



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, February 18, 2026, 5:45PM

*This meeting will be held in person at the
Shields-Carter Room of the Scott M. Bennett Administrative Center, 102 East Main Street, Urbana, IL 61801
Members of the public may attend in person or watch the meeting live through this link:
<https://us02web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. 2026 Meeting Schedules, PY27 Allocation Timeline** (pages 3-8) *No action needed.*
- V. CCMHB Acronyms and Glossary** (pages 9-20) *No action needed.*
- VI. Public Participation/Agency Input** *See below for details. ***
- VII. Chairperson's Comments – Molly McLay**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes** (pages 21-28)*
Action is requested to approve minutes of the CCMHB January 21, 2026 meeting and January 28, 2026 study session.
- X. Vendor Invoice Lists** (pages 29-32)*
Action is requested to accept the "Vendor Invoice Lists" and place them on file.
- XI. Old Business**
 - a) Agency Updates**
Oral updates will be provided on GCAP's and Uniting Pride's progress with PY25 financial reviews. No action is needed.
 - b) Agency Request for Special Consideration** (pages 33-38)*
*A decision memorandum presents context for a request to reopen the application system. Courage Connection's request is attached. Action is requested.**
- XII. New Business**
 - a) Review of Applications for PY2027 Funding** (pages 39-44)
For information only, the packet includes a briefing memorandum on the process for reviewing funding requests, with a checklist for (optional) use by Board members. A list of applications is also attached.
- XIII. Reports**
 - a) Staff Reports** (pages 45-50)
For information only, staff reports are included in the packet.

- b) **Evaluation Capacity Building Project Update**
An oral update will be provided. See resources developed by the team at <https://www.familyresiliency.illinois.edu/resources/microlearning-videos>.
- c) **Community Behavioral Health Needs Assessment Activities**
An oral update will be provided.
- d) **disAbility Resource Expo and AIR Updates**
An oral update will be provided. See also <https://disabilityresourceexpo.org> and <https://champagnecountyair.com/>
- e) **PY2025 Utilization and Outcome Results** (pages 51-74)
For information, a summary of PY25 utilization and outcome results is included.
- f) **PY2026 Second Quarter Program Activity Reports** (pages 75-128)
For information, service activity reports from funded programs are included.

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

XV. Board to Board Reports (page 129)

XVI. County Board Input

XVII. Champaign County Developmental Disabilities Board Input

XVIII. Board Announcements and Input

XIX. Adjournment

** Board action is requested.*

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

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

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

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

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



CCMHB 2026 Meeting Schedule

5:45PM the Wednesday following the third Monday of each month, plus study sessions and off-cycle meetings
Scott M. Bennett Administrative Center, 102 E. Main, Street Urbana, IL 61801
<https://us02web.zoom.us/j/81393675682> (if it is an option)

January 21, 2026 – Shields-Carter Room

January 28, 2026 – *Study Session* - Shields-Carter Room

February 18, 2026 – Shields-Carter Room

March 18, 2026 – Shields-Carter Room

March 25, 2026 – *Study Session* -Shields-Carter Room

April 22, 2026 –Shields-Carter Room

April 29, 2026 – *Study Session* -Shields-Carter Room

May 20, 2026 – Shields-Carter Room

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

June 24, 2026 – Shields-Carter Room (*off cycle*)

July 22, 2026 – Shields-Carter Room

August 19, 2026 – Shields-Carter Room - *tentative*

September 23, 2026 – Shields-Carter Room

September 30, 2026 – *Joint Study Session* w CCDBB - Shields-Carter

October 21, 2026 – Shields-Carter Room

October 28, 2026 – *Study Session* - Shields-Carter Room

November 18, 2026 – Shields-Carter Room

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

This schedule is subject to change due to unforeseen circumstances.

Meeting information is posted, recorded, and archived at <http://www.co.champaign.il.us/mhbddb/DBMeetingDocs.php>
Please check the website or email stephanie@ccmhb.org to confirm meeting times and locations.

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

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

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



CCDB 2026 Meeting Schedule

9:00AM the fourth Wednesday of each month

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

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

January 28, 2026 – Shields-Carter Room

February 25, 2026 – Shields-Carter Room

March 25, 2026 – Sheilds-Carter Room

April 22, 2026 – Shields-Carter Room

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

May 27, 2026 – Shields-Carter Room

June 24, 2026 – Shields-Carter Room

July 22, 2026 – Shields-Carter Room

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

September 23, 2026 – Shields-Carter Room

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

October 28, 2026 – Shields-Carter Room

November 25, 2026 – Shields-Carter Room

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

This schedule is subject to change due to unforeseen circumstances.

Meeting information is posted, recorded, and archived at

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

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

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

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IMPORTANT DATES

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

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

11/28/25	<i>Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.</i>
12/17/25	Regular Board Meeting - tentative
12/19/25	<i>Online System opens for Applications for PY2027 Funding.</i>
12/31/25	<i>Agency PY25 Independent Audits, Reviews, Compilations due.</i>
1/21/26	Regular Board Meeting Mid-Year Program Presentations
1/28/26	Study Session: Mid-Year Program Presentations
1/28/26	<i>Agency PY26 2nd Quarter and CLC progress reports due.</i>
2/2/26	<i>Deadline for submission of applications for PY27 funding (Online system will not accept any forms after 4:30PM).</i>
2/18/26	Regular Board Meeting Discuss list of PY27 Applications and Review Process
3/18/26	Regular Board Meeting

3/25/26	Study Session
4/15/26	<i>Program summaries released to Board, posted online with CCMHB April 22 meeting packet.</i>
4/22/26	Regular Board Meeting Board Review of Funding Requests
4/29/26	Study Session Continued Board Review of Funding Requests
4/29/26	<i>Agency PY2026 3rd Quarter Reports due.</i>
5/13/26	<i>Allocation scenarios released to Board, posted online with CCMHB May 13 study session packet.</i>
5/20/26	Study Session Discussion of PY2027 Allocations
5/27/26	Regular Board Meeting – off cycle PY2027 Allocations
6/1/26	<i>For contracts with a PY26-PY27 term, all updated PY27 forms should be completed and submitted by this date.</i>
6/16/26	<i>Deadline for agency application/contract revisions. Deadline for agency letters of engagement w/ CPA firms.</i>
6/24/26	Regular Board Meeting – off cycle Election of Officers
6/18/26	<i>PY2027 agency contracts completed.</i>
6/30/26	<i>Agency Independent Audits, Reviews, or Compilations due. (only applies to those with calendar FY, check contract)</i>
7/22/26	Regular Board Meeting Draft FY2027 Budgets

8/19/26 **Regular Board Meeting – *tentative***

8/26/26 *Agency PY2026 4th Quarter reports, CLC progress reports, and Annual Performance Outcome Reports due.*

9/23/26 **Regular Board Meeting**
Draft Three Year Plan 2025-27 with 2027 Objectives

9/30/26 **Joint Study Session with CCDDB**

10/21/26 **Regular Board Meeting**
Draft Program Year 2028 Allocation Criteria

10/28/26 **Study Session**

10/28/26 *Agency PY2027 First Quarter Reports due.*

11/18/26 **Regular Board Meeting**
Approve Three Year Plan with One Year Objectives
Approve PY28 Allocation Criteria

11/27/26 *Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*

12/9/26 **Regular Board Meeting – *off cycle***

12/18/26 *Online system opens for applications for PY28 funding.*

12/31/26 *Agency Independent Audits, Reviews, Compilations due.*

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Champaign County Mental Health Board (CCMHB) Acronyms and Glossary

Agency and Program Acronyms

AA- Alcoholics Anonymous

AIR – Alliance for Inclusion and Respect (formerly Anti-Stigma Alliance)

BLAST – Bulldogs Learning and Succeeding Together, at Mahomet Area Youth Club

CC – Community Choices or Courage Connection

CCCAC or CAC – (Champaign County) Children’s Advocacy Center

CCCHC – Champaign County Christian Health Center

CCDDB or DDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

CCHS – Champaign County Head Start, a department of the Champaign County Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)

CCRPC or RPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

CSCNCC - Community Service Center of Northern Champaign County, also CSC

CU TRI – CU Trauma & Resiliency Initiative

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

ECHO – a program of Cunningham Children’s Home

ECIRMAC/TRC – East Central Illinois Refugee Mutual Assistance Center/The Refugee Center

ECMHS - Early Childhood Mental Health Services, a program of CCRPC Head Start

FD – Family Development, previously Family Development Center, a DSC program

FF - FirstFollowers

FS - Family Service of Champaign County

FST – Families Stronger Together, a program of Cunningham Children’s Home

GCAP – Greater Community AIDS Project of East Central Illinois

ISCU - Immigrant Services of Champaign-Urbana

MAYC - Mahomet Area Youth Club

NA- Narcotics Anonymous

NAMI – National Alliance on Mental Illness

PATH – regional provider of 211 information/call services

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (UIUC) or Problem Solving Courts (Drug Court)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC or CCRPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP or UP Center – Uniting Pride

UW or UWCC – United Way of Champaign County

WELL – The Well Experience

WIN Recovery – Women in Need Recovery

YAC – Youth Assessment Center, a program of CCRPC

Other Terms and Acronyms

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

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

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

ARCH – Access to Respite Care and Help

ARMS – Automated Records Management System - used by law enforcement

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

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

ATOD – Alcohol, Tobacco, and Other Drugs

BARJ - Balanced and Restorative Justice approach

BD – Behavior Disorder

BJMHS - Brief Jail Mental Health Screening Tool

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

CALAN or LAN – Child and Adolescent Local Area Network

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

C-CARTS – Champaign County Area Rural Transit System

CATS – Child and Adolescent Trauma Screen

CBCL – Child Behavior Checklist

CBT – Cognitive Behavioral Therapy

CC – Champaign County

CCBHC – Certified Community Behavioral Health Clinic

CCBoH – Champaign County Board of Health

CCHVC - Champaign County Home Visiting Consortium

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

CCSO – Champaign County Sheriff's Office

CDC – federal Centers for Disease Control and Prevention

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

CES – Coordinated Entry System

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

C-GAF – Children's Global Assessment of Functioning

CGAS – Children's Global Assessment Score

CHW – Community Health Worker

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

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

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

COC - Continuum of Care Program

CQL – Council on Quality and Leadership

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

CRSS- Certified Recovery Support Specialist

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

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

CSPH – Continuum of Service Providers to the Homeless

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

CST – Community Support Team

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

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

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

DBHR – (Illinois) Division of Behavioral Health and Recovery

DBT - Dialectical Behavior Therapy

DCFS – (Illinois) Department of Children and Family Services

DECA – Devereux Early Childhood Assessment for Preschoolers

DEI – Diversity, Equity, and Inclusion

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

DD – Developmental Disability

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

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

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

DHS – (Illinois) Department of Human Services

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

DOJ – federal Department of Justice

DSM – Diagnostic Statistical Manual

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

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

DV – Domestic Violence

EAP – Employee Assistance Program

EBP - Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EMS – Emergency Medical Services

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

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

ER – Emergency Room

ES – Emergency Shelter

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act

FPL – Federal Poverty Level

FQHC – Federally Qualified Health Center

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

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

GAAP - Generally Accepted Accounting Principles

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

GAGAS - Generally Accepted Government Auditing Standards

GAO - Government Accountability Office

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

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

GSRC – Gender and Sexuality Resource Center

GSA – Gender/Sexuality Alliances

HACC – Housing Authority of Champaign County

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

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

HEARTH Act – Homeless Emergency and Rapid Transition to Housing

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HHS – federal department of Health and Human Services

HIC – Housing Inventory Counts

HIPPA – Health Insurance Portability and Accountability Act

HMIS – Homeless Management Information System

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

HSSC – Homeless Services System Coordination

HUD – Housing and Urban Development

I&R – Information and Referral

ILAPSC – Illinois Association of Problem-Solving Courts

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP – Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA – Illinois Criminal Justice Authority

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

IDHFS or HFS – Illinois Department of Healthcare and Family Services

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

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

IDOC – Illinois Department of Corrections

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

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

IOP – Intensive Outpatient Treatment

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

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

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

LSA – Life Skills Assessment

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

MAR/MAT – Medication Assisted Recovery/Medication Assisted Treatment

MBSR – Mindfulness-Based Stress Reduction

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

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

MDT – Multi-Disciplinary Team

MH – Mental Health

MHFA – Mental Health First Aid

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

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

MI – Mental Illness or Mental Impairment

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability

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

MOU – Memorandum of Understanding

MRT – Moral Reconation Therapy

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

NACO – National Association of Counties

NADCP – National Association of Drug Court Professionals

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NOFO – Notice of Funding Opportunity

NOMS – National Outcome Measures (used by SAMHSA)

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

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

OUD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups

PCP – Person Centered Planning

PFS - Protective Factors Survey

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

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

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

PLWHA – People living with HIV/AIDS

PPSP – Parent Peer Support Partner

PSH – Permanent Supportive Housing

PSR – Patient Service Representative

PTSD – Post-Traumatic Stress Disorder

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

PWD – People with Disabilities

PWI – Personal Well-being Index

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

REBT - Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault. Also Substance Abuse

SACIS – Sexual Assault Counseling and Information Service

SAD – Seasonal Affective Disorder

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

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

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

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

SDOH – Social Determinants of Health

SDQ – Strengths and Difficulties Questionnaire

SDS – Service Documentation System

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

SED – Serious Emotional Disturbance

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping - a model developed by SAMHSA

SMI – Serious Mental Illness

SNAP – Supplemental Nutrition Assistance Program

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

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

SSI – Supplemental Security Income - a program of Social Security

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

SSPC – Social Skills and Prevention Coaches

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

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

TANF – Temporary Assistance for Needy Families

TBRA – Tenant-Based Rental Assistance

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

TH – Transitional Housing

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

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

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

TCU DS - Texas University Drug Screening tool

VAWA - Violence Against Women Act

VOCA - Victims of Crime Act

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

WIOA – Workforce Innovation and Opportunity Act

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

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

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

*Minutes—January 21, 2026
This meeting was held
at the Scott M. Bennett Administrative Center, Urbana, IL
and with remote access.
5:45 p.m.*

MEMBERS PRESENT: Alejandro Gomez, Molly McLay, Tony Nichols, Elaine Palencia, Chris Miner, Emily Rodriguez, Jane Sprandel, Jon Paul Youakim

MEMBERS EXCUSED: Kyle Patterson

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

OTHERS PRESENT: Jacinda Dariotis, UIUC; Brenda Eakins, GROW in Illinois; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Jessie Heckenmueller, Champaign County Regional Planning Commission (CCRPC); Jessica Smith, DSC; Josh Gavel, Uniting Pride

CALL TO ORDER:

CCMHB President McLay called the meeting to order at 5:50 p.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

The agenda was approved.

CCDDB and CCMHB SCHEDULES:

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

MOTION: Chair McLay moved to approve the CCMHB schedule as presented in the Board packet. Mr. Nichols seconded. A voice vote was taken and the motion passed.

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was included for information.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

CCMHB Chair Molly McLay reviewed agenda items.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield announced Ms. Summerville has a 10-year anniversary with Champaign County.

APPROVAL OF MINUTES:

Minutes from the November 19, 2025 CCMHB meeting were included in the board packet for review.

MOTION: Ms. Rodriguez moved to approve the minutes of the CCMHB's meeting November 19, 2025. Mr. Nichols seconded the motion. A voice vote was taken and the motion passed unanimously.

APPROVAL OF VENDOR INVOICE LISTS:

The Vendor Invoice List was included in the packet.

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

OLD BUSINESS:

Delayed Audits and Reviews:

A Decision Memorandum presented detailed background information as context for possible actions to be taken by the CCMHB in relation to late audits and financial reviews. Agency requests from Greater Community Aids Project (GCAP) and Uniting in Pride were attached.

After the 12/30/25 deadline, staff notified six agencies that payments would be paused. Champaign County Christian Health Center (CCCHC) replied that their audit was completed before Christmas.

It was then sent to us January 7 and is to be approved by their board January 24. ECIRMAC/The Refugee Center did not reply. FirstFollowers indicated they “are still working through the audit, and I believe we are in a better position to complete it sooner in comparison to the previous years.” Women in Need (WIN) Recovery did not reply.

Board members discussed the history of late audits as well as the option of reviewing each agency individually based on their communications with the CCMHB.

MOTION: Ms. McLay moved to waive suspension of payments on GCAP’s Program Year 2026 contract due to late financial review and to authorize CCMHB staff to release January and February payments as scheduled, with a request the agency provide a verbal update on their financial review at the February CCMHB meeting. Dr. Youakim seconded the motion. A roll call vote was taken. Miner voted nay. All other members voted aye. The motion passed.

MOTION: moved to waive suspension of payments on Uniting Pride’s Program Year 2026 contract due to late financial review and to authorize CCMHB staff to release January and February payments as scheduled, with a request the agency provide a verbal update on their financial review at the February CCMHB meeting. Ms. Rodriguez seconded the motion. A roll call vote was taken. Miner voted nay. All other members voted aye. The motion passed.

NEW BUSINESS:

Expo Activities for 2026:

A Decision Memorandum presented an update. Director Canfield reviewed the challenges of having an Expo this year because of various issues including the recent resignation of the Expo coordinators.

MOTION: Chair McLay moved to direct CCDD-CCMHB staff to form an Advisory Committee to plan and carry out Disability Resource Expo activities, which may include an in-person event and to authorize the Executive Director to pay for related services and products using approved budgeted funds. Ms. Palencia seconded. A roll call vote was taken and the motion passed unanimously.

AIR Activities for 2026:

A Decision Memorandum presented an update. Ebertfest organizers have a final 2-day festival planned for April 2026.

MOTION: Ms. McLay moved to approve up to \$15,000 to sponsor an anti-stigma film in Roger Ebert’s Film Festival 2026 and to authorize the Executive Director and staff to issue payment. Mr.

Nichols seconded the motion. A roll call vote was taken and the motion was unanimously approved.

REPORTS:

Staff Reports

Staff reports were included in the packet.

Evaluation Capacity Building Project Update

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

Community Behavioral Health Needs Assessment Activities:

The Community Health Improvement Plan was included in the packet.

Comparison of PY2025 Agency Revenues:

A report on revenue sources for funded agencies was included in the Board packet.

disAbility Resource Expo Update:

See also <https://disabilityresourceexpo.org>

PUBLIC PARTICIPATION AND AGENCY INPUT:

Jessica Smith from DSC introduced herself and provided an update on the Family Development program.

BOARD TO BOARD REPORTS:

Ms. Palencia updated the Board on Champaign County Community Coalition activities. Ms. Sprandel reported on a project at Community Choices.

COUNTY BOARD INPUT:

Ms. Rodriguez stated the County Board is considering re-starting the Re-entry Council.

CCDDB INPUT:

The CCDDB will meet next week.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 7:18 p.m.

Respectfully

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

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

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**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
STUDY SESSION**

*Minutes—January 28, 2026
This meeting was held
at the Scott M. Bennett Administrative Center, Urbana, IL and remotely.*

5:45 p.m.

