



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

Champaign County Mental Health Board (CCMHB) Meeting Agenda **Wednesday, November 19, 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. Approved 2025 Schedules, Draft 2026 Schedules, and PY27 Allocation Timeline**
(pages 3-10) *No action is needed.*
- V. CCMHB Acronyms and Glossary** (pages 11-22) *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 23-30)*
Action is requested to approve the minutes of the CCMHB's October 22, 2025 meeting and CCDDDB-CCMHB October 29, 2025 joint study session.
- X. Vendor Invoice Lists** (pages 31-44)*
Action is requested to accept the "Vendor Invoice Lists" and place them on file.
- XI. Old Business**
 - a) **Input from Stakeholders** (pages 45-52)
Included for information only are communications with stakeholders which were used to revise initial drafts of the new Three-Year Plan and Funding Priorities.
 - b) **CCMHB Three Year Plan with One-Year Objectives** (pages 53-66)*
*A decision memorandum seeks board approval of the DRAFT CCMHB Three Year Plan for 2026-2028 with Objectives and Tactics for 2026. Action is requested**
 - c) **CCMHB PY2027 Funding Priorities** (pages 67-88)*
*A decision memorandum presents CCMHB funding priorities and decision support criteria for Program Year 2027. Action is requested**
 - d) **CCMHB Requirements and Guidelines for Allocation of Funds** (pages 89-110)*
*A decision memorandum seeks board approval of the DRAFT Revised CCMHB Requirements and Guidelines for Allocation of Funds. Action is requested**
- XII. New Business**
NONE
- XIII. Reports**
 - a) **Staff Reports** (pages 111-128)

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** *deferred.*

d) **disAbility Resource Expo Update** *deferred.*

See also <https://disabilityresourceexpo.org>

e) **First Quarter PY2026 Funded Program Service Reports** (pages 129-170) *For information are first quarter service activity reports for CCMHB programs funded in PY2026.*

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

XV. Board to Board Reports (page 171)

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 or leon@ccmhb.org any comments for us to read aloud during the meeting. The Chair reserves the right to limit individual time to five minutes and total time to twenty minutes. All feedback is welcome.

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

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

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



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 to confirm meeting times and locations.

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

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

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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 or 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*

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CCMHB 2026 Meeting Schedule

5:45PM the Wednesday following the third Monday of each month, plus study sessions and off-cycle meetings
Scott M. Bennett Administrative Center, 102 E. Main Street, Urbana, IL
<https://us02web.zoom.us/j/81393675682> (if it is an option)

January 21, 2026 – Shields-Carter Room
January 28, 2026 – *Study Session* - Shields-Carter Room
February 18, 2026 – Shields-Carter Room
March 18, 2026 – Shields-Carter Room
March 25, 2026 – *Study Session* - Shields-Carter Room
April 22, 2026 – Shields-Carter Room
April 29, 2026 – *Study Session* - Shields-Carter Room
May 20, 2026 – *Study Session* - Shields-Carter Room
May 27, 2026 – Shields-Carter Room (*off cycle*)
June 24, 2026 – Shields-Carter Room (*off cycle*)
July 22, 2026 – Shields-Carter Room
August 19, 2026 – Shields-Carter Room – *tentative*
September 23, 2026 – Shields-Carter Room
September 30, 2026 – *Joint Study Session w CCDDDB* - Shields-Carter
October 21, 2026 – Shields-Carter Room
October 28, 2026 – *Study Session* - Shields-Carter Room
November 18, 2026 – Shields-Carter Room
December 9, 2026 – Shields-Carter Room (*off cycle*)

This schedule is subject to change due to unforeseen circumstances.

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CCDDB 2026 Meeting Schedule

9:00AM the fourth Wednesday of each month

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

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

January 28, 2026 – Shields-Carter Room

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

March 25, 2026 – Shields-Carter Room

April 22, 2026 – Shields-Carter Room

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

May 27, 2026 – Shields-Carter Room

June 24, 2026 – Shields-Carter Room

July 22, 2026 – Shields-Carter Room

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

September 23, 2026 – Shields-Carter Room

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

October 28, 2026 – Shields-Carter Room

November 25, 2026 – Shields-Carter Room

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

This schedule is subject to change due to unforeseen circumstances.

Meeting information is posted, recorded, and archived at

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

Please check the website or email stephanie@ccmhb.org to confirm meeting times and locations.

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IMPORTANT DATES

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

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

11/28/25 Public Notice of Funding Availability to be published 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.

1/21/26 Regular Board Meeting
Mid-Year Program Presentations

1/28/26 Study Session: Mid-Year Program Presentations

1/28/26 Agency PY26 2nd Quarter 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).

2/18/26 Regular Board Meeting
Discuss list of PY27 Applications and Review Process

3/18/26 Regular Board Meeting

3/25/26	Study Session
4/15/26	<i>Program summaries released to Board, posted online with CCMHB April 22 meeting packet.</i>
4/22/26	Regular Board Meeting Board Review of Funding Requests
4/29/26	Study Session Continued Board Review of Funding Requests
4/29/26	<i>Agency PY2026 3rd Quarter Reports due.</i>
5/13/26	<i>Allocation scenarios released to Board, posted online with CCMHB May 13 study session packet.</i>
5/20/26	Study Session Discussion of PY2027 Allocations
5/27/26	Regular Board Meeting – off cycle 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>
6/24/26	Regular Board Meeting – off cycle 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>
7/22/26	Regular Board Meeting Draft FY2027 Budgets

8/19/26	Regular Board Meeting – tentative
8/26/26	<i>Agency PY2026 4th Quarter reports, CLC progress reports, and Annual Performance Outcome Reports due.</i>
9/23/26	Regular Board Meeting Draft Three Year Plan 2025-27 with 2027 Objectives
9/30/26	Joint Study Session with CCDDb
10/21/26	Regular Board Meeting Draft Program Year 2028 Allocation Criteria
10/28/26	Study Session
10/28/26	<i>Agency PY2027 First Quarter Reports due.</i>
11/18/26	Regular Board Meeting 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	Regular Board Meeting – off cycle
12/18/26	<i>Online system opens for applications for PY28 funding.</i>
12/31/26	<i>Agency Independent Audits, Reviews, Compilations due.</i>

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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—October 22, 2025

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

MEMBERS PRESENT: Alejandro Gomez, Molly McLay, Tony Nichols, Kyle Patterson, Emily Rodriguez, Jon Paul Youakim

MEMBERS EXCUSED: Chris Miner, Elaine Palencia, Jane Sprandel

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

OTHERS PRESENT: Jacinda Dariotis, UIUC; Zeus Dariotis, Resident; Marcellis Williams, Legacy Way Foundation; Brenda Eakins, GROW in Illinois; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Kelli Martin, DSC; Jessie Heckenmueller, Champaign County Regional Planning Commission (CCRPC)

CALL TO ORDER:

CCMHB President McLay called the meeting to order at 5:49 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.

OTHER BUSINESS - CLOSED SESSION:

MOTION: Chair McLay moved “to enter into Closed Session for Semi-Annual Closed Session Minutes Review pursuant to 5 ILCS 120/2 (c) (21). The following individuals will join this closed session: members of the Champaign County Mental Health Board and Executive Director Canfield.” Mr. Patterson seconded the motion. A roll call vote was taken at 5:56PM, and the motion passed.

Board members and Director Canfield moved to the Putman Conference Room for the closed session. At 6:05PM, Chair McLay called Open Session back to order, and a roll call was taken.

MOTION: Chair McLay moved “to accept the February 19, 2020, February 26, 2020, and July 21, 2021 closed session minutes as presented and to continue maintaining them as closed.” Ms. Rodriguez seconded the motion. A roll call vote was taken and the motion passed.

PRESIDENT’S COMMENTS:

CCMHB Chair Molly McLay reminded the group of next week’s joint study session.

EXECUTIVE DIRECTOR’S COMMENTS:

None.

APPROVAL OF MINUTES:

Minutes from the September 17, 2025 CCMHB meeting and September 24, 2025 CCDDDB-CCMHB Joint Study Session were included in the board packet for review.

MOTION: Chair McLay moved to approve the minutes of the CCMHB’s meeting September 17, 2025 and CCDDDB-CCMHB September 24, 2025 joint study session. Ms. Rodriguez 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: Chair McLay moved to accept the Vendor Invoice Lists as presented in the Board packet. Ms. Rodriguez seconded. A voice vote was taken and the motion passed.

OLD BUSINESS:

Revised 2026 Budget:

A memorandum requested approval of revisions to the previously approved CCMHB budget. Updated budget documents and the County presentations of CCDDb, CCMHB, and IDDSI budgets were included as background.

MOTION: Chair McLay moved to approve the REVISED 2026 CCMHB Budget, with anticipated revenues and expenditures of \$7,410,462. Mr. Patterson seconded. A roll call vote was taken and all members voted aye. The motion passed.

NEW BUSINESS:

Draft Revisions to CCMHB Funding Requirements:

For information, the packet included a draft revised “CCMHB Requirements and Guidelines for Allocation of Funds” and briefing memorandum on the proposed changes.

REPORTS:

Staff Reports

Staff reports were included in the packet.

Evaluation Capacity Building Project Update

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

Community Behavioral Health Needs Assessment Activities

Deferred.

disAbility Resource Expo Update

An oral update was provided. See also <https://disabilityresourceexpo.org>

PY2025 MHB Utilization Summaries

A report was included which summarized the utilization results of programs funded by the MHB during PY2025.

PUBLIC PARTICIPATION AND AGENCY INPUT:

Mr. Williams introduced himself and his organization, the Legacy Way Foundation, which hopes to offer housing stabilization and related services in Champaign County.

Cindy Crawford, CSCNCC, reported a positive experience with the Expo and explained how the coming federal cuts will impact clients of the Center.

Zeus Dariotis shared positive comments about the Disability Resource Expo, including that many communities were represented, that he bought art pieces and admired more of them, and that there was lots of candy and animals to pet.

BOARD TO BOARD REPORTS:

None.

COUNTY BOARD INPUT:

Ms. Rodriguez indicated that the County Board has chosen to use some fund balance to avoid deeper reductions in 2026 budgets.

CCDDB INPUT:

The CCDDB met this morning and approved a revised 2026 Budget.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 7:11 p.m.

Respectfully

Submitted by: Lynn Canfield
CCMHB/CCDDB Executive Director

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD and
DEVELOPMENTAL DISABILITIES BOARD
JOINT STUDY SESSION**

Minutes—October 29, 2025

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

5:45 p.m.

MEMBERS PRESENT: Molly McLay, Alejandro Gomez, Chris Miner (remote), Elaine Palencia, Vicki Niswander (remote), Anne Robin, Jane Sprandel, Jon Paul Youakim, Emily Rodriguez, Susan Fowler (remote), Kim Fisher (remote)

MEMBERS EXCUSED: Neil Sharma, Tony Nichols, Kyle Patterson

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

OTHERS PRESENT: Jessica Smith DSC; Angela Yost, Jessie Huckenmueller, CCRPC; Maria Jimenez, Immigrant Services of Champaign-Urbana; Awad Awad, UIUC Salaam Cultural Center; Lisa Wilson, The Refugee Center; Sanford Hess, Resident; Michael Palencia-Roth, Resident; Brenda Eakins, GROW

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.

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was included for information.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Ms. Niswander and Ms. McLay welcomed everyone.

ASSOCIATE DIRECTOR’S COMMENTS:

Associate Director Bryson introduced the speakers and topic.

STUDY SESSION: “Resources and Needs of Immigrants and Refugees”

Dr. Youakim introduced the study session and shared his experiences being a child of refugees and growing up in Urbana-Champaign as well as his experiences as a pediatrician serving refugee families.

Presenter bios and information regarding their organization were included in the packet.

Presenters were:

Maria Jimenez, Executive Director, Immigrant Services of Champaign-Urbana

Awad Awad, Director of the UIUC Salaam Cultural Center

Lisa Wilson, Executive Director, The Refugee Center

There was board discussion and an opportunity for board member questions following the presentations.

The packet also includes the following additional information:

- Results of Survey on Immigrant and Refugee Resources and Needs
- Champaign County Immigrant Needs Data 2024

PUBLIC PARTICIPATION AND AGENCY INPUT:

None.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 7:39 p.m.

Respectfully

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

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

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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										
Oct '25	IDD5I25-089	10/01/2025	100325A	52414	19,336.00	19,336.00	10/31/2025	INV	PD	IDD5I25-089 Community
CHECK DATE: 10/03/2025										
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
10076 ALLISON M BOOT										
0026	CHECK DATE: 10/03/2025	09/19/2025	100325A	52429	4,062.50	4,062.50	09/30/2025	INV	PD	Q3 2025 Expo/Air Coord
19587 DYLAN BOOT										
011	CHECK DATE: 10/03/2025	09/19/2025	100325A	52501	5,000.00	5,000.00	09/30/2025	INV	PD	Q3 2025 Disability Res
10703 BARBARA J. BRESSNER										
Q4 MHB25-046	CHECK DATE: 10/09/2025	10/01/2025	101025A	52728	2,500.00	2,500.00	10/31/2025	INV	PD	Q4 MHB25-046 2025 Disa
18805 C-U AT HOME										
Oct '25 MHB25-021	CHECK DATE: 10/03/2025	10/01/2025	100325A	52503	21,391.00	21,391.00	10/31/2025	INV	PD	MHB25-021 Shelter Case
1 CHAMPAIGN COUNTY TREASURER										
Oct '25 MHB25-004	CHECK DATE: 10/03/2025	10/01/2025	100325A	52411	4,523.00	4,523.00	10/31/2025	INV	PD	MHB25-004 Homeless Ser
Oct '25 MHB25-026	CHECK DATE: 10/03/2025	10/01/2025	100325A	52410	32,371.00	32,371.00	10/31/2025	INV	PD	MHB25-026 Early Childh
Oct '25 MHB26-006	CHECK DATE: 10/03/2025	10/01/2025	100325A	52417	5,325.00	5,325.00	10/31/2025	INV	PD	MHB26-006 Champaign Co
Oct '25 MHB26-025	CHECK DATE: 10/03/2025	10/01/2025	100325A	52412	6,362.00	6,362.00	10/31/2025	INV	PD	MHB26-025 Youth Assess
Oct '25 Office Rent	CHECK DATE: 10/03/2025	10/01/2025	100325A	52416	2,266.68	2,266.68	10/31/2025	INV	PD	Oct '25 office Rent 053
18254 CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER					50,847.68					
Oct '25 MHB26-029	CHECK DATE: 10/03/2025	10/01/2025	100325A	506972	8,333.00	8,333.00	10/31/2025	INV	PD	MHB26-029 Mental Heath
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS										
Oct '25 MHB25-066	CHECK DATE: 10/03/2025	10/01/2025	100325A	506973	8,750.00	8,750.00	10/31/2025	INV	PD	MHB25-066 Disability A

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Oct '25 MHB26-044 CHECK DATE: 10/03/2025		10/01/2025	100325A	506973	8,094.00	8,094.00	10/31/2025	INV	PD	MHB26-044 CHW Outreach
Oct '25 MHB26-045 CHECK DATE: 10/03/2025		10/01/2025	100325A	506973	8,607.00	8,607.00	10/31/2025	INV	PD	MHB26-045 Justice Invo
18263 BPR-FF LLC					25,451.00					
17836424 CHECK DATE: 10/31/2025		10/01/2025	103125A	53531	3,000.00	3,000.00	10/01/2025	INV	PD	Expo - Market Place Ma
10148 COMMUNITY SERVICE CENTER OF NORTHERN										
Oct '25 MHB26-008 CHECK DATE: 10/03/2025		10/01/2025	100325A	52520	5,888.00	5,888.00	10/31/2025	INV	PD	MHB26-008 Resource Con
18092 COURAGE CONNECTION										
Oct '25 MHB25-007 CHECK DATE: 10/03/2025		10/01/2025	100325A	52521	10,669.00	10,669.00	10/31/2025	INV	PD	MHB25-007 Courage Conn
10163 CRISIS NURSERY										
Oct '25 MHB26-005 CHECK DATE: 10/03/2025		10/01/2025	100325A	52522	7,500.00	7,500.00	10/31/2025	INV	PD	MHB26-005 Beyond Blue
18305 CUNNINGHAM CHILDRENS HOME										
Oct '25 MHB25-018 CHECK DATE: 10/03/2025		10/01/2025	100325A	52527	16,975.00	16,975.00	10/31/2025	INV	PD	MHB25-018 ECHO Housing
Oct '25 MHB25-036 CHECK DATE: 10/03/2025		10/01/2025	100325A	52527	23,511.00	23,511.00	10/31/2025	INV	PD	MHB25-036 Families Str
10170 DEVELOPMENTAL SERVICES CENTER OF					40,486.00					
Oct '25 MHB26-012 CHECK DATE: 10/03/2025		10/01/2025	100325A	52530	58,500.00	58,500.00	10/31/2025	INV	PD	MHB26-012 Family Devel
10175 DON MOYER BOYS & GIRLS CLUB										
Oct '25 MHB25-015 CHECK DATE: 10/03/2025		10/01/2025	100325A	52536	7,131.00	7,131.00	10/31/2025	INV	PD	MHB25-015 CU Change
10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Oct'25 MHB26-001 CHECK DATE: 10/03/2025		10/01/2025	100325A	52537	6,286.00	6,286.00	10/31/2025	INV	PD	MHB26-001 Family Suppo
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY										
Oct'25 MHB26-014 CHECK DATE: 10/03/2025		10/01/2025	100325A	52541	11,860.00	11,860.00	10/31/2025	INV	PD	MHB26-014 Counseling
Oct'25 MHB26-016 CHECK DATE: 10/03/2025		10/01/2025	100325A	52541	3,182.00	3,182.00	10/31/2025	INV	PD	MHB26-016 Self-Help Ce
Oct'25 MHB26-017 CHECK DATE: 10/03/2025		10/01/2025	100325A	52541	17,863.00	17,863.00	10/31/2025	INV	PD	MHB26-017 Senior Couns
10214 FIRST FOLLOWERS					32,905.00					
Oct'25 MHB25-003 CHECK DATE: 10/03/2025		10/01/2025	100325A	52543	7,916.00	7,916.00	10/31/2025	INV	PD	MHB25-003 Peer Mentori
Oct'25 MHB25-034 CHECK DATE: 10/03/2025		10/01/2025	100325A	52543	5,791.00	5,791.00	10/31/2025	INV	PD	MHB25-034 FirstSteps C
20173 GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL					13,707.00					
Oct'25 MHB25-022 CHECK DATE: 10/03/2025		10/01/2025	100325A	506980	5,130.00	5,130.00	10/31/2025	INV	PD	MHB25-022 Advocacy, Ca
10242 GROW IN ILLINOIS										
Oct'25 MHB25-011 CHECK DATE: 10/03/2025		10/01/2025	100325A	52546	13,140.00	13,140.00	10/31/2025	INV	PD	MHB25-011 Peer Support
20810 HA HAI PHAM										
000005 CHECK DATE: 10/31/2025		10/20/2025	103125A	53570	600.00	600.00	10/27/2025	INV	PD	Expo 10/18/25 Balloon
18394 ILLINI MEDIA GROUP										
PPR117738 CHECK DATE: 10/09/2025		10/02/2025	101025A	52781	549.00	549.00	10/08/2025	INV	PD	Expo - Radio Ads weeke
19785 IMMIGRANT SERVICES OF CHAMPAIGN-URBANA										
Oct'25 MHB26-010		10/01/2025	100325A	506984	16,688.00	16,688.00	10/31/2025	INV	PD	MHB26-010 Immigrant Me

