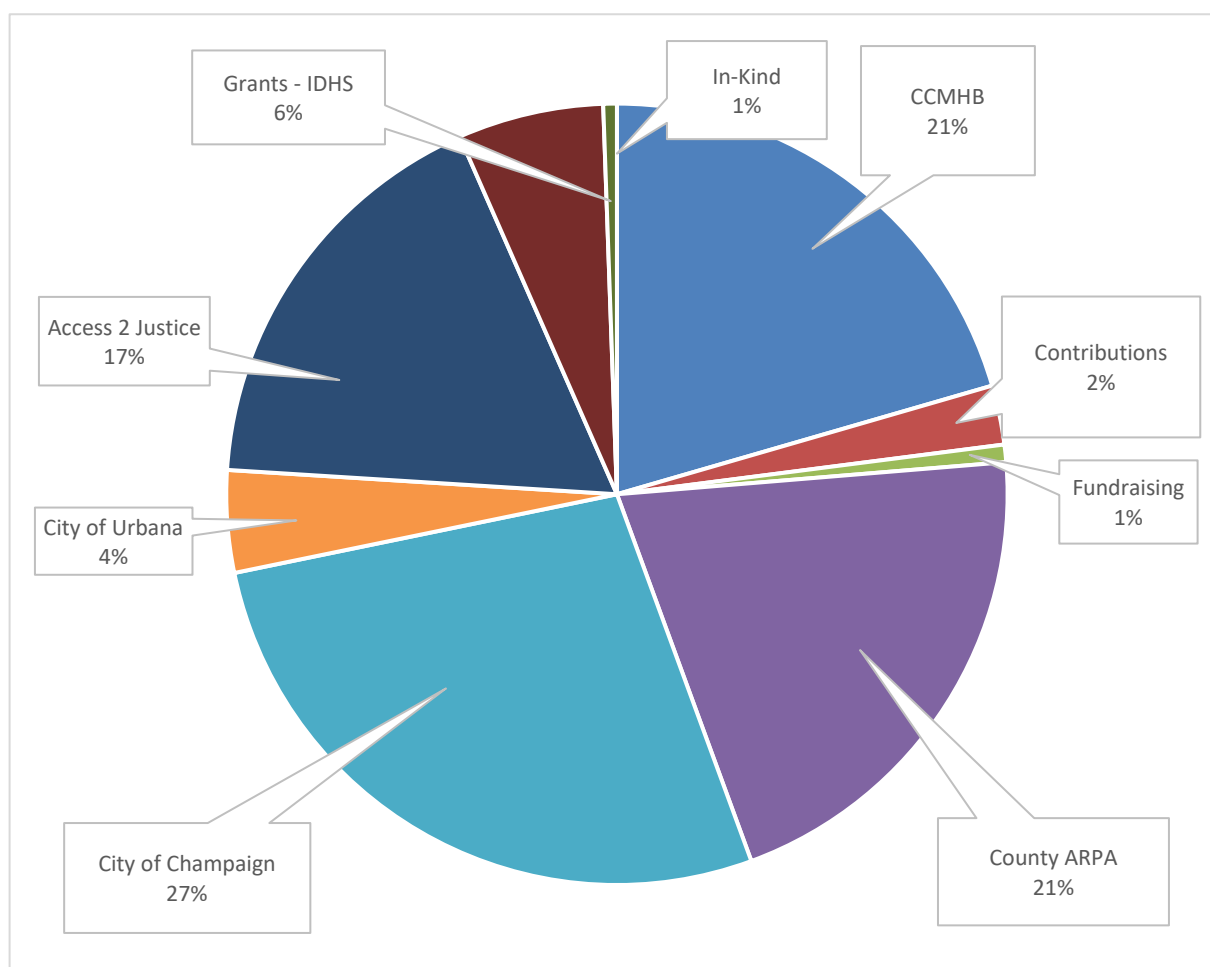
• Contributions	\$1,017,365 or 42%
• East Central IL Area Agency on Aging (ECIAAA) Grant	\$465,974 or 19%
• HomeCare IL Dept on Aging (IDOA)	\$361,244 or 15%
• CCMHB	\$236,816 or 10%
• HomeCare Private Pay	\$86,516 or 4%
• Meals on Wheels	\$84,702 or 4%
• Stevick Center	\$46,650 or 2%
• Counseling Fees	\$30,301 or 1%
• Miscellaneous	\$28,356 or 1%
• United Way	\$18,590 or 1%
• Interest Income	\$15,732 or 1%
• Aging Options	\$9,048 or 0%
• Community Foundation of East Central IL	\$7,495 or 0%
• City of Urbana	\$3,800 or 0%
• Carle Foundation Hospital	\$2,500 or 0%
• Children First Fees	\$1,882 or 0%
• In Kind Contributions	\$360 or 0%



## FirstFollowers (total agency budget \$801,741)

Sources of total PY25 agency revenue, from largest to smallest amounts:

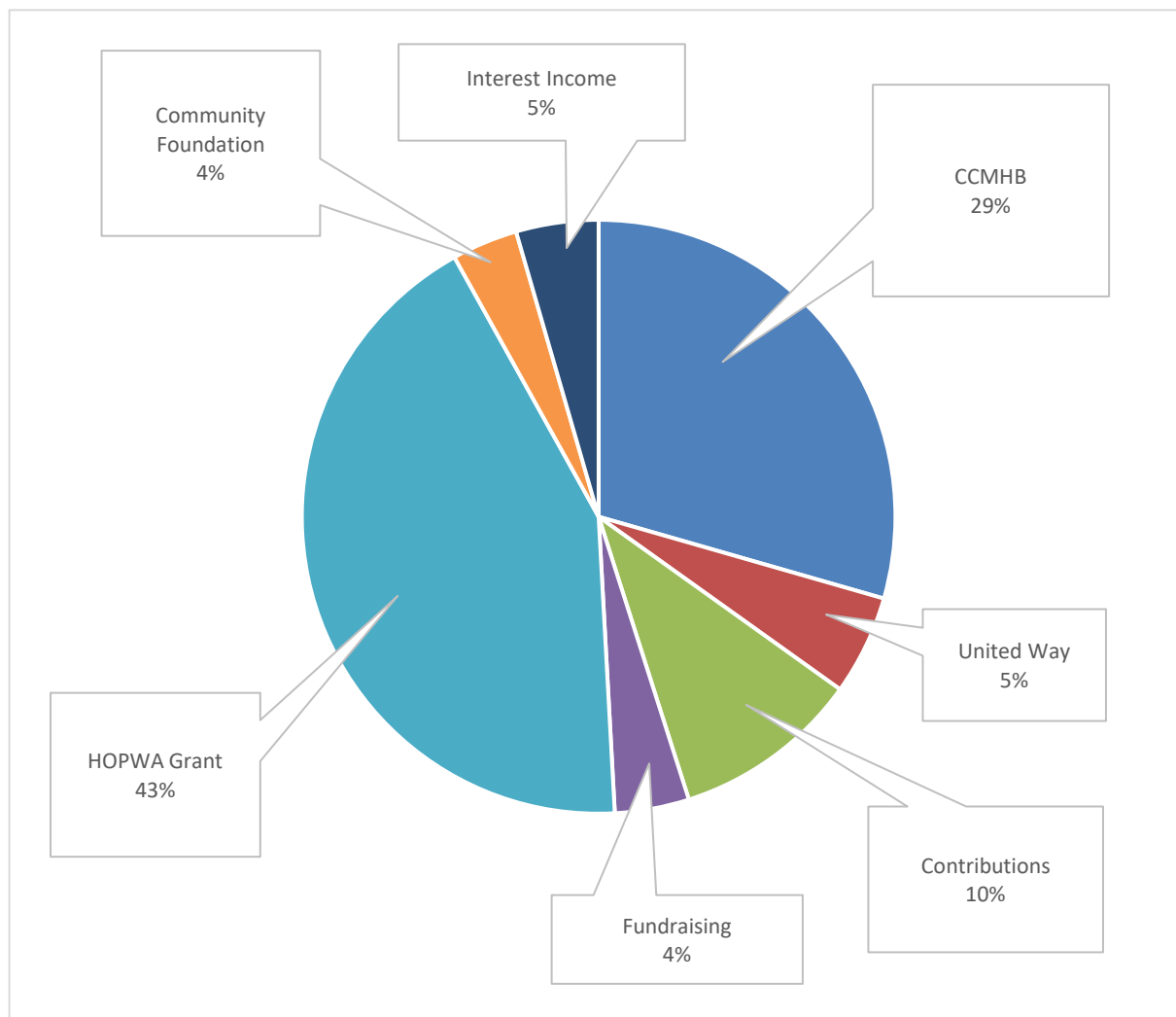
- City of Champaign \$219,371 or 27%
- Champaign County American Rescue Plan Act (ARPA) \$166,123 or 21%
- CCMHB \$164,484 or 21%
- Access 2 Justice \$139,604 or 17%
- IL Dept of Human Services (DHS) Grants \$48,362 or 6%
- City of Urbana \$33,859 or 4%
- Contributions \$19,647 or 2%
- Fundraising \$5,791 or 1%
- In Kind Contributions \$4,500 or 1%



**GCAP (total agency budget \$209,096)**

Sources of total PY25 agency revenue, from largest to smallest amounts:

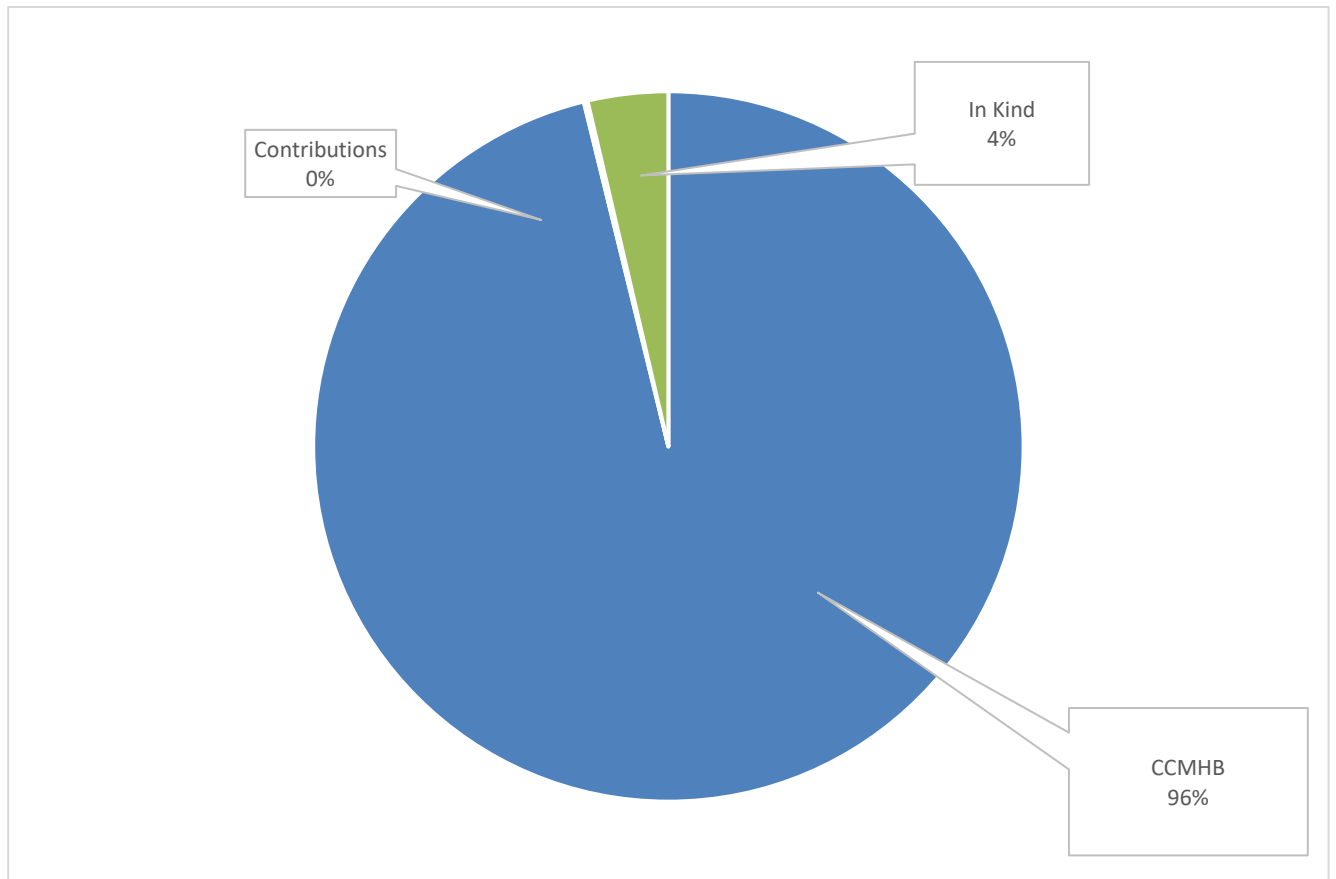
- Housing Opportunities for Persons with AIDS (HOPWA) \$89,484 or 43%
- CCMHB \$61,566 or 29%
- Contributions \$21,341 or 10%
- United Way \$11,358 or 5%
- Interest Income \$9,383 or 5%
- Fundraising \$8,464 or 4%
- Community Foundation of East Central IL \$7,500 or 4%



