



## **Champaign County Mental Health Board (CCMHB) Meeting Agenda** **Wednesday, September 17, 2025, 5:45PM**

*This meeting will be held in person at the  
Shields-Carter Room of the Scott M. Bennett Administrative Center, 102 East Main Street, Urbana, IL 61801  
Members of the public may attend in person or watch the meeting live through this link:  
<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda\***
- IV. 2025 Schedules, PY26 Timeline, Draft 2026 Schedule, and Draft PY27 Allocation Timeline** (pages 3-11) *No action is needed.*
- V. CCMHB Acronyms and Glossary** (pages 12-23) *No action needed.*
- VI. Public Participation/Agency Input** *See below for details.\*\**
- VII. Chairperson's Comments – Molly McLay**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes** (pages 24-30)\*  
*Action is requested to approve the minutes of the CCMHB's July 23, 2025 meeting and August 20, 2025 study session.*
- X. Vendor Invoice Lists** (pages 31-54)\*  
*Action is requested to accept the "Vendor Invoice Lists" and place them on file.*
- XI. Old Business**
  - a) **Deferred Agency Request** (pages 55-56)\*  
*For the Board's consideration, action deferred on April 30 is now requested.*
  - b) **Review of PY2026 Funding Request** (pages 57-62)  
*With the PY24 audit complete, an agency request for PY26 funding may be reviewed by the Board. The DRAFT staff program summary is included for information only.*
  - c) **Additional PY2026 Allocation Decision** (pages 63-65)\*  
*If the Board has opted to review the PY26 funding request, they will consider a decision regarding a funding award for this program. Action is requested.*
- XII. New Business**
  - a) **DRAFT Three Year Plan for 2026-2028** (pages 66-79)  
*For information, an initial draft of three year plan is offered for fiscal years 2026-2028 with objectives for 2026. A briefing memorandum describes the process.*
  - b) **DRAFT PY2027 Allocation Priorities** (pages 80-98)  
*For information, an initial draft of PY2027 funding allocation priorities and decision support criteria is presented.*

### **XIII. Reports**

- a) **Staff Reports** (pages 99-117)  
*For information only, staff reports are included in the packet.*
- b) **Evaluation Capacity Building Project Update**  
*An oral update will be provided. See resources developed by the team at <https://www.familyresiliency.illinois.edu/resources/microlearning-videos>.*
- c) **Community Behavioral Health Needs Assessment Activities** (pages 118-121)  
*Included for information only are notes from the September meeting of the Community Health Plan Behavioral Health Workgroup.*
- d) **disAbility Resource Expo Update** (pages 122-123)  
*For information is a memorandum from the Expo Coordinators. See also <https://disabilityresourceexpo.org>*
- e) **Fourth Quarter PY2025 Funded Program Service Reports** (pages 124-164)  
*For information are fourth quarter service activity reports for programs funded by the CCMHB in PY2025. These reports are not cumulative.*
- f) **PY2026 Funded Programs** (pages 165-173)  
*For information is a summary of programs funded by CCMHB, CCDDb, and IDDSI.*

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

#### **XV. Board to Board Reports** (page 174)

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

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

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

#### **XIX. Adjournment**

*\* Board action is requested.*

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

*If the time of the meeting is not convenient, you may communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org) any comments for us to read aloud during the meeting. The Chair reserves the right to limit individual time to five minutes and total time to twenty minutes. All feedback is welcome.*

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

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

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



## CCMHB 2025 Meeting Schedule

5:45PM Wednesday after the third Monday of each month

~~Brookens Administrative Building, 1776 East Washington Street, Urbana, IL~~

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

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

**January 22, 2025** – Shields-Carter Room

**January 29, 2025** – *Study Session* - Shields-Carter Room

**February 19, 2025** – Shields-Carter Room

**March 19, 2025** – Shields-Carter Room

**April 16, 2025** – *Study Session* -Shields-Carter Room

**April 30, 2025** –Shields-Carter Room (*off cycle*)

**May 21, 2025** – Shields-Carter Room

**May 28, 2025** – Shields-Carter Room (*off cycle*)

**July 23, 2025** – Shields-Carter Room

**August 20, 2025** – *Study Session* - Shields-Carter Room

**September 17, 2025** – Shields-Carter Room

**September 24, 2025** – *Joint Study Session w CCDDDB* - Shields-Carter

**October 22, 2025** – Shields-Carter Room

**October 29, 2025** – *Joint Study Session w CCDDDB* - Shields-Carter

**November 19, 2025** – Shields-Carter Room

**December 10, 2025** – *Study Session* - Shields-Carter - *tentative*

**December 17, 2025** – Shields-Carter Room - *tentative*

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

Meeting information is posted, recorded, and archived at <http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

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

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

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

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

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

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



## CCDDB 2025 Meeting Schedule

9:00AM Wednesday after the third Monday of each month  
~~Brookens Administrative Building, 1776 East Washington Street, Urbana, IL~~  
Scott M. Bennett Administrative Center, 102 E. Main, Street Urbana, IL 61801  
<https://us02web.zoom.us/j/81559124557>

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

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

Meeting information is posted, recorded, and archived at  
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

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

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

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

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

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

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

# IMPORTANT DATES

## 2025 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY26 Allocation Timeline

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDb. Included are tentative dates for steps in the funding allocation process for PY26 and deadlines related to PY24 and PY25 agency contracts. **Regular meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed with Board staff.**

<i>12/20/24</i>	<i>Online System opens for Applications for PY2026 Funding.</i>
<i>12/31/24</i>	<i>Agency PY24 Independent Audits, Reviews, Compilations due.</i>
<b>1/22/25</b>	<b>Regular Board Meeting</b> Mid-Year Program Presentations
<b>1/29/25</b>	<b>Study Session:</b> Mid-Year Program Presentations
<i>1/31/25</i>	<i>Agency PY25 2<sup>nd</sup> Quarter and CLC progress reports due.</i>
<i>2/10/25</i>	<i>Deadline for submission of applications for PY26 funding (Online system will not accept any forms after 4:30PM).</i>
<b>2/19/25</b>	<b>Regular Board Meeting</b> Discuss list of PY26 Applications and Review Process
<b>3/19/25</b>	<b>Regular Board Meeting</b> Discussion of PY26 Funding Requests
<i>4/9/25</i>	<i>Program summaries released to Board, posted online with CCMHB April 16 study session packet.</i>
<b>4/16/25</b>	<b>Study Session</b> Board Review, Staff Summaries of Funding Requests

4/25/25	<i>Agency PY2025 3<sup>rd</sup> Quarter Reports due.</i>
<b>4/30/25</b>	<b>Regular Board Meeting (off cycle)</b>
5/14/25	<i>Allocation recommendations released to Board, posted online with CCMHB May 21 study session packet.</i>
<b>5/21/25</b>	<b><del>Study Session</del>— Business Meeting</b> Regular Business; Discussion of PY2026 Allocations
<b>5/28/25</b>	<b>Regular Board Meeting (off cycle)</b> Election of Officers; Regular Business; PY2026 Allocations
6/1/25	<i>For contracts with a PY25-PY26 term, all updated PY26 forms should be completed and submitted by this date.</i>
6/17/25	<i>Deadline for agency application/contract revisions. Deadline for agency letters of engagement w/ CPA firms.</i>
6/20/25	<i>PY2026 agency contracts completed.</i>
6/30/25	<i>Agency Independent Audits, Reviews, or Compilations due. (only applies to those with calendar FY, check contract)</i>
<b>7/23/25</b>	<b>Regular Board Meeting</b> Draft FY2026 Budget
<b>8/20/25</b>	<b>Study Session</b>
8/29/25	<i>Agency PY2025 4<sup>th</sup> Quarter reports, CLC progress reports, and Annual Performance Measure Reports due.</i>
<b>9/17/25</b>	<b>Regular Board Meeting</b> Draft Three Year Plan 2025-27 with 2025 Objectives Approve DRAFT FY 2026 Budgets
<b>9/24/25</b>	<b>Joint Study Session with CCDDb</b>
<b>10/22/25</b>	<b>Regular Board Meeting</b>

Draft Program Year 2027 Allocation Criteria

**10/29/25**

**Joint Study Session with CCDDb**

*10/29/25*

*Agency PY2026 First Quarter Reports due.*

**11/19/25**

**Regular Board Meeting**

Approve Three Year Plan with One Year Objectives

Approve PY27 Allocation Criteria

*11/28/25*

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

**12/10/25**

**Study Session— tentative**

**12/17/25**

**Regular Board Meeting— tentative**

*12/19/25*

*Online system opens for applications for PY27 funding.*

*12/31/25*

*Agency Independent Audits, Reviews, Compilations due.*



## CCMHB 2026 Meeting Schedule

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

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

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

**January 14, 2026** – Shields-Carter Room

**January 21, 2026** – *Study Session* - Shields-Carter Room

**February 11, 2026** – Shields-Carter Room

**March 11, 2026** – Shields-Carter Room

**March 25, 2026** – *Joint Meeting w CCDDDB* – Shields Carter Room

**April 8, 2026** – *Study Session* -Shields-Carter Room

**April 15, 2026** –Shields-Carter Room (*off cycle*)

**May 13, 2026** – *Study Session* - Shields-Carter Room

**May 27, 2026**– Shields-Carter Room (*off cycle*)

**June 10, 2026** – Shields-Carter Room

**July 8, 2026** – Shields-Carter Room

**August 12, 2026** – Shields-Carter Room - *tentative*

**September 9, 2026** – Shields-Carter Room

**September 23, 2026** – *Joint Study Session w CCDDDB* - Shields-Carter

**October 14, 2026** – Shields-Carter Room

**October 28, 2026** – *Joint Study Session w CCDDDB* - Shields-Carter

**November 4, 2026** – Shields-Carter Room (*off cycle*)

**December 9, 2026** – Shields-Carter Room

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

Meeting information is posted, recorded, and archived at <http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

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

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

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

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

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

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



# IMPORTANT DATES

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

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

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

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

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

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

**1/14/26                      Regular Board Meeting**  
Mid-Year Program Presentations

**1/21/26                      Study Session: Mid-Year Program Presentations**

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

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

**2/11/26                      Regular Board Meeting**  
Discuss list of PY27 Applications and Review Process

**3/11/26                      Regular Board Meeting**

<b>3/25/26</b>	<b>Joint Meeting with CCDDb</b>
4/1/26	<i>Program summaries released to Board, posted online with CCMHB April 8 study session packet.</i>
<b>4/8/26</b>	<b>Study Session</b> Board Review of Funding Requests
<b>4/15/26</b>	<b>Regular Board Meeting (off cycle)</b>
4/29/26	<i>Agency PY2026 3<sup>rd</sup> Quarter Reports due.</i>
5/6/26	<i>Allocation scenarios released to Board, posted online with CCMHB May 13 study session packet.</i>
<b>5/13/26</b>	<b>Study Session</b> Discussion of PY2027 Allocations
<b>5/27/26</b>	<b>Regular Board Meeting (off cycle)</b> PY2027 Allocations
6/1/26	<i>For contracts with a PY26-PY27 term, all updated PY27 forms should be completed and submitted by this date.</i>
6/16/26	<i>Deadline for agency application/contract revisions. Deadline for agency letters of engagement w/ CPA firms.</i>
<b>6/10/26</b>	<b>Regular Board Meeting</b> Election of Officers
6/18/26	<i>PY2027 agency contracts completed.</i>
6/30/26	<i>Agency Independent Audits, Reviews, or Compilations due. (only applies to those with calendar FY, check contract)</i>
<b>7/8/26</b>	<b>Regular Board Meeting</b> Draft FY2027 Budgets
<b>8/12/26</b>	<b>Regular Board Meeting - tentative</b>

8/26/26	<i>Agency PY2026 4<sup>th</sup> Quarter reports, CLC progress reports, and Annual Performance Outcome Reports due.</i>
9/9/26	<b>Regular Board Meeting</b> Draft Three Year Plan 2025-27 with 2027 Objectives
9/23/26	<b>Joint Study Session with CCDDb</b>
10/14/26	<b>Regular Board Meeting</b> Draft Program Year 2028 Allocation Criteria
10/28/26	<b>Joint Study Session with CCDDb</b>
10/28/26	<i>Agency PY2027 First Quarter Reports due.</i>
11/4/26	<b>Regular Board Meeting – off cycle</b> Approve Three Year Plan with One Year Objectives Approve PY28 Allocation Criteria
11/27/26	<i>Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.</i>
12/9/26	<b>Regular Board Meeting</b>
12/18/26	<i>Online system opens for applications for PY28 funding.</i>
12/31/26	<i>Agency Independent Audits, Reviews, Compilations due.</i>

### **Agency and Program Acronyms**

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

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

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

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

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

ARCH – Access to Respite Care and Help

ARMS – Automated Records Management System - used by law enforcement

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

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

ATOD – Alcohol, Tobacco, and Other Drugs

BARJ - Balanced and Restorative Justice approach

BD – Behavior Disorder

BJMHS - Brief Jail Mental Health Screening Tool

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

CALAN or LAN – Child and Adolescent Local Area Network

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

C-CARTS – Champaign County Area Rural Transit System

CATS – Child and Adolescent Trauma Screen

CBCL – Child Behavior Checklist

CBT – Cognitive Behavioral Therapy

CC – Champaign County

CCBHC – Certified Community Behavioral Health Clinic

CCBoH – Champaign County Board of Health

CCHVC - Champaign County Home Visiting Consortium

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

CCSO – Champaign County Sheriff's Office

CDC – federal Centers for Disease Control and Prevention

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

CES – Coordinated Entry System

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

C-GAF – Children's Global Assessment of Functioning

CGAS – Children's Global Assessment Score

CHW – Community Health Worker

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

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

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

COC - Continuum of Care Program

CQL – Council on Quality and Leadership

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

CRSS- Certified Recovery Support Specialist

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

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

CSPH – Continuum of Service Providers to the Homeless

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

CST – Community Support Team

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

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

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

DBHR – (Illinois) Division of Behavioral Health and Recovery

DBT - Dialectical Behavior Therapy

DCFS – (Illinois) Department of Children and Family Services

DECA – Devereux Early Childhood Assessment for Preschoolers

DEI – Diversity, Equity, and Inclusion

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

DD – Developmental Disability

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

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

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

DHS – (Illinois) Department of Human Services

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

DOJ – federal Department of Justice

DSM – Diagnostic Statistical Manual

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

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

DV – Domestic Violence

EAP – Employee Assistance Program

EBP - Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EMS – Emergency Medical Services

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

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



ER – Emergency Room

ES – Emergency Shelter

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act

FPL – Federal Poverty Level

FQHC – Federally Qualified Health Center

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

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

GAAP - Generally Accepted Accounting Principles

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

GAGAS - Generally Accepted Government Auditing Standards

GAO - Government Accountability Office

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

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

GSRC – Gender and Sexuality Resource Center

GSA – Gender/Sexuality Alliances

HACC – Housing Authority of Champaign County

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

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

HEARTH Act – Homeless Emergency and Rapid Transition to Housing

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HHS – federal department of Health and Human Services

HIC – Housing Inventory Counts

HIPPA – Health Insurance Portability and Accountability Act

HMIS – Homeless Management Information System

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

HSSC – Homeless Services System Coordination

HUD – Housing and Urban Development

I&R – Information and Referral

ILAPSC – Illinois Association of Problem-Solving Courts

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP – Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA – Illinois Criminal Justice Authority

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

IDHFS or HFS – Illinois Department of Healthcare and Family Services

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

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

IDOC – Illinois Department of Corrections

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

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

IOP – Intensive Outpatient Treatment

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

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

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

LSA – Life Skills Assessment

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

MAR/MAT – Medication Assisted Recovery/Medication Assisted Treatment

MBSR – Mindfulness-Based Stress Reduction

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

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

MDT – Multi-Disciplinary Team

MH – Mental Health

MHFA – Mental Health First Aid

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

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

MI – Mental Illness or Mental Impairment

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability

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

MOU – Memorandum of Understanding

MRT – Moral Reconation Therapy

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

NACO – National Association of Counties

NADCP – National Association of Drug Court Professionals

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NOFO – Notice of Funding Opportunity

NOMS – National Outcome Measures (used by SAMHSA)

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

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

ODU/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups

PCP – Person Centered Planning

PFS - Protective Factors Survey

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

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

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

PLWHA – People living with HIV/AIDS

PPSP – Parent Peer Support Partner

PSH – Permanent Supportive Housing

PSR – Patient Service Representative

PTSD – Post-Traumatic Stress Disorder

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

PWD – People with Disabilities

PWI – Personal Well-being Index

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

REBT - Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault. Also Substance Abuse

SACIS – Sexual Assault Counseling and Information Service

SAD – Seasonal Affective Disorder

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

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

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

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

SDOH – Social Determinants of Health

SDQ – Strengths and Difficulties Questionnaire

SDS – Service Documentation System

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

SED – Serious Emotional Disturbance

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping - a model developed by SAMHSA

SMI – Serious Mental Illness

SNAP – Supplemental Nutrition Assistance Program

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

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

SSI – Supplemental Security Income - a program of Social Security

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

SSPC – Social Skills and Prevention Coaches

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

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

TANF – Temporary Assistance for Needy Families

TBRA – Tenant-Based Rental Assistance

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

TH – Transitional Housing

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

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

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

TCU DS - Texas University Drug Screening tool

VAWA - Violence Against Women Act

VOCA - Victims of Crime Act

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

WIOA – Workforce Innovation and Opportunity Act

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

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

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

---

**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD  
REGULAR MEETING**

*Minutes—July 23, 2025*

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

---

<b>MEMBERS PRESENT:</b>	Tony Nichols, Molly McLay, Chris Miner, Elaine Palencia, Kyle Patterson, Emily Rodriguez, Jane Sprandel, Jon Paul Youakim
<b>STAFF PRESENT:</b>	Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville, Stephanie Howard-Gallo, Chris Wilson
<b>OTHERS PRESENT:</b>	Rachel Jackson-Gordon UIUC; Jessie Heckenmueller, RPC; Brenda Eakins, GROW; Cindy Crawford, Community Services Center of Northern Champaign County

---

**CALL TO ORDER:**

CCMHB President McLay called the meeting to order at 5:45 p.m.

**ROLL CALL:**

Roll call was taken, and a quorum was present.

**APPROVAL OF AGENDA:**

The agenda was approved.

**CCDDB and CCMHB SCHEDULES:**

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

**ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.



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

None.

## **PRESIDENT'S COMMENTS:**

CCMHB President Molly McLay expressed her appreciation for Scott M. Bennett and his work. She stated it was an honor to have CCMHB meetings in a building named after him.

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

Director Canfield provided an update on the 988 crisis line. She also provided information regarding services to undocumented immigrants.

## **APPROVAL OF MINUTES:**

CCMHB minutes from May 21, 2025 and May 28, 2025 were included in the board packet for review.

**MOTION: Ms. Sprandel moved to approve the CCMHB minutes from May 21, 2025 and May 28, 2025. Mr. Miner seconded the motion. A voice vote was taken and the motion passed unanimously.**

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

The Vendor Invoice List was included in the packet.

**MOTION: Ms. Rodriguez moved to accept the Vendor Invoice Lists as presented in the Board packet. Ms. Palencia seconded. A voice vote was taken and the motion passed.**

## **STAFF REPORTS:**

Reports from CCMHB/CCDDB staff members were included in the packet for information only. Kim Bowdry provided additional information regarding the upcoming quarterly reports training for funded agencies.

## **NEW BUSINESS:**

### **Special Agency Request:**

A decision memorandum was included in the packet. It requested a waiver of requirements for Terrapin Station Sober Living (TSSL) due to the unexpected passing of the agency's executive director, Nelson Novak.

**MOTION: Ms. McLay moved to waive the remaining contract requirements associated with contract #MHB25-067 for Terrapin Station Sober Living (TSSL). Mr. Miner seconded the motion. A vote was taken and the motion passed.**

**MOTION: Ms. Palencia moved to recognize and honor Nelson Novak for his significant contributions to Champaign County through TSSL and his related efforts. Dr. Youakim seconded the motion. A vote was taken and the motion passed.**

**Setting the Stage for 2026 and 2027:**

A briefing memorandum detailing current strategic plan objectives and funding allocation priorities and lists of PY2026 awards was included in the packet.

**United Way 211 MOU:**

The packet contained a decision memo regarding continues funding for 211 call services, a draft MOU with United Way of Champaign County, and United Way's agreement with the provider of these services.

**MOTION: Ms. McLay moved to approve the MOU with United Way of Champaign County for 2-1-1 Services at an annual cost of \$2,000, pending similar approval by the CCDDb, and to authorize the Executive Director and Board Officer to enter into the agreement. Mr. Miner seconded the motion. A roll call vote was taken and the motion passed.**

**Draft Fiscal Year 2026 Budgets:**

Budgets were included in the packet for Fiscal Year 2026 Budgets.

**MOTION: Ms. Sprandel moved to approve the draft 2026 CCMHB budget, with anticipated revenues and expenditures of \$7,397,936. Ms. McLay seconded the motion. A roll call vote was taken and the motion was passed.**

**MOTION: Ms. McLay moved to approve the draft 2026 I/DD Special Initiative Fund Budget, with anticipated expenditures of \$233,117 with equal revenues, including transfer from fund balance. Full approval is contingent on CCDDb action. Mr. Miner seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**OLD BUSINESS:**

**Evaluation Capacity Building Project:**

Rachel Jackson-Gordon from the UIUC Family Resiliency Center provided an update.

**Community Behavioral Health Needs Assessment Activities:**

Notes from recent meetings were included in the packet.

**disAbility Resource Expo Update:**

A brief update was provided by Jane Sprandel. The event is scheduled for October 18, 2025 at Marketplace Mall in Champaign.

**PUBLIC PARTICIPATION AND AGENCY INPUT:**

A representative from RPC provided an update on LIHEAP services.

**BOARD TO BOARD REPORTS:**

None.

**COUNTY BOARD INPUT:**

None.

**CCDDB INPUT:**

None.

**BOARD ANNOUNCEMENTS AND INPUT:**

None.

**ADJOURNMENT:**

The meeting adjourned at 7:10 p.m.

Respectfully

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

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

---

**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD  
STUDY SESSION**

*Minutes—August 20, 2025*

*This meeting was held  
at the Scott M. Bennett Administrative Center, Urbana, IL and remotely.*

**5:45 p.m.**

---

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

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

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

**OTHERS PRESENT:** Joshua Gavel, Uniting Pride; Darya Shahgheibi, GCAP; Justin Michael Hendrix, HitNHomeBoy; Jaya Kolisetty, Cally Hines, RACES; Brenda Eakins, GROW; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Ann Percy, Cunningham Children’s Home (CCH); Alejandro Gomez, Citizen; Nathan Alexander, Continuum of Care

---

**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken, and a quorum was present.

**APPROVAL OF AGENDA:**

The agenda was approved, with a revision to the order of presenters.

**ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.

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

None.

## **PRESIDENT’S COMMENTS:**

Ms. McLay introduced herself and thanked everyone for attending. Alejandro Gomez was introduced as a pending new board member.

## **STUDY SESSION: “Resources and Concerns of LGBTQIA+ Community Members”**

Bios of the presenters and information on services the agencies provide were included in the Board packet. Mr. Leon Bryson made introductions and provided background information. The following individuals presented:

Joshua Gavel, Uniting Pride  
Justin Michael Hendrix, HitNHomeBoy  
Darya Shahgheibi, GCAP  
Jaya Kolisetty and Cally Hines, RACES

Board members were given an opportunity to ask questions and make comments following the presentations.

The packet also includes the following, to support discussion:

- Responses to Anonymous Survey (presented by Shandra Summerville)
- Additional Comments from Community Members
- 988 Option 3 Service Updates
- LGBTQ Equality by State

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

Nathan Alexander from the LGBTQ Homeless Workgroup for the Continuum of Care commented on homelessness and undocumented immigrants.

## **BOARD ANNOUNCEMENTS AND INPUT:**

Dr. Youakim was named as a recipient of the *News Gazette*’s “40 Under 40” award this year.

## **ADJOURNMENT:**

The meeting adjourned at 8:51 p.m.

Respectfully

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

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER										
JUL'25	IDDSI25-089	07/01/2025	071125A	48811	19,336.00	19,336.00	07/31/2025	INV	PD	IDDSI25-089 Community
CHECK DATE: 07/11/2025										
1 INVOICES					19,336.00					

\*\* END OF REPORT - Generated by Chris M. wilson \*\*

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER										
Aug '25	IDD5I25-089	08/01/2025	080825A	49904	19,336.00	19,336.00	08/31/2025	INV	PD	IDD5I25-089 Community
CHECK DATE:		08/08/2025								
1 INVOICES					19,336.00					

\*\* END OF REPORT - Generated by Chris M. wilson \*\*



# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
19587 DYLAN BOOT										
010	CHECK DATE: 07/11/2025	06/27/2025	071125A	48846	5,000.00	5,000.00	07/15/2025	INV	PD	Q2 2025 Disability Res
10703 BARBARA J. BRESSNER										
Q3 MHB25-046	CHECK DATE: 07/11/2025	06/25/2025	071125A	48847	2,500.00	2,500.00	07/31/2025	INV	PD	Q3 MHB25-046 2025 Disa
18805 C-U AT HOME										
JUL '25 MHB25-021	CHECK DATE: 07/11/2025	07/01/2025	071125A	48848	21,391.00	21,391.00	07/31/2025	INV	PD	MHB25-021 Shelter Case
1 CHAMPAIGN COUNTY TREASURER										
JUL '25 MHB25-004	CHECK DATE: 07/11/2025	07/01/2025	071125A	48808	4,523.00	4,523.00	07/31/2025	INV	PD	MHB25-004 Homeless Ser
JUL '25 MHB25-026	CHECK DATE: 07/11/2025	07/01/2025	071125A	48807	32,371.00	32,371.00	07/31/2025	INV	PD	MHB25-026 Early Childh
JUL '25 MHB26-006	CHECK DATE: 07/11/2025	07/01/2025	071125A	48814	5,325.00	5,325.00	07/31/2025	INV	PD	MHB26-006 Champaign Co
JUL '25 MHB26-025	CHECK DATE: 07/11/2025	07/01/2025	071125A	48809	6,362.00	6,362.00	07/31/2025	INV	PD	MHB26-025 Youth Assess
18254 CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER					48,581.00					
JUL '25 MHB26-029	CHECK DATE: 07/11/2025	07/01/2025	071125A	506175	8,333.00	8,333.00	07/31/2025	INV	PD	MHB26-029 Mental Heath
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS										
JUL '25 MHB25-066	CHECK DATE: 07/11/2025	07/01/2025	071125A	506176	8,750.00	8,750.00	07/31/2025	INV	PD	MHB25-066 Disability A
JUL '25 MHB26-044	CHECK DATE: 07/11/2025	07/01/2025	071125A	506176	8,094.00	8,094.00	07/31/2025	INV	PD	MHB26-044 CHW Outreach
JUL '25 MHB26-045	CHECK DATE: 07/11/2025	07/01/2025	071125A	506176	8,607.00	8,607.00	07/31/2025	INV	PD	MHB26-045 Justice Invo
10148 COMMUNITY SERVICE CENTER OF NORTHERN					25,451.00					

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
JUL '25 MHB26-008 CHECK DATE: 07/11/2025		07/01/2025	071125A	48869	5,888.00	5,888.00	07/31/2025	INV	PD	MHB26-008 Resource Con
18092 COURAGE CONNECTION										
JUL '25 MHB25-007 CHECK DATE: 07/11/2025		07/01/2025	071125A	48873	10,669.00	10,669.00	07/31/2025	INV	PD	MHB25-007 Courage Conn
10163 CRISIS NURSERY										
JUL '25 MHB26-005 CHECK DATE: 07/11/2025		07/01/2025	071125A	48874	7,500.00	7,500.00	07/31/2025	INV	PD	MHB26-005 Beyond Blue
18305 CUNNINGHAM CHILDRENS HOME										
JUL '25 MHB25-018 CHECK DATE: 07/11/2025		07/01/2025	071125A	48877	16,975.00	16,975.00	07/31/2025	INV	PD	MHB25-018 ECHO Housing
JUL '25 MHB25-036 CHECK DATE: 07/11/2025		07/01/2025	071125A	48877	23,511.00	23,511.00	07/31/2025	INV	PD	MHB25-036 Families Str
10170 DEVELOPMENTAL SERVICES CENTER OF					40,486.00					
JUL '25 MHB26-012 CHECK DATE: 07/11/2025		07/01/2025	071125A	48886	58,500.00	58,500.00	07/31/2025	INV	PD	MHB26-012 Family Devel
10175 DON MOYER BOYS & GIRLS CLUB										
JUL '25 MHB25-015 CHECK DATE: 07/11/2025		07/01/2025	071125A	48889	7,131.00	7,131.00	07/31/2025	INV	PD	MHB25-015 CU Change
JUL '25 MHB25-031 CHECK DATE: 07/11/2025		07/01/2025	071125A	48889	100,000.00	100,000.00	07/31/2025	INV	PD	MHB25-031 Community Co
10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR					107,131.00					
JUL '25 MHB26-001 CHECK DATE: 07/11/2025		07/01/2025	071125A	48890	6,286.00	6,286.00	07/31/2025	INV	PD	MHB26-001 Family Suppo
100 EMPLOYEE VENDOR										
Bowdry 6/27/25 CHECK DATE: 07/03/2025		06/27/2025	070325A	48768	52.02	52.02	06/27/2025	INV	PD	Travel Log 5/1/25 - 6/ PAYEE: Bowdry, Kim
Bryson 7/21/25		07/18/2025	072525A	49626	30.73	30.73	08/17/2025	INV	PD	Travel Log 6/27/25 - 7