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
20570 JP MORGAN CHASE BANK										
6233	9/30/25	09/30/2025	101025A	507059	618.48	618.48	10/14/2025	INV	PD	6233 8/29/25 - Acct #
CHECK DATE: 10/09/2025										
20274 JOY D. KNICKERBOCKER										
2025-14		10/15/2025	103125A	53582	337.50	337.50	11/15/2025	INV	PD	10/18 Face Painting 11
CHECK DATE: 10/31/2025										
10358 AUTOMATED COMMUNICATIONS, INC.										
441589		10/02/2025	101025A	52821	2,046.04	2,046.04	10/02/2025	INV	PD	Expo - 1,000 Clip-It H
CHECK DATE: 10/09/2025										
441999		10/17/2025	103125A	53588	2,887.95	2,887.95	11/16/2025	INV	PD	Resource Book, 689 pag
CHECK DATE: 10/31/2025										
10348 MCS OFFICE TECHNOLOGIES INC										
01-711160		09/19/2025	100325A	507001	67.50	67.50	10/19/2025	INV	PD	Service Ticket #53048
CHECK DATE: 10/03/2025										
01-711340		10/01/2025	101025A	507073	609.00	609.00	10/31/2025	INV	PD	Oct'25 MHB/DOB Managed
CHECK DATE: 10/09/2025										
01-711752		10/08/2025	102425A	507207	168.75	168.75	11/07/2025	INV	PD	Service Ticket #53408
CHECK DATE: 10/24/2025										
10374 MINUTEMAN PRESS										
85296		06/06/2025	101725A	53138	64.82	64.82	07/06/2025	INV	PD	100 Flyers: Disability
CHECK DATE: 10/17/2025										
87078		10/16/2025	102425A	53334	173.30	173.30	11/15/2025	INV	PD	Expo - Maps, Participa
CHECK DATE: 10/24/2025										
10791 ROSE PANEPINTO										
Expo 10/18/25		10/23/2025	103125A	53594	330.00	330.00	11/22/2025	INV	PD	5.5 Hr ASL Interpreter
CHECK DATE: 10/31/2025										
19320 MAURICE MEHLING										

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
000349	CHECK DATE: 10/24/2025	10/13/2025	102425A	53348	231.50	231.50	10/31/2025	INV	PD	Expo - T-shirts, Staff
18413	PROMISE HEALTHCARE									
Oct '25	MHB26-013	10/01/2025	100325A	52571	30,000.00	30,000.00	10/31/2025	INV	PD	MHB26-013 Mental Health
Oct '25	MHB26-041	10/01/2025	100325A	52571	10,416.00	10,416.00	10/31/2025	INV	PD	MHB26-041 Wellness
					40,416.00					
10453	QUILL CORPORATION									
45954435	CHECK DATE: 10/31/2025	09/29/2025	103125A	507259	102.63	102.63	10/29/2025	INV	PD	24In monitor widescreen
45961092	CHECK DATE: 10/09/2025	09/29/2025	101025A	507084	32.11	32.11	10/29/2025	INV	PD	Acct # 8197518
					134.74					
10464	RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES									
Oct '25	MHB26-002	10/01/2025	100325A	52572	9,009.00	9,009.00	10/31/2025	INV	PD	MHB26-002 Sexual Violence
Oct '25	MHB26-035	10/01/2025	100325A	52572	16,350.00	16,350.00	10/31/2025	INV	PD	MHB26-035 Sexual Trauma
					25,359.00					
10488	ROSEGRANCE, INC.									
Oct '25	MHB25-019	10/01/2025	100325A	52576	7,052.00	7,052.00	10/31/2025	INV	PD	MHB25-019 Benefits Case
Oct '25	MHB25-023	10/01/2025	100325A	52576	8,333.00	8,333.00	10/31/2025	INV	PD	MHB25-023 Recovery Home
Oct '25	MHB25-030	10/01/2025	100325A	52576	20,000.00	20,000.00	10/31/2025	INV	PD	MHB25-030 Crisis Co-Response
					35,385.00					
10595	UNITING PRIDE									
Oct '25	MHB25-009	10/01/2025	100325A	52598	15,838.00	15,838.00	10/31/2025	INV	PD	MHB25-009 Children, Youth
10583	UNIVERSITY OF ILLINOIS									

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
CEU1015 CHECK DATE: 10/24/2025		10/16/2025	102425A	53377	100.00	100.00	11/15/2025	INV	PD	SSW Co-Sponsor Fee
Oct '25 Award 112237 CHECK DATE: 10/03/2025		10/01/2025	100325A	52599	11,152.16	11,152.16	10/31/2025	INV	PD	MHB23-039 Building Age
10597 URBANA ADULT EDUCATION Oct '25 MHB25-042 CHECK DATE: 10/03/2025		10/01/2025	100325A	52600	6,726.00	6,726.00	10/31/2025	INV	PD	MHB25-042 C-U Early
20320 VICKI L THOMAS ASL INTERPRETER Exp'd 10/18/25 CHECK DATE: 10/31/2025		10/23/2025	103125A	53628	302.50	302.50	11/22/2025	INV	PD	5.5 Hr ASL Interpreter
10683 WIN RECOVERY INC Oct '25 MHB26-069 CHECK DATE: 10/03/2025		10/01/2025	100325A	52621	15,250.00	15,250.00	10/31/2025	INV	PD	MHB26-069 Community Su
58 INVOICES					497,962.42					

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

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2025 10 TO 2025 10

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501001	STATIONERY AND PRINTING						
25/10	351 10/15/25	API 010374	102532		53334		15.53	15.53
	W 102425A	80 Copies: Exhibitor Alternati	MINUTEMAN PRESS					
25/10	351 10/15/25	API 010374	102532		53334		72.11	87.64
	W 102425A	200 Maps: 2025 Expo Exhibitor	MINUTEMAN PRESS					
25/10	351 10/15/25	API 010374	102532		53334		30.33	117.97
	W 102425A	100 Copies: Participant Evalua	MINUTEMAN PRESS					
25/10	351 10/15/25	API 010374	102532		53334		25.00	142.97
	W 102425A	150 Copies: Alternate Format R	MINUTEMAN PRESS					
25/10	351 10/15/25	API 010374	102532		53334		30.33	173.30
	W 102425A	100 Copies: Exhibitor Evaluati	MINUTEMAN PRESS					
25/10	463 10/27/25	API 010358	102951		53588		2,887.95	3,061.25
	W 103125A	Resource Book, 689 pages & cov	MARTIN ONE SOURCE IN					
	LEDGER BALANCES	----	DEBITS:	3,061.25	CREDITS:		.00	3,061.25
20000154	501002	OFFICE SUPPLIES						
25/10	157 10/03/25	API 010453	101414		507084		16.95	16.95
	W 101025A	Spls ay 1thr mnth p1n 8x11 blk	QUILL CORPORATION					
25/10	157 10/03/25	API 010453	101414		507084		15.16	32.11
	W 101025A	Ry26 bs baccara dark 22X17 dp	QUILL CORPORATION					
	LEDGER BALANCES	----	DEBITS:	32.11	CREDITS:		.00	32.11
20000154	501012	UNIFORMS/CLOTHING						
25/10	351 10/15/25	API 019320	102208		53348		231.50	231.50
	W 102425A	Expo - T-shirts, Staff/ASL/Vol	PROJECT TE					
	LEDGER BALANCES	----	DEBITS:	231.50	CREDITS:		.00	231.50

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2025 10 TO 2025 10

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501017	EQUIPMENT LESS THAN \$5000						
25/10	157 10/03/25	API 020570		101412		507059	143.98	143.98
	W 101025A	Amazon Chair 9/10/25		JP MORGAN CHASE BANK				
25/10	157 10/03/25	API 020570		101412		507059	119.99	263.97
	W 101025A	Amazon Bookshelf 9/10/25		JP MORGAN CHASE BANK				
25/10	463 10/27/25	API 010453		102957		507259	102.63	366.60
	W 103125A	24In monitor widescreen filter QUILL CORPORATION						
	LEDGER BALANCES ----	DEBITS:	366.60	CREDITS:			.00	366.60
20000154	501019	OPERATIONAL SUPPLIES						
25/10	157 10/03/25	API 010358		101413		52821	2,046.04	2,046.04
	W 101025A	Expo - 1,000 Clip-It Hand Sani MARTIN ONE SOURCE IN						
25/10	157 10/03/25	API 020570		101412		507059	234.51	2,280.55
	W 101025A	Expo Supplies - OTC 9/24/25		JP MORGAN CHASE BANK				
	LEDGER BALANCES ----	DEBITS:	2,280.55	CREDITS:			.00	2,280.55
20000154	502001	PROFESSIONAL SERVICES						
25/10	30 10/01/25	API 010583 MHB23-039		100935		52599	11,152.16	11,152.16
	W 100325A	Oct'25 MHB23-039 Building Agen UNIVERSITY OF ILLINO						
25/10	157 10/03/25	API 010703 MHB25-046		101438		52728	2,500.00	13,652.16
	W 101025A	Q4 MHB25-046 2025 Disability E BRESSNER						
25/10	351 10/15/25	API 010583		102524		53377	100.00	13,752.16
	W 102425A	SSW Co-Sponsor Fee		UNIVERSITY OF ILLINO				
25/10	463 10/27/25	API 010791		102955		53594	330.00	14,082.16
	W 103125A	5.5 Hr ASL Interpreter Expo 10 PANEPINTO						
25/10	463 10/27/25	API 020274		102949		53582	337.50	14,419.66
	W 103125A	10/18 Face Painting 1130-4pm KNICKERBOCKER						

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2025 10 TO 2025 10

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
25/10	463 10/27/25 API 020320				102953			53628	302.50	14,722.16
	W 103125A 5.5 Hr ASL Interpreter Expo 10 VICKI THOMAS ASL									
25/10	463 10/27/25 API 020810				102959			53570	600.00	15,322.16
	W 103125A Expo 10/18/25 Balloon Columns I-BALLONS									
	LEDGER BALANCES ---- DEBITS:				15,322.16			CREDITS:	.00	15,322.16
20000154	502002				OUTSIDE SERVICES					
25/10	157 10/03/25 API 010348 MHB25-040				101437			507073	609.00	609.00
	W 101025A Oct'25 MHB/DOB Managed IT Serv MCS OFFICE TECHNOLOG									
25/10	351 10/15/25 API 010348				102209			507207	168.75	777.75
	W 102425A Service Ticket #53408 - Intern MCS OFFICE TECHNOLOG									
	LEDGER BALANCES ---- DEBITS:				777.75			CREDITS:	.00	777.75
20000154	502004				CONFERENCES AND TRAINING					
25/10	157 10/03/25 API 020570				101412			507059	120.00	120.00
	W 101025A NACBDD 9/3/25				JP MORGAN CHASE BANK					
	LEDGER BALANCES ---- DEBITS:				120.00			CREDITS:	.00	120.00
20000154	502013				RENT					
25/10	30 10/01/25 API 000001 203				100936			52416	2,266.68	2,266.68
	W 100325A Oct'25 Office Rent 053				CCT					
25/10	463 10/27/25 API 018263				102960			53531	3,000.00	5,266.68
	W 103125A Expo - Market Place Mall Renta CHAMPAIGN MARKET PLA									
	LEDGER BALANCES ---- DEBITS:				5,266.68			CREDITS:	.00	5,266.68

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2025 10 TO 2025 10

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502019	ADVERTISING, LEGAL NOTICES						
25/10	157 10/03/25	API 018394		101345		52781		
	W 101025A	Expo - Radio Ads weekend	Packa ILLINI	RADIO GROUP			549.00	549.00
LEDGER BALANCES --- DEBITS: 549.00 CREDITS: .00 NET: 549.00								
20000154	502025	CONTRIBUTIONS & GRANTS						
25/10	30 10/01/25	API 000001	MHB26-006	100886		52417	5,325.00	5,325.00
	W 100325A	Oct'25	MHB26-006	Champaign Cou CCT				
25/10	30 10/01/25	API 000001	MHB25-026	100895		52410	32,371.00	37,696.00
	W 100325A	Oct'25	MHB25-026	Early Childho CCT				
25/10	30 10/01/25	API 000001	MHB25-004	100897		52411	4,523.00	42,219.00
	W 100325A	Oct'25	MHB25-004	Homeless Serv CCT				
25/10	30 10/01/25	API 000001	MHB26-025	100898		52412	6,362.00	48,581.00
	W 100325A	Oct'25	MHB26-025	Youth Assessm CCT				
25/10	30 10/01/25	API 010148	MHB26-008	100899		52520	5,888.00	54,469.00
	W 100325A	Oct'25	MHB26-008	Resource Conn COMMUNITY SERVICE CE				
25/10	30 10/01/25	API 010163	MHB26-005	100903		52522	7,500.00	61,969.00
	W 100325A	Oct'25	MHB26-005	Beyond Blue C CRISIS NURSERY				
25/10	30 10/01/25	API 010170	MHB26-012	100910		52530	58,500.00	120,469.00
	W 100325A	Oct'25	MHB26-012	Family Develo DEVELOPMENTAL SERVIC				
25/10	30 10/01/25	API 010175	MHB25-015	100911		52536	7,131.00	127,600.00
	W 100325A	Oct'25	MHB25-015	CU Change DON MOYER BOYS & GIR				
25/10	30 10/01/25	API 010185	MHB26-001	100913		52537	6,286.00	133,886.00
	W 100325A	Oct'25	MHB26-001	Family Suppor EAST CNTRL IL REFUGE				
25/10	30 10/01/25	API 010214	MHB25-034	100920		52543	5,791.00	139,677.00
	W 100325A	Oct'25	MHB25-034	FirstSteps Co FIRST FOLLOWERS				
25/10	30 10/01/25	API 010214	MHB25-003	100921		52543	7,916.00	147,593.00

Champaign County, IL

ACCOUNT DETAIL HISTORY FOR 2025 10 TO 2025 10

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	W 100325A	Oct'25	MHB25-003	Peer Mentorin	FIRST FOLLOWERS			
25/10	30 10/01/25	API 010242	MHB25-011	100923	52546		13,140.00	160,733.00
	W 100325A	Oct'25	MHB25-011	Peer Support	GROW IN ILLINOIS			
25/10	30 10/01/25	API 010464	MHB26-035	100927	52572		16,350.00	177,083.00
	W 100325A	Oct'25	MHB26-035	Sexual Trauma RAPE, ADVOCACY, COUN				
25/10	30 10/01/25	API 010464	MHB26-002	100928	52572		9,009.00	186,092.00
	W 100325A	Oct'25	MHB26-002	Sexual Viole RAPE, ADVOCACY, COUN				
25/10	30 10/01/25	API 010488	MHB25-019	100929	52576		7,052.00	193,144.00
	W 100325A	Oct'25	MHB25-019	Benefits Case ROSECRANCE, INC.				
25/10	30 10/01/25	API 010488	MHB25-030	100930	52576		20,000.00	213,144.00
	W 100325A	Oct'25	MHB25-030	Crisis Co-Res ROSECRANCE, INC.				
25/10	30 10/01/25	API 010488	MHB25-023	100931	52576		8,333.00	221,477.00
	W 100325A	Oct'25	MHB25-023	Recovery Home ROSECRANCE, INC.				
25/10	30 10/01/25	API 010595	MHB25-009	100932	52598		15,838.00	237,315.00
	W 100325A	Oct'25	MHB25-009	Children, You UNITING PRIDE				
25/10	30 10/01/25	API 010597	MHB25-042	100909	52600		6,726.00	244,041.00
	W 100325A	Oct'25	MHB25-042	C-U Early URBANA ADULT EDUCATI				
25/10	30 10/01/25	API 010683	MHB26-069	100933	52621		15,250.00	259,291.00
	W 100325A	Oct'25	MHB26-069	Community Sup WIN RECOVERY INC				
25/10	30 10/01/25	API 018092	MHB25-007	100901	52521		10,669.00	269,960.00
	W 100325A	Oct'25	MHB25-007	Courage Conne COURAGE CONNECTION				
25/10	30 10/01/25	API 018254	MHB26-029	100889	506972		8,333.00	278,293.00
	W 100325A	Oct'25	MHB26-029	Mental Heath CHAMPAIGN COUNTY CHR				
25/10	30 10/01/25	API 018259	MHB26-044	100890	506973		8,094.00	286,387.00
	W 100325A	Oct'25	MHB26-044	CHW Outreach CHAMPAIGN COUNTY HEA				
25/10	30 10/01/25	API 018259	MHB25-066	100893	506973		8,750.00	295,137.00
	W 100325A	Oct'25	MHB25-066	Disability Ap CHAMPAIGN COUNTY HEA				

