



Champaign County Mental Health Board (CCMHB) Study Session Agenda

Wednesday, April 16, 2025, 5:45PM

*This study session will be held in person at the
Shields-Carter Room of the Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802
Members of the public may attend in person or watch live through this link:
<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. CCMHB Acronyms and Glossary (pages 2-13) *No action needed.***
- V. Public Participation/Agency Input *See below for details.*****
- VI. Chairperson's Comments – Molly McLay**
- VII. Executive Director's Comments – Lynn Canfield**
- VIII. STUDY SESSION**

Review of Applications for PY2026 Funding (pages 14-118)

A list of applications for funding for PY26 is followed by DRAFT staff reviews of each. If needed, the Board might complete this discussion during their April 30, 2025 meeting.

- IX. Public Participation/Agency Input *See below for details.*****
- X. Board Announcements and Input**
- XI. 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 or 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).

Agency and Program Acronyms

AA- Alcoholics Anonymous
AIR – Alliance for Inclusion and Respect (formerly Anti-Stigma Alliance)
BLAST – Bulldogs Learning and Succeeding Together, at Mahomet Area Youth Club
CC – Community Choices or Courage Connection
CCCAC or CAC – (Champaign County) Children’s Advocacy Center
CCCHC – Champaign County Christian Health Center
CCDDB or DDB – Champaign County Developmental Disabilities Board
CCHCC – Champaign County Health Care Consumers
CCHS – Champaign County Head Start, a department of the Champaign County Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)
CCMHB or MHB – Champaign County Mental Health Board
CCRPC or RPC – Champaign County Regional Planning Commission
CN - Crisis Nursery
CSCNCC - Community Service Center of Northern Champaign County, also CSC
CU TRI – CU Trauma & Resiliency Initiative
Courage Connection – previously The Center for Women in Transition
DMBGC - Don Moyer Boys & Girls Club
DREAAM – Driven to Reach Excellence and Academic Achievement for Males
DSC - Developmental Services Center
ECHO – a program of Cunningham Children’s Home
ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center or The Refugee Center
ECMHS - Early Childhood Mental Health Services, a program of CCRPC Head Start
FD – Family Development, previously Family Development Center, a DSC program
FF - FirstFollowers
FS - Family Service of Champaign County
FST – Families Stronger Together, a program of Cunningham Children’s Home
GCAP – Greater Community AIDS Project of East Central Illinois
IAG – Individual Advocacy Group, Inc., a provider of I/DD services
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 Center – Uniting Pride
UW or UWCC – United Way of Champaign County
WIN Recovery – Women in Need Recovery
YAC – Youth Assessment Center, a program of CCRPC

Glossary of Other Terms and Acronyms

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

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

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

ARCH – Access to Respite Care and Help

ARMS – Automated Records Management System. Information management system used by law enforcement.

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

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

ATOD – Alcohol, Tobacco, and Other Drugs

BARJ - Balanced and Restorative Justice approach

BD – Behavior Disorder

BJMHS - Brief Jail Mental Health Screening Tool

CADC – Certified Alcohol and Drug Counselor, substance abuse professional providing clinical services, having met certification requirements of the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

CALAN or LAN – Child and Adolescent Local Area Network

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

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, previously Developmental Training

CES – Coordinated Entry System

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

C-GAF – Children’s Global Assessment of Functioning

CGAS – Children’s Global Assessment Score

CHW – Community Health Worker

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

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

COC - Continuum of Care Program

CQL – Council on Quality and Leadership

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

CRSS- Certified Recovery Support Specialist

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

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

CSPH – Continuum of Service Providers to the Homeless

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

CST – Community Support Team

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

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

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services, renamed as IDSUPR or SUPR

DBT -- Dialectical Behavior Therapy

DCFS – Illinois Department of Children and Family Services

DECA – Devereux Early Childhood Assessment for Preschoolers

DEI – Diversity, Equity, and Inclusion

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

DD – Developmental Disability

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

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community-based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

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

DHS – Illinois Department of Human Services

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

DOJ – federal Department of Justice

DSM – Diagnostic Statistical Manual

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

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

DV – Domestic Violence

EAP – Employee Assistance Program

EBP - Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EMS – Emergency Medical Services

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

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

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act

FPL – Federal Poverty Level

FQHC – Federally Qualified Health Center

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

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

GAAP - Generally Accepted Accounting Principles

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

GAGAS-Generally Accepted Government Auditing Standards

GAO-Government Accountability Office

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

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

GSRC – Gender and Sexuality Resource Center

GSA – Gender/Sexuality Alliances

HACC – Housing Authority of Champaign County

HBS – Home Based Support, a Medicaid-waiver program for people with I/DD

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

HEARTH Act – Homeless Emergency and Rapid Transition to Housing

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HHS – federal department of Health and Human Services

HIC – Housing Inventory Counts

HIPPA – Health Insurance Portability and Accountability Act

HMIS – Homeless Management Information System

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

HSSC – Homeless Services System Coordination

HUD – Housing and Urban Development

I&R – Information and Referral

ILAPSC – Illinois Association of Problem-Solving Courts

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP – Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA – Illinois Criminal Justice Authority

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

IDHFS or HFS – Illinois Department of Healthcare and Family Services

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

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

IDOC – Illinois Department of Corrections

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

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

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

IOP – Intensive Outpatient Treatment

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

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

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

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, also Mental Impairment

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

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

MOU – Memorandum of Understanding

MRT – Moral Reconciliation Therapy

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

NACO – National Association of Counties

NADCP – National Association of Drug Court Professionals

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NOMS – National Outcome Measures (used by SAMHSA)

NTPC – NON Treatment Plan Clients, described in program plans, may 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 without treatment plans 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.

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

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

OUD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PFS - Protective Factors Survey

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

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

PLL – Parenting with Love and Limits. 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; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

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

PWD – People with Disabilities

PWI – Personal Well-being Index

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

QCPS – Quarter Cent for Public Safety. The funding source for the Juvenile Justice Post Detention programming. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

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

REBT -- Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault. 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 is a state program that provides crisis intervention for children and youth on Medicaid.

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

SCs – Service Contacts/Screening Contacts, 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.

SSI – Supplemental Security Income, a program of Social Security

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

SSPC – Social Skills and Prevention Coaches.

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

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

TANF – Temporary Assistance for Needy Families

TBRA – Tenant-Based Rental Assistance

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

TPCs – Treatment Plan Clients, service participants with case records and treatment plans. Continuing TPCs are those carried from one program year to the next. 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.

CCMHB PY2026 Funding Requests with Reviewers

Agency	Program	Request	Reviewer Team
<i>*indicates need for PY24 audit</i>			
CCRPC - Community Services	Youth Assessment Center	\$76,350	<i>Youakim/Omo-Osagie</i>
CC Children's Advocacy Center	CC Children's Advocacy Center	\$63,911	<i>Patterson/Nichols</i>
CC Health Care Consumers	CHW Outreach and Benefits Enrollment	\$97,139	<i>Palencia/Rodriguez</i>
	Justice Involved CHW Services & Benefits	\$103,284	<i>Sprandel/Miner</i>
CSCNCC	Resource Connection	\$70,667	<i>Youakim/Omo-Osagie</i>
Crisis Nursery	Beyond Blue Champaign County	\$90,000	<i>Patterson/Nichols</i>
DSC - I/DD Program	Family Development	\$702,000	<i>Sprandel/Miner</i>
ECIRMAC (Refugee Ctr)	Family Support & Strengthening	\$75,441	<i>Youakim/Omo-Osagie</i>
Family Service	Counseling	\$143,322	<i>Patterson/Nichols</i>
	Self-Help Center	\$38,191	<i>Palencia/Rodriguez</i>
	Senior Counseling & Advocacy	\$214,360	<i>Sprandel/Miner</i>
Promise Healthcare	Mental Health Services	\$360,000	<i>Palencia/Rodriguez</i>
	PHC Wellness	\$125,000	<i>Youakim/Omo-Osagie</i>
RACES	Sexual Trauma Therapy Services	\$196,205	<i>Sprandel/Miner</i>
	Sexual Violence Prevention Education	\$108,115	<i>Palencia/Rodriguez</i>
CC Christian Health Center*	CCCHC Community Mental Health Program	\$100,000	<i>Sprandel/Miner</i>
Immigrant Services of CU*	Immigrant Mental Health Program- <i>RETURNING</i>	\$200,256	<i>Patterson/Nichols</i>
UNCC*	Community Study Center - <i>RETURNING</i>	\$382,180	<i>Youakim/Omo-Osagie</i>
WIN Recovery*	Community Support Re-Entry Houses	\$183,000	<i>Patterson/Nichols</i>
	Win Resilience Resource Ctr- <i>NEW</i>	\$270,000	<i>Palencia/Rodriguez</i>
	<i>Chair McLay will provide supplementary review on all applications.</i>		
	<i>In addition, any board member may provide supplementary review on any application.</i>		
<i>*indicates need for PY24 audit</i>			
	<i>Early estimate of available PY26 amounts</i>	<i>Requests</i>	<i>Differences</i>
<i>Total (after 2 yr obligations - see below)</i>	\$3,145,004	\$3,599,421	-\$454,417
<i>For MH/SUD=</i>	\$2,462,340	\$2,897,421	-\$435,081
<i>For DD=</i>	\$682,664	\$702,000	-\$19,336
<i>Other PY26 obligations are PY25-PY26 contracts totaling \$3,089,066.</i>			
<i>PY25-PY26 MH/SUD contracts = \$2,831,786 , PY25-PY26 IDD contracts = \$257,280.</i>			

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Champaign County Regional Planning Commission (CCRPC) - Community Services

Agency mission and info: “As the designated Community Action Agency for Champaign County, our mission is: To empower individuals, strengthen families, and build communities through advancing self-sufficiency.” The Commission’s website, <https://www.ccrpc.org/>, offers detail on departments, programs, data, etc.

Program: Youth Assessment Center (Companion Proposal)

Request: \$76,350

Why it matters: “... early intervention and diversion services to youth, particularly minority males, who are overrepresented in the juvenile justice system, and to youth whose behavior may be symptomatic of issues that would be best served by interventions outside the juvenile justice system.”

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: People aged 10-17 with complex trauma or a trauma with lack of protective factors.

Scope of services: Screening for needs, risks, protective factors; Balanced and Restorative Justice (BARJ) approach (e.g., to repair harm); completion and review of station adjustment or engagement agreement; may include weekly check-ins with case manager, curfew checks with police officer, reparation through written apology, community service; referral & linkage to social service, MH, or SUD treatment.

Youth Assessment Screening Inventory (YASI) score and Child and Adolescent Trauma Screen determine access to the MHB-funded services: intensive weekly in person with case managers, group programming (CBT approach), skill building, stress management, problems solving, goal setting, career planning, etc.

Location and frequency of services: YAC office and if appropriate/preferred, youth’s school, home, other provider location; check-ins and individual and group programming may occur by phone or zoom. M-F 8AM-6PM, Case Managers on-call Saturdays 9:30AM-6PM.

Staff comment: Program service hours are flexible and beneficial to the people they serve.

Residency of 308 people served in PY24 and 57 in the first half of PY25:

Champaign	104 for PY24	21 for PY25
Urbana	92 for PY24	17 for PY25
Rantoul	58 for PY24	12 for PY25
Mahomet	8 for PY24	3 for PY25
Other	46 for PY24	4 for PY25

Demographics of 297 people served during PY24:

Age	
Ages 7-12 -----	32
Ages 13-18 -----	265
Race	
White -----	95
Black / AA -----	192
Asian / PI -----	2
Other (incl. Native American, Bi-racial)-	6

Not Available-----	2
Gender	
Male -----	195
Female -----	102
Ethnicity	
Of Hispanic/Latino/a Origin -----	16
Not of Hispanic/Latino/a Origin -----	281

Measures of Client/Participant Access

Eligibility criteria and determination: Youth (10-17) with behavioral issues, with police contact, with an experience of complex trauma or a trauma experience co-occurring with lack of protective factors; youth and guardians must be willing to participate in intake followed by recommendation for Formal Station Adjustment or Engagement Agreement; youth must meet specific Law Enforcement Agency Eligibility Guidelines. Referred by police, schools, agencies, and families. Service needs are determined through screening and assessment.

Outreach to eligible people: Public presentations on the services; outreach to social service agencies, public forums/meetings, schools, police departments, media, etc.; direct referrals from other providers, school professionals, other program participants, and their families, brochures, RPC website, resource guide, 211.

Within 21 days of referral, 75% of those referred will be assessed.

Within 90 days of assessment, 65% of those assessed will engage in services.

People will engage in services, on average, for: 3-6 months

Additional demographic data: head of household gender.

Staff comment: Timelines for assessment and engagement are reasonable given the tough population to engage, which necessitates total collaboration with all elements of adolescent life. A high number of referrals are required for the program to achieve its utilization targets, and many of them will be recycled due to youth justice involvement.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 90% of youth diverted from juvenile court adjudication within 1 year of services.
2. 10% of youth assessed at exit will have decreased from moderate/high to low risk to reoffend.
3. 90% of participants will endorse having been informed of resource options; 50% will report successful linkage and utilization of services.

Specific assessment tools and data collection:

1. Court Services Records/YAC Client Database - staff compare juvenile court records with agency data to determine # adjudicated within the year.
2. YASI – staff aggregate data on risk levels and protective factors at intake and exit.
3. YASI identification of needs, to guide service referrals- completed by staff; pre and post service surveys.

Outcome data gathered from all participants: Yes.

Will collect outcome data annually for adjudication, one year after a YAC case is closed; YASI scores collected at client exit.

Staff comment: Measurable outcomes relate to program impact and positive change for young people served. Each outcome is associated with an appropriate assessment tool and specific target. This was a target program of the evaluation capacity building team several years ago. The agency participated in the evaluation team’s workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 115 – incoming re-referred youth, youth assessed with moderate/high risk of reoffending, youth experiencing significant trauma, who engage with a formal station adjustment or engagement agreement.

Non-Treatment Plan Clients (NTPCs): 25 eligible youth entering for the first time or those with low risk of reoffending, who engage with a station adjustment or engagement agreement.

Service Contacts (SCs): 100 referred youth who do not engage beyond initial contact or screening.

Community Service Events (CSEs): 70 activities of program outreach and community education (presentations, trainings, partner meetings, volunteer recruitment events, community meetings/events, etc.)

Other: 50 youth referred but ineligible.

Staff comment: Definitions have been updated. Targets continue.

PY26 Targets	115 TPCs	25 NTPCs	100 SCs	70 CSEs	50 Other
PY25 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	34	6	32	16	8
Second Quarter	25	8	43	10	13
<i>Annual Targets</i>	<i>115 TPCs</i>	<i>25 NTPCs</i>	<i>100 SCs</i>	<i>70 CSEs</i>	<i>50 Other</i>
PY24 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	13	12	16	13	14
Second Quarter	40	8	44	11	20
Third Quarter	21	7	25	17	7
Fourth Quarter	39	3	24	28	12
<i>Actual Totals</i>	<i>113 TPCs</i>	<i>30 NTPCs</i>	<i>109 SCs</i>	<i>69 CSEs</i>	<i>53 Other</i>
<i>Annual Targets</i>	<i>100 TPCs</i>	<i>150 NTPCs</i>	<i>60 SCs</i>	<i>70 CSEs</i>	<i>25 Other</i>

Financial Analysis

PY2026 CCMHB request: \$76,350

PY2026 total program budget: \$423,850

Current year CCMHB funding (PY2025): \$76,350

Proposed change in CCMHB funding - PY2025 to PY2026 = 0%

CCMHB request is for 18% of total program revenue.

Other program revenue is from Champaign County \$332,500 and local grant \$15,000.

Personnel costs of \$51,442 are 67% of the requested amount.

Other expenses are Consumables \$1,000, General Operating \$4,975, Occupancy \$16,683, Conferences/Staff Development \$250, Lease/Rental \$2,000.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

Direct staff costs of 20% of one 0.95 FTE program manager and three case managers (all full-time, one vacant.)

Program staff to be funded by CCMHB: 0.80 Direct = 0.80 FTEs.

Total program staff: 4.03 Direct = 4.03 FTEs.

Staff comments:

Occupancy expense is a GATA-approved indirect cost calculated at 48% of direct salary costs. General Operating expenses will pay for Outlook licenses, program user fees for IT support, cell phone reimbursement

fees, office cleaning services, utilities, and Xerox copier service. Lease/Rental goes towards the cost of the YAC office space. The agency has provided its GATA plan and letter to MHB staff to support the funding request. **Capacity for financial clarity:** This agency and program are included in Champaign County's combined audit. All requests for payment are reviewed and approved by the Champaign County Auditor's Office. **Budget and program connectedness:** Errors exist in the Personnel Form. It is unclear if Transportation costs are for maintaining agency-owned vehicles or for reimbursing employees for use of personal vehicles.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The submitted plan meets all the required benchmarks outlined in the application instructions. All new staff receive CLC Training and read and sign the CLC Plan. Community Services and Head Start attend community meetings and share resources about the programs available in Champaign County. Bilingual staff are offered a high rate of pay.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes.

Highlights from the submitted CLC Progress Report: RPC hired a consulting firm to launch an organizational office culture assessment and analysis designed to enhance the workplace environment and team dynamics. This assessment has been intentional to address topics such as hybrid work community events, and agency programming. CCPRC has also implemented an internal learning management system to be more inclusive and updated training.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: screening and assessment determine needs.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): outreach to middle schools and high schools throughout Champaign County. Rural youth receive services through school referrals/ Champaign County Sheriff Deputies. YAC supports and links youth through wrap-around service with social service providers and law enforcement.

Promoting inclusion and reducing stigma: principles of Balanced and Restorative Justice to divert from deeper justice involvement; increase community access and highlight the person's strengths; inclusive peer court.

Influence of impacted individuals on services and staffing: all staff have relevant lived experience; through surveys, the insights of parents, teachers, and school staff informed program development; staff attended an Education Justice Project networking event to learn from those with experience with justice system.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: phone and virtual meetings may be available for either individual or group programming. Ongoing staff DEI training but does not state if virtual or in-person.

Unique approach: The YASI (Youth Assessment Screening Inventory)

<https://orbispartners.com/assessment/youth-assessment-yasi/> MRT (Moral Recognition Therapy)

<http://www.moral-reconation-therapy.com/>

Staff credentials: Program Manager has MS in Management, will be a licensed social worker; Case Managers have a bachelor's degree in social work, Criminal Justice, or a related field, along with at least two years of specialized experience in areas such as mental health, and human services.

Other funding and resource leveraging: Not identified as match funding for another source of revenue. No other payment sources for the higher intensity supports for re-referred youth with mod/high risk scores. People served do not pay a fee. Not a Medicaid participating program.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: No current or recent concerns.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes, especially screening and identifying behavioral health issues or risk.

Evidence that other sources of funding have been maximized (*see Criteria for Best Value above*).

Coordinated system: partners with Cunningham Children's Home (Families Stronger Together program and Hope Springs Counseling,) Dispute Resolution Institute, Feeding Our Kids, Center for Youth and Family Solutions, Rosecrance, UIUC Psychological Services and others, for therapeutic whole child and family resources. Convenes quarterly meetings of system partners (e.g., law enforcement, schools, etc.)

Written collaborative agreements: Cunningham Children's Home- Hope Springs, Rosecrance, Champaign Unit #4 Schools, Urbana Unit #116 Schools, Mahomet-Seymour CUSD #3, Champaign Police Dept, Urbana Police Dept, UIUC Police Dept, Tolono Police Dept, Mahomet Police Dept, Champaign County Sheriff's Office, Champaign County State's Attorney's Office.

Referral between providers: Yes – agency tracks sources of referral, which is shared (along with other data) with partners at quarterly meetings; program refers young people to other providers and resources.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: corrections/update in personnel form.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Champaign County Children’s Advocacy Center

Agency mission and info: “... to coordinate a timely, comprehensive, and multidisciplinary response to child sexual abuse and serious physical abuse allegations in a safe, agency-neutral, child-focused setting. The Children's Advocacy Center facilitates investigations, makes medical and treatment referrals, and assists with any consequent legal proceedings in order to protect and support the children it serves and their families. We also provide comprehensive case management and crisis intervention services for all children referred to the Center and their non-offending family members.” More information is on <http://www.co.champaign.il.us/cac>.

Program: CC Children’s Advocacy Center

Request: \$63,911

Why it matters: “The trauma-focused, evidence-based, therapeutic intervention provided by the CAC’s contractual counselors helps reduce the risk of future abuse and other negative social, emotional, development and health outcomes. The CAC's contracted counselors are fully trained in Trauma-Focused Cognitive Behavioral Therapy [CBT], as required by the National Children's Alliance certification criteria.”

Selected priority: Healing from Interpersonal Violence

Services and People Served

Who will benefit: Children aged 3-18 who have allegedly experienced sexual and serious physical abuse.

Scope of services:

Child-centered, evidence-based, coordinated response; family-friendly space for initial interview and parent meeting; legally-sound, developmentally appropriate child forensic interview; comprehensive case management to help the family navigate the crisis; crisis counseling to the child and non-offending family members; referrals to specialized medical services; and coordination of investigation through multi-disciplinary case reviews.

The MHB contract supports (in part) child forensic interviews, MDT coordination, trauma-focused CBT, trauma screenings, MH assessments, and family advocacy.

Location and frequency of services: office at CUPHD with locked entrance; counseling at consultants’ offices in Champaign, Rantoul, Savoy; available daily. Virtual counseling is an option when in the client’s best interest; virtual mandated reporter training is available to community agencies.

Staff comment: Scope of services as described in the current contract. Previous and current utilization numbers demonstrate the severe responsibility of caring for the abused.

Residency of 182 people served in PY24 and 88 in the first half of PY25:

Champaign	66 for PY24	33 for PY25
Urbana	38 for PY24	26 for PY25
Rantoul	36 for PY24	12 for PY25
Mahomet	9 for PY24	4 for PY25
Other	33 for PY24	13 for PY25

Demographics of 182 people served during PY24:

Age

Ages 0-6 -----	51
Ages 7-12 -----	75
Ages 13-18 -----	56
Race	
White -----	92
Black / AA -----	49
Asian / PI -----	2
Other (incl. Native American, Bi-racial)-	39
Gender	
Male -----	62
Female -----	120
Ethnicity	
Of Hispanic/Latino/a Origin -----	29
Not of Hispanic/Latino/a Origin -----	153

Measures of Client/Participant Access

Eligibility criteria and determination: Children under 18, alleged to have been sexually or seriously physically abused; referrals from law enforcement or IL DCFS; protocol for multidisciplinary investigation outlines criteria guided by National Children’s Alliance standards for Accreditation. (Section identifies team.)

Outreach to eligible people: Referrals exclusively through law enforcement, DCFS, FBI, or Homeland Security.

Within 1 day of referral, 90% of those referred will be assessed.

Within 2 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 6-12 months.

Additional demographic data: Alleged perpetrator’s age, gender, relationship to victim; use of interpreter for investigation; referring entity; date of referral; date of forensic interview/intake; name of individuals observing the forensic interview; type of abuse/allegation; medical treatment received; non-offending caregiver’s age, race, and gender; # children served and previously served by CAC; # youth in care served.

Staff comment: Appropriate brief turnaround time to engagement.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 90% satisfaction with perceived neutral, safe, child and family friendly environment.
2. 85% of referred children attend counseling session based on trauma screening in order to initiate/facilitate healing process.
3. 90% of information gathered in legally sound manner.
4. 100% of caregivers know why they are at CAC.
5. 95% of child victims have a perceived feeling of being safe while at CAC.

Specific assessment tools and data collection:

1. Initial Parent Visit Caregiver Survey - non-offending caregiver, after intake/forensic interview.
2. Counseling spreadsheets - staff track referrals to counseling, attendance, and length of engagement, and compile monthly.
3. Forensic interview monthly report - staff and court clerks report on hearings.
4. Initial Parent Visit Caregiver Survey - non-offending caregiver, after intake/forensic interview.
5. Youth Feedback Survey - victims aged 10-17 after forensic interview.

Outcome data gathered from all participants: Yes.

Will collect outcome data daily for each client served.

Staff comment: Outcomes relate to positive impacts on child and family; each is associated with an appropriate assessment tool; each has a measurable target.

Measures of Utilization

Treatment Plan Clients (TPCs): 130 Champaign County residents interviewed as potential victims or who fit protocol for case management or crisis counseling.

Non-Treatment Plan Clients (NTPCs): 40 total of: Ford County residents or Champaign County residents interviewed as potential non-victim witnesses; considered at risk of harm for child sexual or physical abuse and did not disclose being victimized; adults with intellectual, developmental, or behavioral disability; ‘in courtesy usage’ for out of county or federal investigations.

Service Contacts (SCs): 170 total of contacts with TPCs and NTPCs (Champaign County only)

Community Service Events (CSEs): 8 Child Abuse Prevention Month activities, public presentations, consultations with underserved community groups (other providers and classrooms), and meetings with small groups or to publicize or promote CAC.

Staff comment: Targets continue from PY25 and PY24. It is interesting that TPC target is not increased, given that during the first quarter of PY25, the agency served more than the full annual target.

PY26 Targets	130 TPCs	40 NTPCs	170 SCs	8 CSEs
PY25 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	160	9	65	1
Second Quarter	21	11	32	1
<i>Annual Targets</i>	<i>130 TPCs</i>	<i>40 NTPCs</i>	<i>170 SCs</i>	<i>8 CSEs</i>
PY24 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	120	10	41	1
Second Quarter	32	5	37	0
Third Quarter	22	19	41	1
Fourth Quarter	48	15	63	6
<i>Actual Totals</i>	<i>222 TPCs</i>	<i>49 NTPCs</i>	<i>182 SCs</i>	<i>8 CSEs</i>
<i>Annual Targets</i>	<i>130 TPCs</i>	<i>40 NTPCs</i>	<i>170 SCs</i>	<i>8 CSEs</i>

Financial Analysis

PY2026 CCMHB request: \$63,911

PY2026 total program budget: \$405,102 (revenue)

Current year CCMHB funding (PY2025): \$63,911

Proposed change in CCMHB funding - PY2025 to PY2026 = 0%

CCMHB request is for 16% of total program revenue.

Other program revenue is from United Way \$13,000, Contributions \$1,200, Associated Organization Contributions \$12,463, Illinois Attorney General Grant \$42,000, Illinois VOCA (CACI) \$127,473, DCFS \$145,055.

Personnel costs of \$48,295 are 76% of the requested amount.

Other expenses are Professional Fees/Consultants \$14,195 and Membership Dues \$1,421.

Total agency budget has a surplus of \$7,096, total program budget a surplus of \$35,203, and CCMHB budget is balanced.

Details from personnel form:

The proposal is to cover 30% of salary of the Executive Director, 13% of Family Advocate, and 9% of MDT Coordinator/Forensic Interviewer, all of whom are full-time.

Program staff to be funded by CCMHB: 0.3 Indirect + 0.22 Direct = 0.52 FTEs.

Total program staff: 1 Indirect + 2.5 Direct = 3.5 FTEs.

Staff comments:

Professional Fees will pay for trauma-based counseling for child victims and non-offending caregivers. Membership Dues will pay for membership in the National Children’s Alliance and Children’s Advocacy Center of Illinois.

Capacity for financial clarity: This agency and program are included in Champaign County’s combined audit. All requests for payment are reviewed and approved by the Champaign County Auditor’s Office. In PY24, the agency was 3 weeks late signing their contract. No unspent grant funds resulted in PY23 or PY24.

Budget and program connectedness: The budget forms are projecting a \$35,203 surplus at the program level. The Budget Narrative did not address this surplus or state if it could be used in lieu of CCMHB funds. The difference between the requested amount and the program surplus is \$28,708.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The submitted plan will need to be updated to reflect PY26 as the new timeframe. All new staff and MDT will receive annual training.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes.

Highlights from the submitted CLC Progress Report: A new ED was hired at CAC. The required training was completed during first quarter, about Intersectionality and being trauma-informed in the treatment approach.

Staff comment: The incoming ED should seek consultation to ensure that actions in the CLC Plan are taken.

Criteria for Best Value

Budget and program connectedness (see above).

Participant outcomes (see above).

Self-determination and self-direction in service planning: most services determined by assessment and MDT.

Eliminating disparities in access and care (program specific, see CLC Plan for agency wide details): rural areas of Champaign County are eligible for all CAC services; contracts with cab company to ensure victims have access to the forensic interview and other support; outreach and training to rural law enforcement agencies on how to use CAC facilities and what to expect of multidisciplinary response to abuse investigations.