# Champaign County, IL

## VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
CHECK DATE: 07/25/2025										
PAYEE: Bryson, Leon										
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY					82.75					
Jul '25	MHB26-014	07/01/2025	071125A	48902	11,860.00	11,860.00	07/31/2025	INV	PD	MHB26-014 Counseling
CHECK DATE: 07/11/2025										
Jul '25	MHB26-016	07/01/2025	071125A	48902	3,182.00	3,182.00	07/31/2025	INV	PD	MHB26-016 self-Help Ce
CHECK DATE: 07/11/2025										
Jul '25	MHB26-017	07/01/2025	071125A	48902	17,863.00	17,863.00	07/31/2025	INV	PD	MHB26-017 Senior Couns
CHECK DATE: 07/11/2025										
10214 FIRST FOLLOWERS					32,905.00					
Jul '25	MHB25-003	07/01/2025	071125A	48904	7,916.00	7,916.00	07/31/2025	INV	PD	MHB25-003 Peer Mentori
CHECK DATE: 07/11/2025										
Jul '25	MHB25-034	07/01/2025	071125A	48904	5,791.00	5,791.00	07/31/2025	INV	PD	MHB25-034 FirstSteps C
CHECK DATE: 07/11/2025										
20173 GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL					13,707.00					
Jul '25	MHB25-022	07/01/2025	071125A	506189	5,130.00	5,130.00	07/31/2025	INV	PD	MHB25-022 Advocacy, Ca
CHECK DATE: 07/11/2025										
10242 GROW IN ILLINOIS										
Jul '25	MHB25-011	07/01/2025	071125A	48908	13,140.00	13,140.00	07/31/2025	INV	PD	MHB25-011 Peer Support
CHECK DATE: 07/11/2025										
10263 I3 BROADBAND - CU										
4402830-1		07/04/2025	071125A	48928	144.95	144.95	08/01/2025	INV	PD	Internet Service 8/4/2
CHECK DATE: 07/11/2025										
19785 IMMIGRANT SERVICES OF CHAMPAIGN-URBANA										
Jul '25	MHB26-010	07/01/2025	071125A	506192	16,688.00	16,688.00	07/31/2025	INV	PD	MHB26-010 Immigrant Me
CHECK DATE: 07/11/2025										
10348 MCS OFFICE TECHNOLOGIES INC										
01-710281		07/01/2025	071125A	506225	609.00	609.00	07/31/2025	INV	PD	Jul '25 MHB/DDB Managed
CHECK DATE: 07/11/2025										

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
18413 PROMISE HEALTHCARE										
Jul '25	MHB26-013	07/01/2025	071125A	48999	30,000.00	30,000.00	07/31/2025	INV	PD	MHB26-013 Mental Health
CHECK DATE: 07/11/2025										
Jul '25	MHB26-041	07/01/2025	071125A	48999	10,416.00	10,416.00	07/31/2025	INV	PD	MHB26-041 Wellness
CHECK DATE: 07/11/2025										
10453 QUILL CORPORATION										
44821277		07/09/2025	071825A	506312	93.91	93.91	08/08/2025	INV	PD	Acct # 8197518
CHECK DATE: 07/18/2025										
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES										
Jul '25	MHB26-002	07/01/2025	071125A	49000	9,009.00	9,009.00	07/31/2025	INV	PD	MHB26-002 Sexual Violence
CHECK DATE: 07/11/2025										
Jul '25	MHB26-035	07/01/2025	071125A	49000	16,350.00	16,350.00	07/31/2025	INV	PD	MHB26-035 Sexual Trauma
CHECK DATE: 07/11/2025										
10488 ROSECRANCE, INC.										
Jul '25	MHB25-019	07/01/2025	071125A	49009	7,052.00	7,052.00	07/31/2025	INV	PD	MHB25-019 Benefits Case
CHECK DATE: 07/11/2025										
Jul '25	MHB25-023	07/01/2025	071125A	49009	8,333.00	8,333.00	07/31/2025	INV	PD	MHB25-023 Recovery Home
CHECK DATE: 07/11/2025										
Jul '25	MHB25-030	07/01/2025	071125A	49009	20,000.00	20,000.00	07/31/2025	INV	PD	MHB25-030 Crisis Co-Referral
CHECK DATE: 07/11/2025										
10595 UNITING PRIDE										
Jul '25	MHB25-009	07/01/2025	071125A	49027	15,838.00	15,838.00	07/31/2025	INV	PD	MHB25-009 Children, Youth
CHECK DATE: 07/11/2025										
10583 UNIVERSITY OF ILLINOIS										
Jul '25	Award 112237	07/01/2025	071125A	49028	11,152.16	11,152.16	07/31/2025	INV	PD	MHB23-039 Building Age
CHECK DATE: 07/11/2025										
10597 URBANA ADULT EDUCATION										

# Champaign County, IL

## VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Jul '25 MHB25-042	CHECK DATE: 07/11/2025	07/01/2025	071125A	49035	6,726.00	6,726.00	07/31/2025	INV	PD	MHB25-042 C-U Early
10683 WIN RECOVERY INC										
Jul '25 MHB26-069	CHECK DATE: 07/11/2025	07/01/2025	071125A	49061	15,250.00	15,250.00	07/31/2025	INV	PD	MHB26-069 Community Su
Jun '25 MHB25-069	CHECK DATE: 07/11/2025	06/01/2025	071125A	49061	15,250.00	15,250.00	06/30/2025	INV	PD	MHB25-069 Community Su
May '25 MHB25-069	CHECK DATE: 07/11/2025	05/01/2025	071125A	49061	15,250.00	15,250.00	05/31/2025	INV	PD	MHB25-069 Community Su
10687 XEROX CORPORATION					45,750.00					
230778867	CHECK DATE: 07/11/2025	07/01/2025	071125A	49065	199.06	199.06	07/31/2025	INV	PD	Jun'25 Copier Service
47 INVOICES					611,041.83					

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

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 07 TO 2025 07

ORG YR/PR	OBJECT JNL	PROJ EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501002	OFFICE SUPPLIES							
25/07	207 07/14/25	API 010453			95367		506312	72.60	72.60
	W 071825A	Chairmat 45x53 wide 1ip			QUILL CORPORATION				
25/07	207 07/14/25	API 010453			95367		506312	8.25	80.85
	W 071825A	Oversized item shipping fee			QUILL CORPORATION				
	LEDGER BALANCES	----	DEBITS:		80.85	CREDITS:		.00	80.85
20000154	501013	DIETARY NON-FOOD SUPPLIES							
25/07	207 07/14/25	API 010453			95367		506312	13.06	13.06
	W 071825A	Spoon compostable 300ct			QUILL CORPORATION				
	LEDGER BALANCES	----	DEBITS:		13.06	CREDITS:		.00	13.06
20000154	502001	PROFESSIONAL SERVICES							
25/07	70 07/07/25	API 019587	MHB25-049	94937			48846	5,000.00	5,000.00
	W 071125A	Q2 2025 Disability Resource Ex BOOT							
25/07	121 07/07/25	API 010583	MHB23-039	94733			49028	11,152.16	16,152.16
	W 071125A	Jul'25 MHB23-039 Building Agen UNIVERSITY OF ILLINO							
25/07	121 07/07/25	API 010703	MHB25-046	94838			48847	2,500.00	18,652.16
	W 071125A	Q3 MHB25-046 2025 Disability E BRESSNER							
25/07	507 07/28/25	API 010705	MHB25-051	96393			49751	2,981.75	21,633.91
	W 080125A	2024 Quality Audit Reviews for BRUSVEEN							
	LEDGER BALANCES	----	DEBITS:		21,633.91	CREDITS:		.00	21,633.91
20000154	502002	OUTSIDE SERVICES							
25/07	70 07/07/25	API 010348	MHB25-040	94841			506225	609.00	609.00
	W 071125A	Jul'25 MHB/ddb Managed IT Serv MCS OFFICE TECHNOLOG							
25/07	507 07/28/25	API 010348			96395		506416	33.75	642.75

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 07 TO 2025 07

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	W 080125A	Service Ticket # 51851	Instal	MCS OFFICE TECHNOLOG				
25/07	507 07/28/25	API 010348	96397	506416			67.50	710.25
	W 080125A	Service Ticket # 51924	Uninsta	MCS OFFICE TECHNOLOG				
	LEDGER BALANCES	----	DEBITS:	710.25	CREDITS:		.00	NET: 710.25
20000154	502003	TRAVEL COSTS						
25/07	396 07/21/25	API 000100	95833	49626			30.73	30.73
	W 072525A	43.9 Miles 6/27/25 - 7/17/25	Unknown					
	LEDGER BALANCES	----	DEBITS:	30.73	CREDITS:		.00	NET: 30.73
20000154	502013	RENT						
25/07	610 07/29/25	API 000001 203	96500	49905			2,262.68	2,262.68
	W 080825A	Jul'25 Office Rent 053	CCT					
	LEDGER BALANCES	----	DEBITS:	2,262.68	CREDITS:		.00	NET: 2,262.68
20000154	502025	CONTRIBUTIONS & GRANTS						
25/07	89 07/07/25	API 000001 MHB26-006	94693	48814			5,325.00	5,325.00
	W 071125A	Jul'25 MHB26-006 Campaign Cou	CCT					
25/07	121 07/07/25	API 000001 MHB25-026	94698	48807			32,371.00	37,696.00
	W 071125A	Jul'25 MHB25-026 Early Childho	CCT					
25/07	121 07/07/25	API 000001 MHB25-004	94699	48808			4,523.00	42,219.00
	W 071125A	Jul'25 MHB25-004 Homeless Serv	CCT					
25/07	121 07/07/25	API 000001 MHB26-025	94700	48809			6,362.00	48,581.00
	W 071125A	Jul'25 MHB26-025 Youth Assessm	CCT					
25/07	121 07/07/25	API 010148 MHB26-008	94701	48869			5,888.00	54,469.00
	W 071125A	Jul'25 MHB26-008 Resource Conn	COMMUNITY SERVICE CE					
25/07	121 07/07/25	API 010163 MHB26-005	94703	48874			7,500.00	61,969.00

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 07 TO 2025 07

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	W 071125A	Jul'25	MHB26-005	Beyond Blue C CRISIS	NURSERY			
25/07	121 07/07/25	API 010170	MHB26-012	94709	48886		58,500.00	120,469.00
	W 071125A	Jul'25	MHB26-012	Family Develo	DEVELOPMENTAL SERVIC			
25/07	121 07/07/25	API 010175	MHB25-031	94710	48889		100,000.00	220,469.00
	W 071125A	Jul'25	MHB25-031	Community Coa	DON MOYER BOYS & GIR			
25/07	121 07/07/25	API 010175	MHB25-015	94712	48889		7,131.00	227,600.00
	W 071125A	Jul'25	MHB25-015	CU Change	DON MOYER BOYS & GIR			
25/07	121 07/07/25	API 010185	MHB26-001	94713	48890		6,286.00	233,886.00
	W 071125A	Jul'25	MHB26-001	Family Suppor	EAST CNTRL IL REFUGE			
25/07	121 07/07/25	API 010214	MHB25-034	94717	48904		5,791.00	239,677.00
	W 071125A	Jul'25	MHB25-034	FirstSteps Co	FIRST FOLLOWERS			
25/07	121 07/07/25	API 010214	MHB25-003	94718	48904		7,916.00	247,593.00
	W 071125A	Jul'25	MHB25-003	Peer Mentorin	FIRST FOLLOWERS			
25/07	121 07/07/25	API 010242	MHB25-011	94720	48908		13,140.00	260,733.00
	W 071125A	Jul'25	MHB25-011	Peer Support	GROW IN ILLINOIS			
25/07	121 07/07/25	API 010464	MHB26-035	94723	49000		16,350.00	277,083.00
	W 071125A	Jul'25	MHB26-035	Sexual Trauma	RAPE, ADVOCACY, COUN			
25/07	121 07/07/25	API 010464	MHB26-002	94727	49000		9,009.00	286,092.00
	W 071125A	Jul'25	MHB26-002	Sexual Vtolen	RAPE, ADVOCACY, COUN			
25/07	121 07/07/25	API 010488	MHB25-019	94728	49009		7,052.00	293,144.00
	W 071125A	Jul'25	MHB25-019	Benefits Case	ROSECRANCE, INC.			
25/07	121 07/07/25	API 010488	MHB25-030	94729	49009		20,000.00	313,144.00
	W 071125A	Jul'25	MHB25-030	Crisis Co-Res	ROSECRANCE, INC.			
25/07	121 07/07/25	API 010488	MHB25-023	94730	49009		8,333.00	321,477.00
	W 071125A	Jul'25	MHB25-023	Recovery Home	ROSECRANCE, INC.			
25/07	121 07/07/25	API 010595	MHB25-009	94731	49027		15,838.00	337,315.00
	W 071125A	Jul'25	MHB25-009	Children, You	UNITING PRIDE			



# Champaign County, IL

## ACCOUNT DETAIL HISTORY FOR 2025 07 TO 2025 07

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
25/07	121 07/07/25 W 071125A Jul'25	API 010597 MHB25-042 C-U Early	94708				49035 URBANA ADULT EDUCATI	6,726.00	344,041.00
25/07	121 07/07/25 W 071125A Jul'25	API 010683 MHB26-069 Community Sup WIN RECOVERY INC	94732				49061	15,250.00	359,291.00
25/07	121 07/07/25 W 071125A Jul'25	API 018092 MHB25-007 Courage Conne COURAGE CONNECTION	94702				48873	10,669.00	369,960.00
25/07	121 07/07/25 W 071125A Jul'25	API 018254 MHB26-029 Mental Heath CHAMPAIGN COUNTY CHR	94694				506175	8,333.00	378,293.00
25/07	121 07/07/25 W 071125A Jul'25	API 018259 MHB26-044 CHW Outreach CHAMPAIGN COUNTY HEA	94695				506176	8,094.00	386,387.00
25/07	121 07/07/25 W 071125A Jul'25	API 018259 MHB25-066 Disability Ap CHAMPAIGN COUNTY HEA	94696				506176	8,750.00	395,137.00
25/07	121 07/07/25 W 071125A Jul'25	API 018259 MHB26-045 Justice Invol CHAMPAIGN COUNTY HEA	94697				506176	8,607.00	403,744.00
25/07	121 07/07/25 W 071125A Jul'25	API 018305 MHB25-018 ECHO Housing CUNNINGHAM CHILDRENS	94704				48877	16,975.00	420,719.00
25/07	121 07/07/25 W 071125A Jul'25	API 018305 MHB25-036 Families Stro CUNNINGHAM CHILDRENS	94706				48877	23,511.00	444,230.00
25/07	121 07/07/25 W 071125A Jul'25	API 018343 MHB26-014 Counseling FAMILY SERVICE OF CH	94714				48902	11,860.00	456,090.00
25/07	121 07/07/25 W 071125A Jul'25	API 018343 MHB26-016 Self-Help Cen FAMILY SERVICE OF CH	94715				48902	3,182.00	459,272.00
25/07	121 07/07/25 W 071125A Jul'25	API 018343 MHB26-017 Senior Counse FAMILY SERVICE OF CH	94716				48902	17,863.00	477,135.00
25/07	121 07/07/25 W 071125A Jul'25	API 018413 MHB26-013 Mental Health PROMISE HEALTHCARE	94724				48999	30,000.00	507,135.00
25/07	121 07/07/25	API 018413 MHB26-041	94725				48999	10,416.00	517,551.00

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 07 TO 2025 07

YR/PR	ORG	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
W 071125A		25/07	121	07/07/25	API 018805 MHB25-021	94707				48848	21,391.00	538,942.00
W 071125A		25/07	121	07/07/25	MHB25-021 Shelter Case C-U AT HOME							
W 071125A		25/07	121	07/07/25	API 019785 MHB26-010	94721				506192	16,688.00	555,630.00
W 071125A		25/07	121	07/07/25	MHB26-010 Immigrant Men IMMIGRANT SERVICES							
W 071125A		25/07	121	07/07/25	API 020173 MHB25-022	94719				506189	5,130.00	560,760.00
W 071125A		25/07	121	07/07/25	MHB25-022 Advocacy, Car GREATER COMMUNITY							
					LEDGER BALANCES ---- DEBITS:	560,760.00				CREDITS:	.00	NET: 560,760.00
20000154	502046				EQUIP LEASE/EQUIP RENT							
25/07	70	07/07/25	API 010687	248						49065	199.06	199.06
W 071125A		25/07	70	07/07/25	Jun'25 Copier Service					XEROX CORPORATION		
					LEDGER BALANCES ---- DEBITS:	199.06				CREDITS:	.00	NET: 199.06
20000154	502048				PHONE/INTERNET							
25/07	70	07/07/25	API 010263							48928	144.95	144.95
W 071125A		25/07	70	07/07/25	Internet Service 8/4/25 - 9/3/ I3 BROADBAND - CU							
25/07	266	07/08/25	API 018287							49314	52.52	197.47
W 071825A		25/07	266	07/08/25	MHB Phones 7/1/25-7/31/25					CONSOLIDATED COMMUNI		
					LEDGER BALANCES ---- DEBITS:	197.47				CREDITS:	.00	NET: 197.47
					GRAND TOTAL ---- DEBITS:	585,888.01				CREDITS:	.00	NET: 585,888.01

51 Records printed

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

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10003 AAIMA TRAINING & CONSULTING LLC										
00083708	CHECK DATE: 08/15/2025	07/31/2025	081525A	50410	1,305.00	1,305.00	08/30/2025	INV	PD	CMHB/CCDDB Compensati
10705 JOHN M. BRUSVEEN										
2024 Quality Audit	CHECK DATE: 08/01/2025	07/22/2025	080125A	49751	2,981.75	2,981.75	08/21/2025	INV	PD	2024 Quality Audit Rev
18805 C-U AT HOME										
Aug '25 MHB25-021	CHECK DATE: 08/08/2025	08/01/2025	080825A	49938	21,391.00	21,391.00	08/31/2025	INV	PD	MHB25-021 Shelter Case
1 CHAMPAIGN COUNTY TREASURER										
Aug '25 MHB25-004	CHECK DATE: 08/08/2025	08/01/2025	080825A	49901	4,523.00	4,523.00	08/31/2025	INV	PD	MHB25-004 Homeless Ser
Aug '25 MHB25-026	CHECK DATE: 08/08/2025	08/01/2025	080825A	49900	32,371.00	32,371.00	08/31/2025	INV	PD	MHB25-026 Early Childh
Aug '25 MHB26-006	CHECK DATE: 08/08/2025	08/01/2025	080825A	49906	5,325.00	5,325.00	08/31/2025	INV	PD	MHB26-006 Champaign Co
Aug '25 MHB26-025	CHECK DATE: 08/08/2025	08/01/2025	080825A	49902	6,362.00	6,362.00	08/31/2025	INV	PD	MHB26-025 Youth Assess
Aug '25 Office Rent	CHECK DATE: 08/08/2025	08/01/2025	080825A	49899	2,266.68	2,266.68	08/31/2025	INV	PD	Aug '25 Office Rent 053
Jul '25 Office Rent	CHECK DATE: 08/08/2025	07/01/2025	080825A	49905	2,262.68	2,262.68	07/31/2025	INV	PD	Jul '25 Office Rent 053
18254 CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER					53,110.36					
Aug '25 MHB26-029	CHECK DATE: 08/08/2025	08/01/2025	080825A	506457	8,333.00	8,333.00	08/31/2025	INV	PD	MHB26-029 Mental Heath
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS										
Aug '25 MHB25-066	CHECK DATE: 08/08/2025	08/01/2025	080825A	506458	8,750.00	8,750.00	08/31/2025	INV	PD	MHB25-066 Disability A
Aug '25 MHB26-044	CHECK DATE: 08/08/2025	08/01/2025	080825A	506458	8,094.00	8,094.00	08/31/2025	INV	PD	MHB26-044 CHW Outreach

# Champaign County, IL

## VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Aug '25 MHB26-045 CHECK DATE: 08/08/2025		08/01/2025	080825A	506458	8,607.00	8,607.00	08/31/2025	INV	PD	MHB26-045 Justice Invo
10148 COMMUNITY SERVICE CENTER OF NORTHERN					25,451.00					
Aug '25 MHB26-008 CHECK DATE: 08/08/2025		08/01/2025	080825A	49959	5,888.00	5,888.00	08/31/2025	INV	PD	MHB26-008 Resource Con
18092 COURAGE CONNECTION										
Aug '25 MHB25-007 CHECK DATE: 08/08/2025		08/01/2025	080825A	49961	10,669.00	10,669.00	08/31/2025	INV	PD	MHB25-007 Courage Conn
10163 CRISIS NURSERY										
Aug '25 MHB26-005 CHECK DATE: 08/08/2025		08/01/2025	080825A	49962	7,500.00	7,500.00	08/31/2025	INV	PD	MHB26-005 Beyond Blue
18305 CUNNINGHAM CHILDRENS HOME										
Aug '25 MHB25-018 CHECK DATE: 08/08/2025		08/01/2025	080825A	49965	16,975.00	16,975.00	08/31/2025	INV	PD	MHB25-018 ECHO Housing
Aug '25 MHB25-036 CHECK DATE: 08/08/2025		08/01/2025	080825A	49965	23,511.00	23,511.00	08/31/2025	INV	PD	MHB25-036 Families Str
10170 DEVELOPMENTAL SERVICES CENTER OF					40,486.00					
Aug '25 MHB26-012 CHECK DATE: 08/08/2025		08/01/2025	080825A	49970	58,500.00	58,500.00	08/31/2025	INV	PD	MHB26-012 Family Devel
10175 DON MOYER BOYS & GIRLS CLUB										
Aug '25 MHB25-015 CHECK DATE: 08/08/2025		08/01/2025	080825A	49972	7,131.00	7,131.00	08/31/2025	INV	PD	MHB25-015 CU Change
10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										
Aug '25 MHB26-001 CHECK DATE: 08/08/2025		08/01/2025	080825A	49973	6,286.00	6,286.00	08/31/2025	INV	PD	MHB26-001 Family Suppo
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY										
Aug '25 MHB26-014 CHECK DATE: 08/08/2025		08/01/2025	080825A	49986	11,860.00	11,860.00	08/31/2025	INV	PD	MHB26-014 Counseling

# Champaign County, IL

## VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Aug '25 MHB26-016 CHECK DATE: 08/08/2025		08/01/2025	080825A	49986	3,182.00	3,182.00	08/31/2025	INV	PD	MHB26-016 self-help ce
Aug '25 MHB26-017 CHECK DATE: 08/08/2025		08/01/2025	080825A	49986	17,863.00	17,863.00	08/31/2025	INV	PD	MHB26-017 Senior Couns
10214 FIRST FOLLOWERS					32,905.00					
Aug '25 MHB25-003 CHECK DATE: 08/08/2025		08/01/2025	080825A	49988	7,916.00	7,916.00	08/31/2025	INV	PD	MHB25-003 Peer Mentori
Aug '25 MHB25-034 CHECK DATE: 08/08/2025		08/01/2025	080825A	49988	5,791.00	5,791.00	08/31/2025	INV	PD	MHB25-034 FirstSteps C
20173 GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL					13,707.00					
Aug '25 MHB25-022 CHECK DATE: 08/08/2025		08/01/2025	080825A	506464	5,130.00	5,130.00	08/31/2025	INV	PD	MHB25-022 Advocacy, Ca
10242 GROW IN ILLINOIS										
Aug '25 MHB25-011 CHECK DATE: 08/08/2025		08/01/2025	080825A	49993	13,140.00	13,140.00	08/31/2025	INV	PD	MHB25-011 Peer Support
19785 IMMIGRANT SERVICES OF CHAMPAIGN-URBANA										
Aug '25 MHB26-010 CHECK DATE: 08/08/2025		08/01/2025	080825A	506470	16,688.00	16,688.00	08/31/2025	INV	PD	MHB26-010 Immigrant Me
20570 JP MORGAN CHASE BANK										
6233 7/31/25 CHECK DATE: 08/08/2025		07/31/2025	080825A	506479	470.85	470.85	08/14/2025	INV	PD	Acct # 4485 9279 0007
10358 AUTOMATED COMMUNICATIONS, INC.										
440332 CHECK DATE: 08/08/2025		08/04/2025	080825A	50034	220.07	220.07	09/03/2025	INV	PD	Expo - 1,000 Flyers En
440617 CHECK DATE: 08/22/2025		08/14/2025	082225A	50774	220.07	220.07	09/13/2025	INV	PD	Expo Flyers - 1,000 En
10348 MCS OFFICE TECHNOLOGIES INC					440.14					

# Champaign County, IL

## VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
01-710433 CHECK DATE: 08/01/2025		07/23/2025	080125A	506416	33.75	33.75	08/22/2025	INV	PD	Service Ticket # 51851
01-710457 CHECK DATE: 08/01/2025		07/28/2025	080125A	506416	67.50	67.50	08/27/2025	INV	PD	Service Ticket # 51924
01-710642 CHECK DATE: 08/08/2025		07/28/2025	080825A	506492	609.00	609.00	08/27/2025	INV	PD	Aug '25 MHB/DDB Managed
01-710738 CHECK DATE: 08/15/2025		08/08/2025	081525A	506572	641.25	641.25	09/07/2025	INV	PD	Service Ticket # 52180
18413 PROMISE HEALTHCARE Aug '25 MHB26-013 CHECK DATE: 08/08/2025		08/01/2025	080825A	50048	30,000.00	30,000.00	08/31/2025	INV	PD	MHB26-013 Mental Health
Aug '25 MHB26-041 CHECK DATE: 08/08/2025		08/01/2025	080825A	50048	10,416.00	10,416.00	08/31/2025	INV	PD	MHB26-041 Wellness
10453 QUILL CORPORATION 2521387 CHECK DATE: 08/15/2025		06/19/2025	081525A	506582	-723.87	-723.87	06/19/2025	CRM	PD	Acct # 8197518
45066237 CHECK DATE: 08/29/2025		07/28/2025	082925A	506693	66.50	66.50	08/27/2025	INV	PD	Acct # 8197518
45226454 CHECK DATE: 08/15/2025		08/07/2025	081525A	506582	542.98	542.98	09/06/2025	INV	PD	Acct # 8197518
45226532 CHECK DATE: 08/15/2025		08/07/2025	081525A	506582	625.48	625.48	09/06/2025	INV	PD	Acct # 8197518
45235767 CHECK DATE: 08/15/2025		08/07/2025	081525A	506582	27.54	27.54	09/06/2025	INV	PD	Acct # 8197518
45240236 CHECK DATE: 08/29/2025		08/08/2025	082925A	506693	267.74	267.74	09/07/2025	INV	PD	Acct # 8197518
45243958 CHECK DATE: 08/29/2025		08/08/2025	082925A	506693	267.74	267.74	09/07/2025	INV	PD	Acct # 8197518
45272886 CHECK DATE: 08/22/2025		08/12/2025	082225A	506639	39.94	39.94	09/11/2025	INV	PD	Acct # 8197518
45328337 CHECK DATE: 08/22/2025		08/14/2025	082225A	506639	125.64	125.64	09/13/2025	INV	PD	Acct # 8197518
45388081 CHECK DATE: 08/29/2025		08/19/2025	082925A	506693	26.66	26.66	09/18/2025	INV	PD	Acct # 8197518

