



Champaign County Mental Health Board (CCMHB) Meeting Agenda **Wednesday, November 20, 2024, 5:45PM**

*This meeting will be held in person at the
Shields-Carter Room of the Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802
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. CCMHB and DDB Schedules, updated MHB Timeline (pages 3-7) No action needed.**
- V. CCMHB Acronyms and Glossary (pages 8-19) No action needed.**
- VI. Public Participation/Agency Input** *All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- VII. Chairperson's Comments – Molly McLay**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes (pages 20-25)***
Minutes from the 10/16/24 study session and 10/23/24 meeting are included for approval. Action is requested.
- X. Vendor Invoice Lists (pages 26-37)***
Action is requested to accept the "Vendor Invoice Lists" and place them on file. For information are Additional Details for these expenditures.
- XI. Staff Reports (pages 38-56)**
Included for information only are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.
- XII. New Business**
 - a) **PY2026 Application Review Process (pages 57–61)**
For information only the packet includes a briefing memorandum on the process for reviewing applications for funding, with a sample review checklist.
 - b) **Executive Director Contract***
The Officers of the CCDDDB and CCMHB have completed the Executive Director's performance evaluation and negotiated a contract to retain the Director from January 1, 2025 through December 31, 2026. On October 23, 2024 the CCDDDB approved offering this contract, pending similar approval by the CCMHB. Action is requested "to authorize the CCMHB President to execute the negotiated employment agreement."
- XIII. Old Business**

- a) **Revised Draft Budgets for Fiscal Year 2025** (pages 62–70)*
A Decision Memorandum requests approval of REVISED draft 2025 CCMHB and I/DD Special Initiatives Fund budgets. Additional information is included.
- b) **CCMHB Strategic Plan with Objectives for 2025** (pages 71–84)*
A decision memorandum seeks board approval of the attached CCMHB Strategic Plan with DRAFT Objectives for Fiscal Year 2025. Action is requested.
- c) **CCMHB PY26 Funding Priorities** (pages 85–100)*
A decision memorandum presents CCMHB funding priorities and decision support criteria for Program Year 2026. Action is requested.
- d) **Evaluation Capacity Building Project Update**
An oral update will be provided by representatives from the Evaluation Team.
- e) **disAbility Resource Expo Update**
An oral update will be provided on the October 26, 2024 event.
- f) **PY2025 Q1 Funded Program Service Reports** (pages 101–147)
For information only are PY25 First Quarter Service Activity Reports from funded agency programs.

XIV. Public Participation/Agency Input

The Chair reserves the authority to limit individual participation to 5 minutes and/or total time to 20 minutes.

XV. Board to Board Reports (page 148)

XVI. County Board Input

XVII. Champaign County Developmental Disabilities Board Input

XVIII. Board Announcements and Input

XIX. Adjournment

** Board action is requested.*

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



CCMHB 2025 Meeting Schedule

5:45PM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81393675682> (if it is an option)

- December 18, 2024** – Shields-Carter Room - *tentative*
- January 22, 2025** – Shields-Carter Room
- January 29, 2025** – *Study Session* - Shields-Carter Room
- February 19, 2025** – Shields-Carter Room
- March 19, 2025** – Shields-Carter Room
- March 26, 2025** – *Joint Meeting w CCDDDB* - Shields-Carter
- April 16, 2025** – *Study Session* - Shields-Carter Room
- April 30, 2025** – Shields-Carter Room (*off cycle*)
- May 21, 2025** – *Study Session* - Shields-Carter Room
- May 28, 2025** – Shields-Carter Room (*off cycle*)
- June 18, 2025** – Shields-Carter Room
- July 23, 2025** – Shields-Carter Room
- August 20, 2025** – Shields-Carter Room - *tentative*
- September 17, 2025** – Shields-Carter Room
- September 24, 2025** – *Joint Study Session w CCDDDB* - Shields-Carter
- October 22, 2025** – Shields-Carter Room
- October 29, 2025** – *Joint Study Session w CCDDDB* - Shields-Carter
- November 19, 2025** – Shields-Carter Room
- December 17, 2025** – Shields-Carter Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate. Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

Public Input: All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, whether using the Zoom options or in person, to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.



CCDDB 2025 Meeting Schedule

9:00AM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557>

- December 18, 2024 – Shields-Carter Room - *tentative*
- January 22, 2025 – Shields-Carter Room
- February 19, 2025 – Shields-Carter Room
- March 19, 2025 – Shields-Carter Room
- March 26, 2025 5:45PM – Shields-Carter Room – *joint meeting with CCMHB*
- April 16, 2025 – Shields-Carter Room (*off cycle*)
- April 30, 2025 – Shields-Carter Room - *tentative*
- May 21, 2025 – Shields-Carter Room
- June 18, 2025 – Shields-Carter Room
- July 23, 2025 – Shields-Carter Room
- August 20, 2025 – Shields-Carter Room - *tentative*
- September 17, 2025 – Shields-Carter Room
- September 24, 2025 – Shields-Carter Room – *joint study session with MHB*
- October 22, 2025 – Shields-Carter Room
- October 29, 2025 5:45PM – Shields-Carter Room – *joint study session with MHB*
- November 19, 2025 – Shields-Carter Room
- December 17, 2025 – Shields-Carter Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at

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

Public Input: All are welcome to attend the Board's meetings, whether virtually or in person, to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

IMPORTANT DATES

2025 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY26 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 CCDDDB. Included are tentative dates for steps in the funding allocation process for PY26 and deadlines related to PY24 and PY25 agency contracts. **Regular meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed with Board staff.**

- 11/29/24* *Public Notice of Funding Availability to be published by this date, giving at least 21-day notice of application period.*
- 12/18/24** **Regular Board Meeting - tentative**
- 12/20/24* *Online System opens for Applications for PY2026 Funding.*
- 12/31/24* *Agency PY24 Independent Audits, Reviews, Compilations due.*
- 1/22/25** **Regular Board Meeting**
Mid-Year Program Presentations
- 1/29/25** **Study Session: Mid-Year Program Presentations**
- 1/31/25* *Agency PY25 2nd Quarter and CLC progress reports due.*
- 2/10/25* *Deadline for submission of applications for PY26 funding (Online system will not accept any forms after 4:30PM).*
- 2/19/25** **Regular Board Meeting**
Discuss list of PY26 Applications and Review Process
- 3/19/25** **Regular Board Meeting**
Discussion of PY26 Funding Requests

- 3/26/25** **Joint Meeting with CCDDDB**
- 4/9/25 *Program summaries released to Board, posted online with CCMHB April 16 study session packet.*
- 4/16/25** **Study Session**
Board Review, Staff Summaries of Funding Requests
- 4/25/25 *Agency PY2025 3rd Quarter Reports due.*
- 4/30/25** **Regular Board Meeting (off cycle)**
2024 Annual Report
- 5/14/25 *Allocation recommendations released to Board, posted online with CCMHB May 21 study session packet.*
- 5/21/25** **Study Session: Allocation Recommendations**
- 5/28/25** **Regular Board Meeting (off cycle)**
Allocation Decisions; Authorize Contracts for PY2026
- 6/1/25 *For contracts with a PY25-PY26 term, all updated PY26 forms should be completed and submitted by this date.*
- 6/17/25 *Deadline for agency application/contract revisions.
Deadline for agency letters of engagement w/ CPA firms.*
- 6/18/25** **Regular Board Meeting**
Draft FY2026 Budget, Election of Officers
- 6/20/25 *PY2026 agency contracts completed.*
- 6/30/25 *Agency Independent Audits, Reviews, or Compilations due.
(only applies to those with calendar FY, check contract)*
- 7/23/25** **Regular Board Meeting**
- 8/20/25** **Regular Board Meeting - tentative**
- 8/29/25 *Agency PY2025 4th Quarter reports, CLC progress*

reports, and Annual Performance Measure Reports due.

- 9/17/25** **Regular Board Meeting**
Draft Three Year Plan 2025-27 with 2025 Objectives
Approve DRAFT FY 2026 Budgets
- 9/24/25** **Joint Study Session with CCDDDB**
- 10/22/25** **Regular Board Meeting**
Draft Program Year 2027 Allocation Criteria
- 10/29/25** **Joint Meeting with CCDDDB**
I/DD Special Initiatives
- 10/31/25* *Agency PY2026 First Quarter Reports due.*
- 11/19/25** **Regular Board Meeting**
Approve Three Year Plan with One Year Objectives
Approve PY27 Allocation Criteria
- 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 PY27 funding.*
- 12/30/25* *Agency Independent Audits, Reviews, Compilations due.*

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
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
IAG – Individual Advocacy Group, Inc., a provider of I/DD services
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 Center – Uniting Pride
UW or UWCC – United Way of Champaign County
WIN Recovery – Women in Need Recovery
YAC – Youth Assessment Center, a program of CCRPC
YFPSA-Youth & Family Peer Support Alliance

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

ARMS – Automated Records Management System. Information 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, substance abuse professional providing clinical services that has met the certification requirements of 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.

CARS - Childhood Adversities & Resilience Services, a service of the UIUC Psychological Services Center

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

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, previously Developmental Training

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 officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

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 as IDSUPR or SUPR

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 CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community-based agencies must match the DFI funding with locally generated funds. The required local match is 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

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 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 – 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

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 is the 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.

GAF – Global Assessment of Functioning. A 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.

GAIN-Q – Global Appraisal of Individual Needs-Quick. Is 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, is 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, a 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 or 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

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

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

IM+CANS – The 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

LGTBQ+ – Lesbian, Gay, Bi-Sexual, Transgender, Queer, plus all the gender identities and sexual orientations that letters and words cannot yet fully describe.

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

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

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, also 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 Reconciliation 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

NTPC – NON Treatment Plan Clients, new clients engaged in a given quarter with case records but no treatment plan, which may include: 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. It is a category of service measurement described in a funded agency's program plan. Continuing NTPCs are those without treatment plans who were served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. New TPCs are those new in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

OUD/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. PLAY is 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. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PLWHA – People living with HIV/AIDS

PPSP – Parent Peer Support Partner

PSR – Patient Service Representative; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services, a database implemented by IDHS to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

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. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term that, simply stated, refers to a Master's level clinician with field experience who has been licensed.

REBT -- Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault

SA – 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

SAMHSA NOMs – National Outcome Measures

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

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as 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, phone and face-to-face contacts with consumers who may or may not have open cases in the program, can include information and referral contacts or initial screenings/assessments or crisis services, sometimes referred to as service encounter.

SDOH – Social Determinants of Health

SDQ – Strengths and Difficulties Questionnaire

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.

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

TPCs – Treatment Plan Clients, service participants with case records and treatment plans. Continuing TPCs are those with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. New TPCs are new clients with treatment plans written in a given quarter of the program year. Each TPC should be 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, a generic assessment instrument for health and disability, used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

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 (CCMHB)
Study Session

Minutes October 16, 2024

*This joint study session was held at the Brookens Administrative Center
1776 E. Washington St., Urbana, IL 61802
and with remote access via Zoom.*

5:45 p.m.

MEMBERS PRESENT: Jon Paul Youakim, Molly McLay, Jane Sprandel, Chris Miner, Elaine Palencia, Anthony Nichols, Joseph Omo-Osagie, Jen Straub

MEMBERS EXCUSED: Lisa Liggins Chambers

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville

OTHERS PRESENT: Melissa Courtright, Cedar King, Alex Coker, Elizabeth Campbell, CU at Home; Ann Percy, Cunningham Children's Home; Jami Olsen, DSC; Christina Reifsteck, Rantoul Police Department; Chris Stohr, Jenny Lokshin, Champaign County Board; Brenda Eakins, GROW in Illinois; Megan Cambron, UIUC Police Department; Shannon Siders, Court Services and Probation; Elisabeth Pollock, Public Defender; Julia Rietz, State's Attorney; Karee Voges, Champaign County Corrections.

CALL TO ORDER:

CCMHB President Molly McLay called the meeting to order at 5:51 p.m.

ROLL CALL:

Roll call was taken, and a quorum was present. Mrs. Palencia made a motion, which was seconded by Mr. Miner, to allow Board Member Jen Straub to participate through virtual means. The motion was approved by voice vote.

APPROVAL OF AGENDA:

An agenda was available for review. President McLay moved to approve the agenda, Dr. Youakim seconded the motion, and this was approved by voice vote.

AGENCY OR CITIZEN INPUT/PUBLIC PARTICIPATION:

Ms. Courtright introduced Alex Coker and Elizabeth Campbell, who provided impact statements related to those Champaign County resources they have utilized successfully.

PRESIDENTS' COMMENTS:

President McLay thanked those present and designated Mr. Miner to chair the session. Mr. Miner introduced the topic, discussed how presentations and questions will be handled, and acknowledged that his prepared comments are somewhat modified given the helpful public input.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield provided an overview of longstanding collaborations across units of government, which have included direct funding for programs focused on their work as well as planning and monitoring by CCMHB staff and identification of best practices when possible. There is broad agreement that service providers are needed and may have interest in offering additional resources. She reviewed the documents included in this packet as background information.

STUDY SESSION: "Behavioral Health and Justice"

Justice System partners Captain Voges, Julia Rietz, Lis Pollard, Shannon Siders, and Megan Cambron, along with County Board Member Chris Stohr, discussed collaborations which utilize and determine resources for adults who have justice system involvement, including Problem Solving Courts, Crisis Intervention Team Steering Committee, and Reentry Council.

Mental Health Board members offered comments and questions, and discussion focused on improving the system.

AGENCY OR CITIZEN INPUT/PUBLIC PARTICIPATION:

Ms. Eakins gave an update on current programming of GROW in Illinois, how it relates to the discussion, and indicated there is capacity to serve more people.

BOARD ANNOUNCEMENTS AND INPUT:

President McLay and Mr. Miner summarized highlights and possible next steps.

ADJOURNMENT:

The meeting adjourned at 7:50 p.m.

Respectfully Submitted by: Lynn Canfield,
CCMHB/CCDDB Executive Director

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—October 23, 2024

*This meeting was held
at the Brookens Administrative Center, Urbana, IL and remotely.*

5:45 p.m.

MEMBERS PRESENT: Tony Nichols, Molly McLay, Joe Omo-Osagie, Jen Straub, Jon Paul Youakim

MEMBERS EXCUSED: Lisa Liggins-Chambers, Chris Miner, Elaine Palencia, Jane Sprandel

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

OTHERS PRESENT: Danielle Matthews, DSC; Rachel Jackson, UIUC; Jessica McCann, RPC; Kerrie Hacker, Brenda Eakins, GROW; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Yvonne Miller, A Cry for You; Tracy Parsons, Community Coalition; Amy Brown, Don Moyer Boys and Girls Club; Jaya Kolisetty, RACES; Claudia Lenhoff, Champaign County Healthcare Consumers (CCHCC); Joshua Gavel, UP Center.

CALL TO ORDER:

CCMHB President McLay called the meeting to order at 5:48 p.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

The agenda was approved unanimously.

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:

Jaya Kolisetty from RACES provided a brief update on the agency. Joshua Gavel from UP Center introduced himself as interim for the agency. Claudia Lenhoff from Champaign County Healthcare Consumers provided updates on the programs at CCHCC. Cindy Crawford from Community Service Center of Northern Champaign County (CSCNCC) provided agency updates.

PRESIDENT’S COMMENTS:

CCMHB President McLay expressed that she appreciated hearing from partners and community members at the CCMHB meetings.

EXECUTIVE DIRECTOR’S COMMENTS:

Executive Director Canfield reviewed the changes to the CCMHB Glossary.

APPROVAL OF CCMHB MINUTES:

Minutes from the 9/18/2024 board meeting and 9/25/24 study session were included in the packet.

MOTION: Ms. Straub moved to approve the meeting minutes from 9/18/24 and 9/24/24. Dr. Youakim seconded the motion. A voice vote was taken and the motion passed unanimously.

VENDOR INVOICE LISTS:

Vendor Invoice Lists were included in the Board packet.

MOTION: Dr. Youakim moved to approve the Vendor Invoice Lists. Mr. Omo-Osagie seconded the motion. A voice vote was taken, and the motion passed unanimously.

STAFF REPORTS:

Staff reports from Kim Bowdry, Lynn Canfield, Leon Bryson, Stephanie Howard-Gallo and Shandra Summerville were included in the packet. Questions from President McLay were answered by staff.

NEW BUSINESS:

Presentation—Summer Youth Programs:

The packet contained the program's Powerpoint presentation. A revised version was posted as addendum and used in the presentation. Tracy Parsons, Amy Brown, Yvonne Miller, and Seon Williams presented.

PY2024 Funded Program Utilization Summaries:

A document summarizing funded programs and utilization data for PY2024 was included in the Board packet. Dr. Youakim requested clarification on data for RACES. Director Canfield will follow-up.

(At this point during the meeting, Mr. Omo-Osagie departed and a quorum was no longer present.)

PY2024 and PY2023 Demographic and Residency Data:

A briefing memorandum and PY2024 and PY2023 demographic and residency data was included in the packet.

Executive Director Contract:

Deferred due to the lack of a quorum.

OLD BUSINESS:

Revised Draft Budgets for FY2025:

Deferred due to the lack of a quorum.

Evaluation Capacity Building:

A representative from the evaluation team provided an update.

Expo Update:

October 26, 2024 will be the disABILITY Expo event at Marketplace Mall from 11 a.m. to 4 p.m.

SUCSESSES AND AGENCY INPUT:

Jessica McCann from the Youth Assessment Center (YAC) provided an update.

BOARD TO BOARD REPORTS:

Director Canfield and President McLay attend monthly meetings of student mental health collaboration at the U of I.

COUNTY BOARD INPUT:

None.

CCDDB INPUT:

The CCDDB met earlier in the day.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 7:10 p.m.

Respectfully

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

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1	CHAMPAIGN COUNTY TREASURER	10/01/2024	100424A	37715	19,336.00	10/31/2024	INV	PD	IDDSI25-089 Community
CHECK DATE: 10/04/2024									
1 INVOICES					19,336.00				

** END OF REPORT - Generated by Chris M. Wilson **

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10703	BARBARA J. BRESSNER									
Q4	MHB24-046	10/11/2024	102524A	38548	2,500.00	2,500.00	10/31/2024	INV	PD	Q4 MHB24-046 Disabilit
	CHECK DATE: 10/25/2024									
18805	C-U AT HOME									
Oct'24	MHB25-021	10/01/2024	100424A	37738	21,391.00	21,391.00	10/31/2024	INV	PD	MHB25-021 Shelter Case
	CHECK DATE: 10/04/2024									
1 CHAMPAIGN COUNTY TREASURER										
Oct'24	MHB24-006	10/01/2024	100424A	37718	5,325.00	5,325.00	10/31/2024	INV	PD	MHB24-006 Children's A
	CHECK DATE: 10/04/2024									
Oct'24	MHB24-025	10/01/2024	100424A	37713	6,362.00	6,362.00	10/31/2024	INV	PD	MHB24-025 Youth Assess
	CHECK DATE: 10/04/2024									
Oct'24	MHB25-004	10/01/2024	100424A	37712	4,523.00	4,523.00	10/31/2024	INV	PD	MHB25-004 Homeless Ser
	CHECK DATE: 10/04/2024									
Oct'24	MHB25-026	10/01/2024	100424A	37711	32,371.00	32,371.00	10/31/2024	INV	PD	MHB25-026 Early Childh
	CHECK DATE: 10/04/2024									
Oct'24	Office Rent	10/01/2024	100424A	37717	2,196.78	2,196.78	10/31/2024	INV	PD	Oct'24 Office Rent 053
	CHECK DATE: 10/04/2024									
19281	BIG BIG PROJECT MEDIA LLC									
3897		09/25/2024	100424A	37745	250.00	250.00	10/25/2024	INV	PD	Expo - 2024 Featured E
	CHECK DATE: 10/04/2024									
18254	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER									
Oct'24	MHB24-029	10/01/2024	100424A	504154	2,750.00	2,750.00	10/31/2024	INV	PD	MHB24-029 Mental Healt
	CHECK DATE: 10/04/2024									
18259	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS									
Oct'24	MHB24-044	10/01/2024	100424A	504155	7,208.00	7,208.00	10/31/2024	INV	PD	MHB24-044 CHW Outreach
	CHECK DATE: 10/04/2024									
Oct'24	MHB24-045	10/01/2024	100424A	504155	7,512.00	7,512.00	10/31/2024	INV	PD	MHB24-045 Justice Invo
	CHECK DATE: 10/04/2024									
Oct'24	MHB25-066	10/01/2024	100424A	504155	8,750.00	8,750.00	10/31/2024	INV	PD	MHB25-066 Disability A
	CHECK DATE: 10/04/2024									

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
18265	CHAMPAIGN-URBANA MASS TRANSIT DISTRICT				23,470.00					
000953	CHECK DATE: 10/11/2024	10/04/2024	101124A	37981	2,090.00	2,090.00	10/27/2024	INV	PD	Expo Advertising
10148	COMMUNITY SERVICE CENTER OF NORTHERN				5,717.00					
Oct '24	MHB24-008	10/01/2024	100424A	37754	5,717.00	5,717.00	10/31/2024	INV	PD	MHB24-008 Resource Con
18092	COURAGE CONNECTION				10,669.00					
Aug '24	MHB25-007	08/01/2024	101824A	38328	10,669.00	10,669.00	08/31/2024	INV	PD	MHB25-007 Courage Conn
Jul '24	MHB25-007	07/01/2024	101824A	38328	10,669.00	10,669.00	07/31/2024	INV	PD	MHB25-007 Courage Conn
Oct '24	MHB25-007	10/01/2024	101824A	38328	10,669.00	10,669.00	10/31/2024	INV	PD	MHB25-007 Courage Conn
Sep '24	MHB25-007	09/01/2024	101824A	38328	10,669.00	10,669.00	10/10/2024	INV	PD	MHB25-007 Courage Conn
10163	CRISIS NURSERY				42,676.00					
Oct '24	MHB24-005	10/01/2024	100424A	37757	7,500.00	7,500.00	10/31/2024	INV	PD	MHB24-005 Beyond Blue
18305	CUNNINGHAM CHILDRENS HOME				16,975.00					
Oct '24	MHB25-018	10/01/2024	100424A	37762	16,975.00	16,975.00	10/31/2024	INV	PD	MHB25-018 ECHO Housing
Oct '24	MHB25-036	10/01/2024	100424A	37762	23,511.00	23,511.00	10/31/2024	INV	PD	MHB25-036 Families Str
10170	DEVELOPMENTAL SERVICES CENTER OF				40,486.00					
Oct '24	MHB24-012	10/01/2024	100424A	37765	54,681.00	54,681.00	10/31/2024	INV	PD	MHB24-012 Family Devel
10185	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR				5,166.00					
Oct '24	MHB24-001	10/01/2024	100424A	37769	5,166.00	5,166.00	10/31/2024	INV	PD	MHB24-001 Family Suppo