**GROW in Illinois** (total agency/program budget \$163,973)

Sources of total PY25 agency/program revenue, from largest to smallest amounts:

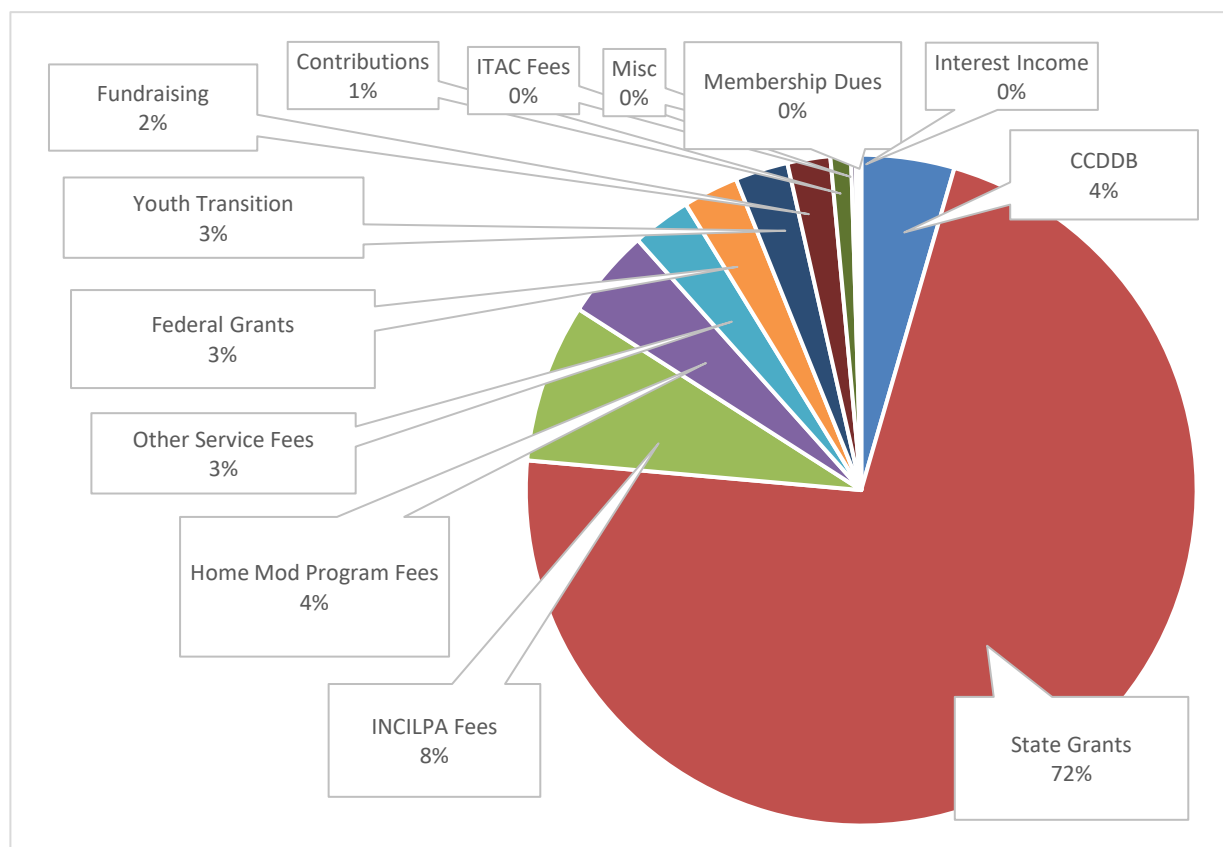
- CCMHB \$157,690 or 96%
- In Kind Contributions \$6,000 or 4%
- Contributions \$283 or 0%



## **PACE** (total agency budget \$745,011)

Sources of total PY25 agency revenue, from largest to smallest amounts:

