# Champaign County Mental Health Board (CCMHB) Meeting Agenda
# Wednesday, September 23, 2026, 5:45PM

This meeting will be held in person at the Shields-Carter Room of the Bennett Administrative Center, 102 E. Main St., Urbana, IL 61801. Members of the public may attend in person or virtually, using https://us02web.zoom.us/j/81393675682 Meeting ID: 813 9367 5682

I. **Call to order**

II. **Roll call**

III. **Approval of Agenda***

IV. **Schedules and Timelines**

For information only are the CCMHB Meeting Schedule and Timeline, posted here (https://ccmhddbrds.org/ords/f?p=189:9::::::), and the Champaign County Developmental Disabilities Board (CCDDB) Meeting Schedule and Timeline, posted here (https://ccmhddbrds.org/ords/f?p=189:8::::::).

V. **Acronyms and Glossary**

For information only, an updated glossary of terms is posted here (https://ccmhddbrds.org/ords/f?p=189:12::::::).

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

VII. **Chairperson's Comments – Jane Sprandel**

VIII. **Executive Director's Comments – Lynn Canfield**

IX. **Approval of CCMHB Board Meeting Minutes** (pages 5-8)*

Action is requested to approve minutes of the CCMHB July 22, 2026 meeting.

X. **Vendor Invoice Lists** (pages 9-16)*

Action is requested to accept the "Vendor Invoice Lists" and place them on file.

XI. **Old Business**

a) **Review of Select Client Data** (pages 17-24)

A Briefing Memorandum presents up to four years of client data, in three categories, from all programs funded during Program Year 2026. No action is requested.

**XII. New Business**

a) **Fund Balance Policy Review** (pages 25-28)*

A Decision Memorandum describes the longstanding fund balance target and offers detail on annual fluctuations. Action is requested to review and approve the policy.

b) **DRAFT 2027 Objectives for Three Year Plan** (pages 29-42)

A Briefing Memorandum introduces the attached Three Year Plan for 2026-2028 with DRAFT Objectives and Tactics for 2027. No action is requested.

c) **DRAFT Program Year 2028 Funding Priorities** (pages 43-64)

A Briefing Memorandum presents DRAFT Funding Priorities and Decision Support Criteria for Program Year 2028. No action is requested.

**XIII. Reports**

a) **Evaluation Capacity Evaluation Capacity Building Project Update**

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

b) **Staff Reports** (pages 65-90)

Reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Shandra Summerville are included in the packet for information only.

c) **Community Behavioral Health Needs Assessment Activities**

If time permits, an oral update will be provided.

d) **Anti-Stigma Projects** (pages 91-96)

A report on anti-stigma and resource awareness activities is included. See also *https://disabilityresourceexpo.org* and *https://champaigncountyair.com/*. No action is requested.

e) **Program Year 2026 Fourth Quarter Service Activity Reports** (pages 97-160)

For information are fourth quarter service/consumer activity reports regarding programs funded by the CCMHB, with details for the full year. No action is requested.

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

XV. **Board to Board Reports** (pages161 and 162)

XVI. **County Board Input**

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

XVIII. **Board Announcements and Input**

XIX. **Adjournment**

**Joint Study Session: September 30, 2026**

**October 14 study session is CANCELLED.**

**Upcoming Meetings: October 21, November 18, and December 9, 2026**

* Board action is requested.
**Public input may be given virtually or in person. If the time of the meeting is not convenient, you may communicate with the Board by emailing *stephanie@ccmhb.org* or *leon@ccmhb.org* any comments for us to read aloud during the meeting. The Chair reserves the right to limit individual time to five minutes and total time to twenty minutes. All feedback is welcome. The Board does not respond directly but may use input to inform future actions. Agency representatives and others providing input which might impact Board actions should be aware of the *Illinois Lobbyist Registration Act, 25 ILCS 170/1*, and take appropriate *steps to be in compliance with the Act*.
For accessible documents or assistance with any portion of this packet, please *contact us (leon@ccmhb.org).*

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# CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) MEETING

***Minutes July 22, 2026***

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

***5:45 p.m.***

## MEMBERS PRESENT:

Den Arres, Molly McLay, Elaine Palencia, Kyle Patterson, Jane Sprandel, Jen Straub, Jon Paul Youakim

## MEMBERS EXCUSED:

Alejandro Gomez, Tony Nichols

## STAFF PRESENT:

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

## OTHERS PRESENT:

Jacinda Dariotis, UIUC; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Jessie Heckenmueller, Champaign County Regional Planning Commission (CCRPC); Brenda Eakins, GROW in IL; Jessie Stevens, GCAP

## CALL TO ORDER:

CCMHB President Sprandel called the meeting to order at 5:47 p.m.

## ROLL CALL:

Roll call was taken, and a quorum was present.

## APPROVAL OF AGENDA:

The agenda was approved.

## CCDDB and CCMHB SCHEDULES:

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

## ACRONYMS and GLOSSARY:

A link to the list of commonly used acronyms was included for information.

## CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

## PRESIDENT'S COMMENTS:

Chair Sprandel reviewed a few housekeeping topics.

## EXECUTIVE DIRECTOR'S COMMENTS:

Director Canfield reported on the NACo Board meeting.

## APPROVAL OF MINUTES:

Minutes from the May 27, 2026 meeting were included in the board packet for review.

> **MOTION: Ms. McLay moved to approve the minutes of the CCMHB's meeting on May 27, 2026. Ms. Straub seconded the motion. A voice vote was taken and the motion passed unanimously.**

## APPROVAL OF VENDOR INVOICE LISTS:

The Vendor Invoice List was included in the packet. Dr. Youakim and Ms. Palencia asked for details of two expenditures, which Director Canfield provided.

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

## OLD BUSINESS:

**Evaluation Capacity Building Project Annual Report:**
Dr. Dariotis presented their annual report. See other resources developed by the team at https://www.familyresiliency.illinois.edu/resources/microlearning-videos. Board members were given an opportunity to answer questions following the presentation.

## NEW BUSINESS:

**DRAFT 2027 Budgets:**
A Decision Memorandum presented attached draft 2027 CCMHB and I/DD Special Initiative fund budget documents for board review and approval, with background details, CCDDB draft

budget, and intergovernmental agreement for information. Board members asked for clarification on a few line items.

**MOTION: Ms. McLay moved to approve the attached draft 2027 CCMHB Budget, with anticipated revenues and expenditures of $7,607,177. Mx. Arres seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**MOTION: Ms. McLay moved to approve amending the 2026 I/DD Special Initiatives and CCMHB Fund Budgets, to transfer the remaining I/DD SI fund balance in equal amounts to the CCMHB and CCDDB Funds at the end of 2026. Use of this fund is consistent with the terms of Intergovernmental Agreement between CCDDB and CCMHB, and full approval is contingent on CCDDB action. Mx. Arres seconded the motion. A roll call vote was taken and the motion passed.**

**MOTION: Ms. Sprandel moved to approve the attached 2027 I/DD Special Initiatives and CCMHB Fund Budget, with anticipated revenues and expenditures of $0. Use of this fund is consistent with the terms of Intergovernmental Agreement between CCDDB and CCMHB, and full approval is contingent on CCDDB action. Ms. McLay seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**DRAFT RFP for Evaluation Capacity Building Project:**
A Decision Memorandum presented an attached draft Request for Proposals for Evaluation Capacity Building. Action was requested to approve the draft and bid notice.

**MOTION: Mx. Arres moved to approve the attached "Request for Proposals, Evaluation Capacity Building Project for the County of Champaign." Ms. Straub seconded the motion. A voice vote was taken and the motion passed.**

**Setting the Stage for 2027 and Program Year 2028:**
A briefing memorandum detailing current Three-Year plan objectives and tactics, Program Year 2027 funding allocation priorities, and lists of Program Year 2027 awards was included in the packet for review.

## REPORTS:

**Staff Reports:**
Staff reports from Kim Bowdry, Leon Bryson, Lynn Canfield, and Stephanie Howard-Gallo were included in the packet.

**Community Behavioral Health Needs Assessment Activities:**
Minutes of the May workgroup meeting were included in the packet for information only.

**Anti-Stigma Projects:**
A report on planned anti-stigma activities for 2026 was included in the packet.

**MOTION: Ms. McLay moved to establish an annual recognition award in memory of Barbara Bressner, with any associated costs not to exceed budgeted amounts. Mx. Arres seconded. A voice vote was taken and the motion passed.**

**MOTION: Ms. Sprandel moved to authorize the CCDDB/CCMHB Executive Director and staff to implement anti-stigma events during 2027, not to exceed budgeted amounts. Ms. Palencia seconded. A voice vote was taken and the motion passed unanimously.**

## PUBLIC PARTICIPATION AND AGENCY INPUT:

None.

## BOARD TO BOARD REPORTS:

Chair Sprandel attended a Community Coalition meeting.

## COUNTY BOARD INPUT:

Mx. Arres announced a re-entry council is being established by resolution.

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

None.

## BOARD ANNOUNCEMENTS AND INPUT:

The August meeting will be cancelled. The next meeting of the CCMHB will be September 23, 2026.

## ADJOURNMENT:

The meeting adjourned at 7:30 p.m.

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

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

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County Mental Health Board

## Vendor Invoice List – July 2026

| VENDOR NAME | INVOICE | INVOICE NET | INVOICE DESCRIPTION | CHECK DATE |
|---|---|---|---|---|
| C-U AT HOME | Jul'26 MHB27-021 | 24,583.00 | MHB27-021 Shelter Case Managem | 7/1/2026 |
| CHAMPAIGN COUNTY TREASURER | Jul'26 MHB26-006 | 5,325.00 | MHB26-006 Champaign County Chi | 7/1/2026 |
| CHAMPAIGN COUNTY TREASURER | Jul'26 MHB27-004 | 15,750.00 | MHB27-004 Homeless Services Sys | 7/1/2026 |
| CHAMPAIGN COUNTY TREASURER | Jul'26 MHB26-025 | 6,362.00 | MHB26-025 Youth Assessment Cen | 7/1/2026 |
| CHAMPAIGN COUNTY TREASURER | Jul'26 Office Rent | 2,266.68 | Jul'26 Office Rent 053 | 7/1/2026 |
| CHAMPAIGN COUNTY TREASURER | MHB-0067 | 890.00 | Jun'26 Information Technology Service | 7/10/2026 |
| CHAMPAIGN COUNTY TREASURER | Jul'26 Office Balnce | 61.20 | Remaining balance 053 Jul'26 Office Rent | 7/17/2026 |
| CHAMPAIGN COUNTY TREASURER | Jul'26 MHB27-026 | 34,255.00 | MHB27-026 Early Childhood Ment | 7/17/2026 |
| CDS OFFICE SYSTEMS | INV1786118 | 1.08 | 053 MHB CDS Contract 14173-01 | 7/1/2026 |
| CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER | Jul'26 MHB26-029 | 8,333.00 | MHB26-029 Mental Health Care | 7/2/2026 |
| CHAMPAIGN COUNTY HEALTH CARE CONSUMERS | Jul'26 MHB26-044 | 8,094.00 | MHB26-044 CHW Outreach & Benef | 7/2/2026 |
| CHAMPAIGN COUNTY HEALTH CARE CONSUMERS | Jul'26 MHB27-066 | 10,083.00 | MHB27-066 Disability Applicati | 7/2/2026 |
| CHAMPAIGN COUNTY HEALTH CARE CONSUMERS | Jul'26 MHB26-045 | 8,607.00 | MHB26-045 Justice Involved CHW | 7/2/2026 |
| COMMUNITY SERVICE CENTER OF NORTHERN | Jul'26 MHB26-008 | 5,888.00 | MHB26-008 Resource Connection | 7/2/2026 |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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| CRISIS NURSERY | Jul'26 MHB26-005 | 7,500.00 | MHB26-005 Beyond Blue Champaig | 7/1/2026 |
| CUNNINGHAM CHILDRENS HOME | Jul'26 MHB27-018 | 22,029.00 | MHB27-018 ECHO Housing and Emp | 7/1/2026 |
| CUNNINGHAM CHILDRENS HOME | Jul'26 MHB27-036 | 24,877.00 | MHB27-036 Families Stronger To | 7/1/2026 |
| DEVELOPMENTAL SERVICES CENTER OF | Jul'26 MHB26-012 | 58,500.00 | MHB26-012 Family Development | 7/1/2026 |
| DON MOYER BOYS & GIRLS CLUB | Jul'26 MHB27-031 | 100,000.00 | MHB27-031 Community Coalition | 7/1/2026 |
| DON MOYER BOYS & GIRLS CLUB | Jul'26 MHB27-015 | 7,844.00 | MHB27-015 CU Change | 7/1/2026 |
| EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR | Jul'26 MHB26-001 | 6,286.00 | MHB26-001 Family Support & Str | 7/1/2026 |
| EMPLOYEE VENDOR | Bowdry 7/6/26 | 53.80 | Travel Log 5/1/26 - 6/30/26 | 7/10/2026 |
| FAMILY SERVICE OF CHAMPAIGN COUNTY | Jul'26 MHB26-014 | 11,943.00 | MHB26-014 Counseling | 7/10/2026 |
| FAMILY SERVICE OF CHAMPAIGN COUNTY | Jul'26 MHB26-016 | 3,182.00 | MHB26-016 Self-Help Center | 7/10/2026 |
| FAMILY SERVICE OF CHAMPAIGN COUNTY | Jul'26 MHB26-017 | 17,863.00 | MHB26-017 Senior Counseling an | 7/10/2026 |
| GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL | Jul'26 MHB27-022 | 9,489.00 | MHB27-022 Advocacy, Care, and | 7/2/2026 |
| GROW IN ILLINOIS | Jul'26 MHB27-011 | 14,317.00 | MHB27-011 Peer Support | 7/1/2026 |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
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# Champaign County Mental Health Board

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| IMMIGRANT SERVICES OF CHAMPAIGN-URBANA | Jul'26 MHB26-010 | 16,688.00 | MHB26-010 Immigrant Mental Hea | 7/2/2026 |
| MCS OFFICE TECHNOLOGIES INC | 0-1714615 | 163.00 | Jul'26 MHB/DDB Managed IT Service | 7/10/2026 |
| PROMISE HEALTHCARE | Jul'26 MHB26-013 | 30,000.00 | MHB26-013 Mental Health Servic | 7/1/2026 |
| PROMISE HEALTHCARE | Jul'26 MHB26-041 | 10,416.00 | MHB26-041 Wellness | 7/1/2026 |
| RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES | Jul'26 MHB26-035 | 16,350.00 | MHB26-035 Sexual Trauma Therap | 7/1/2026 |
| RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES | Jul'26 MHB26-002 | 9,009.00 | MHB26-002 Sexual Violence Prev | 7/1/2026 |
| ROSECRANCE, INC. | Jul'26 MHB27-019 | 15,083.00 | MHB27-019 Benefits Case Manage | 7/1/2026 |
| ROSECRANCE, INC. | Jul'26 MHB27-023 | 10,416.00 | MHB27-023 Recovery Home | 7/1/2026 |
| UNITING PRIDE | Jul'26 MHB27-009 | 18,754.00 | MHB27-009 Children, Youth, & F | 7/1/2026 |
| UNIVERSITY OF ILLINOIS | Jul'26 Award 112237 | 11,488.33 | MHB23-039 Building Agency Eval | 7/1/2026 |
| URBANA ADULT EDUCATION | Jul'26 MHB27-042 | 7,225.00 | MHB27-042 CU Early | 7/1/2026 |
| URBANA NEIGHBORHOOD CONNECTION CENTER | Jul'26 MHB26-024 | 31,848.00 | MHB26-024 Community Study Cent | 7/1/2026 |
| WOMEN IN NEED RECOVERY | Jul'26 MHB26-069 | 15,250.00 | MHB26-069 Community Support Re | 7/1/2026 |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County Mental Health Board

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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| CHAMPAIGN COUNTY TREASURER | Aug'26 MHB26-025 | 6,362.00 | MHB26-025 Youth Assessment Cen | 8/7/2026 |
| CHAMPAIGN COUNTY TREASURER | Aug'26 Office Rent | 2,327.88 | Aug'26 Office Rent 053 | 8/7/2026 |
| CHAMPAIGN COUNTY TREASURER | 1094 | 890.00 | Jul'26 Information Technology Service | 8/7/2026 |
| CDS OFFICE SYSTEMS | INV1794470 | 6.86 | 053 MHB CDS Contract 14173-01 | 8/7/2026 |
| CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER | Aug'26 MHB26-029 | 8,333.00 | MHB26-029 Mental Health Care | 8/7/2026 |
| CHAMPAIGN COUNTY HEALTH CARE CONSUMERS | Aug'26 MHB26-044 | 8,094.00 | MHB26-044 CHW Outreach & Benef | 8/7/2026 |
| CHAMPAIGN COUNTY HEALTH CARE CONSUMERS | Aug'26 MHB27-066 | 10,083.00 | MHB27-066 Disability Applicati | 8/7/2026 |
| CHAMPAIGN COUNTY HEALTH CARE CONSUMERS | Aug'26 MHB26-045 | 8,607.00 | MHB26-045 Justice Involved CHW | 8/7/2026 |
| COMMUNITY SERVICE CENTER OF NORTHERN | Aug'26 MHB26-008 | 5,888.00 | MHB26-008 Resource Connection | 8/7/2026 |
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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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| DEVELOPMENTAL SERVICES CENTER OF | Aug'26 MHB26-012 | 58,500.00 | MHB26-012 Family Development | 8/7/2026 |
| DON MOYER BOYS & GIRLS CLUB | Aug'26 MHB27-015 | 7,844.00 | MHB27-015 CU Change | 8/7/2026 |
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| FAMILY SERVICE OF CHAMPAIGN COUNTY | Aug'26 MHB26-017 | 17,863.00 | MHB26-017 Senior Counseling an | 8/7/2026 |
| FIRST FOLLOWERS | Aug'26 MHB27-034 | 5,791.00 | MHB27-034 FirstSteps Community | 8/7/2026 |
| FIRST FOLLOWERS | Aug'26 MHB27-003 | 7,500.00 | MHB27-003 Peer Mentoring for R | 8/7/2026 |
| GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL | Aug'26 MHB27-022 | 9,489.00 | MHB27-022 Advocacy, Care, and | 8/7/2026 |
| GROW IN ILLINOIS | Aug'26 MHB27-011 | 14,317.00 | MHB27-011 Peer Support | 8/7/2026 |

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| JP MORGAN CHASE BANK | 6233 7/31/26 | 116.03 | Acct # 4485 9279 0007 6233 7/31/26 | 8/7/2026 |
| MEGHAN E MCDONALD | 1 / August | 1,320.00 | MHB26-020 Resource Book, Websi | 8/14/2026 |
| MCS OFFICE TECHNOLOGIES INC | 01-714941 | 163.00 | Aug'26 MHB/DDB Managed IT Service | 8/21/2026 |
| NACBHDD | INV000321 | 240.00 | Early Bird Registration 2026 Fall Virtual Legislat | 8/7/2026 |
| PROMISE HEALTHCARE | Aug'26 MHB26-013 | 30,000.00 | MHB26-013 Mental Health Servic | 8/7/2026 |
| PROMISE HEALTHCARE | Aug'26 MHB26-041 | 10,416.00 | MHB26-041 Wellness | 8/7/2026 |
| RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES | Aug'26 MHB26-035 | 16,350.00 | MHB26-035 Sexual Trauma Therap | 8/7/2026 |
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CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

## Champaign County Mental Health Board

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| WOMEN IN NEED RECOVERY | Aug'26 MHB26-069 | 15,250.00 | MHB26-069 Community Support Re | 8/7/2026 |
| WOMEN IN NEED RECOVERY | Aug'26 MHB27-065 | 17,500.00 | MHB27-065 WIN Resilience Resou | 8/7/2026 |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# BRIEFING MEMORANDUM

DATE: September 23, 2026
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director, and Shandra Summerville, Cultural and Linguistic Competence Coordinator
SUBJECT: Four-Year Comparison of Demographic and Residency Data

## Background

This memorandum introduces data reported for programs funded by the CCMHB during Program Years 2023, 2024, 2025, and 2026 (July 1, 2023 to June 30, 2026.)

Programs not funded in Program Year 2026 are removed from this review. Any not funded for the entire four years but funded in Program Year 2026 are included.

These four years of data offer an opportunity to see progress toward equitable care in the subset of the service system directly connected to the CCMHB. We are especially interested in seeing that funded programs reach people traditionally underserved by health and social service systems, both locally and nationally. Some are also underrepresented in private health insurance, Medicare, and other payer systems. It will be good news to find these groups overrepresented in our own data, in case that means the local system provides some balance.

Of greatest concern are people who identify themselves as Black/African American or as Hispanic/Latina/o/x/e. Other racial minority groups are reported, but some categories have changed and might not have been consistently chosen, or all such identification declined. Due to the nature of services, people may exercise the right to avoid answering these questions. We should not underestimate people's fear, fatigue, and the foresight they will encounter discrimination. The totals reported for the categories of interest are an undercount of actual use.

Another important population tracked in our data is rural residency, as people living in some areas of the County have also been underserved.

In October 2024, we presented the first two years of data and noted the following:

- Many programs offered services in a similar way and at similar cost both years.
- Many experienced stabilization and recovery from global pandemic impacts.
- CCMHB staff and consultants' ability to assist reporting was not disrupted.
- There was no change in CCMHB reporting categories.

We included these cautions:

- Some agencies received other funding in the first year but possibly not the second.
- While TPCs should include only those people served using CCMHB funds, a few programs report on all regardless of fund source. Because they reported in this way both years, the data are comparable, especially if we look at percentages per category rather

than total numbers served. *(NOTE: This assumption was probably incorrect, since there could be disparities in coverage by other pay sources.)*

- Of the many types of data reported by agencies, these may help identify strengths or barriers to equity as we plan for the next allocation process.
- Many clarifications could have been included in the charts. For the sake of readability and time, most are omitted. CCMHB staff may be able to offer additional information, during or following the meeting.
- TPCs may choose not to answer for many reasons, including stigma.
- TPCs may choose a category which is not their preferred option, and their preferred option might not be listed.
- Changes in general population from PY23 to PY24 are not captured.
- Needs and service preferences of new County residents would impact participation in services and may relate to the reported demographic and residency characteristics.
- Agency staff turnover can impact how data are collected and reported.
- Support from CCMHB staff can impact the accuracy of agency reporting.
- Each stage of communication and presentation of data, including assembling the memo and charts, adds risk of error.
- And the ubiquitous reasons to avoid most comparison across programs: some are highly localized and specialized, by design, while others are large and multi-service; referral sources and intensity and type of service vary greatly, also by design; and different levels and types of funding impact outreach.

All cautions apply to the data reported in Program Years 2025 and 2026, along with new ones:

- CCMHB reporting categories were changed for Program Year 2025, pursuant to a great deal of input from board members, agency representatives, and community members, along with our own comparison to other funders' categories. Importantly, Hispanic and Latino ethnicities is no longer identified in a category separate from race. We have tried to account for this in the newer numbers but may have misunderstood some counts.
- People are now able to select multiple options within categories. Because Race/Ethnicity is where people do often exercise this 'choose all' option, the percentages are based on what appears to be the true total unduplicated number, typically the total of Age options.
- Programs which offer temporary housing often report the location of the service as the participant's zip code residence (as opposed to their residence of origin). Similarly, placements from Department of Corrections are typically noted as Other and do not impact specific zip code categories.
- Programs serving certain populations may find their clients more reluctant to share information (and even to seek services), which might have a recent impact.
- Program results are rounded to whole numbers, while the general population data are not.

In October 2024 the data charts showed all reported demographic and residency characteristics of Treatment Plan Clients (TPCs). Because many categories are not relevant to the purpose of this review, and because those charts were not easily converted for compliance with accessibility standards, this memorandum includes built in tables for each funded program, focused only on the relevant data points. Data are organized per program and per year. Above each chart are details on Champaign County's general population for comparison.

