



## Champaign County Mental Health Board (CCMHB) Meeting Agenda Wednesday, April 22, 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- 27)\*  
  
Action is requested to approve minutes of the CCMHB March 18, 2026 meeting and March 25, 2026 study session.
- X. Vendor Invoice Lists** (pages 29-32)\*  
  
Action is requested to accept the “Vendor Invoice Lists” and place them on file.
- XI. New Business**
  - a) DRAFT 2025 Annual Report (pages 33-97)  
  
A draft of the CCMHB Annual Report for Fiscal Year 2025 is included for Board review and approval. A Decision Memorandum requests action.\*
- XII. Reports**

- a) Staff Reports – deferred.
- b) Evaluation Capacity Building Project Update  
An oral update will be provided. See resources developed by the team at <https://www.familyresiliency.illinois.edu/resources/microlearning-videos>.
- c) Community Behavioral Health Needs Assessment Activities (pages 99-102 pages)  
Minutes of the March workgroup meeting are included for information only.
- d) disAbility Resource Expo and AIR Updates  
Oral updates will be provided. See also <https://disabilityresourceexpo.org> and <https://champaigncountyair.com/>

**XIII. Old Business**

- a) Agency Audit/Review Updates (pages 103-105)\*  
A decision memorandum offers an update on delayed Program Year 2025 audits and equivalent. Action is requested\*
- b) Requests for Program Year 2027 Funding (page 107)  
An updated list of Program Year 2027 funding requests is included. No action is needed.  
Program Year 2027 Program Summaries (separate packet)  
For information and to support the board’s reviews, CCMHB staff have prepared draft reviews of each request for Program Year 2027 funding. In a separate packet, these may be referenced during this meeting and April 29 study session. No action is needed.

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

**XV. Board to Board Reports** (pages 109-110)

**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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## CCDDB 2026 Meeting Schedule

9:00AM the fourth Wednesday of each month

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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 March 18, 2026***

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

### **MEMBERS PRESENT:**

Dennise Arres, Alejandro Gomez, Molly McLay, Tony Nichols, Elaine Palencia, Kyle Patterson, Jane Sprandel, 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, Champaign County Regional Planning Commission (CCRPC); Brenda Eakins, GROW in IL

### **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:**

Claudia Lennhoff from Champaign County Healthcare Consumers spoke regarding housing and homelessness in Champaign County. She also announced the agency now has an attorney on staff. James Kilgore from First Followers addressed the lack of affordable housing in the community.

## **OTHER BUSINESS-- CLOSED SESSION:**

**MOTION: McLay moved to enter into Closed Session at 6:00 p.m. for Semi-Annual Closed Session Minutes Review pursuant to 5 ILCS 120/2(c)(21). Mr. Nichols seconded the motion and a roll call vote was taken. The motion passed, with Dr. Youakim abstaining. The following individuals joined this closed session: members of the Champaign County Mental Health Board (Youakim did not attend) and Executive Director Canfield.**

Open Session was re-established at 6:06 p.m. and a roll call vote was taken.

**MOTION: Ms. McLay moved to accept the February 19, 2020, February 26, 2020, July 21, 2021, March 20, 2024, September 18, 2024, February 19, 2025, and October 22, 2025 closed session minutes as presented; and to open the minutes to the public. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed.**

## **PRESIDENT'S COMMENTS:**

CCMHB Chair Molly McLay announced Sangamon County now has a referendum to start a mental health board.

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

Ms. Canfield briefly reviewed the agenda and introduced Dennise Arres as a new board member to the CCMHB. Ms. Canfield also recognized Associate Director, Leon Bryson for his five years of service to the CCMHB.

## **APPROVAL OF MINUTES:**

Minutes from the February 18, 2026 CCMHB regular meeting were included in the board packet for review.

**MOTION: Ms. Sprandel moved to approve the minutes of the CCMHB’s meeting on February 18, 2026, with the edit of correcting spelling of an audience member’s name. Mr. Nichols 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: Dr. Youakim moved to accept the Vendor Invoice Lists as presented in the Board packet. Mr. Nichols seconded. A voice vote was taken and the motion passed.**

## **OLD BUSINESS:**

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

A list of Program Year 2027 funding requests as of March 6 was included. Three applications were submitted on the second Notice of Funding Availability (NOFA) on March 16<sup>th</sup>. Ms. Canfield provided information regarding the three applicants.

The application review process was reviewed by Chair McLay and Director Canfield. Funding requests are far more than available funds. Board members discussed community needs, contract requirements, and gaps in services.

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

A decision memorandum offered an update on delayed Program Year 2025 audits and reviews. Director Canfield reviewed the status of agency audits/financial reviews. Marlon Mitchell from First Followers was available to answer Board questions regarding their late audit.

**MOTION: Mx. Arres moved to cancel the First Followers Program Year 2026 contracts as of March 31, 2026. McLay seconded the motion. After discussion Arres amended her motion to add “releasing January, February, and March Payments after the Program Year 2025 audit is submitted and any follow-up issues resolved.” McLay seconded the amendment. The Board continued discussion. A voice vote was taken, and then, due to the ambiguity of the voice vote result, a roll call vote was taken to accept the amended motion. Patterson and Youakim voted nay. McLay, Gomez, Nichols, Palencia, Sprandel, and Arres voted aye. The amendment to the motion**

passed. Chair McLay restated the amended motion, which is to cancel the First Followers Program Year 2026 contracts as of March 31, 2026, releasing January, February, and March payments after the Program Year 2025 audit is submitted and any follow-up issues resolved. A roll call vote was taken. Arres and McLay voted aye. Gomez, Nichols, Palencia, Patterson, Sprandel, and Youakim voted nay. The motion failed.

**MOTION:** Dr. Youakim moved to continue the First Followers Program Year 2026 contracts, withholding payments until the Program Year 2025 audit is submitted and any follow-up issues resolved. Ms. Sprandel seconded the motion. After discussion, a roll call vote was taken. McLay voted nay. Arres, Gomez, Nichols, Palencia, Patterson, Sprandel, and Youakim voted aye. The motion passed.

**MOTION:** After discussion, Mx. Arres moved to defer consideration of any Program Year 2027 funding request not supported by a Program Year 2025 audit or financial review report or audited balance sheet until such time as the audit or financial review report or audited balance sheet has been filed and any follow-up issues resolved. Mr. Nichols seconded the motion. After discussion, a roll call vote was taken. All members voted aye and the motion passed.

## **NEW BUSINESS:**

### **Program Year 2025 I/DD Service Activity Data:**

For information, a briefing memorandum presented full year I/DD claims data, with analysis of utilization per program and by selected individual cases.

## **REPORTS:**

### **Staff Reports:**

The packet included a report from the Executive Director on Legislative and Policy Conference activities. Other 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:**

Notes from a recent Champaign County Community Health Plan Steering Committee meeting were included in the packet.



**disAbility Resource Expo and AIR Updates:**

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

Director Canfield provided oral updates.

**PUBLIC PARTICIPATION AND AGENCY INPUT:**

Jessie Heckenmueller from Champaign County Regional Planning Commission (CCRPC) invited CCMHB members to participate in a community needs assessment in Champaign County and a survey on homelessness.

**BOARD TO BOARD REPORTS:**

Ms. Palencia reported on Champaign County Community Coalition activities.

**COUNTY BOARD INPUT:**

The Champaign County Board will meet next week.

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

None.

**BOARD ANNOUNCEMENTS AND INPUT:**

Ms. Sprandel shared a personal story regarding finding housing and local services for an acquaintance in need.

**ADJOURNMENT:**

The meeting adjourned at 8:02 p.m.

Respectfully Submitted by: Stephanie Howard-Gallo, CCMHB/CCDDB Compliance and Operations Coordinator, and Lynn Canfield, CCMHB/CCDDB Executive Director.

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

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

***Study Session Minutes March 25, 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:**

Molly McLay, Jon Paul Youakim

**MEMBERS EXCUSED:**

Denn Arres, Alejandro Gomez, Tony Nichols, Elaine Palencia, Kyle Patterson, Jane Sprandel

**STAFF PRESENT:**

Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville

**OTHERS PRESENT:**

Liz Miner, Melissa Pappas, Dave Kellerhalls, Rosecrance Central Illinois; Danielle Matthews, DSC; Jeniece Nance, UNCC; Kim Fisher, Susan Fowler, Champaign County Developmental Disabilities Board (CCDDB); Jessica Heckenmueller, Champaign County Regional Planning Commission (CCRPC); Brenda Eakins, GROW in IL

**CALL TO ORDER:**

CCMHB President McLay called the meeting to order at 5:53 p.m.

**ROLL CALL:**

Roll call was taken. A quorum was not present.

**APPROVAL OF AGENDA:**

The agenda was in the packet. It was not approved due to the lack of a quorum.

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

None.

## **PRESIDENT'S COMMENTS:**

Ms. McLay introduced herself and thanked everyone for attending.

## **ASSOCIATE DIRECTOR'S COMMENTS:**

Mr. Leon Bryson introduced the topics and speakers.

## **STUDY SESSION:**

### **Urbana Neighborhood Connections Center (UNCC):**

Jeniece Nance of Urbana Neighborhood Connections Center, Inc. presented a progress report on the funded program. Presentation materials were included in the packet.

### **Rosecrance CCBHC:**

Melissa Pappas, Liz Miner, and Dave Kellerhalls of Rosecrance Central Illinois introduced the Certified Community Behavioral Health Clinic model. Presentation materials were included in the packet.

Board members were given an opportunity to ask questions following each presentation.

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

None.

## **BOARD ANNOUNCEMENTS AND INPUT:**

President McLay reviewed the meeting schedule for April.

## **ADJOURNMENT:**

The session ended at 7:42 p.m.

Respectfully Submitted by:

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

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

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VENDOR INVOICE LIST

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

**Vendor**

Vendor Number	Vendor Name	Invoice	Date	Invoice Check Run	Invoice Net	Invoice Description
1	CHAMPAIGN COUNTY TREASURER	Mar'26 IDDSI25-089	46082	030626A	\$ 19,336	IDDSI25-089 Community Life Short Term

VENDOR INVOICE LIST

Champaign County, IL FUND = MHB MONTH = March 2026

Vendor Number	Vendor Name	Invoice	Invoice Date	Check Run	Invoice Net	Invoice Description
18223	ASSOC OF COMMUNITY MENTAL	26-1004	46078	030626A	\$ 16,000.00	2026 Membership Dues
18805	C-U AT HOME	Mar'26 MHB25-021	46082	030626A	\$ 21,391.00	MHB25-021 Shelter Case Management
1	CHAMPAIGN COUNTY TREASUR	Feb'26 Office Rent	46054	030626A	\$ 2,266.68	Feb'26 Office Rent 053
1	CHAMPAIGN COUNTY TREASUR	Mar'26 MHB26-006	46082	030626A	\$ 5,325.00	MHB26-006 Champaign County Childrens Adv
1	CHAMPAIGN COUNTY TREASUR	Mar'26 MHB25-026	46082	030626A	\$ 32,371.00	MHB25-026 Early Childhood Mental Health
1	CHAMPAIGN COUNTY TREASUR	Mar'26 MHB25-004	46082	030626A	\$ 4,523.00	MHB25-004 Homeless Services System Coord
1	CHAMPAIGN COUNTY TREASUR	Mar'26 MHB26-025	46082	030626A	\$ 6,362.00	MHB26-025 Youth Assessment Center
1	CHAMPAIGN COUNTY TREASUR	Mar'26 Office Rent	46082	030626A	\$ 2,266.68	Mar'26 Office Rent 053
1	CHAMPAIGN COUNTY TREASUR	MHB-003	46083	031326A	\$ 890.00	Feb'26 Information Technology Service
19970	CDS OFFICE SYSTEMS	INV1758727	46075	031326A	\$ 28.12	Copier Maintenance 1/6/26 - 2/5/26
18254	CHAMPAIGN COUNTY CHRISTIA	Mar'26 MHB26-029	46082	030626A	\$ 8,333.00	MHB26-029 Mental Health Care
18259	CHAMPAIGN COUNTY HEALTH C	Mar'26 MHB26-044	46082	030626A	\$ 8,094.00	MHB26-044 CHW Outreach & Benefits
18259	CHAMPAIGN COUNTY HEALTH C	Mar'26 MHB25-066	46082	030626A	\$ 8,750.00	MHB25-066 Disability Application Services
18259	CHAMPAIGN COUNTY HEALTH C	Mar'26 MHB26-045	46082	030626A	\$ 8,607.00	MHB26-045 Justice Involved CHW
10115	CHAMPAIGN MULTIMEDIA GRO	AD 01189072	46072	030626A	\$ 36.80	NOFA PY27
10148	COMMUNITY SERVICE CENTER C	Mar'26 MHB26-008	46082	030626A	\$ 5,888.00	MHB26-008 Resource Connection
18092	COURAGE CONNECTION	Mar'26 MHB25-007	46082	030626A	\$ 10,669.00	MHB25-007 Courage Connection
10163	CRISIS NURSERY	Mar'26 MHB26-005	46082	030626A	\$ 7,500.00	MHB26-005 Beyond Blue Champaign
18305	CUNNINGHAM CHILDRENS HOM	Mar'26 MHB25-018	46082	030626A	\$ 16,975.00	MHB25-018 ECHO Housing and Employment

18305	CUNNINGHAM CHILDRENS HOM	Mar'26 MHB25-036	46082	030626A	\$ 23,511.00	MHB25-036 Families Stronger Together
10170	DEVELOPMENTAL SERVICES CEN	Mar'26 MHB26-012	46082	030626A	\$ 58,500.00	MHB26-012 Family Development
10175	DON MOYER BOYS & GIRLS CLU	Mar'26 MHB25-015	46082	030626A	\$ 7,131.00	MHB25-015 CU Change
10185	EAST CNTRL IL REFUGEE MUTUA	Jan'26 MHB26-001	46023	030626A	\$ 6,286.00	MHB26-001 Family Support & Strengthening
10185	EAST CNTRL IL REFUGEE MUTUA	Feb'26 MHB26-001	46054	030626A	\$ 6,286.00	MHB26-001 Family Support & Strengthening
10185	EAST CNTRL IL REFUGEE MUTUA	Mar'26 MHB26-001	46082	030626A	\$ 6,286.00	MHB26-001 Family Support & Strengthening
10183	ALEXANDER F CAMPBELL	792_2607	46082	030626A	\$ 2,524.95	Q2 Support MHB26-038
100	EMPLOYEE VENDOR	Bryson 3/2/26	46078	030626A	\$ 80.40	Travel Log 1/6/26 - 2/23/26
100	EMPLOYEE VENDOR	Canfield 3/16/26	46097	032026A	\$ 1,040.70	Travel Log 2/19/26-3/12/26
18343	FAMILY SERVICE OF CHAMPAIG	Mar'26 MHB26-014	46082	030626A	\$ 11,985.00	MHB26-014 Counseling
18343	FAMILY SERVICE OF CHAMPAIG	Mar'26 MHB26-016	46082	030626A	\$ 3,182.00	MHB26-016 Self-Help Center
18343	FAMILY SERVICE OF CHAMPAIG	Mar'26 MHB26-017	46082	030626A	\$ 17,863.00	MHB26-017 Senior Counseling and Advocacy
10242	GROW IN ILLINOIS	Mar'26 MHB25-011	46082	030626A	\$ 13,140.00	MHB25-011 Peer Support
19785	IMMIGRANT SERVICES OF CHAM	Mar'26 MHB26-010	46082	030626A	\$ 16,688.00	MHB26-010 Immigrant Mental Health
20570	JP MORGAN CHASE BANK	6233 2/27/26	46080	030626A	\$ 1,834.28	Acct # 4485 9279 0007 6233 2/27/26
10348	MCS OFFICE TECHNOLOGIES INC	01-713159	46063	030626A	\$ 435.00	Ticket #55429 - Network Solution Acct Recovery
10348	MCS OFFICE TECHNOLOGIES INC	01-713383	46082	031326A	\$ 162.00	Mar'26 MHB/DDB Managed IT Service
18413	PROMISE HEALTHCARE	Mar'26 MHB26-013	46082	030626A	\$ 30,000.00	MHB26-013 Mental Health Services
18413	PROMISE HEALTHCARE	Mar'26 MHB26-041	46082	030626A	\$ 10,416.00	MHB26-041 Wellness
10453	QUILL CORPORATION	48251460	46101	032726A	\$ 230.09	Acct # 8197518
10464	RAPE, ADVOCACY, COUNSELING	Mar'26 MHB26-035	46082	030626A	\$ 16,350.00	MHB26-035 Sexual Trauma Therapy
10464	RAPE, ADVOCACY, COUNSELING	Mar'26 MHB26-002	46082	030626A	\$ 9,009.00	MHB26-002 Sexual Violence Prevention Ed
10488	ROSECRANCE, INC.	Mar'26 MHB25-019	46082	030626A	\$ 7,052.00	MHB25-019 Benefits Case Management