Champaign County, IL

VENDOR INVOICE LIST



INVOICE CHECK DATE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10/04/2024									
100 EMPLOYEE VENDOR									
Bowdry 10/4/24		09/30/2024	101124A	46.67	46.67	10/31/2024	INV	PD	Travel Reimbursement 8
CHECK DATE: 10/11/2024			38123						PAYEE: Bowdry, Kim
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY									
Oct'24 MHB24-014		10/01/2024	100424A	2,500.00	2,500.00	10/31/2024	INV	PD	MHB24-014 Counseling
CHECK DATE: 10/04/2024			37773						
Oct'24 MHB24-016		10/01/2024	100424A	2,410.00	2,410.00	10/31/2024	INV	PD	MHB24-016 Self Help Ce
CHECK DATE: 10/04/2024			37773						
Oct'24 MHB24-017		10/01/2024	100424A	14,865.00	14,865.00	10/31/2024	INV	PD	MHB24-017 Senior Couns
CHECK DATE: 10/04/2024			37773						
10214 FIRST FOLLOWERS									
Oct'24 MHB25-003		10/01/2024	100424A	7,916.00	7,916.00	10/31/2024	INV	PD	MHB25-003 Peer Mentori
CHECK DATE: 10/04/2024			37775						
Oct'24 MHB25-034		10/01/2024	100424A	5,791.00	5,791.00	10/31/2024	INV	PD	MHB25-034 FirstSteps C
CHECK DATE: 10/04/2024			37775						
20173 GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL									
Oct'24 MHB25-022		10/01/2024	100424A	5,130.00	5,130.00	10/31/2024	INV	PD	MHB25-022 Advocacy, Ca
CHECK DATE: 10/04/2024			504163						
10242 GROW IN ILLINOIS									
Oct'24 MHB25-011		10/01/2024	100424A	13,140.00	13,140.00	10/31/2024	INV	PD	MHB25-011 Peer Support
CHECK DATE: 10/04/2024			37779						
10263 I3 BROADBAND - CU									
3744055-1		10/04/2024	101124A	144.95	144.95	11/01/2024	INV	PD	Acct # 460579
CHECK DATE: 10/11/2024			38025						
20274 JOY D. KNICKERBOCKER									
2024-16		10/04/2024	102524A	300.00	300.00	10/26/2024	INV	PD	Expo - 4hr Face Painti
CHECK DATE: 10/25/2024			38593						

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10348	MCS OFFICE TECHNOLOGIES INC									
01-706619	CHECK DATE: 10/11/2024	10/01/2024	101124A	504215	545.74	545.74	10/31/2024	INV	PD	Oct '24 MHB22-040 Manag
10374	MINUTEMAN PRESS									
81775	CHECK DATE: 10/04/2024	09/27/2024	100424A	37822	156.44	156.44	10/27/2024	INV	PD	Expo - 350 English/Spa
10423	PEPSI COLA CHAMPAIGN-URBANA BOTTLING									
10211456	CHECK DATE: 10/04/2024	09/24/2024	100424A	504168	20.50	20.50	10/24/2024	INV	PD	Acct # 05734
10453	QUILL CORPORATION									
40857769	CHECK DATE: 10/11/2024	10/01/2024	101124A	504224	504.93	504.93	10/31/2024	INV	PD	Binder combs, cardstoc
40956987	CHECK DATE: 10/18/2024	10/07/2024	101824A	504260	90.95	90.95	11/06/2024	INV	PD	Acct # 8197518
10464	RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES									
Oct '24	MHB24-002	10/01/2024	100424A	37829	6,250.00	6,250.00	10/31/2024	INV	PD	MHB24-002 Sexual Violen
Oct '24	MHB24-035	10/01/2024	100424A	37829	11,666.00	11,666.00	10/31/2024	INV	PD	MHB24-035 Sexual Trauma
10488	ROSEGRANCE, INC.									
Oct '24	MHB25-019	10/01/2024	100424A	37832	7,052.00	7,052.00	10/31/2024	INV	PD	MHB25-019 Benefits Cas
Oct '24	MHB25-020	10/01/2024	100424A	37832	28,000.00	28,000.00	10/31/2024	INV	PD	MHB25-020 Criminal Jus
Oct '24	MHB25-023	10/01/2024	100424A	37832	8,333.00	8,333.00	10/31/2024	INV	PD	MHB25-023 Recovery Hom
Oct '24	MHB25-027	10/01/2024	100424A	37832	6,431.00	6,431.00	10/31/2024	INV	PD	MHB25-027 Child & Fami
Oct '24	MHB25-028	10/01/2024	100424A	37832	15,575.00	15,575.00	10/31/2024	INV	PD	MHB25-028 Specialty Co

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Oct '24	MHB25-030	10/01/2024	100424A	37832	25,833.00	25,833.00	10/31/2024	INV	PD	MHB25-030 Crisis Co-Re
	CHECK DATE: 10/04/2024				91,224.00					
18412	TERRAPIN STATION SOBER LIVING NFP INC									
Oct '24	MHB25-067	10/01/2024	100424A	37843	7,406.00	7,406.00	10/31/2024	INV	PD	MHB25-067 Recovery Hom
	CHECK DATE: 10/04/2024									
Sep '24	MHB25-067	09/01/2024	100424B	37925	7,406.00	7,406.00	09/30/2024	INV	PD	MHB25-067 Recovery Hom
	CHECK DATE: 10/04/2024				14,812.00					
10583	UNIVERSITY OF ILLINOIS									
Oct '24	Award 112237	10/01/2024	100424A	37850	10,730.00	10,730.00	10/31/2024	INV	PD	Oct '24 Award 112237 MH
	CHECK DATE: 10/04/2024									
10595	UP CENTER OF CHAMPAIGN COUNTY									
Oct '24	MHB25-009	10/01/2024	100424A	37851	15,838.00	15,838.00	10/31/2024	INV	PD	MHB25-009 Children, Yo
	CHECK DATE: 10/04/2024									
10597	URBANA ADULT EDUCATION									
Oct '24	MHB25-042	10/01/2024	100424A	37856	6,726.00	6,726.00	10/31/2024	INV	PD	MHB25-042 C-U Early
	CHECK DATE: 10/04/2024									
10683	WIN RECOVERY INC									
Oct '24	MHB25-069	10/01/2024	100424A	37868	15,250.00	15,250.00	10/31/2024	INV	PD	MHB25-069 Community Su
	CHECK DATE: 10/04/2024									
10687	XEROX CORPORATION									
230699935		10/01/2024	101124A	38113	199.06	199.06	10/31/2024	INV	PD	Acct # 702196429
	CHECK DATE: 10/11/2024									

53 INVOICES

485,712.02

** END OF REPORT - Generated by Chris M. Wilson **

ACCOUNT DETAIL HISTORY FOR 2024 10 TO 2024 10

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501001				STATIONERY AND PRINTING						
24/10	634	10/28/24	API 010374		75532			38875		26.05	26.05
	w	110124A	Expo Check-in Forms; Laminated MINUTEMAN PRESS								
			LEDGER BALANCES --- DEBITS:		26.05			CREDITS:		NET:	26.05
20000154	501002				OFFICE SUPPLIES						
24/10	160	10/04/24	API 010453		74133			504224		31.08	31.08
	w	101124A	Combs 5/8in 100Pack					QUILL CORPORATION			
24/10	160	10/04/24	API 010453		74133			504224		20.38	51.46
	w	101124A	#65 cardstock, 8-1/2 x 11					QUILL CORPORATION			
24/10	160	10/04/24	API 010453		74133			504224		340.83	392.29
	w	101124A	Hp 962Xl black/962 cmy ink 4PK QUILL CORPORATION					QUILL CORPORATION			
24/10	309	10/10/24	API 010453		74526			504260		16.59	408.88
	w	101824A	Surestart shiptape 6/pk w/ dis QUILL CORPORATION					QUILL CORPORATION			
24/10	309	10/10/24	API 010453		74526			504260		39.18	448.06
	w	101824A	Gbc binding element 1/4 bk					QUILL CORPORATION			
24/10	309	10/10/24	API 010453		74526			504260		35.18	483.24
	w	101824A	Combs 1/2in 100Pack					QUILL CORPORATION			
24/10	634	10/28/24	API 010453		75530			504341		16.16	499.40
	w	110124A	Ry25 bs baccara dark 22x17 des QUILL CORPORATION					QUILL CORPORATION			
			LEDGER BALANCES --- DEBITS:		499.40			CREDITS:		NET:	499.40
20000154	501004				POSTAGE, UPS, FEDEX						
24/10	153	10/03/24	API 010578		74029			38090		204.60	204.60
	w	101124A	SEP MH Postage Used					UNITED STATES POST O			
24/10	711	10/31/24	API 010578		76068			39143		176.94	381.54
	w	110824A	OCT MHB Postage Used					UNITED STATES POST O			
			LEDGER BALANCES --- DEBITS:		381.54			CREDITS:		NET:	381.54

ACCOUNT DETAIL HISTORY FOR 2024 10 TO 2024 10

ORG	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501005			FOOD	NON-TRAVEL						
24/10	160 10/04/24	W	101124A	API 010453	Just water spring	300Ml	24ct	74133	QUILL CORPORATION	504224	112.64
24/10	634 10/28/24	W	110124A	API 010453	8 oz purified water	24Pk		75530	QUILL CORPORATION	504341	138.48
24/10	634 10/28/24	W	110124A	API 010453	Just water spring	300Ml	24ct	75530	QUILL CORPORATION	504341	193.64
	LEDGER BALANCES	---		DEBITS:				193.64	CREDITS:		193.64
20000154	502001			PROFESSIONAL	SERVICES						
24/10	43 10/01/24	W	100424A	API 010583	MHB23-039			73557	UNIVERSITY OF ILLINO	37850	10,730.00
24/10	476 10/15/24	W	102524A	Q4 MHB24-046	Disability Resour			74773	BRESSNER	38548	2,500.00
24/10	476 10/15/24	W	102524A	Expo - 4hr	Face Painting			75159	KNICKERBOCKER	38593	13,530.00
	LEDGER BALANCES	---		DEBITS:				13,530.00	CREDITS:		13,530.00
20000154	502002			OUTSIDE	SERVICES						
24/10	160 10/04/24	W	101124A	API 010348	MHB22-040			74130	Managed IT se MCS OFFICE TECHNOLOG	504215	545.74
	LEDGER BALANCES	---		DEBITS:				545.74	CREDITS:		545.74
20000154	502003			TRAVEL	COSTS						
24/10	160 10/04/24	W	101124A	API 000100	25.2 Miles	9/5/24		74129	Unknown	38123	16.88
24/10	160 10/04/24	W	101124A	API 000100	41.7 Miles	8/19/24 - 9/17/24		74129	Unknown	38123	44.82
24/10	160 10/04/24	W	101124A	API 000100	Parking	8/22/24		74129	Unknown	38123	46.67

ACCOUNT DETAIL HISTORY FOR 2024 10 TO 2024 10

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	LEDGER BALANCES	---	DEBITS:		46.67			.00	46.67
20000154	502013		RENT						
24/10	43 10/01/24	API 000001	203	73559		37717		2,196.78	2,196.78
	W 100424A	Oct'24	Office Rent 053	CCT					
	LEDGER BALANCES	---	DEBITS:		2,196.78			.00	2,196.78
20000154	502019		ADVERTISING, LEGAL NOTICES						
24/10	160 10/04/24	API 018265		74282		37981		2,090.00	2,090.00
	W 101124A	Expo Advertising		CHAMPAIGN-URBANA MAS					
	LEDGER BALANCES	---	DEBITS:		2,090.00			.00	2,090.00
20000154	502025		CONTRIBUTIONS & GRANTS						
24/10	43 10/01/24	API 000001	MHB24-006	73512		37718		5,325.00	5,325.00
	W 100424A	Oct'24	MHB24-006 Children's Ad	CCT					
24/10	43 10/01/24	API 000001	MHB25-026	73518		37711		32,371.00	37,696.00
	W 100424A	Oct'24	MHB25-026 Early Childho	CCT					
24/10	43 10/01/24	API 000001	MHB25-004	73519		37712		4,523.00	42,219.00
	W 100424A	Oct'24	MHB25-004 Homeless Serv	CCT					
24/10	43 10/01/24	API 000001	MHB24-025	73520		37713		6,362.00	48,581.00
	W 100424A	Oct'24	MHB24-025 Youth Assessm	CCT					
24/10	43 10/01/24	API 010148	MHB24-008	73521		37754		5,717.00	54,298.00
	W 100424A	Oct'24	MHB24-008 Resource Conn	COMMUNITY SERVICE CE					
24/10	43 10/01/24	API 010163	MHB24-005	73522		37757		7,500.00	61,798.00
	W 100424A	Oct'24	MHB24-005 Beyond Blue -	CRISIS NURSERY					
24/10	43 10/01/24	API 010170	MHB24-012	73528		37765		54,681.00	116,479.00
	W 100424A	Oct'24	MHB24-012 Family Develo	DEVELOPMENTAL SERVIC					
24/10	43 10/01/24	API 010185	MHB24-001	73529		37769		5,166.00	121,645.00
	W 100424A	Oct'24	MHB24-001 Family Suppor	EAST CNTRL IL REFUGE					
24/10	43 10/01/24	API 010214	MHB25-034	73534		37775		5,791.00	127,436.00
	W 100424A	Oct'24	MHB25-034 FirstSteps Co	FIRST FOLLOWERS					

ACCOUNT DETAIL HISTORY FOR 2024 10 TO 2024 10

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
24/10	W 100424A	43 10/01/24	API 010214	MHB25-003	73535	37775		7,916.00	135,352.00
24/10	W 100424A	43 10/01/24	API 010242	MHB25-011	73537	37779		13,140.00	148,492.00
24/10	W 100424A	43 10/01/24	API 010464	MHB24-035	73538	37829		11,666.00	160,158.00
24/10	W 100424A	43 10/01/24	API 010464	MHB24-002	73540	37829		6,250.00	166,408.00
24/10	W 100424A	43 10/01/24	API 010488	MHB25-019	73541	37832		7,052.00	173,460.00
24/10	W 100424A	43 10/01/24	API 010488	MHB25-027	73542	37832		6,431.00	179,891.00
24/10	W 100424A	43 10/01/24	API 010488	MHB25-020	73543	37832		28,000.00	207,891.00
24/10	W 100424A	43 10/01/24	API 010488	MHB25-030	73547	37832		25,833.00	233,724.00
24/10	W 100424A	43 10/01/24	API 010488	MHB25-023	73549	37832		8,333.00	242,057.00
24/10	W 100424A	43 10/01/24	API 010488	MHB25-028	73550	37832		15,575.00	257,632.00
24/10	W 100424A	43 10/01/24	API 010595	MHB25-009	73553	37851		15,838.00	273,470.00
24/10	W 100424A	43 10/01/24	API 010597	MHB25-042	73527	37856		6,726.00	280,196.00
24/10	W 100424A	43 10/01/24	API 010683	MHB25-069	73554	37868		15,250.00	295,446.00
24/10	W 100424A	43 10/01/24	API 018254	MHB24-029	73514	504154		2,750.00	298,196.00
24/10	W 100424A	43 10/01/24	API 018259	MHB24-044	73515	504155		7,208.00	305,404.00
24/10	W 100424A	43 10/01/24	API 018259	MHB25-066	73516	504155		8,750.00	314,154.00
24/10	W 100424A	43 10/01/24	API 018259	MHB24-045	73517	504155		7,512.00	321,666.00
24/10	W 100424A	43 10/01/24	API 018305	MHB25-018	73524	37762		16,975.00	338,641.00

ACCOUNT DETAIL HISTORY FOR 2024 10 TO 2024 10

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
24/10	43	10/01/24	API 018305	MHB25-036	73525		37762	23,511.00	362,152.00
	W	100424A	Oct'24	MHB25-036	Families Stro CUNNINGHAM CHILDRENS				
24/10	43	10/01/24	API 018343	MHB24-014	73530		37773	2,500.00	364,652.00
	W	100424A	Oct'24	MHB24-014	Counseling FAMILY SERVICE OF CH				
24/10	43	10/01/24	API 018343	MHB24-016	73531		37773	2,410.00	367,062.00
	W	100424A	Oct'24	MHB24-016	Self Help Cen FAMILY SERVICE OF CH				
24/10	43	10/01/24	API 018343	MHB24-017	73533		37773	14,865.00	381,927.00
	W	100424A	Oct'24	MHB24-017	Senior Counsel FAMILY SERVICE OF CH				
24/10	43	10/01/24	API 018412	MHB25-067	73552		37843	7,406.00	389,333.00
	W	100424A	Oct'24	MHB25-067	Recovery Home TERRAPIN STATION SOB				
24/10	43	10/01/24	API 018805	MHB25-021	73526		37738	21,391.00	410,724.00
	W	100424A	Oct'24	MHB25-021	Shelter Case C-U AT HOME				
24/10	43	10/01/24	API 020173	MHB25-022	73536		504163	5,130.00	415,854.00
	W	100424A	Oct'24	MHB25-022	Advocacy, Car GREATER COMMUNITY				
24/10	309	10/10/24	API 018092	MHB25-007	74529		38328	10,669.00	426,523.00
	W	101824A	Oct'24	MHB25-007	Courage Conne COURAGE CONNECTION				
24/10	309	10/10/24	API 018092	MHB25-007	74530		38328	10,669.00	437,192.00
	W	101824A	Jul'24	MHB25-007	Courage Conne COURAGE CONNECTION				
24/10	309	10/10/24	API 018092	MHB25-007	74531		38328	10,669.00	447,861.00
	W	101824A	Aug'24	MHB25-007	Courage Conne COURAGE CONNECTION				
24/10	309	10/10/24	API 018092	MHB25-007	74532		38328	10,669.00	458,530.00
	W	101824A	Sep'24	MHB25-007	Courage Conne COURAGE CONNECTION				
			LEDGER BALANCES	---	DEBITS:	458,530.00	CREDITS:	.00	NET:
20000154	502046			EQUIP LEASE/EQUIP RENT					
24/10	160	10/04/24	API 010687	248	74136		38113	199.06	199.06
	W	101124A	Sep'24	Copier Service	XEROX CORPORATION				
			LEDGER BALANCES	---	DEBITS:	199.06	CREDITS:	.00	NET:
20000154	502048			PHONE/INTERNET					
24/10	160	10/04/24	API 010263		74140		38025	144.95	144.95
	W	101124A	Internet Service	11/4/24 - 12/ I3 BROADBAND - CU					
24/10	284	10/09/24	API 018287		74446		38326	51.67	196.62

ACCOUNT DETAIL HISTORY FOR 2024 10 TO 2024 10

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
W 101824A	Mental Health Phone								
CONSOLIDATED COMMUNI									
LEDGER BALANCES ---- DEBITS:			196.62					.00	196.62
GRAND TOTAL ---- DEBITS:			478,435.50					.00	478,435.50

63 Records printed

** END OF REPORT - Generated by Chris M. Wilson **

**Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2024**

CCDDB/CCMHB/IDDSI: PY2025 1st Quarter Reports were due on October 25, 2024. 1st Quarter Program Reports and Service Data Reports are included in the November CCDDB Packet. Many Program Reports include detailed information about program activities in the comments section of those reports. It should also be noted that not all I/DD programs enter claims into the Online Reporting System, therefore there will not be a report for each program. All information from Program Reports is compiled on agency performance data charts to track progress.

PACE did not submit their 1st Quarter reports by the deadline and did not make an extension request. A contract compliance letter was sent to PACE on October 28, 2024. PACE staff completed reports on October 31, 2024.

I continue working on PY2024 claims data from the Online Reporting System. This data will be sorted by client and service type. Through review of this data, I can see duplication of services and client specific program involvement. An overview of how services are utilized will be provided prior to the next application review.

I participated in monthly meetings with CCDDB/CCMHB staff and Family Resiliency Center staff, related to the Evaluation Capacity project.

I helped agency users with claims in the Online System and other reporting.

Please see the ‘Incomplete Contract Requirements and Request’ Decision Memorandum in this Board Packet for an update on the CU Autism Network’s late reports.

Site Visits: The CU Early Site Visit was completed on October 31, 2024. No concerns were noted.

The PACE Site Visit was completed on November 13, 2024. The Champaign County Head Start/Early Head Start Site Visit was completed on November 14, 2024.

All site visit notes are finalized and shared with agency staff at the time of completion. I’d like to thank all the agency staff who worked to make these site visits smooth. I enjoyed meeting with all staff and getting a deeper look at each of the programs.

Learning Opportunities: Alex Campbell, EMK Consulting is scheduled to present an overview of the Online Application and Reporting System on December 5, 2024, from 10:00-11:30. This CCDDDB/CCMHB Online Reporting System training will guide and update agency users in completing the various application and reporting requirements in the context of program year timeline. This training will be beneficial for first-time, new, and experienced users of the Online Reporting System. Please register [here](#) to attend.

DISABILITY Resource Expo: The 15th DISABILITY Resource Expo was held on October 26, 2024, at Market Place Shopping Center. I arrived at the mall at 7AM to begin setting up for the event and stayed until after 4PM, when the Expo was over. The Expo ran from 11AM to 4PM and had over 70 exhibitors, many attendees (although maybe fewer than in previous years), and several wonderful volunteers.

The Expo Steering Committee will meet in early December to wrap up the 2024 event. At this meeting, we will review Exhibitor and Participant evaluations, discuss what worked and what could have gone better, and look ahead to the next Expo.

I delivered DISABILITY Resource Expo books to CCRPC, PACE, RACES, the Well Experience, CRIS Health Aging, the Pavilion, and Crane Feeding & Speech. Cindy Crawford, CSCNCC picked up Expo Resource books from the office. Mel Liong, PACE took additional Expo Resource books to deliver to Illinois Respite Coalition.

I have additional resource books in my office for distribution. I also dropped off two Gel Top Sensory Stimulation Trays at DSC, which had been used in the Children's Activity Room in previous Expos.

MHDDAC: I participated in the October MHDDAC meeting on October 22, 2024. Lara Davis, Human Rights and Advocacy gave a brief presentation on the services offered through the HRA.

ACMHAI: The next ACMHAI I/DD Committee is scheduled for November 12, 2024. I participated in the November Executive Committee Meeting. The ACMHAI December Membership Meetings are scheduled for December 5th and 6th, I plan to participate remotely.

NACBHDD: I participated in the November I/DD Committee Meeting.

Human Services Council: I participated in the November HSC Meeting. Teklii Dey Koontz and Georgiana Schuster presented on the services offered through NAMI. Kristen Neaville, Epilepsy Advocacy Network also shared about EAN’s services as part of Epilepsy Awareness Month. Agency updates were also shared.

Race Relations Committee: I attended the monthly Community Coalition Race Relations Committee meeting.

IDHS-DDD: I have reached out to Prairieland Service Coordination, Inc. (the Independent Service Coordination team for Champaign County) to schedule a meeting regarding a [PUNS Information Bulletin](#) released by IDHS-DDD in October. In the information bulletin, IDHS-DDD states that “If the individual's needs are currently being met in another way, DDD encourages ISCs to close their PUNS or change the individual to Planning category so that the Seeking category more accurately reflects those who are actively pursuing services, as the category was intended.” The concern is that people served through CCDDDB funding will be closed from PUNS because CCDDDB funding may be seen as having their needs met in another way. This may prevent people from timely access to Medicaid Waiver funding and lead to the loss of funding through the CCDDDB.

Champaign County Transition Planning Committee (TPC): I participated in the November TPC meeting on November 15, 2024. At the November meeting, Leanne Mull from Blue Tower Solutions discussed epilepsy support and resources.

Other: I also participated in several webinars.

Leon Bryson, Associate Director for Mental Health & Substance Use Disorders

Staff Report-November 2024

Summary of Activity: The PY25 agency first quarter reports were due on October 25, 2024. The Champaign County Christian Health Center, Courage Connection, and The UP Center all requested and granted extensions to complete their first-quarter reports. Ms. Stephanie Howard-Gallo sent Notice of Funding Suspension letters to GCAP, ECIRMAC, and DMBGC's Community Coalition Summer Initiative for failing to meet the deadline or requesting an extension to submit late reports. Each agency would finally finish their reports. After receiving all first quarter Program Activity/Consumer Service reports, I was able to review and consolidate them into one substantial report, which is included in this board packet for your perusal.