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2025 10 TO 2025 10

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
25/10	W 100325A	30 Oct'25	API 018259 MHB26-045	100894				506973	8,607.00	303,744.00
			Justice Invo1	CHAMPAIGN COUNTY	HEA					
25/10	W 100325A	30 Oct'25	API 018305 MHB25-018	100904				52527	16,975.00	320,719.00
			ECHO Housing	CUNNINGHAM CHILDRENS						
25/10	W 100325A	30 Oct'25	API 018305 MHB25-036	100905				52527	23,511.00	344,230.00
			Families Stro	CUNNINGHAM CHILDRENS						
25/10	W 100325A	30 Oct'25	API 018343 MHB26-014	100916				52541	11,860.00	356,090.00
			Counseling	FAMILY SERVICE OF CH						
25/10	W 100325A	30 Oct'25	API 018343 MHB26-016	100918				52541	3,182.00	359,272.00
			Self-Help Cen	FAMILY SERVICE OF CH						
25/10	W 100325A	30 Oct'25	API 018343 MHB26-017	100919				52541	17,863.00	377,135.00
			Senior Counse	FAMILY SERVICE OF CH						
25/10	W 100325A	30 Oct'25	API 018413 MHB26-013	100925				52571	30,000.00	407,135.00
			Mental Health	PROMISE HEALTHCARE						
25/10	W 100325A	30 Oct'25	API 018413 MHB26-041	100926				52571	10,416.00	417,551.00
			wellness	PROMISE HEALTHCARE						
25/10	W 100325A	30 Oct'25	API 018805 MHB25-021	100907				52503	21,391.00	438,942.00
			Shelter Case	C-U AT HOME						
25/10	W 100325A	30 Oct'25	API 019785 MHB26-010	100924				506984	16,688.00	455,630.00
			Immigrant Men	IMMIGRANT SERVICES						
25/10	W 100325A	30 Oct'25	API 020173 MHB25-022	100922				506980	5,130.00	460,760.00
			Advocacy, Car	GREATER COMMUNITY						
LEDGER BALANCES ---- DEBITS: 460,760.00 CREDITS: .00 NET:										
20000154	502048		PHONE/INTERNET							
25/10	W 102425A	387 Oct 25	API 018287 MHB Phones	102604				53294	66.58	66.58
			CONSOLIDATED COMMUNI							

Champaign County, IL

ACCOUNT DETAIL HISTORY FOR 2025 10 TO 2025 10

ORG YR/PR	OBJECT JNL	PROJ EFF	DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
25/10	544	10/16/25	CRP 053	27809						-130.29	-63.71
			Refund internet service	8/4/25							
LEDGER BALANCES --- DEBITS:											
						66.58		CREDITS:		-130.29	-63.71
GRAND TOTAL --- DEBITS:											
						488,834.18		CREDITS:		-130.29	488,703.89

64 Records printed

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

From: [Kim Bowdry](#)
To: [Lynn Canfield](#)
Subject: Fw: DRAFT CCDDDB Three Year Plan 2026-2028 with Draft FY2026 Objectives and Tactics
Date: Friday, September 19, 2025 10:47:45 AM
Attachments: [Outlook-citxyknp.png](#)

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From: Annie Bruno <annie@thearcofil.org>
Sent: Friday, September 19, 2025 10:44 AM
To: Kim Bowdry <kim@ccmhb.org>
Subject: Re: DRAFT CCDDDB Three Year Plan 2026-2028 with Draft FY2026 Objectives and Tactics

Hi Kim!

Just a quick note on this that I saw PUNS listed as Prioritization of Urgency of Needs of Services. This is no longer the case, as the state does not select folks based on the urgency but rather, the time they've waited. We just still call it PUNS, a leftover term, but it doesn't stand for anything anymore. I'd also throw my hat in the ring for presenting for the CCDDDB on PUNS/Waiver Services/status of things if at any point that may be helpful.

Also, details are quite vague at this point - but I'm planning a sort of 'listening session' or 'focus group' in Champaign in early February (Thursday, the 4th in the evening). The Arc's hope is to gather feedback from all sorts of community members, families, and stakeholders on the service system - what's working in IL, what's not working, where are there service gaps, etc. I don't have many details at this point exactly what it will look like, but I wanted to put this on your radar - as I'm hoping to have CCDDDB staff/board invited and included. Maybe as I learn more, we can stay in touch about how CCDDDB may be able to be involved.

Thanks Kim,



Annie Bruno, LCSW, QIDP

Family Advocate for Central & Southern Illinois
at **The Arc of Illinois**
(pronouns: she, her, hers)

A 7550 183rd St | Tinley Park, IL 60477
T 815-464-1832 ext. 1022
C 779-254-1143

From: [Kim Bowdry](#)
To: [Lynn Canfield](#)
Subject: Fw: Champaign County PUNS
Date: Tuesday, September 23, 2025 2:04:22 PM

Timely information. Still nothing on PUNS data though, go DHS!

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From: Tina Baxter <tina.baxter@psci.info>
Sent: Tuesday, September 23, 2025 2:03 PM
To: Kim Bowdry <kim@ccmhb.org>
Subject: RE: Champaign County PUNS

Good afternoon Kim,

I apologize for not getting back to you sooner. There were 39 individuals selected from Champaign County in July, and an additional 2 individuals selected last week. So, a total of 41 have been selected in FY26 from Champaign County.

Thank you,
Tina

From: Kim Bowdry <kim@ccmhb.org>
Sent: Friday, August 15, 2025 8:42 AM
To: Tina Baxter <tina.baxter@psci.info>
Subject: Re: Champaign County PUNS

Hi Tina,

Sorry to bother you about this again, I was just wondering if you have had a chance to track down the number of people from Champaign County who were sent PUNS selection letters.

Thanks,

Kim

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From: Tina Baxter <tina.baxter@psci.info>

Sent: Wednesday, July 23, 2025 2:33 PM

To: Kim Bowdry <kim@ccmhb.org>

Subject: RE: Champaign County PUNS

Hi Kim,

I will get that number and send it to you.

Thanks,

Tina

Tina Baxter

Prairieland Service Coordination, Inc.

Executive Director

P.O. Box 315 Decatur, IL 62525

4857 US Route 36 East, Decatur, IL 62521

Phone: 217-362-6128 Fax: 217-362-6129

tina.baxter@psci.info

psci@psci.info

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From: Kim Bowdry <kim@ccmhb.org>

Sent: Wednesday, July 23, 2025 1:05 PM
To: Tina Baxter <tina.baxter@psci.info>
Subject: Champaign County PUNS

Hello Tina,

I hope you are doing well and enjoying the summer. The CCDDDB met this morning and there was discussion around the recent PUNS selection. I was wondering if you happen to know the number of Champaign County residents who were selected. If you have that information, could you please share it with me?

Thanks,

Kim

Kim Bowdry
(pronouns: she/her/hers)
Associate Director
CCMHB/CCDDDB
1776 E. Washington St.
Urbana, IL 61802
217.367.5703
kim@ccmh.org

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From: [Munoz-Najar, Julie](#)
To: [Leon Bryson](#); [Lynn Canfield](#); [Kim Bowdry](#)
Cc: [Faulkner, Sherrie Marie](#)
Subject: Re: Draft Allocation Priorities and Decision Support Criteria for Program Year 2027
Date: Tuesday, September 16, 2025 4:15:03 PM
Attachments: [Outlook-facebook.png](#)
[Outlook-twitter.png](#)
[Outlook-instagram.png](#)
[Outlook-linkedin.png](#)
[Outlook-youtube.png](#)
[Outlook-0zaxabka.png](#)

- Hello Leon, Lynn and Kim,
- Thank you for the opportunity to review the latest county data and see what the CCMHB funding priorities are for 2027. I was particularly encouraged to read that the first 2027 CCMHB priority is *Strengthening the Behavioral Health Workforce*, which directly connects to an urgent opportunity we and our community partners face in building and sustaining our local workforce. Since it was specifically mentioned that the workforce development priority is to recruit and retain diverse and qualified professionals, I wanted to share information about a national movement happening in the behavioral health fields called [Payment for Placement](#) (P4P). P4P calls for equity, fairness, and sustainability in the training pipeline. They underscore the urgency of moving from unpaid to paid placements as a standard of practice. Our recommendation would be to add a line to the proposal about prioritizing paid internships or offering stipends.
- As you are aware, many folks entering social services now are much more diverse and often come from low-income or underrepresented backgrounds. Students often need to work paying jobs in addition to their internships so they can afford rent, tuition, childcare costs, etc., often making unpaid internships financially impossible. This often leads to a less diverse workforce. For students who must take out additional loans just to complete their internships, the financial strain often pushes them toward other professions, post-graduation, with higher pay, simply to manage their debt. Paid internships (or stipends) would help reduce this burden significantly and allow students to pursue opportunities they may not have been afforded in the past. Additionally, we have heard from community partners who want to host interns but feel it would be unethical to do so without providing the student financial support. As a result, they opt out altogether, which limits opportunities for students and agencies alike.
- More broadly, paid placements, stipends, etc. do signal to interns that their contributions are valued, strengthening retention, reducing burnout and hopefully turnover over time. Our county can contribute to the broader goal of reducing workforce shortages here and and be a model for other counties.

-
- In closing, we thought it would be helpful to share what momentum we are also building through our own initiatives as this is a multiple pronged approach. We work closely with partners to find creative solutions within their organizations and share examples of what others are doing to meet this need. We also work with our funders and donors to raise awareness and educate them about the needs of our students during their long internship periods, which has led to the creation of small scholarship opportunities students apply to during their internships. These combined efforts have started to raise awareness, but an initiative at the county level would spotlight the importance and make this a priority for Champaign County to build and retain a solid workforce.
-
- We appreciate your time and consideration to this matter because if we can uplift one, we can uplift all.
-
- Thank you,

Sherrie Faulkner - BSW Field Education Director
Julie Munoz-Najar - Clinical Associate Professor

JULIE MUÑOZ-NÁJAR

Clinical Associate Professor

University of Illinois Urbana-Champaign
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461 students and Interns – [Feel free to use this link to make an appointment with me](#)



Under the Illinois Freedom of Information Act any written communication to or from university employees regarding university business is a public record and may be subject to public disclosure.

From: Leon Bryson <leon@ccmhb.org>

From: [Lisa Liggins](#)
To: [Leon Bryson](#); [Lynn Canfield](#)
Subject: Re: Draft Allocation Priorities and Decision Support Criteria for Program Year 2027
Date: Tuesday, September 23, 2025 12:12:18 PM
Attachments: [Outlook-istvgtz1.png](#)

Leon, hello there. This is my input, but I am planning to read it again the week of the 13th for the final paragraphs. Thanks for asking!

Needs and Priorities of Champaign County Residents:

Circumstances Unique to 2025

1. Violence Prevention – promote conflict resolution, improve cross-system data sharing, decrease gun violence, and decrease child **add: physical and sexual** violence.
2. 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 (can you say child physical and sexual abuse here or other related mental health concerns for this population?)**, 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.
3. 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 (racial breakdown would be great for a needs analysis to set the reader up for your health and behavioral indicators)** 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.
4. 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, **(I think you should consider adding physical abuse to child mortality)**
5. **The 2025 Champaign County CHNA shows that:**

- Between 2019 and 2023, racial and ethnic diversity increased. Any stats on this increase to report? Same here: Use of emergency departments as primary source of healthcare has increased.- Violent crime rate is higher than Illinois' average, and suicide rate slightly higher.

6. I know what you mean, but I'd operationalize the highlighted statement. For example, there are statistics that can be used to show low percentages of BIPOC therapists, psychologists, and psychiatrists even in Illinois: 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. (Here's an example from your Health Management Associate report - Shortage of culturally and linguistically competent providers of specialty care, especially for rural residents)
7. 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 reported: (small typo)



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From: Leon Bryson <leon@ccmhb.org>
Sent: Tuesday, September 16, 2025 12:25 PM
To: annie@thearcofil.org <annie@thearcofil.org>; Julianna.Sellett@carle.com <Julianna.Sellett@carle.com>; ccchcdirector@outlook.com <ccchcdirector@outlook.com>; tysonfaith@yahoo.com <tysonfaith@yahoo.com>; claudia@shout.net <claudia@shout.net>; Lisa Liggins <lisa.liggins@champaigncountyil.gov>; becca@communitychoicesinc.org <becca@communitychoicesinc.org>; hannah@communitychoicesinc.org <hannah@communitychoicesinc.org>; allison@cfecu.org <allison@cfecu.org>; genevieve@cfeci.org <genevieve@cfeci.org>; kshumway@illinois.edu <kshumway@illinois.edu>; cindycsc@gmail.com <cindycsc@gmail.com>; mfletcher@courageconnection.org <mfletcher@courageconnection.org>; afrance@courageconnection.org <afrance@courageconnection.org>; skye.satz@crishealthyaging.org <skye.satz@crishealthyaging.org>; laura.gallagherwatkin@crishealthyaging.org <laura.gallagherwatkin@crishealthyaging.org>; aforsyth@crisisnursery.net <aforsyth@crisisnursery.net>; hhensley@crisisnursery.net <hhensley@crisisnursery.net>; Stephanie Record <srecord@crisisnursery.net>; hhensley@crisisnursery.net <hhensley@crisisnursery.net>; amys@cuable.org <amys@cuable.org>; dianne.husby@gmail.com <dianne.husby@gmail.com>;



DECISION MEMORANDUM

DATE: November 19, 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 seeks Board approval of the attached DRAFT CCMHB Three Year Plan for 2026-2028 with Objectives for Fiscal Year 2026. The Plan continues the commitment to some earlier goals and many collaborations and responds to emerging issues. Feedback from agencies, board members, and a consultant shaped the initial draft Three Year Plan for 2026-2028, which was presented on September 24, 2025.

Update:

Further input was welcomed through the end of October. Public and agency comments made during a study session and a board meeting have affirmed much of the direction set by initial feedback. Proposed changes are highlighted, and language to be removed is lined out. These edit features will be removed from the version approved by the Board.

Decision Section:

Motion to approve the draft CCMHB Three-Year Plan for Fiscal Years 2026-2028 with Fiscal Year 2026 Objectives.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

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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.*



DECISION MEMORANDUM

DATE: November 19, 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:

CCMHB staff seek Board approval of this memorandum, offering clarity to potential funding recipients during an open application period beginning in late December.

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 to review and approve allocation priorities and decision support criteria the Board will later use to consider proposals for funding. This memorandum details:

- 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.

An initial draft was presented to the Board and the public during September. The document was based on our understanding of context and best practices, using input from providers, board members, and interested parties. Subsequent feedback informed the following revisions.

- In various sections, addition of observations by advocates.

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- Within Needs Assessment sections, suggested clarifications and additional details as supported in the source reports.
- Clarification of ‘family issues’ in the section on the needs of youth, to avoid further stigmatizing families.
- Removal of the now obsolete name which resulted in the acronym “PUNS.”
- Updates from the joint CCDDDB-CCMHB study session on I/DD.
- Addition of some of the data requested regarding state PUNS selections.
- Additional input from study sessions and surveys.
- Small update to Operating Environment notes.
- Addition of a suggested program under the Priority for Strengthening the Behavioral Health Workforce.
- Correction of a typo (wrong program year) in one of the continuing priorities.
- In the Priority category for Collaboration with the CCDDDB, addition of financial support related to meeting individual eligibility prerequisites.
- To Best Value Criteria, addition of discussion of Civic Engagement as it relates to Personal Agency and Inclusion, with links to more information.

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 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 **physical and** 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 **are similar to today’s.** 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

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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 **through surveys and study sessions**. 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, so that residents identifying as Black/African American comprised 15.9% (from 15.2%), Hispanic/Latino 8.2% (from 6.3%), Asian 12.1% (from 11.9%), and Two or More Races 7.7% (from 3.2%) of total population.**
- 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, **from 3% in 2022 to 12% in 2025.**
- 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. From the report: **"Compared to their White counterparts (38%) ... Black (46%) adults are more likely to report difficulty finding a provider who could understand their background and experiences."** This relates to statewide and national shortages of Black therapists, psychologists, and psychiatrists.