Promoting inclusion and reducing stigma: CAC staff training on Diversity, Equity, and Inclusion.

Influence of impacted individuals on services and staffing: not addressed, describes client supports.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: includes virtual options as appropriate.

Unique approach: National Children’s Alliance National Standards of Accreditation:

<http://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/>

Staff credentials: Staff meet qualifications according to 2023 National Children’s Alliance accreditation standards. Application describes the previous Executive Director’s credentials; Forensic Interviewer and MDT Coordinator, B.S. in Criminal Justice, 20+ years’ experience working with children in a school setting, certified

forensic interviewer has specialized training in MDT Coordination. PT Forensic Interviewer, B.A. Education, 10 years as a classroom teacher in public schools, 20 years' experience as a police officer which includes 12 years' experience as a detective investigating child sexual abuse, certified as a forensic interviewer, and has been in position for over 10 years.

Other funding and resource leveraging: not used as match for other revenue; other sources of revenue are identified and maximized; people served do not pay a fee, and the program does not participate in Medicaid.

Staff comment: Staff qualifications in the PY26 plan should be updated to describe new Executive Director.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: In PY24, CAC was 3 weeks late signing their contract. The agency should submit their approved board minutes in a timely manner.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: no similar provider; coordination of MDT per protocol.

Written collaborative agreements: DCFS Urbana Field Office; Champaign County State's Attorney's office Victim Witness Advocates and State's Attorney; Champaign County Sheriff; Chiefs of Police of Champaign, Urbana, Rantoul, and UIUC; Illinois State Police Zone 5 Master Sergeant; Carle Child Abuse Safety Team; Carle Hospital Sexual Assault Nurse Examiners; Crisis Clinicians; Ford County State's Attorney and Sheriff, Chiefs of Police of Paxton and Gibson City; RACES.

Referral between providers: Yes, but referral sources are strictly defined (not open-ended.)

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: update program plan staff credentials; unless the forms have errors which could be corrected, develop a budget plan which uses other resources prior to MHB funds - as a lower contract amount, \$28,708 would allow for use of the proposed budget's program surplus.*
- *New special provisions: consultation with the CLC Coordinator; submit agency board minutes to the MHB Operations and Compliance Coordinator quarterly at a minimum (but the new director is currently working with her on sharing minutes, which may make this irrelevant by contract award time.)*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDD/CCMHB staff in writing of any factual errors made by CCDD/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Champaign County Health Care Consumers

Agency mission and info: “Champaign County Health Care Consumers (CCHCC) believes that health care is a basic human right and is dedicated to the mission of working for quality affordable health care for all, and for environmental health and justice. CCHCC organizes individuals and communities to have a voice in the health care system and to affect social change to achieve health justice. CCHCC carries out its mission through direct service, consumer education, advocacy, and community organizing.” Information about the agency, its services, ways to get involved, and more is available at <https://www.healthcareconsumers.org/>.

Program: CHW Outreach and Benefits Enrollment

Request: \$97,139

Why it matters: “... works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs. CHWs help stabilize individuals with resources and benefits, provide case management, and help them navigate the health care system to get their needs met. We establish trust with clients by helping them gain access to needed benefits. We also provide emotional support and help them identify types of services that they need in a non-stigmatizing and supportive way.”

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: People with MH issues, SUD, or self-identifying depression, anxiety, isolation, or issues that affect their mental health and well-being. Some of these issues arise during the benefits enrollment process.

Scope of services:

Enrollment in Medicaid, private plans through the Marketplace, Medicare and associated programs, hospital/clinic financial assistance (Carle’s Community Care Discount & OSF’s Financial Assistance Program), prescription drug assistance, SNAP, SafeLink phone program, and dental and vision care. Case management, referrals and advocacy for other services and resources. Services and materials in English and Spanish.

Location of services: CCCHC office in Champaign, Rosecrance offices, CSCNCC in Rantoul, Daily Bread, STRIDES, libraries, locations where the target population is served; remote options (depending on the client).

Staff comment: Several sites where services are provided, making a broad and diverse reach possible.

Residency of 178 people served in PY24 and 131 in the first half of PY25:

Champaign	66 for PY24	67 for PY25
Urbana	44 for PY24	26 for PY25
Rantoul	15 for PY24	4 for PY25
Mahomet	7 for PY24	3 for PY25
Other	46 for PY24	31 for PY25 (19 were homeless, 2 no data)

(Report includes TPCs and NTPCs)

Demographics of 178 people served during PY24 (some are NTPCs):

Age	
Ages 13-18 -----	3
Ages 19-59 -----	117
Ages 60+ -----	46

Not Available -----	12
Race	
White -----	94
Black / AA -----	54
Asian / PI -----	8
Other (incl. Native American, Bi-racial)-	7
Not Available -----	15
Gender	
Male -----	84
Female -----	90
Other -----	4
Ethnicity	
Of Hispanic/Latino/a Origin -----	12
Not of Hispanic/Latino/a Origin -----	150
Not Available -----	16

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents with MI, SUD, stress, anxiety, depression, grief, or other conditions affecting MH and well-being. Staff establish eligibility; referrals come from behavioral health and other agencies and self-referral/self-report.

Outreach to eligible people: Through public and organizations which may refer clients, extensive referral networks and collaborations, earned and social media, community meetings hosted by the agency, and other community events.

Within 2 days of referral, 90% of those referred will be assessed.

Within 1 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: Months, years - enrollment needed annually and sometimes every six months.

Additional demographic data: conviction history and homelessness.

Staff comment: Reasonable wait times but difficult navigating the healthcare system.

Measures of Client/Participant Outcomes

Outcomes and targets: Rather than numbered outcomes, there is a statement (175 people to be served and approx. 650 applications) that the results of gaining/maintaining health insurance, SNAP, and other benefits/services will be: access to care, prescriptions, food, free phones, dental and vision care, hospital financial assistance, other benefits and services.

Specific assessment tools and data collection:

Client Services Intake Form.

Staff track each client's outcomes using modified software, Salesforce, enhancing service detail and follow-up. Approval of insurance and other benefits applications are trackable; benefits have financial value.

Outcome data gathered from all participants: Yes.

Will collect outcome data daily, with results compiled monthly.

Staff comment: Meaningful positive individual outcomes indirectly expressed as # served and # applications.

Measures of Utilization

Treatment Plan Clients (TPCs): 165 people using more than one contact, possible case management and assistance with benefit enrollment.

Non-Treatment Plan Clients (NTPCs): 10 people (8 new and 2 continuing) using low intensity service or one contact or are very self-sufficient.

Service Contacts (SCs): 920 contacts with those served.

Community Service Events (CSEs): 10 presentations, community events, and agency mtgs plus media (articles and interviews) and distribution of info.

Other: 18 people using Rx fund.

Staff comment: All targets (other than NTPC) are increased for PY26.

PY26 Targets 165 TPCs 10 NTPCs 920 SCs 10 CSEs 18 Other

PY25 First Two Quarters (per submitted Service Activity Reports)

First Quarter 58 3 251 3 2

Second Quarter 69 1 299 5 1

Annual Targets 160 TPCs 25 NTPCs 780 SCs 8 CSEs 11 Other

PY24 All Four Quarters (per submitted Service Activity Reports)

First Quarter 53 9 183 4 2

Second Quarter 31 8 126 6 2

Third Quarter 39 4 172 3 4

Fourth Quarter 28 6 221 5 5

Actual Totals 151 TPCs 27 NTPCs 702 SCs 18 CSEs 13 Other

Annual Targets 160 TPCs 25 NTPCs 780 SCs 8 CSEs 6 Other

Financial Analysis

PY2026 CCMHB request: \$97,139

PY2026 total program budget: \$106,702

Current year CCMHB funding (PY2025): \$86,501

Proposed change in CCMHB funding - PY2025 to PY2026 = 13%

CCMHB request is for 91% of total program revenue.

Other program revenue from Contributions \$5,000, Fundraising \$83, Carle \$2,500, and Rental Income \$1,980.

Personnel costs of \$94,139 are 97% of the requested amount.

Other expenses are Professional Fees/Consultants \$3,000.

Total agency budget has a surplus of \$11,256, total program and CCMHB budgets are balanced.

Details from personnel form:

Includes costs of 20% of full-time Executive Director, 10% of half-time Financial & Communications staff, 30% of one CHW, 28% of another CHW, and 25% of a third.

Program staff to be funded by CCMHB: 0.20 Indirect + 0.93 Direct = 1.13 FTEs.

Total program staff: 0.20 Indirect + 0.93 Direct = 1.13 FTEs.

Staff comments:

The only non-personnel expense is \$3,000 budgeted to Professional Fees to cover a portion of the cost of the financial audit.

Capacity for financial clarity: Personnel Forms do not agree across program applications and will need to be corrected (i.e., total agency columns should match for all programs.)

Budget and program connectedness: The Budget Narrative provides program-specific details and addresses the 13% increased request amount, stating “a result of cost of living/performance raises for staff, and

increases in health insurance coverage.” These increases are necessary to “achieve a greater level of staff retention.” It does not address the \$11,256 agency surplus or if that could be used in lieu of CCMHB funds. **If applicable, audit findings:** PY2024 agency audit was submitted 11/04/24, with continued caution about segregation of duties and no unspent funds to be returned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: CCHCC Executive Director, Board, and Staff will attend one workshop, conference, and/or training per fiscal year. Their written materials are provided in English and Spanish. Language preference is offered when the language needs are established. Effective outreach is a collaborative process with community partners and clients to develop outreach locations and communication needs.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes.

Highlights from the submitted CLC Progress Report: CLC Training has not been completed for Q2 and is not ideal for completion during the 2nd Quarter. CCHCC continues to utilize client tracking software to ensure clients’ information about their needs and language preferences are captured.

Staff comment: CCHCC has reached out to schedule CLC Training to complete in Q3 PY25. A CLC Site Visit will be completed to learn about how additional TA and Support can be provided to ensure contract requirements.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: self-referrals; client input on needs and priorities.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): many service sites across the county, virtual options, and community events/collaborations; some walk-in hours; longstanding well known organization partnering with others on behalf of underserved minority populations; information shared in social media, email, through law enforcement, etc.

Promoting inclusion and reducing stigma: by increasing access to behavioral health care and other resources, by treating people with dignity and respect.

Influence of impacted individuals on services and staffing: 40% of board members have lived experience, 55% of staff have direct lived experience, and the rest have lived experience within their families.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Unique approach: data that older low-income residents are underenrolled - <https://www.ncoa.org/benefits-participation-map?ids=17019&program=snap>; Community Health Worker approach, links support its impact - <http://www.communitycatalyst.org/resources/publications/document/Community-Catalyst-CHW-Issue-Brief-1.pdf?tr=y&auid=16204507> and <http://www.commonwealthfund.org/publications/fund-reports/2014/may/addressing-patients-social-needs>

Staff credentials: many years of experience with benefits enrollment and case management; bilingual Spanish – English; federally Certified Application Counselors; a state-certified All Kids Application agency.

Other funding and resource leveraging: Not used as match for other revenue. People are not asked to pay a fee, no other payment sources (not billable to insurance), and the program is not eligible for Medicaid.

Staff comment: If other entities (Public Health, e.g.) fund Community Health Workers, is the agency eligible?

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: The last time CCHCC's payments were paused due to delayed reporting was for the fourth quarter of PY20; no other compliance concerns.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see Criteria for Best Value above).

Coordinated system: describes partnerships with many related providers.

Written collaborative agreements: Rosecrance, Champaign County Jail, Cunningham Township, City of Champaign Township, STRIDES, Schnucks Rx Pharmacy, UIUC School of Social Work, OSF Hospital, Carle, Cunningham Children's Home, CRIS, Family Service, Daily Bread, New American Welcome Center, Continuum of Service Providers to the Homeless.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: resolve discrepancies in personnel forms across programs; clarify whether agency revenue surplus can be used to lower the cost to the MHB.*
- *Appropriate for a two-year contract term.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Champaign County Health Care Consumers

Agency mission and info: “Champaign County Health Care Consumers (CCHCC) believes that health care is a basic human right and is dedicated to the mission of working for quality affordable health care for all, and for environmental health and justice. CCHCC organizes individuals and communities to have a voice in the health care system and to affect social change to achieve health justice. CCHCC carries out its mission through direct service, consumer education, advocacy, and community organizing.” Information about the agency, its services, ways to get involved, and more is available at <https://www.healthcareconsumers.org/>.

Program: Justice Involved CHW Services & Benefits

Request: \$103,284

Why it matters: “... will help support and help advance the well-being of people in our community who are or have been involved with the criminal justice system. Helping people access public benefits and health care resources can help bring more stability to their lives, thereby helping to improve behavioral health and reduce negative consequences. The services we provide are fundamental for the reentry process...”

Selected priority: Safety and Crisis Stabilization.

Services and People Served

Who will benefit: Residents who are in the criminal justice system and have MH or SUD problems.

Scope of services: Enrollment in Medicaid, private plans through the Marketplace, Medicare and associated programs, hospital/clinic financial assistance (and help with new patient packet), prescription drug assistance, SNAP, SafeLink phone program, and dental and vision care. Case management, referrals and advocacy for other services and resources, including housing programs.

Location of services: Champaign County Jail, CCHCC office in Champaign, all Rosecrance offices, CSCNCC in Rantoul, Daily Bread, other locations where the target population is served, various remote formats (depending on the client), and communication via third parties (Rosecrance or Jail staff) on behalf of the client.

Staff comment: Seeking a 2-year grant for this contract. Scope of services similar to their CHW program except the focus is on those in the criminal justice system.

Residency of 134 people served in PY24 (some were NTPCs) and 59 in the first half of PY25:

Champaign	58 for PY24	31 for PY25
Urbana	40 for PY24	14 for PY25
Rantoul	10 for PY24	6 for PY25
Mahomet	2 for PY24	3 for PY25
Other	24 for PY24	5 for PY25

Demographics of 134 people served during PY24 (some were NTPCs):

Age	
Ages 19-59 -----	123
Ages 60+ -----	4
Not Available -----	7
Race	

White -----	58
Black / AA -----	60
Asian / PI -----	0
Other (incl. Native American, Bi-racial)-	4
Not Available -----	12
Gender	
Male -----	105
Female -----	29
Ethnicity	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	126
Not Available -----	7

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents with MI, SUD, or homelessness, and criminal justice system involvement. People with MI or SUD returning from IDOC facilities.

Outreach to eligible people: Referrals from Rosecrance staff, Jail staff, other service providers and law enforcement. Outreach through Rosecrance and CCHCC staff who work within the jail, IDOC, and various organizations (many listed.)

Within 2 days of referral, 80% of those referred will be assessed.

Within 1 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: months/years, with annual and semi-annual enrollments for some benefits.

Additional demographic data: conviction history and homelessness, will add other details as the new tracking software is able.

Staff comment: The application states that all who are booked at the Jail receive brief screening for MI or SUD, but this is no longer the practice (according to Corrections staff and leadership.)

Measures of Client/Participant Outcomes

Outcomes and targets: Rather than numbered outcomes, there is a statement (including 110 people to be served and 220-300 applications made) that the results of gaining/maintaining health insurance, SNAP, and other benefits/services will be: access to care, prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services.

Anticipate 110 applications for Medicaid/SNAP, 60 for hospital financial assistance, and 25 clients for Rx Fund.

Specific assessment tools and data collection:

Client Services Intake Form to track benefits and services needed.

Services and specific applications and approvals tracked in Salesforce database for each client.

Outcome data gathered from all participants: Yes.

Will collect outcome data daily with each client encounter, results compiled monthly.

Staff comment: Outcomes relate to indirect positive impacts on people served, with total # targets; data tools are identified.

Measures of Utilization

Treatment Plan Clients (TPCs): 110 people (85 new, 25 continuing) using more than one contact, with possible case management needs.

Non-Treatment Plan Clients (NTPCs): 25 people using low intensity service or one contact, established clients who are self-sufficient, or those not eligible for Medicaid and SNAP due to sentencing to IDOC.

Service Contacts (SCs): 230 contacts with those served.

Community Service Events (CSEs): 10 public presentations, adult ed programs, meetings between agencies, earned media (articles and interviews), and informational materials distributed.

Other: 25 people using Rx fund

Staff comment: All targets (other than NTPC) are increased for PY26.

PY26 Targets 110 TPCs 25 NTPCs 230 SCs 10 CSEs 25 Other

PY25 First Two Quarters (per submitted Service Activity Reports)

First Quarter 25 2 44 6 2

Second Quarter 31 1 47 3 1

Annual Targets 75 TPCs 25 NTPCs 200 SCs 8 CSEs 10 Other

PY24 All Four Quarters (per submitted Service Activity Reports)

First Quarter 34 9 45 9 3

Second Quarter 24 5 57 5 2

Third Quarter 20 4 51 4 3

Fourth Quarter 26 4 43 4 4

Actual Totals 104 TPCs 22 NTPCs 196 SCs 22 CSEs 12 Other

Annual Targets 75 TPCs 8 NTPCs 200 SCs 8 CSEs 10 Other

Financial Analysis

PY2026 CCMHB request: \$103,284

PY2026 total program budget: \$115,083

Current year CCMHB funding (PY2025): \$90,147

Proposed change in CCMHB funding - PY2025 to PY2026 = 15%

CCMHB request is for 90% of total program revenue.

Other program revenue from Contributions \$4,000, Fundraising \$83, Carle \$6,000, and Rental Income \$1,716.

Personnel costs of \$100,284 are 97% of the requested amount.

Other expenses are Professional Fees/Consultants \$3,000.

Total agency budget has a surplus of \$11,256, total program and CCMHB budgets are balanced.

Details from personnel form:

Includes costs of 15% of full-time Executive Director, 10% of half-time Financial & Communications staff, 15% of 0.90 FTE Community Health Worker, 75% of a full-time CHW, 20% of another full-time CHW.

Program staff to be funded by CCMHB: 0.30 Indirect + 1.05 Direct = 1.35 FTEs.

Total program staff: 0.30 Indirect + 1.05 Direct = 1.35 FTEs.

Staff comments:

The only non-personnel expense is \$3,000 budgeted to Professional Fees to cover a portion of the cost of the financial audit.

Capacity for financial clarity: Personnel Forms do not agree across program applications and will need to be corrected (i.e., total agency columns should match for all programs.)

Budget and program connectedness: The Budget Narrative provides program-specific details and addresses the 15% increased request amount, stating “a result of cost of living/performance raises for staff, and

increases in health insurance coverage.” These increases are necessary to “achieve a greater level of staff retention.” It does not address the \$11,256 agency surplus or if that could be used in lieu of CCMHB funds. **If applicable, audit findings:** PY2024 agency audit was submitted 11/04/24, with the continued caution about segregation of duties and no unspent funds to be returned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: CCHCC Executive Director, Board, and Staff will attend one workshop, conference, and/or training per fiscal year. Their written materials are provided in English and Spanish. Language preference is offered when the language needs are established. Effective outreach is a collaborative process with community partners and clients to develop outreach locations and communication needs.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes.

Highlights from the submitted CLC Progress Report: CLC Training has not been completed for Q2 and is not ideal for completion during the 2nd Quarter. CCHCC continues to utilize client tracking software to ensure clients’ information about their needs and language preferences are captured.

Staff comment: CCHCC has reached out to schedule CLC Training to complete in Q3 PY25. A CLC Site Visit will be completed to learn about how additional TA and Support can be provided to ensure contract requirements.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: client input on needs and priorities.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): focus on people in the jail (who tend to be primarily residents of Champaign and Urbana), though referrals from other organizations may include rural residents; outreach through social media, flyers in public sites, easy to understand written information, and materials in Spanish.

Promoting inclusion and reducing stigma: targets justice involved people who have MH or SUD needs, who tend to be under-enrolled in benefits; by increasing access to behavioral health care and other resources; by treating people with dignity and respect.

Influence of impacted individuals on services and staffing: focus groups in the jail to hear directly from people; while no current staff members have lived experience with incarceration, three have family members who have, and they have seen the impact on their own families.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: some virtual services.

Unique approach: Health Care Transitions for Individuals Returning to the Community from a Public Institution: Promising Practices Identified by the Medicaid Reentry Stakeholder Group

<https://aspe.hhs.gov/sites/default/files/documents/d48e8a9fdd499029542f0a30aa78bfd1/health-care-reentry-transitions.pdf> - a number of other supporting articles are cited and linked.

Staff credentials: CHW with many years of experience serving justice-involved people, bi-lingual in English and Spanish, and certified via Certified Application Counselors for the purpose of enrolling customers in Medicaid or private health insurance through the marketplace; ongoing regular training and certification to maintain this status; experienced community collaborator; a state-certified All Kids Application agency.

Other funding and resource leveraging: not to be used as match for another source of revenue; no other sources of payment are available; people are not asked to pay a fee; not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: The last time CCHCC's payments were paused due to delayed reporting was for the fourth quarter of PY20; no other compliance concerns.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: describes relationships with relevant organizations

Written collaborative agreements: Rosecrance Central Illinois, Champaign County Jail, Cunningham Township, City of Champaign Township, STRIDES, Schnucks Rx Pharmacy, UIUC School of Social Work, OSF Hospital, Carle, Cunningham Children's Home, CRIS, Family Service, Daily Bread, New American Welcome Center, Continuum of Service Providers to the Homeless.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: resolve discrepancies in personnel forms across programs; clarify whether agency revenue surplus can be used to lower the cost to the MHB.*
- *Appropriate for a two-year contract term.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Community Service Center of Northern Champaign County

Agency mission and info: “Our mission is to support Northern Champaign County residents by improving their social conditions and ensuring access to essential resources.” More information is at <https://cscrantoul.org/>.

Program: Resource Connection

Request: \$70,667

Why it matters: “... reducing barriers to access and care in the County outside of Champaign and Urbana. Area agencies provide mental health and substance abuse services, where 54% of our clients are minorities and many lack transportation to access services elsewhere. We provide many services, including food delivery to those with disabilities, thus increasing the social determinants of health... increasing access to community-based care and supporting people from crisis to stabilization, assisting with homeless/transient care, youth and adult food access, utilities, prescriptions, etc.”

Selected priority: Closing the Gaps in Access and Care. Also aligns with Safety and Crisis Stabilization.

Services and People Served

Who will benefit: Low-income families, transient/homeless persons, individuals experiencing crisis. Hosts other agencies providing MH, SUD, and social services, to increase access for northern County/rural residents.

Scope of services: Office space for over 12 agencies; Case management and follow-up for frequent users of food pantry and basic needs services; Advocacy/referrals; Screening and referral for youth recreational scholarship program; On-site emergency food pantry; Food delivery; On-site food pantry for Rantoul HS students; Assistance with utility and prescription payments; Senior transportation; Clothing/shelter coordination and referral; Holiday Bureau food baskets/vouchers; Translation, advocacy, etc for Spanish speakers; Clothing Center referrals (plus school supplies); Public phone service; Fax and copy service (small fee); Computer access and assistance; Information/referral (other agency brochures); Bilingual information/referrals; Notary public.

Location and frequency of services: Rantoul office, services, walk-in, and by phone 8:30AM-4:30PM M-F; Office space for others, any hours; Food pantry 10AM-4PM M-F.

Staff comment: Agency helps increase access to MH services for individuals in Rantoul and surrounding areas. Demographic and residency data reported (and summarized below) demonstrate the reach this program intends to have. The numbers served are for the total agency, as the MHB contract pays for a bit of everything.

Residency of 739 people served in PY24 and 277 in the first half of PY25:

Champaign	44 for PY24	24 for PY25
Urbana	27 for PY24	15 for PY25
Rantoul	560 for PY24	189 for PY25
Mahomet	5 for PY24	1 for PY25
Other	53 for PY24	27 for PY25
Unknown	50 for PY24	21 for PY25

Demographics of 739 people served during PY24:

Age	
Ages 13-18 -----	8
Ages 19-59 -----	485

Ages 60+ -----	91
Not Available -----	155
Race	
White -----	190
Black / AA -----	102
Asian / PI -----	2
Other (incl. Native American, Bi-racial)-	8
Not Available -----	91
Gender	
Male -----	275
Female -----	324
Not Available -----	186
Ethnicity	
Of Hispanic/Latino/a Origin -----	211
Not of Hispanic/Latino/a Origin -----	342
Not Available -----	140

Measures of Client/Participant Access

Eligibility criteria and determination: Low-income residents (esp from the 9 northernmost townships) in need of help with MH or social services; assistance for homeless/transient individuals. Picture ID, recent proof of residence; for homeless individuals, Central Intake at RPC.

Outreach to eligible people: Articles and occasional newspaper ad; staff from Village and agencies and churches; social media, website, brochures; word of mouth.

Within 0 days of referral, 50% of those referred will be assessed.

Within 0 days of assessment, 99% of those assessed will engage in services.

People will engage in services, on average, for: one time or monthly, depending on service.

Additional demographic data: level of education, employment, and disability status.

Staff comment: A necessary community resource that provides various services and organizations that address essential needs for residents.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Better access to MH/social services.
2. Increased psychological well-being.
3. Decreased food insecurity.

Specific assessment tools and data collection:

1. Annual survey - clients check all services (CSCNCC and 15+ agencies seeing clients in the building.)
In agency database, staff document # and type of referrals.
2. Annual survey includes Personal Well-Being Index-Adult - clients provide data.
3. Annual survey has 2 items from US Household Food Security Survey – clients provide data.

Outcome data gathered from all participants: No. Survey of 10% of clients (approx. 150)

Will collect outcome data monthly or less, depending on how often they see an individual; annual survey to those who consent, are able, and are present when survey administered.

Staff comment: Application includes a note that they do not have the capacity to set and measure numeric targets/timeframes beyond the annual satisfaction survey. This was a target program of the evaluation capacity building team in PY19. The agency participated in the evaluation team’s workshop in November 2024.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 1500 unduplicated households receiving direct services.

Service Contacts (SCs): 3100 requests for information or referral.

Other: 900 contacts other agencies using the CSCNCC facility have with clients.

Staff comment: Specific targets and definitions have been updated with this proposal.

PY26 Targets	1500 NTPCs	3100 SCs	900 Other	
PY25 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	974	886	1	240
Second Quarter	139	936	0	226
<i>Annual Targets</i>	<i>1100 NTPCs</i>	<i>3500 SCs</i>	<i>0 CSEs</i>	<i>2100 Other</i>
PY24 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	1065	984	1	212
Second Quarter	186	882	0	220
Third Quarter	140	480	3	318
Fourth Quarter	134	761	2	240
<i>Actual Totals</i>	<i>1525 NTPCs</i>	<i>3107 SCs</i>	<i>6 CSEs</i>	<i>990 Other</i>
<i>Annual Targets</i>	<i>1100 NTPCs</i>	<i>3500 SCs</i>	<i>0 CSEs</i>	<i>2100 Other</i>

Financial Analysis

PY2026 CCMHB request: \$70,667

PY2026 total program budget: \$293,260 (same as total agency budget)

Current year CCMHB funding (PY2025): \$68,609

Proposed change in CCMHB funding - PY2025 to PY2026 = 3%

CCMHB request is for 24% of total program/agency revenue.

Other program revenue is from United Way \$42,047, Contributions \$91,440, Fundraising \$17,500, Village of Rantoul \$21,000, Ludlow Township \$1,500, Rantoul Township \$3,000, Compromise Township \$1,000, Village of Thomasboro \$1,000, Emergency Food and Shelter Program \$9,500, Sales of Goods and Services \$1,100, Interest Income \$15,900, Rental Income \$17,300, and Miscellaneous \$306.

Personnel costs of \$70,667 are 100% of the requested amount.

Total agency/program, and CCMHB budgets are balanced.

Details from personnel form:

Includes costs of 68% of the salary of a 0.85 FTE Secretary/Bookkeeper, 48% of full-time Service Coordinator, 45% of full-time Intake Coordinator, and 16% of full-time Executive Director.

Program staff to be funded by CCMHB: 0.48 Indirect + 1.29 Direct = 1.77 FTEs.

Total program (and agency) staff: 1.40 Indirect + 2.16 Direct = 3.56 FTEs.

Staff comments:

The increased request reflects salary increases in hopes to “attract and retain talent.”

Capacity for financial clarity: No items of concern noted.

Budget and program connectedness: Budget and Budget Narrative supports the Program Plan Narrative.

