



## **Champaign County Mental Health Board (CCMHB) Meeting Agenda** **Wednesday, May 21, 2025, 5:45PM**

*This meeting will be held in person at the  
Shields-Carter Room of the Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802  
Members of the public may attend in person or watch live through this link:  
<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda\***
- IV. MHB and DDB Schedules, updated MHB Timeline (pages 3-7). No action needed.**
- V. CCMHB Acronyms and Glossary (pages 8-19) 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 20-25)\***  
*Action is requested to approve the minutes of the CCMHB’s April 16, 2025 study session and April 30, 2025 meeting.*
- X. Vendor Invoice Lists (pages 26-36)\***  
*Action is requested to accept the “Vendor Invoice Lists” and place them on file. For information are Additional Details for these expenditures.*
- XI. Staff Reports (pages 37-60)**  
*Included in the packet are staff reports from all staff.*
- XII. New Business**
  - a) Deferred Special Requests (pages 61-63)\***  
*For the Board’s consideration, a decision memo presents an update on agency PY24 audits, with some of the actions deferred on April 30 now requested.*
  - b) Review of PY2026 Funding Requests (pages 64-79)**  
*With PY2024 audits shared and issues addressed, and pending the Board’s decisions regarding consideration, PY26 funding requests from Champaign County Christian Health Center and WIN Recovery may be reviewed. DRAFT staff program summaries are included for information only, to support any discussion.*
  - c) PY2026 Agency Allocation Scenarios (pages 80-97)**  
*A draft memorandum of PY26 allocation scenarios is presented for information only. The purpose is to support the Board making most or all final decisions about PY26 awards during their May 28, 2025 meeting, for which the memo may be adjusted and suggested actions added.*

- d) **PY2026 Funding Requests** (page 98)  
*A spreadsheet lists requests and some possible award scenarios.*
- e) **Applicant Responses to Staff Reviews** (pages 99-103)  
*Agencies have shared additional information in response to the staff reviews and board questions posed at the April 16 study session.*

**XIII. Old Business**

- a) **Evaluation Capacity Building Project Update** (pages 104-120)  
*The second year annual report is included for information. Representatives of the team will be available to discuss. Resources developed by the team can be found at <https://www.familyresiliency.illinois.edu/resources/microlearning-videos>.*
- b) **PY2025 Third Quarter Program Activity Reports** (pages 121-162)  
*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 163)

**XVI. County Board Input**

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

**XVIII. Board Announcements and Input**

**XIX. Adjournment**

*\* Board action is requested.*

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

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

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

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

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



## CCMHB 2025 Meeting Schedule

5:45PM Wednesday after the third Monday of each month  
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL  
<https://us02web.zoom.us/j/81393675682> (if it is an option)

- January 22, 2025** – Shields-Carter Room
- January 29, 2025** – *Study Session* - Shields-Carter Room
- February 19, 2025** – Shields-Carter Room
- March 19, 2025** – Shields-Carter Room
- ~~**March 26, 2025** – *Joint Meeting w CCDDDB* – CANCELLED~~
- April 16, 2025** – *Study Session* -Shields-Carter Room
- April 30, 2025** – Shields-Carter Room (*off cycle*)
- May 21, 2025** – ~~*Study Session*~~ Shields-Carter Room – *Business Meeting*
- May 28, 2025** – Shields-Carter Room (*off cycle*)
- ~~**June 18, 2025** – Shields-Carter Room – CANCELLED~~
- July 23, 2025** – Shields-Carter Room
- August 20, 2025** – Shields-Carter Room - *tentative*
- September 17, 2025** – Shields-Carter Room
- September 24, 2025** – *Joint Study Session w CCDDDB* - Shields-Carter
- October 22, 2025** – Shields-Carter Room
- October 29, 2025** – *Joint Study Session w CCDDDB* - Shields-Carter
- November 19, 2025** – Shields-Carter Room
- December 17, 2025** – Shields-Carter Room - *tentative*

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

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

All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend, virtually or in person, to observe and to offer thoughts during "**Public Participation**" or "**Public Input.**"  
An individual's comments may be limited to five minutes, and total time for input may be limited to twenty minutes. The Board does not respond directly but may use the content to inform future actions.

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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](mailto:stephanie@ccmhb.org) or [leon@ccmhb.org](mailto:leon@ccmhb.org).



## CCDDB 2025 Meeting Schedule

9:00AM Wednesday after the third Monday of each month  
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL  
<https://us02web.zoom.us/j/81559124557>

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

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

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

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

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# IMPORTANT DATES

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

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

- 12/20/24            *Online System opens for Applications for PY2026 Funding.*
- 12/31/24            *Agency PY24 Independent Audits, Reviews, Compilations due.*
- 1/22/25            Regular Board Meeting**  
Mid-Year Program Presentations
- 1/29/25            Study Session: Mid-Year Program Presentations**
- 1/31/25            *Agency PY25 2<sup>nd</sup> Quarter and CLC progress reports due.*
- 2/10/25            *Deadline for submission of applications for PY26 funding  
(Online system will not accept any forms after 4:30PM).*
- 2/19/25            Regular Board Meeting**  
Discuss list of PY26 Applications and Review Process
- 3/19/25            Regular Board Meeting**  
Discussion of PY26 Funding Requests
- ~~**3/26/25            Joint Meeting with CCDDDB**~~    *CANCELLED*
- 4/9/25            *Program summaries released to Board, posted  
online with CCMHB April 16 study session packet.*

- 4/16/25**                    **Study Session**  
Board Review, Staff Summaries of Funding Requests
- 4/25/25                    *Agency PY2025 3<sup>rd</sup> Quarter Reports due.*
- 4/30/25**                    **Regular Board Meeting (off cycle)**
- 5/14/25                    *Allocation recommendations released to Board, posted online with CCMHB May 21 study session packet.*
- 5/21/25**                    **Study Session— Business Meeting**  
Regular Business; Discussion of PY2026 Allocations
- 5/28/25**                    **Regular Board Meeting (off cycle)**  
Election of Officers; Regular Business; PY2026 Allocations
- 6/1/25                    *For contracts with a PY25-PY26 term, all updated PY26 forms should be completed and submitted by this date.*
- 6/17/25                    *Deadline for agency application/contract revisions.  
Deadline for agency letters of engagement w/ CPA firms.*
- ~~**6/18/25**                    **Regular Board Meeting - CANCELLED**~~
- 6/20/25                    *PY2026 agency contracts completed.*
- 6/30/25                    *Agency Independent Audits, Reviews, or Compilations due.  
(only applies to those with calendar FY, check contract)*
- 7/23/25**                    **Regular Board Meeting**  
Draft FY2026 Budget
- 8/20/25**                    **Regular Board Meeting - tentative**
- 8/29/25                    *Agency PY2025 4<sup>th</sup> Quarter reports, CLC progress reports, and Annual Performance Measure Reports due.*
- 9/17/25**                    **Regular Board Meeting**  
Draft Three Year Plan 2025-27 with 2025 Objectives  
Approve DRAFT FY 2026 Budgets

