

Champaign County Mental Health Board Funding Requests for Program Year 2027

For Board review during the April 22, 2026 regular meeting and April 29, 2026 study session.

Brightpoint – Healing Beyond Violence

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CCRPC – Homeless Services System Coordination

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CU at Home – Life Skills Case Management

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CU Early – CU Early

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CC Head Start – Early Childhood MH Services

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Family First Advocacy – Empowering Bridge Program

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Draft MHB Program Year 2027 Program Summary

Brightpoint – Healing Beyond Violence- NEW

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

Request: \$217,106

Why it matters:

“... improving the system response to abused parents and their children exposed to domestic violence (DV) by expanding direct services and strengthening and building out the local network of services for children exposed to violence and their parents... outreach and direct services to children and youth to heal from the impact of violence, heals the family unit so children feel safe and trustful of the non-offending parent or caregiver, and educates the community about the effects of domestic violence on the family unit.”

Selected priority:

Thriving Children, Youth, and Families

Agency mission and info:

“We started our journey as Children’s Home & Aid and have been serving Illinois since 1883... founded on the belief that we had a responsibility to make brave choices to find homes for children. We evolved and now recognize that bravery comes from the daily choices our families make and serves as the spark that ignites the opportunities for children and youth to thrive... we put families and children at the forefront of every decision we make.” See also

<https://www.brightpoint.org/about-us/who-we-are/about-brightpoint/>

Services and People Served

Who will benefit:

Children under 18 who have been exposed to violence, including domestic or family violence, or experienced child abuse, and their non-offending parent or caregiver. Common presenting problems including anxiety, depression, aggression towards peers, siblings, and/or parents, school behavior problems, adjustment difficulties, fearfulness/phobias, withdrawn, regressive, or clinging behavior, hopelessness, parent-child relation problems, sleep difficulties, night terrors, self-harm, destructive to property, sexualized behavior, repetitive talk or play about the event, somatic complaints, and intrusive thoughts.

Scope of services:

Rebuilding parent-child attachment through trauma-informed therapeutic interventions that are culturally and developmentally appropriate. Therapists create personalized treatment plans with the parent/caregiver and monitor progress weekly, while also educating caregivers about the impacts of violence on child development. Therapists can refer families to additional services such as DV-specific advocacy, legal assistance, substance use disorder treatment, adult sexual abuse or violence, or mental health services for parents or children, ensuring a holistic approach to healing and recovery in a violence-free environment.

Location and frequency of services:

Family’s home, with a virtual option for caregivers. Children’s services are always in person.

Staff comment:

The focus on trauma-informed care, parent-child attachment, and individualized treatment planning is appropriate for the target population.

Residency and demographic data are not available as this is a NEW program request.

Measures of Client/Participant Access

Eligibility criteria and determination: A family is eligible if they have experienced DV and are parenting a child age 0-18 who was exposed to violence or abuse.

Outreach to eligible people: through coalitions, community partners, other agencies, and schools, over 500 mailings across Champaign and Vermillion Counties in 2025 and offering staff presentations on DV and its impact on children.

Within 5 days of referral, 100% of those referred will be assessed.

Within 7 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 6-18 months.

Additional demographic data: income.

Staff comment:

The eligibility criteria are clear and appropriate for the program's focus. Good time frames, especially for people in crisis.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 50% of adult clients learn how to keep themselves safe.
2. 50% of adult clients learn how to keep their children safe.
3. 50% of adult clients understand how domestic violence has impacted their family.
4. 50% of children will identify one safe adult.

Specific assessment tools and data collection:

(Not numbered; not all relate to a listed outcome.)

Pre- and post-assessments and therapists' observations to determine gains in confidence and resilience.

Ages and Stages Questionnaire measures developmental progress.

Devereux Early Childhood Assessment measures protective factors and social/emotional risks, helps families recognize risk and support SE.

OHIO assessment measures behavioral and emotional difficulties (etc.) in older children.

Parent Stress Index measures stress in the parent/child system, etc.

IM+CANS assesses multiple domains (including risk behaviors, trauma exposure, etc.).

Child Behavior Checklist identifies concerns parents have for their children.

Adverse Childhood Experiences Questionnaire (upon intake, to parents only).

Protective Factors Survey measures if the family is achieving all seven factors (promoting child well-being).

Outcome data gathered from all participants: No (not those who leave the program prior to completion).

Will collect outcome data every six months.

Measures of Utilization

Treatment Plan Clients (TPCs): 50 receiving behavioral health services

Non-Treatment Plan Clients (NTPCs): 50 in case management

Community Service Events (CSEs): 4 (will attend)

Staff comment:

The utilization targets appear reasonable for a new program.

Data on prior year utilization are not available as this is a NEW request.

Financial Analysis

Program Year 2027 CCMHB request: \$217,106

Program Year 2027 total program budget: \$166,667 (due to error in Revenue form, this does not include MHB funds).

CCMHB request is for more than the total program revenue. Other program revenue is a US DOJ Violence Against Women grant of \$166,667, not expected to continue.

Personnel costs of \$295,232 are greater than the requested amount. Other expenses are Consumables \$2,100, General Operating \$2,942, Occupancy \$3,163, Conferences/Staff Development \$2,525, Local Transportation \$5,168, Equipment Purchases \$1,000, Lease/Rental \$2,453, Cost of Production -\$128,361, and Miscellaneous \$30,885. Several amounts to be charged to the MHB are greater than the amounts for total program, indicating errors. The negative expense for Cost of Production is a large adjustment lowering the total MHB expenses but not related to total program or total agency; this is an error and is addressed in the Budget Narrative.

Total agency budget has a deficit of \$1,194,387, total program a deficit of \$272,761, and CCMHB budget balanced. If errors in the financial plan are corrected, these will be very different.

898 total agency indirect staff are combined, with small portions to be charged to total program and MHB. Although the roles are not identified in the Personnel form, they are in the Budget Narrative. Direct staff are identified, with five full-time positions for the total agency, and small portions of each of these to be charged to Total Program and to MHB: 100% of one full time therapist and one part-time therapist to be hired (and listed as 1.0 FTE); 50% of full-time Clinical Supervisor; and 10% of one full-time Case Manager and one full-time Clinical Manager.

Program staff to be funded by CCMHB: 1 Indirect + 2.7 Direct = 3.7 FTEs.

Total program staff: 1 Indirect + 3.3 Direct = 4.3 FTEs.

Staff comments:

Total program revenue should include Medicaid or other insurance for any program services to Champaign County residents with coverage. A Part-Time Therapist is incorrectly listed at 1.0 FTE. In addition, Direct Personnel salaries have been duplicated under Indirect Personnel, resulting in inflated personnel costs.

The duplication of personnel costs appears to have been offset in the Expense Budget form by introducing a large negative amount in the Cost of Production category. This is an error and should be corrected in the Personnel Form. Additional errors are present in the Expense Budget form in the Payroll Taxes, Benefits, General Operating, Occupancy, Local Transportation, Equipment, and Miscellaneous expense categories.

The Budget Narrative indicates that liability insurance is categorized under Miscellaneous expense; however, this expense aligns with the General Operating expense category. The Miscellaneous category also includes a federally approved indirect cost rate of 15%, but the total amount budgeted does not agree with that percentage. Please provide clarification on how the indirect cost amount was calculated.

There is an error in the Revenue Budget form related to the CCMHB grant. Additionally, the program lists a funding source as "Federal Government." Please provide further details about this grant (e.g., source, amount, and status). If this is intended to represent multiple grants, those must be listed separately per the application instructions.

Overall, the financial and personnel information provided contains multiple significant errors which raise concern regarding the accuracy of the financial proposal. As presented, the application does not provide an adequate basis to evaluate the agency's funding request.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: There will be at least 2 people with lived experience on their Board to ensure there is representation of families that are receiving services.

Staff comment:

Brightpoint provides services in a family member's home. Racial and social equity is foundational to their approach to programming and services provided in the community.

Criteria for Best Value

Budget and program connectedness:

Difficult to determine, although the Budget Narrative provides details.

Participant outcomes (*see details above*):

Outcomes are excellent and relevant, although it is not clear which tools measure each.

Personal agency in individual and program planning:

Healing beyond violence promotes community inclusion for children and families through individualized strength-based planning and strategic partnerships. Clinicians and Case Managers work collaboratively with each family to identify strengths, interests, and therapeutic goals as part of individualized service planning... connect families to relevant community resources, provide warm referrals and advocacy, and support caregivers in navigating schools, health care, and social service systems to ensure families feel empowered and included in their communities... trauma informed, culturally responsive group activities further strengthen peer connections and natural supports to encourage sustained community engagement.

Engaging the whole community:

Designed with an equity lens grounded in several core beliefs, including: racial and social equity is foundational; social capital, economic mobility and other outcomes vital for children and youth to thrive should not be predicted by race or zip code; historic, institutionalized racism is a significant contributor to differences in opportunity that disproportionately limit people of color; and discrimination in all forms influences perceptions of families' strengths and abilities which can lead to actions and interventions ultimately harmful to child and youth well-being; prioritizes reducing barriers to participation by delivering services in families' homes, addressing challenges related to transportation, scheduling, and access; intentionally recruit and retain staff who reflect the cultural and lived experiences of families and ensure all services are delivered through an equity-focused, family-centered approach... continually evaluate whether services effectively address barriers and meet needs of underserved population.

Promoting inclusion and reducing stigma:

Trauma-informed, strengths-based services that emphasize resilience, empowerment, and healing. Staff with shared lived experiences create safe, respectful environments that normalize help-seeking and reduce stigma around DV and MH services; engages the broader community through education and outreach, collaborating with schools, organizations, and service providers to raise awareness about the impact of DV and the value of early MH support; offers educational materials and outreach through community coalitions that reinforce seeking help as a sign of strength and a pathway to safety and recovery.

Technology access and use:

Limited but appropriate use of virtual services for caregivers.

Unique approach:

Multiple evidence-based trauma models delivered in-home, which enhances engagement for families impacted by domestic violence. Several links are included.

Staff credentials and training:

The Director of Mental Health & Wellness supervises Healing Beyond Violence and has been with Brightpoint for 21 years, starting as a Case Manager. She is a licensed therapist trained in various evidence-based models.

Other funding and resource leveraging:

People served do not pay a fee, and there is no sliding scale. The agency does bill Medicaid but does not appear to plan to do so for this program. Other funding sources are identified for the total agency and just one other source for this program - a portion of US DOJ Office on Violence Against Women grant which ends on September 30, 2026 and which has served Vermilion and Champaign Counties. Due to federal cuts, CCMHB funding is being sought to replace that.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: No issues to note. The Board of Directors has one member who resides in Champaign County. Agency headquarters are in Chicago; there is a local office in Champaign.
If contracted, any compliance issues: N/A
Notes on audit/review/compilation: The agency has not been funded by the CCMHB in prior years. A copy of the Program Year 2024 audit was provided with the application forms. The Program Year 2025 audit is in progress.
2. Capacity for financial clarity: Difficult to determine.
3. All forms submitted by deadline: Submitted on March 17, 2026 (second NOFA).
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: No. Medicaid billing should be included, along with any other applicable insurance payers, for eligible services/clients.
6. Coordinated system: through many coalitions working on referral networks and community awareness.
Written collaborative agreements: various coalitions are listed, as well as an agency reference guide which names over 50 local organizations; Brightpoint does not have MOUs with them.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: Program Year 2025 audit.

Revisions prior to contract: all financial forms have errors making it unclear how much funding is needed.

Special provisions: To be determined.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Champaign County Regional Planning Commission (CCRPC) – Community Services – Homeless Services System Coordination

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

Request: \$189,007

Why it matters:

“... CSPH is Champaign County’s Department of Housing and Urban Development (HUD)-designated Continuum of Care, coordinating the community’s response to homelessness...to end homelessness through “client-centered services, strategic resource use, community engagement, policy advocacy,” and management of the Coordinated Entry System, all aimed at supporting people in crisis and helping them achieve housing stability.”

Selected priority:

Safety and Crisis Stabilization

Agency mission and info:

“As the designated Community Action Agency for Champaign County, our mission is: To empower individuals, strengthen families, and build communities through advancing self-sufficiency.” See <https://www.ccrpc.org/> for more.

Services and People Served

Who will benefit:

Homeless and at-risk households, including survivors of domestic violence, people with behavioral health needs, veterans, youth, families, and those with disabilities, and with Continuum of Providers of Services to the Homeless (CSPH) partners through system-wide coordinated efforts to ensure state and federal funding competitiveness and system effectiveness.

Scope of services:

The program will partially support two positions, Continuum of Care Coordinator and Homeless Services Coordinator, and fully support one position, Outreach Worker. The CoC Coordinator position focuses on supporting the CSPH's mission to end homelessness in Champaign County by coordinating efforts across CSPH membership to support CSPH goals and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act regulations; building partnerships with CSPH membership and affiliates, working very closely with the CSPH Executive Committee, managing the annual Point in Time Count, conducting outreach with goal of increasing membership diversity and participation, and enhancing CSPH training. The Homeless Services Coordinator is responsible for managing the Coordinated Entry System (CES), including project intake and assessment, recertification of homelessness status, and updates to the By-Name List; maintaining a current inventory of housing services information CoC and non-Continuum providers in Champaign County updated regularly, with the goal of filling vacancies swiftly. and facilitating the CES subcommittee. The Homeless Services Outreach position assists the Homeless Services Coordinator with intakes and Place Value Assessments for households experiencing homelessness, recertification of homelessness status, obtaining necessary documentation

Draft Program Year 2027 Program Summary:

CCRPC – Community Services – Homeless Services System Coordination

required for placement on the CSPH's the By-Name List, and collaborating with CES partner organizations for case consultations while managing data entry into the Homeless Management Information System (HMIS).

Location and frequency of services:

County-wide services run mainly on M-F during regular business hours, with occasional off-hours. CSPH meets monthly, with the Executive Committee meeting twice monthly and subcommittee and individual meetings in person or virtually.

Staff comment:

The target population is clearly defined and appropriate for a system-level coordination program.

Residency of 12 people and 41 agencies served in Program Year 2025 and 8 (?) people and 32 agencies in first half of Program Year 2026:

Champaign -	10 in Program Year 2025 and 2 first half of Program Year 2026
Urbana -	2 in Program Year 2025 and 1 first half of Program Year 2026
TPC Data Not Available –	12 in Program Year 2025 and 5 (?) first half of Program Year 2026
NTPC Organizations -	41 in Program Year 2025 and 32 first half of Program Year 2026

Demographics of 12 people served during Program Year 2025:

Age

Ages 19-59 - 9
Ages 60-74 - 2
Not Available -1

Preferred Language

English -12

Race/Ethnicity

African American/Black - 4
Latina/e/o/x - 1
White - 6

Gender

Man - 1
Woman – 11

Measures of Client/Participant Access

Eligibility criteria and determination: CSPH includes groups interested in working on addressing and preventing homelessness in Champaign County. Members need an MOU and must follow its Code of Conduct. Intakes to CES are completed for households that meet the at-risk of homelessness and literally homeless definitions provided by HUD. CES partners must have completed training and signed an MOU with CCRPC; CoC services and the By-Name List require HUD-approved documentation of homelessness.

Outreach to eligible people: targeted outreach, e.g., through community meetings; meeting schedules and minutes, and reports posted on agency website.

Within 5 days of referral, 90% of those referred will be assessed.

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

People will engage in services, on average, for: CSPH members will participate in 9 of 12 meetings annually; average time on the By Name List is 5.5-8 months.

Draft Program Year 2027 Program Summary:

CCRPC – Community Services – Homeless Services System Coordination

Additional demographic data: Place Value Assessment: household composition, living situation, duration of homelessness, health/mental status, and barriers to securing permanent housing.

Staff comment:

Access measures and timelines are reasonable and appropriate for a coordinated entry and system navigation program. Eligibility criteria are clearly tied to HUD definitions.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. CSPH: Develop a multi-year strategic plan utilizing local data and community input with action steps to reduce homelessness in Champaign County.
2. CSPH: Execute an updated MOU and Governance Charter with all 90% of all member organizations to better align with CoC best practices.
3. CES: Make referrals to housing opportunities within 3 business days of the notice of vacancy/request for referrals if there are households on the By-Name List that meet prioritization and eligibility requirements.
4. CES: Produce a monthly list of the top 10 prioritized households experiencing homelessness according to Place Value Assessment and facilitate case consultations across CSPH and/or CES Subcommittee to address barriers and support housing opportunities.

Specific assessment tools and data collection:

1. Survey/Assessment Tool: Sign in sheets and attendance tracking in meetings related to strategic planning process.
2. Survey/Assessment Tool: Updated MOUs on file & completed Governance Charter voted on and approved by CSPH.
3. Survey/Assessment Tool: CES conducts Place Value Assessment and uses the households Place Value Assessment and supporting documentation to make appropriate referrals to partners.
4. Survey/Assessment Tool: Homeless Services Coordinator and CES Outreach Worker will maintain record of meetings, action steps, and their outcomes following each case consultation to inform future CES work.

Outcome data gathered from all participants: Yes.

Will collect outcome data for 1 and 2 no less than bi-annually, 3 as referrals occur, and 4 monthly.

Measures of Utilization

Treatment Plan Clients (TPCs): 300 intakes and assessments for households experiencing homelessness or that are precariously housed.

Community Service Events (CSEs): 30 meetings promoting, coordinated trainings, focus groups, Point in Time count related, etc.

Service Contacts (SCs): 1060 participating in CSEs and contacts through Homeless Services phone or email address.

Staff comment:

TPC and SC targets for Program Year 2027 are increased due to updated use of the categories. NTPC will not be used.

Program Year 26 Targets	10 TPCs	45 NTPCs	60 SCs	30 CSEs
Program Year 26 Mid-Year Results	11 TPCs	60 NTPCs	29 SCs	13 CSEs
Program Year 25 Targets	10 TPCs	45 NTPCs	60 SCs	30 CSEs
Program Year 25 Full-Year Results	23 TPCs	30 NTPCs	205 SCs	29 CSEs

Draft Program Year 2027 Program Summary:

CCRPC – Community Services – Homeless Services System Coordination

Financial Analysis

Program Year 2027 CCMHB request: \$189,007

Program Year 2027 total program budget: \$239,007

Current year CCMHB funding (Program Year 2026): \$54,281

Proposed change in CCMHB funding = 248%

CCMHB request is for 79% of total program revenue. Other program revenue is from Federal Grant(s) \$50,000.

Personnel costs of \$140,168 are 74% of the requested amount. Other expenses are Professional Fees/Consultants \$50, Consumables \$250, General Operating \$50, Occupancy \$48,239, Conferences/Staff Development \$100, and Local Transportation \$150.

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

Direct staff assigned to this program are 100% of Outreach Worker (to be hired), 50% of CIH Coordinator, and 80% of CoC Coordinator. All are full-time positions. There are no indirect staff.

Program staff to be funded by CCMHB: 2.3 Direct FTEs. Total program staff: 2.13 Direct FTEs.

There appears to be an error in the portions assigned in total program and MHB columns.

Staff comments:

Personnel Form contains errors with the CIH Coordinator and CIT Outreach Worker. The Budget Narrative states that "Payroll Taxes are calculated at 54% of direct labor costs for full time staff." This percentage seems excessive for calculating payroll taxes. Furthermore, when compared to the amounts listed in the Expense Budget, the actual percentage is closer to 18%, which is much more reasonable. Further clarification about the calculation of payroll taxes is needed. Indirect costs of \$48,239 are allocated per an indirect cost allocation plan approved by the Illinois Department of Commerce and Economic Opportunity. This rate is calculated at 48% of 100% salaries. However, based on the Expense Budget presented, it appears to be closer to 53% of 100% salaries. Further clarification about the calculation of indirect costs is needed. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative. The Budget Narrative does not justify the 248% increased requested funding amount, but increased staff and numbers of people to be served are described in the Program Plan.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: CCRPC has an agency-wide plan for the Social Services Division. Their CLC Committee is inclusive of all departments to ensure CLC and Diversity Equity and Inclusion practices are incorporated into their services.

Staff comment:

Homeless System Coordination is committed to increasing capacity by coordinating with systems. This approach will assist with the barriers in the community, especially working with families that have issues with finding housing.

Draft Program Year 2027 Program Summary:

CCRPC – Community Services – Homeless Services System Coordination

Criteria for Best Value

Budget and program connectedness:

Yes. Good detail is provided on expenses and staff and their relation to the program. Regarding increased indirect cost allocation, the agency will provide the annually updated indirect cost plan and approval letter from Illinois Department of Commerce and Economic Opportunity when it is available.

Participant outcomes (see details above):

Outcomes are system-level and measurable, though they focus more on coordination than impact on individuals served.

Personal agency in individual and program planning:

Lived Experience Committee, Executive Committee representation, focus groups, and surveys ensure individuals with lived experience actively shape program design and decision-making.

Engaging the whole community:

Efforts to create a coordinated service system for households facing homelessness, focusing on enhancing CSPH organizations that support underserved minority populations through annual non-discrimination training. The CSPH emphasizes the need to address inequities in systems to end homelessness in Champaign County. The Strategic Plan prioritizes Equity, including annual Racial Equity Analysis of CSPH, training on Gender Identity Final Rule, and Diversity, and targeted outreach to LGBTQ populations that may avoid traditional shelter options. CES updated the assessment tool used to assist with understanding vulnerability and referral options for individuals experiencing homelessness over the last year. This change was made intentionally to support racial, ethnic, and gender equity as the Place Value Assessment is known for being more equitable and responsive to mitigating bias.

Promoting inclusion and reducing stigma:

Feedback from individuals who have experienced homelessness to improve county-wide systems and decision-making, ensuring they have a meaningful role in engaging with CSPH and community stakeholders. This initiative seeks to educate, reduce stigma, and evaluate program processes for a more inclusive and culturally responsive system. CSPH Strategic Plan emphasizes Lived Experience Representation, incorporating strategies: recruitment and a retention plan for individuals with lived experience on the Executive Committee, creating relevant position descriptions, exploring funding for stipends, and gathering yearly feedback through focus groups and surveys.

Technology access and use:

Hybrid (in-person/virtual) meetings for coordination, outreach, and client engagement.

Unique approach:

The program's strength is its system-level coordination using the Coordinated Entry System and a Housing First model to align service providers and prioritize the most vulnerable with supported research links.

Staff credentials and training:

Coordinator is an LCSW with 16+ years of experience in Champaign County social services, holding an MSW from the University of Illinois and working extensively with individuals experiencing homelessness, domestic violence, disabilities, and basic needs and security; she has been involved with the CSPH since 2010. Homeless Service Coordinator has a BSW with a minor in Gender and Women's Studies from the University of Illinois Urbana-Champaign. While the new Outreach Worker position requires an associate degree or equivalent experience, strong customer service and Human Services skills, and knowledge of housing systems and public assistance programs.

Other funding and resource leveraging:

HUD CoC and Emergency Solutions Grant funds are pursued.

Draft Program Year 2027 Program Summary:

CCRPC – Community Services – Homeless Services System Coordination

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.

If contracted, any compliance issues: No.

Notes on audit: N/A. Financial transactions are reviewed by independent Finance Department.

2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes, indirectly.
5. Other sources of funding have been maximized: Efforts to use other funding continue.
6. Coordinated system: Centralized coordination through CSPH and CES.

Written collaborative agreements: Carle Community Health Initiatives, Center for Youth and Family Solutions, Champaign County Emergency Management Agency, Champaign County Health Care Consumers, Champaign County Mental Health and Developmental Disabilities Boards, Champaign County Public Health District, CCRPC, Champaign-Ford Regional Office of Education, Champaign Park District, Champaign-Urbana Mass Transit District, Child Care Resource Service, City of Champaign, City of Champaign Township, City of Urbana, Community Choices, Community Service Center of Northern Champaign County, Courage Connection, Crisis Nursery, C-U at Home, Cunningham Children's Home, Cunningham Township Supervisor's Office, CUrbanism, Department of Veterans Affairs – Illiana Health Care System, DSC, Dimension-F, Eastern Illinois Foodbank, El-Roi House, Faith United Methodist Church, FirstFollowers, Greater Community AIDS Project of East Central Illinois, Habitat for Humanity, Housing Authority of Champaign County, Land of Lincoln Legal Aid, OSF Community Resource Center, The Pavilion, Promise Healthcare, Reintegration Haven Homes, Rosecrance, Salvation Army, United Way, University of Illinois Student Office of the Dean of Students, Uniting Pride, Village of Rantoul.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: Clarify the rationale for increased amount of request.

Revisions prior to contract: Indirect cost plan and approval letter; resolve discrepancies in financial forms.

New special provisions – None.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

CU at Home -

Life Skills Case Management Program NEW

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

Request: \$305,000

Why it matters:

“...Provides structured trauma-informed support during high-need hours: afternoons, evenings, and weekends...to help residents maintain stability, prevent crises, and build daily living skills for long-term independence. As a key partner to Case Management, the Life Skills Residential Program ensures mid-barrier clients receive consistent, real-time support that enhances safety, reduces risk, and promotes successful transitions to permanent housing.”

Selected priority:

Safety and Crisis Stabilization

Agency mission and info:

“... Through safe shelter, support services, and our Pathways to Progress program, we help individuals take meaningful steps toward a stable, independent life...”. <https://www.cuathome.us/>

Services and People Served

Who will benefit:

Adults (18+) in the Mid-Barrier Program facing instability, trauma, substance use histories, and limited daily living skills...Afternoons, evenings, and weekends are the highest-risk times for conflict and relapse. Life Skills staff provide supervision and structured support to build skills and reduce crises.

Scope of services:

Essential hands-on assistance and life skills development are offered at the 26-bed Mattis Ave. Mid-Barrier Campus for individuals transitioning out of homelessness. The program, operational 24/7, requires high-level Life Skills support staff during evenings and weekends for effective conflict resolution and emotional support. Staffing includes a Director of Residential Services, a Life Skills Team Lead, a Life Skills Specialist, a Lived Expertise Specialist, and a Safety and Crisis Overnight Lead that provides practical skills training, emotional support, and maintaining a safe environment, ensuring residents build independence and stabilize long-term housing.

Location and frequency of services:

On-site at the 1207 S. Mattis Ave. Mid-Barrier Campus (26-bed residential program) 24/7.

Staff comment:

The benefit and scope of services is clear, detailed, and appropriate for the target population.

Residency and Demographic data not available – the program is not currently funded.

Measures of Client/Participant Access

Eligibility criteria and determination: Adults (18+) enrolled in C-U at Home’s Mid-Barrier Program who are experiencing homelessness or housing instability, can safely participate in a residential setting, and are willing to engage in structured life-skills development. Determination is made through a structured intake conducted by the CM to include: verification of enrollment in the Mid-Barrier Residential Program, review of housing history and current homelessness status, assessment of ability to safely participate in a non-medical residential setting, and evaluation of readiness to engage in structured life-skills support.

Outreach to eligible people: Adults (18+) living in the shelter are referred through CU at homes internal processes...CM reviews person's housing history, current homelessness situation, program enrollment, and whether they are ready to take part in non-medical residential services and life-skills support and works with other service providers.

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

Within 1 day of assessment, 85% of those assessed will engage in services.

People will engage in services, on average, for: 12-18 months.

Additional demographic data: housing history and family connections, income and employment status, education level, disability status, MH/SUD needs, justice system involvement, and veteran status.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 85% of participants will demonstrate improved consistency in hygiene and room cleanliness.
2. 75% ...will demonstrate progress in budgeting, income management, and/or benefit utilization, as evidenced by completion of a basic budget or financial plan and saving.
3. 80% ...will demonstrate improved adherence to daily routines, including curfews, appointments, employment schedules, or program expectations.
4. 70% ...will independently access transportation, employment, education, or community-based activities with reduced staff prompting by the end of participation.
5. 75% ...will demonstrate improved conflict resolution skills, as measured by a reduction in behavioral incidents and increased use of coping strategies identified in their support plans.
6. 85% ...will remain engaged in the Life Skills Residential Support.

Specific assessment tools and data collection:

1. Room & Hygiene Checklist (staff observation)
2. Budget Completion Tracker (documentation), Life Skills Class Attendance Log, and Resident Financial Confidence Survey.
3. Routine Adherence Log, Incident & Late Log, Resident Self-Report.
4. Independence Checklist, Staff Observation Notes, and Resident Independence Scale.
5. Incident Tracking Form, Coping Skills Checklist, Resident Emotional Regulation Scale.
6. Attendance Tracker, Program Status Log, and Resident Engagement Survey.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly.

Staff comment:

*Draft Program Year 2027 Program Summary:
CU at Home – Life Skills Case Management Program*

The fidelity of the program is contingent of staff' and clients' subjectivity (staff observation and self-reporting), which can skew reliability of assessment tools.

Measures of Utilization

Treatment Plan Clients (TPCs): 36 clients.

Community Service Events (CSEs): 50 events: outreach events, speaking engagements and panel discussions.

Service Contacts (SCs): 5000 contacts between a program participant and a qualified staff member.

Staff comment:

Unsure of staffing ratios and program capacity.

Financial Analysis

Program Year 2027 CCMHB request: \$305,000

Program Year 2027 total program budget: \$808,865

CCMHB request is for 36% of total program revenue. Other program revenue is from United Way \$50,000, Contributions \$92,365, and Community Foundation of East Central IL \$66,500.

Personnel costs of \$302,500 are 99% of requested amount. Other expense is Conferences/Staff Development \$2,500.

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

Direct staff to this contract are 100% of one Director of Residential Services, one Manager of Life Skills Program, and four Team Leaders (not clear if filled or if full-time). No indirect staff are to be charged.

Program staff to be funded by CCMHB: 3 Direct FTEs. Total program staff: 4.8 Indirect + 3 Direct = 7.8 FTEs.

The line for "Life Skills Team," for 4 Team Leaders is treated as a single FTE but likely including four full-time salaries, and these FTE counts should be clarified (possibly revised.)

Staff comments:

The total program revenue and total program expense columns presented for this program are identical to that of the other funding request; this is expected for total agency revenue and expense, but programs should be distinct. The sum of the two Expense Budgets for the two proposals exceeds the amount budgeted in the Total Agency budget for many expense categories. The Budget Narrative for this application is identical to that of the other funding request from this agency. The Budget Narrative states that personnel costs account for 67.5% of the total expense. However, based on the figures in the Expense Budget, personnel costs actually account for over 99% of the Expense Budget. The Budget Narrative also does not provide explanation for the \$2,500 budgeted for Conference/Staff Development.

Overall, the financial and personnel information provided contains significant errors and lacks sufficient detail. As presented, the application does not provide an adequate basis to evaluate the agency's financial proposal.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: A new program to incorporate Life Skills for people that have experienced homelessness. There is leadership development for people in recovery. They offer individual service planning for clients and those who need a longer-term plan of care for stable housing.

*Draft Program Year 2027 Program Summary:
CU at Home – Life Skills Case Management Program*

Criteria for Best Value

Budget and program connectedness:

No. Clarifications are needed.

Participant outcomes (see details above):

Yes. Outcomes focus on consumer-level changes with clear numeric targets and tracking tools.

Personal agency in individual and program planning:

Individualized treatment plans developed collaboratively with participants, case managers, and residential staff. Lived Expertise Specialists and staff with lived experience contribute to resident support planning and program feedback.

Engaging the whole community:

Culturally responsive, trauma-informed residential support and serves rural residents who enroll in the Mid-Barrier program at the Mattis Ave. site.

Promoting inclusion and reducing stigma:

Staff use strength-based language, normalize recovery and instability, and support residents' engagement in employment, education, and community activities to build inclusion and reduce stigma.

Technology access and use:

Not a focus. Services occur on-site with no virtual service component described.

Unique approach:

Program adds structured evening and weekend life-skills coaching within a residential setting, reinforcing case management goals during higher-risk hours when residents often struggle with stability.

Staff credentials and training:

Director of Residential Services (BA required), Life Skills Team Lead (AA required), Life Skills Specialists with significant experience, and Lived Expertise Specialists with recovery and homelessness experience.

Other funding and resource leveraging:

Although present in the revenue form, and possibly in error (see above), no other pay sources are identified; program reports no fees, sliding scale, Medicaid billing, or additional leveraged funding.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: Program Year 2025 agency audit was submitted 12/21/2025.
2. Capacity for financial clarity: Clarifications will be helpful.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Indirectly.
5. Other sources of funding have been maximized: No additional funding sources identified.
6. Coordinated system: Program coordinates with local housing, shelter, and behavioral health providers including CCRPC, Champaign Township Strides Shelter, Rosecrance, and the Continuum of Care network.
Written collaborative agreements: Housing Authority, Drug Court, Rosecrance.

Process Considerations and Caveats

Contracting considerations:

*Draft Program Year 2027 Program Summary:
CU at Home – Life Skills Case Management Program*

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: resolve financial form issues (distinguish the two program budgets, clarify grouped personnel item); add priority access for people with diagnosed MI or SUD or I/DD.

Special provisions: mid-year progress report to the Board; collaborate with similar and related providers; participate in Coordinated Entry System; possible others.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

CU at Home - Shelter Case Management

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

Request: \$295,000

Why it matters:

“... Homelessness leads to heightened vulnerability to victimization, mental health issues, substance use, and unavoidable interactions with law enforcement. The program offers intensive case management, crisis intervention, and coordinated care to help clients stabilize and access essential services...by meeting clients’ basic needs, preventing unnecessary hospitalizations, arrests, and prolonged homelessness while fostering long-term stability...”

Selected priority:

Safety and Crisis Stabilization

Agency mission and info:

“... Through safe shelter, support services, and our Pathways to Progress program, we help individuals take meaningful steps toward a stable, independent life...”. <https://www.cuathome.us/>

Services and People Served

Who will benefit:

Adults (18+) experiencing homelessness who have identifiable needs that place them at risk for ongoing crisis or housing instability.

Scope of services:

The Mid-Barrier Shelter Program offers structured, trauma-informed support for adults experiencing homelessness....case management: assessment, goal planning, crisis intervention, and connections to essential resources. Clients reside in a non-congregate facility for 12–18 months, receiving support from Case Managers who assist with accountability and skill development. The program features phases with intensive support, focusing on employment, housing readiness, and independent living skills, while fostering social networks and community integration through collaboration with local providers.

Location and frequency of services:

Case management services across seven residential homes in the Champaign-Urbana area with virtual options available for clients facing challenges. An eighth facility at 1207 S. Mattis Avenue will provide Mid-Barrier residential services for 26 individuals, expected to be operational for five months by the start of the FY27 contract period.

Staff comment:

The scope of services is clear, detailed, and appropriately aligned with a mid-barrier shelter model.

Residency of 40 people served in Program Year 2025 and 33 in the first half of Program Year 2026:

Champaign - 29 in Program Year 2025 and 20 first half of Program Year 2026

Urbana - 11 in Program Year 2025 and 13 first half of Program Year 2026

Demographics of 40 people served during Program Year 2025:

Age

Ages 19-59 - 39

Ages 60-74 - 1

Preferred Language

English – 40

Race/Ethnicity

African American/Black - 7

Asian/Asian American - 1

Multi-Racial - 1

White - 31

Gender

Man - 16

Woman - 24

Measures of Client/Participant Access

Eligibility criteria and determination: Individuals 18 or older experiencing homelessness or housing instability may qualify based on assessed vulnerabilities and willingness to engage in services, with eligibility determined through a CM intake which reviews their housing status, needs, and barriers to stability.