Site Visits: On October 31st, Ms. Bowdry and I conducted a site visit at CU Early. The visit consisted of a review of client files and a conversation with the Program Director about the program's effectiveness. The Director provided the necessary supporting documentation upon request. There were no issues at the time of writing. The next site visit is with Champaign County MHB Head Start/Early Head Start on November 14th.

ACMHAI Committee: On October 15, 2024, members of the Legislative Committee welcomed Liz Brown Reeves, ACMHAI Lobbyist and heard legislative updates.

CCMHDDAC Meeting: At the October meeting, members provided updates and heard a presentation from Ms. Lara Davis, a Disability Rights Manager for the East Central Human Rights Authority in Champaign. The Human Rights Authority is the investigative arm of the Illinois Guardianship and Advocacy Commission. The Authority, which is made up of nine regional Authorities around the state, investigates alleged violations of the rights of individuals with disabilities by service providers.

CIT Steering Committee: The December meeting is canceled and will be reconvened in February 2025.

Evaluation Capacity Committee Team: I attended and participated in the monthly meetings with the Evaluation Capacity project staff.

EXPO Steering Committee: The 2024 DISABILITY Resource Expo was from 11am-4pm on October 26th at Market Place Mall. Other staff worked at the Expo but I was unable to attend due to a scheduling conflict with another important event, the Black Mental Health Conference at Parkland College.

IPlan Behavioral Health Workgroup: No meeting for October 24th.

Rantoul Service Provider's Meeting: On October 21, 2024, the meeting, led by Ms. Josette Dial, featured updates from various participants on community initiatives and services. Ms. Cindy Crawford announced an upcoming food distribution and Halloween event at the Community Service Center, while Ms. Jasmine Eison discussed open enrollment for benefits and vaccine clinics through Chris Healthy Aging. Ms. Jessica McCann shared information on LIHEAP appointments and community referrals for at-risk youth, and Ms. Kathy Garrison

introduced a new mentoring program for middle school boys along with parenting classes. Members heard a presentation from Ms. Jennifer Summers on Hope Springs Counseling. Hope Springs is in Champaign County and offers a variety of services Individual, Family and Group Sessions, one-on-one or family sessions with a therapist, school-supported services, Case Management, and Trauma-Focused Cognitive Behavioral Therapy.

SOFTT/LANS Meeting: The next meeting is scheduled for November 20, 2024.

I was unable to attend the CSPH and Reentry Executive Committee & Council meetings since I was attending the NACBHDD conference.

Other Activities:

- I am presenting at the Summit on Homelessness convened by Community Coalition and CSPH on November 12, 2024, at the Champaign Public Library.
- Attended the Office of the Vice Chancellor Annual Celebration of Diversity - Friday, November 8, 2024, at the IHotel in Champaign, IL.
- Attended The 65th Annual Conference Successful Strategies to Support Individuals with Complex Needs to Improve Outcomes November 3 - November 6, 2024, Renaissance Arts Hotel New Orleans, Louisiana sponsored by NACBHDD.

Sessions:

Supporting Women with Complex Perinatal Needs. The urgency of rapid access to integrated services could not be more crucial than during the prenatal period, both for the mother and unborn child. Mental illness and substance misuse during the pre- and post-natal times in a woman's life, can and does have devastating effects on her life and that of her child. This session will discuss state-wide collaborations, from Connecticut and Iowa, that not only focus on early access to medical specialists, but also establish a connected constellation of integrated behavioral health providers, access to stable housing and to other social determinants impacting healthy outcomes for women and their children. Speakers will present concrete programmatic and policy changes necessary to fully support these women with complex needs. Speakers: Ira Chasnoff, MD – University of Illinois, College of Medicine (IL); Shelly Nolan, MS- Department of Mental Health and Addiction Service (CT)

Addressing Complex Behavioral Needs with Youth. Youth faced with complex behavioral health needs encounter multifaceted challenges that often transcend individual and familial contexts, necessitating comprehensive interventions within broader systems. This panel will explore both historically proven and innovative approaches in addressing the needs of youth with behavioral health challenges. This will include key ideas around collaboration, lessening barriers, and overcoming other challenges in complex care approaches. Our panelists will share insights garnered from their diverse experiences in the field encompassing community and state-based initiatives. Through interactive discussions and state and local examples, attendees will gain a deeper understanding of the interconnected systems impacting the well-being of youth people, including behavioral health services, education, justice system and other social support networks. Speakers: Elizabeth Manley, MSW - Innovations Institute (CT); Monica Stevens, PhD – Tulane University School of Medicine (LA)

Complex Needs and System Responses to Substance Misuse. This session will shed light on the latest advancements, research-driven interventions, and collaborative efforts aimed at improving outcomes for individuals struggling with substance use. Panelists will discuss various

interventions, including, but not limited to: integrated care models, technology solutions, policy driven change, community engagement, and more. Through engaging dialog with our panelists, participants will gain valuable perspectives on how healthcare systems can better prevent, intervene, and support individuals on their journey towards recovery and wellness. Speakers: David G. Stewart, PhD – California School of Professional Psychology (CA); Johanna Braud-Louisiana Supreme Court Specialty Courts Program (LA)

Individuals with Intellectual or Developmental Disabilities (I/DD): Working Across Systems to Provide Person-Centered Care Individuals with intellectual and developmental disabilities (I/DD) are at high risk for co-occurring mental health conditions and have a broad spectrum of unique needs. A strong coordinated continuum and system of care is key to providing appropriate person-centered care. This session will highlight best practice initiatives to address the unique needs of this high-risk population. This session will include information about The Link Center, which is funded by the Administration for Community Living and works to improve supports available to children and adults with intellectual and developmental disabilities (I/DD), brain injuries, and other cognitive disabilities with co-occurring mental health conditions. The Link Center provides training and technical assistance and advances systems change that will increase access to effective services and supports for people with cooccurring conditions. Speakers: Mary Sowers- National Association of State Directors of Developmental Disabilities Services (VA); Brian Hart- CEO, ShiftAbility Transformation Consulting (OH)

Individuals with Traumatic Brain Injury (TBI) and Behavioral Health Conditions Individuals who have experienced traumatic brain injury (TBI) often go undetected across behavioral health systems. Traumatic brain injury (TBI) is a common neurological condition that can affect a person's ability to regulate cognition, emotion, and behavior. Recognizing individuals with TBI in the context of behavioral health treatment is key to accurate diagnosis and providing appropriate treatment and accommodations. This session will provide information and data on the link between TBI and behavioral health conditions. Presenters will include recommendations based on clinical experience about how behavioral health programs and professionals can better meet the needs of their clients who also have had a TBI. Further, resources will be highlighted for working across systems to ensure individuals with traumatic brain injury and behavioral health conditions receive appropriate person-centered care. Speakers: Kim Gorgens, PhD - University of Denver (CO); Rebeccah Wolfkiel, MPP – National Association of State Head Injury Administrators (VA)

Collaborative Approaches for Older Individuals with Complex Needs. The needs of older individuals can be very complex, not just due to normal physiological and cognitive changes due to aging, but also their higher risk for more complex pathological changes, losses of natural supports, and more barriers to transportation and finances. The Program of All-inclusive Care for the Elderly (PACE), an evidence-based proven, collaborative care approach for older individuals with complex needs, does not uniformly include treatment for mental health and substance misuse. This session will present how behavioral health care was added to a PACE team and their integration as a collaborator was achieved and improved patient outcomes. In addition, this session will present work done by the National Coalition on Mental Health and Aging that provides opportunities for professional, consumer and government organizations to work together towards improving the availability and quality of mental health, preventive and treatment strategies to older Americans and their families through education, research and increased public awareness. Speakers: Susan Nelson, MD, FACP, FAAHPM - Ochsner Health Network (LA); Kathleen Cameron, MPH- National Center for Healthy Aging (VA)

Cross Cutting Strategies for Integrating Behavioral Health and Primary Care

There is growing awareness for the need to work across systems to provide person-centered care for the unique needs of individuals who have co-occurring behavioral health and physical health issues. Using First Episode Psychosis programs as an example, this session will provide strategies for how a best practice that involves multi-system collaboration can evolve from an idea – to implementation – to sustainability. Further, this session will include information on the recent Centers for Medicare and Medicaid (CMS) Innovation in Behavioral Health Model (IBH) demonstration, which is a state-based model, led by state Medicaid Agencies, with a goal of Aligning payment between Medicaid and Medicare or integrated behavioral health and primary care services. Speakers: David Shern, PhD – National Association of State Mental Health Program Directors (VA); Karin E. Bleeg, MPH, Acting Division Director, Division of Health Innovation & Integration, State and Population Health Group | Center for Medicare & Medicaid Innovation | CMS

Healthy Blue: A Value-based Contract (VBC) Promoting a Collaborative Model for Individuals with Complex Medical and Behavioral Care Needs Addressing the Social Determinants of Care.

The primary goal of the Integrated Collaborative Care Model (ICCM) is to ensure that members receive holistic treatment throughout the full spectrum of care and gain the value of integration of physical and behavioral healthcare through a community navigator. The model adopted by Healthy Blue VBC addresses the need for person-centered, integrated care using evidence-based supports, and services for its members. This presentation will present data on the ICCM model that has been implemented in a Federally Qualified Health Center setting with a focus on plans for individuals with psychiatric and substance use disorders. Speakers: Chatrian Roberson, MPH- Access Health Louisiana (LA); Cheryll Bowers-Stevens, MD - Healthy Blue Louisiana (LA)

- Attended the 2nd Annual Black Mental Health and Wellness Conference on October 26, 2024, from 8AM-4PM at Parkland College. Mr. Joe Omo Osagie and Dr. Lisa Liggins-Chambers did amazing jobs of stimulating conversation and facilitating their sessions.
- Champaign County Webinar - Building bridges: Collaboration at work (1HR)
- On November 1st, Ms. Lynn Canfield and Mr. Chris Wilson and I met with Uniting Pride's Interim Director and Board Treasurer Ms. Adelaide Aime to discuss staff changes and potential budget amendments. October 21st, Mr. Chris Wilson and I met with Uniting Pride's Interim Director Joshua Gavel and provided technical support.
- Attended NACBHDD: Bridging the Gap Webinar: Ensuring Continuity of Care After Release from the Criminal Justice System.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – November 2024 Board Meeting

SUMMARY OF ACTIVITY:

Quarterly Reporting:

First quarter reporting was due on October 25th, 2024. I sent a reminder of the deadline to the agencies on October 7th, along with a form to request an extension, if needed. I also sent them revised reporting instructions.

Courage Connection, Christian Health Center, and UP Center requested and received short extensions for reports. Letters of suspension were sent to Don Moyer Boys and Girls Club (DMBGC), Greater Community Aids Project (GCAP), East Central Illinois Refugee Mutual Assistance Center (ECIRMAC), and Persons Assuming Control of their Environment (PACE) because they did not submit reports by the due date and did not request an extension.

Audits:

Most audits are due 12/31. We are beginning to receive a few.

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

I provided staff support at the Expo. Eight artists sold work at the disABILITY Expo held October 26, 2024 at Market Place Mall in Champaign. There is no cost for participation. We provide tables, chairs, tablecloths, hand sanitizer, masks (if requested), and water/snacks.

The next art show will be at Ebertfest on April 26, 2025. Planning for that event is beginning to happen.

Other:

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

- Composed minutes for the CCMHB/CCDDB meetings.
- I prepared an orientation manual for a new CCDDB member.

Nov 2024 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 e 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 PY24/PY25
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.

National Enhanced CLAS Standards for Health and Healthcare Reading Materials

Here is the Link to the [15 Enhanced National CLAS Standards](#)

Here is the link to the Blueprint on how National CLAS Standards can be implemented at every level in an organization. [CLAS Blueprint](#)

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

Agency Support and Technical Assistance:

Community Choices: Board Training- November 13, 2024

Developmental Service Center: Completing Report about Agency Wide Training

CCMHDDAC Meeting October 29, 2024- Next Meeting November 26, 2024

Review of Application Instructions for PY2026

Webinars and Training Attended

Parenting While Rising to Child Developmental Challenges 2024

You may register for the entire series and listen to the recordings

https://bostonchildrens.zoom.us/webinar/register/WN_YAvE6rrvTh2FnIbSmusePQ#/registration

Ep. 4: November 4, 2024, 3 – 4 PM ET / 12–1 PM PT

Ep. 5: December 16, 2024, 3 – 4 PM ET / 12–1 PM PT

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Expo:

Volunteer Coordination meeting for Expo Planning. Will attend the post wrap-up meeting in November.

ACMHAI:

November 19, 2024- Legislative Committee Meeting

Human Services Council –November 7, 2024- Teklii Dey Koontz Executive Director of NAMI Champaign and Kristen Neaville Client Services Coordinator, Epilepsy Advocacy Network provided presentations about their agency.

Campus and Community Compact: November 14, 2024

Join the Campus-Community Compact and the Community Health, Wellness, and Resilience focus area for an engaging Interactive Workshop and Panel Discussion! This event is specifically designed for Health and Human Services professionals in Champaign County

Please Register by November 12, 2024

https://docs.google.com/forms/d/e/1FAIpQLSczGu5g0AUBeucrH3wM4iiE9cFmKJWiXymO7S1k_n58SI5htQ/viewform

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	4,515,775.74	4,914,179.96	5,179,568.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,415.00
04 PAYMENT IN LIEU OF TAXES	2,396.21	268.59	4,000.00
06 MOBILE HOME TAX	2,830.62	2,910.73	3,000.00
4001 PROPERTY TAX TOTAL	4,521,002.57	4,917,359.28	5,188,983.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	59,711.39	77,137.54	44,834.00
4008 INVESTMENT EARNINGS TOTAL	59,711.39	77,137.54	44,834.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	1,537.00	0.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	1,537.00	0.00	5,000.00
TOTAL REVENUES	4,582,250.96	4,994,496.82	5,238,817.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	339,260.00	354,470.00	425,371.00
07 INSURANCE (NON-PAYROLL)	0.00	4,333.00	4,333.00
25 CONTRIBUTIONS & GRANTS	3,537,933.00	3,784,428.00	4,816,113.00
5020 SERVICES TOTAL	3,877,193.00	4,143,231.00	5,245,817.00
TOTAL EXPENDITURES	3,877,193.00	4,143,231.00	5,245,817.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	7,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	7,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-50,000.00	0.00	0.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



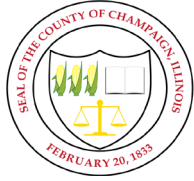
	<u>ACTUAL</u> 2023 JAN - OCT	<u>ACTUAL</u> 2024 JAN - OCT	<u>2024</u> ANNUAL BUDGET
7001 OTHER FINANCING USES TOTAL	-50,000.00	0.00	0.00
TOTAL OTHER FINANCING SOURCES (USES)	-50,000.00	0.00	7,000.00
NET CHANGE IN FUND BALANCE	-655,057.96	-851,265.82	0.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10

	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	2,274.78	18,377.31	6,000.00
4008 INVESTMENT EARNINGS TOTAL	2,274.78	18,377.31	6,000.00
TOTAL REVENUES	2,274.78	18,377.31	6,000.00
EXPENDITURES			
5010 COMMODITIES			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	0.00	0.00	1,000.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	95,332.00	220,346.00	399,737.00
5020 SERVICES TOTAL	95,332.00	220,346.00	400,937.00
TOTAL EXPENDITURES	95,332.00	220,346.00	406,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	50,000.00	0.00	0.00
6001 OTHER FINANCING SOURCES TOTAL	50,000.00	0.00	0.00
TOTAL OTHER FINANCING SOURCES (USES)	50,000.00	0.00	0.00
NET CHANGE IN FUND BALANCE	43,057.22	201,968.69	400,000.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10

	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	5,494,864.15	5,982,474.52	6,302,595.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,941.00
04 PAYMENT IN LIEU OF TAXES	2,915.74	326.98	1,500.00
06 MOBILE HOME TAX	3,444.34	3,543.48	4,200.00
4001 PROPERTY TAX TOTAL	5,501,224.23	5,986,344.98	6,311,236.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	339,260.00	354,470.00	425,371.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	339,260.00	354,470.00	425,371.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	41,270.75	72,985.59	56,268.00
4008 INVESTMENT EARNINGS TOTAL	41,270.75	72,985.59	56,268.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	450.00	575.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	21,345.00	16,516.78	42,000.00
4009 MISCELLANEOUS REVENUES TOTAL	21,795.00	17,091.78	45,000.00
TOTAL REVENUES	5,903,549.98	6,430,892.35	6,837,875.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	86,423.19	89,447.82	110,745.00
03 REGULAR FULL-TIME EMPLOYEES	290,314.87	304,826.88	389,583.00
05 TEMPORARY STAFF	0.00	20.00	1,000.00
08 OVERTIME	0.00	0.00	500.00
5001 SALARIES AND WAGES TOTAL	376,738.06	394,294.70	501,828.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	27,518.34	28,788.93	38,275.00
02 IMRF - EMPLOYER COST	9,496.57	10,198.45	13,559.00
04 WORKERS' COMPENSATION INSURANC	1,488.51	1,524.99	2,001.00

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,655.53	1,899.88	1,899.88
06 EE HEALTH/LIFE	41,950.86	39,810.84	88,820.12
5003 FRINGE BENEFITS TOTAL	82,109.81	82,223.09	144,555.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	1,399.68	879.40	1,000.00
02 OFFICE SUPPLIES	3,511.63	2,061.83	3,700.00
03 BOOKS, PERIODICALS, AND MANUAL	71.85	0.00	300.00
04 POSTAGE, UPS, FEDEX	1,150.55	942.25	2,000.00
05 FOOD NON-TRAVEL	861.21	1,214.61	1,500.00
12 UNIFORMS/CLOTHING	703.50	0.00	550.00
13 DIETARY NON-FOOD SUPPLIES	233.89	122.66	200.00
17 EQUIPMENT LESS THAN \$5000	3,502.62	3,606.84	6,450.00
19 OPERATIONAL SUPPLIES	2,233.94	2,212.33	2,500.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	13,668.87	11,039.92	18,485.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	143,610.88	164,197.15	180,000.00
02 OUTSIDE SERVICES	5,940.00	6,646.41	28,000.00
03 TRAVEL COSTS	6,820.16	2,458.40	7,000.00
04 CONFERENCES AND TRAINING	1,848.18	550.00	4,000.00
05 TRAINING PROGRAMS	4,175.85	0.00	12,000.00
07 INSURANCE (non-payroll)	9,618.00	5,285.00	15,000.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	300.00
13 RENT	22,981.99	23,539.11	40,000.00
14 FINANCE CHARGES AND BANK FEES	0.00	2.17	30.00
19 ADVERTISING, LEGAL NOTICES	5,320.50	2,855.20	9,500.00
21 DUES, LICENSE & MEMBERSHIP	17,239.99	16,069.99	20,000.00
22 OPERATIONAL SERVICES	2,448.19	1,987.02	7,000.00
24 PUBLIC RELATIONS	16,631.20	15,100.00	20,000.00
25 CONTRIBUTIONS & GRANTS	4,385,027.00	4,901,907.00	5,801,407.00
37 REPAIR & MAINT - BUILDING	0.00	0.00	300.00
45 ATTORNEY/LEGAL SERVICES	1,675.00	0.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	1,791.54	1,791.54	3,000.00
47 SOFTWARE LICENSE & SAAS	9,243.67	10,640.80	14,000.00
48 PHONE/INTERNET	2,020.21	2,264.15	2,470.00
5020 SERVICES TOTAL	4,636,392.36	5,155,293.94	6,166,007.00

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
TOTAL EXPENDITURES	5,108,909.10	5,642,851.65	6,830,875.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-127,535.00	0.00	-7,000.00
7001 OTHER FINANCING USES TOTAL	-127,535.00	0.00	-7,000.00
TOTAL OTHER FINANCING SOURCES (USES)	-127,535.00	0.00	-7,000.00
NET CHANGE IN FUND BALANCE	-667,105.88	-788,040.70	0.00

MAJOR PROJECT TITLE
 ***** disABILITY Resource Expo

PROJECT TITLE

 DisExpo disABILITY Resource Expo

BEGINNING BALANCE 59,737.62

FUNDING SOURCES		TITLE	AMOUNT
DisExpo	-MISC REV -OtherMisc -	Sponsorships/Exhibitor Fees	-10,865.00
FUNDING SOURCE TOTAL			-10,865.00

EXPENSE STRINGS		TITLE	AMOUNT
DisExpo	-COMM -OPER SUPP -	Disability Expo Supplies	2,212.33
DisExpo	-COMM -STA PRINT -	Printed Materials	879.40
DisExpo	-SERVICES -JB REQ TRV-	Job Required Travel	25.23
DisExpo	-SERVICES -LEGAL ADV -	Advertising/Marketing	2,840.00
DisExpo	-SERVICES -PR -	Public Relations	100.00
DisExpo	-SERVICES -PROF SVC -	Professional Services	38,050.00
DisExpo	-SERVICES -Rent -	Rentals	1,788.00
EXPENSE TOTAL			45,894.96

ENDING BALANCE 94,767.58

******* TOTALS**

BEGINNING BALANCE	59,737.62
FUNDING SOURCE	-10,865.00
EXPENSE	45,894.96
ENDING BALANCE	94,767.58

REPORT TOTAL: 94,767.58

** END OF REPORT - Generated by Chris M. Wilson **



BRIEFING MEMORANDUM

DATE: November 20, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Application Review Process

Purpose:

This memorandum is an updated version of one traditionally included in the Board’s February meeting packets, accompanied by a list of completed applications for funding for the next allocation cycle. The focus has been on those tasks the CCMHB staff team will complete over the coming months, with timelines for each step, to support the Board’s discussions and final allocation decisions. Because individual Board members have provided feedback to the President on the Board’s own review and decision processes, having this memorandum in advance may provide structure for any process changes preferred by the Board.

Background:

Organizations may apply for PY2026 funding between December 20, 2024 and February 10, 2025. The review process will begin in mid-February. A list of PY26 funding requests will be presented, with agency and program title and amount requested. Applications relating to I/DD services which may be funded by the CCMHB will be reviewed by both the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB). Applications relating to mental health or substance use disorders are expected to be numerous, and due to loss of other funding sources, more competitive than in recent years.

At any point in the process, Board members may view applications online at <http://ccmhddbrds.org> using their unique login credentials. Support is available from the site’s developer or Board staff. After application forms

are submitted, staff can create pdf versions of each agency's full set of applications and share these with Board members electronically. Printed copies of applications will be available upon request.

CCMHB staff reviews will result in a "program summary" for each complete application. While Board discussion of applications is supported by these reviews and along the timeline below, the Board may have questions for applicants at any point in the process, or about elements not addressed through the staff review. Board questions or concerns may be shared with staff at any time or posed during meetings or study sessions. We will look into any we may be able to answer or direct questions to applicants for their responses. To incorporate responses and concerns as completely as possible, I recommend two new deadlines in the final section of this memorandum.

The staff reviews, presented in April, and recommendations, presented in May, are improved by Board discussion of the process, the quality of requests, and any information provided in response to a question.