10488	ROSECRANCE, INC.	Mar'26 MHB25-030	46082	030626A	\$ 20,000.00	MHB25-030 Crisis Co-Response Team
10488	ROSECRANCE, INC.	Mar'26 MHB25-023	46082	030626A	\$ 8,333.00	MHB25-023 Recovery Home
10563	TROPHYTIME, INC.	140749	46094	032026A	\$ 10.00	Plastic Signage
10595	UNITING PRIDE	Mar'26 MHB25-009	46082	030626A	\$ 15,838.00	MHB25-009 Children, Youth, & Families
10583	UNIVERSITY OF ILLINOIS	Mar'26 Award 11223	46082	030626A	\$ 11,152.16	MHB23-039 Building Agency Evaluatin Capacity
10597	URBANA ADULT EDUCATION	Mar'26 MHB25-042	46082	030626A	\$ 6,726.00	MHB25-042 C-U Early
10599	URBANA NEIGHBORHOOD COMMUNITY CENTER	Mar'26 MHB26-024	46082	030626A	\$ 31,848.00	MHB26-024 Community Study Center
10683	WIN RECOVERY INC	Jan'26 MHB26-069	46023	030626A	\$ 15,250.00	MHB26-069 Community Support Reentry Homes
10683	WIN RECOVERY INC	Feb'26 MHB26-069	46054	030626A	\$ 15,250.00	MHB26-069 Community Support Reentry Homes
10683	WIN RECOVERY INC	Mar'26 MHB26-069	46082	030626A	\$ 15,250.00	MHB26-069 Community Support Reentry Homes





# Annual Report for Fiscal Year 2025

## Decision Memorandum

DATE: April 22, 2026

TO: Members, Champaign County Mental Health Board (CCMHB)

FROM: Stephanie Howard-Gallo, Operations and Compliance Coordinator

### Purpose

Attached for review and approval is the CCMHB Annual Report for Fiscal Year 2025, January 1 to December 31, 2025. The preparation of the Annual Report is a collaboration among staff members and the Board President. Included are a financial accounting of revenue and expenditures, agency program allocations, service activity definitions and totals by agency and program, aggregate demographic and residency data, and service sector charts for the past year. The Three-Year Plan (Fiscal Years 2026 through 2028) with One-Year Objectives and Tactics for 2026, approved at the November 2025 meeting, is also presented.

Once approved, or revised and approved, this report will be shared with the Illinois Department of Human Services, members of the Illinois General Assembly who represent Champaign County, and the public, through posting on the County's website and announcement in the News Gazette.

### Decision Section

Motion to approve [or deny] the Champaign County Mental Health Board Fiscal Year 2025 Annual Report as presented [or as revised].

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## Champaign County Mental Health Board

In fulfillment of our responsibilities under the Community Mental Health Act, the Champaign County Mental Health Board (CCMHB) presents the following documents for public review:

The “CCMHB Annual Report” provides an accounting to the citizens of Champaign County of the CCMHB’s activities and expenditures during the period of January 1, 2025 through December 31, 2025.

The “CCMHB Three-Year Plan” for the period January 1, 2026 through December 31, 2028 presents the CCMHB’s goals for development of Champaign County’s system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives and Tactics for January 1, 2026 through December 31, 2026.

Any questions or comments regarding the CCMHB’s activities or the county’s behavioral health and developmental disability services can be directed to the Champaign County Mental Health Board; 102 East Main Street; Urbana, IL 61801; phone (217) 367-5703.

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# Champaign County Mental Health Board Fiscal Year 2025 Annual Report and Three-Year Plan for Fiscal Years 2026-2028

## Table of Contents

Board and Staff Listing	5
President’s Report	7-8
Section I: Financial Reports and Service Data	9-47
Financial Report	11
IDD Special Initiatives Financial Report	12
Program Allocations	13-14
Service Categories	15
Utilization and Outcome Summaries	16-43
Appropriations by Category	44-45
Demographic and Residency Data	46-47
Section II: Three-Year Plan 2026-2028	48-63
Strategic Plan with 2026 Objectives	

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# LISTING OF 2025 BOARD MEMBERS AND STAFF

## BOARD MEMBERS

Ms. Molly McLay, President

Dr. Jon Paul Youakim, Vice President (January 1 - June 30)

Ms. Jane Sprandel, Vice President (July 1 - December 31)

Mr. Chris Miner

Mr. Anthony Nichols

Mr. Joseph Omo-Osagie (January 1 – August 25)

Dr. Alejandro Gomez (August 26 – December 31)

Ms. Elaine Palencia

Mr. Kyle Patterson

Ms. Emily Rodriguez, County Board Liaison

## STAFF MEMBERS

Lynn Canfield, Executive Director

Kim Bowdry

Associate Director for Intellectual and Developmental Disabilities

Leon Bryson

Associate Director for Mental Health & Substance Use Disorder Services

Stephanie Howard-Gallo, Operations & Compliance Coordinator

Shandra Summerville, Cultural & Linguistic Competence Coordinator

Chris Wilson, Financial Manager

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# CCMHB President's Report

As President of the Champaign County Mental Health Board (CCMHB), it is my pleasure to present our 2025 Annual Report. Per the Illinois Community Mental Health Act (405 ILCS 20/), this fulfills the annual financial reporting requirement, with accounting of the year's revenues and expenditures, amounts paid to agencies by program, and costs of the I/DD Special Initiatives, a collaboration with the Champaign County Board for Care of Persons with a Developmental Disability (CCDDB). Descriptions of funded programs and utilization and outcome data are offered, with charts showing how financial resources were committed per sector, population, and service type. Closing out the Report is the Three-Year Plan with Fiscal Year 2026 Objectives and Tactics.

From January through June, the second half of Program Year 2025 (July 1, 2024 to June 30, 2025) allocations were paid out. Applications for funding for Program Year 2026 (July 1, 2025 to June 30, 2026) were submitted in February and reviewed during the spring, with final allocation decisions made in May and June. The total of Program Year 2026 awards was \$6,075,487. From July through December, the first half of these allocations was paid out.

The Evaluation Capacity Building partnership with University of Illinois' Family Resiliency Center continued into its third full year. The team offered intensive support to select programs while developing tools for use by all and presented at this link (<https://www.familyresiliency.illinois.edu/resources/microlearning-videos>.) New microlearning video trainings address how to avoid overwhelming a reader with irrelevant data and how to report on unexpected or surprising conclusions. The team met regularly with a group of agency representatives to discuss evaluation experiences and provide focus. They maintained the online measures bank, linked here (<https://uofi.app.box.com/s/jidv3wz8s5k8k0t9yh2puqvrsrfit85ka>). In response to a needs assessment finding, they provided a session on effective storytelling in relation funded programs' outcomes reporting. The impact of their work can be seen in agencies' year end outcome reports, available at this link ([https://champaigncountyil.gov/MHBDDDB/PDFS/CCMHB\\_PY25\\_Performance\\_Outcome\\_Reports.pdf](https://champaigncountyil.gov/MHBDDDB/PDFS/CCMHB_PY25_Performance_Outcome_Reports.pdf).)

During April, the CCMHB, along with Alliance for Inclusion and Respect (AIR) partners, sponsored an anti-stigma film and related activities in the annual Roger Ebert's Film Festival. Community members joined the film's director, producer, and actors for a post-screening discussion of *Color Book*, a film with themes of love, grief, and strength in the bond between a father and son. During the festival, AIR also hosted an art show and sale, featuring original work by artists and entrepreneurs. More information is linked here (<https://champaigncountyair.com/>.)

On October 18, the 16th annual DISABILITY Resource Expo (website linked here <https://www.disabilityresourceexpo.org/>) took place at Marketplace Mall, with 66 registered exhibitors and four more who joined during the event. Roughly 400 guests attended, despite the twin challenges of unkind weather and limited transportation options. Sponsorships, donations, and exhibitor fees totaled \$13,739. The Expo has been a community hub for linking people who have disabilities with various health and social services, for improved quality of life.

In 2025, the CCMHB welcomed Ms. Emily Rodriguez, who in January stepped into the role as county board liaison previously held by Ms. Jennifer Straub. We also welcomed Dr. Alejandro Gomez, who in August stepped into the unexpired term held by long-term board member Mr. Joe Omo-Osagie. Our prior members' knowledge of mental health and broader social services, attention to the multifaceted needs of this community, and dedication to agencies, staff, board, and our county were tremendously valuable, while our new board members in 2025 have brought this same level of knowledge, attention, and dedication to our board as well.

As we navigated 2025, we experienced some of the greatest federal cuts to mental health and substance use disorder services in recent memory. Cancelled grants, shifting priorities, and policing of language all posed threats that will unfortunately continue to be seen in 2026. Our board held study sessions in summer and fall 2025 to help us understand the specific needs of community groups who have been under policy attack, centering the perspectives of our LGBTQIA+ individuals, advocates with developmental disabilities, and our immigrant and refugee population. These were some of the most generative and meaningful study sessions that I have ever been a part of on this board.

It continues to be more important than ever for our local mental health service structure to be a strong safety net and a beacon of welcome - a reminder that all members of our community are valuable and deserving of support. Our board and staff remain steadfast in our determination and desire to serve. The CCMHB is dedicated to funding a comprehensive system of services and supports that ensure all community members have access to the least restrictive services to meet their needs.

It has been an honor to serve as your Board President. For the rest of my term, I will collaborate with each board and staff member to better our processes, to learn from you, and to center the community in the ways we steward this important resource.

In service and support,

A handwritten signature in black ink that reads "Molly M. McLay". The signature is written in a cursive, flowing style.

Molly M. McLay  
CCMHB President

**SECTION I:**  
**Financial Reports and Service Data**

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**  
**ANNUAL FINANCIAL REPORT**  
**1/1/25 - 12/31/25**

	Fiscal Year 2024	Fiscal Year 2025
<b>Beginning of the Year Fund Balance</b>	\$ 3,836,489.00	\$ 3,830,288.98
<b>REVENUE</b>	-	-
General Property Taxes	\$ 6,304,478.00	\$ 6,586,669.40
Property Taxes - Back Tax	\$ -	\$ -
Payment in Lieu of Taxes	\$ 327.00	\$ 450.80
Mobile Home Tax	\$ 3,543.00	\$ -
Local Government Revenue	\$ -	\$ -
Champ County Developmental Disabilities Board	\$ 386,077.00	\$ 407,429.00
Interest Earnings	\$ 88,142.24	\$ 94,783.07
Gifts and Donations	\$ 575.00	\$ 1,070.00
Disability Expo	\$ 14,015.00	\$ 13,739.00
Miscellaneous	\$ 5,652.00	\$ 46,783.17
<b>TOTAL REVENUE</b>	<b>\$ 6,802,809.24</b>	<b>\$ 7,150,924.44</b>
<b>EXPENDITURES</b>	-	-
Administration & Operating Expenses:	-	-
Personnel	\$ 607,028.92	\$ 641,883.86
Commodities	\$ 18,887.00	\$ 18,281.79
Services	\$ 321,874.34	\$ 311,682.55
Interfund Transfers*	\$ 5,907.00	\$ 5,854.71
Capital Outlay	\$ -	\$ -
<b>Sub-Total</b>	<b>\$ 953,697.26</b>	<b>\$ 977,702.91</b>
Contributions and Grants:	-	-
Program	\$ 5,855,312.00	\$ 5,482,613.00
Capital	\$ -	\$ -
<b>Sub-Total</b>	<b>\$ 5,855,312.00</b>	<b>\$ 5,482,613.00</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 6,809,009.26</b>	<b>\$ 6,460,315.91</b>
<b>Fund Balance at the End of the Fiscal Year</b>	<b>\$ 3,830,288.98</b>	<b>\$ 4,520,897.51</b>

\*to CCDDDB fund for share of revenue from Expo donations and miscellaneous

As of April 2, 2026, FY2025 financial statements are unaudited.

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-	-

**I/DD SPECIAL INITIATIVES FUND  
ANNUAL FINANCIAL REPORT  
1/1/25 - 12/31/25**

	Fiscal Year 2024	Fiscal Year 2025
<b>Beginning of the Year Fund Balance</b>	<b>\$ 695,888.00</b>	<b>\$ 493,499.00</b>
<b>REVENUE</b>		
From Mental Health Board	\$ -	\$ -
From Developmental Disabilities Board	\$ -	\$ -
Rent	\$ -	\$ -
Other Misc Revenue	\$ 19,676.56	\$ 12,072.17
Sale of Fixed Asset	\$ -	\$ -
<b>TOTAL REVENUE</b>	<b>\$ 19,676.56</b>	<b>\$ 12,072.17</b>
<b>EXPENDITURES</b>		
Mortgage Principal	\$ -	\$ -
Mortgage Interest	\$ -	\$ -
Commodities	\$ -	\$ -
Professional Fees	\$ 1,419.71	\$ 890.75
Utilities	\$ -	\$ -
Building/Landscaping Maintenance	\$ -	\$ -
Building Improvements	\$ -	\$ -
Contributions & Grants	\$ 220,646.00	\$ 74,838.00
Other Services	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 222,065.71</b>	<b>\$ 75,728.75</b>
<b>Fund Balance at the End of the Fiscal Year</b>	<b>\$ 493,499.00</b>	<b>\$ 429,843.00</b>

*As of April 2, 2026, FY2025 financial statements are unaudited.*

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

**PROGRAM ALLOCATIONS FY2025**

1/1/25 - 12/31/25

AGENCY/PROGRAM	TOTAL PAID
<b>CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER</b>	
Children's Advocacy Center	<b>63,911.00</b>
<b>CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER</b>	
Mental Health Care	<b>66,498.00</b>
<b>CHAMPAIGN COUNTY HEALTH CARE CONSUMERS</b>	
CHW Outreach and Benefit Enrollment	91,817.00
Disability Services	105,000.00
Justice Involved CHW Services & Benefits	96,717.00
<b>Agency Total</b>	<b>293,534.00</b>
<b>CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION</b>	
Headstart - Early Childhood Mental Health Services (w DD amount**)	388,463.00
Homeless Services System Coordination	54,281.00
Youth Assessment Center	76,350.00
<b>Agency Total</b>	<b>519,094.00</b>
<b>COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY</b>	
Resource Connection	<b>69,635.00</b>
<b>COURAGE CONNECTION</b>	
Courage Connection	<b>128,038.00</b>
<b>CRISIS NURSERY</b>	
Beyond Blue Champaign County	<b>90,000.00</b>
<b>CUNNINGHAM CHILDREN'S HOME</b>	
ECHO Housing and Employment Support	203,710.00
Families Stronger Together	282,139.00
<b>Agency Total</b>	<b>485,849.00</b>
<b>C-U at Home</b>	
Shelter Case Management	<b>256,700.00</b>
<b>C-U EARLY</b>	
C-U Early (w DD amount)**	<b>80,723.00</b>
<b>DEVELOPMENTAL SERVICES CENTER</b>	
Family Development **	<b>679,088.00</b>
<b>DON MOYER BOYS &amp; GIRLS CLUB</b>	
Community Coalition Summer Youth Programs	100,000.00
CU Change	85,575.00
<b>Agency Total</b>	<b>185,575.00</b>
<b>EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER</b>	
Family Support and Strengthening	<b>68,720.00</b>
<b>FAMILY SERVICE</b>	
Counseling	86,410.00
Self Help Center	33,562.00
Senior Counseling and Advocacy	196,374.00

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

**PROGRAM ALLOCATIONS FY2025**

1/1/25 - 12/31/25

AGENCY/PROGRAM	TOTAL PAID
<b>Agency Total</b>	<b>316,346.00</b>
<b>FIRST FOLLOWERS</b>	
FirstSteps Community Re-Entry House	69,500.00
Peer Mentoring for Re-entry	95,000.00
<b>Agency Total</b>	<b>164,500.00</b>
<b>GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL ILLINOIS</b>	
Advocacy, Care, and Education Services	61,566.00
<b>GROW IN ILLINOIS</b>	
Peer Support	157,690.00
<b>IMMIGRANT SERVICES OF C-U</b>	
Immigrant Mental Health (6 months)	100,128.00
<b>PROMISE HEALTHCARE</b>	
Mental Health Services with Promise	345,000.00
Promise Healthcare Wellness	116,036.00
<b>Agency Total</b>	<b>461,036.00</b>
<b>RAPE ADVOCACY COUNSELING EDUCATION SERVICES</b>	
Sexual Trauma Therapy Services	168,104.00
Sexual Violence Prevention Education	91,554.00
<b>Agency Total</b>	<b>259,658.00</b>
<b>ROSECRANCE CENTRAL ILLINOIS</b>	
Benefits Case Management	84,625.00
Criminal Justice PSC (6 months)	168,000.00
Crisis Co-Response Team	275,002.00
Recovery Home	100,000.00
<b>Agency Total</b>	<b>627,627.00</b>
<b>UNITING PRIDE</b>	
Children, Youth, and Families Program	190,056.00
<b>URBANA NEIGHBORHOOD CONNECTIONS CENTER</b>	
Community Study Center (6 months)	191,088.00
<b>WIN RECOVERY</b>	
Re-Entry & Recovery Home	183,000.00
<b>GRAND TOTAL</b>	<b>5,700,060.00</b>

\*\* Programs for people with I/DD, per Intergovernmental Agreement with Champaign County Developmental Disabilities Board  
As of April 2, 2026 FY2025 financial statements are unaudited.