Outreach to eligible people: referrals from community partners, emergency shelters, outreach teams, hospitals, mental health service providers, probation and court services, and other social service agencies. Individuals may self-refer or learn about the program through community outreach, word-of-mouth, and collaboration with local systems of care.

Within 3 days of referral, 95% of those referred will be assessed.

Within 3 days of assessment, 85% of those assessed will engage in services.

People will engage in services, on average, for: 12-18 months.

Additional demographic data: housing history, income and employment status, education level, disability status, mental health and substance use needs, justice system involvement, veteran status, and service utilization.

Staff comment:

Length of engagement (12–18 months) supports the intensity of services and the needs of the population.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 60% of program participants will graduate.
2. 100% ...will be entered into the Homeless Management Information System (HMIS) for data tracking purposes.
3. 100% ... will have an initial MH/SUD screening and referral to resources when needed.
4. 85% ...will develop individualized goals and action steps in at least five of the following seven areas of instability: MH/SUD, physical health, income/financial stability, housing, life skills, and spiritual well-being.
5. 100% ...receive monthly goal reviews and progress evaluations.
6. 100% ...mid-barrier participants will have a case manager and receive intensive CM services.

Draft Program Year 2027 Program Summary:

CU at Home – Shelter Case Management Program

7. 100% ...Advanced Shelter Program participants will receive individualized CM services. Participants will complete pre- and post-program self-assessment surveys measuring MH/SUD, independent living skills, stress levels, and physical health.
8. 70% ...will report improved overall MH by the end of program participation.
9. 75% ...will report improved independent living skills by program completion.
10. 70% ...will report reduced stress levels by the end of the program.
11. 60% ... who identify SUD as a goal area will report reduced substance use by program completion.
12. 60% ...will report improved overall physical health by the end of the program.
13. 75% ...will remain actively engaged in services for a minimum of 90 days.
14. 65% ... will exit to stable or improved housing situations.

Specific assessment tools and data collection:

1-7 collected by staff, reported in Service Point/HMIS System, Apricot, Attendance & Engagement Logs Participation. 8-14 Outcomes: Program Milestone Tracker, Goal Progress Rating, Life Skills Observation Rubric, Service Utilization Log reviewed by staff.

Outcome data gathered from all participants: Yes.

Will collect outcome data monthly, quarterly, and yearly.

Staff comment:

The outcomes are well-defined, measurable, and aligned with program goals. Also, regular data collection (monthly, quarterly, yearly) supports ongoing monitoring and quality improvement. Several measure direct impact on clients.

Measures of Utilization

Treatment Plan Clients (TPCs): 60 people agreeing to CM services, with case plans.

Non-Treatment Plan Clients (NTPCs): 25 people not enrolled but in groups, transportation, or limited CM.

Community Service Events (CSEs): 50 outreach events, speaking engagements, panel discussions.

Service Contacts (SCs): 6050 contacts with clients.

Staff comment:

The utilization targets appear reasonable and appropriate for a residential program. The 6,000+ service contacts is suitable for intensive, daily staff engagement.

Program Year 2026 Targets	55 TPCs	25 NTPCs	5500 SCs	50 CSEs
Program Year 2026 Mid-Year Results	14 TPCs	29 NTPCs	2213 SCs	18 CSEs
Program Year 2025 Targets	55 TPCs	25 NTPCs	5500 SCs	50 CSEs
Program Year 2025 Full-Year Results	40 TPCs	31 NTPCs	5131 SCs	56 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$295,000

Program Year 2027 total program budget: \$808,865

Current year CCMHB funding (Program Year 2026): \$256,700

Proposed change in CCMHB funding = 15%

CCMHB request is for 36% of total program revenue. Other program revenue is from United Way \$50,000, Contributions \$92,365, and Community Foundation of East Central IL \$66,500.

Personnel costs of \$293,450 are 99% of requested amount. Other expense is Conferences/Staff Development \$1,550.

*Draft Program Year 2027 Program Summary:
CU at Home – Shelter Case Management Program*

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

Direct staff to this contract are 100% of three Case Managers (two were vacant at the time of application submission) and 80% of the Executive Director. All are full-time. No indirect staff are to be charged.

Program staff to be funded by CCMHB: 3.8 Direct FTEs. Total program staff: 4.0 Indirect + 3.8 Direct = 7.8 FTEs.

Staff comments:

The total program revenue and total program expense columns presented for this program are identical to that of the other funding request; this is expected for total agency revenue and expense, but programs should be distinct. The sum of the two Expense Budgets for the two proposals exceeds the amount budgeted in the Total Agency budget for many expense categories. The Budget Narrative for this application is identical to that of the other funding request from this agency. The Budget Narrative states that personnel costs account for 67.5% of the total expense. However, based on the figures in the Expense Budget, personnel costs actually account for over 99% of the Expense Budget. The Budget Narrative also does not provide explanation for the \$1,550 budgeted for Conference/Staff Development.

Overall, the financial and personnel information provided contains significant errors and lacks sufficient detail. As presented, the application does not provide an adequate basis to evaluate the agency's financial proposal.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: The agency also submitted an application for new program to incorporate Life Skills for people that have experienced homelessness. There is leadership development for people in recovery. They offer individual service planning for clients and those who need a longer-term plan of care for stable housing.

Criteria for Best Value

Budget and program connectedness:

No. Clarifications will be helpful.

Participant outcomes (see details above):

Yes. Outcomes focus on participant housing stability, mental health, substance use, and life skills improvements; targets are measurable and tracked through HMIS, case notes, and program surveys.

Personal agency in individual and program planning:

Uses person-centered case planning and shared decision-making; participant feedback through check-ins and house meetings informs program adjustments and values lived experience in service planning.

Engaging the whole community:

Serves rural residents through residential placement and virtual/phone follow-up when needed and uses culturally responsive, LGBTQ+ affirming, and trauma-informed practices to engage underserved populations.

Promoting inclusion and reducing stigma:

Community engagement through individualized plans (employment, education, volunteering, faith or family connections); strengths-based, trauma-informed language to reduce stigma.

Technology access and use:

Services are primarily in person but allow phone or virtual meetings when illness, work schedules, transportation, or mobility barriers limit in-person engagement.

Unique approach:

*Draft Program Year 2027 Program Summary:
CU at Home – Shelter Case Management Program*

Program combines trauma-informed care, Housing First principles, and intensive case management within a residential shelter model designed to stabilize individuals experiencing homelessness.

Staff credentials and training:

Case managers hold a bachelor's degree or five years relevant experience and complete training in trauma-informed care, de-escalation, harm reduction, Housing First, sexual assault response, and cultural competency.

Other funding and resource leveraging:

No other payment sources are listed in the program plan, but they are present in the Revenue form; services are free to participants, and the program does not use sliding scale fees or bill Medicaid.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: Program Year 2025 agency audit was submitted 12/21/2025. No findings required follow-up (apart from continued IRS question), and no funds were owed back.
2. Capacity for financial clarity: Clarifications are needed.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes, among others.
5. Other sources of funding have been maximized: Not clear.
6. Coordinated system: Coordinates with hospitals, police, township offices, behavioral health providers, court programs, and other referral partners to support stabilization and service access.
Written collaborative agreements: Housing Authority of Champaign County; Drug Court/Problem Solving Court; Rosecrance; Grow.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: resolve financial form issues (distinguish the two program budgets).

New special provisions: participate in Coordinated Entry System.

Continue PY26 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

CU Early – CU Early

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

Request: \$86,701

Why it matters:

“...serves at risk expectant families and children up to age 3...developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track. A referral is made to Early Intervention if there is a suspected disability or concern with the child’s development... CU Early services are not covered by Early intervention or under the school code which states services begin at age 3.”

Selected priority:

Thriving Children, Youth, and Families

Agency mission and info:

“The mission of CU Early is to positively impact child development and to nurture healthy parent-child relationships during the critical early years that occur between birth and age three.” See <http://cually.weebly.com/> and <https://uecs.usd116.org/cually/> for more information.

Services and People Served

Who will benefit:

20 at risk children and families, prenatal to age three including teen parents and homeless Spanish speaking families.

Scope of services:

Focus on pregnant and parenting teens, at-risk families, including linguistically isolated families. Services include home visits, play groups, teen parent education/support, library groups, toy and book lending library, parent resource library, semi-annual developmental assessments, vision and hearing screenings, and intensive case management. Goals: support families of infants/toddlers as their child’s first teacher; build strong foundation for learning within families; assist parents in preparing children for success in kindergarten and beyond. Baby TALK model and curriculum.

Location and frequency of services:

Family home or other, based on family needs; monthly playgroups at Urbana Early Childhood School (agency office); monthly CU Early Spanish speaking groups at Douglass Library; monthly playgroups at Soccer Planet; home visits through a virtual option in case of illness or bad weather.

Staff comment:

Request continues funding for a program which had previously been funded by ISBE. The agency continues to seek funding through ISBE and provides updates to CCDDDB/CCMHB staff. Program partners with 7 similar programs through the Champaign County Home Visiting Consortium (CCHVC).

Residency of 27 people served in Program Year 2025 and 21 in the first half of Program Year 2026:

Champaign - 10 in Program Year 2025 and 11 first half of Program Year 2026

Urbana - 17 in Program Year 2025 and 10 first half of Program Year 2026

Demographics of 27 people served during Program Year 2025:

Age

Ages 0-6 - 27

Preferred Language

Spanish – 27

Race/Ethnicity

Latina/e/o/x - 27

Gender

Man - 13

Woman - 9

Not Available - 5

Measures of Client/Participant Access

Eligibility criteria and determination:

Every family is screened prior to enrollment.

Highest priority tier - homelessness, DCFS involvement, history of DV or SUD, English language learner, income 50% of federal poverty level.

Second tier - children with developmental delay/Individual Family Support Plan (IFSP), chronic medical condition, family income 50% to 100% of federal poverty level.

Third tier – family without basic utilities, living in isolation, receiving Public Aid, SNAP, medical card, not high school graduate, family income 100%-130% federal poverty level.

Fourth tier – military service, single parent, low birth weight or prematurity.

Outreach to eligible people:

Word of mouth, visitors to Urbana Early Childhood where the program office is located, referrals through home visiting consortium, and program attendance at community fairs.

Within 3 days of referral, 100% of those referred will be assessed.

Within 3 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: 3 years.

Additional demographic data:

of home visits completed, # of parent groups completed and # of attendees at groups, family's income, # of developmental screenings completed, languages spoken by parents, parent's highest level of education, date of referral received, date of enrollment, date of exit, # of prenatal visits completed, # of parent goals set, # of parent goals partially met, # of parent goals achieved and parent's employment status. (Some of these are program performance measures.)

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Improvement of parenting skills & knowledge... 95% of parents will make progress.
2. Child development... 95% of children will make progress from one screening to the next.
3. Health care... 90% of children will be current on immunizations and well child exams.

Draft Program Year 2027 Program Summary:

CU Early – CU Early

Specific assessment tools and data collection:

1. ISBE questionnaires (completed by parent) and Piccolo parent/child interaction tool (completed by home visitor with parent).
2. ASQ and ASQ-SE every six months.
3. Well Child Exam and immunization record 45 days after enrollment, then annually.

Outcome data gathered from all participants: Yes.

Will collect outcome data twice per year.

Measures of Utilization

Treatment Plan Clients (TPCs): 20 families.

Non-Treatment Plan Clients (NTPCs): 5 families referred to Early Intervention services.

Community Service Events (CSEs): 4 - Read Across America, Kindergarten connection (Urbana School District), Presentations with CCHVC, School board presentations, and small group presentations.

Service Contacts (SCs): 464 – 440 home visits (min. 21 per TPC family) and 22 playgroups (with 5 TPC families at each).

Staff comment: Does not enter TPC claims in Online Reporting System. Targets continue at Program Year 2026 levels.

Program Year 2026 Targets	20 TPCs	5 NTPCs	464 SCs	4 CSEs
Program Year 2026 Mid-Year Results	21 TPCs	2 NTPCs	190 SCs	5 CSEs
Program Year 2025 Targets	20 TPCs	5 NTPCs	464 SCs	4 CSEs
Program Year 2025 Full-Year Results	27 TPCs	7 NTPCs	714 SCs	17 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$86,701

Program Year 2027 total program budget: \$514,257

Current year CCMHB funding (Program Year 2026): \$80,723

Proposed change in CCMHB funding = 7.4%

CCMHB request is for 17% of total program/agency revenue. Other program/agency revenue is from Illinois State Board of Education grant \$398,606, United Way Community Essentials grant \$9,000, and In-Kind Contributions \$19,950.

Personnel costs of \$86,701 are 100% of the requested amount.

Total agency/total program budget has a deficit of \$16,110, and CCMHB budget is balanced. Total agency and total program budgets are the same.

Details from personnel form: Direct staff to be charged are 100% of a full-time Bilingual Home Visitor. No indirect staff.

Program staff to be funded by CCMHB: 1 Direct FTE. Total program staff: 1 Indirect + 4 Direct = 5 FTEs.

Staff comments:

Figures in the Budget Narrative do not match those on the Expense Budget form. FICA and Medicare are listed under Benefits instead of Payroll Taxes. These errors raise concerns regarding the accuracy of the funding request.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: The submitted plan meets all the required benchmarks outlined in the application instructions. All new staff receive CLC Training and read and sign the CLC Plan. Bilingual staff a focus.

Criteria for Best Value

Budget and program connectedness:

The Budget Narrative provides full detail on all program revenues and expenses, describes their relevance to the program and to this request, but does have discrepancies from Expense form.

Participant outcomes (*see details above*):

Outcomes are specific, measurable, relevant to the people served, and associated with specific assessment tools. Outcome targets are based on a logic model and updated annually with consideration for actual outcomes.

Personal agency in individual and program planning:

Through monthly support groups and Spanish-speaking early literacy playgroups held throughout the community.

Engaging the whole community:

Support that allows families to engage the whole community. This includes access to healthcare (helping families choose a primary doctor and accompanying families to prenatal and well child appointments), supporting families with benefits access relieves financial stress/strain, connecting children with developmental delays/disability to early intervention services, and connecting families with other families through playgroups.

Promoting inclusion and reducing stigma:

The bilingual home visitors support families to make phone calls to set up appointments, to complete applications, accompanying them to appointments and advocating for them so that their concerns are heard, and their needs are met. Families attend playgroups at the library, Soccer Planet, and at Urbana Early Childhood Center.

Technology access and use:

Virtual option in cases of parent or child illness or incremental weather.

Unique approach:

Describes information about home visiting as a prevention strategy (<https://www.ncsl.org/human-services/home-visiting-improving-outcomes-for-children>) and the specific Baby TALK curriculum/model (<https://babytalk.org/>). Program is 'Quality confirmed' in that services align with the Baby Talk Critical Core Principles and concepts.

Staff credentials and training:

All program staff have relevant education, training, and experience.

Bilingual Home Visitor (MHB funded) - BA in Psychology, 10 years' working in early childhood education, with program for 7 years. All staff certified in Baby TALK curriculum.

Other funding and resource leveraging:

Not used as match; primary funding is from ISBE; in-kind materials (from United Way, through CCRPC); receives United Way Community Essentials funding; refers children to state funded EI services; no client fees or sliding scale.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.

If contracted, any compliance issues: No.

Draft Program Year 2027 Program Summary:

CU Early – CU Early

Notes on audit/review/compilation: Program Year 2025 agency audit was submitted 10/26/2025. There were no serious negative findings for follow-up, and no unspent funds were owed back to the CCMHB.

2. Capacity for financial clarity: Financial forms agree. No audit concerns.
3. All forms submitted by deadline: Yes – January 22, 2026.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes. This is explicitly addressed.
6. Coordinated system: the program maintains collaborative relationships with educational, MH, and social services agencies that serve families. Staff ensure they have a point of contact at community agencies, stay current on service options, attend community/provider meetings, and continues partnership with CCHVC – often receiving referrals for Spanish speaking families.

Written collaborative agreements: Crisis Nursery, Unit #4, CUPHD, Young Lives, United Way, CCRPC, Feeding our Kids, CFC, CCHVC, Champaign County Resource and Referral, and Urbana Adult Education.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: recategorize FICA and Medicare costs to Payroll Taxes; correct typo in Budget Narrative (Fiscal Year 2017 should be Fiscal Year 2027); resolve any discrepancies.

Negotiate the percentage and cost of DD focus versus other focus. Offer a two-year term.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Champaign County Head Start/Early Head Start – Early Childhood Mental Health Services

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

Request: \$411,062

Why it matters:

“... Preschool prevents problems by closing achievement gaps and reducing the school-to-prison pipeline. It improves life outcomes like employment and reduces criminal involvement by teaching social-emotional skills from birth to age 5. Creating inclusive classrooms for children from birth to 5 years old is crucial for those with disabilities to benefit educationally. Early screenings help identify delays early on, allowing to better support the child's needs. Since the pandemic, there has been a rise in delays and disabilities, leading to more IFSPs and IEPs. To address this, our teams meet weekly. They set goals, support teachers and parents, and closely monitor children.”

Selected priority:

Thriving Children, Youth, and Families. Also aligns with Collaboration with CCDDDB: Young Children & their Families.

Agency mission and info:

“... we're passionate about building the foundation for a lifetime of learning and success. We understand that the early years of a child's life are the most formative and crucial, and we're here to make them count. Our dedicated team of educators, child development experts, and caregivers is committed to providing a nurturing, safe, and stimulating environment for your child. We believe in the potential of every young mind and the boundless opportunities a quality early education can offer. With a focus on fostering curiosity, creativity, and a love for learning, we're devoted to ensuring that every child in our care not only meets but exceeds their developmental milestones. Together, we'll create a bright and promising future for your child, one filled with curiosity, exploration, and endless possibilities.” For more information, see https://ccrpc.org/divisions/head_start/index.php.

Services and People Served

Who will benefit:

Low-income and at-risk children enrolled in RPC Early Childhood Education (Head Start/Early Head Start) and their teachers and parent/guardians... identifying higher numbers of children with developmental delays, close to twice as many as in previous years. Consultant, coaches, and committees meet weekly to develop goals, support teachers and parents, and monitor children with demonstrated delays, concerns, or need for referrals.

Scope of services:

Identifies children’s social-emotional strengths and areas of need, using assessments, observations (including video), and reflective conversation; reviews developmental screenings for enrolled students; supports referral to school districts or developmental pediatricians; supports staff and parents writing individualized social-emotional goals and plans; supports staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting; collaborates on individualized inter/intra-personal goals and action plans; collaborates on Support Plans for children who engage in challenging behaviors to communicate their needs; facilitates workshops, support groups, and coaching for staff and parents on social-emotional development,

*Draft Program Year 2027 Program Summary:
Champaign County Head Start – Early Childhood MH Services*

compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency; supports staff in monitoring children’s progress and outcomes; offers parenting consultation and coaching through Facebook groups and Zoom meetings; reviews developmental screenings and makes recommendations; creates unique virtual stress management and equity-related content for Champaign residents in collaboration with CU TRI.

Location and frequency of services:

Classrooms, daycare homes, participant homes, or virtual. Biweekly coaching to support parents’ and teachers’ relationships with children. Weekly or monthly (depending on need) reflective conversations and consultation.

Staff comment:

Request continues funding for a long-time program funded by the CCMHB.

Residency of 74 people served in Program Year 2025 and 90 in the first half of Program Year 2026:

Champaign -	30 in Program Year 2025 and 40 first half of Program Year 2026
Urbana -	22 in Program Year 2025 and 18 first half of Program Year 2026
Rantoul -	20 in Program Year 2025 and 28 first half of Program Year 2026
Mahomet -	1 in Program Year 2025 and 0 first half of Program Year 2026
Other -	1 in Program Year 2025 and 4 first half of Program Year 2026

Demographics of 74 people served during Program Year 2025:

Age

Ages 0-6 -	58
Ages 19-59 -	16

Preferred Language

Arabic -	4
English -	59
French -	1
Spanish -	10

Race/Ethnicity

African American/Black -	37
Latina/e/o/x -	10
Middle Eastern/North African -	4
Multi-Racial -	12
White -	11

Gender

Man -	37
Woman -	37

Measures of Client/Participant Access

Eligibility criteria and determination:

Head Start enrolled children may be eligible. Pyramid Model criteria for services: Tier 1 positive relationships with children, families, and colleagues; Tier 2 creating supportive environments; Tier 3 social emotional teaching strategies; and Tier 4 intensive individualized interventions. After screening yields a DECA score indicating eligibility, or after documentation of age inappropriate or disruptive behavior in class or at home, the Social Emotional Committee determines need for SE goals. Adults meet criteria if they are a caregiver of an enrolled child and request services.

Draft Program Year 2027 Program Summary:

Champaign County Head Start – Early Childhood MH Services

Outreach to eligible people:

Head Start staff learn about the program at orientation; agency shares info at parent meetings, one on one with teachers and advocates, on Facebook, and through brochures and parent handbook. Program offers parent education on trauma-informed care, social emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

Within 7 days of referral, 100% of those referred will be assessed.

Within 7 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 3 months to 2 years.

Additional demographic data:

Program collects data for Office of Head Start, family's structure, income, language, education, employment, military status, marital status, housing status.

Staff comment:

Excellent wait times, given the nature of some children and families' concerns.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Children will demonstrate improvement in social skills related to resilience such as: Self-Regulation, Initiative, Relationship building/Friendship skills, Emotional Literacy, and Problem-Solving.
2. Head Start staff will demonstrate improvement interpersonal, stress management, and caregiving skills, and a reduction in Burnout/compassion fatigue.
3. Parents will demonstrate improvement in stress management and caregiving skills
4. Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

Specific assessment tools and data collection:

1. Pre and post resilience related social skills are assessed using the Ages and Stages Questionnaire: Social-Emotional and the DECA-P2 and DECA I/T. Throughout the school year, documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during fall, winter, and spring checkpoints.
2. ProQOL Measure of Burnout, Compassion Fatigue, and Vicarious Trauma; and Adult DECA
3. Parenting Stress Index; and Adult DECA
4. TPOT/TPITOS - classroom management

Outcome data gathered from all participants: No, only collected for formal/intensive services with TPCs.

Will collect outcome data 2 to 3 times per year.

Staff comment:

Outcomes are unchanged from current contract. Outcomes are measurable and focused on benefit to the participants (children, families, and teachers), though specific targets do not appear to have been identified.

Measures of Utilization

Treatment Plan Clients (TPCs): 100 new children, parents, or staff in consultation for goal setting, planning, follow-up.

Non-Treatment Plan Clients (NTPCs): 380 new children, parents, or staff receiving screening, intermittent, one-off support and consultation; recipients of psychoeducation, training, or professional development.

Community Service Events (CSEs): 5 community trainings and workshops sharing program info.

Service Contacts (SCs): 3000 meetings and observations of children, Practice Based Coaching with education staff, SE committee meetings, reflective consultation with staff and caregivers, screenings, assessments, other services with or on behalf of TPCs and NTPCs.

Other: 12 psycho-educational workshops, training, professional development efforts with staff and parents.

Staff comment:

Targets similar to current levels, with an increase in TPC target. Service contacts and service hours associated with TPCs are documented in online reporting system. Program provided 551 hours of service to TPCs during Program Year 2025.

Program Year 26 Targets	90 TPCs	380 NTPCs	3000 SCs	5 CSEs	12 Other
Program Year 26 Mid-Year Results	90 TPCs	116 NTPCs	667.75 SCs	4 CSEs	3 Other
Program Year 25 Targets	100 TPCs	380 NTPCs	3000 SCs	5 CSEs	12 Other
Program Year 25 Full-Year Results	116 TPCs	62 NTPCs	1572.50 SCs	3 CSEs	15 Other

Financial Analysis

Program Year 2027 CCMHB request: \$411,062

Program Year 2027 total program budget: \$411,062

Current year CCMHB funding (Program Year 2026): \$388,463

Proposed change in CCMHB funding = 5.8%

CCMHB request is for 100% of total program revenue. Presented as total agency is the budget for Head Start/Early Head Start (and not for CCRPC). Head Start relies on majority federal funding, with state, United Way, and In-Kind contributions also present.

Personnel costs of \$265,165 are 64.5% of the request. Other expenses are Professional Fees/Consultants \$60,551 and Occupancy \$85,246.

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

Direct staff assigned to the program are 100% of three Social Skills & Prevention Coaches and 22% of the Off-Site Programs Manager. All are full-time. No indirect staff are specifically assigned to this program.

Program staff to be funded by CCMHB: 3.22 Direct FTEs. Total program staff same.

Staff comments:

Indirect costs of \$85,246 are GATA approved and account for 20% of the total request. The most recent GATA approval has been provided to MHB staff, and an update will be shared when approved. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative. No narrative is provided supporting the increased request, but the proposed number of people to be served is increased.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: Has provided an information session called “Lunch bag” series understanding the DEI landscape and how to remain innovative. CCRPC will incorporate training for new staff in the Poprio language assistance program for customers to utilize the language of their choice. The CLC Committee has incorporated anti-racist principles and social justice in their monthly agendas to develop an action plan to integrate into the entire agency.

Criteria for Best Value

Budget and program connectedness:

Full detail on all program revenues and expenses, with relevance to the program and to this request. Professional Fees expense includes the Mental Health Consultant, central to this program for several years.

Participant outcomes (*see details above*):

One focuses on positive changes in children, one relates to parents’ improved skills, and two to positive classroom/staff impacts, with appropriate assessment tools for each. ‘Improvement’ is the target for each, rather than a specific increase in score.

Personal agency in individual and program planning:

Center-based, home-based, and family childcare home provider options to meet the needs of children and families. RPC also collaborates with Courage Connection that provides housing and supportive services to individuals and families who are victims of domestic violence. RPC has a staff member that offers home-based services.

Engaging the whole community:

Recruits... at local libraries, elementary schools, door to door, grocery/convenience stores, community events, community agencies, etc. ... community events such as the Disability Expo, Read Across America, Week of the Young Child, and school district early childhood program child-find activities...[Head Start program] must maintain at least 10% enrollment of children with diagnosed disabilities... serves children with health conditions such as sickle cell anemia, asthma, and diabetes. SE Services... center-based options strategically located in Champaign, Rantoul, and Urbana... home-based option provides services to families in their home and meets the needs of families living in rural areas... option for families working and attending school is family childcare. Services are also provided in libraries, churches, coffee shops... virtual services... to reach more families... takes seriously the need to reduce implicit bias in our staff and the impact of structural racism for our families. The Social-Emotional staff play an important role in developing and coordinating workshops, trainings, virtual content, and advocacy efforts that reduce stigma and support collective care...

Promoting inclusion and reducing stigma:

Embraces the least restrictive environment and offers this in classrooms and family childcare homes... takes seriously the need to reduce implicit bias... and the impact of structural racism... SE staff play an important role in developing and coordinating workshops, trainings, virtual content, and advocacy efforts that reduce stigma and support collective care...

Technology access and use:

Virtual service usage has allowed for reaching more families.

Unique approach:

Practice-Based Coaching <https://eclkc.ohs.acf.hhs.gov/browse/tag/practice-based-coaching>, Illinois Model of Early Childhood Mental Health Consultation (SAMHSA listed EBP) https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/il-approach-building-sustaining-iecmhc.pdf, Illinois Association Infant Mental Health resources <https://www.ilaimh.org/the-illinois-mental-health-consultant-statewide-registry/>, Harvard collection of research on early childhood programs <https://developingchild.harvard.edu/>, Pyramid Model <http://csefel.vanderbilt.edu>, and Conscious Discipline (EBP trauma-informed approach) <https://consciousdiscipline.com>.

Draft Program Year 2027 Program Summary:

Champaign County Head Start – Early Childhood MH Services

Staff credentials and training:

1. Social Skills and Prevention Coach – Bachelor's in Elementary Education. 11 years of classroom work experience with ages 0-5. Work experience as a MH technician, certified in Therapeutic Crisis Intervention.
2. Social Skills and Prevention Coach – Bachelor's in Psychology. Experience in the human services for 12+ years, certified in Illinois Medicaid Comprehensive Assessment of Needs, ARC trauma training and the Child Endangerment Risk Assessment Protocol.
3. Social Skills and Prevention Coach – Bachelor's in Elementary Education. 27 years in Early Childhood Education classroom, plus a training program to support and coach teachers in the classroom.
4. ECMHC - Master's in School Counseling, Doctorate in Counselor Education and Supervision, trained in Restorative Practices, Pyramid Model of Social Emotional Learning, Practice-Based Coaching, and Self-Compassion Meditation Skills. Trained trainer in both the Pre-K and Infant Toddler Pyramid Model, National Certified Counselor (NCC), and a Licensed Professional Counselor (LPC).

Other funding and resource leveraging:

Not used as match; while no other fund sources are listed, Infant Toddler Specialist is funded by EHS expansion funds; agency seeks assistance from Medicaid providers prior to using this funding. Clients do not pay a fee. Program not eligible for Medicaid participation. Budget Narrative states that it refers people to Medicaid participating providers.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: N/A
2. Capacity for financial clarity: Financial forms agree. All transactions are managed by external finance department. Indirect cost methodology is provided to MHB staff.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes.
6. Coordinated system: therapists working with children/families; school districts offering preschool to at-risk children; Child and Family Connections, and connections/consultation with daycares that do not employ SE staff.
Written collaborative agreements: Champaign Unit 4, Rantoul City Schools, Mahomet Middletown Early Childhood, Urbana Unit 116, Spectrum Early Childhood, and Child and Family Connections. MOU with CU Trauma and Resilience Initiative supports collaboration on Trauma-Informed capacity building. Works with CUPHD on health and nutrition services to children and pregnant women. Partners with CU Early to offer kindergarten-ready kits to families enrolled in home-based and family childcare homes.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: none. Add specific targets to each outcome.

Negotiate the percentage and cost of focus on DD and focus on other. Offer a two-year term.

Continue PY26 special provisions.

Review and input:

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

Draft Program Year 2027 Program Summary:

Champaign County Head Start – Early Childhood MH Services

Draft MHB PY2027 Program Summary

Champaign County Health Care Consumers – Disability Application Services

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

Request: \$121,000

Why it matters:

“... by assisting individuals with benefits enrollment and system navigation, specifically with SSI and SSDI disability applications and appeals. In addition, by working with people to help them apply for, and navigate these benefit systems, CCHCC will also be in a position to help clients identify any behavioral health needs they may have, and support them in seeking needed care, and obtaining other public benefits such as Medicaid and SNAP. Services will be provided in a compassionate, supportive, and empowering way.”

Selected priority:

Access and Care

Agency mission and info:

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

Services and People Served

Who will benefit:

Anyone living in Champaign County who has behavioral health issues and needs help applying for disability benefits - whether or not their disabling issues are behavioral health-related or physically health-related.

Scope of services:

Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for SSI and for SSDI; appealing adverse SSI and SSDI decisions; and coordinating with attorneys for these clients in the event that the client needs an attorney for appeal. Emotional/psychological support for individuals applying for SSI or SSDI. Assistance accessing various health services to document disabling conditions and for care. If needed, assistance with applications for health insurance, prescription assistance, food stamps, etc. will be provided under CCHCC's other programs. One full-time Disability Specialist to provide these services, with supervision and assistance from other staff at 1.36 FTE. Services and materials will be provided in English and Spanish.

Location and frequency of services:

Downtown Champaign office, CSCNCC, Cunningham Township office, Daily Bread, Strides Shelter, other locations appropriate to the client (special events, hotels, libraries, coffee shops, hospitals, parking lots, etc.) After initial connection, much can be done remotely; frequency varies.

Draft Program Year 2027 Program Summary:

Champaign County Health Care Consumers – Disability Application Services

Residency of 154 people served in Program Year 2025 and 126 in the first half of Program Year 2026:

Champaign - 68 in Program Year 2025 and 55 first half of Program Year 2026
Urbana - 42 in Program Year 2025 and 37 first half of Program Year 2026
Rantoul - 12 in Program Year 2025 and 10 first half of Program Year 2026
Mahomet - 6 in Program Year 2025 and 3 first half of Program Year 2026
Other County - 23 in Program Year 2025 and 21 first half of Program Year 2026
Not Available - 3 in Program Year 2025 and 0 first half of Program Year 2026

Demographics of 154 people served during Program Year 2025:

Age

Ages 19-59 - 139

Ages 60-74 - 15

Preferred Language

Arabic - 1

English - 151

Spanish - 2

Race/Ethnicity

African American/Black - 73

Asian/Asian American - 4

Latina/e/o/x - 5

Middle Eastern/North African - 2

Multi-Racial - 8

South Asian - 1

White - 61

Gender

Genderfluid - 1

Man - 83

Non-binary - 3

Woman - 67

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents with disabling behavioral health disorders who have limited income or employment opportunities, including homeless individuals and those reentering the community post-incarceration. Referrals are accepted from mental health providers and agencies that can identify eligible individuals.

Outreach to eligible people: word of mouth, referred by partner agencies; outreach conducted at Strides Shelter, Daily Bread, the Disability Expo, and through community communications such as emails, mailings, and announcements.

Within 2 days of referral, 91% of those referred will be assessed.

Within 5 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: months or years (esp if appeals).

Additional demographic data: housing status/homelessness, and criminal justice involvement.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Impact people's lives in very positive ways, bringing them regular monthly income and other benefits once they are approved for SSI/SSDI.
2. Serve over 60 unduplicated clients... anticipate taking on 5 new clients each month, while continuing to work on the previous clients' cases. As cases advance, new clients' cases can be started.
3. Track number of clients, number of applications started and what type of application (SSI, SSDI, both), how many applications approved, how many appeals filed, and once clients are approved, dollar amounts for lump sum back pays and monthly checks... and “ancillary” services provided by CCHCC to these clients, including Medicaid, SNAP, prescription help, housing navigation, etc.

Specific assessment tools and data collection:

1. Intake form (internal and specific to the program) tracks qualifying data, applications, their status, and specific amounts of money coming to clients.
2. SOAR resources and process to track application progress and outcomes (for those using SOAR).
3. Salesforce to track services to clients.

Outcome data gathered from all participants: Yes.

Will collect outcome data – updated with each client encounter and compiled monthly.

Measures of Utilization

Treatment Plan Clients (TPCs): 60 new people applying for disability benefits (10 at time of application, some may continue).

Non-Treatment Plan Clients (NTPCs): 8 new – people in low-intensity of service or unwilling to seek healthcare.

Community Service Events (CSEs): 8 public presentations, info at meetings with agencies, through media, etc.

Service Contacts (SCs): 800 contacts.

Other: 20- other services for clients in this program (for stabilization of crisis).

Staff comment:

All targets are adjusted for Program Year 2027. TPC target is higher than the 60 NEW people described.