# Black/African American Participants

This table presents percentages of respondents in each program who chose "Black/African American," during each of up to four years. For programs not funded during a year, "n/a" is used. For programs which were funded but did not collect this information, "No data" is used. To compare with general population, the estimated total of Champaign County residents in 2024 was 205,644, with 14.6% of the total identifying as "Black/African American".

| Agency/Program | PY23 | PY24 | PY25 | PY26 |
|---|---|---|---|---|
| CU at Home | 37% | 36% | 18% | 35% |
| CU Early | n/a | 0% | 0% | 0% |
| CCRPC Homeless Service System Coordination | 0% | 10% | 8% | 11% |
| CCRPC Youth Assessment Center | 56% | 65% | 71% | 55% |
| CC Children's Advocacy Center | 31% | 27% | 27% | 36% |
| CC Christian Health Center | 29% | 27% | 22% | 16% |
| CC Head Start Mental Health Services | 62% | 52% | 50% | 52% |
| CCHCC CHW Outreach | 24% | 30% | 41% | 34% |
| CCHCC Disability Application Services | 38% | 42% | 47% | 47% |
| CCHCC Justice-Involved CHW | 68% | 45% | 61% | 64% |
| CSCNCC Resource Connection | 32% | 26% | 16% | 20% |
| Courage Connection | 36% | 40% | 42% | 54% |
| Crisis Nursery Beyond Blue | 21% | 29% | 48% | 50% |
| Cunningham Children's Home ECHO | 52% | 58% | 53% | 50% |
| Cunningham Children's Home FST | 33% | 37% | 38% | 48% |
| DSC Family Development | 22% | 22% | 22% | 20% |
| DMBGC CU Change | 60% | 88% | 79% | 75% |
| DMBGC Coalition Summer Initiatives | 89% | 86% | 65% | 72% |
| ECIRMAC Family Support & Strengthening | 3% | 5% | 6% | 4% |
| Family Service Counseling | 37% | 20% | 21% | 36% |
| Family Service Self Help Center | 21% | No data | 46% | 6% |
| Family Service Senior Counseling & Advocacy | 25% | 24% | 29% | 28% |
| FirstFollowers FirstSteps Houses | 92% | 78% | 100% | 100% |
| FirstFollowers Peer Mentoring | 87% | 78% | 66% | 74% |
| GCAP Advocacy Care & Education Services | n/a | n/a | 42% | 38% |
| GROW in Illinois Peer Support | 46% | 59% | 51% | 41% |
| Immigrant Services CU Immigrant MH | n/a | 46% | n/a | 27% |

| | | | | |
|---|---|---|---|---|
| Promise Healthcare MH Services | 23% | 24% | 28% | 27% |
| Promise Healthcare Wellness | 34% | 26% | 30% | 26% |
| RACES Sexual Trauma Therapy Services | n/a | 14% | 10% | 11% |
| RACES Sexual Violence Prevention Education | No data | No data | No data | No data |
| Rosecrance Benefits Case Management | 33% | 41% | 37% | 38% |
| Rosecrance Crisis Co-Response Team | 25% | 41% | 38% | 50% |
| Rosecrance Recovery Home | 12% | 27% | 36% | 29% |
| Uniting Pride Children Youth & Families | 9% | 8% | 9% | 18% |
| Urbana Neighborhood Connections Center | 22% | n/a | n/a | 98% |
| WIN Recovery Community Reentry Houses | 12% | 7% | 25% | 4% |

# Hispanic, Latino/a/e/x Participants

This table presents percentages of respondents in each program who chose "Hispanic" or "Latino/a/e/x," during each of up to four years. For programs not funded during a year, "n/a" is used. For programs which were funded but did not collect this information, "No data" is used. To compare with general population, the estimated total of Champaign County residents in 2024 was 205,644, with 6.8% of the total identifying as "Hispanic/Latino, Latina, Latine, or Latinx".

| Agency/Program | PY23 | PY24 | PY25 | PY26 |
|---|---|---|---|---|
| CU at Home | 2% | 2% | 0% | 2% |
| CU Early | n/a | 100% | 100% | 100% |
| CCRPC Homeless Service System Coordination | 0% | 3% | 2% | 0% |
| CCRPC Youth Assessment Center | 7% | 5% | 0% | 6% |
| CC Children's Advocacy Center | 22% | 16% | 11% | 14% |
| CC Christian Health Center | 5% | 11% | 0% | 1% |
| CC Head Start Mental Health Services | 4% | 5% | 14% | 4% |
| CCHCC CHW Outreach | 6% | 7% | 5% | 3% |
| CCHCC Disability Application Services | 2% | 2% | 3% | 3% |
| CCHCC Justice-Involved CHW | 1% | 1% | 1% | 1% |
| CSCNCC Resource Connection | 25% | 28% | 21% | 13% |
| Courage Connection | 38% | 16% | 4% | 4% |
| Crisis Nursery Beyond Blue | 29% | 29% | 0% | 0% |
| Cunningham Children's Home ECHO | 0% | 0% | 3% | 4% |
| Cunningham Children's Home FST | 4% | 5% | 0% | 3% |
| DSC Family Development | 15% | 15% | 16% | 15% |

| | | | | |
|---|---|---|---|---|
| DMBGC CU Change | 20% | 0% | 0% | 7% |
| DMBGC Coalition Summer Initiatives | 3% | 3% | 5% | 5% |
| ECIRMAC Family Support & Strengthening | 71% | 75% | 72% | 64% |
| Family Service Counseling | 0% | 7% | 9% | 3% |
| Family Service Self Help Center | 0% | No data | 0% | 3% |
| Family Service Senior Counseling & Advocacy | 3% | 2% | 3% | 1% |
| FirstFollowers FirstSteps Houses | 8% | 0% | 0% | 0% |
| FirstFollowers Peer Mentoring | 4% | 1% | 1% | 3% |
| GCAP Advocacy Care & Education Services | n/a | n/a | 16% | 0% |
| GROW in Illinois Peer Support | 1% | 3% | 6% | 6% |
| Immigrant Services CU Immigrant MH | n/a | 13% | n/a | 64% |
| Promise Healthcare MH Services | 10% | 11% | 13% | 15% |
| Promise Healthcare Wellness | 38% | 42% | 38% | 45% |
| RACES Sexual Trauma Therapy Services | n/a | 15% | 11% | 15% |
| RACES Sexual Violence Prevention Education | No data | No data | No data | No data |
| Rosecrance Benefits Case Management | 8% | 3% | 0% | 1% |
| Rosecrance Crisis Co-Response Team | 4% | 8% | 4% | 0% |
| Rosecrance Recovery Home | 19% | 0% | 0% | 0% |
| Uniting Pride Children Youth & Families | 8% | 8% | 4% | 6% |
| Urbana Neighborhood Connections Center | 0% | n/a | n/a | 1% |
| WIN Recovery Community Reentry Houses | 7% | 7% | 0% | 0% |

# Non “Metro” Participants

This table presents percentages of respondents in each program who chose any zip code outside of Champaign and Urbana during each of up to four years. For programs not funded during a year, “n/a” is used. For programs which were funded but did not collect this information, “No data” is used. To compare with general population, the estimated total of Champaign County residents in 2024 was 205,644, with 26% of the total living outside of Champaign and Urbana.

| Agency/Program | PY23 | PY24 | PY25 | PY26 |
|---|---|---|---|---|
| CU at Home | 1% | 0% | 0% | 0% |
| CU Early | n/a | 1% | 0% | 0% |
| CCRPC Homeless Service System Coordination | No data | 0% | 0% | 0% |
| CCRPC Youth Assessment Center | 37% | 39% | 28% | 41% |
| CC Children’s Advocacy Center | 44% | 43% | 36% | 37% |

| | | | | |
|---|---|---|---|---|
| CC Christian Health Center | 21% | 13% | 15% | 7% |
| CC Head Start Mental Health Services | 24% | 24% | 30% | 29% |
| CCHCC CHW Outreach | 26% | 31% | 19% | 21% |
| CCHCC Disability Application Services | 32% | 30% | 27% | 22% |
| CCHCC Justice-Involved CHW | 18% | 15% | 19% | 8% |
| CSCNCC Resource Connection | 94% | 90% | 86% | 78% |
| Courage Connection | 22% | 19% | 21% | 20% |
| Crisis Nursery Beyond Blue | 46% | 14% | 43% | 44% |
| Cunningham Children's Home ECHO | 0% | 0% | 0% | 6% |
| Cunningham Children's Home FST | 31% | 46% | 58% | 48% |
| DSC Family Development | 44% | 42% | 43% | 41% |
| DMBGC CU Change | 13% | 6% | 17% | 7% |
| DMBGC Coalition Summer Initiatives | 7% | 7% | 13% | 32% |
| ECIRMAC Family Support & Strengthening | 14% | 14% | 14% | 15% |
| Family Service Counseling | 31% | 27% | 19% | 10% |
| Family Service Self Help Center | 15% | 0% | 7% | 20% |
| Family Service Senior Counseling & Advocacy | 26% | 23% | 26% | 28% |
| FirstFollowers FirstSteps Houses | 0% | 0% | 0% | 0% |
| FirstFollowers Peer Mentoring | 19% | 15% | 8% | 1% |
| GCAP Advocacy Care & Education Services | n/a | n/a | 0% | 0% |
| GROW in Illinois Peer Support | 5% | 9% | 3% | 0% |
| Immigrant Services CU Immigrant MH | n/a | 0% | n/a | 10% |
| Promise Healthcare MH Services | 23% | 25% | 25% | 27% |
| Promise Healthcare Wellness | 17% | 18% | 22% | 22% |
| RACES Sexual Trauma Therapy Services | n/a | 17% | 20% | 22% |
| RACES Sexual Violence Prevention Education | No data | No data | No data | No data |
| Rosecrance Benefits Case Management | 10% | 12% | 8% | 13% |
| Rosecrance Crisis Co-Response Team | 75% | 53% | 85% | 100% |
| Rosecrance Recovery Home | 6% | 0% | 7% | 6% |
| Uniting Pride Children Youth & Families | 27% | 16% | 15% | 13% |
| Urbana Neighborhood Connections Center | 4% | n/a | n/a | 4% |
| WIN Recovery Community Reentry Houses | 7% | 0% | 0% | 0% |

# Observations on Residency

Due to vulnerabilities associated with rural residency, the CCMHB has an interest in services which can reach people living in the medically underserved townships of the County or in the Village of Rantoul. It is not possible for all programs to offer county-wideness, and some people prefer to receive confidential services in a location not obvious to their neighbors. A few programs serving people who have housing instability do not report prior residency of Treatment Plan Clients (TPCs) but rather the location of the service site. Due to complicated considerations related to TPCs and agencies' capacity to reach them, the following observations list only those programs showing increases in the percentages of rural or Rantoul residents served.

These programs reported increased shares of participants by residents from areas other than Champaign and Urbana, while some others fluctuated:

- CCRPC - Youth Assessment Center
- Champaign County Head Start - Mental Health Services
- Crisis Nursery - Beyond Blue
- Cunningham Children's Home - ECHO Housing and Employment Services
- Cunningham Children's Home - Families Stronger Together (although a decrease in Program Year 2025)
- Don Moyer Boys and Girls Club –Coalition Summer Initiatives (a significant increase)
- ECIRMAC/The Refugee Center
- Family Service - Self-Help Center
- Family Service - Senior Counseling and Advocacy
- Promise Healthcare - MH Services
- Promise Healthcare - Wellness
- RACES – Sexual Trauma Therapy Services
- Rosecrance Central Illinois - Benefits Case Management
- Rosecrance Central Illinois – Crisis Co Response Team

# Observations on Race and Ethnicity

From Program Year 2023 to Program Year 2026, the share of TPCs who selected Hispanic or Latine origin increased in the following programs, while some others fluctuated:

- CU Early (although 100% each year does not represent an increase, this is the program's target population)
- Champaign County Health Care Consumers - Disability Application Services
- Cunningham Children's Home - ECHO Housing and Employment Services
- Don Moyer Boys and Girls Club - CU Change (recent increase)
- Don Moyer Boys and Girls Club – Champaign Community Coalition Summer Initiatives
- Family Service - Self Help Center
- GROW in Illinois – Peer Support
- Immigrant Services CU
- Promise Healthcare - MH Services
- Promise Healthcare - Wellness
- Urbana Neighborhood Connections Center

An increased share of people served by the following programs identified themselves as African American or Black, while some others fluctuated:

- CCRPC Homeless Services System Coordination (the data strategy changed in Program Year 2025, but this count has included providers of services)
- CC Children's Advocacy Center
- CCHCC - Disability Application Services
- Courage Connection
- Crisis Nursery – Beyond Blue
- Cunningham Children's Home – Families Stronger Together
- Family Service - Counseling
- FirstFollowers - FirstSteps Houses
- Rosecrance Central Illinois - Benefits Case Management
- Rosecrance Central Illinois – Crisis Co Response Team
- Uniting Pride – Children, Youth, and Families (recent increase)
- Urbana Neighborhood Connections Center

# Observations on Cultural and Linguistic Competence Reporting

Cultural and Linguistic Competence (CLC) Reporting is required for the 2nd and 4th Quarters. The information reported in the CLC Plan covers the entire agency, not just the program that is funded by CCMHB. Agencies report on their activities connected to engagement, policy, practices, and training.

Overall, the organizations have increased engagement in the community to raise awareness about support and services. There are also increased formal agreements with collaboration that have been documented in the 4th quarter reports.

The framework to provide cultural and linguistic appropriate services is still outlined in Think Cultural Health-National CLAS Standards (https://thinkculturalhealth.hhs.gov/.)

Racial and ethnic minority groups identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity (https://www.ncbi.nlm.nih.gov/books/NBK44243/) continue to experience lower rates of engagement and poorer health outcomes nationally and locally. The global pandemic exacerbated inequities for these groups and also compounded the barriers to care experienced by rural residents. We celebrate the efforts and successes represented here and in reports from CCMHB funded agencies.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Decision Memorandum – Fund Balance Goal

To: Members, Champaign County Mental Health Board (CCMHB)
From: Lynn Canfield, Executive Director
Date: September 23, 2026
Re: CCMHB Fund Balance Reserve Policy

## Purpose:

This memorandum describes the current fund balance policy and seeks Board review and renewal.

- The "Background" section gives context about fund balance targets and how the fund is typically used, with roughly equal monthly expenditures against revenue deposits which do not begin until summer.
- A "Data" section offers details from 2022 to present, followed by "Discussion" of basic analysis, recent experience, and the rationale for the 'ideal' fund balance target.
- A "Decision Section" requests Board reapproval of the policy.

## Background:

Champaign County's fiscal year runs from January 1st through December 31st each year. The CCMHB uses this fiscal year and develops its budget using the County's standards and input. Below is a chart that shows estimated monthly fund balances for the Champaign County Mental Health Board Fund. There are significant fluctuations in monthly amounts due to timing of property tax distributions. In May or June every year, the balance reaches low points until a large property tax distribution is received in June or July.

The Board's current fund balance target was set many years ago and has not been explicitly demonstrated or reviewed separate from the fund budgets. The ideal/optimal target is difficult to achieve because it calls for six months of operating costs at the low point in the year, which would be equal to the full annual budget as of January 1. A minimum target is for three months operating costs.

The rationale for the higher fund balance target of six months is that, by June or July, we will have spent roughly half of the full annual budget and will have just completed the contract process with agencies, establishing a new set of obligations, typically at higher monthly amounts than those paid out from January through June. These expenses are "Contributions and Grants" and comprise between 85% and 92% of the total annual budget. Also in June we might have received no property tax revenues. When first deposits are delayed, which happened in 2026 and will likely again, we should not linger near zero.

## Data:

This chart shows figures provided by the County Finance Department. Some of the more recent amounts are unaudited. CCMHB-CCDDB Financial Manager Chris Wilson has created a similar report which compares the current year with the most recent year and which can be updated for regular board meeting packets.

| MHB Fund Balance | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|
| **January** | 2,979,190 | 2,864,520 | 3,349,726 | 3,349,429 | 4,025,951 |
| **February** | 2,512,854 | 2,376,395 | 2,956,407 | 2,891,123 | 3,497,182 |
| **March** | 2,092,172 | 1,976,891 | 2,459,735 | 2,387,595 | 2,955,869 |
| **April** | 2,072,821 | 1,888,540 | 2,014,490 | 1,969,892 | 2,408,777 |
| **May** | ***1,116,647*** | ***1,482,813*** | 1,287,675 | ***1,477,938*** | 2,246,861 |
| **June** | 2,170,120 | 2,321,441 | ***800,362*** | 4,465,315 | ***1,202,559*** |
| **July** | 3,346,031 | 2,611,628 | 3,766,190 | 3,868,912 | 4,112,498 |
| **August** | 2,483,049 | 3,168,950 | 3,435,199 | 3,375,348 | 3,512,128 |
| **September** | 3,903,033 | 4,875,950 | 5,114,146 | 2,877,352 | |
| **October** | 4,124,910 | 4,351,629 | 4,631,502 | 5,020,905 | |

| | | | | | |
|---|---|---|---|---|---|
| **November** | 3,739,852 | 4,195,606 | 3,980,503 | 3,881,146 | |
| **December** | 3,689,379 | 3,835,827 | 3,839,876 | 4,520,888 | |
| **End of Year** | 3,684,523 | 3,836,489 | 3,830,288 | 4,520,897 | |
| **Total Expenses** | 6,153,376 | 6,304,073 | 6,809,009 | 6,460,317 | 7,331,054 |

## Discussion:

The lowest fund balance in each year can be compared to the total annual budget for that year, to understand how close we were to the fund balance targets. With the benefit of hindsight, this review compares total actual (rather than budgeted) expenses for the years 2022-2025 and total projected expenses for 2026:

- In 2022, the low of $1,116,647 was 18% of total expenses $6,153,376.
- In 2023, the low of $1,482,813 was 24% of total expenses $6,304,073.
- In 2024, the low of $800,362 was 12% of total expenses $6,809,009.
- In 2025, the low of $1,477,938 was 23% of total expenses $6,460,317.
- In 2026, the low of $1,202,559 was 16% of total expenses $7,331,054.

The minimum fund balance target was almost reached in 2023 and 2025. Actual expenses are lower than budgeted each year; if we use budgeted amounts instead of actual, the percentages would be lower. The optimal target of 50% is more elusive.

In 2022, 2023, and 2025, the lowest balances were reached in May. During 2024 and 2026, the lowest balances occurred in June, making it difficult to issue payments owed to agencies for the program year ending June 30 and adding uncertainty about timely payments on the new contracts which started July 1.

This year, to alleviate the potential harm this delay might cause funded programs, Mr. Wilson worked with agencies and the County Finance Department to enroll vendors in electronic transfer/direct deposit, eliminating any delay caused by postal service. The low point was also later this year due to changes in other County operations which may become permanent and which call our attention to the purpose of the ideal/optimal fund balance: 50% of total annual budget available at the low point.

Other disruptions to the distribution of property taxes, such as low collection or external tax abatement decision, would jeopardize the fund. In that event, six months of payments to agency programs would allow them to transition staff and clients thoughtfully as they terminate operations, and it would allow for our own office to do the same. These are extreme possibilities which we wouldn't normally predict, but economic downturn and sweeping policy changes could precipitate them. Beyond dramatic tax revenue disruptions, the fund could be removed by legislative action.

Late in 2026, half of the available amount in the I/DD Special Initiatives fund will be transferred to the MHB fund, adding a small unallocated cushion for 2027 and beyond.

## Decision Section:

Motion to affirm the fund balance policy of maintaining between 25% and 50% of total annual budget throughout the fiscal year.

_____ Approved

_____ Denied

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# BRIEFING MEMORANDUM

**DATE:** September 23, 2026
**TO:** Members, Champaign County Mental Health Board (CCMHB)
**FROM:** Leon Bryson, Associate Director
**SUBJECT:** Draft 2027 Objectives and Tactics for the Three-Year Plans

## Purpose

Staff have prepared draft 2027 Objectives and Tactics for the CCMHB and CCDDB Three-Year Plans. The drafts continue the direction of the current plans while incorporating updated timelines, current community needs, organizational capacity, and opportunities for improvement.

The drafts are being released for public comment to obtain input from Board members, funded agencies, community partners, people with lived experience, and other interested community members. Comments are requested by November 6, 2026, to allow staff time to review and incorporate feedback before the objectives and tactics are finalized for Board consideration.

## Key Updates

- **Continued Priorities:** Most objectives and tactics are carried forward with updated timelines and refinements.
- **Community Input:** For 2027, the drafts remove the proposed practice of seeking input directly from people with lived experience of MI, SUD, or I/DD prior to every Board meeting, as this has not been feasible. Other opportunities for lived-experience input will continue.
- **Organizational Health Assessment:** The focus shifts from completing the Organizational Health Assessment to strategically implementing its recommendations based on need, impact, and available capacity.
- **Ongoing Community Needs Assessment:** Staff will continue monitoring community needs through workgroups, reports, community initiatives, and input received through Board meetings and study sessions.

Staff will review comments received during the public comment period and revise the draft as appropriate. A final version may be presented for Board consideration at the November Board meetings or the December 9, 2026 meeting, depending on the timing and extent of revisions.

The goal is to establish a practical, proactive set of 2027 Objectives and Tactics that builds on existing work while allowing the Boards to respond effectively to changing community needs and opportunities.

Public comments may be submitted to Lynn Canfield, Executive Director at lynn@ccmhb.org no later than November 6, 2026.

Respectfully,

Leon Bryson
Associate Director

# Champaign County Mental Health Board (CCMHB)

# THREE YEAR PLAN

For Fiscal Years 2026 through 2028

(1/1/26 – 12/31/28)

With DRAFT One Year Objectives and Tactics

for Fiscal Year 2027

(1/1/27-12/31/27)

# Champaign County Mental Health Board

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

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

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

# Mission Statement

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

# Statement of Purposes

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

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

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

# Purpose #1: Planning

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

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

- At each regular Board meeting in 2027, invite input from people who access or seek supports and services related to mental illness (MI), substance use disorder (SUD), and/or intellectual/developmental disability (I/DD).
- ~~Prior to each regular Board meeting during 2026, reach out to individuals, advocacy groups, family members, and other supporters, for any input they would offer.~~ (DELETE, as staff have found this to be impractical.)

At least once during 2027, and prior to the final draft of Program Year 2029 funding priorities:

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

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

At least once during 2027, and prior to final draft of Program Year 2029 funding priorities:

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

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

At least once during 2027, and prior to final draft of Program Year 2029 funding priorities:

- Seek input from Early Childhood Home Visiting Consortium partners funded by CCMHB.
- Seek input from the Region 9 Birth to Five Council or similar collaboration.

- Exchange updates with United Way of Champaign County and other local funders currently prioritizing the needs of very young children and their families.
- Review local Child Find Data with the Local Interagency Council Coordinator.

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

At least once during 2027, and prior to final draft of Program Year 2029 funding priorities:

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

## STRATEGY: Clarify current challenges and opportunities.

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

- At least once during 2027, and prior to final draft of Program Year 2029 funding priorities, use County Health Rankings data to compare Champaign County with Illinois and the US.

At least twice during 2027, and prior to final draft of Program Year 2029 funding priorities:

- Through local collaborations such as the Transition Planning Committee and Health Plan Priority workgroups, identify community-wide barriers and possible solutions.
- Through state and national trade association activities, track changes in and implementation of state and/or federally funded programs as well as legislative activity likely to impact people served or waiting for services.
- Seek input on the larger service systems from funders, state officials, and other experts.
- Track relevant class action cases, such as the Ligas Consent Decree.
- Monitor changes in Medicaid waivers and Managed Care, especially whether service capacity and options are sufficient to meet demand in Champaign County.

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

At least twice during 2027:

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

At least once during 2027 and prior to final draft of Program Year 2029 funding priorities:

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

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

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

At least 80% completion by November 1, 2027:

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

# Purpose #2: Allocation

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

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

- With at least 80% completion by May 1, 2027, solicit and review proposals for Program Year 2028 funding (July 1, 2027 through June 30, 2028) from community-based providers in response to approved priorities using a competitive application process.
- During this review process, and with at least 80% completion, examine proposed budgets for allocation of sufficient amounts to indirect but critically important items such as bookkeeping, annual independent CPA audit/review, training, technical assistance, language/communication assistance, professional development for staff and governing/advisory boards, e.g., to advance CLC and diversity the workforce.
- During this review process, and with at least 80% completion, note whether proposed plans align with at least one Program Year 2028 priority category, whether all minimum expectations are met, and how they compare with 'best value' criteria.
- With at least 80% completion by June 1, 2027, from among Program Year 2028 funding requests made by eligible providers, select those which represent best value for residents, align most closely with defined priorities, and are affordable within projected budgets.

- With at least 80% completion by July 1, 2027, execute contracts with agencies whose funding requests are approved, to ensure timely payment and service delivery.

*Goal 2.2: Develop funding priorities and decision support criteria for Program Year 2029, using a published timeline and information from the public, funded program reports, state and federal authorities, and other interested parties.*

- By December 9, 2027, a draft of Program Year 2029 allocation priorities will incorporate at least 80% of findings of Planning objectives and tactics above and Evaluation objectives and tactics below.
- A final draft, revised using public, Board, and staff input, will be presented for Board approval at least 7 days prior to publication of a Notification of Funding Availability.
- A Notification of Funding Availability will be published at least 21 days prior to the start date of the period during which agencies may respond to these priorities.
- With 100% completion prior to the application period opening, update online application and registration forms.