[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's 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

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:

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- 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, **including scarce time and resources or unmet support needs of other family members.**

Although local school participation in the Illinois Youth Survey could be stronger, available data show Champaign County 8th 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)** PUNS data from the State of Illinois on August 20 and September 10. She has not received the report. September 2025 PUNS data for Champaign County are similar to last year’s, with Transportation remaining the more frequently identified need, a decrease (238 to 217) in people waiting for Vocational or Other Structured Activities, and an increase (from 39 to 54) of people seeking 24-hour Residential Support.

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**, shared many observations during the **September 24 study session (a recording is linked [here](#))**. They developed and reported on a brief survey for their colleagues, to identify one thing going well and one thing that could be better about several life areas.

- Positives about work were mostly having money or credit for purchases.
- Work life could be better with more hours, opportunities, and better pay.
- Positives about health were good habits and access to doctors.
- Health could be better with family support, good habits, faster wheelchair repairs, fewer appointments, etc.
- Positives about recreation and leisure were CU Special Rec, agency activities, church, time with friends, etc.
- Rec/leisure could be better with more money, freedom, options, and friends.
- Positive housing comments were mostly about living arrangements and skills.
- Housing could be better with more housing options, quieter surroundings, etc.
- Positive transportation comments focused on mass transit and rides from parents or others.
- Transportation could be better with consistent bus schedule, accessible options, and affordable trips out of town.
- Positive advocacy comments related to agency groups or board service, SpeakUp and SpeakOut, lobbying, etc.

- Advocacy work would be improved with more opportunities.
- To the bonus question on anything else the CCDDDB and CCMHB should know, people remarked on social connection, the Expo, funding, and dating.

“People with disabilities need help but can do things on their own too and people should let them do more.”
- Unknown Advocate

Input from Other Special Groups

The CCMHB hosted a study session and survey focused on LGBTQIA+ individuals. The recording of that session can be viewed [at this link](#). Some highlights:

- High survey participation, with results presented on pages 45-56 of the [study session packet linked here](#).
- Despite many available resources, programs must expand to meet the growing needs, including for housing and employment supports. When such supports are not available or are not culturally appropriate, leading to people living on the streets or in shelters, they are far more likely than others to experience violence.
- Stigma and violence in other communities have caused people to relocate here.
- Significant support gaps exist for LGBTQIA+ people who have other ‘marginalized’ identities, such as young Black people, neurodivergent people, and people with disabilities. While small grassroots organizations might be ready to address these needs, they also require more resources.

“We have already lost one member of our community who was homeless, an LGBTQ member of our community who should have had access to safe housing. So I think it’s very easy to look at this as a... problem somewhere else. This is a problem here.”
- Jaya Kolissetty, Executive Director of RACES

The CCMHB and CCDDDB hosted a joint study session focused on immigrants and refugees. That recording is available [at this link](#). While survey participation was low and the concerns expressed unsurprising, we learned that the particular questions were not easy for respondents to speak to, though some appreciated being asked. At the time of this writing, inviting people to further educate us on their needs and preferences will be safest if anonymity is guaranteed. The Boards expressed their concern for all residents, as well as ideas for specific improvements, such as domestic violence support groups and AA groups held in Spanish and other languages.

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, the federal government has achieved its longest ever “shutdown,” Medicaid is at risk,

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.

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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

CCMHB 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 PY2027**, 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.
- **Paid internships or stipends for such unpaid placements as are required for completion of a degree or certification, provided that recipients agree to provide services within Champaign County for a given period of time.**
- 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.

CCMHB PY2027 Allocation Priorities and Decision Support Criteria

- 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.

CCMHB PY2027 Allocation Priorities and Decision Support Criteria

- 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

CCMHB PY2027 Allocation Priorities and Decision Support Criteria

The Intergovernmental Agreement with the CCDDDB 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. **Because until PY2027 the IDD Special Initiatives Fund balance supports short term assistance through a single contract, the Boards might amend that contract to address a pressing need such as establishing eligibility through evaluations not otherwise covered or available for individuals who will benefit from other I/DD services. If funds remain in PY2027, additional Board actions will be considered.**

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.

“Cool to hear about what other people are doing. And I love being on the CC board.”
- Unknown Advocate

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? *Contributing to an organization is an example of civic engagement, which helps people build social capital and realize greater personal agency. (See below for links to supporting research and recommendations.)*

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.

Civic engagement which can build social capital and improve the whole community includes volunteering, informal helping, engaging with neighbors, and attending public meetings. AmeriCorps ([website under renovation](#)) has published reports such as "Renewed Engagement in American Civic Life" showing increased specific engagement since the pandemic, for positive individual and community outcomes.

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.

"I definitely think that when they did... open mic for the people who are attending, that was a lot of fun, getting to hear their stories and being able to, like, get a look into, like, their lives and what they need. I think that was definitely a good way for the... State Representatives to actually know firsthand what... actual people needed, instead of just yapping to us. The open mic actually gave them an opportunity to literally speak up and speak up about legitimate concerns... a lot of people that I knew did do it, and I just thought it was really nice to hear their concerns or their opinions, and I thought, that that was actually really helpful to have that open mic session."

- Chloe Briskin, Advocate

Proposals should describe how a program will increase inclusion and social connectedness of the people to be served, linking them with opportunities traditionally difficult to access. In the study, ["If I Was the Boss of My Local Government": Perspectives of People with Intellectual Disabilities on Improving Inclusion](#), insights echo local advocates: safe public amenities, accessible information and communication, and more respectful and understanding community members are all needed and can be accomplished through direct engagement in local government. The Lurie Institute for

Disability Policy report “Civic Engagement and People with Disabilities: A Way Forward through Cross-Movement Building” (<https://heller.brandeis.edu/lurie/pdfs/civic-engagement-report.pdf>) offers recommendations on inclusion and empowerment.

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.

Decision Section:

Motion to approve the CCMHB Program Year 2027 Allocation Priorities and Decision Support Criteria as described in this memorandum.

_____ Approved
_____ Denied



DECISION MEMORANDUM

DATE: November 19, 2025
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: CCMHB Requirements and Guidelines for Allocation of Funds

Purpose:

This memorandum seeks Board approval of the attached revised version of the “Champaign County Mental Health Board Requirements and Guidelines for Allocation of Funds.” These requirements and guidelines clarify important aspects of the procurement and monitoring processes. Revisions were primarily based on input from independent Certified Public Accountant firms as they prepared reports on agencies’ use of funds. Revisions were first proposed at the Board’s October 22, 2025 meeting.

Update:

Subsequent feedback from Board members, staff, and agency representatives has been incorporated into this draft:

- clarification of the purpose of contract amendments which respond to unanticipated changes (page 10); and
- more detail on budgeting for the cost of audits, etc. (pages 16 and 17).

Proposed changes are highlighted, and language to be removed is lined out and highlighted. These edit features will be removed from the version approved by the Board.

Decision Section:

Motion to approve the proposed revisions to the CCMHB Requirements and Guidelines for Allocation of Funds.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS

INTRODUCTION

It is the policy of the Champaign County Mental Health Board (CCMHB) that: services be provided in the least restrictive environment appropriate to the needs and desires of the individual; CCMHB funding support be community based; and CCMHB planning and funding efforts be coordinated with governmental and non-governmental providers of services.

Funds allocated by the CCMHB shall be used to contract for mental health, intellectual/developmental disability (I/DD), and substance use disorder (SUD) supports and services for Champaign County residents, pursuant to the authority contained in the Community Mental Health Act, ILCS, Chapter 405, Act 20, Section 0.1, et.seq.

This policy should be reviewed by all agency staff responsible for contract management, including those who prepare applications for funding as well as those who record and report on contract activities, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems. In various sections of this document, the terms “applicant,” “agency,” “organization,” and “provider” refer to the entity seeking or receiving funding from the CCMHB. Acceptance of CCMHB funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms, and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables and is responsible for meeting CCMHB compliance standards for financial management, internal controls, audits, and periodic reporting. An individual contract, once awarded, will contain additional details.

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. Eligibility for CCMHB Funding

- (a) An applicant for funding may be an individual or a public or private entity providing mental health, I/DD, or SUD supports and services to residents of Champaign County.
- (b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national entity, and who demonstrates capacity for appropriate service, financial, and administrative accountability and stability, is eligible to apply for funding.
- (c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be

established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. Consistent with the Internal Revenue Service conflict of interest policy, no staff member of the agency or relative of a staff member will be allowed to serve on the agency board.

- (d) For-profit organizations are eligible to apply for funding provided they meet other listed requirements and have a community based advisory committee representative of the service area and approved by the CCMHB.
- (e) The CCMHB and Champaign County Developmental Disabilities Board (CCDDDB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCMHB or CCDDDB. The management of such funds will comply with the CCMHB and/or CCDDDB Funding Guidelines.
- (f) Government agencies are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available. Those with authority to raise a tax which can be used to pay for the desired services may not be eligible.
- (g) Departments and units within the University of Illinois and Parkland College related to the mission of the CCMHB are eligible to apply, provided other funds are not available to support the services.

2. Administrative Requirements of Applicants

- (a) Corporate by-laws at a minimum shall: encourage consumer representation on the board; require that at least one board member be a resident of Champaign County; prohibit board service by relatives of agency staff; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination, and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures.
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCMHB, and if the corporate board of directors is not local and the application is approved, the provider must have a local advisory board with a mechanism for providing direct input to the board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual orientation, national origin, ancestry, disability, or on any other basis prohibited by law. Services shall not be denied based on a client's inability to pay.
 - (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients,

employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, or physical or mental disability.

- (ii) Should any written charge or complaint of discrimination be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCMHB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.
- (iii) The CCMHB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
- (iv) By this non-discrimination requirement and any efforts by the CCMHB, its agents, or employees to enforce it, the CCMHB assumes no responsibility for enforcement of or compliance by the recipient organization with any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCMHB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees, and premised on the CCMHB's provision of these funds.
- (d) The provider shall develop, implement, and report on a Cultural and Linguistic Competence Plan for the agency's administration, staff, clients, and governance board and aligned with National Culturally and Linguistically Appropriate Services standards as set forth by the US Department of Health and Human Services.
- (e) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCMHB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCMHB-funded and CCDDDB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCMHB.
- (f) The provider will be expected to:
 - (i) Make available for inspection by the CCMHB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority.

- (ii) Cooperate fully in program evaluation and monitoring as conducted by CCMHB staff.
- (iii) Make available for inspection by the CCMHB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCMHB.
- (iv) Make available for annual inspection by the CCMHB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements, and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority.
- (v) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives, and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement.
- (vi) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.
- (g) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
- (h) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
- (i) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.
- (j) All programs shall certify that they do not use CCMHB funds:
 - (i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation.
 - (ii) For direct or indirect medical (physical health) services that are not related to mental health, substance use disorder, or developmental disabilities.
 - (iii) For programs or services under the jurisdiction of public school systems.

3. Accreditation Requirements for Eligible Organizations

All CCMHB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services. For example, the CCMHB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission on Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations, Commission on Accreditation of Rehabilitation Facilities, and the Council on Quality and Leadership.

Accredited agencies and programs shall provide the CCMHB with copies of relevant documents and correspondence between the agency and the accrediting body regarding agency and program compliance with accreditation standards. CCMHB staff shall

determine what documents and correspondence are relevant for the CCMHB monitoring purposes.

4. Organization Requirements in Lieu of Accreditation

All CCMHB funded agencies and programs not accredited by a recognized accrediting body shall make available for annual inspection by the CCMHB copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms must be described in detail. CCMHB staff may develop, make available to agencies, and periodically review a set of compliance indicators. The agency shall meet or exceed all compliance indicators as set forth by the CCMHB and its staff.

5. Organization Board Meetings

Agency governing boards must notify the CCMHB of all board meetings, meet in session open to the CCMHB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCMHB with copies of minutes of all open meetings of the governing board. A request for a waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.

6. Financial Requirements

- (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its financial activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified in the contract, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible for CCMHB or CCDDDB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.
- (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCMHB funded program.
- (c) The salaries and position titles of staff charged to CCMHB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or in part to a CCMHB contract must maintain personnel activity reports to account for all compensated time including time spent on other activities.
- (d) CCMHB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCMHB funds in excess of **actual reimbursable expenses those expenses budgeted** by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).

- (e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.
 - (i) Amounts charged to CCMHB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records or by employment contracts for individual employees.
 - (ii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCMHB contract.
 - (iii) Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts. Variances greater than the threshold identified in the contract should be explained and may require approval by contract amendment.
 - (iv) Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCMHB contract or programs funded by other funding sources.
 - (v) Financial records shall be maintained on a current month basis and balanced monthly.
 - (vi) Costs may be incurred only within the term of the contract, and all obligations must be closed out no later than thirty (30) calendar days following the contract ending date.
 - (vii) All fiscal records shall be maintained for seven (7) years after the end of the contract term.
 - (viii) The CCMHB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.
- (f) CCMHB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCMHB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCMHB funded program must be allocated to all programs, both funded and non-funded.
- (g) The following expenses are non-allowable:
 - (i) Bad debts.
 - (ii) Contingency reserve fund contributions.
 - (iii) Contributions and donations.
 - (iv) Entertainment.
 - (v) Compensation for board members.
 - (vi) Fines and penalties.
 - (vii) Interest expense.
 - (viii) Sales tax.
 - (ix) Purchase of alcohol, tobacco, and non-prescription drugs.

- (x) Employee travel expenses in excess of IRS guidelines.
 - (xi) Lobbying costs.
 - (xii) Depreciation costs.
 - (xiii) Rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented.
 - (xiv) Capital expenditures greater than \$2,500 per unit, unless granted prior approval by the Board. ~~\$1000, unless funds are specified for such purpose.~~
 - (xv) Supplanting funding from another revenue stream. The CCMHB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions.
 - (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits.
 - (xvii) Expenses or items not otherwise approved through the budget or ~~contract~~/budget amendment process.
 - (xviii) Expenses incurred outside the term of the contract.
 - (xix) Contributions to any political candidate or party or to another charitable purpose.
 - (xx) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% (subject to review by the CCMHB) of the non-administrative portion of the budget, unless approved by the CCMHB.
 - Any indirect administrative costs that exceed those approved in the program/service budget.
 - Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCMHB.
- (h) Funded agencies shall provide safeguards for all funds provided through CCMHB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:
- (i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.
 - (ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
 - (iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.
 - (iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

ALLOCATION AND DECISION PROCESS

1. All CCMHB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCMHB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.
2. The CCMHB application for funding process shall include the following steps:
 - (a) A minimum of 21 calendar days prior to the application period start date, public notification of the availability of funding shall be issued via the News Gazette and/or other local news publications. This has typically occurred during the month of December. This announcement will provide information necessary for an organization to access application materials and submit an application for funding.
 - (b) Funding priorities and criteria will be approved no later than the December Board meeting.
 - (c) All potential applicants must register with the CCMHB. Information on the registration process will be provided by the CCMHB upon request. Access to application forms and instructions follows completion of the registration process.
 - (d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.
 - (e) Completed application(s) will be due on a date specified in the public notice. The due date will generally be in February. The CCMHB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCMHB online application system.
 - (f) Access to application(s) will be provided to member(s) of the CCMHB upon a member(s) request and in a medium preferred by the member.
 - (g) The CCMHB may require some or all applicants to be present at a Board meeting to answer questions about their application(s).
 - (h) Staff will complete a summary of each application, for review and discussion by the CCMHB **at the April Board meeting typically during April.** Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support “match-up” process comparing the application to established and contemporaneous CCMHB criteria will be provided.
 - (i) Staff will complete preliminary funding **recommendations scenarios** for CCMHB review and discussion, **typically during May. at the May Board meeting.** The **recommendations scenarios** will be presented in the form of a decision memorandum. The CCMHB shall review, discuss, and come to a decision concerning authorization of funding, and a spending plan for the contract year.
 - (j) Once authorized by the CCMHB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, the staff is authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency Board President, and the CCMHB President. The contract period is July 1 through

June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCMHB as part of the funding priorities and criteria.

(k) Allocation decisions of the CCMHB are final and not subject to reconsideration.

(l) The CCMHB does not consider out-of-cycle funding requests or proposals.

AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. Award Procedures

Agencies awarded CCMHB funds shall receive written notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional conditions, stipulations, or need for a negotiation of provisions attached to the award. A separate Contract Process and Information sheet is to be reviewed and signed by agency staff, and other documents may be required prior to execution of the contract, such as a letter of engagement with independent CPA firm or certificate of insurance.

2. Contracting Format and Implementation Procedures

The contract shall include: standard provisions, (optional) special provisions, the program plan, personnel form (if applicable), rate schedule (if a fee for service contract), Business Associate Agreement (if service claims are to be entered), budget, required financial information, and agency Cultural and Linguistic Competence Plan. Completion of the contract requires the signatures of authorized representatives of the CCMHB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

3. Types of CCMHB Contracts

(a) Grant Contract

Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract, with May and June payments combined and released in June. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a contract is subject to the allocation process and may result in re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCMHB to redirect funding in response to a change in goals, objectives, or priorities. The decision to use the grant contract format rests with the CCMHB and is based on the appropriateness of this format to the objectives of the program plan.

(b) Fee for Service Contract

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an “advance and reconcile” approach is used, with six monthly payments of 1/12th the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCMHB

contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.

(c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan.

Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.