# Service/Utilization Category Descriptions

The Champaign County Mental Health Board funds a wide range of services through local human service providers of varying size and sophistication. The CCMHB invests in services that range from helping mothers and families with newborn babies into early childhood to supporting youth through adolescence and young adulthood to assisting adults and families dealing with life's challenges to helping the elderly with activities of daily living. The not for profit and government agencies that provide services with CCMHB funds range from small agencies with only a few employees and volunteers to large multi-million dollar agencies with over a hundred employees. Descriptions of the service activities supported in current and previous years are available at <http://www.co.champaign.il.us/MHBDDDB/PublicDocuments.php> and <http://ccmhddbrds.org>.

Regardless of their size, agencies are required to report on services delivered using four categories. Those categories must be broad enough to provide a certain amount of flexibility to account for how and to whom the programs delivered services.

The four categories are Community Service Event (CSE), Service Contact (SC), Non-Treatment Plan Client (NTPC), and Treatment Plan Client (TPC). Each agency identifies, within each broadly defined category, what will be reported. Definitions of CSEs and SCs relate to types of activities. Definitions of TPCs and NTPCs relate to who has been served and require a certain level of documentation associated with the service. Some programs may only report under one of the categories, others may report on all four. Which and how many categories an agency reports activity under depends on the services provided by the program.

Community Service Events (CSEs) can be public events, work associated with a news interview or newspaper article, consultations with community groups and caregivers, classroom presentations, and small group workshops and training to promote a program or educate the community. Meetings directly related to planning such events may also be counted here. *Examples: Family Service Self-Help Center planning and hosting of a biannual self-help conference; newsletters published by the East Central Illinois Refugee Mutual Assistance Center.*

A Service Contact (SC), also referred to as a screening contact or service encounter, represents the number of times a program has contact with consumers. Sometimes this can be on behalf of someone who is being served by the program, or it can be sharing of information, fielding a call about services, or doing an initial screenings or assessment.

A Non-Treatment Plan Client (NTPC) is someone for whom services are provided and a record of the service exists but an individualized treatment plan has not been necessary, or one was initiated but not completed. *Example: a person who comes into the domestic violence shelter at Courage Connection but leaves within a few days before fully engaging in services.*

A Treatment Plan Client (TPC) has traditionally meant people engaged in services where an assessment and treatment plan have been completed and case records are maintained. This applies to agencies such as Promise Healthcare, Rosecrance, and others. It can also represent an individual receiving a higher level of care within the spectrum of services provided within a program.

# Utilization Results and Consumer Outcomes for Programs funded by the Champaign County Mental Health Board in Program Year 2025

## Glossary and Notes

TPC = Treatment Plan Client

NTPC = Non-Treatment Plan Client

CSE = Community Service Event

SC = Screening Contact or Service Contact

Other = as defined in individual program contract

Some contract award amounts listed are not equal to actual cost of the program, as agencies' independent audit reports might indicate excess revenue to be returned. This can result from understaffing, one cause of underutilization. Audits may result in future revisions to this report. While consumer outcome results are summarized very briefly below, we strongly recommend review of the full agency reports, which address unexpected challenges and successes and even forecast the next cycle. Each program's performance toward defined utilization and consumer outcomes during the contract period, July 1, 2024 to June 30, 2025, is described in a set of aggregated reports and posted at <http://ccmhddbrds.org> among downloadable files and titled "CCMHB PY25 Performance Outcome Reports." It is also posted on our pages of the Champaign County Government's website, [Public Documents Page](#), under [the same name](#).

## Priority:

### Collaboration with Champaign County Developmental Disabilities Board (CCDDB), Very Young Children and their Families

#### Champaign County Regional Planning Commission Head Start/Early Head Start Early Childhood Mental Health Services \$216,800 (for I/DD Services)

Addresses social-emotional concerns in the early childhood period and identifies developmental issues and risk. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love,

learn and work within the home, school and other environments. (\$171,663 of the total contract is for mental health services, the remainder is \$216,800 for I/DD.)

Utilization targets: 116 TPC, 380 NTPC, 5 CSE, 3000 SC, 12 Other (workshops, trainings, professional development efforts with staff and parents).

Utilization result: 116 TPC, 62 NTPC, 3 CSE, 1572.5 SC, 15 Other, 557 hours of service.

Outcome 1 target: Children will demonstrate improved social skills.

Outcome 1 result: 73% of children in the program met or exceeded social emotional developmental expectations for their age group, with 85% of children aged 6 weeks to 3 years meeting or exceeding, a 29% increase in SELs for those aged 3-5, a 31% increase for those aged 3-5 and English learners, and a 29% increase for kindergarten-bound children.

Outcome 2 target: HS staff will demonstrate improved skills (interpersonal, stress management, and caregiving).

Outcome 2 result: Due to program and staff changes, teachers were not assessed.

Outcome 3 target: Parents will demonstrate improved skills (stress management and caregiving).

Outcome 3 result: Staff shortages and low attendance at family events prevented the assessment tool from being distributed to parents.

Outcome 4 target: Classroom management will demonstrate social-emotional sensitive interactions.

Outcome 4 result: 83% of classroom observations showed consistent, effective support/organization; the rest were effective in each domain but not always consistent.

## CU Early

### CU Early - \$16,145 (for I/DD Services)

Bilingual home visitor for at risk Spanish speaking families, serving expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development. 2020 IECAM data on Champaign County estimated there were 1,157 children under age 5 who speak Spanish, that 555 Spanish speaking children were under 3, and that 1,188 children under 2 lived in poverty. (\$64,578 of the total contract relates to mental health, another \$16,145 to I/DD.)

Utilization targets: 20 TPC, 5 NTPC, 464 SC, 4 CSE

Utilization result: 27 TPC, 7 NTPC, 714 SC, 17 CSE

Outcome 1 target: 95% improvement in each area of parenting skill and knowledge.

Outcome 1 result: Affection 100%, Responsiveness 83%, Encouragement 85%, Teaching 66%.

Outcome 2 target: 95% of children will make developmental progress.

Outcome 2 result: 92%. NOTE: of bilingual caseload, 15 children on target, 3 with delays referred to EI, 8 received EI with an IFSP.

Outcome 3 target: 95% of children up to date with well child exams and immunizations.

Outcome 3 result: 100%.

## DSC

### Family Development \$656,174

Serves children birth to five years, with or at risk of developmental disabilities, and their families. Culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays, disabilities, or living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.

Utilization targets: 655 TPC, 200 SC, 15 CSE

Utilization result: 1045 TPC, 186 SC, 16 CSE

Outcome 1 target: 90% of caregivers will feel more competent/comfortable regarding their child's needs.

Outcome 1 result: 98% per program satisfaction survey.

Outcome 2 target: 90% of children will progress in Individualized Family Service Plan goals.

Outcome 2 result: 91%.

## Priority:

### Thriving Children, Youth, and Families

#### Champaign County RPC Head Start/Early Head Start

#### Early Childhood Mental Health Services \$171,663 (for MH Services)

See above for service information and year-end data, disability types combined.

#### CU Early

#### CU Early - \$64,578 (for MH Services)

See above for service information and year-end data.

#### Crisis Nursery

#### Beyond Blue – Champaign County \$90,000

Supports mothers experiencing perinatal depression, with a focus on the mental health and well-being of children and families, by strengthening the parent child bond through playgroups, support groups, and home visiting services. Through coordination with the Home Visitors Consortium, Crisis Nursery focuses on families experiencing perinatal depression and then blends this programming with Prevention Initiative funding from the Illinois State Board of Education which focuses on the development of children birth-3 years.

Utilization targets: 24 TPC, 56 NTPC, 300 SC, 86 CSE, 550 Other (hours in-kind/respice care)

Utilization result: 21 TPC, 44 NTPC, 346 SC, 93 CSE, 790 Other

Outcome 1 target: Mothers will gain information about effects of perinatal depression on baby.  
Outcome 1 result: (not directly reported in POR.)  
Outcome 2 target: Mothers will have a decrease in depressive symptoms.  
Outcome 2 result: (not directly reported in POR.)  
Outcome 3 target: Mothers will develop greater understanding of their child's developmental needs and an ability to meet those in positive and growth producing interaction.  
Outcome 3 result: 90% of those surveyed reported improved parenting skills.  
Outcome 4 target: Mothers will learn to reduce their stress, seek resources, broaden networks.  
Outcome 4 result: 80% of those completing the survey showed a decrease in level of stress.  
Outcome 5 target: Mothers will improve their capacity to engage fully in a reciprocal relationship with their babies, resulting in the optimal development of the baby, more successful and satisfying parenting and greater security for both.  
Outcome 5 result: 90% of those surveyed reported improved parenting skills and reduced risk of harm to children.

### Cunningham Children's Home Families Stronger Together \$282,139

Trauma informed, culturally responsive, and therapeutic and preventative services to youth... involved in or vulnerable to being involved in the juvenile justice system. Focus is primarily on preventative services for the younger population. FST can offer early intervention services to Treatment Plan Client (TPC) youth and families. The FST program utilizes the ARC framework in working with these youth, families, and community.

Utilization targets: 40 TPC, 75 NTPC, 1935 SC, 10 CSE  
Utilization result: 19 TPC, 109 NTPC, 972 SC, 9 CSE

Outcome 1 target: Decreased scores on the "Total Difficulties" scale and increased scores on the "Strengths" scale.  
Outcome 1 result: Three youth had brief admissions lasting less than 75 days and lacked both pre- and post-measures. Two youth did not complete closing measures due to staff's unsuccessful engagement efforts. Among the eight youth who completed pre- and post-measures on the SDQ, all demonstrated a net positive gain, with an overall decrease of 8.4 points in the "Total Difficulties" score, starting at an average of 19.4 (95th percentile). Additionally, five youth (63%) showed slight increases in the "Strengths" score, with a negligible average change of +0.75, starting at 7.4.  
Outcome 2 target: Trauma-informed caregiving skills are enhanced in several ARC areas: foundational strategies (engagement, education, routines), attachment integrative strategies (affect management, attunement, effective response), regulation integrative strategies (identification, modulation), and competency integrative strategies (executive functions, self-development, identity, relational connection).  
Outcome 2 result: 13 youth were discharged from the program. Of 9 caregivers, 6 (67%) demonstrated improved competencies; 3 (33%) showed a decrease in overall skills. Pre- and

post-measures were unavailable for 3 caregivers due to brief enrollment, and 1 caregiver lacked an admission measure.

Outcome 3 target: Improve family's protective factors (social supports, concrete supports, family functioning, nurturing and attachment).

Outcome 3 result: Three youth had brief admissions of less than 75 days, and a pre- and post-measure was neither completed nor requested from the youth's caregiver. One caregiver did not complete the closing measure due to family disengagement. Of 9 caregivers who completed a pre- and post-test of the PFS-2, 44% (four caregivers) reported an increase in protective factors, while 56% (five caregivers) reported a decrease during program enrollment.

### Don Moyer Boys & Girls Club

CU Change \$85,575

High yield programming, mental health resources and intensive case management... to address issues encountered in the educational setting, social settings, family, and community. With a focus on... stabilization of the family unit to support youth in graduating from high school with a plan for the future.

Utilization targets: 20 TPC, 20 NTPC, 480 SC, 48 CSE

Utilization result: 19 TPC, 22 NTPC, 492 SC, 65 CSE

Outcome 1 target: 100% (20 of 20) Youth will complete full intake and actively participate in intervention strategies prescribed in comprehensive plan.

Outcome 1 result: 95% (19 of 20) Youth completed intake and participated in service delivery.

Outcome 2 target: 100% (20 of 20) Family Members/Parents/Guardians will participate in intake and actively participate in intervention strategies prescribed in the comprehensive plan.

Outcome 2 result: 100% (20 of 20) Family Members participated in intake and service delivery.

Outcome 3 target: 95% of the Youth will remain engaged in school or take required steps towards re-engaging in school.

Outcome 3 result: 100% of Youth remain engaged in school/took required steps towards re-engaging in school.

### Don Moyer Boys & Girls Club

Community Coalition Summer Initiatives \$100,000

Supports youth and community mental health needs during critical out-of-school time over the summer months, when a lack of services is prevalent. Focused on violence prevention, enhancement of positive community engagement, academic enrichment, recreational activities, arts exploration, and leadership skill building. Services and supports by specialized providers, through subcontracts with Don Moyer Boys and Girls Club. The Champaign County Community Coalition and DMBGC support and reinforce System of Care principles and values, particularly relative to system-involved youth with emotional and environmental challenges. Reports to and through Champaign County Community Coalition and CCMHB.

Utilization targets: 11,7500 SC, 900 NTPC, 30 CSE

Utilization result: 11,965 SC 864 NTPC, 46 CSE

Outcome 1 target: Community Connection, per pre and post test

Outcome 1 result: (not directly reported in POR.)

Outcome 2 target: Reduction of Violent Incidents, per pre and post test

Outcome 2 result: (not directly reported in POR.)

Outcome 3 target: Skill Building and Participation, per pre and post test

Outcome 3 result: (not directly reported in POR.)

## East Central IL Refugee Mutual Assistance Center

### Family Support and Strengthening \$62,000

Supports and strengthens refugee and immigrant families transitioning and adjusting to American culture and expectations in Champaign County. Staff speak over ten languages in house, with other languages available through qualified translators... offers a connection to area resources that is culturally and linguistically appropriate. Staff often accompany clients on appointments as advisors and trusted advocates. The goal is to give low-income immigrants better access to quality care and services, leading to thriving families and client self-sufficiency.

Utilization targets: 60 TPC, 2140 NTPC, 50 CSE, 2200 SC, 15 Other (hours of workshops)

Utilization result: 38 TPC, 3531 NTPC, 70 CSE, 3,569 SC, 8 Other

Outcome 1 target: Applications for Social Service Public Benefits completed.

Outcome 1 result: 1,149 were completed.

Outcome 2 target: If unemployed, Obtain Permanent employment.

Outcome 2 result: 71 people were assisted with employment activities.

Outcome 3 target: Improve Quality of Life.

Outcome 3 result: 892 applications for public benefits were approved.

Outcome 4 target: Improve Outlook on Life.

Outcome 4 result: Exploration of alternative methods for obtaining anonymous client feedback, including the potential use of WhatsApp.

Outcome 5 target: Improve Relationships with Others & Improve Connections to the Community.

Outcome 5 result: Unable to measure due to limited staff capacity.

## Rosecrance Central Illinois

### Child & Family Services \$10,476 (2 Quarters of data; contract cancelled early)

For Champaign County residents aged 5 to 17 (and their families) with MH disorder and a need for counseling, transportation, case management, wellness, and psychiatric services supported by a licensed nurse who provides medication education, health and wellness promotion, and care coordination; multi-disciplinary team and coordination between psychiatrist and clinician; individual, group, or family counseling sessions, using skill-building, psychoeducation, Cognitive Behavior Therapy, and Play Therapy; and transportation.