- 9/24/25**                    **Joint Study Session with CCDDDB**
- 10/22/25**                    **Regular Board Meeting**  
Draft Program Year 2027 Allocation Criteria
- 10/29/25**                    **Joint Meeting with CCDDDB**  
I/DD Special Initiatives
- 10/31/25*                    *Agency PY2026 First Quarter Reports due.*
- 11/19/25**                    **Regular Board Meeting**  
Approve Three Year Plan with One Year Objectives  
Approve PY27 Allocation Criteria
- 11/28/25*                    *Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*
- 12/17/25**                    **Regular Board Meeting– tentative**
- 12/19/25*                    *Online system opens for applications for PY27 funding.*
- 12/31/25*                    *Agency Independent Audits, Reviews, Compilations due.*

### **Agency and Program Acronyms**

AA- Alcoholics Anonymous  
AIR – Alliance for Inclusion and Respect (formerly Anti-Stigma Alliance)  
BLAST – Bulldogs Learning and Succeeding Together, at Mahomet Area Youth Club  
CC – Community Choices or Courage Connection  
CCCAC or CAC – (Champaign County) Children’s Advocacy Center  
CCCHC – Champaign County Christian Health Center  
CCDDB or DDB – Champaign County Developmental Disabilities Board  
CCHCC – Champaign County Health Care Consumers  
CCHS – Champaign County Head Start, a department of the Champaign County Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)  
CCMHB or MHB – Champaign County Mental Health Board  
CCRPC or RPC – Champaign County Regional Planning Commission  
CN - Crisis Nursery  
CSCNCC - Community Service Center of Northern Champaign County, also CSC  
CU TRI – CU Trauma & Resiliency Initiative  
Courage Connection – previously The Center for Women in Transition  
DMBGC - Don Moyer Boys & Girls Club  
DREAAM – Driven to Reach Excellence and Academic Achievement for Males  
DSC - Developmental Services Center  
ECHO – a program of Cunningham Children’s Home  
ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center or The Refugee Center  
ECMHS - Early Childhood Mental Health Services, a program of CCRPC Head Start  
FD – Family Development, previously Family Development Center, a DSC program  
FF - FirstFollowers  
FS - Family Service of Champaign County  
FST – Families Stronger Together, a program of Cunningham Children’s Home  
GCAP – Greater Community AIDS Project of East Central Illinois  
IAG – Individual Advocacy Group, Inc., a provider of I/DD services  
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 Center – Uniting Pride  
UW or UWCC – United Way of Champaign County  
WIN Recovery – Women in Need Recovery  
YAC – Youth Assessment Center, a program of CCRPC

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

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

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

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

ARCH – Access to Respite Care and Help

ARMS – Automated Records Management System. Information 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, substance abuse professional providing clinical services, having met certification requirements of 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, previously Developmental Training

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 officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

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 as IDSUPR or SUPR

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 CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community-based agencies must match the DFI funding with locally generated funds. The required local match is 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

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 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 – 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

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 is the 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. A 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. Is 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, is 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, a 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 or 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

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

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

IM+CANS – The 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

LGTBQ+ – Lesbian, Gay, Bi-Sexual, Transgender, Queer, plus all the gender identities and sexual orientations that letters and words cannot yet fully describe.

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, also 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 Reconciliation 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

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 without treatment plans 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.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

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. PLAY is 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. 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; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services, a database implemented by IDHS 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. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term that, simply stated, refers to a Master’s level clinician with field experience who has been licensed.

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 is a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as 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.

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

TPCs – Treatment Plan Clients, service participants with case records and treatment plans. Continuing TPCs are those with treatment plans 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.

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**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD  
STUDY SESSION**

*Minutes—April 16, 2025*

*This meeting was held  
at the Brookens Administrative Center, Urbana, IL and remotely.*

*5:45 p.m.*

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**MEMBERS PRESENT:** Joe Omo-Osagie, Tony Nichols, Molly McLay, Chris Miner, Elaine Palencia, Emily Rodriguez, Jane Sprandel, Jon Paul Youakim

**MEMBERS EXCUSED:** Kyle Patterson

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

**OTHERS PRESENT:** Jacinda Dariotis, UIUC; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Jessica Smith, Patty Walters, Danielle Matthews, DSC; Karmyn Doughty, CCRPC; Ann Percy, Cunningham Children’s Home; Brenda Eakens, Kerrie Hacker, GROW; Melissa Courtwright, C-U at Home; Kari Matthews, Nicole Dowling, Family Service; Alayia Forsyth, Crisis Nursery; Lisa Kilawee, Promise Health

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**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken, and a quorum was present.

**MOTION:** Ms. McLay moved to allow Emily Rodriguez to participate virtually due to illness as approved in the CCMHB By-Laws. Mr. Miner seconded and the motion passed.

**APPROVAL OF AGENDA:**

The agenda was approved.

**ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**PRESIDENT’S COMMENTS:**

Ms. McLay thanked everyone for their work during the application process.

**EXECUTIVE DIRECTOR’S COMMENTS:**

None.

**STUDY SESSION: Review of Funding Applications**

A list of funding applications followed by a staff review of the applications was included in the Board packet. Many agency representatives were present to answer questions from Board members. CCMHB reviewed and discussed each application requesting funds from the CCMHB alphabetically. The review will continue at the April 30, 2025 regular Board meeting.

**PUBLIC PARTICIPATION AND AGENCY INPUT:**

None.

**BOARD ANNOUNCEMENTS AND INPUT:**

None.