If applicable, audit findings: PY2024 agency financial review was submitted 12/23/24, with caution about segregation of duties and no unspent funds to be returned. PY23 financial review was 21 days late.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: CLC Training is provided for the staff and board of directors annually. There are resource guides available for clients to access interpreters for language services. There are people that are on the board of directors that has receives services from the CSCNCC. The CLC Plan is reviewed semi-annually and is revised if needed. They also have incorporated Trauma-Informed values in their reporting and client files.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes.

Highlights from the submitted CLC Progress Report: There was a survey that was conducted with 150 households. The results revealed 4.79 out of 5 of client satisfaction. The agency website is bilingual as well as the social media posts. Google Translate software is utilized when there is not an interpreter is not available. There are people with lived experience on the board of directors.

Staff comment: CSCNCC has scheduled their annual CLC Training course for the 3rd quarter for the staff and Board of Directors. This organization continues to reach rural residents of Northern Champaign County that may not have access to resources in their neighborhood.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: variety of resources, treatment plans not a focus.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): program information translated into Spanish/Google Translate to communicate with others, attend minority churches and work with various cultural centers to keep those entities informed of services and programs.

Promoting inclusion and reducing stigma: longstanding agency with reputation for treating everyone with dignity and respect.

Influence of impacted individuals on services and staffing: board members and over 50% of staff members have lived experience; clients asked for feedback on services in annual Customer Service Survey; centrally located in the community and accessible by public transportation.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: virtual options for other agencies to see clients onsite.

Unique approach: Rethinking Rural Human Service Delivery in Challenging Times: The Case for Service Integration: https://rupri.org/wp-content/uploads/ServiceIntegration_Feb2010.pdf

Staff credentials: All staff have CLC training. Executive Director has an MBA in Applied Management, Service Coordinator has an MA in Aging Studies, a BSW in Social Work; Secretary/bookkeeper has 30+ years' experience in bookkeeping; New Intake Worker has experience in administrative and HR assistance and case management.

Other funding and resource leveraging: Not a match for other revenue; other sources of revenue are identified; people do not pay a fee; program is not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: None.

All forms submitted by deadline: Yes. Submitted February 3, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes, some indirect.

Evidence that other sources of funding have been maximized (see Criteria for Best Value above).

Coordinated system: Yes; and other organizations use the center to offer services part-time.

Written collaborative agreements: Rosecrance, Courage Connection, Cunningham Children’s Home, CUPHD, GROW, New American Welcome Center, Continuum of Service Providers for the Homeless, Refugee Center, Family Service, and Care Horizon.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Crisis Nursery

Agency mission and info: “Crisis Nursery creates an “Island of Safety” dedicated to the prevention of child abuse and neglect by providing 24-hour emergency care for children and support to strengthen families in crisis. Crisis Nursery is the only emergency-based childcare facility in Champaign County that is open 24 hours, 365 days a year for the entire community to access with no fee or income eligibility.” The agency’s website, <https://crisisnursery.net/>, offers information about programs, events, employment opportunities, and more.

Program: Beyond Blue - Champaign County

Request: \$90,000

Why it matters: “... support to mothers experiencing perinatal depression... focuses 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 who are identified as experiencing perinatal depression and then blends this programming with our Prevention Initiative funding through the Illinois State Board of Education which focuses on the development of children birth-3 years.”

Selected priority: Thriving Children, Youth, and Families

Services and People Served

Who will benefit: Mothers with or at risk of perinatal depression, with children under 1 year of age.

Scope of services: Relationship-centered, family-focused treatment using Mothers and Babies curriculum, which is evidence-based and guided by cognitive behavioral therapy (CBT) and attachment theory.

At entry, patients are screened using the Edinburgh Postnatal Depression Scale (EDPS).

Home visits to assess symptoms and provide education and crisis counseling.

PCI groups to unite mother and baby, prevent social isolation, discuss child development, show healthy relationships, and improve mother and baby self-reliance and self-regulation.

Ages and Stages (ASQs) Questionnaires used to track child development and early identification of social-emotional (ASQ-SE) challenges.

Support groups; free crisis care 24 hours/365 days a year; respite; linkage to other services and resources; community and provider education on perinatal depression and this program; external consultation with mental health professional.

Location and frequency of services: Services at the office, clients’ homes and neutral sites in community.

Home visits biweekly, groups weekly; virtual options offered for flexibility.

Staff comment: The agency is making widespread efforts to help underserved and rural residents.

Residency of 14 people served in PY24 and 15 in the first half of PY25:

Champaign	6 for PY24	5 for PY25
Urbana	6 for PY24	6 for PY25
Rantoul	2 for PY24	3 for PY25
Mahomet	0 for PY24	0 for PY25
Other	0 for PY24	1 for PY25

Demographics of 14 people served during PY24:

Age

Ages 19-59 -----	14
Race	
White -----	8
Black / AA -----	4
Asian / PI -----	1
Other (incl. Native American, Bi-racial)-	1
Gender	
Female -----	14
Ethnicity	
Of Hispanic/Latino/a Origin -----	4
Not of Hispanic/Latino/a Origin -----	10

Measures of Client/Participant Access

Eligibility criteria and determination: Mothers with or at risk of PD, with children under age 1. Determined by presence of CDC-identified risk factors and score of 10 or greater on EDPS. Identified by agency staff, CUPHD’s WIC/Family Management units, area healthcare providers, Home Visiting Consortium partners, or program participants.

Outreach to eligible people: Through referral sources listed; through program info/materials in Carle Labor and Delivery patient packets or to OSF pediatricians and providers; through agencies, churches, medical professionals (rural and urban), and the Home Visitors Consortium.

Within 2 days of referral, 80% of those referred will be assessed.

Within 7 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: 12 months. Range of service varies from 3-21 months.

Additional demographic data: Income, # family members in the home, homeless status of family, DCFS involvement, and DCFS eligibility.

Staff comment: Reasonable outreach for the type of service.

Measures of Client/Participant Outcomes

Outcomes and targets: (All pertain to mothers.)

1. Gain information about the effects of PD on babies.
2. Have a decrease in depressive symptoms.
3. Develop greater understanding of child’s developmental needs and ability to meet them in positive and growth-producing interactions.
4. Learn to reduce stress, seek resources, and broaden networks.
5. Improve capacity to engage fully in a reciprocal relationship with their babies, resulting in optimal development of the baby, more successful and satisfying parenting, and greater security for both.

Specific assessment tools and data collection:

1. EDPS - Family Specialists administer quarterly.
2. ASQ - Family Specialists administer at entry and again if delay is indicated.
- 3-5. ARCH-CR1 - Family Specialists administer annually to measure client’s sense of well-being and acquisition of parenting skills.

Additional indicators of progress:

1. Baby Talk Individual Family Goal Plan
2. PICCOLO observation tool
3. Agency safety checklist
4. Mothers and Babies Provider Post-Implementation Survey (at end of curriculum)

5. "Alternatives to respite care" survey

Outcome data gathered from all participants: Yes.

Will collect outcome data EDPS quarterly, ARCH CR1 annually.

Staff comment: Excellent outcomes and appropriate assessment tools. Specific targets could be added. This was a target program of the evaluation capacity building team in PY20. The agency participated in the evaluation team's workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 21 = 11 rural + 10 CU mothers at risk of PD.

Non-Treatment Plan Clients (NTPCs): 49 = 25 rural + 24 CU; 21 infants and expected infants of participating mothers + other family members.

Service Contacts (SCs): 265 = 135 rural + 130 CU; screenings, home visits, referral contacts for TPC and NTPC.

Community Service Events (CSEs): 75 = 10 PCI groups (5 rural and 5 CU) + 10 PD support groups (5 rural and 5 CU) + 16 meetings with referral sources (9 rural and 7 CU) + 32 presentations to community groups (17 rural and 15 CU) + 2 media contacts + program page on agency website/facebook.

Other: 485 hours of crisis and respite care (248 for rural mothers + 237 for CU mothers), depending on family needs and wants.

Staff comment: Targets have been adjusted for PY26.

PY26 Targets	21 TPCs	49 NTPCs	265 SCs	75 CSEs	485 Other
PY25 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	8	19	41	23	70
Second Quarter	7	14	84	18	182.75
<i>Annual Targets</i>	<i>24 TPCs</i>	<i>56 NTPCs</i>	<i>300 SCs</i>	<i>86 CSEs</i>	<i>550 Other</i>
PY24 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	5	19	54	19	0
Second Quarter	3	10	65	54	56.5
Third Quarter	3	8	72	35	261.5
Fourth Quarter	3	3	71	38	378.25
<i>Actual Totals</i>	<i>14 TPCs</i>	<i>40 NTPCs</i>	<i>262 SCs</i>	<i>146 CSEs</i>	<i>696.25 Other</i>
<i>Annual Targets</i>	<i>30 TPCs</i>	<i>70 NTPCs</i>	<i>380 SCs</i>	<i>86 CSEs</i>	<i>925 Other</i>

Financial Analysis

PY2026 CCMHB request: \$90,000

PY2026 total program budget: \$215,445

Current year CCMHB funding (PY2025): \$90,000

Proposed change in CCMHB funding - PY2025 to PY2026 = 0%

CCMHB request is for 42% of total program revenue.

Other program revenue is from United Way \$15,000, Contributions \$70,445, Fundraising \$25,000, DHS DFI \$15,000.

Personnel costs of \$83,000 are 92% of the requested amount.

Other expenses are Professional Fees/Consultants \$600, Consumables \$1,000, General Operating \$1,000, Occupancy \$2,500, Conferences/Staff Development \$900, Local Transportation \$800, and Lease/Rental \$200.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

Includes cost of 3% of salary of Executive Director, 37% of two Family Specialists and Strong Families Coordinator, and 5% of Director of Quality Improvement (all full-time.)

Program staff to be funded by CCMHB: 0.03 Indirect + 1.16 Direct = 1.19 FTEs.

Total program staff: 0.3 Indirect + 2.5 Direct = 2.80 FTEs.

Staff comments:

Occupancy Expense will cover a pro-rated portion of Crisis Nursery’s insurance, maintenance, and utilities. General Operating Expense will cover postage, printing, advertising, and public awareness.

Capacity for financial clarity: No items of concern noted.

Budget and program connectedness: Budget Narrative supports the program plan with detail on agency and program revenues, explanation of each program expense category, and relationship of each staff member to the program activities.

If applicable, audit findings: PY2024 agency audit was submitted 12/30/24, with no findings and no unspent funds to be returned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: CN has a practice that promotes employee retention by offering 3 holiday gift days based on their religious preferences for full-time staff. All Spanish speaking clients have access to an interpreter or the language line with accessing services at CN. CN holds annual CLC training for staff and board members and the CLC Plan is reviewed. The staff will read and sign an agreement that the CLC Actions and Practices will be implemented.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: CN held several training courses in Conscious Discipline and Cultural Differences in parenting. Directors/Supervisors meet biweekly to ensure that families are being adequately served. This also promotes collaboration and open communication about any changes and practices that are implemented at Crisis Nursery.

Staff comment: It was noted that there are no former clients to serve on the advisory board. There were former clients selected and due to scheduling and availability of the former clients, they were not able to serve in an advisory capacity. It was noted that this is an area that will be addressed as often as possible.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: screening and assessment determine need; groups tailored to individual need; mothers observe their thoughts, emotions, body, behavior (reducing isolation)

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): a longstanding purpose of the program is to reach rural residents (at over half of total served); many referral sources (schools, clinics, etc) and relationships in rural areas and with members of historically underinvested populations; flexibility of service site includes homes and non-traditional locations and virtual options.

Promoting inclusion and reducing stigma: by building trusting relationships through home visits and follow-ups; access to community groups/resources.

Influence of impacted individuals on services and staffing: home visits and groups tailored to individual need.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: virtual home visits and Parent-Child Interaction groups available to clients.

Unique approach: Parent-Child Interaction groups aligned with the PIWI Philosophy.

(http://csefel.vanderbilt.edu/resources/training_piwi.html), Perinatal Depression evidence-based tool to screen mothers at risk of perinatal depression.

(<http://perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm>),

Child development is screened and tracked using the ASQ and ASQ-SE tools.

(<https://agesandstages.com/free-resources/articles/using-asq-3-and-asqse-2-together/>)

Staff credentials: Executive Director has an Ed.M., MSW and LCSW, Director of Quality Improvement has an MSW and LCSW. Family Specialists hold a Bachelor's or Master's degree in education, social services or related fields, and have experience working with parents and children through 1 year of age.

Other funding and resource leveraging: CN services are free for all residents of Champaign County. CN utilizes funds from donations/annual events to help support the additional expenses related to the Beyond Blue program. Currently, there are no other sources of funding available to support this program in the community.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: None.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (*see Criteria for Best Value above*).

Coordinated system: no similar service free of cost; partnerships with home visiting and related providers.

Written collaborative agreements: *Champaign County Home Visiting Consortium:*

G.R.E.A.T. Start at CUPHD, Champaign County Head Start/Early Head Start, CU Early – Urbana Champaign School Districts, Healthy Start at The Baby Fold, Parent Wonders at DSC, Brightpoint's Healthy Families and Doula program, Carle's Healthy Beginnings and Family Foundation programs

Champaign County Continuum of Service Providers to the Homeless:

Carle Health – Community Health Initiatives, Center for Youth & Family Solutions, CCRPC, Champaign-Ford ROE, Champaign Park District, CUPHD, Child Care Resource Service, City of Champaign, City of Urbana, CSCNCC, Courage Connection, C-U at Home, Cunningham Children's Home, Cunningham Township, DSC, Eastern Illinois Foodbank, GCAP of East Central Illinois, Habitat for Humanity of Champaign County, Housing Authority of Champaign County, Land of Lincoln Legal Aid, Pavilion, Rosecrance, Salvation Army, United Way, UIUC School of Social Work, UP Center, Crisis Nursery Coalition of Illinois, DHS, RACES, Family Advocacy Center

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- Consider continuing PY25 special provisions; the goal for 51% rural may be harder than previously.

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDD/CCMHB staff in writing of any factual errors made by CCDD/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: DSC (Developmental Services Center)

Agency mission and info: “DSC supports people in living a rich and meaningful life.” The agency’s website, <http://www.dsc-illinois.org>, describes impact, upcoming events, all agency programs, and more.

Program: Family Development

Request: \$702,000 - a DD program

Why it matters: “... responding to the needs of young children and their families with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children who have disabilities, delays in development or a medical diagnosis that typically results in development delays. Strategies are introduced to support families and help children learn essential skills and improve developmental and educational growth and desired outcomes.”

Selected priority: Collaboration with the CCDDDB (Young Children and their Families)

Services and People Served

Who will benefit: Champaign County children (birth to 5) with DD, delay, or risk; their families.

Free developmental screenings using Ages & Stages Questionnaire (ASQ-3) to assess communication, gross motor, fine motor, problem solving, and personal-social. Referrals to resources such as schools, Early Intervention (EI), Child & Family Connections (CFC), Champaign County Home Visiting Consortium, Head Start. FD helps families with referral and intake process. Developmental Therapy, Speech Therapy, Occupational Therapy, Physical Therapy, Developmental Play Groups, Parent Support Groups, PLAY Project, linkage and collaboration, assistance identifying need, support in home programming, and consultation. CCMHB funding for skilled providers offering wraparound support and services which are not billable to other payers.

Location and frequency of services: Screenings in family homes, community settings, and agency locations. Home visits in family homes or virtual, screenings in local childcare and community centers, rural public schools, public events. Play groups held in community spaces. Weekly to monthly services, based on need.

Staff comment: Fills in gaps to serve clients who do not meet state funding requirements, and services that are not billable. Uses various funding to provide uninterrupted care with familiar providers, as children make gains; community and home based are positive; makes conscious effort to reach rural areas of the County.

Residency of 831 people served in PY24 and 908 in the first half of PY25:

Champaign	324 for PY24	336 for PY25
Urbana	157 for PY24	179 for PY25
Rantoul	121 for PY24	145 for PY25
Mahomet	73 for PY24	85 for PY25
Other	156 for PY24	163 for PY25

Demographics of 831 people served during PY24:

Age		
Ages 0-6	-----	831
Race		
White	-----	506

Black / AA -----	183
Asian / PI -----	58
Other (incl. Native American, Bi-racial)-	84
Gender	
Male -----	483
Female -----	348
Ethnicity	
Of Hispanic/Latino/a Origin -----	125
Not of Hispanic/Latino/a Origin -----	706

Measures of Client/Participant Access

Eligibility criteria and determination: Children, birth to age 5, with or at risk of DD or delay, county residency, assessed need for service. Developmental screenings (ASQ-3) and initial and ongoing evaluations to identify appropriate therapy services.

Outreach to eligible people: Through collaboration with hospitals, clinics, childcare centers, Crisis Nursery, local prevention initiative programs, other agencies; through outreach events (lists four examples); Developmental screener participates in quarterly screening events in conjunction with the Home Visiting Consortium; and Child and Family Connections refers children to FD therapists.

Within 14 days of referral, 100% of those referred will be assessed.

Within 30 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: participation and services vary (length of time not estimated)

Additional demographic data: N/A

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 90% of caregivers will feel more competent/comfortable in meeting/supporting/advocating for their child's needs.
2. 90% of children will progress in goals identified on their Individualized Family Service Plan (IFSP).

Specific assessment tools and data collection:

1. Caregiver surveys to random sample of families at end of year - self-reported comfort and confidence, plus questions to reflect evidence-based best practice and feedback on program principles.
2. IFSP goals and strategies for services and outcome measures based on initial and ongoing evaluation/collaboration with families; evaluation using ASQ, Battelle Developmental Inventory II, Rossetti Infant Toddler Language - program director monitors IFSP progress quarterly.

Outcome data gathered from all participants: No.

Will collect outcome data satisfaction surveys (random distribution) annually; IFSP reviews quarterly.

Staff comment: Excellent outcomes, focused on the experiences of people participating in the program. For PY25, the second outcome target is met at mid-year and the first outcome will be measured in 4th quarter.

This agency participated in the evaluation team's workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 655 children in program services.

Service Contacts (SCs): 200 developmental screenings conducted by the screening coordinator.

Community Service Events (CSEs): 15 opportunities to increase awareness of early identification and intervention, reduce stigma, and promote community-based solutions.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. Program provided 5,925 hours of service to TPCs during PY24. No changes of target for PY26.

PY26 Targets	655 TPCs	200 SCs	15 CSEs
PY25 First Two Quarters (per submitted Service Activity Reports)			
First Quarter	825	32	3
Second Quarter	83	70	5
<i>Annual Targets</i>	<i>655 TPCs</i>	<i>200 SCs</i>	<i>15 CSEs</i>
PY24 All Four Quarters (per submitted Service Activity Reports)			
First Quarter	552	70	4
Second Quarter	83	58	15
Third Quarter	92	86	4
Fourth Quarter	103	75	1
<i>Actual Totals</i>	<i>830 TPCs</i>	<i>289 SCs</i>	<i>24 CSEs</i>
<i>Annual Targets</i>	<i>655 TPCs</i>	<i>200 SCs</i>	<i>15 CSEs</i>

Financial Analysis

PY2026 CCMHB request: \$702,000

PY2026 total program budget: \$1,145,423

Current year CCMHB funding (PY2025): \$656,174

Proposed change in CCMHB funding - PY2025 to PY2026 = 7%

CCMHB request is for 61% of total program revenue.

Other program revenue is from United Way \$45,000, DHS Program Service Fees \$2223 (allocation of training revenue), Early Intervention Program Fees \$391,567, Miscellaneous \$4633 (allocation of management fees.)

Personnel costs of \$608,680 are 87% of the requested amount.

Other expenses are Professional Fees/Consultants \$21,150 Consumables \$6552, General Operating \$6489, Occupancy \$13,785, Conferences/Staff Development \$1313, Local Transportation \$13,602, Equipment Purchases \$1034, Lease/Rental \$13,678, Membership Dues \$3273, and Miscellaneous \$12,444.

Total agency budget has a surplus of \$226,363, total program a deficit of \$4,513; CCMHB budget is balanced.

Details from personnel form:

Indirect staff to be charged include: 6% of full-time Maintenance Worker and full-time Training Coordinator; 5% of full-time Director of Program Assurance, Executive Assistant (open position), HR Associate, HR Manager, Maintenance Tech, Office Support Professional, Payroll Coordinator, VP of Human Resources, Accounting Manager, Accounting Associate, the CEO, and two AP Associates; 4% of full-time Executive VP of Support Services, Maintenance Tech, and Building Grounds Manager; and 1% of quarter-time Accounting Assistant and 1% of 25% of the full-time Executive VP of Clinical Services.

Direct staff: 61% of 4 full-time Developmental Therapists, 2 full-time Speech and Language Pathologists, a full-time SLP AT Specialist, Occupational Therapist, Physical Therapist, and Director of Family Development; 15% of another full-time Developmental Therapist; and 15% of 75% of the full-time Executive VP of Clinical Services.

Program staff to be funded by CCMHB: 0.97 Indirect +6.4 Direct = 7.37 FTEs.

Total program staff: 1.66 Indirect +10.5 Direct =12.16 FTEs.

Staff comments: The budget indicates that the agency is projecting a surplus of \$226,363 for PY26. Could any of that be used to balance the program budget such that it is not running a deficit? Furthermore, could any be

used to fund this program in lieu of CCMHB funds? The agency returned an amount of unspent PY24 funds, likely due to staff vacancies. Does the amount requested reflect how much is needed and justify an increase? Increase in requested amount is for estimated increases in salary, payroll taxes, benefits, and other inflationary increases in expenses. Professional Fees will pay for EI Billing Consultant, IT consultants, and accounting/financial auditing services. Consumables will pay for office supplies, food/beverage, and program support supplies. General Operating will pay for phone, subscription/reference materials, postage/shipping, and liability insurance. Occupancy will pay for utilities, janitorial/maintenance supplies, building/grounds maintenance, and equipment maintenance. Lease/Rental will pay for a copy machine, as well as a portion of the Bradley facility, DSC building, vehicle leases, and general/management lease expenses. Membership Dues will pay for memberships in Play Project, IL Developmental Therapy Association, IL Occupational Therapy Association, CQL, IARF, and Institute on Public Policy. Miscellaneous Expense will pay for EI billing application subscription, computer costs, application/subscription fees (duplicate from General Operating?), internet (should be charged to General Operating), report filing fees, bank fees, advertising, and promotional items.

Capacity for financial clarity: No items of concern noted.

Budget and program connectedness: The budget narrative supports the program plan by providing details on revenues and expenses, how most were determined, and the relationship between each staff and the program services. The agency shared their Indirect Cost Allocation Plan with MHB staff.

If applicable, audit findings: PY2024 agency audit was submitted 12/12/24, along with the combined audit (Foundation). \$54,091 of unspent funds related to this program were returned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: All of the required benchmarks were outlined in the submitted CLC Plan. DSC Board of Directors allocates resources to implement the value of CLC in the areas of research, training, and support. DSC has a DEI Committee that monitors the goals and objectives of the CLC Plan to ensure that there is accountability for the activities.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes.

Highlights from the submitted CLC Progress Report: CLC Plan is reviewed mid-year to discuss progress and implementation of activities. Training for all staff and Board members will be in quarter 3 and 4. There has been a focus on DSP retention. DSP week activities were held to provide recognition for DSP Staff and staff celebrations. There is an Employee Assistance Program available for staff and their family at no cost to the employee. Staff have access to Language Line Solutions as well as local interpreters that are available in the resource directory.

Staff comment: There was an agency wide training that was conducted by the CLC Coordinator in PY 24. This was training that created the opportunity for staff to identify their core values at work and how they connect to the organizational values of DSC. There is still additional follow-up with the leadership team that will be completed. There was positive feedback from the organization on how to institutionalize the information that was captured.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: Family driven service plan, satisfaction survey.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): by home visiting program serving the whole county (esp those with limited access), providing equipment, and incorporating items within the home; virtual options; outreach and collaboration with rural and urban schools,

childcare centers, churches, food pantries, and health centers; relationships with agencies focused on under-resourced communities, e.g., Rantoul Multicultural Community Center, CUPHD, DCSF, Center for Youth and Family Solutions Intact Families program, ISBE prevention programs, Urbana Early Childhood, Carle Hospital, and New American Welcome Center.

Promoting inclusion and reducing stigma: families shape decisions; cultural competence/reciprocity from initial referral through services; free screenings at many community locations; mass screening and education for childcare centers; and specific education and consultation for parents and providers.

Influence of impacted individuals on services and staffing: Family driven service plan, satisfaction survey.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus, but virtual options available.

Unique approach: The Seven Key Principles and Practices for Providing Early Intervention Services in Natural Environments (<https://ectacenter.org/topics/eiservices/keyprinckeyprac.asp>) see full application for details.

All therapists have EI credentials. Speech Therapists, PT, OT, Developmental Screening Specialist, Developmental Therapists, one of whom is PLAY Project credentialed. Program includes an ISBE funded prevention initiative home visiting program focused on strengthening parent-child relationships.

Other funding and resource leveraging: Not a match for other funding; state Early Intervention and insurance are billed when applicable for each child; United Way funding supports one full-time staff person; clients are not asked to pay a fee; no Medicaid programs.

Staff comment: Program focuses on service to rural residents.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: N/A

All forms submitted by deadline: Yes. Submitted February 7, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: The Home Visiting Consortium (a longstanding partnership) collaborates to avoid underserving some children and overserving others.

Written collaborative agreements: Birth to Three Council; Champaign County Home-Visiting Consortium which includes: Great Start, Crisis Nursery, Head Start, CU Early (Urbana Early Childhood), Carle Healthy Beginnings, Children's Home and Aid, and the Baby Fold; CUPHD; Child and Family Connections; The Downs Syndrome Network; Multicultural Community Center; PLAY Project License Agreement; Salt & Light Ministries; The Autism Program at UIUC; YMCA; and UIUC Special Education.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *A two-year contract is requested.*
- *Revisions prior to contract: adjustment to General Operating expense; consider whether the projected agency surplus and lower PY24 final total program cost suggest a lower contract amount.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDD/CCMHB staff in writing of any factual errors made by CCDD/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: East Central IL Refugee Mutual Assistance Center (The Refugee Center)

Agency mission and info: “The Refugee Center exists to provide services essential to refugee and immigrant resettlement in East Central Illinois, and to aid in the exchange and preservation of their respective cultures. As an organization, we believe in the inherent worth of all human beings, regardless of nationality, ethnicity, religion, race, sex or gender, sexual orientation, or cultural heritage. We similarly believe that it is possible and desirable for all human beings to live peacefully together, and to work to create a more loving and compassionate world in which everyone’s basic human needs and rights can be secured. We open the door to new community members, help them get settled in Central Illinois, and encourage our community to understand and embrace its new members.” See agency website - <https://www.therefugeecenter-cu.org/>

Program: Family Support & Strengthening

Request: \$75,441

Why it matters: “Services provided assist immigrant and Limited English Proficient families navigate social services available in Champaign County. Staff speaks over ten languages, with other languages available through qualified translators... a connection to area resources that is culturally and linguistically appropriate, and often accompanies clients on appointments as advisors and trusted advocates. Goal is to give low income immigrants better access to quality care and services, leading to thriving families and client self-sufficiency.”

Selected priority: Thriving Children, Youth, and Families. Also aligns with Closing the Gaps in Access and Care.

Services and People Served

Who will benefit: Low-income immigrants, refugees, and asylees; Limited English Proficient residents.

Scope of services: Assistance with public benefit enrollment, case management, navigating many aspects of US life, linkage with MH service providers, interpretation and translation during appointments with MH providers, explanation of cultural barriers encountered in sessions, mediation, culturally appropriate education, counseling and/or education; collaboration with Courage Connection and Trafficking Victims assistance program; Newcomer Immigrant Support Program (tutoring, workshops for those in k-8, etc.) - staff liaisons as advocates and program leader, support for classroom expectations, bullying, special needs, etc.; certified medical interpreters for medical appts and court appearances; IL Welcoming Center - one-stop wraparound case management, etc.; developing an e-newsletter. (MHB funds a portion of all agency services.)

Location and frequency of services: Agency office, client homes, schools, medical or other service provider offices, police stations, courthouse, and jail. Services ongoing/as needed by clients. Walk-ins at agency office Monday through Friday 9AM to 5PM. (Section is identical to last year.)

Staff comment: Request is to continue funding. The totals of people served, as reported below, include total agency and total program, as the MHB contract pays a portion of all services. (5% for PY26.)