MEMBERS PRESENT: Molly McLay, Elaine Palencia, Jane Sprandel

MEMBERS EXCUSED: Alejandro Gomez, Chris Miner, Tony Nichols, Kyle Patterson, Emily Rodriguez, Jon Paul Youakim

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

OTHERS PRESENT: Brenda Eakins, GROW; Jessica Heckenmueller, CCRPC; Tracy Parsons, City of Champaign; Amy Brown, Don Moyer Boys and Girls Club (DMBGC); Joy Jones, Family Service (FS)

CALL TO ORDER:

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

ROLL CALL:

Roll call was taken. A quorum was not present.

APPROVAL OF AGENDA:

The agenda was in the packet. It was not approved due to the lack of a quorum.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

Ms. McLay introduced herself and thanked everyone for attending.

ASSOCIATE DIRECTOR'S COMMENTS:

Mr. Leon Bryson introduced the topics and speakers.

Mid-Year Progress Report:

Joy Jones, Director of Counseling at Family Service of Champaign County offered a progress report on the expanded Counseling program. Materials supporting the presentation were included in the packet.

Program Year 2025 Report:

Tracy Parsons, City of Champaign, and Amy Brown, Don Moyer Boys and Girls Club, reported on the 2025 Community Coalition Summer Youth Initiatives. Materials supporting the presentation were included in the packet.

Board members were given an opportunity to ask questions following each presentation.

PUBLIC PARTICIPATION AND AGENCY INPUT:

None.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 7:10 p.m.

Respectfully

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

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

VENDEDOR INVOICE LIST

Champaign County, IL FUND = IDD Special Initiatives MONTH = January 2026

<i>Vendor Number</i>	<i>Vendor Name</i>	<i>Invoice</i>	<i>Invoice Date</i>	<i>Check Run</i>	<i>Invoice Net</i>	<i>Invoice Description</i>
1	CHAMPAIGN COUNTY TREASURER	Jan'26 IDD\$125-089	1/1/2026	010926A	\$19,336	IDD\$125-089 Community Life Short Term Assistance

VENDOR INVOICE LIST

Champaign County, IL FUND = Mental Health Board MONTH = January 2026

Vendor Number	Vendor Name	Invoice	Invoice Date	Check Run	Invoice Net	Invoice Description
10703	BARBARA J. BRESSNER	Q1 MHB26-046	12/27/2025	013026A	\$ 2,500.00	Q1 MHB26-046 2026 Disability Expo/Air Coordinator
18805	C-U AT HOME	Jan'26 MHB25-021	1/1/2026	010926A	\$ 21,391.00	MHB25-021 Shelter Case Manager
1	CHAMPAIGN COUNTY TREASURER	Jan'26 MHB26-006	1/1/2026	010926A	\$ 5,325.00	MHB26-006 Champaign County Chi
1	CHAMPAIGN COUNTY TREASURER	Jan'26 MHB25-026	1/1/2026	010926A	\$ 32,371.00	MHB25-026 Early Childhood Ment
1	CHAMPAIGN COUNTY TREASURER	Jan'26 MHB25-004	1/1/2026	010926A	\$ 4,523.00	MHB25-004 Homeless Services Sy
1	CHAMPAIGN COUNTY TREASURER	Jan'26 MHB26-025	1/1/2026	010926A	\$ 6,362.00	MHB26-025 Youth Assessment Cen
1	CHAMPAIGN COUNTY TREASURER	Jan'26 Office Rent	1/1/2026	010926A	\$ 2,266.68	Jan'26 Office Rent 053
1	CHAMPAIGN COUNTY TREASURER	MHB-001 FY25	1/2/2026	010926A	\$ 890.00	Dec'25 IT Monthly Services
19970	CDS OFFICE SYSTEMS	INV1745420 FY25	12/27/2025	010926A	\$ 25.96	Copier Maintenance 11/6/25 - 12/5/25
18259	CHAMPAIGN COUNTY HEALTH CAR	Jan'26 MHB26-044	1/1/2026	010926A	\$ 8,094.00	MHB26-044 CHW Outreach & Benef
18259	CHAMPAIGN COUNTY HEALTH CAR	Jan'26 MHB25-066	1/1/2026	010926A	\$ 8,750.00	MHB25-066 Disability Applicati
18259	CHAMPAIGN COUNTY HEALTH CAR	Jan'26 MHB26-045	1/1/2026	010926A	\$ 8,607.00	MHB26-045 Justice Involved CHW
10148	COMMUNITY SERVICE CENTER OF N	Jan'26 MHB26-008	1/1/2026	010926A	\$ 5,888.00	MHB26-008 Resource Connection
18092	COURAGE CONNECTION	Jan'26 MHB25-007	1/1/2026	010926A	\$ 10,669.00	MHB25-007 Courage Connection
10163	CRISIS NURSERY	Jan'26 MHB26-005	1/1/2026	010926A	\$ 7,500.00	MHB26-005 Beyond Blue Champaig
18305	CUNNINGHAM CHILDRENS HOME	Jan'26 MHB25-018	1/1/2026	010926A	\$ 16,975.00	MHB25-018 ECHO Housing and Emp
18305	CUNNINGHAM CHILDRENS HOME	Jan'26 MHB25-036	1/1/2026	010926A	\$ 23,511.00	MHB25-036 Families Stronger To

10170	DEVELOPMENTAL SERVICES CENTER	Jan'26 MHB26-012	1/1/2026	010926A	\$ 58,500.00	MHB26-012 Family Development
10175	DON MOYER BOYS & GIRLS CLUB	Jan'26 MHB25-015	1/1/2026	010926A	\$ 7,131.00	MHB25-015 CU Change
10183	ALEXANDER F CAMPBELL	783-2569	12/9/2025	010926A	\$ 2,524.95	Q1 Support MHB26-038
10183	ALEXANDER F CAMPBELL	784-2570	12/9/2025	010926A	\$ 1,203.95	Annual Renewals MHB26-038
100	EMPLOYEE VENDOR	Bowdry 12/31/25	12/29/2025	011626A	\$ 25.06	Travel Log 11/1/25-12/31/25
100	EMPLOYEE VENDOR	HowardGallo 12/31/24	12/31/2025	013026A	\$ 10.50	Travel Log 12/1/25 - 12/31/25
18343	FAMILY SERVICE OF CHAMPAIGN C	Jan'26 MHB26-014	1/1/2026	010926A	\$ 11,985.00	MHB26-014 Counseling
18343	FAMILY SERVICE OF CHAMPAIGN C	Jan'26 MHB26-016	1/1/2026	010926A	\$ 3,182.00	MHB26-016 Self-Help Center
18343	FAMILY SERVICE OF CHAMPAIGN C	Jan'26 MHB26-017	1/1/2026	010926A	\$ 17,863.00	MHB26-017 Senior Counseling an
10242	GROW IN ILLINOIS	Jan'26 MHB25-011	1/1/2026	010926A	\$ 13,140.00	MHB25-011 Peer Support
19475	SHERRIE HILDRETH	Expo 10/18/25	10/18/2025	013026A	\$ 264.00	5.5 Hr ASL Disability Expo 10/18/25
19785	IMMIGRANT SERVICES OF CHAMPAIGN	Jan'26 MHB26-010	1/1/2026	011626A	\$ 16,688.00	MHB26-010 Immigrant Mental Hea
20570	JP MORGAN CHASE BANK	6233 12/31/25	12/31/2025	010926A	\$ 809.98	Acct # 4485 9279 0007 6233 12/31/25
10348	MCS OFFICE TECHNOLOGIES INC	01-712701	1/1/2026	011626A	\$ 162.00	Jan'26 MHB/DDB Managed IT Service
10348	MCS OFFICE TECHNOLOGIES INC	01-712822	1/14/2026	013026A	\$ 67.50	Service Ticket #55204 - Create account assign role
19988	NACBHDD	INV000241	1/2/2026	011626A	\$ 900.00	2026 Authority Membership
18413	PROMISE HEALTHCARE	Jan'26 MHB26-013	1/1/2026	010926A	\$ 30,000.00	MHB26-013 Mental Health Servic
18413	PROMISE HEALTHCARE	Jan'26 MHB26-041	1/1/2026	010926A	\$ 10,416.00	MHB26-041 Wellness
10453	QUILL CORPORATION	47516034	1/23/2026	013026A	\$ 188.11	Acct # 8197518
10464	RAPE, ADVOCACY, COUNSELING &	Nov'25 MHB26-035	11/1/2025	010926A	\$ 16,350.00	MHB26-035 Sexual Trauma Therap

10464	RAPE, ADVOCACY, COUNSELING & [Nov'25 MHB26-002	11/1/2025	010926A	\$ 9,009.00	MHB26-002 Sexual Violence Prev
10464	RAPE, ADVOCACY, COUNSELING & [Dec'25 MHB26-035	12/1/2025	010926A	\$ 16,350.00	MHB26-035 Sexual Trauma Therap
10464	RAPE, ADVOCACY, COUNSELING & [Dec'25 MHB26-002	12/1/2025	010926A	\$ 9,009.00	MHB26-002 Sexual Violence Prev
10464	RAPE, ADVOCACY, COUNSELING & [Jan'26 MHB26-035	1/1/2026	010926A	\$ 16,350.00	MHB26-035 Sexual Trauma Therap
10464	RAPE, ADVOCACY, COUNSELING & [Jan'26 MHB26-002	1/1/2026	010926A	\$ 9,009.00	MHB26-002 Sexual Violence Prev
10488	ROSECRANCE, INC.	Jan'26 MHB25-019	1/1/2026	010926A	\$ 7,052.00 MHB25-019 Benefits Case Manage
10488	ROSECRANCE, INC.	Jan'26 MHB25-030	1/1/2026	010926A	\$ 20,000.00 MHB25-030 Crisis Co-Response T
10488	ROSECRANCE, INC.	Jan'26 MHB25-023	1/1/2026	010926A	\$ 8,333.00 MHB25-023 Recovery Home
10563	TROPHYTIME, INC.	140427	1/7/2026	011626A	\$ 10.00 Plastic Signage
10580	UNITED WAY OF CHAMPAIGN COU	[FY26 2-1-1	7/25/2025	013026A	\$ 2,000.00 FY26 2-1-1 Information & Referral Svcs
10583	UNIVERSITY OF ILLINOIS	Jan'26 Award 112237	1/1/2026	010926A	\$ 11,152.16 MHB23-039 Building Agency Eval
10597	URBANA ADULT EDUCATION	Jan'26 MHB25-042	1/1/2026	010926A	\$ 6,726.00 MHB25-042 C-U Early
10599	URBANA NEIGHBORHOOD CONNE	Jan'26 MHB26-024	1/1/2026	010926A	\$ 31,848.00 MHB26-024 Community Study Cent



DECISION MEMORANDUM

DATE: February 18, 2026
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Agency Request for Board Consideration

Purpose:

This memorandum offers a framework for Board consideration of agency request(s), to support deliberations and save time on questions of process and policy. The Board may request additional information to be answered through Board staff review of records or by the agency directly. Thorough response to Board questions also depends on the timing of the request.

- Two sections, **Background on Requirements** and **Previous Requests and Board Actions**, will be familiar to many Board members and are offered for their reference and transparency.
- The **Agency Update** section is supported by the attached agency request for more time to complete a PY27 funding application.
- A final section offers **Possible Actions** in response to that request.

Background on Requirements:

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

the burden on small businesses or non-profit organizations. Case-by-case consideration may be appropriate for some decisions.

CCMHB staff take steps to protect this public trust fund and ensure access to information so that the procurement process is as fair as possible. Many of these steps were in response to Board members' suggestions:

- An allocation process timeline is developed several months in advance of the Notification of Funding Availability and the open period for organizations to submit funding requests. This is made public by posting on the application website (as "Important Dates") and including it in the packets for each regular Board meeting.
- For the PY2027 allocation cycle, the application period dates and times were listed in the timeline document, and a NOFA was published in the required newspaper, on the County website, and on the application site three weeks in advance of the application period.
- A reminder of the deadline time and date is included at the top of online system application forms.
- Due to requests made by Board members over a decade ago, the annual Priorities documents and NOFAs include statements that late applications will not be considered.

The last item means that CCMHB staff do not have the authority to extend the application open period, regardless of the reason. As a result, requests for extra time must be brought to the Board for consideration.

Previous Requests and Board Actions:

A recording of the Board's **March 17, 2021** meeting is [linked here](https://www.youtube.com/@champaigncountymhbanddb) (<https://www.youtube.com/@champaigncountymhbanddb>).

FirstFollowers had missed the deadline due to miscommunication. Since many systems were managing pressures related to the global pandemic, the Board opted to offer a second open application period, with the following action:

MOTION: Ms. Sprandel moved to open the CCMHB funding application process 21 days from when a Notice of Funding

Availability (NOFA) can be posted, for any public agency to apply, for a 7 day period. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.

At the **April 20, 2022** CCMHB meeting, linked here (<https://www.youtube.com/@champaigncountymhbandddb>), the Board considered a request from an agency which had completed all of the required application forms but not submitted them by the deadline. They explained that the people working on the application were new to the process and had misunderstood the CCMHB staff role, asking us to review forms prior to submission. In this case the Board response was:

MOTION: Ms. Palencia moved to permit Promise Healthcare to submit the application forms they had prepared, without further revisions, for review and consideration at a future CCMHB meeting. Dr. Youakim seconded the motion. All members voted aye and the motion passed.

On **February 22, 2023**, the Board considered requests, for additional application time, from Champaign County Christian Health Center, Don Moyer Boys & Girls Club, Family Service, and Mahomet Area Youth Club. Each agency explained the barriers they had experienced with the application process and timeline, and while each was unique, all were experiencing transitions in leadership and staffing. Minutes are linked here (https://champaigncountyil.gov/mhbddb/agendas/mhb/2023/230222_Meeting/230222_Minutes.pdf).

The matter was described as follows:

There was a board discussion regarding opening up the application period briefly to the public for a second time. A draft of a second Notification of Funding Availability (NOFA) was presented to the Board. Dr. Youakim shared that there are limited funds to spend and he will consider applications that met the deadline before considering the late applicants.

The actions taken by the Board at that time were as follows:

MOTION: Dr. Youakim moved to authorize the staff to post a second Notification of Funding Availability (NOFA) giving 21 days notice of a

limited open period for submission of PY2024 funding requests. Mr. Omo-Osagie seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Youakim moved to authorize CCMHB staff additional time to review any PY2024 funding requests submitted during this second open period and to develop related summaries and recommendations, with both activities along a timeline different from that posted in allocation process documents. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

Agency Update:

Attached to this memorandum is a request from Courage Connection. The agency was unable to complete the PY2027 funding request forms by the deadline and requests additional time to complete them. If the Board chooses to offer this additional time, they might again direct Board staff to post a new Notification of Funding Availability at least 21 days in advance of a one-day application period, March 16, 2026, 12:01AM to 11:59PM.

Possible Actions:

Motion to **approve** the request from Courage Connection for additional time to complete a PY2027 funding request, by authorizing CCMHB staff to publish a second PY2027 Notification of Funding Availability at least 21 days in advance of another open application period.

AND

Motion to allow CCMHB staff additional time to review any PY2027 funding requests submitted during this second open period and to develop related summaries and allocation scenarios, with both activities along a timeline different from that posted in allocation process documents.

OR

Motion to **deny** the request from Courage Connection for additional time to complete a PY2027 funding request.

Special Request for Consideration by CCDDB or CCMHB

Complete and direct to stephanie@ccmhb.org and either kim@ccmhb.org or leon@ccmhb.org.

Full Board approval is needed for certain exceptions to requirements and to reverse actions taken by the CCDDB- CCMHB staff. The completed request form will be presented to the CCDDB or CCMHB at a meeting.

Requester's Name: Haley Wright, Consulting CFO, CLA

Date: 2/5/2026

Agency Name: Courage Connection

Contract(s): Application for FY27 funding

Step One: Identify the type of special consideration requested.

- Consideration of Late Funding Request
- Release of Paused Payment(s)
- Continuation of Contract(s)
- Reversal of Other Compliance Action
- Waiver of Other Contract Requirement
- Other

Step Two: Describe the circumstances necessitating this request.

I am requesting consideration for a late budget submission due to running out of time before the deadline. The budget was fully completed in Excel; however, the amounts were still being entered into the portal at 4:30 p.m., which was the deadline.

Step Three: Identify a solution to be implemented to avoid this circumstance in the future. To avoid this issue moving forward, our team will set an internal deadline at least one day before the official due date and block dedicated time to complete the portal entry. This buffer will ensure all information is entered and submitted well before the final deadline.

Step Four: Attach documentation which will clarify the situation, including documentation from your CPA firm, if related to the annual audit or financial review.

Step Five: Attend a meeting of the full Board, preferably in person, to answer questions.



BRIEFING MEMORANDUM

DATE: February 18, 2026
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Application Review Process

Purpose:

This memorandum offers a summary of activities related to the review of requests for funding for Program Year 2027 (PY27). The focus is on those tasks the CCMHB staff team will complete, with timelines for each, to support the Board's discussions and final allocation decisions. These were modified prior to the last cycle to better support Board discussions. Changes were based on feedback from members and President on this as well as on the Board's review and decision processes.

Background:

With agency requests for PY27 funding submitted on or before February 2, 2026, the review process begins. A list of applications, by agency and program, is attached to this memorandum. This includes applications for services which may be funded by the CCMHB. The Champaign County Developmental Disabilities Board (CCDDB) will review I/DD requests and coordinate recommendations with the CCMHB later in the spring.

At any point in the process, Board members may view applications online at <http://ccmhddbrds.org> using their unique login credentials. Support is available from the site's developer or Board staff. Printed and electronic copies of applications are available upon request.

CCMHB staff reviews will result in a draft “program summary” or review for each complete application. While Board discussion of applications is supported by these staff reviews and along the timeline below, the Board may have questions for applicants at any point in the process or about elements not addressed through the staff review. Board questions or concerns may be shared with staff at any time or posed during meetings or study sessions. We will look into any we may be able to answer or direct questions to the applicants for their responses. To incorporate responses and concerns, two deadlines are included in the final section of this memo.

The staff reviews, presented in April, and allocation scenarios, presented in May, are improved by Board discussion of the process, the quality of requests, and any information provided in response to a question.

From the Allocation Process Timeline:

- **March 18** is a regular board meeting which will include other business. Board members might have questions for applicants about funding requests. Agency representatives are encouraged to attend. If not present, questions will be forwarded to them.
- **April 15** is the deadline for the draft staff program summaries to be made available to the Board and public, posted online as part of the packet for the upcoming meeting.
- **April 22** and **April 29** are a meeting and a study session, with focus on Board review of applications, supported by program summaries. The April 22 meeting will also include business items for action.
- **May 13** is the staff deadline for draft funding allocation scenarios to the Board about allocations for PY2027. A full board packet for the study session will be posted online and paper copies mailed.

- **May 20** is a study session, focused on Board discussion of allocations of funding for PY2027. Between this study session and the next board meeting, staff will strive to track Board modifications of the initial staff memorandum.
- **May 27** is a regular meeting of the CCMHB, with a goal to finalize decisions about allocation of funding for PY27. This meeting will include other business.
- Following final Board decisions, CCMHB staff will begin contract negotiations in early June to allow time for contract preparation, completion of revisions by agency staff, and full execution, so that July payments may be released in a timely fashion.

Expectations and Considerations:

Throughout the review and decision process, staff are available to work with Board members. These conversations are helpful to our review and eventual allocation decision scenarios. The timeline is intended to support the Board's mission of allocating funds for the benefit of the community and may be modified to allow more or less time to phases of the process.