**ADJOURNMENT:**

The meeting adjourned at 8:14 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  
REGULAR MEETING**

*Minutes—April 30, 2025*

*This meeting was held  
at the Brookens Administrative Center, Urbana, IL and remotely.*

*5:45 p.m.*

---

**MEMBERS PRESENT:** Joe Omo-Osagie, Tony Nichols, Molly McLay, Chris Miner, Elaine Palencia, Kyle Patterson, Emily Rodriguez, Jane Sprandel, Jon Paul Youakim

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

**OTHERS PRESENT:** Jeff Trask, Christian Health Center; Jeniece Mitchell, Urbana Neighborhood Connections; Marlon Michell, James Kilgore, First Followers; Jaya Kolisetty, RACES; Maria Jimenez, Immigrant Services of C-U; Rachel Jackson-Gordon, UIUC; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Jami Olsen, DSC; Brenda Eakins, GROW; Bethany Little, WIN Recovery

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**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken, and a quorum was present. CCMHB member Chris Miner requested to attend remotely due to employment obligations. In compliance with the CCMHB By-Laws a motion was requested by Ms. McLay to allow his remote attendance.

**MOTION: Ms. McLay moved to allow remote attendance for Chris Miner for this meeting due to employment obligations. Ms. Sprandel seconded the motion. All CCMHB members voted aye and the motion passed.**

**APPROVAL OF AGENDA:**

The agenda was approved.

**CCDDB and CCMHB SCHEDULES:**

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

**ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

Jeniece Mitchell from Urbana Neighborhood Connections and Bethany Little from WIN Recovery both provided an update on their late audit.

**PRESIDENT’S COMMENTS:**

None.

**EXECUTIVE DIRECTOR’S COMMENTS:**

None.

**NEW BUSINESS:**

**Agency Requests for Consideration:**

A decision memorandum offered context and possible actions for the Board to take in response to special requests from agencies that were included in the Board packet.

**MOTION: Ms. McLay moved to defer consideration of the applications for Immigrant Services of CU, WIN Recovery, and Urbana Neighborhood Connections until after an audit is submitted and any follow-up issues resolved. Ms. Rodriguez seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**MOTION: Ms. McLay moved to defer a decision on whether to continue or cancel the WIN Recovery PY2025 contract as of March 31, 2025 until the PY2024 audit report has been submitted and any follow-up issues resolved. Ms. Sprandel seconded. A roll call vote was taken and the motion passed unanimously.**

**MOTION: Ms. McLay moved to continue the Champaign County Christian Health Center PY2025 contract, withholding payments until the PY2024 audit is submitted and any follow-up questions resolved. Mr. Omo-Osagie seconded. A roll call vote was taken and the motion passed.**

**MOTION: Ms. McLay moved to defer on the Champaign County Christian Health Center funding request until the PY2024 audit report follow-up issues are resolved. Ms. Palencia seconded. A roll call vote was taken and the motion passed unanimously.**

**MOTION: Dr. Youakim moved to continue the First Followers PY2025-2026 contracts, withholding payments until the PY2024 audit follow-up issues are resolved. Ms. McLay seconded. A roll call vote was taken and the motion passed unanimously.**

**Review of Applications for PY26 Funding:**

The Board continued their review of applications from the April 16, 2025 meeting.

**APPROVAL OF CCMHB MINUTES:**

Minutes from the 3/19/25 meeting were included in the packet.

**MOTION: Ms. Sprandel moved to approve the meeting minutes from 3/19/25. Ms. Palencia seconded the motion. A voice vote was taken, and the motion passed unanimously.**

**VENDOR INVOICE LISTS:**

Vendor Invoice Lists were included in the Board packet.

**MOTION: Ms. Rodriguez moved to accept the Vendor Invoice Lists. Dr. Youakim seconded the motion. A voice vote was taken, and the motion passed unanimously.**

**STAFF REPORTS:**

Staff reports from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson were deferred due to work on the program summaries.

**OLD BUSINESS:**

**Evaluation Capacity Building Project Update:**

Rachel Jackson-Gordon from the University of Illinois provided an update on the project.

**Community Behavioral Health Needs Assessment Activities:**  
Deferred.

**disAbility Resource Expo Update:**  
A brief update was provided by Jane Sprandel.

**AIR Update:**  
Director Canfield provided a brief report on Ebertfest activities.

**PUBLIC PARTICIPATION AND AGENCY INPUT:**

None.

**BOARD TO BOARD REPORTS:**

None.

**COUNTY BOARD INPUT:**

None.

**CCDDB INPUT:**

None.

**BOARD ANNOUNCEMENTS AND INPUT:**

None.

**ADJOURNMENT:**

The meeting adjourned at 7:27 p.m.

Respectfully

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

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

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1	CHAMPAIGN COUNTY TREASURER								
Apt'25	IDDSI25-089	04/01/2025	040425A 44911	19,336.00	19,336.00	04/30/2025	INV	PD	IDDSI25-089 Community
CHECK DATE:	04/04/2025								
1 INVOICES				19,336.00					

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

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
19587	DYLAN BOOT								
009	CHECK DATE: 04/04/2025	03/28/2025	040425A 44935	5,000.00	5,000.00	04/27/2025	INV	PD	Q1 2025 Disability Res
	18805 C-U AT HOME								
	CHECK DATE: 04/04/2025	04/01/2025	040425A 44936	21,391.00	21,391.00	04/30/2025	INV	PD	MHB25-021 Shelter Case
	1 CHAMPAIGN COUNTY TREASURER								
	CHECK DATE: 04/04/2025	04/01/2025	040425A 44915	5,325.00	5,325.00	04/30/2025	INV	PD	MHB24-006 Children's A
	CHECK DATE: 04/04/2025	04/01/2025	040425A 44909	6,362.00	6,362.00	04/30/2025	INV	PD	MHB24-025 Youth Assess
	CHECK DATE: 04/04/2025	04/01/2025	040425A 44908	4,523.00	4,523.00	04/30/2025	INV	PD	MHB25-004 Homeless Ser
	CHECK DATE: 04/04/2025	04/01/2025	040425A 44907	32,371.00	32,371.00	04/30/2025	INV	PD	MHB25-026 Early Childh
	CHECK DATE: 04/04/2025	04/01/2025	040425A 44913	2,262.68	2,262.68	04/30/2025	INV	PD	Apr'25 Office Rent 053
27	18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS			50,843.68					
	CHECK DATE: 04/04/2025	04/01/2025	040425A 505374	7,208.00	7,208.00	04/30/2025	INV	PD	MHB24-044 CHW Outreach
	CHECK DATE: 04/04/2025	04/01/2025	040425A 505374	7,512.00	7,512.00	04/30/2025	INV	PD	MHB24-045 Justice Invo
	CHECK DATE: 04/04/2025	04/01/2025	040425A 505374	8,750.00	8,750.00	04/30/2025	INV	PD	MHB25-066 Disability A
	10148 COMMUNITY SERVICE CENTER OF NORTHERN			23,470.00					
	CHECK DATE: 04/04/2025	04/01/2025	040425A 44949	5,717.00	5,717.00	04/30/2025	INV	PD	MHB24-008 Resource Con
	18092 COURAGE CONNECTION								
	CHECK DATE: 04/04/2025	04/01/2025	040425A 44951	10,669.00	10,669.00	04/30/2025	INV	PD	MHB25-007 Courage Conn