Program Year 2026 Targets	69 TPCs	6 NTPCs	700 SCs	5 CSEs	12 Other
Program Year 2026 Mid-Year Results	122 TPCs	4 NTPCs	1105 SCs	15 CSEs	68 Other
Program Year 2025 Targets	69 TPCs	5 NTPCs	700 SCs	5 CSEs	8 Other
Program Year 2025 Full-Year Results	139 TPCs	21 NTPCs	1460 SCs	21 CSEs	49 Other

Financial Analysis

Program Year 2027 CCMHB request: \$121,000

Program Year 2027 total program budget: \$214,817

Current year CCMHB funding (Program Year 2026): \$105,000

Proposed change in CCMHB funding = 15%

CCMHB request is for 56% of total program revenue. Other program revenue is from Contributions \$4,000, Carle Grant \$38,773, Urbana ARPA Grant \$50,000, and Rental Income \$1,044.

Draft Program Year 2027 Program Summary:

Champaign County Health Care Consumers – Disability Application Services

Personnel costs of \$117,022 are 97% of the requested amount. Other expenses are Professional Fees/Consultants \$1,500 and General Operating \$2,478.

Total agency budget has a surplus of \$633. Total program and CCMHB budgets are balanced.

Direct staff for the program are 100% of one Disability Application Program Specialist, 16% of another Disability Application Specialist, 10% of Community Health Worker (all full-time), and 10% of half of the Executive Director. Indirect staff are 10% of the half-time Financial & Communications person and 5% of half of the Executive Director.

Program staff to be funded by CCMHB: 0.15 Indirect + 1.36 Direct = 1.51 FTEs.

Total program staff: 0.15 Indirect + 2.2 Direct = 2.35 FTEs.

Staff comments:

The increased request will support increased personnel costs due to cost of living increases, staff retention, and a licensed attorney on staff. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative.

Agency Cultural and Linguistic Competence Plan

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

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

Staff comment:

A CLC Site Visit was completed to update actions to their CLC plan. Staff have attended at least one workshop or training about cultural competence training and serving diverse populations to ensure quality care.

Criteria for Best Value

Budget and program connectedness:

Yes. In addition to budget details relevant to the program, there is detail about the total agency's revenue and expenses, efforts to secure other funding, comments about community needs, and how this grant in prior years has been used to leverage other funding for the services.

Participant outcomes (see details above):

One is focused on value to clients, e.g., achieving income through SSI/SSDI, gaining access to other benefits, though there is no specific target. Others relate to program performance and have reasonable targets and tracking methods.

Personal agency in individual and program planning:

Client-centered planning is used; individuals guide their application process and priorities

Engaging the whole community:

Individuals are engaged through referrals, walk-ins, calls, and community outreach in Champaign County; established organization serves an increasing client base in need of services; a downtown office receives many walk-ins, with regular stations at Daily Bread, Strides Shelter, and in Rantoul; collaboration with local organizations and schools strengthens referral relationships; a diverse and bilingual staff creates a supportive environment, building trust and connection with clients through various communication channels, including social media and email.

Draft Program Year 2027 Program Summary:

Champaign County Health Care Consumers – Disability Application Services

Promoting inclusion and reducing stigma:

Focuses on individuals with behavioral health conditions that meet disability criteria and the organizations that serve them; Uses an empowerment base, stigma reducing approach to provide clear education, respectful referrals, and assistance with SSI or SSDI applications, supporting stability dignity and long term well-being.

Technology access and use:

Uses flexible virtual options (Zoom, email) to follow-up with clients.

Unique approach:

Describes and links to a number of sources on: higher rate of approval for those who have advocates help with applications; higher prevalence of qualifying conditions and traumatic brain injury among people who are homeless; higher likelihood of qualifying conditions among those who've been incarcerated; under-enrollment of Champaign County residents. SOAR is the promising approach used.

Staff credentials and training:

Experienced staff with specialized expertise in disability applications, including legal representation and SOAR-trained; on-the-job training; learning about the disabling conditions, including by working with individuals and their doctors.

Other funding and resource leveraging:

Not match for other funds. Other revenue for the program comes from grants, partnerships, internal resources. No Medicaid billing or client fees.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: Program Year 2025 agency audit was submitted 12/26/2025. A repeated finding relates to lack of segregation of duties (small staff). There were no unspent funds.
2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes.
6. Coordinated system: through referrals, outreach, and leadership in unified referral processes.
Written collaborative agreements: Rosecrance Central Illinois, Champaign County Jail, Cunningham Township, Schnucks Rx, OSF Hospital Pharmacy, UIUC School of Social Work, OSF Hospital; Carle, Cunningham Children's Home, CRIS, Daily Bread, Community Choices, Strides.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2027 contract:

- Revisions prior to contract: Update reference to Program Year 2026 as next year (within the definition of TPCs).
- New special provisions: Possible relationship to Coordinated Entry (homeless services).
- Continue PY26 special provisions.

Review and input:

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

*Draft Program Year 2027 Program Summary:
Champaign County Health Care Consumers – Disability Application Services*

Draft MHB Program Year 2027 Program Summary

City of Champaign Township Strides Shelter – Strides Shelter Behavior Health Program- NEW

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

Request: \$150,000

Why it matters:

“Strides is the only low-barrier shelter in Champaign County and serves as a Coordinated Entry Point for the Continuum of Care. From August 2025 to February 2026, it served 240 unique individuals; 48 (20%) reported mental health challenges, substance use disorders, or developmental disabilities. While Strides provides warm referrals to housing services to shorten homelessness, many individuals need additional support. Using a Housing First approach, Strides will couple wrap-around services, including counseling from a mental health specialist hired with funds from the CCMHB. Strides would also link crisis stabilization with existing outreach teams to improve access to shelter and treatment.”

Selected priority:

Access and Care

Agency mission and info:

“... The program strives to reach a population of community members who are often seen but overlooked. Strides does not require sobriety, abstinence, or a criminal background check to participate in services. The right to self-determination is not only preserved but encouraged by the program so that the community member decides what they consider success and how they will reach it.” See <https://cctownship.com/strides-shelter/> for more information.

Services and People Served

Who will benefit:

Adults (18+) experiencing homelessness, mental illness, co-occurring disorders, or recent behavioral health crisis. Many guests have barriers (lack of ID, benefits, transportation) and cyclical ER/law enforcement contact. Focusing on this group addresses urgent safety, stabilizes acute needs, and enables engagement with MH/SUD treatment and housing planning, with a focus on access, coordination, and outcomes for underserved residents.

Scope of services:

(1) Emergency overnight shelter and triage; (2) Intake and brief assessment. CCMHB funds... to designate leadership and case manager time to strengthen partnerships with Carle Addiction and Recovery, local law enforcement, Rosecrance, The Pavilion, OSF Hospital, and other local and state agencies. (3) Individualized service planning; (4) Case management and referrals to MH, SUD, medical care, and benefits; (5) Safety planning, crisis de-escalation, and warm hand-offs. Guests will continue to co-create goals identified on their individualized service plan (e.g., obtaining ID, attending assessment, starting outpatient care, reconnecting with supports). Guests that self-report a MH or co-occurring disorders will be presented with assessment options, including in-house assessments provided by a specialist. CM may refer guests to an in-house specialist, who coordinates respite care, detox, recovery, and other short-term and long-term treatment referrals based on individual preferences unless there's imminent danger. (6) Basic needs support (meals, hygiene, clothing); (7) Transportation assistance (bus passes, ride coordination). CCMHB funds... to purchase individual-based needs identified by the individual themselves, shelter staff, or a community partner. (8) Housing

navigation with community partners. CCMHB funds... to hire specialist(s) that would partner with existing street outreach teams for calls involving homeless individuals experiencing a mental health crisis or who may be under the influence.

Location and frequency of services:

On-site shelter services and off-site transportation to housing and medical appointments.

Staff comment:

A new program request to help with the crisis response to the shelter system.

Residency and demographic data are not available as this is a NEW program request.

Measures of Client/Participant Access

Eligibility criteria and determination: Adults (18+) experiencing homelessness; residents of Champaign County or connected to services here; willing to follow shelter safety guidelines; priorities for individuals with behavioral health needs, recent crisis or discharge from hospital/justice contact, or high vulnerability are screened at arrival for homelessness status, safety considerations, behavioral health needs and a full intake with 24 hours.

Outreach to eligible people: Referrals from hospitals, law enforcement, township, and social service agencies; street outreach workers; flyers/one-pagers; word of mouth; website and phone line; coordinated entries via partners.

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

Within 1 day of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: 1-12 months shelter stay; case management throughout.

Additional demographic data: Veteran status, disability, chronic homelessness history, justice/hospital utilization, preferred language, LGBTQ+ identity (optional), income/benefits, education/employment status.

Staff comment:

Reasonable and measurable for the type of service.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Linkage to Behavioral Health Care – at least 60% of guests referred will complete outpatient MH/SUD intake within 90 days of shelter/discharge.
2. Stability Indicators Achieved – at least 50% will obtain at least two stability milestones (ID, benefits application, primary care appt, housing plan) within 45 days.
3. Reduce Crisis Utilization – at least 20% reduction in calls from Strides to Metcad/ law enforcement for crisis response involving an individual experiencing an MH/SUD crisis.

Specific assessment tools and data collection:

1. Referral/attendance log; partner confirmation; guest self-report.
2. Individualized Service Plan and case notes.
3. Call logs from local law enforcement.

The plan also describes use of evidence-based scales at intake/discharge (Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, Perceived Stress Scale.)

Outcome data gathered from all participants: Yes.

Will collect outcome data at intake and discharge, weekly case review, and 30-day post discharge.

Staff comment:

The second outcome is most appropriately related to ‘consumers’ or people served or guests. The others measure agency performance (completing assessments) and impact on other systems, with indirect positive impact on guests.

Measures of Utilization

Treatment Plan Clients (TPCs): 200 guests with individuals service plans (case managed.)

Non-Treatment Plan Clients (NTPCs): 100 overnight guests who do not engage in case management

Community Service Events (CSEs): 12 presentations or briefings to partners, civic groups, or trainings.

Service Contacts (SCs): 2,500 intakes, crisis interactions, safety plans, and case meetings.

Other: 10,000 bed-nights.

Staff comment:

Use of the word “guests” is respectful and humanizing.

Data on prior utilization are not available as this is a NEW request.

Financial Analysis

Program Year 2027 CCMHB request: \$150,000

Program Year 2027 total program budget: \$150,000 (= total agency revenue)

CCMHB request is for 100% of total program revenue. No other sources of revenue are listed for program or agency.

Personnel costs of \$129,997 are 87% of the requested amount. Other expenses are Consumables \$1,300, General Operating \$5,953, Occupancy \$10,000, Conferences/Staff Development \$2,500, and Local Transportation \$500.

Total agency budget, total program budget, and CCMHB budget are identical and balanced.

Indirect staff to be charged to an MHB contract is 100% of a half-time Intake Coordinator (current staff). Direct staff are 100% of a full-time Substance Abuse Specialist and a half-time Substance Abuse Specialist, each to be hired.

Program staff to be funded by CCMHB: 0.5 Indirect +1.5 Direct = 2.0 FTEs. Total program staff same.

Staff comments:

The Personnel Form indicates that the agency currently has three paid positions, two of which are vacant, leaving 0.5 FTE in active staffing. Given the operational demands of a shelter, it is unclear how services would be maintained at this staffing level. The Champaign Township Fiscal Year 2025 Annual Financial Report (AFR) indicates that the Township Low Barrier Shelter reported over \$1.26 million in salary expenditures for July 1, 2024 through June 30, 2025. This contrasts significantly with the submitted Personnel Form, which reflects anticipated total agency salary expenses of \$98,000.

Clarification is requested regarding how the agency plans to staff and operate the program. Given the drastic reduction in staff salary expenses, if volunteers will play a substantial role, please provide information on volunteer recruitment, training, supervision, and oversight. It would also be helpful to understand whether volunteers are performing administrative or financial functions, and whether appropriate safeguards (e.g., background checks, internal controls) are in place. Notably, no expenses related to volunteer management or screening are reflected in the submitted budget.

In addition, the Revenue Budget Form indicates no other anticipated funding sources for this agency beyond this CCMHB request. However, the Fiscal Year 2025 AFR reflects over \$2 million in grant revenue for the shelter. Please clarify the

Draft Program Year 2027 Program Summary
City of Champaign Township Strides Shelter

anticipated loss of these funding sources and how the agency intends to sustain operations with significantly reduced revenues. Similarly, the Fiscal Year 2025 AFR reflects total expenditures exceeding \$2 million across multiple categories, several of which (e.g., professional fees, contractual services, equipment, and printing) are not included in the current budget. Additional detail is needed to reconcile these differences and to understand which costs are no longer anticipated versus those that may be unreported.

Overall, the substantial discrepancies between the Fiscal Year 2025 AFR and the submitted application, combined with the absence of key operational and financial details, raise significant concerns regarding the accuracy and completeness of the information provided. As presented, the application does not provide a sufficient or reliable basis to assess the agency's financial position, operational capacity, or ability to deliver services as proposed.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? No.

Highlights from the submitted CLC Plan: No actions outlined in the application connected to the CLAS Standards.

Staff comment:

The CLC Plan information was not filled out. It is recommended that the City of Champaign Strides Shelter review the CLC Plan instructions to ensure that all sections are updated and completed. The CLC Coordinator will provide support to update the information. This organization provides support for the homeless population and has worked with people with lived experience to be a voice that will contribute feedback and ideas about services at the shelter.

Criteria for Best Value

Budget and program connectedness:

Missing information.

Participant outcomes (see details above):

One outcome relates to program performance, a second is of direct value to the individual served, and the third benefits other systems. Each is measurable and time framed, with a specific target.

Personal agency in individual and program planning:

Guests share feedback through a monthly form and weekly office leadership hours. Many staff and leaders have lived experience with homelessness and MH symptoms. Some serve on CSPH committee to inform practices and policies.

Engaging the whole community:

Strides served 240 unique individuals from August 2025 to February 2026, with a demographic breakdown of 108 Black/African American, 88 White, and 44 from other races (including Asian, Hispanic/Latino, and mixed race). Approximately 30% of the individuals identified as female. The program reported that 29 individuals had a history of domestic violence, with 99 having no income at intake. Others reported varying income levels: 9 under \$500/month, 24 between \$500-1500/month, and 12 between \$1501-2200/month. No participants reported income exceeding \$2200/month. Strides anticipate serving a similar demographic in FY27 with minimal changes.

Promoting inclusion and reducing stigma:

Trains staff in strengths-based language, MI, and trauma-informed care to enhance guest interactions. Signage and program materials are designed to reflect diverse identities and support recovery; collaborate with guests to establish S.M.A.R.T. goals, promoting autonomy and self-sufficiency, whether complex (housing) or simple (daily living tasks)...encourage participation in daily skills groups led by CMs, focusing on budgeting, health, and housing navigation, while also facilitating specialized assessments at intake for appropriate mental, behavioral health, and recovery support.

Technology access and use:

*Draft Program Year 2027 Program Summary
City of Champaign Township Strides Shelter*

Digital navigation services support guests accessing telehealth, managing health records, and building digital literacy.

Unique approach:

Yes. Harm reduction, trauma-informed care principles, Housing First, and Point Value Intake Assessment. Links provided.

Staff credentials and training:

Case Manager(s) trained in motivational interviewing, safety planning, and CLC; experience with benefits navigation and community systems. All staff certified or trained in: CPR and First Aid, MH First Aid, harm reduction, Narcan administration, trauma-informed care, de-escalation, sexual harassment, and cultural competency. Leadership have completed degrees or courses in psychology and social work, including licensure. The specialist(s) positions funded by CCMHB would hold a license equivalent or similar to CADC/LCSW/LPC or have peer recovery credentials.

Other funding and resource leveraging:

People served do not pay a fee. While no other funding sources are listed in the revenue form (for the agency or this program), the plan narrative identifies Township/County assistance, donations, limited grants, and in-kind contributions, and states that the program is eligible and willing to participate in Medicaid programs. To ensure that MHB funds are used last, other funding should be identified and maximized.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes. However, board members are currently allowed to be related to staff members. Also, there is currently no CLC Plan.
If contracted, any compliance issues: N/A
Notes on audit/review/compilation: The agency has not been funded by the CCMHB in prior years. A copy of the Fiscal Year 2025 audit was provided which offered more agency financial information.
2. Capacity for financial clarity: Financial forms appear to be incomplete with regard to total agency and total program personnel, revenues, and expenses.
3. All forms submitted by deadline: Submitted on March 17, 2026 (second NOFA).
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes, primarily SUD.
5. Other sources of funding have been maximized: Not identified at the contract, program, or agency level.
6. Coordinated system: Yes. Coordinated entry and service integration through formal referral pathways, warm hand-offs, shared communication, and cross-agency collaboration.
Written collaborative agreements: Avicenna Community Health Clinic, CC Health Care Consumers, Illini Medical Screening Society, CU Public Health District, UIC Mobile Wellness Unit, Continuum of Care, GROW in Illinois.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: CLC Plan.

Revisions prior to contract: complete a CLC Plan; financial forms should be revised to correct errors and clarify the financial position, justifying the request to the CCMHB.

Special provisions: coordination with similar and related services, participation in Coordinated Entry System; mid-year progress report to the Board, and obligation to use other sources of revenue prior to CCMHB funding.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Courage Connection – Courage Connection

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

Request: \$176,476

Why it matters:

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

Selected priority:

Healing from Violence and Trauma

Agency mission and info:

“... to ensure everyone in our community has the education, support, and resources to live in safe, healthy relationships.” See <https://courageconnection.org/> for more information.

Services and People Served

Who will benefit:

All victims of domestic violence (DV) regardless of gender, immigration status, race, national origin, age, sexuality, or any other identifying factor. Eligibility is established based on self-report of DV; there are no other barriers to receiving access to our services... majority of clients are from Champaign, Urbana, and Rantoul.

Scope of services:

Free, confidential services to individuals and families affected by DV.

24-hour crisis hotline, safety planning, emergency shelter for victims fleeing DV, transitional housing for survivors and their children, counseling and therapy, legal advocacy, children’s programming, and community education, rapid rehousing assistance, advocacy-based support services, bilingual and ESL services. Group programming: Domestic Violence Education, parenting, economic empowerment, and BRAVE (Building Resilience and Victim Education) classes. Brief crisis counseling services; cognitive behavioral therapy; yoga/meditation. All these services are provided to residential clients. In partnership with Client Advocates, Clients complete a service plan to identify goals. This is done in accordance with Courage Connection’s primary function of providing services that empower clients to regain control of their lives and live independently of abuse. Demographic information is gathered during intake assessment for all who receive agency services. All client information is entered into the state-wide victim service provider database, InfoNet. Therapists are trauma-informed and have extensive knowledge of the cycle of abuse.

Location and frequency of services:

On site at main campus, 1304 E. Main St. Urbana, and at 610 E. Church St. Champaign; 24/7 hotline; frequency and length of service vary across emergency shelter, transitional housing, and counseling, therapy, and advocacy services, depending on individual needs. Therapy can be virtual.

Staff comment:

All services may be partially funded by CCMHB (per budget plan), but some may be exclusive to this funding. Describes appropriate and necessary services available to all served by the agency, which can include out of county.

Residency of 229 people served in Program Year 25 and 111 in the first half of Program Year 2026:

Champaign - 101 in Program Year 2025 and 53 first half of Program Year 2026
Urbana - 74 in Program Year 2025 and 35 first half of Program Year 2026
Rantoul - 19 in Program Year 2025 and 10 first half of Program Year 2026
Mahomet - 12 in Program Year 2025 and 3 first half of Program Year 2026
Other in-County - 15 in Program Year 2025 and 8 first half of Program Year 2026
Not Available – 8 in Program Year 2025 and 2 first half of Program Year 2026 (Champaign County residents)

Demographics of 90 people served during Program Year 2025:

Note: there were 229 Treatment Plan Clients in Program Year 2025.

Age

Ages 13-18 - 1
Ages 19-59 - 85
Ages 60-74 - 4

Preferred Language

English - 89
Spanish - 1

Race/Ethnicity

African American/Black - 35
Asian/Asian American - 1
Latina/e/o/x - 2
Middle Eastern/North African - 1
Multi-Racial - 5
Native Am/First Nation/Am Indian -2
White - 43
Not Available - 1

Gender

Man - 8
Woman - 81
Not Listed - 1

Measures of Client/Participant Access

Eligibility criteria and determination: Anyone who is a survivor of DV or fleeing from DV; eligibility based on self-report (as required by best practice and accreditation). Emergency shelter is a maximum of 45 days, and transitional shelter is a maximum of one year, and both are always eligible for redetermination. There is the ability to extend to ensure discharge to a safe location. There are no limits to how often an individual or family can utilize either shelter.

Outreach to eligible people: Walk-ins, 24/7 hotline, referrals from partner organizations, outreach through community education events, including to the public and stakeholders.

Within 0 days of referral, 100% of those referred will be assessed.

Within 0 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: from 1 day to years.

Additional demographic data: Language spoken, Veteran status, sexual orientation, noncash benefits/health insurance, physical/mental health needs, pregnancy status, other unique needs.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 60% of clients (with some duplication) exit to safer environments, measuring 'reason for leaving' responses (i.e., completed the program, left for housing opportunity before completing program, or 'needs could not be met by program.)
2. 90% (of 100 surveyed at end of services) have improved understanding of safety planning, community resources, legal rights, effects of abuse, sense of safety/knowledge that abuse is not their fault.

Specific assessment tools and data collection:

1. Discharge form.
2. Survey questions in accordance with IDHS and ICADV standards.

Outcome data gathered from all participants: Yes.

Will collect outcome data through exit interviews and "ongoing documentation during client services."

Staff comment:

Both outcomes measure positive impact of the program on participants, are measurable, and associated with appropriate assessment tools. Is "ongoing" (documentation) associated with any times, shifts, or events?

Measures of Utilization

Treatment Plan Clients (TPCs): 500

Non-Treatment Plan Clients (NTPCs): 100

Community Service Events (CSEs): 400 (various contacts in addition to community events)

Service Contacts (SCs): 300 (phone contacts not involving current or former clients)

Staff comment:

All utilization category descriptions contain outdated information. TPC, NTPC, and SC targets are lowered (not met in Program Year 2025 and not likely to meet in Program Year 2026). With high prior and current year CSE results, the CSE target is increased but includes contacts other than community events. Not all TPCs appear to report demographic data.

Program Year 2026 Targets	600 TPCs	150 NTPCs	750 SCs	200 CSEs
Program Year 2026 Mid-Year Results	111 TPCs	15 NTPCs	203 SCs	419 CSEs
Program Year 2025 Targets	600 TPCs	150 NTPCs	750 SCs	200 CSEs
Program Year 2025 Full-Year Results	229 TPCs	53 NTPCs	353 SCs	371 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$176,476

Program Year 2027 total program budget: \$3,200,357 (same as total agency)

Current year CCMHB funding (Program Year 2026): \$128,038

*Draft Program Year 2027 Program Summary
Courage Connection*

Proposed change in CCMHB funding = 38%

CCMHB request is for 5.5% of total program revenue. Other program revenue is from United Way \$74,000, Contributions \$264,004, VAWA LEP Grant \$17,282, IDHS SHP Grant \$158,065, IDHS DV Grant \$1,705,100, TBRA Grant \$10,000, VOCA Grant \$287,335, IDHS ETH Grant \$491,895, Interest Income \$50, and Rental Income \$16,150.

Personnel costs of \$169,076 are 96% of the requested amount. Other expense is Professional Fees/Consultants \$7,400.

Total agency/program budget and CCMHB budget are balanced.

Indirect staff costs are 5% of the Chief Executive Officer and 15% of Director of Grants. Direct staff costs are 45% of two counselors, 44% of a therapist, and 40% of three Client Advocates.

Program staff to be funded by CCMHB: 0.2 Indirect + 2.54 Direct = 2.74 FTEs. Total program staff: 5 Indirect + 29 Direct = 34 FTEs.

Staff comments:

Because total program and total agency budgets are the same, all agency revenues are presumed to be applicable to the services described for this program; this is probably not the case, since the agency serves residents from outside of the county, so that the total agency and total program should not be the same. While this has been the case for many years, it results in the need to prove that MHB funds are not used to supplant other sources per client, and in audit follow-up questions regarding unspent funds. The Personnel Form contains several entries which may be errors as they indicate an hourly wage below the Illinois minimum wage. All other expenses allocated to the CCMHB-funded portion of the program appear to be reasonable.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: Courage Connection has included at least one person on their board that has lived DV Survivor experience and homelessness. There was a cultural engagement assessment completed to provide professional development in response to the assessment to ensure clients receive culturally responsive care.

Staff comment:

Courage Connection provides bilingual advocates, court advocates, and case management for people in rural areas. Courage Connection hosted a DV summit in partnership with Champaign Community Coalition.

Criteria for Best Value

Budget and program connectedness:

Updates and clarifications will be helpful.

Participant outcomes (*see details above*):

Yes.

Personal agency in individual and program planning:

Court Advocates serve at Ford and Champaign County Courthouses and Rantoul satellite office, while Bilingual Advocates are located at the Urbana agency. Advocates prioritize client convenience when accommodating needs, often meeting in the community. A Crisis Counselor provides on-site services at the shelter, and Counselors and Therapists offer counseling at the agency, alongside teletherapy options, and community meetings for clients unable to travel.

Engaging the whole community:

Courage Connection offers free services to community members, with a focus on those affected by DV, particularly people of color and low-income individuals...enhanced its online outreach and supports the ESL community through Bilingual Advocates...providing services such as OP information, translation, case management, safety planning, and support groups...Staff work with law enforcement to encourage referrals from underserved areas. Additionally, Court Advocates in Ford County handle OP cases in rural settings. Bilingual Advocates have office hours at the Rantoul office. Recently, Courage Connection held a historic DV Summit in partnership with the Community Coalition, featuring three nationally recognized speakers whose focus is on the impact of domestic violence on racial and ethnic minority populations. Earlier this year, the Martin Luther King Celebration Committee acknowledged Courage Connection's work in this area with an MLK Humanitarian Award.

Promoting inclusion and reducing stigma:

Immediate access to services for anyone who self-reports DV... recognizing availability alone does not necessarily eliminate other barriers that survivors face in receiving support... agency seeks to identify places of exclusion, stigma, discrimination, or inhibited access and work to change them... using a client-driven plan that identifies unmet needs and prioritizes the safety and autonomy of the client and their family... access to bilingual, culturally competent staff. Presentations on the dynamics of DV, potential responses, and services... education is critical to identifying where abuse is tolerated, accepted, or normalized in our communities and improving access for those who need assistance.

Technology access and use:

Not a focus of the program. Virtual therapy is an option.

Unique approach:

Yes. Describes and links to more info on Solution-Focused Brief Therapy; use of HIPPA-approved virtual counseling platform; many clients choose hybrid approach to counseling, leading to fewer cancellations and increased # seen by Counselors and Therapists.

Staff credentials and training:

Client Advocates: HS diploma, BSW or MSW preferred.

Counselors: bachelor's, master's degree preferred; experience working with DV.

Therapist: (previously an) LCSW or on path to LCSW; experience with client-driven models and SUD and MI.

The 2 current counselors and therapist have MSWs and are Licensed Social Workers (LSW).

All staff are mandated reporters, with trauma-informed, 40-hr DV training, and 80 hrs of trauma-informed training and shadowing of experienced staff members.

Other funding and resource leveraging:

People served do not pay a fee. Program is willing and eligible to participate in Medicaid. While there is a statement that no other funding is available, the revenue form identifies several other sources of funding for the program (which are equal to those of the agency, indicating that they may have been identified in error.)

Staff comment:

Clarification is needed for what the MHB is to fund, versus what the other agency revenues support.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.

If contracted, any compliance issues: In Program Year 2024, 4th quarter reports were not received and an extension was not requested. Payments were paused until reports were received and reviewed. Notes on audit/review/compilation: PY2025 agency audit was submitted 12/19/25. No unspent funds were owed back. A material weakness related to internal control has been addressed.

2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Submitted on March 16, 2026 (second NOFA.)
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Indirectly, by reducing harm.
5. Other sources of funding have been maximized: Difficult to determine, since total program is presented as identical to the total agency, where revenues may actually be more targeted/restricted.
6. Coordinated system: acknowledges similar and related services, detailing each, and uses a 'mutual system of referrals and collaboration...' for services as well as community awareness and education. Written collaborative agreements: Crisis Nursery, RACES, CCRPC, and CRIS Healthy Aging Center.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: update personnel form; develop the financial plan forms to clarify program and agency and to distinguish any funding which cannot be used for services described as MHB (e.g., non-County residents and explain how the service can be provided to them if their county does not provide the same type of funding support); review plan narrative and revise outdated references (i.e., from prior year applications).

New special provision: Although participation in Coordinated Entry is not appropriate for this population, a similar system should be used.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Cunningham Children’s Home –

ECHO Housing and Employment Support

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

Request: \$264,351

Why it matters:

“... permanent housing as a platform for participants to achieve goals and improve their quality of life. Customized Employment connects eligible individuals with disabilities to Illinois workNet, facilitating competitive employment based on their strengths and interests. Additionally, case management supports participants in applying for benefits like Medicaid, social security, and SNAP...”

Selected priority:

Thriving Children, Youth, and Families

Agency mission and info:

“... To nourish hope through effective solutions so children thrive and families flourish.” <https://cunningham.org/>

Services and People Served

Who will benefit:

Individuals and/or families who are homeless or at risk of homelessness.

Scope of services:

Housing linkages through partnerships with local landlords for affordable housing, support for subsidy and voucher applications, and mediating housing conflicts. Employment services supports career assessment, resume development, job coaching, and potential linkage to vocational training. Advocacy for social security eligibility applications is provided, alongside a holistic approach to removing barriers affecting housing and employment stability. A full-time case manager coordinates these services with support from a part-time case aide, enabling more effective case management. Flexible funding is also available to cover expenses tied to job transitions or housing, utilizing community partnerships for additional support in areas like rental deposits and utilities.

Location and frequency of services:

In the home, office, or most often community locations; frequency and duration of service based on participants’ individual needs (minimum monthly contact once stable housing + post-discharge follow up); some activities virtual.

Staff comment:

The proposal presents a clear service framework and defined staffing structure.

Residency of 19 people served in Program Year 2025 and 22 in the first half of Program Year 2026:

Champaign- 20 in Program Year 2025 and 17 first half of Program Year 2026

Draft Program Year 2027 Program Summary:

Cunningham Children’s Home – ECHO Housing and Employment Support

Urbana - 9 in Program Year 2025 and 5 first half of Program Year 2026
Other - 1 in Program Year 2025 and 0 first half of Program Year 2026

Demographics of 30 people served during Program Year 2025:

Age

Ages 19-59 - 26

Ages 60-74 - 3

Ages 75+ - 1

Preferred Language

English – 30

Race/Ethnicity

African American/Black - 16

Latina/Latine/Latino/Latinx - 1

White - 13

Gender

Man - 4

Woman - 26

Measures of Client/Participant Access

Eligibility criteria and determination: Homeless or at-risk, defined as individuals or families lacking permanent housing... those in shelters or transitional housing, living on the streets or in unstable situations, “doubled up” with friends or family due to inability to maintain housing; previously homeless individuals released from institutions without stable housing; or imminent risk of becoming homeless. Eligibility is assessed continuously via referral reports, self-reports, and staff observations of living conditions.

Outreach to eligible people: referral sources, staff engagement efforts in the community, outreach events, community fliers, and the agency's website, with additional referrals originating from the unhoused community.

Within 30 days of referral, 80% of those referred will be assessed.

Within 30 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: summarize from application.

Additional demographic data: 1 year (with follow up 30-60 days after discharge), longer for some with vouchers.

Staff comment:

Access measures are appropriate given the severity of housing insecurity.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 75% will obtain permanent housing within 120 days of assessment
2. 80% (of the above) will maintain permanent housing for more than 90 days (excluding any discharged prior to 90 days)
3. 70% will obtain employment within 90 days of assessment and/or will secure SSI or SSDI prior to discharge

Draft Program Year 2027 Program Summary:

Cunningham Children's Home – ECHO Housing and Employment Support

4. 80% will show improvement in life skill mastery
5. 80% will agree or strongly agree with positive service quality statements on a survey (of 80% participating)

Specific assessment tools and data collection:

For 1, 2, and 3, data are collected in Service Documentation System, using staff observation, self-report, and collateral reports.

4. Pre and Post-assessments, standardized measurement of basic life skills, administered within first 30 days of engagement, then every six months and at discharge. Completed by staff with clients, with results used in service planning; monthly program performance dashboard.

5. Participant satisfaction surveys (developed by the agency) administered annually, using a 5-point Likert scale and open-ended questions; aggregate data reported annually.

Outcome data gathered from all participants: No. TPCs but not NTPCs.

Will collect outcome data aggregated monthly by program staff.

Measures of Utilization

Treatment Plan Clients (TPCs): 25 – individuals actively engaged in services, with service plan.

Non-Treatment Plan Clients (NTPCs): 40 – eligible people who enroll but do not engage + eligible people

Community Service Events (CSEs): 25 – to share program info with referral sources or at public events.

Service Contacts (SCs): 600 for TPCs and 40 for NTPCs

Staff comment:

Mid-year Program Year 2026 results show the program is on track or exceeding targets in several areas, including TPCs and NTPCs, with service contacts expected to reach target levels by the end of the program year. CSE target was intentionally reduced from the unusually high Program Year 2025 result of 89 events to a more sustainable benchmark of 25 events in Program Year 2026; a more targeted outreach strategy. NTPC target for the next year is increased because it will now include those receiving linkage and referral (who have been served but not counted.) TPC target is also increased.

The total number of TPCs reported for Program Year 2025 (29) is different from the total number of people for whom residency data are reported (19) and for whom demographic data are reported (30). In Program Year 2027, discrepancies in totals should be explained in the comment section of quarterly report forms.

Program Year 2026 Targets	20 TPCs	30 NTPCs	480 SCs	25 CSEs
Program Year 2026 Mid-Year Results	22 TPCs	35 NTPCs	370 SCs	22 CSEs
Program Year 2025 Targets	20 TPCs	15 NTPCs	510 SCs	25 CSEs
Program Year 2025 Full-Year Results	29 TPCs	8 NTPCs	1053 SCs	89 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$264,351

Program Year 2027 total program budget: \$264,351

Current year CCMHB funding (Program Year 2026): \$203,710

Proposed change in CCMHB funding = 30%

*Draft Program Year 2027 Program Summary:
Cunningham Children’s Home – ECHO Housing and Employment Support*

CCMHB request is for 100% of total program revenue. The total agency has a relatively large budget, primarily relying on State of Illinois program service fees.

Personnel costs of \$176,932 are 67% of the requested amount. Other expenses are Consumables \$1,000, General Operating \$650, Occupancy \$10,841, Conferences/Staff Development \$287, Local Transportation \$5,200, Specific Assistance \$49,600, Lease/Rental \$350, and Miscellaneous \$19,491.