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

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

At least once prior to May 1, 2027:

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

At least once prior to November 1, 2027:

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

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

At least once prior to May 1, 2027:

- Through approved annual Program Year 2028 funding priorities, allocate funding for a range of programs that empower people who have I/DD, at all ages and stages of life, and improve their access to integrated settings.

- Use the I/DD Special Initiatives Fund to assist Champaign County residents who have I/DD and significant support needs.

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

By the end of 2027, participate in at least 80% of meetings and activities of:

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

# Purpose #3: Access to Resources

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

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

At least once during 2027:

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

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

- With 80% completion during 2027, use traditional and social media to promote the disAbility Resource Expo resources and activities, Alliance for Inclusion and Respect, individuals and organizations involved with them, and their "awareness" events and messaging.

- As possible and at least twice during 2027, elevate 'storytelling' efforts of funded programs and testimonials shared by individuals, through public Board meetings.
- By August 1, 2027, develop and post online~~, online and in board packets,~~ brief information about Program Year 2028 funded programs.
- By October 1 and by December 1, develop and post reports on Program Year 2027 funded programs online and in board packets.

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

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

- With 80% completion, attend monthly Mental Health and Developmental Disabilities Agency Council (MHDDAC) meetings and contribute to details on gaps and resources.
- At least once during 2027, encourage service providers to participate in existing collaborations with providers of similar or related services, such as the Transition Planning Committee, SOFFT/LAN, Rantoul Service Providers, Continuum of Providers of Services to the Homeless, Champaign County Community Coalition Goal meetings, YAC Steering Committee, CIT Steering Committee, etc.
- At least once during 2027, and as gaps are clarified, encourage service providers to develop new collaborations with providers of similar or related services.
- At least once during 2027, encourage service providers to participate in community wide resource/awareness events.

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

By the end of 2027, contribute to at least 80% of meetings or activities of:

- Metropolitan Council and Champaign County Community Coalition Executive Committee for updates and shared responses to emerging issues.
- Crisis Intervention Team Steering Committee and Problem Solving Courts Steering Committee for updates and coordinated planning.
- Consistent with the Champaign County Community Health Plan assessed priority for Access to Healthcare, identify barriers experienced by people with behavioral health conditions and/or I/DD and promote access and wellness.
- Consistent with the Health Plan assessed priority for Behavioral Health, support reduced reliance on emergency department care and increased access to behavioral health care for all residents, regardless of ability/disability, and with special attention to youth and their families.

- Consistent with the Health Plan assessed priority for Preventing Violence and the anti-violence goals of other units of local government, support increased conflict resolution skills and other efforts to mitigate the impacts of many types of violence.
- Consistent with the Health Plan assessed priority for Healthy Behaviors, support mentoring relationships through existing or new organizations and across all populations and ages.
- Advocate for the above committees and councils to include full participation by people with relevant lived experience.

# Purpose #4: System Advocacy

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

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

At least twice during 2027, through state and national association committees and similar:

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

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

At least once during 2027:

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

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

Participate in at least 80% of available meetings during 2027 which involve:

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

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

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

At least once during 2027:

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

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

- At least twice during 2027, participate in other local resource fairs and similar community events. Share the disAbility Resource Expo comprehensive resource directory.
- At least four times during 2027, offer educational opportunities for service providers and interested parties, to enhance their work and meet continuing education requirements.
- At least twice during 2027, promote/advertise other organizations' similar efforts.

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

At least once during 2027:

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

# Purpose #5: Evaluation

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

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

At least 80% completion by November 1, 2027:

- Using agency progress and outcome reports from Program Year 2027, identify strengths which may be built on, vulnerabilities which should be addressed. As appropriate, respond to the challenges funded agencies have reported.
- Using individual client demographic and residency as reported by programs funded during Program Year 2026 and Program Year 2027 to determine where outreach and engagement has improved to reach all members of the community who seek services.
- Review CLC progress reports for actions which have improved the engagement of members of racial and ethnic minority groups.

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

At least 80% completion by November 1, 2027:

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

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

At least 80% completion by November 1, 2027:

- Use Board and public input regarding program results to update allocation priorities and Three-Year Plan one-year objectives/tactics to fill gaps and increase successes.
- Compare Program Year 2027 funded program results with results of planning activities described above and propose changes which will strengthen results of Program Year 2029 allocations.
- Where advocacy, community awareness, or collaborations outside of the scope of agency allocations will strengthen results, propose relevant Three-Year Plan one-year objectives and tactics for 2028.

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

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

- At least ~~nine~~ three times during 2027, consult with Evaluation Capacity Building (ECB) researchers on progress toward increasing agencies' capacity to evaluate and report on program performance and consumer outcomes.
- Prior to 80% of Board meetings during 2027, invite ECB team to provide updates.
- At least three times during 2027, encourage funded and non-funded organizations to use the tools developed by the ECB research team (e.g., through Local Funders Group, MHDDAC, or Champaign County Government.)

- Before July 1, 2027, if a contract for evaluation capacity building has been developed and executed which includes this type of support, identify funded programs to receive intensive support from the ECB.

## STRATEGY: Assessment of the Organization

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

- ~~Prior to November 1, 2026, complete an organizational assessment focused on operations, which may redesign the work to prepare for succession, modernization, etc.~~ Implement recommendation(s) from the organizational health assessment completed in September of 2026.
- At least once during 2027, and as Board members identify topics for exploration, staff will maintain a list of 'strategic questions' to prioritize and respond to one topic at a time, as Board meeting time permits.
- At least twice during 2027, communicate with representatives of other Boards established under the Illinois Community Mental Health Act about their responses to revised or longstanding provisions in the statute.

*This version is a DRAFT; a final version should be approved later in 2026.*

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Briefing Memorandum

DATE: September 23, 2026
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Kim Bowdry and Leon Bryson, Associate Directors, and Lynn Canfield, Executive Director
SUBJECT: DRAFT Program Year 2028 Allocation Priorities and Decision Criteria

## Statutory Authority:

Illinois' Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) (https://www.ilga.gov/Legislation/ILCS/Articles?ActID=1499&ChapterID=34) is the basis for CCMHB policies. Funds are allocated within the intent of the controlling act and per the laws of the State of Illinois.

The establishing Act and the CCMHB Funding Requirements and Guidelines (https://www.champaigncountyil.gov/MHBDDB/PDFS/CCMHB%20Funding%20Requirements%20and%20Guidelines.pdf) require the Board to review its plan annually, along with those priorities which determine services of value to the community. An approved final version of this memorandum becomes an addendum to Funding Guidelines.

## Purpose:

The CCMHB may allocate funds for Program Year 2028 (July 1, 2027 to June 30, 2028) through a process outlined in a publicly available timeline.

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

- Observations on needs and priorities of residents who have mental illness (MI), substance use disorders (SUD), or intellectual/developmental disabilities (I/DD).
- Impact of state and federal systems and other aspects of the larger context.
- Priority categories applications for funding should address (with one primary).
- Best Value Criteria, Minimal Expectations, and Process Considerations which are also used to help determine the allocation of funds for services and supports.

Prior to completing this draft, we contacted Board members individually regarding the allocation review process and through an anonymous survey on the relevance of the priority categories. Suggestions related to the process did not impact this document or the timeline but may change the subsequent board and staff approach to review of applications. Most survey respondents viewed the priorities as relevant to identified

community needs, appropriate for funding, and adequately addressing the engagement of all residents; they recommended maintaining or increasing current emphasis.

This initial version is based on our understanding of context and best practices, using input from providers, Board members, and other interested parties. The draft is presented to the Board and the public in September, and further input is welcomed through October. Feedback will be incorporated in a final version for Board approval later in 2026. We will then begin the process of seeking and accepting requests for Program Year 2028 funding.

# Needs and Priorities of Champaign County Residents:

## Collaborative Plan Findings

A longstanding collaboration to assess and plan for Champaign County's health needs resulted in the 2025 Community Health Needs Assessment (CHNA) (https://www.c-uphd.org/images/admin/iplan/2025-Champaign-County-Community-Health-Needs-Assessment.pdf) and the shared community health plan for 2026 to 2031 (https://www.c-uphd.org/images/admin/iplan/Champaign-County-IPLAN-2026-2031.pdf).

Some relevant findings from the 2025 CHNA were:

- While the number of households has increased, over 30% are single female head-of-households, historically more likely to experience poverty.
- Compared to the 2022 CHNA, lower rates of respondents indicated feeling depressed, anxious, or stressed, but over half still reported feeling each.
- 8% of the population misuses prescription drugs, and 2% use illegal substances.
- Alcohol and other substance use is rated higher for those in unstable housing, and substance use other than alcohol is rated higher for those with lower income.
- Use of emergency departments as primary source of healthcare has increased, from 3% in 2022 to 12% in 2025.
- Violent crime rate is higher than Illinois' average, and suicide rate slightly higher.

To advance the health plan, priorities were identified by members of the public. Workgroups then formed to develop strategies and solutions for each identified priority:

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

The Behavioral Health workgroup is editing a Social Connectedness survey, to focus on a few critical questions, and has discussed emergency department visit data:

- Champaign County rates tend to be lower than national rates (sometimes by half) for most categories and are trending downward in many categories.
- Rates of visits related to suicide are slightly higher than national.
- Rates of visits related to trauma and stress have increased.
- Rates of visits by youth who are experiencing mental health crisis are higher than the national rates, but for other age groups, they are lower than national.
- Rates of visits by residents aged 65 and older are harder to interpret due to fluctuations in the data.

# Partner Report Findings

Local health plan partners share their own community needs assessment reports. We rely on these and other local, state, and national authorities for information to develop a fuller understanding of behavioral health and developmental disability support needs of Champaign County. The MHB Program Year 2027 Allocation Priorities document (https://www.champaigncountyil.gov/MHBDDB/PDFS/MHB%20Funding%20Priorities%20for%20PY2027.pdf) detailed many findings which are still relevant.

## United Way and 211

The United Way of Champaign County's newest Community Report is in progress, to be released in 2027 and posted on their website (https://www.unitedwaychampaign.org/.) Their 2023 Community Report identified issues similar to those in the 2025 CHNA, including some which have worsened. The report stressed negative impacts on individuals and families, acknowledged the strained service system and lack of affordable housing, and pointed out that shelter and housing were the top need of 211 callers, followed by utilities assistance and behavioral health treatment.

Since the launch of 211 in Champaign County, the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB) have split the cost of this service with United Way of Champaign County. This website (https://211illinois.org/data/) presents sortable, searchable data on Illinois' 211 calls. From here we learn:

- During 2025, 39% of Champaign County calls were related to Housing and Shelter needs, 18% Information Services, 14% Utilities, 5% Food and Meals, 4% Support Services, 4% Transportation, 3% Legal and Government, 3% Mental Health and Substance Abuse, and 3% Health Care.
- The highest volume of contacts during 2025 occurred in May, the second highest in June, and the third in April, while the lowest was in February.
- 1,842 referrals were made for Utility Payment Assistance, 1,654 for Rent Assistance, 934 for Information and Referral, 839 to Homeless Shelters, 426 to Food Pantries, 202 for Low Income/Subsidized Rental, 184 to Housing Related, and 149 for Housing Search Assistance.
- Sorting for the highest rates of requests for MH or SUD services by County shows that Champaign County is not among the top ten. This could mean that residents do not use 211 to connect to these specific services.

### Urbana Park District

The Urbana Park District engaged in strategic planning this year. When the final report is approved, it will be posted here (https://www.urbanaparks.org/strategic-planning.) The Community Engagement Results Summary includes some familiar points:

- With growing financial pressures, residents seek affordable fees and broader access to the valued programming and resources the park district offers.
- As a community resource themselves, their staff should have knowledge of resources such as social services and healthcare.
- Of greatest interest were more affordable programs to engage teenagers, help residents build health literacy and wellness, and enhance equity and inclusion.

### Champaign County Regional Planning Commission (CCRPC)

The CCRPC's 1163 page 2026 Community Needs Assessment (CNA) Report (https://cms3.revize.com/revize/champaigncountyrpc/2026%20Community%20Needs%20Assessment%20for%202027%20CAP%20-%20Final%20Signed%202026.8.10.pdf?t=202608310956300) is very rich in detail.

- The top identified family and individual concerns are: income not keeping pace with cost-of-living increases; risk of eviction and homelessness; health and mental health needs; high utility bills; inadequate transportation; lack of affordable housing; and youth at risk of juvenile justice system involvement.
- The top community needs are: lack of affordable housing and rising cost of housing; lack of sufficient homeless service capacity; lack of affordable, accessible childcare and related; and social service workforce shortage.
- Materials from the Continuum of Service Providers to the Homeless, including the draft "Strategic Plan to End Homelessness in Champaign County" are on pages 753 to 830, offering details which are referenced below.

## County Health Indicators

We found population and health indicator comparisons in the 2025 County Health Rankings & Roadmaps report (https://www.countyhealthrankings.org/health-data/illinois/champaign?year=2025).

Apparent good news, compared with Illinois and the country, are Champaign County's:

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

On the other hand, areas of concern were:

- Higher rates of infant and child mortality, obesity, mental distress, preventable hospital stays, sexually transmitted infections, alcohol-impaired driving deaths, adult smoking, physical inactivity, severe housing cost burden, childcare cost burden, and income inequality, and

- Lower rates of homeownership, high school graduation, reading and math scores, median household income, and voter turnout.

## Drug Overdose Fatalities

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

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

## Other Fatalities

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

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

Among those who died by suicide:

- Large majorities did not have a criminal, legal, or physical health problem, chronic pain, job or school crisis, traumatic anniversary, or recent loss of a friend or family member,
- 42% had a known intimate partner problem,
- 25.9% had an alcohol problem, and 42% other SUD,

- 63.5% had a known mental health problem, 19% a depressed mood, and 54% a diagnosis of depression,
- 20% were receiving mental health treatment, and 37.6% had in the past,
- 16.5% had history of suicide attempt, 54% suicidal thought, and 9.4% self-harm,
- Only 21% had disclosed their intent.

## Housing Insecurity

Champaign County's January 2026 'point-in-time' count of unhoused people showed an increase of 30% since 2024. Among the people who were counted this year:

- 364 were without housing (up from 355 in 2025).
- 137 of them were in transitional housing (up from 130).
- 175 were in emergency shelter (up from 169).
- 52 were unsheltered (down from 56).
- 68 were under the age of 18 (down from 75).

The Champaign County Continuum of Service Providers to the Homeless https://ccrpc.org/divisions/community_services/champaign_county_continuum_of_service_providers_to_the_homeless/index.php) completed a strategic planning process this year. Despite public concern, our community's services are not attracting unhoused people from other areas; the new assessment confirms they are 'our people.' In fact, Champaign County's emergency shelter, rapid rehousing, and permanent support housing program capacities are smaller than those of other similar communities.

## Young Children

The Illinois Birth to Five Council Region 9 Report, "Early Childhood Needs Assessment: Focus on Mental & Behavioral Health" (https://static1.squarespace.com/static/61ba6b3017614378f01ce468/t/667586f91da3f76c24b5328c/1718978298015/R-MBH_Region9_English.pdf) identified familiar barriers of stigma, lack of transportation, lack of resource information, and lack of culturally and linguistically diverse providers. Recommendations were to: increase awareness of the need for more programs; increase collaboration between programs; partner with county health departments to link people to care; establish navigators to help caregivers understand services, eligibility, and payment; increase educational opportunities, transportation, virtual service options, and awareness of 211; improve support for pregnant people and their families; raise awareness of the need for culturally and linguistically diverse providers, to reach more families with effective care; raise awareness among providers of the need to accept multiple forms of insurance, which would also help reach more families; create accessible resource guides; and increase collaboration on behalf of international students and immigrants.

From their June 2026 report "Changes in Early Childhood" linked here (https://static1.squarespace.com/static/61ba6b3017614378f01ce468/t/6a3c2c0f3bea852ef0879d2b/1782328335686/R_2026MajorChanges_R9.pdf):

- From 2023 to 2025, sixty-six licensed and license-exempt child care programs closed, especially in rural areas. These closures strain the remaining workforce, make it harder for family caregivers to keep their jobs, and deprive children of early learning opportunities, with many aging out of EI before receiving any services or screenings.
- The shortage of mental health services for children continues, but the state of Illinois's launch of BEACON may help people connect to existing resources.
- Workforce pressures and shortages continue.
- Dramatic economic shifts include the loss of hundreds of jobs in health care and insurance. Other negative factors are drought, increased homelessness, fear among asylum seekers and other immigrants, and loss of transportation options.
- Successes noted are: increased awareness and accessibility of early childhood services; increased awareness of professional development information; increased outreach to those with limited access; increased awareness about the need for behavioral health support (for children, families and providers).

## Youth

The CCRPC 2026 assessment report linked above adds to their 2024 findings that young people were concerned about community violence and wanted more resources related to MH, SUD, and basic needs (housing and food). From the recent report:

- People aged 16-19 who come from income-stressed households are less likely to be enrolled in school or employed.
- The number of youth with juvenile delinquency petitions increased.
- The Youth Assessment Center has seen a rise in re-referrals as well as difficulty engaging youth and families in services.
- Gun violence, related injuries, and deaths have increased among those under 18.

Last year, although local participation in the Illinois Youth Survey could be stronger, available data showed that Champaign County 8th graders had higher rates of substance use issues than their peers statewide. As noted above, our youth also have higher than national rates of emergency department visits related to depression or suicide.

In addition to the national epidemic of loneliness, social media has had negative impacts on the mental health of youth. This NPR report (https://www.npr.org/2026/08/26/nx-s1-5944781/meta-settlement-child-safety-lawsuit) describes the recent $17 billion settlement between social media company Meta and states (including Illinois) which will result in safer platforms as well as new state funding for youth mental health programs. Locally, social media is named as a driver of youth violence.

The Champaign County Community Coalition is a longstanding collaboration of community members, leaders, service providers, law enforcement, park districts, school districts, and other local governments, which maintains a focus on youth well-being. Currently, with support from the CU Public Health District and researchers, they are improving data collection and reporting related to gun violence.

The CCMHB's interest in helping children and youth thrive remains a high priority.

## Seniors

Across the country, attention is turning to increasing rates of homelessness among seniors. (https://kffhealthnews.org/news/article/homelessness-older-people-seniors-inflation-housing-crunch/) Because factors which drive housing insecurity appear to be worsening, Champaign County's growing senior population may need additional support. Our community currently lacks adequate nursing home capacity, and advocacy around this issue is gaining momentum.

Health Management Associates describe behavioral health challenges facing seniors. (https://www.healthmanagement.com/blog/addressing-the-growing-crisis-in-older-adult-behavioral-health/) Approximately 25% of older Americans have an MI, SUD, or cognitive disorder. Seniors experience greater social isolation, which worsens health and behavioral health outcomes. Barriers to care include: too few culturally and linguistically competent specialty care providers, especially for rural residents; hard-to-reach service locations; too few Medicare participating providers offering MI and SUD treatment; stigma and ageism; and lack of awareness of effective treatment.

Services for older people such as long-term support, including for behavioral health, have been available through public systems and to some extent, private insurance. Because services for seniors have been presumed adequately funded by other pay sources, they have not been emphasized in CCMHB priorities. As the larger systems change and our community ages, there may be new gaps in access and care. Gaps may result from lack of coverage for effective approaches, difficulty securing and maintaining coverage, and low availability of providers. Establishing network adequacy, coverage parity, equity across populations, and other long-term system-wide solutions require sustained advocacy.

## People with I/DD

Each year, people who are eligible for services funded by the Illinois Department of Human Services (IDHS) – Division of Developmental Disabilities (DDD) report their unmet services needs through the PUNS database. July 15, 2026 PUNS data for Champaign County are similar to previous years.

- Transportation is still the most frequently identified need (297 people), followed by Personal Support, Behavioral Support, Occupational Therapy, Other Individual Supports, Speech Therapy, Physical Therapy, Assistive Technology, Respite, Adaptations to Home or Vehicle, and final Intermittent Nursing Services (20). This is similar to last year's rank order, but Speech Therapy now follows Other Individual Supports.
- 227 people (up from 217 last year) wait for Vocational or Other Structured Activities, with community settings most popular and self-employment least.
- 84 people (up from 76 last year) are waiting for out-of-home residential services with less than 24-hour support, and 71 (up from 54 last year and 39 in 2024) are seeking 24-hour residential support.

Also annually, the Champaign County Regional Planning Commission (CCRPC) asks people with I/DD about their preferences and satisfaction. 107 people responded during Program Year 2026.

- People continue to wait for services covered by state Medicaid-waiver funding, with over half waiting longer than five years, despite 67% of them (up from 63% last year) needing services within one year.
- 76% were receiving some case management or case coordination service.
- 34% worked or volunteered in community settings.
- 53% participated in community groups or activities offered by provider agencies.
- The most (to least) popular leisure activities were eating out, shopping, going to the movies, parks, zoos/aquariums, swimming, concerts, festivals, theatre/arts/museums, recreation/sports, sporting events, and various other.
- 70% live with their families, 30% in their own home with some support, and 5% in their own home with no support.
- For comparison, 55% prefer to live with family, 40% alone, 12% with roommates.

More details are included in the draft CCDDB Program Year 2028 priorities document, pages 49-68 of the posted meeting packet (https://www.champaigncountyil.gov/MHBDDB/agendas/ddb/2026/260923_Meeting/260923_Full_Board_Packet.pdf.)

The number of Champaign County residents selected to apply for funding through PUNS appears to be decreasing, with 23 so far this year, 41 in 2025, 45 in 2024, and 49 in 2023. We do not have information on how many individual awards were completed in any of these years, locally or for the state, which makes it unclear whether additional advocacy is needed on behalf of Champaign County. During Program Year 2026, 211 people engaged in CCDDB funded programs while waiting for PUNS selection (207 people) or exempted due to prior eligibility (4 more). For comparison, 195 were served in Program Year 2025 and 157 in Program Year 2024.

The CCMHB and CCDDB continue a strong commitment to improving the supports and services available to people with I/DD, of all ages, and their families.

# Operating Environment:

In addition to responding to needs and priorities of Champaign County residents with MI, SUD, or I/DD, CCMHB allocations are determined within the constraints and opportunities of the operating environment. Clarity about the federal and state systems helps guide the Board toward impactful allocation decisions. If we understand where these systems are not meeting local needs, the Board's funding priorities might shift to fill new gaps. Where other payers cover services, care is taken to avoid supplanting as well as to advocate for improvements in those larger systems.

# Federal Level:

We continue to monitor dramatic federal budget and policy changes and proposed changes. Some are likely to compound the barriers already experienced by people with behavioral health conditions or developmental disabilities and their families.

- In 2025, many social programs lost funding or lost the capacity to distribute approved funds. People with MI, SUD, or I/DD tend to rely on these programs. Loss of support for basic needs, such as housing and food, adds to financial stress they already experience.
- Also in 2025, the "One Big Beautiful Bill" or House Resolution 1 (HR1) called for major changes Medicaid, which will be implemented in 2027.
- Some US Department of Education responsibilities are shifting, including to other federal authorities, which may make it difficult to determine who is responsible when special education services are delayed, rights violated, or problems arise.
- Based on review of language related to diversity, equity, and inclusion, the Department of Education cancelled nine disability-related grants and twenty-five programs for special education teacher training, parent resource centers, etc.
- Relatedly, Congress has delayed implementation of the Office of Management and Budget (OMB) proposed revision of Uniform Guidance until December, which gives more time for advocates to weigh in on the impacts. The proposed rule reclassifies uniform guidance as binding regulation instead of policy guidance and gives OMB new authority to terminate grant awards and add requirements. The proposed rule shifts grantmaking responsibilities to federal executive appointees and away from federal agencies which have overseen their procurement processes. The stated purpose is to ensure alignment with the executive's priorities.
- In June of 2026, the US Department of Justice reversed its earlier interpretation of the Americans with Disabilities Act Olmstead Decision which had asserted that states should offer services in the most integrated settings. This precedes a court ruling on the class action suit, Texas vs. Becerra (now Kennedy) et alia, which several states exited and others strongly opposed. States may increase reliance on institutional settings rather than offer inclusive, community-based care.