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10163	CRISIS NURSERY									
Apt '25	MHB24-005	04/01/2025	040425A	44952	7,500.00	7,500.00	04/30/2025	INV	PD	MHB24-005 Beyond Blue
	CHECK DATE: 04/04/2025									
18305	CUNNINGHAM CHILDRENS HOME									
Apt '25	MHB25-018	04/01/2025	040425A	44956	16,975.00	16,975.00	04/30/2025	INV	PD	MHB25-018 ECHO Housing
	CHECK DATE: 04/04/2025									
Apt '25	MHB25-036	04/01/2025	040425A	44956	23,511.00	23,511.00	04/30/2025	INV	PD	MHB25-036 Families Str
	CHECK DATE: 04/04/2025									
10170	DEVELOPMENTAL SERVICES CENTER OF									
Apt '25	MHB24-012	04/01/2025	040425A	44961	54,681.00	54,681.00	04/30/2025	INV	PD	MHB24-012 Family Devel
	CHECK DATE: 04/04/2025									
10175	DON MOYER BOYS & GIRLS CLUB									
Apt '25	MHB25-015	04/01/2025	040425A	44964	7,131.00	7,131.00	04/30/2025	INV	PD	MHB25-015 CU Change
	CHECK DATE: 04/04/2025									
10185	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR									
Apt '25	MHB24-001	04/01/2025	040425A	44965	5,166.00	5,166.00	04/30/2025	INV	PD	MHB24-001 Family Suppo
	CHECK DATE: 04/04/2025									
18343	FAMILY SERVICE OF CHAMPAIGN COUNTY									
Apt '25	MHB24-014	04/01/2025	040425A	44972	2,500.00	2,500.00	04/30/2025	INV	PD	MHB24-014 Counseling
	CHECK DATE: 04/04/2025									
Apt '25	MHB24-016	04/01/2025	040425A	44972	2,410.00	2,410.00	04/30/2025	INV	PD	MHB24-016 self help Ce
	CHECK DATE: 04/04/2025									
Apt '25	MHB24-017	04/01/2025	040425A	44972	14,865.00	14,865.00	04/30/2025	INV	PD	MHB24-017 Senior Couns
	CHECK DATE: 04/04/2025									
20173	GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL									
Apt '25	MHB25-022	04/01/2025	040425A	505382	5,130.00	5,130.00	04/30/2025	INV	PD	MHB25-022 Advocacy, Ca
	CHECK DATE: 04/04/2025									

40,486.00

19,775.00

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10242	GROW IN ILLINOIS									
Apr '25	MHB25-011	04/01/2025	040425A	44978	13,140.00	13,140.00	04/30/2025	INV	PD	MHB25-011 Peer Support
	CHECK DATE: 04/04/2025									
10263	I3 BROADBAND - CU									
4170549-1		04/04/2025	041125A	45229	144.95	144.95	05/02/2025	INV	PD	Acct # 460579
	CHECK DATE: 04/11/2025									
10348	MCS OFFICE TECHNOLOGIES INC									
01-708968		04/01/2025	041125A	505458	1.50	1.50	05/01/2025	INV	PD	Apr '25 MHB/DOB Managed
	CHECK DATE: 04/11/2025									
10423	PEPSI COLA CHAMPAIGN-URBANA BOTTLING									
10238248		04/08/2025	042525A	505554	15.00	15.00	05/08/2025	INV	PD	Acct # 05734
	CHECK DATE: 04/25/2025									
18413	PROMISE HEALTHCARE									
Apr '25	MHB24-013	04/01/2025	040425A	45029	27,500.00	27,500.00	04/30/2025	INV	PD	MHB24-013 Mental Health
	CHECK DATE: 04/04/2025									
Apr '25	MHB24-041	04/01/2025	040425A	45029	8,923.00	8,923.00	04/30/2025	INV	PD	MHB24-041 Wellness
	CHECK DATE: 04/04/2025									
10453	QUILL CORPORATION									
43411475		03/24/2025	040425A	505395	265.98	265.98	04/23/2025	INV	PD	Acct # 8197518
	CHECK DATE: 04/04/2025									
43418556		03/25/2025	040425A	505395	47.48	47.48	04/24/2025	INV	PD	Acct # 8197518
	CHECK DATE: 04/04/2025									
43511826		03/31/2025	041125A	505470	205.16	205.16	04/30/2025	INV	PD	Acct # 8197518
	CHECK DATE: 04/11/2025									
10464	RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES									
Apr '25	MHB24-002	04/01/2025	040425A	45032	6,250.00	6,250.00	04/30/2025	INV	PD	MHB24-002 Sexual Violence
	CHECK DATE: 04/04/2025									
Apr '25	MHB24-035	04/01/2025	040425A	45032	11,666.00	11,666.00	04/30/2025	INV	PD	MHB24-035 Sexual Trauma
	CHECK DATE: 04/04/2025									

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID	AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10488	ROSECRANCE, INC.				17,916.00						
Apt'25	MHB25-019	04/01/2025	040425A	45039	7,052.00	7,052.00	04/30/2025	INV	PD		MHB25-019 Benefits Cas
	CHECK DATE: 04/04/2025										
Apt'25	MHB25-020	04/01/2025	040425A	45039	28,000.00	28,000.00	04/30/2025	INV	PD		MHB25-020 Criminal Jus
	CHECK DATE: 04/04/2025										
Apt'25	MHB25-023	04/01/2025	040425A	45039	8,333.00	8,333.00	04/30/2025	INV	PD		MHB25-023 Recovery Hom
	CHECK DATE: 04/04/2025										
Apt'25	MHB25-030	04/01/2025	040425A	45039	25,833.00	25,833.00	04/30/2025	INV	PD		MHB25-030 Crisis Co-Re
	CHECK DATE: 04/04/2025										
10583	UNIVERSITY OF ILLINOIS				69,218.00						
Apt'25	Award 112237	04/01/2025	040425A	45055	10,735.00	10,735.00	04/30/2025	INV	PD		Apr'25 MHB23-039 Build
	CHECK DATE: 04/04/2025										
10597	URBANA ADULT EDUCATION				6,726.00						
Apt'25	MHB25-042	04/01/2025	040425A	45061	6,726.00	6,726.00	04/30/2025	INV	PD		MHB25-042 C-U Early
	CHECK DATE: 04/04/2025										
10638	ELAN FINANCIAL SERVICES				182.19						
3930	4/9/25	04/09/2025	042525A	46006	182.19	182.19	05/07/2025	INV	PD		Acct # 479851004957393
	CHECK DATE: 04/25/2025										
10687	XEROX CORPORATION				199.06						
239924470		03/21/2025	041125A	45371	199.06	199.06	04/20/2025	INV	PD		Feb'25 Copier Service
	CHECK DATE: 04/11/2025										