(d) Special Initiative Contract

The format can be either grant or fee-for-service. Most approved applications from “new” providers shall be classified as special initiatives for a period up to three years.

(e) Capital Contract

Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.

(f) Intergovernmental Agreement

The CCMHB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of government for the delivery of services.

4. Later Effective Dates

Along with decisions for contract awards to be funded as of July 1, the Board may make decisions about awards which would go into effect later in the contract/program year, in the event of additional revenues which can be allocated to contracts.

5. Contract Amendments

The need for a contract amendment is driven by a change in conditions delineated in the original agreement and may be initiated by either party. The provider is required to report changes that modify the administrative structure and/or implementation of the program or financial plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives.

Subsequent to creating a budget plan, agencies may experience unexpected changes in cost. These may be substantial, and they may apply to most organizations (e.g., health insurance coverage for employees, increased energy costs) or unique (e.g., loss of long-term staff or leadership.) Adjusting to change is often to the benefit of all parties, if it will preserve valued service capacity and limit disruption to those served.

- (a) To initiate the amendment process, the provider shall submit a written, formal request for an amendment to initiate the amendment process. All requests should describe the desired change(s) to the contract as well as the rationale for the change(s). Supporting documentation may be included when appropriate. The final decision regarding whether an amendment is necessary rests with the CCMHB Executive Director.

- (b) Upon review of quarterly reports or other agency contract data, Board staff may contact the provider to discuss a possible contract amendment.
- (c) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. The Board shall be informed of all contract amendments.
- (d) Proposed amendments to redirect funds between contracts awarded to a single agency may be considered during the contract year, provided there is not an increase in total funding to the agency.
- (e) The Board President or the Executive Director may ask for a full CCMHB review and approval of a proposed amendment at the next regularly scheduled meeting, including a request to increase or decrease any contract award amount.
- (f) Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCMHB.

GENERAL REQUIREMENTS FOR CCMHB FUNDING

1. CCMHB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
2. The provider shall not use CCMHB funds to establish or add to a reserve fund.
3. CCMHB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the express purpose of the contract or is approved as part of the program plan.
4. CCMHB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCMHB. Request for advance payment will follow the contract amendment process.
5. Providers shall maintain accounting systems utilizing an accrual basis of accounting in accordance with generally accepted accounting principles, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCMHB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
6. Providers shall notify the CCMHB of any applications for funding submitted to other public and private funding organizations for services funded by the CCMHB, especially those that could result in a funding overlap.
7. Providers shall follow the budget plans as approved and contracted, tracking each expense and revenue according to the categories and items described in the budget narrative.

8. Provider Reporting Requirements

- (a) Financial and service reporting requirements are delineated in the contract and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. Quarterly financial reports and monthly billings are required for fee for service contracts. Cultural and Linguistic Competence Plan progress reports are required twice a year per funded agency. Reports of outcomes experienced by people served are due annually for each program.
- (b) Change in the provider's corporate status shall be reported within 30 calendar days of the change.
- (c) Change in the provider's accreditation status shall be reported within 30 calendar days of the change.
- (d) The provider shall notify the CCMHB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
- (e) Additional reporting requirements may be included as provisions of the contract.
- (f) To avoid compliance actions as described in Section 9 (below), deadlines for submitting required reports and documents should be observed and met. All deadlines are posted publicly and in advance and have been established to give agencies adequate time to prepare reports. Late, incomplete, or inaccurate reports may cause a delay in CCMHB staff review and response. Revision or creation of reports after a deadline may also have inadvertent negative impacts on the online application and reporting system and its many users.

An Extension of a deadline may be requested in writing and, in most cases, by using the request form which is available in the online system reporting section. This form should be completed and sent to the appropriate CCMHB staff members prior to the deadline, for full consideration and for staff to facilitate access to the system's reporting and compliance sections. Board staff may approve these requests at their discretion.

IMPORTANT NOTE: Board staff are not authorized to approve extensions of deadlines for the submission of applications for funding or for annual independent audit, review, or compilation reports. In such situations, the full Board may consider an agency request presented to them during a Board meeting. To make a formal written request, the agency should provide full information to the CCMHB staff at least ten (10) calendar days in advance of the Board's regular or special meeting. The Board has complete discretion to approve or disapprove a request for extension.

9. Monitoring and Evaluation

- (a) CCMHB staff shall conduct provider financial and program site visits no less than every two years for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
- (b) CCMHB may survey all non-accredited agencies and programs for compliance with CCMHB Requirements in Lieu of Accreditation on an annual basis.

- (c) CCMHB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews, and special studies.
- (d) CCMHB staff shall conduct desk reviews of agency program activity and financial reports, typically submitted each quarter; additional information or revisions may be requested.
- (e) CCMHB staff shall conduct desk reviews of agency CLC Plan Action Steps and required training conducted within the organization. Agencies' progress reports are typically submitted after the second and fourth quarters; additional information or revisions may be requested.
- (f) The primary responsibility for on-going evaluation of services rests with the agencies and programs. For the CCMHB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCMHB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
- (g) Additional monitoring and evaluation activities may be included as provisions of the contract.

10. Non-Compliance with the Terms and Conditions of the Contract

- (a) The CCMHB Executive Director or their representative shall notify the provider Executive Director and provider Board President in writing of any non-compliance issue. The provider shall provide a corrective action plan within 10 days and correct the deficiency within 30 days of receipt of the notification. Upon approval of the plan, CCMHB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to suspend, reduce, or terminate funding.
- (b) Corrective Action: If the compliance issue results from Board staff review of required agency reports or documents or from site visit findings, a Corrective Action Plan may be appropriate. If so, CCMHB staff will notify the provider in writing, and the provider shall respond with a written corrective action plan within 14 calendar days of the postmark of CCMHB staff notification. This Plan should identify a timeline for correction of the deficiency. Upon approval of the plan, CCMHB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to reduce, suspend, or terminate funding.
- (c) Suspension of Funding: Cause for suspension of funding shall exist when the provider fails to comply with terms of the award letter, terms and conditions of the contract, or CCMHB monitoring and reporting requirements.
- (d) The following procedures will be followed in the process of suspension of funding:
 - (i) The provider Executive Director and provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCMHB

- staff that the agency funding has been suspended. The provider is responsible for sharing and updating accurate contact information.
- (ii) The notification of suspension will include a statement of the requirements with which the provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
 - (iii) If the provider disagrees with a compliance action, they may appeal as set forth below.
- (e) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a provider fails to expend CCMHB funds or deliver services in accord with the contract, which includes approved Agency Program and Financial Plans. The following procedures will be followed in the process of reduction of funding:
- (i) The reduction of the grant amount shall be in an amount determined by the CCMHB.
 - (ii) The provider Executive Director and provider Board President shall be notified, in writing, via certified mail, return receipt requested, by CCMHB staff that the contract maximum is being reduced. To ensure delivery of this and all communications, the provider is responsible for sharing and updating accurate contact information within the online reporting system and by email to CCMHB staff.
 - (iii) The notification of reduction will include a statement of the cause for reduction and include the amount by which the grant amount is reduced.
 - (iv) Within thirty (30) calendar days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced. If the reduction is identified after the contract period has ended, e.g., upon review of fourth quarter financial reports or independent audit, review, or compilation, reallocation is not likely to be approved.
- (f) Termination of Funds: Due cause for termination of a contract exists when a provider fails to take adequate action to comply with CCMHB requirements within ninety (90) calendar days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCMHB as stated in the notification of award, in the contract, in the applicable provisions of this document, or as a result of CCMHB staff monitoring. The following procedures will be followed in the process of termination of funding:
- (i) The provider Executive Director and Board President shall be notified, in writing, via certified mail, return receipt requested by the CCMHB Executive Director or other staff that termination of funding is being recommended to the Board. To ensure delivery of this and all communications, the provider is responsible for sharing and updating accurate contact information within the online reporting system and by email to CCMHB staff.
 - (ii) The notification of possible termination will include: a statement of the requirements with which the provider is non-compliant; a statement of the actions of the CCMHB taken to urge the provider to avert termination and move to compliance with CCMHB requirements; a statement of the

responses of the agency; and the effective date of the recommended termination.

- (iii) The CCMHB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
- (g) Appeal procedures: The CCMHB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may however, delegate monitoring responsibility to other CCMHB staff. The following procedures will be followed in the appeal of suspension, reduction, or termination of funding:
 - (i) The provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request within fourteen (14) calendar days of the postmark of CCMHB staff notification.
 - (ii) The written formal appeal should include the reasons for reconsideration and, at minimum: (1) a thorough explanation of what happened to cause the noncompliance; (2) proof of corrective action that has been taken, or is underway, to ensure that the root cause has been repaired addressed and will not happen again; (3) a proposed plan for additional reporting by the agency and possible additional oversight by CCMHB relevant to the noncompliance for the remainder of the contract; and (4) other evidence relevant to the decision.
 - (iii) CCMHB shall review information from the CCMHB Executive Director and the agency at the next available regular meeting or at an intervening special meeting if the Board President so chooses. All written materials for consideration should be submitted by the provider a minimum of ten (10) calendar days prior to the meeting of the Board. The agency shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision. Additional information may be required for the CCMHB to arrive at their final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCMHB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services as part of the normal allocation cycle are required to have either an audit, financial review, or compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCMHB contract and following the close of its fiscal year. These reports must contain schedules using CCMHB/CCDDB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

Prior to the execution of a contract between the provider and the CCMHB, the provider will demonstrate engagement with an independent CPA firm, through a letter from the firm stating that they will be performing the audit, review, or

compilation, and specifying the timeline. If the CPA firm does not include a date of completion in the letter of engagement, the agency should estimate the date and share relevant information to Board staff, to demonstrate efforts at timeliness.

1. Independent Audit (for agencies with \$500,000 total revenue or greater)

- (a) An independent CPA firm, licensed in the State of Illinois, performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses in internal control.
- (b) The resultant audit report is to be prepared in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.
- (c) A funded agency with total revenue of \$500,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than \$500,000 and greater than \$50,000 may choose or be required by the CCMHB to have an independent audit performed.
- (a) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to \$19,000 (total) to CCMHB for costs associated with this requirement. **Estimated costs should be identified in the budget plan incorporated in the contract.**

2. Independent Financial Review (for agencies with total revenue over \$50,000 and below \$500,000)

- (a) An independent CPA firm licensed in the State of Illinois performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
- (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. Some of the supplementary information required for an audit will also be required in a review (see below).
- (c) A funded agency with total revenue of less than \$500,000 and greater than \$50,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required by another organization to have an independent

audit, then a financial audit shall be completed in lieu of a review. This should be made clear prior to contract execution.

- (d) If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to \$13,000 (total) to CCMHB for costs associated with this requirement. **Estimated costs should be identified in the budget plan incorporated in the contract.**

3. Compilation (for agencies with total revenue below \$50,000)

- (a) An independent audit firm licensed in the State of Illinois prepares a compilation report on financial statements, not providing a level of assurance but rather considering whether the financial statements appear appropriate in form and are free from obvious material misstatements.
- (b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).
- (c) A funded agency with total revenue of \$50,000 or less will be required to have a compilation performed by an independent audit firm.
- (d) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCMHB contract, the funded agency may budget for and charge up to \$7,000 (total) to CCMHB for costs associated with this requirement. **Estimated costs should be identified in the budget plan incorporated in the contract.**

4. Shared Cost

In the event that the funded provider is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources. Audit, Financial Review, and Compilation cost limits still apply.

5. Supplementary Information (required of all agencies, regardless of total revenue)

The following supplementary financial information shall be completed by an independent CPA firm and included in the audit, review, or compilation report **or as a separate report per agreed-upon procedure engagement** (and failure to do so will make the report unacceptable):

- (a) Schedule of Operating Income by CCMHB-Funded Program: This schedule is to be developed using CCMHB approved source classification and format modeled after the CCMHB Revenue Report form. Detail shall include two separate columns per program listing total program as well as CCMHB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as “State of Illinois” or “Federal Government.”
- (b) Schedule of Operating Expenses by CCMHB-Funded Program: This schedule is to be developed using CCMHB approved operating expenses categories and format modeled after the CCMHB Expense Report form. Detail shall include two separate

- columns per program listing total program as well as CCMHB-Funded only expenses. The statement is to reflect program expenses in accordance with CCMHB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall **exclude** any expense charged to the Board from the list of non-allowable expenses (above).
- (c) CCMHB Payment Confirmation: CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCMHB office.
 - (d) For Audit Only, Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCMHB-Funded Program and Operating Expenses by CCMHB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.
 - (e) Capital Improvement Funds: If the agency has received CCMHB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.
 - (f) The independent CPA report must include, at a minimum, these items described in the "Financial Accountability Checklist":
 - (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories.
 - (ii) Agency board review of financial statements at Agency Board meetings and Source Document – Agency Board meeting minutes (dated).
 - (iii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year.
 - (iv) Agency board minutes with motion approving the budget of the fiscal year under review.
 - (v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable.
 - (vi) Demonstration of tracking of staff time (e.g. time sheets).
 - (vii) Proof of payroll tax payments for at least one quarter, with payment dates;
 - (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period.
 - (ix) W-2s and W-3, comparison to the gross on 941.
 - (x) Verification of 501-C-3 status (IRS Letter), if applicable.
 - (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained.
 - (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable.
 - (xiii) Secretary of State Annual Report.
 - (xiv) Accrual Accounting Method is in use.

(g) For Audit Only, Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCMHB's funding. Copies of these communications are to be forwarded to the CCMHB with the audit report.

(h) The independent CPA report must include, at a minimum, these items described in the "Financial Accountability Checklist":

(xv) Agency board approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories.

(xvi) Agency board review of financial statements at Agency Board meetings and Source Document Agency Board meeting minutes (dated).

(xvii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year.

(xviii) Agency board minutes with motion approving the budget of the fiscal year under review.

(xix) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable.

(xx) Demonstration of tracking of staff time (e.g. time sheets).

(xxi) Proof of payroll tax payments for at least one quarter, with payment dates.

(xxii) Form 941 or IL 941 or UC3, comparison of payroll tax amounts and alignment to period.

(xxiii) W 2s and W 3, comparison to the gross on 941.

(xxiv) Verification of 501 C 3 status (IRS Letter), if applicable.

(xxv) IRS 990 Form or AG990 IL, confirmation that 501 C 3 status is maintained.

(xxvi) IRS 990 Form or AG990 IL for associated foundation, if applicable.

(xxvii) Secretary of State Annual Report.

(xxviii) Accrual Accounting Method is in use.

6. Filing

The audit or review or compilation report is to be filed with the CCMHB within 6 months of the end of the agency's fiscal year. To facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year. A letter of engagement is required prior to contracting (as above.)

7. Late Audit, Review, or Compilation

If an agency board-approved, independently performed audit, review, or compilation report is not submitted to the CCDDB/CCMHB office prior to the aforesaid six-month deadline, payments on the agency's contract(s) will be suspended for three months or until the required report is received.

If the report is not received within three months, the current year contract(s) may be terminated, at the option of the CCMHB. Suspended payments will be released upon submission of the required report and resolution of any negative findings. If a satisfactory report and resolution of any negative findings are NOT received within 12 months after the close of the agency's fiscal year, the parties agree that the CCMHB

has no obligation to the agency to issue the suspended payments, and the contracts are terminated. An agency will not be eligible for subsequent CCMHB funding until the required report is filed and any negative findings (including the return of excess revenue) are resolved.

8. Penalty

Failure to meet these requirements shall be cause for termination or suspension of CCMHB funding.

9. Repayment of Budgeted Costs

If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all Board CCMHB funds allocated for such purpose.

10. Records

All fiscal and service records must be maintained for seven years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit or review or compilation, related records must be retained until the matter is completely resolved.

11. Waiver

At the discretion of the CCMHB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

12. Request for Extension

Requests for extension of an independent audit, review, or compilation report and requests for waiver of the automatic cancellation cannot be granted by Board staff. If an agency anticipates that this annual report will be late, they should inform Board staff as early as possible and, if necessary, prepare a formal explanation and request to the full Board, to be considered during a regular or special meeting of the Board.

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

All exceptions to the Funding Guidelines must have the prior approval of the CCMHB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCMHB's designee. Requests for exceptions that require the CCMHB's approval must be submitted to the Executive Director for review and submission to the CCMHB. Subsequently, the CCMHB's written decision will be transmitted to the agency. If the contract and funding guidelines are not in agreement, the contract shall prevail.

Revisions are in draft form and subject to approval by the CCMHB.

Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2025

CCDDB/CCMHB/IDDSI: PY2026 1st Quarter reports were due on October 29, 2025. All CCDDB & CCMHB I/DD funded programs submitted their reports before the deadline. 1st Quarter Program Reports and Service Data Reports are included in the November CCDDB Packet. Many of the Program Reports include detailed information about program activities in the Comments Section of those reports. It is also important to note that not all I/DD programs enter claims into the Online Reporting System, therefore the compiled Service Data Reports document does not include a report for each program.

After agencies have submitted their quarterly reports, I review each report and track the data on Performance Data Charts. The Performance Data Charts will be included with the Program Reports beginning after the 2nd Quarter Reports are completed.

I continue working on the PY2025 claims data that was entered into the Online Reporting System. Each claim that was entered into the Online Reporting System is downloaded and then sorted by program/agency. The data is then sorted by client. This provides me with a client list that is agency and program specific. Through my review of this data, I can track duplication of services and client specific program involvement. An overview of how participants are using CCDDB funded services will be provided prior to the next application review.