NACO's report "The Big Shift: An Analysis of the Local Cost of Federal Cuts" (https://www.naco.org/resource/big-shift-analysis-local-cost-federal-cuts) describes how the loss of federal support and new mandates will shift billions of dollars of costs to counties while adding administrative burden. People continue to struggle with rising costs, lack of affordable housing, stagnant wages and job loss, faltering public systems, and more. Most safety net and social services are funded by taxes which, if increased to compensate for the shift, will overburden many taxpayers.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is within US Department of Health and Human Services (HHS). Deep staffing cuts within SAMHSA have delayed the release of program funding, including for the new Youth Recovery Housing Services and Housing Capacity for Homeless People with Serious Mental Illness. The agency offers support to Certified Community Behavioral Health Clinics (CCBHCs). Illinois was selected as one of ten states to receive federal support for

this model. Providers were selected for the planning phase, including Rosecrance Central Illinois, which has reorganized its services to align with CCBHC requirements.

Also within HHS is the Centers for Medicare and Medicaid Services (CMS), which administers programs slated for reductions so great that millions of people will lose access to care, counties will lose revenue, and regions will lose hospitals, clinics, and other providers. The most dramatic changes are due in 2027. Advocates oppose changes which will harm people with MI and SUD, those in reentry, and others who are already more vulnerable, reported here (https://www.beckersbehavioralhealth.com/behavioral-health-government-policies/90-advocacy-groups-warn-cms-rules-threaten-behavioral-healthcare-access/.)

## State Level:

Last year, the Illinois Healthcare and Family Services (HFS), which administers Medicaid, estimated 330,000 Illinoisians would lose coverage due to federal cuts. Of 3.4 million people enrolled in 2024, 44% were children, and 7% were adults with disabilities.

To prepare for Medicaid changes, Illinois has focused on protecting coverage, improving accountability, and expanding community-based supports, through:

- Implementation processes and notices for the new Medicaid work requirements, to reduce coverage loss which can be avoided;
- New HealthChoice Illinois managed care organization (MCO) contracts for stronger access and accountability;
- A statewide referral system which will connect Medicaid members, MCOs, providers, and community organizations, including for social services;
- State Plan Amendment efforts to include Community Health Worker coverage and a potential Medicaid reimbursement pathway for health education, navigation, resource coordination, and screening for health-related social needs;
- Strengthening rural health care access and outcomes through $193.4 million in federal Rural Health Transformation Program funding.

Because CCMHB funding is well-suited for community-based care or innovative models, wherever these state/federal partnerships fund services which meet Champaign County residents' needs, we will encourage participation and alignment. Importantly:

- Medicaid-waiver programs, approved through subsection 1915c of the Social Security Act pay for home and community-based care of the elderly and people with disabilities, to avoid institutional care.
- Section 1115 Demonstrations allow states to test new approaches for improved health outcomes and lower cost.

The Illinois' "1115" waiver (https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/il-healthcare-trans-appvl-07022024.pdf), which was approved by CMS in 2024, included extension of the behavioral health system transformation waiver, addition of services for people who have experienced violence (making Illinois the first state approved for this), and addition of health-related social needs (i.e., housing support, home-remediation, nutrition counseling, nutrition prescriptions, home-delivered

and medically-tailored meals.) This sweeping 'healthcare transformation waiver' does not appear to have been paused.

Because Medicaid does not cover care for people while in jail, counties carry the cost. Interruption of health and behavioral health care can add to poor outcomes related to incarceration (https://nihcm.org/publications/incarceration-a-public-health-crisis?utm_source=NIHCM+Foundation&utm_campaign=dc6cfafac8-Incarceration_Infographic_2023&utm_medium=email&utm_term=0_-fd11f08098-%5BLIST_EMAIL_ID%5D). The Medicaid Inmate Exclusion Policy applies to people staying in jail even before they have been adjudicated. Coordinated advocacy (https://www.naco.org/resources/medicaid-inmate-exclusion-policy-miep-advocacy-toolkit) has been successful in lifting this exclusion for youth awaiting adjudication. In 2024, Illinois received approval to test this benefit for certain pre-release services for adults 90 days prior to re-entry. Illinois' Fitness to Stand Trial Task Force is a related effort, reviewing rules and practices and advising on policy which might alleviate the cost pressure on counties and improve health outcomes for people who are incarcerated.

Illinois' Chief Behavioral Health Officer released "The Care Compass: A Strategic Framework for Behavioral Health Access and Integration for the State of Illinois" (https://www.dhs.state.il.us/OneNetLibrary/27896/documents/The%20Care%20Compass-CBHO%20Strategic%20Priority%202026%20%5BDesign%20Proof%20V3-%20FINAL%5D.pdf) with several objectives for each of: Access to Care; Strengthening the Workforce; and Integrating Data, Reporting, and Monitoring Systems. Other themes are: Clinical Outcomes and Service Quality; Funding Sustainability; and Awareness, Prevention and Stigma Reduction.

The Illinois Department of Human Services (IDHS) Division of Behavioral Health and Recovery (DBHR) is developing an online database to help consumers find and assess the quality of substance use services. Since the 2022 implementation of national 988 mental health crisis call system, state and local governments have focused on promoting and sustaining the crisis call/text services as well as building a crisis response continuum. DBHR worked with colleagues from California and the Trevor Project to improve LGBTQIA+ youth call support, which Illinois opted to maintain through emergency procurement. The DBHR is also working with regional and subregional committees to prepare for implementation of Community Emergency Services and Support Act (CESSA) (https://www.dhs.state.il.us/page.aspx?item=145227) which impacts crisis response, so that anyone calling 911 with a mental health crisis will access a non-law enforcement mental health response.

Blueprint for Transformation : A Vision for Improved Behavioral healthcare for Illinois Children (https://www.dhs.state.il.us/OneNetLibrary/27896/documents/CBHT/childrens-health-web-021523.pdf) called for: centralized resource information for families; coordination of services for better transitions and early detection; resource referral technology; regular review of data to improve services; adjustment of the rates paid for services; expanded service capacity; collaboration on program development; universal screening for early detection; information sharing across state agencies; workforce development; and strong community networks which include parent-led organizations. IDHS launched the BEACON tool (https://www.dhs.state.il.us/page.aspx?item=163633)

to serve as a single point of entry for those seeking state-funded and community-based services for children and youth.

The Statewide Violence Prevention Plan for Illinois, 2025-2029 (https://icjia.illinois.gov/researchhub/articles/statewide-violence-prevention-plan-for-illinois--2025-2029/) is meant to foster thriving communities and break cycles of violence, including those resulting from unjust policies and economic disinvestment. Funding opportunities will support three goals:

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

The Illinois Community Mental Health Act was enacted when the promise of community alternatives to institutional care was new. In the 59 years since, federal and state authorities have not fully invested in that promise, even shifting safety net responsibilities to local governments. Illinois' mental health boards attempt to fill gaps, access local strengths, promote and advocate for better systems, raise community awareness, share resource information, and coordinate across systems and with interested parties.

If a service or support responsive to preferences and needs cannot be funded directly, whether due to constraints of the Community Mental Health Act, state and federal systems, or workforce shortage, it may be an area for system-level advocacy efforts by the CCMHB and other interested parties.

# Program Year 2028 CCMHB Priorities:

*As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The entire service system, which includes resources not funded by the CCMHB, should balance health promotion, prevention, wellness recovery, early intervention, effective treatments, and crisis response. It should ensure equitable access for all community members, across ages, neighborhoods, and racial, ethnic, or gender identities. Because they reflect the community's assessed priorities and align with other efforts, the broad priority categories used in Program Year 2027 continue, with updates.*

## PRIORITY: Strengthening the Behavioral Health Workforce

The CCMHB added this priority when the Illinois Community Mental Health Act was revised to allow mental health boards to fund various educational assistance which strengthens the behavioral health workforce. Suggestions to help recruit and retain a diverse workforce and reduce turnover, burnout, and prolonged vacancies have been:

- Training or certifications specific to current staff roles, e.g., on emerging service models or technologies, with recognition and payment for completion.
- Assistance related to the professions, such as examination, certification, and licensure fees or stipends for continuing education.

- Paid internships or stipends for such unpaid placements as are required for completion of a degree or certification, provided that recipients agree to provide services within Champaign County for a given period of time.
- Sign-on bonuses and periodic retention payments with a performance standard.
- Intermittent payments for exceptional performance.
- Increased salaries and wages for those providing direct services.
- Group and individual staff membership in professional associations which respect MI, SUD, or I/DD workforce roles and offer networking/advocacy opportunities.

For two cycles, it was not selected as the primary priority in any request for funding. It has been chosen as a secondary priority, reflected in more competitive salaries for agency staff and leadership.

State and federal authorities also prioritize strengthening the workforce. Opportunities they offer, along with advocacy, community awareness, outreach through secondary education, partnerships of providers and educators, etc. might help to achieve staffing levels sufficient to meet Champaign County's MI, SUD, or I/DD support needs.

Provider agency staff, management, and governance are fundamental to reaching other goals. An agency requesting funding aligned with any priority category will address some of these issues through its Cultural and Linguistic Competence (CLC) Plan.

## PRIORITY: Safety and Crisis Stabilization

Responsibility for safety net services continues to shift to local governments. While this shift does not include the means to pay for all that is needed, some state support and guidance is available. A fuller behavioral health crisis response continuum is the focus of many collaborations. Meanwhile, the service systems are attempting to respond to increased homelessness, poverty, and violence. Without services to help people move out of crisis, other publicly funded systems are further stressed. For people with MI, SUD, or I/DD, community-based care can improve quality of life and reduce reliance on institutional settings and encounters with law enforcement. Professionals and peer supporters meet people where they are to provide services or connection to resources, including inpatient care when needed. Where the interests of public safety and public health systems are served, co-funding and coordination should amplify efforts and ensure we are not duplicating services or interfering with progress. Because funding support from other sources comes and goes, it is difficult to predict where CCMHB funds will fill a gap or increase impact. Proposed programs should:

- Improve people's health and facilitate transition to their fullest community life.
- Increase people's use of community-based supports and services and reduce incarceration, hospitalization, length of stay in these settings, intervention by law enforcement, and unnecessary emergency department visits.
- Enhance the crisis response continuum where gaps persist.
- Collect and share data across systems, with and regarding people impacted by the justice system, hospitalization, or housing instability as a result of MI or SUD.

A proposal might offer innovative or promising practices in response to specific needs. People reentering the community from incarceration are in a particular crisis, and

desistance (https://sk.sagepub.com/ency/edvol/criminologicaltheory/chpt/maruna-shadd-redemption-scripts-desistance#_) offers an alternative to traditional supports. Building social capital will have long-term positive individual and community outcomes.

## PRIORITY: Healing from Violence and Trauma

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

Domestic or gender-based violence, child abuse or neglect, and community violence are familiar examples. People may seek support for healing from other types of violence and trauma. While the future of federal programs is uncertain, Illinois has attempted to respond and may offer program funding opportunities. In addition to the state, other local governments and funders have taken an interest in efforts to disrupt cycles of violence, promote healing, and reduce harm. Although state and federal programs and funding may change, local funding should amplify other resources, and coordination across payers and providers will have the most positive impact.

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

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

## PRIORITY: Access and Care

Access to services can be difficult. Systems of information are complicated. Benefits acquisition and redetermination processes are becoming even more complicated. Low provider capacity, long waitlists, stigma, limited language options, lack of transportation, lack of childcare, and low financial ability are significant barriers. There are gaps in care for people who do not have health insurance coverage. Some have coverage which does not include the supports and services they need. CCMHB funding may fill gaps or test promising approaches not yet covered by other payers. Co-funding by other entities which also prioritize access and care will add value and ensure that CCMHB funds do not duplicate or contradict similar efforts. Proposals of interest might:

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

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

SAMHSA's National Model Standards for Peer Support Certification (https://library.samhsa.gov/sites/default/files/pep23-10-01-001.pdf) address authenticity and lived experience, training, examinations, formal education, supervised work experience, background checks, recovery, access for all, ethics, costs, and peer supervision. This guidance will also help peer-led organizations without certification.

## PRIORITY: Thriving Children, Youth, and Families

For positive programming consistent with community needs assessment findings, the CCMHB has an interest in supports and services which allow all youth and their families to thrive. Our children and youth have been harmed by poverty, housing and food insecurity, multi-system involvement and failure, social isolation, community violence, and more. The Champaign County Community Coalition and similar collaborations also seek to improve outcomes for children, youth, and families. Because services may be funded by other entities placing children and families as a top priority, CCMHB funding should help sustain effective programs while not duplicating or impeding other efforts.

Programs should embody the System of Care principles, with strength-based, coordinated, family-driven, youth-guided, person-centered, trauma-informed, and culturally responsive approaches.

Programs for young people with serious emotional disturbance (SED), serious mental illness (SMI), or SUD should reduce the negative impacts of any juvenile justice or child welfare system involvement, increase positive engagement and connection to resources, and avoid criminalizing behavioral and developmental issues. Of interest are:

- Opportunities for children of any age, residing anywhere in the County, to maximize social/emotional success and keep them excited about learning.
- Peer support, mentoring, and advocacy which centers youth and families.
- Mental health support for youth in farm communities or other special populations.
- Prevention education, conflict resolution training, and efforts to reduce the negative impacts of violence on young people.

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

## PRIORITY: Collaboration with the CCDDB: Young Children and their Families

The Intergovernmental Agreement with the CCDDB requires integrated planning of I/DD allocations and a CCMHB set-aside, which is increased (or decreased) each year by the percentage change in property tax levy extension. Through this arrangement, the CCMHB has funded early childhood programs which complement those addressing the behavioral health of children and their families. A notable strength of Champaign County is that providers offering home visits collaborate as a System of Care for children and families. For Program Year 2028, the CCMHB may continue this approach to their commitment to people with I/DD.

Providers of services to young children continue to describe increased developmental and social-emotional needs. As pressures on families increase, the trend continues. Many children eligible for state-funded services are not able to use them due to provider shortages. Early identification and treatment can lead to great gains later in life. Services not covered by Early Intervention or under the School Code can be pivotal for young children and their families, including:

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

# Criteria for Best Value:

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

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

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

Building on the minimal expectation to show that other funding is not available or has been maximized, an applicant should use text space in the Budget Narrative to describe

efforts to secure other funding. If the services are billable to other payers, the applicant should attest they will not use CCMHB funds to supplement them. Activities not billable to other payers may be identified for the proposal. While CCMHB funds should not supplant other systems, programs should maximize resources for long-term sustainability. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources, also described with Unique Features, below.

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

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

Applicants may access publicly available data workshop materials (https://drive.google.com/drive/folders/1iKbPeGDACp2R48xrSfSRh8TEJWt1W6Y8) and short videos or 'microlearnings' (https://familyresiliency.illinois.edu/resources/microlearning-videos), and a logic model toolkit (https://uofi.app.box.com/s/jidv3wz8s5k8k0t9yh2puqvsrfit85ka) which compiles information on measures appropriate to various services and populations. Evaluation capacity building researchers developed the linked materials and offer innovations such as 'storytelling' to communicate the impact of services, especially those with a high degree of individualization. Proposals will also describe how people learn about and access the program and will estimate numbers of people served, service contacts, community service events, and other measure.

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

Proposals should describe how a person contributes to their service plan and should connect program activities to what they identify as important. Meaningful outcomes are developed through a person's involvement. Self-directed planning centers people's communication styles and networks of support, promotes choice, and presumes competence. Each person should have the opportunity to inform and lead their service plan. Plans should be responsive to the individual's preferences, values, and aspirations and should leverage their talents. This may involve building social capital, connections to community for work, play, learning, and more. For context, review The Council on Quality and Leadership capstone "Increasing the Social Capital of People with Disabilities" (https://www.c-q-l.org/resources/newsletters/increasing-the-social-capital-of-people-with-disabilities/?utm_medium=email&utm_campaign=1st%20Email%20-%20Topic%20Resources&utm_content=1st%20Email%20-%20Topic%20Resources+&utm_source=CM%20Email%20Marketing&utm_term=Capstone%20-%20Social%20Capital). Family and community social capital improves outcomes for children and youth, demonstrated in studies discussed in this article (https://pmc.ncbi.nlm.nih.gov/articles/PMC4270040/).

Proposals should describe how people with relevant personal ('lived') experience are contributing to the development and operation of the program itself. How does their knowledge shape the program? Contributing to an organization is one example of civic engagement, which helps people build social capital and experience greater personal agency.

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

Each applicant will design a Cultural and Linguistic Competence Plan, based on National Culturally and Linguistically Appropriate Services Standards. The principal standard is to "Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs." The template form includes various levels of the organization and all of the CLAS standards, so that the agency will fill in action steps and anticipated timeframes for each.

In addition to the agency-wide CLC Plan, each request for program funding is asked to describe strategies specific to the proposed program, especially to improve engagement and outcomes for people from historically under-invested groups, as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity (https://pubmed.ncbi.nlm.nih.gov/20669516/). These community members, rural residents, and people with limited English language proficiency should have all have access to supports and services which meet their needs.

## Promoting Inclusion and Reducing Stigma

The CCMHB has an interest in inclusion and community awareness, as well as in challenging negative attitudes and discriminatory practices. Proposals should describe how a program will increase inclusion and social connectedness of the people to be served, linking them with opportunities traditionally difficult to access.

Civic engagement which can build social capital and improve the whole community includes volunteering, informal helping, engaging with neighbors, and attending public meetings. Specific engagement has positive outcomes for individuals and their community. The study, "If I Was the Boss of My Local Government": Perspectives of People with Intellectual Disabilities on Improving Inclusion (https://www.mdpi.com/2071-1050/13/16/9075), finds that safe public amenities, accessible information and communication, and respectful, understanding community members are all needed and that they can be accomplished through direct engagement of people with MI, SUD, or I/DD in local government.

Stigma is the enemy of these opportunities. It limits individuals' participation, economic self-sufficiency, safety, and confidence. It may also stand in the way of sufficient State and Federal support for community-based services. Stigma especially isolates those who have been excluded due to disability, behavioral health concern, or racial, ethnic, or gender identity. Because some are excluded and cannot easily contribute their gifts, the community is also harmed by stigma.

Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social network. Positive community involvement builds empathy and group identity, reduces stress, and even helps to reduce stigma.

## Technology Access and Use

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

Programs may also build on existing successes or reduce the need for in-person staff support by helping people access technology and virtual platforms with confidence. This is true for the people served and also for staff providing the services, as it might expand the program's intended impact. As technology evolves, some promising remote supports will also require safety training.

## Unique Features

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

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

# Expectations for Minimal Responsiveness:

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

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

Unless provided under CCMHB contract, applicant should submit an independent CPA audit, review, or compilation report regarding the agency's most recently completed fiscal year, or, in the absence of one, an audited balance sheet.

3. All application forms must be complete and submitted by the deadline.
4. Proposed services and supports must relate to MI, SUD, or I/DD. How will they improve the quality of life for persons with MI, SUD, or I/DD?
5. Application must include evidence that other funding sources are not available to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.
6. Application must demonstrate coordination with providers of similar or related services and reference interagency agreements. Optional: describe the interagency referral process, to expand impact, respect client choice, and reduce risk of overservice.

# Process Considerations:

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

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

## Caveats and Application Process Requirements

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

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

**This draft document is pending approval by the CCMHB.*

# Kim Bowdry,

## Associate Director for Intellectual & Developmental Disabilities

## Staff Report – August & September 2026

### CCDDB/CCMHB:

Program Year 2026 4th Quarter reports and year-end Performance Outcome Reports were due August 26, 2026. Stephanie Howard-Gallo, Operations and Compliance Coordinator emailed a due date reminder to agency representatives on August 14, 2026. 4th Quarter Program Reports and Program Year 2026 Service Data are included in the CCDDB Packet for review.

The Program Year 2026 Service Data for CCDDB and CCMHB I/DD Funded Programs document was created using the Claims Data entered in the Online Reporting System by agency staff. I am reviewing and documenting the information provided in the reports. The information provided in the 4th Quarter Program Reports was added to the CCDDB and CCMHB I/DD funded program Performance Data Charts. Full year results were included on each 4th Quarter Program Report. Performance Data Charts were also prepared for Program Year 2027 reporting.

PACE did not submit their complete Performance Outcome Report by the deadline and did not submit an Extension Request. PACE's complete Performance Outcome Report was submitted on September 1, 2026.

I provided support to some agencies with resetting usernames/passwords and with 4th Quarter reports. I also created the Performance Outcome Report on the IDDSI side of the Online Application and Reporting System.

Program Year 2026 Performance Outcome Reports were also due on August 26, 2026. I am in the process of reviewing each POR. The PORs will be compiled and posted at https://ccmhddbrds.org. I also worked with the Online Application and Reporting System developer to create a single PDF version of the Performance Outcome Reports which includes the program's Main Performance Outcome Report and all program Outcome Reports.

I am using data from the Program Year 2026 reports, to create the 'Utilization Summaries for Program Year 2026 CCDDB and CCMHB I/DD Programs' document. This document will also report on the Outcomes that were identified in each Program's application for Program Year 2026. This will be included in the CCDDB Packet for October 2026.

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

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

I participated in a meeting with Executive Director Canfield and a Board Member regarding the September CCDDB Meeting.

I participated in meetings with Christopher Wimbush, Wimbush Consulting.

I coordinated with agency representatives from Community Choices and DSC related to the Joint Study Session scheduled for September 30, 2026 at 5:45pm. This Study Session will feature Advocates, who will share their perspectives on I/DD services in Champaign County and their additional advocacy efforts.

I added captions to the July CCDDB and CCMHB meetings and uploaded the recordings to the CCDDB/CCMHB YouTube Channel. Please visit the CCDDB/CCMHB YouTube Channel to view the recordings (http://www.youtube.com/@champaigncountymhbandddb).

I created the CCDDB/CCMHB Newsletters for August and September. The October Newsletter is in progress and will be sent out in early October. You can sign up for the CCDDB/CCMHB newsletter here. I also created PDF versions of each newsletter for records retention. Newsletter information can be emailed to me (kim@ccmhb.org).

I reviewed Board Meeting Minutes from each Board's previous monthly meetings.

## Site Visits:

I completed site visits with CU Early, Community Choices, DSC, and PACE in late August and September. Site visits for CCRPC – Developmental Disability Services, CCRPC Head Start/Early Head Start, and the remaining DSC programs are scheduled for late September and early October. Associate Director Bryson and Operations and Compliance Coordinator Howard-Gallo accompanied me on site visits. No concerns were noted during any of the site visits. I continue finalizing Site Visit Reports for each program and will share those with agency representatives for review and feedback upon completion.

## Illinois Department of Human Services - Division of Developmental Disabilities IDHS-DDD:

I inquired with IDHS-DDD regarding updated PUNS information. That information was used to add updates to the CCDDB Draft Program Year 2028 Allocation Priorities and Decision Criteria. I also contacted Prairieland Service Coordination, Inc. to inquire about recent Champaign County PUNS Selections. Prairieland staff shared that 23 people were selected from Champaign County between March 2026 and July 2026 PUNS selections.

I am working with our State Association Coordinator to seek further clarification on an IDHS-DDD Draft Information Bulletin related to Clinical Eligibility determinations. A portion of the Draft Information Bulletin states:

*"Intellectual Disability: The independent service coordination agency (ISC) is able to make determinations on clinical eligibility for individuals with clear evidence (consistent IQs of sixty (60) or below) of an intellectual disability. If the IQ scores are inconsistent or borderline (between 60-70 or higher), ISCs should refer the application to DDD.*

*Related Conditions: The ISCs cannot make clinical eligibility determinations for individuals seeking eligibility due to a related condition. These applications should will be referred to DDD to determine clinical eligibility."*

## Contract Amendments:

I recreated a contract amendment for EMK Consulting related to accessibility changes in the Online Application and Reporting System. I created an additional contract amendment for EMK Consulting related to an enhancement in the Online Application and Reporting System for compiling the annual Performance Outcome Reports.

## Learning Opportunities:

Making Strategic Decisions was held on September 16, 2026 at the Champaign Public Library. Prior to the event, over ten agency staff representing 6 different agencies funded by CCDDB or CCMHB were registered with a total of over 50 people registered for the event.

Addressing Conflict in Teams is scheduled for October 14, 2026, from 9:30-10:30 at the Champaign Public Library. This Leadership Training Series is a collaboration of CCDDB/CCMHB, the Illinois Leadership Center, UIUC School of Social Work, Community Foundation of East Central Illinois, and United Way of Champaign County.

Please register here to join (https://socialwork.illinois.edu/2026/02/03/foundations-of-effective-leadership-training-series/).

## DISABILITY Resource Expo:

I created a survey that was emailed to organizations who participated in the 2024 and 2025 Disability Resource Expos. The survey sought to gather updated information for Resources to be listed in the 2027 Disability Resource Expo Guidebook. The survey link was emailed four separate times to gather as many resources as possible. After the survey closed, I organized the data and sought out additional updates from unresponsive agencies. This information was then shared with our contracted Social Media expert who will organize it and compile it for the updated Disability Resource Expo Guidebook.