Residency of 3460 people served in PY24 and 2746 in the first half of PY25:

Champaign	1750 for PY24	1585 for PY25
Urbana	994 for PY24	728 for PY25
Rantoul	388 for PY24	322 for PY25
Mahomet	22 for PY24	8 for PY25
Other	284 for PY24	103 for PY25 (28 rural, 75 unknown. 74 others were out of county)

Demographics of 3528 people (at least 68 were out of county) served during PY24:

Age

Ages 0-6 -----	619
Ages 7-12 -----	468
Ages 13-18 -----	434
Ages 19-59 -----	1545
Ages 60+ -----	121
Not Available -----	341

Race

White -----	2851
Black / AA -----	169
Asian / PI -----	380
Not Available -----	128

Gender

Male -----	1673
Female -----	1762
Other -----	9
Not Available -----	84

Ethnicity

Of Hispanic/Latino/a Origin -----	2661
Not of Hispanic/Latino/a Origin -----	836
Not Available -----	31

Measures of Client/Participant Access

Eligibility criteria and determination: Focus on residency, immigration status, income (for benefits), but open to anyone needing help with information and referral, translation, and interpretation.

Outreach to eligible people: Word of mouth, social service providers, workshops, school visits, faith-based organizations, employers, Adult Diversion Program, multi-lingual outreach through mass outreach events, website, social media, flyers, newsletters, and public benefits sessions.

Within 2 days of referral, 99% of those referred will be assessed.

Within 2 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: one year.

Additional demographic data: poverty level.

Staff comment: Efficient timelines, appropriate to the target populations.

Measures of Client/Participant Outcomes

Outcomes and targets:

For 90% of clients to achieve one or more of these within one year of service:

1. Public benefit or financial assistance received for health care (short term).
2. Increased knowledge of State of Illinois DHS public benefits application system.
3. Increased knowledge of human or social service resources in Champaign County.

Specific assessment tools and data collection:

1. Case notes, Salesforce database, and monthly reports to grantors (e.g., ILDHS and ICIRR) will record when clients apply for social service benefits like SNAP or WIC and when clients apply for financial assistance from area health care providers.

2. Case notes, databases, and reports record all clients that receive public benefit counseling or attend public benefit workshops.
3. Case notes, databases, and reports will record social service information and all referrals given to clients.

Outcome data gathered from all participants: Yes.

Will collect outcome data ongoing.

Staff comment: Outcomes relate to the client experience and are associated with appropriate measurement tools. This agency participated in the evaluation team’s workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 100 people with individualized service plans

Non-Treatment Plan Clients (NTPCs): 3000

Community Service Events (CSEs): 50 - support group meetings, public and class presentations, public benefits sessions, workshops.

Screening/Service Contacts (SCs): 3100.

Other: # of intake forms for every new case.

Staff comment: all targets are to be increased for PY26.

PY26 Targets	100 TPCs	3000 NTPCs	3100 SCs	50 CSEs	# Other
PY25 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	0	2093	2093	16	0
Second Quarter	20	707	727	22	0
<i>Annual Targets</i>	<i>60 TPCs</i>	<i>2140 NTPCs</i>	<i>2200 SCs</i>	<i>50 CSEs</i>	<i>15 Other</i>
PY24 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	0	1775	1775	21	2
Second Quarter	13	2577	2590	22	2
Third Quarter	26	3100	3126	17	0
Fourth Quarter	34	368	402	22	0
<i>Actual Totals</i>	<i>73 TPCs</i>	<i>7820 NTPCs</i>	<i>7893 SCs</i>	<i>82 CSEs</i>	<i>4 Other</i>
<i>Annual Targets</i>	<i>60 TPCs</i>	<i>2140 NTPCs</i>	<i>2200 SCs</i>	<i>50 CSEs</i>	<i>15 Other</i>

Financial Analysis

PY2026 CCMHB request: \$75,441

PY2026 total program budget: \$1,472,084

Current year CCMHB funding (PY2025): \$62,000

Proposed change in CCMHB funding - PY2025 to PY2026 = 18%

CCMHB request is for 5% of total program revenue.

Other program revenue is from United Way \$63,000, Contributions \$32,468, Fundraising \$15,000, SNAP Grant (applied for) \$17,500, IFRP Grant (applied for) \$452,894, WIC Grant (applied for) \$16,000, Illinois Welcomig Center Grant (applied for) \$350,000, JUF EECM/NASS Grant \$290,236, USCCB Preferred Communities Grant \$50,000, Urbana ARPA Housing Grant \$84,545, City of Urbana Grant (to be applied for) \$10,000, Orange Krush Grant \$1500, CFECI equipment grant \$10,000, Interpreter Fees \$500, and Document Translation \$3,000.

Personnel costs of \$67,652 are 90% of the requested amount.

Other expenses are Professional Fees/Consultants \$1734, Consumables \$494, General Operating \$2,893, Occupancy \$637, Conferences/Staff Development \$234, Local Transportation \$922, and Lease/Rental \$875.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

Indirect staff to be charged to this contract include: 5% of the full-time Executive Director, Assistant Director of Operations, Operations Manager, Administrative Assistant, Grants Manager, and quarter-time Bookkeeper. Direct staff to be charged include: 20% of the full-time Bilingual Resettlement Caseworker; 10% of the full-time Senior Bilingual Caseworker, Bilingual Resettlement Caseworker, and four Bilingual Caseworkers; 10% of two 0.75 FTE Senior Bilingual Caseworkers; and 5% of the full-time Assistant Director of Programs.

Program staff to be funded by CCMHB: 0.3 Indirect + 1.05 Direct = 1.35 FTEs.

Total program staff: 9.26 Indirect +15.5 Direct = 24.76 FTEs.

Staff comments:

Professional Fees will pay for a portion of the agency's financial audit, HR, and marketing services. General Operating will pay for a portion of the agency's phone, internet, postage, software subscriptions, bathroom/kitchen/cleaning supplies, liability and cyber insurance costs.

Increased request is to diversify funding sources and shift away from current federal funding at risk of cuts.

Capacity for financial clarity: While there are no concerns regarding the presentation of this application budget, assessment of capacity for financial clarity relies not only on the application and on history of the partnership but also on review of annual audits and self-reported quarterly financial information. Because annual audits and quarterly reports have been delayed (details below), it will be important to communicate with MHB Financial Manager regarding steps taken to ensure timely reports and to align with financial accountability requirements.

Budget and program connectedness: Budget and Budget Narrative support the Program Plan Narrative.

If applicable, audit findings: PY2024 audit (due 12/31/24) was submitted January 30, 2025. The agency board's letter responds to findings, related to internal control and small staff team. No funds were owed back.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Annual CLC Training and Trauma-Informed training is offered to staff and board. The Board allocates funding for staff training. Digital and Paper materials are available in multiple languages in the waiting area for people that come in person to receive services. There are monthly meetings with other immigrant service providers to promote collaboration and communication to facilitate and implement best practices for clients.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: TRC staff received mental health training and comprehensive training entitled, "Managing to Change the World." The Board is meeting with potential candidates to focus on building the diversity of the Board of Directors to reflect lived experience.

Staff comment: I would like to acknowledge TRC is experiencing unprecedented challenges that will require additional support and advocacy. I will continue to support the staff.

Criteria for Best Value

Budget and program connectedness (see above).

Participant outcomes (see above).

Self-determination and self-direction in service planning: describes individualized support.

Eliminating disparities in access and care (program specific, see CLC Plan for agency wide details): Target population primarily underserved and underrepresented minorities; some rural clients are met at home, at the Community Services Center of Northern Champaign County, or virtually; peers, community providers, and outreach through events, flyers, website, social media, newsletters, & public benefits sessions engage clients.

Promoting inclusion and reducing stigma: by sharing lived experiences, understanding displacement, providing practical support through community engagement and culturally relevant programming.

Influence of impacted individuals on services and staffing: some staff are immigrants with lived experience.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Virtual services vary depending on the client's need.

Unique approach: Building trust in communities. <https://extension.umn.edu/vital-connections/building-trust-communities>. Halpern, D. (2015, November 12). "Social trust is one of the most important measures that most people have never heard of – and it's moving."

Staff credentials: Executive Director is a licensed attorney with immigration law training; Asst. Dir. of Programs has 3 years of experience at a refugee resettlement office in TN and completed a NASW approved certificate course in Fundamentals of Trauma-Informed Casework Supervision of Refugee Service Providers; Direct Client Services staff completed Illinois Coalition for Immigrant and Refugee Rights, IDHS trainings in Know Your Rights, Public Benefits for Non-Citizens, Non-Violent Crisis Intervention, and Understanding Common Immigration Documents; Senior client services staff have decades of experience in delivering services to the immigrant community of Champaign County and are themselves immigrants with shared common experiences; Resettlement staff receive public benefit application training, language assessments and specific training related to refugee cultural orientation from the Cultural Orientation Resource Exchange (CORE), Switchboard, Navigating and Overcoming Depression and Anxiety in the Post-Resettlement Process, Strengths Based Service Delivery systems and Adult Education Principles for Refugee Job Readiness.

Other funding and resource leveraging: not used as match for other revenue; other sources of revenue are identified and maximized; people served do not pay a fee, and the program does not participate in Medicaid.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: Payments were paused due to delayed Q1 PY25 reports. Audits for PY24 and earlier were submitted after the 12/31 deadline: PY24 on 1/30/25, PY23 on 3/25/24, PY22 on 3/31/23, and PY21 on 3/2/22. All MHB staff questions related to audits have been answered.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: recent ARPA funded project to increase MH and language access; current collaborations for direct assistance; frequent referrals and collaborative meetings with other providers.

Written collaborative agreements: IDHS/ICIRR Immigrant Family Resource Program, SNAP and WIC outreach programs, IDHS Illinois Welcoming Center, US Conference of Catholic Bishops (affiliate agreement to receive and serve refugees), Jewish Federation of Metropolitan Chicago, City of Urbana (ARPA grant), City of Champaign, Cunningham Township and New American Welcome Center (direct assistance grant), United Way of Champaign County, CRIS Healthy Aging, RACES, and PACE.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *New special provisions: attend Board meetings to answer board questions, in the event of requests beyond the scope of MHB staff; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Family Service of Champaign County

Agency mission and info: “Family Service of Champaign County is a non-governmental, not-for-profit organization serving the community since 1911. Our mission is supporting people across the generations by providing quality human services. We’re here to help!” The agency’s website, <https://www.famservcc.org/>, offers information about all of its programs, classes, opportunities to volunteer, and more.

Program: Counseling

Request: \$143,322

Why it matters: “... trauma-informed, affordable, accessible counseling services to individuals, seniors, couples, and families residing in Champaign County. We offer a sliding fee scale for those who are uninsured... relationship assessment and counseling services to individuals who are part of the Champaign County Drug Court. The Counseling Program desires to add art therapy groups and counseling for individuals when appropriate.”

Selected priority: Closing the Gaps in Access and Care. Also aligns with Safety and Crisis Stabilization due to service for Drug Court participants.

Services and People Served

Who will benefit: Champaign County residents (as young as 5) seeking MH counseling, who are low-income or do not have insurance; priority to those referred from Drug Court for outpatient individual, couple, and family therapy. “Art therapy groups will support the Elderly, adults with autism and other neurodevelopmental disorders, those with chronic diseases, and those who experience anxiety, depression, stress (to include care givers) and grief or bereavement.”

Scope of services:

Counseling program - MH assessment, treatment plan development, and counseling to individuals, seniors, couples, and families addressing individually determined needs such as anger management, abuse, child behavioral issues, family discord, trauma, grief, SUD.

Art therapy – combines art-making, creative process, and applied psychological theory to help people meet everyday challenges; a credentialed art therapist works with each client.

For Drug Court clients - a relationship assessment which includes family members when appropriate to assess how they have adjusted to the person’s sobriety changes.

Location and frequency of services: Counseling sessions at FS office or via telehealth, per client preference. Drug Court programs at the Champaign County Probation Office. Art Therapy programs at FS offices and Champaign Public Library. Daytime and evening hours; frequency based on client need (weekly, monthly). Therapists coordinate with other providers to ensure a “single integrated treatment plan across systems.”

Staff comment: Art therapy is a new component in this proposal to continue a longstanding program.

Residency of 30 people served in PY24 and 30 in the first half of PY25:

Champaign	11 for PY24	9 for PY25
Urbana	11 for PY24	14 for PY25
Rantoul	0 for PY24	1 for PY25
Mahomet	1 for PY24	2 for PY25
Other	7 for PY24	4 for PY25

Demographics of 30 people served during PY24:

Age

Ages 13-18 -----	1
Ages 19-59 -----	22
Ages 60+ -----	7

Race

White -----	18
Black / AA -----	6
Asian / PI -----	2
Other (incl. Native American, Bi-racial)-	4

Gender

Male -----	13
Female -----	17

Ethnicity

Of Hispanic/Latino/a Origin -----	2
Not of Hispanic/Latino/a Origin -----	23
Of Hispanic/Latino/a Origin -----	5

Measures of Client/Participant Access

Eligibility criteria and determination: People as young as 5, elderly people, adults with autism and other neurodevelopmental disorders, people with chronic diseases, those with anxiety, depression, stress (including caregivers), grief or bereavement (including those who have lost loved ones to violence). Direct contact or referral, brief phone screening to discuss issues and determine needs per the potential client's self-report; as they complete MH assessment and social history, therapist compares needs with scope of services offered.

Outreach to eligible people: Community fairs; program brochures and flyers to providers of services, housing, food assistance; agency website and social media; information shared with places of worship and schools.

Within 3 days of referral, 90% of those referred will be assessed.

Within 5 days of assessment, 85% of those assessed will engage in services.

People will engage in services, on average, for: Varies greatly - one session to several years.

Additional demographic data: Gross family income (for sliding fee).

Staff comment: Timelines are reasonable.

Measures of Client/Participant Outcomes

Outcomes and targets: All regard the people served and presenting issues.

1. At least 85% of individuals receiving our services will report improvement in four areas of functioning: individual, relational, social, and overall functioning by the time of their treatment plan review.
2. At least 85% of individuals receiving our services who have a treatment plan will see improvement or meet the treatment goals they established with their therapist upon completion of treatment.
3. At least 75% of individuals receiving our services who have a treatment plan will see improvement in functioning over the course of treatment.
4. 100% of individuals who are Drug Court clients will complete relationship assessment with the therapist. The therapist will make recommendations for additional services if appropriate.

Specific assessment tools and data collection:

1. Outcome Rating Scale (Miller & Duncan, 2000), self-report questionnaire completed when treatment plan is created, reviewed, or revised. 0-10 scale in each of four domains, maximum possible score of 40.
2. Quarterly review of treatment plan by client and therapist and by therapist when case is closed.

3. Global Assessment of Functioning (GAF) score determined by therapist, at initial assessment and whenever plan is updated or the case closed. Scale 0-100. Transitioning to the WHODAS (the updated GAF.)
4. Relationship assessment developed by the program, completed with each Drug Court client prior to graduation; Drug Court Judge receives a letter from the therapist noting completion of assessment.

Outcome data gathered from all participants: Yes.

Will collect outcome data for Outcomes 1, 2, and 3, quarterly and when closed; for Outcome 4, at completion of assessment.

Staff comment: These relate to positive impact experienced by participants, with appropriate assessment tools and numeric targets. This agency participated in the evaluation team’s workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 60 people seen for at least 3 sessions, opportunity to develop treatment plan.

Non-Treatment Plan Clients (NTPCs): 25 Drug Court clients seen for one-time relationship assessment PLUS clients who engage in service but discontinue before a treatment plan is complete.

Staff comment: Both targets are increased for PY26.

PY26 Targets 60 TPCs 25 NTPCs

PY25 First Two Quarters (per submitted Service Activity Reports)

First Quarter 12 13

Second Quarter 3 2

Annual Targets 40 TPCs 20 NTPCs

PY24 All Four Quarters (per submitted Service Activity Reports)

First Quarter 3 4

Second Quarter 0 5

Third Quarter 4 4

Fourth Quarter 3 7

Actual Totals 10 TPCs 20 NTPCs

Annual Targets 40 TPCs 20 NTPCs

Financial Analysis

PY2026 CCMHB request: \$143,322

PY2026 total program budget: \$153,322

Current year CCMHB funding (PY2025): \$30,000

Proposed change in CCMHB funding - PY2025 to PY2026 = 378%

CCMHB request is for 93% of total program revenue.

Other program revenue is from Program Service Fees - Counseling \$10,000. (Program Plan Narrative identifies other sources of funding for program services, but these are not listed on the Revenue form.)

Personnel costs of \$89,980 are 63% of the requested amount.

Other expenses are Professional Fees/Consultants \$26,860, Consumables \$7011, General Operating \$8797, Occupancy \$6000, and Conferences/Staff Development \$4674.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

Salary costs for Direct Staff: all of a 53%-time Therapist, 40%-time Therapist (to be hired), and 32% time Therapist; 19% of part-time Director.

Program staff to be funded by CCMHB: 1.44 Direct = 1.44 FTEs.

Total program staff: 1.69 Direct = 1.69 FTEs.

Staff comments:

Professional Fees will pay for a portion of the agency's IT, payroll, accounting services, and financial audit. Consumables will pay for a portion of the agency's office supplies, program supplies, copier and computer supplies. General Operating will pay for a portion of the agency's phone, internet, postage, bulk mailing, and insurance costs. Occupancy Expense will pay for a portion of the agency's utilities, building supplies, janitorial services, building maintenance/repairs, and security system.

Capacity for financial clarity: Beyond the need for clarification of the requested increase, there are no concerns regarding the presentation of this application budget. Assessment of this capacity relies not only on the application and on history of the partnership but also on review of annual audits; because PY24 and PY23 audit were each delayed (details below), it will be important to communicate with MHB Financial Manager regarding steps taken to ensure timely reports and alignment with financial accountability requirements.

Budget and program connectedness: The Budget Narrative does not describe the reasoning behind the increased request. A new component (Art Therapy) is clarified in the Program Plan, but costs are not clear.

If applicable, audit findings: PY2024 agency audit was delayed due to revised internal practices, submitted February 5, 2025. There were no findings of concern, and no funds were owed back.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan will need to be updated to reflect the PY26 timeframe. The Affirmative Action Policy has not been reviewed since January 2022. CLC Training is offered to all new staff and employees annually.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: Employee performance reviews and interviews include an assessment of their knowledge of cultural competence. Family Service program was awarded the Illinois Governor's Engaging Aging Award in October 2024. There are customer satisfaction surveys conducted monthly to get overall feedback from the clients.

Staff comment: The CLC Plan should be reviewed for accuracy; there was information that had not been updated to reflect recent activity that was highlighted in the 2nd Quarter report.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: individuals develop treatment plans with staff.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): a longstanding program offered in various locations and operating hours for counseling for the underserved/underrepresented.

Promoting inclusion and reducing stigma: program operates on a philosophy of self-determination and respect and sensitive to the client's culture, values, beliefs, personal preferences.

Influence of impacted individuals on services and staffing: clients participate in their own treatment plans, self-assessments, and complete assessments of the program.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: teletherapy services available to clients.

Unique approach: Cites many articles supporting the treatment approaches. Berg & Huebner, (2011), Reentry and the ties that bind: An examination of social ties, employment and recidivism. Justice Quarterly, 28(2), 382-

410.; Fergusson et al., (2002), Deviant peer affiliations, crime and substance abuse: A fixed effects regression analysis. *Journal of Abnormal Child Psychology*, 30(4), 419-430.; Knight & Simpson, (1996), Influences of family and friends on client progress during drug abuse treatment. *Journal of Substance Abuse*, 8(4), 417-429.; Wright & Cullen, (2004), Employment, peers, and life-course transitions. *Justice Quarterly*, 21(1), 183-205.

Staff credentials:

Program Director has a Masters in Nonprofit Administration.

Clinical Supervisor/Clinical Therapist (0.8 FTE) has IDCFS Trauma-Informed Credential for treatment providers.

Two therapists have their master's degrees and are licensed (LCSW/LCPC).

Other therapist (0.3 FTE) also received the IDCFS Trauma-Informed Credential for treatment providers.

Other funding and resource leveraging: not to be match for another source of funding; other program revenue from donations, client fees, using a sliding fee scale, and participating in Medicaid when applicable.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: The PY24 audit was submitted 2/5/2025, and PY23 audit 1/2/24 (each due December 31). These were reviewed by staff, and all staff questions were answered by the agency. The agency has provided quarterly reports and their board's approved minutes in a timely manner.

All forms submitted by deadline: Yes. Submitted February 7, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: notes similar programs, differentiates this one, describes Drug Court collaboration.

Written collaborative agreements: Champaign County Drug Court, CUPHD, Rosecrance, RACES.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Track changes regarding funding for services to Drug Court participants, as the agency and county are pursuing another source which could expand the contract's reach or lower the MHB amount needed.*
- *Revisions prior to contract: review and revise the CLC Plan; clarify the need for large increase unless a lower contract amount is indicated.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Family Service of Champaign County

Agency mission and info: “Family Service of Champaign County is a non-governmental, not-for-profit organization serving the community since 1911. Our mission is supporting people across the generations by providing quality human services. We’re here to help!” See the agency’s website, <https://www.famservcc.org/> for information about programs, classes, opportunities to volunteer, and more.

Program: Self-Help Center

Request: \$38,191

Why it matters: “... to encourage and promote peer support and mentoring opportunities throughout Champaign County. The Self-Help Center promotes peer support groups and assists individuals and professionals in finding, developing, and maintaining peer support groups. Peer support groups promote resilience, recovery, wellness, and support for a wide range of individuals...”

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: Individuals seeking self-help/support groups or trying to start one (if needs unaddressed by existing groups); group leaders experiencing group challenges or wishing to improve visibility and functioning; professionals seeking to work more effectively with and/or refer clients to groups.

Scope of services: Information database on groups; directory every other year; internet home page listing (over 250) groups and activities; 12 specialized lists by theme (on public bulletin boards and events); consultation and educational packets for those starting/improving group; coordination of day-long conference (in PY25); two half-day workshops on group skill development (in PY26); participation at community fairs and forums for public and professionals; quarterly newsletter for group leaders, members, and professionals.

Location and frequency of services: Assistance by phone, email, website, directory, video conference, or in-person at locations convenient to the individual; conferences and workshops accessible to public transportation, virtual options.

Staff comment: The addition of small grants to support the development and promotion of support groups could be very helpful, as support networks and groups are a strength of Champaign County but are not always complex or large enough to access MHB or other local funds and meet all requirements.

Residency of 2 people served in PY24 and 8 in the first half of PY25:

Champaign	1 for PY24	4 for PY25
Urbana	1 for PY24	1 for PY25
Rantoul	0 for PY24	0 for PY25
Mahomet	0 for PY24	0 for PY25
Other	0 for PY24	3 for PY25

Demographics data not reported during PY24.

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents; not a direct service to clients but primarily an information clearinghouse. Refers to making small grants to groups which have existed at least 6 months.

Outreach to eligible people: Website, social media, newsletters, directory, flyers in public locations; info shared with MH providers and hospital and school social workers.

Within 0 days of referral, 0% of those referred will be assessed.

Within 0 days of assessment, 0% of those assessed will engage in services.

People will engage in services, on average, for: N/A

Additional demographic data: Limited info from information and referral calls - topic, professional or lay person; at event registration, voluntary data on gender, ethnicity, age group, lay or professional, and zip code.

Staff comment: Good engagement deadlines, which are realistic considering the service.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. ... individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available). (This section lists 3 main strategies.)
2. ... individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase. (Lists 3 strategies.)
3. ... professionals will be able to locate self-help groups to which they can refer their clients and will know how to work effectively with groups. (Includes a strategy.)
4. ... coordinator will monitor and track the existence of the support groups in Champaign County to better understand demographics of groups and maintain relationships with group leaders.
5. ... support groups can apply for a small grant which will be used for group development and promotion.

Specific assessment tools and data collection:

1. Tracked by coordinator through log of contacts and directory distribution, # phone calls, # emails, # consultations, and topic/# of events involving the coordinator.
2. Coordinator has developed an evaluation tool for conference and workshop attendees, regarding skills acquisition, knowledge, satisfaction, and implementation of information.
3. Support group directories sent to professionals.
4. Annual survey of self-help and support group leaders, regarding demographics, concerns, and training needs.
5. Agency staff will read all grant applications, research the groups, and determine grantees.

Outcome data gathered from all participants: No.

Will collect outcome data through surveys after workshops or conferences; from group leaders completing a support group survey on concerns, challenges, and training needs; info from groups applying for a grant.

Staff comment: An outcome is added relating to the proposed new component of this program, which is small grants to support development and promotion of support groups; the outcome would measure program performance. Of the continued outcomes, two measure participant impact and two measure program performance. Assessment tools are appropriate though some not specific. Numeric targets are not included. This agency participated in the evaluation team's workshop in November 2024.

Measures of Utilization

Community Service Events (CSEs): 270 public presentations, consultations to individuals seeking to develop new groups, Support Group directory and Specialized lists, quarterly newsletters to support group mailing list.

Staff comment: CSE target adjusted for PY26, due to not having the self-help in person conference in PY26. Measures relating to the new granting activities would be helpful.

PY26 Targets 270 CSEs

PY25 First Two Quarters (per submitted Service Activity Reports)

First Quarter	8
Second Quarter	66
<i>Annual Targets</i>	<i>300 CSEs</i>
PY24 All Four Quarters (per submitted Service Activity Reports)	
First Quarter	70
Second Quarter	56
Third Quarter	77
Fourth Quarter	26
<i>Actual Totals</i>	<i>229 CSEs</i>
<i>Annual Targets</i>	<i>270 CSEs</i>

Financial Analysis

PY2026 CCMHB request: \$38,191

PY2026 total program budget: \$38,191

Current year CCMHB funding (PY2025): \$28,930

Proposed change in CCMHB funding - PY2025 to PY2026 = 32%

CCMHB request is for 100% of total program revenue. While no other program revenues are identified on the Revenue Form, some are mentioned in the Program Plan Narrative (see below.)

Personnel costs of \$23,051 are 60% of the requested amount.

Other expenses are Professional Fees/Consultants \$4283, Consumables \$4016, General Operating \$3150, Occupancy \$1691, and Specific Assistance \$2000.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form: Includes salary of a part-time program coordinator (direct staff only.)

Program staff to be funded by CCMHB: 0.53 Direct = 0.53 FTEs. **Total program staff:** same.

Staff comments:

Professional Fees will pay for presenters for workshops/conferences, as well as a portion of the agency's IT services, payroll fees, accounting services, and financial audit. Consumables will pay for workshop/conference materials, office supplies, program supplies, copier and computer supplies. General Operating will pay for a portion of phone, internet, postage, bulk mailing, insurance, subscriptions, and publication costs. Occupancy Expense will pay for a portion of the agency's utilities, building supplies, janitorial services, building maintenance/repairs, and security system. Specific Assistance will provide four \$500 grants to other self-help organizations to allow them to bring in speakers to their groups.

Capacity for financial clarity: Beyond the need for clarification of the requested increase, there are no concerns regarding the presentation of this application budget. Assessment of this capacity relies not only on the application and on history of the partnership but also on review of annual audits; because PY24 and PY23 audit were each delayed (details below), it will be important to communicate with MHB Financial Manager regarding steps taken to ensure timely reports and alignment with financial accountability requirements.

Budget and program connectedness: A portion of the increased request is to support other self-help organizations by offering four \$500 grants. The reasoning behind the remainder of the increased request is not addressed in the Budget Narrative.

If applicable, audit findings: PY2024 agency audit was delayed due to revised internal practices, submitted February 5, 2025. There were no findings of concern, and no funds were owed back.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan will need to be updated to reflect the PY26 timeframe. The Affirmative Action Policy has not been reviewed since January 2022. CLC Training is offered to all new staff and employees annually.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: Employee performance reviews and interviews include an assessment of their knowledge of cultural competence. Family Service program was awarded the Illinois Governor's Engaging Aging Award in October 2024. There are customer satisfaction surveys conducted monthly to get overall feedback from the clients.

Staff comment: The CLC Plan should be reviewed for accuracy; there was information that had not been updated to reflect recent activity that was highlighted in the 2nd Quarter report.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: not a focus.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): All consumers can access services online through agency webpage or by calling the SHC directly.

Promoting inclusion and reducing stigma: SHC assists the individual with finding an appropriate support group, creating a support group, or a training request; all inquiries are confidential and anonymous. Self-Help Center Coordinator participates in the Alliance for the Promotion of Acceptance, Inclusion and Respect and the Disability Expo and is an active member of the Human Services Counsel.