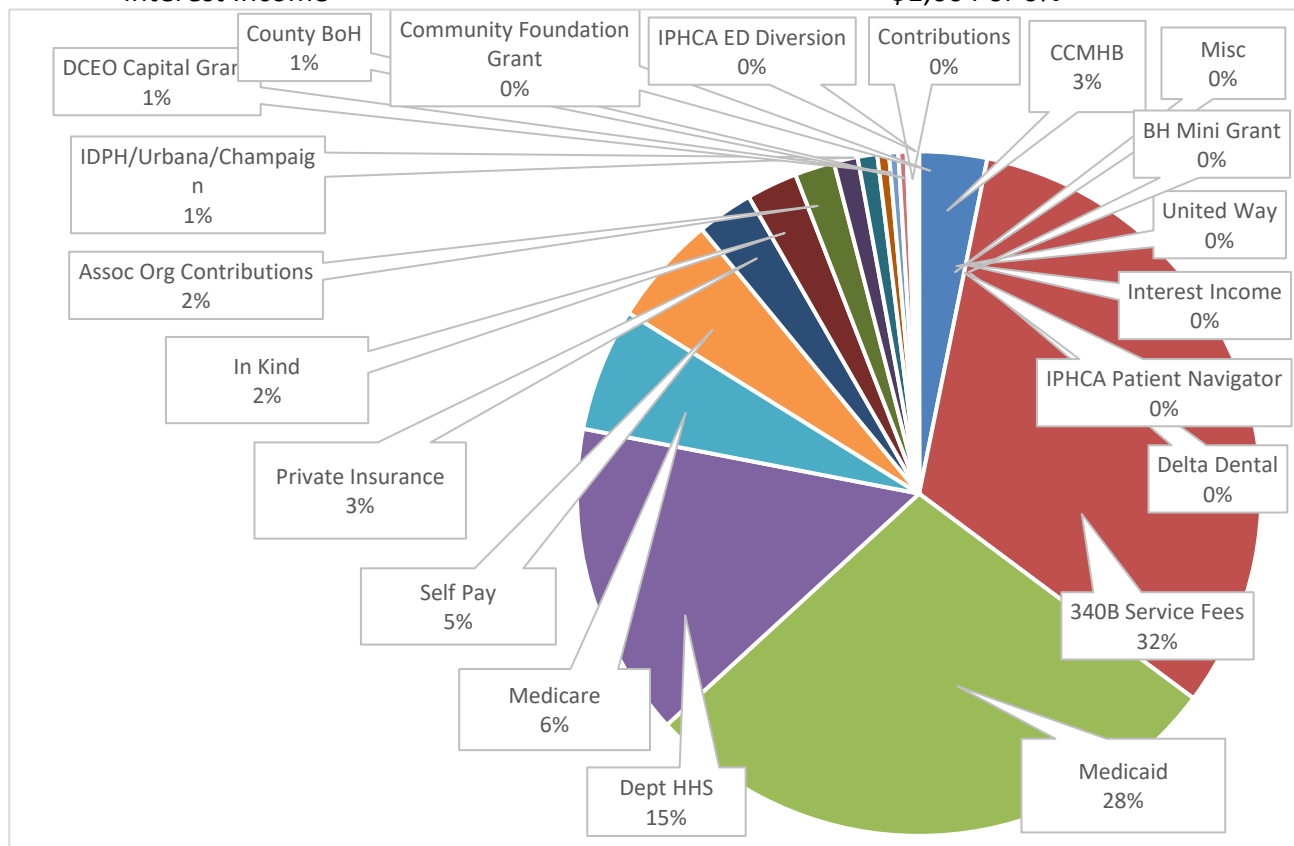
- State Grants \$535,869 or 72%
- IL Network of Centers for Independent Living (INCIL)  
Personal Assistant (PA) Fees \$57,008 or 8%
- CCDDDB \$33,428 or 4%
- Home Modification Program Fees \$32,256 or 4%
- Other Service Fees \$21,191 or 3%
- Federal Grants \$19,903 or 3%
- Youth Transition \$19,022 or 3%
- Fundraising \$15,380 or 2%
- Contributions \$7,352 or 1%
- IL Telecommunications Access Corp (ITAC) Fees \$1,660 or 0%
- Miscellaneous \$1,167 or 0%
- Membership Dues \$773 or 0%
- Interest Income \$2 or 0%



## Promise Health Care (total agency budget \$13,669,580)

Sources of total PY25 agency revenue, from largest to smallest amounts:

• 340B Service Fees	\$4,374,941 or 32%
• Medicaid	\$3,825,480 or 28%
• US Dept of Health and Human Services (HHS)	\$2,030,084 or 15%
• Medicare	\$795,854 or 6%
• Self-Pay	\$709,388 or 5%
• CCMHB	\$437,078 or 3%
• Private Insurance	\$362,760 or 3%
• In Kind Contributions	\$329,266 or 2%
• Associated Organization Contributions	\$255,833 or 2%
• IL Dept of Public Health (IDPH)/Urbana/Champaign	\$154,857 or 1%
• Dept of Commerce & Economic Opportunity (DCEO) Capital Grant	\$126,145 or 1%
• Champaign County Board of Health (BoH)	\$75,000 or 1%
• United Way	\$59,620 or 0%
• Contributions	\$53,340 or 0%
• Delta Dental	\$20,000 or 0%
• IL Primary Health Care Association (IPHCA) Patient Navigator	\$16,257 or 0%
• Community Foundation of East Central IL	\$15,000 or 0%
• IPHCA ED Diversion	\$13,000 or 0%
• Miscellaneous	\$10,323 or 0%
• BH Mini Grant	\$3,750 or 0%
• Interest Income	\$1,604 or 0%