In late August, I went to the Expo storage facility to pick up Disability Resource Expo Guidebooks to be distributed at the Scott Bennett Family Resources Day. I participated in the annual Scott Bennett Family Resources Day held at Lincoln Square Mall on August 28, 2026. Disability Resource Expo books were shared with community members and other local providers in attendance. I also emailed the Expo Resources survey link to Agency representatives who attended the Scott Bennett Family Resources Day and were not previously a part of the Disability Resource Expo Guidebook.

## Mental Health and Developmental Disabilities Agencies Council (MHDDAC):

I participated in the August and September MHDDAC meetings. During their August meeting, the group discussed removing all AI Notetakers from future meetings. The group also discussed what they would like to see during future meetings of the group.

## Association of Community Mental Health Authorities of Illinois (ACMHAI):

I participated in the August ACMHAI Executive Committee meeting. I also participated in the Summer Membership Meeting in early August. The I/DD Committee met on September 9, 2026 and held a discussion on State and National Updates, as well as community updates from those in attendance.

I have contacted LEAP staff from Community Choices and DSC about providing a presentation on the LEAP Program to the ACMHAI I/DD Committee at an upcoming meeting.

### National Association for County Behavioral Health and Developmental Disability Directors (NACBHDD):

The next I/DD Committee meeting is scheduled for October 13, 2026.

### Champaign County Transition Planning Committee (TPC):

The TPC hosted its first meeting of the new school year on September 11, 2026.

### Champaign County Community Coalition Race Relations Subcommittee:

The 4th Annual Black Mental Health and Wellness Conference is scheduled for September 26, 2026. The flyer and registration link for this event was shared in the CCDDB/CCMHB Newsletter. You can still register to attend (https://forms.cloud.microsoft/pages/responsepage.aspx?id=h9DeulNmC0GGjWInWQw6NigTVmaqlSlPhpHnJ9aKCC9UOEpOQVBLSDlWV1FTNUZBRjRGOVo0WVdDNC4u&route=shorturl).

### Other:

Other time was spent reviewing documents for accessibility and other information.

# Leon Bryson,
# Associate Director for Mental Health & Substance Use Disorders
# Staff Report-September 2026

This board packet includes a briefing memo on the Draft 2027 Objectives and Tactics for the Three-Year Plans. The drafts follow the present plans' direction while considering updated timetables, current community needs, organizational capability, and possibilities for improvement.

I designed a survey for Board members to help assess and refine the proposed priority areas for the next year. The 23-day survey had six multiple-choice questions for each of the six priorities: Strengthening the Behavioral Health Workforce, Safety and Crisis Stabilization, Healing from Violence and Trauma, Access and Care, Thriving Children, Youth, and Families, and Collaboration with the CCDDB-Young Children and Their Families. Five board members answered the survey. Results are: Most respondents considered each priority important to meeting community needs. How clearly does this priority identify the community problem or need? Most (67%), reported extremely clear or clear. How appropriate is CCMHB/CCDDB funding for addressing each priority? Between 67% and 83% of respondents regarded priority funding very appropriate. Does this priority adequately address equity, diversity, cultural/linguistic competency, and underserved populations? On average, 63% said yes across all priorities. Should this priority remain a CCMHB/CCDDB funding for the next program year? Across all priorities, 83% agreed this priority should be funded next year. What changes or additions should be made to this priority? Most responders recommended maintaining current emphasis or increasing emphasis.

**Agency Progress Reports**: Agency PY26 Program Service Activity, financials, CLC Progress Report and Performance Outcome Reports for the fourth quarter were to be submitted by 11:59pm CST on August 26, 2026. A reminder about the reporting deadline and the procedure for requesting extensions was circulated by Ms. Stephanie Howard-Gallo to the agencies involved. A few agencies requested deadline extensions and were granted. Champaign County Health Care Consumers and Urbana Neighborhood Connections Center did not ask for an extension and were notified by Ms. Howard-Gallo via email and certified letter that they were out of compliance. The two agencies eventually submitted all missing reports and are now back in compliance. All submitted reports were then examined and compiled into a single report, which is part of this board packet. Some agencies are required to reexamine submitted client data from previous quarters for accuracy purposes. The data are organized in Excel files saved in the Program Performance Data Charts. All Annual Performance Outcome Reports will be compiled into one large report and made available for your review in the upcoming months.

**Site Visits:** During the month of August, I conducted site visits at Family Service and Promise Healthcare's main offices with the assistance of Ms. Shandra Summerville. There were no immediate concerns detected with the agency's programming services. During the same month, I assisted Ms. Kim Bowdry on a DSC site visit. In September, I partnered again with Ms. Bowdry to perform site visits with Community Choices, CU Early, some DSC programs, and PACE. Up next are scheduled site visits with CCRPC Head Start/Early Head Start and DSC's Family Development programs. Each site visit includes a discussion with the Program Director and appropriate staff members about the program's efficacy, as well as a review of client records and service utilization data. Upon request, the program directors and their teams supplied all essential supporting documents.

**ACMHAI Committee Meetings:** I took part in the monthly meetings for the I/DD Committee. Members discussed State/National Updates.

**CCMHDDAC Meeting:** On August 25th, committee members voted in favor of banning AI notetaking applications due to compliance issues such as waiving privileges and a lack of participant permission. Family First, an agency that applied for MHB funds, has joined the committee. Dr. Katrina Roberts provided details regarding her agency's services.

**CIT Steering Committee:** I attended the August 5th meeting via zoom. Members provided updates about the various matters within their agencies.

**Continuum of Service Providers to the Homeless (CSPH):** On September 1st, members heard multiple presentations: Bridget from Homebase addressed members with an update on their strategic plan. Landowners Roots at Philo and Silver Street Capital, LLC discuss the acquisition of 96 apartment units on Silver St. and Philo Road in Urbana. The proprietors accept Section 8, subsidized housing vouchers, and have already rehabilitated 46 units and are working on the other ones with the goal of improving the Urbana area. They will be hiring anyone interested in assisting them with labor for the units. They currently have 12 units ready, with 30-60 units expected by the end of the month. They found another investor willing to make an investment over time. Ms. Lily L. Walton, Executive Director of the Housing Authority of Champaign County, discussed work requirements and term limits. Ms. Kenzie Dodds of Rosecrance discussed the company's Urgent Care services. Food Access Specialist (New Position) Ms. Teri McCarthy from Public Health described how her role is geared to assist providers in establishing a HUB for information exchange and collaborative efforts with a goal to establish a food access alliance.

**Evaluation Capacity Committee Team**: I participated in the monthly meetings with the Evaluation Capacity project team. On August 14th and September 11th, Dr. Jacinda Dariotis and her colleagues met with CCMHB staff to discuss technical support, accessible office hours for agencies, working groups, and possible MHB agencies that could benefit from their expertise. I sent introductory emails to the agencies. We were also reintroduced to their new researcher, Dr. Virnaliz Jimenez.

**Rantoul Service Provider's Meeting**: For the August 17th meeting, Ms. Tasha Brasher from the Rantoul Police Department 4U Rantoul provided a presentation for the members. The meeting had a handful of members, but the discussion was impactful.

**SOFTT/LANS Meeting:** At the August 19th meeting, members discussed meeting at a different day and time to accommodate other members. The Chair of the committee sent out information about the history of the committee for newcomers, and there was more discussion about ideas for the upcoming year such as an event for single mothers.

**Other Activities**:

- September 10th, I attended the Community Service Center of Northern Champaign County Donor Appreciation Event in Rantoul.
- On August 21st, I met with Dr. Lisa Liggins-Chambers of CAC and provided comprehensive guidance for their Annual Performance Outcome Report.

# Stephanie Howard-Gallo
# Operations and Compliance Coordinator
# Staff Report – September 2026 Board Meeting

## SUMMARY OF ACTIVITY:

### 4th Quarter Reporting 2026:

4th quarter financial and program reporting was due at the end of August, giving the agencies an extra month to submit their reports. I sent them a reminder of the deadline on August 14th, as well as an extension request form if needed.

Don Moyer Boys and Girls Club and the Refugee Center (both CCMHB funded) requested extensions, which were approved. Letters of suspension were sent to Urbana Neighborhood Connections Center, Champaign County Health Care Consumers (CCMHB funded), and PACE (CCDDB funded) for late or missing reports. All reports are now in and payments will resume.

### Audits:

On August 18, 2026 I sent a reminder to the agencies that their contract with us requires they will share documentation of the date their CPA firm began its work on the audit, review, or compilation. Most audits will be due December 30th.

### Site Visits:

I am scheduling site visits with Leon Bryson and Kim Bowdry.

### Request for Proposals (RFP):

I submitted the following ad to the News Gazette and the Daily Illini for publication. I also submitted it to the Champaign County website for posting. Kim Bowdry added it to the August CCMHB/CCDDB newsletter. Lynn shared it with ACMHAI.

**Notification of Bid Process:** The Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) and the Champaign County Mental Health Board (CCMHB) are

seeking bid proposals from academic and/or professional research teams for an "Evaluation Capacity Building" Project. For details, see https://champaigncountyil.gov/CountyExecutive/bids.php.

The proposal should identify researchers' qualifications and experience, a plan to support social service providers in the measurement and reporting of outcomes, annual costs, and an implementation timeline. The Boards will select the proposal which offers the best value and will negotiate a two-year contract with renewal option. The Boards reserve the right to reject any and all proposals. Proposals are due to the CCDDB/CCMHB Executive Director no later than Noon on Wednesday, December 9, 2026. Email stephanie@ccmhb.org and lynn@ccmhb.org

## Alliance for Inclusion and Respect (AIR):

I have been communicating with the AIR artists concerning their interest in exploring online sales through the AIR website and small shows at spaces that will host us.

## Other Compliance:

## Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Attended meetings for the CCMHB/CCDDB.
- Composed minutes for the CCMHB/CCDDB meetings.
- I am working on revisions to the CCMHB/CCDDB Personnel Policies. They will be presented to you at a future meeting.

## August-September 2026
## Staff Report- Shandra Summerville
## Cultural and Linguistic Competence Coordinator

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

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

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

7. **Language and Communication Assistance-** Actions associated with CLAS Standards 5-8 must be identified and implemented in the Annual CLC Plan. The State of Illinois requires access an accommodation for language and communication access with qualified interpreters or language access lines based on the client's communication needs. This includes print materials as assistive communication devices.

(Source: Think Cultural Health)

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

## Agency Monitoring and Site Visits

### *CLC Site Visits for PY2025-26*

- Children's Advocacy Center- Completed
- Christian Health Center- Completed
- CSCNCC- Completed
- CU Early- Desk Site Review In progress
- DMBGC (2 programs)
- Family Service (3 programs) Completed
- GROW- Completed
- Head Start/Early Head Start- Completed
- Immigrant Services- Completed
- Promise (2 programs) Completed
- WIN Recovery

I reviewed 4th Quarter Reports that were due on August 27th.

## Anti-Stigma Activities/Community Collaborations and Partnerships

### ACMHAI: I attended the following meetings and will attend upcoming meetings for ACMHAI-

Executive Committee Meeting- August 5th and September 2, 2027

ADA- Accessibility Training- Creating Accessible Word and PDF Documents

Children's Behavioral Health Committee – September 22, 2027

The Illinois State Board of Education has released guidance on Universal Mental Health Screening. This process is scheduled to be implemented in the school year 2027-2028. This is

being implemented to serve as strategy to have an “early identification check” to connect young people with the appropriate support before mental health challenges escalate.

https://www.isbe.net/Documents/Universal-Mental-Health-Screening-Guidance.pdf

## Illinois Children’s Healthcare Foundation

I currently serve as a member of this board until FY 2028- We cultivate, support, and promote initiatives that improve the health and wellness of children in Illinois. The vision is for every child to grow up healthy in Illinois. Currently serve on Social Justice Committee and Grants Committee. The board has representation from the entire state of Illinois. I am one of the members that is representative of Champaign County. Please visit the website for additional information click on the link here: Illinois Children's Healthcare Foundation

I will be attending a conference called Mapping The Future for Children’s Behavioral Health. This will be an opportunity to connect with providers state wide that will be looking at the future for Children’s Mental Health

## Community Alliance- Meeting for people serving Immigrant Community

This meeting was once a open space but the focus has shifted to an invited community to ensure that safety and support for the immigrant community in Champaign County. We meet monthly via ZOOM if you are interested in participating in this meeting please email: Shandra Summerville

Welcome Week is an opportunity for Immigrants in our community to receive information and resources about immigrant services in our community. It was held September 7-12, 2026. There was a forum sponsored by The Refugee Center and The New American Welcome Center in partnership with the City of Champaign.

## Beyond Borders Global Mental Health Conference October 2027

“This conference aims to create a collaborative space where people with lived experience, caregivers, community members, artists, advocates, service providers, traditional healers, and researchers can learn from one another. We encourage proposals that connect ideas to practice and highlight voices that are often left out of global mental health conversations.

The theme of this year’s conference is **Building Resiliency**. We are interested in both creative and critical ideas about how people, communities, and systems stay strong and support wellbeing during hard times. Submissions may focus on research, professional practice, teaching, policy, or personal and community experiences. This conference will be held online. “

. Registration for the conference is now open. The conference will be held on October 8-9, 2026. This conference will be virtual.  You can register here: Beyond Borders Global Mental Health Conference Registration

## Champaign Community Coalition

I attended the Champaign Community Coalition on for August and September. They meet on the 2nd Wednesday of each month. The highlights included information on the Community Coalition Summer Initiative Program: That's What Teens Say. Its a summer internship that provides youth with an opportunity to learn about storytelling, event coordination, and building community.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

**Champaign County**

**Mental Health Board**

**Statement of Activities**

| REVENUES | ACTUAL JAN-AUG 2025 | ACTUAL JAN-AUG 2026 | % OF ANNUAL BUDGET 2026 | ANNUAL BUDGET 2026 |
|---|---|---|---|---|
| Prop Taxes – Current | -3,457,955.84 | -3,617,136.11 | 53% | -6,849,360.00 |
| Prop Taxes – Back Tax | 0.00 | -334.74 | 17% | -2,000.00 |
| Payment in Lieu of Taxes | -450.80 | -407.23 | 20% | -2,000.00 |
| Mobile Home Tax | 0.00 | -2,391.73 | 57% | -4,200.00 |
| Other Intergovernmental | -260,225.00 | -79,984.00 | 17% | -479,902.00 |
| Investment Interest | -7,666.72 | -10,920.78 | 22% | -50,000.00 |
| Gain/Loss on Sale of Investment | 0.00 | -1,382.87 | 100% | 0.00 |
| Gifts and Donations | -1,050.00 | -100.00 | 10% | -1,000.00 |
| Other Misc Revenue | -28,724.00 | -20,162.00 | 92% | -22,000.00 |
| ***TOTAL REVENUES*** | ***-3,756,072.36*** | ***-3,732,819.46*** | ***50%*** | ***-7,410,462.00*** |

| EXPENDITURES | ACTUAL JAN-AUG 2025 | ACTUAL JAN-AUG 2026 | % OF ANNUAL BUDGET 2026 | ANNUAL BUDGET 2026 |
|---|---|---|---|---|
| Personnel | 331,534.59 | 339,828.46 | 62% | 542,105.00 |
| Fringe Benefits | 71,479.73 | 80,157.68 | 39% | 203,650.00 |
| Stationary & Printing | 791.71 | 0.00 | 0% | 4,000.00 |
| Office Supplies | 2,283.71 | 520.64 | 17% | 3,000.00 |
| Books & Periodicals | 0.00 | 0.00 | 0% | 200.00 |
| Postage, UPS, FedEx | 572.15 | 601.32 | 30% | 2,000.00 |
| Food (Non-Travel) | 1,059.24 | 386.60 | 19% | 2,000.00 |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County
# Mental Health Board
## Statement of Activities

| EXPENDITURES | ACTUAL JAN-AUG 2025 | ACTUAL JAN-AUG 2026 | % OF ANNUAL BUDGET 2026 | ANNUAL BUDGET 2026 |
|---|---|---|---|---|
| Uniforms & Clothing | 0.00 | 0.00 | 0% | 750.00 |
| Dietary Non-Food Supplies | 109.93 | 26.99 | 11% | 250.00 |
| Equipment Less Than $5000 | 1,253.58 | 3,142.68 | 37% | 8,400.00 |
| Operational Supplies | 0.00 | 354.33 | 13% | 2,750.00 |
| Employee Development & Recognition | 0.00 | 0.00 | 0% | 200.00 |
| Professional Services | 133,998.72 | 113,507.38 | 54% | 210,000.00 |
| Outside Services | 6,188.25 | 1,800.50 | 17% | 10,800.00 |
| Travel Costs | 3,612.95 | 3,818.78 | 64% | 6,000.00 |
| Conferences & Training | 530.00 | 790.00 | 26% | 3,000.00 |
| Training Programs | 0.00 | 1,611.65 | 32% | 5,000.00 |
| Insurance (Non-Payroll) | 5,285.00 | 6,289.00 | 27% | 23,000.00 |
| Rent | 19,695.74 | 20,422.44 | 47% | 43,500.00 |
| Finance Charges & Bank Fees | 0.00 | 298.47 | 995% | 30.00 |
| Advertising & Legal Notices | 0.00 | 70.00 | 1% | 10,000.00 |
| Dues, Licenses, & Memberships | 16,969.99 | 18,410.99 | 92% | 20,000.00 |
| Operational Services | 1,843.55 | 9,401.20 | 63% | 15,000.00 |
| Public Relations | 0.00 | 15,000.00 | 100% | 15,000.00 |
| Contributions & Grants | 3,637,572.00 | 4,131,881.00 | 66% | 6,246,827.00 |
| Repair & Maint - Equip/Auto | 0.00 | 110.85 | 11% | 1,000.00 |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County
# Mental Health Board
## Statement of Activities

| EXPENDITURES | ACTUAL JAN-AUG 2025 | ACTUAL JAN-AUG 2026 | % OF ANNUAL BUDGET 2026 | ANNUAL BUDGET 2026 |
|---|---|---|---|---|
| Repair & Maint – Building | 0.00 | 0.00 | 0% | 1,000.00 |
| Attorney/Legal Services | 0.00 | 0.00 | 0% | 1,500.00 |
| Equipment Lease/Rent | 1,393.42 | 468.64 | 19% | 2,500.00 |
| Software License & SAAS | 11,340.03 | 11,653.77 | 83% | 14,000.00 |
| Phone/Internet | 1,430.27 | 446.85 | 15% | 3,000.00 |
| Transfers Out | 0.00 | 0.00 | 0% | -10,000.00 |
| ***TOTAL EXPENDITURES*** | ***4,248,944.56*** | ***4,761,000.22*** | ***64%*** | ***7,390,462.00*** |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County
# Mental Health Board
# Estimated Fund Balance Report

| ESTIMATED CCMHB FUND BALANCE | 2025 | 2026 |
|---|---|---|
| **January** | 3,349,429 | 4,025,951 |
| **February** | 2,891,123 | 3,497,182 |
| **March** | 2,387,595 | 2,955,869 |
| **April** | 1,969,892 | 2,408,777 |
| **May** | 1,477,938 | 2,246,861 |
| **June** | 4,465,315 | 1,202,559 |
| **July** | 3,868,912 | 4,112,498 |
| **August** | 3,375,348 | 3,512,128 |
| **September** | 2,877,352 | |
| **October** | 5,020,905 | |
| **November** | 3,881,146 | |
| **December** | 4,520,888 | |
| **EOY** | 4,520,897 | |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

## Champaign County Mental Health Board

## PY26 Q4 Financial Report Summary

| Contract # | Agency | Program | YTD Revenue Reported | YTD Expense Reported | $ Diff | % Diff | Notes |
|---|---|---|---|---|---|---|---|
| **MHB26-006** | Champaign County Children's Advocacy Center | Children's Advocacy Center | 63,911.00 | 51,839.00 | 12,072.00 | 19% | $12,072 unspent grant funds. Agency reported higher expenses at program level than for total agency. |
| **MHB26-029** | Champaign County Christian Health Center | Mental Health Care | 70,000.00 | 70,000.00 | 0.00 | 0% | None |
| **MHB26-044** | Champaign County Health Care Consumers | CHW Outreach & Benefit Enrollment | 97,139.00 | 97,139.00 | 0.00 | 0% | None |
| **MHB25-066** | Champaign County Health Care Consumers | Disability Application Services | 105,000.00 | 105,000.00 | 0.00 | 0% | None |
| **MHB26-045** | Champaign County Health Care Consumers | Justice Involved CHW Services & Benefits | 103,284.00 | 103,284.00 | 0.00 | 0% | None |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

## Champaign County Mental Health Board

## PY26 Q4 Financial Report Summary

| Contract # | Agency | Program | YTD Revenue Reported | YTD Expense Reported | $ Diff | % Diff | Notes |
|---|---|---|---|---|---|---|---|
| **MHB25-026** | CCRPC/Head Start | Early Childhood Mental Health Services | 388,463.00 | 388,463.00 | 0.00 | 0% | None |
| **MHB25-004** | CCRPC | Homeless Services System Coordination | 54,281.00 | 52,626.00 | 1,655.00 | 3% | $1,655 unspent grant funds. |
| **MHB26-025** | CCRPC | Youth Assessment Center | 76,350.00 | 76,350.00 | 0.00 | 0% | None |
| **MHB26-008** | Community Service Center | Resource Connection | 70,667.00 | 70,667.00 | 0.00 | 0% | None |
| **MHB25-007** | Courage Connection | Courage Connection | 128,038.00 | 128,038.00 | 0.00 | 0% | None |
| **MHB26-005** | Crisis Nursery | Beyond Blue Champaign County | 90,000.00 | 90,000.00 | 0.00 | 0% | None |
| **MHB25-018** | Cunningham Children's Home | ECHO Housing & Employment Support | 203,710.00 | 228,729.00 | (25,019.00) | -12% | None |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County Mental Health Board

## PY26 Q4 Financial Report Summary

| Contract # | Agency | Program | YTD Revenue Reported | YTD Expense Reported | $ Diff | % Diff | Notes |
|---|---|---|---|---|---|---|---|
| **MHB25-036** | Cunningham Children's Home | Families Stronger Together | 282,139.00 | 309,080.00 | (26,941.00) | -10% | None |
| **MHB25-021** | C-U at Home | Shelter Case Management | 256,700.00 | 269,010.00 | (12,310.00) | -5% | None |
| **MHB25-042** | C-U Early (Urbana School District #116) | C-U Early | 80,723.00 | 80,723.00 | 0.00 | 0% | None |
| **MHB26-012** | DSC | Family Development | 702,000.00 | 635,728.00 | 66,272.00 | 9% | $66,272 unspent grant funds. |
| **MHB25-031** | Don Moyer Boys & Girls Club | Coalition Summer Youth Initiatives | 100,000.00 | 100,000.00 | 0.00 | 0% | None |
| **MHB25-015** | Don Moyer Boys & Girls Club | CU Change | 85,572.00 | 83,174.00 | 2,398.00 | 3% | Incorrect revenue reported ($85,575). $2,401 unspent grant funds. |
| **MHB26-001** | East Central Illinois Refugee Mutual Assistance Center | Family Support & Strengthening | 75,432.00 | 75,441.00 | (9.00) | 0% | Incorrect revenue reported ($75,441). |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County Mental Health Board

## PY26 Q4 Financial Report Summary

| Contract # | Agency | Program | YTD Revenue Reported | YTD Expense Reported | $ Diff | % Diff | Notes |
|---|---|---|---|---|---|---|---|
| **MHB26-014** | Family Service of Champaign County | Counseling | 143,322 | 144,263.00 | 0.00 | -1% | Variance comments insufficient. Corrected 9/10/26. |
| **MHB26-016** | Family Service of Champaign County | Self Help Center | 38,191.00 | 38,191.00 | 0.00 | 0% | Variance comments insufficient. Corrected 9/10/26. |
| **MHB26-017** | Family Service of Champaign County | Senior Counseling & Advocacy | 214,360.00 | 196,337.00 | 18,023.00 | 8% | Variance comments insufficient. Corrected 9/10/26. |
| **MHB25-034** | First Followers | FirstSteps Community Re-Entry House | 60,036.00 | 60,036.00 | 0.00 | 0% | $9,464 unspent grant funds. Variance comments missing. |
| **MHB25-003** | First Followers | Peer Mentoring for Re-Entry | 95,000.00 | 95,000.00 | 0.00 | 0% | Variance comment related to General Operating expense doesn't explain the variance. |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County Mental Health Board