Total agency budget has a surplus of \$6,470. Total program and CCMHB budgets are balanced. The total agency budget does not match that of the agency's other funding request.

Direct staff assigned to the program are 100% of an ECHO Case Manager, 50% of a Case Aide, 25% of a Coordinator, 6% of the Associate Director of Community Services, 5% of a Program Assistant, 3% of the Director of Community Services, and 1% of each of a Training Assistant, Training Director, Quality Improvement Assistant, and Intake Specialist. All are full-time and currently filled. Indirect staff assigned to the program include 1% of each of these groups: Accounting; Administration; Maintenance; Housekeeping; and Human Resources. Total agency columns of this program's expense and personnel forms do not match those of the agency's other program request.

Program staff to be funded by CCMHB: 0.05 Indirect + 1.93 Direct = 1.98 FTEs. Total program staff same.

Staff comments:

Consumables mentions the purchase of a phone. This expense best aligns with the Equipment expense category. An indirect cost of approximately 7% of the total request is allocated to Misc Expenses. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative. The increased request is driven, in part, by higher personnel costs following a compensation study, as well as an expansion in the number of individuals to be served.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: Staff will receive training on Cultural Sensitivity and Cultural Awareness. There is also a Cultural Competence Committee that will review the policies and procedures and connect them to the CLAS Standards.

Staff comment:

Cunningham has not changed their actions in the CLC Plan for the last 2 application cycles. They have expanded their engagement to underserved communities by having a community-based program called Hope Springs that was mentioned in their program plan.

Criteria for Best Value

Budget and program connectedness:

There are no other revenues for the program. The Budget Narrative provides detail about each of the program expenses and staff, connecting them to program activities. A statement may explain the increase in requested amount: "Due to a compensation study, workforce crisis raising the wage has been the biggest increase year over year." A large expense line is specific assistance, central to the program's goals and well-defined.

Participant outcomes (see details above):

Five measurable consumer outcomes address the positive impact on those served and are associated with appropriate assessment tools.

*Draft Program Year 2027 Program Summary:
Cunningham Children's Home – ECHO Housing and Employment Support*

Personal agency in individual and program planning:

Input from assessments conducted initially and every six months, as well as the collaboration between staff and participants, are used to develop individual plans.

Engaging the whole community:

By leveraging partnerships within Champaign County's Continuum of Service Providers to the Homeless system to assist participants whom are low-income, LGBTQ+, or experiencing homelessness in navigating housing, employment, and public benefits; collaborates with the UpCenter and the University of Illinois LGBTQ Resource Center to ensure affirming referrals and supports for LGBTQ+ participants, who are disproportionately homeless; culturally responsive services, individualized service locations.

Promoting inclusion and reducing stigma:

Longstanding commitment and actions related to CLAS standards (e.g., new staff training on cultural humility, ongoing related trainings); surveys identify client/staff perceptions of cultural sensitivity; system of care values; goal for people to access full range of services.

Technology access and use:

Staff have access to a paid online training library focused on trauma and homelessness.

Unique approach:

Multiple evidence-based trauma models delivered to individuals who are impacted by the risk of homelessness or are homeless. Several links are included.

Staff credentials and training:

Required qualifications for ECHO staff include a Bachelor's in a human service field for the coordinator/supervisor, a high school diploma and 5+ years of experience in human services for the case manager, and a high school diploma with 2+ years of experience for the part-time case aide. The Associate Director must have a Master's in a human service field. All employees undergo a DCFS background check and receive training in various areas including Trauma-Informed Care, Cultural Competency, Lifespan Development, Mental Health, and more, with additional program-specific training available on-the-job. Notably, the ECHO Coordinator has completed SOAR training, while staff members have been trained in Motivational Interviewing through Illinois Collaboration on Youth (ICOY).

Other funding and resource leveraging:

Yes. in-kind donations: participants eligible for WIOA or DORS services will access additional support through community-based organizations. Agency receives DHS funding for the Runaway Homeless Youth (RHY) grant (started in FY20). RHY provides funding for Cunningham to provide more intensive housing supports (emergency shelter and transitional living) for homeless youth age 16-24. No sliding fee scale or Medicaid programming.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: Program Year 2025 agency audit was submitted 12/31/2025. There were no negative findings for follow-up.
2. Capacity for financial clarity: Financial forms agree. Historically, this is not a problem area.
3. All forms submitted by deadline: Yes – January 30, 2026.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Not explicitly addressed.

Draft Program Year 2027 Program Summary:

Cunningham Children's Home – ECHO Housing and Employment Support

6. Coordinated system: Yes, identifies related providers and how they coordinate.
Written collaborative agreements: AIR, Center for Youth and Family Solutions, Champaign County Continuum of Care, Head Start, CUPHD, CSCNCC, Courage Connection, DREAM, Eastern IL Foodbank, Housing Authority of Champaign County, RACES, UP Center, UIUC LGBT Resource Center, UIUC Schools of Social Work, Education, and Psychology, Urbana Adult Ed, Urbana School District, Unit 4 School District, Youth Assessment Center, Youth and Family Peer Support Alliance, Econo Lodge, Eastland Suites, Woodsprings Suites, and Motel 6.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: update the CLC Plan; recategorize an item from consumable as an equipment expense; resolve personnel and expense forms total agency discrepancies across program applications.

New special provisions: program will participate in Coordinated Entry.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Cunningham Children’s Home – Families Stronger Together

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

Request: \$298,532

Why it matters:

“...delivers trauma-informed, culturally responsive services to youth and families at risk of juvenile justice involvement in Champaign County. Next year, the program will continue emphasizing prevention, offering early intervention and intensive services for TPC clients, community-based services for NTPC clients, and expanded services for caregivers navigating the potential juvenile justice system involvement.”

Selected priority:

Thriving Children, Youth, and Families

Agency mission and info:

“... To nourish hope through effective solutions so children thrive and families flourish.” <https://cunningham.org/>

Services and People Served

Who will benefit:

Adjudicated and non-adjudicated minors with behavioral, emotional, or legal challenges who often engage with systems such as juvenile justice, special education, and child welfare... support the entire family to build resiliency, with caregiver-only services available when eligible... helps families understand how trauma impacts current functioning and behaviors leading to juvenile justice involvement.

Scope of services:

Assessment of each youth and family at enrollment to determine immediate needs and goals. Using the Attachment, Regulation, and Competency (ARC) framework and additional emerging tools to strengthen trauma-informed caregiving and resilience. Treatment Plan Clients receive ARC-aligned services, including family engagement, individual and family therapy, psychoeducation, community support, referrals, and essential goods and services. Staff collaborate with youth and caregivers to identify strengths and guide service planning. For Non-Treatment Plan Clients, services focus on engagement and connecting families to community-based programs (e.g. LIFT or the Boys & Girls Club), and weekly skill-building groups at the Juvenile Detention Center. Flexible funds are available to reduce barriers, provide therapeutic supplies, and support participation in community activities that strengthen protective factors and healthy relationships.

Location and frequency of services:

In-home, virtual/telehealth, Cunningham and HopeSprings sites in CU, CSCNCC, YAC, LIFT, DREAAM, schools, and others (case by case); minimum 3 sessions/month for families; service intensity/frequency adjusted to individuals’ needs.

Staff comment:

Clear, consistent with prior programming, moderately enhanced by expanded caregiver & prevention-focused services.

Residency of 19 people served in Program Year 2025 and 23 in the first half of Program Year 2026:

Champaign- 7 in Program Year 2025 and 10 first half of Program Year 2026
Urbana - 1 in Program Year 2025 and 2 first half of Program Year 2026
Rantoul - 7 in Program Year 2025 and 6 first half of Program Year 2026
Mahomet - 1 in Program Year 2025 and 2 first half of Program Year 2026
Other - 3 in Program Year 2025 and 3 first half of Program Year 2026

Demographics of 19 people served during Program Year 2025:

Age

Ages 7-12 - 3
Ages 13-18 -16

Preferred Language

English – 19

Race/Ethnicity

African American/Black - 6
Multi-Racial - 3
White - 10

Gender

Man - 13
Non-binary - 1
Woman - 5

Measures of Client/Participant Access

Eligibility criteria and determination: Ages 8-17, Champaign County resident, involved or vulnerable to juvenile court system, emotional/behavioral issues, truancy, domestic abuse, residential instability, probation, pattern of chronic offenses, or felony charge. SUD, IQ < 65, juvenile sex offenses, murder conviction, gang activity, and current psychosis may be exclusionary. Determined with Intake & Admission Specialist and program supervisors, considering youth/family needs met by other agencies.

Outreach to eligible people: through community partners, referral sources, outreach in schools and the community, public brochures, the agency website, and Champaign County Court referrals.

Within 15 days of referral, 80% of those referred will be assessed.

Within 15 days of assessment, 70% of those assessed will engage in services.

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

Additional demographic data: other system involvement (e.g., DCFS, DJJ, Medicaid, Social Security), grade level completed, and language.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Decreased presenting problems among youth over time.
2. Strengthened trauma-informed caregiving skills.
3. Improved family protective factors, e.g., social and concrete supports, family functioning, nurturing, attachment.

Specific assessment tools and data collection:

1. Strengths and Difficulties Questionnaire (SDQ) – modules by age group, with Parent Measures, baseline and follow-up versions.
2. Caregiver self-report, staff observation, ARC assessment.
3. Protective Factors Survey, 2nd Edition (PFS-2).

Outcome data gathered from all participants: No. Youth who are TPCs but not NTPCs.

Will collect outcome data for 2nd outcome, quarterly and discharge.

Measures of Utilization

Treatment Plan Clients (TPCs): 40 youth and families actively engaged in services, with service plan

Non-Treatment Plan Clients (NTPCs): 50 youth and families in groups + those receiving services through collaboration with other programs (listed), can include program info and referrals

Community Service Events (CSEs): 10 program info shared with partners

Service Contacts (SCs): 1080 for TPCs + 300-400 for NTPCs

Staff comment:

Targets remain the same as last year.

Program Year 2026 Targets	40 TPCs	75 NTPCs	1935 SCs	10 CSEs
Program Year 2026 Mid-Year Results	23 TPCs	37 NTPCs	421 SCs	5 CSEs
Program Year 2025 Targets	40 TPCs	75 NTPCs	1935 SCs	10 CSEs
Program Year 2025 Full-Year Results	19 TPCs	109 NTPCs	972 SCs	9 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$298,352

Program Year 2027 total program budget: \$298,352

Current year CCMHB funding (Program Year 2026): \$282,139

Proposed change in CCMHB funding = 5.7%

CCMHB request is for 100% of total program revenue. The total agency has a relatively large budget, primarily relying on State of Illinois program service fees.

Personnel costs of \$248,263 are 83% of the requested amount. Other expenses are Consumables \$4,462, General Operating \$700, Occupancy \$4,225, Conferences/Staff Development \$1,470, Local Transportation \$1,000, Specific Assistance \$12,000, Lease/Rental \$400, and Miscellaneous \$26,012. Total agency columns of this program's expense and personnel forms do not match those of the agency's other program request.

Total agency budget has a surplus of \$74,863. Total program and CCMHB budgets are balanced.

Direct staff assigned to the program are 100% of a Family Therapist and a Family Support Specialist, 26% of a Family Services Coordinator, 17% of an Associate Director, and 5% of the Director of Community Services. All positions are full-time and currently filled. Indirect staff assigned to the program include 1% of each of these groups: Accounting; Administration; Maintenance; Housekeeping; and Human Resources.

Program staff to be funded by CCMHB: 0.05 Indirect + 2.48 Direct = 2.53 FTEs. Total program staff same.

*Draft Program Year 2027 Program Summary:
Cunningham Children's Home – Families Stronger Together*

Staff comments:

'Consumables' lists replacement phones and computers. These expenses best align with the Equipment expense category. An indirect cost of approximately 8.7% of the total request is allocated to Misc Expense. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative. The increased request may support higher personnel costs following a compensation study, as noted in the agency's ECHO application.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: Staff will receive training on Cultural Sensitivity and Cultural Awareness. There is also a Cultural Competence Committee to review policies and procedures and connect them to the CLAS Standards.

Staff comment:

Cunningham has not changed their actions in the CLC Plan for the last 2 application cycles. They have expanded their engagement to underserved communities by having a community-based program called Hope Springs that was mentioned in their program plan.

Criteria for Best Value

Budget and program connectedness:

Yes. No other revenues for the program, but leadership continue to seek additional funding. Each program expense is detailed. Miscellaneous includes a portion of administration, human resources, and accounting allocations.

Participant outcomes (see details above):

Outcomes reflect positive impacts on those served and are measured with appropriate assessment tools. Measurable targets are not identified.

Personal agency in individual and program planning:

Family and youth provide input for programming.

Engaging the whole community:

Promotes culturally responsive services through training, supervision and other initiatives, partnering with community organizations to better serve underinvested and diverse populations; emphasizes culturally responsive care including bilingual and translation support to reduce disparities and improve engagement.

Promoting inclusion and reducing stigma:

Commitment and actions related to CLAS standards (e.g., new staff training on cultural awareness, related trainings); anonymous surveys are used to obtain staff and client perceptions of cultural sensitivity; system of care values; goal for comprehensive, accessible system of care.

Technology access and use:

Telehealth options can be offered as needed.

Unique approach:

Links to the ARC trauma inform family engagement framework and describes the aligned therapeutic services offered.

Staff credentials and training:

Associate Director of Family & Vocational services (.5 FTE)-License Clinical Social Worker (LCSW); provides program oversight and supervise is the Family Therapist.

Draft Program Year 2027 Program Summary:

Cunningham Children's Home – Families Stronger Together

Family Services & Vocational Coordinator (.5 FTE)-Master’s level staff member providing direct services and supervising the Family Support Specialist.

Family Therapist-Master’s level clinician delivering therapeutic services to youth and families.

Family Support Specialist- Full-time bachelor’s level staff providing family support and service coordination.

All staff: extensive background checks and comprehensive orientation training, including Boundaries, Therapeutic Crisis Intervention, Basic Safety, Cultural Competency, Child Development, CPR/First Aid, Mandated Reporting, Behavioral Management, and Licensing Standards. Specialized training: ARC framework and use the Community Services Safety Manual; the TCI curriculum emphasizes trauma-informed care. Ongoing professional development: staff participate in annual agency “Winter Workshops” covering topics such as diagnosis, treatment modalities, trauma-informed practice, youth engagement, and have completed scenario-based safety training development with local law enforcement.

Other funding and resource leveraging:

Not proposed for a match for other funding. People served are not asked to pay a fee. The program is not eligible for Medicaid participation. The agency plans to pursue other funding.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: Program Year 2025 agency audit was submitted 12/31/2025. There were no negative findings for follow-up. Unspent funds for this program of \$23,706, were returned.
2. Capacity for financial clarity: Financial forms agree. Historically, this is not a problem area.
3. All forms submitted by deadline: Yes – January 30, 2026.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes. Plans to apply for the City of Urbana Community Services Grant Program for Fiscal Year 2027 and research additional funding sources.
6. Coordinated system: Yes, partners with referral sources and community providers to discuss service needs and deliver coordinated services to our shared target population.
Written collaborative agreements: Center for Youth and Family Solutions, Courage Connections, DREAM, United Way, Urbana School District, Unit 4 School District, Econolodge, Eastland Suites, Envisage Counseling, Woodsprings Suites, Motel6, C - U at Home, CC Regional Planning Commission, Champaign Township, Crisis Nursery, Cunningham township, Po’ Boys, Rosencrance, Strides, and Young Lives.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

- Revisions prior to contract: Update CLC Plan; add targets to outcomes; recategorize certain consumable as equipment; resolve total agency discrepancies in personnel and expense forms across program applications.
- New special provisions: Notify MHB staff if additional funding is secured.
- Continue Program Year 2026 special provisions.

Review and input:

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

*Draft Program Year 2027 Program Summary:
Cunningham Children’s Home – Families Stronger Together*

Draft MHB Program Year 2027 Program Summary

Don Moyer Boys and Girls Club – CU Change

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

Request: \$94,135

Why it matters:

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

Selected priority:

Thriving Children, Youth, and Families

Agency mission and info:

“... To enable all young people, especially those that need us most, to be healthy, responsible, caring, and productive individuals.” <https://dmbgc.org>

Services and People Served

Who will benefit:

Historically underserved youth 10-17 (5th grade through high school) who are: reading one or more levels behind; in danger of being or have been held back to repeat one or more academic years; attending alternative school or with truancy issues; involved or at-risk for involvement in juvenile justice system; involved with DCFS; and/or exhibiting negative emotional/behavior due to trauma.

Scope of services:

Intensive intervention and personalized guidance for navigating the complex school environment, overcoming peer pressures, and addressing family stabilization needs.

Mental Health Support: assessments will identify MH and social service needs of youth and their families... personalized interventions, progressive reviews, addressing family dynamics that could impact well-being.

Life Skills Development: problem-solving, decision making, goal setting, and effective communication to equip participants for personal challenges, maintaining healthy relationships, and navigating their lives skillfully.

Financial Literacy: budgeting, managing expenses, savings, and credit management to fortify financial understanding and promote responsible financial behavior.

Career Development: workshops on resume writing, job search strategies, interview skills, and workforce readiness, providing a head-start in pursuing future career opportunities.

Social Skills Enhancement: cultivating empathy, self-awareness, cooperation among peers and within families.

Location and frequency of services:

Agency location, home, school, some virtual and in other community locations; frequency of program components not indicated, presumably based on client needs.

Staff comment:

*Draft Program Year 2027 Program Summary:
Don Moyer Boys and Girls Club – CU Change*

The program offers services in flexible settings, which reduces barriers for clients.

Residency of 18 people served in Program Year 2025 and 12 in the first half of Program Year 2026:

Champaign - 12 in Program Year 2025 and 10 first half of Program Year 2026
Urbana - 3 in Program Year 2025 and 1 first half of Program Year 2026
Rantoul - 2 in Program Year 2025 and 0 first half of Program Year 2026
Other - 1 in Program Year 2025 and 1 first half of Program Year 2026

Demographics of 19 people served during Program Year 2025:

Age

Ages 7-12 - 8
Ages 13-18 - 11

Preferred Language

English - 19

Race/Ethnicity

African American/Black - 15
Multi-Racial - 1
White - 3

Gender

Man - 15
Woman - 4

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents aged 10-17 or in grades 5-12 who demonstrate service needs, have limited financial resources, show at least one risk factor. Eligibility is confirmed through referral, assessments, school records, interviews, income data, and CU Change intake documentation.

Outreach to eligible people: Community events, target outreach, and marketing materials (print, social media); case manager maintains contact with youth and partners to ensure they understand the program and referral process.

Within 5 days of referral, 80% of those referred will be assessed.

Within 14 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 24-48 months.

Additional demographic data: Income, housing type, head of household, number of adults and youth, primary language spoken, diagnosed medical conditions, and military status.

Staff comment:

Access measures are clear and appropriate for the service model.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 100% of Youth will complete full intake and actively participate in intervention strategies prescribed in a comprehensive plan, within the first month of the program and ongoing.

2. 100% of Family Members/Parents/Guardians will participate in intake and actively participate in intervention strategies prescribed in comprehensive plan, within the first month of the program and ongoing.
3. 85% of Youth will remain engaged in school or take required steps towards re-engaging in school, within the six months of the program and ongoing.
4. 80% of Youth will demonstrate an increase in positive expectations of the future, within the six months of the program and ongoing.

Specific assessment tools and data collection:

Client case notes - progress/regression towards outcomes, prescribed intervention strategies, and goals. Goal plans will be created for all TPCs. TPCs and NTPCs will participate in quarterly goal planning meetings to discuss and document progress toward goals. Pre and Post Program Surveys - on effectiveness of program interventions and program overall.

1. CANS Assessment, Case Notes, Goal Plan, Intake Paperwork, Pre and Post Program Surveys
Data Provider: MyClubHub, Youth and Family Case Manager, TPC
FANS Assessment, Case Notes, Goal Plan, Intake Paperwork, Pre and Post Program Surveys
Data Provider: MyClubHub, Youth and Family Case Manager, NTPC
2. Case Notes, Goal Plan, School Progress Reports and Report Cards, Attendance Records
Data Provider: MyClubHub, Youth and Family Case Manager, School District Personnel
3. Goal Plan, Case Notes, School Progress Reports and Report Cards, Service Reports from Community Partners/Providers, Pre and Post Program Surveys, School Stressors, School Safety, Positive/Caring Relationships (2 Way), Positive/Caring Adults, Optimism for Future, Sense of Wellbeing, Self Advocacy). Data Provider: MyClubHub, Youth and Family Case Manager, Community Partners/Providers.
4. Goal Plan, Case Notes, School Progress Reports and Report Cards, Service Reports from Community Partners/Providers, Pre and Post Program Surveys (School Stressors, School Safety, Positive/Caring Relationships (2 Way), Positive/Caring Adults, Optimism for Future, Sense of Wellbeing, Self Advocacy)
Data Provider: MyClubHub, Youth and Family Case Manager, TPC, NTPC, Community Partners/Providers

Outcome data gathered from all participants: Yes.

Will collect outcome data monthly.

Staff comment:

Outcomes align with the program goals but aiming for 100% participation may be unrealistic; consider alternative or supplemental assessments to CANS and FANS due to their intensity.

Measures of Utilization

Treatment Plan Clients (TPCs): 20 youth with active treatment plan

Non-Treatment Plan Clients (NTPCs): 20 family members and other supporters of the TPCs

Community Service Events (CSEs): 48 – attendance/presentation at community meetings or with potential referral sources, etc.

Service Contacts (SCs): 480 or 612 (?)– communication with youth and families referred or enrolled (depending on intake, may be required weekly, biweekly, or monthly)

Staff comment:

There is a minor inconsistency in the SC target (480 vs. 612) that should be clarified. For CSE counts, presentation at community meetings is the preferred use of the category (attendance alone not preferred.)

Program Year 2026 Targets	20 TPCs	20 NTPCs	480 SCs	48 CSEs
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*Draft Program Year 2027 Program Summary:
Don Moyer Boys and Girls Club – CU Change*

Program Year 2026 Mid-Year Results	23 TPCs	31 NTPCs	267 SCs	38 CSEs
Program Year 2025 Targets	20 TPCs	20 NTPCs	480 SCs	48 CSEs
Program Year 2025 Full-Year Results	19 TPCs	22 NTPCs	492 SCs	65 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$94,135

Program Year 2027 total program budget: \$94,135

Current year CCMHB funding (Program Year 2026): \$85,575

Proposed change in CCMHB funding = 10%

CCMHB request is for 100% of total program revenue. There is no other funding for the program. The total agency relies on numerous sources of revenue, with the largest amounts being from fundraising, a state grant, and contributions.

Personnel costs of \$88,855 are 94% of the requested amount. Other expenses are Consumables \$1,250, Occupancy \$2,430, and Local Transportation \$1,600. Total agency budget, total program budget, and CCMHB budget are balanced.

Direct staff assigned to this program include 100% of the Teen CU Change Case Manager, 15% of the Director of Family Engagement, and 10% of the Chief Operating Officer. All positions are full-time. No indirect staff costs are allocated.

Program staff to be funded by CCMHB: 1.25 Direct FTEs. Total program staff same.

Staff comments:

Budget Narrative details are sparse, but all expenses seem reasonable. Lacks justification for the increased request.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: Incorporates CLAS Standards and DEI policies into program implementation. Youth and their parents have an opportunity to provide feedback about the support and services in the community.

Staff comment:

DMBGC has updated their CLC Plan to enhance the actions to align with their program applications.

Criteria for Best Value

Budget and program connectedness:

Additional detail would be helpful.

Participant outcomes (see details above):

Consumer-focused, measurable, time-bound, with targets related to engagement, school participation, and wellbeing.

Personal agency in individual and program planning:

Quarterly planning includes youth and families.

Engaging the whole community:

By offering services in client homes, schools, or sites local to them, by offering some virtual supports, by providing transportation to the agency for services, and by focusing on connections with other providers and schools. Outreach to underrepresented minority populations through community events and partnerships, trainings, and using survey feedback to improve services.

*Draft Program Year 2027 Program Summary:
Don Moyer Boys and Girls Club – CU Change*

Promoting inclusion and reducing stigma:

Community engagement, mentorship, and strengths-based approaches supports inclusion; stigma reduction is addressed through relationship-building and visibility in community settings.

Technology access and use:

Virtual options (phone, text, video) are available to maintain engagement, though technology is not a focus.

Unique approach:

Combines intensive case management, community-based service delivery, and strong school/community partnerships to meet youth where they are.

Staff credentials and training:

COO's duties and qualifications: master's in social service or related; minimum 3 years' supervisory experience in social services and intensive client case planning. Case Manager's duties and qualifications: Associate degree from an accredited college or university required; advanced degree preferred, preferably in Social Work and Counseling; minimum 1 year experience working with at-risk youth and/or gang-involved youth.

Other funding and resource leveraging:

Not used as match for other revenue, no other pay sources, no client fees, no Medicaid participation.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: funding suspension in the second quarter of 2026 due to a missing CLCP report. Payments resumed after the report was submitted.
Notes on audit/review/compilation: The agency's Program Year 2025 audit report was submitted 12/30/2025. There were no negative findings warranting additional follow-up, and no unspent funds were owed back.
2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Not clear.
6. Coordinated system: Program functions as a coordination hub, linking schools, law enforcement, behavioral health, and community providers. Written collaborative agreements: Champaign Unit 4 Schools, Urbana 116 Schools, Champaign Police Department, Urbana Police Department, City of Champaign, Regional Planning Commission, University of Illinois Social Work Department, United Way of Champaign County, Cunningham Children's Home, Hope Springs, Champaign Park District, Urbana Park District, City of Urbana.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

- Missing: explanation of the increased amount of the request.
- Revisions prior to contract: budget plan clarifications; resolve the Service Contact target discrepancy.
- New special provisions: report on efforts to secure other program revenues.
- Continue Program Year 2026 special provisions.

Review and input:

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

*Draft Program Year 2027 Program Summary:
Don Moyer Boys and Girls Club – CU Change*

Draft MHB Program Year 2027 Program Summary

Don Moyer Boys and Girls Club – Community Coalition Summer Initiatives

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

Request: \$100,000

Why it matters:

“... supports the mental health needs of youth and communities during the critical summer months... preventing violence and promoting positive engagement...offering accessible programs and reducing barriers for underserved youth, it fills gaps in limited summer services. The Community Coalition Summer initiative creates safe, inclusive spaces where young people can grow and realize their full potential.”

Selected priority:

Thriving Children, Youth, and Families

Agency mission and info:

“... To enable all young people, especially those that need us most, to be healthy, responsible, caring, and productive individuals.” <https://dmbgc.org>

Services and People Served

Who will benefit:

Ages 6-18 with emotional disturbances and trauma... Recognizing the vulnerability of this age group, the coalition is committed to making a positive impact on their mental well-being... including those facing socio-economic challenges and discrimination and are part of diverse populations.

Scope of services:

Summer programs will offer coordinated support from grassroots partners to address youth challenges like violence, limited engagement opportunities, learning loss, and reduced supervision. Services will be delivered by specialized subcontractors, while the Don Moyer Boys and Girls Club (DMBGC) provide overall administration and coordination to ensure alignment with system-of-care goals.

Location and frequency of services:

Organizations provide summer youth services at partner/community sites to ensure equitable access, with service duration and participation frequency varying by client needs.

Staff comment:

The request is to continue funding support for a long-standing collaboration between Don Moyer and the Champaign County Community Coalition.

Residency of 864 people served in Program Year 2025 and 1174 in the first half of Program Year 2026:

Champaign - 597 in Program Year 2025 and 743 first half of Program Year 2026

Urbana - 155 in Program Year 2025 and 394 first half of Program Year 2026

Rantoul - 78 in Program Year 2025 and 24 first half of Program Year 2026

Draft Program Year 2027 Program Summary:

Don Moyer Boys and Girls Club – Community Coalition Summer Initiatives

Mahomet - 0 in Program Year 2025 and 2 first half of Program Year 2026
Other - 34 in Program Year 2025 and 11 first half of Program Year 2026

Demographics of 864 people served during Program Year 2025:

Age

Ages 0-6 - 43
Ages 7-12 - 255
Ages 13-18 - 346
Ages 19-59 - 205
Ages 60-74 - 15

Preferred Language

Arabic – 3
English – 800
French – 21
Spanish – 32
My preferred language is not listed - 8

Race/Ethnicity

African American/Black – 559
Asian/Asian American – 12
Latina/Latine/Latino/Latinx – 43
Middle Eastern/North African - 5
Multi-Racial - 178
White - 67

Gender

Man - 379
Woman - 485

Measures of Client/Participant Access

Eligibility criteria and determination: under-served youth, lacking key resources or opportunities; contracted partners confirm eligibility for each service through the registration process.

Outreach to eligible people: contracted partners provide public info and outreach to underserved areas and through Coalition community meetings.

Within 10 days of referral, 100% of those referred will be assessed.

Within 5 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: activities from June to September.

Additional demographic data: none.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Build community connection: meet new people, form friendships, and gain confidence through teamwork and shared goals. This can foster a sense of belonging and purpose within the group, leading to increased self-

Draft Program Year 2027 Program Summary:

Don Moyer Boys and Girls Club – Community Coalition Summer Initiatives

esteem and confidence. Being part of a community also provides a support system for young people, as they can turn to their peers for advice, guidance, and support.

2. Reduce youth violence: provide a safe, structured summer environment and teaching conflict resolution and communication skills helps deter risky behavior and promotes non-violent problem-solving.
3. Enhance life skills and increased engagement in positive activities: learn practical skills, time management, leadership, organization, and engage in positive, interest-aligned activities that foster purpose and long-term involvement in healthy pursuits.

Specific assessment tools and data collection:

1. Pre- and post-test question measures... impact of the program on an individual's sense of belonging and connection to their community. Participants rate level of connectedness on a scale from 1-10... before and after participating in the program.
2. Pre- and post-test question measures... changes in violent incidents among program participants... evaluating the effectiveness of the program in reducing violence within the community. Participants indicate if they have been involved in any violent incidents in the past two months... compare with frequency of incidents after participating in the program.
3. Pre- and post-test question... to measure the impact of the program on individual skill building and participation... evaluating whether participants have learned any new skills or participated in new activities as a result of the program. Participants discuss what new skills or activities they have learned or participated in... [to show] effectiveness of the program in promoting personal growth and development.

Outcome data gathered from all participants: No. Partner groups collect and compile results, then share them with DMBGC for impact analysis. Target participation is 50% for both pre- and post-tests.

Will collect outcome data at the start and end of each activity or event.

Staff comment:

Each outcome relates to positive outcomes, with the second one also a community impact. The assessment tools are appropriate. Specific targets are 50% for each.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 750 or 900 (?) participants will engage in summer activities provided by partner organizations.

Community Service Events (CSEs): 30 meetings with contracting organizations, community, and planning meetings.

Service Contacts (SCs): 11,750 contact engagement by partner organizations with each participant, for all services and activities.

Staff comment:

The proposal continues current targets.

Program Year 2026 Targets	900 NTPCs	11750 SCs	30 CSEs
Program Year 2026 Mid-Year Results	1174 NTPCs	4850 SCs	43 CSEs
Program Year 2025 Targets	900 NTPCs	11750 SCs	30 CSEs
Program Year 2025 Full-Year Results	864 NTPCs	11965 SCs	46 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$100,000

*Draft Program Year 2027 Program Summary:
Don Moyer Boys and Girls Club – Community Coalition Summer Initiatives*

Program Year 2027 total program budget: \$100,000

Current year CCMHB funding (Program Year 2026): \$100,000

Proposed change in CCMHB funding = 0%

CCMHB request is for 100% of total program revenue. There is no other funding for the program. The total agency relies on numerous sources of revenue, with the largest amounts being from fundraising, a state grant, and contributions.

No personnel costs are associated with this program. Expenses are Professional Fees/Consultants \$10,000 and General Operating \$90,000.

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

No staff are assigned to this program.

Staff comment:

All expenses appear appropriate and necessary and are supported by reasonable explanations in the Budget Narrative.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: DMBGC incorporates CLAS Standards and DEI policies into the implementation of programming. Youth and their parents have an opportunity to provide feedback about the support and services in the community.

Staff Comment:

DMBGC has updated their CLC Plan to enhance the actions to align with their program applications.

Criteria for Best Value

Budget and program connectedness:

Yes.

Participant outcomes *(see details above)*:

Yes. Positive outcomes focus on youth development and violence reduction, measurable but rely on self-reported data.

Personal agency in individual and program planning:

Youth, families, and community members provide input through feedback and advisory processes; lived experience is incorporated into staffing and program design.

Engaging the whole community:

Uses grassroots partnerships and outreach to underserved and rural areas, though specific strategies for priority townships are limited.

Promoting inclusion and reducing stigma:

Open to all youth and families, focus on underrepresented groups to support aspirations, inclusion, and empowerment through a range of programs; safe and welcoming, promotes understanding and diversity.

Technology access and use:

Limited detail on virtual services or technology access; minimal evidence of structured virtual engagement or training.

Draft Program Year 2027 Program Summary:

Don Moyer Boys and Girls Club – Community Coalition Summer Initiatives

Unique approach:

Focus on summer gap programming, grassroots providers, and non-traditional hours.

Staff credentials and training:

Prioritizes lived experience and community connection (grassroots) over formal credentials; requires background checks and youth protection training.

Other funding and resource leveraging:

No other funding sources identified. Relies on partnerships and volunteers. No fees, Medicaid, or sliding scale.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: DMBGC received a funding suspension in the second quarter of 2026 for a missing CLCP report.
Notes on audit/review/compilation: Program Year 2025 agency audit was submitted on 12/30/2025. A follow-up question was answered. There were no negative findings warranting additional follow-up, and no unspent funds were owed back to the CCMHB.
2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: No.
6. Coordinated system: Coordination occurs through partnerships with local youth-serving organizations and community coalition efforts.
Written collaborative agreements: Subcontracts planned with partner organizations through Don Moyer Boys & Girls Club.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: None.

Note: Offer a two-year term. The agency's new director has experience with administration of agency programs and CCMHB required reports, so the transition will likely be smooth and this program maintained as before.

New special provisions: consider requiring a year end outcome report (written), though possibly on a later deadline due to the nature of the programs, rather than a progress report to deliver during a Board meeting.

Continue Program Year 2026 special provisions. It is especially important that all subcontract agreements be shared with CCMHB staff and continue the obligations of the original contract.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Family First Advocacy, NFP – Empowering Bridge Program- NEW

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

Request: \$233,355

Why it matters:

“... Children, youth, and families are increasingly experiencing hopelessness, isolation, and frustration while navigating behavioral health and educational systems, with schools often serving as the primary source of stress. The Empowering Bridge Program responds through educational advocacy that helps families effectively secure appropriate supports and services. Parent Peer Support Partners provide lived-experience guidance so caregivers no longer walk alone and can build confidence navigating complex systems. Through monthly community groups and leadership development opportunities, the program reduces isolation while strengthening the behavioral health workforce by training and employing family leaders...”

