



## Champaign County Mental Health Board (CCMHB) Meeting Agenda Wednesday, May 27, 2026, 5:45PM

This meeting will be held in person at the Shields-Carter Room of the Bennett Administrative Center, 102 E. Main St., Urbana, IL 61801. Members of the public may attend in person or virtually, using <https://us02web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda\***
- IV. 2026 Meeting Schedules and Allocation Timeline** (pages 5-8) No action needed.
- V. CCMHB Acronyms and Glossary** (pages 9-20) No action needed.
- VI. Public Participation/Agency Input.** See below for details.\*\*
- VII. Chairperson’s Comments – Molly McLay**
- VIII. Executive Director’s Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes** (pages 21-26)\*  

Action is requested to approve minutes of the CCMHB April 22, 2026 meeting and April 29, 2026 study session.
- X. Vendor Invoice Lists** (pages 27-30)\*  

Action is requested to accept the “Vendor Invoice Lists” and place them on file.
- XI. Old Business**
  - a) **Program Year 2027 Funding Allocation Decisions** (SEE ADDENDUM)\*  

A decision memorandum will be posted as addendum to this packet, presenting an affordable scenario for funding awards for the Program Year 2027. Action is requested\*
  - b) **Program Year 2027 Funding Requests and Scenario** (SEE ADDENDUM)

A spreadsheet with suggested allocation awards will be posted with the decision memorandum, as an addendum to this packet.

## **XII. New Business**

### **a) Evaluation Capacity Building Project Annual Report (pages 31-50)**

The evaluation team will present their annual report. See other resources developed by the team at <https://www.familyresiliency.illinois.edu/resources/microlearning-videos>. No action is requested.

### **b) Board Officer Elections (pages 51-54)\***

The Board's bylaws are included for information, clarifying that election of officers is to take place during a meeting held after appointment of members (to terms beginning January 1) and prior to July 1. Terms are for one year, beginning July 1. After hearing and closing nominations of officers, the Board may take an action such as "to elect [xx] as President and [xx] as Vice President/Secretary of the CCMHB, for terms beginning July 1, 2026 and ending June 30, 2027." Action is requested.\*

## **XIII. Reports**

### **a) Staff Reports (pages 55- 66)**

Reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Shandra Summerville are included in the packet for information only.

### **b) Community Behavioral Health Needs Assessment Activities (pages 67-69)**

Minutes of the April workgroup meeting are included for information only.

### **c) disAbility Resource Expo and AIR Updates**

Oral updates will be provided, time permitting. See also

<https://disabilityresourceexpo.org> and <https://champaigncountyair.com/>

### **d) Program Year 2026 Third Quarter Service Activity Reports (pages 71-130)**

Included for information only are reports on third quarter service activity of programs currently funded by the CCMHB.

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

### **XV. Board to Board Reports (pages 131-132)**

### **XVI. County Board Input**

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

## **XVIII. Board Announcements and Input**

### **XIX. Adjournment**

\* Board action is requested.

\*\*Public input may be given virtually or in person. If the time of the meeting is not convenient, you may communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org) any comments for us to read aloud during the meeting. The Chair reserves the right to limit individual time to five minutes and total time to twenty minutes. All feedback is welcome. The Board does not respond directly but may use input to inform future actions. Agency representatives and others providing input which might impact Board actions should be aware of the [\*Illinois Lobbyist Registration Act, 25 ILCS 170/1\*](#), and take appropriate [\*steps to be in compliance with the Act\*](#).

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

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# CCMHB 2026 Meeting Schedule

5:45PM the Wednesday following the third Monday of each month, plus study sessions and off-cycle meetings

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

<https://us02web.zoom.us/j/81393675682> (*if it is an option*)

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

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

Meeting information is posted, recorded, and archived at

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

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

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

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

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emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org) any comments for us to read aloud during the meeting.

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



## CCDDDB 2026 Meeting Schedule

9:00AM the fourth Wednesday of each month

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

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

- January 28, 2026 – Shields-Carter Room
- February 25, 2026 – Shields-Carter Room - *tentative*
- March 25, 2026 – Shields-Carter Room
- April 22, 2026 – Shields-Carter Room
- ~~April 29, 2026 – Shields-Carter Room – *tentative* CANCELLED~~
- May 27, 2026 – Shields-Carter Room
- June 24, 2026 – Shields-Carter Room
- July 22, 2026 – Shields-Carter Room
- August 26, 2026 – Shields-Carter Room - *tentative*
- September 23, 2026 – Shields-Carter Room
- September 30, 2026 5:45 PM – Shields-Carter Room – *joint study session with MHB*
- October 28, 2026 – Shields-Carter Room
- November 25, 2026 – Shields-Carter Room
- December 9, 2026 – Shields-Carter Room (*off cycle*)

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

Meeting information is posted, recorded, and archived at

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# IMPORTANT DATES

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

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

11/28/25	Public Notice of Funding Availability to be published (minimum 21-day notice)
12/17/25	Regular Board Meeting (tentative)
12/19/25	Online system opens for PY2027 applications
12/31/25	Agency PY25 audits/reviews/compilations due
1/21/26	Regular Board Meeting – Mid-Year Program Presentations
1/28/26	Study Session – Mid-Year Program Presentations
1/28/26	Agency PY26 2nd Quarter & CLC reports due
2/2/26	Deadline for PY27 applications (4:30 PM cutoff)
2/18/26	Regular Board Meeting – Application review
3/18/26	Regular Board Meeting
3/25/26	Study Session
4/15/26	Program summaries released and posted
4/22/26	Regular Board Meeting – Funding review
4/29/26	Study Session – Continued review

4/29/26	Agency PY26 3rd Quarter reports due
5/13/26	Allocation scenarios released
5/20/26	Study Session – Allocation discussion
5/27/26	Regular Board Meeting – PY2027 allocations
6/1/26	PY27 contract forms due
6/16/26	Application revisions & CPA letters due
6/18/26	PY2027 contracts completed
6/24/26	Regular Board Meeting – Election of Officers
6/30/26	Agency audits/reviews due
7/22/26	Regular Board Meeting – Draft budgets
8/19/26	Regular Board Meeting (tentative)
8/26/26	Agency PY26 reports & outcomes due
9/23/26	Regular Board Meeting – Draft Plan
9/30/26	Joint Study Session with CCDDDB
10/21/26	Regular Board Meeting – Allocation criteria
10/28/26	Study Session
10/28/26	Agency PY2027 Q1 reports due
11/18/26	Regular Board Meeting – Approvals
11/27/26	Public Notice of Funding Availability
12/9/26	Regular Board Meeting (off cycle)
12/18/26	PY28 application system opens
12/31/26	Agency audits/reviews due

# Champaign County Mental Health Board (CCMHB) Acronyms and Glossary

## 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)  
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/TRC – East Central Illinois Refugee Mutual Assistance Center/The Refugee Center  
ECMHS - Early Childhood Mental Health Services, a program of CCRPC Head Start  
FD – Family Development, previously Family Development Center, a DSC program  
FF - FirstFollowers  
FS - Family Service of Champaign County  
FST – Families Stronger Together, a program of Cunningham Children’s Home  
GCAP – Greater Community AIDS Project of East Central Illinois  
ISCU - Immigrant Services of Champaign-Urbana  
MAYC - Mahomet Area Youth Club  
NA- Narcotics Anonymous  
NAMI – National Alliance on Mental Illness  
PATH – regional provider of 211 information/call services  
PEARLS - Program to Encourage Active Rewarding Lives  
PHC – Promise Healthcare  
PSC - Psychological Services Center (UIUC) or Problem Solving Courts (Drug Court)  
RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center  
RACES – Rape Advocacy, Counseling, and Education Services  
RCI – Rosecrance Central Illinois  
RPC or CCRPC – Champaign County Regional Planning Commission  
UNCC – Urbana Neighborhood Community Connections Center  
UP or UP Center – Uniting Pride  
UW or UWCC – United Way of Champaign County  
WELL – The Well Experience  
WIN Recovery – Women in Need Recovery  
YAC – Youth Assessment Center, a program of CCRPC

## Other Terms and Acronyms

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

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

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

ARCH – Access to Respite Care and Help

ARMS – Automated Records Management System - used by law enforcement

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

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

ATOD – Alcohol, Tobacco, and Other Drugs

BARJ - Balanced and Restorative Justice approach

BD – Behavior Disorder

BJMHS - Brief Jail Mental Health Screening Tool

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

CALAN or LAN – Child and Adolescent Local Area Network

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

C-CARTS – Champaign County Area Rural Transit System

CATS – Child and Adolescent Trauma Screen

CBCL – Child Behavior Checklist

CBT – Cognitive Behavioral Therapy

CC – Champaign County

CCBHC – Certified Community Behavioral Health Clinic

CCBoH – Champaign County Board of Health

CCHVC - Champaign County Home Visiting Consortium

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

CCSO – Champaign County Sheriff's Office

CDC – federal Centers for Disease Control and Prevention

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

CES – Coordinated Entry System

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

C-GAF – Children’s Global Assessment of Functioning

CGAS – Children’s Global Assessment Score

CHW – Community Health Worker

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

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

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

COC - Continuum of Care Program

CQL – Council on Quality and Leadership

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

CRSS- Certified Recovery Support Specialist

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

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

CSPH – Continuum of Service Providers to the Homeless

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

CST – Community Support Team

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

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

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

DBHR – (Illinois) Division of Behavioral Health and Recovery

DBT - Dialectical Behavior Therapy

DCFS – (Illinois) Department of Children and Family Services

DECA – Devereux Early Childhood Assessment for Preschoolers

DEI – Diversity, Equity, and Inclusion

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

DD – Developmental Disability

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

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

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

DHS – (Illinois) Department of Human Services

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

DOJ – federal Department of Justice

DSM – Diagnostic Statistical Manual

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

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

DV – Domestic Violence

EAP – Employee Assistance Program

EBP - Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EMS – Emergency Medical Services

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

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

ER – Emergency Room

ES – Emergency Shelter

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act

FPL – Federal Poverty Level

FQHC – Federally Qualified Health Center

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

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

GAAP - Generally Accepted Accounting Principles

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

GAGAS - Generally Accepted Government Auditing Standards

GAO - Government Accountability Office

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

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

GSRC – Gender and Sexuality Resource Center

GSA – Gender/Sexuality Alliances

HACC – Housing Authority of Champaign County

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

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

HEARTH Act – Homeless Emergency and Rapid Transition to Housing

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HHS – federal department of Health and Human Services

HIC – Housing Inventory Counts

HIPPA – Health Insurance Portability and Accountability Act

HMIS – Homeless Management Information System

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

HSSC – Homeless Services System Coordination

HUD – Housing and Urban Development

I&R – Information and Referral

ILAPSC – Illinois Association of Problem-Solving Courts

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP – Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA – Illinois Criminal Justice Authority

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

IDHFS or HFS – Illinois Department of Healthcare and Family Services

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

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

IDOC – Illinois Department of Corrections

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

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

IOP – Intensive Outpatient Treatment

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

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

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

LSA – Life Skills Assessment

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

MAR/MAT – Medication Assisted Recovery/Medication Assisted Treatment

MBSR – Mindfulness-Based Stress Reduction

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

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

MDT – Multi-Disciplinary Team

MH – Mental Health

MHFA – Mental Health First Aid

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

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

MI – Mental Illness or Mental Impairment

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability

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

MOU – Memorandum of Understanding

MRT – Moral 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

NOFO – Notice of Funding Opportunity

NOMS – National Outcome Measures (used by SAMHSA)

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

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

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 - an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

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

PLWHA – People living with HIV/AIDS

PPSP – Parent Peer Support Partner

PSH – Permanent Supportive Housing

PSR – Patient Service Representative

PTSD – Post-Traumatic Stress Disorder

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

PWD – People with Disabilities

PWI – Personal Well-being Index

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

REBT - Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault. Also Substance Abuse

SACIS – Sexual Assault Counseling and Information Service

SAD – Seasonal Affective Disorder

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

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

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

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

SDOH – Social Determinants of Health

SDQ – Strengths and Difficulties Questionnaire

SDS – Service Documentation System

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

SED – Serious Emotional Disturbance

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping - a model developed by SAMHSA

SMI – Serious Mental Illness

SNAP – Supplemental Nutrition Assistance Program

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

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

SSI – Supplemental Security Income - a program of Social Security

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

SSPC – Social Skills and Prevention Coaches

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

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

TANF – Temporary Assistance for Needy Families

TBRA – Tenant-Based Rental Assistance

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

TH – Transitional Housing

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

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

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

TCU DS - Texas University Drug Screening tool

VAWA - Violence Against Women Act

VOCA - Victims of Crime Act

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

WIOA – Workforce Innovation and Opportunity Act

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

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

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

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
(CCMHB) MEETING**

*Minutes April 22, 2026*

*This meeting was held at the Scott M. Bennett Administrative Center  
102 E. Main St., Urbana, IL  
and with remote access.*

*5:45 p.m.*

**MEMBERS PRESENT:**

Den Arres, Alejandro Gomez, Molly McLay, Tony Nichols, Elaine Palencia, Kyle Patterson, Jane Sprandel, Jen Straub, Jon Paul Youakim

**STAFF PRESENT:**

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

**OTHERS PRESENT:**

Jacinda Dariotis, UIUC; Marlon Mitchell, James Kilgore, First Followers; Claudia Lennhoff, Champaign County Healthcare Consumers (CCHCC) Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Jessie Heckenmueller, Lisa Benson, Champaign County Regional Planning Commission (CCRPC); Brenda Eakins, Kaysa Haley, GROW in IL; Tammy Lemke, CU at Home; Katie Harmon, Andi France, Courage Connection; April Garcia, Brightpoint; Joshua Gavel, Madison Palmer, Uniting Pride; Jazmine Herandez, Charlene Morlay, City of Champaign Township; Marlon Mitchell, First Followers; Kim Gollinas, Habitat for Humanity.

**CALL TO ORDER:**

CCMHB President McLay called the meeting to order at 5:47 p.m.

**ROLL CALL:**

Roll call was taken, and a quorum was present.

**APPROVAL OF AGENDA:**

The agenda was approved.

**CCDDB and CCMHB SCHEDULES:**

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

## **ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.

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

Joshua Gavel from Uniting Pride introduced Madison Palmer as the new director of the agency. Madison Palmer told the board a few things about herself.

## **PRESIDENT’S COMMENTS:**

CCMHB Chair Molly McLay encouraged the board members to consider being the CCMHB President or Vice-President during the next election. Jen Straub was welcomed to the Board, replacing Chris Miner.

## **EXECUTIVE DIRECTOR’S COMMENTS:**

No comments.

## **APPROVAL OF MINUTES:**

Minutes from the March 18 and March 25, 2026 CCMHB meetings were included in the board packet for review.

**MOTION: Mx. Arres moved to approve the minutes of the CCMHB’s meetings on March 18, 2026 and March 25, 2026. Ms. Sprandel seconded the motion. A voice vote was taken and the motion passed unanimously.**

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

The Vendor Invoice List was included in the packet.

**MOTION: Mx. Arres moved to accept the Vendor Invoice Lists as presented in the Board packet. Dr. Youakim seconded. A voice vote was taken and the motion passed.**

## **NEW BUSINESS:**

### **Draft 2025 Annual Report:**

A draft of the CCMHB Annual Report for Fiscal Year 2025 was included in the packet for Board review and approval.

**MOTION: Mx. Arres moved to approve the CCMHB Annual Report for Fiscal Year 2025 as presented. Ms. Sprandel seconded the motion. A voice vote was taken and the motion passed unanimously.**

## **REPORTS:**

### **Staff Reports:**

Staff reports were deferred to allow for focus on the review of agency applications.

### **Evaluation Capacity Building Project Update:**

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

### **Community Behavioral Health Needs Assessment Activities:**

Minutes of the March workgroup meeting were included in the packet for information only.

### **disAbility Resource Expo and AIR Updates:**

See also <https://disabilityresourceexpo.org> and <https://champaigncountyair.com/>

Director Canfield provided oral updates. She reflected on the great work of Barbara Bressner for past art shows and Expos.

## **OLD BUSINESS:**

### **Agency Audit/Review Updates:**

A decision memorandum offered an update on the delayed Greater Community AIDS Project of East Central Illinois (GCAP) Program Year 2025 review. Director Canfield stated GCAP has been sharing audit updates nearly daily.

**MOTION: Mx. Arres moved to continue the GCAP Program Year 2026 contract, withholding payments until the Program Year 2025 financial review is submitted and any follow-up issues resolved. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.**

### **Requests for Program Year 2027 Funding:**

A list of funding applications followed by a staff review of the applications was included in the Board packet. Many agency representatives were present to answer questions from Board members. CCMHB reviewed and discussed each application requesting funds from the CCMHB alphabetically. The review will continue at the April 29, 2026 Board study session.

## **PUBLIC PARTICIPATION AND AGENCY INPUT:**

Jessie Heckenmueller from Regional Planning Commission (RPC) commented on engagement with the Families Stronger Together program. Their Homelessness program has a need for additional staff.

## **BOARD TO BOARD REPORTS:**

None.

**COUNTY BOARD INPUT:**

None.

**CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD  
(CCDDB) INPUT:**

None.

**BOARD ANNOUNCEMENTS AND INPUT:**

None.

**ADJOURNMENT:**

The meeting adjourned at 8:02 p.m.

Respectfully Submitted by:

Stephanie Howard-Gallo

CCMHB/CCDDB Compliance and Operations Coordinator

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

# ***CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB)***

## ***Study Session Minutes April 29, 2026***

***This meeting was held at the Scott M. Bennett Administrative Center  
102 E. Main St., Urbana, IL 61801 and remotely.  
5:45 p.m.***

### **MEMBERS PRESENT:**

Alejandro Gomez, Tony Nichols, Elaine Palencia, Kyle Patterson, Molly McLay, Jane Sprandel, Jen Straub, Jon Paul Youakim

### **MEMBERS EXCUSED:**

Den Arres

### **STAFF PRESENT:**

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

### **OTHERS PRESENT:**

Liz Miner, Maggie Bianchi, Steve Smith, Rosecrance Central Illinois; Jessica Smith, DSC; Jessica Heckenmueller, Elisa Ransom, Champaign County Regional Planning Commission (CCRPC); Brenda Eakins, GROW in IL; Joshua Gavel, Madison Palmer, Uniting Pride; Claudia Lennhoff, Champaign County Healthcare Consumers (CCHCC); Chad Hoffman, Habitat for Humanity of Champaign County; Marlon Mitchell, James Kilgore, FirstFollowers; Kelly Russell, CU Early; Jennifer Henry, Jim Hamilton, Promise Healthcare; Ann Percy, Cunningham Children's Home; Darya Shahgheibi, Greater Community Aids Project (GCAP); Bethany Little, WIN Recovery.

### **CALL TO ORDER:**

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

### **ROLL CALL:**

Roll call was taken. A quorum was present.

## **APPROVAL OF AGENDA:**

The agenda was in the packet.

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

None.

## **PRESIDENT'S COMMENTS:**

Ms. McLay introduced herself and thanked everyone for attending.

## **EXECUTIVE DIRECTOR'S COMMENTS:**

None.

## **STUDY SESSION:**

### **Program Summary Review:**

Chair McLay reviewed the application review process. Associate Director Leon Bryson provided an overview of each program. The Board continued their review of applications from the April 22, 2026 meeting. Many agency representatives were present to answer questions from Board members.

## **PUBLIC PARTICIPATION AND AGENCY INPUT:**

None.

## **BOARD ANNOUNCEMENTS AND INPUT:**

None.

## **ADJOURNMENT:**

The session ended at 8:04 p.m.