## PY26 Q4 Financial Report Summary

| Contract # | Agency | Program | YTD Revenue Reported | YTD Expense Reported | $ Diff | % Diff | Notes |
|---|---|---|---|---|---|---|---|
| **MHB25-022** | Greater Community AIDS Project of East Central Illinois | Advocacy, Care, and Education Services | 61,566.00 | 61,566.00 | 0.00 | 0% | None |
| **MHB25-011** | GROW in Illinois | Peer-Support | 157,690.00 | 159,853.00 | (2,163.00) | -1% | None |
| **MHB26-010** | Immigrant Services of Champaign-Urbana | Immigrant Mental Health | 200,256.00 | 193,678.00 | 6,578.00 | 3% | $6,578 unspent grant funds. Variance comments missing. Corrected 9/3/26. |
| **MHB26-013** | Promise Healthcare | Mental Health Services | 360,000.00 | 360,000.00 | 0.00 | 0% | None |
| **MHB26-041** | Promise Healthcare | Wellness | 125,000.00 | 125,000.00 | 0.00 | 0% | None |
| **MHB26-035** | Rape Advocacy, Counseling & Education Services | Sexual Trauma Therapy Services | 196,205.00 | 196,205.00 | 0.00 | 0% | None |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County Mental Health Board

## PY26 Q4 Financial Report Summary

| Contract # | Agency | Program | YTD Revenue Reported | YTD Expense Reported | $ Diff | % Diff | Notes |
|---|---|---|---|---|---|---|---|
| **MHB26-002** | Rape Advocacy, Counseling & Education Services | Sexual Violence & Prevention Education | 108,115.00 | 108,115.00 | 0.00 | 0% | None |
| **MHB25-019** | Rosecrance Central Illinois | Benefits Case Management | 84,625.00 | 84,625.00 | 0.00 | 0% | None |
| **MHB25-030** | Rosecrance Central Illinois | Crisis Co-Response Team | 240,000.00 | 136,535.00 | 103,465.00 | 43% | $103,465 unspent grant funds. Staff vacancies resulted in lowered expenses. |
| **MHB25-023** | Rosecrance Central Illinois | Recovery Home | 100,000.00 | 100,000.00 | 0.00 | 0% | None |
| **MHB25-009** | Uniting Pride | Children, Youth, & Families Program | 190,056.00 | 190,056.00 | 0.00 | 0% | None |
| **MHB26-024** | Urbana Neighborhood Connections Center | Community Study Center | 382,180.00 | 382,180.00 | 0.00 | 0% | Q4 Financial Reports submitted late. |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# Champaign County Mental Health Board

## PY26 Q4 Financial Report Summary

| Contract # | Agency | Program | YTD Revenue Reported | YTD Expense Reported | $ Diff | % Diff | Notes |
|---|---|---|---|---|---|---|---|
| **MHB26-069** | WIN Recovery | Community Support ReEntry Houses | 183,000.00 | 183,000.00 | 0.00 | 0% | None |

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

## Champaign County I/DD Special Initiatives Fund

## PY26 Q4 Financial Report Summary

| Contract # | Agency | Program | YTD Revenue Reported | YTD Expense Reported | $ Diff | % Diff | Notes |
|---|---|---|---|---|---|---|---|
| **IDDSI25-89** | CCRPC | Community Life Short Term Assistance | $232,033 | $107,412 | $124,621 | 54% | $124,621 unspent grant funds. |

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CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

# BRIEFING MEMORANDUM

DATE: September 23, 2026
TO: Champaign County Developmental Disabilities Board (CCDDB) and Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Updates on Anti-Stigma and Resource Information Activities

## Purpose:

Now that our traditional annual events, the anti-stigma film and art show within Roger Ebert's Film Festival and large in-person DisAbility Resource Expos, have become impossible or impractical to continue, many of the people who participated over the years have offered ideas for the future. Some ideas were easy to act on, and others will require more investigation and discussions. This memorandum offers updates on what has been suggested, explored, and in progress.

## Progress:

### 2026 Events

- August 28th – Kim Bowdry, Associate Director for I/DD, and I participated in the "Scott Bennett Family Resource Day" distributing Expo resource books and seeking resource information from organizations there. Chris Wilson and Shandra Summerville also attended and offered feedback. Ms. Bowdry and our social media consultant helped promote it. We might become more involved with planning the Bennett Day event if it aligns with our Expo traditions.

- September 26th – Through the Champaign County Community Coalition Race Relations Group, Ms. Bowdry helped plan and promote the "Black Mental Health and Wellness Conference".

Register using this link (https://forms.cloud.microsoft/pages/responsepage.aspx?id=h9DeulNmC0GGjWInWQw6NigTVmaqlSlPhpHnJ9aKCC9UOEpOQVBLSDlWV1FTNUZBRjRGOVo0WVdDNC4u&route=shorturl)

- October 1st - Angela Yost, Program Coordinator-Developmental Disability Services CCRPC-Community Services, will attend the 2nd Education and Empowerment Event at Middletown Prairie Elementary School (Mahomet-Seymour) and will distribute Expo resource books.

- October 8th and 9th – Shandra Summerville, Cultural and Linguistic Competence Coordinator, and I helped plan the "Beyond Borders: Global Mental Health" conference, which is fully virtual this year. Register using this link (https://publish.illinois.edu/beyondbordersconference/)

- October 10th – with the Alliance for Inclusion and Respect, we will sponsor the documentary "Joybubbles" at the Chambana Film Society's "Doctoberfest" at Savoy 16. Tickets are discounted to one dollar to maximize access. Learn more and buy tickets through the festival site (https://2026doctoberfest.chambanafilmsociety.org/) or the organization's main webpage (https://www.chambanafilmsociety.org/)

- December 2nd – Ms. Summerville will host an information booth in the School of Social Work's community outreach series, distributing the current Resource book with link to updated online directory. For the fall semester, she is working with students on a SOCW 542: Program Evaluation project to learn more about what community members would most value in future anti-stigma or resource information efforts.

## Paper Resource Book

Many of our partners in this work, as well as members of the Boards, expressed a strong interest in continuing to make information available through an annually updated paper resource guide. Partners will continue to share them to the people they serve and other interested parties. We can take advantage of the many resource fairs which are held in Champaign County, making the books available to people attending those events. Board members have offered new suggestions for distribution.

Ms. Bowdry sought updates from prior Exhibitors, who will be renamed as Resources, and contacted new organizations which may choose to be listed. Jane Sprandel, CCMHB Chair, and Dianne Husby-Gordon, CCDDB Member helped with some hard-to-reach resources. With this information and consent to include organizations, printed and online directories will be updated. Sponsors are not necessary for the paper version. Our consultant is updating the guide in both formats.

Martin One Source, which has printed the books and related promotional materials for us over many years, is on track to print the 2027 guides by the end of 2026. Later, we could request magnets or postcards which feature a link and QR code linking to the updated online resource directory, but updated books may go far.

### Online Tools

Thanks to a contract with a new social media and marketing consultant and materials shared with us by Allison Boot, who did this work for us for several years, we have begun updating the websites and social media associated with Alliance for Inclusion and Respect (AIR) and the DisAbility Resource Expo. Since August 4th, Ms. Bowdry has been collecting updates from 2025 "exhibitors" so that the new consultant can keep the online resource directory accurate. AIR artists and supporters have ideas for improving the AIR website, another project for her.

ADA compliance updates are being completed by ChrispMedia. In case any AIR or Expo website redesign or revision creates the need for further accessibility-related corrections, we will continue to collaborate with ChrispMedia and Falling Leaf Productions, who have worked with us for many years. Falling Leaf's Tim Offenstein is ready to do follow-up reviews for all sites.

## Next Steps and Suggestions:

- Expo Steering and Advisory Committee member Joe Pittenger, Transition Specialist/STEP-PECT Program Coordinator of the Rural Champaign County Special Education Cooperative, suggested a mini-expo event, with presentations on specific topics, select exhibitors, and food for participants, at the ihotel or similar. A new venue, which

includes a theater and café spaces, is set to open in downtown Urbana this fall and can be rented for private events.

- For many Steering Committee members, spring events may be more practical than fall. The traditional Expo required CCDDB/CCMHB staff time to support, more difficult in spring. A scaled down event might be more manageable, especially if others were to coordinate. Another advantage in moving to spring events is to avoid competing with many other athletic and community-wide events, particularly on the weekends.

- Ms. Summerville is checking into the new Teen Summit event planned for our community. If there are ways to promote or support it, this could help reach a new and important audience.

- Longtime AIR supporter Dr. Eric Pierson, UIUC alum and Professor of Communication and Co-Director of Film Studies at UC San Diego, asked to be included in future events, since he visits Champaign County but could also participate remotely. We hope he will be a zoom panelist at the October film screening event.

- Through social media, we can promote similar efforts, even in other communities, as we did when EP!C, a DD service provider in Peoria, sponsored a September 6 film screening "Born That Way" at Gummfest.

- AJ Zwettler, DSC Director of Employment Services, would host annual AIR art shows at The Crow at 110, in lieu of Ebertfest. Nancy Carter, NAMI Champaign and longtime art supporter, agreed about this option.

- AIR member, Sarah Conley Odenkirk of Art Converge, is interested in developing venues for art shows, including a permanent one, provided the artists are comfortable with that. A permanent storefront would require some level of staffing we are not currently able to provide, but what if?

- Jane Sprandel, CCMHB President, explored reviving a strategy that had been successful, in which AIR artists display their work at a dedicated wall of a restaurant or bar or café. Ideally they could sell the pieces right there.

- Stephanie Howard-Gallo, Operations and Compliance Coordinator, has taken the lead in art shows and sales. She shared details of the Champaign Market, which runs through the end of Oct. from 3-6 p.m. on Tuesdays. The application fee is $15. With weekly fee of $25, if the application is accepted. The seasonal fee is $525. We would need our own tent, table, chairs, signage, etc. They also require that sales are reported to them. Most AIR artists would probably be more ready for a show like this than for some of the other options, but staffing support would be required for coordination, set up and tear down, payment, and reporting.

- To understand what AIR artists are ready to do and would value, Ms. Howard-Gallo contacted them. Four indicated willingness to try any of the suggested approaches, and others did not reply. Patti Hand of Sunflower Studios CU, would assess each physical store location and whether a commission would be expected of artists; Patti's items tend to be smaller and are also sold online. Patti again offered to help organize and promote AIR activities, to photograph other artists' inventory, to teach them about Instagram and online sales, and to advise on AIR website artist pages, e.g., add a link to artists' own online stores and use new photographs.

## A Special Request:

Board and staff members, AIR and Expo partners, and interested community members can support any or all of these planned activities in important ways:

- Share the 2026 event details and registration links with your networks.

- Follow the Expo and AIR social media pages and repost items of interest, whether spreading the word about events or increasing engagement with the positive messaging which has resumed at:

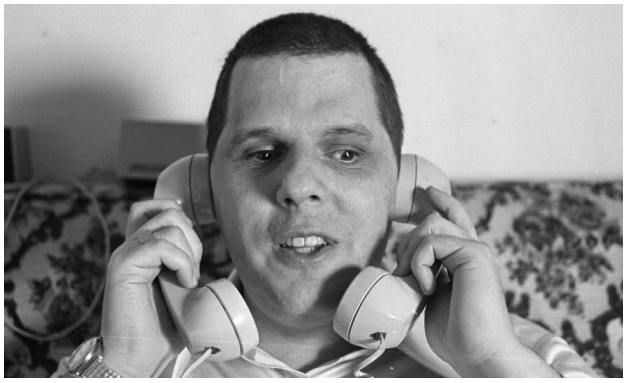
    - https://www.facebook.com/allianceforAIR

    - https://www.instagram.com/allianceforinclusionandrespect/

    - https://www.facebook.com/disabilityresourceexpo.org

    - https://www.instagram.com/disabilityresource/

- Share the link to the online directory portion of the Expo website and let us know if people are finding it useful or want further improvements after the updates have been completed (end of 2026).
    - https://www.disabilityresourceexpo.org/resource-guide/
- Attend events as possible. Bring friends and neighbors!



- *A still shot from "Joybubbles"*

# PY2026 4th Quarter Program Service Reports for Programs Funded by the Champaign County Mental Health Board

# CCCAC – Champaign County Children's Advocacy Center

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 0 CSEs | 71 SCs | 17 NTPCs | 130 TPCs |
| 2nd Quarter | 2 CSEs | 15 SCs | 5 NTPCs | 35 TPCs |
| 3rd Quarter | 2 CSEs | 54 SCs | 11 NTPCs | 37 TPCs |
| **4th Quarter** | **27 CSEs** | **65 SCs** | **17 NTPCs** | **48 TPCs** |
| Total | 31 CSEs | 205 SCs | 50 NTPCs | 250 TPCs |
| *Annual Target* | *8 CSEs* | *170 SCs* | *40 NTPCs* | *130 TPCs* |
| Percent Met | 50% | 120% | 125% | 192% |

Agency Comments:

No comments provided by the agency.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# CCRPC – Head Start-Early Head Start – Early Childhood Mental Health Svs
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 2 CSEs | 284.5 SCs | 77 NTPCs | 60 TPCs | 1 Other |
| 2nd Quarter | 2 CSEs | 383.25 SCs | 39 NTPCs | 30 TPCs | 2 Other |
| 3rd Quarter | 6 CSEs | 513 SCs | 51 NTPCs | 29 TPCs | 3 Other |
| **4th Quarter** | **1 CSEs** | **445 SCs** | **25 NTPCs** | **17 TPCs** | **0 Other** |
| Total | 11 CSEs | 1,625.75 SCs | 192 NTPCs | 136 TPCs | 6 Other |
| *Annual Target* | *5 CSEs* | *3000 SCs* | *380 NTPCs* | *100 TPCs* | *12 Other* |
| Percent Met | 200% | 39% | 50% | 136% | 50% |

Agency Comments:

No comments provided by the agency.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Psycho-educational workshops, trainings, professional development efforts with staff and parents)*

# CCRPC-Homeless Services System Coordination PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 6 CSEs | 24 SCs | 52 NTPCs | 9 TPCs |
| 2nd Quarter | 7 CSEs | 5 SCs | 8 NTPCs | 2 TPCs |
| 3rd Quarter | 9 CSEs | 161 SCs | 3 NTPCs | 0 TPCs |
| **4th Quarter** | **9 CSEs** | **52 SCs** | **0 NTPCs** | **0 TPCs** |
| Total | 31 CSEs | 242 SCs | 63 NTPCs | 11 TPCs |
| *Annual Target* | *30 CSEs* | *60 SCs* | *45 NTPCs* | *10 TPCs* |
| Percent Met | 103% | 317% | 140% | 110% |

Agency Comments:

End of Year-- progress toward targets:
CSE: 31 of target of 30
SC: 242 of target of 60
NTPC: 37of target of 45
*Lower participation than expected; could be slightly related to transition to in person meetings
TPC: 8 of target of 10
*Less # of focus groups with lived experience this year, however Lived Experience subcommittee constituted and active

*Utilization Category Definitions:*
*CSE = Community Services Events; SC = Service Contact or Screening Contacts; NTPC = Non-Treatment Plan Clients; TPC = Treatment Plan Clients; Other, as defined in individual program contract (not in use)*

# CCRPC-Youth Assessment Center PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 15CSEs | 29 SCs | 13 NTPCs | 39 TPCs | 20 |
| 2nd Quarter | 12 CSEs | 37 SCs | 5 NTPCs | 14 TPCs | 6 |
| 3rd Quarter | 17 CSEs | 28 SCs | 5 NTPCs | 20 TPCs | 3 |
| **4th Quarter** | **17 CSEs** | **28 SCs** | **5 NTPCs** | **18 TPCs** | **9** |
| Total | 61 CSEs | 122 SCs | 28 NTPCs | 91 TPCs | 38 |
| *Annual Target* | *70 CSEs* | *100 SCs* | *25 NTPCs* | *115 TPCs* | *50* |
| Percent Met | 87% | 122% | 112% | 79% | 76% |

Agency Comments:

Quarter 4 focused on strengthening YAC's capacity to serve youth, improving access to services, and supporting positive outcomes for youth who remained engaged. YAC hired two new Case Managers in May, bringing the program to three full-time Case Managers and one Program Manager. The additional staffing capacity supports consistent service delivery and positions YAC to respond to referral demand as the 2026–2027 school year begins.

•YAC participated in the Protecting the Legacy event on June 10 through its continued collaboration with SOFTT/LANS. The event gave YAC direct contact with fathers and families and provided an opportunity to explain YAC's services and how youth can be connected to assessment and support. This strengthened YAC's visibility with a population that can be an important support and referral connection for youth.

•YAC also exhibited at the Champaign-Urbana Juneteenth Celebration, where staff connected directly with families and other service organizations. The event generated opportunities to answer questions about YAC, explain the referral process, and increase awareness of YAC as an accessible resource for youth and families who may need support.

As of August 13, 2026, YAC had 14 youth cases in progress, including youth actively engaged in services and youth in the process of engagement. During Quarter 4, 60 cases were closed. Of the 60 closed cases, 51 were eligible for services based on referral. Among eligible youth, 8 (16%) successfully completed the program, 6 (12%) were closed unsuccessfully, and 37 (72%) were closed with limited or no engagement after referral.

The strongest outcomes were among TPC youth who remained engaged: 6 of 11 TPC youth closed during the quarter (55%) successfully completed the program, while 5 (45%) were closed unsuccessfully. This demonstrates the value of sustained participation and continued case management follow-up in helping youth reach positive program outcomes.

Limited or discontinued engagement remained the primary barrier to successful completion. YAC continued multiple outreach attempts and collaboration with service providers to support initial connection and sustained participation. The Quarter 4 results reinforce the importance of strengthening engagement and retention strategies, particularly after the initial referral.

YAC continued Peer Court in partnership with the University of Illinois student organization Justice Under Restorative Youth (J.U.R.Y.). Five youth participated during the quarter and received restorative outcomes. The program concluded for the summer in accordance with the University of Illinois academic calendar and is scheduled to resume September 24, 2026.

YAC also expanded its group programming rotation through collaboration with Courage Connection for a session on healthy relationships and Families Stronger Together (FST) for a session on mental-health-related support and service linkage. Planning is underway to incorporate Rosecrance into the rotation to address substance-use prevention and related concerns. These additions expand the range of targeted supports available to youth while they are engaged with YAC.

Quarter 4 referral patterns showed particularly strong activity from the Rantoul Police Department, which submitted 23 referrals and was YAC's leading referral source during the quarter. Urbana Police Department submitted 16 referrals, followed by Champaign Police Department with 8 and community or family referrals with 6. The level of referral activity from Rantoul and Urbana underscores the importance of maintaining strong communication with law-enforcement and community referral partners.

YAC's priorities entering the next program year are to strengthen youth engagement and retention, reengage the YAC Advisory Committee, build stronger relationships with School Resource Officers, continue expanding collaborative programming, and refine program tools and practices. The goal is to build upon the positive outcomes achieved by youth who remained engaged throughout their station adjustment or engagement agreement, while improving YAC's ability to sustain participation among youth who have historically been more difficult to initially engage following referral or to keep engaged during their service period.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Youth referred; however, they are ineligible for service.)*

# Champaign County Christian Health Center- Mental Health Program
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 10 CSEs | 10 SCs | 483 NTPCs | 74 TPCs | 5 Other |
| 2nd Quarter | 8 CSEs | 20 SCs | 375 NTPCs | 29 TPCs | 7 Other |
| 3rd Quarter | 2 CSEs | 16 SCs | 317 NTPCs | 50 TPCs | 25 Other |
| **4th Quarter** | **9 CSEs** | **78 SCs** | **465 NTPCs** | **13 TPCs** | **90 Other** |
| Total | 29 CSEs | 124 SCs | 1640 NTPCs | 148 TPCs | 127 Other |
| *Annual Target* | *16 CSEs* | *500 SCs* | *500 NTPCs* | *200 TPCs* | *100 Other* |
| Percent Met | 181% | 25% | 328% | 74% | 127% |

Agency Comments:

While there were only 13 TPCs, we had 33 total patients getting care (non TPCs still saw a provider that covers mental health in general).

Our outreach is still very strong. For the year, CCCHC had 29 events either hosted or participated in, including having a regular presence at churches, social service agencies, and other locations

CCCHC received 140 calls for the quarter. Approximately 90 were referred (note: the timeline mirrors CCCHC's dental clinic getting back started - saw first patients in June). It is expected that CCCHC will be able to help more people rather than refer them.

**The agency is in the process of revising some of the data to reflect the correct year-end totals.*

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (any patients referred to other healthcare facilities.)*

# Champaign County Health Care Consumers CHW Outreach & Benefit

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 6 CSEs | 387 SCs | 4 NTPCs | 92 TPCs | 12 Other |
| 2nd Quarter | 9 CSEs | 638 SCs | 8 NTPCs | 81 TPCs | 10 Other |
| 3rd Quarter | 8 CSEs | 899 SCs | 13 NTPCs | 96 TPCs | 6 Other |
| **4th Quarter** | **11 CSEs** | **537 SCs** | **23 NTPCs** | **128 TPCs** | **3 Other** |
| Total | 34 CSEs | 2461 SCs | 48 NTPCs | 397 TPCs | 31 Other |
| *Annual Target* | *10 CSEs* | *920 SCs* | *10 NTPCs* | *165 TPCs* | *18 Other* |
| Percent Met | 340% | 267% | 480% | 240% | 172% |

Agency Comments:

This past quarter was incredibly busy and stressful for many community members as work requirements were have set in for SNAP. Many clients saw their SNAP benefits decrease significantly, or they lost those benefits completely because they did not know how to deal with work requirements. Likewise, many people have lost Medicaid and needed help getting it reinstated. Medicaid work requirements do not take effect until early 2027, but because the State of IL had to implement work requirements into their system, this resulted in some inadvertent problems in other parts of the system, including the Medicaid side, so some people were dropped from Medicaid inadvertently and needed help getting reinstated. For many of our clients, we had to file trouble-shooting tickets or appeals to get them their benefits. Immigrants of different statuses are having a very hard time and are very fearful with the changes to eligibility for benefits. Increasingly, we are helping people apply for hospital financial assistance so that they can afford their care when their Medicaid or Marketplace plans disappear. We are also providing lots of resources and information for food banks, etc. We have developed new partnerships for outreach and enrollment, including regularly scheduled tabling events at CUPHD, Salvation Army, and Urbana Free Library. Most of these have proved to be productive and have helped us reach people we might not otherwise have reached.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Number of prescriptions covered in Rx program, etc.)*

# Champaign County Health Care Consumers-Disability Application Svcs
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 8 CSEs | 344 SCs | 2 NTPCs | 41 TPCs | 41 Other |
| 2nd Quarter | 7 CSEs | 761 SCs | 2 NTPCs | 81 TPCs | 27 Other |
| 3rd Quarter | 5 CSEs | 597 SCs | 4 NTPCs | 63 TPCs | 9 Other |
| **4th Quarter** | **4 CSEs** | **481 SCs** | **2 NTPCs** | **41 TPCs** | **19 Other** |
| Total | 24 CSEs | 2183 SCs | 10 NTPCs | 226 TPCs | 96 Other |
| *Annual Target* | *5 CSEs* | *700 SCs* | *8 NTPCs* | *69 TPCs* | *12 Other* |
| Percent Met | 480% | 311% | 125% | 327% | 800% |

Agency Comments:

This program continues to be incredibly intensive and busy. Many of the clients who come to CCHCC for disability application services also have many other very pressing needs, including the need for housing. We have helped many of these clients with housing navigation services, or resources to help prevent them from becoming homeless. We are starting to more carefully track our referral sources. We get many referrals from Cunningham Township, City of Champaign Township, Strides shelter, Carle Social Work, and Promise Healthcare. We have set up a new referral process with Promise Healthcare and they have emerged as our most intensive source of referrals. We continue to succeed in getting clients approved for benefits, even though it is an arduous process. The Social Security Administration continues to regularly lose paperwork and claim that it was not submitted, even though we have proof of submission. We keep copies of all case files, including their medical documentation, so that we can deal with these sorts of issues. Every client for whom we are reporting these data has mental/behavioral health issues and many have co-occurring physical health issues. We put forward the strongest applications possible, and this means that sometimes we have to really highlight a physical health issue, even when a mental health issue is the more disabling condition, because we know what kinds of issues are more likely

to lead to approval. Our staff member, Babatunde Amao, continues to represent clients at Administrative Law Judge (ALJ) hearings, and he has won five out of seven of those cases in this past quarter. The two losses are due to an ALJ out of Orland Park who has the lowest approval rating on disability cases in the nation. She only approves approximately 3% of the cases that come before her, which is a travesty. Her decisions doom people for the rest of their lives with loss of income if they cannot qualify for SSDI benefits, and instead have to rely on SSI benefits, which only pay $994 per month. The 2 under NTPC are individuals who were not getting the care that they need and therefore we could not proceed with their applications. Clients in this program must be actively receiving care in order to document their conditions for the purpose of the disability application process. The 19 under Other are clients for whom we had to help provide other kinds of support, including prescriptions or medical equipment or even hotel stays when they could not go to a shelter because of their disabling conditions.
Looking ahead, I have two in-person ALJ hearings scheduled for later this month, and I am preparing diligently for both. I remain hopeful for continued positive outcomes in the months ahead.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Other services, such as the Rx fund, Medicaid or SNAP application, etc.)*