Influence of impacted individuals on services and staffing: The Self-Help Center Advisory Council is comprised of individuals who attend and/or run support groups; support groups are run by people with lived experience; participant feedback is requested after workshops and conferences; leaders are encouraged to complete a survey from the SHC for feedback on how best to assist them and their groups.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Virtual workshops and conferences are an option for the individual seeking information.

Unique approach: Caserta, M. S. and Lund, D. A. (1993). Intrapersonal Resources and the Effectiveness of Self-Help Groups for Bereaved Older Adults. *Gerontologist* 33(5): 619-629. Widows and widowers over age 50 who participated in bereavement self-help groups (N=197) experienced less depression and grief than nonparticipants (N=98) if their initial levels of interpersonal and coping skills were low.

Staff credentials: Family Support Program Director has a Master's degree in Nonprofit Administration, experience working with psychiatric patients, the elderly, individuals with developmental disabilities and learning disabilities. Self-Help Center Coordinator, Associate Degree in General Education, pursuing a Bachelor of Science in Nursing (BSN), and is certified in Mental Health First Aid and BLS First Aid.

Other funding and resource leveraging: Not used as match for another fund source. Other program revenues are Carle donation and fees collected through in person workshops or conferences. People are not asked to pay a fee, and the program does not participate in Medicaid.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: The PY24 audit was submitted 2/5/2025, and PY23 audit 1/2/24 (each due December 31). These were reviewed by staff, and all staff questions were answered by the agency. The agency has provided quarterly reports and their board's approved minutes in a timely manner.

All forms submitted by deadline: Yes. Submitted February 7, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: yes, and some indirect.

Evidence that other sources of funding have been maximized (see Criteria for Best Value above).

Coordinated system: a unique program; partners with community events and groups

Written collaborative agreements: no written agreements; works with organizations (e.g., Carle and OSF) which offer support groups, to ensure info is in the program's database and directory.

Referral between providers: n/a.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: review and revise the CLC Plan; clarify the need for large increase unless a lower contract amount is indicated.*
- *New special provisions: whenever a grant is made to a self-help group through this program, the agency should develop a written agreement and share a copy with CCMHB staff as early in the process as possible (i.e., treating these small sub-grants as subcontracts).*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Family Service of Champaign County

Agency mission and info: “Family Service of Champaign County is a non-governmental, not-for-profit organization serving the community since 1911. Our mission is supporting people across the generations by providing quality human services. We’re here to help!” See the agency website, <https://www.famservcc.org/>, for information about all its programs, classes, opportunities to volunteer, and more.

Program: Senior Counseling & Advocacy

Request: \$214,360

Why it matters: “... a one-stop-shop for those impacted by the challenges of aging in place. We focus on outreach to those 60+, especially those in underserved and minority communities. Clients get help with financial, Medicare/Medicaid, food insecurity, mental health, and social isolation challenges. Assistance comes in the form of direct help, internal referrals to HomeCare, Senior Transportation, and Meals on Wheels, as well as referrals to other agencies. We close gaps to access and care by making the problem-solving piece of aging as easy as a phone call. Also, we do home visits.”

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: Adults 60 and older who are below the area median income, have multiple emotional and/physical health needs, and require assistance in completing numerous applications and contacts with various safety net programs and service providers.

Scope of services: Case management services to assist with applying for benefits; reviewing Medicare options; determining eligibility for financial assistance program; monthly calls to make progress on these supports. Assessment to measure anxiety & loneliness and a client-directed Care Plan to assess further needs beyond their primary concern which may include after-care services.

Location and frequency of services: Client’s home, agency office, or community; casework also by phone or Zoom, e.g. Office hours 8:30am-5pm. M-F. After-hours if needed, 7am - 7pm M-F. Weekend and Holiday accommodations for out-of-town loved ones/family members want to travel to participate in an older adult's meeting with a caseworker. Advocacy services may be a one-time phone call and referral, or staff can work with the client until services are in place. Non-treatment plan services generally completed in 1-2 months.

Residency of 649 people served in PY24 and 306 in the first half of PY25:

Champaign	281 for PY24	130 for PY25
Urbana	199 for PY24	93 for PY25
Rantoul	36 for PY24	15 for PY25
Mahomet	21 for PY24	12 for PY25
Other	112 for PY24	56 for PY25 (10 out of county)

For PY25, the program is reporting only TPCs (per MHB standard.)

Demographics of 637 people served during PY24:

Age	
Ages 19-59 -----	14
Ages 60+ -----	623
Race	

White -----	374
Black / AA -----	156
Asian / PI -----	6
Other (incl. Native American, Bi-racial)-	11
Not Available -----	90
Gender	
Male -----	114
Female -----	493
Not Available -----	30
Ethnicity	
Of Hispanic/Latino/a Origin -----	11
Not of Hispanic/Latino/a Origin -----	527
Not Available -----	99

Measures of Client/Participant Access

Eligibility criteria and determination: Adults 60 and older who reside in an independent living setting, as well as their support networks. Includes adults with disabilities whose needs align with aging services provided.

Those in the "Other" category can be under 60 if they are looking for resources on behalf of someone 60+. PEARLS is appropriate for older adults who score between 5 and 9 on PHQ-2 (Patient Health Questionnaire 2).

Outreach to eligible people: Through multiple MOU partners, events, distribution of program rack cards; referrals from medical professionals or agencies; brochures and other printed materials distributed throughout the community, health fairs and other community events, faith community, bankers, first responders; various media such as phone book ads, Facebook, Instagram, and agency website.

Within 2 days of referral, 90% of those referred will be assessed.

Within 5 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: NTPCs, 2 to 3 months. TPCs, 6-month minimum, ave. 3 years.

Additional demographic data: Financial information, living arrangement, living status (alone or with others), marital status, if limited English speaking. (Some NTPCs may also provide this info, depending on service.)

Staff comment: Timeline estimates are updated, more efficient. Timeline is good for this type of service.

Measures of Client/Participant Outcomes

Outcomes and targets: *(section contains more detail on each.)*

1. 200 seniors will be referred to services for anxiety, depression, and/or social isolation.
2. 50% (100 people) will have reduced anxiety, depression, and social isolation scores within 6 months of entering treatment plan.
3. 80% of PEARLS clients will have reduced PHQ9 scores within 6 months of beginning PEARLS program.
4. 60% of those with anxiety will see reduction in GAI-20 score after six months with a treatment plan.
5. 67% of older adults in Healthy-Aging classes will complete the series.
6. 100% will be offered Options Counseling to ensure they are aware of all opportunities.

Specific assessment tools and data collection:

1. Count referrals for anxiety, depression, and social isolation through end of month reports on client management database. Monthly count of people entering PEARLS. Use GAI-20, PHQ-9, and UCLA-3 scales.
2. Track client UCLA-3 scores in database.
3. PEARLS – track PHQ-9 scores.
4. GAI-20 assessments and scores in database.
5. Track attendance in each Healthy Aging class.

6. Track in case notes database who is offered Options Counseling.

Outcome data gathered from all participants: No. Only TPCs receive the Geriatric Anxiety and the UCLA scales; PEARLS clients receive PHQ-2. Tracked data for Healthy-Aging class participants. Currently, only NTPCs participating in social isolation programs will regularly receive UCLAs.

Will collect outcome data on anxiety every 6 months; UCLA, up to every 3 months; PHQ, as required; Healthy-Aging participant data gathered at end of course.

Staff comment: Three outcomes measure positive impact experienced by clients, two measure program performance, and another addresses completion of classes. All have numeric targets and are associated with appropriate assessment tools/processes. This was a target program of the evaluation capacity building team several years ago. The agency participated in the evaluation team’s workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 375 clients who require help with long-term or complex needs including MH issues (including interventions to lower risk to mental health).

Non-Treatment Plan Clients (NTPCs): 700 clients who require interventions to address short-term, specific, or less complex needs. These tend to be targeted, with less frequent client communication.

Service Contacts (SCs): 2900 contacts with TPCs and NTPCs (in which agency staff/volunteers interact with clients or other entities on their behalf.)

Community Service Events (CSEs): 15 CSEs attended by staff to conduct outreach to the greater Champaign County community, focus on distributing at events throughout the County.

Other: 200 class units completed by Healthy Aging clients (Matter of Balance, Stress Busters, Chronic Disease Self-Management, Diabetes Self-Management.)

Staff comment: Targets for TPC, CSE, and Other are updated for PY26; very good detail on ‘Other’ category.

PY26 Targets	375 TPCs	700 NTPCs	2900 SCs	15 CSEs	200 Other
PY25 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	123	297	485	5	154
Second Quarter	4	52	470	5	44
<i>Annual Targets</i>	<i>325 TPCs</i>	<i>700 NTPCs</i>	<i>2900 SCs</i>	<i>4 CSEs</i>	<i>2500 Other</i>
PY24 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	214	150	763	1	350
Second Quarter	28	56	1044	0	276
Third Quarter	20	40	213	0	269
Fourth Quarter	0	0	0	0	0
<i>Actual Totals</i>	<i>262 TPCs</i>	<i>246 NTPCs</i>	<i>2020 SCs</i>	<i>1 CSEs</i>	<i>895 Other</i>
<i>Annual Targets</i>	<i>325 TPCs</i>	<i>700 NTPCs</i>	<i>2900 SCs</i>	<i>0 CSEs</i>	<i>2500 Other</i>

Financial Analysis

PY2026 CCMHB request: \$214,360

PY2026 total program budget: \$748,192

Current year CCMHB funding (PY2025): \$178,360

Proposed change in CCMHB funding - PY2025 to PY2026 = 20%

CCMHB request is for 29% of total program revenue.

Other program revenue is from grants: East Central Illinois Area Agency on Aging (ECIAAA) Reducing Social Isolation \$13,997, Title XX \$25,000, ECIAAA Title III Caregiver \$147,598, ECIAAA Title III Sr Counseling \$41,461,

ECIAAA CDCMP/DSMP/MOB \$14,288, ECIAA Other \$10,505, ECIAAA SIS \$262,278, ECIAAA MIPPA \$3831, ECIAAA Options Counseling \$12,624, and ECIAAA Stress Busters \$2250.

Personnel costs of \$162,860 are 76% of the requested amount.

Other expenses are Professional Fees/Consultants \$17,566, Consumables \$5159, General Operating \$13,517, Occupancy \$5943, Conferences/Staff Development \$3299, and Local Transportation \$6016.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

Salary costs to be charged to this contract are 100% of two full-time Caseworkers (to be hired) and portions of four indirect staff, as follows: 43% of 80%-time Coordinator, 25% of 60%-time Admin Assistant, 20% of full-time Executive Director, and 13% of half-time Manager.

Program staff to be funded by CCMHB: 1.01 Indirect + 2 Direct = 3.01 FTEs.

Total program staff: 2.08 Indirect + 7.42 Direct = 9.5 FTEs.

Staff comments:

Professional Fees will pay for PEARLS psychiatric consultant, CDSMP/DSMP/MOB co-trainers, and background checks, as well as a portion of the agency's IT services, payroll fees, accounting services, and financial audit.

Consumables will pay for workshop/conference materials, office supplies, program supplies, copier and computer supplies. General Operating will pay for a portion of phone, internet, postage, bulk mailing, insurance, subscriptions, and publication costs. Occupancy Expense will pay for a portion of the agency's utilities, building supplies, janitorial services, building maintenance/repairs, and security system.

Transportation Expense will pay for mileage reimbursement for two social workers.

Capacity for financial clarity: Beyond the need for clarification of the requested increase, there are no concerns regarding the presentation of this application budget. Assessment of this capacity relies not only on the application and on history of the partnership but also on review of annual audits; because PY24 and PY23 audit were each delayed (details below), it will be important to communicate with MHB Financial Manager regarding steps taken to ensure timely reports and alignment with financial accountability requirements.

Budget and program connectedness: The Budget Narrative provides details related to program expenses but does not describe the reasoning behind the increased request.

If applicable, audit findings: PY2024 agency audit was delayed due to revised internal practices, submitted February 5, 2025. There were no findings of concern, and no funds were owed back.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan will need to be updated to reflect the PY26 timeframe. The Affirmative Action Policy has not been reviewed since January 2022. CLC Training is offered to all new staff and employees annually.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: Employee performance reviews and interviews include an assessment of their knowledge of cultural competence. Family Service program was awarded the Illinois Governor's Engaging Aging Award in October 2024. There are customer satisfaction surveys conducted monthly to get overall feedback from the clients.

Staff comment: The CLC Plan should be reviewed for accuracy; there was information that had not been updated to reflect recent activity that was highlighted in the 2nd Quarter report.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: through assessment and individual treatment plans

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): broad outreach, service provision (various locations plus virtual), partnership with township offices (and others), distribution of program info in public places across the county (libraries, churches, schools, offices, senior housing); participation in specific community events; bilingual staff, interpreters, translators; and more.

Promoting inclusion and reducing stigma: by outreach materials, website, social media; client service is centered around respect due to older adults and the right to age with dignity; staff sensitivity trainings.

Influence of impacted individuals on services and staffing: diverse staff with lived experience; solicit feedback from community members in various ways; staff on various committees with a focus on serving seniors.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: virtual services available to clients who need to meet with their Aging Service Navigator; specialized training available to staff but does not indicate if virtual is an option.

Unique approach: University of Washington website: <https://depts.washington.edu/hprc/programs-tools/pearls/pearls-details-faqs/evidence-behind-pearls/> and Research shows that social isolation and loneliness is as dangerous as smoking for older adults. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7437541/>

Staff credentials: Program Director, Manager, and two caseworkers have master's degrees.

Two tiers of Aging Service Navigators: Aging Service Navigator (ASN1) Minimum high school diploma will work mainly with NTPCs who have more transactional needs (e.g., license plate discounts, Medicare enrollments).

ASN2 at least bachelor's level. ASN2 staff will work mainly with TPCs who have complex or ongoing needs.

Other funding and resource leveraging: This contract would be used as match for funding from East Central Illinois Area on Aging "Senior Information Services"; several secured grants are listed as other revenue for the program, as are potential United Way and donated funds. People served are not asked to pay a fee. The program can also bill Medicaid for eligible individuals/services.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: The PY24 audit was submitted 2/5/2025, and PY23 audit 1/2/24 (each due December 31). These were reviewed by staff, and all staff questions were answered by the agency. The agency has provided quarterly reports and their board's approved minutes in a timely manner.

All forms submitted by the deadline: Yes. Submitted February 7, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (*see Criteria for Best Value above*).

Coordinated system: referral network and relationships with all other relevant agencies (examples offered)

Written collaborative agreements: (*selected MOUs, full list available upon request*) American Red Cross, Care Horizon, Carle Health, Champaign County Chamber of Commerce, CC Emergency Management Agency, CCHCC, Housing Authority of CC, Illinois Division of Rehabilitation Services, NAACP Champaign County, CCRPC, CC State's Attorney, CC Veterans Assistance, Circle of Friends Adult Day Care, Urbana Traditional Housing Program, CSCNCC, Courage Connection, CRIS, CU at Home, DSC, DHS Family Community Research Center, Habitat for Humanity, Land of Lincoln Legal Aid, OSF Peace Meals, PACE, Parkland College of Dental Hygiene, Rosecrance, Salvation Army, U of I Extension, Uniting Pride, Farm Bureau.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *If the Board approves funding for this program, it will also be asked to approve its use as match funding for the East Central Illinois Area on Aging Senior Information Services contract.*
- *Revisions prior to contract: review and revise the CLC Plan; clarify the need for the requested increase unless a lower contract amount is indicated.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Promise Healthcare

Agency mission and info: “To improve the health and well-being of the diverse communities we serve by providing high-quality, equitable healthcare to people of all ages.” More information about the agency and its services is available at their website, <https://www.promisehealth.org/>.

Program: Mental Health Services

Request: \$360,000

Why it matters: “... will support access to Psychiatry and Counseling services in Champaign County. The project relies on the support of a robust internal referral process where primary care patients at risk of depression are screened and connected to psychiatry and counseling services.”

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: Promise’ medical patients who have an MH need identified through depression screenings.

Scope of services: Psychiatric and Counseling services with no other pay sources. Patients have bipolar illness, ADHD, anxiety, depression, and other problems and are included in the care planning process with feedback collected at each visit. Behavioral Health Director and Data & Workflow Analyst will report using Nextgen EHR.

Location and frequency of services: Champaign offices on Bloomington Road (M 7:45AM - 8PM; T- F 7:45AM - 6PM) and Neil Street (7:45AM-5PM M-F), Urbana School Health Center (8AM-5PM M-F, closed for lunch 12-1PM), and Wabash Ave in Rantoul 7:45AM-5:30PM Monday, 7:45AM-5PM Tu-F, closed for lunch 11:45AM-12:45PM). Telehealth options with several counselors, psychiatric nurse practitioners, and one psychiatrist.

Staff comment: There may be duplication below, if a patient received both Psychiatric and Counseling services; the agency is working to eliminate any other duplicated count. The data reported below are for participants in the total program, of which MHB contract pays a smaller share (projected 14% in PY26.)

Residency of 2990 people served in PY24 and 1224 in the first half of PY25:

Champaign	1410 for PY24	1224 for PY25
Urbana	836 for PY24	322 for PY25
Rantoul	311 for PY24	166 for PY25
Mahomet	108 for PY24	48 for PY25
Other	325 for PY24	536 for PY25

Demographics of 2990 people served during PY24:

Age	
Ages 0-6 -----	5
Ages 7-12 -----	78
Ages 13-18 -----	169
Ages 19-59 -----	2252
Ages 60+ -----	486
Race	
White -----	1712
Black / AA -----	721

Asian / PI -----	50
Other (incl. Native American, Bi-racial)-	266
Not Available -----	241
Gender	
Male -----	1069
Female -----	1488
Other -----	84
Not Available -----	349
Ethnicity	
Of Hispanic/Latino/a Origin -----	317
Not of Hispanic/Latino/a Origin -----	2449
Not Available -----	224

Measures of Client/Participant Access

Eligibility criteria and determination: Available to anyone requesting MH services, regardless of ability to pay. Internal screening and referral of medical and dental patients, PHQ-2s administered, which may trigger the need for PHQ-9 tool. PHQ-9 scores of 0-4 indicate no depression, 5-9 mild, 10-14 moderation, and 15+ severe. People scoring 10+ will be offered enhanced case management (CM).

Outreach to eligible people: Collaborations, referring agencies/providers, marketing, social media, word of mouth from family and friends. PHC has a small budget for media outreach including paid advertising on social media, radio, local print. Awarded Google Ad Grant to focus on digital outreach to patients needing services.

Within 14 days of referral, 70% of those referred will be assessed.

Within 30 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: Counseling 12-15 months; Psychiatric ongoing.

Additional demographic data: health coverage, veteran, migrant worker status, homelessness, preferred language, sexual orientation, gender identify, and household income and size.

Staff comment: % of those ‘assessed within two weeks’ is increased from prior years.

Measures of Client/Participant Outcomes

Outcomes and targets (by end of PY2025):

1. Increase awareness of MH issues to reduce stigma and increase public knowledge of services by conducting at least 2 CSEs on psychiatric topics and 4 on MH issues.
2. 3800 total encounters w/ patients in need of counseling; 8000 encounters w/ those with psychiatric needs.

Specific assessment tools and data collection:

1. Nextgen EHR (electronic health record) data reports to identify numbers of people served in counseling and psychiatric services at the primary care clinics.
2. Staff track # of CSEs by MH and psych staff to raise awareness around MH issues.
3. Nextgen EHR to identify #s of counseling and psychiatric encounters each quarter.

Data & Workflow Analyst will be responsible for pulling the data for reporting; the Behavioral Health Director will verify the data reported.

Outcome data gathered from all participants:

No. For the increase in Depression remission at 12 months follow up, Promise will focus on the percentage of patients who achieve remission after initial PHQ-9 assessment. For patients ages 12 and older, data will only be gathered on the patients who enter treatment after it has been indicated using the PHQ-9 screen and will utilize UDS data. Data will be collected for medical patients only.

Will collect outcome data quarterly from the EMR. UDS data collected monthly for the depression CQMs.

Staff comment: The two outcomes reference end of PY2025 (current year.) Outcome 1 seeks a positive change (increased awareness) but focuses on program performance, as does Outcome 2. A third assessment tool is referenced but not a third outcome. This agency participated in the evaluation team’s workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 1500 = 1000 in adult Psychiatry + 500 in Counseling.

Non-Treatment Plan Clients (NTPCs): 2950 = 200 people served in Psychiatry + 950 in Counseling, just once during the program year.

Service Contacts (SCs): 11800 encounters with patients for Counseling (3800) and Psychiatric (8000.)

Community Service Events (CSEs): 6 = 2 presentations for Psychiatry and 4 for Counseling, on behavioral health topics.

Staff comment: Targets are adjusted for PY26. PY25 and PY26 numbers include total program - MHB contract is to fund 14% of total program revenue.

PY26 Targets TPC-C-500/P-1000 NTPC-C-950/P-2000 SC-C-3800/P-8000 CSE-C-4/P-2

PY25 First Two Quarters (per submitted Service Activity Reports)

Q1	C-336/P-1182	C-610/P-2348	C- 850/P-2530	5/0	C-49/P-99
Q2	C- 68/P- 269	C-100/P- 504	C- 618/P-2469	0/1	C-24/P-112

Targets TPC C-600/P-1000 NTPC C-400/P-900 SC C-2800/P-3200 CSE C-4/P-2 OTHER-C-50/P-100 no other payer

PY24 All Four Quarters (per submitted Service Activity Reports)

Q1	C-512/P-2184	C-120/P-753	C-1082/P-2025	3 /1	0%
Q2	C-302/P- 725	C-110/P-317	C- 901/P-2081	2/0	0%
Q3	C-129/P- 88	C- 92/P- 40	C- 796/P-1757	3/0	0%
Q4	C- 89/P- 110	C-109/P- 97	C- 960/P-1813	2/2	0%

Actual TPC C-1032/P- 3107 NTPC C-431/P-1207 SC C-3904/P-7676 CSE-10/3 OTHER – 0% denials

Targets TPC C- 400/P- 1000 NTPC C-400/P -900 SC C-2700/P-2700 CSE-2/2 OTHER – 40% denials

Financial Analysis

PY2026 CCMHB request: \$360,000

PY2026 total program budget: \$2,643,397

Current year CCMHB funding (PY2025): \$330,000

Proposed change in CCMHB funding - PY2025 to PY2026 = 9%

CCMHB request is for 14% of total program revenue.

Other program revenue is from US Dept of HHS/Main Grant and Rantoul School Based Clinic \$550,000, Medicaid \$1,130,270, Medicare \$313,436, Self-Pay \$61,737, and Private Insurance \$227,954.

Personnel costs of \$305,700 are 85% of the requested amount.

Other expenses are Professional Fees/Consultants \$18,300 and Lease/Rental \$36,000.

Total agency budget has a deficit of \$56,726, total program a deficit of \$1,251, and CCMHB is balanced.

Details from personnel form:

40% of 0.80 FTE Psychiatrist and full-time Senior Director of Behavioral Health and 25% of one full-time Mental Health Counselor and two full-time Psychiatric Nurse Practitioners.

Program staff to be funded by CCMHB: 1.55 Direct = 1.55 FTEs.

Total program staff: 16.8 Direct =16.8 FTEs.

Staff comments:

The increased request will support increased salaries and an additional hire to augment services.

Capacity for financial clarity: While there are no concerns regarding the presentation of this application budget, assessment of capacity for financial clarity relies not only on the application and on history of the partnership but also on review of annual audits and self-reported quarterly financial information. Because annual audits have been delayed (details below), it will be important to communicate with the MHB Financial Manager regarding steps taken to ensure timely reports and to align with financial accountability requirements.

Budget and program connectedness: The Budget Narrative does not describe how the amounts for Professional Fees and Lease/Rental Expenses were calculated, what they will pay for, and how those expenses relate to the program's goals.

If applicable, audit findings: Because the agency uses a January 1 – December 31 fiscal year, their 2024 audit will be due on or before June 30, 2025. The 2023 audit was submitted 9/27/24, with delays related to financial staff turnover. There was sufficient follow-up on findings of concern (accounting procedures, e.g.). In PY23, this program had the award amount reduced from \$350,117 to \$291,760 in lieu of returning unspent funds at the end of the grant.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan will need to be updated to reflect the PY26 timeframe. The CLC Plan is reviewed bi-annually with input from management staff, and patients. There is at 51% of the Board Members that are patients at Promise Health. Language Assistance is offered to all patients and clients that receive services. CLC Plans are presented to all new staff and signed acknowledgement.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: All staff completed Diversity & Inclusion training. Additional training in microaggressions, LGBTQIA+, stereotypes, and diversity will be offered in PY25. All Promise's locations are within federally designated in Medically Underserved Areas.

Staff comment: Promise has been a leading provider of the medically underserved and underinsured people in our community. The CLC Plan has had similar actions and benchmarks for the past two years to capture how they are serving the population.

Criteria for Best Value

Budget and program connectedness (see above).

Participant outcomes (see above).

Self-determination and self-direction in service planning: individuals participate in the care planning process.

Eliminating disparities in access and care (program specific, see CLC Plan for agency wide details): Rural residents are served at all Promise Healthcare clinic locations; telehealth options to patients; offering language interpretation for all sites and programs, treating patients regardless of capacity to pay, and is concentrating that the 2SLGBTQIA+ community in Champaign County receives appropriate services.

Promoting inclusion and reducing stigma: 66% of board members from current active patients' roster, 20% identify as racial/ethnic minorities. Staff/board training on cultural and linguistic competency as part of onboarding and annually.

Influence of impacted individuals on services and staffing: patients can provide feedback on services via phones. Patients receive specialized care or culturally sensitive services.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: telehealth options to patients.

Unique approach: Integrated Models for Behavioral Health and Primary Care

<https://www.samhsa.gov/resource/ebp/integrated-models-behavioral-health-primary-care>

Staff credentials: Behavioral Health Director, LCPC, Psychiatrist is Board-Certified, 2 Psychiatric Nurse Practitioner services staff: are MSN, APRN, PMHNP-BC, and MSN, PMHNP, Counseling services staff is a LCPC.
Other funding and resource leveraging: Primarily funded by HRSA (federal) grant funds; recognizes that CCMHB is payer of last resort and does not use it to supplement Medicaid, managed care, or private insurance (billing those when possible.) Not used as a match for another source of revenue. People pay a fee but not for most case management services. Sliding fee scale details are provided.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: Payments were paused due to late financial variance reporting, part of the PY23 Q2 set of reports. The agency's 2024 audit is not due until June 30 and may be completed on time. Prior agency audits have been delayed: 2023 (the most recent) was submitted on 9/27/24, 2022 on 5/10/24, 2021 on 12/16/22, and 2020 on 10/1/21. All MHB staff questions related to these have been answered.

All forms submitted by deadline: Yes. Submitted February 7, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: describes several collaborations; agency staff coordinate initiatives with CUPHD.

Written collaborative agreements: LabCorps - MOU for Lab services; Carle Foundation Hospital - MOU for diagnostic lab and radiology services, Propio language interpreter services; Carle Foundation Hospital, Family Medicine Residency - for Gynecological Care and OB services; Carle Patient Advisory Nurse - MOU for Emergency During and After Hours services; Carle Foundation Hospital and OSF for referral agreements and continuum of care services for patients; CC Board of Health; CCRPC Head Start/Early Head Start; Hudson Drug - MOU for 340B Pharmacy services; DSC

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: add clarifying details in the Budget Narrative; update timeframe for outcomes, other adjustments; update the CLC Plan.*
- *New special provisions: reply to communications from MHB staff within one week and, in the event of requests beyond the scope of MHB staff, attend Board meetings to answer board questions; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Promise Healthcare

Agency mission and info: “To improve the health and well-being of the diverse communities we serve by providing high-quality, equitable healthcare to people of all ages.” More information about the agency and its services is available at their website, <https://www.promisehealth.org/>.

Program: PHC Wellness

Request: \$125,000

Why it matters: “The project will enhance access to healthcare services in Champaign County by supporting enabling services to include two BH Case Managers and a Navigator/CHW, that includes hiring one new BH Case Manager this year. Enabling services provide assistance to patients to address barriers to care, including transportation, Medicaid and Marketplace insurance enrollment, Sliding Fee Scale, SNAP enrollment, etc. The project will support internal referrals for BH and enabling services and referrals from partner community organizations. Staff will assess patient need for enabling services and assist individuals in accessing behavioral health services.”

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: Promise’ medical patients who have an MH need identified through screening, referral from other agencies, or direct self-referral.