1,351.50

40,416.00

# Champaign County, IL

## VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
45396256 CHECK DATE: 08/29/2025		08/20/2025	082925A	506693	65.08	65.08	09/19/2025	INV	PD	Acct # 8197518
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES										
Aug '25 MHB26-002 CHECK DATE: 08/08/2025		08/01/2025	080825A	50050	9,009.00	9,009.00	08/31/2025	INV	PD	MHB26-002 Sexual Violen
Aug '25 MHB26-035 CHECK DATE: 08/08/2025		08/01/2025	080825A	50050	16,350.00	16,350.00	08/31/2025	INV	PD	MHB26-035 Sexual Trauma
10488 ROSECRANCE, INC.										
Aug '25 MHB25-019 CHECK DATE: 08/08/2025		08/01/2025	080825A	50055	7,052.00	7,052.00	08/31/2025	INV	PD	MHB25-019 Benefits Cas
Aug '25 MHB25-023 CHECK DATE: 08/08/2025		08/01/2025	080825A	50055	8,333.00	8,333.00	08/31/2025	INV	PD	MHB25-023 Recovery Hom
Aug '25 MHB25-030 CHECK DATE: 08/08/2025		08/01/2025	080825A	50055	20,000.00	20,000.00	08/31/2025	INV	PD	MHB25-030 Crisis Co-Re
10595 UNITING PRIDE										
Aug '25 MHB25-009 CHECK DATE: 08/08/2025		08/01/2025	080825A	50075	15,838.00	15,838.00	08/31/2025	INV	PD	MHB25-009 Children, Yo
10583 UNIVERSITY OF ILLINOIS										
Aug '25 Award 112237 CHECK DATE: 08/08/2025		08/01/2025	080825A	50076	11,152.16	11,152.16	08/31/2025	INV	PD	MHB23-039 Building Age
10597 URBANA ADULT EDUCATION										
Aug '25 MHB25-042 CHECK DATE: 08/08/2025		08/01/2025	080825A	50081	6,726.00	6,726.00	08/31/2025	INV	PD	MHB25-042 C-U Early
10683 WIN RECOVERY INC										
Aug '25 MHB26-069 CHECK DATE: 08/08/2025		08/01/2025	080825A	50097	15,250.00	15,250.00	08/31/2025	INV	PD	MHB26-069 Community Su
10687 XEROX CORPORATION										

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
230785981		08/01/2025	080825A	50100	199.06	199.06	08/31/2025	INV	PD	Jul'25 Copier Service
59 INVOICES					484,521.25					

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





# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 08 TO 2025 08

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501001	STATIONERY AND PRINTING						
25/08	36 08/04/25	API 010358	96954			50034		
	W 080825A	Expo - 1,000 Flyers	English/Sp MARTIN ONE	SOURCE IN			220.07	220.07
25/08	297 08/18/25	API 010358	97914			50774		
	W 082225A	Expo Flyers - 1,000	English/Sp MARTIN ONE	SOURCE IN			220.07	440.14
25/08	578 08/28/25	API 010374	98653			51273		
	W 090525A	100 Flyers: Disability Expo 20	MINUTEMAN PRESS				64.82	504.96
	LEDGER BALANCES	----	DEBITS:	504.96	CREDITS:		.00	504.96
20000154	501002	OFFICE SUPPLIES						
25/08	36 08/04/25	API 010453	96943			506693		
	W 080825A	Box file ltr/lgl white 12/ct	QUILL CORPORATION				66.50	66.50
25/08	36 08/04/25	API 020570	96948			506479		
	W 080825A	HP.com 7/12/25	JP MORGAN CHASE BANK				470.85	537.35
25/08	149 08/07/25	API 010453	97480			506582		
	W 081525A	Hp 201X hy color toner 3pk	QUILL CORPORATION				407.99	945.34
25/08	149 08/07/25	API 010453	97480			506582		
	W 081525A	Hp 201X hy laserjet tonr black	QUILL CORPORATION				134.99	1,080.33
25/08	297 08/18/25	API 010453	97911			506639		
	W 082225A	2K p60 si 1.38 x 2.94 self-ink	QUILL CORPORATION				39.94	1,120.27
25/08	299 08/18/25	API 010453	97913			506639		
	W 082225A	Hp o20 8.5x11 paper 20 92 5Rm	QUILL CORPORATION				125.64	1,245.91
25/08	456 08/25/25	API 010453	98278			506693		
	W 082925A	Scott 6 mega paper towel	QUILL CORPORATION				13.90	1,259.81
25/08	456 08/25/25	API 010453	98278			506693		
	W 082925A	Clorox wipes value pk 3/75ct	QUILL CORPORATION				12.76	1,272.57
	LEDGER BALANCES	----	DEBITS:	1,272.57	CREDITS:		.00	1,272.57

# Champaign County, IL

## ACCOUNT DETAIL HISTORY FOR 2025 08 TO 2025 08

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501017	EQUIPMENT LESS THAN \$5000						
25/08	149 08/07/25	API 010453	97486		506582		599.98	599.98
	W 081525A	Vertical filing cabinet, legal	QUILL CORPORATION					
25/08	149 08/07/25	API 010453	97486		506582		25.50	625.48
	W 081525A	Heavy item shipping fee	QUILL CORPORATION					
25/08	149 08/07/25	API 010453	97489		506582		27.54	653.02
	W 081525A	8 outlet surge protector	QUILL CORPORATION					
25/08	456 08/25/25	API 010453	98277		506693		65.08	718.10
	W 082925A	Curved end table 1 drawer brwn	QUILL CORPORATION					
25/08	480 08/21/25	API 010453	98169		506693		254.99	973.09
	W 082925A	La-Z-Boy winston b&t brown	QUILL CORPORATION					
25/08	480 08/21/25	API 010453	98169		506693		12.75	985.84
	W 082925A	Heavy item shipping fee	QUILL CORPORATION					
25/08	480 08/21/25	API 010453	98170		506693		254.99	1,240.83
	W 082925A	La-Z-Boy winston b&t brown	QUILL CORPORATION					
25/08	480 08/21/25	API 010453	98170		506693		12.75	1,253.58
	W 082925A	Heavy item shipping fee	QUILL CORPORATION					
LEDGER BALANCES --- DEBITS:							.00	1,253.58
CREDITS:							NET:	
20000154	502001	PROFESSIONAL SERVICES						
25/08	36 08/04/25	API 010583	MHB23-039	96923	50076		11,152.16	11,152.16
	W 080825A	Aug'25 MHB23-039	Building Agen	UNIVERSITY OF ILLINO				
25/08	149 08/07/25	API 010003	873	97171	50410		1,305.00	12,457.16
	W 081525A	CCMHB/CCDDB Compensation	Revie	AAIM EMPLOYERS ASSOC				
LEDGER BALANCES --- DEBITS:							.00	12,457.16
CREDITS:							NET:	



# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 08 TO 2025 08

ORG YR/PR	OBJECT JNL	PROJ EFF	DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502002	OUTSIDE SERVICES									
25/08	36	08/04/25	API 010348	MHB25-040	96944				506492	609.00	609.00
	W	080825A	Aug'25	MHB/DDB Managed IT Serv MCS	OFFICE TECHNOLOG						
25/08	149	08/07/25	API 010348	97479					506572	641.25	1,250.25
	W	081525A	Service Ticket # 52180	Setup n MCS	OFFICE TECHNOLOG						
25/08	578	08/28/25	API 010348	98651					506748	67.50	1,317.75
	W	090525A	Service Ticket # 52519	- Email MCS	OFFICE TECHNOLOG						
LEDGER BALANCES --- DEBITS: 1,317.75 CREDITS:										.00	1,317.75
20000154	502013	RENT									
25/08	36	08/04/25	API 000001	203	96936				49899	2,266.68	2,266.68
	W	080825A	Aug'25	Office Rent 053	CCT						
LEDGER BALANCES --- DEBITS: 2,266.68 CREDITS:										.00	2,266.68
20000154	502025	CONTRIBUTIONS & GRANTS									
25/08	36	08/04/25	API 000001	MHB26-006	96868				49906	5,325.00	5,325.00
	W	080825A	MHB26-006	Champaign County Chi	CCT						
25/08	36	08/04/25	API 000001	MHB25-026	96875				49900	32,371.00	37,696.00
	W	080825A	Aug'25	MHB25-026 Early Childho	CCT						
25/08	36	08/04/25	API 000001	MHB25-004	96878				49901	4,523.00	42,219.00
	W	080825A	Aug'25	MHB25-004 Homeless Serv	CCT						
25/08	36	08/04/25	API 000001	MHB26-025	96879				49902	6,362.00	48,581.00
	W	080825A	Aug'25	MHB26-025 Youth Assessm	CCT						
25/08	36	08/04/25	API 010148	MHB26-008	96880				49959	5,888.00	54,469.00
	W	080825A	Aug'25	MHB26-008 Resource Conn COMMUNITY SERVICE	CE						
25/08	36	08/04/25	API 010163	MHB26-005	96883				49962	7,500.00	61,969.00
	W	080825A	Aug'25	MHB26-005 Beyond Blue C CRISIS NURSERY							

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 08 TO 2025 08

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
25/08 W 080825A	36 08/04/25 Aug'25	API 010170 MHB26-012	96889				49970	58,500.00	120,469.00
		Family Develo	Developmental Servic						
25/08 W 080825A	36 08/04/25 Aug'25	API 010175 MHB25-015	96890				49972	7,131.00	127,600.00
		CU Change	DON MOYER BOYS & GIR						
25/08 W 080825A	36 08/04/25 Aug'25	API 010185 MHB26-001	96891				49973	6,286.00	133,886.00
		Family Suppor	EAST CNTRL IL REFUGE						
25/08 W 080825A	36 08/04/25 Aug'25	API 010214 MHB25-034	96897				49988	5,791.00	139,677.00
		FirstSteps Co	FIRST FOLLOWERS						
25/08 W 080825A	36 08/04/25 Aug'25	API 010214 MHB25-003	96899				49988	7,916.00	147,593.00
		Peer Mentorin	FIRST FOLLOWERS						
25/08 W 080825A	36 08/04/25 Aug'25	API 010242 MHB25-011	96904				49993	13,140.00	160,733.00
		Peer Support	GROW IN ILLINOIS						
25/08 W 080825A	36 08/04/25 Aug'25	API 010464 MHB26-035	96910				50050	16,350.00	177,083.00
		Sexual Trauma	RAPE, ADVOCACY, COUN						
25/08 W 080825A	36 08/04/25 Aug'25	API 010464 MHB26-002	96911				50050	9,009.00	186,092.00
		Sexual Vtolen	RAPE, ADVOCACY, COUN						
25/08 W 080825A	36 08/04/25 Aug'25	API 010488 MHB25-019	96912				50055	7,052.00	193,144.00
		Benefits Case	ROSECRANCE, INC.						
25/08 W 080825A	36 08/04/25 Aug'25	API 010488 MHB25-030	96913				50055	20,000.00	213,144.00
		Crisis Co-Res	ROSECRANCE, INC.						
25/08 W 080825A	36 08/04/25 Aug'25	API 010488 MHB25-023	96917				50055	8,333.00	221,477.00
		Recovery Home	ROSECRANCE, INC.						
25/08 W 080825A	36 08/04/25 Aug'25	API 010595 MHB25-009	96919				50075	15,838.00	237,315.00
		Children, You	UNITING PRIDE						
25/08 W 080825A	36 08/04/25 Aug'25	API 010597 MHB25-042	96888				50081	6,726.00	244,041.00
		C-U Early	URBANA ADULT EDUCATI						
25/08 W 080825A	36 08/04/25 Aug'25	API 010683 MHB26-069	96922				50097	15,250.00	259,291.00

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 08 TO 2025 08

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	W 080825A	Aug'25	MHB26-069	Community Sup WIN RECOVERY INC				
25/08	36 08/04/25	API 018092	MHB25-007	96882		49961	10,669.00	269,960.00
	W 080825A	Aug'25	MHB25-007	Courage Conne COURAGE CONNECTION				
25/08	36 08/04/25	API 018254	MHB26-029	96869		506457	8,333.00	278,293.00
	W 080825A	MHB26-029	Mental Heath Care	CHAMPAIGN COUNTY CHR				
25/08	36 08/04/25	API 018259	MHB26-044	96870		506458	8,094.00	286,387.00
	W 080825A	Aug'25	MHB26-044	CHW Outreach CHAMPAIGN COUNTY HEA				
25/08	36 08/04/25	API 018259	MHB25-066	96872		506458	8,750.00	295,137.00
	W 080825A	Aug'25	MHB25-066	Disability Ap CHAMPAIGN COUNTY HEA				
25/08	36 08/04/25	API 018259	MHB26-045	96874		506458	8,607.00	303,744.00
	W 080825A	Aug'25	MHB26-045	Justice Invol CHAMPAIGN COUNTY HEA				
25/08	36 08/04/25	API 018305	MHB25-018	96884		49965	16,975.00	320,719.00
	W 080825A	Aug'25	MHB25-018	ECHO Housing CUNNINGHAM CHILDRENS				
25/08	36 08/04/25	API 018305	MHB25-036	96885		49965	23,511.00	344,230.00
	W 080825A	Aug'25	MHB25-036	Families Stro CUNNINGHAM CHILDRENS				
25/08	36 08/04/25	API 018343	MHB26-014	96892		49986	11,860.00	356,090.00
	W 080825A	Aug'25	MHB26-014	Counseling FAMILY SERVICE OF CH				
25/08	36 08/04/25	API 018343	MHB26-016	96893		49986	3,182.00	359,272.00
	W 080825A	Aug'25	MHB26-016	Self-Help Cen FAMILY SERVICE OF CH				
25/08	36 08/04/25	API 018343	MHB26-017	96895		49986	17,863.00	377,135.00
	W 080825A	Aug'25	MHB26-017	Senior Counse FAMILY SERVICE OF CH				
25/08	36 08/04/25	API 018413	MHB26-013	96907		50048	30,000.00	407,135.00
	W 080825A	Aug'25	MHB26-013	Mental Health PROMISE HEALTHCARE				
25/08	36 08/04/25	API 018413	MHB26-041	96908		50048	10,416.00	417,551.00
	W 080825A	Aug'25	MHB26-041	wellness PROMISE HEALTHCARE				
25/08	36 08/04/25	API 018805	MHB25-021	96886		49938	21,391.00	438,942.00
	W 080825A	Aug'25	MHB25-021	Shelter Case C-U AT HOME				

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 08 TO 2025 08

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
25/08 W 080825A	36 08/04/25 Aug'25	API 019785 MHB26-010	96905 Immigrant Men		506470 IMMIGRANT SERVICES		16,688.00	455,630.00
25/08 W 080825A	36 08/04/25 Aug'25	API 020173 MHB25-022	96902 Advocacy, Car		506464 GREATER COMMUNITY		5,130.00	460,760.00
	LEDGER BALANCES	----	DEBITS:		CREDITS:		.00	460,760.00
20000154 502046			EQUIP LEASE/EQUIP RENT					
25/08 W 080825A	36 08/04/25 Jul'25	API 010687 248 Copier Service	96945 053		50100 XEROX CORPORATION		199.06	199.06
	LEDGER BALANCES	----	DEBITS:		CREDITS:		.00	199.06
20000154 502048			PHONE/INTERNET					
25/08 W 081525A	192 08/05/25 MHB Phones	API 018287			50470 CONSOLIDATED COMMUNI		52.52	52.52
	LEDGER BALANCES	----	DEBITS:		CREDITS:		.00	52.52
	GRAND TOTAL	----	DEBITS:		CREDITS:		.00	480,084.28

62 Records printed

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



## **DECISION MEMORANDUM**

DATE: September 17, 2025  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Deferred Agency PY26 Funding Request

### **Statutory Authority and Funding Requirements:**

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

[The CCMHB Funding Requirements and Guidelines](#) are based on these laws and are agreed to at submission of each request for funding and at the execution of each contract. Financial Management and Reporting Requirements are referenced on pages 5-7 and 11, Non-Compliance and Appeals Processes pages 13-15, Extension Requests pages 12 and 19, Audit and Financial Accountability Requirements pages 15-19. Eligibility relies in part on a filed audit, financial review, or compilation report regarding an applicant’s most recently completed fiscal year and resolution of issues raised in that independent CPA report.

### **Updates:**

At their April 30 meeting, the Board reviewed special requests from five agencies awaiting PY2024 audits. A memorandum ([pages 20-29 of the meeting packet](#)) offered historical details and a variety of possible actions.

The Board voted to defer consideration of these until after each agency had submitted an audit or review and resolved any related issues. Matters related to two agencies were handled during the Board's May 21 and May 28 meetings, with one remaining.

**Urbana Neighborhood Connections Center, Inc.** shared their completed audit on August 5, 2025, meeting the PY26 funding request requirement. If the Board takes up the action it had deferred, they might choose to review the agency's PY26 request at this time or at a later date.

### **Possible Actions:**

Motion to **consider** the **Urbana Neighborhood Connections Center, Inc.** PY2026 funding request.

*OR*

Motion to **deny consideration of** the **Urbana Neighborhood Connections Center, Inc.** PY2026 funding request.

*OR*

Motion to **defer** consideration of the **Urbana Neighborhood Connections Center, Inc.** PY2026 funding request until (*a specific date and/or condition is met.*)



## 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:

<b>Age</b>		
Ages 0-6	-----	38
Ages 7-12	-----	124
Ages 13-18	-----	24
<b>Race</b>		

Black / AA -----	162
Other (incl. Native American, Bi-racial)-	24
<b>Gender</b>	
Male -----	89
Female -----	97
<b>Ethnicity</b>	
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.



## **DECISION MEMORANDUM**

DATE: September 17, 2025  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Additional PY26 Allocation Option

### **Purpose:**

This memorandum presents an additional allocation decision for the Program Year 2026. Earlier in this meeting, the Board was asked whether they would consider the funding request Urbana Neighborhood Connections Center, Inc. submitted in February 2025 and completed with their PY2024 audit. If they chose to review the application, they might now decide whether to fund the request in full or in part.

### **Statutory Authority and PY2026 Allocations:**

The Board exercises its responsibilities and authorities as described in [the Community Mental Health Act, 405 ILCS 20/0.1-13](#). A major responsibility is the planning and funding of a system of services of value to residents who have behavioral health conditions or intellectual/developmental disabilities. Allocations for the Program Year 2026 (July 1, 2025 through June 30, 2026) were made during a public meeting [on May 28, 2025](#).

### **Staff Opinions:**

The complete staff review (“Draft Program Summary”) of this application is presented in this board packet. It includes questions and recommendations for pre-contract actions and special provisions to be addressed during the term of any subsequent contract.



### **Urbana Neighborhood Connections- Community Study Center**

- **Staff note(s):** the request of \$382,180 would be 50% of total program revenue; aligns with Thriving Children, Youth, and Families priority.
- **Required prior to contract:** financial form revisions; identify numeric targets for utilization; clarify relationships across program performance targets, youth outcomes, and assessment processes; as required of all contracts for service provision, a certificate of insurance for PY2026 and a letter of engagement with CPA firm for PY2025 audit.
- **Special provisions, during the contract term:** consult with CLC Coordinator; outcome support through Evaluation Capacity Building project; collaborate with providers of similar services and with efforts of the Champaign County Community Coalition; attend SOFFT/LAN meetings; mid-year progress report to the Board; forward agency board minutes to CCMHB staff at least quarterly.

The Agency's Executive Director has provided several updates since submitting the initial application and since sharing the completed PY2024 audit. The program has been operating and, despite use of other funding, would be able to use the full amount requested of the CCMHB for the purposes described, retroactive to July 1, 2025.

If the Board agrees that the requested annual amount of \$382,180 is justified, and if they choose a start date other than July 1, 2025, the PY2026 contract amount could be reduced proportionately, using a day rate of \$1,047.07 or a monthly rate of \$31,848.33, resulting in such options as:

- \$382,180 for a start date of July 1, 2025, amount and date of the request,
- \$345,532.60 for a start date of August 5, 2025, the date of completion of the PY24 audit,
- \$318,483 for a start date of September 1, 2025, the first full month following the completed audit,
- \$299,461.63 for a start date of September 18, 2025, the first full day after the board decision, or
- \$286,635 for a start date of October 1, 2025, the first full month after board decision.

Several scenarios are possible, and the Board will determine which is in the best interest of Champaign County. Due to cancellation of unrelated



contracts, the request is affordable, but there is benefit to allowing the fund balance to rise to its goal level rather than allocating additional amounts.

If the Board chooses to fund this program, they might also consider whether to offer a one-year or a two-year contract. The contract maximum for the second year of a two-year contract would be \$382,180, if the Board agrees that the request was justified, or a lower amount if adjustments are needed.

### **Possible Actions:**

Motion to approve CCMHB funding of **\$xx** for the period of **xx**, 2025 to June 30, 2026 and **\$xx** for the period of July 1, 2026 to June 30, 2027 (PY2027) for **Urbana Neighborhood Connections- Community Study Center**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement.

*OR*

Motion to deny CCMHB funding for **Urbana Neighborhood Connections- Community Study Center**.



## **BRIEFING MEMORANDUM**

DATE: September 17, 2025  
TO: Champaign County Mental Health Board (CCMHB)  
FROM: Leon Bryson and Kim Bowdry, Associate Directors, and  
Lynn Canfield, Executive Director  
SUBJECT: Draft CCMHB Three Year Plan (2026-2028) with Objectives for 2026

### **Purpose:**

This memorandum introduces the attached DRAFT Champaign County Mental Health Board Three Year Plan for 2026-2028 with Objectives for Fiscal Year 2026. This draft continues the commitment to existing collaborations and to assessed needs and preferences, with room to revise as more preference input is offered, as well as in response to emerging issues.

### **Background:**

From 2018 through June 2025, we collaborated on community health needs assessments and health plans with other public and private entities responsible for such planning. This involved meetings of the executive committee and (open to the public) priority work groups, focus groups, and in-person public hearings. A coordinator organized all activities and reports. The [shared community health needs assessment is linked here](#). Results belong to all partners, but the CCMHB maintained its own three-year and one-year plans, in fulfillment of requirements of the [Illinois Community Mental Health Act](#).

While the topics covered and the resulting plans were not specific to people with behavioral health conditions or I/DD, we learned from concerns of the broad community and found opportunities to advocate for increased inclusion of people with lived experience and their supporters, in the survey process, focus groups, and work groups. The coordinator and executive committee members acknowledged the need for input from people who tend to experience greater barriers and worse health outcomes. Among them are those with mental health or substance use disorders, developmental or other disabilities, members of racial,

ethnic, or gender minority groups, and rural residents. Service provider agencies, many funded by the CCMHB or Champaign County Developmental Disabilities Board (CCDDDB), participated in these workgroups and public hearings to help fill the gaps, and the CCDDDB and CCMHB continued to seek relevant input through study sessions and regular board meetings.

## **Update:**

The MOU for this collaboration ended on June 30, 2025, as the hospitals chose to discontinue involvement. A draft of the new community health plan (IPlan) with findings is under review by the collaborative partners but will be shared with the CCDDDB and CCMHB and public before 2026. The plan identifies behavioral health and violence prevention as priorities, as prior IPlans had, and adds Healthy Behaviors/Wellness and Access to Health Care for the next cycle.

We communicate regularly with the United Way of Champaign County and the Champaign-Urbana Public Health District (CUPHD). The health plan coordinator is now employed by CUPHD to implement the plan and prepare for future processes. He launched the four priority workgroups, which through a recent series of meetings, established strategies to guide their efforts. These discussions connect to our work and informed various items in the attached draft plan.

The draft plan is organized according to the CCMHB Statement of Purposes, also revised, with measurable objectives and tactics for 2026. We met with a strategic planning consultant and reviewed similar plans prior to this reorganization, and we have added items related to the operation of the organization itself.

## **Next Steps:**

The DRAFT Plan will be shared with stakeholders for their feedback. What is learned through that process, this evening's study session, public comment in sessions and meetings, and further input from Board members and staff will shape a final version for approval later in the year.

# Champaign County Mental Health Board

***DRAFT***

## THREE YEAR PLAN

For Fiscal Years 2026 through 2028

(1/1/26 – 12/31/28)

With One Year Objectives and Tactics

for Fiscal Year 2026

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

## **Champaign County Mental Health Board**

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

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

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

### **Mission Statement**

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

### **Statement of Purposes**

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

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

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

# Purpose #1: Planning

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**STRATEGY: Clarify current challenges and opportunities.**

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

- *At least once during 2026, and prior to final draft of PY2028 funding priorities, use County Health Rankings data to compare Champaign County with Illinois and the US.*
- At least twice during 2026, and prior to final draft of PY2028 funding priorities:*
- *Through local collaborations such as the Transition Planning Committee and Health Plan Priority workgroups, identify community-wide barriers and possible solutions.*
  - *Through state and national trade association activities, track changes in and implementation of state and/or federally funded programs as well as legislative activity likely to impact people served or waiting for services.*
  - *Seek input on the larger service systems from funders, state officials, and other experts.*
  - *Track relevant class action cases, such as the Ligas Consent Decree.*
  - *Monitor changes in Medicaid waivers and Managed Care, especially whether service capacity and options are sufficient to meet demand in Champaign County.*

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

*At least twice during 2026:*

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

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

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

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

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

*At least 80% completion by November 1, 2026:*

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

## Purpose #2: Allocation

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

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

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

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

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

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

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



*At least once prior to May 1, 2026:*

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

*At least once prior to November 1, 2026:*

- *Connect program performance measures and outcomes with those personal outcomes people with, MI, SUD, and/or I/DD identify in their individual service plans.*
- *Connect program performance measures and consumer outcomes with preferences as identified by people with MI, SUD, and/or I/DD and shared with the Board.*

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

*At least once prior to May 1, 2026:*

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

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

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

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

## Purpose #3: Access to Resources

**STRATEGY:** *Increase community awareness of available local resources.*

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

*At least once during 2026:*

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

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

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

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

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

- *With 80% completion, attend monthly Mental Health and Developmental Disabilities Agency Council (MHDDAC) meetings and contribute to details on gaps and resources.*
- *At least once during 2026, encourage service providers to participate in existing collaborations with providers of similar or related services, such as the Transition Planning Committee, SOFFT/LAN, Rantoul Service Providers, Continuum of Providers of Services to the Homeless, Champaign County Community Coalition Goal meetings, YAC Steering Committee, CIT Steering Committee, etc.*
- *At least once during 2026, and as gaps are clarified, encourage service providers to develop new collaborations with providers of similar or related services.*

- *At least once during 2026, encourage service providers to participate in community wide resource/awareness events.*

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

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

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

## Purpose #4: System Advocacy

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

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

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

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

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

*At least once during 2026:*

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

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

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

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

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

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

*At least once during 2026:*

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

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

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

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

*At least once during 2026:*

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

## Purpose #5: Evaluation

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

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

*At least 80% completion by November 1, 2026:*

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

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

*At least 80% completion by November 1, 2026:*

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

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

*At least 80% completion by November 1, 2026:*

- *Use Board and public input regarding program results to update allocation priorities and Three-Year Plan one-year objectives/tactics to fill gaps and increase successes.*
- *Compare PY2026 funded program results with results of planning activities described above and propose changes which will strengthen results of PY2028 allocations.*
- *Where advocacy, community awareness, or collaborations outside of the scope of agency allocations will strengthen results, propose relevant Three-Year Plan one-year objectives and tactics for 2027.*

**STRATEGY:** *Contribute to the community's evaluation capacity.*

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

- *At least nine times during 2026, consult with Evaluation Capacity Building (ECB) researchers on progress toward increasing agencies' capacity to evaluate and report on program performance and consumer outcomes.*

- *Prior to 80% of Board meetings during 2026, invite ECB team to provide updates.*
- *At least three times during 2026, encourage funded and non-funded organizations to use the tools developed by the ECB research team (e.g., through Local Funders Group, MHDDAC, or Champaign County Government.)*
- *Before July 1, 2026, identify funded programs to receive intensive support from the ECB.*

### ***STRATEGY: Assessment of the Organization***

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

- *Prior to July 1, 2026, determine a replacement product and provider for the online application and reporting system, to build and test before the PY2028 application cycle.*
- *Prior to November 1, 2026, complete an organizational assessment focused on operations, which may redesign the work to prepare for succession, modernization, etc.*
- *At least once during 2026, and as Board members identify topics for exploration, staff will maintain a list of ‘strategic questions’ to prioritize and respond to one topic at a time, as Board meeting time permits.*
- *At least twice during 2026, communicate with representatives of other Boards established under the Illinois Community Mental Health Act about their responses to revised or longstanding provisions in the statute.*



## **BRIEFING MEMORANDUM**

DATE: September 17, 2025  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director, and Kim Bowdry and  
Leon Bryson, Associate Directors  
SUBJECT: PY2027 Allocation Priorities and Decision Support Criteria

### **Statutory Authority:**

The Illinois [Community Mental Health Act](#) (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB policies. Funds are allocated within the intent of the controlling act, per the laws of the State of Illinois. The Act and [CCMHB Funding Requirements and Guidelines](#) require that the Board annually review the plan and criteria used in the process of contracting for services of value to the community. An approved final version of this memorandum becomes an addendum to Funding Guidelines.

### **Purpose:**

The CCMHB may allocate funds for Program Year 2027 (July 1, 2026 to June 30, 2027), through a process outlined in a publicly available timeline. The first step is review of allocation priorities and decision support criteria the Board will later use to consider proposals for funding to fulfill its responsibilities to the public. This memorandum offers:

- Observations on needs and priorities of residents who have mental illness (MI), substance use disorders (SUD), or intellectual/developmental disabilities (I/DD).
- Impact of state and federal systems and other aspects of the environment.
- Priority categories, of which proposals for funding will respond to at least one.
- Best Value Criteria, Minimal Expectations, and Process Considerations.

This initial draft is based on our understanding of context and best practices, using input from providers, board members, and interested parties. Further feedback will inform revisions, and a final draft will be presented for Board approval prior to the next open application period, potentially toward the end of December.