Respectfully Submitted by:

Stephanie Howard-Gallo, CCMHB/CCDDB Compliance and Operations Coordinator

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

VENDOR INVOICE LIST

Champaign County, IL FUND = I/DDSI MONTH = April 2026

Vendor Number	Vendor Name	Invoice	Date	Invoice Check Run	Invoice Net	Invoice Description
1	CHAMPAIGN COUNTY TREASURER	Apr'26 IDDSI25-089	4/1/2026	041026A	19,336.00	IDDSI25-089 Community Life Short Term Assist

VENDOR INVOICE LIST

Champaign County, IL FUND = MHB MONTH = April 2026

Vendor Number	Vendor Name	Invoice	Invoice Date	Check Run	Invoice Net	Invoice Description
18805	C-U AT HOME	Apr'26 MHB25-021	4/1/2026	041026A	21,391.00	MHB25-021 Shelter Case Management
1	CHAMPAIGN COUNTY TREASURER	Apr'26 MHB26-006	4/1/2026	041026A	5,325.00	MHB26-006 Champaign County Children's Advocacy
1	CHAMPAIGN COUNTY TREASURER	Apr'26 MHB25-026	4/1/2026	041026A	32,371.00	MHB25-026 Early Childhood Mental Health
1	CHAMPAIGN COUNTY TREASURER	Apr'26 MHB25-004	4/1/2026	041026A	4,523.00	MHB25-004 Homeless Services System Coord
1	CHAMPAIGN COUNTY TREASURER	Apr'26 MHB26-025	4/1/2026	041026A	6,362.00	MHB26-025 Youth Assessment Center
1	CHAMPAIGN COUNTY TREASURER	Apr'26 Office Rent	4/1/2026	041026A	2,327.88	Apr'26 Office Rent 053
1	CHAMPAIGN COUNTY TREASURER	MHB-004	4/1/2026	041026A	890.00	Mar'26 Information Technology Service
18254	CHAMPAIGN COUNTY CHRISTIAN HOME	Apr'26 MHB26-029	4/1/2026	041026A	8,333.00	MHB26-029 Mental Health Care
18259	CHAMPAIGN COUNTY HEALTH CARE	Apr'26 MHB26-044	4/1/2026	041026A	8,094.00	MHB26-044 CHW Outreach & Benefits
18259	CHAMPAIGN COUNTY HEALTH CARE	Apr'26 MHB25-066	4/1/2026	041026A	8,750.00	MHB25-066 Disability Application Services
18259	CHAMPAIGN COUNTY HEALTH CARE	Apr'26 MHB26-045	4/1/2026	041026A	8,607.00	MHB26-045 Justice Involved CHW
10148	COMMUNITY SERVICE CENTER OF CHAMPAIGN COUNTY	Apr'26 MHB26-008	4/1/2026	041026A	5,888.00	MHB26-008 Resource Connection
18092	COURAGE CONNECTION	Apr'26 MHB25-007	4/1/2026	041026A	10,669.00	MHB25-007 Courage Connection
10163	CRISIS NURSERY	Apr'26 MHB26-005	4/1/2026	041026A	7,500.00	MHB26-005 Beyond Blue Champaign
18305	CUNNINGHAM CHILDRENS HOME	Apr'26 MHB25-018	4/1/2026	041026A	16,975.00	MHB25-018 ECHO Housing and Employment
18305	CUNNINGHAM CHILDRENS HOME	Apr'26 MHB25-036	4/1/2026	041026A	23,511.00	MHB25-036 Families Stronger Together
10170	DEVELOPMENTAL SERVICES CENTER	Apr'26 MHB26-012	4/1/2026	041026A	58,500.00	MHB26-012 Family Development
18323	DIMOND BROS. INSURANCE LLC	1813033	4/7/2026	041726A	1,537.00	Policy #EPP 0577745 Renewal
10175	DON MOYER BOYS & GIRLS CLUB	Apr'26 MHB25-015	4/1/2026	041026A	7,131.00	MHB25-015 CU Change

10185	EAST CNTRL IL REFUGEE MUTUAL A	Apr'26 MHB26-001	4/1/2026	041026A	6,286.00	MHB26-001 Family Support & Strengthening
100	EMPLOYEE VENDOR	Howard-Gallo 4/13/26	4/13/2026	041726A	26.83	Travel Log 2/1/26 - 3/31/26
100	EMPLOYEE VENDOR	Bryson 4/16/26	4/15/2026	042426A	24.43	Travel Log 3/9/26-4/7/26
100	EMPLOYEE VENDOR	Carfield 4/20/26	4/20/2026	042426A	174.36	Travel Log 3/26/26-4/18/26
19586	TIMOTHY L OFFENSTEIN	1394	3/20/2026	041726A	2,804.49	Website accessibility review, accessibility training
18343	FAMILY SERVICE OF CHAMPAIGN C	Apr'26 MHB26-014	4/1/2026	041026A	11,985.00	MHB26-014 Counseling
18343	FAMILY SERVICE OF CHAMPAIGN C	Apr'26 MHB26-016	4/1/2026	041026A	3,182.00	MHB26-016 Self-Help Center
18343	FAMILY SERVICE OF CHAMPAIGN C	Apr'26 MHB26-017	4/1/2026	041026A	17,863.00	MHB26-017 Senior Counseling and Advocacy
20932	GIVING FOUNDATION	Ebertfest 2026	4/9/2026	041726A	15,000.00	Ebertfest 2026 Film Circle Level Donation
10242	GROW IN ILLINOIS	Apr'26 MHB25-011	4/1/2026	041026A	13,140.00	MHB25-011 Peer Support
19785	IMMIGRANT SERVICES OF CHAMPAIGN	Apr'26 MHB26-010	4/1/2026	041026A	16,688.00	MHB26-010 Immigrant Mental Health
20570	JP MORGAN CHASE BANK	6233 3/31/26	4/2/2026	041026A	2,724.93	Acct # 4485 9279 0007 6233 3/31/26
10348	MCS OFFICE TECHNOLOGIES INC	01-713719	4/1/2026	041026A	162.00	Apr'26 MHB/DDB Managed IT Service
18413	PROMISE HEALTHCARE	Apr'26 MHB26-013	4/1/2026	041026A	30,000.00	MHB26-013 Mental Health Services
18413	PROMISE HEALTHCARE	Apr'26 MHB26-041	4/1/2026	041026A	10,416.00	MHB26-041 Wellness
10453	QUILL CORPORATION	48491869	4/9/2026	041726A	167.96	Acct # 8197518
10464	RAPE, ADVOCACY, COUNSELING &	Apr'26 MHB26-035	4/1/2026	041026A	16,350.00	MHB26-035 Sexual Trauma Therapy
10464	RAPE, ADVOCACY, COUNSELING &	Apr'26 MHB26-002	4/1/2026	041026A	9,009.00	MHB26-002 Sexual Violence Prevention
10488	ROSECRANCE, INC.	Apr'26 MHB25-019	4/1/2026	041026A	7,052.00	MHB25-019 Benefits Case Management
10488	ROSECRANCE, INC.	Apr'26 MHB25-030	4/1/2026	041026A	20,000.00	MHB25-030 Crisis Co-Response Team
10488	ROSECRANCE, INC.	Apr'26 MHB25-023	4/1/2026	041026A	8,333.00	MHB25-023 Recovery Home
10563	TROPHYTIME, INC.	140890	4/13/2026	042426A	10.00	Plastic signage
10595	UNITING PRIDE	Apr'26 MHB25-009	4/1/2026	041026A	15,838.00	MHB25-009 Children, Youth, & Families

10583	UNIVERSITY OF ILLINOIS	Apr'26 Award 112237	4/1/2026	041026A	11,152.24	MHB23-039 Building Agency Evaluation
10597	URBANA ADULT EDUCATION	Apr'26 MHB25-042	4/1/2026	041026A	6,726.00	MHB25-042 C-U Early
10599	URBANA NEIGHBORHOOD CONNECTION	Apr'26 MHB26-024	4/1/2026	041026A	31,848.00	MHB26-024 Community Study Center
20939	WIMBUSH CONSULTING LLC	1014	4/9/2026	041726A	1,475.00	Organizational Health Study
10683	WOMEN IN NEED RECOVERY	Apr'26 MHB26-029	4/1/2026	041026A	15,250.00	MHB26-069 Community Support Reentry Houses

# **Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project**

**Year 3 Annual Report:  
Equipping Programs  
Through In-Person and  
On-Demand Supports**



**April 30, 2026  
Family Resiliency Center  
University of Illinois Urbana-Champaign**

Year 3 Annual Report prepared for the Champaign County Mental Health and Developmental Disability Boards by the Family Resiliency Center; Department of Human Development and Family Studies; College of Agricultural, Consumer, and Environmental Sciences; University of Illinois Urbana-Champaign

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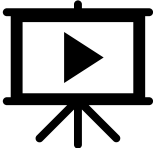
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## Executive Summary

In Year 3 of the *Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project*, the evaluation team responded to needs identified in Year 1, continued successful and relevant initiatives from Year 2, and implemented new activities to meet evolving needs that emerged in real-time during the year. The evaluation team provided impactful technical assistance; hosted a collaborative working group; developed engaging workshops and trainings (storytelling and evaluation plan fundamentals); created video microlearnings and accompanying one-page resources; and facilitated open communication and an informal support network (Table 1).

**Table 1. Summary of Year 3 Evaluation Activities, Descriptions, and Results**

Activity	Description	Results: Reach, Skills, & Effect
 <p><b>Technical Assistance</b></p>	<p>Tailored support for specific program evaluation needs identified by selected programs</p>	<ul style="list-style-type: none"> <li>• <b>Reach &amp; skills:</b> 3 programs with identified evaluation support needs improved their understanding of survey development, logic models, and survey administration.</li> <li>• <b>Effect:</b> Evaluation survey respondents (n=3) reported future skills use would improve services and program quality assessment, and they would recommend evaluation TA to others. Given these 3 programs collectively reached over 5,700 treatment and non-treatment clients in program year 2025 (per utilization report results), the evaluation capacity building project has significant potential impact.</li> </ul>
 <p><b>Working Group</b></p>	<p>Cross-agency mentoring and rapid feedback on evaluation topics/training directions</p>	<ul style="list-style-type: none"> <li>• <b>Reach &amp; skills:</b> 4 agency partners joined a cross-agency working group with core members meeting regularly (2x/ mo.) to offer collaborative feedback, troubleshoot, and learn about evaluation concepts (e.g., how to program surveys using low-cost online tools, the difference between quantitative, qualitative, and mixed methods evaluation). Participation reinforced the importance of evaluation.</li> <li>• <b>Effect:</b> Members provided rapid feedback on evaluation products and trainings.</li> </ul>
 <p><b>Trainings &amp; Resources</b></p>	<p>Capacity-building materials developed based on agency-driven needs</p>	<ul style="list-style-type: none"> <li>• <b>Reach &amp; skills:</b> 12 agencies (14 attendees) participated in a storytelling workshop. Related microlearnings (e.g., Avoiding the Data Dump and Avoiding Under- and Overreporting) were created as workshop precursors and on-demand trainings. A third video microlearning (Getting Started with Inexpensive Survey Tools) was also launched late April 2026. In total 9 video microlearnings exist and have garnered nearly 5,000 player impressions.</li> <li>• <b>Effect:</b> Resources are broadly shared across funded agencies and to other agencies by other funders.</li> </ul>

Activity	Description	Results: Reach, Skills, & Effect
 <p data-bbox="219 682 446 787"><b>Open Communication &amp; Informal Support</b></p>	<p data-bbox="482 520 673 766">Consistent communication about progress and planned activities and availability for questions</p>	<ul data-bbox="722 235 1421 1050" style="list-style-type: none"> <li data-bbox="722 235 1421 661">• <b>Reach &amp; skills:</b> Monthly updates at Mental Health and Developmental Disabilities Board meetings and monthly progress meetings with board staff informed responses to specific agency concerns and questions in real-time. Additional presence at monthly Champaign County Mental Health and Developmental Disabilities Agency Council meetings promoted engagement with agencies and awareness of services and activities offered throughout the county. Participation in Disability Expo planning meetings for future annual offerings provides an independent lens and suggestions.</li> <li data-bbox="722 667 1421 871">• <b>Office hours offered:</b> In Year 3 the evaluation team offered office hours for any funded program or agency to ask specific questions about evaluation topics to meet their needs. This resource is designed to meet agencies and programs where they are at and on their schedule.</li> <li data-bbox="722 877 1421 1050">• <b>Effect:</b> Open communication led to increasing sentiment that agencies and boards are moving in the same direction, while the annual report offers public accountability and clear understanding of evaluation team activities.</li> </ul>

## Introduction – Why This Work Matters

Programs funded by the Champaign County Mental Health and Developmental Disabilities Boards (CCMHDDDB) aim to improve mental health, job placements and community integration, ability to advocate for oneself, and many other outcomes that help individuals and families thrive, and ultimately, enrich our community. The ability to conduct high-quality program evaluations and interpret, use, and communicate evaluation findings are crucial for improving or sustaining the work of these programs. Program evaluation helps determine what components of a program are working, for whom, and in what contexts.

The Family Resiliency Center’s (FRC) Evaluation Capacity Building Team (“evaluation team” hereafter) is working with the CCMHDDDB and local agencies (c.f. Appendix A) to address evaluation capacity needs for answering these questions. This report describes work completed by the evaluation team in Year 3 of the capacity-building project as well as next steps. The evaluation team’s work expands upon needs identified in Year 1 (link at right), offers successful and relevant Year 2 and 3 activities, and incorporates feedback throughout the process.

In short, Year 1 activities included a needs assessment conducted with agencies, boards, and evaluators (n = 76) showing that (a) agency and board member familiarity with evaluation varies; (b) trainings need to meet agencies where they are; (c) evaluation efficiencies are needed to “give back time”; (d) agencies desire to learn how to use evaluation for storytelling; and (e) alignment across agencies, boards, and the evaluation team is needed.

In response to Year 1 findings and as a continuation of successful Year 2 initiatives, in Year 3 the evaluation team (c.f. Appendix B):

- Provided evaluation **technical assistance** to three programs (one developmental disability [DD], two mental health [MH]);
- Facilitated a **working group** of agency representatives to increase the relevance of evaluation capacity-building activities;
- Conducted a **training** related to storytelling in outcomes reporting;
- Developed three video microlearnings and supplemental one-page **resources** freely accessible on the FRC website; and
- Fostered **open communication** through regular availability to agencies and monthly updates on project progress at board meetings and meetings with staff.

### Resources Quick Links:

Year 1 and 2 Reports:

<https://go.illinois.edu/Evaluation-Capacity-Building-Y1>

<https://go.illinois.edu/Evaluation-Capacity-Building-Y2>

Microlearning Trainings and Supplementary Resources:

<https://www.familyresiliency.illinois.edu/resources/microlearning-videos>

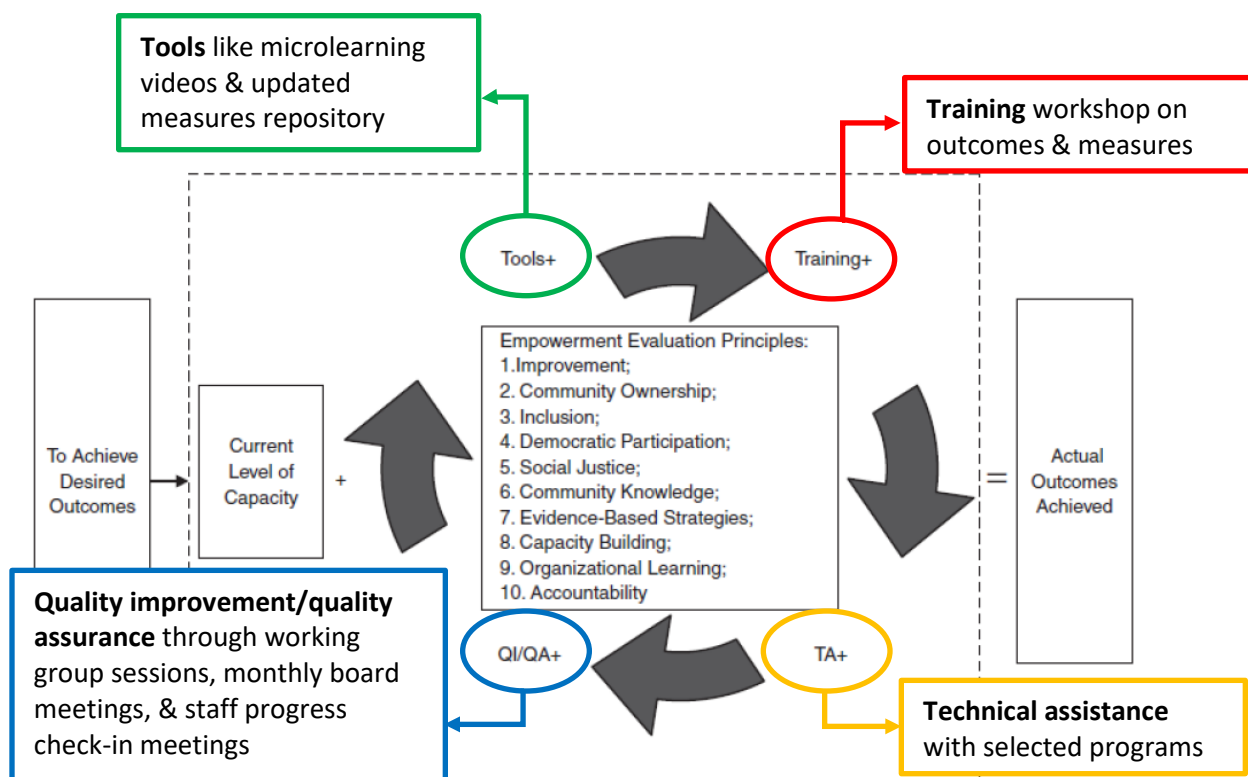
Evaluation Office Hours:

<https://go.illinois.edu/eval-office-hours>

Further, the evaluation team engaged in community- and service-based activities to gain additional insights into agencies and programs. This enabled the evaluation team to gain first-hand insights into the great work being conducted. Examples include attending the Disability Expo, agency open-houses (e.g., Crisis Nursery), and art events at the Crow and Boneyard Festival.

As depicted in Figure 1, these evaluation capacity building activities spanned all four components of the empowerment model: tools, training, technical assistance (TA), and quality improvement/quality assurance (Fetterman & Wandersman, 2007). Tools include three microlearning educational videos and related supplemental one-page resources as well as a measures repository where agencies can find possible survey measures. We delivered an in-person training to agencies on how to use storytelling to create compelling narratives about program outcomes and impacts. At the program level, we provided tailored TA to three programs. Finally, in support of the quality improvement/quality assurance component, we facilitated a cross-agency working group and communicated progress updates at monthly board and board staff meetings.

**Figure 1. Alignment of Evaluation Capacity Building Activities with the Empowerment Evaluation Model**



Note: Figure adopted from Fetterman, D., & Wandersman, A. (2007). Empowerment evaluation: Yesterday, today, and tomorrow. *American Journal of Evaluation*, 28(2), 179-198.

Both boards have positively recognized the value of the evaluation approach and activities. At the October 2025 Champaign County Developmental Disabilities Board (CCDDB) meeting, board member Susan Fowler lauded the evaluation capacity-building project:

*I just love what you're doing. I taught research methodology for years at the university, and I would have very much benefited from some of these short micro-lessons. People get so distracted by how and what to report, and you have really distilled it into a humorous as well as very cogent summary.*

Supplementing that sentiment was the chairperson of the Champaign County Mental Health Board (CCMHB), Molly McLay, who noted during the January 2026 meeting how much work the evaluation team has performed, even during times of expected lulls, as well as the impact of inclusive resources that can reach people through different learning modalities:

*That [monthly report] was actually a lot... I was thinking there wouldn't be much update, because it's January. But a lot of cool things [are] happening. I think that how to make your own survey using low-cost tools is really, really important and will be valuable as well as having the handout and video, just different methods of learning for everybody.*

## Core Activities in Year 3

### Technical Assistance

#### Goal

Technical assistance (TA) consisted of meeting with agency program staff and working together to identify pathways to improve program evaluation strategies. Capacity building was one goal, and the evaluation team worked with program representatives to improve evaluation practices. The ultimate goal of capacity building is the development of sustainable, high-quality, in-house evaluation practices. Programs for TA are identified by the Champaign County Mental Health and Developmental Disabilities Boards.

#### Alignment with Year 1 Needs Assessment

This year's TA addressed multiple needs that were identified in the Year 1 needs assessment: building evaluation capacity broadly through tailored support, developing infrastructure through the co-creation of surveys that improve data collection to evaluate programs, and aligning evaluation practices with agency priorities. By co-designing surveys, the TA responds to Year 1 finding that agencies need more time to engage in quality evaluation work.