- A template checklist for (optional) Board use is attached.
- When staff program summaries are presented, Board members may have questions for CCMHB staff or applicants, to be answered as time allows during the meeting. Agency representatives able to speak to application content should attend meetings or study sessions during which their applications are likely to be reviewed.
- Board members may have questions which relate directly to an application or are outside the application's scope, because their decision process includes understanding the larger service system and determining best value for residents of Champaign County.

- Board questions may be raised at any time, prior to staff reviews, during a meeting, or afterward. Staff will forward questions to the applicant, and the applicant's written response should relate directly to the question(s). Responses will be shared in a publicly posted board packet, for transparency of the process.
- **April 29** is the ideal final date for Board members to pose such questions to agencies.
- **May 8** is the ideal final date for applicants' written responses, allowing Board and staff time to consider the exchanges fully.
- The time between Board discussions can be quite, sometimes making it difficult to incorporate all concerns raised. If the staff allocation scenarios are not revised to match expectations by the time the May board meeting packet is published, additional board discussion or a subsequent board meeting may be necessary.

Agency Name	Program Name	PY26 Award	PY27 Request	PY26-27 Contract
CCRPC - Community Services	Homeless Services System Coordination	\$54,281	\$189,007	n/a
	Youth Assessment Center	\$76,350	n/a	\$76,350
CU at Home	Life Skills CM Program NEW	n/a	\$305,000	n/a
	Shelter Case Management Program	\$256,700	\$295,000	n/a
CU Early	CU Early	\$80,723	\$86,701	n/a
CC Children's Advocacy Center	Children's Advocacy	\$63,911	n/a	\$63,911
CC Christian Health Center	CCCHC Community Mental Health Program	\$100,000	n/a	\$100,000
CC Head Start/Early Head Start	Early Childhood MH Svcs (MH and DD)	\$388,463	\$411,062	n/a
CC Health Care Consumers	CHW Outreach and Benefit Enrollment	\$97,139	n/a	\$97,139
	Justice Involved CHW Services & Benefits	\$103,284	n/a	\$103,284
	Disability Services	\$105,000	\$121,000	n/a
Community Svc Center of Northern CC	Resource Connection	\$70,667	n/a	\$70,667
Courage Connection	Courage Connection	\$128,038	\$0	n/a
Crisis Nursery	Beyond Blue-Champaign County	\$90,000	n/a	\$90,000
Cunningham Childrens Home	ECHO Housing and Employment Support	\$203,710	\$264,351	n/a
	Families Stronger Together	\$282,139	\$298,532	n/a
DSC	Family Development (DD)	\$702,000	n/a	\$702,000
Don Moyer Boys and Girls Club	C-U CHANGE	\$85,575	\$94,135	n/a
	Community Coalition Summer Initiatives	\$100,000	\$100,000	n/a
East Central IL Refugee Mutual Assistance	Family Support & Strengthening	\$75,441	n/a	\$75,441
Family First Advocacy	Empowering Bridge Program - NEW	n/a	\$233,355	n/a
Family Service of CC	Counseling	\$143,322	n/a	\$143,322
	Self-Help Center	\$38,191	n/a	\$38,191
	Senior Counseling & Advocacy	\$214,360	n/a	\$214,360
FirstFollowers	FirstSteps Community Reentry House	\$69,500	\$69,500	n/a
	Peer Mentoring for Reentry	\$95,000	\$120,000	n/a
GCAP	Advocacy, Care, and Education Services	\$61,566	\$75,000	n/a
GROW in Illinois	Peer-Support	\$157,690	\$179,805	n/a
Immigrant Services of CU	Immigrant Mental Health Program	\$200,256	n/a	\$200,256
Promise Healthcare	Mental Health Services	\$360,000	n/a	\$360,000
	Mobile NEW	n/a	\$200,000	n/a
	PHC Wellness	\$125,000	n/a	\$125,000
Rape Advocacy, Counseling & Education	Sexual Trauma Therapy Services	\$196,205	n/a	\$196,205
	Sexual Violence Prevention Education	\$108,115	n/a	\$108,115
Rosecrance Central Illinois	Behavioral Health Urgent Care NEW	n/a	\$360,000	n/a
	Benefits Case Management	\$84,625	\$181,000	n/a
	Crisis Co-Response Team (CCRT)	\$240,000	\$0	n/a
	Recovery Home	\$100,000	\$200,000	n/a
TASC, Inc.	Outreach and Recovery Support Svcs NEW	n/a	\$90,429	n/a
Uniting Pride of CC	Children, Youth & Families Program	\$190,056	\$225,056	n/a
Urbana Neighborhood Connections Cent	Community Study Center	\$382,180	n/a	\$382,180
We Never Walk Alone	Trained First Responder Peer Supportt NEW	n/a	\$20,330	n/a
	Vetted Mental Health Profession Network NEW	n/a	\$19,656	n/a
WIN Recovery	Community Support ReEntry Houses	\$183,000	n/a	\$183,000
	Win Resilience Resource Ctr NEW	n/a	\$270,000	n/a
MH-SUD PY26 = \$5,077,542, PY27 = TBD, less \$2,627,421 already allocated = TBD to allocate.		\$6,012,487	\$4,408,919	\$3,329,421
I/DD PY26 = \$934,945. PY27 = \$964,863 available, less \$702,000 already allocated = \$262,863 to allocate		43	PY26 Awards	PY27 Requests
				PY26-27 Contracts

CCMHB Application Review Checklist

Minimal responsiveness (*staff confirm first*): Y/N concerns/comments

Eligible per questionnaire if new. Eligible per compliance if incumbent.		
Recent audit, review, compilation, or audited balance sheet if new. Recent audit or review with no concerns if incumbent.		
All application forms submitted on time.		
Relates to MI, SUD, or I/DD.		
Other pay sources have been maximized.		
Relationships with providers of similar or related services.		

MHB Priority Categories: check appropriate

Strengthening the Behavioral Health Workforce _____
 Safety and Crisis Stabilization _____
 Healing from Violence and Trauma _____
 Access and Care _____
 Thriving Children, Youth, and Families _____
 Young Children and their Families (collaboration with CCDDDB) _____

Best Value Considerations: Y/N concerns/comments

Is there a clear connection between the budget plan and the program activities?		
Are measurable, meaningful participant outcomes included? Are the access measures and utilization targets reasonable?		
Do the people served have a say in their own service plan? How are program activities impacted by people with lived experience?		
Does the program plan narrative add program-specific strategies (beyond the agency CLCP) to engage underserved populations?		
Does the application address whether and how rural residents may use the program?		
Is inclusion in the community described at the individual level? Through program activities?		
Does the application describe use of virtual supports and training?		
Is an evidence-based, evidence-informed, promising, or innovative approach identified?		
Are staff credentials or specialized training identified?		
Are other resources identified, with efforts to leverage them demonstrated?		

Kim Bowdry,

Associate Director for Intellectual & Developmental Disabilities

Staff Report – February 2026

CCDDB/CCMHB/IDDSI: PY2026 2nd Quarter Reports were due on January 28, 2026. Ahead of the deadline, I provided support for claims uploads in the Online Reporting System to CCDDB funded agency staff.

PY2026 2nd Quarter Claims Reports for CCDDB and CCMHB I/DD Funded Programs (included in the February CCDDB packet) were created using the data entered in the system by agency staff. I am reviewing and documenting the information provided in the 2nd Quarter reports. This information was added to the CCDDB and CCMHB I/DD funded program Performance Data Charts. I created a more accessible version of the PY2026 2nd Quarter Program Service Reports for I/DD programs funded by the Champaign County Developmental Disabilities Board and Champaign County Mental Health Board; this can be found in the February CCDDB packet.

The deadline for PY2027 application submission was February 2, 2026, at 4:30 PM CST. CCDDB and CCMHB requests for I/DD funding can be found in the February CCDDB Meeting packet.

I have started working on Program Summaries for I/DD funding requests to the Champaign County Developmental Disabilities Board and Champaign County Mental Health Board. Program Summaries will be included in the April 2026 Board packet.

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

All consultant contracts for FY2026 have been fully completed.

I added captions to the January CCDDB Meeting and the CCMHB Meeting and Study Session Zoom recordings. I posted all three recordings to the CCDDB/CCMHB YouTube Channel. Please visit the CCDDB/CCMHB YouTube Channel to [view the recordings](#) (<http://www.youtube.com/@champaigncountymhbandddb>).

During January 2026, I created a CCDDB/CCMHB Newsletter. Unfortunately, I encountered an issue with the domain name which requires support from IT. This issue is still being resolved.

Illinois Department of Human Services - Division of Developmental Disabilities IDHS-DDD: I participated in The Arc of Illinois Listening Session at Champaign Public Library. This event was co-hosted by the CCDDB. This event consisted of a conversation about I/DD service options in Illinois, as well as a survey related to I/DD services. The information gathered at this event and others throughout the state will be compiled by the University of

Illinois – Chicago and will be shared with IDHS-DDD. The Arc of Illinois is hosting other Listening Sessions throughout the state. If you are interested in participating in a Listening Session, please [contact Annie Bruno \(annie@thearcofil.org\)](mailto:annie@thearcofil.org) or visit [The Arc of Illinois' website \(\)](https://www.thearcofil.org/events/category/arc-events/) for more information.

Contract Amendments: N/A

Learning Opportunities: Tim Offenstein, Falling Leaf Productions presented “Accessibility Training: Creating Accessible WORD and PDF Documents” on January 29, 2026, at 10AM. The [training recording \(\)](https://youtu.be/U4XZupfQd8) has been posted to the [CCDDB/CCMHB YouTube channel \(\)](https://www.youtube.com/@champaigncountymhbandddb).

On February 26, 2026, Mr. Offenstein will present “Accessibility Training: Building Accessible Websites.” This training is also scheduled to begin at 10AM. [Interested participants can sign-up here \(\)](https://us02web.zoom.us/meeting/register/WSdic_WaRkCvTj8EY0IITg).

CCDDB and CCMHB will be partnering with UIUC School of Social Work and The University of Illinois Leadership Center (ILC) to offer a series of leadership training courses. The United Way and Community Foundation of East Central Illinois are also partnering on this project. The first training course is being planned for March 25, 2026, from 9:30-10:30 AM at the United Way of Champaign County (time and location have been updated). Further details are coming soon.

DISABILITY Resource Expo: I participated in an Advisory Committee Meeting for the Disability Resource Expo. I created a Doodle Poll for the next meeting of the Advisory Committee.

Mental Health and Developmental Disabilities Agencies Council (MHDDAC): Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC) provided a presentation on the programs and services offered through the CSCNCC during the January meeting.

Association of Community Mental Health Authorities of Illinois (ACMHA): I participated in the February Executive Committee meeting.

National Association for County Behavioral Health and Developmental Disability Directors (NACBHDD): N/A

Human Services Council (HSC): The February meeting was postponed.

Champaign County Transition Planning Committee (TPC): The next meeting of the TPC is scheduled for March 5, 2026.

Champaign County Local Inter-Agency Council (LIC): N/A

Other: I also participated in several webinars.

Leon Bryson

Associate Director for Mental Health & Substance Use Disorders

Staff Report-February 2026

CCMHB/CCDDB PY27 Funding: On December 19, 2025, the online PY27 funding application portal was open for agencies to submit applications for funding requests. CCMHB/CCDDB staff were available to provide limited technical support at the request of the agency. The deadline for submission of funding applications was February 2, 2026. Courage Connection missed the deadline to reapply for funding and submitted a Request for Board Approval Exception form. This request is included in the CCMHB packet for board members' discussion.

Agency Progress Reports: Agency PY26 Second Quarter Program Service Activity and CLC progress reports were due on January 28, 2026. Ms. Stephanie Howard-Gallo sent a reminder to agencies regarding the second quarter reporting deadline and the process for requesting extensions. The Refugee Center and Cunningham Children's Home requested deadline extensions to submit late reports. Ms. Stephanie Howard-Gallo issued a suspension letter to the Don Moyer Boys and Girls Club for failure to submit a CLC report. At this time, all required reports have been received.

Site Visits: Site visits were conducted with Champaign Christian Health Center and GROW at their main offices, with the assistance of Ms. Shandra Summerville. No notable concerns were identified regarding either agency's program services. Upcoming site visits are scheduled with the Community Service Center of Northern Champaign County, WIN Recovery, Immigrant Services, and the Child Advocacy Center. Each site visit includes a discussion with the Program Director and relevant personnel regarding program effectiveness, as well as a review of client records and service utilization data. Upon request, all necessary supporting documentation was provided by the program directors and their staff.

Mid-Year Progress Reports: The next set of mid-year presentations for the March 25 Study Session will feature Urbana Neighborhood Connections Center, Immigrant Services, and Rosecrance. Rosecrance will provide board members with an update on the latest developments related to their CCBHC.

ACMHAI Committee: I attended the I/DD Committee and Legislative Committee meetings. I also participated in the following ACMHAI webinars: Making Digital Mental Health Work in the Real World and SNAP Updates.

CCMHDDAC Meeting: The January 27th meeting was relatively short in duration with members providing updates and a presentation from Executive Director Cindy Crawford from Community Service Center of Northern Champaign County. At the next meeting on February 24th members will hear a presentation from Katie Harmon from CCRPC.

CIT Steering Committee: At the February 4th meeting members provided updates. Another relatively short meeting.

Continuum of Service Providers to the Homeless (CSPH): On February 3rd, members gathered at the Martens Center to receive updates on homelessness response efforts. Danielle Chynoweth and Katie Harmon shared next steps related to Homebase, a mission-driven nonprofit focused on eliminating homelessness, alleviating poverty, and building strong communities. Planned activities include forming a 15-member in-person steering committee, hosting an on-site focus group in March, reviewing key policy documents, and analyzing the past 10 years of Point-in-Time (PIT) data. The work will focus on four priority areas: CSPH structural components, street outreach, the federal NOFO, and relationship building. Katie Harmon also provided an update on the recent Point-in-Time count. Approximately 40 volunteers participated, and an estimated 35–40 unsheltered individuals were surveyed. The count was considered successful, with care packages distributed and transportation to shelters provided by Cunningham Township. A follow-up comprehensive inventory count will be released soon. Danielle Chynoweth shared updates on the re-visioning of Strides Shelter, noting that intake will now occur on Wednesdays. While the shelter continues to face staffing reductions, improvements include a new floor installation and receipt of a \$10,000 donation. Fundraising efforts are ongoing. Currently, a total of 120 beds are in use across Cunningham Township and Strides.

Evaluation Capacity Committee Team: I attend and participate in the monthly meetings with the Evaluation Capacity project staff. The next meeting is scheduled for February 13th.

Rantoul Service Provider's Meeting: At the January 26th meeting members provided updates.

SOFTT/LANS Meeting: At the January 21st meeting, members heard from Courage Connection Executive Director Matthew Fletcher, who provided an engaging overview of the services offered by his agency. Members also received an overview of Family Advocacy in Champaign County's advocacy and outreach services. Lastly, members are moving forward with planning Fatherhood Part 2 forum. The next scheduled meeting will take place on February 18th at 1:30pm via Microsoft Teams.

Other Activities:

- On January 29, I attended Accessibility Training: Creating Accessible Word and PDF Documents, presented by Tim Offenstein of Falling Leaf Productions. The training provided one hour of instruction focused on best practices for creating accessible documents.
- Director Canfield, Associate Director Bowdry, and I have spent the past several weeks working to update Word and PDF documents to meet accessibility standards.

Stephanie Howard-Gallo

**Operations and Compliance Coordinator Staff Report –
February 2026 Board Meeting**

SUMMARY OF ACTIVITY:

2nd Quarter Reporting 2026:

2nd quarter financial and program reporting were due January 28th at 11:59 p.m. I sent the funded agencies a reminder of the deadline, along with the form to submit if they need an extension.

ECIRMAC requested an extension. Cunningham Children's Home requested an extension after the due date. Don Moyer Boys and Girls Club had their payment paused because they did not request an extension and their CLC Plan update was not submitted.

Funding Applications:

I am beginning to review eligibility questionnaires.

Audits:

Completed audits are sent to a consultant (John Brusveen) for review. I provide the consultant with all financial reports for funded programs from FY2025.

Trainings:

I attended Accessibility Training for WORD and PDF documents.

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

I am planning for the usual art show/sale at the final Ebertfest in April 2026. The Crow at 110 has invited AIR artists to participate in their art show in the spring.

Other:

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

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Utilization Results and Consumer Outcomes for Programs funded by the Champaign County Mental Health Board in PY2025

Glossary and Notes

TPC = Treatment Plan Client

NTPC = Non-Treatment Plan Client

CSE = Community Service Event

SC = Screening Contact or Service Contact

Other = as defined in individual program contract

Some contract award amounts listed are not equal to actual cost of the program, as agencies' independent audit reports might indicate excess revenue to be returned. This can result from understaffing, one cause of underutilization. Audits may result in future revisions to this report.

While consumer outcome results are summarized very briefly below, we strongly recommend review of the full agency reports, which address unexpected challenges and successes and even forecast the next cycle. Each program's performance toward defined utilization and consumer outcomes during the contract period, July 1, 2024 to June 30, 2025, is described in a set of aggregated reports and posted at <http://ccmhddbrds.org> among downloadable files and titled "**CCMHB PY25 Performance Outcome Reports**." It is also posted on our pages of the Champaign County Government's website, Public Documents Page, under the same name.

Priority:

Collaboration with Champaign County Developmental Disabilities Board (CCDDB), Very Young Children and their Families

*Champaign County Regional Planning Commission Head Start/Early Head Start
Early Childhood Mental Health Services \$216,800 (for I/DD Services)*

Addresses social-emotional concerns in the early childhood period and identifies developmental issues and risk. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. (\$171,663 of the total contract is for mental health services, the remainder is \$216,800 for I/DD.)

Utilization targets: 116 TPC, 380 NTPC, 5 CSE, 3000 SC, 12 Other (workshops, trainings, professional development efforts with staff and parents).

Utilization result: 116 TPC, 62 NTPC, 3 CSE, 1572.5 SC, 15 Other, 557 hours of service.

Outcome 1 target: Children will demonstrate improved social skills.

Outcome 1 result: 73% of children in the program met or exceeded social emotional developmental expectations for their age group, with 85% of children aged 6 weeks to 3 years meeting or exceeding, a 29% increase in SELs for those aged 3-5, a 31% increase for those aged 3-5 and English learners, and a 29% increase for kindergarten-bound children.

Outcome 2 target: HS staff will demonstrate improved skills (interpersonal, stress management, and caregiving).

Outcome 2 result: Due to program and staff changes, teachers were not assessed.

Outcome 3 target: Parents will demonstrate improved skills (stress management and caregiving).

Outcome 3 result: Staff shortages and low attendance at family events prevented the assessment tool from being distributed to parents.

Outcome 4 target: Classroom management will demonstrate social-emotional sensitive interactions.

Outcome 4 result: 83% of classroom observations showed consistent, effective support/organization; the rest were effective in each domain but not always consistent.

CU Early

CU Early - \$16,145 (for I/DD Services)

Bilingual home visitor for at risk Spanish speaking families, serving expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development. 2020 IECAM data on Champaign County estimated there were 1,157 children under age 5 who speak Spanish, that 555 Spanish speaking children were under 3, and that 1,188 children under 2 lived in poverty. (\$64,578 of the total contract relates to mental health, another \$16,145 to I/DD.)