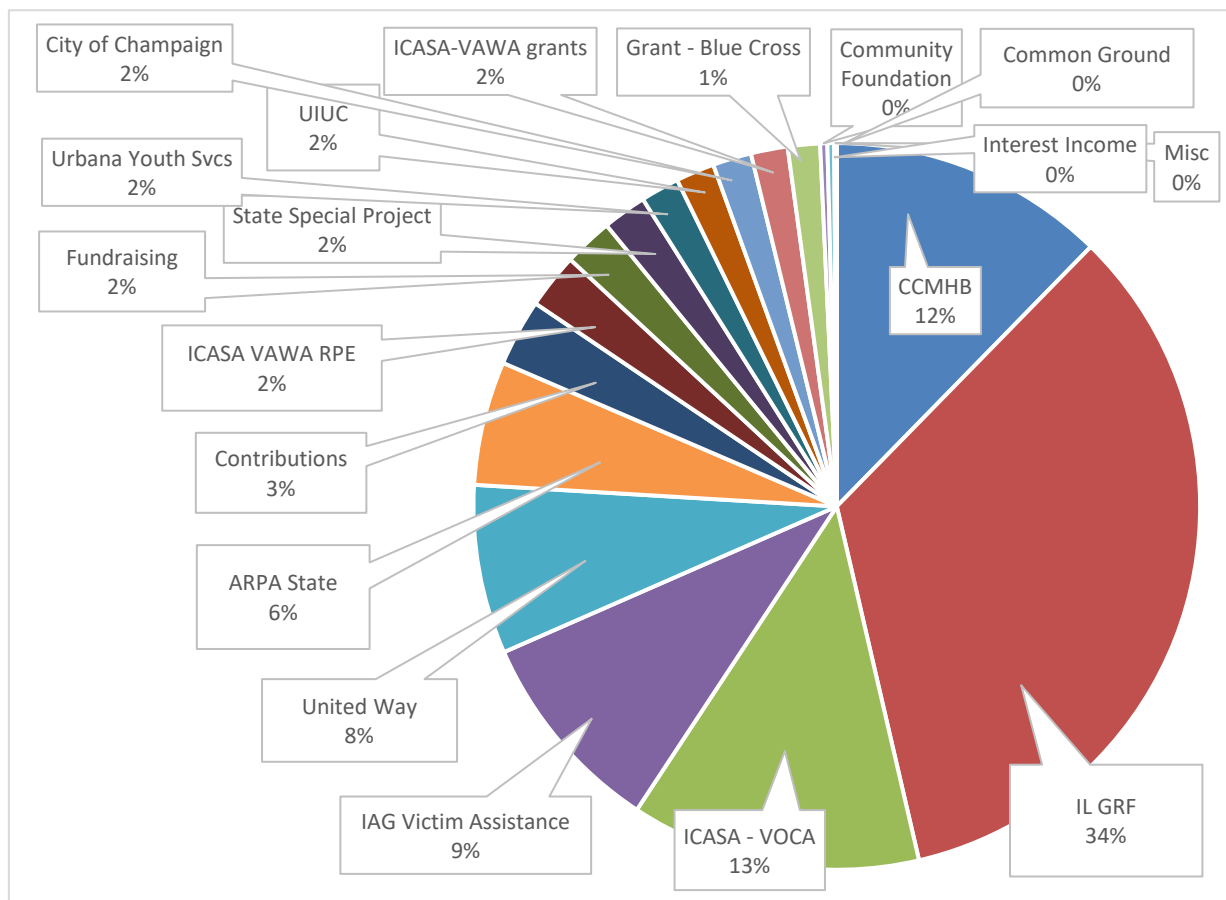
ADDENDUM: Individual Agency Revenues for PY2025



## Rape Advocacy, Counseling, & Education Svcs (total agency budget \$1,744,507)

Sources of total PY25 agency revenue, from largest to smallest amounts:

• IL General Revenue Fund (GRF)	\$593,827 or 34%
• IL Coalition Against Sexual Assault (ICASA) Victims of Crime Act (VOCA)	\$225,223 or 13%
• CCMHB	\$215,000 or 12%
• IL Attorney General (AG) Victim Assistance	\$159,786 or 9%
• United Way	\$131,120 or 8%
• State American Rescue Plan Act (ARPA)	\$96,205 or 6%
• Contributions	\$51,862 or 3%
• ICASA Violence Against Women Act (VAWA) RPE	\$42,871 or 2%
• Fundraising	\$38,091 or 2%
• State Special Project	\$34,223 or 2%
• Urbana Youth Services	\$30,000 or 2%
• UIUC	\$30,000 or 2%
• City of Champaign	\$30,000 or 2%
• ICASA VAWA Grants	\$28,536 or 2%
• Blue Cross Grant	\$25,000 or 1%
• Community Foundation of East Central IL	\$5,540 or 0%
• Common Ground	\$5,231 or 0%
• Miscellaneous	\$1,981 or 0%
• Interest Income	\$11 or 0%