From the Allocation Process Timeline:

- *February 10* is the deadline for submission of applications for PY26 funding.
- *February 19* is a regular board meeting, during which a list of submitted applications will be presented to the Board and public. The list will either be included in the Board packet or posted at least 48 hours in advance of the meeting as an addendum. The Board might use time at this meeting to discuss specific requests or their own review process.
- *March 19* is a regular board meeting during which the Board might also discuss the requests or the review process.
- *April 9* is the deadline for staff program summaries to be made available to the Board and public, posted online as part of the packet for the upcoming study session and meeting.
- *April 16* and *April 30* are a study session and a meeting, with focus on Board review of applications, supported by program summaries. The April 30 meeting will also include some business items for action, so that most applications would be discussed on April 16.

- *May 14* is the staff deadline for draft recommendations to the Board about allocations for PY2026. A full board packet for the next study session will be posted online and paper copies mailed.
- *May 21* is a study session, for Board discussion of allocations of funding for PY2026.
- *May 28* is a regular meeting, with goal to finalize decisions about allocation of funding for PY2026. Because this is a regular meeting, there will be other items of business. With the quick turnaround time from study session to board meeting, staff will strive to track details of decisions the Board would prefer to modify from those recommended in the initial staff memorandum.
- Following final board decisions, staff plan to complete contract negotiations in early June. This will allow agency representatives to complete any application form revisions and CCMHB staff to prepare each contract according to the decision. With final, signed contracts, July payments may be released in a timely fashion.

Expectations and Considerations:

Throughout the review and decision processes, staff are available to work with Board members. These conversations are critical to our program summary process and eventual recommendations. The timeline is intended to support the Board's mission of allocating funds for the benefit of the community and may be modified to allow more or less time. Limitations of the process and timeline can be frustrating. Adding to the pressures are realities of the operating environment: while we work through all details, things also change for applicants and the people who seek services.

- A template checklist for (optional) Board use is attached. (*The sample is from last year's review.*)
- During the April session and meeting when staff program summaries are presented, Board members may have questions for Board staff or applicants. Agency representatives able to speak to application content will be expected to attend.
- Board members may have questions which relate directly to an application or are outside the application's scope, because their decision process includes understanding the larger service system and determining best value for residents of Champaign County.

- Board questions may be raised at any time, prior to staff reviews, during a study session or meeting, or afterward. Staff will forward questions to the specific applicant, and the applicant's written response should answer the question(s) directly. Responses will be shared with all Board members and in a publicly posted board packet, for transparency of the process.
- *April 30* is the ideal final date for Board members to pose such questions to agencies.
- *May 7* is the ideal final date for applicants' written responses, allowing Board and staff time to consider the exchanges fully.
- The turnaround time between Board discussions can be very short, sometimes making it difficult to incorporate all concerns raised. If the staff recommendations are not revised to match expectations by the time the May board meeting packet is published, additional board discussion or a subsequent board meeting may be required.

CCMHB Application Review Template

Minimal responsiveness:

Y/N concerns/comments

Are services or supports directly related to mental health, substance use disorder, or I/DD?		
Does the application address how its services and supports will improve the quality of life of those with behavioral health conditions or I/DD?		
Does the application include evidence that other possible funding has been identified and explored and found to be unavailable or to have been maximized?		
Does the application demonstrate coordination with providers of similar or related services?		
Has the applicant demonstrated capacity for financial clarity and full eligibility?		

CCMHB Priority Categories: check appropriate

Safety and Crisis Stabilization _____

Healing from Interpersonal Violence _____

Closing the Gaps in Access and Care _____

Thriving Children, Youth, and Families _____

Collaboration with CCDDDB – Young Children and their Families _____

I/DDSI Priority Categories: check appropriate

Short-Term Supports for People with I/DD _____

Education on I/DD _____

Technology and Training _____

Housing _____

Best Value Considerations:

Y/N concerns/comments

Does the program plan narrative reflect or add to CLC work, to engage underserved populations?		
Does the agency address whether and how rural residents may use the program?		
Are inclusion and anti-stigma addressed, including at the individual level?		
Are measurable, meaningful outcomes included?		
Is an evidence-based, evidence-informed, promising, or innovating approach included?		
Are staff credentials/specialized training identified?		
Are other resources identified and leveraged?		
Does a Person Centered Plan relate to what people indicate they want/need?		
Does the application include planning for continuation during a public health emergency?		
Are virtual supports and trainings described?		
Is there a clear connection between budget and program?		



DECISION MEMORANDUM

DATE: November 20, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2025 Champaign County CCMHB and I/DD Special Initiatives Fund Budgets

Overview:

This memorandum presents proposed revisions to the 2025 budgets for the Champaign County Mental Health Board (CCMHB), Champaign County Developmental Disabilities Board (CCDDB), and I/DD Special Initiatives Funds for County Fiscal Year 2025 (January 1 - December 31, 2025). Board approval is requested for revised CCMHB and I/DD Special Initiatives Fund budgets. The CCDDB budget is for information only.

The CCDDB and CCMHB each approved initial versions during their July board meetings. Subsequently, updates from the County Executive, Administrator, and Budget Director, along with discussion at the Champaign County Board's August budget hearings resulted in changes in projected revenues and expenses. Because the CCDDB and CCMHB each have authority over their budgets, approvals are requested prior to submitting the 2025 revised budgets to the County Board, which will determine total appropriations later in the fall.

Attached are revised 2025 CCMHB, CCDDB, and I/DD Special Initiative Fund Budgets, with background details and comparisons of proposed 2025, projected 2024, and actual 2014 through 2023. Changes from earlier approved versions are italicized. An Intergovernmental Agreement between the CCMHB and CCDDB defines cost sharing and other arrangements. The I/DD Special Initiatives Fund Budget is under joint authority of the Boards.

Highlights:

- Miscellaneous Revenue includes revenue returned by agencies in a different fiscal year than paid (CCDDB and CCMHB budgets).
- Miscellaneous Revenue also includes Expo revenue and any refunds or honoraria. These are paid to the CCMHB and then split between the Boards (CCMHB budget).
- Contributions & Grants are the largest expense in each budget, as they include contracts with organizations providing services to the populations of focus (all three budgets).
- Neither Board will transfer an amount to the I/DD Special Initiatives Fund but are each asked to approve use of fund balance to cover 2025 expenses.
- The I/DD Special Initiatives budget is based on joint decisions by the Boards regarding allocations for special projects.

- Some CCMHB expenses are not shared by the CCDDDB (anti-stigma film sponsorship, MHB Contributions & Grants, and MHB-specific insurance, for example).
- Some expenditure categories have changed as the County Auditor’s Chart of Accounts is adjusted to conform with government accounting standards (CCMHB budget).
- Expo consultant charges and other costs are now included with other Professional Services, Rental, Printing, Advertising, Operational Supplies, and Uniforms. Between 2020 and 2022, these had been separated for easier tracking (CCMHB budget).

Revisions for Approval:

- Property tax revenue originally assumed 3.5% growth over 2024, with no adjustment for collection rate below 100%. This is increased to 5% (CCDDDB and CCMHB).
- Interest income estimates were based on high actual amounts in recent years, no longer realistic. Lower interest revenues impact each of the three funds. CCDDDB and CCMHB funds still have higher total anticipated 2025 revenues.
- Due to the decrease in interest income to the IDDSI fund, a higher amount of fund balance would be transferred to cover unchanged anticipated costs (IDDSI budget.)
- With input from the Financial Manager and based on current actual, there are small increases in Food Non-Travel, Equipment Less than \$5000, Operational Supplies, Professional Services, and Non-Payroll Insurance. (CCMHB budget).
- Increases in these CCMHB administrative cost categories result in increased CCDDDB Professional Services, per CCDDDB share of total (CCDDDB expense, CCMHB revenue).
- Contributions and Grants (agency contracts for services) are substantially increased, CCMHB by \$78,508 and CCDDDB by \$50,744. Agency contracts account for 85% of the CCMHB operating costs and 92% of the CCDDDB’s.
- While there will be changes in the employer’s share of health insurance, these will not be known until 2025 and may be handled by intergovernmental transfer (CCMHB to County.)

Decision Section:

Motion to approve the attached revised DRAFT 2025 CCMHB Budget, with anticipated revenues and expenditures of \$7,168,742.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Motion to approve the attached revised DRAFT 2025 I/DD Special Initiatives Fund Budget, with anticipated expenditures of \$239,063 with equal revenues, including transfer of \$233,063 from fund balance. Use of this fund is consistent with the terms of the Intergovernmental Agreement between the CCMHB and CCDDDB, which approved these changes on October 23, 2024.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Draft 2025 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$6,634,170
400103	Back Property Taxes	\$2,000
400106	Mobile Home Tax	\$4,200
400104	Payment in Lieu of Taxes	\$2,000
400476	CCDDB Revenue	\$446,102
400801	Investment Interest	\$56,270
400901	Gifts & Donations	\$1,000
400902	Misc & Expo Revenue	\$23,000
	TOTAL REVENUE	\$7,168,742

LINE ITEM	BUDGETED EXPENDITURES	
500102	Appointed Official	\$116,282
500103	Regular FTE	\$409,062
500105	Temporary Salaries & Wages	\$1,000
500108	Overtime Wages	\$500
500301	Social Security/FICA	\$40,189
500302	IMRF Employer Cost	\$14,237
500304	Workers' Comp Insurance	\$2,101
500305	Unemployment Insurance	\$1,739
500306	Health/Life Insurance	\$106,877
	Personnel Total	\$691,987
501001	Stationery & Printing (Printing & Copier Suppl)	\$4,000
501002	Office Supplies	\$4,000
501003	Books, Periodicals, and Manuals	\$300
501004	Postage, UPS, Fed Ex	\$2,000
501005	Food, Non-Travel	\$1,500
501012	Uniforms (Expo T-shirts)	\$1,000
501013	Non-Food Supplies	\$250
501017	Equipment Less Than \$5000	\$7,500
501019	Operational Supplies	\$3,000
501021	Employee Development/Recognition	\$285
	Commodities Total	\$23,835
502001	Professional Svcs (adds Expo consultants, removes legal)	\$193,000
502002	Outside Services (Computer and Photocopier Services)	\$10,000
502003	Travel Costs	\$9,000
502004	Conferences and Training (Employee only)	\$4,000
502005	Training Programs (Non-Employee)	\$10,000
502007	Insurance (Non-Payroll)	\$20,000
502012	Repairs and Maintenance (short term)	\$200
502013	Rent (Office, Expo Storage/Booths/Venue)	\$37,500
502014	Finance Charges/Bank Fees	\$30
502019	Advertising, Legal Notices (adds Expo Marketing & Promotion)	\$12,000
502021	Dues, License, & Membership	\$20,000
502022	Operational Services (Zoom, domain names, web hosting, surveys)	\$5,000
502024	Public Relations (Anti-Stigma)	\$20,000
502025	Contributions & Grants	\$6,080,090
502037	Repairs and Maintenance (Bldg, Alarm)	\$100
502045	Attorney/Legal Services	\$2,500
502046	Equipment Lease/Rental (Copier)	\$2,500
502047	Software License & SAAS (user license, software cloud & installed)	\$14,000
502048	Phone/Internet	\$3,000
	Services Total	\$6,442,920
700101	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev)	\$10,000
	Interfund Transfers TOTAL	\$10,000
	TOTAL EXPENSES*	\$7,168,742

Draft 2025 CCDDDB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$5,449,496
400103	Back Property Taxes	\$2,000
400106	Mobile Home Tax	\$3,000
400104	Payment in Lieu of Taxes	\$4,000
400801	Investment Interest	\$44,840
600101	Interfund Transfer (Expo and some Other Misc Rev) from MHB	\$10,000
400902	Other Miscellaneous Revenue	\$5,000
	TOTAL REVENUE	\$5,518,336

LINE ITEM	BUDGETED EXPENDITURES	
5002001	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$446,102
502007	Insurance	\$4,333
502025	Contributions & Grants	\$5,067,901
	TOTAL EXPENSES	\$5,518,336

Draft 2025 I/DD Special Initiatives

Fund Budget

LINE ITEM	BUDGETED REVENUE	
400801	Investment Interest	\$6,000
-	From Fund Balance	\$233,063
	TOTAL REVENUE	\$239,063

LINE ITEM	BUDGETED EXPENDITURES	
501017	Equipment Less than \$5,000 <i>(includes a designated gift for the benefit of one individual, accessed at family request, with balance \$5063 as of June 11, 2024)</i>	\$5,063
502001	Professional Services <i>(legal, accounting, if needed)</i>	\$1,000
502025	Contributions and Grants	\$233,000
	TOTAL EXPENSES	\$239,063

Background for 2025 CCMHB Budget, with 2024 Projections and Earlier Actuals

2025 BUDGETED REVENUE	2024 PROJECTED	2023 ACTUAL	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$6,634,170	\$5,937,146	\$5,492,390	\$5,278,325	\$4,880,491	\$4,813,598	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$2,000	\$0	\$8,824	\$0	\$3,382	\$6,489	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,200	\$3,920	\$3,700	\$0	\$3,736	\$4,062	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$2,000	\$2,916	\$1,474	\$3,679	\$1,088	\$2,604	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$446,102	\$389,194	\$358,450	\$366,344	\$346,706	\$409,175	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$56,270	\$99,693	\$47,855	\$1,343	\$7,627	\$45,950	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gift & Donations	\$1,000	\$450	\$0	\$100	\$2,900	\$4,706					
Expo Revenue (now combined with Other Misc Rev)	\$0	\$0	\$0	\$100	\$13,805	\$14,275	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$23,000	\$22,057	\$55,161	\$2,205	\$80	\$129,028	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
*ARPA Fiscal Recovery Funding		\$0	\$0	\$770,436							
TOTAL REVENUE	\$7,168,742	\$6,455,376	\$5,967,854	\$6,422,532	\$5,259,815	\$5,429,887	\$5,023,555	\$4,853,939	\$4,676,764	\$4,597,006	\$4,498,514

* Per the County Board, the full amount of ARP request was deposited during 2021, with half spent in 2021 and the other half in 2022. This results in the appearance of a surplus in 2021 and deficit in 2022, though the fund balance covered it.

2025 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2024 PROJECTED	2023 ACTUAL	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$691,987	\$581,916	\$564,444	\$564,542	\$544,001	\$517,053	\$522,073	\$449,220	\$577,548	\$502,890	\$532,909
Commodities	\$23,835	\$19,411	\$10,930	\$8,632	\$12,362	\$11,147	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contrib & Grants)	\$362,830	\$342,829	\$283,066	\$268,512	\$286,912	\$286,376	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
*Contributions & Grants	\$6,080,090	\$5,227,318	\$5,288,028	\$5,063,438	\$4,495,820	\$3,993,283	\$3,648,188	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$10,000	\$132,599	\$6,908	\$28,430	\$5,819	\$406,505	\$56,779	\$57,288	\$60,673	\$0	\$0
Interest on Tax Case	\$0	\$0	\$0	\$0	\$1,648						
TOTAL EXPENSES	\$7,168,742	\$6,304,073	\$6,153,376	\$5,933,554	\$5,346,562	\$5,214,364	\$4,641,148	\$4,559,017	\$4,484,391	\$4,232,715	\$4,591,892

Additional Information about Expenses (Proposed 2025 versus Projected 2024)

Personnel 2025 v 2024

PERSONNEL	2025	2024
Appointed Official	\$116,282	\$110,745
Regular FTE	\$409,062	\$389,583
Temporary Wage/Sal	\$1,000	\$1,000
Overtime Wages	\$500	\$500
FICA	\$40,189	\$38,275
IMRF	\$14,237	\$13,559
W-Comp	\$2,101	\$2,001
Unemployment	\$1,739	\$1,900
Health/Life Insurance	\$106,877	\$62,000
	\$691,987	\$619,563

Commodities 2025 v 2024

COMMODITIES	2025	2024
Printing	\$4,000	\$1,000
Office Supplies	\$4,000	\$4,200
Books/Periodicals	\$300	\$300
Postage/UPS/Fed Ex	\$2,000	\$1,500
Food Non-Travel	\$1,500	\$1,000
Uniforms (Expo shirts)	\$1,000	\$1,000
Non Food Supplies	\$250	\$200
Equipment Under \$5000	\$7,500	\$7,000
Operational Sup (Expo)	\$3,000	\$2,500
Employee Dev/Rec	\$285	\$0
	\$23,835	\$18,700

Services (not Contributions and Grants)

SERVICES	2025	2024
Professional Services*	\$193,000	\$210,100
Attorney/Legal Services*	\$2,500	\$2,000
Outside Services (e.g., Computer)	\$10,000	\$9,000
Travel Costs	\$9,000	\$7,000
Conferences and Training (employee only)**	\$4,000	\$4,000
Training Programs (Non-Employee)	\$10,000	\$5,000
Insurance (Non-Payroll)	\$20,000	\$19,500
Equipment Maintenance	\$200	\$0
Repairs (Brookens)	\$100	\$0
Rental (Office and Expo)***	\$37,500	\$40,000
Rental (Equipment)	\$2,500	\$3,000
Finance Charges/Bank Fees	\$30	\$3
Advertising, Legal Notices (adds Expo marketing)***	\$12,000	\$12,000
Public Relations***	\$20,000	\$20,000
Dues/Licenses	\$20,000	\$20,000
Operational Svs (Zoom, etc)	\$5,000	\$7,000
Software License	\$14,000	\$14,000
Phone/Internet	\$3,000	\$2,470
	\$362,830	\$375,073

Interfund Expenditures

INTERFUND TRANSFERS	2025	2024
CCDDB Share of Expo and some of MHB Misc Revenue	\$10,000	\$7,000
	\$10,000	\$7,000

*Professional Services:

Includes Expo coordinators, Audit and Accounting Services, website development and maintenance, HR, shredding, language access, accessibility review, CPA consultation, application review, 211, Health Plan Coordinator, Evaluation Capacity Building project. Computer Services are in Outside Services; Attorney/Legal is a unique line.

**Conferences and Training:

Registration and conference fees. Food and travel are tracked separately. Non-Employee trainings are also separated and may include costs of presenters and supplies for trainings we host, such as Mental Health First Aid and monthly provider-focused learning opportunities. Board member costs for conferences and trainings are also charged to Non-Employee Training.

***Public Relations and disAbility Resource Expo:

Public Relations now includes Eberfest (not shared with CCDDB) and other community education/awareness. Expo expenses are distributed across several appropriate categories.

Additional Information about Services

SERVICES	2025	2024
Professional Services*	\$193,000	\$210,100
	Includes some costs determined and charged by the County, for Accounting Services, Payroll and IT, and External Audit. Also includes the cost of independent contractors: coordinating the Expo and social media, assisting with MHFA trainings, providing support to agencies for Evaluation Capacity Building, maintaining Expo and AIR websites, maintaining the online application system, sharing state DD info and advocacy, language access, accessibility testing, shredding services, and reviews of audits. Also supports the 211 information services, human resources services through AAIM, and coordination of community health plan.	Includes some costs determined and charged by the County, for Accounting Services, Payroll and IT, and External Audit. Also includes the cost of independent contractors: coordinating the Expo and social media, assisting with MHFA trainings, providing support to agencies for Evaluation Capacity Building, maintaining Expo and AIR websites, maintaining the online application system, sharing state DD info and advocacy, language access, accessibility testing, shredding services, and reviews of audits. Also supports the 211 information services, human resources services through AAIM, and coordination of community health plan.
Public Relations***	\$20,000	\$20,000
	\$15,000 Eberfest film sponsorship, offset by Alliance contributions. \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events, in which Expo, AIR, or the Boards are promoted.	\$15,000 Eberfest film sponsorship, offset by Alliance contributions. \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events, in which Expo, AIR, or the Boards are promoted.
disability Resource Expo***	\$0	\$0
	<i>Charged to Professional Services, Rental, Advertising, and PR when Expo-related. Support for Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Expo Coordinators, interpreters, and PAs charged to Professional Services. Costs offset by exhibitor fees and sponsorships.</i>	<i>Now charged to Professional Services, Rental, Advertising, and PR with Expo-related. Support for Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Expo Coordinators, interpreters, and PAs charged to Professional Services. Costs offset by exhibitor fees and sponsorships.</i>
CCMHB Contribution s & Grants	\$6,080,090	\$5,817,047
	Estimated CCMHB payments to agencies from January 1 to June 30, 2025, as authorized in May 2024, plus 1/2 of estimated PY26 annual allocation amount, with agency contract maximums to be authorized by July 1, 2025.	CCMHB payments to agencies from January 1 to June 30, 2024, as authorized in May 2023, plus payments authorized in May 2024 to be made from June through December 2024.
CCDDB Contribution s & Grants	\$5,067,901	\$4,839,825
	Estimated CCDDB payments to agencies from January 1 to June 30, 2025, as authorized in May 2024, plus 1/2 of estimated PY26 annual allocation amount, with agency contract maximums to be authorized by July 1, 2025.	Actual CCDDB payments to agencies from January 1 to June 30, 2024, as authorized in May 2023, plus payments authorized in May 2024, to be made from June through December 2024.
Dues/ Licenses	\$20,000	\$20,000
	\$1,000 national trade association (NACBHDD), \$16,000 state trade association (ACMHAI), and smaller amounts Human Services Council, Arc of Illinois, any new membership, e.g., CBHA, NCBH, NADD, possible NADSP membership.	\$1000 national trade association (NACBHDD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHAI), small amounts Human Services Council, Arc of Illinois, possible NADSP membership.
Conferences /Training	\$4,000	\$4,000
	\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (likely offset by ACMHAI). \$400 for NACo Annual Meeting. Registration fees for other conference/training for staff members might include Mental Health America, Federation of Families, Arc of IL, NADD, or similar. Mental Health First Aid training and certification. <i>Costs of travel and meal per diems for staff for any of these conferences are included in different lines.</i>	\$500 registration for NACo and NACBHDD Legislative and Policy Conferences (offset by ACMHAI). Registration fees for other conference/training for staff members might include Mental Health America, Federation of Families, Arc of IL, NADD, or similar. Mental Health First Aid training and certification. <i>Costs of travel and meal per diems for staff for any of these conferences are included in different lines.</i>
Non-Employee Conferences / Trainings**	\$10,000	\$5,000
	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and monthly learning opportunities/ trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Some virtual trainings.	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and monthly learning opportunities/ trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Some virtual trainings.
Unexpected		
	Changes in professional fees for support to agencies, non-employee trainings, Public Relations, or Expo costs. Cost of moving offices to a different location. Increased need for legal counsel. Budget amendment to cover benefits payout upon employee resignation or change in staffing. Possible tax liabilities, interest. Fund balances are lowest in May, at which point there should be enough for 6 months operating + any tax liability + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by mid-June, fund balance may be used.	Changes in supports to agencies, non-employee trainings, Public Relations, Expo costs. Public health barrier to large gatherings. Cost of moving offices to a different location or renovating, greater need for legal counsel. Budget amendment if employee resignation (with benefits payout) or change in staffing. Fund balances are lowest in May, at which point there should be enough for 6 months operating + any tax liability + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by mid-June, fund balance may be used.

Calculation of the CCDDDB Administrative Share (“Professional Services”)

Adjustments:	2025	2024
CCMHB Contributions & Grants	\$6,080,090	\$5,817,047
Eberffest AIR anti-stigma film	\$15,000	\$15,000
MHB-specific insurance cost	\$5285	5285
CCDDDB Share of Donations & Misc Rev	\$10,000	\$7,000
Adjustments Total:	\$6,110,375	\$5,844,332
CCMHB Total Expenditures:	\$7,168,742	\$6,837,383
Total Expenditures less Adjustments:	\$1,058,367	\$993,051

	2025	2024*
Total Expenditures less Adjustments	CCDDDB Share	CCDDDB Share
Adjusted Expenditures x 42.15%	\$1058367	\$993,051
Monthly Total for CCDDDB Admin	\$446,102	\$418,571
	\$37,175	\$34,881

*At the end of the Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDDB current year share.