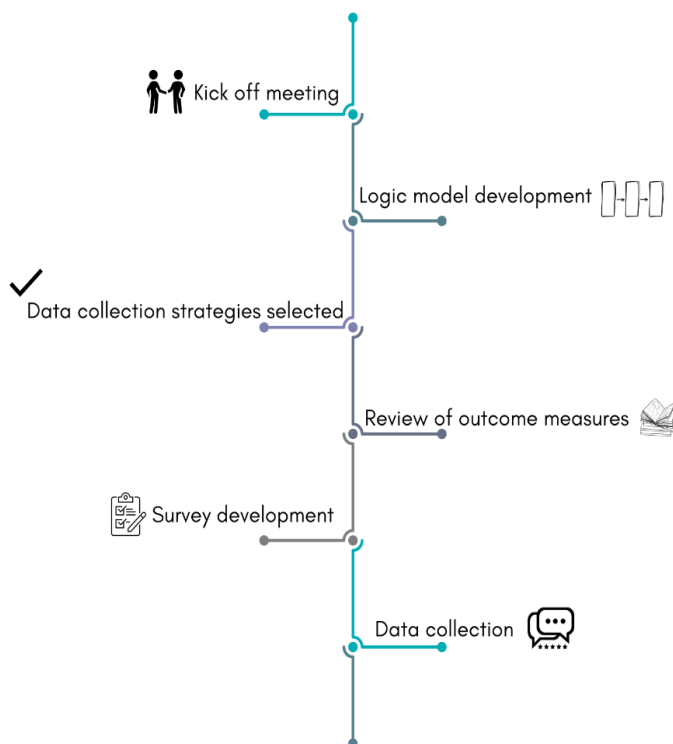
Participating programs demonstrated differing levels of evaluation readiness and existing data practices. Some programs had not yet collected participant-level data for the specific programs. Accordingly, TA this year prioritized foundational capacity building, with a focus on using logic models, considering appropriate outcome measures, and developing effective surveys.

### Year 3 Actions

Figure 2 visually displays a typical timeline for the TA process in Year 3. From June 2025 to April 2026, the evaluation team provided evaluation TA to three agency programs: Champaign County Christian Health Center (CCCHC); PACE, Inc. Center for Independent Living; and Promise Healthcare. As of April 30, 2026, TA included formal in-person and virtual meetings as well as numerous informal touchpoints and product sharing (e.g., sharing survey files).

TA topic areas included evaluation conceptualization and logic modeling; survey development; recommendations for data collection training and recruitment; and other related activities.

**Figure 2. Year 3 Technical Assistance Process**



### Technical Assistance Evaluation Results

To evaluate the utility of our TA work, we developed a short survey (7 questions) about outcomes and processes administered to those who participated in the technical assistance process. Survey topics encompassed skills development, long-term usefulness and application of TA, evaluation team responsiveness, and suggestions for improvements. Three participants representing two programs completed the TA post-survey.

Respondents expressed **positive TA experiences**. They used “strongly agree” ratings for the following experiences: the evaluation team was responsive, communicated in a timely manner, demonstrated flexibility in scheduling, and brought strong expertise in program evaluation. They also indicated that the team showed genuine care for their programs and fully met expectations. In the words of one respondent:

*I am very appreciative of RJG and the FRC in general for helping us improve our services. I have nothing but positive things to say, and I will happily recommend you to others. THANK YOU.”*

With respect to **skills development**, TA participants reported a high likelihood of applying the skills and products developed through TA in the future. Specifically, they reported that survey development was the most useful form of assistance and would help enhance future services. As one respondent explained, it involved “drilling down and developing a survey that met our needs.” TA participants reported improvements in skills related to developing logic models, identifying program outcomes, survey design, and collecting and analyzing quantitative data

(range: “somewhat agree” to “strongly agree”).

Areas for **future skills development and use** include interpreting and reporting results, as well as qualitative data collection. Overall, TA recipients reported that the skills they gained would be useful when reporting results to funders and for improving services and assessing program quality via ongoing program monitoring. Given the three programs receiving TA collectively reached over 5,700 treatment and non-treatment clients in program year 2025 per utilization report results ([260422 Full Board Packet.pdf](#)), the evaluation capacity building project has significant potential impact.

One participant described how agency staff often do not perceive evaluation TA as valuable amid competing demands and busy schedules. They acknowledged that the program or agency needs to find ways to increase team member participation. They suggested that agencies could emphasize how TA promotes service quality improvement to increase buy-in for TA among program staff.

This individualized TA represents an important element of participatory and empowerment approaches: showing up for partners and the evaluation team, listening to feedback, and providing knowledge and tools to proceed independently.

## Working Group

### Goal

The overarching goal of the working group is to facilitate a group of agency representatives that can provide input on evaluation team trainings, tools, and resources and develop evaluation capacity infrastructure that can extend beyond the evaluation team partnership. Ultimately, the intent is to have a cross-agency mentoring program to facilitate knowledge, skills transfer, and sustainability.



### Alignment with Year 1 Needs Assessment

The working group provides voice and support as the evaluation team addresses multiple findings from the needs assessment: (a) meeting agencies where they are with trainings and (b) collaboration and shared goal setting. The working group members have varying levels of evaluation experience and bring diverse substantive backgrounds to inform our work and goals.

### Year 3 Actions

A working group was developed in Spring 2024 (Year 2). In Year 3, the group typically met 2 times per month and consisted of four interested agency partners: three who consistently attended meetings and one who joined part way through the year, attending several sessions. As of April 2026, the working group includes one developmental disabilities- and three mental health-funded agency representatives, each from different agencies. Working group members provided

feedback on all trainings and related materials developed by the evaluation team in Year 3 before launching those resources. One member, Brenda Eakens of GROW in Illinois, noted:

*I have learned a lot from the working group. I wish I would have had it when I first started! I have worked on some different surveys, and I have learned a lot about how to make them. I'm not a data person; I'm a people person. But I have learned a lot from the data I've collected. They have helped me look at a program and understand what to change or fix. That makes a big difference. You guys have made it easier for me to understand my job.*

During Year 3, working group members also began to share their own work and form networks related to evaluation and service delivery. The group is currently working to co-design the next workshop, planned for June 2026.

### **Working Group Evaluation Results**

The working group consisted of four members, three of whom attended regularly, nearly every other week. All regular attendees completed a survey of five open-ended items: what worked well, what was most beneficial, future growth areas, future topics or formats, and anything else to share. When asked **what worked well**, respondents noted that reviewing and providing feedback on surveys, as well as having a diverse group of agencies, produced valuable resources that will benefit agencies.

Respondents also reported their participation in the working group **benefited their agency** and improved their confidence in program evaluation, their understanding of its value, and their facility with survey design. As described by one respondent:

*I feel much more adept in my approaches to program evaluation with all of the departments I oversee and feel more confident in my reporting abilities.*

The working group helped to inform trainings and resources, and participants noted that these resources will serve as assets to other programs and agencies if they choose to use them. In the words of one working group member “The content and resources that have come out of the group work would be very beneficial to the agencies who are willing to use it.” Another member noted “it [the working group] has helped me understand why evaluation is important.”

Regarding **future areas for growth**, several respondents suggested that having more agencies or programs represented would benefit the working group and the content/resources created, while acknowledging the importance of smaller, more intimate groups. Future topics mentioned included having more agencies sharing what they are doing, allowing for cross-program comparisons and how to utilize information gained. This suggestion is in keeping with the intent of the working group evolving into a community of practice over time. The working group’s hands-on and experiential format was well received by participants. One respondent expressed appreciation for the evaluation team’s patience, perspective, knowledge, and overall helpfulness, noting, “I enjoy the feedback and knowledge base of the team. It is very helpful for me with seeing it rather than saying it.”

Given sentiments about increasing the working group size and the benefits participation has had on members, we **recommend the boards and board staff** strongly encourage or include in future contracts for select programs and agencies to participate in the working group.

## Trainings and Resources

### Goal

Training and resource development was a substantial component of Year 3 activities. The goals of these activities were to provide user-friendly opportunities for agencies to develop in-house evaluation skillsets. Topics were informed by needs identified in Year 1 and ongoing feedback from the working group, board staff, and other board-funded agencies who offered feedback and questions.



### Alignment with Year 1 Needs Assessment

Trainings and resources developed addressed the need for user-friendly evaluation training in addition to promoting familiarity with evaluation knowledge and building capacity. Each product was reviewed and revised iteratively with feedback from the working group and board staff to ensure relevance, utility, and acceptability.

### Year 3 Actions

The evaluation team hosted one in-person workshop about storytelling related to program outcomes reporting. Pre-work for this event included viewing newly developed microlearning video trainings about two evaluation concepts: the importance of not overwhelming your reader with uncontextualized data and the significance of candid reporting (i.e. telling it like it is). A third microlearning on how to use Microsoft and Google forms for improved data collection and management was also created. These microlearnings are publicly available educational videos (see Resources Quick Links on page 3), and details about the training and microlearnings are provided in the following sections.

### Workshop: Storytelling in Outcomes Reporting

On October 8, 2025, the evaluation team held an in-person workshop on Storytelling in Outcomes Reporting at the United Way of Champaign County. Participants included staff from over a dozen agencies funded by the boards.

The workshop was a response to findings first published in the Year 1 report. First, there was a desire to learn how to use evaluation methods to share programs' stories and improve reporting. Second, trainings should be user-friendly and meet everyone where they are. To the latter end, before the training, interested participants were asked about their current associations with "good storytelling." From those responses, the evaluation team drafted an agenda that included:

- A group-level assessment-style analysis of response data;
- A demonstration of developing exigence (“a problem marked by a sense of urgency that demands communicative action”) for various audiences depending on audience knowledge and expectations; and
- An exercise showing how information can be ordered differently depending on communication goal.

Workshop participants entered with stated motivations “to improve [their] report + outcome writing,” “to better communicate the value of our programs,” “to share more relevant and interesting info with the DDB/MHB,” and “to write reports that the CCDDDB finds valuable” (among other similar comments). By this standard, the workshop offered effective tools for improved reporting. In a post-workshop survey, 11 participants gave high marks to the afternoon’s activities in all categories. On a scale of 1-5, where “1” denoted “very effective,” 2 denoted “effective,” and 3, 4, and 5 denoted “neutral,” “not very effective,” and “not at all effective” respectively, participants on average gave the workshop a 1.22, including a 1.09 for the presentation of content that was relevant and relatable to agency work.

Finally, workshop participants valued the opportunity to step back from their busy schedules and reflect on the practices involved in reporting with other agency staff. When asked, “What did you learn today that you will take back to your agency?” one participant wrote:

*It was helpful to hear how others conceptualize the prompts in outcome reports and tools/frameworks for how to think about those.*

Other participants offered related remarks about the very occasion of gathering. When asked, “What was the most valuable component of this workshop?” participants replied:

*The communication with others doing this work and the puzzle activity.  
Discussions with presenters and other staff.  
Learning with others.*

Hosting this workshop in-person offered real value to participants. An in-person workshop not only provides new information and skills development but also generates opportunities for agencies and programs to meaningfully learn from each other, network, and collaborate on shared concerns.

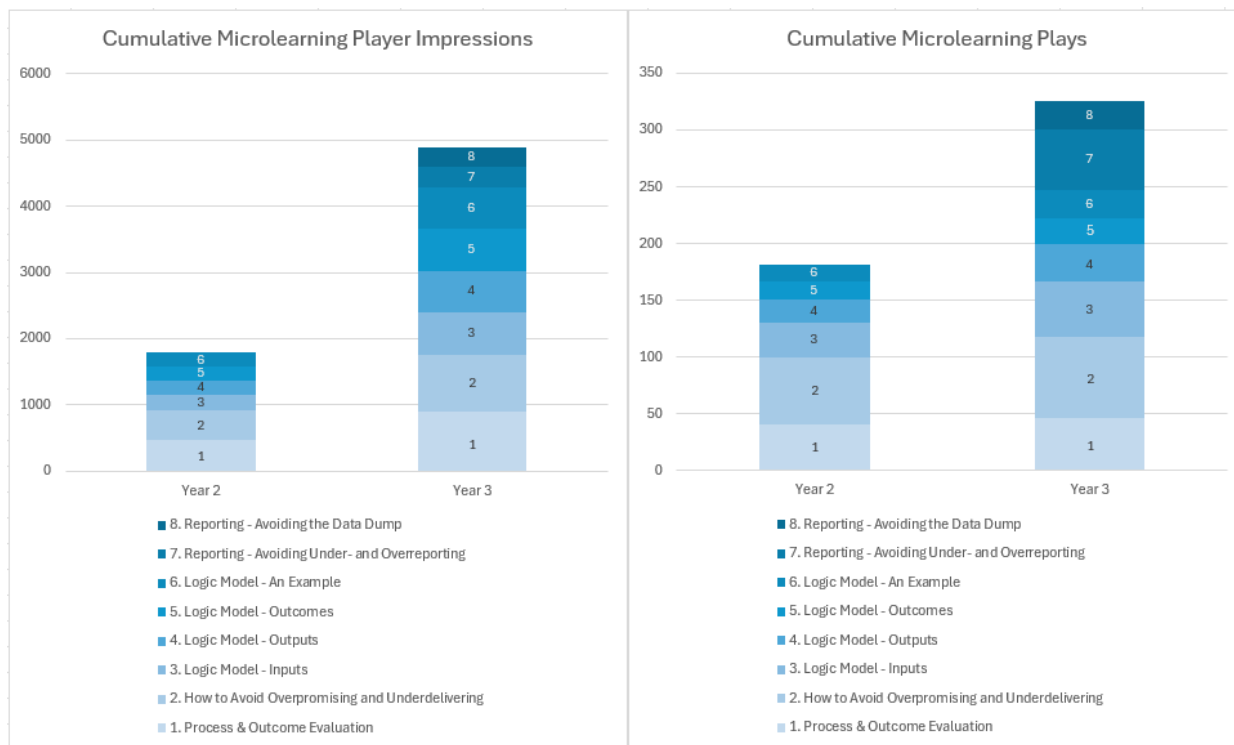
### **Microlearning Videos**

Microlearnings are short trainings (approximately 5 minutes) that distill complex concepts into discrete, easy-to-digest individual units for improved learning.

To date, nine video microlearnings have been produced on behalf of the boards for agency staff. These have garnered hundreds of plays and thousands of video impressions (an impression is when a video is loaded in a viewer’s web browser). These videos exhibit a good click-through rate of 5.8% (according to one online marketing training firm, the click-through rate across industries for videos that are displayed on a website—rather than found algorithmically or through search—

is under 1%). Whereas microlearnings in Year 2 centered around the topic of logic models, Year 3 microlearnings focused on outcomes reporting. Prior to the Storytelling in Outcomes Reporting workshop, participants were asked to view the two microlearnings pertaining to that topic. Results are shown in Figure 3.

**Figure 3. The Growing Reach of Video Microlearnings**



### Outcomes Reporting – Avoiding the Data Dump

A data dump is a large volume of facts offered without context or analysis. This microlearning discusses the importance of avoiding a data dump in reporting. The video uses a mock on-air exchange between a television weather reporter out in the field and an in-studio producer to illustrate the take-home message: individuals who report on outcomes should select data relevant to their intended message while accounting for both audience and purpose.

### Outcomes Reporting – Avoiding Under- and Overreporting

This video encourages individuals who write outcomes reports to “tell it like it is.” Relaying null or unexpected outcomes might seem scary for reporters, but these outcomes actually represent an important opportunity for evaluation. Telling the full story of a program can provide important context and offer insights into programmatic changes, leading to continuous quality improvement. The video employs the same reporter-producer back-and-forth as the microlearning above to outline the different forms that avoiding under- and overreporting might take, including omissions of important information, inclusion of unnecessary information, promotion of overinflated results, and avoiding important context that might explain why outcomes differ from their projections.

**Figure 4. Still from video microlearning: A weather reporter out in the field**



### Diving into Data – Using Microsoft and Google Forms

Data management can be tricky, especially when it comes to surveys. This microlearning helps viewers practice good data management hygiene by introducing user-friendly survey tools in Microsoft or Google. One of these tools is likely available to the viewer and their organization in some form, and they can help answer questions such as: are people satisfied with the quality of services, to what extent is a program achieving its target goals, and how do people describe their experiences with a program?

### Complementary Resources

As a complement to the video microlearnings, the evaluation team developed evergreen reference guide resources to help agency staff evaluate their programs. The first is a decision tree about the kinds of data a user might manage—numbers, stories, or a combination of the two—and how to handle it—through quantitative, qualitative, or mixed-methods approaches. Additional resources accompany the microlearning on survey design, breaking down the processes of Microsoft and Google tools into discrete steps.

## Open Communication and Informal Support and Engagement

### Goal

Ensure agencies and boards have access to hearing updates from the evaluation team and maintain accessibility.

### Alignment with Year 1 Needs Assessment

Communication efforts respond to the Year 1 report finding that a mindset of “we’re all in this together” is important for the success of capacity building.



### Year 3 Actions

The evaluation team worked to engage in ongoing communication with agencies and boards. In Year 3, the evaluation team

- Provided monthly updates at CCMHDDDB meetings.
- Met monthly with board staff to provide updates, learn about emerging program and board needs, and gain feedback on evaluation activities like trainings and microlearning resources.
- Attended monthly meetings of the Champaign County Mental Health and Developmental Disabilities Agency Council.
- Met with additional agencies to respond to questions and feedback.
- Launched on-demand office hours to meet the emerging evaluation needs of programs and agencies. The team offered 30-minute virtual sessions to speak with a member of the evaluation team about quick evaluation questions. Agencies sign up for a time slot at <https://go.illinois.edu/eval-office-hours>.

## Next Steps and Conclusion

In Year 3, the evaluation team provided impactful technical assistance, fostered a collaborative working group, developed engaging workshops and trainings, and facilitated open communication about progress. We increased accessibility of knowledge and resources, and agencies see the value of this work. In their own words, participants said they would recommend the evaluation TA experience to others.

In Year 4, the evaluation team will continue to build evaluation capacity to improve the quality of care and service in Champaign County. In collaboration with board staff, we will identify funded programs that need in-depth technical assistance, develop new trainings, continue convening and growing the working group, and assess whether office hours are needed for agencies or programs to meet with a member of the evaluation team to discuss specific, quick evaluation questions.

In consultation with the working group and in alignment with the Year 1 needs assessment, we identified a need for a training series (in various formats) spanning topics in data collection, basic data analysis, and data visualization that will be part of Year 4 planning and implementation.

The evaluation team's future directions are directly informed by feedback from agency and board representatives, and as such, we continue to welcome feedback and suggestions as we work together to build sustainable evaluation capacity across CCMHDDDB-funded agencies and beyond. We are excited and hopeful that we can collectively promote the "health and well-being of residents who live with behavioral health issues or developmental disabilities."

## Acknowledgements

We recognize and express gratitude to those who have partnered with us and will continue to do so through this process.

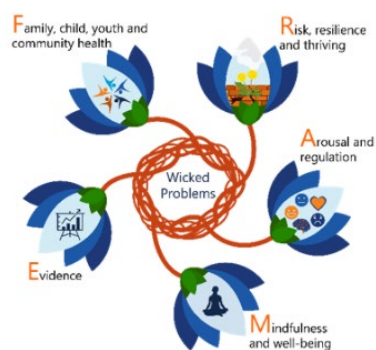
- **Agency staff and leaders** for their active engagement and thoughtful insights. We thank them for taking time to participate in technical assistance and the workshop on storytelling in outcomes reporting. We appreciate agencies making the time and space for staff to participate in evaluation capacity building activities past, present, and future.
- **Working group members** for agreeing to continue to collaborate on action planning and cross-program and cross-agency mentoring and support. This learning community is transitioning into a community of practice.
- **Board members and board staff** who highlighted the need for and value of centering staff voice in evaluation capacity building processes. We thank all board members for recognizing the importance of this work and their role in supporting evaluation capacity building.
- **Programs participating in intensive technical assistance** for being willing to work one-on-one with the FRC evaluation team to answer our questions, inform us about your programs, and for being receptive to feedback and working together to improve processes and outcomes.

### Suggested report citation

Dariotis, J.K., Underland, N.J., Jackson-Gordon, R., and Eldreth, D.A. (2026, April). *Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project - Year 3 Annual Report: Equipping Programs Through In-Person and On-Demand Supports*. Family Resiliency Center at the University of Illinois Urbana-Champaign, Urbana, Illinois.

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 Rachel Jackson-Gordon, Postdoctoral Research Associate, FRC  
 Dana A. Eldreth, Senior Research Scientist, FRC

### Family Resiliency Center



## Appendix A. Participating Agencies

Thank you to the agencies that participated in workshops, working group meetings, or technical assistance: Champaign County Christian Health Center, Champaign County Regional Planning Commission, Community Choices, Cunningham Children's Home, Crisis Nursery, CU Early (a collaboration of Urbana School District #116 and Champaign Unit 4 School District), Developmental Services Center, Don Moyer Boys & Girls Club, GROW in Illinois, PACE, Promise Healthcare, Rosecrance, Uniting Pride, and WIN Recovery.