Utilization targets: 20 TPC, 5 NTPC, 464 SC, 4 CSE

Utilization result: 27 TPC, 7 NTPC, 714 SC, 17 CSE

Outcome 1 target: 95% improvement in each area of parenting skill and knowledge.

Outcome 1 result: Affection 100%, Responsiveness 83%, Encouragement 85%, Teaching 66%.

Outcome 2 target: 95% of children will make developmental progress.

Outcome 2 result: 92%. NOTE: of bilingual caseload, 15 children on target, 3 with delays referred to EI, 8 received EI with an IFSP.

Outcome 3 target: 95% of children up to date with well child exams and immunizations.

Outcome 3 result: 100%.

DSC

Family Development \$656,174

Serves children birth to five years, with or at risk of developmental disabilities, and their families. Culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays, disabilities, or living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.

Utilization targets: 655 TPC, 200 SC, 15 CSE

Utilization result: 1045 TPC, 186 SC, 16 CSE

Outcome 1 target: 90% of caregivers will feel more competent/comfortable regarding their child's needs.

Outcome 1 result: 98% per program satisfaction survey.

Outcome 2 target: 90% of children will progress in Individualized Family Service Plan goals.

Outcome 2 result: 91%.

Priority:
Thriving Children, Youth, and Families

Champaign County RPC Head Start/Early Head Start
Early Childhood Mental Health Services \$171,663 (for MH Services)

See above for service information and year-end data, disability types combined.

CU Early
CU Early - \$64,578 (for MH Services)

See above for service information and year-end data.

Crisis Nursery
Beyond Blue – Champaign County \$90,000

Supports mothers experiencing perinatal depression, with a focus on the mental health and well-being of children and families, by strengthening the parent child bond through playgroups, support groups, and home visiting services. Through coordination with the Home Visitors Consortium, Crisis Nursery focuses on families experiencing perinatal depression and then blends this programming with Prevention Initiative funding from the Illinois State Board of Education which focuses on the development of children birth-3 years.

Utilization targets: 24 TPC, 56 NTPC, 300 SC, 86 CSE, 550 Other (hours in-kind/respite care)
Utilization result: 21 TPC, 44 NTPC, 346 SC, 93 CSE, 790 Other

Outcome 1 target: Mothers will gain information about effects of perinatal depression on baby.
Outcome 1 result: (not directly reported in POR.)
Outcome 2 target: Mothers will have a decrease in depressive symptoms.
Outcome 2 result: (not directly reported in POR.)
Outcome 3 target: Mothers will develop greater understanding of their child's developmental needs and an ability to meet those in positive and growth producing interaction.
Outcome 3 result: 90% of those surveyed reported improved parenting skills.
Outcome 4 target: Mothers will learn to reduce their stress, seek resources, broaden networks.
Outcome 4 result: 80% of those completing the survey showed a decrease in level of stress.
Outcome 5 target: Mothers will improve their capacity to engage fully in a reciprocal relationship with their babies, resulting in the optimal development of the baby, more successful and satisfying parenting and greater security for both.
Outcome 5 result: 90% of those surveyed reported improved parenting skills and reduced risk of harm to children.

Cunningham Children's Home
Families Stronger Together \$282,139

Trauma informed, culturally responsive, and therapeutic and preventative services to youth... involved in or vulnerable to being involved in the juvenile justice system. Focus is primarily on preventative services for the younger population. FST can offer early intervention services to Treatment Plan Client (TPC) youth and families. The FST program utilizes the ARC framework in working with these youth, families, and community.

Utilization targets: 40 TPC, 75 NTPC, 1935 SC, 10 CSE

Utilization result: 19 TPC, 109 NTPC, 972 SC, 9 CSE

Outcome 1 target: Decreased scores on the “Total Difficulties” scale and increased scores on the “Strengths” scale.

Outcome 1 result: Three youth had brief admissions lasting less than 75 days and lacked both pre- and post-measures. Two youth did not complete closing measures due to staff’s unsuccessful engagement efforts. Among the eight youth who completed pre- and post-measures on the SDQ, all demonstrated a net positive gain, with an overall decrease of 8.4 points in the “Total Difficulties” score, starting at an average of 19.4 (95th percentile). Additionally, five youth (63%) showed slight increases in the “Strengths” score, with a negligible average change of +0.75, starting at 7.4.

Outcome 2 target: Trauma-informed caregiving skills are enhanced in several ARC areas: foundational strategies (engagement, education, routines), attachment integrative strategies (affect management, attunement, effective response), regulation integrative strategies (identification, modulation), and competency integrative strategies (executive functions, self-development, identity, relational connection).

Outcome 2 result: 13 youth were discharged from the program. Of 9 caregivers, 6 (67%) demonstrated improved competencies; 3 (33%) showed a decrease in overall skills. Pre- and post-measures were unavailable for 3 caregivers due to brief enrollment, and 1 caregiver lacked an admission measure.

Outcome 3 target: Improve family’s protective factors (social supports, concrete supports, family functioning, nurturing and attachment).

Outcome 3 result: Three youth had brief admissions of less than 75 days, and a pre- and post-measure was neither completed nor requested from the youth’s caregiver. One caregiver did not complete the closing measure due to family disengagement. Of 9 caregivers who completed a pre- and post-test of the PFS-2, 44% (four caregivers) reported an increase in protective factors, while 56% (five caregivers) reported a decrease during program enrollment.

Don Moyer Boys & Girls Club

CU Change \$85,575

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

Utilization targets: 20 TPC, 20 NTPC, 480 SC, 48 CSE

Utilization result: 19 TPC, 22 NTPC, 492 SC, 65 CSE

Outcome 1 target: 100% (20 of 20) Youth will complete full intake and actively participate in intervention strategies prescribed in comprehensive plan.

Outcome 1 result: 95% (19 of 20) Youth completed intake and participated in service delivery.

Outcome 2 target: 100% (20 of 20) Family Members/Parents/Guardians will participate in intake and actively participate in intervention strategies prescribed in the comprehensive plan.

Outcome 2 result: 100% (20 of 20) Family Members participated in intake and service delivery.

Outcome 3 target: 95% of the Youth will remain engaged in school or take required steps towards re-engaging in school.

Outcome 3 result: 100% of Youth remain engaged in school/took required steps towards re-engaging in school.

Don Moyer Boys & Girls Club

Community Coalition Summer Initiatives \$100,000

Supports youth and community mental health needs during critical out-of-school time over the summer months, when a lack of services is prevalent. Focused on violence prevention, enhancement of positive community engagement, academic enrichment, recreational activities, arts exploration, and leadership skill building. Services and supports by specialized providers, through subcontracts with Don Moyer Boys and Girls Club. The Champaign County Community Coalition and DMBGC support and reinforce System of Care principles and values, particularly relative to system-involved youth with emotional and environmental challenges. Reports to and through Champaign County Community Coalition and CCMHB.

Utilization targets: 11,7500 SC, 900 NTPC, 30 CSE

Utilization result: 11,965 SC 864 NTPC, 46 CSE

Outcome 1 target: Community Connection, per pre and post test

Outcome 1 result: (not directly reported in POR.)

Outcome 2 target: Reduction of Violent Incidents, per pre and post test

Outcome 2 result: (not directly reported in POR.)

Outcome 3 target: Skill Building and Participation, per pre and post test

Outcome 3 result: (not directly reported in POR.)

East Central IL Refugee Mutual Assistance Center

Family Support and Strengthening \$62,000

Supports and strengthens refugee and immigrant families transitioning and adjusting to American culture and expectations in Champaign County. Staff speak over ten languages in house, with other languages available through qualified translators... offers a connection to area resources that is culturally and linguistically appropriate. Staff often accompany clients on appointments as advisors and trusted advocates. The goal is to give low-income immigrants better access to quality care and services, leading to thriving families and client self-sufficiency.

Utilization targets: 60 TPC, 2140 NTPC, 50 CSE, 2200 SC, 15 Other (hours of workshops)

Utilization result: 38 TPC, 3531 NTPC, 70 CSE, 3,569 SC, 8 Other

Outcome 1 target: Applications for Social Service Public Benefits completed.

Outcome 1 result: 1,149 were completed.

Outcome 2 target: If unemployed, Obtain Permanent employment.

Outcome 2 result: 71 people were assisted with employment activities.

Outcome 3 target: Improve Quality of Life.

Outcome 3 result: 892 applications for public benefits were approved.

Outcome 4 target: Improve Outlook on Life.

Outcome 4 result: Exploration of alternative methods for obtaining anonymous client feedback, including the potential use of WhatsApp.

Outcome 5 target: Improve Relationships with Others & Improve Connections to the Community.

Outcome 5 result: Unable to measure due to limited staff capacity.

Rosecrance Central Illinois

Child & Family Services \$10,476 (2 Quarters of data; contract cancelled early)

For Champaign County residents aged 5 to 17 (and their families) with MH disorder and a need for counseling, transportation, case management, wellness, and psychiatric services supported by a licensed nurse who provides medication education, health and wellness promotion, and care coordination; multi-disciplinary team and coordination between psychiatrist and clinician; individual, group, or family counseling sessions, using skill-building, psychoeducation, Cognitive Behavior Therapy, and Play Therapy; and transportation.

Utilization targets: 30 TPC, 10 NTPC, 250 SC, 5 CSE

Utilization result: 32 TPC, 3 NTPC, 514 SC, 4 CSE

Outcome 1 target: Clients will show improvement in overall functioning level.

Outcome 1 result: 66% of the participants showed improvement in CGAS.

Outcome 2 target: Clients will show improvement in common problems reported by the client.

Outcome 2 result: 66% of the participants evaluated at 6-month and/or at discharge showed improvement on the Ohio Scale Problem/symptom severity.

Outcome 3 target: Clients will show improvement in level of functioning in a variety of areas of daily activity (e.g., interpersonal relationships, recreation, self-direction, and motivation).

Outcome 3 result: 66% of the participants evaluated at 6-month and/or at discharge showed improvement on the Ohio Scale Problem/symptom severity.

Outcome 4 target: Clients will show improvement or no increase in the severity and immediacy of suicide risk.

Outcome 4 result: 66% of the participants evaluated at 6-month and/or at discharge showed improvement on the Ohio Scale Problem/symptom severity.

Uniting Pride of Champaign County

Children, Youth & Families Program \$190,056

Uniting Pride (UP) works to create a county inclusive of LGBTQ+ children, youth, adults, and families by providing programming and support across the lifespan. UP assists individuals dealing with depression, anxiety, substance use, or suicidal ideation. Support groups meet in-person and/or on Zoom depending on participant preferences. UP provide trainings to organizations, agencies, schools to build inclusive communities accepting of LGBTQ+ members. UP has launched a food pantry, increased free gender-affirming clothing program, and greatly expanded online resources.

Utilization targets: 100 NTPC, 300 SC, 100 CSE

Utilization result: 375 NTPC, 809 SC, 250 CSE

Outcome 1 target: Social support will increase by 25%.

Outcome 1 result: 94% of surveyed individuals noted improvement.

Outcome 2 target: Self-worth will increase by 20%.

Outcome 2 result: Surveyed participants in non-education programs reported 85% improvement in self-worth. 100% of training participants reported improved confidence.

Priority:

Safety and Crisis Stabilization

CU at Home

Shelter Case Management \$256,700

The services and supports offered through the program meet the client's essential needs in the midst of crisis. The program provides intensive case management and care coordination to assist the client in moving from crisis to stabilization, and ultimately community integration. The program eliminates the need for clients to be homeless, decreases their contact with law enforcement, or the need for clients to seek stability through hospitalization.

Utilization targets: 50 TPC, 25 NTPC, 5500 SC, 50 CSE

Utilization result: 40 TPC, 31 NTPC, 5,131 SC, 56 CSE

Outcome 1 target: 60% of program participants will graduate.

Outcome 1 result: 25% graduated, with an additional 12.5% of clients exiting early, primarily within the first two weeks. 62.5% of clients remain active and on track to graduate. Graduation rates are expected to fluctuate annually, influenced by the average 18-month length of stay.

Outcome 2 target: 100% of program clients will be entered into HMIS system for data tracking purposes.

Outcome 2 result: 100% were tracked through the HMIS system.

Outcome 3 target: 100% of program clients will have an initial screening for mental health and addiction issues and be referred to resources when needed.

Outcome 3 result: 97% of clients received a screening. Some had completed a screening prior to entry. Those who did not receive a screening either declined to participate or left the program shortly after entry.

Outcome 4 target: 90% of clients will develop goals and action steps from seven areas: mental health, physical health, substance abuse, income/financial, housing, life skills and spiritual.

Outcome 4 result: 97% of clients met this objective.

Outcome 5 target: 100% of clients will receive monthly goal evaluations.

Outcome 5 result: 100% of clients who remained in the program for 30 days or more received monthly goal evaluations.

Outcome 6 target: 100% of mid-barrier clients will be assigned a case manager and receive intensive case management averaging 3 hours per week, with a maximum case manager-to-client ratio of 20:1.

Outcome 6 result: 100% of program clients were assigned a case manager. Case management ratios have remained low; we anticipate an increase in caseloads with expansion of the mid-barrier program into Mattis Street property.

Outcome 7a target: 100% of clients in the Advanced Shelter Program will receive case management services.

Outcome 7a result: 100% of Advanced Shelter clients received case management services.

Outcome 7ai Pre & Post Surveys: Clients completed pre- and post-program surveys rating their mental health, living skills, stress levels, substance use, and physical health.

Outcome 7ai target: 70% will improve their overall mental health.

Outcome 7ai result: 85%.

Outcome 7aii target: 80% will improve their independent living skills.

Outcome 7aii result: 75%.

Outcome 7aiii target: 70% will reduce their stress.

Outcome 7aiii result: 50%

Outcome 7bi target: 60% will reduce their substance use.

Outcome 7bi result: 97%.

Outcome 7bii target: 60% will improve their overall physical health.

Outcome 7bii result: 75%.

Champaign County Health Care Consumers

Justice Involved CHW Services & Benefits \$90,147

For people who have justice-involvement, Community Health Worker services area offered at the Champaign County jail and in community. Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs; helps stabilize individuals with resources and benefits; and helps them navigate the health care system to get their needs met.

Utilization targets: 50 TPC, 25 NTPC, 200 SC, 8 CSE, 10 Other (Rx fund)

Utilization result: 121 TPC, 11 NTPC, 201 SC, 16 CSE, 5 Other (Rx fund)

Outcome 1 target: 75 people served.

Outcome 1 result: 118 people served.

Outcome 2 target: All eligible clients will be approved for benefits including Medicaid, SNAP, hospital financial assistance, prescription assistance, etc.

Outcome 2 result: All benefit applications were approved.

Outcome 3 target: Most clients would require 2 applications, whether for Medicaid, SNAP, hospital financial assistance, prescription assistance, access to affordable dental or vision care, etc.

Outcome 3 result: Almost all required multiple applications, with the majority requiring 2 or 3 at one time. Justice Involved clients required an average of 2.7 applications.

***Champaign County Regional Planning Commission – Community Services
Youth Assessment Center (YAC) \$76,350***

Early intervention and diversion for youth, particularly those overrepresented in the juvenile justice system, and for youth whose behavior may be symptomatic of issues best served outside the juvenile justice system. Screens for needs, risks, and protective factors; uses Balanced and Restorative Justice (BARJ) approach; completes and reviews Station Adjustment as the working plan; may include weekly check-ins with case manager, curfew checks with police officer, reparation through written apology, community service hours, and linkage to social service, MH, or SUD treatment. Screening scores determine access to weekly phone counseling, group programming (CBT approach), and partnership with UIUC Psychological Services Center/Childhood Adversity & Resiliency Services to reduce barriers to MH treatment.

Utilization targets: 115 TPC, 25 NTPC, 100 SC, 70 CSE, 50 Other (referred but ineligible)

Utilization result: 99 TPC, 24 NTPC, 173 SC, 70 CSE, 52 Other

Outcome 1 target: Divert at least 90% of youth from a juvenile court adjudication within one year of their YAC services.

Outcome 1 result: YAC unable to report on % of youth diverted from juvenile court adjudication within one year of their services, as YAC does not currently have access to the court records of youth adjudicated (info formerly available).

Outcome 2 target: 10% of youth assessed at exit will have decreased from moderate/high to low risk to reoffend.

Outcome 2 result: 15% of TPC youth assessed at exit decreased from moderate or high risk to low risk to reoffend.

Outcome 3 target: 90% of participants will endorse having been informed of resource options, and 50% will report successful linkage and utilization of recommended services.

Outcome 3 result: 100% of youth with Formal Station Adjustment/Engagement Agreement receive information and referrals to community resources upon intake. 30% of all TPC youth improved their Protective Factor levels by exit compared to their intake levels.

FirstFollowers

FirstSteps Community Reentry House \$69,500

A transition house for men (and, new in PY25, one for women) returning home to Champaign County after incarceration. Rent-free housing in homes donated by the Housing Authority of Champaign County, for up to four people at a time; furniture, appliances, computers, kitchen equipment, exercise equipment, basic clothing items, and food until the person has the means to pay either through employment or Link Card. Staff assist residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate integration into the community. Projected length of engagement is 3-12 months.

Utilization targets: 8 TPC, 15 NTPC, 8 SC, 15 CSE

Utilization result: 6 TPC, 18 NTPC, 36 SC, 6 CSE

Outcome 1 target: Provide a stable living situation.

Outcome 1 result: Maintained a stable living situation for all residents throughout the year. They have been comfortable in the house and used drop-in and other services while preparing themselves for the next step.

Outcome 2 target: Enhance opportunities to find employment.

Outcome 2 result: 100% of residents have found employment that pays higher wages than the minimum and has some potential for advancement.

Outcome 3 target: Connect to social service agencies.

Outcome 3 result: Through drop-in center residents have been able to access Medicaid, Link Card, psychological services, and veteran benefits.

Outcome 4 target: - Build connections to the community.

Outcome 4 result: This has been uneven; only one resident has made long-term connections with community groups and social services, while others have not engaged much.

Outcome 5 target: Provide economic security.

Outcome 5 result: Residents have improved their financial situation by establishing bank accounts, enhancing credit ratings, and saving enough money to purchase a car and cover apartment rent.

Outcome 6 target: Provide access to long-term housing opportunities.

Outcome 6 result: This reflects the difficulties faced in the housing market, which has become problematic. Previously, residents could save enough from their jobs to buy a house, but now even renting apartments is a challenge. While residents have been able to secure housing after leaving FirstSteps, the quality of available housing is lacking.

First Followers

Peer Mentoring for Re-entry \$95,000

Formerly incarcerated people serve as peer mentors of the program as well as providing direct support to clients. Provides counseling and social/emotional supports, workforce development programs, housing, assistance in accessing photo IDs and transportation, and more.

Utilization targets: 47 TPC, 147 NTPC, 18 SC, 18 CSE

Utilization result: 36 TPC, 42 NTPC, 48 SC, 8 CSE

Outcome 1 target: 80% will access employment and housing.

Outcome 1 result: 15% accessed housing. Voucher funds ran out in October and the decline was exacerbated by a large number of applicants on the sex offender registry. Job access experienced fluctuations, initially showing a 60% success rate, which dropped to 25% in subsequent quarters, before increasing to 40% in the final month of the fiscal year.