41 INVOICES 412,179.00

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

## ACCOUNT DETAIL HISTORY FOR 2025 04 TO 2025 04

ORG	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501005			FOOD	NON-TRAVEL						
25/04	110 04/07/25	API 010453		88345		505470				205.16	205.16
	W 041125A	Just water spring 300ml	24ct	QUILL CORPORATION							
25/04	368 04/15/25	API 010423		88880		505554				15.00	220.16
	W 042525A	water 5gal jug		PEPSI COLA CHAMPAIGN							
25/04	368 04/15/25	API 010638		88828		46006				16.98	237.14
	W 042525A	Harvest Market 3/27/25		VISA CARDMEMBER SERV							
25/04	368 04/15/25	API 010638		88828		46006				17.99	255.13
	W 042525A	Harvest Market 3/27/25		VISA CARDMEMBER SERV							
	LEDGER BALANCES	---	DEBITS:	255.13	CREDITS:					.00	255.13
20000154	502001			PROFESSIONAL SERVICES							
25/04	17 04/01/25	API 010583	MHB23-039	87458		45055				10,735.00	10,735.00
	W 040425A	Apr'25 MHB23-039 Building Agen	UNIVERSITY OF ILLINO								
25/04	106 04/01/25	API 018807	281	87651		505437				651.99	11,386.99
	W 041125A	FY24 County Audit Progress Bil	CLIFTONLARSONALLEN L								
25/04	106 04/01/25	API 018807	281	87651		505437				114.86	11,501.85
	W 041125A	FY24 County Audit Progress Bil	CLIFTONLARSONALLEN L								
25/04	106 04/01/25	API 018807	281	87651		505437				199.31	11,701.16
	W 041125A	FY24 County Audit Progress Bil	CLIFTONLARSONALLEN L								
25/04	489 04/28/25	API 010703	MHB25-046	89603		46265				2,500.00	14,201.16
	W 050225A	Q2 MHB25-046 2025 Disability E	BRESSNER								
	LEDGER BALANCES	---	DEBITS:	14,201.16	CREDITS:					.00	14,201.16
20000154	502002			OUTSIDE SERVICES							
25/04	110 04/07/25	API 010348	MHB25-040	88346		505458				609.00	609.00
	W 041125A	Apr'25 MHB/DBB Managed IT Serv	MCS OFFICE TECHNOLOG								

## ACCOUNT DETAIL HISTORY FOR 2025 04 TO 2025 04

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
25/04	110 04/07/25	API	010348	MHB25-040	88346		505458			-607.50	1.50
	W 041125A	Credit Inv	01-708673			MCS OFFICE TECHNOLOG					
	LEDGER BALANCES	----	DEBITS:							NET:	1.50
						609.00				-607.50	
										CREDITS:	
20000154	502003			TRAVEL COSTS							
25/04	368 04/15/25	API	010638		88828		46006			140.22	140.22
	W 042525A	Doubletree	4/4/25			VISA CARDMEMBER SERV					
25/04	368 04/15/25	API	010638		88828		46006			7.00	147.22
	W 042525A	Bank of Springfield	4/4/25			VISA CARDMEMBER SERV					
25/04	489 04/28/25	API	000100		89597		46405			158.20	305.42
	W 050225A	226 Miles	4/18/25			Unknown					
25/04	489 04/28/25	API	000100		89600		46387			23.38	328.80
	W 050225A	33.4 Miles	3/25/25 - 4/15/25			Unknown					
25/04	489 04/28/25	API	000100		89630		46388			158.55	487.35
	W 050225A	226.5 Miles	3/25/25 - 4/26/25			Unknown					
25/04	489 04/28/25	API	000100		89630		46388			5.00	492.35
	W 050225A	Per Diem	4/3/25			Unknown					
25/04	489 04/28/25	API	000100		89633		46386			2.73	495.08
	W 050225A	3.9 Miles	4/14/25	Expo		Unknown					
25/04	489 04/28/25	API	000100		89633		46386			1.85	496.93
	W 050225A	Parking	4/25/25			Unknown					
25/04	489 04/28/25	API	000100		89633		46386			55.51	552.44
	W 050225A	79.3 Miles	3/4/25 - 4/26/25			Unknown					
	LEDGER BALANCES	----	DEBITS:							NET:	552.44
						552.44				.00	
										CREDITS:	

## ACCOUNT DETAIL HISTORY FOR 2025 04 TO 2025 04

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REFL	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502013		RENT						
25/04	17 04/01/25	API 000001	203	87398		44913		2,262.68	2,262.68
	W 040425A	Apr'25	Office Rent 053	CCT					
	LEDGER BALANCES --- DEBITS: 2,262.68 CREDITS: .00 NET: 2,262.68								
20000154	502025		CONTRIBUTIONS & GRANTS						
25/04	17 04/01/25	API 000001	MHB24-006	87339		44915		5,325.00	5,325.00
	W 040425A	Apr'25	MHB24-006 Children's Ad CCT						
25/04	17 04/01/25	API 000001	MHB25-026	87348		44907		32,371.00	37,696.00
	W 040425A	Apr'25	MHB25-026 Early Childho CCT						
25/04	17 04/01/25	API 000001	MHB25-004	87363		44908		4,523.00	42,219.00
	W 040425A	Apr'25	MHB25-004 Homeless Serv CCT						
25/04	17 04/01/25	API 000001	MHB24-025	87364		44909		6,362.00	48,581.00
	W 040425A	Apr'25	MHB24-025 Youth Assessm CCT						
25/04	17 04/01/25	API 010148	MHB24-008	87366		44949		5,717.00	54,298.00
	W 040425A	Apr'25	MHB24-008 Resource Conn COMMUNITY SERVICE CE						
25/04	17 04/01/25	API 010163	MHB24-005	87368		44952		7,500.00	61,798.00
	W 040425A	Apr'25	MHB24-005 Beyond Blue - CRISIS NURSERY						
25/04	17 04/01/25	API 010170	MHB24-012	87374		44961		54,681.00	116,479.00
	W 040425A	Apr'25	MHB24-012 Family Develo DEVELOPMENTAL SERVIC						
25/04	17 04/01/25	API 010175	MHB25-015	87375		44964		7,131.00	123,610.00
	W 040425A	Apr'25	MHB25-015 CU Change	DOIN MOYER BOYS & GIR					
25/04	17 04/01/25	API 010185	MHB24-001	87376		44965		5,166.00	128,776.00
	W 040425A	Apr'25	MHB24-001 Family Suppor	EAST CNTRL IL REFUGE					
25/04	17 04/01/25	API 010242	MHB25-011	87383		44978		13,140.00	141,916.00
	W 040425A	Apr'25	MHB25-011 Peer Support	GROW IN ILLINOIS					
25/04	17 04/01/25	API 010464	MHB24-035	87387		45032		11,666.00	153,582.00