Selected priority:

Thriving Children, Youth, and Families

Agency mission and info:

“... Family First Advocacy (FFA) is committed to helping children with social, emotional, behavioral, and other mental health challenges find success in the public school system and their communities by empowering them through community-based advocacy, support services, trainings to children, parent(s)/caregiver(s), other caring community members, social groups, and mentoring. At no expense to families.” www.familyfirstcommunity.org

Services and People Served

Who will benefit:

Children and youth with behavioral health challenges and their families with limited or no means.

Scope of services:

FFA empowers families to lead their own plans while staff provide guidance, education, and a supportive road map to achieve family-driven goals. Services include educational advocacy, peer support, community groups and events commensurate with specialized projects, training opportunities, mental health life coaching, conferences, and family retreats.

Location and frequency of services:

Services are provided across each community through in-person, phone, and Zoom options at schools, libraries, churches, donated community spaces, open business areas, and other family-convenient locations, with some supports offered as needed and others occurring monthly.

Residency and Demographic data not available – the program is not currently funded.

Measures of Client/Participant Access

Eligibility criteria and determination: youth with learning, social, emotional, behavioral, and other mental health challenges, as well as their families who live in Champaign County and are experiencing difficulties.

Outreach to eligible people: Word-of-mouth, social media, hospital recommendations from social workers, therapists, OT/PT, and developmental pediatricians, community events, outreach to other nonprofits, organizations, and groups, and the website.

Within 7 days of referral, 100% of those referred will be assessed.

Within 7 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: 6 months to 2 years. Sometimes longer.

Additional demographic data: The number of students needing special education services is in each district.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Educational Advocacy...parents will feel more confident in voicing their concerns and needs in meetings, know their rights, and gain a better understanding of how the special education system operates.
2. Peer Support...parents will feel more confident in their ability to navigate systems, problem-solving abilities, self-care and a better understanding of the power of their voice.
3. Community Groups... adults and youth will find authentic inclusion, develop lasting friendships with others who are on a similar journey, feel less isolated, and learn how to find the resources they need.
4. Community Events... adults and youth will have a better sense of community and how they contribute to its success, experience true family FUN, and have a better understanding of youth with mental health needs.
5. The Jordan Project... youth will have a better understanding that being different is not a bad thing, develop new friendships with peers without fear of differences, and learn skills to communicate with nonverbal peers.
6. Training ...parents will know their options if they disagree with the school's decisions, where to go for the answers to their questions, how to get action when their child is experiencing bullying, and feel empowered to use their voice to advocate for their child.
7. Conference...adults and youth will collect resources to help them support their child in transition, make connections with others on a similar journey, and be encouraged by the successes of other youth who have transitioned.
8. Family Retreat adults and youth will experience stress-free FAMILY FUN, feel more bonded as a family, and experience acceptance and inclusion with other families on a similar journey.

Specific assessment tools and data collection:

Outcomes 1-8 are measured through a survey collected by staff.

Outcome data gathered from all participants: Yes.

Will collect outcome data monthly and 1-day events at the end of the event.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 1,000 Community Service Events (CSEs): 50- Sensory Museum and Foam Blaster (mostly), Public speaking at groups/clubs, Attendance at Wellness Fairs & disability Expo's.

Service Contacts (SCs): 200-Staff will contact past clients to see how they are doing and make them aware of new resources in their community and that we provide. om app.

Staff comment:

Targets are ambitious for a first-time funded program.

Financial Analysis

Program Year 2027 CCMHB request: \$233,355

Draft Program Year 2027 Program Summary

Family First Advocacy – Empowering Bridge Program

Program Year 2027 total program budget: \$443,355

CCMHB request is for 53% of total program revenue. Other program revenue is from Contributions \$12,000, Fundraising \$15,000, Illinois Children’s Health Foundation Grant \$150,000, Sales of Goods and Services \$30,000, and In-Kind Contributions \$3,000.

Personnel costs of \$83,855 are 36% of the requested amount. Other expenses are Consumables \$20,000, General Operating \$30,000, Conferences/Staff Development \$30,000, Local Transportation \$12,000, Equipment Purchases \$15,500, Cost of Production \$7,000, Miscellaneous \$35,000. Other than the staff costs, these expenses are the same in Total Agency, Total Program, and CCMHB columns (i.e., no other revenue covers these costs.)

Total agency budget has a deficit of \$77,112, total program a deficit of \$77,112, CCMHB budget balanced.

Direct staff to be funded are two full-time Parent Peer Support Partners. While two other Direct staff are identified and their salaries listed, no FTE is included for them in the Total Agency, Total Program, or CCMHB column. It is likely that they would add 2 Direct FTE to the Total Agency and Total program totals. No indirect staff are to be assigned to CCMHB contract, but the full-time Executive Director and Program Manager/Accountant appear to be listed correctly and charged to Total Agency and Total Program.

Program staff to be funded by CCMHB: 2 Direct FTEs. Total program staff: 2 Indirect + 2 Direct = 4 FTEs.

Staff comments:

Total agency and total program budgets are the same. Not included in the Revenue Budget Form is a potential grant from the C-U Public Health Department. The Program Plan Narrative and Budget Narrative both briefly mention “Family Leaders.” Clarification about these “Family Leaders” and their role in the program is required. The Expense Budget has \$7,000 budgeted to Cost of Production to cover the cost of printing a book that the agency hands out. This expense best fits the General Operating category instead. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: Staff will receive annual training and report about their action and will report their progress four times per year. This is outside of the requirements of CCMHB funding. They will also enhance their environment to be culturally inclusive to staff.

Staff comment:

This is a new application and their first time completing a CLC Plan. Technical Assistance will be available. They will require additional support for reaching rural and underserved populations.

Criteria for Best Value

Budget and program connectedness:

Some clarifications will be helpful.

Participant outcomes (see details above):

Outcomes are consumer-focused, measurable through surveys. Specific targets are not identified.

Personal agency in individual and program planning:

Family-driven; 100% of FFA staff have lived experience, and that will remain a priority in the organization. FFA provides multiple opportunities for the families it serves to share their voices at stakeholder meetings, focus groups, and

organizational work groups.; a cash stipend, a meal, childcare, and transportation (if needed) for each family that participates.

Engaging the whole community:

By communicating and partnering with organizations, clubs, and churches that serve underserved minority populations. Currently, serving many black and brown community members through its educational advocacy services and providing workforce development opportunities; also, developing a system to collect school data in rural areas to determine if adjustments are needed to increase engagement.

Promoting inclusion and reducing stigma:

Community Events and the Jordan Project are specifically aimed at reducing stigma around MH and the lived experiences of their families and creating authentic inclusion in their communities.

Technology access and use:

Virtual services are available for staff training and client service access.

Unique approach:

Family-run model, peer support focus, community engagement, and advocacy, which are linked.

Staff credentials and training:

Training via Zoom and in-person sessions at the office and community library. Services extend to families, ensuring they receive necessary assistance through various modalities. Community Events are hosted in donated spaces. Peer Support is available in person, by phone, and via Zoom. Monthly Empowering Bridge Groups and The Jordan Project occur in community-specific locations. Mental Health Life Coaching in-person by a certified Mental Health Life Coach at a location that is most comfortable for the client. Additionally, FFA covers expenses for a Springfield conference and is planning a supported a 3-day Family Retreat at Lake Williamson, contingent on funding.

Other funding and resource leveraging:

FFA utilizes grants, donations, fundraising but does not access Medicaid or fee-based revenue.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: N/A
Notes on audit/review/compilation: Because the agency has not had a prior audit, they agreed to share an audited balance sheet (possibly also profit and loss statement) to complete the application requirements.
2. Capacity for financial clarity: A first time applicant demonstrating some clarity, though additional info is needed.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Some are described.
6. Coordinated system: will initiate coordination of Empowering Bridge Program with local agencies that serve families through newsletters and emails about current events, which organizations can share with the families they support and on social media. FFA plans to visit every organization to inform them about the program and its offerings.
Written collaborative agreements: Rosecrance; pending with the Champaign-Urbana Public Health Department.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Draft Program Year 2027 Program Summary
Family First Advocacy – Empowering Bridge Program

Missing: audited balance sheet (in lieu of a recent audit/financial review).

Revisions prior to contract: recategorize the Cost of Production expense to General Operating; clarify the role of Family Leaders; add FTE amounts for the two Direct Staff associated with Total Agency and Total program but not CCMHB; identify specific targets for each outcome.

Special provisions: mid-year progress report to the Board; consult with CLC Coordinator for technical assistance and possible training; pursue and report on other funding which might support the program.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

FirstFollowers –

First Steps Community Reentry House

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

Request: \$69,500

Why it matters:

“... Release from prison causes a crisis in many individuals who are unable to find their way in a changing world. Reentry House offers a foundation for people coming home providing them with the support they need to meet their needs and works in tandem with staff from the drop-in center providing wrap around services while they transition to non-prison life. The program has encountered growing demand for housing for people returning from women's prisons... we added a second house for people coming home to our community from women's prisons to hold up to four individuals.”

Selected priority:

Safety and Crisis Stabilization

Agency mission and info:

“To build strong and peaceful communities by providing support, guidance and hope to formerly incarcerated people and their loved ones through peer mentorship...” <https://firstfollowersreentry.com/>

Services and People Served

Who will benefit:

Formerly incarcerated individuals returning to Champaign County, prioritizing those who showed growth during incarceration, often after 10+ years served, disproportionately Black, with possible histories of violence or MH/SUD issues and a strong drive to succeed.

Scope of services:

A transition house for individuals returning from men's prisons since 2019 and has expanded to include a similar facility, New Horizons, for women in FY2025. Both houses offer rent-free accommodations, with the men's house housing of 2-4 residents in a five-bedroom donated property, and the women's house catering to the same number. Residents receive essential items such as furniture, clothing, and food, as well as access to internet and exercise equipment. Support is provided by a case manager, community navigator, and a Director of Advocacy and Outreach from FirstFollowers, who assist with transition plans, employment opportunities, and community integration. The women's house additionally focuses on specialized counseling for parenting.

Location and frequency of services:

Services at both Champaign transition houses are available 24/7, with additional support including job search and counseling offered at the drop-in center; frequency is presumed to be based on individual residents' needs.

Residency of 8 people served in Program Year 2025 and 6 in the first half of Program Year 2026:

Champaign - 8 in Program Year 2025 and 6 first half of Program Year 2026

Demographics of 8 people served during Program Year 2025:

Age

Ages 19-59 - 7

Ages 60-74 - 1

Preferred Language

English - 8

Race/Ethnicity

African American/Black - 8

Gender

Man - 8

Measures of Client/Participant Access

Eligibility criteria and determination:

Housing need, recent incarceration, positive disciplinary and programming record in prison, evidence of planning post-release, intention to reenter the community successfully; determined by use of application form, interview (phone), reference check, assessment metric.

Outreach to eligible people:

Letters into IDOC institutions to over 150 people who have been through Champaign County Courts in recent years; info at the house, with other provider agencies, through website, social media; reentry fairs within prisons.

Within 180 days of referral, 40% of those referred will be assessed.

Within 100 days of assessment, 5% of those assessed will engage in services.

People will engage in services, on average, for: 3 months to 1 year.

Additional demographic data: children, history of employment, history of MI and SUD.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Provide a stable living situation
2. Enhance opportunities to find employment
3. Connect to social services agencies
4. Build connections to the community
5. Provide economic security
6. Provide access to long-term housing opportunities

Specific assessment tools and data collection:

Case manager notes and the monthly reports compiled by Co-Director; exit interviews with residents.

Tracks employment applications, # job interviews, jobs secured, and # residents secure a housing voucher or other housing options through Housing Authority, which has set aside vouchers for those successfully completing this program.

Outcome data gathered from all participants: Yes.

Will collect outcome data once per month.

Draft Program Year 2027 Program Summary:

FirstFollowers – FirstSteps Community Reentry House

Measures of Utilization

Treatment Plan Clients (TPCs): 10 individuals who will live in the house 1+ days

Non-Treatment Plan Clients (NTPCs): 12 individuals who applied but were not accepted.

Community Service Events (CSEs): 8 drop-in center sessions attended by residents plus community activities attended by residents.

Service Contacts (SCs): 15 jobs acquired by residents.

Staff comment:

Proposed TPC target for Program Year 2027 is slightly higher than current, NTPC slightly lower (both good news.)

Program Year 2026 Targets	8 TPCs	15 NTPCs	15 SCs	8 CSEs
Program Year 206 Mid-Year Results	4 TPCs	13 NTPCs	9 SCs	4 CSEs
Program Year 2025 Targets	8 TPCs	15 NTPCs	15 SCs	8 CSEs
Program Year 2025 Full-Year Results	6 TPCs	18 NTPCs	36 SCs	6 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$69,500

Program Year 2027 total program budget: \$84,500

Current year CCMHB funding (Program Year 2026): \$69,500

Proposed change in CCMHB funding = 0%

CCMHB request is for 82% of total program revenue. Other program revenue is from Contributions \$10,000 and In-Kind Contributions \$5,000.

Personnel costs of \$28,600 are 41% of the requested amount. Other expenses are Professional Fees/Consultants \$18,000, Consumables \$2,000, General Operating \$17,000, Local Transportation \$500, Specific Assistance \$3,400.

Total agency budget has a deficit of \$19,400, total program a deficit of \$15,300, CCMHB budget balanced. The total agency budget presented in this funding request does not match that of the other request, suggesting errors.

Personnel form assigns Direct staff as half of a 0.8 time Case Manager. The cost of this salary is reported to be the same amount in each column, which may have resulted in lower total agency and total program expenses than intended. Indirect staff assigned to this program are 30% of the full-time Advocacy and Outreach Director and 20% of the full-time Director. Here too the dollar amounts may be in error, impacting overall budgets.

Program staff to be funded by CCMHB: 0.5 Indirect + 0.4 Direct = 0.9 FTEs.

Total program staff: 0.6 Indirect + 0.8 Direct = 1.4 FTEs.

Staff comments:

There are discrepancies across the Total Agency columns in the Personnel Forms, Revenue Budgets, and Expense Budgets between both applications submitted by the agency. In addition, there appear to be errors within the Personnel Form that should be reviewed and corrected. The Program Plan Narrative indicates that this request will fund three part-time staff positions. Despite having a portion of an FTE allocated to the program, the Director position has \$0 allocated. This appears to be an error which will also directly impact the Expense Budget form as well. The General Operating Expenses category includes "minor repairs." If these repairs relate to the building, this expense appears more

appropriately classified under the Occupancy category. The errors and inconsistencies highlighted above raise concerns regarding the accuracy of the funding request and make it difficult to fully assess the financial information provided.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes and No.

Highlights from the submitted CLC Plan: There are some GAPS in the CLC Plan that was submitted. FirstFollowers will need to complete their CLC Plan.

Staff comment:

CLC Plan is incomplete.

Criteria for Best Value

Budget and program connectedness:

Clarification is needed.

Participant outcomes (*see details above*):

Though specific targets are not included, and assessment tools are listed generally, all six outcomes are consumer-focused and measurable through case notes, employment tracking metrics, and exit interviews.

Personal agency in individual and program planning:

Peer-led model where individuals with lived incarceration experience serve as staff and actively shape programming through meetings, feedback, and leadership roles.

Engaging the whole community:

Engages underserved populations, particularly formerly incarcerated individuals of color and accepts participants countywide, including rural areas, with some virtual access via Zoom.

Promoting inclusion and reducing stigma:

A particular strength of this agency. “Building Community Through Reentry” so that residents become part of program activities and benefit from Drop In Center through peer mentorship, advocacy, and public storytelling, with strong emphasis on engagement and policy participation to reduce stigma.

Technology access and use:

Limited virtual options and ongoing staff training, though technology use is not a focus.

Unique approach:

Describes and links to report on the impact of peer mentoring approach.

Staff credentials and training:

Case Manager has 5 years’ CM experience in SUD and counseling certificates. Community Navigator is trained in NA and SUD facilitation, with 7 years as peer mentor. Co-Director has a PhD in Social Sciences, 20 years’ experience in project management, and is a nationally recognized expert and author on mass incarceration.

Other funding and resource leveraging:

Not proposed as match for another fund source. Identifies partnerships, in-kind housing support, fundraising, and emerging state grants; it does not charge fees and is open to Medicaid.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: Yes. The agency's Program Year 2025 audit is delayed, and Program Year 2026 payments paused.
Notes on audit: A draft version of the audit was shared with CCMHB staff for review.
2. Capacity for financial clarity: Clarifications will be helpful.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes.
6. Coordinated system: Yes. Written collaborative agreements: Housing Authority of Champaign County, City of Urbana, City of Champaign, Champaign County, DreAAm House, A Cut Above Barber School, Business Elevator, Ready, Set, Go, H3, Acclivus, WIN Recovery, Formerly Incarcerated and Convicted Peoples' Family Movement (FICPFM), Sola Gratia, Rosecrance.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: Program Year 2025 Audit.

Revisions prior to contract: update the CLC Plan; in program plan narrative, add specific targets for the outcomes and indicate which tools measure each; resolve discrepancies in financial forms within the program and between the two program requests.

New special provisions: while direct participation in Coordinated Entry is not appropriate for this population, a parallel process would be helpful, and some clients may be eligible for CE after initial placement.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

FirstFollowers – Peer Mentoring for Reentry

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

Request: \$120,000

Why it matters:

“... Our target population has been de-stabilized by incarceration, a profound crisis of violence (especially gun violence) and the ripple effects of poverty and structural racism; address these crises at the individual and collective levels with counseling and social/emotional supports, workforce development programs, housing, and assistance in accessing necessities like ID and transportation; provisions provide foundation for people to heal from trauma and violence. In 2026, we will add an urban gardening component to further contribute to the health and stability of our community.”

Selected priority:

Safety and Crisis Stabilization

Agency mission and info:

“To build strong and peaceful communities by providing support, guidance and hope to formerly incarcerated people and their loved ones through peer mentorship...” <https://firstfollowersreentry.com/>

Services and People Served

Who will benefit:

People impacted by incarceration and violence, a “group that is disproportionately Black, economically marginalized and traumatized by a range of factors from gun violence (89% of 2025 homicide victims in our county were Black) to poor education to lack of employment opportunities. It is also a cohort with great potential to transform the community if provided the appropriate opportunities, which is what we try to offer.”

Scope of services:

1. Drop-In Center – Peer mentors support individuals pursuing employment, housing, or education. Demand is increasing due to local housing challenges and our partnership providing one-year housing vouchers for people returning from prison.
2. Workforce Development Course – A 15-week, 20-hour-per-week training for ten participants covering academic skills, communication, workplace readiness, and basic construction. Participants earn a \$15/hour stipend funded by ICJIA. MH needs are referred to partner providers.
3. Top Soil Urban Gardening Project – A community-run garden initiative producing and distributing fresh produce through local partnerships. In 2026, a purchased trailer will expand distribution, with volunteers supporting growing, packaging, and produce delivery.

Location and frequency of services:

The Drop-In Center and weekly staff training occur at the FirstFollowers house in Champaign and by appointment; participate in networks offering online trainings and workshops in C-U and Chicago.

Staff comment:

An established program with a clear, well-defined scope of services that displays a solid continuum of peer support.

Residency of 89 people served in Program Year 2025 and 79 in the first half of Program Year 2026:

Champaign - 54 in Program Year 2025 and 54 first half of Program Year 2026

Urbana - 21 in Program Year 2025 and 19 first half of Program Year 2026

Rantoul - 6 in Program Year 2025 and 1 first half of Program Year 2026

Mahomet - 1 in Program Year 2025 and 0 first half of Program Year 2026

Other - 7 in Program Year 2025 and 5 first half of Program Year 2026 (unhoused or relocating)

Because the total of people served in Program Year 2025 (89) doesn't match the total reported in demographics (36) or TPCs (36) or TPCs+NTPCs (78), there are either errors or duplication in residency data reports.

Demographics of 36 people served during Program Year 2025:

Age

Ages 19-59 - 33

Ages 60-74 - 3

Preferred Language

English - 36

Race/Ethnicity

African American/Black - 21

Latina/e/o/x - 1

Multi-Racial - 1

White - 11

Not Available - 2

Gender

Man - 26

Woman - 10

Measures of Client/Participant Access

Eligibility criteria and determination: criminal justice system involvement and stated need for services, determined through application and interview.

Outreach to eligible people: website, social media, flyers, agency resource guide, networks, and interviews by local TV and radio stations.

Within 5 days of referral, 80% of those referred will be assessed.

Within 7 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: 3 days for drop-in, 5 months for workforce development.

Additional demographic data: disability, housing, employment, education, criminal justice involvement.

Staff comment:

Access measures are practical, achievable, and suitable for the population served.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Access to employment, education and housing (80%)
2. Access to services (80%)

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3. Provide enhanced self-esteem (90%)
4. For workforce development: basic building skills, public speaking, critical thinking, basic math (80%)

Specific assessment tools and data collection:

1. Data collection and follow up survey by volunteers or students
2. Data collection and follow up survey by volunteers
3. Focus group interviews by professional consultant
4. Focus group interviews by professional consultant; assessment tests

Outcome data gathered from all participants: Yes.

Will collect outcome data monthly.

Measures of Utilization

Treatment Plan Clients (TPCs): 40 individuals complete intake and receive services or referrals.

Non-Treatment Plan Clients (NTPCs): 150 individuals complete intake but do not receive a formal referral or services.

Community Service Events (CSEs): 12 events organized or attended by the agency.

Service Contacts (SCs): 40 contacts made with employers and landlords.

Staff comment:

Some improvement in engagement and service delivery from Program Year 2025 to Program Year 2026. However, some targets may need to be reassessed with actual program capacity.

Program Year 2026 Targets	47 TPCs	147 NTPCs	18 SCs	18 CSEs
Program Year 2026 Mid-Year Results	47 TPCs	79 NTPCs	15 SCs	7 CSEs
Program Year 2025 Targets	47 TPCs	147 NTPCs	18 SCs	18 CSEs
Program Year 2025 Full-Year Results	36 TPCs	42 NTPCs	48 SCs	8 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$120,000

Program Year 2027 total program budget: \$251,000

Current year CCMHB funding (Program Year 2026): \$95,000

Proposed change in CCMHB funding = 26%

CCMHB request is for 48% of total program revenue. Other program revenue is from Contributions \$5,000, City of Champaign Grant \$40,000, Access 2 Justice Grant \$12,000, Champaign County ARPA Grant \$50,000, and In-Kind Contributions \$4,000.

Personnel costs of \$37,800 are 32% of the requested amount. Other expenses are Professional Fees/Consultants \$64,700, Consumables \$4,500, General Operating \$6,000, Conferences/Staff Development \$3,000, Local Transportation \$500, and Cost of Production \$500.

Total agency budget has a deficit of \$89,800, total program a surplus of \$53,483, CCMHB budget balanced.

The total agency budget plan presented in this funding request does not match that of the other request, suggesting errors.

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FirstFollowers – Peer Mentoring for Reentry*

Indirect staff assigned to this program are 42% of the full-time Advocacy and Outreach Director and 40% of the full-time Director. The form identifies total agency FTE as 2.0, different from the other funding request.

Program staff to be funded by CCMHB: 0.82 Indirect FTEs. Total program staff same.

Staff comments:

There are discrepancies across the Total Agency columns in the Personnel Forms, Revenue Budgets, and Expense Budgets between both applications submitted by the agency. In addition, there appear to be errors within the Personnel Form, Revenue Budget, and Expense Budget forms.

The Budget Narrative includes \$500 in the Cost of Production category for printing flyers. This expense aligns more appropriately with General Operating Expenses and should be reclassified accordingly.

The program indicates that contract workers will be used to perform direct services. As worker classification has compliance implications, it is recommended that agency leadership review IRS guidelines to confirm that these individuals are appropriately classified as independent contractors.

The Budget Narrative does not provide justification for the increased funding amount.

The errors and inconsistencies highlighted above raise concerns regarding the accuracy of the funding request and make it difficult to fully assess the financial information provided.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes and No.

Highlights from the submitted CLC Plan: There are some GAPS in the CLC Plan that was submitted. FirstFollowers will need to complete their CLC Plan.

Staff comment:

CLC Plan is incomplete.

Criteria for Best Value

Budget and program connectedness:

No. Clarifications will be helpful.

Participant outcomes (see details above):

Yes. Four outcomes are consumer-focused and measurable, with specific targets and assessment tools.

Personal agency in individual and program planning:

Peer-led model; all staff have lived experience, and program design is driven by participants' voices and peer mentoring.

Engaging the whole community:

Outreach will focus on justice-involved individuals, primarily from racial minority populations. Additional outreach efforts will be conducted by bilingual Spanish speaking staff, including engagement with individuals detained by ICE.

Promoting inclusion and reducing stigma:

Social media, storytelling, and public education events; connects participants with employers; peers and students connect them with community.

Technology access and use:

Limited detail; some virtual training via networks.

*Draft Program Year 2027 Program Summary:
FirstFollowers – Peer Mentoring for Reentry*

Unique approach:

Trauma-informed care, peer mentoring, driven reentry model integrating workforce development, restorative justice, and community engagement. Research links provided.

Staff credentials and training:

Director – PhD candidate, Education; Co-Director - PhD, Soros Justice Fellow; Outreach Coordinator - MA, Non-Profit Management, other staff-a certificate in Recovery.

Other funding and resource leveraging:

External funding and partnerships; no fees; Medicaid eligible but limited evidence of diversified funding sources.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: Yes. The agency's Program Year 2025 audit is delayed, and Program Year 2026 payments paused.
Notes on audit: A draft version of the audit was shared with CCMHB staff for review.
2. Capacity for financial clarity: Clarifications will be helpful.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Not clear.
6. Coordinated system: Engages with CCMHB networks, Champaign Community Coalition, and multiple local partners to coordinate referrals, housing, and services.
Written collaborative agreements: Champaign County Housing Authority, City of Champaign, City of Urbana, DreAAM, Rosecrance, Sola Gratia, Cunningham Township, Strides, Champaign County, Land of Lincoln, Acclivus, WIN-Recovery.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: Program Year 2025 Audit.

Revisions prior to contract: update the CLC Plan; resolve discrepancies in financial forms within the program and between the two program requests.

New special provisions: while direct participation in Coordinated Entry is not appropriate for this population, a parallel process would be helpful, and some clients may be eligible for CE after initial placement; report only TPCs in demographic and residency quarterly reports.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary Greater Community AIDS Project (GCAP) – Advocacy, Care, and Education Services

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

Request: \$113,878

Why it matters:

“... bridges the gap with holistic support, empowering individuals through: Independent Living Skills... Transportation Assistance... Social Connection & Belonging...”

Selected priority:

Access and Care

Agency mission and info:

“... To empower members of our community who are HIV+, and to eliminate the transmission of HIV through education and advocacy.” www.gcapnow.com

Services and People Served

Who will benefit:

People living with HIV/AIDS (PLWHA) in GCAP transitional or emergency/rapid rehousing; those who are unsheltered or at risk and seeking housing or supportive services; and those receiving emergency assistance.

Scope of services:

Transitional and rapid-re-housing, housing and financial literacy services, basic-needs financial assistance, and nutritional support through an on-site pantry and monthly \$50 restricted Walmart food vouchers. HIV education and outreach, monthly groups, transportation assistance, and case management. Participants can build community and enhance well-being through peer support, community activities, and creative or physical wellness programs.

Location and frequency of services:

Services will be provided at GCAP transitional housing sites, GCAP-rented emergency/rapid-rehousing motels, and outreach locations. Frequency of services not mentioned but assumed to be individualized.

Staff comment:

An established program with comprehensive services that are clearly described, addressing both housing stability and holistic well-being for people living with HIV/AIDS.

Residency of 19 people served in Program Year 2025 and 16 in the first half of Program Year 2026:

Champaign - 18 in Program Year 2025 and 16 first half of Program Year 2026

Urbana - 1 in Program Year 2025 and 0 first half of Program Year 2026

Demographics of 19 people served during Program Year 2025:

Age

Ages 19-59 - 13

Ages 60-74 - 5

Ages 75+ - 1

Preferred Language

English - 17

French - 1

Spanish - 1

Race/Ethnicity

African American/Black - 8

Latina/e/o/x - 3

White - 8

Gender

Man - 13

Non-binary - 2

Woman - 3

Not Listed - 1

Measures of Client/Participant Access

Eligibility criteria and determination: HIV status, housing and income information, and a background check showing no sex offender or disqualifying drug related convictions.

Outreach to eligible people: outreach events, HIV case manager, infectious disease provider, website, social media.

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

Within 3 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 6-18 months.

Additional demographic data: Income, household size, housing status, PCP access, insurance, risk factors, hospitalizations in past year, and co-morbidities.

Staff comment:

The eligibility criteria are clearly defined and appropriate for the target population and program goals.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Increased ability to meet basic needs securely and sustainably.
2. Strong social connections and support networks.
3. Confidence and self-sufficiency for long-term success.
4. Reduction in barriers that interfere with access to care.
5. Goal Achievement.

Specific assessment tools and data collection:

1. Self-Sufficiency matrix and (6) Basic Health Questionnaire, (7) PHQ-9

Draft Program Year 2027 Program Summary:

GCAP – Advocacy, Care, and Education Services

2. Multidimensional Scale of Perceived Social Support.
3. Rosenberg Self-Esteem Scale.
4. Self-Sufficiency matrix
5. Goal Achievement Scaling.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly.

Staff comment:

Outcomes focus on client change (self-sufficiency, social support, etc..) and are measured using established tools such as the Self-Sufficiency Matrix, MSPSS, and Rosenberg Self-Esteem Scale.

Measures of Utilization

Treatment Plan Clients (TPCs): 20 housing clients.

Non-Treatment Plan Clients (NTPCs): 110 clients receiving emergency, occasional, or one-time assistance.

Community Service Events (CSEs): 7-10 (identifies 7 specific events and likely times of year).

Service Contacts (SCs): 35 individuals screened for treatment.

Other: 8 times per month (twice weekly); case managers must check in with each client.

Staff comment:

Utilization data shows that the program is doing well, with certain indicators doing better than expected and others making good progress toward annual goals.

Program Year 2026 Targets	10 TPCs	60 NTPCs	20 SCs	8 CSEs
Program Year 2026 Mid-Year Results	16 TPCs	87 NTPCs	14 SCs	6 CSEs
Program Year 2025 Targets	10 TPCs	60 NTPCs	20 SCs	8 CSEs
Program Year 2025 Full-Year Results	19 TPCs	96 NTPCs	40 SCs	13 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$113,878

Program Year 2027 total program budget: \$113,878

Current year CCMHB funding (Program Year 2026): \$61,566

Proposed change in CCMHB funding = 46%

CCMHB request is for 100% of total program revenue. No other program revenue. The agency has revenue for its other programs from United Way, Contributions, Fundraising, state and local grants, and interest income.

Personnel costs of \$74,513 are 65% of the requested amount. Other expenses are Professional Fees/Consultants \$10,600, Consumables \$9,000, General Operating \$6,350, Occupancy \$2,000, Conferences/Staff Development \$2,500, Local Transportation \$1,750, Specific Assistance \$5,000, Membership Dues \$165, and Miscellaneous \$2,000.

Total agency budget has a surplus of \$2,150. Total program and CCMHB budgets are the same and balanced.

Direct staff assigned to the program are 100% of a quarter-time Outreach and Education person (to be hired) and 75% of a full-time Case Manager (to be hired). Indirect staff assigned to the program are 25% of the full time Executive Director.

*Draft Program Year 2027 Program Summary:
GCAP – Advocacy, Care, and Education Services*

Program staff to be funded by CCMHB: 0.25 Indirect + 1.0 Direct = 1.25 FTEs. Total program staff same.

Staff comments:

This increased request will support the addition of a part-time Outreach and Education Specialist. The increased request will also support a 25% increase in hours spent on the program by the Case Manager from .5 FTE in Program Year 2026 to .75 FTE in Program Year 2027. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: GCAP will provide training to staff and create policies and procedures for staff and clients to ensure equity. GCAP is one of the only organizations that serves people living with AIDS/HIV in Champaign County with housing services. They collaborate with organizations to provide training for people utilizing language that is trauma-informed and use harm reduction training for their staff.

Criteria for Best Value

Budget and program connectedness:

Yes.

Participant outcomes (see details above):

Five measurable outcomes and appropriate measurement tools/processes for each of these. Specific targets are not included.

Personal agency in individual and program planning:

Individualized treatment plans and Goal Achievement Scaling guide services; clients set and track their own goals with the client services team.

Engaging the whole community:

Serves all of East Central Illinois including rural townships and provides transportation, outreach, and collaboration with minority-serving organizations to ensure access.

Promoting inclusion and reducing stigma:

Uses a harm-reduction approach, promotes non-discrimination related to substance use or HIV status, and trains staff on stigma and bias while maintaining ADA-accessible space.

Technology access and use:

Services can occur in person, by phone, or via Zoom for intake and engagement, allowing access for rural residents and those unable to travel.

Unique approach:

Combines HIV-specific housing support with harm-reduction, motivational interviewing, and strengths-based case management approaches.

Staff credentials and training:

Executive Director (BS Developmental Psychology, DCFS Licensed Child Welfare Employee, Insurance Navigator, HIV counselor); Case Manager trained in Motivational Interviewing, HIV Navigation, strengths-based case management, and crisis de-escalation; volunteer retired nurse practitioner with infectious disease expertise.

*Draft Program Year 2027 Program Summary:
GCAP – Advocacy, Care, and Education Services*

Other funding and resource leveraging:

HOPWA funds secured and used alongside CCMHB funding; program collaborates with partner agencies and uses volunteer expertise; no client fees, sliding scale, or Medicaid billing.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: The agency's Program Year 2025 financial review was delayed due to unexpected medical issues.
2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes – HOPWA funding secured and used in tandem with CCMHB requested funding.
6. Coordinated system: Program coordinates through CSPH/Continuum of Care, CES via CCRPC, and ongoing referral coordination with CUPHD and other providers.
Written collaborative agreements: Champaign-Urbana Public Health District, Eastern Illinois Foodbank, Champaign County Continuum of Care/CSPH, Uniting Pride of Champaign County, CCRPC, Compassion and Choices, and Community Choices.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: Program Year 2025 financial review.

Revisions prior to contract: develop specific targets for outcomes.

New special provisions: because the agency serves a broader area, care should be taken that MHB funds are not used for out of county clients; this population cannot be included in the Coordinated Entry system, but a similar system can be implemented; given the agency's small size, identify a board or staff member who may assist operations in a crisis.

Continue Program Year 2026 special provisions. Offer a two-year term.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

GROW in Illinois – Peer Support

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

Request: \$179,805

Why it matters:

“... group method and caring and sharing community provides access so that the person can learn a new way of living... education and development by adopting the GROW program and a philosophy of life. We have Weekly group meetings / Organizer and Recorder meetings, Leaders meetings, and monthly socials... services that the professionals do not provide.”