Background for 2025 CCDDDB Budget, with 2024 Projections and Earlier Actuals

2025 BUDGETED REVENUES	2024 PROJECTED	2023 ACTUAL	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$5,180,091	\$4,879,251	\$4,511,249	\$4,334,187	\$4,001,872	\$3,982,668	\$3,846,413	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$2,415	\$0	\$7,246	\$0	\$2,773	\$5,369	\$412	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$3,222	\$3,039	\$0	\$3,066	\$3,361	\$3,261	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$4,000	\$2,396	\$1,210	\$3,021	\$0	\$2,154	\$2,841	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$44,840	\$84,072	\$35,285	\$791	\$4,054	\$23,508	\$24,062	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations (MHB transfer)	\$10,000	\$5,064	\$6,908	\$0	\$5,819	\$106,505	\$6,779	\$7,288	\$10,673	\$0	\$0
Other Miscellaneous Revenue	\$5,000	\$50,550	\$0	\$971	\$9,524	\$8,955	\$6,408	\$14,432	\$0	\$0	\$11,825
TOTAL REVENUE	\$5,518,336	\$5,024,555	\$4,564,937	\$4,338,970	\$4,027,108	\$4,132,520	\$3,890,176	\$3,724,703	\$3,616,091	\$3,555,220	\$3,521,224

2025 BUDGETED EXPENDITURES	2024 PROJECTED	2023 ACTUAL	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Services (42.15% of some CCMHB expenses, as above)	\$418,571	\$389,194	\$358,450	\$366,344	\$330,445	\$309,175	\$310,783	\$287,697	\$379,405	\$330,637	\$337,536
Contributions & Grants	\$4,839,825	\$4,090,901	\$3,777,207	\$3,514,153	\$3,659,691	\$3,435,748	\$3,250,768	\$3,262,938	\$3,206,389	\$3,069,122	\$3,224,172
Insurance specific to DDB	\$4,333										
Interfund Transfer, CILA Fund	\$0	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Interfund Transfer to MH (loan repay)	\$0					\$100,000					
Interest on Tax Case	\$0	\$0	\$0	\$0	\$1,363						
TOTAL EXPENSES	\$5,518,336	\$4,530,095	\$4,185,657	\$3,930,497	\$4,041,499	\$3,894,923	\$3,611,551	\$3,600,635	\$3,635,794	\$3,449,759	\$3,561,708



DECISION MEMORANDUM

DATE: November 20, 2024
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Strategic Plan for 2022-2025 with DRAFT Objectives for 2025

Purpose:

This memorandum seeks Board approval of the attached Plan with DRAFT Objectives for Fiscal Year 2025. The Plan continues the commitment to goals and responds to emerging issues. Proposed changes are *italicized* and highlighted, and language to be removed is lined out. These edit features will be removed from the version approved by the Board.

Update:

The CCMHB approved extending the current strategic Plan goals for one year, with revised objectives for Fiscal Year 2025. This will allow the next three-year plan to align with the shared community health plan timeline and incorporate results of the large-scale assessment and process. Revised objectives will guide our work in 2025.

Feedback from agencies and board members shaped initial draft objectives, presented on September 18, 2024. Further input was welcomed through the end of October. Public and agency comments made during two study sessions and one board meeting have affirmed much of the direction set by initial feedback. The present version is modified to:

- Amplify advocacy for specific legislation to build the behavioral health workforce, e.g., revamping licensure and certification processes. (Objective 10.5 further revised.)
- Introduce “undervalued” within the statement of purposes (page 3.)

Decision Section:

Motion to approve the attached draft Strategic Plan for Fiscal Years 2022-2025 with Fiscal Year 2025 Objectives.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Champaign County Mental Health Board

Strategic Plan

For

Fiscal Years 2022-2025
(1/1/2022-12/31/2025)

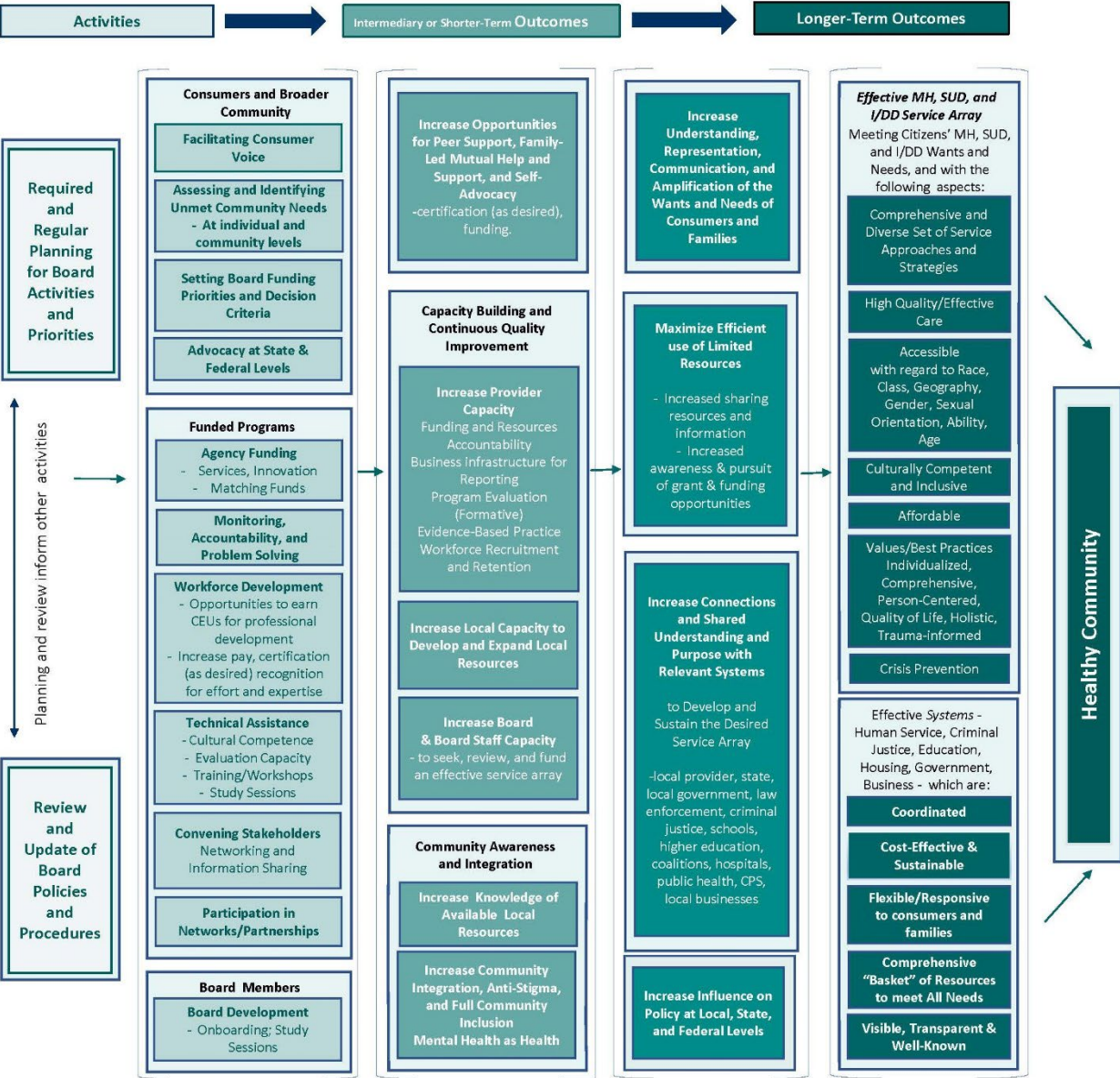
With

One-Year Objectives

For

Fiscal Year 2025
(1/1/2025-12/31/2025)

Purpose:
To promote health and wellbeing in the community through the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.



Champaign County Mental Health Board
Three Year Plan for 2022-2024 with One Year Objectives

Logic Model Developed by Board and Staff with the UIUC Evaluation Capacity Building Project Team during Spring 2021

Champaign County Mental Health Board

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for, persons with a developmental disability or substance use disorder, for residents thereof and/or to contract therefor..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate, and allocate funds for the comprehensive local system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved **or undervalued**, and general populations of Champaign County.
3. To increase public and private support for the local system of services.
4. To further develop systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

To accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

COORDINATED SYSTEMS OF CARE

Goal #1:

Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

Objective 1.1: With input from people served and their loved ones, whenever possible, and with clear connection between the model and best outcomes for people served, encourage use of appropriate evidence-based, evidence-informed, recommended, innovative, or promising practice models.

(Allocation Priority/Criteria Objective)

Objective 1.2: Promote wellness for people with MI, SUD, or I/DD, to prevent and reduce early mortality, through access to services addressing basic needs, enrollment in benefit plans, and coordinated access to primary care.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 1.3: Support development or expansion of residential and employment supports for persons with behavioral health diagnoses and no other payor source.

(Allocation Priority/Criteria Objective)

Objective 1.4: Encourage and participate in community efforts to prevent overdose deaths and expand SUD prevention and treatment.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 1.5: Build resiliency and support recovery, e.g., peer supports, outside of a clinical setting. Peer-run/operated, mutual help groups support professional medical therapy for recovery, maintenance of recovery, and familial support.

(Allocation Priority/Criteria Objective)

Objective 1.6: Utilizing expertise of consultant(s) selected through RFP2022-010, build evaluation capacity of contracted providers in order to improve positive outcomes for those engaging in funded services.

(Policy Objective)

Objective 1.7: Engage with consultant(s) selected through RFP2022-010 to improve providers' ability to set internal goals for advancing the evaluation of program performance outcomes.

(Policy Objective)

Objective 1.8: Support workforce recruitment and retention efforts, *which may include incentive payments, educational assistance, and system advocacy initiatives, with level of assistance linked to length of service commitment or specialized trainings.*

(Allocation Priority/Criteria Objective)

Objective 1.9: *Enable providers to implement Support* flexible service options, such as telehealth, *virtual, and home visits or other virtual means*, to maintain and improve access and engagement with clients and community.

(Collaboration/Coordination Objective)

Objective 1.10: With input from people with relevant lived experience, their loved ones, service providers, and other stakeholders, and through other needs assessment activities and environmental scan, develop and review a new Three-Year Plan for *2025-2027 2026-2028.*

(Policy Objective)

Goal #2:

Sustain commitment to addressing health disparities experienced by historically underinvested populations.

Objective 2.1: Support an inclusive network of culturally and linguistically responsive and family driven support groups.

(Allocation Priority/Criteria Objective)

Objective 2.2: Provide technical assistance for *continuous improvement of* funded *agency providers' agencies'* cultural and linguistic competence plans to meet the needs of all people served *and to engage with those seeking services.*

(Collaboration/Coordination Objective)

Objective 2.3: Encourage community-based organizations to allocate resources for training, technical assistance, outreach, language access and communication assistance, and professional development activities for all staff and governing or advisory boards, to advance cultural and linguistic competence and attract and retain a diverse professional workforce.

(Allocation Priority/Criteria Objective)

Objective 2.4: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks, peer ~~supports~~ ~~supporters~~ and mentors, and improved access to resources.

(Allocation Priority/Criteria and Policy Objective)

Objective 2.5: Assess and address the unmet MI, SUD, or I/DD service and support needs of residents of rural areas and farm communities, with assistance from the Regional Health Plan Collaboration.

(Collaboration/Coordination and Policy Objective)

Objective 2.6: With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on racial, ethnic, gender and/or sexual minority groups, or other at-risk populations in Champaign County. Encourage providers to improve health and behavioral health outcomes for all residents.

(Collaboration/Coordination and Allocation Priority/Criteria Objective)

~~**Objective 2.7:** Improve the categories of demographic data to be collected and reported by funded agency programs, to more accurately represent the people who are being served.~~

~~(Collaboration/Coordination Objective)~~

Goal #3:

On behalf of all eligible Champaign County residents, improve access to the supports, services, and resources currently available and beneficial to some.

Objective 3.1: Participate in and report on various coordinating councils whose missions align with ~~the needs of the populations of interest to~~ the Board's, with the intent of strengthening coordination ~~between providers in the delivery~~ of services. ~~Create~~ ~~Identify or develop~~ opportunities for people with ~~relevant lived experience~~ ~~lived expertise~~ to participate in or shape the work of these councils.

(Collaboration/Coordination Objective)

Objective 3.2: Communicate on issues of mutual interest with the C-U Public Health District (CUPHD) and the Champaign County Board, such as *effective responses to* interpersonal and community violence or Opioid Use Disorder.

(Collaboration/Coordination Objective)

Objective 3.3: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the Regional Health Plan Collaboration toward the *next 2026* Community Health Improvement Plan.

(Collaboration/Coordination Objective)

Objective 3.4: Increase awareness of community-*based* services and access to information on when, where, and how to apply for services, including through system navigators and expanded language access.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

~~**Objective 3.5:** Encourage providers to offer services in neighborhood community centers to reach all areas and people of Champaign County. (Collaboration/Coordination Objective)~~

Goal #4:

Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective 4.1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources for people with I/DD.

(Allocation Priority/Criteria Objective)

Objective 4.2: Increase the reach and variety of strategies that empower people who have I/DD and improve their access to integrated community settings.

(Policy Objective)

Objective 4.3: Using input from people who have I/DD, collaborate with the CCDDB on promoting inclusion and respect for people with I/DD.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 4.4: Using input from people who have I/DD, collaborate with the CCDDDB for use of the *funds from the sale of the CILA homes-I/DD Special Initiatives Fund* to meet the needs of Champaign County residents *with who have* I/DD *with and* significant support needs.

(Policy and Allocation Priority/Criteria Objective)

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #5:

Building on progress achieved through the six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), sustain the SAMHSA/IDHS system of care model.

Objective 5.1: ~~Participate in~~ Through the Champaign County Community Coalition ~~and other system of care initiatives. S~~, strengthen *relationships awareness and communication* across the child- ~~and youth-~~ serving systems.

(Collaboration/Coordination Objective)

Objective 5.2: Build on the successes of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support ~~specialists, and other peer-to-peer supports~~ to assist multi-system involved youth and their families.

(Allocation Priority/Criteria Objective)

Objective 5.3: Support ~~development of~~ a coordinated response to community violence, including gun violence, that leverages ~~existing investments by~~ the Board's ~~funded in prevention and early intervention~~ services for children, youth, and families, with ~~funds financial support~~ from other funders to mitigate the public health crisis associated with ~~community violence and in particular gun~~ violence.

(Collaborative/Coordination and Policy Objective)

Objective 5.4: Promote and support interventions that specifically address historical trauma experienced by African American and other minority youth.
(Allocation Priority/Criteria Objective)

Objective 5.5: Sustain commitment to ~~building systems that are~~ trauma-informed, family-driven, youth-guided, and culturally responsive ~~systems of care~~. Encourage cross-system collaborations, ~~such as through the Child and Adolescent Local Area Network~~, to improve student outcomes, share resources, and foster professional growth.
(Policy and Collaboration/Coordination Objective)

Objective 5.6: Acknowledging racial trauma as a mental health issue, ~~identify an appropriate response. support programs which offset its impact on children, youth, and families.~~
(Policy Objective)

Objective 5.7: Advocate at local, state, and national levels for full implementation and funding of safety net, screening, and crisis response for all children and families, including those who have multi-system involvement or encounter multiple barriers to success and health. Barriers include long wait times for psychiatric care and complicated or siloed regulatory and payment systems.
(Collaboration/Coordination Objective/Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6:

Divert persons with behavioral health needs or intellectual and/or developmental disabilities from the criminal justice system, as appropriate.

Objective 6.1: ~~Continue involvement in~~ Through the Crisis Intervention Team Steering Committee ~~in support of increased collaboration between,~~ collaborate with law enforcement and crisis service providers toward positive health and behavioral health outcomes for all Champaign County residents. ~~Encourage and use~~ Use input from people who have experienced a behavioral health crisis, along with their family members and peers.

(Collaboration/Coordination Objective)

Objective 6.2: Sustain efforts to engage persons *with who have* behavioral health diagnoses *and are* re-entering the community from jail or prison or *with have* recent involvement with the criminal justice system, in treatment and other support services *such as the Champaign County Problem Solving Court and reentry services*. Improve these services and supports by using input from people with relevant lived experience.
(Allocation Priority/Criteria Objective)

Objective 6.3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council and Problem Solving Court Steering Committee to address identified needs *and opportunities to improve and expand care*.
(Collaboration/Coordination Objective)

Objective 6.4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBDD), *in its partnership with the and* National Association of Counties (NACo), use and promote technical assistance and support to improve outcomes for Champaign County residents who have behavioral health needs and justice system involvement.
(Collaboration/Coordination Objective)

Goal #7:

In conjunction with the Champaign County Sheriff's Office, other law enforcement, and community stakeholders, pursue a continuum of services as an alternative to incarceration and/or overutilization of local emergency departments for persons with behavioral health needs or developmental disabilities.

Objective 7.1: Support local collaborations to increase housing and employment supports for persons with MI, SUD, or I/DD.
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 7.2: Identify *behavioral health assessments, crisis stabilization, treatment options, and other* supports and services which reduce unnecessary incarceration, hospitalization, and institutionalization.

(Collaboration/Coordination Objective)

Objective 7.3: Collaborate in the development of a full crisis response continuum around 988, with input from people who have experienced a behavioral health crisis.
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Goal #8:

Support interventions for youth who have juvenile justice system involvement.

Objective 8.1: Through *participation on* the Youth Assessment Center Advisory Committee or other similar collaboratives, advocate for community and education-based interventions contributing to positive youth development and decision-making.
(Collaboration/Coordination Objective)

Objective 8.2: Through *participation in* the Champaign County Community Coalition and other community focused initiatives, encourage multi-system collaborative approaches for improving outcomes for youth and families and communities.
(Collaboration/Coordination Objective)

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9:

Address the need for acceptance, inclusion, and respect associated with a person's or family members' mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective 9.1: *Continue efforts to p*romote inclusion and challenge stigma and discrimination *through collaborations* such as the disABILITY Resource Expo, Ebertfest, *National Children's Mental Health Awareness Day*, and other related community education events. Whenever possible, include student groups or interns in these efforts.

(Collaboration/Coordination Objective)

Objective 9.2: Promote SUD prevention initiatives as a community education tool ~~targeting youth and young adults.~~

(Collaboration/Coordination Objective)

Objective 9.3: Promote behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated.

(Collaboration/Coordination Objective)

Objective 9.4: To integrate people with behavioral health disorders and/or I/DD into community life in Champaign County, seek out and share their direct input with other collaborations and leadership. Whenever possible, include these people in any ~~collaborations organizations~~ which have been formed on their behalf. Emphasize inclusion as a benefit to all members of the community, regardless of ability.

(Allocation Priority/Criteria Objective)

Objective 9.5: Support Mental Health First Aid for Adults, Youth, and Teens, to encourage community members to provide first responder support for people who may be experiencing a crisis.

(Collaboration/Coordination Objective)

Objective 9.6: With input from people who have MI, SUD, or I/DD, ~~support development of web-based resources to~~ make information on community services and resources more accessible and user-friendly.

(Collaboration/Coordination Objective)

Goal #10:

Engage with other local, state, and national stakeholders on emerging issues.

Objective 10.1: Monitor the local impacts of changes in Medicaid and Managed Care ~~and Medicaid waivers and a.~~ Advocate, through Association of Community Mental Health Authorities of Illinois (ACMHA) and ~~other organizations along with other statewide associations and advocacy groups~~ for increased service capacity and service options sufficient to meet demand in Champaign County.

(Collaboration/Coordination Objective)

Objective 10.2: Track relevant class action cases, e.g., Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.
(Policy Objective)

Objective 10.3: Participate in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and similar organizations, to understand and report on trends, best practices, and innovations and to advocate at the national level *on behalf of Champaign County residents.*
(Collaboration/Coordination Objective)

Objective 10.4: ~~Track implementation of the Pathways to Success program to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act.~~
Track and advocate for implementation of the recommendations of the Illinois Children's Behavioral Health Transformation Initiative.
(Policy Objective)

Objective 10.5: With other organizations *and policymakers* whenever appropriate, advocate at the state and national levels on the issues of *expanding and diversifying the* behavioral health and I/DD workforces. *Strategies may include supporting legislation to revise licensure and certification processes. shortages. As opportunities arise, p*Participate in planning and policy development with state agencies such as IDHS, *advocating and use these opportunities to advocate* for the needs and choices of Champaign County residents, based on direct and indirect input from people with MI, SUD, or I/DD.
(Policy Objective)

Objective 10.6: ~~Monitor the transition to a new Independent Service Coordination provider, as well as the system of I/DD services funded by the state of Illinois.~~ Advocate on behalf of and with those residents of Champaign County who receive Home Based Support, who have been selected from PUNS, or who are eligible and enrolled and waiting for PUNS selection.
(Collaboration/Coordination Objective)

Objective 10.7: *Participate in the development of recommendations for the redesign of Illinois' I/DD service system, through Engage Illinois and similar collaborations.*
(Policy Objective)



DECISION MEMORANDUM

DATE: November 20, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director, and Kim Bowdry and
Leon Bryson, Associate Directors
SUBJECT: PY2026 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The Illinois [Community Mental Health Act](#) (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) policies. Funds are allocated within the intent of the controlling act, per the laws of the State of Illinois. The Act and [CCMHB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used in the process which results in contracts for services. Upon approval, this becomes an addendum to Funding Guidelines.

Purpose:

The CCMHB may allocate funds for Program Year 2026 (July 1, 2025 to June 30, 2026), using a timeline which begins with setting allocation priorities and decision support criteria. These describe how the Board may contract for programs furthering the Board's mission and fulfilling its responsibilities to the public. This memorandum offers:

- Data and observations about the needs and priorities of residents, especially those who have behavioral health issues or developmental disabilities.
- Impact of state and federal service and payment delivery systems.
- Priority categories, of which proposals for funding choose one.
- Best Value Criteria, Minimal Expectations, and Process Considerations, to support the Board in evaluating funding requests and making allocation decisions.

Staff recommendations are based on our understanding of the larger context and best practices, using input from funded agencies, board members, and other interested parties. In September, an initial draft was presented to the Board and stakeholders for further input. Revisions based on that input include:

- Linking to and summarizing input from advocates who have I/DD (in "Understanding the Needs of Champaign County Residents.")
- Noting that historically underrepresented or under-resourced may also mean undervalued (in "Operating Environment" and "Eliminating Disparities in Access and Care.")
- Seeking details on how people with relevant lived experience impact programs (in "Self-Determination - Do the People Served Have a Say in Service Planning?")

- Retitling the “Continuation of Services” section to “Technology Access and Use” broadening how technology and training strengthen a program.

Understanding the Needs of Champaign County Residents:

Requests for CCMHB funding include an agency-wide plan based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards, which were introduced to advance health equity, improve quality, and eliminate disparities.

The Principal CLAS Standard:

“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.”

This is consistent with Champaign County Board Goal 3, to “promote a safe, healthy, just community” and is a priority of University of Illinois at Urbana-Champaign’s Campus Community Compact, the iPlan Behavioral Health Workgroup, and other collaborations.

The [2024 County Health Rankings report](#) compares Champaign County with Illinois and the US in health-related measures. Income inequality here is higher than both and can be an indicator of disparate health outcomes. A [Kaiser Family Foundation report connects disparate health outcomes](#) across the country to challenges more often encountered by Hispanic, Black, and Asian people, including a lack of providers who understand their background, stigma, unfair treatment, lack of resource information, and other barriers similar to those noted locally.