Utilization targets: 30 TPC, 10 NTPC, 250 SC, 5 CSE  
Utilization result: 32 TPC, 3 NTPC, 514 SC, 4 CSE

Outcome 1 target: Clients will show improvement in overall functioning level.  
Outcome 1 result: 66% of the participants showed improvement in CGAS.  
Outcome 2 target: Clients will show improvement in common problems reported by the client.  
Outcome 2 result: 66% of the participants evaluated at 6-month and/or at discharge showed improvement on the Ohio Scale Problem/symptom severity.  
Outcome 3 target: Clients will show improvement in level of functioning in a variety of areas of daily activity (e.g., interpersonal relationships, recreation, self-direction, and motivation).  
Outcome 3 result: 66% of the participants evaluated at 6-month and/or at discharge showed improvement on the Ohio Scale Problem/symptom severity.  
Outcome 4 target: Clients will show improvement or no increase in the severity and immediacy of suicide risk.  
Outcome 4 result: 66% of the participants evaluated at 6-month and/or at discharge showed improvement on the Ohio Scale Problem/symptom severity.

### Uniting Pride of Champaign County Children, Youth & Families Program \$190,056

Uniting Pride (UP) works to create a county inclusive of LGBTQ+ children, youth, adults, and families by providing programming and support across the lifespan. UP assists individuals dealing with depression, anxiety, substance use, or suicidal ideation. Support groups meet in-person and/or on Zoom depending on participant preferences. UP provide trainings to organizations, agencies, schools to build inclusive communities accepting of LGBTQ+ members. UP has launched a food pantry, increased free gender-affirming clothing program, and greatly expanded online resources.

Utilization targets: 100 NTPC, 300 SC, 100 CSE  
Utilization result: 375 NTPC, 809 SC, 250 CSE

Outcome 1 target: Social support will increase by 25%.  
Outcome 1 result: 94% of surveyed individuals noted improvement.  
Outcome 2 target: Self-worth will increase by 20%.  
Outcome 2 result: Surveyed participants in non-education programs reported 85% improvement in self-worth. 100% of training participants reported improved confidence.



## Priority: Safety and Crisis Stabilization

### CU at Home

#### Shelter Case Management \$256,700

The services and supports offered through the program meet the client's essential needs in the midst of crisis. The program provides intensive case management and care coordination to assist the client in moving from crisis to stabilization, and ultimately community integration. The program eliminates the need for clients to be homeless, decreases their contact with law enforcement, or the need for clients to seek stability through hospitalization.

Utilization targets: 50 TPC, 25 NTPC, 5500 SC, 50 CSE

Utilization result: 40 TPC, 31 NTPC, 5,131 SC, 56 CSE

Outcome 1 target: 60% of program participants will graduate.

Outcome 1 result: 25% graduated, with an additional 12.5% of clients exiting early, primarily within the first two weeks. 62.5% of clients remain active and on track to graduate. Graduation rates are expected to fluctuate annually, influenced by the average 18-month length of stay.

Outcome 2 target: 100% of program clients will be entered into HMIS system for data tracking purposes.

Outcome 2 result: 100% were tracked through the HMIS system.

Outcome 3 target: 100% of program clients will have an initial screening for mental health and addiction issues and be referred to resources when needed.

Outcome 3 result: 97% of clients received a screening. Some had completed a screening prior to entry. Those who did not receive a screening either declined to participate or left the program shortly after entry.

Outcome 4 target: 90% of clients will develop goals and action steps from seven areas: mental health, physical health, substance abuse, income/financial, housing, life skills and spiritual.

Outcome 4 result: 97% of clients met this objective.

Outcome 5 target: 100% of clients will receive monthly goal evaluations.

Outcome 5 result: 100% of clients who remained in the program for 30 days or more received monthly goal evaluations.

Outcome 6 target: 100% of mid-barrier clients will be assigned a case manager and receive intensive case management averaging 3 hours per week, with a maximum case manager-to-client ratio of 20:1.

Outcome 6 result: 100% of program clients were assigned a case manager. Case management ratios have remained low; we anticipate an increase in caseloads with expansion of the mid-barrier program into Mattis Street property.

Outcome 7a target: 100% of clients in the Advanced Shelter Program will receive case management services.

Outcome 7a result: 100% of Advanced Shelter clients received case management services.

Outcome 7ai Pre & Post Surveys: Clients completed pre- and post-program surveys rating their mental health, living skills, stress levels, substance use, and physical health.

Outcome 7ai target: 70% will improve their overall mental health.  
Outcome 7ai result: 85%.  
Outcome 7aii target: 80% will improve their independent living skills.  
Outcome 7aii result: 75%.  
Outcome 7aiii target: 70% will reduce their stress.  
Outcome 7aiii result: 50%.  
Outcome 7bi target: 60% will reduce their substance use.  
Outcome 7bi result: 97%.  
Outcome 7bii target: 60% will improve their overall physical health.  
Outcome 7bii result: 75%.

### Champaign County Health Care Consumers Justice Involved CHW Services & Benefits \$90,147

For people who have justice-involvement, Community Health Worker services area offered at the Champaign County jail and in community. Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs; helps stabilize individuals with resources and benefits; and helps them navigate the health care system to get their needs met.

Utilization targets: 50 TPC, 25 NTPC, 200 SC, 8 CSE, 10 Other (Rx fund)  
Utilization result: 121 TPC, 11 NTPC, 201 SC, 16 CSE, 5 Other (Rx fund)

Outcome 1 target: 75 people served.  
Outcome 1 result: 118 people served.  
Outcome 2 target: All eligible clients will be approved for benefits including Medicaid, SNAP, hospital financial assistance, prescription assistance, etc.  
Outcome 2 result: All benefit applications were approved.  
Outcome 3 target: Most clients would require 2 applications, whether for Medicaid, SNAP, hospital financial assistance, prescription assistance, access to affordable dental or vision care, etc.  
Outcome 3 result: Almost all required multiple applications, with the majority requiring 2 or 3 at one time. Justice Involved clients required an average of 2.7 applications.

### Champaign County Regional Planning Commission – Community Services Youth Assessment Center (YAC) \$76,350

Early intervention and diversion for youth, particularly those overrepresented in the juvenile justice system, and for youth whose behavior may be symptomatic of issues best served outside the juvenile justice system. Screens for needs, risks, and protective factors; uses Balanced and Restorative Justice (BARJ) approach; completes and reviews Station Adjustment as the working plan; may include weekly check-ins with case manager, curfew checks with police officer, reparation through written apology, community service hours, and linkage to social service, MH, or SUD treatment. Screening scores determine access to weekly phone

counseling, group programming (CBT approach), and partnership with UIUC Psychological Services Center/Childhood Adversity & Resiliency Services to reduce barriers to MH treatment.

Utilization targets: 115 TPC, 25 NTPC, 100 SC, 70 CSE, 50 Other (referred but ineligible)  
Utilization result: 99 TPC, 24 NTPC, 173 SC, 70 CSE, 52 Other

Outcome 1 target: Divert at least 90% of youth from a juvenile court adjudication within one year of their YAC services.

Outcome 1 result: YAC unable to report on % of youth diverted from juvenile court adjudication within one year of their services, as YAC does not currently have access to the court records of youth adjudicated (info formerly available).

Outcome 2 target: 10% of youth assessed at exit will have decreased from moderate/high to low risk to reoffend.

Outcome 2 result: 15% of TPC youth assessed at exit decreased from moderate or high risk to low risk to reoffend.

Outcome 3 target: 90% of participants will endorse having been informed of resource options, and 50% will report successful linkage and utilization of recommended services.

Outcome 3 result: 100% of youth with Formal Station Adjustment/Engagement Agreement receive information and referrals to community resources upon intake. 30% of all TPC youth improved their Protective Factor levels by exit compared to their intake levels.

## FirstFollowers

### FirstSteps Community Reentry House \$69,500

A transition house for men (and, new in PY25, one for women) returning home to Champaign County after incarceration. Rent-free housing in homes donated by the Housing Authority of Champaign County, for up to four people at a time; furniture, appliances, computers, kitchen equipment, exercise equipment, basic clothing items, and food until the person has the means to pay either through employment or Link Card. Staff assist residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate integration into the community. Projected length of engagement is 3-12 months.

Utilization targets: 8 TPC, 15 NTPC, 8 SC, 15 CSE

Utilization result: 6 TPC, 18 NTPC, 36 SC, 6 CSE

Outcome 1 target: Provide a stable living situation.

Outcome 1 result: Maintained a stable living situation for all residents throughout the year. They have been comfortable in the house and used drop-in and other services while preparing themselves for the next step.

Outcome 2 target: Enhance opportunities to find employment.

Outcome 2 result: 100% of residents have found employment that pays higher wages than the minimum and has some potential for advancement.

Outcome 3 target: Connect to social service agencies.

Outcome 3 result: Through drop-in center residents have been able to access Medicaid, Link Card, psychological services, and veteran benefits.

Outcome 4 target: - Build connections to the community.

Outcome 4 result: This has been uneven; only one resident has made long-term connections with community groups and social services, while others have not engaged much.

Outcome 5 target: Provide economic security.

Outcome 5 result: Residents have improved their financial situation by establishing bank accounts, enhancing credit ratings, and saving enough money to purchase a car and cover apartment rent.

Outcome 6 target: Provide access to long-term housing opportunities.

Outcome 6 result: This reflects the difficulties faced in the housing market, which has become problematic. Previously, residents could save enough from their jobs to buy a house, but now even renting apartments is a challenge. While residents have been able to secure housing after leaving FirstSteps, the quality of available housing is lacking.

## First Followers

### Peer Mentoring for Re-entry \$95,000

Formerly incarcerated people serve as peer mentors of the program as well as providing direct support to clients. Provides counseling and social/emotional supports, workforce development programs, housing, assistance in accessing photo IDs and transportation, and more.

Utilization targets: 47 TPC, 147 NTPC, 18 SC, 18 CSE

Utilization result: 36 TPC, 42 NTPC, 48 SC, 8 CSE

Outcome 1 target: 80% will access employment and housing.

Outcome 1 result: 15% accessed housing. Voucher funds ran out in October and the decline was exacerbated by a large number of applicants on the sex offender registry. Job access experienced fluctuations, initially showing a 60% success rate, which dropped to 25% in subsequent quarters, before increasing to 40% in the final month of the fiscal year.

Outcome 2 target: 80% will have access to services.

Outcome 2 result: 60% of desired outcome met due to funding cutbacks as indicated by data collected from intake forms and follow-up surveys.

Outcome 3 target: Provide Enhanced Self-Esteem.

Outcome 3 result: Peer mentors with lived experience support individuals affected by the criminal legal system at a drop-in center, helping to address self-esteem issues related to their experiences of isolation from incarceration.

Outcome 4 target: For workforce development: basic building skills, public speaking, critical thinking, basic math.

Outcome 4 result: Workforce development team renovated five houses and acquired new skills, including public speaking and critical thinking, along with basic math for construction.

## Rosecrance Central Illinois Criminal Justice PSC \$336,000

Community-based behavioral health program to reduce reliance on institutional care, with qualified professionals meeting those involved with the criminal justice system where they are—Champaign County jail, probation, or community. Using a person-centered, client-driven plan, the staff coordinates across systems, with and on behalf of people with justice system involvement. Case managers conduct screening, assessment, case management, and group therapy while individuals are in jail and help with the transition from incarceration to re-entry into the community.

Utilization targets: 45 TPC, 100 NTPC, 500 SC  
Utilization result: 21 TPC, 174 NTPC, 229 SC

Outcome 1 target: Increase client's access to: groups, housing, employment, education, insurance, other benefits, primary care, MH/SUD treatment, transportation, or other.  
Outcome 1 result: 100% were provided linkages to MRT and Anger Management group services, Housing, Employment, Education, Insurance, Primary Care, behavioral health (mental health and substance use disorders treatment), and other benefits.  
Outcome 2 target: Data on length of stay in jail for people with MI or cooccurring disorders.  
Outcome 2 result: Average LOS for MI/COD: 93 days.

## Rosecrance Central Illinois Crisis Co-Response (CCRT) \$310,000

Responds to need for behavioral health support in Urbana, Rantoul, and Champaign County, to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services, and increasing individuals' capacity to engage in treatment, while offering law enforcement an alternative to formal processing.

Utilization targets: 70 TPC, 10 NTPC, 250 SC, 50 CSE  
Utilization result: 26 TPC, 37 NTPC, 192 SC, 56 CSE

Outcome 1 target: Increase individual's capacity to engage in treatment and/or access resources, as shown on improvement in score on Self-Sufficiency Matrix.  
Outcome 1 result: Average scores in participants' perception of their emotional state improved from 1.4 to 3.2 after interacting with a CCRT responder.  
Outcome 2 target: Reduce number of repeat calls to law enforcement for social emotional behavioral needs.  
Outcome 2 result: Only 6% of encounters were repeat requests.

## Rosecrance Central Illinois

### Specialty Courts \$93,450 (2 Quarters of data; contract cancelled early)

Coordinates across systems, with and on behalf of people with substance use disorders or mental illness who have justice system involvement. Clinicians provide Specialty Court clients behavioral health assessments, individualized treatment plans, and group and individual counseling services. Intensive case management to help clients overcome barriers and connect to mental health treatment and resources such as food, clothing, medical and dental services, employment, housing, education, transportation, and childcare.

Utilization targets: 45 TPC, 800 SC, 4 CSE, 1,000 Other = # hours case management, # hours counseling. Other represents services funded by other sources leveraged through CCMHB support for non-billable activities crucial to the operation of the Specialty Court  
Utilization result: 40 TPC, 664 SC, 1 CSE, Other 111 (hours assessment, hours case management, and hours counseling)

Outcome 1 target: 15 participants will graduate.

Outcome 1 result: 2 graduated. Data collected only during Q1 & Q2.

Outcome 2 target: 65% of graduates will not experience recidivism.

Outcome 2 result: No data gathered due to the shortened window of time.

Outcome 3 target: Individuals with potential barriers who received Case Management services.

Outcome 3 result: 100% Rosecrance outreach workers track Case Management service needs in the client chart.

## Women in Need (WIN) Recovery

### Re-Entry & Recovery Home \$183,000

Gender-responsive, trauma-informed, health-promoting services for women and gender minorities, as an alternative to incarceration upon reentry. Service navigation and assistance to meet individualized self-identified needs that may include housing, case management, support plan with self-identified goals and assessments of progress, physical/mental/emotional health care services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer-facilitated support groups, civic participation/community outreach, family therapy/reunification, compliance with parole/probation/DCFS/ other, and recovery-based programming. All residents are provided curriculum books for trauma, parenting, and recovery classes.

Utilization targets: 10 CSE, 40 SC, 0 NTPC, 12 TPC

Utilization result: 58 CSE, 81 SC, 1 NTPC, 22 TPC

Outcome 1a target: Successful completion of relevant AA and/or NA sobriety milestones as reported by the individual.

Outcome 1a result: 18 individuals.

Outcome 1b target: Mental/Behavioral Health Services.

Outcome 1b result: 22 individuals.

Outcome 2c target: Obtain Stable Housing.  
Outcome 2c result: 8 individuals.  
Outcome 2d target: Obtain Employment.  
Outcome 2d result: 10 individuals.  
Outcome 2e target: Access to Education.  
Outcome 2e result: 15 individuals.  
Outcome 2f target: Family Reunification.  
Outcome 2f result: 6  
Outcome 2g target: Program Completion.  
Outcome 2g result: 22 continuing services.  
Outcome 2h target: No Recidivism.  
Outcome 2h result: 22 individuals.

## Priority: Healing from Interpersonal Violence

### Champaign County Children's Advocacy Center (CAC) Children's Advocacy \$63,911

Using a child-centered, evidence-based, coordinated response to allegations of child sexual abuse and serious physical abuse, the CAC promotes healing and justice for young victims through: a family-friendly space for initial interview and parent meeting; a legally-sound, developmentally appropriate child forensic interview; comprehensive case management provided by the CAC Family Advocate to help the family navigate the crisis; crisis counseling to the child and any non-offending family member; referrals to specialized medical services; and coordination of the investigation through multidisciplinary case reviews.

Utilization targets: 130 TPC, 40 NTPC, 170 SC, 8 CSE

Utilization result: 222 TPC, 49 NTPC, 182 SC, 8 CSE

Outcome 1 target: 90% satisfaction with perceived neutral, safe child and family friendly environment.

Outcome 1 result: 100% of caregivers agree that their child felt safe at the Center.

Outcome 2 target: 85% of children referred will attend counseling based on trauma screening in order to initiate/facilitate healing process.

Outcome 2 result: 73% of clients referred to counseling attended at least one session.

Outcome 3 target: 90% Information gathered in legally sound manner (based on 115-10 hearings).