# Champaign County Health Care Consumers-Justice Involved CHW
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 5 CSEs | 56 SCs | 1 NTPCs | 39 TPCs | 3 Other |
| 2nd Quarter | 7 CSEs | 61 SCs | 2 NTPCs | 31 TPCs | 3 Other |
| **3rd Quarter** | **9 CSEs** | **52 SCs** | **0 NTPCs** | **36 TPCs** | **2 Other** |
| **4th Quarter** | **14 CSEs** | **47 SCs** | **0 NTPCs** | **27 TPCs** | **3 Other** |
| Total | 35 CSEs | 216 SCs | 3 NTPCs | 133 TPCs | 11 Other |
| *Annual Target* | *10 CSEs* | *230 SCs* | *25 NTPCs* | *110 TPCs* | *25 Other* |
| Percent Met | 350% | 94% | 12% | 121% | 44% |

Agency Comments:

Most of the clients from this quarter were individuals in the county jail who were seeking to maintain their Medicaid benefits, and who were seeking Medicaid and SNAP benefits for their family members in the community. Chris is helping more women each quarter as a result of outreach through the Pregnancy and Parenting Class that Claudia and Paulette teach in the jail three times each month. A number of jail clients are interested in drug and alcohol inpatient treatment programs when they get out of the jail. It has been extremely difficult getting them into Rosecrance for these services as there is no longer presumptive eligibility for these clients as we once had when we used to have the Reentry Council. It is worth noting that our experience with working with women in the jail who attend the Pregnancy and Parenting Class is that 100% of the women in that class over the four years that we have been providing that class all have drug or alcohol dependencies and they were high or drunk when they committed the crimes that led to their incarceration - whether for serving their sentence or for pre-trial detention. We have administered the Adverse Childhood Experiences (ACEs) inventory in the class, and the most women in our class have very high scores on the ACEs inventory, and those high scores are strongly associated with likelihood of addiction and trauma As a microcosm of the people in the jail, this speaks to

the importance of these individuals getting support to deal with addictions, and counseling once they get out. Once some of the women have gotten out, they follow up with CCHCC to get help accessing these kinds of services. It is also very interesting to see that the vast majority of clients in the jail come from Champaign and Urbana zip codes, with a few from Rantoul, but not the smaller towns or villages in our County.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Number of prescriptions covered in Rx program, etc.)*

# Community Service Center of Northern Champaign County-Resource Connection PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | Other |
|---|---|---|---|---|
| 1st Quarter | 1 CSEs | 790 SCs | 1149 NTPCs | 3 Other |
| 2nd Quarter | 1 CSEs | 910 SCs | 246 NTPCs | 156 Other |
| 3rd Quarter | 0 CSEs | 730 SCs | 168 NTPCs | 417 Other |
| **4th Quarter** | **1 CSEs** | **638 SCs** | **179 NTPCs** | **730 Other** |
| Total | 3 CSEs | 3068 SCs | 1742 NTPCs | 1306 Other |
| *Annual Target* | *0 CSEs* | *3100 SCs* | *1500 NTPCs* | *900 Other* |
| Percent Met | 300% | 99% | 116% | 145% |

Agency Comments:
Our service contacts are down 14% from the third quarter of PY26, which could be due to CCRPC's LIHEAP and Senior Services being onsite now and fewer requests for information regarding them. NTPC numbers have increased by 15% from PY25 due to persistent inflation driving consumer prices upward and federal governmental changes to programs necessitating new clients to seek out our services. In the Other category, our other agency contact's number is up significantly by 75%, due to CCRPC's LIHEAP and Senior Services seeing clients onsite now. 236 of the agency's Other numbers include CCMHB-funded programs. This increase, we believe, is due to our ongoing client advocacy to have services offered onsite by area agencies to those living in northern Champaign County. We are seeing an overall increase in demand for all our program services being utilized and aside from any unforeseen circumstances, we expect to see this trend continue.

We have diligently worked to promote the Resource Connection program doing Community Service Events, like our hosting a school class in May from Rantoul City Schools to teach students about social services, what we do here, and taking them on an agency tour. We also do promotion on radio, TV, civic organizations, and the general public at events in our area.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (number of contacts that other agencies using the facility have with clients.)*

# Courage Connection-Courage Connection
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 189 CSEs | 89 SCs | 4 NTPCs | 77 TPCs |
| 2nd Quarter | 230 CSEs | 114 SCs | 11 NTPCs | 34 TPCs |
| 3rd Quarter | 231 CSEs | 94 SCs | 8 NTPCs | 36 TPCs |
| **4th Quarter** | **417 CSEs** | **111 SCs** | **30 NTPCs** | **72 TPCs** |
| Total | 1067 CSEs | 408 SCs | 53 NTPCs | 219 TPCs |
| *Annual Target* | *200 CSEs* | *750 SCs* | *150 NTPCs* | *600 TPCs* |
| Percent Met | 533% | 54% | 35% | 36% |

Agency Comments:

45 clients received 93.25 hours of counseling services in Q4.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Crisis Nursery Beyond Blue Champaign County

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 15 CSEs | 48 SCs | 20 NTPCs | 9 TPCs | 158 Other |
| 2nd Quarter | 12 CSEs | 89 SCs | 6 NTPCs | 3 TPCs | 354 Other |
| 3rd Quarter | 18 CSEs | 67 SCs | 11 NTPCs | 4 TPCs | 128.5 Other |
| **4th Quarter** | **20 CSEs** | **84 SCs** | **5 NTPCs** | **2 TPCs** | **101 Other** |
| Total | 65 CSEs | 288 SCs | 12 NTPCs | 18 TPCs | 741.5 Other |
| *Annual Target* | *75 CSEs* | *265 SCs* | *49 NTPCs* | *21 TPCs* | *485 Other* |
| Percent Met | 87% | 77% | 109% | 86% | 152% |

Agency Comments:

Our Family Specialists facilitated a parent support group during quarter 4, hosted at the Tolono Public Library, with 5 successful sessions. This group lead to two self-referrals of the mothers in attendance to enroll into the Beyond Blue program for the FY27 year to continue receiving support. We had one enrolled mother who completed all 9 sessions of the Mother's and Babies curriculum from start to finish, with each visit continuing to build off of the other, delivered in a way that felt more personal for the mom and what she was experiencing. This mom showed decreases in her Edinburgh scores and was able to reflect on ways in which the skills within the curriculum were benefiting her and changes she was noticing with her mental health, ways in which she managed stress and her relationship with baby.

Strong Families Coordinator, Hannah Hensley reflects on her success with a mom experiencing severe PPD and anxiety after her 2nd child, and taking the initiative to receive mental health services:

A mom I work with through the Beyond Blue program has been struggling mentally after the birth of her second child and experiencing severe postpartum depression and anxiety. This mom has a very low social support and she is a stay at home mom. She wasn't receiving the appropriate mental health services she needs to address her mental health experiences and she was resistant to addressing her symptoms and getting the appropriate treatment. At a recent visit, she informed me that her anxiety has increased recently. We explored her symptoms and what she is experiencing day-to-day and how it has been affecting her and her ability to take care of her children in the way she desires. She said she would be open to starting therapy with a clinician who specializes in postpartum mental health and she asked me to place a referral for her. She brought this up on her own without any prompting from me. We explored local mental health agencies that accept her insurance and her preferences. I was able to place a referral for her to start therapy at a local mental health agency. I am very proud that she was able to identify that her symptoms had worsened and gained the courage to start the services and get the treatment she needs to get better.

Family Specialist, Sophia Marick, identifies challenges with curriculum engagement when families are experiencing various distractions:

One of my biggest challenges this quarter has been covering all of the session material while also responding to the needs of young children during home visits. When a baby is fussy or crying, or there are toddlers who also need attention, it can be difficult to stay on track with the curriculum while being responsive to what the family needs in the moment.
Because the curriculum focuses on maternal mental health, I also find it challenging to keep moms engaged in discussions that require reflection when there are so many distractions. Mindfulness exercises are especially difficult to complete when children are awake and active. In those situations, I talk with moms about the purpose and benefits of the exercises and encourage them to practice on their own when they have a quieter moment. Even with these challenges, I continue to cover the key topics while adjusting each visit to meet the family's needs.

Family Specialist, Teoko Pearson, reflects on her support of a first-time mother and guiding her towards pregnancy education and healthy coping skills:

I have been working with a first-time mom for the past several months. Because this is her first pregnancy, she has a lot of mixed emotions including nervousness but also excitement. She recently started working full-time and is trying to balance things at home when she has the motivation to do so. Mom stated that by having these different emotions, it affects her mental health and she feels this is why she has difficulty with motivation. Mom often talks about how she is always tired and experiencing a lot of morning

sickness, impacting her daily activities. We have talked about the effects that pregnancy can have on the body and what symptoms may occur during each trimester. I have talked to mom about helpful and unhelpful thoughts and ways to identify them. We talked about how helpful thoughts make us feel happy, positive, energized, hopeful, and generally in a better mood. While unhelpful thoughts make us feel sad, worried, tired, anxious, or generally in a worse mood. Mom stated that she can relate to this and sometimes she feels very emotional or irritated about the smallest things. She also stated that being pregnant has just heightened a lot of these feelings. I let mom know that within the Mothers and Babies curriculum, it highlight's that even though you may have negative thoughts, it's important to remember that it is possible to change the way we think. I also let mom know that as her hormones continue to change, it is normal to experience multiple emotions at once. Mom was very open to the curriculum ideas stating that "Sometimes it can be hard to get in tune with your feelings and have tough conversations, but they need to be had so that we can work though our problems." We talked about ways to develop healthy thinking habits, such as focusing on the positive things in her life. I also mentioned to mom to think about getting connected with a therapist from one of the resources that I had previously provided her with so that she could have another supportive person who could also provide beneficial coping skills. Mom stated that she agreed that it would be helpful.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Number of hours of crisis and respite care provided to families. An estimated 485 hours of crisis care and respite care will be provided: 248 for rural mothers and 237 for Champaign-Urbana mothers.)*

# CU at Home Shelter Case Management Program
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 9 CSEs | 1238 SCs | 26 NTPCs | 7 TPCs |
| 2nd Quarter | 9 CSEs | 975 SCs | 3 NTPCs | 7 TPCs |
| 3rd Quarter | 27 CSEs | 852 SCs | 2 NTPCs | 7 TPCs |
| **4th Quarter** | **8 CSEs** | **901 SCs** | **4 NTPCs** | **8 TPCs** |
| Total | 53 CSEs | 3966 SCs | 35 NTPCs | 29 TPCs |
| *Annual Target* | *50 CSEs* | *5500 SCs* | *25 NTPCs* | *55 TPCs* |
| Percent Met | 106% | 72% | 140% | 52% |

Agency Comments:

Over the past several years, C-U at Home has undergone significant change, and this year was no exception. During this reporting period, our program transitioned from a scattered-site model operating across multiple locations to a centralized campus model serving participants in Phases 1–3, while continuing to provide Phase 4 services within the community. C-U at Home also established what we anticipate will be our permanent location through a 20-year lease with the Housing Authority.

This significant transition impacted the number of clients served during the reporting period. As we prepared for and completed the move to the new campus, new intakes were temporarily paused and then gradually resumed as operations stabilized. As a result, we served somewhat fewer participants than originally projected. At the same time, staff continued providing intensive services to existing participants throughout the transition.

While the transition affected overall service numbers, it also created a stronger foundation for future service delivery. The centralized campus allows case management, life skills, recovery support, residential services, and other programming to operate together in one location and provides greater consistency and coordination for participants with complex needs.

As we enter the next year, our focus is on fully utilizing this new capacity, continuing to refine the program model, and increasing the number of individuals who can engage in services and progress toward long-term stability.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# CU Early CU Early Program
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 3 CSEs | 67 SCs | 2 NTPCs | 20 TPCs |
| 2nd Quarter | 2 CSEs | 123 SCs | 0 NTPCs | 1 TPCs |
| 3rd Quarter | 4 CSEs | 116 SCs | 2 NTPCs | 1 TPCs |
| **4th Quarter** | **3 CSEs** | **107 SCs** | **1 NTPCs** | **2 TPCs** |
| Total | 12 CSEs | 413 SCs | 5 NTPCs | 24 TPCs |
| *Annual Target* | *4 CSEs* | *464 SCs* | *5 NTPCs* | *20 TPCs* |
| Percent Met | 300% | 89% | 100% | 120% |

Agency Comments:

The CU Early program coordinator attended 3 Community events this quarter. They included the Early Intervention Parent Support group, Don Moyer Boys and Girls Club Parent Academy and the Urbana School District Board meeting where I presented information to the board regarding CU Early.

During this quarter, the CU Early Spanish speaking home visitor completed 1 referral to Early Intervention.

During this quarter the CU Early Spanish speaking home visitor completed 105 home visits and 6 parent child playgroups.

During this quarter the CU Early home visitor enrolled 2 new children. In addition, CU Early started an immigrant parent support group in collaboration with the New American Welcome Center. These meetings were held at Urbana Early Childhood School twice

this quarter. Dinner was provided as well as childcare. Parents stated this was a great opportunity for them to connect with one another.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Cunningham Children's Home– ECHO Housing and Employment Support
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 6 CSEs | 188 SCs | 15 NTPCs | 21TPCs |
| 2nd Quarter | 16 CSEs | 182 SCs | 20 NTPCs | 1TPCs |
| 3rd Quarter | 9 CSEs | 144 SCs | 11 NTPCs | 2 TPCs |
| **4th Quarter** | **4 CSEs** | **156 SCs** | **1 NTPCs** | **1 TPCs** |
| Total | 35 CSEs | 670 SCs | 47 NTPCs | 25TPCs |
| *Annual Target* | *25 CSEs* | *510 SCs* | *15 NTPCs* | *20 TPCs* |
| Percent Met | 140% | 131% | 313% | 125% |

Agency Comments:

Nineteen (19) clients received services in the ECHO program during the fourth quarter of FY26. There were 17 continuing TPCs, 1 new TPC and 1 new NTPC.

In addition to those NTPCs that were admitted to the ECHO program, the ECHO program team provided referrals/brief case management services to an additional 16 NTPCs who contacted the agency to inquire about available services.

There were a total of 16 inquiry contacts from 16 unique individuals (many of whom were counted as NTPC due to referral and/or case management support provided). As appropriate, inquiries were referred to RPC for Centralized Intake. Inquiries were also referred to other appropriate resources when applicable. There were a total of 156 contacts (and an additional 22 attempted contacts). The target number of service contacts for the year is 510. We are exceeded our FY26 target with a total of 643 contacts.

One client was discharged from the ECHO program this quarter. One client discharged after moving out of the area. He has permanent housing and receives SSI/SSDI.

The ECHO program team made contact with 4 agencies and groups to provide information about the ECHO program. Agencies/groups included the UIUC School of Social Work, Urbana Park District, Rosecrance and Crisis Nursery.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Cunningham Children's Home– Families Stronger Together
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 2 CSEs | 207 SCs | 32 NTPCs | 14 TPCs |
| 2nd Quarter | 3 CSEs | 214 SCs | 5 NTPCs | 9 TPCs |
| 3rd Quarter | 5 CSEs | 269 SCs | 8 NTPCs | 4 TPCs |
| **4th Quarter** | **2 CSEs** | **196 SCs** | **22 NTPCs** | **4 TPCs** |
| Total | 12 CSEs | 886 SCs | 67 NTPCs | 31 TPCs |
| *Annual Target* | *10 CSEs* | *1935 SCs* | *75 NTPCs* | *40 TPCs* |
| Percent Met | 120% | 46% | 89% | 78% |

Agency Comments:

We served a total of 26 clients during the 4th quarter of FY26 (23 TPC and 22 NTPC as detailed in this narrative). TPC: Nineteen (19) clients were continuing TPC and four (4) clients were new TPC. We have served a total of 31 TPC clients in FY26. We met the 2-year goal of the grant to serve a total of 40 clients. We served exactly 40 clients with 3 of those clients having 2 or more admissions. There were eight (8) TPC clients discharged this quarter with the following dispositions: three (3) clients discharged due to lack of engagement, two (2) clients were discharged due to transfer to community-based providers (counseling, mentoring, etc.), one (1) client moved out of the service area, one (1) client achieved treatment goals and one (1) client's parent requested case closure.

NTPC: Twenty-two (22) new NTPC clients received through groups offered at the Juvenile Detention Center (JDC). In total, twelve (12) groups were offered at the JDC and a total of 32 unique youth participated in group sessions. Sixty-seven (67) NTPC clients were

served in FY26. Combined with a total of 109 NTPC clients in FY25, we served a total of 176 NTPC clients across the 2-year period of the grant which is above our goal of 75 by 235%.

We completed a total of 196 service contacts with TPC clients. An additional sixty-one (61) were attempted with TPC clients and/or caregivers. The quarterly target of 90 contacts were exceeded. One hundred seventy-eight (178) NTPC contacts were completed in the 4th quarter which is below the expectation of 395. With 405 NTPC contacts during FY26, we fell at approximately 26% of the annual expectation of 1575. In the new grant cycle (FY27), we have adjusted the number of contacts by increasing expected contacts for TPC and decreased the expected contacts for NTPC.

There were two (2) Community Service Events during the fourth quarter of FY26. These events both involved JDC Care Coordination (with CYFS, Rosecrance, DREAAM, and JDC/Probation).

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# DSC– Family Development PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | TPCs |
|---|---|---|---|
| 1st Quarter | 5 CSEs | 51 SCs | 954 TPCs |
| 2nd Quarter | 4 CSEs | 49 SCs | 65 NTPCs |
| 3rd Quarter | 2 CSEs | 53 SCs | 66 NTPCs |
| **4th Quarter** | **1 CSEs** | **47 SCs** | **89 NTPCs** |
| Total | 12 CSEs | 200 SCs | 1085 TPCs |
| *Annual Target* | *15 CSEs* | *200 SCs* | *1174 TPCs* |
| Percent Met | 80% | 100% | 92% |

Agency Comments:

DSC continued its collaboration with TAP to provide seasonal play groups, while also offering Developmental Therapy play groups two days per week to support children and families through consistent, developmentally focused opportunities.

DSC also partnered with Champaign County HVC, Birth to Five, and CCRS to offer developmental screenings at Soccer Planet play group and connect families with additional community resources.

Six staff members attended the annual Connecting the Dots conference on April 29, 2026, participating in workshop sessions focused on practical tools, hands-on learning, and strategies to better support diverse families.

On June 10, 2026, a DSC staff member volunteered at the United Way diaper drive hosted by WCIA 3, supporting community efforts to meet basic needs for local families.

Three families chose not to share personal or identifying information with the CCDDB/MHB; therefore, they were not included in the screening or treatment plan client counts.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Don Moyer & Boys & Girls Club– CU Change
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 17 CSEs | 98 SCs | 15 NTPCs | 11 TPCs |
| 2nd Quarter | 21 CSEs | 169 SCs | 16 NTPCs | 12 TPCs |
| 3rd Quarter | 17 CSEs | 189 SCs | 0 NTPCs | 0 TPCs |
| **4th Quarter** | **15 CSEs** | **50 SCs** | **3 NTPCs** | **0 TPCs** |
| Total | 91 CSEs | 506 SCs | 34 NTPCs | 23 TPCs |
| *Annual Target* | *48 CSEs* | *480 SCs* | *20 NTPCs* | *20 TPCs* |
| Percent Met | 190% | 105% | 170% | 115% |

Agency Comments:

-Community Resource Fair, Centennial High School, Central High School, ST. Joe High School, Father Forum w/ SOFIT-LANS, Barkstall Champaign County Coalition, Urbana Middle School, Family Services, Blueprint Event, Family Room Outreach, Community Health Fair, Empty Tomb, SOFIT-LANS Group, Juneteenth Celebration-Community Event.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Don Moyer & Boys & Girls Club– Community Coalition Summer Initiatives
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs |
|---|---|---|---|
| 1st Quarter | 43 CSEs | 4850 SCs | 1174 NTPCs |
| 2nd Quarter | 0 CSEs | 0 SCs | 0 NTPCs |
| 3rd Quarter | 0 CSEs | 0 SCs | 0 NTPCs |
| **4th Quarter** | **0 CSEs** | **0 SCs** | **0 NTPCs** |
| Total | 43 CSEs | 4850 SCs | 1174 NTPCs |
| *Annual Target* | *30 CSEs* | *11750 SCs* | *900 NTPCs* |
| Percent Met | 143% | 41% | 130% |

Agency Comments:

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

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# ECIRMAC- Family Support & Strengthening
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 23 CSEs | 1792 SCs | 1733 NTPCs | 59 TPCs | 7 Other |
| 2nd Quarter | 19 CSEs | 734 SCs | 734 NTPCs | 0 TPCs | 4 Other |
| 3rd Quarter | 16 CSEs | 334 SCs | 316 NTPCs | 18 TPCs | 5 Other |
| **4th Quarter** | **22 CSEs** | **251 SCs** | **251 NTPCs** | **2 TPCs** | **6 Other** |
| Total | 80 CSEs | 3111 SCs | 3034 NTPCs | 79 TPCs | 22 Other |
| *Annual Target* | *50 CSEs* | *3100 SCs* | *3000 NTPCs* | *100 TPCs* | *15 Other* |
| Percent Met | 160% | 100% | 101% | 79% | 147% |

Agency Comments:

Workshops
4/1/2026 George Vassilatos at RACES: Avicenna/RACES workshop. KYR training 13 attendees, 1 hour
4/17/2026 George Vassilatos & Rachel Mandamuna at TRC: French workshop Public benefits info session 7 attendees, 1 hour
4/22/2026 George Vassilatos, Margarita Herrera at TRC: SNAP changes workshop, Public benefits info session, 5 attendees, 1 hour
4/23/2026 George Vassilators at La Case Cultural Latina at UIUC: La Casa KYR training, 25 attendees, 1 hour
5/12/2026 Mayte Baixeras at El Progresso: Mayte visited El Progresso to speak to workers there about public benefits access early in the morning. Public benefits info session, 6 attendees, 1 hour
5/19/2026 Mayte Baixeras at Rantoul Office: Public benefits info session, 7 attendees, 1 hour

Community Outreach 12 sessions

4/7/2026 George Vassilatos Q4 carle social worker resource bank Digital resource bank
4/17/2026 George Vassilatos at St Mary's: Guatemala consulate Flyer outreach
4/18/2026 George Vassilatos & Ava Marginean at Channing Murray: Ragzfest, flyer outreach
4/19/2026 George Vassilatos at St Mary's: Campana de Salud fair, Tabling event with Volunteers from CdS
5/20/2026 George Vassilatos at El Oasis: Flyer outreach
5/20/2026 George Vassilatos at Sepalas: Left KYR cards, had conversation with staff there
5/20/2026 George Vassilatos at McDonalds: Flyer outreach
5/20/2026 George Vassilatos at Boost Mobile: Flyer outreach
5/20/2026 George Vassilatos at Burger King: Flyer outreach
5/20/2026 George Vassilatos at BSpirits: Flyer outreach
5/20/2026 George Vassilatos at Maize on Neil: Flyer outreach
5/21/2026 Ava Marginean at the Regional Planning office: Flyer outreach

Community Linkages 10 sessions
4/13 Lisa Wilson & Ashlyn Henke Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting Bi monthly meeting of all refugee resettlement organizations in the State of IL 25 organizations represented
4/16/26 Persephone & George IL Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collborate to eliminate barriers to service., including discussion of services offered by local agencies. Ask Persephone or George
4/21/26 Lisa Wilson United Way Executive Directors meeting Monthly meeting of United Way of Champaign County grantees to network, discuss local social service issues and training on a variety of topics affecting NFP's. 20 organizations represented
4/28/26 Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations
4/29/26 Lisa Wilson Connecting the Dots Early Childhood PRoviders seminar Discussing the financial and emotional trauma endured by immigrant families as a result of the changes in Immigration and Public Benefits policy. I spent much of I spent much of the session discussing the changes to SNAP and the upcoming changes to Medicaid. 40 attendees
5/1/25 Lisa Wilson Champaign Neighborhood Network Conference Presented and answered questions about barriers to service and challenges immigrants face in our area. Meeting was for City of Champaign staff and interested area service providers. 25 attendees
5/19/26 Lisa Wilson United Way Executive Directors meeting Monthly meeting of United Way of Champaign County grantees to network, discuss local social service issues and training on a variety of topics affecting NFP's. 20 organizations represented

5/26/26 Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations
6/12/26 Lisa Wilson, Ashlyn Henke Quarterly Consultation Meeting Quarterly meeting held to advise area stakeholders about expected refugee arrivals and discuss any the logistics of supporting refugee resettlment efforts in the area and services offered. 10 agencies represented Provides local stake holders opportunity to share resources/information and to discuss any stakeholder concerns or barriers to refugee resettlement.
6/16/26 Lisa Wilson United Way Executive Directors meeting Monthly meeting of United Way of Champaign County grantees to network, discuss local social service issues and training on a variety of topics affecting NFP's. 25 organizations represented

**The agency is in the process of revising some of the data to reflect the correct year-end totals.*

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients (Totals are for the whole program which includes other revenues.)*
*TPC = Treatment Plan Clients (These may also represent the whole program.)*
*Other, as defined in individual program contract (Number of client workshops, counted by hours.)*

# Family Service-Counseling PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | NTPCs | TPCs |
|---|---|---|
| 1st Quarter | 5 NTPCs | 0 TPCs |
| 2nd Quarter | 9 NTPCs | 4 TPCs |
| 3rd Quarter | 14 NTPCs | 5 TPCs |
| **4th Quarter** | **34 NTPCs** | **7 TPCs** |
| Total | 62 NTPCs | 16 TPCs |
| *Annual Target* | *25 NTPCs* | *60 TPCs* |
| Percent Met | 248% | 27% |

Agency Comments:

• We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. A therapist's schedule includes evening hours on Thursdays. Other evenings are available on request.
• We continue to see clients in person or telehealth based on the preference of the client.
• The clinical supervisor and Program Director attended the weekly Drug Court team meetings, the monthly team meetings, and occasional court sessions. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Ten Drug Court clients were seen at Family Service this quarter, five for a relationship assessment and five for individual counseling.
• The FSCC Executive Director, Family Support Program Director, and Counseling Clinical Supervisor attended the spring Drug Court graduation.
• The Clinical supervisor attended the East Central IL Behavioral Health Network Meeting on June 15th.
• We continued to hold Expressive Arts Therapy Groups. We continue to have participants complete the pre and post group survey and all groups have been received well.