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

I spent time troubleshooting some errors (made by me) in the Online Reporting System. My apologies to the agency staff that suffered from these errors. I also met with the Online Reporting System Developer and other CCDDB/CCMHB staff.

I reviewed and provided input in the 'PY2027 Allocation Priorities and Decision Support Criteria' Decision Memorandum.

I began working on consultant contracts for FY2026. Current contracts were sent to consultants for review. After I have heard back from the consultants, FY2026 contracts will be developed, factoring in any changes sent by the consultants. Then

I will generate electronic contracts and send those to the consultants, Board Presidents, and Executive Director Canfield for signature.

Contract Amendments: N/A

Learning Opportunities: Karen Simms presented ‘Keep Calm & Connected: Real-World Tools for Tough Times’ on October 30, 2025, at the Champaign Public Library. Sixteen people from 5 CCDDDB or CCMHB funded agencies were in attendance. One former CCDDDB Member also attended. Workshop attendees provided very positive reviews for Ms. Simms and the content of the workshop.

DISABILITY Resource Expo: The 2025 Disability Resource Expo Steering Committee wrap-up meeting is being planned for December 2025. I delivered extra Disability Expo Resource Guides to several CCDDDB/CCMHB funded agencies after the Expo. Please let me know if you/your agency would like some Resource Guides.

MHDDAC: I participated in the October 28, 2025 MHDDAC meeting. Lisa Liggins-Chambers, Executive Director and staff from the CAC presented on the services provided by the Children’s Advocacy Center. The next MHDDAC meeting is scheduled for November 25, 2025.

ACMHAI: I attended the November Executive Committee meeting. The I/DD Committee was held on November 13, 2025. I am also preparing the I/DD Committee report for the December Membership meeting.

NACBHDD: The NACBHDD I/DD Committee meeting was held on November 12, 2025.

Human Services Council (HSC): I participated in the November meeting of the HSC. James Kilgore, First Followers presented on the services provided through First Followers. After Mr. Kilgore’s presentation other members provided agency updates. Other discussion included what agency staff are seeing/hearing from their clients due to issues at the federal level.

Champaign County Transition Planning Committee (TPC): I participated in the November TPC meeting. The meeting was held at Douglass Library. Marney Orchard with the Center for Independent Futures provided a presentation on the My Full Life Curriculum. The TPC also discussed the Student Transition Event being planned for Spring 2026 and difficulties that schools and agency staff are seeing with PUNS eligibility.

Champaign County Local Inter-Agency Council (LIC): The next LIC meeting is scheduled for November 17, 2025.

Other: I also participated in several webinars.

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

Staff Report-November 2025

Summary of Activity: The first quarter reports for PY26 agencies were due on Wednesday, October 29, 2025. A deadline extension request was approved for RACES and WIN Recovery. The UP Center did not request an extension of the deadline; however, they submitted all of their reports a few days after the deadline. Upon receipt of all first quarter Program Activity/Consumer Service reports, I was able to review and compile them into a single, comprehensive report. This report is included in this board packet for your review.

Contracts: On November 3, 2025, the Executive Director and Board President of the Urbana Neighborhood Connection Center received an email containing the PY26-27 contract. We are anticipating their electronic signatures.

Site Visits: The following agencies are scheduled for site visits: Champaign County Health Care Consumers, CCRPC, CU at Home, Courage Connection, Rosecrance, The Refugee Center, and The Uniting Pride Center. The site visit comprises a discussion with the Program Director and staff regarding the program's success, as well as an examination of client files and utilization data. Ms. Summerville accompanied me on site visits to Champaign County Health Care Consumers and Uniting Pride. Upon request, the required supporting documentation was provided by each director and their staff. At the time of this writing, there were no significant concerns for either agency.

ACMHAI Committee: Members of the Legislative Committee were informed of the Springfield Updates concerning veto sessions and the 2026 Legislative Priorities on October 21, 2024.

CCMHDDAC Meeting: Executive Director Canfield covered the October 28th meeting while I concentrated on preparing for site visits. The next meeting is scheduled for November 25th.

Continuum of Service Providers to the Homeless (CSPH): Members met at the Martens Center and heard updates on the RPC Overflow Shelter for Families, which provides water and coffee to families with minor children. From 7:00 to 7:30 PM, individuals are screened on a first-come, first-served basis. The facility has the capacity to accommodate 6-8 households (up to 24 individuals). Individuals are required to arrive by 8:00 PM and leave at 7:00 AM with their belongings. They are re-screened each day. The precise shelter location is kept confidential. Cunningham Township will utilize former Armory in Champaign for a 24/7 overnight shelter, with a capacity of over 50 individuals, excluding registered sex offenders. Updates by Strides Shelter include plans for rebuilding, reducing staff, and applying for grants, including one for renovation and fencing. The Housing Authority discussed restricted reserves (\$1,000,000) and reported on emergency housing vouchers. GCAP's new grant aims to assist the transitional housing supports for the LGBTQ community, and the emergency shelter can accommodate registered sex offenders with a capacity for 4 individuals.

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

Rantoul Service Provider's Meeting: On October 20th meeting was canceled due to the facilitator being sick. The next meeting is scheduled for November 17th via zoom.

SOFTT/LANS Meeting: On October 15th, members discussed the brown bag luncheon for case managers at Cunningham Children's Home on October 21st. This idea developed as a community need to share organizational strategies for case management work. The next SOFTT/LAN meeting is scheduled for November 19th.

United Way Healthy Community: Child Well-Being Community Solutions Team: The reviewing of Child Well-Being applications ended on October 23rd.

Other Activities:

- On November 6th, I attended the McKinley Health Center and the Counseling Center: 2025 Campus & Community Mental Health Discussion Panel at the I-Hotel.
- October 24th, I attended the Webinar: Beyond Patient Portals: The Future of Consumer Collaboration in Behavioral Health.
- October 20th, I attended the Champaign County Drug Court's Graduation Ceremony via zoom. Seven individuals graduated during the ceremony.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

November 2025 Board Meeting

SUMMARY OF ACTIVITY:

First Quarter Reporting 2026:

First quarter financial and program reporting was due October 29th at 11:59 p.m. I sent them a reminder of the deadline on October 3rd, along with the form to submit if they needed an extension.

C-U RACES requested an extension. UP Center did not request an extension and no reports were submitted. They were issued a funding suspension letter. All reports from RACES and UP Center are now in.

Fourth Quarter Reporting 2025:

We are still working with GCAP to finish their 4th quarter reporting.

Audits:

Audits are due at the end of the year. CU Early submitted their audit on October 27th.

I sent the funded agencies a reminder of a new contract requirement regarding audits on Nov. 6th. Agencies are now required to send us a date of when the CPA firm began the work.

Site Visits:

I will accompany Leon Bryson on some site visits that he is scheduling. Generally, I review client files and review any compliance issues. My notes and findings are given to Mr. Bryson and he writes the final report.

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

No Report.

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.

- Attended meetings for the CCMHB/CCDDB.
- Edited minutes for the CCMHB/CCDDB meetings.
- I was on vacation for 2 weeks in October.

November 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:

- Community Choices- Board and Staff Training- November 12, 2025
- **CLC Site Visits for October/November**
 - Uniting Pride Center
 - Champaign County Healthcare Consumers
 - Courage Connection
 - CU At Home
 - Promise Healthcare

The CLC Assessment was distributed to Promise Healthcare on November 10. Staff will complete the survey and return it to the CLC Committee for review and to make modifications.

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo

Thank you for your support in the Disability Expo. I was able to attend the Expo and Supported the Shuttle Service Tent on October 18th.

A Volunteer Survey will be conducted to learn about the experience of the volunteer teams of the expo.

ACMHAI:

Executive Committee Meeting- November 4

Children's Behavioral Health Committee

Human Services Council –Attended the Meeting November 6- There was a connection made with First Followers about a person who needed services that have returned to our community from incarceration. First Followers was able to do a presentation for the HSC.

**FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD****COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10**

	ACTUAL	ACTUAL	2025
	2024	2025	ANNUAL
	- OCT	- OCT	BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	4,914,179.96	5,031,963.88	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
4001 PROPERTY TAX TOTAL	4,917,359.28	5,032,334.09	5,458,496.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	82,344.16	7,625.27	44,840.00
4008 INVESTMENT EARNINGS TOTAL	82,344.16	7,625.27	44,840.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	0.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	0.00	5,000.00
TOTAL REVENUES	4,999,703.44	5,039,959.36	5,508,336.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	354,470.00	371,750.00	446,102.00
07 INSURANCE (NON-PAYROLL)	4,333.00	4,333.00	4,333.00
25 CONTRIBUTIONS & GRANTS	3,784,428.00	4,215,705.00	5,067,901.00
5020 SERVICES TOTAL	4,143,231.00	4,591,788.00	5,518,336.00
TOTAL EXPENDITURES	4,143,231.00	4,591,788.00	5,518,336.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	10,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	10,000.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	10,000.00



FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVL MNTL DISABILITY BOARD
COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10

	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>2025</u>
	<u>2024</u>	<u>2025</u>	<u>ANNUAL</u>
	- OCT	- OCT	BUDGET
NET CHANGE IN FUND BALANCE	-856,472.44	-448,171.36	0.00



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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10

	ACTUAL	ACTUAL	2025
	2024	2025	ANNUAL
	- OCT	- OCT	BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	18,948.35	1,057.35	6,000.00
4008 INVESTMENT EARNINGS TOTAL	18,948.35	1,057.35	6,000.00
TOTAL REVENUES			
	18,948.35	1,057.35	6,000.00
EXPENDITURES			
5010 COMMODITIES			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	0.00	0.00	1,000.00
25 CONTRIBUTIONS & GRANTS	220,346.00	174,024.00	233,000.00
5020 SERVICES TOTAL	220,346.00	174,024.00	234,000.00
TOTAL EXPENDITURES			
	220,346.00	174,024.00	239,063.00
OTHER FINANCING SOURCES (USES)			
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	0.00
NET CHANGE IN FUND BALANCE	201,397.65	172,966.65	233,063.00

**FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD****COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10**

	ACTUAL	ACTUAL	2025
	2024	2025	ANNUAL
	- OCT	- OCT	BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	5,982,474.52	6,127,284.61	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
4001 PROPERTY TAX TOTAL	5,986,344.98	6,127,735.41	6,642,370.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	354,470.00	371,750.00	446,102.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	354,470.00	371,750.00	446,102.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	78,433.15	7,336.67	56,270.00
4008 INVESTMENT EARNINGS TOTAL	78,433.15	7,336.67	56,270.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	575.00	1,050.00	1,000.00
02 OTHER MISCELLANEOUS REVENUE	18,041.78	35,465.17	23,000.00
4009 MISCELLANEOUS REVENUES TOTAL	18,616.78	36,515.17	24,000.00
TOTAL REVENUES	6,437,864.91	6,543,337.25	7,168,742.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	89,447.82	98,392.36	116,282.00
03 REGULAR FULL-TIME EMPLOYEES	304,826.88	333,879.63	409,062.00
05 TEMPORARY STAFF	20.00	0.00	1,000.00
08 OVERTIME	0.00	0.00	500.00
5001 SALARIES AND WAGES TOTAL	394,294.70	432,271.99	526,844.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	28,788.93	29,920.84	40,189.00
02 IMRF - EMPLOYER COST	10,198.45	12,828.83	14,237.00
04 WORKERS' COMPENSATION INSURANC	1,524.99	1,830.53	2,101.00

**FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD****COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10**

	ACTUAL	ACTUAL	2025
	2024	2025	ANNUAL
	- OCT	- OCT	BUDGET
05 UNEMPLOYMENT INSURANCE	1,899.88	2,110.59	1,739.00
06 EE HEALTH/LIFE	39,810.84	41,991.68	106,877.00
5003 FRINGE BENEFITS TOTAL	82,223.09	88,682.47	165,143.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	879.40	3,852.96	4,500.00
02 OFFICE SUPPLIES	2,061.83	2,411.20	4,000.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	942.25	771.52	2,000.00
05 FOOD NON-TRAVEL	1,214.61	1,142.52	1,500.00
12 UNIFORMS/CLOTHING	0.00	231.50	1,000.00
13 DIETARY NON-FOOD SUPPLIES	122.66	109.93	250.00
17 EQUIPMENT LESS THAN \$5000	3,606.84	3,365.17	7,500.00
19 OPERATIONAL SUPPLIES	2,212.33	2,300.44	3,000.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	11,039.92	14,185.24	24,335.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	164,197.15	171,985.49	192,500.00
02 OUTSIDE SERVICES	6,646.41	7,811.25	10,000.00
03 TRAVEL COSTS	2,458.40	3,656.63	9,000.00
04 CONFERENCES AND TRAINING	550.00	770.00	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	23,539.11	27,229.10	37,500.00
14 FINANCE CHARGES AND BANK FEES	2.17	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	2,855.20	1,049.00	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	25.00	20,000.00
25 CONTRIBUTIONS & GRANTS	4,901,907.00	4,559,092.00	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	1,791.54	1,592.48	2,500.00
47 SOFTWARE LICENSE & SAAS	10,640.80	11,340.03	14,000.00
48 PHONE/INTERNET	2,264.15	1,419.08	3,000.00
5020 SERVICES TOTAL	5,155,293.94	4,810,068.60	6,442,420.00



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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10

	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>2025</u>
	<u>2024</u>	<u>2025</u>	<u>ANNUAL</u>
	- OCT	- OCT	BUDGET
TOTAL EXPENDITURES	5,642,851.65	5,345,208.30	7,158,742.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-10,000.00
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-10,000.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-10,000.00
NET CHANGE IN FUND BALANCE	-795,013.26	-1,198,128.95	0.00

Champaign County, IL



PROJECT BUDGET REPORT

FOR 01/01/2025 - 10/31/2025

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	2,400.42	99.58	96.02%
E DisExpo	-COMM -STA PRINT -	Print					
	0.00	5,000.00	0.00	0.00	4,087.96	912.04	81.76%
E DisExpo	-COMM -Uniform -	Clothing					
	0.00	1,000.00	0.00	0.00	231.50	768.50	23.15%
TOTALS for Phase/Source: COMM -							
	0.00	8,500.00	0.00	0.00	6,719.88	1,780.12	79.06%
F DisExpo							
	-MISC REV -OtherMisc -	Spons Fee					
	0.00	-15,000.00	0.00	0.00	-13,739.00	-1,261.00	91.59%
TOTALS for Phase/Source: MISC REV -							
	0.00	-15,000.00	0.00	0.00	-13,739.00	-1,261.00	91.59%
E DisExpo							
	-SERVICES -JB REQ TRV-	Job Travel					
	0.00	200.00	0.00	0.00	181.38	18.62	90.69%
E DisExpo	-SERVICES -LEGAL ADV -	Advert					
	0.00	5,000.00	0.00	0.00	1,849.00	3,151.00	36.98%
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	39,780.63	10,219.37	79.56%
E DisExpo	-SERVICES -Rent -	Rentals					
	0.00	12,500.00	0.00	0.00	11,168.00	1,332.00	89.34%
TOTALS for Phase/Source: SERVICES -							
	0.00	68,200.00	0.00	0.00	53,004.01	15,195.99	77.72%
EXPENSE TOTALS for Project: DisExpo - disability Resource Expo							
	0.00	76,700.00	0.00	0.00	59,723.89	16,976.11	77.87%
FUNDING SOURCE TOTALS for Project: DisExpo - disability Resource Expo							
	0.00	-15,000.00	0.00	0.00	-13,739.00	-1,261.00	91.59%
TOTALS for Project: DisExpo - disability Resource Expo							
	0.00	61,700.00	0.00	0.00	45,984.89	15,715.11	
TOTALS FOR EXPENSE STRINGS							
	0.00	76,700.00		0.00	0.00	59,723.89	24.39
TOTALS FOR FUNDING SOURCE STRINGS							
	0.00	-15,000.00		0.00	0.00	-13,739.00	29.23

PROJECT BUDGET REPORT

FOR 01/01/2025 - 10/31/2025

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 45,984.89	Availble Budget 15,715.11	

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PY2026

1st Quarter

Service Activity

Reports

For the Champaign County Mental Health Board



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Children's Advocacy Center

Program: Champaign County Children's Advocacy Cen Period First Quarter PY26

Submitted 10/16/2025 by LLIGGINS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	170	40	130	0
Quarterly Data (NEW Clients)	0	71	17	62	0
Continuing from Last Year (Q1 Only)			0	68	0

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Head Start/Early Head Start MHB

Program: Early Childhood Mental Health Svs Period First Quarter PY26

Submitted 10/29/2025 by BELKNAP

	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)	2	284.5	27	13	1
Continuing from Last Year (Q1 Only)			50	47	0

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Christian Health Center

Program: CCCHC Community Mental Health Program Period First Quarter PY26

Submitted 10/29/2025 by JTRASK

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	16	500	500	200	100
Quarterly Data (NEW Clients)	10	10	483	74	5
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

Outreach efforts have been strong for CCCHC as we have a full time person dedicated to that purpose. Out of the 483 contacts, 38 received blood pressure checks and there were 4 physicals

12 out of the 74 treatment plan clients received direct mental health services from Carle's psychiatric residents. Others were treated at the clinic in general.