Outcome 3 result: 100% of 115-10 hearings were successful.

Outcome 4 target: 100% of caregivers report they know why they are at CAC.

Outcome 4 result: 100% indicated so.

Outcome 5 target: 95% of child victims have a perceived feeling of being safe while at CAC.

Outcome 5 result: 100% agreed CAC staff were helpful or very helpful in the child feeling safe.

## Courage Connection

### Courage Connection \$128,038

“Our clients are not just victims, they are survivors. They have survived interpersonal violence and are reaching out to us to find healing. According to Boston University, interpersonal violence, also called intimate partner violence or domestic violence, is a pattern of behavior used to establish power and control over another person. Through our counseling and advocacy programs, we walk alongside our clients on their healing journey as we help them restore their sense of personal freedom, power, and well-being. All our services are also victim services but we also want to focus on this healing aspect of our work.”

Utilization targets: 600 TPC, 150 NTPC, 750 SC, 200 CSE

Utilization result: 229 TPC, 53 NTPC, 371 SC, 216 CSE

Outcome 1 target: 60% of residential clients discharge into improved, safer environments.

Outcome 1 result: 55% left under the positive indicators listed in Program Plan.

Outcome 2 target: 90% of clients surveyed (90% of 100=90) survivors’ skills and confidence to move to a more positive situation.

Outcome 2 result: 100% of clients surveyed reported improved survivors’ skills and confidence to move to a more positive situation.

## Rape Advocacy, Counseling & Education Services

### Sexual Trauma Therapy Services \$140,000

Improves the health and success of survivors by providing confidential trauma therapy and crisis intervention services to survivors of sexual violence and stalking. Therapy services at RACES are part of the agency’s Survivor Services Program. Master’s level clinicians provide trauma-informed, culturally competent therapy through multiple treatment modalities, utilizing approaches that best meet the goals and the needs identified by clients. Cognitive-behavioral therapy, EMDR, and arts-based therapy, provided by five full-time staff members at Urbana office and contractual therapist with office in Rantoul, to increase access to therapy services for survivors in the area.

Utilization targets: 170 TPC, 250 NTPC, 25 SC (non-client crisis intervention contacts), 2 CSE, 2 Other (# therapeutic groups)

Utilization result: 168 TPC, 237 NTPC, 136 SC, 10 CSE, 22 Other

Outcome 1 target: Increase feelings of well-being, decrease PTSD and other trauma-related symptoms, and provide clients with tools that foster self-care and resilience. NOTE: therapists attempt to gather outcome information from every participant but by mandate do not force them to complete the tool, the Impact of Event Scale (IES-R)/

Outcome 1 result: 66% (62 of 94) of participants provided information, with an average 16.82% decrease in symptoms. 5 people scored increased symptoms. 13 scored decreased symptoms.



## Rape Advocacy, Counseling & Education Services Sexual Violence Prevention Education \$75,000

Services for residents of Champaign County aged three and older, at no cost. Uses a comprehensive, multi-level, evidence-informed strategy to provide age-appropriate programming to students, parents, teachers, and other community members. Special attention is given to ensuring the inclusion of historically underserved and marginalized communities, including racial and ethnic minorities, rural residents, members of the LGBTQ+ community, and individuals with disabilities. The most common locations for RACES prevention programming are K-12 schools.

Utilization targets: 4000 (# attending) SC, 600 CSE, 10 Other (JDC presentations)  
Utilization result: 3898 (# attending) SC, 747 CSE, 1 Other

Outcome 1 target: Knowledge gained. The goal is to increase knowledge.

Outcome 1 result: For K-2 and 3-5 grades, pre- and post-tests showed an increase in comprehension (content knowledge) of 8.75% among K-2 and a lower 4.2% increase among the 3-5 grades, indicating retention of material presented to them as K-2 students.

Outcome 2 target: Attitude change related to risk factors. Goal: Decreased acceptance of measures related to risk factors.

Outcome 2 result: 43.20% of students responded neutral about the question in the pre-test, only 28.5% were neutral about it at the post-test, a 34.03% decrease, meaning that 34% more students understood that desire is not part of what drives sexual assault. And, of those who agreed with the statement in the beginning, 11% less agreed with it at the post-test.

Outcome 3 target: Attitude change related to protective factors. Goal: Increased acceptance of measures related to protective factors.

Outcome 3 result: 25% of the students strongly agreed with the statement before the sessions. After the sessions, 41.4% of students strongly agreed that they knew of sources for supporting survivors, an increase of 65%.

## Priority: Closing the Gaps in Access and Care

### Champaign County Christian Health Center Mental Health Care at CCCHC \$33,000

A psychiatrist provides direct mental health care to patients; mental health patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Primary care providers also treat or refer those with mental health conditions, especially anxiety and depression. Provided to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage).

Utilization targets: 200 TPC, 500 NTPC, 800 SC, 8 CSE, 100 Other  
Utilization result: 183 TPC, 1389 NTPC, 70 SC, 33 CSE, 19 Other

Outcome 1 target: 500 patients will be screened to assess mental health needs.  
Outcome 1 result: CCCHC did not reach the 500 goal for screening (strictly for mental health) – other screening was conducted at events.  
Outcome 2 target: 50 patients will receive ongoing mental health care.  
Outcome 2 result: Achieved.  
Outcome 3 target: 75 patients will have acute mental health issues treated/addressed.  
Outcome 3 result: Closer to 50 for direct acute mental health issues addressed.

### Champaign County Health Care Consumers CHW Outreach & Benefit Enrollment \$86,501

Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs. Community Health Workers help stabilize individuals with resources and benefits and help navigating the health care system to get their needs met... establishes trust with clients by helping them gain and maintain access to many needed benefits, provides emotional support, and helps them identify services they need in a non-stigmatizing and supportive way.

Utilization targets: 160 TPC, 25 NTPC, 780 SC, 8 CSE, 11 Other (Rx fund)  
Utilization result: 279 TPC, 19 NTPC, 1305 SC, 22 CSE, 12 Other (Rx fund)

Outcome 1 target: 120 new TPC clients and 40 continuing clients.  
Outcome 1 result: 273 TPCs and 60 continuing clients.  
Outcome 2 target: Eligible clients require various services, including applications for Medicaid, Medicare, SNAP, and hospital financial assistance, along with healthcare navigation support for accessing behavioral health, oral health, vision, and medical care.  
Outcome 2 result: All TPC benefit applications were approved, and approximately 91% of clients seeking access to care or healthcare navigation services received the necessary assistance. The remaining 9% did not follow through for various reasons, preventing them from accessing requested services like mental health counseling or substance use treatment.  
Outcome 3 target: Estimated most clients would apply for 2 programs, which may include Medicaid, SNAP, Medicare or related, hospital financial assistance, prescription assistance, and affordable dental or vision care.  
Outcome 3 result: Average 3.7 applications per client, with many requiring 3 or more simultaneously.

### Champaign County Health Care Consumers Disability Application Services \$105,000

Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for and appealing adverse decisions; coordinating with attorney if an appeal is needed; emotional/psychological support

for individuals applying. The decision to apply for disability and the process of doing so can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services include helping clients to access health services to document their disabling conditions.

Utilization targets: 69 TPC, 8 NTPC, 700 SC, 5 CSE, 12 Other (Rx fund)

Utilization result: 139 TPC, 21 NTPC, 1460 SC, 21 CSE, 49 Other (Rx fund)

Outcome 1 target: 42 new clients and 27 continuing clients.

Outcome 1 result: 139 total (17 Continuing) clients.

Outcome 2 target: 2 new clients every month to start new applications.

Outcome 2 result: 9 new clients per month.

Outcome 3 target: Anticipated that many clients would need help with additional services and applications, such as Medicaid and SNAP.

Outcome 3 result: Clients receive assistance with various applications, including Medicaid and SNAP, in addition to their disability applications. The Disability Application Specialist also aids in housing navigation.

### Champaign County Regional Planning Commission – Community Services Homeless Services System Coordination \$54,281

Supports, facilitates, and directs the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeless; supports the body's mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinates efforts across the CoC membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and builds and maintains collaborative partnerships with members and affiliates, working closely with the Executive Committee.

Utilization targets: 10 TPC, 45 NTPC, 60 SC, 30 CSE

Utilization result: 23 TPC, 30 NTPC, 205 SC, 29 CSE

Outcome 1 target: The IL-503 CSPH will replace the VI-SPDAT as the assessment tool utilized for the Coordinated Entry System.

Outcome 1 result: The Place Value or the Matching to Appropriate Placement (MAP) assessment tool replaced the VI-SPDAT.

Outcome 2 target: Next Steps of the Racial Equity Assessment will be conducted within CSPH.

Outcome 2 result: The CoC Coordinator presented data on the race and ethnicity breakdown of clients served in recent individual HMIS reporting projects to the CSPH Executive Committee. A Racial Equity Committee was established within the CSPH.

Outcome 3 target: The CSPH will receive ongoing feedback and recommendations from people with lived experience of homelessness.

Outcome 3 result: The CSPH hosted a focus group with Strides Shelter guests and a focus group with just the women staying at Strides Shelter. Additionally, as of December 2024, the two seats on the CSPH Executive Committee for individuals with lived experience of homelessness

have been filled. In March 2025, the CSPH formed a standing committee for people with lived experience of homelessness which meets monthly.

## Community Service Center of Northern Champaign County Resource Connection \$68,609

A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other resources. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households.

Utilization targets: 1500 NTPC, 3700 SC, 900 Other (contacts with other agencies using CSCNCC as a satellite site), 0 CSE

Utilization result: 1460 NTPC, 5598 SC, 933 Other, 2 CSE

Outcome 1 target: Better access to mental health/other social services.

Outcome 1 result: 61.5% of respondents used multiple services from the program or other agencies in the CSCNCC facility.

Outcome 2 target: Immediate assistance with emergency food, clothing referral, prescription assistance, and utility assistance.

Outcome 2 result: # households and individuals linked to immediate agency services is documented (but not reported in POR.)

Outcome 3 target: Improved linkage and access to a variety of social services in one location.

Outcome 3 result: Linkage data can be obtained by requesting from agencies (not reported in POR). Over 15 agencies currently see clients at the facility.

Outcome 4 target: Decreased food insecurity.

Outcome 4 result: 61.5% of respondents surveyed utilize multiple services, with a noted increase in food pantry usage.

Outcome 5 target: Increased psychological well-being.

Outcome 5 result: In the annual survey, the Person Well-Being Index – Adult, known for its reliability and validity, was used to measure well-being. Clients provided data resulting in a PWI score of 69.8, a 4% increase from the previous year, indicating very normal levels of subjective well-being.

Outcome 6 target: Perceived cultural competency of staff.

Outcome 6 result: The Iowa Cultural Understanding Assessment indicated a cultural competency score of 4.17 for PY25, reflecting a very high level of staff cultural competency on a scale of 1-5.

Outcome 7 target: Satisfaction with services.

Outcome 7 result: Client satisfaction score for services is 4.7 on a 1-5 scale, indicating high satisfaction.

## Cunningham Children's Home ECHO Housing and Employment Support \$203,710

Housing First Approach: prioritized permanent housing as a platform from which participants can pursue goals and improve quality of life. Customized Employment: connects eligible participants with Illinois workNet as an approach towards competitive employment for individuals with significant disabilities; program based on determination of individuals' strengths, needs, and interests. Case management: assists participants in applying for eligible benefits.

Utilization targets: 20 TPC, 15 NTPC, 510 SC, 25 CSE  
Utilization result: 29 TPC, 8 NTPC, 1053 SC, 89 CSE, 1 Other

Outcome 1 target: At least 75% of people will obtain permanent housing within 120 days of assessment.

Outcome 1 result: 80% (24 of 30) secured permanent housing, with 92% (22 of 24) achieving this within 120 days of program enrollment.

Outcome 2 target: At least 80% of participants who obtain permanent housing will maintain this housing for more than 90 days.

Outcome 2 result: 100% (23 of 23) who secured permanent housing and stayed in the program for over 90 days maintained their housing for 90 days.

Outcome 3 target: At least 70% of individuals will obtain employment within 90 days of assessment and/or will have secured applicable social security benefits prior to discharge.

Outcome 3 result: 83% (25 of 30) achieved employment (n = 15) and/or received social security benefits (n = 10).

Outcome 4 target: At least 80% of clients receiving both pre- and post- life skills assessment will show improvement in life skill mastery.

Outcome 4 result:

4 of 9 (44%) increased life skills as measured by the assessment tool

2 of 9 (22%) had the maximum score at both pre- and post-measure (no improvement possible)

1 of 9 (11%) clients had no change between admission and discharge (pre-test score was 99%)

2 of 9 (22%) clients decreased in score between admission and discharge. Both had the maximum score at admission and lower score at discharge.

## Family Service of Champaign County Counseling \$30,000

Affordable, accessible counseling services to families, couples and people of all ages. Serves Drug Court clients and participates in Specialty Courts collaboration. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anger management, anxiety, abuse, substance abuse/dependency, and trauma. Strength-based, client-driven services utilize family and other natural support systems and are respectful of the client's values, beliefs, traditions, customs, and personal preferences. Clients can be as young as 5.

Utilization targets: 40 TPC, 20 NTPC  
Utilization result: 15 TPC, 28 NTPC

Outcome 1 target: Individuals receiving services will report improvement in four areas of functioning: individual, relational, social and overall.

Outcome 1 result: 100% of treatment plan clients who completed both an initial and follow-up ORS score demonstrated improvement; 5 clients achieved a benchmark score of 35-40; 3 clients were minors, and one had dementia, thus were not surveyed for the ORS.

Outcome 2 target: Individuals who have a treatment plan will meet the treatment goals that they established with their therapist.

Outcome 2 result: 17% of closed TPCs met their goals, 80% made progress, and 3% made no progress. For open cases, 100% made progress on their goals. Three clients will have a treatment plan review in the first quarter of FY26 (therefore no data on them for the POR).

Outcome 3 target: Individuals who have a treatment plan will have improvement in their functioning over the course of treatment.

Outcome 3 result: GAF and WHODAS scores for treatment plan clients: 76% increased their GAF or WHODAS scores. 24% saw no improvement in the score.

Outcome 4 target: Drug Court clients will complete a relationship assessment with the therapist. The therapist will make recommendations for additional services if appropriate.

Outcome 4 result: 100% of Drug Court clients who called to schedule an appointment for a Relationship Assessment completed their appointment.

## Family Service of Champaign County Self-Help Center \$28,930

Self-Help Center maintains and publishes information about and referral to local support groups. Provides information about local self-help groups and provides training, assistance, and publicity for group facilitators in Champaign County. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials.

Utilization target: 300 CSE  
Utilization result: 259 CSE

Outcome 1 target: Through the Self-Help Center, individuals and families will be made aware of self-help groups and provided information and/or referral to a group(s) appropriate to their needs (when one is available).

Outcome 1 result: Staff engaged in 5 community fairs, recorded information on over 200 support groups, distributed 90 printed directories, addressed 32 information and referral calls, achieved 3653 website views, responded to 691 email contacts, distributed 3 editions of the newsletter.

Outcome 2 target: Through the Self-Help Center, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups (through consultation services, trainings, and additional resources) and group visibility will increase.

Outcome 2 result: Staff met with potential members for a new support group, but the effort did not proceed. New books were added to the SHC library, and four workshops were conducted: one in the fall on leadership for support group leaders, which received a perfect score from eight participants, and three in partnership with Champaign Public Health District focusing on women's wellness, garnering positive feedback. The planned conference, "Living Beyond Covid: Building Better Communities Together," scheduled for May 8 with Dr. Kevin Tan as keynote speaker, was cancelled due to insufficient sign-ups.

Outcome 3 target: Professionals will be able to use the Self-Help Center to find self-help groups for client referrals and learn effective collaboration methods with these groups. This includes distributing printed Support Group Directories, Specialized Lists, quarterly newsletters, and website information to group leaders and professionals.

Outcome 3 result: 90 support group directories were distributed in Champaign County, with at least 32 callers and 691 emailers receiving information on self-help groups and SHC activities. Specialized lists are available in the lobby and at health fairs attended by Family Service.

Outcome 4 target: The SHC coordinator will monitor and track the existence of the support groups in Champaign County to better know and understand the demographics of the groups and maintain relationships with group leaders.