## Appendix B. Summary of Findings and Action Steps

Year 1 Theme	Year 2 and 3 Actions	Future
<p><b>1. “We Don’t Know What We Don’t Know” – Familiarity with Evaluation Varies</b></p>	<ul style="list-style-type: none"> <li>● Created and compiled evaluation resources for all agencies to access.</li> <li>● Obtained feedback regarding resources from the working group and workshop.</li> <li>● Provided technical assistance (TA) for four programs (Year 2) and three programs (Year 3).</li> <li>● Continued to work with the boards to encourage ongoing engagement with evaluation team.</li> <li>● Encouraged the boards to communicate with agencies about why evaluation capacity is important.</li> <li>● Recommended agencies to make time and space to participate in capacity building opportunities and utilize resources.</li> </ul>	<ul style="list-style-type: none"> <li>● Continue creating evaluation resources with guidance from the working group.</li> <li>● Provide TA for new programs (identified with help from board staff).</li> <li>● Continue encouraging agencies and programs to work with the evaluation team, including working group and office hours utilization.</li> </ul>
<p><b>2. User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning</b></p>	<ul style="list-style-type: none"> <li>● Developed video microlearnings and continued adding to the library of offerings based on identified needs. New offerings in Year 3 include storytelling, survey development using low-cost tools, and reporting accuracy.</li> <li>● Acquired feedback from the working group on all trainings and materials.</li> <li>● Hosted workshops about storytelling and evaluation best practices.</li> </ul>	<ul style="list-style-type: none"> <li>● Continue developing microlearnings and trainings about evaluation plans, data management and analysis, data visualization, and other emergent topics.</li> <li>● Continue offering workshops on evaluation best practices.</li> </ul>
<p><b>3. “Giving Back” Time via Evaluation Tools and Efficiencies</b></p>	<ul style="list-style-type: none"> <li>● Created institutionalized knowledge and procedures within agencies through TA.</li> <li>● Provided training in best practices in data reporting, survey data collection, and storytelling through TA and workshops.</li> <li>● Developed shared evaluation strategies and metrics.</li> <li>● Created a decision tree to help evaluators determine when to use quantitative, qualitative, or mixed methods approaches to demonstrate the effectiveness of their program.</li> <li>● Created additional, complementary documents for microlearnings that offer different modalities for different types of learners.</li> <li>● Offered “office hours” for funded agencies.</li> </ul>	<ul style="list-style-type: none"> <li>● Continue to offer “office hours” for funded agencies</li> <li>● Create institutionalized knowledge and procedures within agencies</li> </ul>

Year 1 Theme	Year 2 and 3 Actions	Future
<p><b>4. Developing Capacity for Storytelling and Effective Reporting</b></p>	<ul style="list-style-type: none"> <li>• Based on Year 1 needs assessment, offered TA for effective storytelling strategies and evaluation-specific storytelling elements.</li> <li>• Created and delivered an in-person training on best practices in storytelling.</li> <li>• Developed microlearnings on how to effectively report outcomes.</li> <li>• Provided strategies on when and how to present quantitative and qualitative data and how to integrate these to tell impactful stories.</li> <li>• Obtained feedback from working group on these resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop microlearnings on effective data management, data visualization, and data analyses to tailor outcome reporting to different audiences.</li> <li>• Continue to provide this through TA and potentially workshops.</li> </ul>
<p><b>5. Adopting a Mindset of “We are All in This Together”: Collaboration, Shared Goal Setting, and Alignment as Community Building Opportunities to Advance Program Evaluation Work</b></p>	<ul style="list-style-type: none"> <li>• Continued to present regular progress updates at the monthly MHDD board meetings and at monthly meetings with board staff.</li> <li>• Improved communication channels for shared goal- and expectation-setting.</li> <li>• Met monthly with board members to discuss progress and obtain feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue regular progress reporting.</li> <li>• Pilot brief agency overview videos about what boards and other audiences need to know about the agencies.</li> </ul>

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) BY-LAWS

## I. PURPOSE AND FUNCTIONS:

- A. The Champaign County Mental Health Board (CCMHB) is established under the Illinois Community Mental Health Act, as amended, (IL Revised Statutes, Chapter 91-1/2, Sections 301-313, inclusive,) 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 with any private or public entity which provides such facilities and services...”
- B. In order to accomplish these purposes, the CCMHB performs the following functions:
  - 1. Planning for the mental health, intellectual and developmental disabilities, and substance use disorder services system to assure accomplishment of the CCMHB goals.
  - 2. Allocation of local funds to assure the provision of a comprehensive system of community based mental health, intellectual and developmental disabilities, and substance use disorder services.
  - 3. Coordination of affiliated providers of mental health, intellectual and developmental disabilities, and substance use disorder services to assure an inter-related accessible system of care.
  - 4. Evaluation of the system of care to assure that services are provided as planned and that services are effective in meeting the needs and values of the community.
- C. The CCMHB shall perform those duties and responsibilities as specified in Sections 3e and 3f of the Community Mental Health Act, as amended.
- D. Nothing in these By-laws alters the authorities and obligations codified in state or federal law.

## II. MEMBERSHIP:

- A. The membership of the CCMHB shall include nine (9) members, of which one person shall be a County Board member.

- B. The members of the CCMHB shall be appointed by the County Executive, with the advice and consent of the Champaign County Board. The CCMHB may recommend nominees for membership to the County Executive, the Champaign County Board Chairperson or their designee, and the Champaign County Board's Personnel Committee leadership.
- C. Members of the CCMHB may communicate with the County Executive or the County Board regarding the appointment process.
- D. Members of the CCMHB shall be residents of Champaign County and, as nearly as possible, be representative of interested groups of the community, such as local health departments, local comprehensive health planning agencies, hospital boards, lay associations concerned with mental health, developmental disabilities, and substance abuse, as well as the general public. No member of the CCMHB may be a full-time or part-time employee of the Department of Human Services – Division of Developmental Disabilities, Division of Mental Health, or Division of Substance Use Prevention & Recovery, of the Department of Health and Family Services, or a Board member or employee of any facility or service operating under contract to the CCMHB. All terms shall be measured from the first day of the calendar year of appointment. Vacancies shall be filled for an expired term in the same manner as original appointments.
- E. Any member of the CCMHB may be removed by the appointing officer.

### **III. MEETINGS:**

- A. The CCMHB shall meet at such time and location as the CCMHB shall designate. Per the Open Meetings Act (5 ILCS 120/1 et seq.), a change in the regular meeting dates is to be properly posted for the public a minimum of 10 days prior to the meeting.
- B. The CCMHB may meet in Study Session during the intervals between monthly meetings to receive reports, discuss issues, and develop recommendations on matters brought to it by the Executive Director and the President.
- C. Special meetings may be called by the written request of two members, filed with the Secretary, to conduct such business that cannot be delayed until the regular meeting date. The written request for special meeting business may be based on recommendations on matters brought to the Secretary/Vice President by the Executive Director, the Board President, or other Board members.
- D. The Executive Director shall prepare an agenda for all meetings of the CCMHB and shall cause the notice of the meeting and the agenda to be sent to all members at least five (5) days in advance of the meeting. In the case of special/emergency meetings, forty-eight (48) hours' notice shall suffice.

- E. Public notices and the conduct of all meetings shall be in conformance with the Illinois Open Meetings Act. Notice/agenda for each meeting shall be posted on the Champaign County website and in the physical location of the meeting and shall be continuously available for public review during the 48-hour period preceding the meeting.
- F. The presence of five (5) members shall constitute a quorum for any meeting of the CCMHB. For a member to attend a meeting by other means than physical presence (e.g. by video or audio conference), a majority of members must be physically present at the properly-noticed meeting, and a majority of physically present members must agree to allow the electronic attendance. Such attendance may only be due to: personal illness or disability, employment purposes or CCMHB business; unexpected childcare obligations; or a family or other emergency. A member wishing to attend a meeting by other means must notify the Board before the meeting unless advance notice is impractical. Provisions for a quorum of members to attend the meeting by other means, due to a declared disaster, are set forth in the Illinois Open Meetings Act. These By-laws affirm the Mental Health Board's intent to exercise flexibilities as the law allows.

#### **IV. OFFICERS:**

- A. The officers of the CCMHB shall be a President and a Vice-President/Secretary.
- B. Election of the officers shall take place during a meeting of the CCMHB which is held after appointment of members (to terms beginning January 1) and prior to July 1.
- C. Effective July 1, 2022: Officers shall be elected for one year, beginning July 1. No member shall hold the same office for more than two (2) consecutive years, except that officers may remain in their then current positions until their successors can be chosen.
- D. Duties of Officers:

- 1. President:

Subject to the control and direction of the CCMHB. The President shall maintain a current general overview of the affairs and business of the CCMHB. The President shall preside over meetings and conduct the agenda and shall have the privilege of voting in all actions by the CCMHB.

- 2. Vice-President / Secretary:

The Vice-President / Secretary shall act in place of the President in the latter's absence.

3. The President, Vice-President / Secretary, or a member as designated by the President, shall have the authority to sign all legal documents approved by the CCMHB.

## **V. STAFF:**

The CCMHB shall employ an Executive Director who, subject to the control and direction of the Board, shall have general charge, oversight and directions of the affairs and business of the CCMHB and shall be its responsible managing head. The Executive Director shall have the responsibility for the employment and discharge of staff pursuant to the provisions of the CCMHB Personnel Policies. The Executive Director shall have the authority to sign on behalf of the CCMHB, all necessary papers pursuant to CCMHB action and shall have the authority with the endorsement of the President to make contracts and expenditures within the approved program and budget. The Executive Director or delegate shall attend all meetings of CCMHB. The Executive Director shall also be liaison between the CCMHB, staff, and affiliated agencies and implement policies regarding communications between them

## **VI. FISCAL AND GRANT YEARS:**

- A. The fiscal year of the CCMHB shall be the same as that of the County of Champaign, i.e., January 1 through December 31.
- B. CCMHB contracts for mental health, intellectual and developmental disabilities, and substance use disorder services shall be allocated on the same fiscal year as the State of Illinois, i.e., July 1 through June 30.

## **VII. RULES OF ORDER:**

“Roberts’ Rules of Order” shall be followed in deliberations of the Board unless otherwise precluded by these By-laws.

## **VIII. CHANGE OF BY-LAWS:**

Any or all of these By-laws may be altered, amended, or repealed by a majority vote of the Board at any regular or special meeting, provided that written notice of the proposed action is given in the call to the meeting and that a quorum is present.

*Approved as amended by the CCMHB on February 22, 2017 and June 23, 2021 and January 22, 2025.*

Kim Bowdry,  
Associate Director for Intellectual & Developmental Disabilities  
Staff Report – March, April, & May 2026

CCDDB/CCMHB/IDDSI:

Much of March and April were spent updating documents to make them accessible. I spent a significant amount of time participating in meetings and webinars regarding accessibility requirements. Additional time was spent frantically googling accessibility requirements.

I also spent a significant amount of time during March and April reviewing Program Year 2027 I/DD funding requests and compiling Program Summaries for each request. I also worked on the Decision Memorandum for Program Year 2027 funding. I am also finishing with special provisions that will be included in Program Year 2027 contracts.

Program Year 2026 3<sup>rd</sup> Quarter Reports were due on April 29, 2026. Stephanie Howard-Gallo, Contracts and Compliance Coordinator sent an email to agency staff reminding them of the due date on April 7, 2026. 3<sup>rd</sup> Quarter Program Reports for CCDDB and CCMHB I/DD funded programs are included in the CCDDB Board packet for review. Program Year 2026 3<sup>rd</sup> Quarter Service Data reports for CCDDB and CCMHB I/DD funded programs were created using the data entered in the system by agency staff and are also included in the CCDDB Board packet for review. These reports were reviewed and documented, the information was added to the CCDDB and CCMHB I/DD funded program Performance Data Charts. Both reports look different than previous reports to maintain accessibility.

PACE submitted their Board approved Program Year 2025 Audit on May 5, 2026. The CCDDB/CCMHB Financial Director sent an email with follow-up questions to the PACE Executive Director on May 6, 2026. The audit follow-up was unresolved at the time of this writing.

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

I provided support to agency users with the Online System.

I met with Director Canfield, Board Executives, and other staff members to discuss programs using I/DD set aside funds.

I created instructions for adding captions to Zoom Meeting and Study Session recordings and uploading the recordings to YouTube. I also spent time working with Executive Director Canfield going through the process of adding captions and uploading the recordings to the CCDDB/CCMHB YouTube Channel. The February, March, and April meetings were all uploaded to the CCDDB/CCMHB YouTube Channel. Please visit the CCDDB/CCMHB YouTube Channel to [view the recordings \(http://www.youtube.com/@champaigncountymhbandddb\)](http://www.youtube.com/@champaigncountymhbandddb).

I created a CCDDB/CCMHB Newsletters for February, March, April, and May. The June Newsletter will be emailed in early June.

I supported AIR artists at Ebertfest on Friday, April 17<sup>th</sup> at the Virginia Theater.

Illinois Department of Human Services - Division of Developmental Disabilities IDHS-DDD: IDHS-DDD released an updated 'Understanding PUNS' flyer. [View the flyer here \(https://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD/PIO%20Comms/4313-Understanding%20PUNS-Flyer.pdf\)](https://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD/PIO%20Comms/4313-Understanding%20PUNS-Flyer.pdf).

#### Contract Amendments:

A contract amendment was completed for CCRPC Decision Support PCP.

#### Learning Opportunities:

On March 26, 2026, Tim Offenstien presented "Accessibility Training: Building Accessible Websites." Over 30 people participated in the training.

CCDDB and CCMHB are partnering with UIUC School of Social Work and The University of Illinois Leadership Center (ILC) to offer a series of leadership training courses. The United Way and Community Foundation of East Central Illinois are also partnering on this project. The next training course, Leading with Compassion and Empathy, is scheduled for July 15, 2026, from 9:30-10:30 AM at the Champaign Public Library. [Please register here to join \(https://socialwork.illinois.edu/2026/02/03/foundations-of-effective-leadership-training-series/\)](https://socialwork.illinois.edu/2026/02/03/foundations-of-effective-leadership-training-series/).

#### DISABILITY Resource Expo:

I sent an Expo update email to past Expo exhibitors and stakeholders. I also dropped off Disability Resource Expo books at the Division of Rehabilitation Services.

I developed a letter of thanks to send to Allison and Dylan Boot for their time spent as Expo Coordinators. I also purchased two engraved awards that will be sent to Mr. and Mrs. Boot upon completion, along with a letter of thanks. I am working on a similar letter/item for the family of Mrs. Barbara Bressner.

#### Mental Health and Developmental Disabilities Agencies Council (MHDDAC):

I participated in the February MHDDAC meeting. There were no presentations for the February meeting, however agency representatives were given time to share agency updates. During the March meeting, Lisa Wilson, The Refugee Center shared information about the services offered by The Refugee Center. During the April meeting, Alayia Forsyth and Hannah Hensley, Crisis Nursery provided information regarding Crisis Nursery's service options. The next meeting of the MHDDAC is scheduled for May 26, 2026.

#### Association of Community Mental Health Authorities of Illinois (ACMHAI):

I participated in the March, April, and May Executive Committee meetings. The I/DD Committee meetings were held in March and May. During the March meeting, National and State updates were provided to and discussed by the committee. Committee members also shared Community Updates.

During the May meeting, Fran Tobin, Coordinator – Alliance for Community Services provided a presentation on the Humanize Long Term Care Campaign to the I/DD Committee. Our next meeting is scheduled for July, and we will have a presentation on the I/DD Navigator Program.

I also participated (remotely) in the ACMHAI Membership and Business Meeting held at the end of March.

#### [National Association for County Behavioral Health and Developmental Disability Directors \(NACBHDD\):](#)

The NACBHDD I/DD Committee met on April 14. The next I/DD Committee meeting is scheduled for July 14, 2026.

#### [Human Services Council \(HSC\):](#)

The Chair of the HSC stepped down in March. The group has not been reorganized but continues to distribute information via the email list.

#### [Champaign County Transition Planning Committee \(TPC\):](#)

I attended the TPC meeting on March 5, 2026. At the March meeting, there was a presentation from representatives from the Halo Program at Heartland Community College. The HALO Program provides a higher education experience for students ages 18 - 28 with intellectual and/or developmental disabilities or other learning challenges through two options (HALO Initial 2 Year Program or HALO Transition Year) and additional campus resources.

#### [Champaign County Community Coalition Race Relations Subcommittee:](#)

I attended the Race Relations Subcommittee Meetings on April 20, 2026 and May 18, 2026.

#### [Other:](#)

I participated in several webinars, specifically those pertaining to improving accessibility in Word and PDF documents. I also participated in a Freedom of Information Act webinar and an Open Meetings Act webinar.

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

The last few months have been incredibly busy. For most of March, April, and part of May, I focused on creating, evaluating, and compiling PY27 Program Summaries for every funding application. Additionally, I was involved in drafting the Decision Memorandum regarding PY27 funding. I met with Executive Director Canfield, Board President McLay, and each MHB member to review and discuss various agency applications for PY27 funding. I also reached out via email to the agencies that requested funding to confirm the accuracy of our program summaries and to determine if they could function at a lower funding level. Finally, I dedicated some time to support Executive Director Canfield and Associate Director Bowdry in ensuring some of our forms met ADA compliance standards. I commend them for leading the charge to make our documents compliant as effectively and quickly as they could.

### Agency Progress Reports:

Agency PY26 Program Service Activity reports for the third quarter were to be submitted by April 29, 2026. A reminder about the reporting deadline and the procedure for requesting extensions was circulated by Ms. Stephanie Howard-Gallo to the agencies involved. All submitted reports were then examined and compiled into a single report, which is part of this board packet. The details are organized in Excel files saved in the Program Performance Data Charts. Extensions for submitting late reports were requested by Immigrant Services, Promise Healthcare, and The Refugee Center. All necessary reports have been received.

### Contract Amendment:

Children's Advocacy Center received board approval for a contract amendment to update PY26 and PY27 budget forms, covering staff costs, occupancy, consultant fees, and development.

### Site Visits:

I conducted a site visit in March at the main office of the Don Moyer Boys and Girls Club, along with Ms. Stephanie Howard-Gallo. There were no significant issues found concerning the agency's programming services. Every site visit consists of a conversation with the Program Director and appropriate staff about the effectiveness of the program, in addition to examining client records and data on service usage. Upon request, the program directors and their teams supplied all essential supporting documents.

### ACMHAI Committee Meetings:

I took part in the monthly meetings for the Legislative and I/DD Committee. Additionally, I joined the 2-day ACMHAI March Membership Meetings through Zoom. On May 12th, members of the I/DD group listened to a presentation by Fran Tobin, the Coordinator for Alliance for Community Services, who discussed ways to enhance and broaden public services for everyone.

#### CCMHDDAC Meeting:

On March 24, Ms. Lisa Wilson from the Refugee Center shared detailed insights about the services offered by the Refugee Center. Among various workshops, they currently feature “Know Your Rights,” along with financial literacy, homeownership guidance, COVID-related resources, Community Cares, health care benefits, and assistance with public benefit applications. The center employs 25 staff members, many of whom are multilingual, covering a total of 10 languages. They also offer translation services and transportation for clients attending court appointments, school meetings, and more. Additionally, the Refugee Center assists with basic immigration paperwork, such as renewals, though they do not provide legal advice. In the April meeting, Ms. Alayia Forsyth and Ms. Hannah Hensley discussed the programs available at the Crisis Nursery. Safe Children offers temporary childcare for children aged 0 to 6 and essential items to families in need. Strong Families supports families through initiatives like Beyond Blue and Paving Pathways, as well as parent-child interaction groups, home visits, and other helpful resources.

#### CIT Steering Committee:

Executive Director Canfield covered the April meeting. The next meeting is scheduled for June 3<sup>rd</sup> at the Bennett Administration Building.

#### Continuum of Service Providers to the Homeless (CSPH):

On March 9, 2026, I participated in the CSPH Kick Homelessness event held at the I-Hotel. The Homebase Visit Kick-Off attracted 130 participants, with an equal number of survey responses collected afterward. During the April meeting, members engaged in discussions about Focus Groups. We held four focus groups to gather feedback from the community on various subjects. Concerning the Steering Committee Meeting, there are plans for four upcoming meetings, each dedicated to a specific topic: Coordinated Entry, Housing, and Homeless Services. The Strategic plan is set to be completed by June, accompanied by a Kick-End event either in June or July. Homebase has asked for a funding map concerning shelter and supportive services to better understand the sources and destinations of funding, as well as what funding opportunities are available.

#### Evaluation Capacity Committee Team:

I took part in the monthly meetings with the Evaluation Capacity project team. On May 8th, Dr. Jacinda Dariotis and her team presented their annual report to the CCMHB/CCDDB staff and highlighted a forthcoming training for agencies scheduled for June 22nd at the Champaign Public Library.

#### NACBHDD Behavioral Health & Justice Committee Meeting:

During the May 6<sup>th</sup> meeting, the Department of Justice, Office of Justice Programs (OJP), along with Advocates for Human Potential (AHP), engaged in discussions about essential resources related to behavioral health and justice. OJP shared an update on the initiatives of the Bureau

of Justice Assistance, emphasizing recent funding sources and collaboration opportunities available for participants.