Outcome 2 target: 80% will have access to services.

Outcome 2 result: 60% of desired outcome met due to funding cutbacks as indicated by data collected from intake forms and follow-up surveys.

Outcome 3 target: Provide Enhanced Self-Esteem.

Outcome 3 result: Peer mentors with lived experience support individuals affected by the criminal legal system at a drop-in center, helping to address self-esteem issues related to their experiences of isolation from incarceration.

Outcome 4 target: For workforce development: basic building skills, public speaking, critical thinking, basic math.

Outcome 4 result: Workforce development team renovated five houses and acquired new skills, including public speaking and critical thinking, along with basic math for construction.

Rosecrance Central Illinois

Criminal Justice PSC \$336,000

Community-based behavioral health program to reduce reliance on institutional care, with qualified professionals meeting those involved with the criminal justice system where they are—

Champaign County jail, probation, or community. Using a person-centered, client-driven plan, the staff coordinates across systems, with and on behalf of people with justice system involvement. Case managers conduct screening, assessment, case management, and group therapy while individuals are in jail and help with the transition from incarceration to re-entry into the community.

Utilization targets: 45 TPC, 100 NTPC, 500 SC

Utilization result: 21 TPC, 174 NTPC, 229 SC

Outcome 1 target: Increase client's access to: groups, housing, employment, education, insurance, other benefits, primary care, MH/SUD treatment, transportation, or other.

Outcome 1 result: 100% were provided linkages to MRT and Anger Management group services, Housing, Employment, Education, Insurance, Primary Care, behavioral health (mental health and substance use disorders treatment), and other benefits.

Outcome 2 target: Data on length of stay in jail for people with MI or cooccurring disorders.

Outcome 2 result: Average LOS for MI/COD: 93 days.

Rosecrance Central Illinois

Crisis Co-Response (CCRT) \$310,000

Responds to need for behavioral health support in Urbana, Rantoul, and Champaign County, to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services, and increasing individuals' capacity to engage in treatment, while offering law enforcement an alternative to formal processing.

Utilization targets: 70 TPC, 10 NTPC, 250 SC, 50 CSE

Utilization result: 26 TPC, 37 NTPC, 192 SC, 56 CSE

Outcome 1 target: Increase individual's capacity to engage in treatment and/or access resources, as shown on improvement in score on Self-Sufficiency Matrix.

Outcome 1 result: Average scores in participants' perception of their emotional state improved from 1.4 to 3.2 after interacting with a CCRT responder.

Outcome 2 target: Reduce number of repeat calls to law enforcement for social emotional behavioral needs.

Outcome 2 result: Only 6% of encounters were repeat requests.

Rosecrance Central Illinois

Specialty Courts \$93,450 (2 Quarters of data; contract cancelled early)

Coordinates across systems, with and on behalf of people with substance use disorders or mental illness who have justice system involvement. Clinicians provide Specialty Court clients behavioral health assessments, individualized treatment plans, and group and individual counseling services. Intensive case management to help clients overcome barriers and connect to mental health treatment and resources such as food, clothing, medical and dental services, employment, housing, education, transportation, and childcare.

Utilization targets: 45 TPC, 800 SC, 4 CSE, 1,000 Other = # hours case management, # hours counseling. Other represents services funded by other sources leveraged through CCMHB support for non-billable activities crucial to the operation of the Specialty Court

Utilization result: 40 TPC, 664 SC, 1 CSE, Other 111 (hours assessment, hours case management, and hours counseling)

Outcome 1 target: 15 participants will graduate.

Outcome 1 result: 2 graduated. Data collected only during Q1 & Q2.

Outcome 2 target: 65% of graduates will not experience recidivism.

Outcome 2 result: No data gathered due to the shortened window of time.

Outcome 3 target: Individuals with potential barriers who received Case Management services.

Outcome 3 result: 100% Rosecrance outreach workers track Case Management service needs in the client chart.

Women in Need (WIN) Recovery Re-Entry & Recovery Home \$183,000

Gender-responsive, trauma-informed, health-promoting services for women and gender minorities, as an alternative to incarceration upon reentry. Service navigation and assistance to meet individualized self-identified needs that may include housing, case management, support plan with self-identified goals and assessments of progress, physical/mental/emotional health care services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer-facilitated support groups, civic participation/community outreach, family therapy/reunification, compliance with parole/probation/DCFS/ other, and recovery-based programming. All residents are provided curriculum books for trauma, parenting, and recovery classes.

Utilization targets: 10 CSE, 40 SC, 0 NTPC, 12 TPC

Utilization result: 58 CSE, 81 SC, 1 NTPC, 22 TPC

Outcome 1a target: Successful completion of relevant AA and/or NA sobriety milestones as reported by the individual.

Outcome 1a result: 18 individuals.

Outcome 1b target: Mental/Behavioral Health Services.

Outcome 1b result: 22 individuals.

Outcome 2c target: Obtain Stable Housing.

Outcome 2c result: 8 individuals.

Outcome 2d target: Obtain Employment.

Outcome 2d result: 10 individuals.

Outcome 2e target: Access to Education.

Outcome 2e result: 15 individuals.

Outcome 2f target: Family Reunification.

Outcome 2f result: 6

Outcome 2g target: Program Completion.

Outcome 2g result: 22 continuing services.

Outcome 2h target: No Recidivism.

Outcome 2h result: 22 individuals.

Priority: Healing from Interpersonal Violence

Champaign County Children's Advocacy Center (CAC)

Children's Advocacy \$63,911

Using a child-centered, evidence-based, coordinated response to allegations of child sexual abuse and serious physical abuse, the CAC promotes healing and justice for young victims through: a family-friendly space for initial interview and parent meeting; a legally-sound, developmentally appropriate child forensic interview; comprehensive case management provided by the CAC Family Advocate to help the family navigate the crisis; crisis counseling to the child and any non-offending family member; referrals to specialized medical services; and coordination of the investigation through multidisciplinary case reviews.

Utilization targets: 130 TPC, 40 NTPC, 170 SC, 8 CSE

Utilization result: 222 TPC, 49 NTPC, 182 SC, 8 CSE

Outcome 1 target: 90% satisfaction with perceived neutral, safe child and family friendly environment.

Outcome 1 result: 100% of caregivers agree that their child felt safe at the Center.

Outcome 2 target: 85% of children referred will attend counseling based on trauma screening in order to initiate/facilitate healing process.

Outcome 2 result: 73% of clients referred to counseling attended at least one session.

Outcome 3 target: 90% Information gathered in legally sound manner (based on 115-10 hearings).

Outcome 3 result: 100% of 115-10 hearings were successful.

Outcome 4 target: 100% of caregivers report they know why they are at CAC.

Outcome 4 result: 100% indicated so.

Outcome 5 target: 95% of child victims have a perceived feeling of being safe while at CAC.

Outcome 5 result: 100% agreed CAC staff were helpful or very helpful in the child feeling safe.

Courage Connection

Courage Connection \$128,038

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

Utilization targets: 600 TPC, 150 NTPC, 750 SC, 200 CSE

Utilization result: 229 TPC, 53 NTPC, 371 SC, 216 CSE

Outcome 1 target: 60% of residential clients discharge into improved, safer environments.

Outcome 1 result: 55% left under the positive indicators listed in Program Plan.

Outcome 2 target: 90% of clients surveyed (90% of 100=90) survivors' skills and confidence to move to a more positive situation.

Outcome 2 result: 100% of clients surveyed reported improved survivors' skills and confidence to move to a more positive situation.

Rape Advocacy, Counseling & Education Services

Sexual Trauma Therapy Services \$140,000

Improves the health and success of survivors by providing confidential trauma therapy and crisis intervention services to survivors of sexual violence and stalking. Therapy services at RACES are part of the agency's Survivor Services Program. Master's level clinicians provide trauma-informed, culturally competent therapy through multiple treatment modalities, utilizing approaches that best meet the goals and the needs identified by clients. Cognitive-behavioral therapy, EMDR, and arts-based therapy, provided by five full-time staff members at Urbana office and contractual therapist with office in Rantoul, to increase access to therapy services for survivors in the area.

Utilization targets: 170 TPC, 250 NTPC, 25 SC (non-client crisis intervention contacts), 2 CSE, 2 Other (# therapeutic groups)

Utilization result: 168 TPC, 237 NTPC, 136 SC, 10 CSE, 22 Other

Outcome 1 target: Increase feelings of well-being, decrease PTSD and other trauma-related symptoms, and provide clients with tools that foster self-care and resilience. NOTE: therapists attempt to gather outcome information from every participant but by mandate do not force them to complete the tool, the Impact of Event Scale (IES-R)/

Outcome 1 result: 66% (62 of 94) participants provided information, with an average 16.82% decrease in symptoms. 5 people scored increased symptoms. 13 scored decreased symptoms.

Rape Advocacy, Counseling & Education Services

Sexual Violence Prevention Education \$75,000

Services for residents of Champaign County aged three and older, at no cost. Uses a comprehensive, multi-level, evidence-informed strategy to provide age-appropriate programming to students, parents, teachers, and other community members. Special attention is given to ensuring the inclusion of historically underserved and marginalized communities, including racial and ethnic minorities, rural residents, members of the LGBTQ+ community, and individuals with disabilities. The most common locations for RACES prevention programming are K-12 schools.

Utilization targets: 4000 (# attending) SC, 600 CSE, 10 Other (JDC presentations)

Utilization result: 3898 (# attending) SC, 747 CSE, 1 Other

Outcome 1 target: Knowledge gained. The goal is to increase knowledge.

Outcome 1 result: For K-2 and 3-5 grades, pre- and post-tests showed an increase in comprehension (content knowledge) of 8.75% among K-2 and a lower 4.2% increase among the 3-5 grades, indicating retention of material presented to them as K-2 students.

Outcome 2 target: Attitude change related to risk factors. Goal: Decreased acceptance of measures related to risk factors.

Outcome 2 result: 43.20% of students responded neutral about the question in the pre-test, only 28.5% were neutral about it at the post-test, a 34.03% decrease, meaning that 34% more students understood that desire is not part of what drives sexual assault. And, of those who agreed with the statement in the beginning, 11% less agreed with it at the post-test.

Outcome 3 target: Attitude change related to protective factors. Goal: Increased acceptance of measures related to protective factors.

Outcome 3 result: 25% of the students strongly agreed with the statement before the sessions. After the sessions, 41.4% of students strongly agreed that they knew of sources for supporting survivors, an increase of 65%.

Priority: Closing the Gaps in Access and Care

Champaign County Christian Health Center

Mental Health Care at CCCHC \$33,000

A psychiatrist provides direct mental health care to patients; mental health patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Primary care providers also treat or refer those with mental health conditions, especially anxiety and depression. Provided to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage).

Utilization targets: 200 TPC, 500 NTPC, 800 SC, 8 CSE, 100 Other

Utilization result: 183 TPC, 1389 NTPC, 70 SC, 33 CSE, 19 Other

Outcome 1 target: 500 patients will be screened to assess mental health needs.

Outcome 1 result: CCCHC did not reach the 500 goal for screening (strictly for mental health) – other screening was conducted at events.

Outcome 2 target: 50 patients will receive ongoing mental health care.

Outcome 2 result: Achieved.

Outcome 3 target: 75 patients will have acute mental health issues treated/addressed.

Outcome 3 result: Closer to 50 for direct acute mental health issues addressed.

Champaign County Health Care Consumers

CHW Outreach & Benefit Enrollment \$86,501

Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs. Community Health Workers help stabilize individuals with resources and benefits and help navigating the health care system to get their needs met... establishes trust with clients by helping them gain and maintain access to many needed benefits, provides emotional support, and helps them identify services they need in a non-stigmatizing and supportive way.

Utilization targets: 160 TPC, 25 NTPC, 780 SC, 8 CSE, 11 Other (Rx fund)

Utilization result: 279 TPC, 19 NTPC, 1305 SC, 22 CSE, 12 Other (Rx fund)

Outcome 1 target: 120 new TPC clients and 40 continuing clients.

Outcome 1 result: 273 TPCs and 60 continuing clients.

Outcome 2 target: Eligible clients require various services, including applications for Medicaid, Medicare, SNAP, and hospital financial assistance, along with healthcare navigation support for accessing behavioral health, oral health, vision, and medical care.

Outcome 2 result: All TPC benefit applications were approved, and approximately 91% of clients seeking access to care or healthcare navigation services received the necessary assistance. The remaining 9% did not follow through for various reasons, preventing them from accessing requested services like mental health counseling or substance use treatment.

Outcome 3 target: Estimated most clients would apply for 2 programs, which may include Medicaid, SNAP, Medicare or related, hospital financial assistance, prescription assistance, and affordable dental or vision care.

Outcome 3 result: Average 3.7 applications per client, with many requiring 3 or more simultaneously.

Champaign County Health Care Consumers

Disability Application Services \$105,000

Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for and appealing adverse decisions; coordinating with attorney if an appeal is needed; emotional/psychological support for individuals applying. The decision to apply for disability and the process of doing so can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services include helping clients to access health services to document their disabling conditions.

Utilization targets: 69 TPC, 8 NTPC, 700 SC, 5 CSE, 12 Other (Rx fund)

Utilization result: 139 TPC, 21 NTPC, 1460 SC, 21 CSE, 49 Other (Rx fund)

Outcome 1 target: 42 new clients and 27 continuing clients.

Outcome 1 result: 139 total (17 Continuing) clients.

Outcome 2 target: 2 new clients every month to start new applications.

Outcome 2 result: 9 new clients per month.

Outcome 3 target: Anticipated that many clients would need help with additional services and applications, such as Medicaid and SNAP.

Outcome 3 result: Clients receive assistance with various applications, including Medicaid and SNAP, in addition to their disability applications. The Disability Application Specialist also aids in housing navigation.

***Champaign County Regional Planning Commission – Community Services
Homeless Services System Coordination \$54,281***

Supports, facilitates, and directs the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeless; supports the body's mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinates efforts across the CoC membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and builds and maintains collaborative partnerships with members and affiliates, working closely with the Executive Committee.

Utilization targets: 10 TPC, 45 NTPC, 60 SC, 30 CSE

Utilization result: 23 TPC, 30 NTPC, 205 SC, 29 CSE

Outcome 1 target: The IL-503 CSPH will replace the VI-SPDAT as the assessment tool utilized for the Coordinated Entry System.

Outcome 1 result: The Place Value or the Matching to Appropriate Placement (MAP) assessment tool replaced the VI-SPDAT.

Outcome 2 target: Next Steps of the Racial Equity Assessment will be conducted within CSPH.

Outcome 2 result: The CoC Coordinator presented data on the race and ethnicity breakdown of clients served in recent individual HMIS reporting projects to the CSPH Executive Committee. A Racial Equity Committee was established within the CSPH.

Outcome 3 target: The CSPH will receive ongoing feedback and recommendations from people with lived experience of homelessness.

Outcome 3 result: The CSPH hosted a focus group with Strides Shelter guests and a focus group with just the women staying at Strides Shelter. Additionally, as of December 2024, the two seats on the CSPH Executive Committee for individuals with lived experience of homelessness have been filled. In March 2025, the CSPH formed a standing committee for people with lived experience of homelessness which meets monthly.

***Community Service Center of Northern Champaign County
Resource Connection \$68,609***

A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other resources. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households.

Utilization targets: 1500 NTPC, 3700 SC, 900 Other (contacts with other agencies using CSCNCC as a satellite site), 0 CSE

Utilization result: 1460 NTPC, 5598 SC, 933 Other, 2 CSE

Outcome 1 target: Better access to mental health/other social services.

Outcome 1 result: 61.5% of respondents used multiple services from the program or other agencies in the CSCNCC facility.

Outcome 2 target: Immediate assistance with emergency food, clothing referral, prescription assistance, and utility assistance.

Outcome 2 result: # households and individuals linked to immediate agency services is documented (but not reported in POR.)

Outcome 3 target: Improved linkage and access to a variety of social services in one location.

Outcome 3 result: Linkage data can be obtained by requesting from agencies (not reported in POR). Over 15 agencies currently see clients at the facility.

Outcome 4 target: Decreased food insecurity.

Outcome 4 result: 61.5% of respondents surveyed utilize multiple services, with a noted increase in food pantry usage.

Outcome 5 target: Increased psychological well-being.

Outcome 5 result: In the annual survey, the Person Well-Being Index – Adult, known for its reliability and validity, was used to measure well-being. Clients provided data resulting in a PWI score of 69.8, a 4% increase from the previous year, indicating very normal levels of subjective well-being.

Outcome 6 target: Perceived cultural competency of staff.

Outcome 6 result: The Iowa Cultural Understanding Assessment indicated a cultural competency score of 4.17 for PY25, reflecting a very high level of staff cultural competency on a scale of 1-5.

Outcome 7 target: Satisfaction with services.

Outcome 7 result: Client satisfaction score for services is 4.7 on a 1-5 scale, indicating high satisfaction.

Cunningham Children's Home

ECHO Housing and Employment Support \$203,710

Housing First Approach: prioritized permanent housing as a platform from which participants can pursue goals and improve quality of life. Customized Employment: connects eligible participants with Illinois workNet as an approach towards competitive employment for individuals with significant disabilities; program based on determination of individuals' strengths, needs, and interests. Case management: assists participants in applying for eligible benefits.

Utilization targets: 20 TPC, 15 NTPC, 510 SC, 25 CSE

Utilization result: 29 TPC, 8 NTPC, 1053 SC, 89 CSE, 1 Other

Outcome 1 target: At least 75% of people will obtain permanent housing within 120 days of assessment.

Outcome 1 result: 80% (24 of 30) secured permanent housing, with 92% (22 of 24) achieving this within 120 days of program enrollment.

Outcome 2 target: At least 80% of participants who obtain permanent housing will maintain this housing for more than 90 days.

Outcome 2 result: 100% (23 of 23) who secured permanent housing and stayed in the program for over 90 days maintained their housing for 90 days.

Outcome 3 target: At least 70% of individuals will obtain employment within 90 days of assessment and/or will have secured applicable social security benefits prior to discharge.

Outcome 3 result: 83% (25 of 30) achieved employment (n = 15) and/or received social security benefits (n = 10).

Outcome 4 target: At least 80% of clients receiving both pre- and post- life skills assessment will show improvement in life skill mastery.

Outcome 4 result:

4 of 9 (44%) increased life skills as measured by the assessment tool

2 of 9 (22%) had the maximum score at both pre- and post-measure (no improvement possible)

1 of 9 (11%) clients had no change between admission and discharge (pre-test score was 99%)

2 of 9 (22%) clients decreased in score between admission and discharge. Both had the maximum score at admission and lower score at discharge.

Family Service of Champaign County
Counseling \$30,000

Affordable, accessible counseling services to families, couples and people of all ages. Serves Drug Court clients and participates in Specialty Courts collaboration. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anger management, anxiety, abuse, substance abuse/dependency, and trauma. Strength-based, client-driven services utilize family and other natural support systems and are respectful of the client's values, beliefs, traditions, customs, and personal preferences. Clients can be as young as 5.

Utilization targets: 40 TPC, 20 NTPC

Utilization result: 15 TPC, 28 NTPC

Outcome 1 target: Individuals receiving services will report improvement in four areas of functioning: individual, relational, social and overall.