Outcome 4 result: A survey was conducted among self-help and support group leaders, resulting in three responses after multiple outreach attempts. Key findings indicated that all groups were peer-led, with no professional involvement, and topics included Substance Use Disorder, Co-dependency, and Depression and Bi-polar disorder. Group sizes ranged from 8 to 15 attendees. Common challenges included limited visibility, low attendance, resource constraints, and leadership fatigue. The groups expressed a desire for continued access to directories and workshops and suggested increased promotion for support groups via platforms like WCIA and Facebook.

## Family Service of Champaign County Senior Counseling & Advocacy \$178,386

Caseworkers assist with needs and challenges faced by seniors (60 or older) with multiple needs in terms of their emotional and/or physical health, as well as their requesting assistance in completing numerous applications and contacts with various safety net programs and service providers. Services are provided over the phone, Zoom, in the home, or in the community.

Utilization targets: 325 TPC, 700 NTPC, 2900 SC, 4 CSE, 2500 Other

Utilization result: 179 TPC, 592 NTPC, 3392 SC, 19 CSE, 323 Other

Outcome 1 target: People will be referred to needed services for anxiety, depression, and/or social isolation.

Outcome 1 result: Case managers, now Aging Services Navigators, assess clients for anxiety, loneliness, and other mental health issues. They may refer clients to PEARLS for coaching aimed at reinvigorating seniors or enroll them in Creativity on Wheels (COW), which delivers art supplies bimonthly. COW includes follow-up calls to discuss activities and monitor loneliness. This program complements the Friendly Caller initiative, providing regular social contact. Seniors are encouraged to participate in activities at the new Stevick Senior Center, which offers options such as BINGO, card games, and crafting groups.

Outcome 2 target: People will have reduced anxiety, depression, and social isolation scores.

Outcome 2 result: 9-month UCLA score reduction from Pre-Test was 6.00 to 4.00.

Outcome 3 target: PEARLS clients will have reduced PHQ-9 scores.

Outcome 3 result: 100% of PEARLS clients assessed using the PHQ-9 show improvements in scores. The program is prioritized for growth due to positive feedback about its curriculum, particularly regarding PHQ-9 advancements. However, Family Service faces challenges in encouraging potential participants. Joy Jones is now responsible for promoting and enrolling individuals in PEARLS to enhance awareness and access to this effective resource for seniors.

Outcome 4 target: People beginning Healthy-Aging classes will complete the series.

Outcome 4 result: During FY2025, 56 clients completed Healthy-Aging classes, while 19 more started a class set for completion in Q1 of FY2026.

## GCAP

### Advocacy, Care, and Education (New) \$61,566

Addresses existing gaps in care for people living with HIV/AIDS (PLWHA)... holistic support, empowering individuals through: Independent Living Skills (education on life skills, budgeting, managing finances, and building self-reliance); Transportation Assistance (access to essential services, appointments, and opportunities); and Social Connection & Belonging (access to community activities, learning, and peer support). People to be served are those in GCAP transitional or emergency/rapid rehousing units, those who are unsheltered or at risk of becoming unsheltered and interested in GCAP housing or supportive services, and those receiving emergency assistance.

Utilization targets: 8 CSE, 20 SC, 60 NTPC, 10 TPC, 0 Other (hours of assistance)

Utilization result: 13 CSE, 40 SC, 96 NTPC, 19 TPC, 72 Other

Outcome 1-1 target: 90% of clients will score 25% or higher than their score upon intake on the Rosenberg Self-Esteem Scale (RSES) at discharge.

Outcome 1-1 result: 100% of participants scored 25% or higher on the RSES at discharge. 94% of clients scored 25% or higher on the RSES at end of Q4

Outcome 1-2 target: The average client score on the Self-Sufficiency Matrix (SSM) at discharge will be 15 or higher (scale 0-30).

Outcome 1-2 result: The average SSM score at discharge was 18.

Outcome 1-3 target: Upon discharge, clients will have average score of +0.5 or higher on GAS.

Outcome 1-3 result: Clients discharged from the program in FY25 had an average of +1 across all domains.



Outcome 2-1 target: 90% of clients will score 25% or higher than their score upon intake on the Rosenberg Self-Esteem Scale (RSES) at discharge.

Outcome 2-1 result: 100% of participants scored 25% or higher on the RSES at discharge. 94% of clients scored 25% or higher on the RSES at end of Q4.

Outcome 2-2 target: 90% of clients will score 25% or higher than their score upon intake on the Multidimensional Scale of Perceived Social Support (MSPSS) at discharge.

Outcome 2-2 result: 94% of participants scored 25% or higher on the MSPSS.

Outcome 2-3 target: The average total score on the Multidimensional Scale of Perceived Social Support (MSPSS) at discharge will be 15 or higher. 15 is chosen as scores 15-25 are considered to be within normal range.

Outcome 2-3 result: The average MSPSS score was 20.

Outcome 3-1 target: 90% of clients will score 25% or higher than their score upon intake on the Rosenberg Self-Esteem Scale (RSES) at discharge.

Outcome 3-1 result: 100% of participants scored 25% or higher on the RSES at discharge.

Outcome 3-2 target: the average participant score on the Self-Sufficiency Matrix (SSM) at discharge will be 15 or higher (scale 0-30).

Outcome 3-2 result: The average SSM score at discharge was 18.

Outcome 4-1 target: 90% of clients will report a reduction in barriers related to access to nutrition support, healthcare, and medication within the first 90 days of the program.

Outcome 4-1 result: 100% of clients reported significant reductions in barriers related to access to nutrition support, healthcare, and medication within the first 90 days of the program.

Outcome 4-2 target: 90% of clients that identified as having a significant barrier (e.g., lack of transportation, childcare, insurance coverage) will report that this barrier has been fully or partially resolved at the point of discharge.

Outcome 4-2 result: 100% of participants reported a reduction in barriers upon discharge. However, only 60% reported full reduction of barriers.

Outcome 5-1 target: 100% of clients will meet with their case manager to complete a motivational interviewing assessment to define goals, goal readiness, goal importance, and to create a goal achievement plan.

Outcome 5-1 result: 100% completed the motivational interviewing assessment and were involved in creation of their goal achievement plan.

Outcome 5-2 target: The average Goal Achievement Scaling (GAS) score across all participants at discharge will be +0.5 or higher.

Outcome 5-2 result: Clients who were discharged from the program in FY25 had an average of +1 across all domains.

## GROW in Illinois

### Peer Support \$157,690

A peer support group assisting with personal recovery and mental health of individual sufferers which may include addictions. Through leadership and community building, individuals attending weekly group meetings are given the tools and support to help them in their recovery and personal growth. Weekly group meetings / Organizer and Recorder meetings, Leaders meetings, and monthly socials. Groups (3 to 15 members) include in-person as well as virtual

sessions for men and for women, and are held in various locations around the County, including the Champaign County Jail.

Utilization targets: 150 NTPC, 2000 SC, 24 CSE

Utilization result: 332 NTPC, 2511 SC, 25 CSE

Outcome 1 target: Decreased hospitalization frequency (from participant survey).

Outcome 1 result: 52% of surveyed individuals had not been hospitalized, while 8.7% were hospitalized twice, and 13% once. Additionally, 24 individuals reported never being hospitalized in their lifetime, 1 had over 10 hospitalizations, and 6 had been hospitalized once. 26 had a diagnosis of some mental illness.

Outcome 2 target: Decreased medication (from participant survey).

Outcome 2 result: 37% were not on any medication, while 30% were on 2 or 3. Additionally, 17% collaborated with their doctor to decrease their medication.

Outcome 3 target: Increased use of social resources (from participant survey).

Outcome 3 result: 31 individuals reported an increased knowledge of social resources according to the survey.

Outcome 4 target: Increased personal growth (from participant survey).

Outcome 4 result: 21 individuals strongly agreed that there was an increase in personal growth, 11 agreed, and 6 more both agreed and disagreed.

Outcome 5 target: Increased wellbeing (from NIH toolbox Emotional support participant survey).

Outcome 5 result: 38 individuals are very satisfied with the help received from GROW friendship; 31 individuals report an increased sense of wellbeing; 4 report most of the time.

Outcome 6 target: Increased number of participants in leadership roles (from participant survey and internal reports).

Outcome 6 result: 54.3% of participants were not involved in any leadership role, while 45% had taken on such positions. Additionally, there were 299 instances of duplicated attendance for three hours each, totaling 3,112 hours dedicated to support activities, including GROW groups, Organizers and Recorders Meetings, Leaders' meetings, and social events, all of which require leadership for organization and planning.

Outcome 7 target: Satisfaction with GROW program (from participant survey).

Outcome 7 result: 65.2% of participants were very satisfied with the program, 28.3% were satisfied, and 4.3% were indifferent. Additionally, 45 individuals felt that GROW aided their recovery from mental illness, while 41 developed personal resources, 38 noted improvements in personal growth and maturity, and 35 reported better relationships and friendships.

## Promise Healthcare

### Mental Health Services with Promise \$330,000

Mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive

MH treatment through counselor, psychiatrist, or primary care provider. Counseling and psychiatry available at Frances Nelson, Promise Healthcare, Promise Urbana School Health Center, and by appointment.

Counseling Utilization targets: 600 TPC, 400 NTPC, 2800 SC, 4 CSE, 50 Other (patients with no other pay source)

Counseling Utilization result: 806 TPC, 1029 NTPC, 3226 SC, 265 Other (patients with no other pay source)

Psychiatric Utilization targets: 1000 TPC, 900 NTPC (receiving psych meds through primary care), 3200 SC (psychiatric service encounters), 2 CSE, 100 Other (patients with no other pay source)

Psychiatric Utilization result: 2615 TPC, 4218 NTPC (receiving psych meds through primary care), 9446 (psychiatric service encounters), 4 CSE (CI Living presentations), 545 Other (patients with no other pay source)

Outcome 1a target: Serve 1,000 TPC and NTPCs with Counseling services.

Outcome 1a result: 904

Outcome 1ai target: Serve 1,900 TPC and NTPCs with Psychiatry services.

Outcome 1ai result: 2,011

Outcome 2a target: Conduct 2 CSEs on psychiatric topics.

Outcome 2a result: 0

Outcome 2ai target: Conduct 4 CSEs on mental health issues.

Outcome 2ai result: 22

Outcome 3a target: 2,800 total encounters to low-income patients in need of counseling services.

Outcome 3a result: 3,246

Outcome 3ai target: 3,200 total encounters to low-income patients with psychiatric needs.

Outcome 3ai result: 9,722

## Promise Healthcare

### Promise Healthcare Wellness \$107,078

Case Managers and Community Health Workers assist patients to address barriers to care, access to transportation, Medicaid and Marketplace insurance enrollment, Promise Sliding Fee Scale enrollment, SNAP enrollment, and enrollment in Medication Assistance Programs. Accepts outside referrals for behavioral health services and enabling services. Staff assess patient need for enabling services and assist individuals in accessing behavioral health services.

Utilization targets: 200 TPC, 400 NTPC, 1600 SC, 15 CSE, 150 Other (Utilizing a Social Determinant of Health screening tool - PRAPARE).

Utilization result: 410 TPC, 1,807 NTPC, 2,563 SC, 40 CSE, 924 Other

Outcome 1 target: Assist a minimum of 1,600 patients with linkages to social services (transportation, health insurance enrollment, employment, housing, food, etc.) to remove barriers to healthcare services and treatment plans.

Outcome 1 result: 1906 patients

Outcome 2 target: Maintain a robust referral system with 35+ community partner organizations who provide at least 1,100 referrals from outside entities to Promise Healthcare to accept low-income patients in need of psychiatric, mental health, and case management services.

Outcome 2 result: 1853 referrals.

Outcome 3 target: Conduct a minimum of 150 patient assessments utilizing a Social Determinant of Health screening tool (PRAPARE).

Outcome 3 result: 106 patient assessments.

## Rosecrance Central Illinois

### Benefits Case Management \$84,625

Benefits Case Manager assists clients with benefits enrollment, outreach and education, benefits counseling, and assistance with obtaining myriad resources available to behavioral health clients. Helps clients obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. May assist clients with access to housing, employment, healthy food, and other resources.

Utilization targets: 600 SC, 250 NTPC

Utilization result: 521 SC, 167 NTPC

Outcome 1 target: 100% of those seeking information, assistance with applications, or referral will receive an appointment for services.

Outcome 1 result: 100% of those seeking an appointment received an appointment for services.

Outcome 2 target: Clients seeking services will be offered an appointment within 5 business days of referral, call, or walk-in.

Outcome 2 result: 83% provided with a service with the Benefits Case Manager within 5 days.

Outcome 3 target: 100% of eligible clients will be assisted with benefits acquisition.

Outcome 3 result: 100% of clients who attended scheduled appointment with Benefits Case Manager received assistance.

Outcome 4 target: 600 contacts to assist clients with benefits acquisition will be completed annually.

Outcome 4 result: 521 contacts to assist clients.

## Rosecrance Central Illinois

### Recovery Home \$100,000

An alcohol and drug-free environment that provides individuals a safe, supportive living environment. Individuals go through a peer support recovery program while developing independent living skills in a community setting. Staff assist clients in addressing “problems in living” and the social determinants of health. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports.

Utilization targets: 22 TPC, 65 SC

Utilization result: 14 TPC, 53 SC

Outcome 1 target: Successful linkage to items in individualized plan such as: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services; engagement in 12-step support groups.

Outcome 1 result: 100% of participants were linked with at least one resource identified on their individual service plans while in the program.

Outcome 2 target: Step down to less intensive services.

Outcome 2 result: 73% of clients stepped down to less intensive services.

Outcome 3 target: Secured housing.

Outcome 3 result: 44% were able to secure stable housing at time of discharge.

Outcome 4 target: Secured employment or engagement in education program.

Outcome 4 result: 74% were employed or enrolled in an education program while in the recovery home.

### Terrapin Station Sober Living, Inc.

#### Recovery Home \$44,436 (Contract cancelled after 2nd Quarter)

Equitable housing for dual diagnosis persons in recovery from drug addiction, homelessness, and the justice system, in a manner that is forward-thinking and original. Intensive individualized case management; support for activities of daily living and relapse prevention skills; access to vocational/educational programs; assistance linking to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety-based/mental health support groups, recreational activities, transportation services, and provision of service work/volunteer/work opportunities.

Utilization targets: 9 NTPC

Utilization result: 5 NTPC

Outcome 1 target: Participants will experience decreased likelihood of relapse, homelessness, and recidivism and will gradually adjust to community living while increasing sustainability of recovery supports.

Outcome 1 result: Data not reported due to shortened contract period and loss of the program's director and founder.