### **Needs and Priorities of Champaign County Residents:**

#### ***Circumstances Unique to 2025***

The **first** is the culmination of a seven-year partnership with other entities responsible for assessing and planning for Champaign County's health needs. The [2025 Community Health Needs Assessment \(CHNA\)](#) emphasizes social determinants of health and helps

*DRAFT PY2027 Allocation Priorities and Decision Support Criteria*



inform our own plan and priorities. Priorities identified by members of the public, with strategies and solutions developed by workgroups, are:

- **Access to Healthcare** – improve maternal and child health equity, improve access to prevention, primary, dental, and mental health care.
- **Healthy Behaviors** – increase civic engagement, active living, food access, and social connectedness (e.g., between youth and seniors).
- **Behavioral Health** – improve mental health and wellbeing, reduce unnecessary reliance on emergency department care, focus on youth mental health.
- **Violence Prevention** – promote conflict resolution, improve cross-system data sharing, decrease gun violence, and decrease child sexual violence.

The **second** unique circumstance was relocation of the CCMHB office. We reviewed archived files and organized them for better access and preservation. Some were needs assessments, related reports, and plans going back to 1972, when the CCMHB was first funded and when national and state data reports were not readily accessible. The issues of the time are similar to today's: adult mental health, alcoholism, drug abuse, children/adolescents, services to the elderly, financing, I/DD, and telephone services. The focus on children, youth, and seniors continued throughout the years, and certain barriers also endured, such as transportation, waitlists, and low awareness of resources.

The **third** unique circumstance relates to dramatic federal budget and policy changes, some of which have stalled in Congress or been challenged by courts and state governments. Clarity about the operating environment (below) would contribute to impactful allocation decisions. More relevant to needs assessment is that some who already experienced barriers to effective care are facing new or increased threats. The CCMHB has sought additional information from immigrants, refugees, people with I/DD, and LGBTQIA+ individuals. Needs assessments could become more difficult if national research and data are less abundant. Fortunately, we have collected information over the last few years which we hope will serve the PY2027 cycle.

### ***Comparison of Health and Behavioral Health Indicators***

The [2025 County Health Rankings & Roadmaps report](#) provides demographic data for our 205,644 residents. Compared with Illinois, Champaign County has:

- Lower rates of residents under 18, over 64, female, and not proficient in English,
- Similar rates of American Indian/Alaska Native residents and non-Hispanic Black residents, and
- Higher rates of rural residents, children in single-parent households, people with disabilities, and Asian residents.

In measures of population health and well-being, Champaign County ranks slightly better than average for Illinois and better than average for the US. Community conditions are near the averages of each. Champaign County has:

- Higher rates of college education, social associations, mental health providers, and primary care providers per capita,
- Lower rates of uninsured, homicide, firearm or injury or vehicle deaths, children in poverty, teen births, and disconnected youth (i.e., not working or in school),

- Higher rates of infant and child mortality, obesity, mental distress, preventable hospital stays, sexually transmitted infections, alcohol-impaired driving deaths, adult smoking, physical inactivity, severe housing cost burden, childcare cost burden, and income inequality, and
- Lower rates of homeownership, high school graduation, reading and math scores, median household income, and voter turnout.

The 2025 Champaign County CHNA shows that:

- Between 2019 and 2023, racial and ethnic diversity increased.
- Between 2019 and 2023, the percentage of residents aged 65 and up grew by 9.9%, and those aged 35-49 by 3.1%, with decreases in other age groups.
- Most people have internet access at home.
- While the number of households has increased, over 30% are single female head-of-households, historically more likely to experience poverty.
- Compared to the 2022 CHNA, lower rates of respondents indicated feeling depressed, anxious, or stressed, but **over half** still reported feeling each.
- 8% of the population misuses prescription drugs, and 2% use illegal substances.
- Alcohol and other substance use is rated higher for those in unstable housing, and substance use other than alcohol is rated higher for those with lower income.
- Use of emergency departments as primary source of healthcare has increased.
- Violent crime rate is higher than Illinois' average, and suicide rate slightly higher.

A [Kaiser Family Foundation report connects disparate health outcomes](#) across the country to challenges encountered by Hispanic, Black, and Asian people, including stigma, unfair treatment, lack of resource information, few providers who understand their background, and other barriers similar to those noted locally.

[The Centers for Disease Prevention and Control \(CDC\) mental health data webpage](#) offers detail on the use of emergency departments (ED) for behavioral health issues, along with other mental health data.

- Champaign County's rate of trauma and stress related ED visits is lower than national rates, except among **seniors**.
- Champaign County's rate of suicide attempt-related ED visits is higher than the national rate, with use by **females** significantly higher.
- The highest rate is among **youth** (12-17), the second highest 18-24 year olds.
- Since COVID, more **youth** (tenth and twelfth graders) experience depression.

### ***Housing Insecurity***

Champaign County's [annual "point in time" count](#), conducted January 22, 2025, identified 355 individuals (of 262 households) without housing.

- 130 were in transitional housing, 169 in emergency shelter, and 56 unsheltered.
- **21%** were under 18, 11% were 18-24, 14% were 25-34, **22%** 25-44, 17% 45-54, 11% 55-64, and 4% 65 and older.
- **178** were non-Hispanic/Latina/e/o Black, 104 non-Hispanic/Latina/e/o White, 27 were Hispanic/Latina/e/o Black, 22 Hispanic/Latina/e/o only, 12 Multi-Racial, 4

Hispanic/Latina/e/o White, 4 American Indian/Alaska Native/Indigenous, 3 Asian or Asian American, and 1 Middle Eastern/North African.

[United Way of Champaign County's 2023 Community Report](#) identified issues similar to those in the 2025 CHNA, including some which have worsened. In a section on homelessness, the United Way report:

- Stressed the negative impacts on individuals and families,
- Identified a strained service system and lack of affordable housing, and
- Pointed out that shelter and housing were the top need of 211 callers, followed by utilities assistance and behavioral health treatment.

[This review published by Missouri Medicine in 2024](#) reinforces local findings.

- Despite the dehumanizing media focus on the threat posed by people experiencing homelessness, they are more likely to be victims than perpetrators of crime.
- Permanent supportive housing is more cost-effective and leads to better long term health outcomes than involuntary psychiatric treatment or carceral solutions.
- The strongest indicators of homelessness are poverty and housing affordability.
- Due to unequal access to housing and mortgages, people of color face greater risk.

### ***Drug Overdose Fatalities***

According to Champaign Urbana Public Health District (CUPHD), 27 Champaign County residents lost their lives to unintentional drug overdose in 2024.

- Because those who pass away when out of county are not included in this total, the actual is likely 10% higher.
- 14 of the known total were Black, 13 White.
- Stimulant drugs were involved in 17 deaths, opioid 15, non-opioid sedative 3, alcohol (or related) 2, over the counter 2, and psychotropic medication 1.
- Of all overdose deaths, 96% involved opioids or stimulants.
- Of opioid related deaths, illegally made fentanyl was involved in 10, prescription opioids in 5, and heroin in 1.
- 22.2% of deaths involved both opioid and stimulant drugs, 33.3% opioids and no stimulants, and 40.7% stimulants and no opioids.
- 2 deaths involved illegally made fentanyl only, 5 fentanyl and cocaine, 1 fentanyl and methamphetamine, 9 cocaine only, and 1 methamphetamine only.

Of 55 people who passed from drug overdose in the prior year, 2023:

- 43.6% were single,
- 51% were high school graduates,
- 71% were male,
- 61.8% were non-Hispanic White, 32.7% non-Hispanic Black, and 3.6% Hispanic,
- 3.6% were between 15 and 24 years of age, 18.2% 25-34, **21.8%** 35-44, **23.6%** 45-54, **21.8%** 55-64, and 10.9% 65 and older,
- 85.2% were not known to have had a previous overdose,
- For 57.4% a bystander was present; 9.1% performed CPR, and
- An opioid drug was included in cause of death in 89% of cases.

### ***Other Fatalities***

*DRAFT PY2027 Allocation Priorities and Decision Support Criteria*

Champaign County's violent crime rate is higher than that of Illinois, and suicide death rate slightly higher. Youth and young adults are at the greatest risk. From 2021 through 2023, 53 residents' lives were lost to homicide, and 85 to suicide.

- 86.8% who died by homicide and 71.8% by suicide were male.
- In both categories, over 90% were non-military.
- Most deaths occurred in houses and apartments.
- 84.9% of homicide deaths were caused by firearms.
- 37.6% of suicides involved hanging/strangulation, 32.9% firearms, and less than 20% poisoning.
- 88.5% who died by homicide were non-Hispanic Black, and 74.1% by suicide were non-Hispanic White.
- Homicide rates by age group: 3.8% were younger than 14, **37.7%** were between 15 and 24 years old, **41.5%** 25-34, 7.5% 35-44, and 9.4% 45-54.
- Suicide rates by age group: **20%** were between 15 and 24, **25.9%** 25-34, 14% 35-49, 18.8% 45-54, less than 18.8% 55-64, and less than 11.8% 65 and older.

Among those who died by suicide:

- Large majorities did not have a criminal, legal, or physical health problem, chronic pain, job or school crisis, traumatic anniversary, or recent loss of a friend or family member,
- 42% had a known intimate partner problem,
- 25.9% had an alcohol problem, and 42% other SUD,
- 63.5% had a known mental health problem, 19% a depressed mood, and 54% a diagnosis of depression,
- 20% were receiving mental health treatment, and 37.6% had in the past,
- 16.5% had history of suicide attempt, 54% suicidal thought, and 9.4% self-harm,
- Only 21% had disclosed their intent.

[Research shared by the CDC](#) suggests that because many who die by firearm suicide do not access mental health care, primary healthcare could incorporate suicide prevention practices to identify and engage people in supportive services.

### ***Young Children***

The Illinois Birth to Five Council, Region 9 [“Early Childhood Needs Assessment: Focus on Mental & Behavioral Health”](#) report identifies familiar barriers: stigma; transportation; lack of resource information; and lack of culturally and linguistically diverse providers. Recommendations are to: increase awareness of the need for more programs; increase collaboration between programs; partner with county health departments to link people to care; establish navigators to help caregivers understand services, eligibility, and payment; increase educational opportunities, transportation and virtual service options, and awareness of 211; improve support for pregnant people and their families; raise awareness of the need for culturally and linguistically diverse providers, to reach more families with effective care; raise providers' awareness of the need to accept multiple forms of insurance, also to reach more families; create accessible resource guides; and increase collaboration on behalf of international students and immigrants.

Child and Family Connections (CFC) of Central Illinois prepares data for the [CFC #16 Local Interagency Council \(LIC\)](#). Their most recent report shows:

- Champaign County children referred for services in PY25 totaled 627.
- This is higher than in any of the prior four years, also the case for Ford County.
- All but one of the six counties saw higher numbers referred in PY25 than PY24.

Of Champaign County children referred from April through June 2025:

- 34% were younger than 1 year, 36% younger than 2, and 30% younger than 3.
- Most were referred by physicians, then family, then hospitals.
- Whether referrals were to individual providers, agencies, or clinics, speech and developmental therapies were the most prevalent services.

### ***Youth***

The Champaign County Regional Planning Commission (CCRPC) 2024 assessment found that young people were concerned about community violence and sought:

- Information on substance use, social media safety, and emotional regulation,
- Educational support, mentoring, and after school programs,
- Mental health resources, and
- Support for basic needs such as housing and food.

An observation made by participants of the Youth Assessment Center (YAC) Advisory Committee and similar collaborations is that engagement of youth in supportive programs has become more difficult due to family issues.

Although local school participation in the Illinois Youth Survey could be stronger, available data show Champaign County 8<sup>th</sup> graders with greater rates of substance use issues than their peers statewide. As noted earlier, teens here have greater than national rates of emergency department visits related to depression or suicide.

[National data published in August 2025](#) show a need for more psychiatric beds for children and youth. Medicaid recipients experiencing a mental health crisis tend to remain in emergency departments for three or more days prior to hospital care.

[SAMHSA's "Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health"](#) report shows encouraging trends for youth nationally, between 2021 and 2024.

- Suicidal thoughts and behaviors decreased.
- Rates of major depressive episode (MDE) with severe impairment and of co-occurring MDE and SUD decreased.
- Use of alcohol, stimulants, and opioids decreased.

### ***Seniors***

Although not a greater concern in Champaign County than elsewhere, [attention is turning to increasing rates of homelessness among seniors](#). Because factors which drive housing insecurity appear to be worsening, Champaign County's growing senior population may need additional support. Now entering retirement are people born between 1955 and 1965 who entered the job market during recession, which impacted their lifelong earnings.

### Health Management Associates describe behavioral health challenges facing seniors.

Approximately 25% of older Americans have an MI, SUD, or cognitive disorder. Seniors experience greater social isolation, which worsens health and behavioral health outcomes.

Most seniors do not receive adequate care due to:

- Shortage of culturally and linguistically competent providers of specialty care, especially for rural residents,
- Services offered in hard to reach locations,
- Shortage of MI and SUD providers participating in Medicare,
- Discrimination, stigma, and ageism, and
- Lack of awareness about the effectiveness of treatment.

Some services, such as long-term support for people with disabilities or behavioral health care for older people, are met through Medicaid, Medicaid waivers, and Medicare.

Private insurance should also cover many needs. Because specific services and populations were presumed to be adequately funded through these pay sources, they have not been emphasized in CCMHB priorities. In the coming year, there may be new or greater gaps in access and care. Gaps have tended to result from ‘siloed’ regulatory and payment systems, lack of coverage for all effective approaches, difficulty securing and maintaining coverage, and low availability of participating providers. Establishing network adequacy, coverage parity, equity across populations, and other long-term system-wide solutions will require persistent system-level advocacy.

### ***People with I/DD***

Associate Director Bowdry requested Prioritization of Urgency of Need for Services (PUNS) data from the State of Illinois on August 20. She has not received the report.

CCRPC preference data collected during PY2025 are described in draft Champaign County Developmental Disabilities Board (CCDDDB) priorities. People continue to wait for services covered by state Medicaid-waiver funding, with over half waiting longer than five years, despite 63% of them needing services within one year. Survey respondents do seem to take advantage of many community opportunities for employment, volunteering, recreation, socializing, worship, and other engagement. 63% live with their families.

I/DD advocates will share their observations during the September 24 study session.

## **Operating Environment:**

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

Many federal level changes have been proposed or threatened, and few of them settled. Earlier in 2025, social programs people rely on lost funding. At the time of this writing,

*DRAFT PY2027 Allocation Priorities and Decision Support Criteria*



there is not a federal budget for the current year, and the massive cuts described in HR1, the One Big Beautiful Bill Act, are not yet supported by congressional progress toward budgets. These uncertainties create uncertainties at the state level, and service providers are unable to count on continued funding. In addition, 2026 is the final year American Rescue Plan Act (ARPA) funds can be used, so that some newer supports our community has enjoyed will become difficult to sustain.

Although the Substance Abuse and Mental Health Services Administration (SAMHSA) is within US Department of Health and Human Services (HHS) and especially vulnerable to staffing and funding cuts, they plan to add funding for [Youth Recovery Housing Services](#) and [Housing Capacity for Homeless People with Serious Mental Illness](#).

SAMHSA might also continue support for [Certified Community Behavioral Health Clinics \(CCBHCs\)](#). In 2024, Illinois was selected as one of ten states to receive federal support for this model. Providers were selected for the planning phase, including Rosecrance Central Illinois, which has held public hearings and is reorganizing services to align with this input and CCBHC requirements.

Also within HHS, [Centers for Medicare and Medicaid Services \(CMS\)](#) administers programs which are slated for reductions so great that millions of people will lose access to care, counties will lose revenue, and regions will lose hospitals, clinics, and other providers. Also of interest are Medicaid-waiver programs: those approved through subsection [1915c of the Social Security Act](#) pay for home and community based care of the elderly and people with disabilities, to avoid institutional care; and [Section 1115 Demonstrations](#) allow states to test new approaches for improved health outcomes and lower cost. Because CCMHB funding is well-suited for community-based care or innovative models, if these state/federal partnerships fund services which meet Champaign County residents' needs, we will encourage participation and alignment.

The [Illinois' "1115" waiver](#) approved in 2024 included extension of the behavioral health system transformation waiver, addition of services for people who have experienced violence (the first state approved for this), and addition of health-related social needs (i.e., housing support, home-remediation, nutrition counseling, nutrition prescriptions, home-delivered and medically-tailored meals.) With the uncertain future of CMS, it is not clear whether this federal-state partnership will continue as planned.

Last year, the National Association of Counties' (NACo) Commission on Mental Health and Wellbeing identified four categories for policy advocacy:

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

[The final report](#) acknowledged youth and vulnerable populations, equity, and access to services, to be addressed through system advocacy and funding. The task force concluded in 2024, and NACo is shifting to respond to the many federal changes and uncertainties.

National data compared states' recovery from mental health impacts of the global pandemic. According to [a DocVA study](#) analyzing [National Center for Health Statistics data on anxiety and depression](#), Illinois had the greatest decrease in reported symptoms (50.34%) from 2020 to 2024. Strategies included minimizing financial distress and strengthening other social determinants of health/behavioral health.

Early in 2025, Illinois Department of Human Services (IDHS) Division of Mental Health (DMH) and Division of Substance Use Prevention and Recovery (DSUPR) were merged as the Division of Behavioral Health and Recovery (DBHR). Eventually the Division will review and revise rules which have hindered care by treating mental health and substance use disorders separately. In early 2026, they plan to launch an online database to help consumers find and assess the quality of substance use services. Providers, advocates, and people with lived experience will shape the project through phases: building infrastructure; publishing high-level indicators; and developing comprehensive quality measures, including for culturally responsive and trauma-informed care.

Efforts to support Illinois's Children's Behavioral Health Transformation Initiative continue. [The Blueprint for Transformation, published in February 2023](#), recommends some familiar strategies: centralized resource information for families; coordination of services for better transitions and early detection; resource referral technology; regular review of data to improve services; adjustment of the rates paid for services; expanded service capacity; collaboration on program development; universal screening for early detection; information sharing across state agencies; workforce development; and strong community networks which include parent-led organizations. In January of 2025, IDHS launched the [BEACON tool](#), a single point of entry for those seeking state-funded and community-based services for youth. Providers are encouraged to share their details.

[The Statewide Violence Prevention Plan for Illinois, 2025-2029](#) is meant to foster thriving communities and break cycles of violence, including those resulting from unjust policies and economic disinvestment. Funding opportunities will support three goals:

- Prevent violence and promote health and safety through trauma-informed, evidence-based, and comprehensive primary, secondary, and/or tertiary prevention efforts.
- Advance equity by increasing access to grants and other economic opportunities.
- Promote collaboration across state, municipal, and community-based agencies, informed by research and data, sharing of best practices and lessons learned, etc.

In 2025, Illinois enacted much legislation on MI, SUD, I/DD, healthcare, and related:

- Amending the Essential Support Person Act to include CILAs.
- Creating temporary licenses for mental health professionals.
- Requiring that DPH train healthcare providers in use of Practitioner Orders for Life Sustaining Treatment forms.
- Regulating use of artificial intelligence in therapy.
- Revising outpatient commitment law.
- Requiring training for guardians on estates, dementia, Alzheimers, and more.



- Restoring confidentiality of juvenile mental health records.
- Narrowing health insurance admin expenses to be included in medical loss ratios, prohibiting use of prior authorization requirements for outpatient mental health (MH) services, requiring travel expense reimbursement of MH services provided out of network due to network inadequacy.
- Adding physician assistants to the definition of ‘qualified examiner’ in the MHDD code, along with other changes related to autism providers.
- Amending the Early Action on Campus Act by mandating staffing levels.
- Requiring the Department of Financial & Professional Regulation to collect demographic data about behavioral health professionals.
- Diverting those charged with a misdemeanor who may be unfit to stand trial.
- Enhancing DHS’ power to investigate and discipline staff of MH or DD facilities.
- Requiring insurance to cover Alzheimer’s treatments and diagnostic testing.
- Extending the repeal date for out of state commitment law.
- Changing procedures for special education hearings.
- Requiring health insurance companies to provide a health benefit information card including whether regulated by the Dept of Insurance.
- Providing that the person designated in the Health Care Surrogate Act be authorized to consent under the Living Will Act when the individual has a terminal condition.
- Requiring DHS to train hospital staff regarding BEACON for resources for youth in need of MH services; requiring annual MH screening in public schools.
- Creating the Psychiatric Residential Treatment Facilities Act for youth placement.
- Amending CESSA, removing the prohibition on participation of emergency responders in the involuntary commitment process and allowing law enforcement to transport persons to hospitals when necessary; requiring data collection.

More details are presented on [Mental Health America in Illinois’ website](#).

Illinois’ Public Act 104-318 creates a “Fitness to Stand Trial Task Force” to examine statutes and practices around findings of unfitness and the confinement and treatment of people found unfit. Motivation to create the task force is the long waiting list of people waiting in county jails due to a lack of available beds in IDHS inpatient facilities. As of August 19, 2025, the census included 407 civil cases, 395 not guilty by reason of insanity, and 551 unfit to stand trial, with 171 people waiting for inpatient beds (22 out of custody and 149 in jails), 128 referrals not yet assessed, and 101 people waiting longer than 60 days. Of those found unfit to stand trial, 109 are now on outpatient restoration. With 149 waiting in jails, and a majority waiting more than two months, bottlenecks continue to add to the risks and costs associated with incarceration. As in 2024, a lack of supportive housing and community-based care exacerbate the situation.

Because Medicaid does not cover health and behavioral health care for people while in jail, counties have carried the cost. Interruption of treatment can add to [poor outcomes related to incarceration](#). MIEP applies to people staying in jail even before they have been adjudicated. In 2022, [coordinated advocacy to lift this exclusion](#) was successful on behalf of youth awaiting adjudication. In 2024, Illinois received approval to test this

benefit for certain pre-release services for adults 90 days prior to re-entry. This would be tested first in Cook County, not available to Champaign County for some time.

Following the 2022 implementation of national 988 mental health crisis call system, state and local entities focus not only on crisis call/text services but also on building a crisis response continuum. DBHR expects stable funding from SAMHSA and is working with colleagues from California and the Trevor Project to improve LGBTQIA+ youth call support, which Illinois will maintain through emergency procurement. The in-state call answer rate has been consistently high, over 90%, and text capacity is being expanded.

Also enacted in 2022 in Illinois was legislation impacting law enforcement, court services, and behavioral health. The Pretrial Fairness Act, part of [Public Act 101-0652](#), and the [Community Emergency Services and Support Act \(CESSA\)](#) change jail-based supports and crisis response respectively, though implementation of the latter has been delayed. DBHR reports significant progress toward full implementation, so that anyone calling 911 with a mental health crisis will access a non-law enforcement mental health response. Some members of [CESSA Regional Committees](#) have raised concern that the state is not taking advantage of local crisis response innovations and preferences, but most acknowledge that system change takes time.

The Champaign County Board is among governments [determining best uses of opioid settlement funds](#). The [State of Illinois Overdose Action Plan](#) emphasizes social equity, prevention, evidence-based treatment and recovery, harm reduction to avert overdose, and public safety. The County will fund Opioid Use Disorder programs, and [the Division of Behavioral Health and Recovery \(DBHR\)](#) and CCMHB should support other SUD care, as non-opioid drugs also contribute to loss of life and loss of quality of life here.

The Illinois Community Mental Health Act was enacted when the promise of community alternatives to institutional care was new. In the 58 years since, federal and state authorities have not fully invested in that promise, even shifting safety net responsibilities to local governments. Illinois' mental health boards attempt to fill gaps, innovate using local strengths, promote and advocate for better systems, raise community awareness, share resource information, and coordinate across systems and with interested parties.

## **Program Year 2027 CCMHB Priorities:**

*As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The entire service system, which includes resources not funded by the CCMHB, should balance health promotion, prevention, wellness recovery, early intervention, effective treatments, and crisis response. It should ensure equitable access for all community members, across ages, neighborhoods, and racial, ethnic, or gender identities. Because they reflect the community's assessed priorities and align with other efforts, the priority categories used in PY2026 continue, with updates.*

***PRIORITY: Strengthening the Behavioral Health Workforce***

*DRAFT PY2027 Allocation Priorities and Decision Support Criteria*

Provider agency staff, management, and governance are fundamental to reaching other goals. An agency requesting funding aligned with another priority will address some of these issues through its Cultural and Linguistic Competence (CLC) Plan. To recruit and retain qualified professionals might involve system reform and legislative advocacy, community/anti-stigma education, or partnering with other providers and educators, through relevant degree programs or by earlier outreach through secondary education.

To accelerate progress in PY2026, a proposal specific to this priority category might focus on strategies to recruit and retain a high quality, diverse workforce, reducing turnover, burnout, and periods of vacancies. To achieve staffing levels sufficient to meet Champaign County's MI, SUD, or I/DD support needs, a proposal might offer:

- Training or certifications specific to current staff roles, e.g., on emerging service models or technologies, with recognition and payment for completion.
- Assistance directly related to the professions, such as examination, certification, and licensure fees or stipends for continuing education.
- Sign-on bonuses and periodic retention payments with a performance standard.
- Intermittent payments for exceptional performance.
- Increased salaries and wages for those providing direct services.
- Group and individual staff membership in professional associations which respect MI, SUD, or I/DD workforce roles and offer networking/advocacy opportunities.

***PRIORITY: Safety and Crisis Stabilization***

Because responsibility for safety net services is increasingly shifted to local governments, development of a behavioral health crisis response continuum has become the focus of many collaborations. The system must also respond to increased homelessness, poverty, and violence. For people with MI, SUD, or I/DD, appropriate community-based care can improve quality of life and reduce reliance on institutional settings and encounters with law enforcement. Without services to help people move out of crisis, other publicly funded systems are further stressed. Qualified professionals and peer supporters meet people where they are to provide services or connection to resources, including inpatient care when needed. Where the interests of public safety and public health systems are served, co-funding and coordination should amplify efforts and ensure we are not duplicating services or interfering with progress.

Because this is a very dynamic category, with possible funding support from other sources, it is difficult to predict where CCMHB funds will fill a gap or increase impact. Proposals should offer strategies which:

- Improve people's health and facilitate transition to their fullest community life.
- Increase people's use of community-based supports and services and reduce incarceration, hospitalization, length of stay in these settings, intervention by law enforcement, and unnecessary emergency department visits.
- Enhance the crisis response continuum through intensive case management, triage, and assessment to help people secure appropriate treatment.
- Collect and share data across systems, with and on behalf of people impacted by the justice system, hospitalization, or housing instability as a result of MI or SUD.

A proposal might also offer innovative or promising practices in response to specific needs. People reentering the community from incarceration are in a particular crisis, and [desistance](#) offers an alternative to traditional supports. The positive individual outcomes of building social capital are long term.

***PRIORITY: Healing from Violence and Trauma***

People who have been harmed by interpersonal, community, or system violence and people who have experienced a traumatic loss are also in crisis, sometimes triggered by acknowledgement of the injury or the decision to seek support for healing. Treatment should be appropriate to the individual and situation. As Champaign County grows in cultural and linguistic diversity, new treatment responses are needed.

Domestic or gender-based violence, child abuse or neglect, and community violence are the most familiar examples, but people also need support for healing from other types of violence and trauma. In recent years, CCMHB funding has been necessary to fill gaps left by reductions in Victims of Crime Act funding. While the future of federal programs is uncertain, the state of Illinois attempts to respond. Efforts to disrupt cycles of violence, promote healing, and reduce harm are of interest to other local governments, funders, and service providers, so that coordination will have the most positive impact.

Proposed programs should improve people's health and well-being, respond to the crisis when the person is ready, and reduce associated stigma and isolation. To support healing from many types of violence and trauma, programs might:

- Amplify state and federal programs to meet increased needs and strengthen the systems of care.
- Serve those who are not covered by another pay source, using evidence-based or promising approaches of equal or higher quality.
- Assist children and their families and other survivors with staying connected to others, especially given the harmful impacts of social isolation.
- Promote acquisition of conflict resolution skills to further disrupt cycles.

***PRIORITY: Access and Care***

Access to services can be hindered by difficult-to-navigate systems of information and benefits, low provider capacity, long waitlists, stigma, limited language options, lack of transportation or childcare, and low financial ability. There are gaps in care for people who do not have health care coverage, or whose coverage does not include all of the needed supports and services. CCMHB funding may fill gaps or test promising approaches. Co-funding by other entities which also prioritize improved access and care adds value and ensures we are not duplicating or interfering with similar efforts.

Proposed programs might:

- Connect people to core behavioral health services billable to other payers.
- Provide core behavioral health services to those with no coverage.
- Assist people with enrolling in benefits/insurance and navigating the systems.
- Offer other resources to strengthen social determinants of behavioral health, social capital and connections, literacy, language services, and transportation.

- Leverage peer support/mentoring to manage ‘problems in living.’
- Foster creativity, sharing of creative efforts, or stress reduction through physical activity, music, and similar antidotes.
- Offer wellness and recovery approaches not otherwise available.