The CCMHB/CCDDB [2021 community needs assessment](#) pointed to strengths, including green spaces and opportunities, and shortcomings, especially homelessness and violence. People who have a mental illness (MI), substance use disorder (SUD), or intellectual/developmental disability (I/DD) and their supporters made comments relevant to our planning and advocacy. They noted barriers: long waitlists, uncertainty about resources, not enough providers who accept Medicaid and Medicare, distrust in providers, limited ability to pay, lack of transportation, low internet access, and stigma. Residents who had a disability or low income or who were members of racial, ethnic, and gender minorities also encountered barriers to those resources enjoyed by others, resulting in starkly different experiences of this county.

The CCMHB partners with other organizations toward shared goals of creating a more inclusive, welcoming, and healthy community. In the collaborative 2022 [Community Health Needs Assessment](#), respondents prioritized addressing unmet behavioral health needs and impacts of violence, as had been the case even before the peak of COVID-19.

During 2024, the Champaign County Regional Planning Commission (CCRPC) conducted a community needs assessment which showed similar findings:

- Feedback in the areas of housing, health, and basic expenses.

- Access to mental health treatment and stress support were identified needs.
- Youth were concerned with community violence.
- Youth would benefit from: information on substance use, social media safety, and emotional regulation; educational support, mentoring, and after school programs; mental health resources; and basic needs (housing and food).

On April 10, 2024, the Champaign County Community Coalition hosted a youth panel. Participants noted supports for success, barriers to participation, and common themes:

- Barriers were related to gun violence, safety, transportation, parental fears.
- Many hope for community among peers and felt supported by several programs.

Data from people with I/DD are collected in the state's Prioritization of Urgency of Need for Services (PUNS), sorted by County, and through an assessment conducted by the Champaign County Regional Planning Commission (CCRPC) annually.

PUNS data show:

- The most frequently identified supports (in order): Transportation, Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Physical Therapy, Assistive Technology, Adaptation to Home or Vehicle, Respite, and Intermittent Nursing.
- 238 people (269 last year) wait for Vocational or Other Structured Activities.
- 75 people are seeking out-of-home residential support of less than 24 hours, and 39 seek 24-hour residential support (both counts are similar to last year).

CCRPC preference data show:

- Continued strong interest but low involvement in community employment, volunteering, and groups; interest in available recreational activities; and increased comfort in navigating the system.
- 94% of respondents have been on the PUNS list longer than one year, 30% three to five years, and 45% over five years.
- 62% of respondents lived with family and preferred it, and 42% preferred living alone; 33% lived in their own home with occasional support.
- 60% would choose to live in Champaign, 24% in Urbana, 8% in Mahomet, 8% outside of Illinois, 6% in Savoy, and 5% Rantoul.

Self-advocates with I/DD shared observations with the CCMHB and CCDDDB during a [study session on September 25](#). They affirmed our understanding of unmet needs, agreed with many allocation considerations, and underscored the importance of people having a say in their own service plans as well as in the direction of programs meant to serve them.

Many challenges identified through collaborations which focus on Champaign County residents with MI and SUD helped shape previous year priorities and continue:

- Co-occurring MI and SUD can disrupt people's stability: when one is untreated, the other may worsen, but treating both is a challenge, due in part to separate funding systems and stigma.
- The stigma around SUD, especially opioid use, stalls funding, implementation, and utilization of best practice and harm reduction strategies.
- More community-based youth MI and SUD treatment is needed.
- Community-based providers have difficulty coordinating with schools.

- Data-sharing across sectors would also help connect people who are in jail or coming out of prison with community providers and resources.
- People in reentry need support with public benefits, voting, housing, student loans, employment, holistic care, and family reunification.
- County-wide collaborations have suffered from workforce shortages, waitlists for inpatient care, slow access to forensic beds, and implementation of legislation.
- Children are held in the Juvenile Detention Center for more serious, dangerous offenses than in prior years.
- Families are utilizing peer mentoring and advocacy services less frequently.

Some residents' service needs are met through private insurance or Medicaid and Medicare, designed to cover long term support and mental and physical healthcare for older people. Services for some identified needs and populations are presumed to be adequately funded through these other pay sources, and they are not emphasized in CCMHB priorities. Where that presumption is incorrect, there are gaps in access and care. Gaps may relate to 'siloes' regulatory and payment systems, to those systems not covering all effective approaches, to difficulty securing and maintaining coverage, or to low availability of participating providers. Long-term solutions require system advocacy, to establish parity and equity across populations.

According to the Champaign County Coroner, in 2023, there were 54 overdose drug deaths in Champaign County, 8 related to heroin, 42 to illicit fentanyl, 13 to methamphetamines, 14 to cocaine, and 7 to alcohol. The County's Opioid Task Force has set up [an online data tool](#) which shows who has been most vulnerable, where their death occurred, which type of drug was involved, and whether Narcan was used.

The Champaign County Board is among decision makers [determining best uses of opioid settlement funds](#) for their jurisdictions. Illinois will receive over \$1.3b, to be used over many years. The [State of Illinois Overdose Action Plan](#) emphasizes social equity, prevention, evidence-based treatment and recovery services, harm reduction to avert overdose deaths, and public safety. The Illinois Opioid Remediation Advisory Board recommends abatement strategies such as increased access to Narcan. Although the County will be investing in Opioid Use Disorder (OUD) prevention and treatment in the coming years, Illinois DHS-SUPR and the CCMHB should continue to support SUD care generally, as non-opioid drugs contribute to loss of life and loss of quality of life here.

Operating Environment:

In addition to responding to identified needs and priorities of Champaign County residents with MI, SUD, or I/DD, CCMHB allocations are determined within an operating environment and the constraints and opportunities it presents. Where other payers cover services, care is taken to avoid supplanting and to advocate for improvements in those larger systems.

The [2024 State of Mental Health in America Report](#) includes findings of concern:

- 2022 saw the highest number recorded of US residents who died by suicide.
- While mental distress increased among students, IEPs addressing it decreased rather than keeping up with the need.
- For youth, Illinois' rates of major depressive episode, SUD, and serious thoughts of suicide were each higher than the national average, though not the highest.
- Over half of youth with recent major depressive episode did not receive treatment.
- 25% of US adults with a need for mental health care could not see a doctor due to cost. The rate in Illinois was 24.54%.
- Illinois' prevalence rates of adults with SUD and of adults with serious thoughts of suicide were each just above the national average.
- 64% of uninsured adults said they could not afford health insurance.
- 10% of adults with MI were uninsured. Illinois' rate was 9.3%.
- 77% of adults with an SUD did not receive treatment.
- Illinois had the highest rate of adults who needed but did not receive SUD care.

The report has some encouraging data:

- Over 60% of US youth had improved school engagement and positive outcomes, and Illinois showed the second highest rate of youth "flourishing."
- Illinois youth with major depressive episode received more mental health services than those in 46 other states. Private health insurance was more likely to cover their mental or emotional problems than in 40 other states.
- Illinois had an overall ranking of 15 among states and District of Columbia; determined by combining 15 measures, a ranking of 1-13 showed lower prevalence of MI and higher rates of access to care.
- Illinois' poor adult ranking of 29 is in contrast to the high youth ranking of 4.
- Illinois had one of the lower rates of adult prevalence of MI, at #8 with 22.01%.

In recovery from the global pandemic and social isolation, national data give Illinois something to celebrate. According to [a DocVA study](#) analyzing CDC's [National Center for Health Statistics data on anxiety and depression](#), Illinois had the greatest decrease in reported symptoms (50.34%) from 2020 to 2024. Next are New Jersey, Hawaii, New York, and California. The Governor's Office lists [strategies contributing to recovery](#).

A federal innovation being introduced in ten states each year is the Certified Community Behavioral Health Center. [Illinois has now been selected](#) to implement the model fully and has identified provider organizations and launched the planning phase.

The National Association of Counties' Commission on Mental Health and Wellbeing identified four categories for policy advocacy:

- Amend the Medicaid Inmate Exclusion Policy (MIEP) and the Institutions for Mental Diseases (IMD) Exclusion Policy
- Enhance local crisis response systems
- Strengthen the mental health workforce
- Enforce mental health parity.

[The final report](#) acknowledges youth and vulnerable populations, equity and access to services, for which system advocacy and funded programs are solutions.

As of September 2024, Illinois continues to struggle with ‘bottlenecking’ and inappropriate incarceration. Over 100 people in jails await transfer to inpatient care, some waiting more than three months. The state is considering legislative solutions. Another factor in continued overincarceration statewide is the lack of supportive housing.

Because people cannot use Medicaid coverage for care while in jail, counties have carried the cost. Any interruption of medical or psychiatric treatment can compound the [poor outcomes related to incarceration](#). MIEP applies to people staying in jail even before they have been adjudicated. In 2022, [coordinated advocacy to lift this exclusion](#) was partially successful, applying to youth who await adjudication. In 2024, Illinois received approval to test this benefit for certain pre-release services for adults 90 days prior to re-entry. It will be tested first in Cook County, not available to Champaign County for some time.

This MIEP exception is one component of [Illinois’ “1115” waiver recently approved by Centers for Medicare and Medicaid Services](#). The approval also:

- Extends Illinois’ transformation waiver.
- Makes it the first state to include screening and needs assessments, trauma therapy, and similar services for people who have experienced violence.
- Adds “health related social needs” such as housing supports, home-remediation, nutrition counseling, nutrition prescriptions related to health risks, and home-delivered and medically tailored meals.

The impacts of violence and victimization are profound, calling attention to effective responses. A [Victim Needs Assessment report](#) shared by Illinois Criminal Justice Information Authority (ICJIA) examines the need for victim-centered services statewide, along with barriers to access. Survey participants reported crime and victimization:

- 76% had experienced intimate partner violence.
- 74% threats of physical or aggravated assault.
- 69% physical assault and 51% sexual assault.
- 48% robbery.
- 33% sex or labor trafficking.
- 32% consumer fraud or identity theft.
- 25% stalking victimization.
- 22% kidnapping, 21% shot or shot at, and 20% witnessing a murder.

68% of those who had experienced intimate partner violence sought formal help, the lowest rate among the prevalent types of victimization. For all types combined, the most typical help-seeking was to tell a loved one (94%) and the least frequent was seeking support from a spiritual leader (18%), with social services in the middle (41%). The report also finds that services must be enhanced to serve **undervalued** groups.

Following the 2022 implementation of the national **988** mental health crisis call system, state and local authorities and providers continue efforts to develop and retain a continuum of crisis response services and supports beyond the initial crisis call or text. Also in 2022, new laws in Illinois impacted responsibilities of law enforcement, court services, and behavioral health systems. The Pretrial Fairness Act, part of [Public Act 101-](#)

[0652](#), and the [Community Emergency Services and Support Act \(CESSA\)](#) will change jail-based supports and crisis response respectively. Local government officials and service providers participate in statewide planning. The Administrative Office of the Illinois Courts (AOIC)'s Statewide Behavioral Health Administrator continues to offer assistance to Champaign County, especially to expand Problem Solving Courts.

Illinois' Community Mental Health Act was enacted when the promise of community alternatives to institutional care was new. In the four decades since, federal and state authorities have not fully developed or invested in that promise, shifting safety net responsibilities to local governments. Illinois' mental health boards fill gaps and innovate with their funds, promote and advocate for better systems, raise community awareness, share resource information, and coordinate with local stakeholders. While this has become harder to sustain due to increased demands and staffing shortages, we continue intergovernmental and interagency efforts to reach shared goals.

Program Year 2026 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The entire service system, which includes substantial resources not funded by the CCMHB, should balance health promotion, prevention, wellness recovery, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, ethnic groups, genders, and neighborhoods. Broad categories used in PY2025 continue, but each has been revised to account for developments in the field or in Champaign County.

NEW PRIORITY: Strengthening the Behavioral Health Workforce

Agencies have struggled to maintain proposed levels of staffing in many programs, with turnover and vacancies at all levels. This threatens the quality of care and accelerates staff burnout. Recruiting and retaining a qualified workforce is a concern across the US.

Despite agreement on the need for a more diverse and representative workforce, multiple barriers must be overcome. An agency's Cultural and Linguistic Competence (CLC) Plan will describe efforts to improve the situation. These might be through system reform and legislative advocacy, community/anti-stigma education, or partnering with providers and educators, including relevant degree programs or even earlier outreach through secondary education. Those activities for which MHB funding is not needed would strengthen an agency's CLC Plan. A specific program request might accelerate progress in PY2026.

Agencies may propose strategies to strengthen and diversify the workforce, improve staff knowledge of relevant service models and technologies, and expand service capacity to meet the needs of Champaign County residents with behavioral health needs. Agencies might collaborate on a joint application proposing system-wide solutions:

- Educational assistance directly relating to the professions, such as certification, licensure, student loan, or tuition payment assistance, stipends for students,
- sign-on bonuses and periodic retention payments with a performance standard,
- intermittent payments for exceptional performance,

- increased salaries and wages for those providing direct services,
- group and individual staff membership in professional associations which respect the behavioral health workforce roles and offer networking and advocacy opportunities, and
- high quality trainings or certifications specific to the staff roles, combined with recognition and payment upon completion.

PRIORITY: Safety and Crisis Stabilization

Champaign County Reentry Council, Crisis Intervention Team Steering Committee, Problem Solving Courts, Continuum of Service Providers to the Homeless, and Rantoul Service Providers focus on supporting people from crisis to stability. Since introduction of 988 crisis call centers, much state and local attention has been on building up a full crisis response system which can also respond to increased houselessness, violence, and substance use. Where the interests of public safety and public health systems are served, co-funding and coordination should amplify efforts and ensure we are not duplicating or interfering with similar efforts to:

- Improve people's health and quality of life, increase access to community-based care, reduce contact with law enforcement, incarceration, hospitalization, length of stay in these settings, and unnecessary emergency department visits, and facilitate transition to full community life.
- Enhance the crisis response continuum through triage and assessment to help people find the most appropriate treatment, or through intensive case management or benefits enrollment to secure ongoing care.
- Collect and share data across systems, with and on behalf of people impacted by the justice system, hospitalization, or housing instability as a result of MI or SUD.

Community-based care reduces reliance on institutional care and counterproductive encounters with law enforcement or other systems not designed or ideal for treatment of MI, SUD, or I/DD. Appropriate treatment for these conditions results in better quality of life for people and their families and reduces the cost to other publicly funded systems. Qualified professionals, including peer supporters, meet people where they are and provide service or connect them to resources, including inpatient care when needed.

PRIORITY: Healing from Interpersonal Violence

Support and recovery from crisis also involves the care and healing of people who have experienced interpersonal violence. The treatment approach should be appropriate to the type of harm and to the individual and their supporters. Acknowledgement of the need for healing can extend to collective trauma and violence. Champaign County's cultural and linguistic diversity requires appropriate service responses, often a challenge.

For survivors of domestic violence, sexual assault, or child abuse or neglect, programs should improve health and success, respond to the crisis when the person is ready, and reduce the associated stigma and isolation. To ensure the best care for people who have experienced interpersonal or community violence:

- Amplify state and federally funded programs to meet increased needs and to implement and improve trauma informed systems of care.

- Serve those who are not covered by another pay source, using evidence-based or promising approaches of equal or higher quality.
- Fill gaps where other funding does not exist, such as for violence prevention education or coordination of resources.
- Assist children and their families and other survivors of violence, in staying connected to others, especially given the harmful impacts of social isolation.

For two program years, CCMHB funding has been necessary to fill gaps left by reductions in Victims of Crime Act funding. While this may continue to be a gap in PY2026, federal and state funding should be accessed first when available.

This priority category overlaps with another, particularly regarding long-term impacts of violence. In the CCRPC 2024 community needs assessment, the most frequently identified challenge for teens was community safety, violence, and the associated trauma. Efforts to disrupt the cycles of violence, promote healing, and reduce further harm are of interest to other Champaign County government, funders, and service providers, so that coordination will have the most positive impact.

PRIORITY: Closing the Gaps in Access and Care

Barriers to access and care may relate to difficulty navigating the service or benefit systems, low service provider capacity generally and in areas of the County outside of Champaign and Urbana specifically, long waitlists for core services, stigma, limited language options (and limited training resources for providers who use languages other than English), lack of transportation or childcare, low ability to pay, and more. CCMHB funding may help to fill some of these gaps or test promising approaches.

Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential” with pillars of recovery Health, Home, Community, and Purpose. [SAMHSA’s framework and proposed standards](#) are appropriate for peer-led organizations, even those without certification.

Increasing the Social Determinants of Health (e.g., housing, healthcare, healthy food) and building neighborhood-level resilience are public health approaches to wellness and recovery identified in workgroups of the Community Health Plan, the Champaign County Community Coalition, and the UIUC Campus Community Compact. Co-funding by other entities adds value and ensures we are not duplicating or interfering with similar efforts.

Proposed programs might connect people to services which are billable to other payers or might offer approaches not otherwise available:

- Benefit enrollment assistance, especially by enrollment specialists and system navigators, with outreach and education regarding benefits and service options.
- Core treatment for those who have severe mental illness (SMI) or SUD but are without insurance coverage.
- Wellness and recovery support such as home visits, transportation, language services, and specialized case management.

- Assistance with ‘problems in living’ related to employment, independent living, social connection, or similar.
- Support for paid and unpaid caregivers, suicide prevention education, self-advocacy training, etc.
- Peer support and mentoring to nurture individual and collective empathy, resilience, recovery, and wellness.
- Groups which foster creativity, sharing of creative efforts, stress reduction through physical activity, music, and similar antidotes.
- Education for providers on the negative mental health impacts of racial trauma.

PRIORITY: Thriving Children, Youth, and Families

Champaign County’s population is young, with high rates of child poverty, homelessness, and multi-system involvement. On behalf of children, youth, and families, the Champaign County Community Coalition, Child and Adolescent Local Area Network, Transition Planning Committee, Youth Assessment Center Advisory Committee, and the state-funded Redeploy Illinois project bring representatives of youth-serving systems together to improve access, care, resources, and individual outcomes. Services related to mental health, substance use, and trauma may be funded by the state, county, cities, villages, townships, CCMHB, United Way, or other, as the wellness of children is a priority for all. Responses may overlap with public safety and public health interests, due to heightened focus on youth mental health. CCMHB funding should help sustain effective programs while not duplicating or impeding other efforts.

Proposed programs should not criminalize behavioral and developmental issues. For young people with serious emotional disturbance (SED), SMI, or SUD, programs should reduce the negative impacts of any criminal justice or child welfare system involvement and increase positive engagements and connection to resources.

Programs should embody our community’s System of Care principles. Strength-based, coordinated, family-driven, youth-guided, person-centered, trauma-informed, and culturally responsive supports and services allow children and their families to thrive.

Programs might expand on current successes or address gaps/challenges:

- Year-round opportunities for children across the county, of any age and gender, to maximize social/emotional success and keep them excited about learning.
- Peer support, mentoring, and advocacy by family-led, youth-guided organizations.
- Unique responses to the mental health needs of youth in farming communities.
- Trauma-informed system work, disrupting the impacts of violence and disproportionate threats to health and security.
- Direct support to mitigate the harm caused by community violence and trauma.
- Prevention education, social-emotional development support, summer or after-school options matched to individual preferences.

The CCMHB has funded programs for very young children and their families, including perinatal support, early identification, prevention, and treatment. Many providers participate in a Home Visiting Consortium with a “no wrong door” approach for these children and families, using self-directed, strengths-based planning and attention to

Adverse Childhood Experiences and trauma-informed care. Programs serving children who have a developmental delay, disability, or risk might align with the final priority.

PRIORITY: Collaboration with the CCDDDB: Young Children and their Families

The Intergovernmental Agreement with the CCDDDB requires integrated planning of I/DD allocations and a CCMHB set-aside, which for PY2026 will equal the PY2025 amount of \$889,119 increased by the percentage increase in property tax levy extension.

The commitment to young children and their families continues for PY2026, with a focus on children’s social-emotional and developmental needs, as well as support for and from their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of young children and their families, and for which providers collaborate actively. Following the global pandemic, providers of services to young children have seen increases in developmental and social-emotional needs. Early identification and treatment can lead to great gains later in life. Services and supports not covered by Early Intervention or under the School Code may be pivotal for young children and their families and might include:

- Coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family,
- Early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers,
- Coaching to strengthen personal and family support networks, and
- Maximization of individual and family gifts and capacities, to access community associations, resources, and learning spaces.

Another collaboration of the Boards is through the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. During or resulting from the allocation award process, the CCMHB might elect to transfer a portion of their dedicated I/DD amount to the CCDDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either of those funds.

Criteria for Best Value:

An application’s alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have MI, SUD, or I/DD. Some ‘best value’ considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness - What is the Board Buying?

Details on what the Board would purchase are critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work. Each program proposal requires a Budget Narrative with text sections for describing: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program,

clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments. Budget and Program Connectedness includes and builds on two Minimal Expectations.

The first is financial clarity, demonstrated by a recent independent CPA firm audit, financial review, or compilation report, or audited balance sheet. These reports, and the resolution of any negative findings, will support the Board's application review and allocation decision processes. Another Minimal Expectation is evidence that other funding is not available or has been maximized. The Budget Narrative submitted with each program proposal is an excellent place to describe efforts to secure other funding. Programs with services billable to Medicaid or other insurance should attest that they will not use CCMHB funds to supplement those. They may identify activities not billable to other payers which can be charged to the proposed contract. While CCMHB funds should not supplant other public systems, programs should maximize resources for long-term sustainability. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources, also described with Unique Features, below.

Participant Outcomes

A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways are people's lives improved and how will we know? Simple, measurable outcomes are ideal. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. Applicants may view [short videos or 'microlearnings'](#) related to outcomes. A previously compiled '[measurement bank](#)' is also available, compiling information on outcome measures appropriate to various services and populations.

In a separate section, a proposal will describe how people learn about and access the program and will define measures of the program's performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and are required with every proposal.

Self-Determination - Do the People Served Have a Say in Service Planning?

The most meaningful participant outcomes will be developed through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party. Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCMHB funding should focus on people rather than programs, so that people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in service planning and should connect the program activities to what people have indicated they want and need. [SAMHSA's Issue](#)

[Brief on Person Centered Planning](#) may be helpful to providers serving people who have mental health or substance use disorders. In addition to planning their individual services, people who have personal knowledge of the issues addressed by a program may also contribute to its development and operation. An application should describe how input from people with lived experience and/or expertise helps to shape or run the program.

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care, for the sake of optimal health and quality of life for all community members. Barriers specific to some groups should be identified and minimized. Programs should improve access and offer appropriate care for people from historically under-resourced/undervalued populations, as identified in the [2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, as well as people living in rural areas and those with limited English language proficiency, should have access to supports and services. Applications should identify strategies to engage people and eliminate barriers to care.

The application forms include a Cultural and Linguistic Competence Plan (CLCP) template consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to the proposed program. CCMHB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may even be a driver of insufficient State and Federal support for community-based services. Stigma limits communities' potential and isolates people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language. Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are also safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social networks. Positive community involvement builds empathy and group identity, reduces stress, and even helps to reduce stigma.

The CCMHB has an interest in inclusion and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with the values of other Champaign County authorities and with the standards established by federal Home and Community Based Services, the Workforce Innovation and Opportunity, and the Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the people to be served.