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2025 04 TO 2025 04

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	W 040425A	Apr'25	MHB24-035	Sexual Trauma Rape, Advocacy, Coun				
25/04	W 040425A	17 04/01/25	API 010464	MHB24-002	87388	45032	6,250.00	159,832.00
	W 040425A	Apr'25	MHB24-002	Sexual Violent Rape, Advocacy, Coun				
25/04	W 040425A	17 04/01/25	API 010488	MHB25-019	87389	45039	7,052.00	166,884.00
	W 040425A	Apr'25	MHB25-019	Benefits Case ROSECRANCE, INC.				
25/04	W 040425A	17 04/01/25	API 010488	MHB25-020	87391	45039	28,000.00	194,884.00
	W 040425A	Apr'25	MHB25-020	Criminal Just ROSECRANCE, INC.				
25/04	W 040425A	17 04/01/25	API 010488	MHB25-030	87392	45039	25,833.00	220,717.00
	W 040425A	Apr'25	MHB25-030	Cristis Co-Res ROSECRANCE, INC.				
25/04	W 040425A	17 04/01/25	API 010488	MHB25-023	87393	45039	8,333.00	229,050.00
	W 040425A	Apr'25	MHB25-023	Recovery Home ROSECRANCE, INC.				
25/04	W 040425A	17 04/01/25	API 010597	MHB25-042	87373	45061	6,726.00	235,776.00
	W 040425A	Apr'25	MHB25-042	C-U Early URBANA ADULT EDUCATI				
25/04	W 040425A	17 04/01/25	API 018092	MHB25-007	87367	44951	10,669.00	246,445.00
	W 040425A	Apr'25	MHB25-007	Courage Conne COURAGE CONNECTION				
25/04	W 040425A	17 04/01/25	API 018259	MHB24-044	87341	505374	7,208.00	253,653.00
	W 040425A	Apr'25	MHB24-044	CHW Outreach CHAMPAIGN COUNTY HEA				
25/04	W 040425A	17 04/01/25	API 018259	MHB25-066	87342	505374	8,750.00	262,403.00
	W 040425A	Apr'25	MHB25-066	Disability Ap CHAMPAIGN COUNTY HEA				
25/04	W 040425A	17 04/01/25	API 018259	MHB24-045	87346	505374	7,512.00	269,915.00
	W 040425A	Apr'25	MHB24-045	Justice Invol CHAMPAIGN COUNTY HEA				
25/04	W 040425A	17 04/01/25	API 018305	MHB25-018	87369	44956	16,975.00	286,890.00
	W 040425A	Apr'25	MHB25-018	ECHO Housing CUNNINGHAM CHILDRENS				
25/04	W 040425A	17 04/01/25	API 018305	MHB25-036	87370	44956	23,511.00	310,401.00
	W 040425A	Apr'25	MHB25-036	Families Stro CUNNINGHAM CHILDRENS				
25/04	W 040425A	17 04/01/25	API 018343	MHB24-014	87377	44972	2,500.00	312,901.00
	W 040425A	Apr'25	MHB24-014	Counseling FAMILY SERVICE OF CH				

## ACCOUNT DETAIL HISTORY FOR 2025 04 TO 2025 04

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
25/04	W 040425A	17 04/01/25	API 018343 MHB24-016	87380			44972	2,410.00	315,311.00
		Apr'25	MHB24-016 Self Help Cen Family Service OF CH						
25/04	W 040425A	17 04/01/25	API 018343 MHB24-017	87381			44972	14,865.00	330,176.00
		Apr'25	MHB24-017 Senior Counselor Family Service OF CH						
25/04	W 040425A	17 04/01/25	API 018413 MHB24-013	87384			45029	27,500.00	357,676.00
		Apr'25	MHB24-013 Mental Health Promise Healthcare						
25/04	W 040425A	17 04/01/25	API 018413 MHB24-041	87386			45029	8,923.00	366,599.00
		Apr'25	MHB24-041 Wellness Promise Healthcare						
25/04	W 040425A	17 04/01/25	API 018805 MHB25-021	87371			44936	21,391.00	387,990.00
		Apr'25	MHB25-021 Shelter Case C-U AT HOME						
25/04	W 040425A	17 04/01/25	API 020173 MHB25-022	87382			505382	5,130.00	393,120.00
		Apr'25	MHB25-022 Advocacy, Car Greater Community						
25/04	W 050925A	622 04/01/25	API 010214 MHB25-034	90128			46506	5,791.00	398,911.00
		Apr'25	MHB25-034 FirstSteps Co First Followers						
25/04	W 050925A	622 04/01/25	API 010214 MHB25-003	90130			46506	7,916.00	406,827.00
		Apr'25	MHB25-003 Peer Mentorin First Followers						
25/04	W 050925A	622 04/01/25	API 010595 MHB25-009	90132			46614	15,838.00	422,665.00
		Apr'25	MHB25-009 Children, You Uniting Pride						
25/04	W 050925A	673 04/29/25	CRP 053 24772					-15,575.00	407,090.00
			Return Unused Grant MHB25-028						
25/04	W 050925A	673 04/29/25	CRP 053 24775					-34,541.00	372,549.00
			Return Unused Grant MHB25-027						
LEDGER BALANCES --- DEBITS: 422,665.00 CREDITS: -50,116.00 NET:								372,549.00	
20000154	502046	EQUIP LEASE/EQUIP RENT							
25/04	W 041125A	110 04/07/25	API 010687 248	88353			45371	199.06	199.06
		Feb'25	Copier Service 053 XEROX CORPORATION						