Outcome 1 result: 100% of treatment plan clients who completed both an initial and follow-up ORS score demonstrated improvement; 5 clients achieved a benchmark score of 35-40; 3 clients were minors, and one had dementia, thus were not surveyed for the ORS.

Outcome 2 target: Individuals who have a treatment plan will meet the treatment goals that they established with their therapist.

Outcome 2 result: 17% of closed TPCs met their goals, 80% made progress, and 3% made no progress. For open cases, 100% made progress on their goals. Three clients will have a treatment plan review in the first quarter of FY26 (therefore no data on them for the POR).

Outcome 3 target: Individuals who have a treatment plan will have improvement in their functioning over the course of treatment.

Outcome 3 result: GAF and WHODAS scores for treatment plan clients: 76% increased their GAF or WHODAS scores. 24% saw no improvement in the score.

Outcome 4 target: Drug Court clients will complete a relationship assessment with the therapist. The therapist will make recommendations for additional services if appropriate.

Outcome 4 result: 100% of Drug Court clients who called to schedule an appointment for a Relationship Assessment completed their appointment.

Family Service of Champaign County
Self-Help Center \$28,930

Self-Help Center maintains and publishes information about and referral to local support groups. Provides information about local self-help groups and provides training, assistance, and publicity for group facilitators in Champaign County. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials.

Utilization target: 300 CSE

Utilization result: 259 CSE

Outcome 1 target: Through the Self-Help Center, individuals and families will be made aware of self-help groups and provided information and/or referral to a group(s) appropriate to their needs (when one is available).

Outcome 1 result: Staff engaged in 5 community fairs, recorded information on over 200 support groups, distributed 90 printed directories, addressed 32 information and referral calls, achieved 3653 website views, responded to 691 email contacts, distributed 3 editions of the newsletter.

Outcome 2 target: Through the Self-Help Center, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups (through consultation services, trainings, and additional resources) and group visibility will increase.

Outcome 2 result: Staff met with potential members for a new support group, but the effort did not proceed. New books were added to the SHC library, and four workshops were conducted: one in the fall on leadership for support group leaders, which received a perfect score from eight participants, and three in partnership with Champaign Public Health District focusing on women's wellness, garnering positive feedback. The planned conference, "Living Beyond Covid: Building Better Communities Together," scheduled for May 8 with Dr. Kevin Tan as keynote speaker, was cancelled due to insufficient sign-ups.

Outcome 3 target: Professionals will be able to use the Self-Help Center to find self-help groups for client referrals and learn effective collaboration methods with these groups. This includes distributing printed Support Group Directories, Specialized Lists, quarterly newsletters, and website information to group leaders and professionals.

Outcome 3 result: 90 support group directories were distributed in Champaign County, with at least 32 callers and 691 emailers receiving information on self-help groups and SHC activities. Specialized lists are available in the lobby and at health fairs attended by Family Service.

Outcome 4 target: The SHC coordinator will monitor and track the existence of the support groups in Champaign County to better know and understand the demographics of the groups and maintain relationships with group leaders.

Outcome 4 result: A survey was conducted among self-help and support group leaders, resulting in three responses after multiple outreach attempts. Key findings indicated that all groups were peer-led, with no professional involvement, and topics included Substance Use Disorder, Co-dependency, and Depression and Bi-polar disorder. Group sizes ranged from 8 to 15 attendees. Common challenges included limited visibility, low attendance, resource constraints, and leadership fatigue. The groups expressed a desire for continued access to directories and workshops and suggested increased promotion for support groups via platforms like WCIA and Facebook.

Family Service of Champaign County **Senior Counseling & Advocacy \$178,386**

Caseworkers assist with needs and challenges faced by seniors (60 or older) with multiple needs in terms of their emotional and/or physical health, as well as their requesting assistance in completing numerous applications and contacts with various safety net programs and service providers. Services are provided over the phone, Zoom, in the home, or in the community.

Utilization targets: 325 TPC, 700 NTPC, 2900 SC, 4 CSE, 2500 Other

Utilization result: 179 TPC, 592 NTPC, 3392 SC, 19 CSE, 323 Other

Outcome 1 target: People will be referred to needed services for anxiety, depression, and/or social isolation.

Outcome 1 result: Case managers, now Aging Services Navigators, assess clients for anxiety, loneliness, and other mental health issues. They may refer clients to PEARLS for coaching aimed at reinvigorating seniors or enroll them in Creativity on Wheels (COW), which delivers art supplies bimonthly. COW includes follow-up calls to discuss activities and monitor loneliness. This program complements the Friendly Caller initiative, providing regular social contact. Seniors are encouraged to participate in activities at the new Stevick Senior Center, which offers options such as BINGO, card games, and crafting groups.

Outcome 2 target: People will have reduced anxiety, depression, and social isolation scores.

Outcome 2 result: 9-month UCLA score reduction from Pre-Test was 6.00 to 4.00.

Outcome 3 target: PEARLS clients will have reduced PHQ-9 scores.

Outcome 3 result: 100% of PEARLS clients assessed using the PHQ-9 show improvements in scores. The program is prioritized for growth due to positive feedback about its curriculum, particularly regarding PHQ-9 advancements. However, Family Service faces challenges in

encouraging potential participants. Joy Jones is now responsible for promoting and enrolling individuals in PEARLS to enhance awareness and access to this effective resource for seniors.

Outcome 4 target: People beginning Healthy-Aging classes will complete the series.

Outcome 4 result: During FY2025, 56 clients completed Healthy-Aging classes, while 19 more started a class set for completion in Q1 of FY2026.

GCAP

Advocacy, Care, and Education (New) \$61,566

Addresses existing gaps in care for people living with HIV/AIDS (PLWHA)... holistic support, empowering individuals through: Independent Living Skills (education on life skills, budgeting, managing finances, and building self-reliance); Transportation Assistance (access to essential services, appointments, and opportunities); and Social Connection & Belonging (access to community activities, learning, and peer support). People to be served are those in GCAP transitional or emergency/rapid rehousing units, those who are unsheltered or at risk of becoming unsheltered and interested in GCAP housing or supportive services, and those receiving emergency assistance.

Utilization targets: 8 CSE, 20 SC, 60 NTPC, 10 TPC, 0 Other (hours of assistance)

Utilization result: 13 CSE, 40 SC, 96 NTPC, 19 TPC, 72 Other

Outcome 1-1 target: 90% of clients will score 25% or higher than their score upon intake on the Rosenberg Self-Esteem Scale (RSES) at discharge.

Outcome 1-1 result: 100% of participants scored 25% or higher on the RSES at discharge. 94% of clients scored 25% or higher on the RSES at end of Q4

Outcome 1-2 target: The average client score on the Self-Sufficiency Matrix (SSM) at discharge will be 15 or higher (scale 0-30).

Outcome 1-2 result: The average SSM score at discharge was 18.

Outcome 1-3 target: Upon discharge, clients will have average score of +0.5 or higher on GAS.

Outcome 1-3 result: Clients discharged from the program in FY25 had an average of +1 across all domains.

Outcome 2-1 target: 90% of clients will score 25% or higher than their score upon intake on the Rosenberg Self-Esteem Scale (RSES) at discharge.

Outcome 2-1 result: 100% of participants scored 25% or higher on the RSES at discharge. 94% of clients scored 25% or higher on the RSES at end of Q4.

Outcome 2-2 target: 90% of clients will score 25% or higher than their score upon intake on the Multidimensional Scale of Perceived Social Support (MSPSS) at discharge.

Outcome 2-2 result: 94% of participants scored 25% or higher on the MSPSS.

Outcome 2-3 target: The average total score on the Multidimensional Scale of Perceived Social Support (MSPSS) at discharge will be 15 or higher. 15 is chosen as scores 15-25 are considered to be within normal range.

Outcome 2-3 result: The average MSPSS score was 20.

Outcome 3-1 target: 90% of clients will score 25% or higher than their score upon intake on the Rosenberg Self-Esteem Scale (RSES) at discharge.

Outcome 3-1 result: 100% of participants scored 25% or higher on the RSES at discharge.

Outcome 3-2 target: the average participant score on the Self-Sufficiency Matrix (SSM) at discharge will be 15 or higher (scale 0-30).

Outcome 3-2 result: The average SSM score at discharge was 18.

Outcome 4-1 target: 90% of clients will report a reduction in barriers related to access to nutrition support, healthcare, and medication within the first 90 days of the program.

Outcome 4-1 result: 100% of clients reported significant reductions in barriers related to access to nutrition support, healthcare, and medication within the first 90 days of the program.

Outcome 4-2 target: 90% of clients that identified as having a significant barrier (e.g., lack of transportation, childcare, insurance coverage) will report that this barrier has been fully or partially resolved at the point of discharge.

Outcome 4-2 result: 100% of participants reported a reduction in barriers upon discharge. However, only 60% reported full reduction of barriers.

Outcome 5-1 target: 100% of clients will meet with their case manager to complete a motivational interviewing assessment to define goals, goal readiness, goal importance, and to create a goal achievement plan.

Outcome 5-1 result: 100% completed the motivational interviewing assessment and were involved in creation of their goal achievement plan.

Outcome 5-2 target: The average Goal Achievement Scaling (GAS) score across all participants at discharge will be +0.5 or higher.

Outcome 5-2 result: Clients who were discharged from the program in FY25 had an average of +1 across all domains.

GROW in Illinois

Peer Support \$157,690

A peer support group assisting with personal recovery and mental health of individual sufferers which may include addictions. Through leadership and community building, individuals attending weekly group meetings are given the tools and support to help them in their recovery and personal growth. Weekly group meetings / Organizer and Recorder meetings, Leaders meetings, and monthly socials. Groups (3 to 15 members) include in-person as well as virtual sessions for men and for women, and are held in various locations around the County, including the Champaign County Jail.

Utilization targets: 150 NTPC, 2000 SC, 24 CSE

Utilization result: 332 NTPC, 2511 SC, 25 CSE

Outcome 1 target: Decreased hospitalization frequency (from participant survey).

Outcome 1 result: 52% of surveyed individuals had not been hospitalized, while 8.7% were hospitalized twice, and 13% once. Additionally, 24 individuals reported never being hospitalized in their lifetime, 1 had over 10 hospitalizations, and 6 had been hospitalized once. 26 had a diagnosis of some mental illness.

Outcome 2 target: Decreased medication (from participant survey).

Outcome 2 result: 37% were not on any medication, while 30% were on 2 or 3. Additionally, 17% collaborated with their doctor to decrease their medication.

Outcome 3 target: Increased use of social resources (from participant survey).

Outcome 3 result: 31 individuals reported an increased knowledge of social resources according to the survey.

Outcome 4 target: Increased personal growth (from participant survey).

Outcome 4 result: 21 individuals strongly agreed that there was an increase in personal growth, 11 agreed, and 6 more both agreed and disagreed.

Outcome 5 target: Increased wellbeing (from NIH toolbox Emotional support participant survey).

Outcome 5 result: 38 individuals are very satisfied with the help received from GROW friendship; 31 individuals report an increased sense of wellbeing; 4 report most of the time.

Outcome 6 target: Increased number of participants in leadership roles (from participant survey and internal reports).

Outcome 6 result: 54.3% of participants were not involved in any leadership role, while 45% had taken on such positions. Additionally, there were 299 instances of duplicated attendance for three hours each, totaling 3,112 hours dedicated to support activities, including GROW groups, Organizers and Recorders Meetings, Leaders' meetings, and social events, all of which require leadership for organization and planning.

Outcome 7 target: Satisfaction with GROW program (from participant survey).

Outcome 7 result: 65.2% of participants were very satisfied with the program, 28.3% were satisfied, and 4.3% were indifferent. Additionally, 45 individuals felt that GROW aided their recovery from mental illness, while 41 developed personal resources, 38 noted improvements in personal growth and maturity, and 35 reported better relationships and friendships.

Promise Healthcare

Mental Health Services with Promise \$330,000

Mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive MH treatment through counselor, psychiatrist, or primary care provider. Counseling and psychiatry available at Frances Nelson, Promise Healthcare, Promise Urbana School Health Center, and by appointment.

Counseling Utilization targets: 600 TPC, 400 NTPC, 2800 SC, 4 CSE, 50 Other (patients with no other pay source)

Counseling Utilization result: 806 TPC, 1029 NTPC, 3226 SC, 265 Other (patients with no other pay source)

Psychiatric Utilization targets: 1000 TPC, 900 NTPC (receiving psych meds through primary care), 3200 SC (psychiatric service encounters), 2 CSE, 100 Other (patients with no other pay source)

Psychiatric Utilization result: 2615 TPC, 4218 NTPC (receiving psych meds through primary care), 9446 (psychiatric service encounters), 4 CSE (CI Living presentations), 545 Other (patients with no other pay source)

Outcome 1a target: Serve 1,000 TPC and NTPCs with Counseling services.

Outcome 1a result: 904

Outcome 1ai target: Serve 1,900 TPC and NTPCs with Psychiatry services.

Outcome 1ai result: 2,011

Outcome 2a target: Conduct 2 CSEs on psychiatric topics.

Outcome 2a result: 0

Outcome 2ai target: Conduct 4 CSEs on mental health issues.

Outcome 2ai result: 22

Outcome 3a target: 2,800 total encounters to low-income patients in need of counseling services.

Outcome 3a result: 3,246

Outcome 3ai target: 3,200 total encounters to low-income patients with psychiatric needs.

Outcome 3ai result: 9,722

Promise Healthcare

Promise Healthcare Wellness \$107,078

Case Managers and Community Health Workers assist patients to address barriers to care, access to transportation, Medicaid and Marketplace insurance enrollment, Promise Sliding Fee Scale enrollment, SNAP enrollment, and enrollment in Medication Assistance Programs. Accepts outside referrals for behavioral health services and enabling services. Staff assess patient need for enabling services and assist individuals in accessing behavioral health services.

Utilization targets: 200 TPC, 400 NTPC, 1600 SC, 15 CSE, 150 Other (Utilizing a Social Determinant of Health screening tool - PRAPARE).

Utilization result: 410 TPC, 1,807 NTPC, 2,563 SC, 40 CSE, 924 Other

Outcome 1 target: Assist a minimum of 1,600 patients with linkages to social services (transportation, health insurance enrollment, employment, housing, food, etc.) to remove barriers to healthcare services and treatment plans.

Outcome 1 result: 1906 patients

Outcome 2 target: Maintain a robust referral system with 35+ community partner organizations who provide at least 1,100 referrals from outside entities to Promise Healthcare to accept low-income patients in need of psychiatric, mental health, and case management services.

Outcome 2 result: 1853 referrals.

Outcome 3 target: Conduct a minimum of 150 patient assessments utilizing a Social Determinant of Health screening tool (PRAPARE).

Outcome 3 result: 106 patient assessments.

Rosecrance Central Illinois

Benefits Case Management \$84,625

Benefits Case Manager assists clients with benefits enrollment, outreach and education, benefits counseling, and assistance with obtaining myriad resources available to behavioral health clients. Helps clients obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. May assist clients with access to housing, employment, healthy food, and other resources.

Utilization targets: 600 SC, 250 NTPC

Utilization result: 521 SC, 167 NTPC

Outcome 1 target: 100% of those seeking information, assistance with applications, or referral will receive an appointment for services.

Outcome 1 result: 100% of those seeking an appointment received an appointment for services.

Outcome 2 target: Clients seeking services will be offered an appointment within 5 business days of referral, call, or walk-in.

Outcome 2 result: 83% provided with a service with the Benefits Case Manager within 5 days.

Outcome 3 target: 100% of eligible clients will be assisted with benefits acquisition.

Outcome 3 result: 100% of clients who attended scheduled appointment with Benefits Case Manager received assistance.

Outcome 4 target: 600 contacts to assist clients with benefits acquisition will be completed annually.

Outcome 4 result: 521 contacts to assist clients.

Rosecrance Central Illinois

Recovery Home \$100,000

An alcohol and drug-free environment that provides individuals a safe, supportive living environment. Individuals go through a peer support recovery program while developing independent living skills in a community setting. Staff assist clients in addressing “problems in living” and the social determinants of health. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports.

Utilization targets: 22 TPC, 65 SC

Utilization result: 14 TPC, 53 SC

Outcome 1 target: Successful linkage to items in individualized plan such as: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services; engagement in 12-step support groups.

Outcome 1 result: 100% of participants were linked with at least one resource identified on their individual service plans while in the program.

Outcome 2 target: Step down to less intensive services.

Outcome 2 result: 73% of clients stepped down to less intensive services.

Outcome 3 target: Secured housing.

Outcome 3 result: 44% were able to secure stable housing at time of discharge.

Outcome 4 target: Secured employment or engagement in education program.

Outcome 4 result: 74% were employed or enrolled in an education program while in the recovery home.

Terrapin Station Sober Living, Inc.

Recovery Home \$44,436 (Contract cancelled after 2nd Quarter)

Equitable housing for dual diagnosis persons in recovery from drug addiction, homelessness, and the justice system, in a manner that is forward-thinking and original. Intensive individualized case management; support for activities of daily living and relapse prevention skills; access to vocational/educational programs; assistance linking to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety-based/mental health support groups, recreational activities, transportation services, and provision of service work/volunteer/work opportunities.

Utilization targets: 9 NTPC

Utilization result: 5 NTPC

Outcome 1 target: Participants will experience decreased likelihood of relapse, homelessness, and recidivism and will gradually adjust to community living while increasing sustainability of recovery supports.

Outcome 1 result: Data not reported due to shortened contract period and loss of the program's director and founder.

In memory of Terrapin's Founder, Nelson K. Novak, who leveraged his own creativity, genius, and recovery to support others.

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**PY2026 2nd Quarter Program Service Reports
for Programs Funded by the
Champaign County Mental Health Board**

CCCAC – Champaign County Children’s Advocacy Center

PY26 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	0 CSEs	71 SCs	17 NTPCs	130 TPCs
2nd Quarter	2 CSEs	15 SCs	5 NTPCs	35 TPCs
Total	2 CSEs	86 SCs	22 NTPCs	165 TPCs
<i>Annual Target</i>	<i>8 CSEs</i>	<i>170 SCs</i>	<i>40 NTPCs</i>	<i>130 TPCs</i>
Percent Met	25%	51%	55%	127%

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 Svcs

PY26 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	2 CSEs	284.5 SCs	77 NTPCs	60 TPCs
2nd Quarter	2 CSEs	383.25 SCs	39 NTPCs	30 TPCs
Total	4 CSEs	667.75 SCs	116 NTPCs	90 TPCs
<i>Annual Target</i>	<i>5 CSEs</i>	<i>3000 SCs</i>	<i>380 NTPCs</i>	<i>100 TPCs</i>
Percent Met	80%	22%	31%	90%
				25%

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)

Campaign County Christian Health Center- Mental Health Program

PY26 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 st Quarter	10 CSEs	10 SCs	483 NTPCs	74 TPCs	5 Other
2nd Quarter	8 CSEs	20 SCs	375 NTPCs	29 TPCs	7 Other
Total	18 CSEs	30 SCs	858 NTPCs	103 TPCs	12 Other
<i>Annual Target</i>	<i>16 CSEs</i>	<i>500 SCs</i>	<i>500 NTPCs</i>	<i>200 TPCs</i>	<i>100 Other</i>
Percent Met	112%	6%	172%	52%	12%

Agency Comments:

Our outreach efforts continue to be strong through conducting and/or participating in 8 events in the quarter, impacting 375 people. The 29 treatment clients are strictly those receiving mental health care from Carle's psychiatric residency program and art therapy. There are more overall patients.