We did not have a lot of call ins of people we could not assist (SSC) or referrals (Other)



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Health Care Consumers

Program: CHW Outreach and Benefit Enrollment Period First Quarter PY26

Submitted 10/28/2025 by CLAUDIALENNHOFF

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	920	10	165	18
Quarterly Data (NEW Clients)	6	387	2	81	12
Continuing from Last Year (Q1 Only)			2	11	0

Comments:

This last quarter has been incredibly busy, especially as a result of the policy changes that will affect Medicaid, Marketplace, and SNAP clients. There is tremendous anxiety and worry among the people who depend on these programs. They are already getting very anxious about work requirements and whether they will still qualify for their benefits, and whether Marketplace plans will be affordable for them. Clients who are immigrants are especially worried and scared. We are working hard to assist people in whatever ways that we can, both with enrollments into public benefits, as well as looking for other programs that can provide supports.

In our application, we stated that we anticipate at least 35 returning clients. This number will likely be much higher, but these clients are more likely to contact us in the second quarter of the fiscal year, when both Medicare and Marketplace Open Enrollments are taking place.

The 12 in the "Other" category are clients of this program who needed additional assistance with Township Applications, Hospital Financial Assistance applications, durable medical equipment, food assistance while waiting for their SNAP benefits, etc.



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Health Care Consumers

Program: Disability Application Services Period First Quarter PY26

Submitted 10/29/2025 by CLAUDIALENNHOFF

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	700	8	69	12
Quarterly Data (NEW Clients)	8	344	2	21	21
Continuing from Last Year (Q1 Only)			0	20	20

Comments:

All of the clients for whom we report data here for our Disability Application Services Program are all individuals who have behavioral health disabling conditions, often also paired with physically disabling conditions. Our referrals have been increasing significantly since we began this program. We get referrals from Carle, Promise Healthcare, Strides, Township offices, First Followers, libraries, and various other organizations in our community. Our program is completely overwhelmed. These applications are time-consuming, and very difficult, especially with homeless clients who often do not have phones and who are not consistently getting their mail. We are still working with many clients from the previous year, but they are at different stages of the application and appeals process, so some of the clients will show up in later quarters. Every one of our clients for the Disability program need help with Other services, including Medicaid, SNAP, Township assistance, hospital financial assistance, healthcare navigation, housing, etc. It is overwhelming, but we do our best to help people survive while they are going through the increasingly lengthy application process. And things are not working well at Social Security. For example, even when we indicate that we are applying the person for SSI, along with SSDI, the SSI application no longer goes through automatically, and we frequently have to start a whole separate application again, for SSI. This is a relatively new change that has happened within the last 4-6 months. But we are succeeding! In this quarter, we have helped 17 people get approved for disability benefits, for a total monthly amount of close to \$17,000, with a total back pay amount of over \$50,000.



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Health Care Consumers

Program: Justice Involved CHW Services & Benefits Period First Quarter PY26

Submitted 10/29/2025 by CLAUDIALENNHOFF

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	230	25	110	25
Quarterly Data (NEW Clients)	5	56	1	27	3
Continuing from Last Year (Q1 Only)			0	12	0

Comments:

Rosecrance is no longer making referrals to us from inside the jail, but jail staff are able to make the referrals to us. In addition, people who are incarcerated in the County Jail learn about our services from other inmates, staff, and from our Pregnancy & Parenting Class. Inmates in the jail can request to speak to Chris Garcia for help with Medicaid, SNAP, and hospital financial assistance by filling out yellow slips with their request, which are then passed on to Chris.

Teaching the once a week Pregnancy & Parenting Class has helped tremendously with getting female inmates connected to our organization and our services. The women inmates who have children often have a family member caring for the children, so we get connected with family members as well.

For justice involved people who are on the "outside" and are no longer incarcerated, we connect with them through outreach efforts at Strides, Daily Bread, and other organizations, including First Followers.



Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Homeless Services System Coordination** Period **First Quarter PY26**

Submitted **10/28/2025** by **KHARMON@CCRPC.ORG**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	60	45	10	
Quarterly Data (NEW Clients)	6	24	26	6	
Continuing from Last Year (Q1 Only)			26	3	

Comments:

Community Service Events (CSE)

7/14/2025

Point-in-Time (PIT) Count Press Release Distributed

7/24/2025

Meeting with Community Member - Sharon Levesque on Homelessness/CSPH

8/26/2025

Meeting with Housing Action Illinois

8/26/2025

Training with Strides, Corrine Jordan, on Funding Opportunities

9/2/2025

Training on Homeless Management Information Systems (HMIS) Data

Standard Changes

9/30/2025

City of Champaign Township Board Meeting

TOTAL CSE = 6

Screening Contacts (SC)

8/26/2025

Training with Strides, Corrine Jordan, on Funding Opportunities (1

participant)

9/2/2025

Training on Homeless Management Information Systems (HMIS) Data Standard

Changes

(23 participants)

TOTAL SC = 24



Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **YAC (Companion Proposal)** Period **First Quarter PY26**

Submitted 10/30/2025 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)	15	21	8	20	17
Continuing from Last Year (Q1 Only)			5	19	1

Comments:

This quarter, the Youth Assessment Center participated in community service events to increase awareness of our programming and resources. These efforts help us strengthen our presence in the community, build relationships with service providers referral sources, and connect with youth and families who may benefit from our services. We remain engaged with the Champaign Community Coalition, and CCRPC's Community Services Director served on their juvenile-justice focused panel on 9/10/2025 to share about juvenile justice system trends and the Youth Assessment Center programming. In addition, we remain involved in the SOFTT/LANS group, including participating in fatherhood initiative planning, and continue to appreciate our partnership with Feeding Our Kids who provides food bags for youth experiencing food insecurity.

At the end of Q1, we had 36 youth in progress that we are working to engage or are currently engaged with. Throughout the quarter, 66 youth closed, of which 49 were eligible for services. 16 of the 49 (32%) eligible youth completed the program successfully, 5 failed (10%), and 28 closed with limited or no engagement (57%). If you narrow this data to only look at youth who are TPCs who closed in Q1, the numbers are 11 of 16 (69%) completed the program successfully, and 5 failed (31%). As shared formerly, many youth either decline services after referral or cannot be reached despite multiple attempts. We continue to work on strengthening our engagement practices and partnerships across service providers to support initial and ongoing engagement with YAC and other community partners services post-assessment. We remain committed to helping youth and families connect with mental health supports, including Families Stronger Together, as relevant and with their willingness. Several youth were re-referred within the last two quarters, leading to extended station adjustments or further attempts to engage the youth.

Our top three referral sources in Q1 were Urbana Police Department (20), Champaign Police Department (13), and Rantoul Police Department (10). In addition, we received 5 community/family referrals. For temporary periods of time during Q1, Engagement Agreements which come from community/family referrals were put on a waitlist, so that the highest priority clients could be served based on our limited capacity (2 FT Case Managers and Assistant Director serving as interim PM). Depending on referral volume in Q2, we expect to be able to engage youth on the waitlist if they have not yet already received services, as well as will continue to work on filling our vacant staff positions to increase our capacity and depth of services. A highlight of the last quarter was the successful onboarding and training of ToniSue Chatfield, YAC Case Manager. Her and Lisa Knight, longtime YAC Case Manager, have successfully supported caseload transitions and provided continuity of services at YAC.

Overall, the quarter reflected both progress and opportunities for improvement. Our focus for the coming months will be recruiting and onboarding a new Program Manager, enhancing referral engagement strategies, and refining our tools and program practices.



Quarterly Program Activity / Consumer Service Report

Agency: **Courage Connection**

Program: **Courage Connection** Period **First Quarter PY26**

Submitted **10/24/2025** by **AFRANCE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	200	750	150	600	
Quarterly Data (NEW Clients)	189	89	1	37	
Continuing from Last Year (Q1 Only)			3	40	

Comments:

68 clients received 184.5 hours of counseling services



Quarterly Program Activity / Consumer Service Report

Agency: Crisis Nursery

Program: Beyond Blue Champaign County Period First Quarter PY26

Submitted 10/28/2025 by CRISISNURSERY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	75	265	49	21	485
Quarterly Data (NEW Clients)	15	48	11	5	56.5
Continuing from Last Year (Q1 Only)			9	4	101.5

Comments:

Successes

Within the first quarter, we had 9 moms enrolled in Beyond Blue, 5 rural mothers and 4 mothers residing in Champaign-Urbana. Of our 5 new mothers, 2 mothers referred to themselves after hearing about the program, one through their therapist and the other through a local hospital. Our 3 other new mothers were referred internally after receiving crisis care through our Safe Children's program. As they continue to grow and build rapport with their families, our Family Specialists have experienced increased confidence in implementing the Mothers and Babies curriculum and recognizing which sessions will be most helpful to mom, depending on what she is experiencing or expressing in the visit and which sessions could use further expansion in order to target current symptoms or stressors.

Challenges

Some challenges that have been experienced by our Family Specialists include parents' ability to remain focused on curriculum topics while also navigating complex stressors. While our Family Specialists meet them where they're at in the moment, it can be hard to help moms recognize how the topics of the curriculum sessions can help them with the stressors they are experiencing. On top of those complex stressors, most are also navigating being mothers for the first time and the trials that come along with that. This also intensifies symptoms related to their depression and/or anxiety which in turn impacts their ability to engage or even make their visits. Our Family Specialists validate those feelings while also providing education surrounding their parenting challenges, so they are not alone in those feelings.

Family Specialist, Teoko Pearson, provides her testimony on her work with a mother who was hesitant to be open about her PPD and the skills she used to help mom feel safe and build rapport:

I have been working with a mom who was struggling with postpartum depression in the beginning of us working together and trying to build a relationship with his mom was a bit challenging as she was a little hesitant to open up with me. When I would ask her how things were going, she would be very brief in her response. Over time, I would meet mom where she was at and let her lead the visits so she could start to feel comfortable with me. Mom slowly started to discuss more and more about what she was feeling and even stated that she often struggles with regulating her emotions because she felt that no one could relate to her. I started to incorporate the Mothers and Babies curriculum with her, focusing on self-care and overall well-being. She said that she enjoys having the worksheets because they help her to focus on the topics and learn more about what she is experiencing and how to manage it. When talking about pleasant activities and support systems, mom stated that "it's nice to think about things I like to do with my friends because I haven't hung out with them in so long." Mom and I talked about ways she might try to commit to

doing at least one of the things on her activity list, once per week. Now over time we have built a positive and trusting relationship, so mom feels open to sharing her parenting experiences and is open about how she feels. Mom stated that she now feels like she has a positive outlet after going through a few visits and being transparent about her feelings.

Family Specialist, Sophia Marick, reflects on her work with a first-time mom experiencing increased anxiety and depression prior to birth as well as bonding post birth:

I have been working with a pregnant mom who was having her first child. She has had multiple miscarriages, and her baby was measuring small. She had bad anxiety about her baby dying and was unable to prepare for the baby mentally or physically until the very end of her pregnancy. Mom stopped being responsive and I was unable to get her to confirm visit times with our interactions being very minimal. She eventually reengaged after reaching out and letting me know that she was experiencing severe depression and anxiety. Not long after reengaging, her son was born early. I was not sure how she would handle this and was concerned about her mental health and how bonding was going to look. When I went to see her, the baby was only 2 days old. She was holding him and gushing over how much she loves him and just wants to hold him forever. She talked about his little feet and hands, his soft hair, and how he lays on her in the same position he liked in the womb. When he cried, she put him to her chest, and he calmed. We talked about how babies can hear their mom's heartbeat in the womb, and hearing it now is calming for him. He already knows her as his mom. Seeing her happy and in love with her baby was a sweet moment, and I am glad I got to witness her range of feelings throughout her pregnancy and birth. Mom is easing into a much better head space and has been able to communicate and continue to engage in the program as intended.



Quarterly Program Activity / Consumer Service Report

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

Program: **Resource Connection** Period **First Quarter PY26**

Submitted 10/21/2025 by CSCRANTOUL

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		3100	1500		900
Quarterly Data (NEW Clients)	1	790	203		301
Continuing from Last Year (Q1 Only)			946		

Comments:

Our Community Service Event this quarter was our participation in the Rantoul Fourth of July Parade, which included a float and passing out over 850 agency flyers and answering questions. Our Service Contacts are down from last year, which could be due to either more clients relying on their smartphones and the internet, or that our marketing efforts (social media, website, flyers, and outreach) have been successful and they are already aware of our existence and our program services. We also work to publicize other agencies' program information on social media and flyers, which could additionally decrease Service Contact numbers. Our NTPC numbers of Continuing from Last Year clients are up 13% this quarter and our new clients have increased 5% from the same quarter last program year. This is very likely due to the continuing economic inflationary conditions. The Other category is comprised of area agencies that see clients onsite at our agency and is up 25% from PY25. 109 of these contacts are from CCMHB funded programs.



Quarterly Program Activity / Consumer Service Report

Agency: C-U at Home, Inc.

Program: Shelter Case Management Program Period First Quarter PY26

Submitted 10/16/2025 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)	9	1238	10	7	
Continuing from Last Year (Q1 Only)			16	0	

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

Program: **CU Early Period First Quarter PY26**

Submitted **10/12/2025** by **KRUSSELL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	464	5	20	
Quarterly Data (NEW Clients)	3	67	2	2	
Continuing from Last Year (Q1 Only)			0	18	

Comments:

The CU Early program coordinator attended 3 community service events this quarter. They include the Birth to Five Blast off- Soccer Planet Orchard Downs Recruitment fair and the First Presbyterian Family game night.

The Bilingual CU Early home visitor has 20 families on her caseload currently, this includes 19 children, and two prenatals. Two new families enrolled in August. 18 families are returning from last year. All of these families identify as Hispanic.

Also, during this quarter the bilingual home visitor referred two children to early intervention for additional services.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **ECHO Housing and Employment Support** Period **First Quarter PY26**

Submitted **10/29/2025** by **SPETERSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	510	15	20	
Quarterly Data (NEW Clients)	6	188	0	3	
Continuing from Last Year (Q1 Only)			0	18	

Comments:

Twenty-one (21) clients received services in the ECHO program during the first quarter of FY26. There were 18 continuing TPCs and 3 new TPCs.

There were a total of 25 inquiry contacts from 22 individuals (i.e., 3 individuals contacted ECHO twice during this reporting period). As appropriate, inquiries were referred to RPC for Centralized Intake. Inquiries were also referred to other appropriate resources when applicable. Two inquiries from previous quarter (4th quarter FY25) were enrolled as new ECHO clients. There were a total of 188 service contacts (and an additional 31 attempted contacts). The target number of service contacts for the year is 510. The program is on track to exceed the target for FY 26.

Three clients were discharged from the ECHO program. Two (2) clients were enrolled in ECHO for 5+ years. Both exited to permanent housing and receive SSI/SSDI. One client was discharged due to a failure to maintain contact/return calls. This client had secured permanent housing prior to discharge.

There were a total of 6 unique community service events for the quarter. Due to one large event, ECHO staff have been able to connect with 50+ agencies.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **Families Stronger Together** Period **First Quarter PY26**

Submitted **10/29/2025** by **SPETERSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	1935	75	40	
Quarterly Data (NEW Clients)	2	207	15	6	
Continuing from Last Year (Q1 Only)			17	8	

Comments:

We served a total of 46 clients during the first quarter of FY26. Eight (8) clients were continuing TPC from FY25. Six (6) clients were new TPC. Seventeen (17) clients were NTPC who had received services during FY25 as well. Fifteen (15) new NTPC clients received services through groups facilitated at the Juvenile Detention Center and individual sessions provided in the READY program. The program is about on target for TPC and NTPC currently given the number of clients who carried over from FY25. We had 6 new TPC admissions and 4 TPC discharges during the first quarter.

We completed 98 Service Contacts with treatment plan clients, and 109 Service Contacts with non-treatment plan clients (for a total of 207). We attempted an additional 9 contacts with TPC clients and/or caregivers. The quarterly target for TPC Service Contacts is 90 which we exceeded. The quarterly contact for NTPC is approximately 395 which we did not meet.

There were (2) Community Service Events during the first quarter of FY26. These events involved presentations at Yankee Ridge & Dr. Martin Luther King Elementary Schools.



Quarterly Program Activity / Consumer Service Report

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

Program: **Community Coalition Summer Initiatives** Period **First Quarter PY26**

Submitted **10/30/2025** by **MONICAM**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	11750	900	0	
Quarterly Data (NEW Clients)	43	4850	1174	0	
Continuing from Last Year (Q1 Only)			0	0	

Comments:

Community Partners

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



Quarterly Program Activity / Consumer Service Report

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

Program: **C-U CHANGE** Period **First Quarter PY26**

Submitted **10/29/2025** by **MONICAM**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	48	480	20	20	
Quarterly Data (NEW Clients)	17	98	0	0	
Continuing from Last Year (Q1 Only)			15	11	

Comments:

Community Collaborations (CSE)

1. Centennial High School (Teen Luncheons)
2. Central High School Outreach Event
3. SOFFT/LANS Monthly Meeting
4. District 4 Administration Training
5. One to One Mentoring Outreach
6. I Read, I Count Outreach
7. Hope Springs Counseling
8. Children's Advocacy Center
9. District #116 Outreach Event
10. Regional Planning Commission
11. Barkstall Elementary School
12. Stratton Elementary School
13. YWCA (STRIVE PROGRAM) Outreach
14. St. Joe High School
15. Franklin Steam Academy
16. Champaign County Courthouse
17. Land of Lincoln Legal Aide



Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Family Development** Period **First Quarter PY26**

Submitted **10/28/2025** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	200	0	655	
Quarterly Data (NEW Clients)	5	51	0	74	
Continuing from Last Year (Q1 Only)			0	880	

Comments:

Family Development (FD) continues to have a successful quarter with screenings and community outreach at various events. The department has maintained its partnerships with the Champaign County Home Visiting Consortium, Salt & Light, Parkland, UIUC, and other community agencies/organizations.