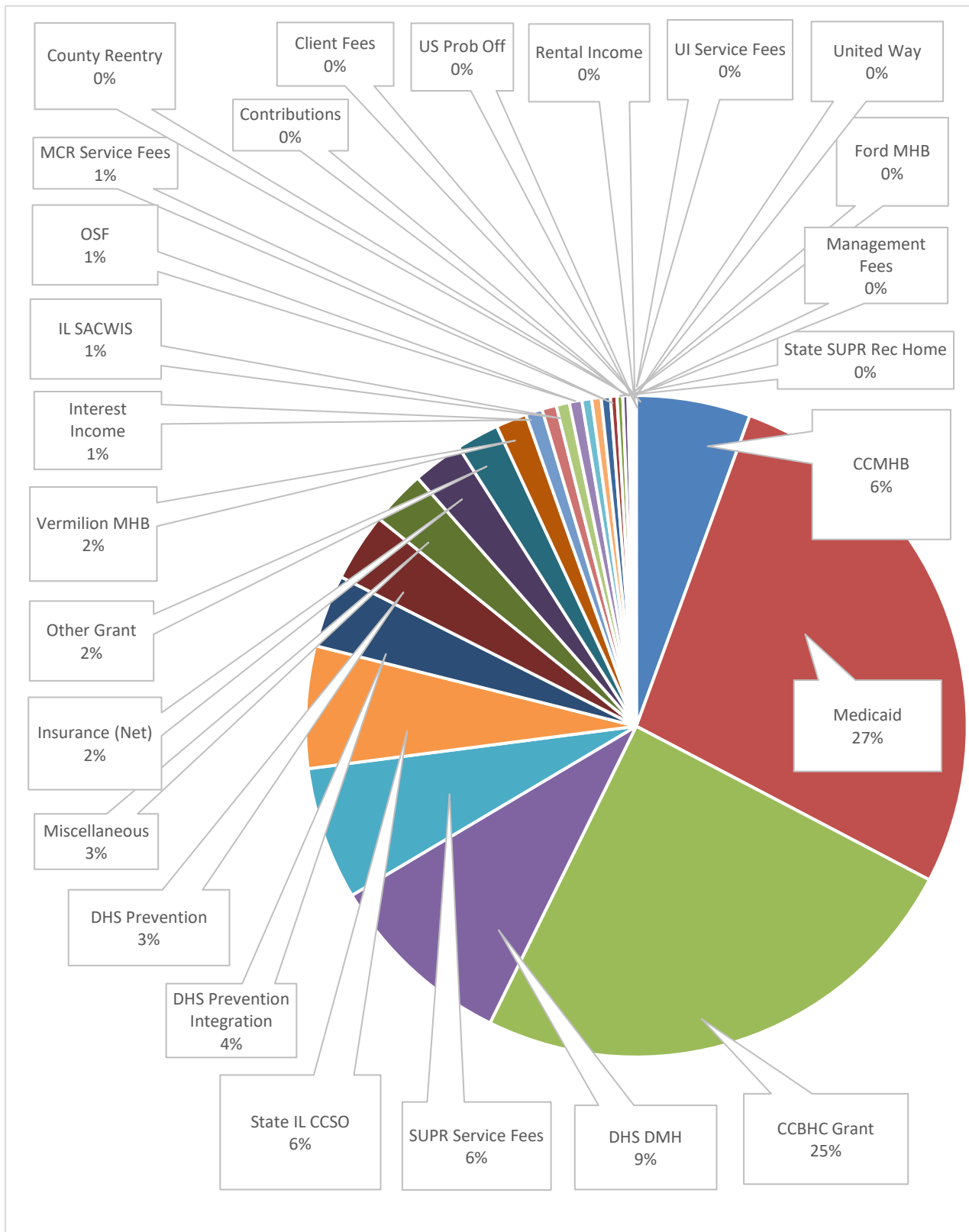


## **Rosecrance Central Illinois (total agency budget \$16,764,783)**

Sources of total PY25 agency revenue, from largest to smallest amounts:

• Medicaid	\$4,545,237 or 27%
• Certified Community Behavioral Health Clinic (CCBHC) Grant	\$4,124,370 or 25%
• IL Dept of Human Services (DHS) Div of Mental Health (DMH)	\$1,537,459 or 9%
• IL Substance Use Prevention & Recovery (SUPR) Service Fees	\$1,088,230 or 6%
• IL Care Coordination and Support Organization (CCSO)	\$1,000,000 or 6%
• CCMHB	\$934,551 or 6%
• DHS Prevention Integration	\$593,761 or 4%
• DHS Prevention	\$561,314 or 3%
• Miscellaneous	\$453,985 or 3%
• Insurance (Net)	\$414,045 or 2%
• Other Grant	\$350,332 or 2%
• Vermilion County MHB	\$252,763 or 2%
• Interest Income	\$137,459 or 1%
• IL Statewide Automated Child Welfare Information System (SACWIS)	\$118,609 or 1%
• Medicare Cost Report (?) (MCR) Service Fees	\$108,163 or 1%
• OSF	\$102,560 or 1 %
• US Probation Office	\$79,950 or 0%
• Contributions	\$77,531 or 0%
• Champaign County Reentry	\$75,000 or 0%
• Client Fees	\$53,201 or 0%
• State SUPR Recovery Home	\$46,857 or 0%
• Rental Income	\$41,596 or 0%
• Ford County MHB	\$24,960 or 0%
• UI Service Fees	\$21,358 or 0%
• Management Fees	\$19,170 or 0%
• United Way	\$2,322 or 0%

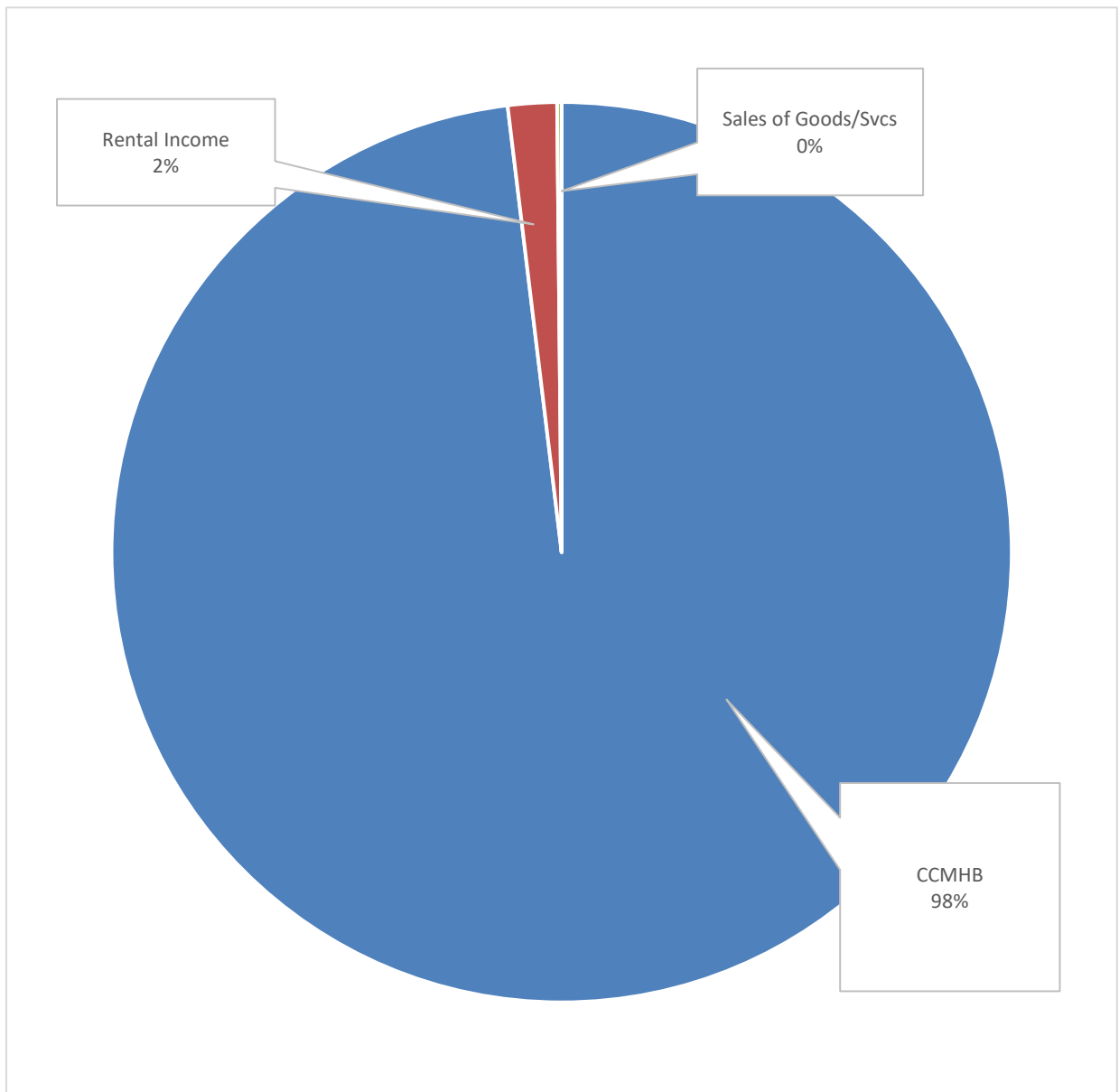
## Rosecrance Central Illinois (continued)