Scope of services: Patient Assistance: ‘enabling staff’ provide medication access, social service needs, linkages, etc. Case Managers and Navigators/Community Health Workers screen for SDOH and healthcare barriers using PRAPARE or other screens. Patient Ambassador will identify community members in need of services. Insurance Navigation and Enrollment by CHWs. Community Outreach by ‘enabling staff’ participation in community presentations and events. Referral Process for Community Partners - a process will be developed for community partners and health care providers to refer patients.

Location and frequency of services: Champaign offices on Bloomington Road (7:15AM-8PM M, 7:45AM-6PM Tu-F) and Neil Street (7:45AM-5PM M-F), Urbana School Health Center (8AM-5PM M-F, closed for lunch 12-1PM), and Wabash Ave in Rantoul 7:45AM-5:30PM M, 7:45AM-5PM Tu-F, closed for lunch 11:45AM-12:45PM). Navigator/CHW and BH Case Managers offer some services via phone.

Residency of 343 people served in PY24 and 152 in the first half of PY25:

Champaign	186 for PY24	76 for PY25
Urbana	96 for PY24	34 for PY25
Rantoul	40 for PY24	27 for PY25
Mahomet	10 for PY24	5 for PY25
Other	11 for PY24	10 for PY25

Demographics of 343 people served during PY24:

Age		
Ages 0-6	-----	14
Ages 7-12	-----	9
Ages 13-18	-----	12
Ages 19-59	-----	236

Ages 60+ -----	72
Race	
White -----	99
Black / AA -----	88
Asian / PI -----	13
Other (incl. Native American, Bi-racial)-	76
Not available -----	67
Gender	
Male -----	69
Female -----	233
Other -----	1
Not available -----	40
Ethnicity	
Of Hispanic/Latino/a Origin -----	144
Not of Hispanic/Latino/a Origin -----	156
Not available -----	43

Measures of Client/Participant Access

Eligibility criteria and determination: Available to anyone, regardless of income. Primarily serving adults who are uninsured face financial barriers, below 200% of federal poverty level.

Outreach to eligible people: Internal, partner, and self referrals. Call center staff arrange appointments with CHW to support insurance enrollment or with case managers when patients call to schedule appointments. Paid advertisement via social media, radio, and print media. Robust referral system with 40+ community partners; community outreach to identify those in need of services.

Within 7 days of referral, 50% of those referred will be assessed.

Within 14 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for: one day to ongoing.

Additional demographic data: health coverage, veteran, migrant worker status, homelessness, preferred language, sexual orientation, gender identify, and household income and size.

Staff comment: Timelines and rates are updated. Assessment and engagement timelines appear low.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Assist a minimum of 3000 patients with linkages to social services... to remove barriers to accessing healthcare services and treatment plans.
2. Maintain a robust referral system with 40+ community partner organizations who provide at least 1100 referrals from outside entities to Promise Healthcare to accept low-income patients in needed of psychiatric, mental health, and case management services.
3. Maintain an efficient patient referral system where 1200 patients call Promise directly to schedule their appointments.
4. Conduct a minimum of 150 patient assessments using a Social Determinant of Health screening tool (PRAPARE.)

Specific assessment tools and data collection:

For all outcomes, the Data and Workflow Analyst will be responsible for pulling the data for reporting (agency uses an electronic health records system.) The Senior Director of Behavioral Health will validate data.

PRAPARE screenings quarterly.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly from EMR (electronic medical records/electronic health records). Enrollment data quarterly.

Staff comment: The outcomes measure the program's performance, how many patients will participate, how many assessments will be completed, etc. Measures of the positive impact experienced by patients are not directly included, though the value is implied. Numeric targets are included. This was a target program of the evaluation capacity building team several years ago. The agency participated in the evaluation team's workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 350 patients who are engaged with more than one contact or assisted through several barriers.

Non-Treatment Plan Clients (NTPCs): 1200 who are helped just once in the program year (includes referrals.)

Service Contacts (SCs): 3000 encounters with patients assisted by enable staff (various supports.)

Community Service Events (CSEs): 30 - participation in outreach events, including those focused on people in the criminal justice system; at least 15 are formal or informal collaborations with area agencies.

Other: 150 patient assessments using PRAPARE (social determinant of health screening tool.)

Staff comment: Category definitions and targets (other than CSE) have been updated for PY26.

PY26 Targets	350 TPCs	1200 NTPCs	3000 SCs	30 CSEs	150 Other
PY25 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	116	553	612	23	208
Second Quarter	65	392	695	3	220
<i>Annual Targets</i>	<i>200 TPCs</i>	<i>400 NTPCs</i>	<i>1600 SCs</i>	<i>30 CSEs</i>	<i>100 Other</i>
PY24 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	204	728	843	37	184
Second Quarter	47	300	508	20	193
Third Quarter	56	353	621	13	241
Fourth Quarter	80	481	967	2	228
<i>Actual Totals</i>	<i>387 TPCs</i>	<i>1686 NTPCs</i>	<i>2939 SCs</i>	<i>72 CSEs</i>	<i>846 Other</i>
<i>Annual Targets</i>	<i>130 TPCs</i>	<i>300 NTPCs</i>	<i>1600 SCs</i>	<i>30 CSEs</i>	<i>1900 Other</i>

Financial Analysis

PY2026 CCMHB request: \$125,000

PY2026 total program budget: \$166,600

Current year CCMHB funding (PY2025): \$107,078

Proposed change in CCMHB funding - PY2025 to PY2026 =16.7%

CCMHB request is for 75% of total program revenue.

Other program revenue is from US Dept of HHS/Main grant and Rantoul School Based Clinic \$41,660.

Personnel costs of 100% of the requested amount.

Total agency budget has a deficit of \$56,726, total program budget a deficit of \$131,968, CCMHB balanced.

Details from personnel form:

Direct staff costs to be charged to the contract are 60% of Navigator and Mental Health Case Manager, 40% of Senior Director of Behavioral Health, and 20% of another MH Case Manager (to be hired.) All are full time.

Program staff to be funded by CCMHB: 1.8 Direct = 1.8 FTEs.

Total program staff: 3.5 Direct = 3.5 FTEs.

Staff comments:

The increased request will support increased salaries and an additional hire to augment services.

Capacity for financial clarity: While there are no concerns regarding the presentation of this application budget, assessment of capacity for financial clarity relies not only on the application and on history of the partnership but also on review of annual audits and self-reported quarterly financial information. Because annual audits have been delayed (details below), it will be important to communicate with the MHB Financial Manager regarding steps taken to ensure timely reports and to align with financial accountability requirements.

Budget and program connectedness: Budget and Budget Narrative support the Program Plan Narrative.

If applicable, audit findings: Because the agency uses a January 1 – December 31 fiscal year, their 2024 audit will be due on or before June 30, 2025. The 2023 audit was submitted 9/27/24, with delays related to financial staff turnover. There was sufficient follow up on findings of concern (accounting procedures, e.g.), and no unspent funds related to this program were returned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan will need to be updated to reflect the PY26 timeframe. The CLC Plan is reviewed bi-annually with input from management staff, and patients. There is at 51% of the Board Members that are patients at Promise Health. Language Assistance is offered to all patients and clients that receive services. CLC Plans are presented to all new staff and signed acknowledgement.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: All staff completed Diversity & Inclusion training. Additional training in microaggressions, LGBTQIA+, stereotypes, and diversity will be offered in PY25. All Promise’s locations are within federally designated in Medically Underserved Areas.

Staff comment: Promise has been a leading provider of the medically underserved and underinsured people in our community. The CLC Plan has had similar actions and benchmarks for the past two years to capture how they are serving the population.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: individuals contribute to their plan of services once the assessment is completed.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): offering accessible, affordable, and culturally competent healthcare services to patients regardless of the ability to pay.

Promoting inclusion and reducing stigma: 66% of board members from current active patients roster, 20% identify as racial/ethnic minorities. Staff/board training on microaggressions training, training on LGBTQIA+, and cultural and linguistic competency as part of onboarding and annually.

Influence of impacted individuals on services and staffing: telephonic appointments available to patients, facing transportation barriers. 52% of staff utilizes the services.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: virtual service options are not mentioned. services to patients via the telephone.

Unique approach: CHW certification program through the Illinois Public Health Association once that program becomes active to support CHW reimbursement for specific activities.

Staff credentials: Behavioral Health Director, LCPC; 2 Behavioral Health Case Managers: Each team member will have a Bachelor's in Social Work or a related field and will eventually be required to complete the CHW certification; Navigators/CHWs are experienced with Medicaid and/or Marketplace enrollment and the majority are Spanish speaking.

Other funding and resource leveraging: "Promise does not charge patients for this service and does not have additional payment resources available to support the program beyond a small amount of community donations and federal FQHC funding, and funding through the Primary Care Association that helps fund Marketplace promotion and enrollment."

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: Payments were paused due to late financial variance reporting, part of the PY23 Q2 set of reports. The agency's 2024 audit is not due until June 30 and may be completed on time. Prior agency audits have been delayed: 2023 (the most recent) was submitted on 9/27/24, 2022 on 5/10/24, 2021 on 12/16/22, and 2020 on 10/1/21. All MHB staff questions related to these have been answered.

All forms submitted by deadline: Yes. Submitted February 7, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: details on cross referrals with Rosecrance; staff coordinate initiatives with CUPHD and engage in other collaborations (at least monthly.)

Written collaborative agreements: LabCorps - MOU for Lab services; Carle Foundation Hospital - MOU for diagnostic lab and radiology services, Propio language interpreter services; Carle Foundation Hospital, Family Medicine Residency - for Gynecological Care and OB services; Carle Patient Advisory Nurse - MOU for Emergency During and After Hours services; Carle Foundation Hospital and OSF for referral agreements and continuum of care services for patients; CC Board of Health; CCRPC Head Start/Early Head Start; Hudson Drug - MOU for 340B Pharmacy services; DSC.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: develop outcome measuring positive impact on patients; update CLC Plan.*
- *New special provisions: reply to communications from MHB staff within one week and, in the event of requests beyond the scope of MHB staff, attend Board meetings to answer board questions; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Rape Advocacy, Counseling & Education Services

Agency mission and info: “We provide compassionate comprehensive support to those affected by sexual trauma. We care for our communities through prevention education programs that promote consent.” The agency “envisions a world free of sexual violence in our lifetime.” More information is offered on the agency website at <https://www.cu-races.org/>.

Program: Sexual Trauma Therapy Services

Request: \$196,205

Why it matters: “... trauma therapy services for residents impacted by sexual violence and/or stalking. PY24-25 funding from CCMHB has ensured these services despite a reduction in federal Victims of Crime Act funding. RACES has worked to secure other funding for these services, but an additional VOCA reduction has been announced for PY26. RACES has also worked to increase compensation for staff, in keeping with the Strengthening the Behavioral Health Workforce priority. In 2024, rape crisis workers in Illinois made an average of 33% less than other social service professionals.”

Selected priority: Healing from Interpersonal Violence. Also Strengthening the Behavioral Health Workforce.

Services and People Served

Who will benefit: Survivors of sexual violence and/or stalking, aged 3 and up, and their non-offending significant others. RACES has provided these services for over fifty years and is the only local provider that qualifies for absolute confidentiality under state law.

Scope of services:

Trauma-informed, culturally responsive services, in multiple treatment modalities. RACES utilizes a survivor-centered approach to services, including cognitive-behavioral therapy, EMDR, and arts-based therapy. Clients may choose individual, family, or group therapy, or a combination of these options. RACES provides crisis intervention and advocacy services, including a sexual assault hotline and medical support in emergency departments, navigation of the legal system... This program will enhance trauma therapy as federal funding is expected to decrease.

Location and frequency of services: Agency office in the Lincoln Square Mall in Urbana. Most off-site therapy services are now provided by the Outreach Program either by the agency’s contractual therapist in Rantoul or by the Community Outreach Therapist. Survivor Services Program team travel to provide services at other locations, per client’s needs. 24 hour crisis hotline and medical advocacy (ER); virtual services on a secure, confidential platform; phone therapy available; evening appointments offered 2 days/week.

Staff comment: References the Prevention Education program focused on survivor needs, which is fully described in a separate application for funding.

Residency of 95 people served in PY24 and 85 in the first half of PY25:

Champaign	22 for PY24	22 for PY25
Urbana	30 for PY24	39 for PY25
Rantoul	2 for PY24	0 for PY25
Mahomet	0 for PY24	1 for PY25
Other	9 for PY24	14 for PY25
Not Available	32 for PY24	9 for PY25

Demographics of 95 people served during PY24:

Age

Ages 0-6 -----	4
Ages 7-12 -----	7
Ages 13-18 -----	11
Ages 19-59 -----	70
Ages 60+ -----	3

Race

White -----	58
Black / AA -----	13
Asian / PI -----	1
Other (incl. Native American, Bi-racial)-	18
Not Available -----	5

Gender

Male -----	11
Female -----	70
Other -----	11
Not Available -----	3

Ethnicity

Of Hispanic/Latino/a Origin -----	14
Not of Hispanic/Latino/a Origin -----	79
Not Available -----	2

Measures of Client/Participant Access

Eligibility criteria and determination: Advocacy services are available for all ages. Therapy and legal advocacy for those screened with simple internal referral, aged 3 and older who have experienced sexual violence or stalking and their non-offending significant others (parents, partners, siblings).

Outreach to eligible people: Through Prevention Education program or community events; through agency therapy and legal advocacy services while in ER; informational material at numerous locations, social media, and media interviews.

Within 1 day of referral, 95% of those referred will be assessed.

Within 30 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: one year (for a client who experienced one incident of SV who engages in EMDR therapy.)

Additional demographic data: data on the individuals who harmed clients; client's sexual orientation, location where harmed, income information.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Increase feelings of well-being.
2. Decrease trauma-related symptoms.
3. Provide tools that foster self-care and resilience.

Specific assessment tools and data collection:

1 and 2 - Impact of Event Scale (IES-R) to monitor changes, used by therapist and client (a version for children and one for adults.)

1, 2, and 3 - Client self-assessment every six months (by agency therapist with clients.)

Satisfaction survey after services, completed by clients.

Outcome data gathered from all participants: Yes - recognizing clients' need to have agency and therefore not mandating, if there is another trauma-informed option for assessing their progress (per the client and therapist.)

Will collect outcome data at intake and every six months for Service Planning and IES-R; upon discharge for satisfaction surveys.

Staff comment: Outcomes relate to positive impacts clients will experience as a result of the program; these are measurable and associated with appropriate assessment processes; specific numeric targets not listed.

Measures of Utilization

Treatment Plan Clients (TPCs): 110 clients in individual, couple, or family sessions with a RACES therapist.

Non-Treatment Plan Clients (NTPCs): 260 medical advocacy and legal advocacy clients.

Service Contacts (SCs): 348 non-client crisis intervention contacts.

Community Service Events (CSEs): 2 staff participation in large community events.

Other: therapeutic groups.

Staff comment: Adjusted for PY26.

PY26 Targets	110 TPCs	260 NTPCs	348 SCs	2 CSEs	# Other
PY25 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	51	16	61	4	5
Second Quarter	34	133	34	1	1
<i>Annual Targets</i>	<i>170 TPCs</i>	<i>250 NTPCs</i>	<i>25 SCs</i>	<i>2 CSEs</i>	<i>2 Other</i>
PY24 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	72	64	17	7	2
Second Quarter	11	15	11	0	1
Third Quarter	9	6	16	2	1
Fourth Quarter	3	23	14	0	1
<i>Actual Totals</i>	<i>95 TPCs</i>	<i>108 NTPCs</i>	<i>58 SCs</i>	<i>9 CSEs</i>	<i>5 Other</i>
<i>Annual Targets</i>	<i>170 TPCs</i>	<i>250 NTPCs</i>	<i>25 SCs</i>	<i>2 CSEs</i>	<i>2 Other</i>

Financial Analysis

PY2026 CCMHB request: \$196,205

PY2026 total program budget: \$749,871

Current year CCMHB funding (PY2025): \$140,000

Proposed change in CCMHB funding - PY2025 to PY2026 = 40%

CCMHB request is for 26% of total program revenue.

Other program revenue is from United Way \$46,315, VOCA (through ICASA) Grant \$128,377, IL GRF Grant \$103,891, IL AG Violent Crime Victim Assistance Grant \$189,295, Urbana Youth Services Grant \$30,000, VAWA SASP (through ICASA) Grant \$30,010, Blue Cross Blue Shield Blue Impact Grant \$25,778.

Personnel costs of \$152,075 are 78% of the requested amount.

Other expenses are Professional Fees/Consultants \$32,622, Consumables \$1492, General Operating \$3140, and Occupancy \$6876.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

100% of two full-time Trauma Therapists (direct staff only.)

Program staff to be funded by CCMHB: 2.0 Direct =2.0 FTEs.

Total program staff: 8.0 Direct = 8.0 FTEs.

Staff comments: Professional Fees will pay for a clinical supervisor, therapist, accountant, and the financial audit. Consumables will pay for direct service supplies. General Operating will pay for a portion of the agency's liability insurance, printing, software, language line subscription, phone, and internet. Occupancy will pay for a portion of the agency's rental expense but should be charged to the Lease/Rental expense category instead. The increased request will help offset reduced federal Victims of Crime Act (VOCA) funding.

Capacity for financial clarity: No items of concern noted.

Budget and program connectedness: Budget and Budget Narrative support the Program Plan Narrative.

If applicable, audit findings: PY2024 agency audit was submitted 12/27/24, with no findings of concern. \$14,340 of unspent funds related to (now filled) staff vacancies in this program were returned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan meets all the required benchmarks outlined in the application instructions. RACES participates in interagency collaborations to respond to sexual violence in the community. There is an area wide Sexual Assault Response Team that meets quarterly for the prevention of sexual assault.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: "RACES has continued using the Start By Talking Anti-Oppressive Advocacy training (startbytalking.mykajabi.com/able-course). This six-month program centers on Black leadership and challenges white supremacy in the field of sexual violence prevention and response. Five staff members completed this training in FY24; four more took the Supervision training offered by the same program. RACES has also built partnership with local hotel/motels and rental agencies for temporary housing for survivors of sexual assault that have safety concerns about returning to their residence.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: people choose services from several options

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*):

countywide travel to meet with those unable to attend therapy at the agency office; satellite and non-traditional service locations and virtual or phone options; anti-oppression framework, acknowledging barriers for survivors who are members of ethnic, racial, and gender minority populations; majority of staff also members of these groups; active outreach efforts through specific community events; bilingual staff; part of Uniting Pride's Affirming Healthcare Practitioner Network.

Promoting inclusion and reducing stigma: empowerment focused therapy, advocacy, and crisis services support people as they navigate harmful messages of same and victim-blaming; challenge discrimination on behalf of survivors; program info shared in traditional and social media to raise awareness of SV/stalking.

Influence of impacted individuals on services and staffing: agency hiring policies have been revised to ensure that SV survivors may work and thrive at the agency (though no one is required to disclose); the agency's Community Advisory Committee increases participation of community members with related lived experience; trauma-informed environment provided during recent development of strategic plan.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Unique approach: Cognitive Behavioral Therapy <https://www.apa.org/ptsd-guideline/treatments/cognitive-behavioral-therapy> ; <https://www.psychiatrytimes.com/view/trauma-focused-cognitive-behavioral-therapy-sexually-abused-children> ; EMDR <https://www.forbes.com/health/mind/what-is-emdr-therapy/>

Staff credentials: Trauma Therapists, the Youth Services Therapist, and the Community Outreach Therapist have their MSWs. Counseling Services Coordinator, MS, LPC; Rantoul-based contractual Therapist is an LCPC with a master's-level professional counseling degree. Contractual Clinical Supervisor, Ph.D. in Psychology.

Other funding and resource leveraging: Several other sources of program revenue are listed; acknowledges the Payer of Last Resort principle; people served do not pay a fee; program does not participate in Medicaid.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: None.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: yes; collaborations despite a barrier sometimes created by the agency's absolute privilege (client confidentiality); a formal process for prioritization of referrals to other organizations still allows protection of this confidentiality; additional case manager position has improved processes.

Written collaborative agreements: Rosecrance, Community Resource and Counseling Center, Carle, CC Children's Advocacy Center, Cunningham Children's Home, Family Service, Family Advocacy Center, DSC, Community Choices, CCRPC, CSCNCC, CUPHD, YWCA, UI Police Department, Parkland Public Safety, Rantoul Police Department, Tolono Police Department, Thomasboro Police Department, CC State's Attorney's Office, Clove Alliance (neighboring rape crisis center), HopeSprings Counseling, Refugee Center, PACE, Uniting Pride

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: recategorize expense (see above).*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Rape Advocacy, Counseling & Education Services

Agency mission and info: “We provide compassionate comprehensive support to those affected by sexual trauma. We care for our communities through prevention education programs that promote consent.” The agency “envisions a world free of sexual violence in our lifetime.” More information is offered on the agency website at <https://www.cu-races.org/>.

Program: Sexual Violence Prevention Education

Request: \$108,115

Why it matters: “... sexual violence prevention education programs... age-appropriate, trauma-informed, evidence-informed programs address multiple levels of the social-ecological model... Individual-level programming reduces risk factors for perpetration... reducing the likeliness of an individual enacting these forms of harm... their involvement in the criminal system and/or a survivor’s hospitalization...”

Selected priority: Healing from Interpersonal Violence. Also aligns with priorities for Safety and Crisis Stabilization and, due to updated staff compensation, Strengthening the Behavioral Health Workforce.

Services and People Served

Who will benefit: People aged 3 and above, including students, parents, teachers, and community members. People from racial and ethnic minorities, rural residents, the LGBTQ+ community, and those with disabilities will all be given special consideration.

Scope of services: To prevent sexual violence on multiple levels...

Age-appropriate, trauma-informed programs are evaluated annually and meet Erin's Law and National Sexuality Education Standards.

Preschool and Elementary students: Second Step, a Child Protection Unit.

Middle school students: Boundaries Matter and Safer Relationships programs.

High school level: I [Heart] Consent program, which was developed by RACES staff.

Adults: Darkness to Light program, professional trainings, and the Bar Outreach Program.

Community Events and Collaboration: SV prevention information at numerous events each year.

Location and frequency of services: Most sessions are completed at schools or the location of the organization requesting prevention programming. If space is not available, agency will help identify one; primarily in person but can offer virtual synchronous and asynchronous options. Multiple sessions.

Residency of 7040 people served in PY24 and 689 in the first half of PY25:

Champaign	1118 for PY24	537 for PY25
Urbana	4655 for PY24	16 for PY25
Rantoul	0 for PY24	0 for PY25
Mahomet	0 for PY24	0 for PY25
Other	1267 for PY24	136 for PY25

Demographics of 7040 people served during PY24: not collected, per application/contract

Measures of Client/Participant Access

Eligibility criteria and determination: Schools and organizations in Champaign County.

Outreach to eligible people: Letters to school superintendents, principals, and social workers across the County (in August) followed by emails; promoted through community events, agency social media and website. People can call or email to request a program; many do far in advance.

Within 3 days of referral, 100% of those referred will be assessed.

Within 8 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: 3-4 sessions for school; 1 for adults.

Additional demographic data: large groups and multiple sessions, so race, ethnicity, age, and gender data are not collected. Reports zip code of location of presentation.

Staff comment: Good timelines for assessment and engagement.

Measures of Client/Participant Outcomes

Outcomes and targets:

Ultimately, to reduce rates of sexual violence and improve societal responses to survivors.

1. Knowledge gained. (increase)
2. Attitude change related to risk factors. (decrease acceptance of risk factors)
3. Attitude change related to protective factors. (increase acceptance of protective factors)

Specific assessment tools and data collection:

Four empirically validated assessments by curriculum providers; two assessments created with UIUC Evaluation Consultation Bank were simplified using teacher feedback.

For preschool and elementary participants, tools to measure #1 and #3.

For middle and high school, tools to measure change related to all 3.

For adults, Darkness to Light program to measure change related to #1 and #3.

Outcome data gathered from all participants: Yes.

Will collect outcome data on the last day of each program.

Staff comment: The outcomes measure positive change in participants and are associated with appropriate measurement tools, though they do not have specific targets.

Measures of Utilization

Service Contacts (SCs): 4,000 unduplicated participants in presentations at K-12 schools.

Community Service Events (CSEs): 600 presentations in-person in K-12 educational settings.

Other: 10 unique presentations to groups other than schools.

PY26 Targets 4000 SCs 600 CSEs 10 Other

PY25 First Two Quarters (per submitted Service Activity Reports)

First Quarter 163 27 0

Second Quarter 447 77 1

Annual Targets 4000 SCs 600 CSEs 10 Other

PY24 All Four Quarters (per submitted Service Activity Reports)

First Quarter 513 69 7

Second Quarter 822 127 13

Third Quarter 2299 373 9

Fourth Quarter 3406 517 0

Actual Totals 7040 SCs 1086 CSEs 29 Other

Annual Targets 4000 SCs 600 CSEs 40 Other

Financial Analysis

PY2026 CCMHB request: \$108,115

PY2026 total program budget: \$212,321

Current year CCMHB funding (PY2025): \$75,000

Proposed change in CCMHB funding - PY2025 to PY2026 = 44%

CCMHB request is for 51% of total program revenue.

Other program revenue is from ICASA VAWA Grant \$45,451, Illinois General Revenue Funds \$50,799, Common Ground Food Co-op Round Up for Good \$5,449, Carle Health Grant \$2,507.

Personnel costs of \$84,807 are 78% of the requested amount.

Other expenses are Professional Fees/Consultants \$13,556, Consumables \$1,835, General Operating \$2,928, Occupancy \$4,470, Local Transportation \$519.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

To cover half the salary of one full-time Educator and 80% of another full-time Educator.

Program staff to be funded by CCMHB: 1.3 Direct = 1.3 FTEs.

Total program staff: 2.5 Direct = 2.5 FTEs.

Staff comments: Professional Fees will pay for a portion of the agency's accountant and financial audit costs. Consumables will pay for direct service supplies. General Operating will pay for a portion of the agency's liability insurance, printing, software, language line subscription, phone, and internet. Occupancy will pay for a portion of the agency's rental expense but should be charged to the Lease/Rental expense category instead. The increased request will help offset reduced federal Victims of Crime Act (VOCA) funding.

Capacity for financial clarity: No items of concern noted.

Budget and program connectedness: Budget and Budget Narrative support the Program Plan Narrative.

If applicable, audit findings: PY2024 agency audit was submitted 12/27/24, with no findings of concern. \$9,509 of unspent funds related to (now filled) staff vacancies in this program were returned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan meets all the required benchmarks outlined in the application instructions. RACES participates in interagency collaborations to respond to sexual violence in the community. There is an area wide Sexual Assault Response Team that meets quarterly for the prevention of sexual assault.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: "RACES has continued using the Start By Talking Anti-Oppressive Advocacy training (startbytalking.mykajabi.com/able-course). This six-month program centers on Black leadership and challenges white supremacy in the field of sexual violence prevention and response. Five staff members completed this training in FY24; four more took the Supervision training offered by the same program. RACES has also built partnership with local hotel/motels and rental agencies for temporary housing for survivors of sexual assault that have safety concerns about returning to their residence.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: as prevention education rather than individual service, this is not a focus, but programming is designed to be responsive to the needs of survivors.

Eliminating disparities in access and care (program specific, see CLC Plan for agency wide details):

countywide promotion and delivery of the program (prior data show engagement in Champaign, Urbana, and rural school districts); virtual options; because education can be the first contact for survivors, follow up and other service info/delivery also countywide, including at non-traditional locations and telehealth; due to higher risks and barriers for members of ethnic, racial, and gender minority populations, inclusive curricula and programming offered to all schools and specific community events.

Promoting inclusion and reducing stigma: by increasing empathy for survivors of SV; by centering the intersection of SV and other forms of violence (links to supporting article); by sharing info on rates of SV and strategies to support survivors, to reduce concerns about stigma.

Influence of impacted individuals on services and staffing: the agency's Community Advisory Committee increases participation of community members with related lived experience; input from staff impacted by SV or stalking has informed services.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus; virtual programming remains available, but in person is preferred.

Unique approach: Violence Prevention Fundamentals

<https://vetoviolence.cdc.gov/sites/vetoviolence.cdc.gov/files/pdf/ViolencePreventionFundamentals.pdf>

consistent with principles of prevention programs <https://pubmed.ncbi.nlm.nih.gov/12971191/>, a framework supported by National Center on Domestic and Sexual Violence and ICASA. Some prevention resources not currently available online. Agency develops a comprehensive prevention plan for ICASA every 3 years.