Selected priority:

Access and Care

Agency mission and info:

“... to promote mental health recovery, personal growth and prevention within our weekly mutual help support groups and throughout our supportive community.” www.growinamerica.org/

Services and People Served

Who will benefit:

People facing mental-health challenges or seeking personal growth, including referred participants, jail inmates, and members of the homeless community.

Scope of services:

Multiple groups and recovery-focused activities throughout Champaign County. These include community groups, videoconference meetings, specialized groups within the Champaign County Jail for male and female inmates, homeless outreach, and orientation/discussion groups at local sites such as OSF and First Presbyterian Church. Additional activities include monthly social events, leadership meetings, organizer and recorder meetings, and bi-monthly leadership training. A dedicated group also meets monthly to update the program and improve cultural competency.

The primary goal of GROW is to support personal recovery, mental wellness, and rehabilitation, including assistance for individuals with addictions. It emphasizes maturity, coping skills, and reintegration into families and society. Weekly meetings (3–15 participants) last up to two hours and are led by experienced GROW members who volunteer as Organizers or Recorders. Organizers guide new group development, ensure program quality, conduct orientations, and coordinate social activities. GROW also participates in anti-stigma campaigns, community health fairs, disability expos, and maintains an updated website at www.growinamerica.org.

Location and frequency of services:

GROW groups hold weekly in-person (up to 2 hours each) and virtual meetings, jail-based sessions, orientations, and Strides programs, along with monthly Zoom meetings for Organizers and Leaders, community socials, movie nights for shut-ins, and occasional staff meetings and trainings at the Rantoul Community Center.

Residency of 332 people served in Program Year 2025 and 279 in the first half of Program Year 2026:

Champaign - 101 in Program Year 2025 and 136 first half of Program Year 2026

Urbana - 177 in Program Year 2025 and 59 first half of Program Year 2026

*Draft Program Year 2027 Program Summary:
GROW in Illinois – Peer Support*

Rantoul - 3 in Program Year 2025 and 0 first half of Program Year 2026
Mahomet - 1 in Program Year 2025 and 0 first half of Program Year 2026
Other areas - 4 in Program Year 2025 and 0 first half of Program Year 2026
Unavailable - 46 in Program Year 2025 and 84 first half of Program Year 2026 (can't collect this information at OSF orientations.)

Demographics of 332 people served during Program Year 2025:

Age

Ages 13-18 - 25

Ages 19-59 - 307

Preferred Language

English - 316

Spanish – 16

Race/Ethnicity

African American/Black - 170

Latina/e/o/x - 20

Native Am/First Nation/Am Indian - 1

White - 141

Gender

Man - 214

Woman - 117

Not Listed - 1

Measures of Client/Participant Access

Eligibility criteria and determination: Adults 18+ with parental consent for minors; monthly socials include families.

Outreach to eligible people: From 2022/23, surveyed 26 GROWERS and found we found that 20.8% of participants heard about GROW through professional referral, 45% through family and friends, and 12.5% hospital orientation 12% through other means (advertisement, Champaign County Jail, hospital stay).

Referral and engagement timelines: n/a

People will engage in services, on average, for: Participation ranges from a few weeks for inmates to several years for community GROWers.

Additional demographic data: Military service, hospitalizations, spirituality, diagnosed illness, how many medications, and attempted suicides.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Decreased hospitalization frequency
2. Decreased medication use [under medical supervision]
3. Increased use of social resource
4. Increased personal growth
5. Increased wellbeing
6. Increased number of participants in leadership roles

*Draft Program Year 2027 Program Summary:
GROW in Illinois – Peer Support*

7. Satisfaction with GROW program

Participants recover to return to family, productive work, and community. Recoveries vary in extent, completeness, and duration. Furthermore, recovery may occur over varying lengths of time.

Specific assessment tools and data collection:

- 1, 2, and 7 – GROW survey - by Growers, who are participants
- 3. Internal & GROW Survey (2-Way Social Support Scale and the NIH Toolbox Emotional Support Survey) - Growers & Fieldworker
- 4. Internal (using guidelines from GROW book) – Fieldworker
- 5. GROW Survey (Personal Wellbeing Index) – Growers
- 6. GROW survey – Growers & tabulation sheets

Outcome data gathered from all participants: No. Only those who consented to the GROW survey and are present at a survey collection session. This will undercount participants.

Will collect outcome data new GROW members complete a baseline survey once each spring or summer.

Staff comment:

The outcomes measure positive impacts on participants, are associated with appropriate tools, but lack specific targets.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 80 Continuing NTPC’s and up to 250 First Timers

Community Service Events (CSEs): 24 - disability Expo, public education event, MH conference, workshops, leadership meetings, socials, trainings & mtgs for organizers and recorders.

Service Contacts (SCs): 2000 contacts through GROW orientations, group meetings.

Other: surveys for all groups except the OSF orientation group, including the associated hours for these activities and required additional training.

PY26 Targets	250 NTPCs	2000 SCs	24 CSEs
PY26 Mid-Year Results	279 NTPCs	1630 SCs	9 CSEs
PY25 Targets	250 NTPCs	2000 SCs	24 CSEs
PY25 Full-Year Results	332 NTPCs	2511 SCs	25 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$179,805

Program Year 2027 total program budget: \$187,855

Current year CCMHB funding (PY2026): \$157,690

Proposed change in CCMHB funding - PY2026 to PY2027 = 14%

CCMHB request is for 96% of total program revenue. Other program revenue is from Contributions \$1,000, Fundraising \$1,000, and In-Kind Contributions \$6,000.

Personnel costs of \$137,755 are 77% of the requested amount. Other expenses are Professional Fees/Consultants \$14,000, Consumables \$1,200, General Operating \$14,000, Conferences/Staff Development \$800, Local Transportation \$4,200, Lease/Rental \$1,300, Membership Dues \$6,000, Fundraising Activities \$50, and Miscellaneous \$500.

Draft Program Year 2027 Program Summary:
GROW in Illinois – Peer Support

Total agency budget, total program budget, and CCMHB budget balanced.

There are errors in the revenue and expense forms, total agency budget columns.

Direct staff assigned to the program include 100% of one Coordinator/Director and one Fieldworker/Secretary (both full-time), one bookkeeper, two Jail Support/Field Workers, and one Jail Supporter (all part-time).

No indirect staff FTE are included, but an in-kind amount of \$6,000 is budgeted to the total program (and not total agency – an error).

Program staff to be funded by CCMHB: 2.93 Direct FTEs. Total program staff: 3.01 Direct FTEs.

Staff comments:

There are inconsistencies across the Personnel Form, Revenue Budget, and Expense Budget forms, and several figures in the Budget Narrative do not align with those presented in the Expense Budget.

While the rationale for the proposed expenses in the Budget Narrative appears reasonable, it is not possible to assess whether the requested amounts are appropriate until these discrepancies are resolved. These discrepancies make it difficult to accurately assess this funding request and evaluate the overall financial feasibility of the program.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: GROW in Illinois will provide support to people who are living with mental health challenges in a Peer Support role. There is training for the staff on how to engage people who have not heard about the support group. GROW will provide handbooks in different languages for participants upon request.

Criteria for Best Value

Budget and program connectedness:

Rationale is clear, but financial forms have many discrepancies.

Participant outcomes (see details above):

Outcomes are consumer-focused and measurable through surveys, though some rely on self-report and partial participation. Specific targets are not identified.

Personal agency in individual and program planning:

People with lived experience lead program groups.

Engaging the whole community:

Reaches people through videoconferencing and various meeting locations county-wide; office in Rantoul; fieldworkers work with family members, religious and community organizations to find places and transportation options; supports people through jail groups, during reentry, in hospital, and at shelters, reaching many who have been underserved; works with leadership of racial/ethnic minority groups; seeks a Spanish speaking fieldworker to improve reach.

Promoting inclusion and reducing stigma:

Inclusive, nondenominational, anti-discriminatory, and supportive of members... [through] 12-step, peer-to-peer counseling; participation in community anti-stigma events; groups in areas where people live, work and play; diverse team reflects the community; value on helping members feel at home and live life with meaning and purpose... serves anyone willing to make changes in their lives and adopt and practice the GROW program.

Technology access and use:

Yes. Strong use of teleconferencing and videoconferencing expands access.

Draft Program Year 2027 Program Summary:

GROW in Illinois – Peer Support

Unique approach:

A structured, peer-led 12-step program focused on personal growth and underlying causes of behavioral health challenges; notes that the GROW website offers a complete list of peer-reviewed research (not linked in this section).

Staff credentials and training:

Staff pursue Certified Recovery Support Specialist (CRSS) certification with spring classes scheduled; all staff complete 4 hours of annual CLC training; field workers receive training in the GROW 12-step program and peer-to-peer counseling, monthly sessions led by experienced leaders address core topics; field workers direct GROW'ers to program materials rather than providing direct advice; ongoing training includes workshops and conferences as resources permit.

Other funding and resource leveraging:

Rely on volunteers and partnerships, with minimal client costs and no Medicaid or insurance billing.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: PY2025 agency financial review report was submitted 12/31/2025, with no concerns for follow-up and no unspent funds owed back.
2. Capacity for financial clarity: Improvement each year. Clarifications are needed.
3. All forms submitted by deadline: Yes – January 30, 2026.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes.
6. Coordinated system: Yes, collaborates with local providers to support referrals and service access.
Written collaborative agreements: Rosecrance Health Network, Youth & Family Peer Support Alliance (YFPSA), Community Service Center (Rantoul), Re-Entry Council; Restoration Urban Ministries, CU@Home, OSF Mental Health Unit, Strides.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: identify specific targets for each consumer outcome; correct the total agency budget columns of each of the revenue and expense form; correct the Personnel form; clarify items in the Budget Narrative form. (Resolving discrepancies and errors across the financial forms will also help identify how much CCMHB funding is needed/requested.)

New special provisions – None.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Habitat for Humanity of Champaign County – Homebuyer Program- NEW

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

Request: \$229,560

Why it matters:

“... Habitat works to eliminate barriers for low-moderate income households to achieve homeownership. According to the US census, the poverty rate in Champaign County is 19.2% with 52.13% of renters experiencing rent burden and more than 23.5% that could not withstand a financial crisis such as illness, job loss, or emergency repair. The need for affordable housing and access to asset building tools is evident.”

Selected priority:

Safety and Crisis Stabilization

Agency mission and info:

“Seeking to put God’s love into action, Habitat for Humanity brings people together to build homes, communities, and hope.” <https://cuhabitat.org/restore-home/>

Services and People Served

Who will benefit:

Residents earning 30–60% of Department of Housing and Urban Development (HUD’s) area median income.

Scope of services:

Habitat builds and sells decent, affordable housing to families at zero percent interest, selecting families based on need, willingness to partner, and ability to repay a mortgage. Families must contribute 300 hours of sweat equity through volunteer opportunities at build sites, the ReStore, and attending homebuyer and financial education classes.

Location and frequency of services:

Homes built in and around Champaign County.

Staff comment:

The target population and scope of services are clearly defined and align well with the mission of providing affordable homeownership opportunities, though people with mental health or substance use issues may not be prioritized.

Residency and Demographic data not available – not a currently funded program.

Measures of Client/Participant Access

Eligibility criteria and determination: Low-moderate income residents of Champaign County earning 30% to 60% of the area median income as defined by HUD...aimed at first-time homebuyers who demonstrate a need for adequate housing. Applicants must submit a completed application with income documentation for at least two months to assess their gross monthly income, mortgage repayment ability, and describe their housing needs, which may include: overcrowding, high costs, unsafe housing or neighborhood, or lack of medical or disability accessibility.

Outreach to eligible people: website; in-person and virtual seminars 8 times a year to share application process, qualifications, and program participation.

Within 30 days of referral, 100% of those referred will be assessed.

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

People will engage in services, on average, for: 1– 1.5 years

Additional demographic data: Household size, gross income, % of Area Median Income.

Staff comment:

Eligibility criteria and engagement timelines are reasonable and appropriate for this type of housing program.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Households that purchased a home as a first-time homebuyer. Target: 7. Timeframe: 18 months.
2. Households that receive downpayment assistance to purchase their first home. Target: 7. Timeframe: 18 months.

Specific assessment tools and data collection:

Habitat has helped seven households that dream of homeownership by helping them become a first-time homebuyer. All seven homeowners will receive down payment assistance. A confirmation of home quality and construction is completed within a year after move-in for all seven homeowners.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly.

Staff comment:

Would like to see a measure of housing stability or mortgage sustainability over time.

Measures of Utilization

Treatment Plan Clients (TPCs): 81 individuals participating in the homebuyer program through the build process; those that have purchased a home through Habitat for Humanity and are repaying their mortgage.

Non-Treatment Plan Clients (NTPCs): 128 individuals who participate in the homebuyer education program but not the homebuyer program.

Community Service Events (CSEs): 10 homebuying seminars held by Habitat for Humanity staff to distribute program information and qualifications.

Service Contacts (SCs): 970 contacts: interest form on website, registers for a homebuying seminar, completes a homebuying seminar, calls for referrals/information, requires mortgage follow up, financial case management, and/or submits an application for our program.

Staff comment:

Targets reflect a strong level of community engagement, particularly in service contacts and educational participation.

Financial Analysis

Program Year 2027 CCMHB request: \$229,560

Program Year 2027 total program budget: \$1,929,580

Draft Program Year 2027 Program Summary

Habitat for Humanity of Champaign County – Homebuyer Program

CCMHB request is for 12% of total program revenue. Other program revenue is from United Way \$15,000, Contributions \$300,000, Fundraising \$225,000, Contributions from Associated Organizations \$1,060,020, and Sales of Goods and Services \$100,000.

Personnel costs of \$34,560 are 15% of the requested amount. Other expense is Specific Assistance \$195,000.

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

Direct staff assigned to the program include 15% of a full-time Construction Director, Construction Manager, and Construction Associate. No Indirect staff are assigned.

Program staff to be funded by CCMHB: 0.45 Direct FTEs. Total program staff: 1 Indirect + 5 Direct = 6 FTEs.

Staff comments:

No amount is budgeted for Professional Fees (in total agency, program, or CCMHB columns). All expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: Habitat for Humanity is a new application. The CLC Plan is very detailed and has all the actions required. Each year there will be an employee CLC Self-Assessment. The Board and Staff will review the CLC Plan annually and make changes to the benchmarks and actions. Habitat Homeowners will be represented on the Board to ensure that lived experience is present.

Staff Comment:

Habitat has also included marketing and engagement to reach hard to reach population about homeownership opportunities.

Criteria for Best Value

Budget and program connectedness:

Yes.

Participant outcomes (see details above):

Outcomes are measurable and time-bound.

Personal agency in individual and program planning:

Person-centered practices. Habitat for Humanity's Board of Directors includes three homeowners, along with multiple homeowners participating in various committees such as the Family Support Committee, Executive Committee, and Women Build Committee, which play an instrumental role in guiding the organization.

Engaging the whole community:

Prioritizes demonstrated need and encourages all to apply, with a focus on historically underserved Black, Indigenous, and People of Color (BIPOC) communities. In Champaign County, black households make up 12% of the population but only 6% of homeownership, while white households account for 72% of the population and 84% of homeownership, demonstrating a large wealth gap. Additionally, black families have a 67% loan approval rate compared to 80% rate for traditional loans for white families. Notably, 90% of families served in the homeownership program identify as BIPOC.

Promoting inclusion and reducing stigma:

Engages former homeowners through surveys, newsletters, and events, promoting neighborhood engagement and volunteerism. This increased engagement improves services and empowers homeowners, positively impacting the community beyond the services provided.

Technology access and use:

Homebuyer education program is virtual through Zoom.

Unique approach:

Habitat asserts that homeownership reduces crime, positively impacts racial disparities, increases health outcomes, and improves educational results. A briefing cited from Habitat for Humanity International without a link.

Staff credentials and training:

Family Services Director has 6 years of experience as a HUD-Certified Housing Counselor, focusing on affordable housing and financial counseling, supported by a Family Services Coordinator with 20+ years in administration, banking, and real estate, also a HUD-certified counselor. The Executive Director brings 10+ years of experience in affordable housing and non-profit management. The Construction Director has 25+ years in construction and 10+ years in affordable housing. The Construction Manager with 15+ years of experience. The Community Outreach Director has 15+ years of working with the community and volunteers in affordable housing. The Construction Laborer has 1 year of experience, while all team members are all certified with a day-long Competent Person (Safety) Training Course each year.

Other funding and resource leveraging:

Yes. Various funding streams, government, foundations, and donations; heavily utilizes volunteers; no client fees or Medicaid participation.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes. If contracted, any compliance issues: N/A
Notes on audit/review/compilation: A first time applicant, the agency shared an independent CPA audit for its most recently completed fiscal year.
2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Among others. (These could be treated as priority population.)
5. Other sources of funding have been maximized: Yes.
6. Coordinated system: Primarily coordinates with HACC (YouthBuild) to connect participants that have achieved self-sufficiency and move towards homeownership.
Written collaborative agreements: None noted.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: additional outcome as noted above; priority consideration for MI, SUD, or I/DD.
Special provisions: collaboration with the Continuum of Service Providers to the Homeless and other appropriate similar or related services; mid-year progress report to the Board.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Promise Healthcare – Mobile Clinic- NEW

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

Request: \$200,000

Why it matters:

“... The Promise Healthcare Mobile Clinic project will increase access to Behavioral Health Counseling, Psychiatric and Case Management services at locations throughout Champaign County – launching the only BH-focused mobile service in the county. Mobile services will be provided two days per week, directly reaching those most in need at schools, public housing, Drug Court, rural sites and homeless service centers - reducing transportation barriers and bringing care to local residents. BH and case management services will be available by appointment or walk-in and a telehealth model will provide psychiatric services for patients in need of medication evaluation and management.”

Selected priority:

Access and Care

Agency mission and info:

“To improve the health and well-being of the diverse communities we serve by providing high-quality, equitable healthcare to people of all ages.” <https://www.promisehealth.org/>

Services and People Served

Who will benefit:

Residents with mental health issues, unable to access behavioral health care, with insurance or accessibility challenges.

Scope of services:

“Individuals served may experience anxiety, depression, bipolar disorder, substance use disorders, ADHD/attention-related concerns, or other behavioral health conditions. Services will be offered through a mobile clinic vehicle donated to PHC by the Champaign-Urbana Public Health District (CUPHD), has two private exam rooms and is currently undergoing maintenance and repairs in preparation for service delivery. PHC will pilot mobile BH services in Spring 2026, operating one day per week with a Counselor and Case Manager. With CCMHB grant support, services will expand in July 2026 to two days per week and include a virtual Psychiatric NP and Enrollment/PSR staff. Services will include screening for depression, anxiety and addiction using PHQ9, GAD7, AUDIT, DAST, Bright Futures and SBIRT screening tools, BH and SUD counseling, as well as MH/SUD medication assessment, prescribing and management to include MAT.

Appointments will be available by appointment or walk-in. The BH Case Manager will conduct community education events, refer patients to other medical (e.g. primary care, dental) services and assess/link patients to social support services. The Enrollment/PSR staff will assist patients with insurance enrollment, Medicaid and SNAP, as well as check-in patients and schedule appointments. PHC plans to grow partnerships with community organizations where the vehicle will establish a regular visit schedule...strengthen partnerships with community organizations and establish a regular mobile clinic visit schedule at trusted community locations to increase access to care. Director of Behavioral Health and Senior Director of Integrated Care will provide project and staff supervision, as well as work with the Data and Workflow Analyst to utilize the Nextgen Electronic Health Record to support reporting capabilities. Patients served are included in the care and social support service planning process with feedback collected at each visit.”

Location and frequency of services:

Services delivered via a mobile clinic at community sites (schools, public housing complexes, Drug Court, rural areas and homelessness shelters), initially 1 day/week expanding to 2 days/week, with included virtual psychiatric services.

Residency and Demographic data not available – the program is not currently funded.

Measures of Client/Participant Access

Eligibility criteria and determination: PHC's mental health services are available to anyone regardless of their ability to pay, determined through completion of standardized screening tools (PHQ-9, DASH-10, and ICANS) and a brief clinical assessment by a qualified behavioral health provider. The Mobile Clinic will accept scheduled patients and walk-ins to receive BH/SUD counseling, BH/SUD treatment (virtual), case management and insurance enrollment services.

Outreach to eligible people: The Mobile Clinic will be specifically promoted with partner agencies where the vehicle will visit to inform the residents/students/service participants about the mobile clinic schedule. PHC will create a "Walk-Ins Welcomed" sign, as well as conduct marketing that appointments for the mobile clinic can be scheduled along with locations and times where the vehicle will be located. The vehicle will also receive marketing branding as part of grant activities, which will provide information about the Mobile Clinic services. PHC has a small budget to purchase media outreach, and conduct paid advertising on social media channels, radio and local print media.

Within 30 days of referral, 70% of those referred will be assessed.

Within 30 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: Counseling - 12-15 months;

Psychiatry – Ongoing; Case Management - One day to 8-12 months.

Additional demographic data: Health coverage, veteran, migrant worker status, homelessness, Sexual Orientation Gender Identity, and household income and size.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. PHC will serve 250 treatment plan and non-treatment plan clients with Counseling services and at least 125 treatment plan and non-treatment plan clients with virtual Psychiatric services through the Mobile Clinic.
2. Increase awareness of MH issues to reduce stigma and increase public knowledge of services available by conducting at least 12 Mobile Clinic-related community service events on mental health issues.
3. PHC will provide 575 total encounters to patients in need of Counseling services as well as 300 encounters to patients with Psychiatric needs through the Mobile Clinic.
4. Assist a minimum of 350 Mobile Clinic patients with linkages to social services (transportation, health insurance enrollment, employment, housing, food, etc.) to remove barriers to accessing healthcare services and treatment plans.

Specific assessment tools and data collection:

For all outcomes, the Data and Workflow Analyst will be responsible for pulling the data for reporting. The Director of Behavioral Health and Senior Director of Integrated Care will verify the data reported.

For #1, #3, and #4, PHC will utilize Nextgen EMR data reports.

For #2, PHC will track # of community service events hosted in the community by Mobile Clinic MH and BH Case Management staff to raise awareness around mental health issues.

Outcome data gathered from all participants: No.

*Draft Program Year 2027 Program Summary:
Promise Healthcare – Mobile Clinic*

Will collect outcome data NTPC/TPC data-quarterly from the EMR. UDS data-monthly for the depression Clinical Quality Metrics (CQMs).

Staff comment:

The outcomes are measurable and associated with specific assessment tools and targets, but they tend to measure the program's performance rather than direct positive impact on the people served.

Measures of Utilization

Treatment Plan Clients (TPCs): 150-50 for Counseling; 25 for Psychiatric services; 75 for CM services.

Non-Treatment Plan Clients (NTPCs): 575-200 for Counseling services; 100 for Psychiatric services; 275 for CM services. Individuals who are helped just once a program year.

Community Service Events (CSEs): 12 community service events via the Mobile Clinic to raise awareness around behavioral health topics.

Service Contacts (SCs): 725-250 for Counseling; 125 for Psychiatric services; 350 for CM services. Encounters with patients from Mobile Clinic Counseling, Psychiatric and Case Management staff.

Other: This additional measure represents patients who have no payer source. PHC will serve: 88 clients for Counseling; 44 clients for Psychiatric services; 123 clients for CM services who have no payer source. Promise expects that 35% of patients served through the Mobile Clinic will not have a payer source.

Financial Analysis

Program Year 2027 CCMHB request: \$200,000

Program Year 2027 total program budget: \$264,668

CCMHB request is for 76% of total program revenue. Other program revenue is from Medicaid fees \$32,334, Medicare fees \$6,467, Self Pay \$19,400, and Private Insurance \$6,467.

Personnel costs of \$135,479 are 68% of the requested amount. Other expenses are General Operating \$51,521 and Equipment Purchases \$13,000.

Total agency budget has a surplus of \$143,274, total program a deficit of \$293,191, and CCMHB budget is balanced.

Direct staff to be charged to this contract include 50% of the Behavioral Health Director, 40% of Enrollment Coordinator and Case Manager, 20% of Psych Nurse Practitioner, and 10% of Senior Director of Integrated Health. All are full-time positions, all filled at the time of application submission. No indirect staff assigned.

Program staff to be funded by CCMHB: 1.6 Direct FTEs. Total program staff: 5 Direct FTEs.

Staff comments:

The Total Agency column in the Revenue Budget form is not consistent across the agency's multiple applications; this is a function of the two other programs being continuing two-year contracts, which will be updated if this program is also funded.

The Budget Narrative does not currently include sufficient detail regarding what each Expense Budget category will fund.

Additionally, the program is projected to operate at a deficit of approximately \$300,000. Please provide further information on how the organization plans to address this shortfall, including whether it will be covered through reserve funds, anticipated revenue not reflected in the current budget, cost reductions, or other financial strategies.

*Draft Program Year 2027 Program Summary:
Promise Healthcare – Mobile Clinic*

Overall, the financial information provided lacks sufficient detail to reliably assess this funding request.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: The CLC Plan is reviewed bi-annually with input from management, staff, and patients. 51% of the Board members are patients at Promise Healthcare. Language Assistance is offered to all patients and clients that receive services. CLC Plans are presented to all new staff and signed acknowledgement.

Staff comment:

Promise has been a leading provider of the medically underserved and underinsured people in our community. CLC Training was provided for the staff on how to enhance their engagement. They have expanded their services to more locations to meet the needs of rural communities.

Criteria for Best Value

Budget and program connectedness:

Some clarification is needed.

Participant outcomes (see details above):

Several helpful measurable outcomes are identified though they do not relate directly to positive impact on participants.

Personal agency in individual and program planning:

Feedback from patients is gathered through an enhanced electronic surveying process, enabling them to share their experiences and suggestions via their phones. BH providers actively listen to patient improvement requests, incorporating relevant feedback into service enhancements. Additionally, over half of the Board members are patients, contributing lived experience at a leadership level. Furthermore, 50% of BH providers and 75% of CMs possess lived experience related to mental health care services.

Engaging the whole community:

PHC aims to improve the health and well-being of diverse communities by delivering high-quality, equitable healthcare to individuals of all ages... addresses barriers to care, ensures care is available regardless of payment ability, offers language interpretation services, and prioritizes cultural and linguistic competence training for staff and board members, over 50% of whom are patients...focuses on providing adequate services for the 2SLGBTQIA+ population, which includes staff training on micro-aggressions, LGBTQIA+ health, and a brief training on tolerance, diversity, and stereotypes which will enable to better serve underserved populations.

Promoting inclusion and reducing stigma:

PHC recruits board members from current patients, with 66% of the board representing patients, including 20% identifying as racial/ethnic minorities. PHC provides CLC training for board members and staff. The leadership team reflects community diversity, including African American and LGBTQ populations. BH providers receive trauma-informed training to address stigma and barriers to mental health services...focuses on vulnerable populations in Champaign County, offering a culturally sensitive, patient-centered healthcare experience, including primary care, behavioral health, and dental services, with a Mobile Clinic to reduce stigma and promote accessibility and inclusion.

Technology access and use:

Telehealth psychiatry is integrated into mobile services.

Unique approach:

The Mobile Clinic integrates primary care linkage, telepsychiatry, and case management in community settings and cites weblinks to support their services.

Draft Program Year 2027 Program Summary:

Promise Healthcare – Mobile Clinic

Staff credentials and training:

Indirect staff information is noted in the Personnel form. Psychiatric Nurse Practitioner provides 0.2 FTE services at the mobile clinic. Director of Behavioral Health is a Licensed Counselor of Social Work, offering counseling at 0.4 FTE and contributes 0.1 FTE for project management. BH Case Manager has experience in social work and behavioral health services, will provide 0.4 FTE to the mobile clinic. Enrollment/PSR, will also provide 0.4 FTE, with credentials in health insurance enrollment. Senior Director of Integrated Care is a Licensed Clinical Professional Counselor, will supervise staff and manage project reporting with 0.1 FTE commitment.

Other funding and resource leveraging:

HRSA funding, patient revenue, and sliding fee scale. Medicaid not billed; acknowledges that CCMHB funding is used as payer of last resort.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.

If contracted, any compliance issues: No.

Notes on audit/review/compilation: 2025 agency audit is due by June 30, 2026. 2024 audit was submitted June 30, 2025, with no serious negative findings for follow-up, and no unspent funds owed back.

2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes – January 29, 2026.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes.
6. Coordinated system: Coordinates with Carle (potential co-location) and other social service providers for comprehensive care access.

Written collaborative agreements: LabCorps – Service Agreement for Lab services, Carle Foundation Hospital - for linkage to care for diagnostic lab, radiology and OB Labor/Delivery services, plus Propio language interpreter services, OSF –for hospitalization and collaboration, Champaign County Board of Health, Champaign County Regional Planning Commission’s Head Start/Early Head Start, Hudson Drug - Contract for 340B Pharmacy services, DSC, Crisis Nursery Day Care – Letter of Support, CSPH, Brightpoint - Family Service agency, CUPHD, Courage Connection, U of I School of Social Work Applied Practice Experience Clinical Education Practicum, and The Multicultural Community Center.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Per agency comments, this program could be funded as an extension to one of the current Program Year 2026-2027 programs, through a contract amendment.

Revisions prior to contract: complete the Budget Narrative explanations; adjust all program forms to align.

Special provisions: mid-year progress report to the Board; pursue and report other program funding, possibly adjusting this amount; collaborate with similar and related providers.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Rosecrance Central Illinois – Behavioral Health Urgent Care- NEW

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

Request: \$360,000

Why it matters:

“... Demand for crisis services peaks during evening hours, when individuals experiencing acute behavioral health symptoms are more likely to present to emergency departments or come into contact with law enforcement. Adequate PM staffing allows for timely clinical assessment, crisis intervention, and diversion from higher-cost, higher-acuity systems. This investment strengthens the county’s crisis continuum, improves response capacity during high-risk hours, and enhances community safety.”

Selected priority:

Safety and Crisis Stabilization

Agency mission and info:

“Our mission is the same today as it was in 1916—to change and even save lives by giving our clients reasons for hope and road maps for happier, more fulfilling futures.” www.rosecrance.org.

Services and People Served

Who will benefit:

Adults 18+, experiencing urgent behavioral health needs, with emphasis on uninsured and underfunded individuals who face documented access barriers.

Scope of services:

Rehabilitative Services Associates (RSAs) will provide non-clinical peer support, while MHP clinicians supervised by QMHP's conduct assessments, create treatment plans, delivered brief interventions, and coordinate care within a person centered, interdisciplinary model. Using the IMCAT to determine care levels, clinical staff and peer specialists collaborate on strength-based plans informed by client feedback. The Urgent Care Center offers immediate crisis assessment for individuals presenting voluntarily or brought by law enforcement determines the appropriate level of care and connects individuals to referrals and resources that promote long-term stability and success.

Location and frequency of services:

Urgent Care is located at 2302 Moreland Boulevard, Champaign, IL. The facility will operate 12 hours daily (9 a.m.–9 p.m.), seven days a week, year-round. Without this funding, operating hours will be limited to standard business hours.

Staff comment:

Integrates peer support and clinical services well.

Residency and Demographics data not available – not a currently funded program.

Measures of Client/Participant Access

Eligibility criteria and determination: Adults 18 + experiencing a crisis related to MH or substance use. A no wrong door approach. All individuals who present to the Urgent Care receive a timely assessment, along with appropriate interventions and linkages to services, regardless of insurance status, funding source, or presenting concern.

Outreach to eligible people: Rosecrance will work with first responders and local hospitals to increase awareness of services, support appropriate client drop-offs, and promote emergency department diversion, reducing system strain and improving coordination.

Within 1 day of referral, 100% of those referred will be assessed.

Within 1 day of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 1 day.

Additional demographic data: will track demographic data as additional data tracked.

Staff comment:

Unsure about additional data. The “no wrong door” approach is appropriate with best practices for crisis services. Timeliness targets are reasonable and achievable for this type of service.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 60% will receive same-day clinical assessment and crisis intervention during PM hours.
2. 70% of individuals presenting in crisis will be safely stabilized and diverted from emergency department referral or law enforcement involvement at the point of service.
3. 90% of individuals served will be discharged with a documented stabilization plan and linkage to follow-up services, natural supports, or community-based care.

Specific assessment tools and data collection:

Outcomes 1-3 are measured in the Rosecrance electronic health record and will be used to track clients' accomplishments in each of the above areas.

Outcome data gathered from all participants: Yes.

Will collect outcome data at intake and at discharge.

Staff comment:

Two of the proposed outcomes focus more on program performance than positive impact for consumers, but their value is implied. Targets and tools are included.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 1100 individuals with a crisis assessment, safety planning, and linkage to resources and programming.

Community Service Events (CSEs): 4 - 1 presentation within the community per quarter.

Service Contacts (SCs): 1100

Financial Analysis

Program Year 2027 CCMHB request: \$360,000

Program Year 2027 total program budget: \$973,956

CCMHB request is for 37% of total program revenue. Other program revenue is from Program Service Fees – Medicaid \$518,956 and Program Service Fees - SUPR \$95,000.

Personnel costs of \$288,047 are 80% of the requested amount. Other expenses are Professional Fees/Consultants \$59,400, Consumables \$1,000, Conferences/Staff Development \$11,553.

Total agency budget has a deficit of \$3,651,840. Total program and CCMHB budgets are balanced.

Direct staff assigned to this program are 40% of eleven full-time positions (all to be hired), including three First Shift MH Clinicians, two Second Shift MH Clinicians, three First Shift Peer Supports, two Second Shift Peer Supports, and one BH Urgent Care Supervisor. No Indirect staff are assigned.

Program staff to be funded by CCMHB: 4.4 Direct FTEs. Total program staff: 11 Direct FTEs.

Staff comments:

Professional Fees line includes a Federal indirect cost rate agreement of 28.95%. Currently, Rosecrance is in negotiation with the Department of Veteran Affairs to update that rate. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: The submitted plan meets all the required benchmarks outlined in the application instructions. Rosecrance offers outreach events for underserved populations to learn about the services that are offered. Policies and procedures are reviewed by the Board and executive leadership for cultural competence values. Rosecrance will implement at least one service to ensure that clients experiencing financial hardship or identified as low-income will have access to care.

Staff comment:

With the changes in current landscape, it is very important that staff receive the support they need to serve another demographic that has not been served along with the demographic that is challenging to engage in MH services.

Criteria for Best Value

Budget and program connectedness:

Yes.

Participant outcomes (see details above):

Yes. Outcomes are measurable and relate to people experiencing urgent care needs for successful linkage to services. One is more directly focused on client outcomes.

Personal agency in individual and program planning:

Approximately 50% of staff are Recovery Support Advocates with lived experience who informs service delivery, ensuring it is person-centered and culturally responsive; participate in crisis response and stabilization efforts, offering peer support that fosters trust, reduces stigma, and enhances connection to services, particularly for individuals who may be hesitant to engage with traditional systems of care; aids in program operations by offering feedback on workflows, policies, and service approaches, helping to identify barriers to access and opportunities for improvement.

Draft Program Year 2027 Program Summary:

Rosecrance Central Illinois – Behavioral Health Urgent Care

By intentionally integrating staff with lived experience in both service delivery and decision-making, the program elevates client voice, promotes equity, and strengthens engagement and outcomes for individuals in crisis.