Rantoul Service Provider's Meeting:

I missed the April meeting due to being on vacation.

SOFTT/LANS Meeting:

In the past few months, the committee has been organizing the second annual Fatherhood Forum: Protecting the Legacy. This event will take place on Wednesday, June 10th, at the Champaign Public Library, from 11 am-3 pm. It will feature a panel discussion with presenters and community leaders, along with breakout sessions centered around Advocacy, Resiliency, and Finances, as well as resource tables. Participants can anticipate food and raffle prizes.

Other Activities:

- May 14th, I attended the Retirement Open House for Cunningham's Children's Home Director Pat Ege.
- May 13th, I attended the Addiction Resource Council (ARC) Webinar: Understanding Family Dynamics in Addiction: Why Parents and Adult Children Get Stuck and What Helps.
- May 7th, staff met CCMHB/CCDDB Presidents and members to discuss PY27 funding for IDD programs.
- April 30th, I attended the Drug Court Graduation Ceremony via zoom. Five graduates received certificates for their completion of drug court, which is a post-adjudicatory treatment-based alternative to incarceration.
- April 30th, Executive Director Canfield, Financial Manager Chris Wilson, and I met with Ms. Brenda Eakins of GROW and discussed a possible grant for a youth program through the state of Illinois.
- April 16th, I attended the Freedom of Information Act (FOIA) Webinar.
- March 26th, I attended Accessibility Training: Building Accessible Websites.

# **Stephanie Howard-Gallo**

## **Operations and Compliance Coordinator**

### **Staff Report – May 2026 Board Meeting**

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

##### **3rd Quarter Reporting 2026:**

3rd quarter financial and program reporting was due April 29th at 11:59 p.m. I sent the funded agencies a reminder of the deadline, along with the form to submit if they need an extension.

Promise Healthcare and ECIRMAC requested an extension for reports.

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

I requested the 2<sup>nd</sup> NOFA be listed in the News Gazette for one day. I also had it posted on our website and the County's facebook page. Kim Bowdry posted it in the March CCMHB/CCDDB newsletter. We received an affidavit of publication from the News Gazette.

##### **Site Visits:**

I accompanied Leon Bryson on a site visit to WIN Recovery on February 19<sup>th</sup>. I reviewed four client files and submitted my notes to Mr. Bryson for the final report.

On March 17<sup>th</sup>, I accompanied Leon on a site visit to Don Moyer Boys and Girls Club (DMBGC). I reviewed three client files for the CU Change program and confirmed Summer Coalition numbers.

##### **Audits:**

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

## **Trainings:**

I attended webinars on the Freedom of Information Act (FOIA) and the Open Meetings Act (OMA) that were conducted by the Attorney General's Office.

I attended "Navigating the new ADA Web Requirements".

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

I attended a planning meeting for Ebertfest on March 10<sup>th</sup>.

We had the usual art show/sale at the final Ebertfest April 17 and 18, 2026. Rosecrance Inc. provided breakfast and lunch for the artists on the 17<sup>th</sup>. Nancy Carter from NAMI provided support to the show on both days of the sale.

## **Funding Applications:**

My reviews of the submitted eligibility questionnaires were entered into program summaries. The program summaries also contained any compliance concerns that I noted.

## **CCMHB Annual Report:**

The CCMHB approved the 2025 Annual Report in April. I sent the approved report to the Illinois General Assembly who represent Champaign County, and the public, through posting on the County's site and the News Gazette. We received an affidavit of publication from the News Gazette.

It was also sent to the Department of Human Services—Mental Health Division. The link to the report was posted in the CCMHB May newsletter and on the Champaign County facebook page.

## **Other:**

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

# May 2026

## Staff Report- Shandra Summerville

### Cultural and Linguistic Competence Coordinator

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

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

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

access lines based on the client's communication needs. This includes print materials as assistive communication devices.

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

### **Agency Monitoring and Site Visits**

#### **CLC Site Visits for PY2025-26**

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

### **2nd Quarterly Reporting Data Review**

All organizations completed their 2<sup>nd</sup> Quarter CLC Plan. There is a summary of the findings in the submitted reports. If you would like to see more detailed information about a specific organization, please feel free to contact me: shandra@ccmhb.org

### **Annual Cultural Competence Training**

Requirements have been completed in a variety of specific training courses around Cultural Humility; Anti-Discrimination; Engaging LGBT Clients; How to work with Non-English-Speaking Families; Changes to SNAP Benefits (English and Spanish); Changes to Medicaid Benefits; Cultural Competence; How to Recognize Bias.

#### **Governance, Workforce, and Leadership:**

Handbook revisions and policy changes are mostly reported by the organizations. Most employee recruitment is through LinkedIn, Indeed, through community listserv, and word of mouth. There is not a clear process of assessing applicants that are culturally competent, it is usually based on work history and previous experience with a population. Peer Support (Lived Experience) is also named as an important component to the workforce. Each organization is asked: **"On your agency's governing Board, do any have lived experience (i.e., have a mental illness, substance use disorder, or I/DD or are the caregiver for such an individual)? Yes or No."** All organizations except for two organizations have answered the question Yes.

### **Communication and Language Assistance:**

All organizations provide Language assistance for clients. Some organizations provide language lines, interpreters, and bilingual staff is available. Smaller organizations may utilize support like Google Translate and other tools provided to engage. Email and Newsletters are the most common way of communicating about appointments and upcoming events to clients. Due to budget constraints, organizations may not have the ability to provide adequate language services.

### **Cultural Competence Organizational or Individual Assessment/Evaluation:**

Some organizations have not completed cultural competence organizational assessment. Individual Assessments are completed annually about the services that are provided. Work continues to be streamlined and strengthened with the University of Illinois Evaluation Capacity Team.

### **Engagement, Continuous Improvement, and Accountability:**

Most organizations reported that they evaluate their engagement based on contact with an individual client during the assessment. The engagement is connected to Resource Fairs, Interagency Collaboration, and interagency engagement. Through satisfaction surveys is how important and accountability are measured.

### **Principal Standard:**

Organizations report on their commitment to providing services that are client centered and it is not clear how it is measured. Organizations will be offered some training and support on how to report on the principal standard of the National CLAS Standards. Here is the principal 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.”

( Sources: **Think Cultural Health** <https://www.thinkculturalhealth.hhs.gov/contact@thinkculturalhealth.hhs.gov>)

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

### **ACMHAI:**

Executive Committee Meeting- May 6, 2026

Children’s Behavioral Health Committee – May 28th

Legislative Committee- May 19<sup>th</sup>

IDD Committee

## **Human Services Council (HSC)**

–The facilitator for HSC resigned and there was no one that has agreed to convene the meetings. The listserv is still active, and announcements are still made to inform the community about services in Champaign County.

## **Community Alliance**

This meeting is a collaboration between organizations that are serving immigrants in Champaign County. I attended this meeting on April 16, 2026. The next meeting will be May 21, 2026. This meeting is facilitated by the New American Welcome Center.

## **AIR (Alliance for Inclusion and Respect)**

I attended the “Last Dance” of the Roger Ebert Film Festival, April 17-18, 2026. I supported the AIR Art Show. I also connected with the director of the AIR sponsored Film, “Charlie Bird”.

# Champaign County Behavioral Health Work Group

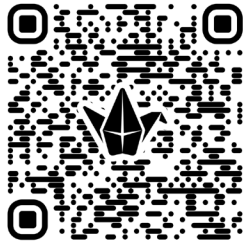
Thursday, April 30, 2026 10:30am-11:30am

## Hybrid Meeting: CUPHD Main Conference Room & Zoom

- I. Attendees: Jenny Galloway, Jim Hamilton, Oshawa Wardlow, JR Lill, Charlotte Conway, Robert Davies, Alicia Ader, Ariel Donegan, Louisa Silverman, Britany Davis, Claire from CRIS Healthy Aging, Brandi Barnes, Lynn Canfield, Jessica Wilson, Jill Duden, Jessica Janicki, Alma Murillo, LaTunya Robinson, Kris Lyn, Mark Zinger, Michelle Hibbard, Patty Fountain (22)
- II. Objective 3: Social Connectedness Needs Assessment  
Evelyn Pippa Moody, IPLAN Intern, emoody@c-uphd.org  
Attached are the survey prospectus and version 3 of the needs assessment survey.
  - Social Connected Prospectus.pdf
  - Social Connectedness Survey V3.pdfWe are seeking:
  - Survey review
  - Ways in which this could be usable by the Behavioral Health Workgroup
  - Planning support if the workgroup is interested in distributing this survey
- III. **BEACON** Presentation & Discussion: <https://beacon.illinois.gov/>  
*Louisa Silverman, Policy Analyst, Chapin Hall, [lsilverman@chapinhall.org](mailto:lsilverman@chapinhall.org)*  
*Link to Slide Deck: [BEACON Training Deck - Champaign BH Workgroup.pdf](#)*  
Here are some follow-up materials:
  - BEACON training deck (attached)
  - BEACON website: <https://beacon.illinois.gov/>
  - [Illinois Children's Behavioral Health Transformation Initiative](#) websiteResource highlights from the website:
  - [BEACON flyer](#) - English
  - [BEACON flyer](#) - Spanish
  - [How to Use BEACON](#) video
  - [FAQs](#)
- IV. SPIDER Presentation & Discussion: <https://spider.dcf.illinois.gov/>  
Ariel Donegan, SPIDER Team Member, [Ariel.Donegan@Illinois.gov](mailto:Ariel.Donegan@Illinois.gov)
  - SPIDER website: <https://spider.dcf.illinois.gov/>
  - SPIDER team email: [DCFS.SPIDER@illinois.gov](mailto:DCFS.SPIDER@illinois.gov)

## CC Behavioral Health Goals and Objectives

- a. IPLAN BH Goals and Objectives
- b. Padlet Collaboration: Link



c.

## CUPHD CredibleMind Tutorial

- a. <https://c-uphd.crediblemind.com/>



b.

## Behavioral Health

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

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

- Impact Objective 1.1: By December 31, 2026, establish a baseline of mental health visits to emergency departments using syndromic data.
- Impact Objective 1.2: By December 2028, increase awareness and utilization of behavioral health resources outside of emergency department for families and professionals.
- Impact Objective 1.3: By December 2029, redirect community members seeking mental health support as a primary concern from emergency departments to community-based prevention, intervention and treatment services.

Outcome Objective 2: By December 2031, increase mental health support access for adolescents and youth in champaign county schools.

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

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

Impact Objective 3.1: By December 31, 2031, collect qualitative data from Champaign County residents to document lived experiences of social connectedness and social isolation, with attention to populations at higher risk of disconnection.

Impact Objective 3.2: By December 31, 2028, partner with local researchers to establish baseline measures of social connectedness, loneliness, and social isolation for Champaign County, IL.

Impact Objective 3.3: By December 2029, Identify existing community programs that support social connectedness across all sectors.

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**PY2026 3rd Quarter Program Service Reports  
for Programs Funded by the  
Champaign County Mental Health Board**

# CCCAC – Champaign County Children’s Advocacy Center PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	0 CSEs	71 SCs	17 NTPCs	130 TPCs
2 <sup>nd</sup> Quarter	2 CSEs	15 SCs	5 NTPCs	35 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>2 CSEs</b>	<b>54 SCs</b>	<b>11 NTPCs</b>	<b>37 TPCs</b>
Total	4 CSEs	140 SCs	33 NTPCs	202 TPCs
Annual Target	8 CSEs	170 SCs	40 NTPCs	130 TPCs
Percent Met	50%	82%	82%	155%

## Agency Comments:

No comments provided by the agency.

## Utilization Category Definitions:

CSE = Community Services Events

SC = Service Contact or Screening Contacts

NTPC = Non-Treatment Plan Clients

TPC = Treatment Plan Clients

Other, as defined in individual program contract (not in use)

# CCRPC – Head Start-Early Head Start – Early Childhood Mental Health Svcs PY26 Q3 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	2 CSEs	284.5 SCs	77 NTPCs	60 TPCs	1 Other
2 <sup>nd</sup> Quarter	2 CSEs	383.25 SCs	39 NTPCs	30 TPCs	2 Other
<b>3<sup>rd</sup> Quarter</b>	<b>6 CSEs</b>	<b>513 SCs</b>	<b>51 NTPCs</b>	<b>29 TPCs</b>	<b>3 Other</b>
Total	10 CSEs	1,180.75 SCs	167 NTPCs	119 TPCs	6 Other
Annual Target	5 CSEs	3000 SCs	380 NTPCs	100 TPCs	12 Other
Percent Met	200%	39%	56%	119%	50%

Agency Comments:

No comments provided by the agency.

Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients

Other, as defined in individual program contract (Psycho-educational workshops, trainings, professional development efforts with staff and parents)

# CCRPC-Homeless Services System Coordination PY26 Q3

## Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	6 CSEs	24 SCs	52 NTPCs	9 TPCs
2 <sup>nd</sup> Quarter	7 CSEs	5 SCs	8 NTPCs	2 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>9 CSEs</b>	<b>161 SCs</b>	<b>3 NTPCs</b>	<b>0 TPCs</b>
Total	22CSEs	190 SCs	63 NTPCs	11 TPCs
<i>Annual Target</i>	<i>30 CSEs</i>	<i>60 SCs</i>	<i>45 NTPCs</i>	<i>10 TPCs</i>
Percent Met	73%	317%	140%	110%

### Agency Comments:

- Community Service Events
  - 1/6/2026 Point-in-Time (PIT) Count Committee Meeting
  - 1/20/2026 Point-in-Time (PIT) Count Volunteer Training
  - 1/22/2026 Point-in-Time (PIT) Count Press Conference
  - 1/22/2026 Point-in-Time (PIT) Count
  - 3/9/2026 CSPH Strategic Plan Kick Off Event
  - 3/10/2026 Focus Group for CSPH Direct Service Personnel & Staff
  - 3/10/2026 Focus Group for People w/o Stable Housing- 1st
  - 3/10/2026 Focus Group for People w/o Stable Housing- 2nd
  - 3/10/2026 Focus Group for Emergency Response & Healthcare
- TOTAL = 9

Screening Contacts

- 1/20/2026 Point-in-Time (PIT) Count Volunteer Training (30 participants)
  - 3/9/2026 CSPH Strategic Plan Kick Off Event (130 participants)
  - 3/10/2026 Focus Group for CSPH Direct Service Personnel & Staff (10 participants)
  - 3/10/2026 Focus Group for People w/o Stable Housing- 1st (9 participants)
  - 3/10/2026 Focus Group for People w/o Stable Housing- 2nd (8 participants)
  - 3/10/2026 Focus Group for Emergency Response & Healthcare (4 participants)
- TOTAL PARTICIPANTS = 161

Treatment Plan Clients: No new clients participated during this quarter. The clients reported in the previous quarters continue to participate.

*Utilization Category Definitions:*

- CSE = Community Services Events*
- SC = Service Contact or Screening Contacts*
- NTPC = Non-Treatment Plan Clients*
- TPC = Treatment Plan Clients*
- Other, as defined in individual program contract (not in use)*

# CCRPC-Youth Assessment Center PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	15 CSEs	29 SCs	13 NTPCs	39 TPCs	20
2 <sup>nd</sup> Quarter	12 CSEs	37 SCs	5 NTPCs	14 TPCs	6
<b>3<sup>rd</sup> Quarter</b>	<b>17 CSEs</b>	<b>28 SCs</b>	<b>5 NTPCs</b>	<b>20 TPCs</b>	<b>3</b>
Total	44 CSEs	94 SCs	23 NTPCs	73 TPCs	29
<i>Annual Target</i>	<i>70 CSEs</i>	<i>100 SCs</i>	<i>25 NTPCs</i>	<i>115 TPCs</i>	<i>50</i>
Percent Met	60%	94%	92%	63%	58%

## Agency Comments:

This quarter, the Youth Assessment Center (YAC) participated in several community service events aimed at increasing awareness of its programs and available resources. These efforts supported YAC's continued presence in the community, strengthened relationships with service providers and referral sources, and enhanced its ability to connect with youth and families who may benefit from services. Key highlights include:

- YAC remained actively engaged with the Champaign Community Coalition and continued its participation in SOFTT/LANS initiatives, including fatherhood initiative planning.
- YAC maintained its valued partnership with Feeding Our Kids, which provides food bags to youth experiencing food insecurity.

- YAC reestablished its Peer Court program in partnership with the University of Illinois student organization, Justice Under Restorative Youth (J.U.R.Y.). Orientation for Peer Court jurors was completed on February 27, 2026, and one proceeding was held during the quarter, with additional sessions scheduled for Quarter 4.
- YAC participated as an exhibitor at the Don Moyer Boys and Girls Club Raising Futures Conference, connecting with parents interested in services as well as representatives from other social service organizations.
- Looking ahead, YAC plans to expand programming through collaboration with Courage Connection, including a series focused on healthy relationships. YAC also intends to strengthen its partnership with the Champaign Park District's "The Spot Afterschool" program to support future community referrals and provide a structured, positive environment for youth in grades six through eight.

As of April 24, 2026, there were 18 youth cases in progress, either actively engaged in services or in the process of engagement. During the quarter, a total of 43 youth cases were closed, of which 40 were determined eligible for services. Among eligible youth, 5 (13%) successfully completed the program, 6 (15%) were closed unsuccessfully, and 29 (73%) were closed with limited or no engagement.

Among TPC youth closed in Quarter 3, 5 of 13 (38%) successfully completed the program, while 6 (46%) were closed unsuccessfully. The elevated rate of unsuccessful closures can be attributed to a surge of referrals stemming from a single incident, which resulted in multiple youth entering the intake process simultaneously. Although initial engagement was established, the voluntary nature of the program contributed to decreased participation over time. As some youth disengaged, a ripple effect occurred, leading to reduced engagement among others and ultimately resulting in unsuccessful closures. Additionally, 2 (15%) youth were determined ineligible following intake after further information was obtained.

As previously noted, a significant number of youth either decline services after referral or are unable to be reached despite multiple outreach attempts. In response, YAC continues to strengthen engagement strategies and enhance collaboration with service providers to support both initial and sustained participation. Through these efforts, YAC remains committed to connecting youth and families to supportive services, including mental health resources such as Families Stronger Together and Rosecrance.

Additionally, four youth were re-referred to YAC during the quarter, resulting in extended station adjustments or renewed engagement efforts. While these cases were not duplicated in reporting, they reflect the continued efforts of case managers to re-engage youth and support positive outcomes.

The top four referral sources in Quarter 3 were the Champaign Police Department (13), Urbana Police Department (11), Rantoul Police Department (9), and community or family referrals (9). A key development this quarter was the onboarding of a new YAC Program Manager in February 2026.

Overall, the quarter reflected both meaningful progress and opportunities for continued improvement. Priorities for the upcoming months include hiring and onboarding additional case managers, increasing engagement with the YAC Advisory Committee, and further refining program tools and practices to strengthen outcomes.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (Youth referred; however, they are ineligible for service.)*

# Champaign County Christian Health Center- Mental Health Program

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	10 CSEs	10 SCs	483 NTPCs	74 TPCs	5 Other
2 <sup>nd</sup> Quarter	8 CSEs	20 SCs	375 NTPCs	29 TPCs	7 Other
<b>3<sup>rd</sup> Quarter</b>	<b>2 CSEs</b>	<b>16 SCs</b>	<b>317 NTPCs</b>	<b>50 TPCs</b>	<b>25 Other</b>
Total	20 CSEs	46 SCs	1175 NTPCs	153 TPCs	37 Other
<i>Annual Target</i>	<i>16 CSEs</i>	<i>500 SCs</i>	<i>500 NTPCs</i>	<i>200 TPCs</i>	<i>100 Other</i>
Percent Met	125%	9%	235%	76%	37%

### Agency Comments:

CCCHC provided mental health care to 50 patients as partnership with Carle's residency program is working effectively and smoothly. Efforts are still being made to provide mental health care directly at various social service agencies.

### Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (any patients referred to other healthcare facilities.)