Developmental screenings were conducted at multiple sites, including Next Generation School, Happi-Time, Soccer Planet, Montessori School, and PerryAyz Head Start. These screenings support early identification and intervention for developmental concerns, ensuring children receive timely support.

In August, we launched bi-weekly playgroups facilitated by two of our Developmental Therapists. Additionally, we partnered with The Autism Program (TAP) at UIUC to support their weekly playgroup.

The FD Director, a Speech Therapist, and two Developmental Therapists presented at the Next Generation preschool and early childhood program to talk about Early Intervention and children's programs offered at DSC.

Staff also represented DSC and FD at various community resource events including: Rantoul High School Career Fair, CUPHD Back to School Resource Fair, Unity in the Community in Rantoul, and the Scott Bennett Family Resource Event.



Quarterly Program Activity / Consumer Service Report

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

Program: **Family Support & Strengthening Period First Quarter PY26**

Submitted 10/29/2025 by REFUGEE CENTER ADMIN

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	3100	3000	100	15
Quarterly Data (NEW Clients)	23	1792	1733	59	7
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

Workshops

KYR training for Murphy's staff 7/2/2025: 4 hours, 5 attendees
Pashto Dental Hygeine Workshop 8/25/2025: 3 hours, 11 attendees

Community Outreach

Summer of Solidarity 7/5/2025
WIC flyer resource bank 7/15/2025
Summer of Solidarity 7/5/2025
Summer of Solidarity 2 7/19/2025
Unity in the Community Fair 7/26/2025
CUPHD 7/26/2025
USD#116 Back to School Resource fair 8/15/2025
Stories we Share at Urbana Free Library 9/13/2025
Campaña de Salud Health Fair 9/14/2025
El Grito 9/14/2025
International Family Game Night 9/16/2025
Digital signage Q1 9/1/2025
Carle Digital Resource Bank Q1 9/19/2025
Ward 2 Listserv 9/21/2025

Community Linkages

9/19/25 Ashlyn Henke School of Social Work Intern Fair 150+
7/17/25 Lisa Wilson IL Welcoming Center immigrant collaborative meeting
Monthly meeting to discuss immigrant service issues in Champaign County and
ways to collaborate to eliminate barriers to service., including discussion of services offered by local agencies. 15
participants
8/4/25 Lisa Wilson & Ashlyn Henke Jewish Federation of Metropolitan Chicago
(JFMC) Executive Council meeting Bi monthly meeting of all refugee resettlement organizations in the State of IL

08/14/25	25 organizations represented	
meeting	Lisa WilsonCommunity Foundation of East Central IL (CFECI) Exec Directors	
services and learn NFP best practices.	Monthly meeting with other area non profit ED's to network, promote our	
8/19/25	10 organizations represented	
United Way of Champaign County grantees to network, discuss local social service issues and training on a variety of	Lisa WilsonUnited Way Executive Directors meeting	Monthly meeting of
topics affecting NFP's.	30-35 organizations represented	
8/21/25	Lisa WilsonIL Welcoming Center immigrant collaborative meeting	
ways to collaborate to eliminate barriers to service., including discussion of services offered by local agencies.	Monthly meeting to discuss immigrant service issues in Champaign County and	15
participants		
9/16/25	Lisa WilsonUnited Way Executive Directors meeting	Monthly meeting of
United Way of Champaign County grantees to network, discuss local social service issues and training on a variety of	30-35 organizations represented	
topics affecting NFP's.	Lisa WilsonIL Welcoming Center immigrant collaborative meeting	
9/18/25	Monthly meeting to discuss immigrant service issues in Champaign County and	
ways to collaborate to eliminate barriers to service., including discussion of services offered by local agencies.		15
participants		
9/23/25	Lisa WilsonCCMHB/DDB Council meeting	Monthly meeting to discuss issues,
make announcements and collaborate with other human service providers	30 organizations	



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Senior Counseling & Advocacy Period First Quarter PY26**

Submitted 10/29/2025 by EALVAREZ

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	2900	700	375	200
Quarterly Data (NEW Clients)	14	1648	85	14	9
Continuing from Last Year (Q1 Only)			493	105	0

Comments:

Senior Resource Center staff attended 14 community events in Q1:

July 2nd - Dine With A Doc at Health Alliance

July 7th - Medicare Presentation with Champaign Park District at the Douglass Annex (partnership with OSF and Champaign County Health Care Consumers)

August 1st - Presentation to Carle's Outpatient Case Management department to explain resources

August 6th - Dine With A Doc at Health Alliance

August 8th - National Health Center Week event in Rantoul

August 9th - C-U Days (with Champaign Park District)

September 3rd - Dine With A Doc at Health Alliance

September 10th - Resource Fair at Brookdale Senior Living

September 11th - Veterans Resource Education Event for Family Caregivers at Champaign Public Library

September 20th - Black Mental Health and Wellness Conference at Parkland College

September 20th - Walk to End Alzheimer's at Crystal Lake Park

September 22nd - Medicare 101 Presentation at Savoy Recreation Center (partnership with Rep. Justun Schweizer's office)

September 23rd - Medicare 101 Presentation at Rantoul Sports Complex (partnership with Rep. Justun Schweizer's office)

September 27th - Love Clinic at the Church of the Living God (health and wellness fair)

Family Service served 119 Treatment Plan Clients this year. Of that number, 93 participated in either the Creative Senior Connections in-person expressive arts classes, or received the home-delivered Creativity on Wheels boxes, or both. The theme for The July Creativity on Wheels box was "Pets," with activities geared towards animals and the participants' memories and experiences with them. The theme for the September Creativity on Wheels box was "Flowers and Leaves," with activities geared towards exploring our relationship with nature and the environment around us.

The other 26 received general supportive counseling and casework, with a care plan designed in collaboration with their caseworker to help them identify and complete goals they've set to access resources and remain independent in their homes.

Family Service also served 578 total Non-Treatment Plan Clients (NTPCs). Non-Treatment Plan Clients generally receive shorter-term support, often in the form of information and referrals. Many of these clients were reaching out for support with Open Enrollment, which started October 15th, though Family Service had been maintaining a client list since July of Health Alliance clients who needed to find replacement plans. That number is expected to increase as Open Enrollment continues.

The Other category is designed to capture participation in Family Service's Healthy Aging programs. No classes were held in Q1 of 2025. However, Senior Resource Center Director Evan Alvarez completed training to offer classes in the Diabetes Self-Management Program (DSMP), with plans to offer a class in 2026. Family Service is also in partnership with Urbana Park District to offer a Matter of Balance class in 2026. The 9 reported units refer to two clients completing the PEARLS program, geared towards behavioral activation and treatment of depression in older adults.



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Counseling** Period **First Quarter PY26**

Submitted **10/28/2025** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			25	60	
Quarterly Data (NEW Clients)			5	0	
Continuing from Last Year (Q1 Only)			2	7	

Comments:

We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. A therapist's schedule includes evening hours on Thursdays. We are actively seeking a new clinical supervisor/therapist. We anticipate that one will begin working in the 2nd quarter.

A survey was distributed to learn more about the community's interest in expressive arts groups. Among other things, it explored times available to meet and how often to meet. Next quarter we will compile the data received and take appropriate steps based on the community's input.

- 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 and occasional court sessions. Our therapist is available to provide individual, couples and family counseling to individuals referred by the Drug Court. Seven Drug Court clients were seen at Family Service this quarter, six for individual counseling and three for relationship assessments (two had both individual counseling and a relationship assessment.)
- 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.



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Self-Help Center** Period **First Quarter PY26**

Submitted **10/28/2025** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	270				
Quarterly Data (NEW Clients)	44				
Continuing from Last Year (Q1 Only)					

Comments:

Olivia Ernst began as the SHC Coordinator on August 25. She has been introducing herself to support groups and is preparing for the next workshop. We have an intern from UIUC who is assisting in updating the specialized SH group lists and directory.

Program coordinator statistics for the Third Quarter:

- 442 email contacts
- 5 information and referral calls
- 1183 page views on SHC website
- 6 Support Group directories distributed
- Support group updates were solicited from support group contacts and entered into the database
- Edited Self-Help Group directory
- Human Services Council (X2)
- disAbility Expo Planning Meeting (X1)
- research for Fall Newsletter
- planning Workshop



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **First Steps Community Reentry House** Period **First Quarter PY26**

Submitted **10/27/2025** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	15	15	8	
Quarterly Data (NEW Clients)	2	4	5	2	
Continuing from Last Year (Q1 Only)			4	1	

Comments:

We added two new residents this quarter while one moved out. Everything is going well in the house. We have gotten the two new residents their ID, BCs and employment with medical on the way. They are settling in well with no real conflict. The senior resident has become very involved in our work and spend several hours a week at the drop-in center with clients. He also speaks in various public sessions about FirstFollowers and is a very good promoter of our work.



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **Peer Mentoring for Re-entry** Period **First Quarter PY26**

Submitted **10/27/2025** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	18	18	147	47	
Quarterly Data (NEW Clients)	3	8	35	20	
Continuing from Last Year (Q1 Only)			7	4	

Comments:

We have collaborated with Cunningham Township, Champaign County Healthcare Consumers, Rosecrance and City of Champaign in terms of connecting clients with services such as housing, Medicaid, and mental wellness therapy. These are collaborations that have been inconsistent in the past but have become a regular feature of how we connect on behalf of our clients. These partnerships are crucial , especially as funding shrinks. While these collaborations have enhanced our capacity, we have had a limited flow of people to our drop-in center as the limits on funding for housing and the tight job market have reduced the client flow. At the same time, we have carried out some systematic outreach, taking our drop-in staff to various services providers in the county both to get them acquainted with each other and to make sure we are up to date with what each service provider can offer us and our clients. We also utilized our drop-in staff to serve as backup and security at The Beat, the program run by the City of Champaign targeting emerging adults. This has been a vehicle to enhance public safety, to promote the Beat to our constituency and to make sure that our constituency is not squeezed out of access to the resources of The Beat.



Quarterly Program Activity / Consumer Service Report

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

Program: **Advocacy, Care, and Education Services** Period **First Quarter PY26**

Submitted **10/29/2025** by **GCAPED**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	20	60	10	0
Quarterly Data (NEW Clients)	2	6	34	12	0
Continuing from Last Year (Q1 Only)					

Comments:

CSE:

8/12: Getting to Zero Statewide Summer Tour

09/28: WEFT Fest

SSC:

6 screening contacts; 4 were enrolled into the program, 2 were determined ineligible for the program

TPC:

-12 TPC for ACE program in Q1

-5 High Intensity Case Management (P3)

-3 Medium Intensity Case Management (P2)

-4 Low Intensity Case Management (P1)



Quarterly Program Activity / Consumer Service Report

Agency: **GROW in Illinois**

Program: **Peer-Support** Period **First Quarter PY26**

Submitted **10/29/2025** by **BEAKINS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	24	2000	250		
Quarterly Data (NEW Clients)	5	806	84		
Continuing from Last Year (Q1 Only)			104		

Comments:

We continue to work with the Champaign County Jail. The groups are going well and the team that we have doing the groups work well together. We had a very good first quarter. All groups met consistently. We are still waiting on word from Restoration Urban Ministries; we would like to resume that GROW group. We continue to work with Strides and make contact with individuals once a week in hopes that they will come to our community groups. Leadership is coming through, and we look forward to continuing to serve as many people as we can in the Champaign county area. We had one GROW'er that went to work as a security guard, and another decided to attend college classes this quarter. Growth steady. Finding volunteers is extremely difficult. Those who work have a limited amount of time. Those who don't have a limited amount of income. We had our Annual GROW meeting this past Saturday and we had 30 in attendance. The Annual meeting includes all of GROW, so we were thrilled to see the leadership that was at the meeting. We had personal testimonies and reports from the staff. We also had a great lunch and some good music. I continue to serve on the Evaluation capacity team. I have learned a lot from that team and continue to participate.



Quarterly Program Activity / Consumer Service Report

Agency: Immigrant Services of Champaign-Urbana

Program: Immigrant Mental Health Program Period First Quarter PY26

Submitted 10/28/2025 by MARIAJ

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	225	225	50	
Quarterly Data (NEW Clients)	9	84	84	11	
Continuing from Last Year (Q1 Only)			141	1	

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services** Period **First Quarter PY26**

Submitted **10/28/2025** by **JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	3800	950	500	150
Quarterly Data (NEW Clients)	4	1692	264	75	218
Continuing from Last Year (Q1 Only)			7	246	0

Comments:

Counseling

4 CSE events were attended in this quarter

SC: 1692 kept appointments with counselors by Champaign County Residents

NTPC: 271 Champaign County residents who did not complete assessment or chose not to engage in therapy, 264 new and 7 continuing from last year

TPC: 321 Unique Champaign County residents served more than once by counselors, 75 new and 246 continuing from last year

Other: 218 SC patients with no other payor source



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services** Period **First Quarter PY26**

Submitted **10/24/2025** by **JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	8000	2000	1000	400
Quarterly Data (NEW Clients)	0	2276	110	88	193
Continuing from Last Year (Q1 Only)			651	511	0

Comments:

Psychiatry

0 CSE events were attended in this quarter

SC: 2276 kept appointments with counselors by Champaign County Residents

NTPC: 761 Champaign County residents who did not complete assessment or chose not to engage in therapy, 110 New, 651 continuing from last year

TPC: 599 Unique Champaign County residents served more than once by counselors, 88 new, 511 continuing from last year

Other: 193 SC patients with no other payor source



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **PHC Wellness** Period **First Quarter PY26**

Submitted **10/24/2025** by **JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	3000	1200	350	150
Quarterly Data (NEW Clients)	15	2192	845	276	81
Continuing from Last Year (Q1 Only)			154	126	23

Comments:

Wellness

15 CSE events were attended in this quarter

SC: 2192 kept appointments with counselors by Champaign County Residents

NTPC: 999 Champaign County residents who did not complete assessment or chose not to engage in therapy, 845 new and 154 continuing from last year

TPC: 402 Unique Champaign County residents served more than once by counselors, 276 new and 126 continuing from last year

Other: 104 SC patients were screened using PRAPARE, 81 new and 23 were continuing from last year



Quarterly Program Activity / Consumer Service Report

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

Program: **Sexual Trauma Therapy Services** Period **First Quarter PY26**

Submitted **10/30/2025** by **JKOLISETTY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	5	10	110	0
Quarterly Data (NEW Clients)	17	12	15	46	
Continuing from Last Year (Q1 Only)			10	19	

Comments:

Dept. wide count of 65 TPC clients (19 rollover); NTPC clients of 25 total (10 rollover). Revised procedures show an unexpected increase in Community Service Events - we achieved annual goal in Q1.



Quarterly Program Activity / Consumer Service Report

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

Program: **Sexual Violence Prevention Education** Period **First Quarter PY26**

Submitted **10/31/2025** by **JKOLISETTY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	600	4000	0	0	10
Quarterly Data (NEW Clients)	4	163	0	0	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

Prevention Education participants do not have treatment plans and are not considered clients for the TPC, NTPC, or Other categories.

CSE is number of PE presentations to classes and SSC is the number of students participating in those presentations (unduplicated). The first quarter tends to have fewer presentations, since school starts during this quarter, but the agency is still expecting to meet the annual goal.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Benefits Case Management** Period **First Quarter PY26**

Submitted **10/29/2025** by **MBIANCHI**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		600	250		
Quarterly Data (NEW Clients)		163	41		
Continuing from Last Year (Q1 Only)			72		

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 41 new Champaign County residents and continued to serve 72 residents from last year. She provided 163 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: **Crisis Co-Response Team & Diversion Ctr. Period First Quarter PY26**

Submitted 10/29/2025 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	100
Quarterly Data (NEW Clients)	10	37	0	0	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

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

SC: 37: number of attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact

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

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

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



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Recovery Home** Period **First Quarter PY26**

Submitted 10/29/2025 by MBIANCHI

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		65		22	
Quarterly Data (NEW Clients)		25		3	
Continuing from Last Year (Q1 Only)				4	

Comments:

(TPC) Total Champaign County clients participating in program this quarter: 3 new clients and 4 continuing from last year.

Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission.

(SC) During this quarter, we completed a total of 25 interviews for applicants, 11 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 **First Quarter PY26**

Submitted **10/31/2025** by **JGAVEL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	100	300	100	0	0
Quarterly Data (NEW Clients)	65	113	49	0	0
Continuing from Last Year (Q1 Only)			70	0	0

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **WIN Recovery**

Program: **Community Support Re-Entry Houses** Period **First Quarter PY26**

Submitted **10/31/2025** by **WIN4RECOVERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	75	50	25	0
Quarterly Data (NEW Clients)	9	7	12	4	0
Continuing from Last Year (Q1 Only)			0	6	0

Comments:

7 /9- Community Coalition
 7 /16- Rosecrance
 8/7- New Beginnings Outreach back to school giveaway
 8/13- Community Coalition
 8/17- Win Carwash {Fundraiser}
 8/29- CU@HOME Cook out
 8/29- Pavillion
 9/10- Community Coalition
 9/12- Housing Authority Resource Fair
 9/26- Pavillion
 9/13-Path To Wellness Fair (Peru, Illinois)

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	