Staff credentials: All - 40 hours of initial sexual violence crisis intervention training; annually 6 hours related to sexual violence (2 hours on children and families) and 12 on sexual violence prevention.

Executive Director – over a decade of experience in this area.

Prevention Education Coordinator – BA, experience providing SV prevention programming and more, on campus and in the community.

Educator – BA, experience providing educational services (to all ages), focus on SE skills and career readiness for boys and young men.

Educator – BS, experience with on-campus programming, UI Student Subcommittee for Sexual Misconduct.

Two educators are certified in Darkness to Light program, one has completed Bar Outreach Project train the trainer program through Our VOICE; all educators know RACES curricula and prevention plan prior to teaching.

Other funding and resource leveraging: not used as match for other revenue, other pay sources are described, people served do not pay a fee, and the program is not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see Financial Analysis section above).

If applicable, compliance issues: None.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see Criteria for Best Value above).

Coordinated system: a unique program; works closely with others to avoid duplication and to strengthen collective efforts toward health and safety.

Written collaborative agreements: Rosecrance; Community Resource and Counseling Center; Carle; CC Children's Advocacy Center; Cunningham Children's Home; Family Service; Family Advocacy Center; DSC; Community Choices; CCRPC; CSCNCC; CUPHD; YWCA; Parkland Public Safety; U of I, Rantoul, Tolono, and

Thomasboro Police Departments; Champaign County State's Attorney's Office, Clove Alliance (neighboring rape crisis center); HopeSprings Counseling; The Refugee Center; PACE; Uniting Pride.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: recategorize expense (see above).*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Champaign County Christian Health Center

Agency mission and info: "...to show and share the love of Jesus Christ to our neighbors of Champaign County by providing holistic, free, and quality health care services. Holistic means that we consider the whole person regarding treatment – mental, emotional, spiritual, as well as physical well-being. We offer care for free because we realize the resources of the uninsured are minimal, with most of CCCHC’s clients working full time and often having more than one job just to make ends meet. Finally, we ensure, through a strong volunteer base of over 125 people, supportive donors, numerous collaborations, and community involvement, that people that come to CCCHC for care receive quality service and excellent treatment." The agency’s site <http://ccchc2003.org/> has program, event, and other information - in three languages.

Program: CCCHC Community Mental Health Program

Request: \$100,000

Why it matters: "... innovative practices and access to behavioral health by funding a psychiatrist to see patients and provide a partial salary for the executive director to recruit volunteer mental health professionals to provide mental health care. CCCHC partnered with Carle Hospital psychiatric residency program to provide mental health care and assessments in the community. CCCHC sees uninsured and underinsured patients, this proposal also addresses closing the gaps in access and care."

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: The uninsured and underinsured, disproportionately people of color, the homeless, recently released prisoners, low income, and other populations with unmet healthcare needs. There is no requirement for written proof or an application form to be granted access to services.

Scope of services: CCCHC offers MH care by volunteer MH practitioners. MH patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Services are provided to any uninsured and underinsured resident of Champaign County, between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage with exceptions).

Location and frequency of services: Champaign office. MH primary care Tuesdays and Wednesdays. Telehealth services Mon-Fri, 8am-5pm depending on the patients’ and volunteer providers’ schedules. Case management services - referrals, follow-up appointments, and troubleshooting - during office hours.

Residency of 62 people served in PY24 and 60 in the first half of PY25:

Champaign	22 for PY24	22 for PY25
Urbana	30 for PY24	15 for PY25
Rantoul	2 for PY24	5 for PY25
Mahomet	1 for PY24	1 for PY25
Other	7 for PY24	17 for PY25 (4 unknown)

Demographics of 62 people served during PY24:

Age	
Ages 19-59 -----	59
Ages 60+ -----	1
Not Available -----	2

Race	
White -----	24
Black / AA -----	17
Asian / PI -----	16
Not Available -----	5
Gender	
Male -----	34
Female -----	26
Not Available -----	2
Ethnicity	
Of Hispanic/Latino/a Origin -----	7
Not of Hispanic/Latino/a Origin -----	50

Measures of Client/Participant Access

Eligibility criteria and determination: Any person calling for an appointment or walking in, self-reported as uninsured or underinsured. No written verification is required, no application form to gain access to services.

Outreach to eligible people: Community events (i.e. Farmer’s market), referrals from other health care facilities, word of mouth, billboards, radio ads, and online media.

Within 5 days of referral, 80% of those referred will be assessed.

Within 0 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: one-time only for some; others may be a patient for years.

Additional demographic data: income, level of education

Staff comment: Outreach and organizational collaboration are critical to this program's success.

Measures of Client/Participant Outcomes

Outcomes and targets:

- 1) 500 patients will be screened to assess mental health needs
- 2) 50 patients will receive ongoing mental health care
- 3) 75 patients will have acute mental health issues treated/addressed
- 4) 25 African American churches contacted/engaged directly (to inform of MH services)
- 5) 10 LatinX and African-American-frequented sites engaged by Outreach Director

Specific assessment tools and data collection:

- 1) Electronic Health Records - general patient data
- 2) Electronic Health Records - data files on mental health patients
- 3) Electronic Health Records - data files on mental health patients

Outcome data gathered from all participants: Yes.

Will collect outcome data Weekly or upon appointment completion.

Staff comment: Retains outcomes, targets, and collection tools from PY25, adds two new outcomes (#4 and #5) but no assessment tool specific to these. As in previous years, outcomes relate to the program’s performance, though a measure of change in individual client wellness could be developed.

Measures of Utilization

Treatment Plan Clients (TPCs): 200 people assessed by a healthcare provider with at least one behavioral or mental health issue to address.

Non-Treatment Plan Clients (NTPCs): 500 people receiving health education info at outreach events plus family members of patients who come to the clinic.

Service Contacts (SCs): 500 who call about services and do not come in for appt (who either need services beyond the agency’s capacity or do not show up.)

Community Service Events (CSEs): 16 total of: screenings at events, meetings with other providers, and presentations about the clinic.

Other: 100 patients referred to other healthcare facilities.

Staff comment: Definitions continue from PY25; client targets same, service contacts lower, events increased.

PY26 Targets	200 TPCs	500 NTPCs	500 SCs	16 CSEs	100 Other
PY25 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	38	300	22	8	3
Second Quarter	22	265	18	6	4
<i>Annual Targets</i>	<i>200 TPCs</i>	<i>500 NTPCs</i>	<i>800 SCs</i>	<i>8 CSEs</i>	<i>100 Other</i>
PY24 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	6	48	28	3	10
Second Quarter	4	142	319	2	0
Third Quarter	8	0	289	3	25
Fourth Quarter	44	795	30	5	50
<i>Actual Totals</i>	<i>62 TPCs</i>	<i>985 NTPCs</i>	<i>666 SCs</i>	<i>13 CSEs</i>	<i>85 Other</i>
<i>Annual Targets</i>	<i>160 TPCs</i>	<i>500 NTPCs</i>	<i>800 SCs</i>	<i>8 CSEs</i>	<i>100 Other</i>

Financial Analysis

PY2026 CCMHB request: \$100,000

PY2026 total program budget: \$100,000

Current year CCMHB funding (PY2025): \$33,000

Proposed change in CCMHB funding - PY2025 to PY2026 = 203%

CCMHB request is for 100% of total program revenue.

Personnel costs of \$80,000 are 80% of the requested amount.

Other expenses are Professional Fees/Consultants \$10,000, Consumables \$5,000, and General Operating \$5,000. (Professional Fees to be charged to this contract are 100% of the agency’s budget for this cost.)

Total agency budget has a surplus of \$7,000, total program and CCMHB budgets are balanced.

Details from personnel form:

No indirect personnel are described. This will need to be corrected, as it will impact the personnel and expense budget forms. Of direct staff, this proposed contract would cover 36% of the salary of the full-time Outreach & Wellness Director, 100% of a 0.15 time Psychiatrist (to be hired), 14% of the full-time Clinic & Fund Development Director, and 13% of the full-time Operations Director.

Program staff to be funded by CCMHB: 0.78 Direct = 0.78 FTEs. **Total program staff:** same.

Staff comments:

Could any of the agency revenue (total = \$1,955,000) be allocated to support this program? The proposed budget plan shows \$7,000 agency surplus, which could be used to lower the cost to MHB.

Professional Fees will pay for a financial audit. Currently, CCMHB funds are budgeted to cover 100% of the cost of the financial audit. If other funding sources require a financial audit, that source’s funds should also be used to cover the cost of the audit at a level proportional to the funding amount.

Capacity for financial clarity: Assessment of this capacity relies not only on the application and on history of the partnership but also on review of self-reported quarterly financial reports and annual audits. CCCHC’s

financial reviews and audits have been delayed each year for the last 4 years (see details below.) If funded, it will be helpful to share a plan for tracking audit progress and communicating with MHB Financial Manager.

Budget and program connectedness: Budget Narrative does not address the projected \$7,000 agency surplus or describe the significant increase in requested funding; with the volume of service to remain at current/prior year levels (other than events), additional explanation will be helpful. While it mentions that the agency uses a third party for payroll processing, fees for such service do not appear anywhere in the Budget Narrative form.

If applicable, audit findings: At the time of this writing, the PY2024 agency audit has not been completed.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: CCCHC will provide cultural competence training to the board members and staff members annually. In addition, interpreters will be provided, and materials are available in multiple languages. Their Community Mental Health Program will provide mental health support to uninsured and underinsured people.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes.

Highlights from the submitted CLC Progress Report: Training has not been completed as of April 2025. Interpreters and language services have been provided for non-English speaking people. Software for translation services is being considered for the future.

Staff comment: CCCHC should consider partnering with another organization to complete the training requirement. Due to staff capacity completing the annual CLC training requirement has been a barrier. A CLC Site Visit was conducted in PY24. Technical Assistance and support were offered by the CLC Coordinator.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: services based on requests and assessments

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): satellite sites and community events include rural areas (with follow up at main clinic site); due to disparities in income and insurance coverage, the target population overlaps with minority populations; data show engagement.

Promoting inclusion and reducing stigma: patients are welcomed and treated with dignity and respect

Influence of impacted individuals on services and staffing: by engagement with community groups & events.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus, but some telehealth services are offered.

Unique approach: The Case for Faith: Celebrating Hope in Mental Health Care

<https://www.aacc.net/2018/01/01/the-case-for-faith-celebrating-hope-in-mental-health-care/>

Staff credentials: Founder/Operations Director has a PhD in Community Health; Outreach and Wellness Director has a M.S degree with health coaching experience; Clinic and Fund Development Director has a bachelor's degree with health education experience at Carle Hospital; current or retired medical providers from local health care organizations have current licenses on file.

Other funding and resource leveraging: not used as match for other revenue source, clients are not asked to pay a fee, and the program does not participate in Medicaid. Free lab work through OSF and reduced cost lab work through Carle. It is unclear if other funding has been maximized.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: Because the agency board meeting minutes have not typically been shared with MHB staff on a regular basis, the agency should share them in a timely manner, quarterly or more often. In prior years, agency financial reviews/audits have been delayed: PY23 was submitted on 3/25/24; PY22 on 1/5/23; and PY21 on 5/11/22. Per MHB Funding Requirements and Guidelines, the agency is not eligible for funding without the most recent year (PY24) audit.

All forms submitted by deadline: Yes. Submitted February 9, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see Criteria for Best Value above).

Coordinated system: describes collaborations; lab agreements with OSF and Carle

Written collaborative agreements: none in writing but “practiced for over 20 years”

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: develop and clarify the financial plan to include indirect staff costs and activities and distribute the cost of an audit across all funders requiring one; clarify the need for increased funding and/or plan to use other resources prior to MHB funds - an MHB contract amount of \$93,000 would allow for use of the proposed budget’s agency surplus.*
- *New special provisions: submit agency board minutes to the MHB Operations and Compliance Coordinator each quarter at a minimum; provide MHB staff with an additional report each quarter on the progress of the annual audit, with documentation from the independent CPA firm so that any future delays are either avoided or communicated in advance.*
- *Consider continuing PY25 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Immigrant Services of Champaign-Urbana

Agency mission and info: “Our purpose is to extend a welcoming hand to immigrant families who are new to our community. When families face obstacles, we are here to help; we provide them with the tools they need to build a future where their talents and skills will help them fulfill the dreams they had when they first arrived in this country. Since our founding in 2016, ISCU has grown to include the support of over 45 faith-based, university and community groups and hundreds of individuals from across the greater Champaign-Urbana area. Our family liaisons and community guides work with families to determine their needs. How we support includes groceries, health supplies, household goods, baby & toddler items, transportation, and rent and utility assistance. Our staff and volunteers also help families navigate to find resources, including securing medical care and available benefits, housing, jobs, English-as-a-Second-Language classes, legal assistance, and more depending on their individual needs.” See <https://www.isc-u.org/>.

Program: Immigrant Mental Health Program

Request: \$200,256 (first funded in PY24, at \$90,000, but not in PY25)

Why it matters: “...supports immigrants, asylum seekers, and refugees fleeing violence, poverty, and persecution, including domestic violence, human trafficking, and gang threats. Their journey exposes them to trauma, corruption, and systemic barriers. Upon arrival, they face homelessness, poverty, lack of work authorization, and limited services, worsening their trauma and health issues. Mental health care remains largely inaccessible. While staff provide emotional support, professional care is beyond our capacity. This proposal addresses key priorities by ensuring access to care, providing crisis intervention, and helping clients stabilize, reducing barriers that prevent them from overcoming trauma and integrating into the community.”

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: Immigrants facing MH crises, those seeking a safe space to process trauma, and immigrant children needing support to cope with their experiences.

Scope of services: ISCU holistic case management, to address each client’s unique needs through individual personalized service plans that promote stability and self-sufficiency and assistance with housing, legal referrals, school enrollment, advocacy, medical case management, and crisis intervention.

ISCU offers several supportive programs: MH Program: access to therapy ensuring clients have a safe space to process trauma and build emotional resilience. Household Provisioning: mobilizes community donations to furnish homes with essential household goods, furniture, and bedding. Transportation Program: ensures clients can attend crucial legal and court appointments required for asylum and immigration compliance.

Emergency Food Assistance Program: provides grocery store vouchers over a 12-week period to support food security for families who do not qualify for SNAP.

Location of services: ISCU Champaign offices with virtual therapy as a secondary option.

Staff comment: Unknown operating hours. Imperative to collaborate with other immigrant service providers.

Residency of 739 people served in PY24:

Champaign 407 for PY24

Urbana 332 for PY24

Demographics of 692-715 people served during PY24:

IMMIGRANT SERVICES CU - IMMIGRANT MH - 1

Age	
Ages 7-12 -----	25
Ages 13-18 -----	46
Ages 19-59 -----	644
Race	
White -----	1
Black / AA -----	196
Other (incl. Native American, Bi-racial)-	74
Asian / PI -----	421
Gender	
Male -----	292
Female -----	400
Ethnicity	
Of Hispanic/Latino/a Origin -----	89
Not of Hispanic/Latino/a Origin -----	157

Measures of Client/Participant Access

Eligibility criteria and determination: Immigrants, asylum seekers, or refugees, uninsured or otherwise unable to access therapy. PHQ-9 to assess depression; translated for accessibility and to normalize conversations about depression. Case managers complete intake and gather info for referrals to group or individual therapy.

Outreach to eligible people: through local partners, service providers, schools, medical clinics, etc., some through community events. People primarily learn about this program during intake for other support.

Within 3 days of referral, 95% of those referred will be assessed.

Within 7 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: 15 one-hour sessions/15 weeks per client.

Additional demographic data: date of arrival in US; country of origin; status of asylum, immigration, refugee proceedings, if applicable; employment status; housing condition; # children in household; referral source.

Staff comment: Appropriate timelines for assessment and engagement.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Increased access to MH services (with three objectives, initiated within a few weeks of intake, then continued engagement)
2. Improved emotional well-being and coping skills (three objectives, results within first few months)
3. Stronger integration and self-advocacy (two objectives, over the course of therapy and with case management beyond formal MH services)

Specific assessment tools and data collection:

Through post-treatment assessments. Case managers will attempt to redeliver PHQ-9 for specific results. Includes assistance to clients answering survey questions.

Outcome data gathered from all participants: No.

Will collect outcome data from selected clients who complete at least 10 sessions (group or individual.)

Staff comment: This section of the application contains much more detail than included here. Each outcome relates to positive impacts for people served, with strategies and general timelines. While numeric targets and timeframes are not indicated, the assessment tool is appropriate to each and may generate data for future outcome targets.

Measures of Utilization

Treatment Plan Clients (TPCs): 50 people referred to MH services, with case file (reason for seeking therapy, designated provider, treatment goals, broader plan with other organization.)

Non-Treatment Plan Clients (NTPCs): (tracking people who do not use MH program but do work with case manager to meet their needs – not beneficial to measuring program impact)

Service Contacts (SCs): (intake info is collected not beneficial to measuring program impact)

Community Service Events (CSEs): 3-5 (at least) community events the agency is invited to participate in and presentations to interested groups.

Staff comment: Definitions and targets for each category have been updated for PY26.

PY26 Targets	50 TPCs	3-5 CSEs		
PY25 First Two Quarters	– N/A (not funded)			
PY24 All Four Quarters	(per submitted Service Activity Reports)			
First Quarter	10	0	7	0
Second Quarter	61	263	65	4
Third Quarter	81	340	85	3
Fourth Quarter	82	135	300	1
<i>Actual Totals</i>	<i>234 TPCs</i>	<i>738 NTPCs</i>	<i>457 SCs</i>	<i>8 CSEs</i>
<i>Annual Targets</i>	<i>60 TPCs</i>	<i>130 NTPCs</i>	<i>32 SCs</i>	<i>8 CSEs</i>

Financial Analysis

PY2026 CCMHB request: \$200,256

PY2026 total program budget: \$222,736

Current year CCMHB funding (PY2025): N/A – the program Funded in PY2024 for \$90,000

Proposed change in CCMHB funding - PY2024 to PY2026 = 123%

CCMHB request is for 90% of total program revenue.

Other program revenue is from Contributions \$1480 and City of Urbana Youth Services Grant \$21,000.

Personnel costs of \$99,616 are 50% of the requested amount.

Other expenses are Professional Fees/Consultants \$91,500, General Operating \$3000, Occupancy \$600, Conferences/Staff Development \$3000, Local Transportation \$1540, and Specific Assistance \$1000.

Total agency budget has a deficit of \$118, total program a surplus of \$1, and CCMHB balanced.

Details from personnel form:

Direct staff costs to be charged to this contract include 50% of two full time Bilingual Case Managers (to be hired), 35% of a half-time Driver and a half-time Office assistant (to be hired), and 10% of a full-time Transportation and Household Provisioning Services Manager. Indirect staff costs are for 20% of full-time Executive Director and half-time Fiscal Manager.

Program staff to be funded by CCMHB: 0.4 Indirect + 1.8 Direct = 2.2 FTEs.

Total program staff: 0.5 Indirect + 2.24 Direct = 2.74 FTEs.

Staff comments:

Professional Fees will pay for mental health counselors and the financial audit. Information about the other expense items is either omitted or does not match between the budget and budget narrative forms.

Capacity for financial clarity: The Budget and Budget Narrative forms do not agree. Many expense categories listed in the budget are omitted from the Budget Narrative. The Personnel Form indicates that 4 out of the 5 positions are currently vacant.

Assessment of an organization's capacity for financial clarity relies not only on the application and on history of the partnership but also on review of quarterly financial reports and annual audits. ISCU was funded in PY24, and with the application, they provided an audit of their PY23. Turnover in leadership appears to have contributed to the delay in completing the PY24 audit. ISCU was not funded during PY25, so we do not have recent self-reported financial information. It will be helpful to share a plan for tracking audit progress and communicating with MHB Financial Manager.

Budget and program connectedness: The Program Plan Narrative mostly aligns with the budget and budget narrative forms with the exception of several expense items omitted from the Budget Narrative.

If applicable, audit findings: At the time of this writing, the PY2024 agency audit has not been completed.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Training for all new staff will be required. Additional Training will be provided to staff in trauma informed and culturally competent service delivery the immigrant community. Board members will receive CLC Training and meet afterwards to integrate training material in the organizational process.

Staff comment: Immigrant Services should receive CLC TA as a newly funded program.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: personalized support from intake to ongoing care

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): specifically targets underserved and underinvested immigrant population and virtual sessions available to rural residents; transportation support is also offered.

Promoting inclusion and reducing stigma: by meeting immigrants where they are and collaborating with immigrant communities to address significant gaps, providing specific MH care, and diverse leadership.

Influence of impacted individuals on services and staffing: ISCU recruits staff, volunteers, and board members with lived experience and incorporates these experiences into the organization's policies, processes, and everyday operations.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: virtual therapy is available for clients to mitigate barriers logging into the client portal and completing required documentation to begin therapy. Case managers undergo specialized training to provide quality immigration services.

Unique approach: Interventions Promoting Positive Mental Health for Migrant and Refugee Adults in the Community: A Scoping Review. <https://link.springer.com/article/10.1007/s12134-024-01223-z>

Staff credentials: Supervisor for CM and MH program has certifications: 40 hours in Domestic Violence, Adult/Youth MHFA, Community Health Worker through Illinois Public Health Association with targeted training in Refugees and Immigrant and Migrants (RIM) community health navigation.

Other funding and resource leveraging: A small grant from the City of Urbana supports programming for youth. People served to not pay a fee; partner organizations have agreed to offer ISCU a reduced rate/sliding scale for counseling; this program does not participate in Medicaid but will refer people to agencies that do.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: A PY2024 audit has not been submitted. Per MHB Funding Requirements and Guidelines, the agency is not eligible for funding without the most recent year audit.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see Criteria for Best Value above).

Coordinated system: describes collaborations with similar providers, plan for streamlining/formalizing referrals and sharing resources, etc.

Written collaborative agreements: Summit Counseling, Constructive Changes Counseling, Common Ground Food Co-op, CUPHD, Illinois State Treasurer, City of Urbana, Salt and Light, and Community Foundation of East Central Illinois.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: corrections and clarifications in financial forms; if staff vacancies are not filled, the initial contract amount could be lower than requested, then prorated as vacancies are filled.*
- *Special provisions: consult with Cultural and Linguistic Competence Coordinator; reply to communications from MHB staff within one week and, in the event of requests beyond the scope of MHB staff, attend Board meetings to answer board questions; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*
- *Consider continuing PY24 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: Urbana Neighborhood Connections Center, Inc.

Agency vision and info: “Urbana Neighborhood Connections Center’s vision is for a healthy, compassionate, progressive community where all children and families have access to services and supports that empowers successful development. To bring that vision into reality, UNCC provides quality educational, social-emotional, spiritual and recreational enrichments to youth and their families within the context of a safe, structured and nurturing environment.” <https://www.urbanconnectionscenter.org/> has more about programs and history.

Program: Community Study Center – ACCESS Initiative

Request: \$382,180

Why it matters: “... provides marginalized youth with access to quality academic, social-emotional, and recreational materials and experiences that enhance their lives during the after-school, school days out, and summer programming terms, which ultimately helps them thrive.”

Selected priority: Thriving Children, Youth, and Families

Services and People Served

Who will benefit: K-12 students in Urbana School District who receive community-based academic, social emotional and recreational enrichment activities.

Scope of services: Provide adequate technology and skilled staff to assist youth with in-person academic and social/emotional services.

Location and frequency of services: During the academic school year, the Community Study Center offers after-school sessions Monday through Friday from 3:00pm -6:00pm for children in grades K-12 (intense emphasis on K-8) where staff assists children with academic enrichment activities assigned by their classroom teacher or by UNCC’s Activity Leaders. "School Out Days" (teacher institute and parent-teacher conferences), are held from 8:00 am – 5:00 pm. and closely resembles the structure of summer programming. During the summer break, UNCC conducts a seven-week. Summer Enrichment Camp (7:30 am -5:30 pm / Mon. – Fri.)

Staff comment: The proposal is an expansion over prior MHB contracts with the agency. The program was last funded in PY23, at a much lower \$ amount (\$25,500), as it had been for several years.

Utilization data reported below are therefore older than those presented in other reviews of funding requests, based on lower funding amounts, and apparently include some duplication. Totals below are greater than the total unduplicated clients for PY23, likely the result of sharing residency and demographic data of all participants each quarter, rather than those new in Q2, Q3, and Q4.

Residency of 140 people served in PY23:

Champaign	3
Urbana	176
Other	4

Demographics of 140 people served during PY23:

Age		
Ages 0-6	-----	38
Ages 7-12	-----	124
Ages 13-18	-----	24
Race		

Black / AA -----	162
Other (incl. Native American, Bi-racial)-	24
Gender	
Male -----	89
Female -----	97
Ethnicity	
Not of Hispanic/Latino/a Origin -----	186

Measures of Client/Participant Access

Eligibility criteria and determination: An Urbana resident enrolled in local school systems (K-12); youth and staff study a 3- to 4-page registration document, followed by a face-to-face discussion with the parent(s), if the child is in elementary school. Youth must be willing to follow the center's rules and procedures, and parents must sign off on their consent and understanding of those rules and procedures before receiving services; and be willing to participate in a continuum of structured and supervised out-of-school time academic, social-emotional, and recreational enrichment activities. summarize from application.

Outreach to eligible people: From school personnel, family-to-family, informational fliers, social media advertisement, local scholarship event advertising (cotillion ball, Pink Panache, etc.), and district, schoolwide, and community events (open house, community roundtable, Champaign County Community Coalition, back-to-school night, Juneteenth Celebration, Jettie Rhodes Neighborhood Community Day, Champaign-Urbana Days, C-U Community Sponsors school supply giveaway and trunk-or-treat, and parent-teacher conferences, events where we have an informational booth or table set up).

Within 1 day of referral, 100% of those referred will be assessed.

Within 2 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: ten years.

Additional demographic data: income level via free and/or reduced lunch or SNAP and Child Care Resource Services applications/eligibility.

Measures of Client/Participant Outcomes

Outcomes and targets:

Four program measurement outcomes, specific targets not included:

1. Engage targeted youth in structured out of school time educational, social emotional development and recreational activities.
2. Reduced and/or minimal criminal activities by engaged youth.
3. Expose targeted high school students to various college and career related activities.
4. Implementation and accomplishment of 2 of the Cultural Competency Plan goals and objectives.

Four categories of results are indicated (not aligned entirely with the numbered items above.)

1. Maintain/increase hours invested in academic and S-E development.
2. New/increased involvement in physical fitness and cultural arts activities.
3. Exposure to juvenile delinquent indicators and prevention services to reduce criminal activity.
4. Increased knowledge, awareness, and skill related to CLC plan.

Incorporate essentials of ISBE SEL Standards (see application for full details.)

Specific assessment tools and data collection:

1. Daily Attendance Records
2. Consultation with parents and school personnel.
3. Graduation diploma, verification of employment and/or college admission letter.
4. Use of Skyward Data Base per Urbana School District approval
5. Informal observation of increases/decreases in student visits to the Calming Corner for self-regulation,

dismissal from group activity participation, etc.

6. Any additional data collected by center staff (graphs/charts or narratives of student completion and mastery of presented concepts).

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly; grades and in-school/in-program behavior monitored weekly

Staff comment: Outcomes for the program's positive impacts on youth, many measuring the program's performance. Several assessment tools are identified but not specifically assigned to the outcomes. Targets and tools could be reorganized for clarity.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): Describes program services, states that multiple programs will be counted within one category (Community Study Center), and that the program will report only the unduplicated number of people receiving multiple programs within the CSC. Numeric target not identified.

Community Service Events (CSEs): Events in which the agency has information booth/table or similar: parent meetings, community open lab nights, open house, community roundtable, Coalition flyer and panel, back to school night, Juneteenth celebration, Jettie Rhodes Neighborhood Community Day, Champaign-Urbana Days, school supply giveaway, trunk or treat, parent/teacher conferences. Numeric target not identified.

Service Contacts (SCs): Includes list of services (transportation, meals, tutoring and other academic, SEL, STEAM, and recreational.) Numeric target not identified.

Staff comment: Numeric targets not included.

PY26 Targets ? NTPCs ? SCs ? CSEs

(This program was last funded in PY23, at a much lower \$ amount.)

PY23 All Four Quarters (per submitted Service Activity Reports)

First Quarter 74

Second Quarter 6

Third Quarter 51

Fourth Quarter 9

Actual Total 140 NTPCs

Annual Target 75 NTPCs

Financial Analysis

PY2026 CCMHB request: \$382,180

PY2026 total program budget: \$766,998

Current year CCMHB funding (PY2025): \$0

MHB funding for this program in prior years, the most recent being PY23, at \$25,500.