# Champaign County Health Care Consumers CHW Outreach & Benefit

## PY26 Q3 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	6 CSEs	387 SCs	4 NTPCs	92 TPCs	12 Other
2 <sup>nd</sup> Quarter	9 CSEs	638 SCs	8 NTPCs	81 TPCs	10 Other
<b>3<sup>rd</sup> Quarter</b>	<b>8 CSEs</b>	<b>899 SCs</b>	<b>13 NTPCs</b>	<b>96 TPCs</b>	<b>6 Other</b>
Total	23 CSEs	1924 SCs	25 NTPCs	269 TPCs	28 Other
<i>Annual Target</i>	<i>10 CSEs</i>	<i>920 SCs</i>	<i>10 NTPCs</i>	<i>165 TPCs</i>	<i>18 Other</i>
Percent Met	230%	209%	250%	163%	156%

Agency Comments:

Almost all of our clients this quarter have experienced incredible anxiety as a result of the announced changes regarding the SNAP work requirement. For people who are already struggling, the information they were receiving from DHS regarding potential work requirements and how to document work and volunteerism was overwhelming and frightening. Immigrants who are already struggling are also losing benefits. And DHS's benefits website, ABE, is now glitchy - or glitchier than before - as a result of the systemic changes that the DHS is having to make in order to accommodate the changes needed for the new work requirements. This is a big reason why our Service Contacts for this past quarter increased dramatically. People need more help, and more reassurance regarding their benefits. The slightly higher number of NTPC this quarter is also due to people just calling and asking for information, but not requiring direct assistance. The 6 in the Other category are individuals who needed prescription assistance when their Medicaid dropped out from under them.

Below are narrative reports from Adani Sanchez, who is our Client Services Coordinator.

January: With Open Enrollment extended, we are still able to help people find coverage if they are eligible. And we are bracing for changes to SNAP. Continued changes to rules around the health insurance marketplace means that some clients who were previously eligible for coverage are no longer eligible. This proves frustrating when we are trying to get someone insured who needs care, and finally got to the point of trying to make it happen, but at the final step are found ineligible. For our behavioral health clients, this is an especially stressful time, and they are needing more assistance and emotional support as they try to figure out what benefits they have or are eligible for.

Mrs. V was not sure what her options were for health insurance as an immigrant in process of having her documents renewed. A complicated health issue which resulted in an exorbitant bill pushed her to finally coming into our office hours to ask some questions. Her husband was working and with their income they were over the limit for Medicaid for adults, but with her documentation pending, we were unsure if she would qualify for tax credits. Not wanting to wait for open enrollment to end, we completed an application. We created an account and were able to select an option that allowed us to enter her previous documentation. Luckily, she qualified for a tax credit on the condition that she submit her new documentation before a certain deadline.

Mrs. V was so grateful! She would now be able to treat her ongoing health issue. She understood that there was a chance she would not be eligible and that she still needed to submit documentation, but she was excited to be able to access care.

Others are not as lucky, one client who relied on support from her children did not get a tax credit because her income was below 100% federal poverty level. But she also did not qualify for Medicaid due to her immigration status. This is a new change for the worse, leaving a gap of vulnerable people without coverage, usually seniors.

We applied that client for hospital financial assistance and talked through low cost options like Promise Healthcare and the free clinics. As exhausting as it is, we have to keep up with every change so that when there's a change that might help people, we can reach out and support clients through it.

February: Things are slowing down now and we are working on doing outreach for Special Enrollment Periods, updating information for consumers, and continuing with Medicaid and SNAP renewals.

This Valentine's Day, we attended the Healthy Families Fair where we shared tote bags and information about Special Enrollment Periods. Folks had questions about Medicaid, Medicare, and wanted to know more about Get Covered Illinois. The fair was well attended since it coincided with the indoor farmers market and we had several good conversations.

Our clients are doing their taxes and are scheduling appointments to update their income information. Ms. J had estimated her income a bit lower than what her 2025 W-2 reflected. She was worried that her premium tax credit would not be accurate so we updated her income to make sure it was closer to the right amount based on her most recent taxes. Having accurate income listed on the Marketplace application is important for the amount of tax credit received to discount the health insurance premium. She was relieved to now have accurate information on her Get Covered Illinois application.

Sometimes hourly workers or consumers who are self-employed have variable incomes and cannot always confirm their annual income until they get a better sense after filing taxes. Get Covered Illinois asks for updated information when the listed income does not match so it is better to get ahead of the income changes before GCI asks.

We continue to see renewals for Medicaid and SNAP, and sometimes we are able to complete both renewals easily through the online portal and other times we have to submit information via fax. We are encouraging clients to keep their addresses up to date especially because of the changes to SNAP. Even with one renewal a year, it can be difficult to keep Medicaid. Faulty systems that claim someone has Medicaid in another state or lost faxes mean that sometimes clients lose benefits without being properly informed as to why.

We are working to keep up with renewals so we do not have to apply clients from the beginning since new applications can take longer to process. We support clients by submitting information, creating letters of explanation, or completing appeals as needed.

March: We are in full renewal season for Medicaid and SNAP, and this also coincides with the follow up documentation for things like Special Enrollment Periods. On top of the paperwork, we are still seeing walk-ins who are trying to get medical care, but do not have health insurance.

One client, Mr. J, nervously asked if I thought it was a good idea for him to complete the renewal. He is an immigrant and his kids qualify for SNAP benefits. I told him he had to decide for himself. We have talked about the risks of completing these applications even if he is not directly receiving benefits. He knows that the state is not able to safeguard his information if the federal government asks for it. Ultimately, he decides that the benefit outweighs the risks right now. He made sure that he had the right documentation to provide about his income and we completed the application carefully.

He is not alone in considering if the access to food and healthcare for his family is worth the possible exposure to immigration authorities, especially now as the federal government becomes increasingly hostile to many vulnerable populations.

Even non-immigrants are struggling with the paperwork requirements brought on by new SNAP requirements. Some clients are getting letters about work requirements even though they have already submitted exemptions, but they are not getting confirmations of exemptions so we are having to call and verify exemption approvals. The letters are confusing and each family member is assessed for the requirement and if submitted exemptions are not being confirmed it creates a bottle neck where we can only get information by calling the local office.

These changes will cause problems with our already stressed local DHS office. For Special Enrollment Periods, clients must submit proof that they lost their coverage, but if Medicaid does not send a letter to let someone know they are terminated, we do not have any way of proving the Special Enrollment Period.

Luckily, for some clients, we can create a Manage My Case accounts and get the notices online, but not everyone is able to create that account since it relies on credit history and a state ID. Mr. P was not able to create an account and had given up trying to apply for benefits. He came to our office in visible pain after someone recommended our services. He said he needed to go to urgent care, but had lost his Medicaid last year. We were able to create a new account and apply for Medicaid. I explained how Medicaid, if approved, would be backdated to the date of application and that we could also apply for hospital financial assistance if he knew the urgent care facility he would be going to. We completed both and even though he was still in pain, he had a plan and a timeline.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (Number of prescriptions covered in Rx program, etc.)*

# Champaign County Health Care Consumers-Disability Application Svcs PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	8 CSEs	344 SCs	2 NTPCs	41 TPCs	41 Other
2 <sup>nd</sup> Quarter	7 CSEs	761 SCs	2 NTPCs	81 TPCs	27 Other
<b>3<sup>rd</sup> Quarter</b>	<b>5 CSEs</b>	<b>597 SCs</b>	<b>4 NTPCs</b>	<b>63 TPCs</b>	<b>9 Other</b>
Total	20 CSEs	1702 SCs	8 NTPCs	185 TPCs	77 Other
<i>Annual Target</i>	<i>5 CSEs</i>	<i>700 SCs</i>	<i>8 NTPCs</i>	<i>69 TPCs</i>	<i>12 Other</i>
Percent Met	400%	243%	100%	268%	641%

## Agency Comments:

This past quarter, CCHCC's Disability Specialist have served 63 treatment plan clients. 25 of these clients were new to CCHCC this quarter, and the remaining 38 clients are continuing their cases with CCHCC, including completing initial applications, filing appeals, and a handful of clients who had ALJ hearings this quarter. The 5 clients who had ALJ hearings were represented by CCHCC's Babatunde Amao, who is also a practicing attorney. Babatunde has received approvals for 4 of these ALJ clients, but he is waiting for the judge's decision on the 5th client. The 4 under NTPC are people who contacted us about starting an application, and our team started working with them, but then they stopped responding. This happens sometimes, especially with Township clients who are forced to solicit disability application services from CCHCC in order to qualify for Township General Assistance. Not all of the Township clients who come our way are ready or wanting to do disability applications. For the clients for whom we got disability

approvals this quarter, the aggregate amounts are \$7,601 in new monthly income, and \$24,296 in lump sum backpay. The 9 clients listed under Other are clients whom we assisted with housing navigation.

Below are some excerpts from Disability Team staff members' monthly reports:

From Babatunde in January: As we begin 2026, I have already taken on seven new clients. Out of the 7 new clients, I have submitted an initial application for 3, submitted an appeal for 1, and am waiting on medical records for the remaining 3. I am also preparing for an upcoming Administrative Law Judge (ALJ) hearing scheduled for February 17th. Over the next few weeks, I will assemble documentation for the case and conduct two mock trial sessions with the client to ensure they are fully prepared.

From Shea in January: Since September of last year I had been working with a very difficult mentally ill client. He was homeless and without a phone which made his case even more difficult. He had already applied so I just needed to follow his case, become his approved representative, and keep his case updated with his medical information. This past month he was approved for SSI. I looked for him for weeks and I couldn't find him. He had fallen out of communications with me when he left inpatient care. While I was at the soup kitchen looking for 4 other clients I turned my head and there was this client I was looking for! He informed me he had been approved and was waiting for a check and a card. I told him that I had mail for him. Within 24 hours I was able to get him his mail which contained information and cards he had been waiting for. Over that weekend I found out that he had made his way out to California which was a goal of his once he had income. This case was a success in the arena of getting a client disability income but he has significant mental illness which is untreated which is further complicated by substance use. I wish him the best in the future and hope that he can get his mental health and substance use under control.

From Babatunde in February: I have received my first SSI/SSDI approval of the year, along with an additional approval for a retirement benefits application. It is always encouraging to begin the year with positive outcomes for the individuals and families we serve. Earlier this month, I traveled to Orland Park, Illinois, where I represented a client at his Administrative Law Judge (ALJ) hearing, the second ALJ hearing connected to our office this year. Earlier this year, I also sat in on an ALJ hearing for another client who was represented by a disability attorney we had connected him with. We remain optimistic about favorable decisions in both cases and are hopeful to share positive news soon.

Representing clients directly at ALJ hearings is a very significant aspect of my work. It is a testament to our organization's commitment to going the extra mile for those we serve. In many cases, clients who use private disability attorneys may lose up to 20% of their lump-sum back pay to representation fees. With me representing our clients when they are approved, they can and will retain the entirety of their lump-sum award, an outcome that can make a substantial financial difference during an already vulnerable period of their lives. Looking ahead, I have another ALJ hearing scheduled for April.

From Paulette in February: This month, I continued to work on intake assessments for individuals seeking support with their disability applications. Additionally, I played a vital role in assisting clients with essential needs, including obtaining critical medications, securing food supplies, and attending medical appointments.

I want to share a brief story about a client I worked with when we started the disability team. Her name is Mrs. S. Mrs. S is a widow who needs widow's benefits. When she married her husband, she suffered a life-changing injury that prevented her from working enough to support herself. As her son grew older, Social Security cut her off from benefits. I have been working with her for over a year, and it is always a pleasure to be in her presence. She is a kind woman, and I hope that she receives her disability benefits very soon.

From Paulette in March: In the past month, the Disability Team has been busy conducting client intakes and running client errands. I have some good news! I have been working closely with one of my clients (whom Babatunde A. also works with) who recently received approval for disability benefits. Over the past few years, this client has actively sought support from various staff members at CCHCC. During our time together, I have assisted him in many ways, including helping him find doctors and get to the appointments, shopping for food and personal items, and accompanying him on more than ten emergency room visits and hospital stays. I am happy to have played a role in this process, and I am thrilled to see the positive impact that this approval will have on his quality of life moving forward. This situation made me emotional because he truly needs the help. He says that once he gets his first check from disability, he would like to take several of us out to lunch at Red Lobster, his treat!

From Babatunde in March: I am pleased to share several significant updates this month—marked by important milestones and encouraging outcomes for our clients. First, I'm excited to report that the second client I took on shortly after joining the organization has been approved following an Administrative Law Judge (ALJ) hearing. This is a major milestone. Although the client was no longer eligible for SSDI due to expired work credits, the judge granted a favorable outcome by backdating the client's SSI application from August 2024 to August 2023, when we initially filed his SSDI application.

This client has been a long-standing member of our community, and at one point or another, many members of our team have worked with him. Receiving this approval brought a shared sense of joy across the office and serves as a reminder of the long-term impact of our collective efforts.

In the spirit of continued positive news, I am also happy to report that my first solo ALJ hearing has resulted in an approval. This marks my first independent ALJ hearing success, a meaningful professional milestone that reflects both growth and the organization's commitment to expanding the scope of our advocacy.

Additionally, I would like to highlight another approval from earlier this year. A client initially received a denial for their SSI application, which was understandably devastating. However, upon further follow-up, we learned that the client had in fact been approved for SSDI, with a monthly benefit of \$2,705. This outcome underscores the importance of persistence and thorough case follow-up.

Looking ahead, I have two in-person ALJ hearings scheduled for later this month, and I am preparing diligently for both. I remain hopeful for continued positive outcomes in the months ahead.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (Other services, such as the Rx fund, Medicaid or SNAP application, etc.)*

# Champaign County Health Care Consumers-Justice Involved CHW PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	5 CSEs	56 SCs	1 NTPCs	39 TPCs	3 Other
2 <sup>nd</sup> Quarter	7 CSEs	61 SCs	2 NTPCs	31 TPCs	3 Other
<b>3rd Quarter</b>	<b>9 CSEs</b>	<b>52 SCs</b>	<b>0 NTPCs</b>	<b>36 TPCs</b>	<b>2 Other</b>
Total	21 CSEs	169 SCs	3 NTPCs	106 TPCs	8 Other
<i>Annual Target</i>	<i>10 CSEs</i>	<i>230 SCs</i>	<i>25 NTPCs</i>	<i>110 TPCs</i>	<i>25 Other</i>
Percent Met	210%	73%	12%	96%	32%

## Agency Comments:

Chris Garcia continues to see individuals incarcerated in the Champaign County Jail. Most of these individuals are trying to ensure that they have active Medicaid, and sometimes they need Chris's help with the redetermination for their Medicaid. The medical providers in the jail, and the jail staff, are the primary sources of referrals to Chris. And Chris continues to pick up more female clients in the jail as a result of the Pregnancy and Parenting Class that Claudia and Paulette teach in the jail once a week. The reason that we have had no NTPC referrals this quarter is because the jail staff have learned that individuals who are ready to transfer to IDOC will not be eligible for Medicaid, so they have stopped making these referrals. Chris is also seeing more clients who leave the jail and follow up with him once they are out of the jail. All the justice involved clients also frequently seek help from Chris and CCHCC for their families.

Below are narrative reports provided by Chris:

January: During this month most clients that were referred to CCHCC from jail staff or the medical team have had coverage and mainly needed proof of coverage to seek other benefits. A lot of them are primarily interested in having inpatient care at Rosecrance or other facilities that might be able to get them in sooner.

There are a handful of clients that have been in custody for a while and are now close to being released so I will be revisiting them in order to begin their Medicaid applications. There have been fewer clients seeking SNAP benefits due to them hearing about the work requirements and knowing that they can't meet those yet. I still try to let them know that there are exemptions they can apply for and that being in a treatment program could be another incentive that allows them to keep their benefits a while longer until they can get back on their feet.

February: We've had a busier time this month with referrals for services at the jail. For the most part they are coming directly from the jail staff and its people being flagged during their intake/assessments. A new development is frequent requests from people asking around when they see me and wonder what I do or hear from others about the information I'm able to provide. Having the pregnancy and parenting class that Claudia and Paulette teach in the jail has also helped in getting continued contact with clients that are actively looking for ways to improve their situation. In a lot of the situations the client is wanting to get signed up for Medicaid so that they can show that they are seeking additional treatment options once released. This is even true for those that are not being court mandated or going through drug court. Most clients are primarily seeking outpatient services at Rosecrance but they are also interested in anger management and in cases that they don't have friends or family in town preferring inpatient services so that they can get housing assistance.

One client is particular that I've met with a handful of times is visually looking better every time I see him. He is a young man with severe mental health issues and is slowly feeling more like himself now that he has been taking his medications. It's taken a bit to get it just right and he's not there yet because some of the meds were giving him bad side effects but little by little I am able to get more information from him.

March: Most clients that I met with this month needed to verify they had coverage from Medicaid. In some cases, we did Managed Care Plan updates but for the most part they were happy with what they had. Some were seeking drug court and needed something to show their attorneys and or the judge so that they could receive treatment sentencing and parole/probation. A few of the clients I was expecting to work with ended up being released before I could follow up with them and one was transferred to a mental health

treatment facility out of town. Fortunately, his Medicaid had recently been renewed and he was covered for the rest of this year. I am actively working with a few clients who are receiving services at Rosecrance, and some others already and plan to try to go back to Rosecrance when released to continue the treatments they were getting. I expect that several of the clients who were released from the jail before I could complete my work with them, will work with me to complete the work now that they are out. I've been reaching out to these folks.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (Number of prescriptions covered in Rx program, etc.)*

# Community Service Center of Northern Champaign County- Resource Connection PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	Other
1 <sup>st</sup> Quarter	1 CSEs	790 SCs	1149 NTPCs	3 Other
2 <sup>nd</sup> Quarter	1 CSEs	910 SCs	246 NTPCs	156 Other
<b>3<sup>rd</sup> Quarter</b>	<b>0 CSEs</b>	<b>730 SCs</b>	<b>168 NTPCs</b>	<b>417 Other</b>
Total	2 CSEs	2430 SCs	1563 NTPCs	576 Other
<i>Annual Target</i>	<i>0 CSEs</i>	<i>3100 SCs</i>	<i>1500 NTPCs</i>	<i>900 Other</i>
Percent Met	200%	78%	104%	64%

## Agency Comments:

Our Service Contacts decreased significantly from the same quarter in PY25, most likely due to CCRPC's LIHEAP and Senior Services now being onsite and fewer requests for information regarding them. NTPC numbers have decreased some as well from PY25's possibly due to periods of adverse weather this quarter and the fact that often people have to either secure transportation or walk to get here. In the Other category, our agency contacts number is up significantly by 98%. This is because we now have CCRPC's LIHEAP and Senior Services seeing clients onsite now. 64 of the agency's other numbers include CCMHB-funded programs.

## Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (number of contacts that other agencies using the facility have with clients.)*

# Courage Connection-Courage Connection

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	189 CSEs	89 SCs	4 NTPCs	77 TPCs
2 <sup>nd</sup> Quarter	230 CSEs	114 SCs	11 NTPCs	34 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>231 CSEs</b>	<b>94 SCs</b>	<b>8 NTPCs</b>	<b>36 TPCs</b>
Total	650 CSEs	297 SCs	23 NTPCs	147TPCs
Annual Target	200 CSEs	750 SCs	150 NTPCs	600 TPCs
Percent Met	325%	39%	15%	24%

### Agency Comments:

38 clients received 138 hours of counseling in Q3.

### Utilization Category Definitions:

CSE = Community Services Events

SC = Service Contact or Screening Contacts

NTPC = Non-Treatment Plan Clients

TPC = Treatment Plan Clients

Other, as defined in individual program contract (not in use)

# Crisis Nursery Beyond Blue Champaign County PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	15 CSEs	48 SCs	20 NTPCs	9 TPCs	158 Other
2 <sup>nd</sup> Quarter	12 CSEs	89 SCs	6 NTPCs	3 TPCs	354 Other
<b>3<sup>rd</sup> Quarter</b>	<b>18 CSEs</b>	<b>67 SCs</b>	<b>11 NTPCs</b>	<b>4 TPCs</b>	<b>128.5 Other</b>
Total	45 CSEs	204 SCs	37 NTPCs	16 TPCs	640.5 Other
<i>Annual Target</i>	<i>75 CSEs</i>	<i>265 SCs</i>	<i>49 NTPCs</i>	<i>21 TPCs</i>	<i>485 Other</i>
Percent Met	60%	77%	75%	76%	132%

## Agency Comments:

This quarter, we saw growth in engagement and support for families, with four new moms enrolling in services and another rejoining after previously connecting through our Safe Children’s program. Notably, 128 hours of respite care were provided to newly enrolled families, offering critical relief and stability during times of transition.

Our team continues to build trust with families and support them in taking important steps toward improved well-being. One Family Specialist reflected on her work with a mother who, over time, became more open to engaging in mental health services. Through consistent support and conversations centered on her goals, the mom was able to move past initial hesitations and enroll in the Beyond Blue program. This shift reflects the impact of relationship-based work and the importance of creating safe, nonjudgmental spaces where families feel heard and supported.

We also continue to adapt our approach to better meet families where they are. While participation in this quarter's parent support group was limited, the team is using those insights to make thoughtful adjustments. The upcoming group will be held at the Tolono Public Library during evening hours, with the goal of increasing accessibility for working parents and those in rural areas. Family Specialists are also strengthening outreach efforts with community partners to expand awareness and participation.