*In memory of Terrapin's Founder, Nelson K. Novak, who leveraged his own creativity, genius, and recovery to support others.*

# Program Year 2025 Appropriations by Diagnosis, Age Group, and Service Type

## Program Year 2025 Appropriation by Diagnosis

Mental Health 40% or \$2,236,680  
Substance Use Disorders 3% or \$144,436  
Multi-diagnosis 41% or \$2,266,279  
Developmental Disabilities 16% or \$889,119  
*Total Appropriations 100% or \$5,536,514*

## Program Year 2025 Appropriation by Target Age Group

Children 22% or \$1,189,271  
Youth 6% or \$336,925  
Adults 56% or \$3,098,652  
Seniors 3% or \$178,386  
Families 13% or \$733,280  
*Total Appropriations 100% or \$5,536,514*

## Program Year 2025 Appropriation by Service Type

Prevention 7% or \$358,114  
Crisis 21% or \$1,187,389  
Screening/Support 14% or \$791,905  
Peer Support 6% or \$322,190  
Outpatient 52% or \$2,876,916  
*Total Appropriations 100% or \$5,536,514*

# Program Year 2026 Appropriations by Diagnosis, Age Group, and Service Type

## Program Year 2026 Appropriation by Diagnosis

Mental Health 46% or \$2,743,176  
Substance Use Disorders 2% or \$100,000  
Multi-diagnosis 37% or \$2,234,366  
Developmental Disabilities 15% or \$934,945  
*Total Appropriations 100% or \$6,012,487*

## Program Year 2026 Appropriation by Target Age Group

Children 21% or \$1,235,097  
Youth 12% or \$752,220  
Adults 46% or \$2,758,929  
Seniors 4% or \$214,360  
Families 17% or \$1,051,881  
*Total Appropriations 100% or \$6,012,487*

## Program Year 2026 Appropriation by Service Type

Prevention 7% or \$402,548  
Crisis 13% or \$794,526  
Screening/Support 23% or \$1,398,420  
Peer Support 5% or \$322,190  
Outpatient 52% or \$3,094,803  
*Total Appropriations 100% or \$6,012,487*

# Program Year 2025 Client Residency and Demographic Data

## Residency of 17,090 People Reporting

All Champaign Zip Codes 54% or 9,277 People

All Urbana Zip Codes 20% or 3,464 People

Rantoul 10% or 1,753 People

Other (in County) 12% or 2,034 People

Not Listed 3% or 562 People

## Preferred Language of 16,031 People Reporting

Arabic 0% or 17 People

English 48% or 7,702 People

French 1% or 140 People

Q'anjob'al 2% or 288 People

Spanish 17% or 2,725 People

Not Listed 3% or 488 People

Data Not Available 29% or 4,671 People

## Age Group of 16,825 People Reporting

Ages 0-6 11% or 1,919 People

Ages 7-12 6% or 1,033

Ages 13-18 8% or 1,333

Ages 19-59 39% or 6,564

Ages 60-74 6% or 1,076

Ages 75 and Up 2% or 316



Data Not Available 27% or 4,584

## Race and Ethnicity of 17,312 People Reporting

African American / Black 19% or 3,261 People

Asian American / Asian 3% or 457 People

Latina/e/o/x 21% or 3,583 People

Middle Eastern / North African 1% or 172 People

Multi-Racial 3% or 524 People

Native American / First Nation / American Indian 0% or 54 People

Native Hawaiian / Pacific Islander 0% or 4 People

South Asian 0% or 22 People

White 25% or 4,338 People

Not Listed 0% or 68 People

Data Not Available 28% or 4,829 People

## Gender of 16,777 People Reporting

Agender 0% or 14 People

Gender Fluid 0% or 28 People

Man 33% or 5,609 People

Non Binary 1% or 119 People

Woman 39% or 6,538 People

Not Listed 0% or 47 People

Data Not Available 27% or 4,464 People

**SECTION II:**  
**Three-Year Plan for Fiscal Years 2026  
through 2028 with One-Year Objectives and  
Tactics for Fiscal Year 2026**

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Champaign County Mental Health Board

# THREE YEAR PLAN

For Fiscal Years 2026 through 2028

(1/1/26 – 12/31/28)

With One Year Objectives and Tactics

for Fiscal Year 2026

(1/1/26-12/31/26)

# Champaign County Mental Health Board

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

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

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

## Mission Statement

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

## Statement of Purposes

1. Planning a comprehensive system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. Allocation of funds to assure the provision of a comprehensive system of community-based supports and services which is responsive to all community members.
3. Improving access to all relevant resources for an interrelated and robust system of care.
4. Advocating for improvements to local, state, and national systems.
5. Evaluation of the system of care to assure that supports and services are provided as planned and that services are aligned with the needs and values of the community.

To accomplish these purposes, the CCMHB collaborates on the resources necessary for effective community behavioral health and developmental disabilities systems. The CCMHB shall fulfill responsibilities specified in the Illinois Community Mental Health Act.

*This Three-Year Plan is organized according to the five purposes identified above. Each purpose is followed by at least one strategy and goal. Each goal has measurable objectives, which are likely to continue from one year to the next, and tactics which may be completed or substantially revised in subsequent years.*

## Purpose #1: Planning

STRATEGY: The people most directly affected by our work should influence it.

**Goal 1.1: Gather information about the behavioral health and developmental disability support and service needs and preferences of adults who reside in Champaign County.**

- At each regular Board meeting in 2026, invite input from people who access or seek supports and services related to mental illness (MI), substance use disorder (SUD), and/or intellectual/developmental disability (I/DD).
- Prior to each regular Board meeting during 2026, reach out to individuals, advocacy groups, family members, and other supporters, for any input they would offer.

At least once during 2026, and prior to the final draft of PY2028 funding priorities:

- Host a presentation in which people who access or seek to access supports and services may address the Board directly.
- Summarize available preference and need data collected by Illinois Department of Human Services (IDHS) or other entities, including seniors.

**Goal 1.2: Gather information about the behavioral health and developmental disability support and service needs and preferences of youth who reside in Champaign County.**

At least once during 2026, and prior to final draft of PY2028 funding priorities:

- Participate in the Transition Planning Committee.
- Use data reported by funded programs serving youth and young adults.
- Request information from students, families, school districts, and service providers regarding supports which would be helpful.
- Use data reported through the [\*Illinois Youth Survey\*](#) and, as possible, encourage increased local school participation in the survey.
- Use data provided through collaborations such as Champaign County Community Coalition, Continuum of Service Providers to the Homeless, Youth Assessment Center Advisory Committee, and Champaign County Redeploy Initiative to understand which supports and services might benefit youth who have multi-system involvement.

### Goal 1.3: Gather information about the behavioral health and developmental disability support and service needs and preferences of young children who reside in Champaign County.

At least once during 2026, and prior to final draft of PY2028 funding priorities:

- Seek input from Early Childhood Home Visiting Consortium partners funded by CCMHB.
- Seek input from the Region 9 Birth to Five Council or similar collaboration.
- Exchange updates with United Way of Champaign County and other local funders currently prioritizing the needs of very young children and their families.
- Review local Child Find Data with the Local Interagency Council Coordinator.

### Goal 1.4: Increase engagement with family support and advocacy organizations.

At least once during 2026, and prior to final draft of PY2028 funding priorities:

- Seek input from local family support organizations and networks.
- Seek feedback about family support organization activities and events to understand who is reached and whether desired services or activities are available.
- Participate in statewide networks which include family members and other supporters of people who access or seek services.

*STRATEGY: Clarify current challenges and opportunities.*

### Goal 1.5: Identify service gaps and other challenges related to the operating environment, including desired services not covered by state/federal funding.

- At least once during 2026, and prior to final draft of PY2028 funding priorities, use County Health Rankings data to compare Champaign County with Illinois and the US.

At least twice during 2026, and prior to final draft of PY2028 funding priorities:

- Through local collaborations such as the Transition Planning Committee and Health Plan Priority workgroups, identify community-wide barriers and possible solutions.
- Through state and national trade association activities, track changes in and implementation of state and/or federally funded programs as well as legislative activity likely to impact people served or waiting for services.

- Seek input on the larger service systems from funders, state officials, and other experts.
- Track relevant class action cases, such as the Ligas Consent Decree.
- Monitor changes in Medicaid waivers and Managed Care, especially whether service capacity and options are sufficient to meet demand in Champaign County.

### Goal 1.6: Stay informed of current best practices and promising practices.

At least twice during 2026:

- Attend state and national association (and similar) meetings, webinars, and communities of practice to learn about evidence-based, evidence-informed, recommended, innovative, and promising practice models which may benefit people who have MI, SUD, or I/DD.
- Through relationships with other funders, state officials, and other experts, gather and share such information, including whether other pay sources are available.

At least once during 2026 and prior to final draft of PY2028 funding priorities:

- For the best outcomes for people with MI, SUD, or I/DD, and based on their input, identify any appropriate practice models for implementation.

**STRATEGY:** Learn from the most recently completed allocation cycle.

**Goal 1.7: Compare funded program reports to determine whether service capacity and delivery are likely to meet the needs and preferences as understood through the above objectives and tactics. (See below for Purpose #5: Evaluation.)**

At least 80% completion by November 1, 2026:

- Summarize funded program utilization and related results for publication and for feedback from Board members and interested parties.
- Invite public input at each regular meeting and in response to published reports.



## Purpose #2: Allocation

STRATEGY: Fund a range of community-based supports and services to meet the needs and preferences of people with MI, SUD, other behavioral health issues, and/or I/DD.

Goal 2.1: Allocate funds for community-based supports and services, for people who are eligible but do not have state funding or for services not covered by other funding sources, and according to peoples' identified needs and preferences.

- With at least 80% completion by May 1, 2026, solicit and review proposals for PY2027 funding (July 1, 2026 through June 30, 2027) from community-based providers in response to approved priorities using a competitive application process.
- During this review process, and with at least 80% completion, examine proposed budgets for allocation of sufficient amounts to indirect but critically important items such as bookkeeping, annual independent CPA audit/review, training, technical assistance, language/communication assistance, professional development for staff and governing/advisory boards, e.g., to advance CLC and diversity the workforce.
- During this review process, and with at least 80% completion, note whether proposed plans align with at least one PY2027 priority category, whether all minimum expectations are met, and how they compare with 'best value' criteria.
- With at least 80% completion by June 1, 2026, from among PY2027 funding requests made by eligible providers, select those which represent best value for residents, align most closely with defined priorities, and are affordable within projected budgets.
- With at least 80% completion by July 1, 2026, execute contracts with agencies whose funding requests are approved, to ensure timely payment and service delivery.

Goal 2.2: Develop funding priorities and decision support criteria for PY2028, using a published timeline and information from the public, funded program reports, state and federal authorities, and other interested parties.

- By December 9, 2026, a draft of PY2028 allocation priorities will incorporate at least 80% of findings of Planning objectives and tactics above and Evaluation objectives and tactics below.
- A final draft, revised using public, Board, and staff input, will be presented for Board approval at least 7 days prior to publication of a Notification of Funding Availability.
- A Notification of Funding Availability will be published at least 21 days prior to the start date of the period during which agencies may respond to these priorities.
- With 100% completion prior to the application period opening, update online application and registration forms.

STRATEGY: Through existing collaborations, increase the impact of funding.

Goal 2.3: Encourage high-quality person-centered and culturally responsive service planning and delivery for people participating in programs funded by the CCMHB and, through the Intergovernmental Agreement, from the CCDDB.

At least once prior to May 1, 2026:

- Emphasize personal agency in service planning and implementation for all served.
- Encourage and support conflict free case management for all people served.
- Through cultural and linguistic competence planning, improve outreach and engagement of members of racial, ethnic, or gender minority groups and rural residents. For very young children, reduce disparities in the age of identification of disability/delay so that all children who will benefit from early support have access.

At least once prior to November 1, 2026:

- Connect program performance measures and outcomes with those personal outcomes people with, MI, SUD, and/or I/DD identify in their individual service plans.

- Connect program performance measures and consumer outcomes with preferences as identified by people with MI, SUD, and/or I/DD and shared with the Board.

#### Goal 2.4: Coordinate with the CCDDB on alignment of resources for people with I/DD.

At least once prior to May 1, 2026:

- Through approved annual PY2027 funding priorities, allocate funding for a range of programs that empower people who have I/DD, at all ages and stages of life, and improve their access to integrated settings.
- Use the I/DD Special Initiatives Fund to assist Champaign County residents who have I/DD and significant support needs.

#### Goal 2.5: Continue collaborations with other governmental entities and funders, to maximize the impact and efficiency of allocations.

By the end of 2026, participate in at least 80% of meetings and activities of:

- Problem Solving Courts Steering Committee, Crisis Intervention Team Steering Committee, and similar collaborations, to support programs which allow people to deflect from justice system involvement.
- Collaborations of justice system, service providers, peer mentors, and community members, to support people after incarceration.
- Champaign County Community Coalition and similar, to advance the System of Care principles of youth-guided, family-driven, culturally and linguistically competent, trauma-informed supports, to improve engagement and outcomes for young residents.
- The Local Funders Group, to compare priority categories and allocations and identify strengths, gaps, efficiencies, and overlap.

### Purpose #3: Access to Resources

STRATEGY: Increase community awareness of available local resources.

#### Goal 3.1: Improve resource visibility through accessible, user-friendly information about community supports and services and related resources.

At least once during 2026:

- Explore ‘plain language’ documents, possibly in partnership with agency providers, and aligned with [plainlanguage.gov](https://plainlanguage.gov) guidance on best practice.
- Partner with Champaign County and other governmental entities on improving web-based information and accessibility of websites.
- Encourage organizations to share current information with 211 information services, at <https://www.unitedwaychampaign.org/211> (community resources), Illinois’ BEACON portal, at <https://beacon.illinois.gov/> (children’s behavioral health), the disability Resource Expo, at <https://www.disabilityresourceexpo.org/resource-guide/>, and other resource guides relevant to their work.

### Goal 3.2: Increase the community’s support and advocacy for people with lived experience, for their families and supporters, and for provider agencies.

- With 80% completion during 2026, use traditional and social media to promote the disAbility Resource Expo, Alliance for Inclusion and Respect, individuals and organizations involved with them, and their “awareness” events and messaging.
- As possible and at least twice during 2026, elevate ‘storytelling’ efforts of funded programs and testimonials shared by individuals, through public Board meetings.
- By August 1, 2026, develop and post, online and in board packets, brief information about PY2027 funded programs.
- By October 1 and by December 1, develop and post reports on PY2026 funded programs online and in board packets.

STRATEGY: Ensure that community-based supports/services are coordinated and accessible.

### Goal 3.3: Identify opportunities for providers of similar services to coordinate their efforts and partner for best value to Champaign County residents. Require funded agencies to participate in certain collaborations.

- With 80% completion, attend monthly Mental Health and Developmental Disabilities Agency Council (MHDDAC) meetings and contribute to details on gaps and resources.
- At least once during 2026, encourage service providers to participate in existing collaborations with providers of similar or related services, such as the Transition Planning Committee, SOFFT/LAN, Rantoul Service Providers,

Continuum of Providers of Services to the Homeless, Champaign County Community Coalition Goal meetings, YAC Steering Committee, CIT Steering Committee, etc.

- At least once during 2026, and as gaps are clarified, encourage service providers to develop new collaborations with providers of similar or related services.
- At least once during 2026, encourage service providers to participate in community wide resource/awareness events.

### Goal 3.4: Develop and encourage cross-system and other partnerships which will reduce barriers experienced by people who have behavioral health conditions and/or I/DD.

By the end of 2026, contribute to at least 80% of meetings or activities of:

- Metropolitan Intergovernmental Council and Champaign County Community Coalition Executive Committee for updates and shared responses to emerging issues.
- Crisis Intervention Team Steering Committee and Problem Solving Courts Steering Committee for updates and coordinated planning.
- Consistent with the Champaign County Community Health Plan assessed priority for Access to Healthcare, identify barriers experienced by people with behavioral health conditions and/or I/DD and promote access and wellness.
- Consistent with the Health Plan assessed priority for Behavioral Health, support reduced reliance on emergency department care and increased access to behavioral health care for all residents, regardless of ability/disability, and with special attention to youth and their families.
- Consistent with the Health Plan assessed priority for Preventing Violence and the anti-violence goals of other units of local government, support increased conflict resolution skills and other efforts to mitigate the impacts of many types of violence.
- Consistent with the Health Plan assessed priority for Healthy Behaviors, support mentoring relationships through existing or new organizations and across all populations and ages.
- Advocate for the above committees and councils to include full participation by people with relevant lived experience.

## Purpose #4: System Advocacy

STRATEGY: Promote improved quality of life for people with MI, SUD, and/or I/DD.

Goal 4.1: Advocate for flexible, person-centered, healing-focused, high-quality support/service options for people who have behavioral health and/or developmental disability support needs.

At least twice during 2026, through state and national association committees and similar:

- On behalf of people eligible for but not receiving care through Medicaid or other state programs, as well as those who are eligible and covered but receiving care that does not meet their needs, advocate for the state to offer flexible options.
- In coordination with people who have behavioral health conditions or I/DD, along with their families and supporters, advocate for workforce development and stabilization.
- Participate in statewide system redesign efforts, including Engage Illinois (I/DD), CESSA Regional Advisory Council (crisis response), and support the Illinois Children's Behavioral Health Transformation Initiative (children).
- Elevate suggestions which further include people with MI, SUD, or I/DD in all systems.

Goal 4.2: Improve understanding of MI, SUD, and/or I/DD through family or peer support organizations, especially those led by people with lived experience.

At least once during 2026:

- Promote groups' efforts to reduce stigma/promote inclusion.
- Co-sponsor events when appropriate.
- Offer support for Cultural and Linguistic Competence and other trainings, to increase outreach and engagement.

Goal 4.3: Maintain involvement with state agencies and other organizations with an interest in behavioral health or developmental disabilities.

Participate in at least 80% of available meetings during 2026 which involve:

- Illinois Department of Human Services Division of Developmental Disabilities.
- Illinois Department of Human Services Division of Behavioral Health and Recovery.
- Illinois Criminal Justice Information Authority.
- Illinois Department of Healthcare and Family Services.

STRATEGY: Promote inclusion and respect of people with MI, SUD, or I/DD.

**Goal 4.4: Through broad community education efforts, promote inclusion and challenge stigma.**

At least once during 2026:

- Host an annual disAbility Resource Expo or similar community event.
- Host or promote an event through the Alliance for Inclusion and Respect, sharing partners' anti-stigma messages and supporting entrepreneurs who have disabilities.
- If an appropriate match is identified, partner with student groups or interns on a project with inclusion focus.