[SAMHSA’s National Model Standards for Peer Support Certification](#) cover authenticity and lived experience, training, examinations, formal education, supervised work experience, background checks, recovery, access for all, ethics, costs, and peer supervision. This guidance will also help peer-led organizations without certification.

***PRIORITY: Thriving Children, Youth, and Families***

Aligned with the System of Care principles, strength-based, coordinated, family-driven, youth-guided, person-centered, trauma-informed, and culturally responsive supports and services allow youth and their families to thrive. Champaign County's young population faces poverty, housing instability, and multi-system involvement. Children and youth have been harmed by social isolation and community violence. The Champaign County Community Coalition and similar collaborations seek to improve access, care, resources, and outcomes for children, youth, and families. Because services may be funded by other entities which also prioritize the well-being of children and youth, CCMHB funding should help sustain effective programs while not duplicating or impeding other efforts.

Proposed programs should not criminalize behavioral or developmental issues. For young people with serious emotional disturbance (SED), serious mental illness (SMI), or SUD, programs should reduce the negative impacts of any juvenile justice or child welfare system involvement and increase positive engagement and connection to resources. An application might expand on successes or address gaps and barriers to offer:

- Year-round opportunities for children across the county, of any age and gender, to maximize social/emotional success and keep them excited about learning.
- Peer support, mentoring, and advocacy which centers youth and families.
- Specific mental health supports for youth in farming communities or of another special population.
- Social-emotional support based on individual preferences.
- Prevention education, conflict resolution training, and other efforts to reduce the negative impacts of community (and other) violence on young people.

The CCMHB has funded programs for very young children and their families, including perinatal support, early identification, prevention, and treatment. Many providers participate in a Home Visiting Consortium with a “no wrong door” approach for these children and families, using self-directed, strengths-based planning and attention to Adverse Childhood Experiences and trauma-informed care. Programs serving children who have a developmental delay, disability, or risk might align with the final priority.

***PRIORITY: Collaboration with the CCDDb: Young Children and their Families***

The Intergovernmental Agreement with the CCDDb requires integrated planning of I/DD allocations and a CCMHB set-aside, which is increased (or decreased) each year by the percentage change in property tax levy extension.

The commitment to young children and their families continues for PY2027, with a focus on children's social-emotional and developmental needs, for which early treatment is especially effective, as well as support for and from their families. Services not covered by Early Intervention or under the School Code might include:

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

Another collaboration of the Boards is through the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. The CCMHB might also transfer a portion of their dedicated I/DD funding to the CCDDDB or IDD Special Initiatives funds to support contracts for DD services.

## **Criteria for Best Value:**

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

### ***Budget and Program Connectedness - What is the Board Buying?***

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

Building on the minimal expectation to show that other funding is not available or has been maximized, an applicant should use text space in the Budget Narrative to describe efforts to secure other funding. If its services are billable to other payers, the applicant should attest they will not use CCMHB funds to supplement them. Activities not billable to other payers may be identified for the proposal. While CCMHB funds should not supplant other systems, programs should maximize resources for long-term sustainability.

### ***Participant Outcomes – Are People's Lives Improved?***

A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways does the program improve people's lives and how will we know? For each defined outcome, the application will identify a

measurable target, timeframe, assessment tool, and process. Applicants may access [data workshop materials](#) or view [short videos or ‘microlearnings’](#) related to outcomes. A [logic model toolkit](#) is also available, compiling information on measures appropriate to various services and populations. Evaluation capacity building researchers developed the linked materials and offer innovations such as ‘storytelling’ to communicate the impact of services, especially those with a high degree of individualization. Proposals will also describe how people learn about and access the program and will estimate numbers of people served, service contacts, community service events, and other measure.

### ***Personal Agency - Do People Have a Say in Services?***

Proposals should describe how an individual contributes to their service plan and should connect program activities to what the person indicates they want and need. Meaningful outcomes develop through a person’s involvement in their own service plan. Self-directed planning centers people’s communication styles and networks of support, promotes choice, and presumes competence. Each person should have the opportunity to inform and lead their service plan. Plans should be responsive to the individual’s preferences, values, and aspirations and should leverage their talents. This may involve building social capital, connections to community for work, play, learning, and more. [The Council on Quality and Leadership capstone "Increasing the Social Capital of People with Disabilities"](#) offers context. [This 2014 article reviews studies that](#) show family and community social capital improves behavioral health outcomes for children and youth.

Proposals should also describe how people with relevant lived experience are contributing to the development and operation of the program itself. How does their knowledge shape the program?

### ***Engaging the Whole Community – Does Everyone Have Access?***

An organization applying for funding will design a Cultural and Linguistic Competence Plan, based on National Culturally and Linguistically Appropriate Services Standards. The principal standard is “*Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.*”

Each application should describe strategies specific to the proposed program, to improve engagement and outcomes for people from historically under-invested groups, as identified in the [2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity](#). These community members, rural residents, and people with limited English language proficiency should have access to supports and services which meet their needs.

### ***Promoting Inclusion and Reducing Stigma***

Stigma may be the most difficult barrier to change. Dehumanization keeps people from participating fully and achieving economic self-sufficiency, safety, and confidence. It is likely a driver of insufficient investment in community-based supports and services. Stigma limits a community’s potential and isolates people, especially those who have been excluded due to disability, behavioral health concern, or racial, ethnic, or gender identity. Programs should increase community inclusion, including in digital spaces.



People thrive when they have a sense of belonging and purpose, and they are also safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social networks. Community engagement builds empathy and group identity, reduces stress, and even reduces stigma.

The CCMHB has an interest in community awareness, inclusion, and challenging negative attitudes and discriminatory practices. This aligns with standards established by federal Home and Community Based Services, the Workforce Innovation and Opportunity, and the Americans with Disabilities Act. Proposals should describe how a program will increase inclusion and social connectedness of the people to be served.

### ***Technology Access and Use***

Applications should outline virtual service options which will reduce any disruptions of care or impacts of social isolation. Telehealth and remote services can also overcome transportation barriers, save time, and improve access to other resources.

Programs may also build on existing successes or reduce the need for in-person staff by helping people access technology and virtual platforms and gain confidence in their use. Technology access and training for staff may also expand the program's impact.

### ***Unique Features***

Especially due to the unique strengths and resources of Champaign County, a program might offer a unique service approach, staff qualifications, or funding mix. Proposals will describe features which will help serve program participants most effectively.

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

## **Expectations for Minimal Responsiveness:**

Applications which do not meet these expectations will not be considered. Organizations register and apply at <http://ccmhddbrds.org>, using instructions posted there. Accessible documents and technical assistance are available upon request through CCMHB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration. For applicants previously registered, continued eligibility is determined by compliance with contract terms and Funding Requirements.
2. Applicant is prepared to demonstrate **capacity for financial clarity**, especially if answering 'no' to a question in the eligibility questionnaire OR if the recent



- independent audit, financial review, or compilation report had negative findings. Unless provided under CCMHB contract, applicant should submit the most recent audit, review, or compilation, or, in the absence of one, an audited balance sheet.
3. All application forms must be complete and **submitted by the deadline**.
  4. Proposed services and supports must relate to MI, SUD, or I/DD. **How will they improve the quality of life for persons with MI, SUD, or I/DD?**
  5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.
  6. Application must demonstrate **coordination with providers** of similar or related services and reference interagency agreements. Optional: interagency referral process to expand impact, respect client choice, and reduce risk of overservice.

## Process Considerations:

The CCMHB uses an online system at <https://ccmhddbrds.org> for applications for funding. On the public page of the application site are downloadable documents describing the Board's goals, objectives, funding requirements, application instructions, and more. Applicants complete a one-time registration before accessing the online forms.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCMHB may also set aside funding to support RFPs with prescriptive specifications to address the priorities.

### *Caveats and Application Process Requirements*

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

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

**Kim Bowdry,**  
**Associate Director for Intellectual & Developmental Disabilities**  
**Staff Report – August and September 2025**

**CCDDB/CCMHB/IDDSI**: PY2025 4<sup>th</sup> Quarter reports and year-end Performance Measure Outcome reports were due August 29, 2025. Stephanie Howard-Gallo emailed a due date reminder to agency representatives on August 8, 2025. 4<sup>th</sup> Quarter Program Reports and PY2025 Service Data Charts are included in the CCDDB Packet for review.

PY2025 Service Data Charts for CCDDB and CCMHB I/DD funded programs were created using the claims data entered in the system by agency staff. I am reviewing and documenting the information provided in the reports. The information provided in the 4<sup>th</sup> Quarter Program Reports was added to the CCDDB and CCMHB I/DD funded program Performance Data Charts. Full year results were included on each 4<sup>th</sup> Quarter Program Report.

PACE did not submit their reports by the deadline and did not submit an Extension Request. PACE completed their 4<sup>th</sup> Quarter reports on September 3, 2025.

I supported several agencies with their 4<sup>th</sup> Quarter reports and their 4<sup>th</sup> Quarter claims uploads in the Online System.

PY2025 Performance Outcome Reports were also due on August 29, 2025. I am in the process of reviewing each POR. The PORs will be compiled and posted at <https://ccmhddbrds.org>.

I am using data from the PY2025 reports, to create the ‘Utilization Summaries for PY2025 CCDDB and CCMHB I/DD Programs’ document. This document is in progress and will be included in the CCDDB Packet for October 2025.

I contributed to the PY2027 Allocation Priorities and Decision Support Criteria for the CCMHB and the CCDDB. I also contributed to the Draft Three Year Plans for Fiscal Years 2026 through 2028 for the CCMHB and the CCDDB.

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

The CCDDDB/CCMHB offices moved into the Scott M. Bennett Administrative Center on August 5, 2025. I spent a few days unpacking and organizing and have now settled in nicely.

I participated in a meeting with Christopher Wimbush, Wimbush Consulting. Mr. Wimbush provided us with guidance for the Three-Year Plans.

I coordinated the Advocates Presentation for the Joint Study Session scheduled for September 24, 2025, at 5:45 pm.

**Contract Amendments:** N/A

**Learning Opportunities:** The ‘Quarterly Reports’ training will be held via Zoom on October 7, 2025. Karen Simms will be presenting on October 30, 2025, at Champaign Public Library. Registration links will be sent soon.

**DISABILITY Resource Expo:** The 2025 Disability Resource Expo is scheduled for October 18, 2025, at Market Place Mall. I participated in an Expo Steering Committee meeting on August 29, 2025. The Expo Steering Committee will meet again in early October. The Expo is currently seeking volunteers, you can sign up [here](#) if you’re interested in volunteering.

The Expo continues to be present at local resource fairs and community events, including a Housing Authority Resource and Job Fair scheduled for September 12, 2025, the Black Mental Health and Wellness Conference scheduled for September 20, 2025 at Parkland College, the Down Syndrome Network’s 21<sup>st</sup> Annual Buddy Walk scheduled for October 4, 2025, held at the Champaign County Fairgrounds, the Beyond Borders: Global Mental Health Research and Services Conference Resource Fair scheduled for October 10, 2025 at the I-Hotel Conference Center. The Expo will also be present at Pride Fest, hosted by Uniting Pride, on October 25, 2025.

I made multiple trips to the Expo Storage facility to gather information for subcommittee chairs.

**MHDDAC:** The Mental Health and Developmental Disabilities Agency Council resumed meetings in August. During the August meeting, Regina Crider and Louisa Silverman from Chapin Hall presented about BEACON (Behavioral Health Care and Ongoing Navigation). BEACON creates a single-entry point where anyone helping a child or family find services can find out what state-funded and community-based

services a youth may be eligible for and how to connect with them. Please visit the [BEACON website](#) for more information. Ms. Crider and Ms. Silverman also shared information about the In-Home Behavioral Support Program. Flyers for both programs are attached to this document.

**ACMHAI:** I chaired the September I/DD Committee meeting. Sharon Costabile, Engage IL presented to the I/DD Committee about the mission and efforts of Engage IL. The next I/DD Committee meeting will be held in November.

I attended the August and September Executive Committee meetings. I also participated in the August Membership Meeting and provided a written report for the I/DD Committee.

**NACBHDD:** I participated in the September I/DD Committee meeting. I participated in a CQL webinar, 'Leveraging Social Capital to Improve Quality of Life,' hosted by NACBHDD.

**Human Services Council (HSC):** Evan Alvarez, Family Service presented on the Senior Resource Center's programs at Family Service during the August HSC meeting. Angie Bertauski-Pierce, Cunningham Children's Home presented on services offered by Cunningham Children's Home. During the September HSC meeting, Mary Griffith, Independent Living Specialist – PACE presented on the services offered at PACE. Ms. Griffith also shared information regarding PACE's new program, Safe Housing Initiative. Maxine Arnush, Executive Director - Avicenna Community Health Center also presented on the services offered by Avicenna Health. Other local providers shared agency updates during the September meeting as well.

**Champaign County Transition Planning Committee (TPC):** I participated in the September TPC meeting. The meeting was held at Douglass Library. Sarah Love and Allison Haines from MTD provided a presentation on the DASH Pass Process and MTD's Paratransit Services.

**Champaign County Local Inter-Agency Council (LIC):** I attended the LIC meeting on September 22, 2025.

**Other:** I also participated in several webinars.

# BEACON

*Find Behavioral and Mental Health Resources for Your Child*

## Is your child struggling with mental or behavioral health challenges?

Start using BEACON today – the new platform from the State of Illinois designed to simplify how Illinois families connect with the behavioral and mental health services they need.



## Use BEACON to:



Find mental and behavioral health services near you



Request personalized help to understand the right next steps for your child



Upload important documents related to your child's mental and behavioral health

### Access the portal:

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



### Find FAQs, instructional videos, & updates:

<https://www.dhs.state.il.us>





# IN-HOME BEHAVIORAL SUPPORT PROGRAM

This program will provide in-home help for youth ages 11-17 who have autism as well as emotional challenges, mental health conditions, or other behavioral health needs.

The program is for youth who are leaving a hospital or psychiatric facility, at risk of needing to go to one, and/or need extra one-on-one help at home.

## The services include:

- Helping your child practice new skills
- Guiding your child when needed and helping them calm down
- Supporting your child in coping with their emotions
- Working with other support services your child is already receiving, like therapy
- Helping understand emotions and learn about how kids develop
- Practicing how to interact with friends and family
- Assisting your child in practicing new skills through fun activities like role-playing
- Encouraging and celebrating your child's progress and successes

## Program details:

- **When and Where:** Services will be offered at times that are best for you and your family—before school, after school, in the evenings, or on weekends. They can happen at your home, and can be done in person, by phone, or by video
- **How Often:** At least 2 hours each week, based on your family's needs and what the treatment plan suggests
- **How Long:** Services will last for about 6 months, but some families may need more or less time, depending on what they need

## Some of the challenges youth using this program may face include:

- Frequent hospital visits or stays
- Trouble staying in residential settings
- Difficulty staying calm during transition times
- Behavioral outbursts
- Difficulty maintaining support from friends or family members
- Concerns about the youth's safety or the safety of other children in the home

## Responsibilities for Parents and Caregivers:

- Keep track of the scheduled appointments with the Behavioral Support Worker
- Know that the Behavioral Support Worker cannot provide transportation
- Be at home during the appointments and stay home while the worker meets with your child
- Share information about any treatments or behavior strategies your child is already getting
- Help the worker understand what your child likes, dislikes, and what might cause certain behaviors, as well as how mental health is talked about in your family
- Provide a location in the home where the worker can meet with your child
- Tell your child who the Behavioral Support Worker is and explain what they will be doing together
- Meet with the worker after each session to talk about how it went and how to keep supporting the skills your child is learning
- Work with the worker to make a safety plan

Interested? Reach out to  
[dhs.dbhr.beacon@illinois.gov](mailto:dhs.dbhr.beacon@illinois.gov)



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

### **Staff Report-September 2025**

The deadline for submitting PY25 4th Quarter Program Service Activity, CLC Progress Plan, and Annual Performance Measure Reports was August 29th. Ms. Stephanie Howard-Gallo emailed agencies to remind them of the deadline and request extensions. A few agencies used the request to extend the deadline for their reports. Courage Connection is the only agency that is missing a Program Activity report while they wait for data from the state. I analyzed and compiled agency Program Activity/Consumer Service reports to create a full report on utilization, zip code, and consumer demographics, which is included in the board packet.

During parts of August and September, I worked alongside Ms. Canfield and Ms. Bowdry on the MHB Three Year Plan draft and PY2027 Allocation Priorities and Decision Support Criteria draft memorandum, which are included in this board packet.

**ACMHAI Committee:** In August, I attended the virtual ACMHAI Best Practice Training and Business meeting.

**CCMHDDAC Meeting:** Committee members provided updates in July and August, with Ms. Regina Crider discussing the BEACON System on August 26. The BEACON Care Portal is a single resource for Illinois' youth and families seeking mental health care. Within BEACON, parents can sign a consent form that allows their information to be shared with interagency professionals who are now collaborating to provide families with the assistance they require. After answering a series of questions, parents receive a list of state-based and community-based options. They can also contact a Resource Coordinator from the Division of Mental Health within 24 hours.

**CIT Steering Committee:** The August meeting was held in the Bennett Administration Center. Agency members provided updates. The next meeting is scheduled for Wednesday, October 1<sup>st</sup> at 10am in the Bennett Building.

**Evaluation Capacity Committee Team:** I attended and participated in monthly meetings with the Evaluation Capacity project staff. The Evaluation Capacity team provides technical assistance to PACE and Promise Healthcare, and now Champaign County Christian Health Care Center. They are also in the process of setting up office hours to provide technical assistance to agencies and designing two micro-learning modules, which will be completed prior to the September workshop.

**EXPO Steering Committee:** The coordinators will set up Expo tables at other events, including C-U Days, the County Fair, and the Buddy Walk. The coordinators provided a sponsorship report, including who has already committed and who is a potential donor who has previously given but has yet to be asked or followed up with. Also, the committee is planning for the upcoming Expo, which includes discussions about logistics, volunteer coordination, accessibility needs, safety concerns and interpreter arrangements for the event. The sixteenth annual Disability Resource Expo will be held at Market Place Mall on October 18th, from 11 a.m. to 4 p.m.



**IPlan Behavioral Health Workgroup:** On July 14th and 17th, I attended and participated in workgroups for Violence Prevention and CC Healthy Behaviors and Wellness at the Champaign Public Library. I have been asked to join in the second iteration of Mobilizing Action through Partnerships (MAPP 2.0). Community input is required at all stages of this method, including the community context assessment. The CCA is a qualitative data assessment tool that uses the ideas, expertise, and views of those who are directly affected by social systems to improve their efficacy. All three meetings will take place at the Champaign Public Library.

**Rantoul Service Provider's Meeting:** In the July and August meetings, members provided agency updates and community events. The next meeting is scheduled for September 22<sup>nd</sup>.

**Youth Assessment Center Advisory Committee:** There will be no Youth Advisory Committee meeting in September due to a shift in operations and hiring new staff.

**Other Activities:**

- Ms. Canfield and I are in the preparation stages for the October 29th study session, which will focus on the needs and concerns of the immigrant and refugee communities. We will have ongoing meetings with agency representatives, and possibly local immigrants and refugees, to discuss what is working and what needs to be done to bring about change.
- Ms. Canfield, Ms. Summerville, and I planned the August 20<sup>th</sup> study session on the needs and concerns of members of the LGBTQIA+ community. We developed an LGBTQ+ Community Survey, which received more than 90 responses. HITNHOMEBOY (CCMHB non-funded), Uniting Pride, GCAP, and RACES were the four agency presenters on the study session panel.
- On August 11th, Ms. Canfield, Ms. Bowdry, and I met Mr. Christopher Wimbush of Wimbush Consulting for a consultation.
- August 4<sup>th</sup>, I participated in the Cunningham Children's Home Virtual Strategic Plan.
- July 30<sup>th</sup>, I attended Trust for America's Health (TFAH) for a national webinar and congressional briefing on the recently released report, Pain in the Nation 2025: The Epidemics of Alcohol, Drug, and Suicide Deaths.

## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – September 2025 Board Meeting**

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

##### **4<sup>th</sup> Quarter Reporting:**

4th quarter financial and program reporting was due at the end of August, giving the agencies an extra month to report. I sent them a reminder of the upcoming deadline on August 8<sup>th</sup>, along with the form to submit if they needed an extension.

The Children's Advocacy Center, Courage Connection, Christian Health Center, GCAP, and Promise Healthcare (all CCMHB funded) requested an extension.

PACE (CCDDB funded) did not submit reports by the due date and did not request an extension. They received a letter of suspension. All reports were submitted by September 3<sup>rd</sup>.

##### **Freedom of Information Act (FOIA):**

I responded to a FOIA request for the CCMHB regarding information on Drug Court.

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

I attended a steering committee meeting in August. I am contacting AIR artists to see if they are interested in participating in the 2025 disABILITY Resource Expo on October 18, 2025 at Marketplace Mall. So far, 6 artists/groups have signed on.

##### **Other:**

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

- Much of July and August was spent preparing and moving to the Scott M. Bennett Administrative Center.
- I assisted in providing Board orientation materials to new CCMHB member, Alejandro Gomez.

**September 2025**  
**Staff Report- Shandra Summerville**  
**Cultural and Linguistic Competence Coordinator**

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

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

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

## **National Enhanced CLAS Standards for Health and Healthcare Reading Materials**

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

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

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

### **Agency Monitoring:**

Promise Health Care- CLC Planning Meeting and scheduled training for September 9, 2025

Children's Advocacy Center- Meeting with the New Executive Director, Dr. Lisa Liggins

Reviewed CLC 4<sup>th</sup> Quarter for PY25- Will provide a full report next month

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

### **Disability Resource Expo**

Met with Volunteer Coordination Committee

Volunteer Sign-up and Recruitment is happening for Disability Expo

Attended Expo Steering Committee Meeting -August 29

### **ACMHAI:**

Attended the Summer ACMHAI Meeting August 7-8th

Attended Cultural and Linguistic Competence Webinar

Attended Executive Committee Meeting -September 3

Children's Behavioral Health Committee Meeting -September 25

### **Human Services Council –**

Attended the Meeting September 7

### **Champaign County I -plan Meetings:**

Behavioral Health Committee- September 3

- Community Strengths and Assets-Monday 9/8/2025 from 1-2:30pm
- Forces of Change Thursday 9/11/2025 from 9:30

**FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD****COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 08**

	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>2025</b>
	<b>2024</b>	<b>2025</b>	<b>ANNUAL</b>
	<b>- AUG</b>	<b>- AUG</b>	<b>BUDGET</b>
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	3,171,804.05	2,839,807.51	5,449,496.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	268.59	370.21	4,000.00
06 MOBILE HOME TAX	2,910.73	0.00	3,000.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>3,174,983.37</b>	<b>2,840,177.72</b>	<b>5,458,496.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	65,548.63	2,583.78	44,840.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>65,548.63</b>	<b>2,583.78</b>	<b>44,840.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
02 OTHER MISCELLANEOUS REVENUE	0.00	0.00	5,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>5,000.00</b>
<b>TOTAL REVENUES</b>	<b>3,240,532.00</b>	<b>2,842,761.50</b>	<b>5,508,336.00</b>
<b>EXPENDITURES</b>			
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	283,576.00	297,400.00	446,102.00
07 INSURANCE (NON-PAYROLL)	4,333.00	4,333.00	4,333.00
25 CONTRIBUTIONS & GRANTS	2,959,970.00	3,353,797.00	5,067,901.00
<b>5020 SERVICES TOTAL</b>	<b>3,247,879.00</b>	<b>3,655,530.00</b>	<b>5,518,336.00</b>
<b>TOTAL EXPENDITURES</b>	<b>3,247,879.00</b>	<b>3,655,530.00</b>	<b>5,518,336.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>6001 OTHER FINANCING SOURCES</b>			
01 TRANSFERS IN	0.00	0.00	10,000.00
<b>6001 OTHER FINANCING SOURCES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>10,000.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>0.00</b>	<b>0.00</b>	<b>10,000.00</b>



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

**COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 08**

	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>2025</u>
	<u>2024</u>	<u>2025</u>	<u>ANNUAL</u>
	- AUG	- AUG	BUDGET
<b>NET CHANGE IN FUND BALANCE</b>	<b>7,347.00</b>	<b>812,768.50</b>	<b>0.00</b>



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

**COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 08**

	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>2025</b>
	<b>2024</b>	<b>2025</b>	<b>ANNUAL</b>
	<b>- AUG</b>	<b>- AUG</b>	<b>BUDGET</b>
<b>REVENUES</b>			
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	16,536.92	326.94	6,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>16,536.92</b>	<b>326.94</b>	<b>6,000.00</b>
<b>TOTAL REVENUES</b>			
	<b>16,536.92</b>	<b>326.94</b>	<b>6,000.00</b>
<b>EXPENDITURES</b>			
<b>5010 COMMODITIES</b>			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
<b>5010 COMMODITIES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>5,063.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	0.00	0.00	1,000.00
25 CONTRIBUTIONS & GRANTS	181,674.00	135,352.00	233,000.00
<b>5020 SERVICES TOTAL</b>	<b>181,674.00</b>	<b>135,352.00</b>	<b>234,000.00</b>
<b>TOTAL EXPENDITURES</b>			
	<b>181,674.00</b>	<b>135,352.00</b>	<b>239,063.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>165,137.08</b>	<b>135,025.06</b>	<b>233,063.00</b>



**FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD****COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 08**

	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>2025</b>
	<b>2024</b>	<b>2025</b>	<b>ANNUAL</b>
	<b>- AUG</b>	<b>- AUG</b>	<b>BUDGET</b>
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	3,861,323.16	3,457,955.84	6,634,170.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	326.98	450.80	2,000.00
06 MOBILE HOME TAX	3,543.48	0.00	4,200.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>3,865,193.62</b>	<b>3,458,406.64</b>	<b>6,642,370.00</b>
<b>4004 INTERGOVERNMENTAL REVENUE</b>			
76 OTHER INTERGOVERNMENTAL	283,576.00	297,400.00	446,102.00
<b>4004 INTERGOVERNMENTAL REVENUE TOTAL</b>	<b>283,576.00</b>	<b>297,400.00</b>	<b>446,102.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	61,994.62	2,449.39	56,270.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>61,994.62</b>	<b>2,449.39</b>	<b>56,270.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
01 GIFTS AND DONATIONS	575.00	1,050.00	1,000.00
02 OTHER MISCELLANEOUS REVENUE	12,451.78	28,724.00	23,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>13,026.78</b>	<b>29,774.00</b>	<b>24,000.00</b>
<b>TOTAL REVENUES</b>	<b>4,223,791.02</b>	<b>3,788,030.03</b>	<b>7,168,742.00</b>
<b>EXPENDITURES</b>			
<b>5001 SALARIES AND WAGES</b>			
02 APPOINTED OFFICIAL SALARY	72,410.14	71,558.08	116,282.00
03 REGULAR FULL-TIME EMPLOYEES	245,348.48	239,829.03	409,062.00
05 TEMPORARY STAFF	0.00	0.00	1,000.00
08 OVERTIME	0.00	0.00	500.00
<b>5001 SALARIES AND WAGES TOTAL</b>	<b>317,758.62</b>	<b>311,387.11</b>	<b>526,844.00</b>
<b>5003 FRINGE BENEFITS</b>			
01 SOCIAL SECURITY-EMPLOYER	23,208.84	24,014.58	40,189.00
02 IMRF - EMPLOYER COST	8,221.71	10,296.47	14,237.00
04 WORKERS' COMPENSATION INSURANC	1,203.63	1,475.93	2,101.00

**FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD****COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 08**

	ACTUAL 2024 - AUG	ACTUAL 2025 - AUG	2025 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,899.88	2,110.59	1,739.00
06 EE HEALTH/LIFE	30,957.72	33,582.16	106,877.00
<b>5003 FRINGE BENEFITS TOTAL</b>	<b>65,491.78</b>	<b>71,479.73</b>	<b>165,143.00</b>
<b>5010 COMMODITIES</b>			
01 STATIONERY AND PRINTING	696.91	791.71	4,000.00
02 OFFICE SUPPLIES	1,438.55	2,283.71	4,000.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	410.56	572.15	2,000.00
05 FOOD NON-TRAVEL	941.52	1,059.24	1,500.00
12 UNIFORMS/CLOTHING	0.00	0.00	1,000.00
13 DIETARY NON-FOOD SUPPLIES	98.05	109.93	250.00
17 EQUIPMENT LESS THAN \$5000	2,177.25	1,253.58	7,500.00
19 OPERATIONAL SUPPLIES	2,109.40	0.00	3,000.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
<b>5010 COMMODITIES TOTAL</b>	<b>7,872.24</b>	<b>6,070.32</b>	<b>23,835.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	126,987.20	133,998.72	193,000.00
02 OUTSIDE SERVICES	5,554.93	6,188.25	10,000.00
03 TRAVEL COSTS	2,383.43	3,612.95	9,000.00
04 CONFERENCES AND TRAINING	0.00	530.00	4,000.00
05 TRAINING PROGRAMS	0.00	0.00	10,000.00
07 INSURANCE (non-payroll)	5,285.00	5,285.00	20,000.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	200.00
13 RENT	19,145.55	19,695.74	37,500.00
14 FINANCE CHARGES AND BANK FEES	2.17	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	15.20	0.00	12,000.00
21 DUES, LICENSE & MEMBERSHIP	16,069.99	16,969.99	20,000.00
22 OPERATIONAL SERVICES	1,987.02	1,843.55	5,000.00
24 PUBLIC RELATIONS	15,100.00	0.00	20,000.00
25 CONTRIBUTIONS & GRANTS	4,027,523.00	3,637,572.00	6,080,090.00
37 REPAIR & MAINT - BUILDING	0.00	0.00	100.00
45 ATTORNEY/LEGAL SERVICES	0.00	0.00	2,500.00
46 EQUIP LEASE/EQUIP RENT	1,393.42	1,393.42	2,500.00
47 SOFTWARE LICENSE & SAAS	10,640.80	10,915.17	14,000.00
48 PHONE/INTERNET	1,870.91	1,430.27	3,000.00
<b>5020 SERVICES TOTAL</b>	<b>4,233,958.62</b>	<b>3,839,435.06</b>	<b>6,442,920.00</b>