• Expressive Arts Therapy Groups started in the Champaign County Jail in June. Both the men and women groups were received well, and we have been requested to provide more Art Therapy Groups at the jail.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Family Service-Self-Help Center PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs |
|---|---|
| 1st Quarter | 44 CSEs |
| 2nd Quarter | 68 CSEs |
| 3rd Quarter | 64 CSEs |
| **4th Quarter** | **63 CSEs** |
| Total | 239 CSEs |
| *Annual Target* | *270 CSEs* |
| Percent Met | 88% |

Agency Comments:

-1013 email contacts
-14 information and referral calls
-318 page views for the SHC landing page on the FSCC website. Not including the landing page views, 616 views of support groups were made.
- 65 Support Group directories distributed.
-Support group updates were solicited from support group contacts and entered into the database
-Edited Self-Help Group directory and printed the updated 2026 directory
-SHC Advisory Council meetings (X2)
-research for Newsletter
-planning for Spring Workshop
-Suicide Prevention and Awareness Workshop had 27 participants and well received.
-Mini grants were given to NAMI Family Support Group, NAMI Champaign Young Adult Connections Support Group represented by Teklii DeyKoontz and Pierce Thompson and ASTEEM represented by Damon Crider.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Family Service -Senior Counseling & Advocacy

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 14 CSEs | 1648 SCs | 578 NTPCs | 113 TPCs | 9 Other |
| 2nd Quarter | 7 CSEs | 2201 SCs | 422 NTPCs | 22 TPCs | 5 Other |
| 3rd Quarter | 6 CSEs | 2175 SCs | 622 NTPCs | 62 TPCs | 37 Other |
| **4th Quarter** | **5 CSEs** | **1580 SCs** | **484 NTPCs** | **30 TPCs** | **22 Other** |
| Total | 32 CSEs | 7604 SCs | 2106 NTPCs | 227TPCs | 73 Other |
| *Annual Target* | *15 CSEs* | *2900 SCs* | *700 NTPCs* | *375 TPCs* | *200 Other* |
| Percent Met | 213% | 262% | 301% | 60% | 36% |

Agency Comments:

Community Events:
Jettie Rhodes
Senior Day at the Fair
Ethel and Maude
Dine with the Doc
Tolono Library event hosted by Synergy

We had no Healthy Aging courses in Q4; however, a leaders' training took place. We have classes planned in the near future for the public.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Number of class units completed by clients in the PEARLS program.)*

# First Followers-First Steps Community Reentry House
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 2 CSEs | 4 SCs | 9 NTPCs | 3 TPCs |
| 2nd Quarter | 2 CSEs | 5 SCs | 4 NTPCs | 1 TPCs |
| 3rd Quarter | 3 CSEs | 2 SCs | 15 NTPCs | 2 TPCs |
| **4th Quarter** | **2 CSEs** | **4 SCs** | **3 NTPCs** | **3 TPCs** |
| Total | 9 CSEs | 15 SCs | 31 NTPCs | 9 TPCs |
| *Annual Target* | *8 CSEs* | *15 SCs* | *15 NTPCs* | *8 TPCs* |
| Percent Met | 112% | 100% | 206% | 112% |

Agency Comments:

We had one resident who left the house during this quarter. He has completed the program and gained a rental accommodation via the housing voucher program of the RPC. He now works for FirstFollowers helping out with the transition houses. We also had a new resident arrive during this quarter and a third resident who has been in the house since August of 2025 and also works for FirstFollowers as an Education strategist and has a number of research contracts with other organizations. We have also had a resident in the New Horizons house who has maintained her status and also works as an outreach person for FirstFollowers. We had another women move into New Horizons but she was expelled after two days for breaking the rules of the house.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*

*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# First Followers-Peer Mentoring for Re-Entry
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 3 CSEs | 8 SCs | 42 NTPCs | 24 TPCs |
| 2nd Quarter | 4 CSEs | 7 SCs | 34 NTPCs | 23 TPCs |
| 3rd Quarter | 3 CSEs | 5 SCs | 12 NTPCs | 6 TPCs |
| **4th Quarter** | **4 CSEs** | **8 SCs** | **18 NTPCs** | **11 TPCs** |
| Total | 14 CSEs | 28 SCs | 106 NTPCs | 64 TPCs |
| *Annual Target* | *18 CSEs* | *18 SCs* | *147 NTPCs* | *47 TPCs* |
| Percent Met | 78% | 156% | 72% | 136% |

Agency Comments:

We had a very busy quarter in the drop-in center with a large number of clients seeking housing and a smaller number looking for employment. We also saw the re-starting of the RPC's rental assistance program for which we were a sign-up site. Our GoMAD crew finished up a renovation of a house and also build a garage for another house. We also completed another certificate course for a pre-apprenticeship in construction, Eight participants completed this course.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# GROW-Peer Support PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs |
|---|---|---|---|
| 1st Quarter | 5 CSEs | 806 SCs | 188 NTPCs |
| 2nd Quarter | 4 CSEs | 824 SCs | 91 NTPCs |
| 3rd Quarter | 3 CSEs | 572 SCs | 115 NTPCs |
| **4th Quarter** | **3 CSEs** | **846 SCs** | **82 NTPCs** |
| Total | 15 CSEs | 3048 SCs | 394 NTPCs |
| *Annual Target* | *24 CSEs* | *2000 SCs* | *476 NTPCs* |
| Percent Met | 62% | 152% | 83% |

Agency Comments:

GROW continues to collaborate with as many organizations as possible. We work with the community, jails, homeless shelters, agencies and churches. We do our best to let the community know of our availability to have a group almost anywhere. Our GROW field workers and support workers are continuing to do community work passing out flyers, QR codes that lead the person to the website and so on. We are part of the Champaign County Continuum Service Providers Homeless. We are part of the of the Evaluation Work Group. We updated our website it looks amazing. We are also on Facebook and Instagram.

**The agency is in the process of revising some of the data to reflect the correct year-end totals.*

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# GCAP- Advocacy, Care, and Education Services

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 2 CSEs | 6 SCs | 34 NTPCs | 12 TPCs |
| 2nd Quarter | 4 CSEs | 8 SCs | 53 NTPCs | 4 TPCs |
| 3rd Quarter | 1 CSEs | 10 SCs | 34 NTPCs | 1 TPCs |
| **4th Quarter** | **3 CSEs** | **7 SCs** | **29 NTPCs** | **4 TPCs** |
| Total | 10 CSEs | 31 SCs | 150 NTPCs | 21 TPCs |
| *Annual Target* | *8 CSEs* | *20 SCs* | *60 NTPCs* | *10 TPCs* |
| Percent Met | 125% | 155% | 250% | 210% |

Agency Comments:

CSE:

-05/15/2026 "A Night of Healing and Stories"

-06/06/2026 McKinley Social Justice Event 06/06

-06/25/2026 Planning for Pride Webinar: An Introduction to Deb's Law

SSC:

-4 admitted into program

-2 put on waitlist

-1 did not follow up with CM

NTPC:
-29 requests for 1-time assistance or assistance that does not require a written care plan

TPC:
-4 new TPC;
-3 High Priority (P3)
-1 Medium Priority (P2)

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Immigrant Services- Immigrant Mental Health Program
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 9 CSEs | 84 SCs | 225 NTPCs | 12 TPCs |
| 2nd Quarter | 3 CSEs | 40 SCs | 40 NTPCs | 4 TPCs |
| 3rd Quarter | 4 CSEs | 39 SCs | 39 NTPCs | 8 TPCs |
| **4th Quarter** | **2 CSEs** | **46 SCs** | **34 NTPCs** | **13 TPCs** |
| Total | 18 CSEs | 209 SCs | 338 NTPCs | 37 TPCs |
| *Annual Target* | *5 CSEs* | *225 SCs* | *225 NTPCs* | *50 TPCs* |
| Percent Met | 360% | 93% | 150% | 74% |

Agency Comments:

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Promise Healthcare- Mental Health Services (Counseling)
# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 4 CSEs | 1692 SCs | 271 NTPCs | 321 TPCs | 218 Other |
| 2nd Quarter | 6 CSEs | 1723 SCs | 195 NTPCs | 345 TPCs | 235 Other |
| 3rd Quarter | 6 CSEs | 1915 SCs | 284 NTPCs | 354 TPCs | 243 Other |
| **4th Quarter** | **9 CSEs** | **1675 SCs** | **411 NTPCs** | **208 TPCs** | **243 Other** |
| Total | 25 CSEs | 7005 SCs | 1161 NTPCs | 1228 TPCs | 696 Other |
| *Annual Target* | *4 CSEs* | *3800 SCs* | *950 NTPCs* | *500 TPCs* | *150 Other* |
| Percent Met | 625% | 184% | 122% | 245% | 464% |

Agency Comments:

9 CSE events were attended in this quarter
SC: 1675 kept appointments with counselors by Champaign County Residents
NTPC: 411 Champaign County residents who did not complete assessment or chose not to engage in therapy
TPC: 311 Unique Champaign County residents served more than once by counselors
Other: 208 SC patients with no other payor source

**The agency is in the process of revising some of the data to reflect the correct year-end totals.*

*Utilization Category Definitions:*

*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Number of people with no other payor source.)*

# Promise Healthcare- Mental Health Services (Psychiatry)

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 0 CSEs | 2276 SCs | 761 NTPCs | 599 TPCs | 193 Other |
| 2nd Quarter | 0 CSEs | 1902 SCs | 762 NTPCs | 473 TPCs | 184 Other |
| 3rd Quarter | 2 CSEs | 2323 SCs | 887 NTPCs | 467 TPCs | 262 Other |
| **4th Quarter** | **6 CSEs** | **2249 SCs** | **806 NTPCs** | **595 TPCs** | **229 Other** |
| Total | 8 CSEs | 8750 SCs | 3216 NTPCs | 2134 TPCs | 868 Other |
| *Annual Target* | *2 CSEs* | *8000 SCs* | *2000 NTPCs* | *1000 TPCs* | *400 Other* |
| Percent Met | 400% | 109% | 161% | 213% | 217% |

Agency Comments:

6 CSE events were attended in this quarter
SC: 2249 kept appointments with counselors by Champaign County Residents
NTPC: 806 Champaign County residents who did not complete assessment or chose not to engage in therapy
TPC: 595 Unique Champaign County residents served more than once by counselors
Other: 229 SC patients with no other payor source

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients (Totals are for the whole program and may include people who may have other pay sources.)*
*TPC = Treatment Plan Clients (Totals are for the whole program and may include people with other pay sources.)*
*Other, as defined in individual program contract (Number of people with no other payor source.)*

# Promise Healthcare-PHC Wellness PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs | Other |
|---|---|---|---|---|---|
| 1st Quarter | 15 CSEs | 2192 SCs | 999 NTPCs | 402 TPCs | 104 Other |
| 2nd Quarter | 10 CSEs | 1202 SCs | 604 NTPCs | 198 TPCs | 63 Other |
| 3rd Quarter | 5 CSEs | 1382 SCs | 597 NTPCs | 223 TPCs | 102 Other |
| **4th Quarter** | **4 CSEs** | **1609 SCs** | **610 NTPCs** | **225 TPCs** | **52 Other** |
| Total | 34 CSEs | 6385 SCs | 2810 NTPCs | 1048 TPCs | 282 Other |
| *Annual Target* | *30 CSEs* | *3000 SCs* | *1200 NTPCs* | *350 TPCs* | *150 Other* |
| Percent Met | 113% | 213% | 234% | 299% | 188% |

Agency Comments:

4 CSE events were attended in this quarter
SC: 1609 kept appointments with counselors by Champaign County Residents
NTPC: 610 Champaign County residents who did not complete assessment or chose not to engage in therapy
TPC: 255 Unique Champaign County residents served more than once by counselors
Other: 52 SC patients were screened using PRAPARE

**The agency is in the process of revising some of the data to reflect the correct year-end totals.*

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Number of patient assessments utilizing the PRAPARE screening tool.)*

# RACES- Sexual Trauma Therapy Services PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 17 CSEs | 12 SCs | 25 NTPCs | 65 TPCs |
| 2nd Quarter | 5 CSEs | 19 SCs | 11 NTPCs | 8 TPCs |
| 3rd Quarter | 3 CSEs | 15 SCs | 5 NTPCs | 60 TPCs |
| **4th Quarter** | **9 CSEs** | **21 SCs** | **35 NTPCs** | **89 TPCs** |
| Total | 34 CSEs | 67 SCs | 76 NTPCs | 222 TPCs |
| *Annual Target* | *2 CSEs* | *5 SCs* | *10 NTPCs* | *110 TPCs* |
| Percent Met | 1700% | 134% | 760% | 201% |

Agency Comments:

PC clients are clients who attend individual, couple, or family sessions, including telephone and virtual therapy sessions.
NTPC clients RACES are medical advocacy and legal advocacy clients. Therapists serve as backups for the Medical and Legal Advocates. CSE events raise public awareness about the program and issues we address.
SSC are the number of contacts through the agency's hotline and through in-person support.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# RACES- Sexual Violence Prevention Education PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs |
|---|---|---|
| 1st Quarter | 4 CSEs | 163 SCs |
| 2nd Quarter | 218 CSEs | 1389 SCs |
| 3rd Quarter | 262 CSEs | 1793 SCs |
| **4th Quarter** | **236 CSEs** | **1186 SCs** |
| Total | 720 CSEs | 4531 SCs |
| *Annual Target* | *600 CSEs* | *4000 SCs* |
| Percent Met | 120% | 113% |

Agency Comments:

Prevention Education participants do not have treatment plans, so are not considered clients for the TPC, NTPC, and Other categories. CSE is the number of PE presentations to classes and SSC is the number of students participating in those presentations, (unduplicated). Prevention educators began an outreach campaign in Q4, including 13 social media posts and 2 podcasts, reaching 3,302 individuals.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Rosecrance- Benefits Case Management PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | SCs | NTPCs |
|---|---|---|
| 1st Quarter | 163 SCs | 113 NTPCs |
| 2nd Quarter | 127 SCs | 41 NTPCs |
| 3rd Quarter | 141 SCs | 37 NTPCs |
| **4th Quarter** | **130 SCs** | **35 NTPCs** |
| Total | 561 SCs | 226 NTPCs |
| *Annual Target* | *600 SCs* | *250 NTPCs* |
| Percent Met | 93% | 90% |

Agency Comments:

The Benefits Case Manager, Kathy Finley, links Champaign County clients from across Rosecrance Central Illinois programs with benefits such as Medicaid/Managed Care Organizations/SNAP/Link Card, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), pharmacy assistance, and other public programs.

In this quarter, she served 35 new Champaign County residents. She provided 130 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

There are currently no other funding sources available for this service.

Benefits Breakdown:

Medical card/SNAP: 16

SSI/SSDI/appeals: 19

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Rosecrance- Crisis Co-Response Team & Diversion Ctr

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPC | TPCs |
|---|---|---|---|---|
| 1st Quarter | 10 CSEs | 37 SCs | 0 | 0 TPCs |
| 2nd Quarter | 9 CSEs | 23 SCs | 0 | 3 TPCs |
| 3rd Quarter | 5 CSEs | 11 SCs | 0 | 1 TPCs |
| **4th Quarter** | **0 CSEs** | **0 SCs** | **0** | **0 TPCs** |
| Total | 24 CSEs | 71 SCs | 0 | 4 TPCs |
| *Annual Target* | *50 CSEs* | *250 SCs* | *10 TPCs* | *70 TPCs* |
| Percent Met | 48% | 28% | 0% | 5.71% |

Agency Comments:

CSE: 0: Staff presentations, resource fairs, and/or coordination meetings. This quarter included the following: 3 Rantoul Providers Meetings

SC: 0: number of attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact

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

TPC: 0: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. The Rantoul position experienced large amount of individuals who declined services or who were unable to be reached post-crisis event.

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

***Program was ending during this quarter

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (Number of visitors to the Crisis Diversion Resource Center as recorded on the registration app.)*

# Rosecrance-Recovery Home PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | SCs | TPCs |
|---|---|---|
| 1st Quarter | 25 SCs | 7 TPCs |
| 2nd Quarter | 15 SCs | 5 TPCs |
| 3rd Quarter | 27 SCs | 5 TPCs |
| **4th Quarter** | **13 SCs** | **0 TPCs** |
| Total | 80 SCs | 17 TPCs |
| *Annual Target* | *65 SCs* | *22 NTPCs* |
| Percent Met | 123% | 77% |

Agency Comments:

Recovery Home staff provide intensive case management based on individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities.

(TPC) Total New Champaign County clients participating in program this quarter: 0
Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission. There were a total of 5 new admission in the quarter, however, none of them were from Champaign County before admission to the Recovery Home

(SC) During this quarter, we completed a total of 13 interviews for applicants, 2 of which were from Champaign County.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# Uniting Pride- Children, Youth & Families Program

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs |
|---|---|---|---|
| 1st Quarter | 65 CSEs | 113 SCs | 119 NTPCs |
| 2nd Quarter | 75 CSEs | 160 SCs | 46 NTPCs |
| 3rd Quarter | 15 CSEs | 120 SCs | 27 NTPCs |
| **4th Quarter** | **54 CSEs** | **124 SCs** | **52 NTPCs** |
| Total | 209 CSEs | 517 SCs | 244 NTPCs |
| *Annual Target* | *100 CSEs* | *300 SCs* | *100 NTPCs* |
| Percent Met | 209% | 172% | 244% |

Agency Comments:

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# UNCC- Community Study Center-ACCESS Initiative

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs |
|---|---|---|---|
| 1st Quarter | 8 CSEs | 2 SCs | 68 NTPCs |
| 2nd Quarter | 2 CSEs | 2 SCs | 4 NTPCs |
| 3rd Quarter | 3 CSEs | 4 SCs | 4 NTPCs |
| **4th Quarter** | **4 CSEs** | **3 SCs** | **11 NTPCs** |
| Total | 17 CSEs | 11 SCs | 87 NTPCs |
| *Annual Target* | *10 CSEs* | *250 SCs* | *60 NTPCs* |
| Percent Met | 170% | .044% | 145% |

Agency Comments:

UNCC attended the Urbana School District Back-to-School Night to share information with potential new families about our programs and the enrollment process. UNCC also connected with many families in our community at the DREAAM Shoe Giveaway & Resource Fair, in addition to hosting our annual Mitchell Family Day, which brings together members of the Urbana community in support of our youth for a good time, ending the summer.

*Utilization Category Definitions:*
*CSE = Community Services Events*
*SC = Service Contact or Screening Contacts*
*NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients*
*Other, as defined in individual program contract (not in use)*

# WIN Recovery- Community Support Re-Entry Houses

# PY26 Q4 Program Activity Report

Quarterly Data:

| Utilization Categories | CSEs | SCs | NTPCs | TPCs |
|---|---|---|---|---|
| 1st Quarter | 9 CSEs | 7 SCs | 12 NTPCs | 10 TPCs |
| 2nd Quarter | 9 CSEs | 15 SCs | 2 NTPCs | 3 TPCs |
| **3rd Quarter** | **8 CSEs** | **17 SCs** | **2 NTPCs** | **8 TPCs** |
| Total | 26 CSEs | 39 SCs | 16 NTPCs | 21 TPCs |
| *Annual Target* | *15 CSEs* | *75 SCs* | *50 NTPCs* | *25 TPCs* |
| Percent Met | 173% | 52% | 32% | 84% |

Agency Comments:

1/14- Champaign County Community Coalition
1/23- Salt N Light
1/29- Pavillion
2/11- Champaign County Community Coalition
2/27- Pavillion
2/28- Resource Fair @ Restoration Urban Ministries
3/11- Champaign County Community Coalition
3/27- Pavillion

*Utilization Category Definitions:*
*CSE = Community Services Events; SC = Service Contact or Screening Contacts; NTPC = Non-Treatment Plan Clients*
*TPC = Treatment Plan Clients; Other, as defined in individual program contract (not in use)*

# Board to Board Liaison Options

*The Champaign County Mental Health Board (CCMHB) has a tradition of liaison relationships with the agencies they currently fund. Other community collaborations have been added to the list. Board members are welcome to visit any agency board meeting, which can be arranged by contacting Stephanie Howard-Gallo (stephanie@ccmhb.org).*

## Agency Board Meetings:

Champaign County Children's Advocacy Center – 4th Thursdays at 9:00 a.m.

Champaign County Christian Health Center – last Saturdays at 10 a.m.

Champaign County Health Care Consumers – 4th Thursdays at 6 p.m.

Champaign County Regional Planning Commission – Community Services and Head Start – last Fridays.

Community Service Center of Northern Champaign County – 3rd Thursdays at 4:30 p.m.

Courage Connection – 4th Mondays at 5:30 p.m.

Crisis Nursery – 2nd Wednesdays at 5:30 p.m.

CU at Home – 4th Wednesdays at 8:00 a.m.

CU Early – Unit 116 meetings.

Cunningham Children's Home – quarterly.

Don Moyer Boys and Girls Club – 3rd Tuesdays at 7 a.m.

DSC – 4th Thursdays at 5:30 p.m.

ECIRMAC (The Refugee Center) – 2nd Tuesdays at 4 p.m.

Family Service of Champaign County – 2nd Mondays at Noon.

FirstFollowers – 3rd Fridays at 5 p.m.

Greater Community AIDS Project – 2nd Tuesdays at 5:30 p.m.

GROW in Illinois – last Mondays at 7 p.m.

Immigrant Services of CU – 4th Thursdays at 6 p.m.

Promise Healthcare – 4th Tuesdays at 6 p.m.

RACES – 3rd Thursdays at 6 p.m.

Rosecrance Central Illinois – last Tuesdays at 4:30 p.m.

Uniting Pride – 2nd Wednesdays at 6:30 p.m.

Urbana Neighborhood Connections Center - ?

WIN Recovery – 2nd Mondays at 5:30 p.m.

## Collaborations:

Champaign County Community Coalition – 2nd Wednesdays at 3:30 p.m.

Community Health Plan Steering Committee and Priority Workgroups – various.

Disability Resource Expo Steering Committee and Workgroups – to be determined.

Student Mental Health Collaboration – 1st Mondays at 11 a.m.