**Goal 4.5: Support other organizations' community education initiatives.**

- At least twice during 2026, participate in other local resource fairs and similar community events. Share the disAbility Resource Expo comprehensive resource directory.
- At least four times during 2026, offer educational opportunities for service providers and interested parties, to enhance their work and meet continuing education requirements.
- At least twice during 2026, promote/advertise other organizations' similar efforts.

**Goal 4.6: Amplify the efforts of people with lived experience to participate fully in and improve the community and its resources.**

At least once during 2026:

- In public documents and meetings of the Board or with collaborators, emphasize inclusion as a benefit to all members of the community, regardless of ability.
- In allocation priorities and through resulting agency services, encourage efforts to support people with behavioral health conditions and/or I/DD in

meaningful work and non-work experiences in their community, driven by their own interests.

## Purpose #5: Evaluation

STRATEGY: Learn from utilization and outcome reports from funded programs.

Goal 5.1: Review submitted agency reports for current and prior periods to understand utilization, impacts, and areas for improvement.

At least 80% completion by November 1, 2026:

- Using agency progress and outcome reports from PY2026, identify strengths which may be built on, vulnerabilities which should be addressed. As appropriate, respond to the challenges funded agencies have reported.
- Using individual client demographic and residency as reported by programs funded during PY2025 and PY2026 to determine where outreach and engagement has improved to reach all members of the community who seek services.
- Review CLC progress reports for actions which have improved the engagement of members of racial and ethnic minority groups.

Goal 5.2: To demonstrate transparency in process and accountability for results, and to encourage public input regarding those results, make information accessible to the public.

At least 80% completion by November 1, 2026:

- Prepare and post publicly an aggregate funded program performance outcome report.
- Summarize funded program utilization and related results for publication and feedback from Board members and other interested parties (as in Goal 1.7).

Goal 5.3: Incorporate prior year results into next year plan objectives and funding priorities. *(See above for Purpose #1: Planning.)*

At least 80% completion by November 1, 2026:

- Use Board and public input regarding program results to update allocation priorities and Three-Year Plan one-year objectives/tactics to fill gaps and increase successes.



- Compare PY2026 funded program results with results of planning activities described above and propose changes which will strengthen results of PY2028 allocations.
- Where advocacy, community awareness, or collaborations outside of the scope of agency allocations will strengthen results, propose relevant Three-Year Plan one-year objectives and tactics for 2027.

STRATEGY: Contribute to the community's evaluation capacity.

Goal 5.4: Maximize service provider and Board capacity to evaluate programs and share their results with the public, through a contract between the CCDDDB, CCMHB, and UIUC Family Resiliency Center, which continues to April 30, 2027.

- At least nine times during 2026, consult with Evaluation Capacity Building (ECB) researchers on progress toward increasing agencies' capacity to evaluate and report on program performance and consumer outcomes.
- Prior to 80% of Board meetings during 2026, invite ECB team to provide updates.
- At least three times during 2026, encourage funded and non-funded organizations to use the tools developed by the ECB research team (e.g., through Local Funders Group, MHDDAC, or Champaign County Government.)
- Before July 1, 2026, identify funded programs to receive intensive support from the ECB.

STRATEGY: Assessment of the Organization

Goal 5.5: Ensure that internal operations support fulfillment of the Board's mission and vision.

- Prior to November 1, 2026, complete an organizational assessment focused on operations, which may redesign the work to prepare for succession, modernization, etc.
- At least once during 2026, and as Board members identify topics for exploration, staff will maintain a list of 'strategic questions' to prioritize and respond to one topic at a time, as Board meeting time permits.
- At least twice during 2026, communicate with representatives of other Boards established under the Illinois Community Mental Health Act about their responses to revised or longstanding provisions in the statute.

*Approved by the CCMHB on November 19, 2025.*

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# Champaign County Behavioral Health Work Group

Wednesday, March 25, 2026

10:30am-11:30am

Douglass Branch Champaign Public Library: Meeting Room

## Attendees:

Jenny Galloway, Katrina Roberts, Jacinda Dariotis, Shea Belahi, Jim Hamilton, Clint Krewson, Mark Zinger, Joy Jones, Kathryn Johnson, Ray Bement, Robert Davies (11)

## Key Topics

### What is BEACON?

Beacon Platform: <https://beacon.illinois.gov/>

BEACON Information Page on IDHS: <https://www.dhs.state.il.us/page.aspx?item=163633>

BEACON, developed by Google in partnership with the Illinois Department of Human Services and the Children's Behavioral Health Transformation Initiative, creates a single entry point where parents-or anyone helping a child or family find services-can find out what state-funded and community-based services a youth may be eligible for and how to connect with them.

- Beacon has soft-launched and is currently in a testing phase; families can access it now.
- Allows families to store important documents (e.g., IEPs, medical records) in one centralized location.
- Consent process enables parents to grant information-release access to schools, healthcare providers, and others.
- Concern raised that patients are often overwhelmed by the volume of information presented; a built-in search/filtering tool would improve usability; like a built-in algorithm. A beacon flyer would be useful for paraprofessionals and EDs.

SPIDER Resource Database: <https://spider.dcf.illinois.gov/>

BEACON intersects with SPIDER because families can be routed to SPIDER as a resource database to find additional resources in the community.

- Lack of local resources within the SPIDER database
- Providers can be added or updated by emailing: [DCFS.SPIDER@illinois.gov](mailto:DCFS.SPIDER@illinois.gov)

- A 13-page, single spaced clinical intake form (Spider Clinical Program Interview) is burdensome for providers.
- The electronic version of the form is reportedly not functioning properly.
- The DCFS branding on the website may carry stigma and deter use.
- Form needs to be streamlined to reduce friction for case managers and families seeking help.

### **Crisis & Triage Gaps**

- No formal mental health triage system currently exists for youth and families.
- Many individuals don't know what services to ask for or how to find them.
- People in crisis typically end up in one of two places: The Emergency Department or Jail
- A mental health court was identified as a need for the community; Judge Dyer currently oversees drug court.

### **Schizophrenia and Severe Mental Illness**

- Individuals without guardianship face extreme barriers to care, including required neuropsychological evaluations.
- Even with guardianship, accessing appropriate care remains very difficult.
- This population frequently ends up incarcerated or unhoused.

### **Behavioral Health Systems in C-U**

- Rosecrance is planning to open a behavioral health urgent care facility.
  - Let's schedule a time to speak with Rosecrance staff about the details of this upcoming facility.
- Rosecrance's ACT (Assertive Community Treatment)
  - Could this team potentially provide community-based services, including long-acting injectable medications?
- OSF Behavioral Health Out-Patient Clinic
  - Let's schedule a time to speak with OSF BH staff about the details of this Urbana clinic.

## **Identified Barriers and Potential Solutions**

### **Barriers**

- Technology access and digital literacy among target population
- Lack of awareness of available services
- Stigma associated with DCFS branding on the SPIDER website
- Burdensome, non-functional provider intake process for SPIDER
- No triage system for behavioral health crises

- Inadequate care infrastructure for individuals with severe mental illness and/or no legal guardian.

### **Potential Solutions**

- Train crisis workers, social workers, school representatives, and public health officials on available resources.
- Simplify and fix the SPIDER electronic intake form; centralize registration
- Add a search/filter tool to the Beacon platform
- Develop a rotating service directly list
- Partner with the school of social work for capacity building
- Establish a mental health court
- Leverage Rosecrance's ACT team for community outreach

### **Decisions Made**

- Invite a Beacon & SPIDER representative to the next meeting to address using these resources as well as privacy and confidentiality concerns
- Invite NAMI and gain information about their family support group resources
- Invite Police (Co-response) to next meeting
- Explore engagement with the school of social work as a project partner

### **Action Items**

1. Invite Beacon & SPIDER reps to speak at the next meeting.
2. Share Beacon flyer with Emergency Departments
3. Explore rotating service list tied to SPIDER portal, or propose a suggestion to Community Network Anchor Grant Supervisors.
4. Compile and share success stories of interventions that prevented ED visits or incarceration.
5. Investigate BEACON training opportunities for crisis workers, social workers, school reps, and public health officials.
6. Address SPIDER form usability issues (streamline form, fix electronic version, centralize registration).
7. Extend an invitation to NAMI- family support groups.
8. Advocate development of a mental health court. Champaign County used to have one.
9. Research Rosecrance's ACT team – what do they do? Do they do community outreach?

## 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.



# DECISION MEMORANDUM

DATE: April 22, 2026

TO: Members, Champaign County Mental Health Board (CCMHB)

FROM: Lynn Canfield, Executive Director

SUBJECT: Update on Agency Audits or Equivalent

## Purpose

This memorandum offers an update on Program Year 2025 audits, or equivalent independent Certified Public Accountant (CPA) reports, from several organizations which have applied for funding and one which has a current contract.

Action is needed in only one case, and additional information may be helpful in reaching that decision. This update is also intended to help the Board prioritize the review of all funding requests, given that they have opted to wait for the audits or equivalent before reviewing requests from those organizations. Some may have been submitted between the time of this writing and the day of scheduled funding request reviews, so we will also offer oral updates at the Board meeting.

## Background

The Board's authorities are described in the Illinois Community Mental Health Act, 405 ILCS 20/0.1-13 (<https://www.ilga.gov/Legislation/ILCS/Articles?ActID=1499&ChapterID=34>).

This Act incorporates Illinois Department of Human Services Administrative Rules (<https://www.dhs.state.il.us/page.aspx?item=22450>) and the Illinois Administrative Procedure Act (<https://www.ilga.gov/legislation/ILCS/details?MajorTopic=&Chapter=&ActName=Illinois%20Administrative%20Procedure%20Act.&ActID=83&ChapterID=2&SeqStart=&&ChapterAct=FullText>). Section 5-30 of the latter details "Regulatory Flexibility" through which rules may be established or amended to reduce the burden on non-profit organizations.

The CCMHB Funding Requirements and Guidelines (<https://www.champaigncountyiil.gov/mhbddb/PDFS/CCMHB%20Funding%20Requirements%20and%20Guidelines.pdf>) are based on these rules, describe expectations, are agreed to upon each request for funding and at execution of each contract, and posted at [ccmhddbbrds.org](http://ccmhddbbrds.org) and [champaigncountyiil.gov/mhbddb/PublicDocuments.php](http://champaigncountyiil.gov/mhbddb/PublicDocuments.php). Case-by-case consideration may be appropriate for some decisions.

## Agency Updates

### Program Year 2026 Funding:

Of the anticipated nineteen independent CPA audit or financial review reports due by December 30 or 31, 2025, we received thirteen prior to the deadline and one the following week. Of the five others, the Board approved release of January and February payments to two agencies who had requested this waiver. Since then, most audits and reviews have been completed and agency payments released. If an audit is not completed, approved, and filed by March 31, an agency's current contracts may be cancelled.

FirstFollowers attended the March 18 regular board meeting to explain the issues causing delay and to share that their audit was expected by March 31. The CCMHB agreed not to cancel the FirstFollowers current year contracts (in the event the audit was not completed by that date). FirstFollowers has not requested a waiver of payment suspension.

Also as of March 18, the Executive Director of Greater Community AIDS Project of East Central Illinois (GCAP) had expected their financial review report to be completed by March 31. The Board did not take action to continue or cancel this contract if the March 31 deadline was not met. Subsequent to that meeting, we received an email from the independent CPA firm conducting this review. Due to the agency Executive Director's medical issue, the review is not yet completed. I am requesting that the Board take action regarding the continuation or cancellation of the agency's Program Year 2026 contract. Possible motions are offered below.

### Program Year 2027 Funding:

Applications for funding for the Program Year 2027 were due on February 2, 2026. A second application period ended on March 16, 2026. For an application to be considered complete, it is to be accompanied by an independent audit or financial review for the most recently completed fiscal year or by an audited balance sheet, if no audit or review had been performed. Several applicants provided an audit or equivalent at that time or later, and some upon request by the CCMHB staff.

Some were not available as of March 18, when the CCMHB held their regular meeting. As a result, the Board chose "to defer consideration of any Program Year 2027 funding request not supported by a Program Year 2025 audit or financial review report or audited balance sheet until such time as the audit or financial review report or audited balance sheet has been filed and any follow-up issues resolved."

The Board is scheduled to begin their reviews during this meeting and the April 29 study session. Staff reviews of all funding requests are available to the public and Board. For any not meeting the requirement by these dates, Board discussion is delayed. The staff review will be presented again when the requirement is met.



At the time of this writing, the following have not shared the recent audit or equivalent:

Brightpoint shared their Program Year 2024 audit and expected the Program Year 2025 audit to be completed by the end of March.

Family First Advocacy has not had an audit but planned to provide the audited balance sheet.

FirstFollowers has shared a draft audit for Program Year 2025 but not the final version.

GCAP's Program Year 2025 financial review is in progress.

TASC, Inc. shared their Program Year 2024 audit and expected the Program Year 2025 audit to be completed by the end of March.

## Possible Actions

Motion to continue the Greater Community AIDS Project of East Central Illinois Program Year 2026 contract, withholding payments until the Program Year 2025 financial review is submitted and any follow-up issues resolved.

OR

Motion to cancel the Greater Community AIDS Project of East Central Illinois Program Year 2026 contract as of March 31, 2026, releasing the March payment after the Program Year 2025 financial review is submitted and any follow-up issues resolved.

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## Requests for CCMHB Funding for Program Year 2027

Agency Name	Program Name	Request	Reviewers
Brightpoint	Healing Beyond Violence NEW	\$ 217,106	Palencia / Patterson
CCRPC - Community Services	Homeless Services System Coordination	\$ 189,007	Arres / Sprandel
CU at Home	Life Skills CM Program NEW	\$ 305,000	Straub / Youakim
CU at Home	Shelter Case Management Program	\$ 295,000	Gomez / Nichols
CU Early	CU Early (DD for PY26 was \$16,145)	\$ 86,701	Arres / Sprandel
CC Head Start/Early Head Start	Early Childhood MH (DD for PY26 was \$216,	\$ 411,062	Straub / Youakim
CC Health Care Consumers	Disability Services	\$ 121,000	Palencia / Patterson
City of Champaign Township Str	Strides Shelter Behavior Health Program NE	\$ 150,000	Gomez / Nichols
Courage Connection	Courage Connection	\$ 176,476	Arres / Sprandel
Cunningham Childrens Home	ECHO Housing and Employment Support	\$ 264,351	Straub / Youakim
Cunningham Childrens Home	Families Stronger Together	\$ 298,532	Arres / Sprandel
Don Moyer Boys and Girls Club	C-U CHANGE	\$ 94,135	Palencia / Patterson
Don Moyer Boys and Girls Club	Community Coalition Summer Initiatives	\$ 100,000	Gomez / Nichols
Family First Advocacy	Empowering Bridge Program - NEW	\$ 233,355	Arres / Sprandel
FirstFollowers	FirstSteps Community Reentry House	\$ 69,500	Straub / Youakim
FirstFollowers	Peer Mentoring for Reentry	\$ 120,000	Palencia / Patterson
GCAP	Advocacy, Care, and Education Services	\$ 113,878	Gomez / Nichols
GROW in Illinois	Peer-Support	\$ 179,805	Straub / Youakim
Habitat for Humanity of CC	Homebuyer Program - NEW	\$ 229,560	Palencia / Patterson
Promise Healthcare	Mobile NEW	\$ 200,000	Straub / Youakim
Rosecrance Central Illinois	Behavioral Health Urgent Care NEW	\$ 360,000	Arres / Sprandel
	Benefits Case Management	\$ 181,000	Palencia / Patterson
	Recovery Home	\$ 200,000	Gomez / Nichols
TASC, Inc.	Outreach and Recovery Support Svcs NEW	\$ 90,429	Straub / Youakim
Uniting Pride of CC	Children, Youth & Families Program	\$ 225,056	Gomez / Nichols
We Never Walk Alone	Trained First Responder Peer Supportt NEW	\$ 20,330	Arres / Sprandel
	Vetted Mental Health Profession Network N	\$ 19,656	Palencia / Patterson
WIN Recovery	Win Resilience Resource Ctr NEW	\$ 270,000	Gomez / Nichols
n/a	<b>Total of Requests</b>	<b>\$ 5,220,939</b>	n/a
n/a	<b>Available to Allocate</b>	<b>\$ 3,245,055</b>	n/a
n/a	<b>DIFFERENCE</b>	<b>\$ (1,975,884)</b>	n/a

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# 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](mailto: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.