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

**COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 08**

	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>2025</u>
	<u>2024</u>	<u>2025</u>	<u>ANNUAL</u>
	- AUG	- AUG	BUDGET
<b>TOTAL EXPENDITURES</b>	<b>4,625,081.26</b>	<b>4,228,372.22</b>	<b>7,158,742.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>7001 OTHER FINANCING USES</b>			
01 TRANSFERS OUT	0.00	0.00	-10,000.00
<b>7001 OTHER FINANCING USES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>-10,000.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>0.00</b>	<b>0.00</b>	<b>-10,000.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>401,290.24</b>	<b>440,342.19</b>	<b>0.00</b>

# Champaign County, IL



## PROJECT BUDGET REPORT

FOR 01/01/2025 - 12/31/2025

Original Budget	Net Budget Amendments	Revised Budget	Requisitions	Encumbrances	Actuals	Available Budget	Percent Used
Project: DisExpo - disability Resource Expo							
E DisExpo	-COMM -OPER SUPP -	Supplies					
	0.00	2,500.00	0.00	0.00	19.89	2,480.11	0.80%
E DisExpo	-COMM -STA PRINT -	Print					
	0.00	5,000.00	0.00	0.00	791.71	4,208.29	15.83%
E DisExpo	-COMM -Uniform -	Clothing					
	0.00	1,000.00	0.00	0.00	0.00	1,000.00	0.00%
TOTALS for Phase/Source: COMM -							
	0.00	8,500.00	0.00	0.00	811.60	7,688.40	9.55%
F DisExpo	-MISC REV -OtherMisc -	Spons Fee					
	0.00	-15,000.00	0.00	0.00	-7,149.00	-7,851.00	47.66%
TOTALS for Phase/Source: MISC REV -							
	0.00	-15,000.00	0.00	0.00	-7,149.00	-7,851.00	47.66%
E DisExpo	-SERVICES -JB REQ TRV-	Job Travel					
	0.00	200.00	0.00	0.00	99.06	100.94	49.53%
E DisExpo	-SERVICES -LEGAL ADV -	Advert					
	0.00	5,000.00	0.00	0.00	0.00	5,000.00	0.00%
E DisExpo	-SERVICES -PR -	PR					
	0.00	500.00	0.00	0.00	25.00	475.00	5.00%
E DisExpo	-SERVICES -PROF SVC -	Prof svc					
	0.00	50,000.00	0.00	0.00	25,250.00	24,750.00	50.50%
E DisExpo	-SERVICES -Rent -	Rentals					
	0.00	12,500.00	0.00	0.00	1,788.00	10,712.00	14.30%
TOTALS for Phase/Source: SERVICES -							
	0.00	68,200.00	0.00	0.00	27,162.06	41,037.94	39.83%
EXPENSE TOTALS for Project: DisExpo - disability Resource Expo							
	0.00	76,700.00	0.00	0.00	27,973.66	48,726.34	36.47%
FUNDING SOURCE TOTALS for Project: DisExpo - disability Resource Expo							
	0.00	-15,000.00	0.00	0.00	-7,149.00	-7,851.00	47.66%
TOTALS for Project: DisExpo - disability Resource Expo							
	0.00	61,700.00	0.00	0.00	20,824.66	40,875.34	
TOTALS FOR EXPENSE STRINGS							
	0.00	76,700.00	0.00	0.00	0.00	27,973.66	11.42
TOTALS FOR FUNDING SOURCE STRINGS							
	0.00	-15,000.00	0.00	0.00	0.00	-7,149.00	15.21

PROJECT BUDGET REPORT

FOR 01/01/2025 - 12/31/2025

Original Budget	Net Budget Amendments	Revised Budget	Requisitions	Encumbrances	Actuals	Availble Budget	Percent Used
REPORT TOTAL							
Original Budget 0.00	Net Budget Amendments 61,700.00	Revised Budget 61,700.00	Requisitions 0.00	Encumbrances 0.00	Actuals 0.00	Availble Budget 20,824.66	Percent Used 40,875.34

# Champaign County Behavioral Health Workgroup

9/3/2025

Agenda

## Welcome and Introductions

19 in attendance over Zoom

Muhammad Islam – CUPHD	Joe Trotter – CUPHD	Rachel Arnold
Heather Levingston – DSC	Kathrn Johnson – ECAAA	Robert Davies – CUPHD
Angela Yost – CCRPC	Makiya Thomas – CUPHD	Shea Belahi - Champaign County Healthcare Consumers
Camile Birt – OSF	Mary Griffith – PACE	Whitney Greger - CUPHD
Munzicker	Melissa Watson -Birth to Five	JR Lill - CUPHD
Jim Hamilton – Promise	Precious Kelly - DREAAM Academy	Lynn Canfield CCMHB/CCDDB

## Community Context Assessment

### a. Community Strengths and Assets

- Monday 9/8/2025 from 1-2:30pm
- Champaign Public Library; Robeson Pavilion C

### b. Built Environment

- Tuesday 9/9/2025 from 9:30 - 11
- Champaign Public Library; Robeson Pavilion C

### c. Forces of Change

- Thursday 9/11/2025 from 9:30 - 11Champaign Public Library; Robeson Pavilion B

## Mental Health ED Visits and Slides

- a. Presented by Muhammad Islam and Rob Davies from the Champaign-Urbana Public Health District

## Discussion

1. Further demographics: Race Breakdowns?
  - a. National Data on race is available
  - b. We have county data but because the groups are very small, it inflates the rates
2. Age group 12-17 Had a higher trend more than other age groups in depressive disorder and suicide attempts
  - a. Were those the main two?
  - b. Yes - The data is more consistent for them and for those two particular issues.
3. Higher Rates of Bipolar than the national average
  - a. Can this be provider influenced?
    - i. Anecdotally we have some providers that diagnose bipolar more frequently
4. Schizophrenia spectrum disorders
  - a. Usually diagnosed in early adulthood
5. Disruptive behaviors and impulse control
  - a. More typical in childhood and adolescence
6. Key Context
  - a. Emergency Room Data

## Where to focus

- a. Outreach to school age children, 12-17, 10th and 12th graders
  - i. Focus on education children on whatever is causing suicide ideation and where they can go for help if they don't feel safe at home
  - ii. Share Resources
  - iii. Youth Mental Health (12-
- b. NAMI Champaign may be developing or piloting a workshop on emotions etc. for K+. Birth to Five Illinois will be promoting for their K-2nd workshop when/if we see it roll out.
- c. Youth Mental Health has priority since 1972
- d. New Law in Illinois requiring Mental Health screenings in Public Schools
- e. Where is Dave King when you need him!
  - i. Why people don't know about resources CDC
    - 1. Not Ready
    - 2. Distrust of Providers
    - 3. Not that they don't know but that they don't want them.
- f. Emphasis on the entire family
  - i. Good to help the kids but a portion should be focused on the entire family.
  - ii. Reaching Parents is Key
- g. BEACON portal too? Spreading awareness of the portal for providers, professionals, and families to use to get connected or access resources for mental & behavioral health for children
  - i. Melissa has used it as a parent
  - ii. Beacon Portal
  - iii. Portal that parents, teachers, educators, providers can use to get connected to services for children Submit info about the child, all the medical info in one spot, send you info about local resources.  
<https://beacon.illinois.gov/>
  - iv. DHS - Chief Officer for Children's Behavioral Health Transformation  
<https://www.dhs.state.il.us/?item=161800>



- h. Youth Assessment Center
  - i. Open to all children in the community
  - ii. Primarily referrals from law enforcement
    - 1. Might have some stigma associated
  - iii. Offer an array of services
- i. A small task that would promote existing work would be to encourage participation in the IL Youth Survey. In 2024 there were only 5 schools participating from Champaign Co. <https://iys.cprd.illinois.edu/>
  - i. Encouraging Schools to Participate
  - ii. Asking parents to advocate
  - iii. Tap into U of I's Center for Prevention and Development
  - iv. 2024 Sample size was very small
- j. Mentoring Program - <https://www.cu1to1.org/>
  - i. People asking for a mentor may be seeking a safe adult
  - ii. Is this a good place for mentors to be educated and talk about the subject.

Date: September 7, 2025

To: CCMHB & CCDDb

Subject: **DISABILITY** Resource Expo Midseason Update

As you are aware, MTD stopped direct service to Market Place Mall shortly before this school year started. We, the Expo, have been trying for many months now to get the mall and the MTD back to negotiations or to at least allow and run a special service route to Market Place Mall but all our efforts have, to date, failed. The MTD will not even agree to run a short-range shuttle between their nearest stop at Neil and Center and their old stop at the mall proper. As things stand, their ADA Paratransit and CCARTS will still drop passengers off at the mall proper, however, only a small proportion of people with disabilities (and Expo attendees as a whole) qualify for these services.

The distance from Neil and Center and the closest mall entrance is at least 200 ft., depending on what side of Neil St. bus passengers exit from. A great many people will find it quite difficult to use the bus to attend the Expo, such as persons who use crutches, canes, walkers and/or prostheses, people who can only walk short distances at a time, people who have visual impairments, people who are greatly affected by outside stimuli and might not be able to handle a great deal of outside stimuli like the traffic, and group homes that would normally come with only one or two caregivers for a large group but wouldn't be able to traverse the distance to/from the bus stop safely. We also predict a drop in attendance from young parents with multiple children, the elderly in assisted living environments, and all the people who were planning to attend with all of these people mentioned above.

Added to the complexity of this issue, this nearest mall entrance (an entrance that opens directly into Macy's) does not have an automatic opener and we do not believe meets the ADA's qualifications in terms of <5 PSI to be considered "accessible". If this is to be the door used by passengers traveling by the 100 Yellow, we'll need to have volunteers stationed at this door 100% of the time. Additionally, if Neil and Center does indeed end up as the terminal point for 100 Yellow passengers coming to and from the Expo, we need to increase the safety of the intersection, as there are numerous issues that have been brought to the attention of the MTD and the City of Champaign. Possible temporary solutions being pursued are a traffic cop for the hours of 11:00am to 5:00pm or school crossing guards from Unit 4 School District.

What we are focused on most right now is trying to find organizations that can provide shuttle services to bring MTD passengers directly from the MTD's nearest stop at Neil and Center and drop them off at the mall proper. We have recently reached out to

UIUC's DRES Transportation, Community Choices, Champaign-Urbana Special Recreation, Swann Special Care Services, Eden Supportive Living, Marion County Horizon Center, and Unit 4 School District. Hopefully, one or more of these above partnerships will work out.

If we continue to have trouble, we feel that an emergency session of the Expo's steering committee leadership will need to be called to decide if having an Expo in 2025 is the right thing to do for everyone involved. The safety of our attendees is tantamount for us, and parallel to that need is keeping the Expo and, by extension, the boards free of any liability concerns.

We will keep the CCMHB and CCDDDB boards up to date as we move forward in the planning process!

Respectfully,

Dylan & Allison Boot

**DISABILITY** Resource Expo Co-Coordiators

# PY2025 4th Quarter Program Service Activity Reports

For the Champaign County Mental Health Board



## Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Children's Advocacy Center

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

Submitted 08/28/2025 by ELEBS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	170	40	130	
Quarterly Data (NEW Clients)	18	76	20	39	
Continuing from Last Year (Q1 Only)					

### Comments:

Service Screening Contacts - Total interviews conducted in the quarter

NTPC - Champaign County Clients whose case allegations did not meet protocol for treatment plan

TPC - Champaign County clients whose case allegations are 1) victim and 2) sexual or serious physical abuse



### Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Head Start/Early Head Start MHB

Program: Early Childhood Mental Health Svs Period Fourth Quarter PY25

Submitted 08/26/2025 by JSPAINMHB

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	3000	380	100	12
Quarterly Data (NEW Clients)	3	381.75	8	14	0
Continuing from Last Year (Q1 Only)					

Comments:



### Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Christian Health Center

Program: Mental Health Care by CCCHC Period Fourth Quarter PY25

Submitted 08/29/2025 by JTRASK

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	800	500	200	100
Quarterly Data (NEW Clients)	13	15	664	64	5
Continuing from Last Year (Q1 Only)					

#### Comments:

Treatment plan clients increased the last 3 quarters thanks to residents from Carle's psychiatric program seeing CCCHC patients

Outreach has been robust as CCCHC is focusing on population health. CCCHC's dedicated full time Outreach and Wellness Director participated and/or held 13 events getting 664 contacts (including 46 on-site screenings and school/sports physicals). As CCCHC expands in Urbana, population health will be the primary focus.



## Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

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

Submitted **08/28/2025** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	780	25	160	11
Quarterly Data (NEW Clients)	6	398	8	70	3
Continuing from Last Year (Q1 Only)					

### Comments:

This quarter we have been doing lots of Medicaid renewals and hospital financial assistance applications. With all the inexplicable delays with Medicaid, it is very important to complete the renewals in a timely fashion to avoid termination. We have already had several appeals for unfair terminations due to processing delays.

One client this quarter was not sure how to submit income information because they are self-employed. We were able to help by using the self-employment log to capture their income for the last 30 days. By submitting the self-employment record, we saved the client stress and a lengthy delay from DHS asking for documentation.

DHS continues making mistakes. We have had to appeal SNAP reductions which were not based on any change – they just sent a letter saying benefits were being reduced because of an income increase that did not happen. Currently, we are working with a client whose youngest son was somehow dropped from the medical case of the rest of the family without a notice of decision.

With our experience and knowledge, we are able to inform clients about what decisions they can appeal and offer the option to represent them in appeals as well as support with documentation. The formal appeals process with DHS consists of having a case worker reach out to resolve the issue first (most appeals end at this stage if it is a mistake on DHS's part) and then an independent administrative law judge reviews the case issue and makes a decision based on the information given by each party.

The level of support we provide varies depending on the needs of the clients. Sometimes we fully represent the client and take the hearing as an approved representative and other times we are able to explain the policy issues and share guidance on the relevant facts of the case with the client who then represents themselves. Our MHB clients require a greater level of support than non-MHB clients, and several more contacts per case - the extra contacts are for the purpose of working with the clients at a pace that is comfortable for them, as well as for providing greater support and reassurance as they go through these too-complicated processes that are stressful for anyone. MHB clients are often more stressed and anxious, so we try to make the process as easy and reassuring as possible.

As community coverage gets chipped away at the federal level, we will have to empower people to be able to keep their benefits. The level of stress among individuals and families who are at risk of losing benefits because of changes at the



federal level cannot be overstated - it is a living nightmare. People are living in fear over being able to meet their basic needs - the current situation is producing a lot of trauma, stress, and anxiety. We promise our clients that we will continue to stay in touch with them and keep them updated, and we encourage them to reach out to us whenever they feel the need to do so.



## Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

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

Submitted **08/29/2025** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>5</b>	<b>700</b>	<b>8</b>	<b>69</b>	<b>12</b>
Quarterly Data (NEW Clients)	<b>7</b>	<b>384</b>	<b>15</b>	<b>37</b>	<b>21</b>
Continuing from Last Year (Q1 Only)					

### Comments:

This is our busiest and most intensive program by far. This is in part because the people who come to us for Disability application help often have other very pressing needs, which can include evictions, homelessness, difficulty navigating the health care system, and they require other applications like Township General Assistance, etc. CCHCC is increasingly providing housing navigation services for these individuals and households because the other agencies in our community who typically provide those services are so overwhelmed. Many of our disability clients are clients who also require hotel stays because they cannot stay in congregate shelters as a result of their healthcare needs.

The 21 in the "Other" category are those clients who require these additional intensive services. The 15 in the "NTPC" category are homeless clients who stay at Strides or on the streets and who move around a lot and drop communications with us, making it impossible for us to proceed with their applications.

During this quarter, we had 17 clients approved for Disability benefits, including lump sum backpays. The financial impact of these approvals results in new cumulative monthly incomes of approximately \$18,000. Most clients are qualifying for SSI, which pays \$967 per month. However, several clients have had good work histories and they qualify for SSDI, and receive higher monthly incomes. The cumulative lump sum back pays for these clients total approximately \$143,000. This large sum is in part due to how long the Social Security Administration is taking to process applications. The longer the time frame, the bigger the backpay amount a client gets if they are approved.

This work is becoming increasingly more difficult as the Social Security Administration (SSA) systems become increasingly dysfunctional. For example, SSA frequently tells us that they never received an application we submitted, even though we have the documentation proving that they did, in fact, receive the application. Supportive documents frequently get "lost", and we have to resubmit them. It is, quite frankly, a nightmare dealing with SSA under its current conditions, which have been made worse as a result of cost-cutting decisions at the federal level. Before the current administration was in place, SSA was at its lowest staffing levels in 50 years. But instead of increasing staffing, the current administration has made staffing cuts. We have become increasingly reliant on Rep. Nikki Budzinski's constituent service staff to help us when some of our cases get stuck or when SSA is telling us they never received an application. One call from the Representative's office usually helps clear things up and move the case along. But this should not be necessary.

Below are comments provided by Shea Belahi, the MHB-funded Disability Application Specialist, who leads our Disability

Team.

This past quarter was filled with appealing denials, starting new applications, and helping fill out applications for other resources. A mother called me needing assistance with her daughter's disability application. They had already applied but they received the overwhelming package of paperwork to fill out. After several months of waiting, a SSDI/SSI applicant will receive a package of paperwork with a Daily function report, Work history report, and sometimes a couple other documents asking questions about their symptoms. To complete this paperwork with a client I always book a two hour appointment because of the sheer amount of paperwork but also the amount of detail they are needing (but SSA does not clearly state they need detailed info). Receiving a package of paperwork like this often overwhelms clients and they reach out. I coached them through all the paperwork for her daughter giving them reminders to include details and quantitative data. The mother returned a week later with her third party daily function report she had to fill out about her daughter and we did together as well. Depending on the disability, this paperwork is confusing, unclear, and repetitive. In this case, her daughter had mental illness and there was a disconnect from her reality and actual reality. In clients with mental illness, this paperwork can be extra difficult and sometimes tossed out because they don't understand what is being asked of them. The simple act of reading the questions to the client, a little coaching and tips, and writing in their answers can take a huge load off their shoulders. To say this mother daughter combo was exhausted from trauma and daily responsibilities is an understatement. After we completed all the paperwork and faxed it in the mother expressed gratitude for helping complete this arduous paperwork. She had felt heavy about not being able to do it herself but I reminded her that it wasn't about doing the paperwork, it was about her battery being low and having an extra responsibility laid on her was a capacity overload for which she did not have energy to complete. It's about the complete and wholistic look at a person's life and realizing that adding just one more thing can break a person who is already overburdened, for me it's just work and I am happy to do it. Now we wait for her determination and I am hoping that she gets approved.



## Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Health Care Consumers

Program: Justice Involved CHW Services & Benefits Period Fourth Quarter PY25

Submitted 08/28/2025 by CLAUDIALENNHOFF

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	200	25	75	10
Quarterly Data (NEW Clients)	4	52	5	24	0
Continuing from Last Year (Q1 Only)					

### Comments:

This quarter has been challenging because of Rosecrance's tenuous presence at the Jail, as a result of organizational changes and the termination of their contract with the County Board for Jail/Reentry services. The month of June allowed us to get greater numbers of referrals, even without Rosecrance present at the jail. I've been getting referrals from the Sheriff's staff as well as the medical team. Recently I became aware of there is an option for clients to have access to cell phones if they have funds in their accounts so I am working on trying to get clarification on whether we can use those on a case by case basis to be able to complete the two-factor authentication needed by the ABE site for Medicaid applications. It's been a huge barrier and I've worked around it by either creating new phone numbers (google voice numbers) and emails or by working with a family/friend of the client to set up accounts. So far, it's working but it takes multiple appointments to get this done for everyone.

There have been a lot of overlapping clients with the parenting class that Claudia and Paulette offer once a week. Jail staff are now also completing consent forms for Rosecrance so we are seeing a lot of the same clients in those cases as well. Most of the clients are still seeking services for inpatient/outpatient services but are now having to wait until sentencing or release to be able to begin the assessments for receiving these benefits. There is no smooth transition which has led to some clients being released and ending right back in jail weeks after. Luckily not many, but the recidivism is what we're hoping to avoid, and the ability for clients to transition directly from the Jail to Rosecrance inpatient services was very helpful. When people are in jail, they are in forced sobriety, and over time, they start thinking more clearly and have the potential to make better choices, and many try to choose sobriety - but they need help with that. If they end up going back out to their communities, rather than starting in-patient treatment, many fall back into old habits and contacts, making it harder for them to maintain their sobriety.

We continue to have the same problems with Medicaid and SNAP as the CHW program reported. The State's system is glitchy and people are often dropped unexpectedly and for no good reason, and applications are taking a long time to process.



## Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

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

Submitted 08/06/2025 by **KHARMON@CCRPC.ORG**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>30</b>	<b>60</b>	<b>45</b>	<b>10</b>	
Quarterly Data (NEW Clients)	<b>5</b>	<b>30</b>	<b>7</b>	<b>7</b>	
Continuing from Last Year (Q1 Only)					

### Comments:

#### Community Service Events (CSE)

4/3/2025 CSPH Lived Experience Committee Meeting  
 4/21/2025 CSPH Lived Experience Committee Meeting  
 4/24/2025 Focus Group with Women at Strides Shelter  
 5/1/2025 CSPH Lived Experience Committee Meeting  
 5/29/2025 Lunch Meeting with State of Illinois Chief Homelessness Officer (Christine Haley)  
 (5 TOTAL CSE)

#### Screening Contacts (SC)

5/29/2025 Lunch Meeting with State of Illinois Chief Homelessness Officer (Christine Haley), 30 Participants  
 (30 TOTAL SC)

#### Non-Treatment Plan Clients (NTPC)

4/1/2025 Center for Youth and Family Services CSPH Full Committee Meeting  
 4/1/2025 Eastern Illinois Foodbank CSPH Full Committee Meeting  
 4/1/2025 At Large Member - Nathan Alexander CSPH Full Committee Meeting  
 6/3/2025 CCMHB CSPH Full Committee Meeting  
 6/5/2025 Lived Experience Representative CSPH Lived Experience Committee Meeting  
 6/5/2025 Lived Experience Representative CSPH Lived Experience Committee Meeting  
 6/23/2025 Rosecrance Homeless Shelter and Outreach Committee Meeting  
 (7 TOTAL NTPC)

#### Treatment Plan Clients (TPC)

4/24/2025 SYStrides Focus Group  
 4/24/2025 KSStrides Focus Group  
 4/24/2025 NASTrides Focus Group

4/24/2025  
4/24/2025  
4/24/2025  
4/24/2025  
(7 TOTAL TPC)

CDStrides Focus Group  
HCStrides Focus Group  
SBStrides Focus Group  
ASStrides Focus Group



## Quarterly Program Activity / Consumer Service Report

Agency: CCRPC - Community Services

Program: YAC (Companion Proposal) Period Fourth Quarter PY25

Submitted 08/28/2025 by JHECKENMUELLER@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	70	100	25	115	50
Quarterly Data (NEW Clients)	18	66	5	23	15
Continuing from Last Year (Q1 Only)					

### Comments:

This quarter, the Youth Assessment Center continued to actively participate in community outreach events to increase awareness of our programming and resources. These efforts have helped us strengthen our presence in the community and connect with youth and families who may benefit from our services. We continue to remain engaged with the Champaign Community Coalition.

Our group programming remains a strong point, with youth showing consistent engagement, participation, and enthusiasm. They are not only learning and developing new skills but also expressing that they value having a dedicated space where they feel safe, supported, and heard. In response to the evolving needs of our participants, we have been continuously updating and refining our program materials to ensure they remain relevant, effective, and youth-centered. We attempted to engage CU Trauma and Resilience Initiative (CU TRI) for group programming, as well as participation on the Youth Advisory Committee. Due to scheduling conflicts and changes in service scope, group programming has not begun with CU TRI, and they have been unable to attend the Committee so far.

While we have seen notable successes, we continue to face challenges. One ongoing issue is the low engagement rate from referrals. Many youth either decline services after referral or cannot be reached despite multiple attempts. Additionally, our service linkage process remains an area for us to enhance. Strengthening partnerships and creating more seamless pathways to services will be a priority moving forward so that youth have streamlined, accessible connections to the resources they need.

Overall, the quarter reflected both progress and opportunities for improvement. Our focus for the coming months will be building on community partnerships, onboarding new staff, and enhancing referral engagement strategies.



## Quarterly Program Activity / Consumer Service Report

Agency: **Crisis Nursery**

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

Submitted **08/29/2025** by **CRISISNURSERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	86	300	56	24	550
Quarterly Data (NEW Clients)	23	102	3	1	346.5
Continuing from Last Year (Q1 Only)					

### Comments:

#### Successes

We enrolled 21 mothers this year, into the Beyond Blue program. This a 50% increase from the last program year. Our team participated in various outreach opportunities to continue bringing awareness to program services within the Champaign County community and connecting with agency partners. In terms of working with families, one of our Family Specialists worked with a two-parent household where the father participated in home visits. The parents are both very open regarding their mental health and how postpartum affects their family holistically. In working with the family, both mom and dad discuss how they can support one another and coping skills to use together to manage anxiety and depression symptoms. Another Family Specialist worked with a family on identifying how external factors have an impact on her mood and have aided in preventing progress in goals. Mom and Family Specialist worked on items in the Mothers and Babies curriculum related to overcoming obstacles and problem solving. Mom was able to identify her own commitments she can make daily to continue increasing her mood, despite external obstacles she may face.

#### Challenges

A common challenge that each of our home visitors experienced this past quarter was occasionally having difficulty with parents being properly engaged in visits when other distractions or high stress situations occurred. Some distractions from the visit and curriculum included navigating older children in the home and their needs, other family members or individuals showing up to family's homes in the middle of visits, making it difficult for the mother's to truly be open about what they wished to talk about. When other high stress situations occur, the mothers tend to be less engaged because their focus is on managing that situation rather than participating in conversation related to the curriculum. This has led the home visitors to pivot the conversations to address those needs to assess how these situations are affecting them, their baby and family.

#### Testimonials

Strong Families Coordinator, Hannah Hensley, reflects on her work with a mother whose baby had complex medical needs and the effect it had on her mental health:

I have been working with a mom in the Beyond Blue program for several months now. She has one infant under 6 months old. This mom has been through so many obstacles, such as homelessness, medical health issues, anxiety,



postpartum depression, and other life stressors. Her infant had complications at birth and had to stay in the NICU for over a month after. Since then, she has had continuous medical health issues requiring more hospital stays and doctor's appointments. Mom experiences severe anxiety when her baby is not feeling well. I have been helping Mom understand the relationship between her thoughts, moods, and behaviors and how they all affect each other. This has given Mom the ability to detect the anxious thoughts and stop them before they affect her mood and behavior. I have also given her several coping strategies from the Mothers and Babies program for her to practice when she is overwhelmed with anxiety and negative thoughts. The coping strategies include breath awareness and several mindfulness activities. Mom has expressed to me that she enjoys practicing the mindfulness activities when she is feeling anxious and unable to stop the thoughts from continuing. She said when she practices mindfulness, she feels calmer and her thoughts are more positive and easier to manage.