**Terrapin Station Sober Living** (total agency/program budget \$37,553)

Sources of total PY25 agency/program revenue, from largest to smallest amounts:

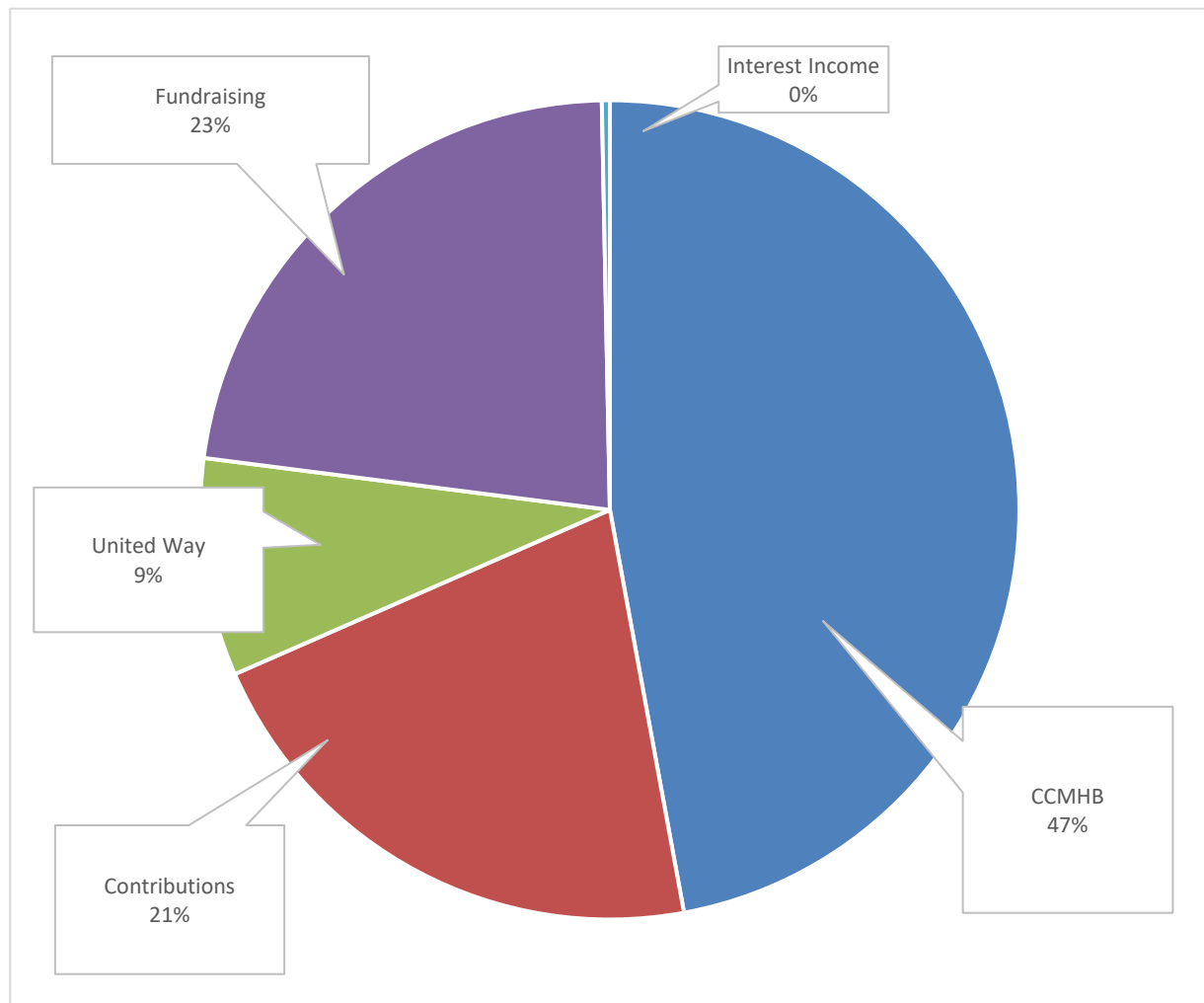
- CCMHB \$36,833 or 98%
- Rental Income \$660 or 2%
- Sales of Goods & Services \$60 or 0%



## Uniting Pride (total agency budget \$403,506)

Sources of total PY25 agency revenue, from largest to smallest amounts:

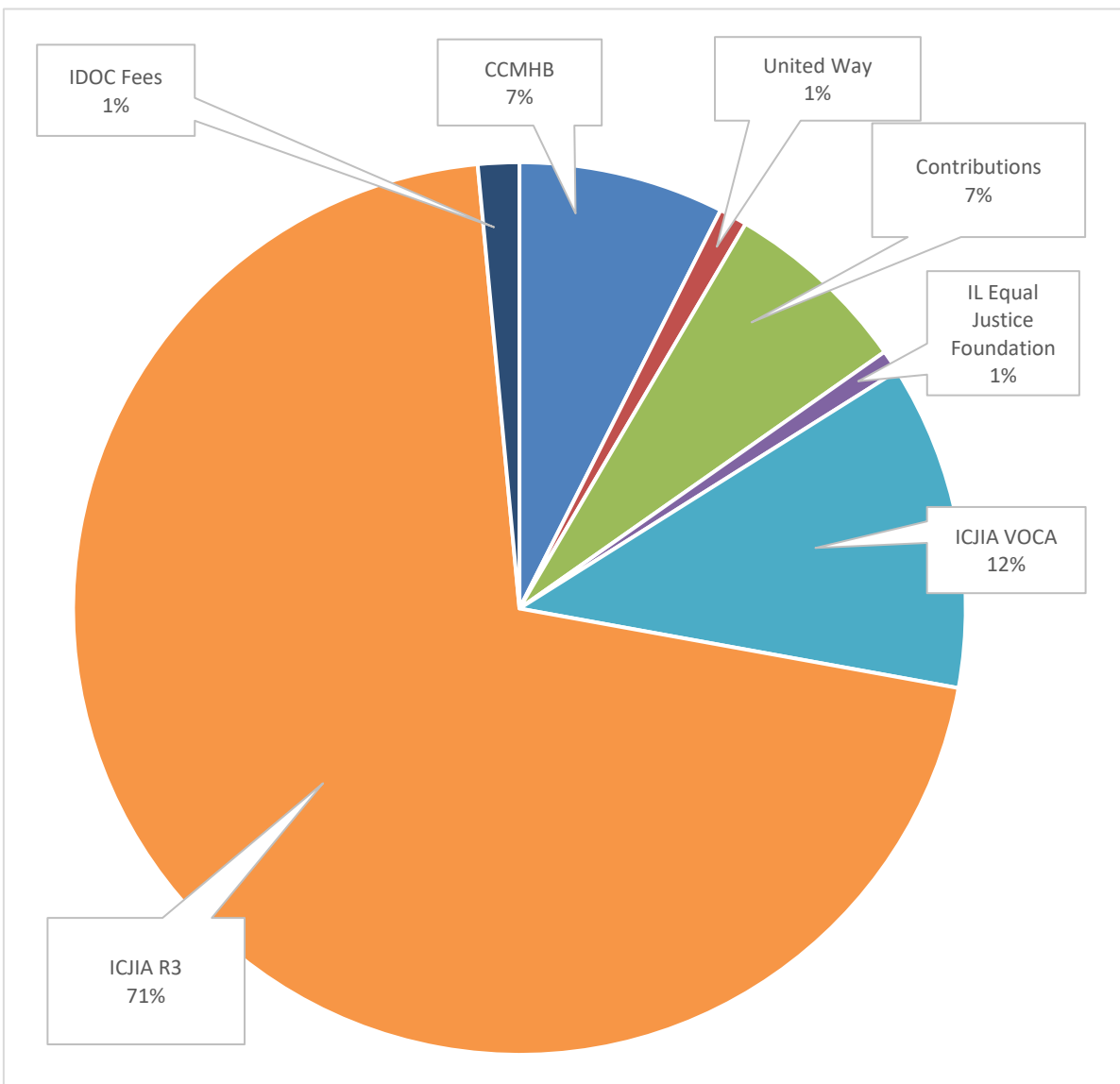
- CCMHB \$190,056 or 47%
- Fundraising \$91,432 or 23%
- Contributions \$86,068 or 21%
- United Way \$34,679 or 9%
- Interest Income \$1,271 or 0%



## WIN Recovery (total agency budget \$2,458,524)

Sources of total PY25 agency revenue, from largest to smallest amounts:

- IL Criminal Justice Information Authority (ICJIA)  
Restore, Reinvest, & Renew (R3) \$1,736,986 or 71%
- ICJIA Victims of Crime Act (VOCA) \$289,943 or 12%
- CCMHB \$183,000 or 7%
- Contributions \$166,855 or 7%
- IL Dept of Corrections (IDOC) Fees \$36,740 or 1%
- United Way \$25,000 or 1%
- IL Equal Justice Foundation \$20,000 or 1%



## CCMHB 2026 Board to Board Liaison

	Jane Sprandel	Kyle Patterson	Chris Miner	Elaine Palencia	Emily Rodriguez	Jon Paul Youakim	Alejandro Gomez	Molly McLay	Anthony Nichols
Courage Connection (4th Mon., 5:30pm)									
CCRPC (Head Start and Community Services)									
Cunningham Children's Home (meets qtrly)									
Children's Advocacy Ctr (4th Thurs., 9 am)									
CC Health Care Consumers(4th Thurs., 6 p.m.)									
Christian Health Center (last Sat., 10 a.m.)									
Community Service Ctr (3rd Thurs., 4:30 pm)									
Crisis Nursery (2nd Wed., 5:30 pm)									
CU at Home (4th Wed., 8 am)									
CU Early (Unit 116 mtg)									
Don Moyer (3rd Tues., 7 am)									
DSC (4th Thurs., 5:30 pm)									
ECIRMAC/Refugee Ctr (2nd Tues., 4 pm)									
Family Service (2nd Mon., noon)									
First Followers (generally 3rd Fri., 5 pm)									
GCAP (??)									
GROW in IL (last Mon., 7 pm)									
Promise Healthcare (4th Tues., 6 pm)					X				
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)									
Uniting Pride (2nd Wed., 6:30 pm)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
Expo Committees (various)	X								
Community Coalition (2nd Wed., 3:30pm)			X						
Student Mental Health Collab (1st Mon., 11AM, in person 2-3x/semester)								X	