Technology Access and Use

Applications should describe how people will be served in the event of a public health emergency which severely limits in-person contact, now that the negative impacts of

social isolation are understood. While in-person services may be preferred over virtual options, some capacity should be maintained. Telehealth and remote services connect more people to virtual care, overcoming transportation and other barriers, and they can also enhance people's access to other resources. Access to and training in the use of technology and virtual platforms, not only for people who participate in services but also for the direct staff involved in their care, will build on the existing successes and might also decrease the need for some in person staff supports.

Unique Features

A **best value** is also demonstrated through characteristics of the service approach, staff qualifications, or a funding mix unique to a proposed program. Proposals will describe other program resources, skills specific to the program's staff, and any recommended or innovative service models which will effectively meet the needs and preferences of program participants.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an established model, describe an innovative approach and how it will be evaluated.
- Staff Credentials: highlight credentials and trainings related to the program.
- Resource Leveraging: describe how the program maximizes other resources, including state, federal, or local funding, volunteer or student support, and community collaborations. If CCMHB funds are to meet a match requirement, reference the funder requiring this local match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Instructions on how to register and how to apply are posted there. Accessible documents and technical assistance on using the online tools, are available upon request through CCMHB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration. For applicants previously registered, continued eligibility is determined by compliance with contract terms and Funding Requirements.
2. Applicant is prepared to demonstrate their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
NEW FOR PY2026: Unless already provided under prior contract with the CCMHB, applicant should submit their most recent audit, review, or compilation. If one has not been conducted, an audited balance sheet should be submitted.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to mental health or substance use disorders or I/DD. **How will they improve the quality of life for persons with MI, SUD, or I/DD?**

5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the service system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient system, application should acknowledge collaborative efforts and other resources.

Process Considerations:

The CCMHB uses an online system for organizations applying for funding. Downloadable documents on the Board' goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. CCMHB funding guidelines and instructions on how to use the system are also posted there. Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.

- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of the application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Decision Section:

Motion to approve the CCMHB Program Year 2026 Allocation Priorities and Decision Support Criteria as described in this memorandum.

Approved
 Denied
 Modified
 Additional Information Needed

PY2025
1st Quarter
Program Service Activity
Reports

For the Champaign County Mental Health Board



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Children's Advocacy Center

Program: Champaign County Children's Advocacy Cen Period First Quarter PY25

Submitted 10/11/2024 by K MAY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	170	40	130	0
Quarterly Data (NEW Clients)	1	65	9	56	0
Continuing from Last Year (Q1 Only)			0	104	0

Comments:



Quarterly Program Activity / Consumer Service Report
 Agency: **Champaign County Christian Health Center**
 Program: **Mental Health Care by CCCHC** Period **First Quarter PY25**
 Submitted **10/29/2024** by **JTRASK**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	800	500	200	100
Quarterly Data (NEW Clients)	8	22	300	38	3
Continuing from Last Year (Q1 Only)					

Comments:

All patients of CCCHC get screened for mental health concerns along with receiving necessary medical and/or dental care.

CCCHC participated in several events over the summer and early fall that included disbursement of health education and wellness materials. Two of the five events included school or sports physicals being done onsite at Douglas Park. CCCHC's Outreach and Wellness Director has been very engaged with the community by attending events and collaborating with a multitude of social service organizations to ensure health education is available to their constituents as well.

Additionally, CCCHC has established a partnership with Carle's Psychiatric Residency Program that includes both in house clinics each month and residents attending outreach events as well.



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **CHW Outreach and Benefit Enrollment** Period **First Quarter PY25**

Submitted **10/25/2024** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	780	25	160	11
Quarterly Data (NEW Clients)	3	251	2	52	2
Continuing from Last Year (Q1 Only)			1	6	0

Comments:

The services provided to these clients this quarter include Medicaid applications, Medicaid Managed Care selections, Medicare applications, Medicare Savings Medicare Extra Help applications, food stamps (SNAP) applications, prescription assistance, and help accessing free/affordable dental and vision care. The 2 under Other represent clients who needed help with prescriptions through CCHCC's Rx Fund.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **Disability Application Services Period First Quarter PY25**

Submitted 10/25/2024 by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	700	8	69	12
Quarterly Data (NEW Clients)	3	297	3	17	9
Continuing from Last Year (Q1 Only)			0	12	0

Comments:

Our Disability program is extremely busy and very intense. We are getting referrals constantly from word of mouth, STRIDES, hospitals and clinics, and from both Townships. State law requires that Township clients who qualify for General Assistance (GA) MUST also apply for disability and be able to show proof of their applications. So, City of Champaign Township and Cunningham Township both refer their GA clients to us. Once the clients are approved for Disability, if they receive a lump sum back payment, a portion of the payment will go to pay the Township back for the GA they have provided. Therefore, CCHCC is not only benefiting our disability clients, we are also helping to put money back in the Township coffers, which, in turn, benefit other GA clients. Many of the clients who come to us for help with disability applications also have significant needs in other areas of their lives, such as housing, durable medical equipment, assistance for victims of violent crimes, pet issues, healthcare navigation issues, utilities and food, etc. We tend to completely wrap around these clients and do internal referrals for the services not provided by our disability application specialists. It is often shocking to see how utterly vulnerable and under-resourced many of these individuals are, and how they struggle to hang on to what they do have. We have worked with clients, for example, who have only one set of clothing and whose shoes have holes in them. They are just treading water until they can get some income to catch up with their needs. All of the clients represented under the MHB funding have mental and behavioral health issues as the main disabling condition; however, many also have physical issues such as COPD, back pain, etc. Also, we are seeing more and more clients who have long-COVID, and each are affected in different ways. We have a large number of "continuing" clients from last year; however, only 12 of those were individuals with whom we interacted in this quarter. That is because once the application is submitted, it can take 3-4 months to process it and we typically do not hear back from the client until they have once again been contacted by the Social Security Administration (SSA). The problems dealing with the SSA are a horror show and include issues such as "lost" applications; denials that do not state the reason for the denial; denials based on lack of medical records (even when WE obtain the medical records and turn them in to the SSA ourselves); and many, many other issues. We believe that the SSA is grossly understaffed and that many errors are being made that are harming our clients. And of course, the errors being made ALWAYS go against the clients. One might almost wonder if the SSA staff are just sending out some of these mailings that cause more work for the clients, just to buy themselves more time to work on another stack of applications. It is very devastating to our clients how long it is taking for their applications and appeals to wind their way through the system. We do have some clients for whom it has taken long enough to process their application, that they now qualify for Social Security early retirement, and they often opt to take that and start receiving some money, rather than waiting on the disability process. The harm in this is that they they get less for the rest of their lives because they are not "fully vested" in Social

Security for their real retirement age of 67. Lastly, the 9 in "Other" are individuals who needed other services such as help from our Rx Fund or housing navigation services.



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **Justice Involved CHW Services & Benefits Period First Quarter PY25**

Submitted **10/25/2024** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	200	25	75	10
Quarterly Data (NEW Clients)	6	44	2	23	2
Continuing from Last Year (Q1 Only)			0	2	0

Comments:

Chris Garcia continues to work with individuals who are incarcerated in the Champaign County Jail, as well as some individuals who are released from the jail and IDOC. The primary services that people need are Medicaid enrollment, SNAP enrollment, and on occasion, help with prescriptions or eye glasses. Chris is now steadily seeing more females from the County Jail as a result of the weekly Pregnancy and Parenting classes that Claudia Lennhoff and Paulette Colemon are teaching in the jail. At every class, Claudia and Paulette explain the services that CCHCC offers and how to submit a request slip in order to see Chris for our services. About once or twice a month, Chris comes into the class to introduce himself. This greater exposure to Chris and our jail-based services has led to an increase in female clients, compared to before we started teaching the Pregnancy and Parenting class in the jail. Also, individuals served in the jail are likely to refer their family members to CCHCC as well.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Head Start/Early Head Start MHB**

Program: **Early Childhood Mental Health Svcs Period First Quarter PY25**

Submitted 10/25/2024 by JSPAINMHB

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	3000	380	100	12
Quarterly Data (NEW Clients)	0	408	14	25	5
Continuing from Last Year (Q1 Only)			19	42	0

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Homeless Services System Coordination** Period **First Quarter PY25**

Submitted **10/23/2024** by **KHARMON@CCRPC.ORG**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	60	45	10	
Quarterly Data (NEW Clients)	6	45	15	1	
Continuing from Last Year (Q1 Only)					

Comments:

Community Service Events

7/15/2024 Meeting with Downtown Champaign Businesses
 7/22/2024 Meeting with Restoration Urban Ministries (RUM)
 8/6/2024 Training for CSPH members on Understanding LGBTQ+ Identities & Homelessness
 8/8/2024 CSPH Grants Information Session
 9/18/2024 Meeting with WIN Recovery
 9/26/2024 Training on the Place Value Assessment Tool
 (6 TOTAL CSE)

Screening Contacts

8/6/2024 Training for CSPH members on Understanding LGBTQ+ Identities & Homelessness (23 participants)
 8/8/2024 CSPH Grants Information Session (7 participants)
 9/26/2024 Training on the Place Value Assessment Tool (15 participants)
 (45 TOTAL SC)

TPC

8/23/2024 Meeting to Discuss Lived Experience Involvement with CSPH
 (1 TOTAL TPC)

NTPC

7/16/2024 CCH Participation in CSPH Lived Experience Interviews
 8/6/2024 CU at Home LGBTQ+ Training / Equity Strategic Plan Priority
 8/6/2024 The Pavilion LGBTQ+ Training / Equity Strategic Plan Priority
 8/6/2024 VA LGBTQ+ Training / Equity Strategic Plan Priority
 8/6/2024 WIN Recovery LGBTQ+ Training / Equity Strategic Plan Priority
 8/6/2024 GCAP LGBTQ+ Training / Equity Strategic Plan Priority
 8/6/2024 City of Champaign Township LGBTQ+ Training / Equity Strategic Plan Priority

8/6/2024	HACC	LGBTQ+ Training / Equity Strategic Plan Priority
8/6/2024	CSSNCC	LGBTQ+ Training / Equity Strategic Plan Priority
8/6/2024	CTSO	LGBTQ+ Training / Equity Strategic Plan Priority
8/6/2024	City of Urbana	LGBTQ+ Training / Equity Strategic Plan Priority
8/6/2024	University YMCA	LGBTQ+ Training / Equity Strategic Plan Priority
8/6/2024	UP Center	LGBTQ+ Training / Equity Strategic Plan Priority
8/6/2024	CUPHD	LGBTQ+ Training / Equity Strategic Plan Priority
8/6/2024	CCRPC	LGBTQ+ Training / Equity Strategic Plan Priority
(15 TOTAL NTPC)		



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **YAC (Companion Proposal) Period First Quarter PY25**

Submitted 10/18/2024 by KDOUGHTY@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	70	60	150	100	25
Quarterly Data (NEW Clients)	16	32	6	32	8
Continuing from Last Year (Q1 Only)			0	2	0

Comments:

During Quarter 1, the Youth Assessment Center (YAC) has made notable progress in expanding the services we offer to youth and families, fostering community partnerships, and strengthening outreach efforts. One significant achievement is the introduction of mediation services, through the Dispute Resolution Institute, designed to support youth and families who may be facing challenges in communication. These services aim to promote healthier interactions within families, offering a structured and supportive environment for resolving conflicts.

The YAC has also formed a new partnership with Feeding Our Kids, through which we are now able to provide food for youth who may be experiencing food insecurity. This ensures that all youth visiting the center have access to nutritious meals, enhancing their overall well-being and ability to focus during their time here.

The YAC team has been actively engaging the community through outreach at various events. We attended multiple back-to-school events and resource fairs, where we connected with families and community members to raise awareness about our program. Additionally, we presented at the Community Coalition Meeting, where we shared detailed information about our services and encouraged potential collaboration opportunities with other agencies to better serve the needs of youth in the area.

In partnership with University of Illinois students, we have begun working with a Participatory Research Group to assess and analyze the program’s role within the community. The goal of this research is to better understand how we can increase community engagement and strengthen our impact. We will be conducting surveys and interviews with a diverse group of stakeholders to gather a wide range of perspectives on our services, which will inform future program improvements and outreach strategies.

One challenge we continue to face is the limited engagement in group programming at the center. While we have made progress in individual service delivery, there has been a lack of participation from both youth and families in group activities, which has delayed the full implementation of this component of our program. We will be working on strategies to increase engagement and encourage more consistent participation in the coming months.

The following testimony illustrates the impact the Youth Assessment Center has on youth in the program. Melissa was referred to YAC due to an aggravated battery involving another youth in Target parking lot. The YASI assessment indicated an OVERALL moderate risk to reoffend and a very high strengths at opening and at closing she was a low risk to reoffend due to the extensive work she did in the YAC program. The youth seemed impenitent about her aggressive actions and failed to understand how others may have been impacted by her choices. However, she recognized change needed to be made to reach her goals of going to college for a master’s degree in criminology or traveling around the world. The youth was able to reflect on where her anger stems from and how her reactions tend to be unhealthy. YAC

case manager guided this youth along to identify positive coping mechanisms for her aggression and assisted her to begin thinking of the consequences of her behaviors before she acts on impulsive thoughts/feelings. Additionally, positive progress was made through the youth using empathy and exploring how others around her are impacted by her decisions. The youth was able to utilize her anger management skills to avoid further conflict with others on multiple occasions during her station adjustment duration, which proved she is willing to implement positive change for her future. At the closing, the youth was looking for full-time work, as she graduated high school early, and she planned on attending Parkland in August to obtain college credits toward her criminology degree.

Overall, we are proud of the developments made this quarter and remain committed to enhancing our services and fostering stronger connections with the community to ensure that youth and families have access to the resources and support they need.



Quarterly Program Activity / Consumer Service Report

Agency: **Courage Connection**

Program: **Courage Connection** Period **First Quarter PY25**

Submitted 11/01/2024 by AFRANCE

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	200	750	150	600	
Quarterly Data (NEW Clients)	8	43	6	35	
Continuing from Last Year (Q1 Only)			11	55	

Comments:

57 clients received 165.25 hours of counseling services



Quarterly Program Activity / Consumer Service Report

Agency: **Crisis Nursery**

Program: **Beyond Blue Champaign County** Period **First Quarter PY25**

Submitted 10/16/2024 by CRISISNURSERY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	86	300	56	24	550
Quarterly Data (NEW Clients)	23	41	6	3	10
Continuing from Last Year (Q1 Only)			13	5	60

Comments:

Strong families Coordinator, Hannah Hensley, discusses new connections made within the community, going into the new fiscal year:

During Quarter 1, the Strong Families team developed several new connections in the community in hopes of opening more doors for receiving Beyond Blue referrals. The team connected with the DHS Office and they invited us to attend their TANF Child Under One Class to present on our Beyond Blue programming to the moms present. Members of our team were able to present at two of their classes. Our Strong Families Coordinator and Director of Quality Improvement met with The Village in Savoy on to discuss the Beyond Blue program, our referral process for them to refer mothers that they are working with and the availability of our support groups throughout the year. One of our Family Specialists connected with Birthright in Champaign to learn more about Birthright’s services and discuss Beyond Blue programming and the referral process. The Strong Families team setup a Beyond Blue resource table at the WIC Office in Rantoul for a day in September.

Family Specialists, Sophia Marick and Teoko Pearson, reflect on parent relationships and topics explored in home visits within Beyond Blue programming:

This quarter was very positive in terms of engagement in the home visits and with the curriculum materials. All of the moms I’m working with have been very receptive of me coming into their space and working alongside them on their parenting, mental health and self-care goals. The families I work with are very different from each other, but I feel like I have built a genuine relationship with each of them by providing them a safe space to explore emotions with respect, empathy and without judgement. One of the moms I work with is especially enthusiastic about receiving handouts on parenting tips and ideas for social-emotional development and actively utilizes them with her children. I have two families whose children will be turning one soon and reflecting back on our first visits, have come far with their knowledge, their relationships and are experiencing less feelings of anxiety and/or depression.

I have had consistent visits with my new first time mom who has been very communicative and is open to learning more about the Mothers and Babies curriculum. She values self-care and wants to begin to incorporate mindfulness into her daily life. During our visits, we talk a lot about her interests and goals that she would like to work on for herself. I have talked to her about different programs that are available in the community in which she can register for at the local park

district and the Strong Families parent groups. In visits, mom is very positive and receptive to trying out the different mindfulness activities that she has displayed interest in. She is also committed to the process of breast feeding even though it has been a struggle for her. Mom has talked with a lactation nurse and she and I have talked about healthy food and vegetables that she can eat to support her milk production, while also taking vitamins. Some other topics we cover during our visits have included baby feeding, sleep routines with your new baby and self-care.

Strong Families Coordinator, Hannah Hensley, and Family Specialist, Teoko Pearson, touch on visit cancellations and barriers, and the impact on consistency:

I have noticed a couple of challenges throughout the quarter that make it difficult to provide adequate Beyond Blue services to moms. The biggest challenge I have experienced and noticed with the other home visitors is high visit cancellations. There are multiple factors to consider when reflecting on why this challenge is happening. The moms we serve in the Beyond Blue program are experiencing high levels of stress and mental health challenges. Some moms have expressed to me in the past that it can be very difficult to keep up with all of their appointments (doctor's visits, counseling, developmental services for their child, etc.). Another challenge I have noticed is high distractions during the home visits. These have included other siblings being present and mom and/or other caregiver needing to meet their needs as well during that time, having extended family members present in the home who may also start engaging in the visit but the mom not wanting them to or receiving important phone calls that need to be taken at that time. This can depend on the environment where the home visit is taking place and who is in the home at the time. When distractions are present, it can be very difficult to facilitate the Mothers and Babies curriculum and to keep the parent engaged in conversation and activities.

During this quarter, I have experienced a challenge in consistency with one of moms I am meeting with. This is due to her having a lot of medical issues going on with her child as well as financial struggles. This has been causing her difficulties in keeping her visits and if we do have visits, have been the primary topic of conversation. We have had to reschedule several visits throughout the quarter and I have been really trying to support mom as she navigates these stressors. I was able to refer her to our Family and Community Specialist so that she could have continued support through this and receive resources. Having a secondary person to assist her with this will hopefully lead to us being able to have more consistent visits.

Family Specialist, Sophia Marick, discusses her long-term work with a mom from 2 weeks post-partum, leading up to the child's 1st birthday:

I have a family who I have been working with since their baby was 2 weeks old. Their baby will be turning one at the end of October. It's been amazing to see the growth of the whole family since I started working with them. At the beginning of our relationship, mom was struggling a lot with PPD, as well as lack of support from dad. The three older children have varying developmental/learning disabilities, and mom was on board, while dad was not. Dad also had untreated mental health issues and struggled with alcoholism, none of which he acknowledged. There was a lot of conflict and unhappiness in the home, which mom acknowledged was affecting the children. 11 months later, mom is back to work, has several concrete supports and pleasant activities in place which we explored during our visits, and communication has improved between her and dad. Dad has gotten on board with supports/treatment for the older children, and is taking a more active role in day-to-day parenting. He has sought several forms of treatment for his alcoholism and is actively working to manage it. He has also taken steps to get his license back and get off probation. Mom reports feeling much less depressed and feels that she can manage life more easily now that she has learned coping skills and has gained back her control of her mental health. She is working to get her children and herself on private insurance, and plans to seek out therapy for everyone. It has been wonderful to see the family come so far, and to be able to feel confident ending the working relationship.



Quarterly Program Activity / Consumer Service Report
 Agency: **Community Service Center of Northern Champaign County**
 Program: **Resource Connection Period First Quarter PY25**
 Submitted **10/23/2024** by **CSCRANTOUL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		3500	1100		2100
Quarterly Data (NEW Clients)	1	886	138		240
Continuing from Last Year (Q1 Only)			836		

Comments:

In the Other category, 72 are contacts by other agencies seeing clients at our agency, with CCMHB funded programs. This is an increase of 56% over the first quarter of last PY. The total number of contacts by other agencies has increased significantly by 10% from the first quarter of last year as well. Our Service Contacts are down since last year. This could be either because more clients are relying on their smartphones and the internet, or that they are already aware of our agency's existence and the services offered, as well as updates, due to our continued marketing efforts on our social media, website, flyers, and outreach. Our NTPC numbers of Continuing from Last Year clients are up 6% this quarter. Our New Clients numbers have decreased from the same quarter last PY, most likely due to the increase in SNAP benefits offered in Illinois over the summer. For our CSE event, we participated in the Rantoul Fourth of July Parade with a float, passed out agency flyers, and answered questions.



Quarterly Program Activity / Consumer Service Report

Agency: C-U at Home, Inc.

Program: Shelter Case Management Program Period First Quarter PY25

Submitted 10/21/2024 by MCOURTWRIGHT

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	5500	25	55	
Quarterly Data (NEW Clients)	11	1033	7	7	
Continuing from Last Year (Q1 Only)			0	20	

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

Program: **CU Early Period First Quarter PY25**

Submitted 10/16/2024 by KRUSSELL

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	464	5	20	
Quarterly Data (NEW Clients)	2	69	1	2	
Continuing from Last Year (Q1 Only)			0	20	

Comments:

The CU Early program coordinator attended two community service events this quarter. The first was the Orchard Downs Welcome Back International students family event. This was held on August 24. The second event was the Meet your Friends night at Urbana Early Childhood School.

Cheryl Crosby, the CU Early bilingual home visitor completed 63 home visits and 6 parent/child events for a total of 69 service contacts.

Cheryl's current caseload is 22 families. This includes 2 prenatal mothers and 19 children. All of this families identify as Hispanic.

Cheryl completed developmental screenings with 11 children and referred one to Early Intervention for services.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **ECHO Housing and Employment Support** Period **First Quarter PY25**

Submitted **10/25/2024** by **SPETERSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	510	15	20	
Quarterly Data (NEW Clients)	23	360	0	6	
Continuing from Last Year (Q1 Only)			1	14	

Comments:

There were a total of 23 inquiry contacts from 28 individuals. As appropriate, inquiries were referred to RPC for Centralized Intake. Inquiries were also referred to other appropriate resources when applicable. Three inquiries from this quarter were enrolled as new ECHO clients. There were a total of 337 service contacts (and an additional 13 attempted contacts). The target number of service contacts for the year is 510. The program is on track to easily exceed the target for FY 25.

One client was discharged from the ECHO program. This client was enrolled in ECHO for a little over 3 years and exited to stable housing (PSH voucher) and receives SSI/SSDI.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **Families Stronger Together** Period **First Quarter PY25**

Submitted **10/25/2024** by **SPETERSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	1935	75	40	
Quarterly Data (NEW Clients)	2	195	16	2	
Continuing from Last Year (Q1 Only)			0	9	

Comments:

We served a total of 27 clients during the first quarter of FY25. Nine (9) clients were continuing TPC from FY24. Two (2) clients were new TPC. Sixteen (16) were new NTPC served through groups facilitated at the Juvenile Detention Center. The program is slightly behind meeting projected targets for both TPC and NTPC clients at the close of the first quarter. Four (4) TPC clients were discharged during the first quarter.

We completed 96 Service Contacts with treatment plan clients, and 99 Service Contacts with non-treatment plan clients (for a total of 195). We attempted an additional forty-seven (47) contacts with TPC clients and/or caregivers. The quarterly target for TPC Service Contacts is 90 which we exceeded. The quarterly contact for NTPC is approximately 395 which we did not meet.

There were (2) Community Service Events during the first quarter of FY25. These events involved the Youth Assessment Center Advisory Meeting and the National Youth Advocate Program.