Family Specialist, Sophia Marick, discusses her work with a young mom eager to learn about parenting and building connection with her baby:

I work with a mom in her early twenties who has two children under two. She did not have any family who could give her good advice or to be a support for her during her parenting journey. She acknowledged that she did not know much about building attachments with children or recognizing mental health challenges. Mom has been open to the Mothers and Babies curriculum and gets excited when she makes connections between the material and her life. She has been able to think about her thoughts, and why she has the coping mechanisms that she does. She had not thought much about what she likes to do for fun, since she had her children at such a young age. After some discussion, she was able to talk about some things that would be enjoyable for her to do. I enjoy working with this mom because she is so receptive and desires more information about her own mental health and supporting and bonding with her children.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Community Service Center of Northern Champaign County**

Program: **Resource Connection** Period **Fourth Quarter PY25**

Submitted **08/14/2025** by **CSCRANTOUL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		<b>3500</b>	<b>1100</b>		<b>2100</b>
Quarterly Data (NEW Clients)	<b>1</b>	<b>2045</b>	<b>156</b>		<b>256</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

In the 4th quarter of PY25, we have seen a very significant increase in our Service/Screening Contacts numbers from the same quarter in PY24. This could be very likely due to our clients' increased need for more resources, due to persistent, overall economic inflation and significant governmental changes. Our Non-Treatment Plan Clients have increased as well, most likely due to the aforementioned reasons with the economy and governmental changes. In the "Other" category, which is client contacts by other agencies using our office, the number has increased, also. Of those, 92 were contacts with CCMHB funded programs. This increase, we believe, is due to our ongoing client advocacy to have services offered onsite by area agencies to those living in northern Champaign County. We are seeing an overall increase in demand for all our program services being utilized and aside from any unforeseen circumstances, we expect to see this trend to continue.

We have worked diligently to continue to promote the Resource Connection program doing Community Service Events, like our very successful Resource Fair in May of the 4th quarter. We also do promotion on radio, TV, with local groups and school districts, and with the general public at events in our area.



## Quarterly Program Activity / Consumer Service Report

Agency: C-U at Home, Inc.

Program: Shelter Case Management Program Period Fourth Quarter PY25

Submitted 08/20/2025 by MCOURTWRIGHT

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	5500	25	55	
Quarterly Data (NEW Clients)	10	1338	3	7	
Continuing from Last Year (Q1 Only)					

### Comments:

This year, we served 15 fewer clients than originally projected. However, this change reflects an important shift in the depth and effectiveness of our services rather than a shortfall in impact. As C-U at Home enters its third year of operating the program, we are seeing clients remain with us for longer periods—and we believe this is a positive sign.

There are several key reasons for this:

#### 1. Improved Understanding of Client Needs:

With nearly two full years of experience operating this program, we've become more effective in identifying and addressing our clients' underlying needs. As we build trust and conduct more thorough assessments, it becomes clear that many clients are dealing with complex trauma and long-standing barriers that require more time and support to address. Our goal is not simply to provide housing, but to help clients achieve lasting stability and reduce their likelihood of returning to homelessness. This means encouraging participants to stay engaged in the program long enough to do deeper healing and development work.

#### 2. Increased Focus on Long-Term Stability and Economic Mobility:

As clients stabilize and move out of survival mode, they begin to think beyond their immediate needs. Many recognize that leaving the program with only entry-level employment could result in continued financial insecurity. As a result, we are seeing an encouraging trend: more clients are pursuing education and skills training. Currently, five clients are enrolled at Parkland College, one is taking courses at the University of Illinois, and one is in the process of applying to cosmetology school. These efforts represent significant steps toward breaking the cycle of poverty and homelessness.

While this depth of engagement means fewer bed turnovers and fewer unduplicated individuals served, it also reflects meaningful progress. Our clients are not just exiting to housing—they are building lives with greater opportunity and stability.

#### 3. Program Expansion to Address Capacity:

To meet this challenge and ensure that we can continue to provide both depth and breadth of service, C-U at Home is expanding our transitional housing capacity. We are opening a new facility that will house up to 26 individuals on-site, including 10 female-identifying and 16 male-identifying beds. This expansion will allow us to serve more people while

still supporting those who need extended time in the program to pursue long-term goals.

In summary, although our total number of unduplicated clients was slightly lower than projected, the outcomes for many individuals have been deeper and more transformative. We believe this approach will ultimately result in fewer people cycling back into homelessness and a stronger, more resilient community.



## Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

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

Submitted **08/28/2025** by **KRUSSELL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>464</b>	<b>5</b>	<b>20</b>	
Quarterly Data (NEW Clients)	<b>4</b>	<b>456</b>	<b>1</b>	<b>1</b>	
Continuing from Last Year (Q1 Only)					

### Comments:

The CU Early program coordinator attended 4 community events this quarter. These included Early Intervention Playgroups as well as the McKinley Foundation Social Justice Gala event.

The CU Early home visitor enrolled one new child this quarter. 5 children will be aging out at the end of this program year and will be transitioning to Prek services.

This past year, the CU Early home visitor served 24 families Hispanic families, 7 of which were prenatal, and 8 of whom were teen parents.

The CU Early bilingual home visitor worked with 7 children who have an IFSP. She also assisted transitions for 4 children aging out and moving to Prek services.



### Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

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

Submitted **08/29/2025** by **SPETERSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>25</b>	<b>510</b>	<b>15</b>	<b>20</b>	
Quarterly Data (NEW Clients)	<b>4</b>	<b>221</b>	<b>2</b>	<b>1</b>	
Continuing from Last Year (Q1 Only)					

#### Comments:

Twenty-one (21) clients received services in the ECHO program during the fourth quarter of FY25. There were 18 continuing clients, 1 new TPC and 2 new NTPCs.

There were a total of 19 service inquiry contacts. As appropriate inquiries were referred to RPC for Centralized Intake. Individuals making inquiries were also referred to other appropriate resources when applicable. Two new clients were enrolled in ECHO this quarter (one in April and one in June). Both were NTPCs at the end of the quarter. One client admitted in February, 2025 became a TPC this quarter.

There were a total of 221 services contacts (and an additional 31 attempted contacts/missed appointments). We have exceeded the target number of service contacts for the year (510).

Two clients were discharged from the ECHO program during the 4th quarter:

\*One client was discharged to permanent housing (Housing Authority of Champaign County). She was employed full-time at Carle at the time of discharge.

\*One client was discharged after re-locating to Chicago to reside with family. This client re-located in hopes of increased housing and employment opportunities.



## Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

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

Submitted **08/29/2025** by **SPETERSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>10</b>	<b>360</b>	<b>1575</b>	<b>75</b>	
Quarterly Data (NEW Clients)	<b>3</b>	<b>174</b>	<b>36</b>	<b>3</b>	
Continuing from Last Year (Q1 Only)					

### Comments:

We served a total of 45 clients during the fourth quarter of FY25. Six (6) clients were continuing TPC from the third quarter. Three (3) clients were new TPC. We served a total of 36 NTPC clients through groups offered at the Juvenile Detention Center and individual sessions offered at the READY program. One NTPC was a client admitted to the FST program very briefly (10 days). The client's parent decided to withdraw him from services until he was more ready to participate/engage in program services. The program did not serve the expected number of TPC clients this fiscal year (19 served as of 06/30/25 compared to a projected total of 40 clients in FY25). We exceeded the projected number of NTPC clients (109 served as of 06/30/25 compared to a projected total of 75 in FY25).



## Quarterly Program Activity / Consumer Service Report

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

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

Submitted **08/29/2025** by **MONICAM**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>40</b>	<b>480</b>	<b>20</b>	<b>20</b>	
Quarterly Data (NEW Clients)	<b>5</b>	<b>186</b>	<b>5</b>	<b>6</b>	
Continuing from Last Year (Q1 Only)					

### Comments:

Health Awareness Fair

Illinois Department of Human Services

University of Illinois- Jason Knight (Job Fair)

Courage Connection

Child Advocacy Center





## Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **08/09/2025** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>15</b>	<b>200</b>		<b>655</b>	
Quarterly Data (NEW Clients)	<b>3</b>	<b>35</b>		<b>45</b>	
Continuing from Last Year (Q1 Only)					

### Comments:

During the fourth quarter, the Family Development team continued to be very active within the community. They participated in Soccer Planet's developmental play group through the Home Visiting Consortium, conducted screenings at the Multicultural Community Center, Bradley Learning Center, Happi-Time, and Salt N Light. Screenings also occurred at a new partner site, Next Generation School.

June kickstarted weekly summer therapeutic playgroups which include:

- Developmental therapy playgroup at the Rantoul Sports Complex
- Developmental therapy/Speech therapy group at Eisner Park
- PLAY Project group at Salt & Light in Urbana in partnership with TAP at UIUC

Staff continue to collaborate with Birth to Five Illinois and Urbana Early Childhood for their monthly Parent Support Group. Family Development also attended the annual Connecting the Dots conference and assisted with information sharing at the CU Autism Network Resource Fair and Community Service Center of Northern Champaign County's Resource Fair.

The Family Development Director attended the quarterly UWCC Early Grade Level Success meeting as well as the Champaign County Community Coalition meeting.



### Quarterly Program Activity / Consumer Service Report

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

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

Submitted **08/28/2025** by **REFUGEE CENTER ADMIN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>50</b>	<b>2200</b>	<b>2140</b>	<b>60</b>	<b>15</b>
Quarterly Data (NEW Clients)	<b>6</b>	<b>338</b>	<b>338</b>	<b>0</b>	<b>2</b>
Continuing from Last Year (Q1 Only)					

#### Comments:

Workshops

4/11/2025 - IDOL Workshop - 3 attendees, 1 hour

06/29/2025 - Resettlement team housing workshop - 3 attendees, 1 hour

Community Service Events/Community Linkages:

4/30/25 Lisa Wilson Birth to 5 Home Visiting Consortium Conference Basic Know  
Your Rights Presentation given at a conference of area social workers and home visiting professionals in Champaign  
County 16 Slide deck distributed including KYR resources and Guide to Public Benefits for  
Immigrants

4/30/25 Lisa Wilson Birth to 5 Home Visiting Consortium Conference Advanced Know  
Your Rights Presentation given at a conference of area social workers and home visiting professionals in Champaign  
County 22 Slide deck distributed including KYR resources and Guide to Public Benefits for  
Immigrants

4/14/2025 Community Alliance Meeting - Discussed non-citizen registration, immigration updates, and general support  
updates. - 14 attendees

5/15/2025 Community Alliance Meeting - Discussed the City of Champaign's survey working to identify areas of need for  
esl and non-english speakers to be included in the language access plan. Belinda shared more details about the  
Guatemalan Consulate Visit scheduled. - 12 attendees

6/26/2025 Community Alliance Meeting - The Community Alliance Meeting focused on upcoming events and resources.  
- 16 attendees

6/29/2025 Birg Law Outreach workshop to international students - 37 attendees



## Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Counseling** Period **Fourth Quarter PY25**

Submitted **08/28/2025** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			<b>20</b>	<b>40</b>	
Quarterly Data (NEW Clients)			<b>7</b>	<b>0</b>	
Continuing from Last Year (Q1 Only)					

### Comments:

Phil C. continues to be our acting clinical supervisor during our search for a new clinical supervisor/therapist.

We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. A therapist's schedule includes evening hours on Thursdays. Other evening hours are available by appointment.

- We continue to see clients in person or telehealth based on the preference of the client.
- The program director attends the weekly Drug Court team meetings. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Ten Drug Court clients were seen at Family Service this quarter, five for individual counseling and five for relationship assessments.

This quarter our clients are NTPC since the 5 relationship assessments are NTPC and the other 2 clients had not had 3 sessions by the end of the quarter to complete a treatment plan yet.

This quarter the program director attended the Drug Court graduation on Monday, April 28, as well as the graduates presentations on Monday, April 14.

- The program director is an active participant on the Human Services Council of Champaign County and attends the monthly meetings for outreach and promotion of the Counseling program.

This quarter, the Family Support Program director attended the webinar 'Breaking Intergenerational Patterns of Trauma, Addiction and Dark Family Secrets' by Mark Sanders, LCSW, CADC. Presented by SE Addiction Technology Transfer Center Network on Monday, May 2.

Also attended was the webinar 'Youth and Mental Health, My Community Driven Approach: Programming for Youth by Youth.' Speakers included Max Delgado and Leland Pan. Presented by Mental Health America on Monday May 12.

Also attended the Town Hall meeting with Chief Behavioral Health Office of IL on Wednesday, June 4.



## Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

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

Submitted **08/28/2025** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>300</b>				
Quarterly Data (NEW Clients)	<b>54</b>				
Continuing from Last Year (Q1 Only)					

### Comments:

Attended the U of I Special Populations Annual Health Fair, Rantoul Resource Fair, and AIRS at Ebertfest.

This quarter the SHC Coordinator resigned.

Due to a low number of sign ups, the conference scheduled for May 8 was cancelled.

Program coordinator statistics for the Third Quarter:

- 56 email contacts

- 1183 page views on SHC website

- 24 Support Group directories distributed

- Support group updates were solicited from support group contacts and entered into the database

- Edited Self-Help Group directory on-line

- Human Services Council (X4)

- Disability Expo Meeting (X2)

- AIR Ebertfest meeting (X2)

- research for summer newsletter

- newsletter was distributed

- support group survey was completed

- planning for Spring Conference

- Partnered with Champaign Public Health District to co-host a 3-part workshop about wellness for women titled 'Mind, Body, and Coverage: A total guide to women's wellness.' This was held 2 times with justice involved women.



## Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Senior Counseling & Advocacy Period Fourth Quarter PY25**

Submitted 08/29/2025 by KMATTHEWS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2900	700	325	2500
Quarterly Data (NEW Clients)	6	1596	145	27	81
Continuing from Last Year (Q1 Only)					

### Comments:

Family Service attended the following events in Q4:

June 7th - Summer Senior Event at Martens Center

June 4th - Dine With A Doc at the HealthAlliance Building

May 15th - MTD Benefits Fair (where we provided Medicare information for MTD's retirees and employees approaching retirement)

May 7th - Dine With A Doc at the HealthAlliance Building

May 8th - Rantoul Resource Fair, hosted by the Community Service Center of Northern Champaign County

April 2nd - Dine With A Doc at the HealthAlliance Building

Family Service also sent out one Creativity on Wheels box in May, with the theme of travel. Clients were given exercises to reflect on previous travel experiences, local opportunities, and placemaking.

Q4 saw almost twice as many Service/Screening Contacts as previous quarters. Towards the beginning of 2025, Family Service re-evaluated our payscale and made updates to hire more competitively. Consequently, Q4 saw almost twice the staffing levels as we had seen in previous years.

Family Services saw 27 new Treatment Plan Clients:

General Supportive Counseling: 3

PEARLS: 1

Matter of Balance: 18

Stress-Busting for Family Caregivers: 2

Chronic Disease Self-Management: 3

Family Service saw 145 new Non-Treatment Plan Clients, receiving general casework support and aging services navigation to manage resources.



## Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

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

Submitted **08/20/2025** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>5</b>	<b>55</b>	<b>21</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>4</b>	<b>10</b>	<b>13</b>	
Continuing from Last Year (Q1 Only)					

### Comments:

This was a challenging quarter for us as we exhausted our funds for service provision and housing. We had to turn people away without being able to provide them with services. Plus for the majority of the quarter, employment openings were very few. So we had a very slow paced quarter, which finally started to pick up in the last three weeks. However, we did receive positive responses from Access2Justice and the City of Champaign for provision of staff salaries, contractual services and some specific assistance. The money from those two grants will arrive in July 2025. With assistance from our accountant, we did complete training for staff this quarter and set up a more effective system of filing intake forms and tracking our clients, in response to the evaluation from MHB visiting staff. Also our staff stayed in touch with the national campaign for housing for people returning from incarceration through our affiliation with the Formerly Incarcerated and Convicted Peoples Family Movement, (FICPFM). In terms of outreach we organized a film showing of In Their Hands in partnership with the Education Justice Project. The Savoy Theater sponsored the event which chronicled the horrors of Ronnie Carrasquillo's 49 year incarceration which had no purpose. Mr. Carrasquillo attended the event and spoke to the crowd of 50 people who were deeply inspired by his presentation and his determination and that of his family to somehow right this unjust incarceration.



## Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

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

Submitted **08/25/2025** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>15</b>	<b>8</b>	<b>15</b>	<b>8</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>3</b>	<b>5</b>	<b>1</b>	
Continuing from Last Year (Q1 Only)					

### Comments:

Our FirstSteps house continues to provide a great stepping stone to the residents. Our senior resident completed his Substance Use/Mental Health Certificate and will be starting to work on a paid basis for our drop-in center in August. He also has designed a recovery course which he will market as a FirstFollowers program. Our other resident moved out at the end of June, after completing his parole. He continues to work at Caterpillar and has rented an apartment with his wages. He been ultimately a success story and as the youngest person to live in our house we are proud of his determination to maintain employment and save the money that he needs to rent an apartment and buy a car. We have two new residents slated to arrive, one in July and one in August. They are both long terms have spent more than 15 years in prison.

We have been making progress on New Horizon. We have furnished the house and did a launch on April 17th which was attended by State Rep. Carol Ammons, Champaign Mayor Deb Feinen and two other local elected officials. State Rep. Ammons actually donated some furniture and linens to the house. We have met with Mr. Seyoum Owens, who in charge of reentry housing for IDOC in this region and he currently looking for prospective residents. We have two promising applicants whose applications were forwarded by Mr. Owens and look to have them in the house by the end of July.



## Quarterly Program Activity / Consumer Service Report

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

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

Submitted **08/28/2025** by **GCAPED**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>20</b>	<b>60</b>	<b>10</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>2</b>	<b>5</b>	<b>11</b>	<b>3</b>	<b>72</b>
Continuing from Last Year (Q1 Only)					

### Comments:

-Clarification for "other": We provided direct financial assistance to 72 clients through a United Way grant. Although these one-time services aren't included in our ongoing NTPC metrics, we wanted to share this number as it reflects the broad impact of our programs in the community.

-One TPC left program early. They are still included in the metrics as they did meet with our case manager to develop an individualized care plan





## Quarterly Program Activity / Consumer Service Report

Agency: **GROW in Illinois**

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

Submitted **08/28/2025** by **BEAKINS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>24</b>	<b>2000</b>	<b>250</b>		
Quarterly Data (NEW Clients)	<b>6</b>	<b>677</b>	<b>104</b>		
Continuing from Last Year (Q1 Only)					

### Comments:

We had quite a few first timers this quarter because the Jail groups started up and are running well. Participation is good in the groups, and we have really good leaders facilitating the program. I have had very good reports on the progress that is being made. My understanding is that we still have a waiting list for the men's groups. At this time, we are not looking to start another one. Damon continues to go to strides. If he doesn't have enough for the group, he brings them to the afternoon community group. Coordination is lacking in the facility. I hope this improves. We have had new leaders step up into the position of Organizers and Recorder we also are having very good Leader's meetings. We did the presentation to probation with the intent of starting a group in the Court House. We have followed up, but we still have yet to get a start date for that group. I closed the Champaign County Free Christian center group do to lack of interest. I really hated to see this happen. I think it may have had to do with the location. I find that often people don't take advantage of the public transportation. We are still planning to work with Restoration Urban Ministry this year. I spoke with them a few weeks ago and they want the program again.



## Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

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

Submitted **08/27/2025** by **JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>2800</b>	<b>400</b>	<b>600</b>	<b>50</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>1225</b>	<b>158</b>	<b>274</b>	<b>146</b>
Continuing from Last Year (Q1 Only)					

### Comments:

Counseling

No CSE events were attended in this quarter

SC: 1225 kept appointments with counselors by Champaign County Residents

NTPC: 158 Champaign County residents who did not complete assessment or chose not to engage in therapy

TPC: 274 Unique Champaign County residents served more than once by counselors

Other: 146 SC patients with no other payor source



## Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

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

Submitted **08/27/2025** by **JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>30</b>	<b>1600</b>	<b>400</b>	<b>200</b>	<b>100</b>
Quarterly Data (NEW Clients)	<b>8</b>	<b>618</b>	<b>351</b>	<b>102</b>	<b>236</b>
Continuing from Last Year (Q1 Only)					

### Comments:

Event: Day of the Child, Date: 4/18/25

Event: McKinley Health Center Special Populations Health Fair, Date: 4/10/2025

Event: Christie Clinic Race, Date: 4/25/25

Event: FN Integrated Open House, Date: 4/30/25

Event: Rantoul SBHC Integrated Open House, Date: 5/8/25

Event: Rantoul Resource Fair, Date: 5/8/2025

Event: HACC mental Health Event, Date: 6/7/2025

Event: Rantoul Community Service Center outreach Tabling, Date: 6/25/25

SC: 618 patient encounters during the quarter

NTPC: 351 patients who were helped at least once during the quarter and not seen in previous quarters of this project year

TPC: 102 patients who had 2 or more contacts/assists during the quarter and were not seen in previous quarters of the project year

OTHER: 236 SC patients with no other payor source



## Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

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

Submitted **08/27/2025** by **JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>3200</b>	<b>900</b>	<b>1000</b>	<b>100</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>2286</b>	<b>669</b>	<b>622</b>	<b>185</b>
Continuing from Last Year (Q1 Only)					

### Comments:

Psychiatry

No CSE events were attended in this quarter

SC: 2286 kept appointments with Psychiatrist by Champaign County residents

NTPC: 669 Champaign County residents who did not complete assessment or chose not to engage in therapy

TPC: 622 Unique Champaign County residents served more than once by Psych providers and not previously seen in the grant period

Other: 185 SC patients without payor source



### Quarterly Program Activity / Consumer Service Report

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

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

Submitted **08/22/2025** by **JKOLISETTY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>25</b>	<b>250</b>	<b>170</b>	<b>2</b>
Quarterly Data (NEW Clients)	<b>4</b>	<b>16</b>	<b>50</b>	<b>68</b>	<b>11</b>
Continuing from Last Year (Q1 Only)					

#### Comments:

The number of TPCs were less than expected for the quarter, due in part for two reasons. 1) InfoNet, the database that RACES is mandated to use by the Illinois Coalition Against Sexual Assault, was hacked at the end of April and had to be completely overhauled, delaying data entry for statistics by two months. 2) staff turnover at RACES left a therapist position vacant for nearly the same period.

The Other category shows an increase in social awareness activities, primarily providing resource tables at community events.



**Quarterly Program Activity / Consumer Service Report**

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

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

Submitted **08/22/2025** by **JKOLISSETTY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>600</b>	<b>4000</b>	<b>0</b>	<b>0</b>	<b>10</b>
Quarterly Data (NEW Clients)	<b>515</b>	<b>2581</b>	<b>0</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

RACES served 11 schools in Champaign County with our 3-4 unit programming per school.



## Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

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

Submitted **08/28/2025** by **MBIANCHI**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	600	250	0	0
Quarterly Data (NEW Clients)	0	107	25	0	0
Continuing from Last Year (Q1 Only)					

### Comments:

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

In this quarter, she served 25 new Champaign County residents. She provided 107 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

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



## Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

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

Submitted **08/28/2025** by **MBIANCHI**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>0</b>	<b>500</b>	<b>100</b>	<b>45</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>0</b>		<b>25</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

### Comments:

SC (Screening Contacts): We are unable to determine the number of jail slip requests completed as the staff member who was tracking this left the agency without leaving us the numbers.

NTPC (Non-Treatment Plan Clients): 25 persons screened, received short-term case management services, AM and/or MRT groups, and/or referral information/linkage, but who did not engage in full IMCANS assessment/treatment planning for longer-term case management services.

TPC (Treatment Plan Clients): 0 new Champaign County clients who completed full IMCANS assessment/treatment planning and received longer-term case management services.





## Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

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

Submitted 08/28/2025 by MBIANCHI

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	250	10	70	350
Quarterly Data (NEW Clients)	18	51	5	6	0
Continuing from Last Year (Q1 Only)					

### Comments:

CSE: 18: Staff presentations, resource fairs, and/or coordination meetings.

SC: 51: number of attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact

NTPC: 5: Individuals whose initial screening indicates that crisis can be resolved without further action from CCRT and no plan for treatment is necessary.

TPC: 6: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. The Champaign County Sherriff's CCRT position remains vacant at this time. Our recruitment team is prioritizing this position.

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



## Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

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

Submitted **08/28/2025** by **MBIANCHI**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	65	0	22	0
Quarterly Data (NEW Clients)	0	15	0	3	0
Continuing from Last Year (Q1 Only)					

### Comments:

(TPC) Total Champaign County clients participating in program this quarter: 3 new clients.

Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission.

(SC) During this quarter, we completed a total of 15 interviews for applicants, 7 of which were from Champaign County.

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



## Quarterly Program Activity / Consumer Service Report

Agency: **Uniting Pride**

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

Submitted **08/29/2025** by **JGAVEL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>100</b>	<b>300</b>	<b>100</b>	<b>0</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>45</b>	<b>260</b>	<b>147</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

### Comments:

This year has underscored just how vital LGBTQ+ services are in our region. As public scrutiny and hostility toward our community have intensified, the role of our center has expanded well beyond what we initially anticipated. People are turning to us not only for programs and events, but for safety, belonging, and the assurance that their identities will be affirmed. Increasingly, we hear from new residents who chose to relocate here because our center exists, highlighting the unique role we play as a beacon of support in an otherwise challenging landscape.

Meeting this demand has required both flexibility and focus. Rather than simply adding more programs, we have been intentional in shaping our work to respond directly to what the community tells us they need. This has meant strengthening core services, experimenting with new approaches, and stepping back from offerings that were no longer as impactful. Each decision is guided by the principle of using our resources responsibly while ensuring the community's most urgent needs are met. As we close out the year, it is clear that our efforts are not just sustaining programs—they are sustaining people, and providing critical stability in a time when it is needed most.