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 Q2 Program Activity Report

Quarterly Data:						
Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other	
1 st Quarter	6 CSEs	387 SCs	4 NTPCs	92 TPCs	12 Other	
2nd Quarter	9 CSEs	638 SCs	8 NTPCs	81 TPCs	10 Other	
Total	15 CSEs	1025 SCs	12 NTPCs	173 TPCs	22 Other	
Annual Target	10 CSEs	920 SCs	10 NTPCs	165 TPCs	18 Other	
Percent Met	150%	111%	120%	105%	122%	

Agency Comments:

This quarter was busy with Open Enrollment and the government shut down affecting SNAP benefits. Many of our clients had lots of questions about the failure of Congress to renew the Enhanced Premium Tax Credits for Marketplace plans. Amazingly, we were able to help some of our clients enroll in very affordable Gold plans that ended up being less than \$20 a month, depending on the client's income. We also fielded a lot of calls about the departure and ending of Health Alliance, which caused a great deal of chaos as many people - both through the Marketplace and Medicare Advantage plans - were being forced to choose a new plan for the first time. You can see the spike in our SSCs, compared to the previous quarter, as a result of these changes and the anxiety and frustration these caused.

The 10 under Other were for a variety of services, including help with free phones, prescriptions, and durable medical equipment.

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.)

Campaign County Health Care Consumers-Disability Application Svcs

PY26 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 st Quarter	8 CSEs	344 SCs	2 NTPCs	41 TPCs	41 Other
2nd Quarter	7 CSEs	761 SCs	2 NTPCs	81 TPCs	27 Other
Total	15 CSEs	1105 SCs	4 NTPCs	122 TPCs	68 Other
<i>Annual Target</i>	<i>5 CSEs</i>	<i>700 SCs</i>	<i>8 NTPCs</i>	<i>69 TPCs</i>	<i>12 Other</i>
Percent Met	300%	158%	50%	177%	567%

Agency Comments:

Our Disability Application Services Program is completely overwhelmed with referrals. The word is out that we help with this, and now we have word of mouth referrals, and referrals from numerous agencies in our community, including the Township Offices. This past quarter, we have had 12 new approvals for disability benefits among our clients. The amount of new total monthly income that this represents (from the clients who choose to share this information with us) is over \$14,700 per month; and the lump sum backpay total amount from those who choose to share that information with us is over \$56,000. Our work is bringing money back to these individuals and households and helping our local economy because these clients typically spend their income locally, catching up on unmet needs.

These client cases are the most intensive cases that CCHCC works on, because the needs are so great. Many of our disability clients are homeless or on the verge of homelessness, and are in need of all kinds of support, including Medicaid, SNAP, rental assistance, Township assistance, etc. The 27 under Other are those who required Township assistance or rental assistance. The vast majority of these clients are individuals with both behavioral health and physical health disabling conditions. When we do the applications for these clients, we apply them on the basis of which of their conditions are best documented as a result of them seeking that type of health care. For some, we apply them for disability on the basis of both behavioral and physical health conditions, but for others, we

might have to apply them for physical health conditions, even though they also have behavioral health conditions that are being untreated. In the process of working with them on these applications, we often establish enough trust that we can then help them seek care for their behavioral health conditions.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 st Quarter	5 CSEs	56 SCs	1 NTPCs	39 TPCs	3 Other
2nd Quarter	7 CSEs	61 SCs	2 NTPCs	31 TPCs	3 Other
Total	12 CSEs	117 SCs	3 NTPCs	70 TPCs	6 Other
<i>Annual Target</i>	<i>10 CSEs</i>	<i>230 SCs</i>	<i>25 NTPCs</i>	<i>110 TPCs</i>	<i>25 Other</i>
Percent Met	120%	51%	12%	64%	24%

Agency Comments:

Most of our Justice involved clients this quarter were individuals who needed help with their Medicaid applications, and who were inquiring about admittance to Rosecrance for in-patient substance abuse treatment. A few required help with SNAP, but are concerned about the upcoming work requirements, which they might not be able to meet. The majority of referrals within the jail are coming from jail staff, or self-referral after word of mouth about our services. We continue to serve a higher number of women than in years past, as a result of the Pregnancy and Parenting class that Paulette and Claudia are teaching in the jail, which helps to connect the women to our services. Also, our jail-based clients frequently ask us to help their family members in the community, so we get referrals to help others that way.

The 3 under other are for miscellaneous services or inquiries, including about housing, utility assistance, etc.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	Other
1 st Quarter	1 CSEs	790 SCs	1149 NTPCs	3 Other
2nd Quarter	1 CSEs	910 SCs	246 NTPCs	156 Other
Total	2 CSEs	1700 SCs	1395 NTPCs	159 Other
Annual Target	0 CSEs	3100 SCs	1500 NTPCs	900 Other
Percent Met	200%	55%	93%	18%

Agency Comments:

Our CSE this quarter was our participation in the Rantoul Recreation Department's Halloween Event, where we passed out agency information flyers and answered questions to over 800 people in attendance. Our Service Contacts are up 15% from the first quarter, which is most likely due to people requesting information and referrals due to the federal governmental changes in SNAP and other services. Our NTPC numbers are up 21% over first quarter again, probably due to the federal governmental changes and people needing additional services, and continuing economic inflationary conditions. The Other category is comprised of area agencies that see clients onsite at our agency and is down quite significantly from the first quarter. This is due to area agency staffing issues and the holidays. With the addition of CCRPC's LIHEAP program seeing clients onsite again starting at the end of this January, we expect these numbers to increase significantly. 77 of the "Other" agency numbers include CCMHB funded programs.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	189 CSEs	89 SCs	4 NTPCs	77 TPCs
2nd Quarter	230 CSEs	114 SCs	11 NTPCs	34 TPCs
Total	419 CSEs	203 SCs	15 NTPCs	111TPCs
<i>Annual Target</i>	<i>200 CSEs</i>	<i>750 SCs</i>	<i>150 NTPCs</i>	<i>600 TPCs</i>
Percent Met	209%	27%	10%	18%

Agency Comments:

44 clients received 138 hours of counseling services in Q2.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 st Quarter	15 CSEs	48 SCs	20 NTPCs	9 TPCs	158 Other
2nd Quarter	12 CSEs	89 SCs	6 NTPCs	3 TPCs	354 Other
Total	27 CSEs	137 SCs	26 NTPCs	12 TPCs	512 Other
<i>Annual Target</i>	<i>75 CSEs</i>	<i>265 SCs</i>	<i>49 NTPCs</i>	<i>21 TPCs</i>	<i>485 Other</i>
Percent Met	36%	51%	53%	57%	105%

Agency Comments:

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

Challenges: Some challenges that have been experienced by our Family Specialists include parents' ability to remain focused on curriculum topics while also navigating complex stressors. While our Family Specialists meet them where they're at in the moment, it can be hard to help moms recognize how the topics of the curriculum sessions can help them with the stressors they are experiencing. On top of those complex stressors, most are also navigating being mothers for the first time and the trials that come along with that. This also intensifies symptoms related to their depression and/or anxiety which in turn impacts their ability to

engage or even make their visits. Our Family Specialists validate those feelings while also providing education surrounding their parenting challenges, so they are not alone in those feelings.

Family Specialist, Teoko Pearson, provides her testimony on her work with a mother who was hesitant to be open about her PPD and the skills she used to help mom feel safe and build rapport: I have been working with a mom who was struggling with postpartum depression in the beginning of us working together and trying to build a relationship with his mom was a bit challenging as she was a little hesitant to open up with me. When I would ask her how things were going, she would be very brief in her response. Over time, I would meet mom where she was at and let her lead the visits so she could start to feel comfortable with me. Mom slowly started to discuss more and more about what she was feeling and even stated that she often struggles with regulating her emotions because she felt that no one could relate to her. I started to incorporate the Mothers and Babies curriculum with her, focusing on self-care and overall well-being. She said that she has enjoys having the worksheets because they help her to focus on the topics and learn more about what she is experiencing and how to manage it. When talking about pleasant activities and support systems, mom stated that “it’s nice to think about things I like to do with my friends because I haven’t hung out with them in so long.” Mom and I talked about ways she might try to commit to doing at least one of the things on her activity list, once per week. Now over time we have built a positive and trusting relationship, so mom feels open to sharing her parenting experiences and is open about how she feels. Mom stated that she now feels like she has a positive outlet after going through a few visits and being transparent about her feelings.

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

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.)

Cunningham Children's Home— ECHO Housing and Employment Support

PY26 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	6 CSEs	188 SCs	0 NTPCs	3 TPCs
2nd Quarter	16 CSEs	182 SCs	20 NTPCs	1TPCs
Total	22 CSEs	370 SCs	20 NTPCs	4 TPCs
Annual Target	25 CSEs	510 SCs	15 NTPCs	20 TPCs
Percent Met	88%	72%	133%	20%

Agency Comments:

Twenty (20) clients received services in the ECHO program during the second quarter of FY26. There were 17 continuing TPCs, 1 new TPC, 1 new NTPC and 1 continuing NTPC (who was discharged as NTPC during 2nd quarter).

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 19 NTPCs who contacted the agency to inquire about available services. One NTPC received emergency shelter services for 2 nights.

There was a total of 27 inquiry contacts from 27 unique individuals (many of whom were counted as NTPC clients 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. One inquiry from the 1st quarter and one inquiry from the 2nd quarter were enrolled as new ECHO clients during the 2nd quarter. There were a total of 155 TPC contacts (and an additional 27 attempted contacts). The target number of service contacts for the year is 510. We are currently on target to exceed the FY26 target.

A total of 182 service contacts is comprised of 155 TPC contacts + 27 NTPC (inquiry) contacts.

Two clients were discharged from the ECHO program this quarter. One client was discharged after securing permanent housing and was employed full-time. One client discharged after relocating out of state to reside with family.

The ECHO program team made contact with 16 agencies and groups to provide information about the ECHO program. Agencies/groups included the Urbana Police Department, Champaign County Probation, several landlords/rental companies, schools, CASA, Daily Bread, etc.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	2 CSEs	207 SCs	32 NTPCs	14 TPCs
2nd Quarter	3 CSEs	214 SCs	5 NTPCs	9 TPCs
Total	5 CSEs	421 SCs	37 NTPCs	23 TPCs
<i>Annual Target</i>	<i>10 CSEs</i>	<i>1935 SCs</i>	<i>75 NTPCs</i>	<i>40 TPCs</i>
Percent Met	50%	22%	49%	58%

Agency Comments:

We served a total of 37 clients during the 2nd quarter of FY26 (19 TPC and 18 NTPC as detailed in this narrative). TPC: Ten(10) clients were continuing TPC and nine (9) clients were new TPC. We have served a total of 23 TPC clients in FY26 and are on target to meet our 2-year grant goal of 40 (We have served 32 TPC clients during the first 18 months). Three TPC clients were discharged this quarter with the following dispositions: 1 youth closed after a brief admission (less than 30 days) as he expressed services were too intensive for his current life circumstances, 1 youth closed due to lack of engagement and 1 youth closed due to aging out (age 18 - was working and attending school at time of closure).

NTPC: Five (5) new NTPC clients received through groups offered at the Juvenile Detention Center (JDC) during the 2nd quarter. A total of 6 groups were offered at the JDC and a total of 18 unique youth participated in group sessions (13 NTPC youth had participated in groups during the previous quarter). Thirty-seven NTPC clients have been served through 12/31/25 and we are on target to meet annual goal of 75.

We completed a total of 166 service contacts with TPC clients. An additional 45 contacts were attempted with TPC clients and/or caregivers. The quarterly target of 90 contacts was exceeded. Forty-eight (48) NTPC contacts were completed in the 2nd quarter which is well below expectation of 395. With 157 NTPC contacts during the first 6 months of FY26, we are at approximately 10% of the annual target of 1575.

There were three (3) Community Service Events during the second quarter of FY26. These events involved presentations to the Social Work Department at Urbana School District, the LIFT program through Champaign Schools Unit 4 and the Rantoul Rotary Club.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	TPCs
1 st Quarter	5 CSEs	51 SCs	954 TPCs
2nd Quarter	4 CSEs	49 SCs	65 NTPCs
Total	9 CSEs	100 SCs	1019 TPCs
<i>Annual Target</i>	<i>15 CSEs</i>	<i>200 SCs</i>	<i>655 TPCs</i>
Percent Met	60%	50%	156%

Agency Comments:

Family Development staff participated in four community outreach events this quarter, including the disABILITY Expo, a pop-up event at Soccer Planet, Tree of Hope, and the Parent Talk Support Groups with Urbana Early Childhood. Weekly playgroups continued at both Salt & Light and through our partnership with The Autism Project (TAP). Developmental screenings were offered at local daycare centers, in center at DSC, and in family homes.

Three screenings were completed in which families chose not to provide an address; as a result, these screenings are not reflected in the DDB claim system or in the quarterly screening contact data.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	17 CSEs	98 SCs	15 NTPCs	11 TPCs
2nd Quarter	21 CSEs	169 SCs	16 NTPCs	12 TPCs
Total	38 CSEs	267 SCs	31 NTPCs	23 TPCs
<i>Annual Target</i>	<i>48 CSEs</i>	<i>480 SCs</i>	<i>20 NTPCs</i>	<i>20 TPCs</i>
Percent Met	79%	56%	155%	115%

Agency Comments:

Community Collaborations (CSE), RPC, Family Advocacy, Jefferson Middle School, SOFFT/LANS, Champaign Center Partnership, One to One Mentoring, Courage Connection
Cunningham Township, Champaign County Coalition, I Read, I Count Program, Central High School, St. Joe High School, Centennial High School, Strive, Barkstall Elementary, Stratton Elementary, LiHeap Program, United Way of Champaign County, District #116 Administration Office, District # 4 Administration Office.

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 Q2 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
Total	43 CSEs	4850 SCs	1174 NTPCs
<i>Annual Target</i>	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 Q2 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
Total	42 CSEs	2526 SCs	2467 NTPCs	9 TPCs	11 Other
<i>Annual Target</i>	<i>50 CSEs</i>	<i>3100 SCs</i>	<i>3000 NTPCs</i>	<i>165 TPCs</i>	<i>15 Other</i>
Percent Met	84%	81%	82%	35%	73%

Agency Comments:

Workshops (Other) - Hours

Rantoul SNAP changes workshop 11/18/2025 3 hours Community Services Center IFRP/SNAP/WIC Workshop/info session Spanish Families with Children, Legal Permanent Residents, Working Adults, Non-Working Adults Public benefits info session 3 attendees
SNAP changes workshop - CU 11/21/2025 1 hour TRC IFRP/SNAP/WIC Workshop/info session Spanish Families with Children, Legal Permanent Residents, Working Adults, Non-Working Adults Public benefits info session 9 attendees

Community Outreach

Q2 Carle resource bank 10/7/2025

I-CAUSE newsletter 10/9/2025

Flyering at LINCOLN SQUARE 10/15/2025

I-CAUSE outreach event 11/11/2025

Community Linkages

10/10 Ashlyn Henke Beyond Borders Resource Fair Tabling event to talk to attendees of a mental health conference 50+
10/13 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
10/15 Ashlyn Henke School of Social work Community connections corner Tabling event to talk to social work professionals about our services 40+

10/16 Lisa Wilson & George Vassilatos IL Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collaborate to eliminate barriers to service., including discussion of services offered by local agencies. 15 participants

10/21/25 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. 30-35 organizations represented
10/22/25 Ashlyn Henke RACES presentation Presentation on TRC services and immigrant/refugee issues to staff of RACES, an organization specializing in sexual violence prevention and services 15

10/28 Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations

10/29 Lisa Wilson CCMHB Study Session Presentation about Immigrant Health Presentation and discussion with CCMHB Board about Immigrant Mental Health issues in light of recent changes in immigration policy. 12 participants

11/20 Lisa Wilson & George Vassilatos IL Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collaborate to eliminate barriers to service., including discussion of services offered by local agencies. 15 participants

11/25 Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations

12/1 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

12/12/25 Lisa Wilson, Ashlyn Henke and Kirsten Forsberg Quarterly Consultation Meeting Quarterly meeting held to advise area stakeholders about expected refugee arrivals and discuss any the logistics of supporting refugee resettlement efforts in the area and services offered. 10 agencies represented Provides local stakeholders opportunity to share resources/information and to discuss any stakeholder concerns or barriers to refugee resettlement.

12/15/25 Lisa Wilson "Five Years Later: Reflection, Lessons, the Pathways Forward, and the COVID-19 Legacy. Panel participant. Gave presentation and had discussion regarding reaction to COVID-19 and how the pandemic affected the immigrant community and our work at The Refugee Center. 30 guests

12/16 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. 30-35 organizations represented
12/18 Lisa Wilson & George Vassilatos IL Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collaborate to eliminate barriers to service., including discussion of services offered by local agencies. 12 participants

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 client workshops, counted by hours.)

Family Service-Counseling PY26 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	NTPCs	TPCs
1 st Quarter	5 NTPCs	0 TPCs
2nd Quarter	9 NTPCs	4 TPCs
Total	14 NTPCs	4 TPCs
<i>Annual Target</i>	<i>25 NTPCs</i>	<i>60 TPCs</i>
Percent Met	56%	6.67%

Agency Comments:

99

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 hired new clinical supervisor/therapist. Karissa Yu began working here in November. We held one Expressive Arts Therapy Group in December focused on Holiday Self-Care. It was very well received and the participants who completed the pre and post group survey all stated that as a result of the group they have a better idea of their needs over the holidays and how to meet them, felt more connected with themselves and others after participating in the group, and felt more calm.

We continue to see clients in person or telehealth based on the preference of the client.

The program director attends the weekly Drug Court team meetings and occasional court sessions. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Seven Drug Court clients were seen at Family Service this quarter, six for a relationship assessment and one for individual counseling.

The program director also attended the Drug Court graduates presentations and graduation this quarter.