## ACCOUNT DETAIL HISTORY FOR 2025 04 TO 2025 04

YR/PR	ORG	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
		LEDGER BALANCES	---									
											DEBITS:	
											CREDITS:	
												199.06
20000154		502048									PHONE/INTERNET	
25/04	110	04/07/25	API	010263				88351				
	W	041125A	Internet Service	5/4/25-6/3/25	I3	BROADBAND - CU		45229				144.95
25/04	233	04/10/25	API	018287				88738				
	W	041725A	MHB Phones			CONSOLIDATED COMMUNI		45669				196.80
		LEDGER BALANCES	---								DEBITS:	
											CREDITS:	
												196.80
		GRAND TOTAL	---								DEBITS:	
											CREDITS:	
												390,217.77

59 Records printed

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

**Kim Bowdry,**  
**Associate Director for Intellectual & Developmental Disabilities**  
**Staff Report – March, April, and May 2025**

**CCDDB/CCMHB/IDDSI:** I spent most of March and April reviewing PY2026 I/DD funding requests and compiling Program Summaries for each request. I also worked on the Decision Memorandum for PY2026 funding. I am also finishing special provisions to be included in PY2026 contracts.

PY2025 3rd Quarter Reports were due on April 25, 2025. Stephanie Howard-Gallo, Contracts and Compliance Coordinator sent agency staff an email reminder of the due date on April 8, 2025. 3<sup>rd</sup> Quarter Program Reports for CCDDB and CCMHB I/DD funded programs are included in the CCDDB Board packet for review. PY2025 3<sup>rd</sup> Quarter Claims reports for CCDDB and CCMHB I/DD funded programs were created using the data entered in the system by agency staff and are also included in the CCDDB Board packet for review. These reports were reviewed and documented, the information was added to the CCDDB and CCMHB I/DD funded program Performance Data Charts.

PACE submitted their PY2024 Audit on March 30, 2025 and addressed CCDDB staff questions on March 31, 2025. The audit showed \$891 of unspent revenue. I sent a letter to PACE regarding the unspent revenue on April 7, 2025. The agency returned \$891 via check on April 25, 2025.

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

I provided support to agency users with claims in the Online System. I also worked with agency staff to merge clients who had duplicate entries in the Online System.

I participated in meetings with UIUC Stats Students. The students used demographic and zip code data to create new graphics for us. Before the end of the semester, the students will share their tools with CCDDB/CCMHB staff for future use.

I attended the Crisis Nursery Site Visit in March with Associate Director Bryson.

In late March, I participated in a Local Funders Group meeting, held at the United Way.

Executive Director Canfield and I met with representatives from Residential Developers and Marion County Horizon Center regarding local CILA openings.

I met with Director Canfield, Board Executives, and other staff members to discuss programs using I/DD set aside funds.

**Learning Opportunities:** On March 27, 2025, Laura Gallagher Watkin, JD, Director, Strategic Initiatives & Program Development, Certified Dementia Practitioner & Trainer, CRIS Healthy Aging presented 'Developmental Disability and Dementia: Caring for Persons over 40'. The training was held at the CRIS Healthy Aging office and another event is being planned for late summer/early fall.

**DISABILITY Resource Expo:** Planning for the 2025 Disability Resource Expo is underway, stay tuned for more information. The Expo Coordinators requested that Steering Committee members join the various subcommittees. A Google form was used for Steering Committee members to indicate the subcommittees that they were willing to serve on. The subcommittee choices included: Accessibility, Entertainment, Exhibitor, Marketing & Sponsorship, Volunteer, and Welcoming. The next Steering Committee meeting is being planned for mid-June.

I represented the Expo at the Community Services Center of Northern Champaign County's Resource Fair on May 8, 2025. Over fifteen current or past CCDDDB/CCMHB funded organizations were also present and over 30 people stopped by the table for information about the upcoming Expo.

**Alliance for Inclusion and Respect (AIR):** I participated in meetings with AIR partners regarding the April 25 & 26 Art Show/Sale at Ebertfest. I supported artists at the art sale on both Friday and Saturday. I coordinated with Executive Director Canfield to secure Annie Bruno, The ARC of Illinois as the AIR representative for the panel discussion after the showing of the CCMHB sponsored film, "Color Book."

**MHDDAC:** I participated in the February meeting of the MHDDAC. Lisa Wilson, ECIRMAC presented on the services provided by ECIRMAC. Karen Simms, CU TRI presented on the "We Are Well Resourced" Community Wellness & Resource Fair, scheduled for March 15-16, 2025. During the March MHDDAC meeting, Angie Bertauski-Pierce presented the array of services provided by Cunningham Children's Home. I participated in the April meeting of the MHDDAC. During the April meeting, several agency representatives provided updates.

**ACMHAI:** I chaired the March I/DD Committee meeting. Discussion during the March meeting was centered around potential cuts to Medicaid and Medicaid and the effects on people covered by those programs. The committee also discussed several House Bills (State of Illinois) for which the ACMHAI Legislative Committee was seeking input. I also chaired the May I/DD Committee meeting.

I also attended (virtually) the April Membership Meeting. During the Best Practice session, representatives from ACMHAI's political consultant organization presented on Advocacy and Fostering Relationships. State Representative Lindsay LaPointe, State Senator Laura Fine, and IDHS-Division of Mental Health, Chief of Staff Ryan Rollison were also present for discussion.

I attended the March and May Executive Committee meetings. The April meeting was cancelled due to proximity to the April Membership Meeting.

**NACBHDD:** I participated in the March and May I/DD Committee meetings. During the March meeting, discussion centered around what, if anything, the I/DD Committee could do to inform people of the harm that cuts to Medicaid and Medicare will cause.

**Human Services Council:** I was unable to participate in the March Human Services Council meeting due to a scheduling conflict. During the April HSC meeting, members provided updates and discussed potential future presentations. At the May HSC meeting, Matthew Gorden, PT, DPT. OCS, GCS, CEEAA, Certification in Vestibular Rehab, Area Director, Mettler Center, Ivy Rehab Network presented on the Fit & Strong class provided for senior citizens by Ivy Rehab. Cindy Wiback, M.A. Director of Aging & Adult Protective Services, CRIS Healthy Aging also presented on APS services and care coordination provided by CRIS.

**Champaign County Transition Planning Committee (TPC):** I participated in the March TPC meeting. Angela Yost presented on the Dual Diagnosis Program (funded by the CCDDDB). I also attended the TPC Transition Event for parents on April 1, 2025.