Throughout the quarter, staff remained responsive to the realities families face during major life transitions, such as the birth of a child or returning to work or school. These moments often require flexibility and creativity in maintaining engagement, and our team has continued to prioritize continuity of care while respecting each family's capacity and needs.

In addition, staff have provided individualized, compassionate support to moms navigating postpartum experiences. Our Strong Families Coordinator shared how open conversations about common postpartum challenges, paired with practical resources and coping strategies, helped a mom feel less isolated and more confident in managing her mental health. These moments of connection and reassurance are central to the program's impact.

Overall, this quarter highlights continued progress in outreach, engagement, and the depth of support provided to families, alongside a commitment to learning and adapting to better serve our community.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (Number of hours of crisis and respite care provided to families. An estimated 485 hours of crisis care and respite care will be provided: 248 for rural mothers and 237 for Champaign-Urbana mothers.)*

# CU at Home Shelter Case Management Program

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	9 CSEs	1238 SCs	26 NTPCs	7 TPCs
2 <sup>nd</sup> Quarter	9 CSEs	975 SCs	3 NTPCs	7 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>27 CSEs</b>	<b>852 SCs</b>	<b>2 NTPCs</b>	<b>7 TPCs</b>
Total	45 CSEs	3065 SCs	31 NTPCs	21 TPCs
<i>Annual Target</i>	<i>50 CSEs</i>	<i>5500 SCs</i>	<i>25 NTPCs</i>	<i>55 TPCs</i>
Percent Met	90%	56%	124%	38%

### Agency Comments:

Service contacts decreased this quarter due to staffing transitions and operational adjustments during our move to the Mattis Ave location. While the previous quarter reflected a vacancy in the Women's Case Manager role, this quarter included turnover in the Men's Case Manager position, which was briefly filled before reopening and has now been filled again.

During this transition, the team intentionally prioritized required weekly case management meetings to ensure continuity of care and consistent client engagement. While services were maintained for all clients, we identified that secondary contact expectations were not completed as consistently as intended, highlighting an opportunity to strengthen workflows during periods of change.

All clients remained actively engaged in services throughout this time. With key positions now filled and systems being reinforced, reestablishing full consistency in contact frequency is a current priority, and we anticipate a return to expected service levels in the upcoming quarter.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (not in use)*

# CU Early CU Early Program PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	3 CSEs	67 SCs	2 NTPCs	20 TPCs
2 <sup>nd</sup> Quarter	2 CSEs	123 SCs	0 NTPCs	1 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>4 CSEs</b>	<b>116 SCs</b>	<b>2 NTPCs</b>	<b>1 TPCs</b>
Total	9 CSEs	306 SCs	4 NTPCs	22 TPCs
<i>Annual Target</i>	<i>4 CSEs</i>	<i>464 SCs</i>	<i>5 NTPCs</i>	<i>20 TPCs</i>
Percent Met	225%	66%	80%	110%

## Agency Comments:

The CU Early program coordinator attended and assisted with Read Across America on March 7. The CU Early Program Coordinator organized and collaborated with Early Intervention service providers to plan and implement two Saturday EI parent support groups. One was January 24 (five families attended) and the other one was February 21 with 4 families attending.

The CU Early program manager was on the planning committee and attended the Raising Futures Conference in collaboration with the Don Moyer Boys and Girls club. This parent conference was held on March 28. 70 families attended this event. The CU Early bilingual home visitor completed 116 personal/group encounters with families on her caseload. She referred two children for Early Intervention services.

## Utilization Category Definitions:

CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients, TPC = Treatment Plan Clients, Other, as defined in individual program contract (not in use)

# Cunningham Children’s Home– ECHO Housing and Employment Support

## PY26 Q3 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	6 CSEs	188 SCs	15 NTPCs	21TPCs
2 <sup>nd</sup> Quarter	16 CSEs	182 SCs	20 NTPCs	1TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>9 CSEs</b>	<b>144 SCs</b>	<b>11 NTPCs</b>	<b>2 TPCs</b>
Total	31 CSEs	514 SCs	46 NTPCs	24TPCs
<i>Annual Target</i>	<i>25 CSEs</i>	<i>510 SCs</i>	<i>15 NTPCs</i>	<i>20 TPCs</i>
Percent Met	124%	100.7%	306%	120%

Agency Comments:

Twenty (20) clients received services in the ECHO program during the third quarter of FY26. There were 16 continuing TPCs, 2 new TPCs, 1 new NTPC and 1 continuing NTPC.

In addition to those NTPCs that were admitted to the ECHO program, the ECHO program team provided referrals/brief case management services to an additional 10 NTPCs who contacted the agency to inquire about available services.

There were a total of 16 inquiry contacts from 16 unique individuals (many of whom were counted as NTPC due to referral and/or case management support provided). As appropriate, inquiries were referred to RPC for Centralized Intake. Inquiries were also

referred to other appropriate resources when applicable. Two inquiries from the 2nd quarter were enrolled as new ECHO clients during the 3rd quarter. The third admitted client was referred by CCMHB during the 3rd quarter. There were a total of 144 contacts (and an additional 16 attempted contacts). The target number of service contacts for the year is 510. We are currently on target to exceed the FY26 target.

Two clients were discharged from the ECHO program this quarter. One client was discharged after securing permanent housing (PSH voucher) and securing case management services through Rosecrance. One client discharged having obtained stable housing, being linked with multiple community resources and securing SSI/SSDI.

The ECHO program team made contact with 16 agencies and groups to provide information about the ECHO program. Agencies/groups included the Salvation Army, Region Planning Commission, STRIDES, City of Champaign, etc.

Note: One (1) client discharged was inadvertently excluded from the 2nd Quarter narrative. This client was discharged after requesting program closure. This discharge does not impact any data completed as part of grant reporting requirements. This discharge information will be included in year end Outcomes Report.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (not in use)*

# Cunningham Children’s Home– Families Stronger Together

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	2 CSEs	207 SCs	32 NTPCs	14 TPCs
2 <sup>nd</sup> Quarter	3 CSEs	214 SCs	5 NTPCs	9 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>5 CSEs</b>	<b>269 SCs</b>	<b>8 NTPCs</b>	<b>4 TPCs</b>
Total	10 CSEs	690 SCs	45 NTPCs	27 TPCs
<i>Annual Target</i>	<i>10 CSEs</i>	<i>1935 SCs</i>	<i>75 NTPCs</i>	<i>40 TPCs</i>
Percent Met	100%	22%	60%	67%

### Agency Comments:

We served a total of 40 clients during the 2nd quarter of FY26 (19 TPC and 21 NTPC as detailed in this narrative). TPC: Fifteen (15) clients were continuing TPC and four (4) clients were new TPC. We have served a total of 27 TPC clients in FY26 and are on target to serve approximately 30-35 youth (which is below our annual goal of 40). No TPC clients were discharged this quarter. Note: One FST client was discharged at the end of the second quarter and was missed in that quarter’s summary. This youth was discharged due to receiving services through other community-based programs. This discharge will be incorporated into the annual outcomes report and does not impact any data previously reported.

NTPC: Eight (8) new NTPC clients received through groups offered at the Juvenile Detention Center (JDC). In total 11 groups were offered at the JDC and a total of 21 unique youth participated in group sessions. Forty-five NTPC clients have been served through

03/31/26 and we are projected to be short of our annual goal of 75. We had been serving some NTPC clients in the READY program during the first half of the year, but those services have been paused at READY's request.

We completed a total of 199 service contacts with TPC clients. An additional 49 contacts were attempted with TPC clients and/or caregivers. The quarterly target of 90 contacts was exceeded. Seventy (70) NTPC contacts were completed in the 3rd quarter which is well below expectation of 395. With 227 NTPC contacts during the first 9 months of FY26, we are at approximately 14% of the annual expectation of 1575.

There were five (5) Community Service Events during the third quarter of FY26. These events involved presentations to the Rantoul Provider's Meeting, UMW District Representatives and U of I Community Conversations Panel.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (not in use)*

# DSC– Family Development PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	TPCs
1 <sup>st</sup> Quarter	5 CSEs	51 SCs	954 TPCs
2 <sup>nd</sup> Quarter	4 CSEs	49 SCs	65 NTPCs
<b>3<sup>rd</sup> Quarter</b>	<b>2 CSEs</b>	<b>53 SCs</b>	<b>66 NTPCs</b>
Total	11 CSEs	153 SCs	1085 TPCs
<i>Annual Target</i>	<i>15 CSEs</i>	<i>200 SCs</i>	<i>655 TPCs</i>
Percent Met	73%	77%	166%

## Agency Comments:

Family Development’s physical and occupational therapists, together with the FD Director, participated in an inservice training with staff at Next Generation School. The session covered DSC’s children’s services, an overview of Early Intervention and Home Visiting programs, referral pathways, and key indicators that can help the Next Generation School staff identify potential developmental delays in the children they support.

FD also hosted an information booth at the Read Across America event on March 7th. This provided a valuable opportunity to engage with the community and increase awareness of services offered through DSC’s Family Development program.

Throughout the quarter, the Child Development Specialist continued to conduct community developmental screenings at multiple locations, including Next Generation School, Happi Time, Soccer Planet, Montessori School, Bunnies Hutch Daycare, and in center screenings upon request.

## Utilization Category Definitions:

*CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients, TPC = Treatment Plan Clients, Other, as defined in individual program contract (not in use)*

# Don Moyer & Boys & Girls Club– CU Change

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	17 CSEs	98 SCs	15 NTPCs	11 TPCs
<b>2<sup>nd</sup> Quarter</b>	<b>21 CSEs</b>	<b>169 SCs</b>	<b>16 NTPCs</b>	<b>12 TPCs</b>
<b>3<sup>rd</sup> Quarter</b>	<b>17 CSEs</b>	<b>189 SCs</b>	<b>0 NTPCs</b>	<b>0 TPCs</b>
Total	76 CSEs	456 SCs	31 NTPCs	23 TPCs
<i>Annual Target</i>	<i>48 CSEs</i>	<i>480 SCs</i>	<i>20 NTPCs</i>	<i>20 TPCs</i>
Percent Met	158%	95%	155%	115%

### Agency Comments:

Community Collaborations (CSE): Centennial High School (Teen Luncheons), Central High School Outreach Event, SOFFT/LANS Programming, District 4 Administration Training, One-to-One Mentoring Outreach, I Read, I Count Initiative, Child Advocacy Efforts, District #116 Outreach Event, Regional Planning Commission Collaboration, Barkstall Elementary School, Stratton Elementary School, YWCA (STRIVE Program) Outreach, St. Joseph High School, Franklin STEAM Academy, Champaign County Courthouse, Urbana Middle School, Family Advocacy Center.

### Utilization Category Definitions:

CSE = Community Services Events

SC = Service Contact or Screening Contacts

NTPC = Non-Treatment Plan Clients

TPC = Treatment Plan Clients

*Other, as defined in individual program contract (not in use)*

# Don Moyer & Boys & Girls Club– Community Coalition

## Summer Initiatives

### PY26 Q3 Program Activity Report

#### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs
1 <sup>st</sup> Quarter	43 CSEs	4850 SCs	1174 NTPCs
2 <sup>nd</sup> Quarter	0 CSEs	0 SCs	0 NTPCs
<b>3<sup>rd</sup> Quarter</b>	<b>0 CSEs</b>	<b>0 SCs</b>	<b>0 NTPCs</b>
Total	43 CSEs	4850 SCs	1174 NTPCs
<i>Annual Target</i>	<i>30 CSEs</i>	<i>11750 SCs</i>	<i>900 NTPCs</i>
Percent Met	143%	41%	130%

#### Agency Comments:

Community Partners: 1. Dixon Stars, 2. Youth for Christ, 3. Illinois Soul, 4. The She Said Project  
 5. GIRLS, 6. A Cry For You, 7. Black Mental Health Conference, 8. First String, 9. InterDisciplinary Institute, 10. Optimal Performance,  
 11. Rise Academy, 12. Wall St. Jewelers  
 13. Joy Academics.

#### Utilization Category Definitions:

CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients, TPC = Treatment Plan Clients, Other, as defined in individual program contract (not in use)

# ECIRMAC- Family Support & Strengthening PY26 Q3 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	23 CSEs	1792 SCs	1733 NTPCs	59 TPCs	7 Other
2 <sup>nd</sup> Quarter	19 CSEs	734 SCs	734 NTPCs	0 TPCs	4 Other
<b>3<sup>rd</sup> Quarter</b>	<b>16 CSEs</b>	<b>334 SCs</b>	<b>316 NTPCs</b>	<b>18 TPCs</b>	<b>5 Other</b>
Total	58 CSEs	2860 SCs	2783 NTPCs	77 TPCs	16 Other
<i>Annual Target</i>	<i>50 CSEs</i>	<i>3100 SCs</i>	<i>3000 NTPCs</i>	<i>100 TPCs</i>	<i>15 Other</i>
Percent Met	116%	92%	93%	77%	106%

Agency Comments:

Workshops

- 1/10/2026 Grocery store Pop up workshop, 2 families, 1 hour
- 2/12/2026 I-School building ICAUSE KYR, 41 attendees, 1 hour
- 2/17/2026 Gregory Hall Sigma Lambda Beta KYR/Public Benefits, 15 attendees, 1 hour
- 2/28/2026 Lincoln Square Mall The Land Connection SNAP/WIC workshop, 6 attendees, 1 hour
- 3/16/2026 Champaign Public Library Financial Literacy Workshop, 3 attendees, 1 hour

Community Outreach

- 2/13/2026 University YMCA NAWC Vietnamese New year
- 2/14/2026 Lincoln Square mall Healthy Families Fair
- 2/21/2026 City Center Vietnamese Association Lunar New year

2/28/2026 Lincoln Square Mall Winter Market Mass Outreach  
2/28/2026 anniversary plaza icause rally

#### Community Linkages

- 1/15/26 Lisa Wilson & George Vassilatos 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, including discussion of services offered by local agencies. 10 participants
- 1/26/26 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 7 organizations represented Participated remotely although office was closed due to weather
- 1/28/26 Lisa Wilson The Immigrant and Refugee Experience in Champaign County Champaign County League of Women Voters hosted a panel discussion about issues facing our immigrant clients and what services our agency provides. 100+ Virtual Zoom meeting
- 2/2/26 Lisa Wilson & Ashlyn Henke Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting Bi monthly meeting of all refugee resettlement organizations in the State of IL 25 organizations represented
- 2/17/26 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
- 2/19/26 Lisa Wilson & Persephone Hernandez-Vogt 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., including discussion of services offered by local agencies. 31 participants ICE and local emergency plans discussed; Mutual Aid efforts
- 2/24/26 Lisa Wilson CCMHB/DBB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations
- 3/13/26 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 efforts in the area and services offered. 10 agencies represented Provides local stake holders opportunity to share resources/information and to discuss any stakeholder concerns or barriers to refugee resettlement.
- 3/16/26 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 represented
- 3/19/26 Lisa Wilson Persephone Hernandez-Vogt & George Vassilatos 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., including

discussion of services offered by local agencies. 20 participants Discussed proposed anti-immigrant legislation and ways to advocate. Discussed public benefits and upcoming changes for immigrants.

3/24/26 Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations Presentation & slide deck about the services offered by TRC to Champaign County

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (Number of client workshops, counted by hours.)*

# Family Service-Counseling PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	NTPCs	TPCs
1 <sup>st</sup> Quarter	5 NTPCs	0 TPCs
2 <sup>nd</sup> Quarter	9 NTPCs	4 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>14 NTPCs</b>	<b>5 TPCs</b>
Total	28 NTPCs	9 TPCs
<i>Annual Target</i>	<i>25 NTPCs</i>	<i>60 TPCs</i>
Percent Met	112%	15%

## Agency Comments:

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 evenings are available on request.

We held weekly Expressive Arts Therapy Groups beginning January 15. They have been very well received and the participants who completed the pre and post group survey all stated that as a result of the group they have a better idea of tools needed to be mindful, are clearer on their needs for themselves this year, and felt more connected with themselves and others after participating in the group, and felt more calm.

- 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, the monthly team meetings, and occasional court sessions. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Eight Drug Court clients were seen at Family Service this quarter, four for a relationship assessment and four for individual counseling.
- The program director was an active participant on the Human Services Council of Champaign County and attended the monthly meetings for outreach and promotion of the Counseling program.

The program director met with Celeste Blodgett at the Champaign County Satellite Jail to explore the opportunity to have expressive arts groups for the people in the jail. We have been working diligently to be ready to begin the expressive arts groups in the jail next quarter.

The Program Director attended the East Central IL Behavioral Health Network Meeting on March 18.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (not in use)*

# Family Service-Self-Help Center PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs
1 <sup>st</sup> Quarter	44 CSEs
2 <sup>nd</sup> Quarter	68 CSEs
<b>3<sup>rd</sup> Quarter</b>	<b>64 CSEs</b>
Total	176 CSEs
<i>Annual Target</i>	<i>270 CSEs</i>
Percent Met	65%

## Agency Comments:

### Program coordinator statistics for the Third Quarter:

- 518 email contacts
- 4 information and referral calls
- 356 page views for the SHC landing page on the FSCC website. Not including the landing page views, 920 views of support groups were made.
- 12 Support Group directories distributed outside of vendor events
- Support group updates were solicited from support group contacts and entered into the database
- Edited Self-Help Group directory
- Human Services Council (X2)
- SHC Advisory Council meetings (X4)
- research for Newsletter

-planning for Spring Workshops  
-Mental Wellness Workshop featuring Interactive Expressive Arts with Joe Omo-Osagie and Julie Schubach was held on February 6.  
All participants gave the highest marks possible for both presenters in all areas. The workshop was a huge success.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (not in use)*

# Family Service -Senior Counseling & Advocacy

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	14 CSEs	1648 SCs	578 NTPCs	119 TPCs	9 Other
2 <sup>nd</sup> Quarter	7 CSEs	2201 SCs	422 NTPCs	22 TPCs	5 Other
<b>3<sup>rd</sup> Quarter</b>	<b>6 CSEs</b>	<b>2175 SCs</b>	<b>622 NTPCs</b>	<b>62 TPCs</b>	<b>37 Other</b>
Total	27 CSEs	6024 SCs	1622 NTPCs	203TPCs	51 Other
<i>Annual Target</i>	<i>15 CSEs</i>	<i>2900 SCs</i>	<i>700 NTPCs</i>	<i>375 TPCs</i>	<i>200 Other</i>
Percent Met	180%	207%	231%	54%	26%

### Agency Comments:

Family Service attended the following events in Q3:

- February 4th - Dine With A Doc at the Health Alliance Building
- March 4th - Dine With A Doc at the Health Alliance Building
- March 10th - Outreach Event with RPC at Homer Village Hall
- March 23rd - Dementia-Friendly Campaign-Urbana Kick-off at Urbana Free Library
- March 26th - Tabled at the Feeding Campaign County Food Summit at the I-Hotel
- March 28th - Raising Futures Conference at the I-Hotel

Family Service saw 622 non-treatment plan clients for general assistance navigating and accessing resources, assisting with programs like Medicare, Medicaid, IDOA benefit access, or outside referrals.

Family Service had 62 new treatment plan clients over Q3. This includes clients who are participating in Family Service's Creative Aging programs and are regularly checked using the UCLA-3 scale for loneliness and isolation, as well as clients who work with an Aging Navigator for more intensive case management over a period of time.

The Senior Resource Center's "Other" category is designed to capture Family Service's evidence-based programming. In Q3, there were 30 units stemming from attendance in the Matter of Balance fall prevention classes, held in partnership with the Urbana Park District at the Phillips Recreation Center. The remaining 7 units came from PEARLS, an evidence-based counseling program geared towards addressing depression in older adults.

*Utilization Category Definitions:*

*CSE = Community Services Events*

*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*

*TPC = Treatment Plan Clients*

*Other, as defined in individual program contract (Number of class units completed by clients in the PEARLS program.)*

# First Followers-First Steps Community Reentry House

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	2 CSEs	4 SCs	9 NTPCs	3 TPCs
2 <sup>nd</sup> Quarter	2 CSEs	5 SCs	4 NTPCs	1 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>3 CSEs</b>	<b>2 SCs</b>	<b>15 NTPCs</b>	<b>2 TPCs</b>
Total	7 CSEs	11 SCs	28 NTPCs	6 TPCs
<i>Annual Target</i>	8 CSEs	15 SCs	15 NTPCs	8 TPCs
Percent Met	88%	73%	187%	75%

### Agency Comments:

Our house ran smoothly but the New Horizons places were delayed in getting filled due to difficulty in communicating with the incarcerated women. We resolved the communication issues by holding a meeting with IDOC officials and our local state representative, Carol Ammons.

### Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (not in use)

# First Followers-Peer Mentoring for Re-Entry

## PY26 Q3 Program Activity Report

Quarterly Data:	CSEs	SCs	NTPCs	TPCs
Utilization Categories				
1 <sup>st</sup> Quarter	3 CSEs	8 SCs	42 NTPCs	24 TPCs
2 <sup>nd</sup> Quarter	4 CSEs	7 SCs	37 NTPCs	23 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>3 CSEs</b>	<b>5 SCs</b>	<b>12 NTPCs</b>	<b>6 TPCs</b>
Total	10 CSEs	20 SCs	91 NTPCs	53 TPCs
<i>Annual Target</i>	<i>18 CSEs</i>	<i>18 SCs</i>	<i>147 NTPCs</i>	<i>47 TPCs</i>
Percent Met	56%	111%	62%	113%

### Agency Comments:

We had a low level of usage of the drop-in center this quarter. Several factors contributed to thos. First, the winter was extremely cold which greatly reduced foot traffic for the target group. Also, our cash flow we reduced due to the lateness of our audit which resulted in delay in delivery of our stipends from the MHB leading to little funding available to provide basic necessities for our clients. Lastly, the threat of new restrictions and requirements for people wanting to access SNAP created great confusion and kept many clients for entering our premises. As the quarter moved on some of these issues moderated but mostly this took place in the last month of the quarter.

### Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (not in use)

# GROW-Peer Support PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs
1 <sup>st</sup> Quarter	5 CSEs	806 SCs	188 NTPCs
2 <sup>nd</sup> Quarter	4 CSEs	824 SCs	91 NTPCs
<b>3<sup>rd</sup> Quarter</b>	<b>3 CSEs</b>	<b>572 SCs</b>	<b>115 NTPCs</b>
Total	12 CSEs	2202 SCs	394 NTPCs
<i>Annual Target</i>	<i>24 CSEs</i>	<i>2000 SCs</i>	<i>250 NTPCs</i>
Percent Met	50%	110%	158%

## Agency Comments:

The winter months are always a challenge. We did start Restoration Urban munitries back up in March and we have a few attending. We have also worked on our website so that it is ADA compliant this required changing servers we are almost finished with it. I hope this attracts more to our community groups. The weather did not cooperate well for socials this quarter. We had to cancel because of ice and snow. I continue to work with the evaluation capacity building team. Champaign county jail groups are going well and are very well attended.

## Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (not in use)*

# GCAP- Advocacy, Care, and Education Services

## PY26 Q3 Program Activity Report

Quarterly Data:	CSEs	SCs	NTPCs	TPCs
Utilization Categories				
1 <sup>st</sup> Quarter	2 CSEs	6 SCs	34 NTPCs	12 TPCs
2 <sup>nd</sup> Quarter	4 CSEs	8 SCs	53 NTPCs	4 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>1 CSEs</b>	<b>10 SCs</b>	<b>34 NTPCs</b>	<b>1 TPCs</b>
Total	7 CSEs	24 SCs	121 NTPCs	17 TPCs
<i>Annual Target</i>	<i>8 CSEs</i>	<i>20 SCs</i>	<i>60 NTPCs</i>	<i>10 TPCs</i>
Percent Met	88%	120%	202%	170%

**Agency Comments:**

CSE: 02/04: National Black HIV/AIDS Awareness Day (NBHAAD) 2026 Legislative Advocacy Day  
 SSC: 10 screening contacts; 1 was enrolled into the program, 3 were determined ineligible for the program, 3 moved prior to entering the program, 3 were put on waiting list  
 TPC: -1 Medium Intensity Case Management (P2)  
 -note: Due to termination of Case Manager on 11-24-2025, we have put a hold on accepting new TPC. Only 1 TPC was admitted into the program in Q3. We have 3 clients on the waiting list who will be assessed for priority status and admitted into the program accordingly in Q4.  
 NPC: Clients who have utilized emergency financial assistance, are enrolled in nutrition program, utilize transportation services, etc. Includes children

**Utilization Category Definitions:**

CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients, TPC = Treatment Plan Clients, Other, as defined in individual program contract (not in use)

# Immigrant Services- Immigrant Mental Health Program

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	9 CSEs	84 SCs	225 NTPCs	12 TPCs
2 <sup>nd</sup> Quarter	3 CSEs	40 SCs	40 NTPCs	4 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>4 CSEs</b>	<b>39 SCs</b>	<b>39 NTPCs</b>	<b>8 TPCs</b>
Total	16 CSEs	163 SCs	304 NTPCs	24 TPCs
<i>Annual Target</i>	5 CSEs	225 SCs	225 NTPCs	50 TPCs
Percent Met	320%	72%	135%	48%

### Agency Comments:

We initiated our support group model in the third quarter.

We are also building a coalition and network group for the bilingual therapists to be able to discuss and coordinate the work

### Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (not in use)

# Promise Healthcare- Mental Health Services (Counseling)

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	4 CSEs	1692 SCs	271 NTPCs	321 TPCs	218 Other
2 <sup>nd</sup> Quarter	6 CSEs	1723 SCs	195 NTPCs	345 TPCs	235 Other
<b>3<sup>rd</sup> Quarter</b>	<b>6 CSEs</b>	<b>1915 SCs</b>	<b>284 NTPCs</b>	<b>354 TPCs</b>	<b>243 Other</b>
Total	16 CSEs	5330 SCs	750 NTPCs	1020TPCs	696 Other
<i>Annual Target</i>	<i>4 CSEs</i>	<i>3800 SCs</i>	<i>950 NTPCs</i>	<i>500 TPCs</i>	<i>150 Other</i>
Percent Met	400%	140%	79%	204%	464%

### Agency Comments:

6 CSE events were attended in this quarter  
 SC: 1915 kept appointments with counselors by Champaign County Residents  
 NTPC: 284 Champaign County residents who did not complete assessment or chose not to engage in therapy  
 TPC: 354 Unique Champaign County residents served more than once by counselors  
 Other: 243 SC patients with no other payor source

### Utilization Category Definitions:

CSE = Community Services Events  
 SC = Service Contact or Screening Contacts  
 NTPC = Non-Treatment Plan Clients  
 TPC = Treatment Plan Clients  
 Other, as defined in individual program contract (Number of people with no other payor source.)

# Promise Healthcare- Mental Health Services (Psychiatry)

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	0 CSEs	2276 SCs	761 NTPCs	599 TPCs	193 Other
2 <sup>nd</sup> Quarter	0 CSEs	1902 SCs	762 NTPCs	473 TPCs	184 Other
<b>3<sup>rd</sup> Quarter</b>	<b>2 CSEs</b>	<b>2323 SCs</b>	<b>887 NTPCs</b>	<b>467 TPCs</b>	<b>262 Other</b>
Total	2 CSEs	6501 SCs	2410 NTPCs	1539 TPCs	639 Other
<i>Annual Target</i>	<i>2 CSEs</i>	<i>8000 SCs</i>	<i>2000 NTPCs</i>	<i>1000 TPCs</i>	<i>400 Other</i>
Percent Met	100%	81%	120%	153%	159%

### Agency Comments:

2 CSE events were attended in this quarter  
 SC: 2323 kept appointments with counselors by Champaign County Residents  
 NTPC: 887 Champaign County residents who did not complete assessment or chose not to engage in therapy  
 TPC: 467 Unique Champaign County residents served more than once by counselors  
 Other: 262 SC patients with no other payor source

### Utilization Category Definitions:

CSE = Community Services Events  
 SC = Service Contact or Screening Contacts  
 NTPC = Non-Treatment Plan Clients  
 TPC = Treatment Plan Clients  
 Other, as defined in individual program contract (Number of people with no other payor source.)

# Promise Healthcare-PHC Wellness PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 <sup>st</sup> Quarter	15 CSEs	2192 SCs	999 NTPCs	402 TPCs	104 Other
2 <sup>nd</sup> Quarter	10 CSEs	1202 SCs	604 NTPCs	198 TPCs	63 Other
<b>3<sup>rd</sup> Quarter</b>	<b>5 CSEs</b>	<b>1382 SCs</b>	<b>597 NTPCs</b>	<b>223 TPCs</b>	<b>102 Other</b>
Total	30 CSEs	4776 SCs	2200 NTPCs	823 TPCs	230 Other
<i>Annual Target</i>	<i>30 CSEs</i>	<i>3000 SCs</i>	<i>1200 NTPCs</i>	<i>350 TPCs</i>	<i>150 Other</i>
Percent Met	100%	159%	183%	235%	153%

## Agency Comments:

5 CSE events were attended in this quarter  
 SC: 1382 kept appointments with counselors by Champaign County Residents  
 NTPC: 597 Champaign County residents who did not complete assessment or chose not to engage in therapy  
 TPC: 223 Unique Champaign County residents served more than once by counselors  
 Other: 102 SC patients were screened using PRAPARE

## Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (Number of patient assessments utilizing the PRAPARE screening tool.)

# RACES- Sexual Trauma Therapy Services PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	17 CSEs	12 SCs	25 NTPCs	65 TPCs
2 <sup>nd</sup> Quarter	5 CSEs	19 SCs	11 NTPCs	8 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>3 CSEs</b>	<b>15 SCs</b>	<b>5 NTPCs</b>	<b>60 TPCs</b>
Total	25 CSEs	46 SCs	41 NTPCs	133 TPCs
Annual Target	2 CSEs	5 SCs	10 NTPCs	110 TPCs
Percent Met	1250%	920%	410%	121%

## Agency Comments:

None.

## Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (not in use)

# RACES- Sexual Violence Prevention Education PY26 Q3

## Program Activity Report

Quarterly Data:	CSEs	SCs
Utilization Categories		
1 <sup>st</sup> Quarter	4 CSEs	163 SCs
2 <sup>nd</sup> Quarter	218 CSEs	1389 SCs
<b>3<sup>rd</sup> Quarter</b>	<b>262 CSEs</b>	<b>1793 SCs</b>
Total	484 CSEs	3345 SCs
<i>Annual Target</i>	<i>600 CSEs</i>	<i>4000 SCs</i>
Percent Met	81%	84%

### Agency Comments:

Prevention Education participants do not have treatment plans and are not considered clients for the TPC, NTPC, or Other categories. CSE is number of PE presentations to classes and SSC is the number of students participating in those presentations (unduplicated). Prevention Education staff went to nine schools in Champaign County over the course of Quarter 3, reflected in the amounts above. They also went to two schools outside of the County and presented to students in the FYCARE required course at UIUC. The department received an award from Stewards of Children: Darkness to Light program, which includes materials for teaching 100 adults about preventing child sexual abuse. The provided training to the Courage Connection staff and attended several events as participants of resource tables.

### Utilization Category Definitions:

*CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients, TPC = Treatment Plan Clients, Other, as defined in individual program contract (not in use)*

# Rosecrance- Benefits Case Management PY26 Q3 Program

## Activity Report

Quarterly Data:		
Utilization Categories	SCs	NTPCs
1 <sup>st</sup> Quarter	163 SCs	113 NTPCs
2 <sup>nd</sup> Quarter	127 SCs	41 NTPCs
<b>3<sup>rd</sup> Quarter</b>	<b>141 SCs</b>	<b>37 NTPCs</b>
Total	431 SCs	191 NTPCs
<i>Annual Target</i>	<i>600 SCs</i>	<i>250 NTPCs</i>
Percent Met	72%	76%

### Agency 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/SNAP/Link Card, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), pharmacy assistance, and other public programs. In this quarter, she served 37 new Champaign County residents. She provided 141 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.

Benefits Breakdown: (data is only for February and March as the tracker was not ready until February)

Medical card/SNAP: 15

SSI/SSDI/appeals: 15

### Utilization Category Definitions:

CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients, TPC = Treatment Plan Clients, Other, as defined in individual program contract (not in use)

# Rosecrance- Crisis Co-Response Team & Diversion Ctr

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPC	TPCs
1 <sup>st</sup> Quarter	10 CSEs	37 SCs	0	0 TPCs
2 <sup>nd</sup> Quarter	9 CSEs	23 SCs	0	3 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>5 CSEs</b>	<b>11 SCs</b>	<b>0</b>	<b>1 TPCs</b>
Total	24 CSEs	71 SCs	0	4 TPCs
<i>Annual Target</i>	<i>50 CSEs</i>	<i>250 SCs</i>	<i>10 TPCs</i>	<i>70 TPCs</i>
Percent Met	48%	28%	0%	5.71%

### Agency Comments:

CSE: 10: Staff presentations, resource fairs, and/or coordination meetings.

SC: 37: 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: 0: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. The Rantoul position experienced large amount of individuals who declined services or who were unable to be reached post-crisis event. The Champaign County Sherriff's CCRT position remains vacant at this time. Our recruitment team is prioritizing this position.

Other: 0: Number of visitors to the Crisis Diversion Resource Center as recorded on the registration app.

### Utilization Category Definitions:

CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients,

TPC = Treatment Plan Clients, Other, as defined in individual program contract (Number of visitors to the Crisis Diversion Resource Center as recorded on the registration app.)

# Rosecrance-Recovery Home PY26 Q3 Program Activity Report

## Quarterly Data:

Utilization Categories	SCs	TPCs
1 <sup>st</sup> Quarter	25 SCs	7 TPCs
2 <sup>nd</sup> Quarter	15 SCs	5 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>27 SCs</b>	<b>5 TPCs</b>
Total	67 SCs	12 TPCs
<i>Annual Target</i>	<i>65 SCs</i>	<i>22 NTPCs</i>
Percent Met	103%	55%

## Agency Comments:

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.

(TPC) Total New Champaign County clients participating in program this quarter: 5  
 Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission. There were a total of 8 new admissions in the quarter.

(SC) During this quarter, we completed a total of 27 interviews for applicants, 10 of which were from Champaign County.

Referrals and linkages for Champaign County residents:

Peer Support: 5  
IOP: 5  
Dentist: 1  
PCP: 1  
Govt phone: 3  
Bus pass: 3  
ID: 2  
MAR: 2  
Mental Health: 1

*Utilization Category Definitions:*

*CSE = Community Services Events  
SC = Service Contact or Screening Contacts  
NTPC = Non-Treatment Plan Clients  
TPC = Treatment Plan Clients  
Other, as defined in individual program contract (not in use)*

# Uniting Pride- Children, Youth & Families Program

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs
1 <sup>st</sup> Quarter	65 CSEs	113 SCs	119 NTPCs
2 <sup>nd</sup> Quarter	75 CSEs	160 SCs	46 NTPCs
<b>3<sup>rd</sup> Quarter</b>	<b>15 CSEs</b>	<b>120 SCs</b>	<b>27 NTPCs</b>
Total	155 CSEs	393 SCs	192 NTPCs
<i>Annual Target</i>	<i>100 CSEs</i>	<i>300 SCs</i>	<i>100 NTPCs</i>
Percent Met	155%	131%	192%

Agency Comments:  
None.

### Utilization Category Definitions:

- CSE = Community Services Events
- SC = Service Contact or Screening Contacts
- NTPC = Non-Treatment Plan Clients
- TPC = Treatment Plan Clients
- Other, as defined in individual program contract (not in use)

# UNCC- Community Study Center-ACCESS Initiative

## PY26 Q3 Program Activity Report

Quarterly Data:	CSEs	SCs	NTPCs
Utilization Categories			
1 <sup>st</sup> Quarter	8 CSEs	2 SCs	68 NTPCs
2 <sup>nd</sup> Quarter	2 CSEs	2 SCs	4 NTPCs
<b>3<sup>rd</sup> Quarter</b>	<b>3 CSEs</b>	<b>4 SCs</b>	<b>4 NTPCs</b>
Total	13 CSEs	8 SCs	76 NTPCs
<i>Annual Target</i>	<i>10 CSEs</i>	<i>250 SCs</i>	<i>60 NTPCs</i>
Percent Met	130%	.032%	127%

### Agency Comments:

UNCC hosted and/or participated in 3 Community Service events this quarter, including Family STEM Night in collaboration with DREAM and WYSE, Kindergarten Registration in collaboration with Urbana School District 116, and the Raising Futures Conference in collaboration with the Don Moyer Boys & Girls Club. All 3 of these events enabled us to host informational tables and to offer both our current program participants and prospective participants insight into our services and resources. These events allowed us access to families that may be in search of quality childcare, educational and recreational enrichment experiences for their youth during after-school, school day closure, and summer times. In the past quarter, 4 new program participants/clients were added to the UNCC Family through our enrollment process--all African American boys--3 added to the K-2 group and 1 added to the 3-5 group. We are now preparing for our Summer Enrichment Program, staff training, and parent informational sessions.

### Utilization Category Definitions:

*CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients, TPC = Treatment Plan Clients, Other = as defined in individual program contract (not in use)*

# WIN Recovery- Community Support Re-Entry Houses

## PY26 Q3 Program Activity Report

### Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 <sup>st</sup> Quarter	9 CSEs	7 SCs	12 NTPCs	10 TPCs
2 <sup>nd</sup> Quarter	9 CSEs	15 SCs	2 NTPCs	3 TPCs
<b>3<sup>rd</sup> Quarter</b>	<b>8 CSEs</b>	<b>17 SCs</b>	<b>2 NTPCs</b>	<b>8 TPCs</b>
Total	26 CSEs	39 SCs	16 NTPCs	21 TPCs
<i>Annual Target</i>	15 CSEs	75 SCs	50 NTPCs	25 TPCs
Percent Met	173%	52%	32%	84%

### Agency Comments:

- 1/14- Champaign County Community Coalition
- 1/23- Salt N Light
- 1/29- Pavillion
- 2/11- Champaign County Community Coalition
- 2/27- Pavillion
- 2/28- Resource Fair @ Restoration Urban Ministries
- 3/11- Champaign County Community Coalition
- 3/27- Pavillion

### Utilization Category Definitions:

CSE = Community Services Events, SC = Service Contact or Screening Contacts, NTPC = Non-Treatment Plan Clients, TPC = Treatment Plan Clients, Other = as defined in individual program contract (not in use)

# Board to Board Liaison Options

*The Champaign County Mental Health Board (CCMHB) has a tradition of liaison relationships with the agencies they currently fund. Other community collaborations have been added to the list. Board members are welcome to visit any agency board meeting, which can be arranged by contacting Stephanie Howard-Gallo (stephanie@ccmhb.org).*

## Agency Board Meetings:

Champaign County Children's Advocacy Center – 4<sup>th</sup> Thursdays at 9:00 a.m.

Champaign County Christian Health Center – last Saturdays at 10 a.m.

Champaign County Health Care Consumers – 4<sup>th</sup> Thursdays at 6 p.m.

Champaign County Regional Planning Commission – Community Services and Head Start – last Fridays.

Community Service Center of Northern Champaign County – 3<sup>rd</sup> Thursdays at 4:30 p.m.

Courage Connection – 4<sup>th</sup> Mondays at 5:30 p.m.

Crisis Nursery – 2<sup>nd</sup> Wednesdays at 5:30 p.m.

CU at Home – 4<sup>th</sup> Wednesdays at 8:00 a.m.

CU Early – Unit 116 meetings.

Cunningham Children's Home – quarterly.

Don Moyer Boys and Girls Club – 3<sup>rd</sup> Tuesdays at 7 a.m.

DSC – 4<sup>th</sup> Thursdays at 5:30 p.m.

ECIRMAC (The Refugee Center) – 2<sup>nd</sup> Tuesdays at 4 p.m.

Family Service of Champaign County – 2<sup>nd</sup> Mondays at Noon.

FirstFollowers – 3<sup>rd</sup> Fridays at 5 p.m.

Greater Community AIDS Project – 2<sup>nd</sup> Tuesdays at 5:30 p.m.

GROW in Illinois – last Mondays at 7 p.m.

Immigrant Services of CU – 4<sup>th</sup> Thursdays at 6 p.m.

Promise Healthcare – 4<sup>th</sup> Tuesdays at 6 p.m.

RACES – 3<sup>rd</sup> Thursdays at 6 p.m.

Rosecrance Central Illinois – last Tuesdays at 4:30 p.m.

Uniting Pride – 2<sup>nd</sup> Wednesdays at 6:30 p.m.

Urbana Neighborhood Connections Center - ?

WIN Recovery – 2<sup>nd</sup> Mondays at 5:30 p.m.

## Collaborations:

Champaign County Community Coalition – 2<sup>nd</sup> Wednesdays at 3:30 p.m.

Community Health Plan Steering Committee and Priority Workgroups – various.

Disability Resource Expo Steering Committee and Workgroups – to be determined.

Student Mental Health Collaboration – 1<sup>st</sup> Mondays at 11 a.m.