Engaging the whole community:

Enhances access for underserved populations through no-barrier entry, prioritizing equity, dignity, and immediate access to care during times of crisis; emphasizes the importance of natural support such as family members, trusted individuals, and community connections as critical components of crisis stabilization and ongoing engagement in care; staff actively involve these supports to promote safety, continuity, and long-term recovery. Through inclusive staffing, culturally responsive practices, and a commitment to equitable access, the program seeks to reduce disparities and ensure that individuals from marginalized communities receive respectful, effective, and person-centered crisis services.

Promoting inclusion and reducing stigma:

Promote person-centered, strengths-based services that involve individuals in defining their goals, preferences, and priorities; crisis assessments using the Illinois Medicaid Crisis Assessment Tool (IMCAT)...connecting to community services that facilitate recovery, stability, and participation; streamlined referrals across the Rosecrance continuum of care, outpatient services, Medication-Assisted Recovery (MAR), case management, peer support, housing assistance, and other community resources...reduce barriers to engagement and improve continuity of care through a multidisciplinary team blending clinical professionals with peer support specialists will elevate client voices and promote decision-making, thereby normalizing help-seeking and model recovery, and build trust, helping to reduce stigma by recognizing lived experience as a valuable recovery asset The program will also partner with first responders and community partners to reinforce trauma-informed responses, providing non-punitive, recovery-oriented crisis services that support behavioral health care and community inclusion.

Technology access and use:

Virtual service options are limited but supported through telehealth referrals and mobile crisis.

Unique approach:

Combines walk-in urgent care, peer support, and crisis intervention in accordance with national best practices (SAMHSA). Link provided.

Staff credentials and training:

RSAs are trained staff with lived experience who deliver non-clinical Peer Recovery Support Services (PRSS) such as engagement, skill-building, emotional support, and connection to community resources, while being supervised and encouraged to achieve Certified Recovery Support Specialist (CRSS) certification within a year. MHP clinicians, including bachelor's-level social workers and therapists, conduct behavioral health crisis assessments and care coordination under the supervision of a Qualified Mental Health Professional (QMHP), typically holding a master's degree, who provides clinical guidance and signs assessments to ensure compliance.

Other funding and resource leveraging:

Leverages Medicaid, private insurance, and self-pay, does not charge client fees.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: Program Year 2025 agency audit was submitted 12/04/2025, with no findings for follow-up. This funding request is for a new program.
2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.

*Draft Program Year 2027 Program Summary:
Rosecrance Central Illinois – Behavioral Health Urgent Care*

5. Other sources of funding have been maximized: Yes.
6. Coordinated system: Yes. Program integrates with existing systems through established partnerships, referral pathways, and planned coordination with first responders, hospitals, and community providers. Written collaborative agreements: None currently in place specific to this program; agreements are planned with hospitals, first responders, and community partners upon implementation.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: None.

Special provisions: mid-year progress report to the Board; provide the updated indirect cost plan and approval letter when available; update CCMHB staff on the availability of other revenues for the program.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Rosecrance Central Illinois – Benefits Case Management

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

Request: \$181,000

Why it matters:

“... assists individuals in navigating a complex benefits system by offering enrollment assistance, outreach, education, counseling, and support for securing and maintaining behavioral health, medical, and public benefits. Recent changes in federal healthcare, combined with rising unemployment and redetermination requirements, have increased coverage instability and access challenges... dedicated staff may assist residents in addressing social determinants of health, such as housing, employment, and food insecurity.”

Selected priority:

Access and Care

Agency mission and info:

“Our mission is the same today as it was in 1916—to change and even save lives by giving our clients reasons for hope and road maps for happier, more fulfilling futures.” www.rosecrance.org.

Services and People Served

Who will benefit:

Individuals seeking behavioral health services who are not linked with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Disability Insurance, SNAP/Link Card, pharmacy assistance, and other public programs can receive Benefits Case Management services. Benefit-acquisition services are critical for individuals with behavioral health needs, as staff may serve as their initial connection to treatment and recovery.

Scope of services:

Assistance for applications, submissions, and appeals to secure benefits for behavioral health and medical services, as well as other public programs. The application process can be complex and stressful (Pollitz, Tolbert, Hamel, Kearney, 2020; <https://www.kff.org/report-section/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need-issue-brief/>), often deterring individuals from seeking necessary treatment, which can worsen their conditions. Support is also offered to reduce barriers to treatment for those lacking access to dental, vision, and healthcare resources. Clients receive guidance on their benefits and once established, those with MI or SUD who often have co-occurring physical health concerns, are more easily able to get needed care, avoiding more expensive care in local hospital emergency departments. Resource access includes food, clothing, shelter, transportation, and legal services, with coordination alongside the client's primary treatment provider and referrals from Rosecrance programs.

Location and frequency of services:

In clients' homes, communities, and offices. Services are available M-F and coincide with the Walnut location's operational hours to best meet client schedules and needs.

Staff comment:

This request is for continued funding for a long-standing program.

Residency of 167 people served in Program Year 2025 and 154 in the first half of Program Year 2026:

Champaign - 116 in Program Year 2025 and 101 first half of Program Year 2026
Urbana - 38 in Program Year 2025 and 33 first half of Program Year 2026
Rantoul - 9 in Program Year 2025 and 11 first half of Program Year 2026
Mahomet - 1 in Program Year 2025 and 2 first half of Program Year 2026
Other - 3 in Program Year 2025 and 7 first half of Program Year 2026

Demographics of 167 people served during Program Year 2025:

Age

Ages 13-18 - 1

Ages 19-59 - 153

Ages 60-74 - 13

Preferred Language

English - 167

Race/Ethnicity

African American/Black - 62

White - 105

Gender

Man - 105

Woman - 62

Measures of Client/Participant Access

Eligibility criteria and determination: All Rosecrance clients are eligible upon referral, regardless of benefit status.

Outreach to eligible people: Internal referrals from other agency staff; external referrals from other providers.

Within 5 days of referral, 100% of those referred will be assessed.

Within 1 day of assessment, 100% of those assessed will engage in services.

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

Additional demographic data: income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 100% of those seeking information, assistance with applications, or referral will receive an appointment for services.
2. Clients seeking services will be offered an appointment within 5 business days of referral, call, or walk-in.
3. 100% of eligible clients will be assisted with benefits acquisition.
4. 700 contacts to assist clients with benefits acquisition will be completed annually.

Specific assessment tools and data collection:

Outcomes 1 -4 are measured in the Rosecrance electronic health record by the Benefits Case Manager who completes a Benefits Referral and Tracking Worksheet on each client, which tracks progress of the application(s) submitted.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly.

Staff comment:

Outcomes are measurable, with specific targets and assessment tools, but tend to measure the program’s performance, with implied positive impact on people served.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 250

Service Contacts (SCs): 700 contacts (phone calls, applications submitted, letters written, any other communications) made on behalf of a client to access benefits.

Program Year 2026 Targets	250 NTPCs	600 SCs
Program Year 2026 Mid-Year Results	154 NTPCs	290 SCs
Program Year 2025 Targets	250 NTPCs	600 SCs
Program Year 2025 Full-Year Results	113 NTPCs	163 SCs

Financial Analysis

Program Year 2027 CCMHB request: \$181,000

Program Year 2027 total program budget: \$183,896

Current year CCMHB funding (Program Year 2026): \$84,625

Proposed change in CCMHB funding = 114%

CCMHB request is for 98% of total program revenue. Other program revenue is from Interest Income \$1,520 and Miscellaneous \$1,376.

Personnel costs of \$141,359 are 78% of the requested amount. Other expenses are Professional Fees/Consultants \$29,865, General Operating \$3,685, Occupancy \$5,582, and Local Transportation \$509.

Total agency budget has a deficit of \$3,651,840. Total program and CCMHB budgets are balanced.

Direct Staff assigned to this program include 100% of two full time Case Managers (one a long-time employee, the other to be hired.) No indirect staff are assigned to this program.

Program staff to be funded by CCMHB: 2.0 Direct FTEs. Total program staff same.

Staff comments:

Professional Fees line includes a Federal indirect cost rate agreement of 28.95%. Currently, Rosecrance is in negotiation with the Department of Veteran Affairs to update that rate. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative. However, the Budget Narrative does not explain the 114% increased requested funding amount.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: The submitted plan meets all the required benchmarks outlined in the application instructions. Rosecrance offers outreach events for underserved populations to learn about the services that are offered. Policies and procedures are reviewed by the Board and executive leadership for cultural competence values. Rosecrance will implement at least one service to ensure that clients experiencing financial hardship or identified as low-income will have access to care.

Staff comment:

From this application, services to engage hard to reach populations will be provided in community-based settings and the client's home. There are also virtual options. A Strengths-based approach will be used to engage the client. With the changes in current landscape, it is very important that staff receive the support they need to serve another demographic that has not been served along with the demographic that is challenging to engage in mental health services.

Criteria for Best Value

Budget and program connectedness:

Yes, but explanation for the increase is not included.

Participant outcomes (see details above):

Outcomes focus on access and service delivery (rather than consumer experience) and are measurable.

Personal agency in individual and program planning:

Strength-based, person-centered approach.

Engaging the whole community:

Outreach across the County, focusing on underserved and low-income individuals, who face significant chronic health disparities. Recognizing the importance of supporting this community, Rosecrance aims to expand its services to reduce access barriers and ensure clients obtain necessary support for recovery and stability resources.

Promoting inclusion and reducing stigma:

Inclusion and engagement through person-centered, strengths-based, and culturally responsive program services, designed to meet individuals where they are by providing flexible, community-based support throughout Champaign County. Support includes securing and maintaining medical and behavioral health benefits, completing required redeterminations, and accessing public resources critical to stability. Additionally, addressing other social determinants of health (housing navigation, employment and vocational resources, food access, and transportation) will also help to reduce barriers/improve access to services for historically underinvested populations in Champaign County.

Technology access and use:

Not a focus.

Unique approach:

Describes and links to info on Motivational Interviewing and on Strengths Based Case Management frameworks, both evidence-based.

Staff credentials and training:

Master's-level licensed clinician; trained in state and federal benefits acquisition guidelines and processes, SAMHSA SSI/SSDI Outreach, Access, and Recovery (SOAR) training (for assisting individuals who are at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for SSI and SSDI), Motivational Interviewing, cultural competence and diversity, and trauma-informed care.

Draft Program Year 2027 Program Summary:

Rosecrance Central Illinois – Benefits Case Management

Other funding and resource leveraging:

No other funding sources are identified, but by securing benefits for eligible people, this service leverages other sources of pay for treatment and services; no client fees or sliding scale; not currently eligible for Medicaid participation.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: The Program Year 2025 agency audit was submitted 12/04/2025, with no findings for follow-up. No unspent funds were associated with this program.
2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes.
6. Coordinated system: Yes. Written collaborative agreements: Carle, Land of Lincoln Legal Assistance Foundation, Champaign County Health Care Consumers, OSF Hospital Urbana, Promise Healthcare, Eastern Illinois Food Bank, Courage Connection, Crisis Nursery, Champaign County Regional Planning Commission, Champaign-Urbana Public Health District.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: explanation of the increased request.

Revisions prior to contract: possible additional details in the Budget Narrative; the indirect cost rate plan and approval letter will be shared with CCMHB staff when approved.

New special provisions: none.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Rosecrance Central Illinois – Recovery Home

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

Request: \$200,000

Why it matters:

“...Recovery Home offers a drug- and alcohol-free environment that supports sustained recovery. The program provides a safe, structured residential setting where individuals learn to engage in peer-supported recovery while building independent living skills within the community. Staff work closely with residents to address “problems in living” and key social determinants of health. Research indicates that recovery home models are effective in reducing relapse risk and psychiatric symptoms when combined with 12-Step participation and the development of strong social supports.”

Selected priority:

Safety and Crisis Stabilization

Agency mission and info:

“Our mission is the same today as it was in 1916—to change and even save lives by giving our clients reasons for hope and road maps for happier, more fulfilling futures.” www.rosecrance.org.

Services and People Served

Who will benefit:

Adults with SUD referred from Champaign County Drug Court, treatment providers, and the recovery community, often facing homelessness, unemployment, justice involvement, and financial instability, incomes below the poverty line with limited Medicaid coverage. Medicaid and Medicaid MCOs do not fund Recovery Home services or related peer support and case management, despite evidence of improved engagement and completion outcomes. Rising housing costs further complicate discharge planning and long-term stabilization.

Scope of services:

A step-down level of care from inpatient treatment. Requires clients to engage in SUD services, typically within Rosecrance’s continuum of care. Client needs are assessed using the DSM-5 and American Society for Addiction Medicine (ASAM) Criteria. In accordance with Illinois Administrative Code Title 77, Part 2060, the program delivers individualized, recovery-oriented services that promote safe housing, 12-Step involvement, independent living skills, vocational and educational development, community resource use, and peer support. The model includes 12-Step principles, a level system to support gradual community reintegration, and case management. CCMHB funding supports intensive, trauma-informed, culturally responsive case management focused on social determinants of health, daily living and relapse-prevention skills, access to medical and behavioral health services, financial education, community engagement, and opportunities for volunteer or work activities.

Location and frequency of services:

Moreland Blvd in Champaign, staffed 24/7/365. CM services county-wide, per client needs and preferences; for ‘Alumni,’ special events (fellowship and peer support) throughout the county to continue building recovery resources.

Residency of 14 people served in Program Year 2025 and 12 in the first half of Program Year 2026:

Champaign - 11 in Program Year 2025 and 8 first half of Program Year 2026

Urbana - 2 in Program Year 2025 and 3 first half of Program Year 2026
Other - 1 in Program Year 2025 and 1 first half of Program Year 2026

Demographics of 14 people served during Program Year 2025:

Age

Ages 19-59 - 14

Preferred Language

English - 14

Race/Ethnicity

African American/Black - 5

Multi-Racial - 1

White - 8

Gender

Man - 10

Woman - 4

Measures of Client/Participant Access

Eligibility criteria and determination: Adults with treatment resistance, relapse risk, and a lack of a suitable recovery living environment who have just completed SUD treatment or are receiving treatment through another licensed provider. Adults must submit an application, meet ASAM criteria for Level II (intensive outpatient) or Level I (outpatient) care (see above) and demonstrate need.

Outreach to eligible people: Clients are referred by Rosecrance or other residential treatment providers, outpatient counselors, spiritual leaders, people in recovery, family members, or other care providers.

Within 3 days of referral, 100% of those referred will be assessed.

Within 25 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: 4 months or longer.

Additional demographic data: Income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status

Staff comment:

Timelines for assessment (within 3 days) and engagement (within 25 days) are reasonable for this type of service, and the length of stay is appropriate.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Successful linkage to items in individualized plan such as: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services; engagement in 12-step support groups. Target: 100% of RH Residents will be linked with at least one resource identified on their individual service plans while in the program.
2. Step down to less intensive services. Target: 70% of clients
3. Secured housing. Target: 30% of clients.
4. Secured employment or engagement in education program. Target: 70% of clients.

*Draft Program Year 2027 Program Summary:
Rosecrance Central Illinois – Recovery Home*

Specific assessment tools and data collection:

1-4 Outcomes: Agency electronic health record - staff track client accomplishments, as National Outcome Measures (NOMS) identified by SAMHSA.

Outcome data gathered from all participants: Yes.

Will collect outcome data at intake and discharge.

Staff comment:

Outcomes are relevant to program’s goal and positive impacts experienced by participants. The 100% linkage target may be ambitious depending on client engagement levels.

Measures of Utilization

Treatment Plan Clients (TPCs): 20 people in program with recovery services plan.

Service Contacts (SCs): 65 people interviewed for access to Recovery Home services.

Staff comment:

Utilization targets have remained consistent. Hopefully the program will reach their Program Year 2026 targets, which may suggest a need to reassess whether targets are realistic or whether additional outreach is needed.

Program Year 2026 Targets	22 TPCs	65 SCs
Program Year 2026 Mid-Year Results	12 TPCs	40 SCs
Program Year 2025 Targets	22 TPCs	65 SCs
Program Year 2025 Full-Year Results	14 TPCs	53 SCs

Financial Analysis

Program Year 2027 CCMHB request: \$200,000

Program Year 2027 total program budget: \$568,403

Current year CCMHB funding (Program Year 2026): \$100,000

Proposed change in CCMHB funding =100%

CCMHB request is for 35% of total program revenue. Other program revenue is from Program Service Fees – Client Fees \$35,496, Program Service Fees - SUPR \$327,897, Interest Income \$2,520, and Miscellaneous \$2,490.

Personnel costs of \$160,947 are 80% of the requested amount. Other expense is Professional Fees/Consultants \$39,053.

Total agency budget has a deficit of \$3,651,840, total program and CCMHB budgets are balanced.

Details from personnel form: staff assigned to this program are 75% of two Recovery Home Specialists and a Lead Recovery Home Specialist and 15% of a Therapeutic Rec Specialist. All are full-time. No Indirect staff are assigned.

Program staff to be funded by CCMHB: 2.4 Direct FTEs. Total program staff: 3.36 Direct FTEs.

Staff comments:

The Revenue from Client Fees is listed in total program column but not in total agency column, resulting in a higher total agency deficit, in error. Professional Fees line includes a Federal indirect cost rate agreement of 28.95%. Currently, Rosecrance is in negotiation with the Department of Veteran Affairs to update that rate. All other expenses appear to be appropriate and necessary and are supported by reasonable explanations in the Budget Narrative. However, the Budget Narrative does not explain the 100% increased requested funding amount.

*Draft Program Year 2027 Program Summary:
Rosecrance Central Illinois – Recovery Home*

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: The submitted plan meets all the required benchmarks outlined in the application instructions. Rosecrance offers outreach events for underserved populations to learn about the services that are offered. Policies and procedures are reviewed by the Board and executive leadership for cultural competence values. Rosecrance will implement at least one service to ensure that clients experiencing financial hardship or identified as low-income will have access to care.

Staff comment:

With the changes in current landscape, it is very important that staff receive the support they need to serve another demographic that has not been served along with the demographic that is challenging to engage in MH services.

Criteria for Best Value

Budget and program connectedness:

Rationale for the increase should be included.

Participant outcomes (see details above):

Outcomes are consumer-focused and reasonable. All are assessed through case notes entered by staff.

Personal agency in individual and program planning:

Individualized service plans guide care, with client input central to goal setting; individuals with lived experience among staff help shape program delivery and peer support.

Engaging the whole community:

Clients referred to the Recovery Home (a 'step down') typically come from inpatient substance use disorder programs, particularly serving underserved populations. Rosecrance utilizes multiple outreach methods, such as meetings, brochures, and social media, to engage with treatment programs and clients. Staff provides consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. During the intake process, a comprehensive assessment of the individual's education and vocation, language, spirituality, financial, legal, medical, mental health (including trauma history), substance use disorder treatment, and recovery support, which informs their personalized service plan; emphasize the natural support systems in the recovery journey, assisting clients in connecting with both natural and traditional support networks.

Promoting inclusion and reducing stigma:

Recovery Home staff collaborate to ensure all participants receive quality care in a diverse, therapeutic environment, access community resources that support recovery and stability, plan monthly activities that celebrate individual accomplishments and cultural holidays and foster inclusion. Specialists assist clients with accessing housing, employment, medical and behavioral health care, education or vocational training, and legal services; provide transportation and help clients complete required paperwork, support health care enrollment amid changing federal policies, and advocate with landlords, employers, and service providers. Specialists also connect clients to food banks, vocational programs, faith-based supports, and other community resources based on individual needs and promote advocacy, practical assistance, and consistent support to reduce barriers for sustained recovery.

Technology access and use:

Limited virtual options are described; the program primarily relies on in-person services.

Unique approach:

Links describe 12-Step model, intensive case management, peer support, and a structured level system.

*Draft Program Year 2027 Program Summary:
Rosecrance Central Illinois – Recovery Home*

Staff credentials and training:

Team Leader (bachelor's required; master's preferred; CADC required) with training and experience in SUD. Recovery Home Specialists (High School diploma required; bachelor's preferred) with special training in facilitating recovery groups, trauma-informed care, suicide risk assessment, knowledge of drugs of abuse and recovery concepts, and basic knowledge of dual diagnosis issues. Several Recovery Home Specialists are also persons with lived experience who are able to provide structure and accountability with empathy and personal insight regarding the recovery journey.

Other funding and resource leveraging:

Funding includes state support and client self-pay; no sliding scale; not covered by Medicaid.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.
If contracted, any compliance issues: No.
Notes on audit/review/compilation: Program Year 2025 agency audit was submitted 12/04/2025, with no findings for follow-up. No unspent funds were associated with this program.
2. Capacity for financial clarity: Yes.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes.
6. Coordinated system: Yes. There are similar services (sober living housing) but no other accredited Recovery Homes in the County.
Written collaborative agreements: Urbana Adult Education, Eastern Illinois Food Bank, Family Services, Courage Connection; Crisis Nursery; RACES; Promise Healthcare; OSF; Carle; University of Illinois Extension; Land of Lincoln Legal Assistance Foundation, Champaign County Regional Planning Commission, Shelter Plus Care; Champaign-Urbana Public Health District, The Pavilion, Uniting Pride of Champaign County.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: explanation of the increased request.

Revisions prior to contract: resolve total agency revenue form error and its impact on other financial forms; provide the updated indirect cost plan and approval letter when available.

New special provisions: none.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

TASC, Inc. –

Outreach and Recovery Support Services - NEW

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

Request: \$90,429

Why it matters:

“... This proposal advances Access and Care by expanding low-barrier, peer-led outreach and recovery support services for individuals in Champaign County who face significant barriers to behavioral health care, including substance use, overdose risk, and housing instability. Through a dedicated Peer Support Specialist and model of relentless engagement, TASC improves timely access to substance use and mental health treatment, care coordination, and essential supports through trusted community partnerships. This approach matters because it reaches individuals who are often disconnected from traditional systems, reduces reliance on crisis services, and promotes sustained engagement in care that leads to improved health and stability outcomes.”

Selected priority:

Access and Care

Agency mission and info:

“... We are committed to building a healthier, safer, and more just society.” <https://www.tasc.org>

Services and People Served

Who will benefit:

Adults impacted by substance use, overdose risk, co-occurring mental health needs, and chronic homelessness or housing instability.

Scope of services:

Targeted outreach and recovery services by funding a dedicated Peer Support Specialist to engage individuals affected by substance use, overdose risk, and housing instability. Services include intensive community outreach, peer engagement, screening and assessment, care coordination, transportation assistance, and help navigating behavioral health, housing, and benefits systems, along with data collection to track access, engagement, and outcomes.

Location and frequency of services:

Services are provided throughout Champaign County and community and virtual settings. Staff coordinate from nearby TASC offices and offer ongoing flexible support with regular outreach.

Staff comment:

The program description is clear and aligns with a peer-LED outreach model for individuals experiencing substance use and housing instability.

Residency and Demographic data not available – the program is not currently funded.

Measures of Client/Participant Access

Eligibility criteria and determination: Residents with substance use, mental health, or housing challenges are screened by a Peer Support Specialist to confirm voluntary participation and assess support needs. The screening collects details on participants' needs, strengths, and goals, confirming their residency in Champaign County and willingness to engage voluntarily.

Outreach to eligible people: Peer Support Specialists (PSS) engage participants in their homes and in community settings such as centers and shelters and provide support directly where clients are located.

Within 14 days of referral, 80% of those referred will be assessed.

Within 14 days of assessment, 60% of those assessed will engage in services.

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

Additional demographic data: Housing status (e.g., housed, unhoused, or housing unstable), Income or socioeconomic indicators, Disability status, Veteran status, Justice system involvement (e.g., pretrial, probation, reentry), Substance use history and treatment history, and Mental health diagnoses or needs.

Staff comment:

The proposed assessment and engagement targets are reasonable given the population served.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 60% of enrolled participants will engage with at least one recommended service within 30 days of initial PSS contact.
2. 70% ...will complete an initial screening within 14 days of first contact with the PSS.
3. 100% ...will receive a referral within the first 30 days of engagement.

Specific assessment tools and data collection:

All outcomes data listed above is collected at the time of the screening and stored in TASC's Electronic Client Record system. TASC will provide depersonalized data directly from this system for the purposes of performance reporting.

Outcome data gathered from all participants: No.

Will collect outcome data Monthly and quarterly.

Staff comment:

The outcomes are measurable, with specific targets and one assessment process for all, more focused on program performance and implied positive impact for the people served.

Measures of Utilization

Treatment Plan Clients (TPCs): 25

Non-Treatment Plan Clients (NTPCs): 50

Service Contacts (SCs): 50

*Draft Program Year 2027 Program Summary:
TASC, Inc. – Outreach and Recovery Support Services*

Financial Analysis

Program Year 2027 CCMHB request: \$90,429

Program Year 2027 total program budget: \$90,429

CCMHB request is for 100% of total program revenue. No other revenue is identified for the program, but the total agency revenue includes funding from many other contracts and grants, some sales of goods and services, miscellaneous, and contributions.

Personnel costs of \$52,900 are 58.5% of the requested amount. Other expenses are Consumables \$1,200, General Operating \$1,080, Occupancy \$2,200, Conferences/Staff Development \$700, Local Transportation \$10,000, Equipment Purchases \$2,000, and Miscellaneous \$20,329.

Total agency budget has a surplus of \$29,258,000. Total program and CCMHB budget are balanced.

Personnel form identifies Direct staff as one full-time Peer Support Specialist. No other staff positions are described for the CCMHB contract, total program, or total agency.

Program staff to be funded by CCMHB: 1 Direct FTEs. Total program staff same.

Staff comments:

Total agency, total program, and CCMHB expense columns are identical, which is inaccurate and contributes to total agency surplus. The Personnel Form reflects a single paid position, currently vacant and designated as 100% direct service. As presented, it is unclear how the agency plans to deliver services or manage operations. Details are needed regarding staffing plans, including whether the agency relies on volunteers and how key functions such as recruitment, training, supervision, and administrative oversight (e.g., accounting and financial management) are performed. The budget does not include any allocation for Professional Fees, and no costs are identified for a required financial audit. Clarification is needed regarding how the agency intends to meet standard financial compliance requirements.

The Revenue Budget Form reflects a single contract/grant exceeding \$25 million; however, the source of this funding is not identified. If this represents an aggregate of multiple grants, they must be listed individually per the application instructions. Further, the Total Agency budget reflects a surplus amount exceeding \$29 million. These figures raise significant questions regarding both the accuracy of the financial information provided and the agency's stated need for additional funding.

Overall, the financial and personnel information provided is incomplete and lacks sufficient detail. As presented, the application does not provide a reliable basis to assess the agency's financial position, operational capacity, or need for funding.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: TASC, Inc. is a new application that will use community engagement to inform and improve services that are offered in the community. Communicating the progress in their CLC Plan will be part of stakeholder engagement.

Staff comment:

TASC, Inc. provided a great overview. CLC Consultation will be available to ensure their actions are attainable.

Criteria for Best Value

Budget and program connectedness:

Further details and corrections are needed.

Participant outcomes (*see details above*):

Outcomes are measurable, with specific targets, and relate to the delivery of recovery support services.

Personal agency in individual and program planning:

Uses a person-centered planning process in which participants guide service goals and referrals. Lived experience informs the program through the Peer Support Specialist role and participant feedback used to adjust services.

Engaging the whole community:

Services are delivered countywide through mobile outreach and virtual options, supporting access for both urban and rural residents. Engagement strategies follow the agency's CLC Plan.

Promoting inclusion and reducing stigma:

Peer-led outreach and trauma-informed engagement promote inclusion and normalize recovery and help-seeking. Staff emphasize respectful, nonjudgmental interactions in community settings.

Technology access and use:

Services can be provided through telehealth, video, or phone-based recovery support. Staff are trained in secure virtual service delivery and clients receive assistance accessing virtual options.

Unique approach:

Utilizes TASC's Specialized Case Management model, recognized in the 2022 National Drug Control Strategy as an evidence-based approach for justice-involved individuals. The model integrates behavioral health navigation, harm reduction, and cross-system coordination.

Staff credentials and training:

Peer Support Specialists are preferred to have a bachelor's and lived experience related to recovery or justice involvement. Training in trauma-informed care, motivational interviewing, harm reduction, and cultural competency.

Other funding and resource leveraging:

No dedicated external funding sources are identified for this program. Implementation will rely on existing agency infrastructure, Adult Criminal Justice Services, which is funded through multiple state and local streams, including the Illinois Department of Human Services and other government contracts.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Unsure. Not without making some adjustments to the structure and rules of the agency's Board of Directors.
If contracted, any compliance issues: N/A
Notes on audit/review/compilation: The agency shared its Fiscal Year 2024 audit with CCMHB staff and indicated that the Fiscal Year 2025 audit would be completed by the end of March. At the time of this writing, the most recent audit has not been shared.
2. Capacity for financial clarity: Clarification is needed.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Not clear.

Draft Program Year 2027 Program Summary:

TASC, Inc. – Outreach and Recovery Support Services

6. Coordinated system: Program coordination includes referrals, warm handoffs, and communication with behavioral health providers.
Written collaborative agreements: Rosecrance; P.A.T.S.; The Pavilion Foundation; Carle Health; Brightside Recovery.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: audit report for Program Year 2025.

Revisions prior to contract: financial forms should include descriptions of total agency revenue, expense, and personnel; discrepancies should be resolved to clarify the amount of MHB funding needed.

Special provisions: consult with CLC Coordinator; mid-year progress report to the Board; coordination with similar and related providers; when serving unhoused clients, participate with Coordinated Entry.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Uniting Pride of Champaign County – Children, Youth & Families Program

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

Request: \$225,056

Why it matters:

“... Stabilizing and strengthening LGBTQ+ youth and caregivers during a period of heightened social, political, and economic volatility; rising anti-LGBTQ+ speech and political efforts, together with rampant false information have created more family stress...blocking their ability to obtain supportive care. Uniting Pride establishes protective elements include: belonging and material support, trusted relationships, and advocacy to help youth and families stay protected and maintain their connections and strength. Establishing and growing programs including improved outreach and community listening programs, will help connect clients to improved mental health outcomes.”

Selected priority:

Thriving Children, Youth, and Families

Agency mission and info:

“Uniting Pride leads in the creation of a community where all who hold historically and actively marginalized gender and sexual identities can live fulfilling, joyful, healthy, and vibrant lives.” <https://www.unitingpride.org/>

Services and People Served

Who will benefit:

LGBTQ+ youth and families in Champaign County, especially those who are Black, Indigenous, and People of Color (BIPOC), disabled, rural, or otherwise marginalized.

Scope of services:

Youth and caregiver support groups, specific assistance programs addressing basic needs, community-building activities, and educational workshops that promote affirming environments. Uniting Pride (UP) has expanded services includes: new support groups, new assistance programs, expanding educational programming, expanding our food pantry, increasing access to free gender-affirming clothing, and strengthening virtual service delivery.

Location and frequency of services:

Support groups meet in person or on Zoom, with sessions held at the Uniting Pride office or other community locations depending on weather and needs. Community conversations are available 24/7 on Discord, and staff can meet with individuals as needed, either in person or online.

Staff comment:

The flexible service model appears appropriate for increasing accessibility and reaching marginalized populations.

Residency of 375 people served in Program Year 2025 and 165 in the first half of Program Year 2026:

Champaign	-	192 in Program Year 2025 and 91 first half of Program Year 2026
Urbana	-	125 in Program Year 2025 and 52 first half of Program Year 2026
Rantoul	-	8 in Program Year 2025 and 11 first half of Program Year 2026

Draft Program Year 2027 Program Summary:

Uniting Pride – Children, Youth & Families Program

Mahomet - 15 in Program Year 2025 and 1 first half of Program Year 2026
 Other - 33 in Program Year 2025 and 10 first half of Program Year 2026
 Not Available - 2 in Program Year 2025 and 0 first half of Program Year 2026

Demographics of 375 people served during Program Year 2025:

Age

Ages 0-6 - 3
 Ages 7-12 - 24
 Ages 13-18 - 116
 Ages 19-59 - 217
 Ages 60-74 - 11
 Ages 75+ - 4

Preferred Language

English - 163
 Spanish - 14
 Not Listed - 11
 Not Available - 187

Race/Ethnicity

African American/Black - 33
 Asian/Asian American - 15
 Latina/e/o/x - 15
 Multi-Racial - 38
 Native Am/First Nation/Am Indian - 4
 South Asian - 7
 White - 244
 Not Listed - 9
 Not Available - 8

Gender

Agender - 12
 Genderfluid - 22
 Man - 74
 Non-binary - 102
 Woman - 146
 Not Listed - 12
 Not Available - 7

Measures of Client/Participant Access

Eligibility criteria and determination: Self-identified LGBTQ+ individuals and their families in Champaign County based on self-identification, with no diagnosis required.

Outreach to eligible people: website, monthly newsletter, social media, outreach events, partner referrals, schools, libraries, and direct contact with staff or Board members with a focus on historically underserved communities and partners.

Within 0 days of referral, 100% of those referred will be assessed.

Within 4 days of assessment, 100% of those assessed will engage in services.

*Draft Program Year 2027 Program Summary:
 Uniting Pride – Children, Youth & Families Program*

People will engage in services, on average, for: Approximately 1 year or longer.

Additional demographic data: sexual orientation and household income.

Staff comment:

Eligibility is intentionally low-barrier, relying on self-identification rather than diagnostic criteria, which aligns with the program’s prevention and community-support focus.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 25% of participants will report increased perceived social support within 6–12 months of engagement.
2. 20%...will report improved self-esteem or family support within one year.
3. 25%...will report improved confidence accessing affirming services, basic needs, or documentation within six months.

Specific assessment tools and data collection:

1-3 outcomes collected by staff, through confidential online surveys using the MSPSS and Rosenberg Self-Esteem Scales.

Outcome data gathered from all participants: No. Outcome data collection is entirely voluntary due to legitimate safety and privacy concerns.

Will collect outcome data: every 6 months from Group participants; training participants at program conclusion.

Staff comment:

Use of validated assessment tools strengthens evaluation, though outcome participation is voluntary due to privacy and safety considerations.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 150 attending support groups or trainings.

Community Service Events (CSEs): 100 to promote inclusion of LGBTQ+ individuals, organization and school/GSA visits assessing needs and promoting programs.

Service Contacts (SCs): 450 people inquiring about UP programs or seeking referrals for other resources.

Staff comment:

Strong community demand and effective outreach. NTPC and SC targets are increased for Program Year 2027.

Program Year 2026 Targets	100 NTPCs	300 SCs	100 CSEs
Program Year 2026 Mid-Year Results	165 NTPCs	273 SCs	140 CSEs
Program Year 2025 Targets	100 NTPCs	300 SCs	100 CSEs
Program Year 2025 Full-Year Results	375 NTPCs	809 SCs	250 CSEs

Financial Analysis

Program Year 2027 CCMHB request: \$225,056

Program Year 2027 total program budget: \$372,779

Current year CCMHB funding (Program Year 2026): \$190,056

Proposed change in CCMHB funding =18%

*Draft Program Year 2027 Program Summary:
Uniting Pride – Children, Youth & Families Program*

CCMHB request is for 60% of total program revenue. Other program revenue is from United Way \$39,500, Contributions \$53,419, Fundraising \$47,604, and Grant – Equality Illinois \$7,200.