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

The program director has been meeting with the Community Learning Lab. The Community Learning Lab and FSSC are cross promoting each other's expressive arts activities.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs
1 st Quarter	44 CSEs
2nd Quarter	68 CSEs
Total	112 CSEs
<i>Annual Target</i>	<i>270 CSEs</i>
Percent Met	41%

Agency Comments:

Program coordinator statistics for the Third Quarter:

- 265 email contacts
- 9 information and referral calls
- 440 page views for the SHC landing page on the FSCC website. Not including the landing page views, 1,280 views of support groups were made.
- 3 Support Group directories distributed outside of vendor events
- Support group updates were solicited from support group contacts and entered into the database
- Edited Self-Help Group directory
- Human Services Council (X3)
- disAbility Expo Planning Meeting (X1)
- SHC Advisory Council meetings (X3)
- Senior Task Force Meeting (X1)
- United Way meeting (X1)

- Met with speaker for workshop (X1)
- Research for Winter Newsletter
- Planning for Winter and Spring Workshops
- Attended disAbility Expo as a vendor and gave out many individual support group lists and directories

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	14 CSEs	1648 SCs	578 NTPCs	119 TPCs
2nd Quarter	7 CSEs	2201 SCs	422 NTPCs	22 TPCs
Total	21 CSEs	3849 SCs	1000 NTPCs	141TPCs
<i>Annual Target</i>	<i>15 CSEs</i>	<i>2900 SCs</i>	<i>700 NTPCs</i>	<i>375 TPCs</i>
Percent Met	140%	132%	142%	38%

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	14 CSEs	1648 SCs	578 NTPCs	119 TPCs
2nd Quarter	7 CSEs	2201 SCs	422 NTPCs	22 TPCs
Total	21 CSEs	3849 SCs	1000 NTPCs	141TPCs
<i>Annual Target</i>	<i>15 CSEs</i>	<i>2900 SCs</i>	<i>700 NTPCs</i>	<i>375 TPCs</i>
Percent Met	140%	132%	142%	38%

Agency Comments:

- October 1st - Dine With A Doc at Health Alliance
- October 3rd - Presentation to Seasoned Believers at the Church of the Living God
- October 27th - University of Illinois Nutrition Research Fair at I-Hotel
- November 5th - Dine With A Doc at Health Alliance
- November 8th - Brain Health and Healthy Aging Conference at I-Hotel
- November 11th - Medicare Open Enrollment Office Hours at Champaign Public Library
- December 3rd - Dine With A Doc at Health Alliance

The last quarter was marked first and foremost by Medicare Open Enrollment. With Health Alliance closing, many community members were choosing new Medicare Advantage plans for the first time in several years. In a normal year, Family Service would typically serve about 60 clients each year for Open Enrollment. In Q2, Family Service staff performed SHIP (Senior Health Insurance Program) counseling for over 400 clients. This was a formidable task and the Family Service staff truly rose to the occasion. We also

continued our weekly office hours at the Community Service Center of Northern Champaign County, allowing us to make these services as accessible as possible.

Family Service also participated in a housing study performed by the City of Champaign, providing feedback during listening sessions on the specific challenges that older adults face in their housing, as well as the interplay between the housing market, senior housing, and the Champaign County area's shortage of nursing home beds.

Family Service also released a new Creativity on Wheels box in November, with the theme of Appreciation. Activities centered opportunities to appreciate one's planet, community, family, and oneself.

Family Service's "Other" category is meant to capture participation in our Active Aging Classes. Due to the winter weather, no classes were held in Q2. The 5 units captured reflect participation in the PEARLS program, designed to address depression, loneliness, and inactivity in older adults. Classes in Fall Prevention have already been scheduled to start in Q3.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs
1 st Quarter	2 CSEs	4 SCs	9 NTPCs
2nd Quarter	2 CSEs	5 SCs	4 NTPCs
Total	4 CSEs	9 SCs	13 NTPCs
<i>Annual Target</i>	<i>8 CSEs</i>	<i>15 SCs</i>	<i>15 NTPCs</i>
Percent Met	50%	60%	87%
			50%

Agency Comments:

The FirstSteps house was at full capacity for the bulk of this quarter. Our longest serving resident has been also working at the drop-in center doing intake and working on getting applications for the RPC temporary housing program. He is in the process of acquiring a rental property through the voucher program we have with the HACC and should be out of our house and into an apartment by early next year.

Our most recent arrival has had several challenges with his ID documents which we have helped him with. He now has his driver's license (after some mentoring through our drop-in center) and is looking for a job. He has energetically been filling out applications and has done some temp work along with volunteering at the Food Pantry where FirstFollowers' Juan Morales is the Operations Director. Our other resident who arrived in August has obtained employment via a reentry program in Ohio where he will conduct online workshops and be involved in faith-based activities. He was ordained as a minister in October. All in all, it has been a very successful quarter for the transition house, and we look forward to more progress in 2026.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	3 CSEs	8 SCs	42 NTPCs	24 TPCs
2nd Quarter	4 CSEs	7 SCs	37 NTPCs	23 TPCs
Total	7 CSEs	15 SCs	79 NTPCs	47 TPCs
<i>Annual Target</i>	<i>18 CSEs</i>	<i>18 SCs</i>	<i>147 NTPCs</i>	<i>47 TPCs</i>
Percent Met	39%	83%	54%	100%

Agency Comments:

This has been a very busy quarter for our drop-in center. The announcement in September that SNAP benefits would be cut off prompted a huge rush in demand for information and services from FirstFollowers. In response, we not only processed our normal drop-in clients but joined an online webinar about the realities of work requirements for people to obtain a Link Card. The event featured Rep. Carol Ammons and Sen. Paul Faraci. We also did webinar on the One Big Beautiful Bill which featured Gus Wood of the School of Labor and Employment Relations at UIUC and Claudia Lennhoff of the Champaign County Healthcare Consumers. These events are part of our efforts to educate our constituency on the complex network of policy changes that we are facing and our need to keep up with these events.

We also were selected by RPC to enroll people for temporary housing vouchers (1 year in duration). We submitted 27 applications from our clients and we await the final determination by the RPC of who will qualify for this assistance.

Our GoMAD team has been busy completing the renovations on two FirstFollowers properties. Plus, we have partnered with Cunningham Township to join in the renovation team for both the new shelter (Located at the old Armory in Champaign) as well as doing some renovation work for housing units that the Township manages.

We also are initiating a housing campaign which will join in a statewide effort to pass HB3687 which would once again legalize rent control in Illinois (it was banned in 1997).

We also met with Acclivus, an anti-community violence group from Chicago, which has been contracted by the City of Champaign to set up a program in Champaign. This is an important initiative in our city and an opportunity for FirstFollowers to build a broader partnership in this area of work.

Lastly, as part of our participation in the H3 Coalition we have been taking part in Shine the Block events which involve doing cleanup and education at apartment complexes around the city. So far we have worked in Oakwood Trace, Aspen Court and Country Brook complexes. This will become a monthly event in the new year.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs
1 st Quarter	5 CSEs	806 SCs	188 NTPCs
2nd Quarter	4 CSEs	824 SCs	91 NTPCs
Total	9 CSEs	1630 SCs	279 NTPCs
<i>Annual Target</i>	<i>24 CSEs</i>	<i>2000 SCs</i>	<i>250 NTPCs</i>
Percent Met	37%	81%	111%

Agency Comments:

We continue to serve in the champaign county Jail Groups, we also have been encouraging the inmates to write papers on how GROW has helped. Things have really gotten better with our relationships in the Jail Tonisha Brown has been a huge asset to the program. She has her own personal testimony and can really relate to the inmates. I am including some of the paper in this report.

"I pray that I can learn to not self-sabotage. How I plan to do that is keep list of what we did for example not doing drugs and not sabotaging my mental health. I am also going to stop fighting, so that I don't end up back in jail. In the GROW group I can continue on my journey of self-acceptance and self-discipline. I hope that I can work on my negative ways and thinking."

"In GROW I recognize the stability of acceptance and confidence. it consists of finding and building on the good which is more important than the particular evil. that is undermining and threatening us. I have always been a prisoner with low self-esteem, low and low confidence. I always hope and pray that I never go down this road again and that I can help someone else. As this GROW group has helped me, I pray for guidance over my life. I hope for continue growth. I thank the people who have come into the jail that has helped me with my mind, my mental health and my GROW journey."

"I love to come to GROW it has helped me grow. It has helped me with myself, and I put my trust in GROW that is a good start for me
Thank you GROW with love"

"In GROW I have learned to love myself and my family."

I am thrilled to see the progress of some of the women in the GROW groups. We had a hard time engaging the women. Often, we would only have a few that wanted to come to the program. I am seeing great progress.

We participated in the disability expo this year and had quite a few GROW'ers come to help. We also had a great Annual GROW meeting we had 17 from the area. We had it at the community center in Rantoul. We offer it on zoom and in person. It includes the wider GROW community we had 34 including everyone. We gave certificates and award out to the organizers and recorders of the groups. Toni gave her personal testimony.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	2 CSEs	6 SCs	34 NTPCs	12 TPCs
2nd Quarter	4 CSEs	8 SCs	53 NTPCs	4 TPCs
Total	6 CSEs	14 SCs	87 NTPCs	16 TPCs
<i>Annual Target</i>	<i>8 CSEs</i>	<i>20 SCs</i>	<i>60 NTPCs</i>	<i>10 TPCs</i>
Percent Met	75%	70%	145%	160%

Agency Comments:

CSE: 10/16: 40th Anniversary, 10/18: Disability Resource Expo, 10/19: GCAP 5K, 10/25: Pride Fest.

SSC: 8 screening contacts; 4 were enrolled into the program, 2 were determined ineligible for the program, 2 moved prior to entering the program.

TPC: 4 new TPC for ACE program in Q2, 3 High Intensity Case Management (P3), 1 Medium Intensity Case Management (P2), 0 Low Intensity Case Management (P1).

NPC: Clients who have utilized emergency financial assistance are enrolled in nutrition program, utilize transportation services, etc. Includes children.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	9 CSEs	84 SCs	225 NTPCs	12 TPCs
2nd Quarter	3 CSEs	40 SCs	40 NTPCs	4 TPCs
Total	12 CSEs	124 SCs	265 NTPCs	16 TPCs
<i>Annual Target</i>	<i>8 CSEs</i>	<i>20 SCs</i>	<i>60 NTPCs</i>	<i>10 TPCs</i>
Percent Met	75%	70%	145%	160%

Agency Comments:

CSE: 10/16: 40th Anniversary, 10/18: Disability Resource Expo, 10/19: GCAP 5K, 10/25: Pride Fest.

SSC: 8 screening contacts; 4 were enrolled into the program, 2 were determined ineligible for the program, 2 moved prior to entering the program.

TPC: 4 new TPC for ACE program in Q2, 3 High Intensity Case Management (P3), 1 Medium Intensity Case Management (P2), 0 Low Intensity Case Management (P1).

NTPC: Clients who have utilized emergency financial assistance are enrolled in nutrition program, utilize transportation services, etc. Includes children.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	4 CSEs	1692 SCs	271 NTPCs	321 TPCs
2nd Quarter	6 CSEs	1723 SCs	195 NTPCs	345 TPCs
Total	10 CSEs	3415 SCs	466 NTPCs	666 TPCs
<i>Annual Target</i>	<i>4 CSEs</i>	<i>3800 SCs</i>	<i>950 NTPCs</i>	<i>500 TPCs</i>
Percent Met	250%	90%	49%	133%
				302%

Agency Comments:

6 CSE events were attended in this quarter.
 SC: 1723 kept appointments with counselors by Champaign County Residents.
 NTPC: 195 Champaign County residents who did not complete assessment or chose not to engage in therapy.
 TPC: 345 Unique Champaign County residents served more than once by counselors
 Other: 235 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

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs	Other
1 st Quarter	0 CSEs	2276 SCs	761 NTPCs	599 TPCs	193 Other
2nd Quarter	0 CSEs	1902 SCs	762 NTPCs	473 TPCs	184 Other
Total	0 CSEs	4178 SCs	1523 NTPCs	1072 TPCs	377 Other
<i>Annual Target</i>	2 CSEs	8000 SCs	2000 NTPCs	1000 TPCs	400 Other
Percent Met	0%	52%	76%	107%	94%

Agency Comments:

0 CSE events were attended in this quarter
 SC: 1902 kept appointments with counselors by Champaign County Residents
 NTPC: 762 Champaign County residents who did not complete assessment or chose not to engage in therapy
 TPC: 473 Unique Champaign County residents served more than once by counselors
 Other: 184 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

TPC = Treatment Plan Clients

Other, as defined in individual program contract (Number of people with no other payor source.)

Promise Healthcare-PHC Wellness PY26 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	15 CSEs	2192 SCs	999 NTPCs	402 TPCs
2nd Quarter	10 CSEs	1202 SCs	604 NTPCs	198 TPCs
Total	25 CSEs	3394 SCs	1603 NTPCs	600 TPCs
<i>Annual Target</i>	<i>30 CSEs</i>	<i>3000 SCs</i>	<i>1200 NTPCs</i>	<i>350 TPCs</i>
Percent Met	83%	113%	133%	171%

Agency Comments:

10 CSE events were attended in this quarter.
SC: 1202 kept appointments with counselors by Champaign County Residents.
NTPC: 604 Champaign County residents who did not complete assessment or chose not to engage in therapy.
TPC: 198 Unique Champaign County residents served more than once by counselors.
Other: 63 SC patients were screened using PRAPARE.

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 Q2 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
Total	22 CSEs	31 SCs	36 NTPCs	73 TPCs
<i>Annual Target</i>	2 CSEs	5 SCs	10 NTPCs	110 TPCs
Percent Met	1100%	620%	360%	66%

Agency Comments:

Revised procedures show an unexpected increase in Community Service Events - we achieved annual goal in Q1. Advocacy services have also risen in FY26, due to a full complement of advocates and increased services to Spanish speaking clients. Fewer new clients in Q2 due to a continuation of clients who were already being served.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs
1 st Quarter	4 CSEs	163 SCs
2nd Quarter	218 CSEs	1389 SCs
Total	222 CSEs	1552 SCs
<i>Annual Target</i>	<i>600 CSEs</i>	<i>4000 SCs</i>
Percent Met	37%	39%

Agency Comments:

Prevention Education participants do not have treatment plans and are not considered clients for the TPC, NTPC, or Other categories. CSE is number of PE presentations to classes and SSC is the number of students participating in those presentations (unduplicated).

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	SCs	NTPCs
1 st Quarter	163 SCs	113 NTPCs
2nd Quarter	127 SCs	41 NTPCs
Total	290 SCs	154 NTPCs
<i>Annual Target</i>	<i>600 SCs</i>	<i>250 NTPCs</i>
Percent Met	48%	61%

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 41 new Champaign County residents. She provided 127 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.

***As requested by CCMHB staff, we will begin reporting out on the breakdown of types of benefits Kathy is assisting clients with such as SSI/SSDI, medical/SNAP, etc. This will begin in Q3.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	TPCs
1 st Quarter	10 CSEs	37 SCs	0 TPCs
2nd Quarter	9 CSEs	23 SCs	3 TPCs
Total	19 CSEs	60 SCs	3 TPCs
<i>Annual Target</i>	<i>50 CSEs</i>	<i>250 SCs</i>	<i>70 TPCs</i>
Percent Met	38%	24%	4.29%

Agency Comments:

CSE: 9: Staff presentations, resource fairs, and/or coordination meetings. This quarter included the following: 2 REACH, 2 SERC, 2 Rantoul Providers meeting, 1 EI Food Bank Day of Giving, 2 Shop with a Cop.

SC: 23: 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: 3: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. The Rantoul position experienced large amount of individuals who declined services or who were unable to be reached post-crisis event. The Champaign County Sheriff's CCRT position remains vacant at this time. Our recruitment team is prioritizing this position.

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

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	SCs	TPCs
1 st Quarter	25 SCs	7 TPCs
2nd Quarter	15 SCs	5 TPCs
Total	40 SCs	12 TPCs
<i>Annual Target</i>	<i>65 SCs</i>	<i>22 NTPCs</i>
Percent Met	61%	54%

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: 5

Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission. (All new admissions were from Champaign County this quarter)

(SC) During this quarter, we completed a total of 29 interviews for applicants, 15 of which were from Champaign County.

***As requested by CCMHB staff, a tracking sheet has been created to track referrals and linkages for this program. We will begin reporting on this for Q3.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs
1 st Quarter	65 CSEs	113 SCs	119 NTPCs
2nd Quarter	75 CSEs	160 SCs	46 NTPCs
Total	140 CSEs	273 SCs	165 NTPCs
<i>Annual Target</i>	<i>100 CSEs</i>	<i>300 SCs</i>	<i>100 NTPCs</i>
Percent Met	140%	91%	148%

Agency Comments:

Uniting Pride continues to receive a growing number of requests for support as anti-LGBTQ+ rhetoric, legislation, and social hostility escalate across the region. People are reaching out from throughout Champaign County, and we are also hearing more often from individuals who are considering relocating, actively planning a move, or already in the process of relocating to our more affirming county and state. We expect this to continue, and likely intensify, as conditions in surrounding areas become more difficult and more dangerous for LGBTQ+ people.

The needs people bring to us are also becoming more complex. Increasingly, community members are asking for support that goes beyond our current scope and capacity, including direct mental and behavioral health services, legal assistance, rental and housing support, medical navigation, access to gender-affirming health care, and support for people fleeing hostile states. We provide advocacy, referrals, food and clothing assistance, and community-based connections whenever possible, but the volume and intensity of these requests point to a widening service gap. Even when affirming services exist locally, they are often at capacity, do not accept Medicaid, or remain out of reach financially for community members with extremely limited material support.

As outreach continues to increase with no clear signs of slowing, it has become apparent that many community members need individualized, one-to-one support that we are not yet resourced to provide at scale. One of the most urgent gaps we hear about is the absence of affirming, LGBTQ+-centered, trans-inclusive shelter options in our region. While low or no-barrier shelters exist in Champaign County, community members frequently share that they feel unsafe or unwelcome in highly gendered spaces, and this is especially true for trans women seeking shelter. While our partnership with Cunningham Township allows for limited temporary emergency shelter support, it is time-limited, and many clients without other supports have nowhere to turn once that period ends. Addressing these needs will require expanded staffing, strengthened partnerships, and sustained funding so we can build case coordination, navigation, and direct support capacity. Uniting Pride is committed to growing intentionally so LGBTQ+ individuals and families can access safety, stability, and affirming care.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs
1 st Quarter	8 CSEs	2 SCs	68 NTPCs
2nd Quarter	2 CSEs	2 SCs	4 NTPCs
Total	10 CSEs	4 SCs	72 NTPCs
<i>Annual Target</i>	<i>10 CSEs</i>	<i>2 SCs</i>	<i>60 NTPCs</i>
Percent Met	100%	200%	120%

Agency Comments:

UNCC collaborated with USD 116 to provide childcare for two Strategic Planning Sessions this quarter, wherein our staff interacted with parents, students, and other community stakeholders in the education system. Additionally, we have 4 new enrolled program participants, including two sisters ages 9 and 13, a boy age 6, and another boy age 9.

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 Q2 Program Activity Report

Quarterly Data:

Utilization Categories	CSEs	SCs	NTPCs	TPCs
1 st Quarter	9 CSEs	7 SCs	12 NTPCs	10 TPCs
2nd Quarter	9 CSEs	15 SCs	2 NTPCs	3 TPCs
Total	18 CSEs	22 SCs	14 NTPCs	13 TPCs
<i>Annual Target</i>	<i>15 CSEs</i>	<i>75 SCs</i>	<i>50 NTPCs</i>	<i>25 TPCs</i>
Percent Met	120%	29%	28%	52%

Agency Comments:

- 10/20- Drug Court Graduation
- 10/25- Pride Parade
- 10/28-Trunk or Treat @ WIN Resilience Resource Center
- 10/29- New Choice {inpatient treatment facility@ Pavilion)
- 11 /12- Community Coalition
- 11 /19- Logan Correctional Re-Entry Summit
- 11 /20- Decatur Correctional Re-Entry Summit
- 11 /21- Rosecrance inpatient treatment facility
- 11 /25-New Choice {inpatient treatment facility@ Pavilion)
- 12/2- CSPH Full board meeting
- 12/1 - Community Coalition
- 12/21- New Choice (inpatient treatment facility@ Pavilion}

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)