CCMHB request is for 50% of total program revenue.

Other program revenue is from United Way \$67,000, Contributions \$36,500, City of Urbana Grant \$29,318, IDHS Summer Youth Employment Grant \$207,000, ISBE Nutrition Program Grant \$35,000, and Membership Dues \$10,000. NOTE: Total Program and Total Agency are the same.

Personnel costs of \$221,805 are 58% of the requested amount.

Other expenses are Professional Fees/Consultants \$68,299, Consumables \$56,299, General Operating \$12,784, Occupancy \$14,777, and Local Transportation \$8,216.

NOTE: Total Program and Total Agency are the same.

Total agency budget, total program budget, and CCMHB budget are balanced.

Details from personnel form:

Indirect staff salaries to be charged to this contract include: 100% of part-time Food Service worker, Food Service Assistant, and Food Service Manager, and 50% of Executive Director.

Direct staff salaries to be charged: 100% of part-time Life/Social Skills leader, Activity Coordinator, Operations Manager, College Readiness Assistant, Academic Specialist, Activity Leader and Transportation Specialist, Leader Activity Leader, three Activity Leaders, and three Case Managers, and 25% of a part-time Data Entry Assistant. Some direct staff positions are to be hired, but these would not be charged to the CCMHB contract.

Program staff to be funded by CCMHB: 1.45 Indirect + 4.35 Direct = 5.8 FTEs.

Total program staff: 1.75 Indirect + 9.15 Direct = 10.9 FTEs.

Staff comments: Professional Fees will pay for a portion of the agency's janitorial services (charge to Occupancy Expense?), lawncare services (charge to Occupancy Expense?), accounting services, payroll services, and the financial audit. Consumables will pay for a portion of the agency's food/snack, supplies, materials, and other perishables for afterschool, school out days, summer camps, and group sessions. General Operating will pay for a portion of the agency's liability insurance, phone, internet, and TV services. Occupancy will pay for a portion of the agency's property insurance, utilities, pest control service, and building maintenance. Local Transportation will pay for fuel and maintenance of agency-owned buses.

Capacity for financial clarity: Assessment of an organization's capacity for financial clarity relies not only on the application and on history of the partnership but also on review of quarterly financial reports and annual audits. UNCC was funded in PY23 and several years prior, during which audits and some quarterly reports had been delayed (see below for details.) Because they were not funded in PY24 or PY25, we do not have recent self-reported financial information. It will be helpful to share a plan for tracking audit progress and communicating with MHB Financial Manager.

The agency director has indicated that the proposal includes staff with specific responsibilities for reporting, which should improve timeliness and accuracy. Special provision remedies are suggested below, for updates from CPA firm and other strengthened communication between agency and funder.

Budget and program connectedness: Budget and Budget Narrative support the Program Plan Narrative.

If applicable, audit findings: To complete the application, the agency's PY2024 audit is in progress. Unspent revenue of \$10,258 from PY23 had been returned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The Board will ensure that the organization is reflective of culturally competent workplace and service delivery site for youth and families. Adequate technology will be provided for youth to ensure that communication barriers will be addressed.

Staff comment: As a newly funded organization UNCC will receive support on how to report CLC Activity.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: acknowledgement that "parents are our students' first and most important teachers" and staff role in shaping children's beliefs and actions.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): has included rural residents, esp in Summer Enrichment program; primarily engages youth and families who are members of underrepresented minority populations, by targeted outreach through schools and neighborhoods

Promoting inclusion and reducing stigma: academic and mental wellness empowering youth; non-traditional approach to “life’s distractions and obstacles...” Group session activities to decrease stigma; instruction and engagement in culturally relevant readings and discussions builds potential and self-esteem and relationships.

Influence of impacted individuals on services and staffing: frequent communication (among agency and school staff and parents) supports student success. Fourteen staff and all students are people of color; 47% of students from low-income families, and many staff also from low or middle-income families; all are from the area or longtime residents, knowledgeable of relevant community resources.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus but likely the case.

Unique approach: ISBE Social Emotional Learning (SEL) Standards <https://www.isbe.net/sel>
Illinois Common Core State Standards <https://www.thecorestandards.org/>

Anti-violence Collective SEL Curriculum & Culturally Relevant Literacy Practices (adapted from ISBE above)

Staff credentials: Executive Director is an educator and District Family Liaison.

Intensive Literacy Program Coordinator has MEd, CAS, is an LCSW, former social worker and educator, Intensive Literacy Tutor.

College & Career Readiness Program Coordinator has an MSW, is a school social worker.

Assistant Programs Coordinator holds a BS and MA, is a former educator and current administrator, nonprofit Youth & Family Service Organization Founder & Director.

All have undergone DEI, CPR, and other relevant trainings for this field of work. Staff and other Executive Leadership team members are required to attend online DCFS trainings and CCRS trainings, as well.

Other funding and resource leveraging: not used as match for another source of revenue. Budget Narrative identifies other sources of funding accessed for the total program. The agency states they have applied for but not yet secured ISBE afterschool and IDHS Teen REACH funding. Not a Medicaid participating program. Parents pay a small monthly fee for child’s enrollment, with payment plan available for those unable to stay current, and fees waived for children who are unhoused (shelter or with other relatives.)

Staff comment: many sections of the program plan narrative contain more details, well-presented.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes, but a newer version of this questionnaire could be completed during the contract year, if funded, which would provide updated general info.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: In their last funded year (PY23), payments were paused twice due to late quarterly reports. In PY22, Q1 and Q3 reports were delayed; and in PY21, Q4. Over the years, approved agency board minutes were not always easily available, but the current director created a shared folder to make them available in a timely manner. Audits for PY23 and earlier were submitted after the deadlines: PY23 on 2/6/2025; PY22 on 6/30/23; and PY21 shortly after 9/12/22 (this was the first year in which the agency used a July 1 fiscal year, having transitioned from calendar year fiscal year.) Per MHB Funding Requirements and Guidelines, the agency is not eligible for funding without the most recent year (PY24) audit.

All forms submitted by deadline: Yes. The application forms were submitted on February 5, 2025.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: partners with schools within Unit 116, other youth providers/groups, service organizations, and departments of the University.

Written collaborative agreements: U of I School of Social Work-Community Learning Lab, U of I College of Education, C-U Community Fab Lab, Alpha Kappa Alpha Sorority, Inc., Urbana Park District, STEAM Genius-Fashion Forward, Urbana School District 116

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: reclassification of certain expenses; identify numeric targets for utilization; clarify relationships across program performance targets, youth outcomes, and assessment processes.*
- *Special provisions: consult with Cultural and Linguistic Competence Coordinator; provide agency board minutes at least quarterly; reply to communications from MHB staff within one week and attend Board meetings to answer board questions, in the event of requests beyond the scope of MHB staff; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: WIN Recovery

Agency vision and info: “WIN Recovery’s vision is to transform and abolish the overpopulation of women incarcerated in Illinois. We fight discrimination against formerly incarcerated individuals in the areas of employment, housing, and parental rights.” Information about the agency, its services, how to get involved, and more is available on its website <https://www.win-recovery.org/>.

Program: Community Support Re-Entry Houses

Request: \$183,000

Why it matters: “... because of the urgent, immediate needs that our populations experiences when reentering society. There must be more prison reentry preparation programs to help justice impacted individuals navigate a foreign world... We provide a healing nexus with trauma informed programming during a period of tremendous volatility.”

Selected priority: Safety and Crisis Stabilization, also aligns with Healing from Interpersonal Violence

Staff comment: This section speaks to the purpose of the other application (a new request) as well.

Services and People Served

Who will benefit: Justice impacted women and LGBTQ2+ individuals, with SUD or co-occurring MH diagnoses, reentering the community.

Scope of services: The agency offers individualized services for justice impacted individuals; this service navigation can include linkage to: housing, case management, physical and behavioral health services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer groups, civic participation, family therapy and reunification, compliance with parole and similar, and recovery-based programming. The homes and center provides women with food, bedding, laundry supplies, and other necessities, allowing them to focus on their recovery. Women come to the center to re-group, facilitate peer-led groups, and learn about community resources. MHB funds would help with fees accumulated during incarceration or through DCFS, parole, probation, or legal counsel.

Location and frequency of services: Services are provided at the three homes and a resource center, all located in Champaign. Referrals to other providers for other supports. For those completing onsite living phase, follow up support is provided as needed. Frequency is not identified, possibly based on individual need.

Staff comment: A nice way to transition individuals who need immediate care after prison.

Residency of 15 people served in PY24 and 9 in the first half of PY25:

Champaign	9 for PY24	6 for PY25
Urbana	4 for PY24	0 for PY25
Rantoul	0 for PY24	0 for PY25
Mahomet	0 for PY24	0 for PY25
Other (unhoused)	2 for PY24	3 for PY25

Demographics of 15 people served during PY24:

Age	
Ages 19-59 -----	15
Race	

White -----	13
Black / AA -----	1
Other (incl. Native American, Bi-racial)-	1
Gender	
Male -----	0
Female -----	14
Other -----	1
Ethnicity	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	12
Not available-----	2

Measures of Client/Participant Access

Eligibility criteria and determination: Women or LGBTQ2+ community, from jail, prison, halfway house, or treatment center, with felony background or current criminal justice involvement; on parole, probation, or pretrial services, with DCFS involvement, MI, SUD, trauma history, or homeless; from Champaign County, with evidence of need for service and limited financial resources. Brief eligibility questionnaire, assessment by coordinator, and leadership review of case eligibility. (Those not accepted into community homes will be served through the WRRRC or referred to partner organizations.)

Outreach to eligible people: From treatment centers, Illinois Department of Corrections (IDOC), Court Services, Illinois Parole Reentry Group, and other State agencies; feedback and network capacity of WIN house residents; Champaign County Reentry Council, Illinois Reentry Council; reentry summits in Decatur and Logan correctional centers.

Within 2 days of referral, 100% of those referred will be assessed.

Within 2 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 275-365 days (transitional housing).

Additional demographic data: Identification documents, family reunification, criminal history, treatment completion, social economic status, income, employment status, education, recovery milestones, formerly incarcerated, and number of children.

Staff comment: Solid outreach and good turnaround time for engaging referrals.

Measures of Client/Participant Outcomes

Outcomes and targets:

12 evidence-based benchmarks from A New Way of Life’s Safe House model, plus family reunification:

1. Housing stability.
2. Acquiring personal identification.
3. Maintenance of sobriety.
4. Development of self-identified goals.
5. Progress toward achieving self-identified goals.
6. Compliance with conditions of probation or parole.
7. No re-incarceration.
8. Ability to access benefits or assistance.
9. Regular attendance at recovery meetings.
10. Enrollment in school.
11. Access resources to employment.
12. Sought employment.
13. Family reunification (if applicable).

Specific assessment tools and data collection:

MissionTracker for all; data collection frequency varies with relevance to each outcome; includes details on frequency of collection of each, with self-reports by clients and documentation in staff case notes.

Outcome data gathered from all participants: Yes.

Will collect outcome data 1st phase, 2nd phase, 3rd phase, and 3 months into independent living.

Staff comment: includes description of the program’s theory of change model, appropriate assessment tool and process, and timeline for data collection; references working with the evaluation team to develop a tool to assess whether the program is experienced as gender-responsive, trauma-informed, and supportive of identity. If this is not completed within PY25, it could be a focus for PY26. This agency participated in the evaluation team’s workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 25 people with residential, recovery support plans, case management.

Non-Treatment Plan Clients (NTPCs): 50 – people who don’t qualify for homes but use resource center initially, PLUS family members reunited with client during engagement in services.

Community Service Events (CSEs): 15 reentry summits, panel discussions, civic engagement events.

Service Contacts (SCs): 75 people contacting through screening phone number or walk-in, including referrals to partner organizations with Linkage Agreements (MOUs).

Staff comment: Targets and definitions are clearer than in prior year, though TPC and NTPC appear to be a blend of this program and the new proposed program.

PY26 Targets	25 TPCs	50 NTPCs	75 SCs	15 CSEs
PY25 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	5	1	17	7
Second Quarter	3	0	19	21
<i>Annual Targets</i>	<i>12 TPCs</i>	<i>0 NTPCs</i>	<i>40 SCs</i>	<i>10 CSEs</i>
PY24 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	13	0	7	3
Second Quarter	2	0	12	4
Third Quarter	3	3	38	5
Fourth Quarter	5	0	16	3
<i>Actual Totals</i>	<i>23 TPCs</i>	<i>3 NTPCs</i>	<i>73 SCs</i>	<i>15 CSEs</i>
<i>Annual Targets</i>	<i>40 TPCs</i>	<i>0 NTPCs</i>	<i>40 SCs</i>	<i>10 CSEs</i>

Financial Analysis

PY2026 CCMHB request: \$183,000

PY2026 total program budget: \$583,000

Current year CCMHB funding (PY2025): \$183,000

Proposed change in CCMHB funding - PY2025 to PY2026 = 0%

CCMHB request is for 31% of total program revenue.

Other program revenue is from ICJIA VOCA Grants \$225,000, Pritzker Family ReUnification Grant \$125,000, and IDOC Program Service Fees \$50,000.

Personnel costs of \$110,400 are 60% of the requested amount.

Other expenses are Professional Fees/Consultants \$10,000, General Operating \$5,000, Occupancy \$22,200, Equipment Purchases \$15,000, and Lease/Rental \$20,400.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

This contract would cover the full salaries of two full-time direct staff: a CU Resilience Coordinator and a Community Home Coordinator.

Program staff to be funded by CCMHB: 2 Direct = 2 FTEs.

Total program staff: 2 Direct = 2 FTEs.

Staff comments:

Professional Fees will pay for accounting services, business consulting services, and the financial audit. General Operating will pay for a portion of the agency's post office box, stamps, shipping, film and promotional material, letterhead, brochures, general liability insurance, security, equipment repair, and internet service. Occupancy expense will pay for a portion of the agency's utilities, building maintenance costs, and property insurance. Equipment expense will pay for appliances for the third home, such as refrigerator, deep freezer, washer/dryer, and microwave. Any appliances with a per unit cost of \$2,500 or more should be recategorized to Miscellaneous. Lease/Rental will pay for office space.

Capacity for financial clarity: Apparent errors in some financial forms are noted.

Assessment of an organization's capacity for financial clarity relies not only on the application and on history of the partnership but also on review of self-reported quarterly financial information and annual audits, for which there have been delays each year (see below for details.) It will be helpful to share a plan for tracking audit progress and communicating with MHB Financial Manager.

Budget and program connectedness: Errors exist in the revenue and expense budget forms. While the Budget Narrative provides good additional details on all agency revenues, expenses, and the relationship between staff and services, program-specific detail is missing (in fact, this form is identical to the one submitted with the agency's other application).

If applicable, audit findings: PY2024 agency audit was not completed at the time of this writing.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan will need to be updated to reflect PY 26 for the timeframe. All staff and board members will receive the annual DEI training. The board will update policies based on client feedback from satisfaction surveys. Digital and hard copies of qualified interpreters will be available to clients with language and communication needs.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: WIN is committed to comprehensive training that emphasizes the importance of behavioral health. Staff is trained in Narcan education and awareness to ensure the health of the community. The Executive Director is committed to providing support and training about the importance of intersectionality. This will promote inclusion and compassion about the community that is being served at WIN.

Staff comment: WIN will need to update the CLC Plan to reflect the timeframe for PY26.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: describes individualized support.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): rural residents served at Champaign locations; target population are under-resourced, so focusing support on them bridges gaps to other resources and to independence.

Promoting inclusion and reducing stigma: by openly sharing views, solving problems together, having diverse leadership, including program graduates, staff/board/client training on intersectionality.

Influence of impacted individuals on services and staffing: staff have lived experience with justice system and family experience with SUD; peer support groups featured.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: virtual service options are not mentioned; technology training not a program focus.

Unique approach: A New Way of Life Reentry Project; replication study https://anewwayoflife.org/wp-content/uploads/2018/10/case_study_a_new_way_of_life_replication_study.pdf; describes research on trauma-informed approach to SUD treatment for women; and links to article on multiple barriers faced by women - <https://doi.org/10.1080/10550881003684582>

Staff credentials:

Director/Founder has a Bachelor's in Communications, MSW with concentration in MH, and is a QMHP. Program Manager has a BSW.

Lead Universal Coordinator has family members in recovery/active addiction.

Grant writer has knowledge of SUD and MH, due to medical school rotations.

Other funding and resource leveraging: not used as match for another source of revenue; details other funding (pursued, secured, or planned); although fees from clients are listed on the revenue form, the program plan narrative says people do not pay a fee; program is not eligible for Medicaid participation.

Staff comment: similar to sections of the other request for funding (i.e., not entirely program specific.)

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (see *Financial Analysis section above*).

If applicable, compliance issues: Payments have been suspended due to late audits each year, as is currently the case. The PY23 audit was submitted on 4/24/24, and PY22 on 7/7/23.

WIN frequently requests an extension for quarterly reports, which are approved, avoiding payment suspension. In the 3rd quarter of PY24 they did not request an extension but submitted reports within 4 days of the deadline. The agency should submit approved Board minutes at least quarterly. Because their board has only one local representative, it is important to retain that member or replace them quickly with another county resident to maintain eligibility for funding.

Per MHB Funding Requirements and Guidelines, the agency is not eligible for funding without the most recent year (PY24) audit.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).

Coordinated system: relationships with Champaign County Christian Health Center, FirstFollowers, Rosecrance, Pavilion, Carle Addiction, Champaign County Drug Court, Champaign County Probation, and local Parole Reentry Group; UIUC for education and internship opportunities.

Written collaborative agreements: Housing Authority of Champaign County; Illinois Dept of Corrections.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: update CLC Plan; correct financial forms; identify measurable targets for each outcome; if this and the other proposal are both funded, clarify utilization categories and targets specific to each.*
- *Consider continuing PY25 special provisions.*
- *New special provisions: provide agency board minutes at least quarterly; reply to communications from MHB staff within one week and, in the event of requests beyond the scope of MHB staff, attend Board meetings to answer board questions; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.

Draft CCMHB PY2026 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Agency: WIN Recovery

Agency vision and info: “WIN Recovery’s vision is to transform and abolish the overpopulation of women incarcerated in Illinois. We fight discrimination against formerly incarcerated individuals in the areas of employment, housing, and parental rights.” Information about the agency, its services, how to get involved, and more is available on its website <https://www.win-recovery.org/>.

Program: Win Resilience Resource Center - NEW

Request: \$270,000

Why it matters: “... because of the urgent, immediate needs our populations experience when reentering society. There must be more prison reentry preparation programs to help justice individuals navigate a foreign world. WIN Recovery’s Resilience Resource Center (WRRC) serves as this bridge... We provide a healing nexus with trauma informed programming during a period of tremendous volatility.”

Selected priority: Safety and Crisis Stabilization. Also aligns with Healing from Interpersonal Violence

Services and People Served

Who will benefit: Justice impacted women and LGBTQ2+ individuals with SUD or co-occurring MH diagnoses, reentering the community.

Scope of services: Agency offers individualized services for justice impacted individuals; this service navigation can include linkage to: housing, case management, physical and behavioral health services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer groups, civic participation, family therapy and reunification, compliance with parole and similar, and recovery-based programming. The Center provides women with food, bedding, laundry supplies, and other necessities, allowing them to focus on their recovery. Women come to the center to re-group, facilitate peer-led groups, and learn about community resources. MHB funds would help with fees accumulated during incarceration or through DCFS, parole, probation, or legal counsel.

Location and frequency of services: the resource center is a hub for community-based supports, designed to offer “a nurturing atmosphere...” After initial screening assessment, possible residential support. Frequency of service is not identified, possibly based on individual need.

Staff comment: Very similar to services described in the program application for Community Support Re-Entry Houses (which is currently funded). This request adds a service location and walk-in capacity.

Measures of Client/Participant Access

Eligibility criteria and determination: Women or LGBTQ2+ community, from jail, prison, halfway house, or treatment center, with felony background or current criminal justice involvement; on parole, probation, or pretrial services, with DCFS involvement, MI, SUD, trauma history, or homeless; from Champaign County, with evidence of need for service and limited financial resources. Brief eligibility questionnaire, assessment by coordinator, and leadership review of case eligibility. (Those not accepted into community homes will be served through the WRRC or referred to partner organizations.)

Outreach to eligible people: From treatment centers, Illinois Department of Corrections (IDOC), Court Services, Illinois Parole Reentry Group, and other State agencies; feedback and network capacity of WIN house residents; Champaign County Reentry Council, Illinois Reentry Council; reentry summits in Decatur and Logan correctional centers.

Within 2 days of referral, 100% of those referred will be assessed.

Within 2 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 365 days.

Additional demographic data: Identification documents, family reunification, criminal history, treatment completion, social economic status, income, employment status, education, recovery milestones, formerly incarcerated, and number of children.

Staff comment: Similar to access for the other program, with explanation of relationship between them.

Measures of Client/Participant Outcomes

Outcomes and targets:

12 evidence-based benchmarks from A New Way of Life's Safe House model, plus family reunification:

1. Housing stability.
2. Acquiring personal identification.
3. Maintenance of sobriety.
4. Development of self-identified goals.
5. Progress toward achieving self-identified goals.
6. Compliance with conditions of probation or parole.
7. No re-incarceration.
8. Ability to access benefits or assistance.
9. Regular attendance at recovery meetings.
10. Enrollment in school.
11. Access resources to employment.
12. Sought employment.
13. Family reunification (if applicable).

Specific assessment tools and data collection:

MissionTracker for all; data collection frequency varies with relevance to each outcome; includes details on frequency of collection of each, with self-reports by clients and documentation in staff case notes.

Outcome data gathered from all participants: Yes.

Will collect outcome data 1st phase, 2nd phase, 3rd phase, and 3 months into independent living.

Staff comment: Identical to outcomes sections of the other program proposal. Specific targets should be developed for each outcome, possibly different for each program. This agency participated in the evaluation team's workshop in November 2024.

Measures of Utilization

Treatment Plan Clients (TPCs): 25 people with residential, recovery support plans, case management.

Non-Treatment Plan Clients (NTPCs): 50 – people who don't qualify for homes but use resource center initially, PLUS family members reunited with client during engagement in services.

Community Service Events (CSEs): 15 reentry summits, panel discussions, civic engagement events.

Service Contacts (SCs): 75 people contacting through screening phone number or walk-in, including referrals to partner organizations with Linkage Agreements (MOUs).

Staff comment: Targets and categories are the same as those of the agency's other program application. Separate targets should be developed for each program. In an earlier section of the program plan narrative, the proposal identified projection to serve 75-80 individuals – is this for the WRRC or for all sites combined?

PY26 Targets 25 TPCs 50 NTPCs 75 SCs 15 CSEs

Financial Analysis

PY2026 CCMHB request: \$270,000

WIN Recovery – Win Resilience Resource Center

PY2026 total program budget: \$584,000

Current year CCMHB funding (PY2025): N/A – a new request

CCMHB request is for 46% of total program revenue.

Other program revenue is from ICJIA VOCA Grant \$237,000, IDOC Program Service Fees \$50,000, and Program Service Fees from Clients \$27,000.

Personnel costs of \$181,400 are 67% of the requested amount.

Other expenses are Professional Fees/Consultants \$10,000, General Operating \$16,000, Occupancy \$11,000, Equipment Purchases \$10,600, and Lease/Rental \$41,000.

Total agency, total program, and CCMHB budgets are balanced.

Details from personnel form:

Full salaries of 3 full-time direct staff: a C-U Resilience Coordinator, CU Program Manager, and C-U Lead Universal Coordinator.

Program staff to be funded by CCMHB: 3 Direct = 3 FTEs.

Total program staff: 3 Direct = 3 FTEs.

Staff comments:

Professional Fees will pay for accounting services, business consulting services, and the financial audit. General Operating will pay for a portion of the agency's post office box, stamps, shipping, film and promotional material, letterhead, brochures, general liability insurance, security, equipment repair, and internet service. Occupancy expense will pay for a portion of the agency's utilities, building maintenance costs, and property insurance. Equipment expense will pay for appliances for the third home, such as refrigerator, deep freezer, washer/dryer, and microwave. Any appliances with a per unit cost of \$2,500 or more should be recategorized to Miscellaneous. Lease/Rental will pay for office space.

Capacity for financial clarity: Apparent errors in some financial forms are noted.

Assessment of an organization's capacity for financial clarity relies not only on the application and on history of the partnership but also on review of self-reported quarterly financial information and annual audits, for which there have been delays each year (see below for details.) It will be helpful to share a plan for tracking audit progress and communicating with MHB Financial Manager.

Budget and program connectedness: Errors exist in the revenue and expense budget forms. While the Budget Narrative provides good additional details on all agency revenues, expenses, and relationship between staff and services, program-specific detail is missing (in fact, this form is identical to the one submitted with the agency's other application).

If applicable, audit findings: a new request from a funded agency, this program is not included in prior audits.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The submitted plan will need to be updated to reflect PY 26 for the timeframe. All staff and board members will receive the annual DEI training. The board will update policies based on client feedback from satisfaction surveys. Digital and hard copies of qualified interpreters will be available to clients with language and communication needs.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25? Yes

Highlights from the submitted CLC Progress Report: WIN is committed to comprehensive training that emphasizes the importance of behavioral health. Staff is trained in Narcan education and awareness to ensure the health of the community. The Executive Director is committed to providing support and training about the

importance of intersectionality. This will promote inclusion and compassion about the community that is being served at WIN.

Staff comment: WIN will need to update the CLC Plan to reflect the timeframe for PY26.

Criteria for Best Value

Budget and program connectedness (*see above*).

Participant outcomes (*see above*).

Self-determination and self-direction in service planning: describes individualized support.

Eliminating disparities in access and care (*program specific, see CLC Plan for agency wide details*): rural residents served at the Champaign location (which aims to be inclusive and nurturing); target population are under-resourced, so focusing support on them bridges gaps to other resources and to independence. (Notes that the agency's clients have a 3% recidivism rate, compared with 44% of IDOC general population.)

Promoting inclusion and reducing stigma: by openly sharing views, solving problems together, having diverse leadership, including program graduates, staff/board/client training on intersectionality.

Influence of impacted individuals on services and staffing: staff have lived experience with justice system and family experience with SUD; peer support groups featured.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: virtual service options are not mentioned; technology training not a program focus.

Unique approach: A New Way of Life Reentry Project; replication study https://anewwayoflife.org/wp-content/uploads/2018/10/case_study_a_new_way_of_life_replication_study.pdf; describes research on trauma-informed approach to SUD treatment for women; and links to article on multiple barriers faced by women - <https://doi.org/10.1080/10550881003684582>

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Other funding and resource leveraging: not used as match for another source of revenue; details other funding (pursued, secured, or planned); although fees from clients are listed on the revenue form, the program plan narrative says people do not pay a fee; program is not eligible for Medicaid participation.

Staff comment: similar to sections of the other request for funding (i.e., not entirely program specific.)

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity (*see Financial Analysis section above*).

If applicable, compliance issues: Payments have been suspended due to late audits each year, as is currently the case. The PY23 audit was submitted on 4/24/24, and PY22 on 7/7/23.

WIN frequently requests an extension for quarterly reports, which are approved, avoiding payment suspension. In the 3rd quarter of PY24 they did not request an extension but submitted reports within 4 days of the deadline. The agency should submit approved Board minutes at least quarterly. Because their board has only one local representative, it is important to retain that member or replace them quickly with another county resident to maintain eligibility for funding.

Per MHB Funding Requirements and Guidelines, the agency is not eligible for funding without the most recent year (PY24) audit.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized (*see Criteria for Best Value above*).

Coordinated system: relationships with Champaign County Christian Health Center, FirstFollowers, Rosecrance, Pavilion, Carle Addiction, Champaign County Drug Court, Champaign County Probation, and local Parole Reentry Group; UIUC for education and internship opportunities.

Written collaborative agreements: Housing Authority of Champaign County; Illinois Dept of Corrections.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: update the CLC Plan; correct financial forms; identify measurable targets for each outcome; if this and the agency's other proposal are both funded, clarify utilization categories and targets specific to each.*
- *Special provisions: provide agency board minutes at least quarterly; work with the evaluation team on a program-specific tool; reply to communications from MHB staff within one week and, in the event of requests beyond the scope of MHB staff, attend Board meetings to answer board questions; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDDB/CCMHB staff in writing of any factual errors made by CCDDDB/CCMHB staff which should be corrected prior to completion of the award process.