Personnel costs of \$184,743 are 82% of the requested amount. Other expenses are Professional Fees/Consultants \$14,000, General Operating \$4,517, Conferences/Staff Development \$3,650, Specific Assistance \$5,000, and Lease/Rental \$13,146.

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

Direct staff assigned to the program include 80% of a full-time Program Coordinator (to be hired), a half-time Outreach Coordinator (to be hired), and a half-time Community Programs Manager, 70% of the full-time Executive Director, and 25% of the full-time Youth & Family Manager. Indirect staff assigned to this program are 80% of a half-time Finance Manager (who is also the half-time Community Programs Manager).

Program staff to be funded by CCMHB: 0.8 Indirect + 3.05 Direct = 3.85 FTEs. Total program staff: 0.5 Indirect + 4 Direct = 4.5 FTEs. (Totals are incorrect due to the format of the Personnel form, where a single person holds two half-time positions, one direct and one indirect.)

Staff comments:

The budget narrative justifies the increased request by stating that expenses are increasing due to increased need as well as expanding services by adding a new part-time Outreach Coordinator position. The plan allocates \$14,000 for an independent financial review, which exceeds the maximum allowable amount of \$13,000 for this expense as outlined in the CCMHB Funding Guidelines. The organization of the Budget Narrative could be improved to enhance clarity.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: Uniting Pride will provide training to staff and leadership annually. Funding is allocated by the board and is acknowledged by signing that organization's handbook and knowledge of the CLC Plan. Staff will conduct surveys and community listening sessions to receive stakeholder feedback.

Staff comment:

Uniting Pride continues to expand access to the community and create more language that is inclusive in the LGBTQ+ community and more welcoming to enhance community partnerships.

Criteria for Best Value

Budget and program connectedness:

Yes, though some clarification will be helpful.

Participant outcomes (*see details above*):

Outcomes are measurable, relate to positive impacts of trainings and groups with specific targets and focus on people.

Personal agency in individual and program planning:

Participants and families co-create service plans through collaborative goal-setting, program pathway choices, and ongoing feedback. The program has enhanced the representation of individuals with lived experience, with a majority BIPOC staff and Spanish-fluent members for Spanish-speaking families. Many staff and Board members identify as LGBTQ+ and have diverse intersecting identities, which influence program design and outreach to ensure relevance and trustworthiness in addressing community needs.

Engaging the whole community:

Committed to an anti-racism framework in its programming, recognizing historically, some services have predominantly reached white audiences. The program aims to address this gap by Staff and Board strengthening partnerships with organizations serving Black, Latinx, people of color, and low-income communities who are disproportionately underserved in LGBTQ+ services, including CU Trauma and Resilience Initiative, Bruce D. Nesbitt African American Cultural Center, Champaign Community Coalition, Cunningham Children's Home and Township, the Stephens Family YMCA, and Greater Community AIDS Project. An Outreach Coordinator will lead efforts to engage these communities and reduce barriers through culturally responsive services... Targeted data collection through surveys, town halls, and direct interviews with underserved populations, with participation incentives such as transportation support, meals, childcare, or stipends to reduce barriers informing program design and improve accessibility. Additionally, Uniting Pride is engaged in internal development around anti-racist hiring, board recruitment, and volunteer practices, and continues to adapt trainings and educational programming to better serve LGBTQ+ communities of color.

Promoting inclusion and reducing stigma:

Emphasizes inclusion of individuals with lived experience in its programs, with a majority of BIPOC staff. This diversity enhances the cultural and linguistic responsiveness of services, particularly for Spanish-speaking families. Many team members identify as LGBTQ+ and possess intersecting identities, shaping outreach and service delivery to reflect community needs. Staff will implement strategies to engage historically underserved populations through surveys and interviews, ensuring community expertise informs programming and service delivery moving forward.

Technology access and use:

Yes, online programming is available.

Unique approach:

Relational-Cultural Theory framework emphasizes healing through growth-fostering, culturally responsive relationships and mutual empathy, with citations to support the work.

Staff credentials and training:

Staff and Board combine strong professional expertise with lived LGBTQ+ experience to design and deliver youth and family services. Staff hold degrees in public health, nonprofit management, social work, human development, gender studies, and communication, and collectively bring decades of experience in nonprofit leadership, youth programming, governance, and advocacy. Staff also contribute over 40 years of lived LGBTQ+ experience, building trust and community insight. The team is majority BIPOC, strengthening cultural responsiveness. Program facilitators have backgrounds in counseling and education, and the Youth & Family Program Manager brings over 10 years of trauma-informed youth service experience. Recent additions add Spanish fluency, evaluation capacity, outreach, community organizing skills.

Other funding and resource leveraging:

Not used as match for other funding. Other pay sources are donations, United Way grant and Equality Illinois. Clients do not pay a fee. Not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.

If contracted, any compliance issues: UP Center had a funding suspension due to late Program Year 2025 second quarter reports. Payments were released when the reports were submitted.

Notes on audit/review/compilation: The agency's Program Year 2025 financial review report was submitted 02/19/2026, delayed by the CPA firm. All follow up issues were resolved.

2. Capacity for financial clarity: Improvement every year.
3. All forms submitted by deadline: Yes – January 30, 2026.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes, among others.

Draft Program Year 2027 Program Summary:

Uniting Pride – Children, Youth & Families Program

5. Other sources of funding have been maximized: Yes.
6. Coordinated system: Yes. On certain events and programs and cross-post information about services and events with the UIUC Gender and Sexuality Resource Center, although they do not cover the entire county. Written collaborative agreements: RACES, Champaign-Urbana Public Health Department, Urbana Park District, Human Kinetics, Elliott Counseling, Center for Youth and Family Solutions, Cup of Tea Counseling, Community Choices, Stephens Family YMCA, the Urbana IMC, Planned Parenthood of Illinois, Cunningham Township, Equality Illinois, and Bodhi Counseling. me them from application.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: resolve errors/discrepancies in personnel forms (which impact other financial forms).

New special provisions: allow the higher amount budgeted for independent CPA services.

Continue Program Year 2026 special provisions.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

We Never Walk Alone – Trained First Responder Peer Support - NEW

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

Request: \$20,330

Why it matters:

“... timely and culturally competent mental health support for first responders through peer support training. It addresses issues such as stigma and limited-service availability by training peers within local agencies and incorporating them into WeNeverWalkAlone and WeNeverFightAlone networks. This initiative focuses on early stress identification, immediate peer support, and facilitating professional care referrals, primarily improving access to trusted community-based mental health services.”

Selected priority:

Access and Care

Agency mission and info:

“To connect sworn law enforcement officers (LEO) with peer support advisors and vetted mental health professionals across the nation.” ... Schaumburg, IL. ...

Services and People Served

Who will benefit:

First responders from the Sheriff’s Office, Champaign Police and Fire Departments, Urbana Police and Fire Departments, Rantoul Police and Fire Departments, and METCAD 911, along with their families and retired first responders.

Scope of services:

Evidence-informed peer support training for first responders, which includes experienced instructor-led sessions, certification for peers, and access to a confidential support platform. It emphasizes ongoing support for peers, clear pathways to mental health professionals when necessary, and defines peer support services as non-clinical, voluntary, and focused on early stress identification and resource connection.

Location and frequency of services:

Delivered through Champaign County first-responder agencies and secure virtual platforms. Training is mainly in person, with virtual options for ongoing education and confidentiality guidance.

Staff comment:

The scope of services is clear, well-defined, and appropriate for the target population.

Residency and Demographic data not available – the program is not currently funded.

Measures of Client/Participant Access

Eligibility criteria and determination: Requires current or retired personnel from designated municipal police, fire departments, or the county sheriff's office, along with dispatch staff and their immediate family. No clinical screening, medical records, or insurance verification is necessary, and participation is voluntary.

Outreach to eligible people: Individuals learn through public safety agencies, peer-support trainings, and onboarding networks.

Within 1 day of referral, 100% of those referred will be assessed.

Within 1 day of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, 24/7, 365 days a year.

Additional demographic data: first responder roles, employment status (active or retired), agency type, household roles (first responder or family member), service area (rural versus urban), and in-person or virtual.

Staff comment:

The access measures are reasonable and appropriate for this type of non-clinical, peer-based service.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 38 peer supporters will complete training and be actively available to provide peer support within participating agencies.
2. 60% ...will connect with a peer supporter within 48 hours of seeking assistance.
3. 70% of participants will report increased awareness of available supports and confidence in accessing peer or professional help if needed.

Specific assessment tools and data collection:

1. Peer support training completion records and Post-training competency and confidence survey.
2. Secure program tracking logs documenting date of outreach and date of first peer contact.
3. Anonymous participant feedback survey.

Outcome data gathered from all participants: Yes.

Will collect outcome data, quarterly and annually.

Staff comment:

The outcomes are relevant and measurable. One measures the positive impact on people participating in the service, and the others are measures of the program's performance.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 1,092 total participants with access to and use of peer support services.

Community Service Events (CSEs): 6 informational sessions, peer support awareness briefings, and presentations designed to raise awareness of first-responder MH and available peer support services.

Service Contacts (SCs): 2,000- 1–2 peer in-person or virtual support contacts (initial outreach, follow-up peer conversations, and screening-level check-ins) per participant.

Draft Program Year 2027 Program Summary:

We Never Walk Alone – Trained First Responder Peer Support

Staff comment:

SCs appear reasonable but suggest consistent engagement from individuals.

Financial Analysis

Program Year 2027 CCMHB request: \$20,330

Program Year 2027 total program budget: \$20,330

CCMHB request is for 100% of total program revenue. No other revenue is associated with this program or the agency. Total agency revenue column should include other amounts, and it should also match that of the other funding request.

No personnel costs are included in the Expense Form. The only expense, for CCMHB, Total Program, and Total Agency, is Professional Fees/Consultants at \$20,330.

Total agency budget, total program budget, and CCMHB budget are balanced and are identical.

Staff comments:

According to the Personnel Form, the agency reports no employees. As presented, it appears the organization may rely entirely on volunteers or contracted services to perform all operational functions. Additional information is needed regarding how volunteer activities are structured and managed, including responsibility for recruitment, training, supervision, and oversight. Clarification is also requested as to whether administrative functions, such as accounting and financial management, are performed by volunteers and what internal controls are in place to support those activities.

The Revenue Budget Form indicates that this grant would be the agency's sole source of funding. The Expense Budget Form reflects only costs associated with the proposed program and does not include other anticipated organizational expenses, such as administrative overhead or the cost of a required financial audit. This raises questions regarding how the agency intends to sustain its overall operations and meet standard compliance requirements.

Additionally, a separate proposal submitted by the agency indicates that the financial forms may contain errors, which further limits confidence in the accuracy of the information provided. In this request, Professional Fees are the only expense category included. However, the Budget Narrative states that the requested funding will cover instructor fees, training materials, curriculum delivery, and program administration. It is unclear how these various cost components are reflected within the single budgeted category, and whether all program-related and administrative costs have been fully accounted for.

Overall, the financial and personnel information provided is incomplete and lacks sufficient detail. As presented, the application does not provide an adequate basis to evaluate the agency's financial structure, operational capacity, or ability to deliver the proposed program.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? No.

Highlights from the submitted CLC Plan: No plan was submitted.

Staff comment:

A CLC Plan should be submitted to complete the application. They are a new applicant.

Draft Program Year 2027 Program Summary:

We Never Walk Alone – Trained First Responder Peer Support

Criteria for Best Value

Budget and program connectedness:

Budget Narrative explains this cost would cover in-person three-day peer support training for 38 first responders, at \$535 per. Other cost details would help clarify the need for this request.

Participant outcomes (see details above):

Two measure the program's performance and one the direct positive impact on participants.

Personal agency in individual and program planning:

Designed and operated by individuals with direct experience in public safety and emergency response. Peer support training is led by current or retired first responders with firsthand experience in law enforcement, fire, EMS, and dispatch, ensuring the program content reflects real-world operational and cultural contexts. Peer supporters, selected from participating agencies, have personally navigated cumulative trauma, critical incidents, career transitions, and family-related stressors common in first-responder work, which shapes the delivery of support and training focus. Feedback mechanisms, including participant evaluations and ongoing peer supporter feedback, consultations with experienced peer mentors are integrated to refine training content. About 80–90% of instructors, peer supporters, and program advisors have firsthand experience as first responders, amplifying the voice in program design, implementation, and continuous improvement.

Engaging the whole community:

Targeted actions to engage and serve first responders who are members of underserved or undervalued racial, ethnic, and gender minority populations. Peer supporters are recruited from diverse backgrounds and trained to provide culturally responsive, identity-affirming support within the context of first-responder culture.

Promoting inclusion and reducing stigma:

Through person-centered, voluntary peer support, allowing individuals to engage at their own terms, at their own pace and respecting confidentiality. Individuals decide how to connect with a peer supporter/family and shape their support journey, leading to sustained engagement. Embedded peer supporters within agencies and a broader network help reduce isolation and foster belonging. Virtual access expands inclusion for those marginalized by geography, shift-work or identity. The program normalizes help-seeking as a wellness resource, with training focused on confidentiality boundaries, and respectful language... aims to challenge myths about weakness or career impact and promote long-term cultural change in mental health support.

Technology access and use:

Virtual platforms for access, coordination, and training.

Unique approach:

Evidence-informed peer support models effective for first responders and other high-stress occupations. Peer support is endorsed as a promising and recommended practice for early identification of MH concerns, stigma reduction, and improved access to care, particularly in populations that underutilize traditional services. Links provided.

Staff credentials and training:

Program staff and instructors, experienced in supporting first responders, deliver peer support training aligned with best practices from the Illinois Law Enforcement Training and Standards Board. Instructors have backgrounds in law enforcement, fire, EMS, and dispatch, ensuring credibility. Training covers crisis intervention, suicide awareness, ethics, and confidentiality, informed by SAMHSA guidelines. Peer supporters, active or retired first responders, complete a multi-day, instructor-led peer support course and ongoing education, focusing on active listening, stress recognition, and escalation to MHPs when needed. Program oversight includes ongoing consultation, quality assurance, and mentorship to maintain ethical service delivery.

Draft Program Year 2027 Program Summary:

We Never Walk Alone – Trained First Responder Peer Support

Other funding and resource leveraging:

Participating agency payments, municipal or township wellness funds, and other county or regional mental health board grants. The agency's two relatively small funding requests are accompanied by a letter of support from one of the local police departments; this program could be of benefit to the local departments, affordable, and their contracting requirements may be easier to achieve than ours (unless the CCMHB were to approve exceptions.)

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: No. (e.g., a for-profit company without local advisory board.)

If contracted, any compliance issues: N/A

Notes on audit/review/compilation: This is a first time applicant. The agency does not have annual audits but provided us with recent audited balance sheet to complete the application.

2. Capacity for financial clarity: Not demonstrated.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Not demonstrated, although several are identified.
6. Coordinated system: functioning as a front-door, navigation, and referral layer between first responders and existing peer and crisis-support resources. Trained peer supporters serve as trusted points of contact who can identify needs early, provide immediate support, and guide individuals to appropriate external services when additional care is required.

Written working agreement is in place with MTU-12 (East Central IL Police Training Project) for the delivery of peer support training services to law enforcement agencies within its service region. No written working agreements in Champaign County.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: CLC Plan; budget plan details.

Revisions prior to contract: CLC Plan; establish a local advisory committee; provide information about total agency revenues and expenses, which should match the other application, if both are funded, and which should justify the request.

Special provisions: mid-year progress report to the Board; collaboration with stakeholders.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

We Never Walk Alone – Vetted Mental Health Professional Network - NEW

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

Request: \$19,656

Why it matters:

“... supports the Behavioral Health Workforce priority by expanding access to licensed, culturally competent clinicians trained to work with first responders and their families. Recognizing the unique stressors faced by public safety personnel and the shortage of adequately trained providers, the program focuses on identifying, onboarding, and coordinating professionals with specialized expertise. Its primary goal is to strengthen workforce capacity and quality of care, while also contributing to improved access and prevention services within the County.”

Selected priority:

Strengthening the Behavioral Health Workforce

Agency mission and info:

“To connect sworn law enforcement officers (LEO) with peer support advisors and vetted mental health professionals across the nation.”... Schaumburg, IL. For more information, see <https://weneverwalkalone.org/login>.

Services and People Served

Who will benefit:

Champaign County first responders, law enforcement, fire, EMS, dispatch, and corrections along with their families and retirees. These groups face elevated risks of trauma, depression, anxiety, PTSD, and suicide, while often encountering barriers to care such as cultural mismatch, confidentiality concerns, and limited provider availability... prioritizes timely access to licensed, culturally competent clinicians trained to address first-responder specific behavioral health needs.

Scope of services:

CCMHB funding will facilitate access to a network of licensed mental health professionals experienced in supporting first responders and their families. Key funded activities encompass provider vetting, maintenance of a referral network matching individuals with suitable clinicians, care coordination for seamless transitions to licensed providers, ongoing quality monitoring, and the enhancement of virtual access to underserved areas. While the program ensures timely access to qualified clinicians, it does not offer diagnosis or treatment directly.

Location and frequency of services:

Various settings such as private practices, group practices, and clinical environments.

Residency and Demographic data not available – the program is not currently funded.

Measures of Client/Participant Access

Eligibility criteria and determination: Current or retired first responders in Champaign County, including their immediate family members, can access mental health services through various participating agencies without needing a clinical diagnosis, insurance, or an employer referral. Participation is voluntary and requires consent to engage with a culturally-aware licensed mental health professional from the network.

Outreach to eligible people: Individuals learn about the program through law enforcement agencies who share information through leadership updates, briefings, wellness training, peer support, outreach, and confidential online resources.

Within 2 days of referral, 100% of those referred will be assessed.

Within 3 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: Depends on how much continued help the first responder needs.

Additional demographic data: None

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 65%...will successfully connect with a vetted, first-responder–culturally-aware licensed mental health professional within 14 days of referral.
2. 60%...will attend four or more clinical sessions with a network provider.
3. 70%...will report increased confidence in accessing mental health services and reduced perceived stigma related to seeking care.

Specific assessment tools and data collection:

1. Referral and access tracking logs documenting referral date, provider match, and date of first appointment.
2. Aggregate session utilization reports provided by participating clinicians (number of sessions attended per participant, without clinical content).
3. Anonymous participant outcome survey assessing perceived access, confidence in seeking care, and stigma reduction.

Outcome data gathered from all participants: Yes.

Will collect outcome data Quarterly and yearly.

Staff comment:

Measurable, with specific targets and tools. Two measure program performance and one is appropriately related to positive impacts on people.

Measures of Utilization

Treatment Plan Clients (TPCs): 350 individuals who engage in clinical services with a licensed MHP and have a written, individualized treatment plan.

Non-Treatment Plan Clients (NTPCs): 742 individuals who access navigation, referral, or consultation support but do not initiate ongoing clinical treatment or have a written treatment plan.

Draft Program Year 2027 Program Summary:

We Never Walk Alone – Vetted Mental Health Professional Network

Community Service Events (CSEs): 4 informational sessions and community awareness presentations focused on first-responder behavioral health, available services, and how to access the vetted MH professional network.

Service Contacts (SCs): 1400 initial intake/navigation contacts, provider matching interactions, follow-up coordination, and screening-level consultations with individuals served during the grant period. Contacts may occur in person or virtually and are counted as discrete, non-clinical coordination or access-related interactions.

Staff comment:

Targets are clearly defined and reflect a high level of anticipated engagement.

Financial Analysis

Program Year 2027 CCMHB request: \$19,656

Program Year 2027 total program budget: \$19,656

CCMHB request is for 100% of total program revenue. No other revenue is associated with this program or the agency. The total agency revenue column should include other amounts, and it should also match that of the other funding request.

No personnel costs are included in the Expense Form. The only expense, for CCMHB, Total Program, and Total Agency, is for Membership Dues of \$19,656.

Total agency budget, total program budget, and CCMHB budget are balanced and are identical.

Staff comments:

According to the Personnel Form, the agency reports no employees. As presented, it appears the organization may rely entirely on volunteers or contracted services to perform all operational functions. Additional information is needed regarding how volunteer activities are structured and managed, including responsibility for recruitment, training, supervision, and oversight. Clarification is also requested as to whether administrative functions, such as accounting and financial management, are performed by volunteers and what internal controls are in place to support those activities.

The Revenue Budget Form indicates that this grant would be the agency's sole source of funding. The Expense Budget Form reflects only program-specific costs and does not include other anticipated organizational expenses, such as administrative overhead or the cost of a required financial audit. As presented, it is unclear how the agency intends to sustain its operations or meet standard compliance requirements.

Additionally, a separate proposal submitted by the agency indicates that the financial forms may contain errors, which raises concerns regarding the accuracy and reliability of the information provided in this request.

Overall, the financial and personnel information provided is incomplete and lacks sufficient detail. As presented, the application does not provide a reliable basis to assess the agency's financial position, operational capacity, or ability to deliver the proposed program.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? No.

Highlights from the submitted CLC Plan: No plan was submitted.

Staff comment:

A CLC Plan should be submitted to complete the application. They are a new applicant.

Draft Program Year 2027 Program Summary:

We Never Walk Alone – Vetted Mental Health Professional Network

Criteria for Best Value

Budget and program connectedness:

Clarifications are needed. The Budget Narrative explains this covers the \$36 annual account cost for 546 first responders. Because their family members and retired first responders are included at no additional cost, the estimate is to serve 1092 people.

Participant outcomes (*see details above*):

Yes.

Personal agency in individual and program planning:

Individuals with lived experience and professional knowledge in public safety and behavioral health actively contribute to program activities. The MH network consists of licensed clinicians experienced with first responders and high-stress environments. Ongoing feedback from these stakeholders informs program development, provider vetting, and service effectiveness, shaping provider selection criteria and referral processes. Clinicians engage in quality discussions to address workforce needs and service gaps, while informal input from first responders and MH professionals refines operational practices. Notably, 60–70% of clinicians and staff possess direct experience serving first responders or working in public safety, ensuring that services are effectively designed and delivered.

Engaging the whole community:

Through culturally responsive providers, honors patient preferences (e.g., gender, cultural background, modality), and expanding virtual care to reduce geographic and social barriers. Confidential referral processes and strong privacy protections are emphasized to mitigate fears related to stigma, discrimination, or professional repercussions by embedding equity and inclusion directly into provider selection, referral, and care coordination, ensuring culturally responsive behavioral health services are accessible at the point of care.

Promoting inclusion and reducing stigma:

Person-centered access to licensed MH care tailored to individual preferences, cultural contexts, and lived experiences. Individuals choose their providers based on modality, availability, and personal comfort, and collaboratively adjust care plans. Virtual options help overcome barriers related to geography and privacy, ensuring equitable access. Confidential referral pathways and clear communication services are voluntary and encourage engagement without fear of professional repercussions. Additionally, the program promotes civic and community engagement by improving MH stability resilience and reducing stigma. Provider vetting emphasizes culturally responsive and trauma-informed care, fostering trust and engagement, especially among first responders and their families.

Technology access and use:

Access to telehealth and virtual coordination.

Unique approach:

Utilizes web links to report the program is grounded in evidence-informed and recommended practices that emphasize workforce specialization, cultural competence, and coordinated access to care for high-risk occupational groups.

Staff credentials and training:

Program leadership and staff possess expertise in behavioral health workforce coordination and provider vetting for first responders. Licensed clinicians (e.g., LCSW, LCPC, LMFT, Psychologist, Psychiatrist) in the network hold active state licensure and meet ethical standards are vetted for specialized training and experience with first responders, including trauma exposure, critical incident stress, cumulative occupational stress, confidentiality concerns, shift-based work, evidence-based treatment modalities ((e.g., CBT, EMDR, somatic approaches) that are culturally responsive care for

Draft Program Year 2027 Program Summary:

We Never Walk Alone – Vetted Mental Health Professional Network

public safety personnel and their families. Program staff oversee onboarding, coordination, referrals, privacy standards, and continuity-of-care practices and a strong, reputable behavioral health workforce.

Other funding and resource leveraging:

Identifies private insurance, self-pay by individuals, and agency-funded wellness or EAP benefits as existing sources. CCMHB funding will fill in the gap. No fees. No Medicaid participation.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: No. (e.g., a for-profit company without local advisory board.)
If contracted, any compliance issues: N/A
Notes on audit/review/compilation: This is a first time applicant. The agency does not have annual audits but provided us with recent audited balance sheet to complete the application.
2. Capacity for financial clarity: Not demonstrated.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Partially.
6. Coordinated system: Program aims to strengthen coordination by serving as a centralized vetting, navigation, and referral framework between first responders and licensed MH providers in Champaign County.
Written collaborative agreements: Existing agreements with national provider network, none specifically local.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Missing: CLC Plan; budget plan information.

Revisions prior to contract: CLC Plan; set up a local advisory committee; provide information about total agency revenues and expenses, which should match the other program requests, if both are funded, and which should justify the request.

Special provisions: mid-year progress report to the Board; collaboration with stakeholders.

Review and input:

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

Draft MHB Program Year 2027 Program Summary

Women in Need (WIN) Recovery – Win Resilience Resource Ctr NEW

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

Request: \$270,000

Why it matters:

“... aligns with the PY2027 priority of Safety and Crisis Stabilization because of the urgent, immediate needs that our population experiences when reentering society. There must be more prison reentry preparation programs to help justice impacted individuals navigate a foreign world in a safe space. WIN Recovery’s Resilience Resource Center (WRRRC) serves as this bridge for justice impacted individuals. We provide a healing oasis with trauma informed programming during a period of tremendous volatility.”

Selected priority:

Safety and Crisis Stabilization

Agency vision and info:

“WIN Recovery’s vision is to transform and abolish the overpopulation of women incarcerated in Illinois. We fight discrimination against formerly incarcerated individuals in the areas of employment, housing, and parental rights.” See <https://www.win-recovery.org/> for more information.

Services and People Served

Who will benefit:

Justice impacted women and LGBTQ2+ individuals who struggle with substance use disorder or possess other co-occurring mental health diagnoses and are reentering the community.

Scope of services:

Peer-led support system for women and LGBTQ2S+ individuals living in the community who are not in residential housing but still need safe space, system navigation, and comprehensive support to prevent deeper system involvement and support successful reentry. Supports are tailored to individual goals and encompass housing navigation, case management, health services, substance use recovery, education, legal advocacy, community engagement, family therapy and reunification services; assistance with compliance related to parole, probation, DCFS, and other systems.

Location and frequency of services:

The WIN Resilience Resource Center (WRRRC), designed as a central hub for community-based supportive services offers a safe and trauma-informed environment with both in-person and virtual service options, including case management check-ins and online recovery groups. Additionally, clients receive support to access these virtual services as needed.

Staff comment:

Overall description of the program and service setting is generally clear, though the narrative focuses more on philosophy and mission than on operational details such as service intensity and caseloads outcomes.

Residency and Demographics not available – a NEW request.

Measures of Client/Participant Access

Eligibility criteria and determination: Women or LGBTQ2+ community coming directly from the criminal justice system and meeting key factors: justice involvement, DCFS involvement, MH/SUD, history of trauma, housing and financial need, and documented need for services. An eligibility questionnaire and assessment are completed by a coordinator, and Leadership staff makes a final decision based on these criteria.

Outreach to eligible people: word of mouth and referrals: correctional and court agencies, treatment centers, client networks, reentry councils, and biannual summits.

Within 1 days of referral, 100% of those referred will be assessed.

Within 1 day of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: participation is not measured by length of time

Additional demographic data: (a) obtaining Identification Documents, (b) Family Reunification, (c) Criminal History, (d) Treatment Completion, (e) Social Economic Status, (f) Income, (g) Employment Status, (h) Education, (i) Recovery Milestones, (j) Formerly incarcerated (h) number of children.

Staff comment:

The access measures appear generally appropriate for a justice-involved reentry population.

Measures of Client/Participant Outcomes

Outcomes and targets:

Based on A New Way of Life's Safe House Replication model. WIN treats these 12 benchmarks as shorter- and longer-term individual outcomes. In addition to these 12 individual outcomes, we also track family reunification outcomes for all relevant cases (i.e., women with children).

1. Housing stability
2. Acquiring personal identification
3. Maintenance of sobriety
4. Development of self-identified goals
5. Progress toward achieving self-identified goals
6. Compliance with conditions of probation or parole
7. No re-incarceration
8. Ability to access benefits or assistance
9. Regular attendance at recovery meetings
10. Enrollment in school
11. Access resources to employment
12. Sought employment
13. Family reunification (if applicable)

Specific assessment tools and data collection:

All outcomes are tracked through assessments, client self-reports, and caseworker documentation recorded in Mission Tracker. Staff track quantitative and qualitative data in case notes, service plans, and progress updates, with data collected at intervals tailored to each outcome.

Outcome data gathered from all participants: Yes.

Will collect outcome data at the 1st, 6th, and 12th month periods.

Staff comment:

Because these outcomes are the 'benchmarks' identified in the model, they are identical to the outcomes identified in the agency's currently funded program (though without specific targets). Collecting data at several intervals allows the program to capture both early stabilization and longer-term progress. One limitation is the outcomes are primarily descriptive and do not appear to include clearly defined numerical targets (e.g., percentage achieving housing stability), which may make it more difficult to assess overall program performance at the aggregate level. Specific targets are not identified. It is not clear whether people served have a choice among goals (may be important for women in recovery.)

Measures of Utilization

Treatment Plan Clients (TPCs): 75 clients will have a recovery support plan.

Non-Treatment Plan Clients (NTPCs): 25 clients not returning after initial services and reunited family members.

Community Service Events (CSEs): 40 reentry and community engagements.

Service Contacts (SCs): 100 phone calls and walk-ins.

Financial Analysis

Program Year 2027 CCMHB request: \$270,000

Program Year 2027 total program budget: \$682,000

CCMHB request is for 40% of total program revenue. Other program revenue is from ICJIA VOCA \$175,000, IHDA Pre-Trial \$200,000, and ICJIA R3 Grant \$37,000.

Personnel costs of \$170,500 are 63% of the requested amount. Other expenses are Professional Fees/Consultants \$20,000, Consumables \$5,000, General Operating \$22,500, Occupancy \$11,000, and Lease/Rental \$41,000.

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

Direct staff for the program are 100% of full-time CU Resilience Coordinator and full-time CU Center Facilitator (to be hired) and 50% of full-time CU Community Outreach person. Indirect staff are 25% of the full-time Executive Director.

Program staff to be funded by CCMHB: 0.25 Indirect + 2.5 Direct = 2.75 FTEs.

Total program staff: 0.4 Indirect + 3.5 Direct = 3.9 FTEs.

Staff comments:

Errors are present in the Expense Budget Form that may affect the overall accuracy of the budget. In particular, payroll taxes appear to be underbudgeted.

The Budget Narrative indicates that a pending grant from the ICJIA R3 will allocate \$200,000 to this program. However, the Revenue Budget Form reflects only \$37,000 of this funding as program revenue. Clarification is needed regarding the amount of ICJIA R3 funding that will be applied to this program.

If a greater portion of the ICJIA R3 grant is intended to support this program, the current budget may materially understate available revenue and overstate the amount requested from CCMHB, raising concerns regarding the accuracy of the funding request.

Agency Cultural and Linguistic Competence Plan

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

Draft Program Year 2027 Program Summary:

WIN Recovery – Win Resilience Resource Center

Highlights from the submitted CLC Plan: All staff and Board members will receive the annual DEI training. The Board will update policies based on client feedback from satisfaction surveys. Digital and hard copies of qualified interpreters will be available to clients with language and communication needs.

Criteria for Best Value

Budget and program connectedness:

Yes, though some clarification will be helpful.

Participant outcomes (see details above):

Outcomes are measurable and reasonable but maybe a bit excessive. Specific targets are not included.

Personal agency in individual and program planning:

100% of WRRC staff have lived experience with justice system involvement, reinforcing its peer-led model. Staff perspectives are incorporated through regular weekly one-on-one check-ins that allow for feedback on program effectiveness, client needs, and potential service improvements.

Engaging the whole community:

Access to trauma-informed, peer-led services for justice-involved women and LGBTQ2+ individuals faced with significant barriers to behavioral health and reentry support by filling service gaps, coordinating referrals, and engaging community partners; provides consistent, culturally responsive care that promotes recovery, stability, and reduced recidivism.

Promoting inclusion and reducing stigma:

Centers people with lived experience, ensuring diverse leadership and stronger services; promotes engagement through volunteering, challenges stigma, and offers training in intersectionality, trauma-informed care, and equity to support healing and inclusion.

Technology access and use:

Both in-person and virtual service options through the WIN Resilience Resource Center. Virtual services include case management check-ins, peer mentoring, recovery meetings, life-skills groups, and wraparound service coordination.

Unique approach:

Housing First, Permanent Supportive Housing model for reentry population. No link is provided.

Staff credentials and training:

Executive Director (MSW, QMHP) with a Master of Social Work and concentration in mental health. Operations Manager & Family Reunification Coordinator, a program graduate with lived experience in recovery and justice system navigation. Quality Chief Officer with an accounting background and over 15 years in insurance and HR fields. The program emphasizes peer leadership, with 100% of staff reporting lived experience related to justice involvement.

Other funding and resource leveraging:

Grants from ICJIA VOCA, IDHA PreTrial, New Leaf, and Walmart. Contract with the Illinois Department of Corrections. Plans to pursue R3 funding and private foundation funding. Growing private donor support and future business sponsorships; leverages: University of Illinois School of Social Work interns.

Expectations for Minimal Responsiveness

1. Eligible per registration questionnaire: Yes.

If contracted, any compliance issues: Yes. Audit is delayed.

Notes on audit/review/compilation: The agency's Program Year 2025 audit was submitted 03/06/2026, and initial questions (regarding categories especially) were answered, discussion continues.

Draft Program Year 2027 Program Summary:

WIN Recovery – Win Resilience Resource Center

2. Capacity for financial clarity: Improvement each year.
3. All forms submitted by deadline: Yes.
4. Addresses improving the quality of life for persons with MI, SUD, or I/DD: Yes.
5. Other sources of funding have been maximized: Yes. The program lists multiple grants and contracts.
6. Coordinated system: coordinates with multiple: criminal justice, housing, treatment, and reentry providers. Collaboration also includes education and internship partnerships with the University of Illinois. Written collaborative agreements: HACC, IDOC, First Followers.

Process Considerations and Caveats

Contracting considerations:

If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final Program Year 2027 contract:

Revisions prior to contract: develop specific targets for outcomes; revise financial forms, resolving discrepancies which will also clarify how much MHB funding support is needed.

Special provisions: mid-year progress report to the Board; collaboration with similar and related providers and with Specialty Court; provide information about efforts to secure other program funding.

Review and input:

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