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **Community Coalition Summer Initiatives Period First Quarter PY25**

Submitted **11/05/2024** by **MONICAM**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	11750	900	0	0
Quarterly Data (NEW Clients)	46	11965	864	0	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **C-U CHANGE** Period **First Quarter PY25**

Submitted **10/25/2024** by **MONICAM**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	100	480	20	20	
Quarterly Data (NEW Clients)	15	75	5	3	
Continuing from Last Year (Q1 Only)			10	8	

Comments:

Quarter 1 Collaborations + Referral Sources

- Champaign County Probation and Court Services
 - IDES
 - RPC
 - Family Advocacy
 - READY SCHOOL
 - DREAAM
 - UNIT #4 ADMINISTRATION
 - UNIT#116 ADMINISTRATION
 - EDISON MIDDLE SCHOOL
 - URBANA MIDDLE SCHOOL
 - JEFFERSON MIDDLE
 - ST. JOSPEH MIDDLE SCHOOL
 - DISTRICT #8 HERITAGE SCHOOL
 - CENTENNIAL HIGH SCHOOL
 - CENTRAL HIGH SCHOOL



Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Family Development** Period **First Quarter PY25**

Submitted **10/25/2024** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	200		655	
Quarterly Data (NEW Clients)	3	32		73	
Continuing from Last Year (Q1 Only)				752	

Comments:

Family Development staff attended the monthly Home Visiting Consortium’s Soccer Planet developmental playgroups and offered developmental screenings open to the community. 32 developmental screenings were completed this quarter with 8 subsequent referrals to early intervention for special education evaluation for children ages birth-3 and one subsequent referral to the local early childhood preschool program for special education evaluation for a child aged 3-5.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **East Central Illinois Refugee Mutual Assistance Center**

Program: **Family Support & Strengthening** Period **First Quarter PY25**

Submitted 11/01/2024 by REFUGEE CENTER ADMIN

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	2200	2140	60	15
Quarterly Data (NEW Clients)	16	2093	2093	0	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

As of October we have hired an Outreach Coordinator, who will begin planning workshops and community service events.

CSEs & Community Linkages completed by our Executive Director and/or Assistant Director of Programs

7/15/24 Lisa Wilson Rantoul Service Providers Meeting Monthly meeting with area social service agencies and Rantoul community leaders to discuss issues and solutions in the Rantoul community 10 organizations present Shared updates about services provided and events.

7/16/24 Lisa Wilson Altrusa Dinner Featured Speaker at a monthly meeting of the Champaign County Association of Altrusa International. 50-60 members present Presentation by ED Lisa Wilson about the history, mission and services offered by TRC to the East Central IL community.

07/18/24 Lisa Wilson IL Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collaborate to eliminate barriers to service. 10 organizations represented Pixan Konab presentation

07/27/24 Ashlyn Henke, Mayte Baixeras Community Health Fair Tabled at Community Health Fair held in CUPHD parking lot. Distributed information about TRC services to fair attendees.

8/15/24 Lisa Wilson IL Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collaborate to eliminate barriers to service. 11 attendees Shared updates about programs and services available to immigrants. Discussed Welcoming Week and Immigrant Awards planned for September; Presentation from United Migrant Opportunity Services

8/19/24 Lisa Wilson Rantoul Service Providers Meeting Monthly meeting with area social service agencies and Rantoul community leaders to discuss issues and solutions in the Rantoul community 10 organizations present Shared updates about services provided and events.

8/20/24 Lisa Wilson United Way Executive Directors meeting Monthly meeting of United Way of Champaign County grantees to network, discuss local social service issues and training on a variety of topics affecting NFP's. 30-35 organizations represented

8/23/24 Lisa Wilson, Ashlyn Henke and Kirsten Forsberg Quarterly Consultation Meeting Quarterly meeting held to advise area stakeholders about expected refugee arrivals and discuss any the logistics of supporting refugee resettlement effort in the area. 12 agencies

represented	Provides local stake holders opportunity to share resources/information and to discuss any stakeholder concerns or barriers to refugee resettlement.
8/27/24	Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations present
9/4/24	Presentation by Angela Yost (CCRPC)- CLSTA Program Lisa Wilson City of Champaign Welcoming Week Planning Meeting Meeting to plan and coordinate immigrant community events presented during Welcoming Week in September 25 organizations present
09/12/24	Lisa Wilson & Ashlyn Henke United Way Emerging Leaders Tour Welcomed 30-35 participants from the United Way Emerging Leaders program; Gave presentation about TRC services, including immigrant public benefit applications and refugee resettlement services. All participants were given informational flyers about TRC programs and services. 30-35 participants
09/17/24	Lisa Wilson United Way Executive Directors meeting Monthly meeting of United Way of Champaign County grantees to network, discuss local social service issues and training on a variety of topics affecting NFP's. 30-35 organizations represented
09/19/24	Lisa Wilson Interview with News Gazette Interview with Sam Lisec of NG to discuss Immigrant Welcome Awards and working in collaboration with Daniela Vergara of NAWC.
09/22/24	Lisa Wilson Immigrant Welcome Awards Ceremony Attended Immigrant Welcome Awards Ceremony at Urbana Free Library 100 people attended
9/24/24	Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations present
Goodwine- Cunningham Township	Presentations from Tina Yurik- Illinois Respite Coalition & Lilyia Garcia & Jenny
09/26/24	Lisa Wilson Interview for WCIA Capitol Connections Interview regarding bill introduced proposing voters provide proof of citizenship in order to vote. Interview broadcast 9/29/24



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Counseling** Period **First Quarter PY25**

Submitted **10/24/2024** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			20	40	
Quarterly Data (NEW Clients)			7	4	
Continuing from Last Year (Q1 Only)			6	8	

Comments:

Our new Clinical Supervisor began in July. She has been actively connecting with other businesses and organizations regarding our services. We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. A therapist’s schedule includes evening hours on Thursdays. Other evening hours are available by appointment.

- We continue to see clients in person or telehealth based on the preference of the client.
- The program director attends the weekly Drug Court team meetings. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Seven Drug Court clients were seen at Family Service this quarter, two for individual counseling and five for relationship assessments.
- The program director is an active participant on the Human Services Council of Champaign County and attends the monthly meetings for outreach and promotion of the Counseling program.

The counseling staff met with an art therapist to explore ways to incorporate her and her expertise in our counseling program.



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Self-Help Center** Period **First Quarter PY25**

Submitted **10/24/2024** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	300				
Quarterly Data (NEW Clients)	88				
Continuing from Last Year (Q1 Only)					

Comments:

Breasha Campbell began as the SHC Coordinator on July 16. She began preparing for the fall workshop and updated the online directory. Breasha has been visiting support groups to introduce herself and determine ways the SHC can support the groups.

Program coordinator statistics for the Third Quarter:

- 153 email contacts
- 140 information and referral emails
- 25 information and referral calls
- 962 page views on SHC website
- 28 Support Group directories distributed
- Support group updates were solicited from support group contacts and entered into the database
- Edited Self-Help Group directory on-line
- Human Services Council (X3)
- SHC Advisory Council (X2)
- Disability Expo Meeting (X1)
- research for Fall and Winter Newsletter
- planning for Fall Workshop
- Fall newsletter was distributed
- attended Scott Bennett Family resource day as a vendor



Quarterly Program Activity / Consumer Service Report
 Agency: **Family Service of Champaign County**
 Program: **Senior Counseling & Advocacy Period First Quarter PY25**
 Submitted **10/25/2024** by **EALVAREZ**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2900	700	325	2500
Quarterly Data (NEW Clients)	5	485	28	39	154
Continuing from Last Year (Q1 Only)			269	84	0

Comments:

CSE: Family Service attended Senior Day at the Champaign County Fairgrounds (July 23), scheduled an Art Reception to showcase TPC program art and promote programs at the Urbana Free Library (August 14), did a Lunch-and-Learn at the Douglass Annex of the Champaign Park District (August 15), attended Scott Bennett Family Resource Day (August 23), and the Champaign-Urbana Black and African Arts Festival (September 21).

For TPC clients, Q1 saw 39 additional clients-

- Options Counseling - 4
- Counseling - 12
- Friendly Callers - 3
- Creativity Boxes - 11
- Low-Vision Group - 3
- Creative Senior Connections - 4
- General Services - 2



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **Peer Mentoring for Re-entry** Period **First Quarter PY25**

Submitted **10/24/2024** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	18	18	147	47	0
Quarterly Data (NEW Clients)	4	36	6	3	0
Continuing from Last Year (Q1 Only)			7	2	0

Comments:

The challenges for housing have greatly increased our activity and commitments in the drop-in center. WE had 36 new visitors, many of them newly released from prison and struggling to find housing. Of those 36, 23 were seeking housing and 12 of those were also seeking employment. The challenges we face in housing have prompted us to organize some focus groups in October to highlight the key challenges people face. We have identified rising rent, rising application fees, expanding deposit requirements and the restrictions on section 8 residents as key factors keeping people from securing housing. Despite this we have managed to house eight people during this quarter and have built some relationships with new landlords which creates other options for us and our clients. On the employment side, after a serious downswing, some jobs are opening up again in retail and warehousing.

We have also streamlined our operations at the drop in center and training people to be more succinct in their reporting and avoiding excessive personal contact with clients.

Our GoMAd crew has been continuing their work on renovations, having completed renovations on a rental property on N. Prospect and just about completed the renovations for our Womens' Transition House. WE have a steady team of four workers all quarter.



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **First Steps Community Reentry House** Period **First Quarter PY25**

Submitted **10/24/2024** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	8	15	8	0
Quarterly Data (NEW Clients)	1	26	6	1	0
Continuing from Last Year (Q1 Only)			0	3	0

Comments:

We maintained a full house throughout this quarter in the men's program. All of our residents are working. One of them has been in the house for 17 months and has applied for a housing voucher and has an apartment lined up. He should be moving out in early October. Another resident has enrolled in a funded program as a substance use counselor. He has experience of using substances and is very eager to upgrade his skills and work for FirstFollowers in this capacity. We interviewed another potential resident and have accepted him to move in upon his release in early November. We have also begun to put the final touches on our women's house. We have contracted a case manager/community navigator and a supervisor. We have held meetings with IDOC personnel and prepared the documents to accept applicants. The house construction is 95% completed. We expect to have residents moving in either in late November or early December.



Quarterly Program Activity / Consumer Service Report

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

Program: **Advocacy, Care, and Education Services Period First Quarter PY25**

Submitted **10/28/2024** by **GCAPED**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	20	60	10	
Quarterly Data (NEW Clients)	5	11	33	9	
Continuing from Last Year (Q1 Only)					

Comments:

Community Service Events:

- 07/27/2024: "Get out and Get Tested" event in partnership with CUPHD, Anthem, and Zero HIV Stigma Day
- 09/17/2024: Pride Button-Making event with School of Social Work
- 09/18/2024: Illinois Planning for Action: HIV/AIDS and Aging Awareness Day
- 09/20/2024: Pride Friday night market
- 09/21/2024: Pride Fest and Parade



Quarterly Program Activity / Consumer Service Report

Agency: **GROW in Illinois**

Program: **Peer-Support** Period **First Quarter PY25**

Submitted 10/25/2024 by BEAKINS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	24	2000	250		
Quarterly Data (NEW Clients)	6	615	51		
Continuing from Last Year (Q1 Only)			84		

Comments:

We did two presentations this quarter. One to Restoration Urban Ministries and the other to Strides. We are also collaborating with the Champaign County Christian Health Center.

We have had very good success with the New Men's Jail group. We needed to start another one and we did. We have started that group, and we still have a wait list.

We continue to support Honors in the Jail because of need for two people to be in the group to facilitate. This has given us an opportunity to help each other to make the second person in the groups.

Our community groups are doing well, and we continue to do outreach letting the people in the community know that we are available, and that GROW does not have a wait list in the community groups, and we are here to serve a need.

We have an upcoming training on how to right our testimonies, storytelling is important, and it helps us see our progress.

I continue to work with the Evaluation Capacity Building team. I have grown a lot from this experience and understand how important it is not to over promises and to have good outcomes. I look forward to the presentation that team is preparing. WE are also part of the re-entry council this is moving in a much better direction.

We continue to have Leaders meeting and Organizers and Recorders meetings this is moving in the right direction for leadership in our groups. I have appreciated all of the support that we have been getting from other agency's this will only strengthen our community. We would like to work with more agency's we find that we spend much of our time letting the providers know we are and what we can help with in the community. I know that covid was a big factor in this situation. Large staff turnovers have been a big factor on our continued community work. I do hope that soon we will be top of mind for all services in the community. That is our goal.



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services** Period **First Quarter PY25**

Submitted 10/18/2024 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2800	400	600	50
Quarterly Data (NEW Clients)	5	850	393	209	49
Continuing from Last Year (Q1 Only)			217	127	0

Comments:

Counseling

CSE: 5

Children's Advocacy Center - Courage Connection - 07/11/2024

Ci Living - 07/16/2024

Eastlawn - Back to School - 08/14/2024

Urbana School Based Advisory Board - 08/27/2024

Rantoul School Based Advisory Board - Kick Off - 09/03/2024

SC: 850 kept appointments with counselors by Champaign County Residents

NTPC: 393 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 209 Unique Champaign County residents served more than once by Counselors

Other: 49 SC patients with no other payer source



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services** Period **First Quarter PY25**

Submitted 10/18/2024 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	3200	900	1000	100
Quarterly Data (NEW Clients)	0	2530	1340	678	99
Continuing from Last Year (Q1 Only)			1008	504	0

Comments:

Psychiatry

CSE: 0 Outreach and Community events attended during the quarter

SC: 2530 kept appointments with Psychiatrist by Champaign County Residents

NTPC: 1340 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 678 Unique Champaign County residents served more than once by Psych providers and not previously seen in the grant period.

Other: 99 SC Patients without payer source.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **PHC Wellness Period First Quarter PY25**

Submitted 10/18/2024 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	1600	400	200	100
Quarterly Data (NEW Clients)	23	612	439	87	208
Continuing from Last Year (Q1 Only)			114	29	0

Comments:

CSE: 23 Outreach and Community events attended during the quarter:

- YWCA - STRIVE (Healing Black/Brown Women) 07/20/2024
- Rantoul HS Registration 7/20/2024
- Rantoul Library Presentation 7/25/2024
- Urbana MS Registration 7/30/2024
- Garden Hills - Back to School Resource Fair 7/30/2024
- Champaign Unit 4 - Back to School Give Away 8/6/2024
- Dr. Preston Williams Community Walk 8/6/2024
- Summer School Sessions 8/7/2024
- Preston Williams Elementary - Back to School Fair 8/8/2024
- Yankee Ridge - Back to School Fair 8/13/2024
- Broadmeadow Elementary - Resource Fair 8/14/2024
- Eastlawn Elementary - Resource Fair 8/14/2024
- Edison Middle School - Open House 8/14/2024
- Booker T Washington - Open House 8/19/2024
- Jefferson Middle School - Open House 8/22/2024
- Scott Bennet Family Resource Day 8/22/2024
- Central High School - Open House 8/23/2024
- Stratton Academy - Open House 8/26/2024
- Urbana HS - Open House 8/27/2024
- UMS - Open House 8/28/2024
- Community Connection Corner 8/21/2024
- Central vs Centennial - Football Game 9/11/2024
- UIUS School of Social Work - Field Education Day 9/6/2024 and 9/6/2024

SC: 612 patient encounters during the quarter

NTPC: 439 patient who were helped at least once during the quarter and not seen in previous quarters of this project year.

TPC: 87 patients who had 2 or more contacts/assists during the quarter and were not seen in previous quarters of this

project year.

Other: 208 SC patients with no other payor source

Adult Wellness Community Partnerships/Collaborations:

Carle

OSF

U of I School of Social Work

Rosencrance

Urbana School District #116

Rantoul City Schools #137

Unit #4 Champaign School District

Strides

Region 9 Action Plan

YWCA

Champaign County Community Coalition

READY

CTSO - Homeless Outreach and Shelter Group

CSPH - Regional Planning Commission

The Well Experience

Restoration Urban Ministries

CUPHD

Bright Point

Feeding Champaign County

DSC

CU at Home

Birth to Five Illinois

Land of Lincoln Legal Aide

Cunningham Township

Champaign County Board of Health

Rantoul Chamber of Commerce



Quarterly Program Activity / Consumer Service Report

Agency: **Rape Advocacy, Counseling, & Education Services**

Program: **Sexual Trauma Therapy Services** Period **First Quarter PY25**

Submitted **10/25/2024** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	25	250	170	2
Quarterly Data (NEW Clients)	4	61	16	51	5
Continuing from Last Year (Q1 Only)			0	0	0

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **Rape Advocacy, Counseling, & Education Services**

Program: **Sexual Violence Prevention Education Period First Quarter PY25**

Submitted **10/25/2024** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	600	4000	0	0	0
Quarterly Data (NEW Clients)	27	163	0	0	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

Lower numbers are common in the first quarter, since our programming is primarily school-based and the new academic year starts midway through the quarter. Teachers often need the very beginning of the school year for other purposes and then we tend to see an increase in requests later in the school year. RACES is scheduled in schools well into 2025. One of our three educators is still in training and will begin serving students starting in November. Additionally, to avoid duplication, students are only counted once they have completed the full 3-4 session program.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Benefits Case Management** Period **First Quarter PY25**

Submitted 10/25/2024 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	600	250	0	0
Quarterly Data (NEW Clients)	0	167	21	0	0
Continuing from Last Year (Q1 Only)			76	0	0

Comments:

The Benefits Case Manager, Kathy Finley, links Champaign County clients from across Rosecrance Central Illinois programs with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs.

In this quarter, she served 21 new Champaign County residents and 76 continuing from last year (NTPC). She provided 167 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

There are currently no other funding sources available for this service.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Child & Family Services** Period **First Quarter PY25**

Submitted **10/25/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	250	10	30	0
Quarterly Data (NEW Clients)	3	280	0	3	0
Continuing from Last Year (Q1 Only)			0	25	0

Comments:

CSE: 3 - Number of visits with community partners or other events to explain the program, invite referrals, and educate the community and/or referral sources about services for youth and families.

SC: 280 - Number of contacts with youth and families, to include sessions with youth and/or family as well as transportation, case management, or care coordination activities with the youth and/or family.

NTPC: 0 - Number of youth and families who enroll in services but do not engage in an assessment or treatment plan. There were none this quarter.

TPC: 3 - Number of youth and families who complete an assessment and treatment plan for services. 25 youth and families continuing from last year



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Criminal Justice PSC Period First Quarter PY25**

Submitted 10/25/2024 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	500	100	45	0
Quarterly Data (NEW Clients)	0	99	45	6	0
Continuing from Last Year (Q1 Only)			13	7	0

Comments:

SC (Screening Contacts): 99 request slips from the jail which were completed.

NTPC (Non-Treatment Plan Clients): 45 persons screened, and received short-term case management services, AM and/or MRT groups, and/or referral information/linkage, but who did not engage in full IMCANS assessment/treatment planning for longer-term case management services. 13 continuing from last year.

TPC (Treatment Plan Clients): 6 new Champaign County clients who completed full IMCANS assessment/treatment planning and received longer-term case management services. 7 continuing from last year.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Crisis Co-Response Team & Diversion Ctr. Period First Quarter PY25**

Submitted **10/25/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	250	10	70	350
Quarterly Data (NEW Clients)	15	57	0	11	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

CSE: 15: Staff presentations, resource fairs, and/or coordination meetings.

SC: 57: number of attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact

NTPC: 0: Individuals whose initial screening indicates that crisis can be resolved without further action from CCRT and no plan for treatment is necessary.

TPC: 11: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. The Champaign County Sherriff's CCRT position was still vacant for this quarter. Our recruitment team is actively sourcing for qualified candidates.

Other: 0: Number of visitors to the Crisis Diversion Resource Center as recorded on the registration app. We are currently discussing how best to pilot this program as it relates to the physical space and staffing availability.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Recovery Home Period First Quarter PY25**

Submitted 10/25/2024 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	65	0	22	0
Quarterly Data (NEW Clients)	0	10	0	3	0
Continuing from Last Year (Q1 Only)			0	2	0

Comments:

(TPC) Total Champaign County clients participating in program this quarter: 3 new clients, 2 continuing from last year. Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission.

(SC) During this quarter, we completed a total of 10 interviews for applicants, 3 of which were from Champaign County. Due to the program maintaining at full capacity for much of the quarter and clients staying engaged in the program, there were less interviews than previous quarters. 100% of admissions during the quarter were Champaign county residents.

Recovery Home staff provide intensive case management based on individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Specialty Courts** Period **First Quarter PY25**

Submitted 10/25/2024 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	800	0	45	1000
Quarterly Data (NEW Clients)	0	413	0	5	58
Continuing from Last Year (Q1 Only)			0	30	0

Comments:

CSE: 0 CSEs this quarter. No drug court graduation this quarter. Fall graduation will occur in Q2.

SC: A total of 413 Drug Court reports were completed this quarter. Time spent on gathering data and compiling the reports is not billable to insurance or Medicaid.

TPC: 5: Total number of new Champaign County drug court clients who were assessed and accepted into the program. 30 continuing from last year. There are also 8 new applicants who have applied this quarter.

Other: 58 hours of case management took place in this quarter. This includes staff hours spent transporting clients, helping clients to access and engage with other community resources, and complete tasks relevant to treatment on the client's behalf.



Quarterly Program Activity / Consumer Service Report

Agency: **Terrapin Station Sober Living NFP**

Program: **Recovery Home Period First Quarter PY25**

Submitted **10/28/2024** by **NELSONKNOVAK**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			9		
Quarterly Data (NEW Clients)			2		
Continuing from Last Year (Q1 Only)			1		

Comments:



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **The UP Center of Champaign County**

Program: **Children, Youth & Families Program Period First Quarter PY25**

Submitted **11/01/2024** by **JGAVEL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	100	300	100	0	0
Quarterly Data (NEW Clients)	95	124	65	0	0
Continuing from Last Year (Q1 Only)			90	0	0

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **WIN Recovery**

Program: **Community Support Re-Entry Houses** Period **First Quarter PY25**

Submitted 10/25/2024 by WIN4RECOVERY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	40	0	12	0
Quarterly Data (NEW Clients)	7	17	1	5	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

Individuals that were reported in the end of the year report from Champaign County, were no longer continuation from last year in our program.

Here in Champaign we took part in a family resource fair at the Salem Baptist Church on August 17th. At the event there were 10 different Community Resources, along with family fun, music, and food. On August 23rd we are a part of the Scott Bennett Family Resource Day at Lincoln Square Mall. There was about 25 booths with different community resources. August 29th we were sponsors at the Rosecrance Re-Entry fair located at the Illinois terminal. There was about 15 community resources on September 21st we sponsored the Pride Festival where we marched in the parade and set up a booth at the festival. On October 7th we met with the Champaign County Drug Court Team. On October 8th we attended the CCFD Agency Fair.

CCMHB Liaison Choices 2024

	Jane Sprandel	Lisa Liggins-Chra	Chris Miner	Elaine Palencia	Jen Straub	Jon Paul Youakim	Joe Omo-Osagie	Molly McRay	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)									
GROW in IL (last Mon., 7 pm)									
Immigrant Services of CU									
Promise Healthcare (4th Tues., 6 pm)							X		
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)									
Terrapin Station Sober Living									
UP Center (2nd Wed., 6:30 pm)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
County Board Opioid Settlement Task Force								X	
Community Coalition (2nd Wed., 3:30pm)									
Expo Committees (various)	X								
Student Mental Health Collab (1st Mon., 11AM, in person 2-3x/semester)									X