## Quarterly Program Activity / Consumer Service Report

Agency: **WIN Recovery**

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

Submitted **08/29/2025** by **WIN4RECOVERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>10</b>	<b>40</b>	<b>0</b>	<b>12</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>16</b>	<b>27</b>	<b>0</b>	<b>6</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

### Comments:

4/1 CSPH Board Meeting  
 4/9 WIN presented@ Community Coalition  
 4/25 Meeting with TASK  
 5/14 Community Coalition meeting  
 5/17 Harm Reduction Fundraiser  
 6/2 Meeting with First Followers  
 6/3 CSPH Board Meeting  
 6/7 Table@ Health Awareness Fair  
 6/20 Table@ Coles County ROSC event  
 6/21 Table at Strides BBQ/ Resource Fair  
 6/26 Outreach @ Pavillion  
 7 /2 Yes Program Students First Day WIN  
 7 /9 Community Coalition Meeting  
 7 /16 Outreach @ Rosecrance  
 7/25 Outreach@ Pavillion  
 7 /31 Brightpoint resource fair

# Champaign County Mental Health Board programs (not I/DD) for PY2026 (7/1/25-6/30/26)

Agency	Program	Focus	\$ Amount	Summary
Champaign County Children's Advocacy Center	Children's Advocacy Center	Healing from Interpersonal Violence	\$63,911	Using a child-centered, evidence-based, coordinated response to allegations of child sexual abuse and serious physical abuse, the CAC promotes healing and justice for young victims through: a family-friendly space for initial interview and parent meeting; a legally-sound, developmentally appropriate child forensic interview; comprehensive case management provided by the CAC Family Advocate to help the family navigate the crisis; crisis counseling to the child and any non-offending family member; referrals to specialized medical services; and coordination of the investigation through multidisciplinary case reviews. PY26-PY27
Champaign County Christian Health Center	Mental Health Care at CCCHC	Closing the Gaps in Access and Care	\$100,000	A psychiatrist provides mental health care to patient. Patients receive screenings, primary care, labs, prescriptions, and referrals to specialized care as needed. Primary care providers also treat or refer those with MH concerns, especially anxiety and depression. Outreach and Wellness Director collaborates across community to ensure services reach those who need them. Partners with Carle Psychiatry residency program. Provided to any uninsured, underinsured, or underserved resident of the County, typically between 18 and 64 (as children and seniors generally have some form of health care coverage). PY26-
Champaign County Health Care Consumers	CHW Outreach & Benefit Enrollment	Closing the Gaps in Access and Care	\$97,139	Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs. Community Health Workers help stabilize individuals by connection to resources and benefits and help navigating the health care system to get their needs met... establishes trust with clients by helping them gain and maintain access to benefits, provides emotional support, and helps them identify services they need in a non-stigmatizing and supportive way. PY26-
Champaign County Health Care Consumers	Disability Application Services	Closing the Gaps in Access and Care	\$105,000	Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for and appealing adverse decisions; coordinating with attorney if an appeal is needed; emotional/psychological support for individuals applying. The decision to apply for disability and the process of doing so can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services include helping clients to access health services to document their disabling conditions. PY25-PY26
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	Safety and Crisis Stabilization	\$103,284	For people who have justice-involvement, Community Health Worker services are offered at the Champaign County jail and in community. Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs; helps stabilize individuals with resources and benefits; and helps them navigate the health care system to get their needs met. PY26-PY27
Champaign County Regional Planning Commission - Community Services	Homeless Services System Coordination	Closing the Gaps in Access and Care	\$54,281	Supports, facilitates, and directs the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeless, mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinates efforts across the membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and builds and maintains collaborative partnerships with members and affiliates, working closely with the Executive Committee. PY25-PY26
Champaign County Regional Planning Commission - Community Services	Youth Assessment Center (Companion Proposal)	Safety and Crisis Stabilization	\$76,350	Early intervention and diversion for youth, particularly those overrepresented in the juvenile justice system, and for youth whose behavior may be symptomatic of issues best served outside the juvenile justice system. Screens for needs, risks, and protective factors; uses Balanced and Restorative Justice (BARJ) approach; completes and reviews Station Adjustment as the working plan; may include weekly check-ins with case manager, curfew checks with police officer, reparation through written apology, community service hours, and linkage to social service, MH, or SUD treatment. Screening scores determine access to MHB-funded program, for intensive weekly in-person counseling and the option for groupwork, using a Cognitive Behavioral Therapy approach. PY26-PY27

<b>Cunningham Children's Home</b>	ECHO Housing & Employment Support	Closing the Gaps in Access and Care	\$203,710	Housing First Approach: prioritized permanent housing as a platform from which participants can pursue goals and improve quality of life. Customized Employment: this program connects eligible participants with Illinois workNet as an approach towards competitive employment for individuals with significant disabilities that's based on determination of the individuals' strengths, needs, and interests. Case management: assists participants in applying for eligible benefits. PY25-PY26
<b>Crisis Nursery</b>	Beyond Blue-Champaign County	Thriving Children, Youth, and Families	\$90,000	Supports mothers experiencing perinatal depression, with a focus on the mental health and well-being of children and families, by strengthening the parent child bond through playgroups, support groups, and home visiting services. Provides screenings, home visits for assessment, Parent Child Interaction and support groups, respite, linkage to other resources, community and health provider education, consultation for other professionals. Through coordination with the Home Visitors Consortium, focuses on families identified as experiencing perinatal depression and blends this programming with other funding to focus on the development of children birth-3 years. PY26-PY27
<b>Courage Connection</b>	Courage Connection	Healing from Interpersonal Violence	\$128,038	"... Our clients are not just victims, they are survivors. They have survived interpersonal violence, and are reaching out to us to find healing. According to Boston University, interpersonal violence, also called intimate partner violence or domestic violence, is a pattern of behavior used to establish power and control over another person. Through our counseling and advocacy programs, we walk alongside our clients on their healing journey as we help them restore their sense of personal freedom, power, and well-being. All our services are also victim services but we also want to focus on this healing aspect of our work." MHB funds portions of individual and family counseling and therapy, various supports, the hotline, emergency and transitional housing, advocacy, etc. PY25-PY26
<b>Community Service Center of Northern Champaign County</b>	Resource Connection	Closing the Gaps in Access and Care	\$70,667	A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other social services. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, transportation, clothing and shelter coordination, and similar services for over 1,500 households in northern Champaign County. PY26-PY27
<b>Champaign County RPC Head Start/Early Head Start</b>	Early Childhood Mental Health Services (see below for additional DD portion)	Thriving Children, Youth, and Families	\$171,663	Adds four specialized staff to enhance Head Start program with mental health supports. Research across disciplines has identified the importance of preschool as a prevention. Preschool plays a role in shrinking the achievement gap as well as slowing the flow of the school-to-prison pipeline. Participation in preschool impacts important quality-of-life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. These outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem-solving during the critical window between birth and 5 years. (\$171,663 of the total contract is for MH services, \$216,800 for I/DD.) PY25-PY26
<b>CU at Home</b>	Shelter Case Management	Safety and Crisis Stabilization	\$256,700	To meet the client's essential needs in the midst of that crisis, the program provides services in a 24/7, non-congregate, trauma informed environment, including: intensive case management and care coordination to assist the client in moving toward stability, and ultimately community integration; peer support and life skills support services; linkage to other resources; etc. Mid-Barrier shelter and Advanced phases. The program eliminates the need for clients to be homeless, decreases their contact with law enforcement, or the need for clients to seek stability through hospitalization. PY25-PY26
<b>CU Early</b>	CU Early (see below for additional DD portion)	Thriving Children, Youth, and Families	\$64,578	Bilingual home visitor for at risk Spanish speaking families, serving expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development. 2020 IECAM data on Champaign County estimated there were 1,157 children under age 5 who speak Spanish, that 555 Spanish speaking children were under 3, and that 1,188 children under 2 lived in poverty. (\$64,578 of the total contract relates to mental health, another \$16,145 to I/DD.) PY25-PY26

<b>Cunningham Children's Home</b>	Families Stronger Together	Thriving Children, Youth, and Families	\$282,139	Trauma informed, culturally responsive, and therapeutic and preventative services to youth... involved in or vulnerable to being involved in the juvenile justice system. Includes assessment of youth and their families, development of goals specific to them, range of therapeutic services, cross-system collaboration and referrals, etc. Primarily focused on preventative services for the younger population. FST can offer early intervention services to Treatment Plan Client (TPC) youth and families. The FST program uses the ARC framework in working with these youth, families, and community. PY25-PY26
<b>Don Moyer Boys &amp; Girls Club</b>	CU Change	Thriving Children, Youth, and Families	\$85,575	High yield programming for youth 10-17 includes regular engagement, mental health assessment and support, life skills development, financial literacy, career development, social skills enhancement, intensive case management... to address issues encountered in the educational setting, social settings, family, and community. With a focus on... stabilization of the family unit to support youth in graduating from high school with a plan for the future. PY25-PY26
<b>Don Moyer Boys &amp; Girls Club</b>	Community Coalition Summer Initiatives	Thriving Children, Youth, and Families	\$100,000	Supports youth and community mental health needs during critical out-of- school time over the summer months, when a lack of services is prevalent. Focused on violence prevention, enhancement of positive community engagement, academic enrichment, recreational activities, arts exploration, and leadership skill building. Services and supports by specialized providers, through subcontracts with Don Moyer Boys and Girls Club. The Champaign County Community Coalition and DMBGC support and reinforce System of Care principles and values, particularly relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the Champaign County Community Coalition and the CCMHB. PY25-PY26
<b>East Central IL Refugee Mutual Assistance Center ("Refugee Center")</b>	Family Support & Strengthening	Thriving Children, Youth, and Families	\$75,441	The Refugee Center, a designated Illinois Welcoming Center, offers immigrant, refugee, and asylee clients one-stop wraparound case management services, screening, application for public benefits, linkage to citizenship, employment, and ESL/ELL programs, support for public school access and registration, interpretation and translation, as well as assistance with orientation and life in the US. Bilingual staff. The goal is to help clients become self-sufficient and develop a support system in the community. The office is located in the lower level of the CU Public Health building. PY26-PY27
<b>Family Service of Champaign County</b>	Counseling	Closing the Gaps in Access and Care	\$143,322	Affordable, accessible counseling services to families, couples and people of all ages, including children as young as 5. Also serves Drug Court clients and participates in Specialty Courts collaboration. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anger management, anxiety, abuse, substance abuse/dependency and trauma. Strength-based, client-driven services utilize family and natural support systems and are respectful of clients' values, beliefs, traditions, customs, and personal preferences. A new program component is Art Therapy. PY26-PY27
<b>Family Service of Champaign County</b>	Self-Help Center	Closing the Gaps in Access and Care	\$38,191	Self-Help Center maintains and publishes information about and referral to local support groups. Provides information about local self-help groups and provides training, assistance, and publicity for group facilitators in Champaign County. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops (two in PY26), biennial conference in PY27, educational packets and maintains a lending library of resource materials. PY26-PY27
<b>Family Service of Champaign County</b>	Senior Counseling & Advocacy	Closing the Gaps in Access and Care	\$214,360	Caseworkers assist seniors (60 or older) with multiple needs in terms of their emotional and/or physical health, as well as their requesting assistance in completing numerous applications and contacts with various safety net programs and service providers. Includes counseling, Aging Service Navigators, PEARLS coaching, Creativity on Wheels, and more. Services are provided via direct help, internal & outside referrals to HomeCare, Senior Transportation, and Meals on Wheels. PY26-PY27
<b>First Followers</b>	FirstSteps Reentry House	Safety and Crisis Stabilization	\$69,500	Transition houses and various supports for people returning home to Champaign County after incarceration. Rent-free housing in homes donated by the Housing Authority of Champaign County, for up to four people at a time; furniture, appliances, computers, kitchen equipment, exercise equipment, basic clothing items, and food until the person has the means to pay either through employment or Link Card. Staff assist residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. Projected length of engagement is 3-12 months. PY25-PY26

<b>First Followers</b>	Peer Mentoring for Re-Entry	Safety and Crisis Stabilization	\$95,000	Formerly incarcerated individuals serve as peer mentors of the program as well as providing the direct support to clients who are re-entering their home community. Provides Drop In Center, Workforce Development Course, Family Support and Trauma-Informed Care, counseling and social/emotional supports, housing, assistance in accessing photo IDs and transportation, and more. PY25-PY26
<b>GCAP</b>	Advocacy, Care, and Education	Closing the Gaps in Access and Care	\$61,566	Addresses existing gaps in care for people living with HIV/AIDS (PLWHA)... holistic support, empowering individuals through: Independent Living Skills (education on life skills, budgeting, managing finances, and building self-reliance); Transportation Assistance (access to essential services, appointments, and opportunities); and Social Connection & Belonging (access to community activities, learning, and peer support). People to be served are those in GCAP transitional or emergency/rapid rehousing units, those who are unsheltered or at risk of becoming unsheltered and interested in GCAP housing or supportive services, and those receiving emergency assistance. PY25-PY26
<b>GROW in Illinois</b>	Peer Support	Closing the Gaps in Access and Care	\$157,690	A peer support group assisting with personal recovery and mental health of individual sufferers which may include addictions. Through leadership and community building, individuals attending weekly group meetings are given the tools and support to help them in their recovery and personal growth. Weekly group meetings / Organizer and Recorder meetings, Leaders meetings, and a monthly socials. Groups (3 to 15 members) include in-person as well as virtual sessions for men and for women, and are held in various locations, including the Champaign County Jail. PY25-PY26
<b>Immigrant Services of Champaign-Urbana</b>	Immigrant Mental Health Program	Closing the Gaps in Access and Care	\$200,256	Holistic case management program focuses on addressing clients' unique needs by developing personalized service plans. Clients actively participate in shaping their plans, including housing, legal referrals, school enrollment, advocacy, medical case management, and crisis intervention. Also offers supportive programs like the Mental Health Program, Household Provisioning, Transportation Program, and Emergency Food Assistance Program. PY26-PY27
<b>Promise Healthcare</b>	PHC Wellness	Closing the Gaps in Access and Care	\$125,000	Case Managers and Community Health Workers provide assistance to patients to address barriers to care, access to transportation, Medicaid and Marketplace insurance enrollment, Promise Sliding Fee Scale enrollment, SNAP enrollment, and enrollment in Medication Assistance Programs. Accepts outside referrals for behavioral health services and enabling services. Staff will assess patient need for enabling services and assist individuals in accessing behavioral health services. PY26-PY27
<b>Promise Healthcare</b>	Mental Health Services	Closing the Gaps in Access and Care	\$360,000	Mental health providers and counselors offer behavioral health services to patients with various conditions, including bipolar disorder, ADHD, anxiety, and depression. Promise utilizes Nextgen Electronic Health Record for reporting and patients are included in the care planning process. Will increase addiction services and Medication Assisted Treatment for SUD patients. Counseling and psychiatry available at Frances Nelson, Promise Healthcare, Promise Urbana School Health Center, and by appointment. PY26-
<b>Rape Advocacy, Counseling &amp; Education Services</b>	Sexual Trauma Therapy Services	Healing from Interpersonal Violence	\$196,205	Trauma therapy, crisis intervention, and legal and medical advocacy services for survivors of sexual assault. The agency uses a survivor-centered approach, involving clients in the decision-making process. Crisis intervention services are available 24/7 through the agency's hotline and walk-in services. Medical advocacy is also available 24/7. Treatment approaches include EMDR, cognitive behavioral therapy, and arts-based therapy; clients may choose individual, family, or group therapy, or a combination. Legal advocates assist survivors in navigating the legal system. In 2023, funding was secured for a bilingual advocate position. The agency also has an outreach program, including a Community Outreach Therapist and a Prevention Program. PY26-PY27
<b>Rape Advocacy, Counseling &amp; Education Services</b>	Sexual Violence Prevention Education	Healing from Interpersonal Violence	\$108,115	RACES offers various programs to prevent and respond to child sexual abuse, including the K-5-Second Step Child Protection Unit; Middle School-Boundaries Matter, Safer Relationships; High School-I [Heart] Consent, Darkness to Light, Professional trainings, and Bar Outreach programs. These programs allow participants to choose how they engage with these topics, promoting safety and immediate response to abuse. Funding for prevention work is limited, but support from CCMHB has increased programming and access to RACES services in Champaign County. PY26-PY27



Rosecrance Central Illinois	Benefits Case Management	Closing the Gaps in Access and Care	\$84,625	Benefits Case Manager assists clients with benefits enrollment, outreach and education, benefits counseling, and assistance with obtaining myriad resources available to behavioral health client. The program aims to help clients obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. May also assist clients with access to housing, employment, healthy food, and other resources. PY25-PY26
Rosecrance Central Illinois	Crisis Co-Response (CCRT)	Safety and Crisis Stabilization	\$240,000	CCRT is transitioning from crisis diversion to Behavioral Health Urgent Care, focusing on community-based care to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services, and increasing individual's capacity to engage in treatment, while offering law enforcement an alternative to formal processing. CCRT emphasizes rapid access to Behavioral Health Urgent Care, with same-day support services...peer engagement and stabilization planning. PY25-PY26
Rosecrance Central Illinois	Recovery Home	Closing the Gaps in Access and Care	\$100,000	An alcohol and drug-free environment that provides individuals a safe, supportive living environment. Individuals go through a peer support recovery program while developing independent living skills in a community setting. Staff assist clients in addressing "problems in living" and the social determinants of health. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports. PY25-PY26
WIN Recovery	Community Support ReEntry Houses	Safety and Crisis Stabilization	\$183,000	Gender-responsive, trauma-informed, health-promoting services for women and gender minorities, as an alternative to incarceration upon reentry. Service navigation and assistance to meet individualized self-identified needs that may include housing, case management, support plan with self-identified goals and assessments of progress, physical/mental/emotional health care services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer-facilitated support groups, civic participation/community outreach, family therapy/reunification, compliance with parole/probation/DCFS/other, and recovery-based programming. All residents are provided curriculum books for trauma, parenting, and recovery classes.
Uniting Pride	Children, Youth & Families Program	Thriving Children, Youth, and Families	\$190,056	Uniting Pride works to create a county inclusive of LGBTQ+ children, youth, adults, and families by providing programming and support across the lifespan. Assists individuals dealing with depression, anxiety, substance use, suicidal ideation. Support groups meet in-person and/or on Zoom depending on participant preferences. Provides trainings to organizations, agencies, schools to build inclusive communities accepting of LGBTQ+ members. The agency has launched a food pantry, increased free gender-affirming clothing program, and greatly expanded online resources. PY25-PY26
			<b>\$4,695,362</b>	<b>CCMHB Total Investment in Programs other than DD</b>

Champaign County Mental Health Board's I/DD programs for PY2026 (7/1/25-6/30/26)				
CCRPC - Head Start/Early Head Start	(see above for additional MH portion)	Collaboration with CCDDDB (portion for DD services)	\$216,800	Addresses social-emotional concerns in the early childhood period and identifies developmental issues and risk. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. (\$171,663 of the total contract is for MH services, \$216,800 for I/DD.) PY25
Developmental Services Center (DSC)	Family Development	Collaboration with CCDDDB	\$702,000	Serves children birth to five years, with or at risk of developmental disabilities, and their families. Culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. PY26-PY27

CU Early	(part of CU Early contract described above)	Collaboration with CCDDDB (portion for DD services)	\$16,145	Bilingual home visitor for at risk Spanish speaking families, serving expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development. 2020 IECAM data on Champaign County estimated there were 1,157 children under age 5 who speak Spanish, that 555 Spanish speaking children were under 3, and that 1,188 children under 2 lived in poverty. (\$64,578 of the total contract relates to mental health, another \$16,145 to I/DD.) PY25-PY26
			<b>\$934,945</b>	<b>Total CCMHB Investment in Agency I/DD Supports and Services</b>

### Champaign County Developmental Disabilities Board programs for PY2026 (7/1/25-6/30/26)

Agency	Program	Focus	\$ Amount	Summary
Champaign County Regional Planning Commission- Community Services (CCRPC)	Decision Support PCP	Advocacy and Linkage	\$425,042	Conflict-free case management and person-centered planning, transition from high school to adult life, identification of desired supports (for future system planning), and case management services for dually diagnosed adults. Conflict-free person-centered planning and case management services provided to eligible people. Outreach to high school professionals and families before IEP meetings to offer transition planning services for people with I/DD nearing graduation from secondary education. Staff attend scheduled events in the community to engage underserved populations, providing opportunities for preference assessment. Online survey opportunities and focus groups are used to gather data from people about service preferences. Dual Diagnosis Case Manager uses Cognitive Behavioral Therapy approach for visits. Case Manager works with clients on development/achievement of desired goals.
Community Choices, Inc.	Customized Employment	Work Life	\$256,000	Customized employment focuses on individualizing relationships between employees and employers, resulting in mutually beneficial relationships. Discovery identifies strengths, needs, and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations and supports and provides limited job coaching. Long-term Support provides support to maintain and expand employment. Supported Experiences for First Time Job Seekers offers classroom and intensive job-shadowing in a 12-week program for first-time job seekers and others seeking additional experiences.
Community Choices, Inc.	Inclusive Community Support	Home Life	\$233,000	Services are provided flexibly in the form of opt-in classes and workshops, short term planning opportunities, and on-going, intensive case management supports. Family-Empowered Support: personalized planning, Family Resource Workshops, and Personalized Development Classes. Team-Driven Support (ala carte): choice of specific services and supports in any domain, short or long term. HBS (Home Based Support) Basic Self-Direction Assistance (SDA): Individuals with state-funded HBS may choose an SDA to aid in the basic management of their personal support workers. (Paid for through Waiver Funding).
Community Choices, Inc.	Self Determination Support	Community Life	\$228,000	Family Support & Education: educating families on the service system, helping them support each other, and advocating for improved services through public quarterly meetings and individual family consultation. Leadership & Self-Advocacy: opportunities to learn and demonstrate self-advocacy skills, a Human Rights & Advocacy group, and facilitation of ongoing projects. Building Community: Social Opportunities for adults with I/DD to explore their communities; Urban Explorers community opportunities with support from CC staff; Community Coaching: social skills development, tech training, interest exploration, individual and group connections. Cooperative Facilitation: management of resources to build cooperative communities, including member online platforms, individual membership connections, and the dissemination of coop news and

Community Choices, Inc.	Staff Recruitment and Retention	Strengthening the I/DD Workforce	\$48,000	Provides staff compensation that is in line with their value to our community, to recruit highly qualified staff, and to build the leadership capacity needed for the organization's future growth. We have always prioritized paying a fair and living wage to our staff and to creating a culture of collaboration and respect. As starting wages grow in our community and across the field, and as our organization grows, additional attention is needed to ensure our commitment to our staff can continue. New hire bonuses, retention bonuses, and leadership development bonuses. PY26-PY27
Community Choices, Inc.	Transportation Support	Personal Life	\$243,000	Addresses barriers that many people with I/DD have in accessing and being engaged in the community. Transportation Coordination and Training: A dedicated staff person manages, schedules, and trains participants on the use of our transportation options as well as existing options (MTD, Uber, Lyft, etc) and the additional tools, technologies, and apps that can make those options safer and more accessible. Personalized Driver Services: CC drivers will be available from 8am-8pm on weekdays to provide scheduled rides to members according to their needs and preferences. Cost-free rides will be door to door with personalized reminders/arrival confirmations. Group rides will also be available for CC structured events.
DSC	Clinical Services	Personal Life	\$263,000	Mental health and behavioral expertise to support people with I/DD. Counseling assessment and planning; individual, family, and group counseling; crisis response/intervention, short-term, long-term counseling. Initial/annual psychiatric assessment, quarterly medication review, and individual planning consultation. Psychological assessment, including new prospective participants (eligibility determination) and for changes in level of functioning. DSC seeks clinicians and options beyond the consultants enlisted to support people seeking/receiving services. State funding is maximized prior to the use of county funding. Staff Support Specialist provides staff training and dedicated resources to improve behavioral support and enhance participant engagement.
DSC	Community Employment	Work Life	\$523,000	Assists people to find and maintain jobs. Getting Started: interviews with the person and others; daily observation; exploration of job interests; review of employment/volunteer history. Applying for Jobs: traditional and non-traditional approaches to interviewing/hiring. Getting the Job and Ongoing Support: job orientation, navigating transportation options, mastery of specific job responsibilities, potential accommodations, adaptive tools, development of natural supports, foster relationship with supervisor and coworkers. Supported Employment: establish volunteer/paid work options for those with significant support needs, increase skills in work preparedness, and create niches for small group of people within local businesses. Employment Plus: addresses work/life balance through planned get-togethers.
DSC	Community First	Community Life	\$990,000	Community connection through participation in recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. Personalized support based on individual interests with choice identified through the personal plan, self-report, and surveys completed prior to the rotation of group offerings. Supports people with a wide range of interests, abilities, and needs, with people choosing from a diverse menu of activities, over 30 options.
DSC	Community Living	Home Life	\$628,000	Program optimizes independence, community engagement, and self-sufficiency. Staff provide individualized training, support, and advocacy and assist people with independent living skills, health and wellness, community access, various financial supports, and technology. Emergency Response is available after hours and on the
DSC	Connections	Community Life	\$122,000	Community-based alternative encouraging personal exploration and participation in the arts/artistic expression, promoting life enrichment and alternative employment. Introduces and supports people to experience a creative outlet, promote self-expression, and profit from products they create/produce. Encourages people to be creative and offers a welcoming venue for a variety of events. Groups and classes vary and are based on the interests and requests of program participants. Program hosts on-site events to promote collaboration and a venue for like-minded community artists.

DSC w/ Community Choices	Employment First	Work Life	\$102,500	Promotes a culture shift for the roles and contributions of people with disabilities as members of the workforce in Champaign County. Outreach and incentive for the business community promoting inclusion and prioritizing employment for people with disabilities. Champaign County Directory of Disability-Inclusive Employers reflects and promotes businesses identified as inclusive. Advocacy and connections with Division of Rehabilitation Services, Rotaries, Chambers of Commerce, and more.
Developmental Services Center	Individual & Family Support	Personal Life	\$320,000	Resource Coordinator supports families to access much needed services. Financial support from CCDDDB has afforded families to benefit from temporary breaks through support such as traditional respite, CUSR camps, after-school programs, and summer camps with specialized supports. Other examples have included YMCA and fitness club memberships; overnight trips to conferences; social skills training; and therapy/sensory/accessibility equipment not funded by insurance. Resource Coordinator's advocacy efforts focus on input from adult participants and includes curriculum provided by The Alliance. Assessment, education and access to resources on healthy relationships and sexuality are also priorities of this program.
DSC	Service Coordination	Advocacy and Linkage	\$500,000	Works with ISC and CCRPC Disability Services Program to develop Personal Plans and Implementation Strategies for county-funded and waiver participants. Supports people to be as active as possible in the development of their plan and to speak up for what they want. Offers intake screening; advocacy; assessments; medical support; crisis intervention; 24-hour on-call emergency support; referral and collaboration with other providers; linkage to services; apply for and maintain enrollment in SSDI and SSI and "Extra Help"; coordinate and assist with Medicare eligibility and enrollment; Representative Payee support; access tax professionals for filing federal and state taxes; legal support; and housing support.
DSC	Workforce Development and Retention	Strengthening the I/DD Workforce	\$244,000	Strengthens and stabilizes the workforce through training, support, and recognition/reward. Program utilizes trainings, resources, and tools for staff through NADSP membership. New employees will be provided hiring bonus after completing required agency training. Retention/incentive bonuses are paid to keep key employees during the workforce crisis. Retention bonuses occur twice per year in recognition of staff enduring the challenges of a compromised work force and for the long-term effects of high turnover and frequent vacancies. PY25-PY26
PACE	Consumer Control in Personal Support	Personal Life	\$45,972	The PSW program supports consumers with I/DD during their PSW search while choosing, interviewing, and selecting PSWs. This program assists consumers with I/DD in achieving their goals of gaining more independence by living in the environment of their choosing and having control of their services. It supports consumers and PSWs with instructions, guidance, and training on how to utilize technologies to connect with PSWs.
			<b>\$5,171,514</b>	<b>CCDDDB Total Investment in Supports for People with I/DD</b>

### CCMHB-CCDDDB I/DD Special Initiatives programs for PY2026 (7/1/25-6/30/26)

Agency	Program	Focus	\$ Amount	Summary
CCRPC- Community Services	Community Life Short Term Assistance	Community Life	\$232,033	Provides financial assistance, along with supportive services to address needs and desires of furthering community life for adults with I/DD... [to] access social, developmental, and leisure activities, that may not otherwise be financially accessible... assisting individuals with I/DD toward further understanding, confidence building and longer-term self-sufficiency. People can also access items and activities that promote their overall well-being. PY25-PY26
			<b>\$232,033</b>	<b>IDDSI Fund Total Investment in Supports for People with I/DD</b>

### Other supports funded by Champaign County Mental Health & Developmental Disabilities Boards

Alliance for Inclusion and Respect	Community Events	Anti-Stigma, MI/SUD/ID/DD	CCMHB, some CCDDDB	Community events, including: sponsorship and discussions of art which challenges stigma; coordination, promotion, and marketing of artists/entrepreneurs with disabilities, including through special events and community opportunities as they arise; social media campaigns. Costs vary with opportunities for events and exhibits and are offset by member contributions and in-kind.
--	---------------------	------------------------------	-----------------------	---

<b>Cultural and Linguistic Competence Coordination</b>		Trainings and Consultations	for funded programs and board/staff	CCDDDB/CCMHB	Support to organizations serving or supporting people, in the areas of: Cultural and Linguistic Competence and the Enhanced National CLAS (Culturally and Linguistically Appropriate Services Standards); Working with Culturally Diverse Populations; Positive Youth Development; Asset Building for Youth; Ethical Communication; Building Evaluation Tools; System of Care Development; Addressing Mental Health Disparities; Systemic Racism; Community Engagement.
<b>disAbility Resource Expo</b>		Annual Expo Event	Anti-Stigma, MI/SUD/I/DD	CCDDDB/CCMHB	A well-known, family-friendly event with information and resources from over 100 organizations, to promote a better quality of life for people with disabilities. Resource book available year round, hard copy and reflected in a comprehensive searchable online directory. Costs are offset by significant contributions from sponsors and exhibitors as well as in-kind contributions.
<b>211 (with United Way)</b>		211	Information and Referral	CCDDDB/CCMHB	To improve resource visibility through a call service, this project has been supported through local partnership of CCDDDB/CCMHB and United Way of Champaign County. Staffed 24/7 to refer callers to the most appropriate source of assistance. Employs a database comprised of services which include health and human services, governmental agencies, non-for-profit organizations, and much more.
<b>Mental Health First Aid Trainings</b>		Adult, Youth, Teen, and Public Safety modules	Open to community, limited series	CCDDDB/CCMHB	Mental Health First Aid is a course designed to identify and understand signs and symptoms to provide the initial support for a person who is experiencing mental health challenges and/or challenges with substance use disorders. MHFA for Adults and Adults Assisting Youth has a virtual option, as well as blended learning for both an in-person and self-paced course. Teen MHFA: this in-person training teaches high school students about common mental health challenges and what they can do to support their own mental health and help a friend who is struggling, equipping them with the knowledge and skills to foster their own wellness and support each other. The in-person course normally costs about \$45.00 per person, virtual about \$30.00.
<b>Monthly Workshops</b>		Trainings, Presentations, Discussions	Open to funded programs and community	CCDDDB/CCMHB	Typically 2-3 hours and held on the last Thursday of each month. Sessions are free of charge, offer CEUs for various (QIDPs, LCSWs, and others as appropriate), and are on topics of interest to case managers, family members, social workers, and other stakeholders. Many topics are as requested. A goal is to develop topics for direct support professionals and find best time/location to offer them sessions.
<b>Student Projects</b>	Community Learning Lab and Other	Community and CCMHB/CCDDDB		CCDDDB/CCMHB	CCMHB/CCDDDB staff work with student groups on projects of interest to the boards and community, to strengthen systems of care for people with MI, SUD, or I/DD. Students have helped improve online resource information, reported on literature review of barriers to adequate social services workforce, explored best practices for outreach to rural residents, improved presentation of aggregate data from funded programs, designed marketing plans for entrepreneurs with disabilities, and more.
<b>UIUC Family Resource Center</b>	Building Program Evaluation Capacity	Supports CCMHB/CCDDDB funded programs		CCDDDB/CCMHB	Research project to improve the system of collection, reporting, and analysis of program performance measures across diverse service provider agency programs. Works closely with an advisory workgroup and selected target programs and follows up with previous target programs. Funded programs are encouraged to use the consultation bank, repository of outcomes systems, trainings, and presentations. Also assists CCDDDB/CCMHB staff with enhancements of funding application materials and subsequent reports.

## CCMHB 2025 Board to Board Liaison

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