**Other:** I participated in the March and May LIC meetings. I also participated in several webinars.

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

### **Staff Report- May 2025**

#### **Summary of Activity**

During the months of March and April, I have dedicated a significant amount of time to reviewing PY26 funding requests and working alongside CCMHB/CCDDB staff to develop program summaries. I provided support to Ms. Canfield in preparing a decision memo regarding the allocation of PY2026 funding. This memo is included in this board packet.

I have communicated with the other agencies holding two-year contracts, prompting them to complete minor program changes to their PY25-26 application form while they remain in 'Pending' status until May 31, 2025.

Program Service Activity reports for the third quarter of PY25 were due on April 25, 2025. Ms. Howard-Gallo issued a reminder to agencies regarding the deadline for the third quarter report and the process for requesting extensions. Multiple agencies have requested extensions, including CAC, Courage Connection, and Promise Healthcare. I have carefully reviewed and compiled the information from the reports into a single document, which is included in this board packet.

**Contract Amendment/Action:** On May 7, 2025, CCRPC Homeless Services initiated a contract amendment to modify several budget line items. The total budget will stay the same. The amendment is prepared and is currently being signed by both the agency's executive director and chair, as well as the CCMHB's executive director and board president.

On May 9, 2025, a contract amendment was drafted for the UP Center following the agency's name change to Uniting Pride. The amendment is currently being signed by the executive director and board president of both the agency and the CCMHB.

**Audit/Review Update:** Kindly refer to the decision memorandum included in the board packet dated May 21st for all details.

**Site Visits:** On April 15th, Ms. Howard-Gallo assisted me on a site visit at GCAP. During the site visit, we engaged in a discussion about their service delivery and utilization data. At this moment, no issues have been observed.

**ACMHAI Committee:** I participated in the ACMHAI Membership Meetings virtually on April 3rd and 4th. On April 3rd, members listened to Liz Brown-Reeves and Kristin Rubbelke from LBR Consulting as they presented on Advocacy 101 and the importance of fostering relationships. Additionally, members received insights from State Representative Lindsay LaPointe, State Senator Laura Fine, and Ryan Rollinson, Chief of Staff for the Division of Mental Health at the Illinois Department of Human Services, regarding policies on mental health, substance use, and developmental disabilities at the state level.

On April 4th, the Business Meeting took place, featuring a roundtable discussion on transportation along with the sharing of committee and community reports by members.

The ACMHAI I/DD Committee Meeting will take place on Tuesday, May 13th, while the ACMHAI Legislative Committee Meeting is set for Tuesday, May 20th.

**AIR Ebertfest Planning Committee:** On March 13th, members engaged in a discussion about the upcoming arts show scheduled for April 25-26th at the Virginia Theater. Topics included the necessity for volunteers to help during certain films, addressing parking concerns, coordinating food trucks, planning gala events, and efforts to invite the young actor from the movie Color Book to speak at a local high school. Additionally, we explored ways to effectively represent all members, such as creating individual brochures for the art show and updating the website. On April 25th and 26th, I attended two films for Ebertfest, one of which was sponsored by the CCMHB, titled Color Book.

**CCMHDDAC Meeting:** On March 25th, members shared agency updates and listened to a presentation by Angie Bertauski-Pierce from Cunningham Children's Home. Ms. Bertauski-Pierce elaborated on the diverse services provided by her agency. On April 22nd, there was no presentation, and members shared updates from their respective agencies.

**CIT Steering Committee:** On April 2nd, the committee provided updates from the agency. The CITSC meeting scheduled for June 4th has been cancelled because the committee facilitator and the Crisis Co-Response Team will be participating in a conference in Chicago at that time.

**Continuum of Service Providers to the Homeless (CSPH):** During the meeting on April 1st, members were informed about an event featuring business owners, presented by CU at Home Executive Director Melissa Courtwright. Katie Harmon presented a summary of the Homelessness Prevention Funding and Project Prioritization. Shelter Providers Capacity shared details regarding eligibility criteria, the total number of beds available, current bed openings, waiting list figures, if relevant, and any changes or updates to services. The meeting scheduled for May 6th has been cancelled. The June meeting will be held in person, with details to be announced.

**Evaluation Capacity Committee Team:** I am actively involved in monthly meetings with CDDB/CCMHB staff and Dr. Dariotis from the Family Resiliency Center, focusing on the Evaluation Capacity project.

**Rantoul Service Provider's Meeting:** On April 21<sup>st</sup>, Cindy Crawford from CSCNCC outlined several key events, including a volunteer appreciation breakfast, a spring fling fundraiser, and a resource fair on May 8th featuring 50 agencies. Tisha Gatson from Bright Point Healthy Families Program discussed monthly playgroups and mental health referrals for families affected by abuse, while Jennifer Hesch from Crisis Nursery announced a playgroup at the Tolono Library. Lisa Kilawee from Promise Healthcare promoted an open house at the Rantoul Clinic and emphasized the importance of back-to-school exams. The Refugee Center Executive Director Lisa Wilson addressed challenges related to new immigration regulations and their impact on clients, and Rachel Tackett and Tasha Saltgaver shared information on health events and community initiatives. The next meeting is scheduled for Monday, May 19<sup>th</sup> at 9am.

**Reentry Executive Committee & Council Meetings:** On April 2<sup>nd</sup>, the council members reviewed the Reentry numbers for February 2025 and provided updates. Brandy Smith from YWCA Strive program discussed their workforce development program that helps adults who are seeking employment by learning how to use common documents, spreadsheet, and email programs, how to find and apply for jobs online, and how to stay safe online. The May Reentry Council meeting has been cancelled due to unforeseen circumstances and will be reconvened in a hybrid format on June 4th at 12:00 PM.

The Reentry Executive Committee convened on April 8th. The committee members organized and strategized for the upcoming meeting. Bethany Little, Executive Director of WIN Recovery, has joined the executive team and wishes to present at the upcoming Reentry Council meeting.

**Statistics 427 Project:** Ms. Canfield, Ms. Bowdry, and I met with the U of I Statistics 427 students for our regular monthly discussion regarding their data visualization project. The meetings concluded with the end-of-semester presentations for STAT 427 (Statistical Consulting) on May 7, 2025.

**Other Activities:**

- On April 29th, Mr. Chris Wilson and I conducted an online training session for CAC staff, focusing on CCMHB forms.
- On April 14th, from 10am-12 pm, I participated in the Community Health Prioritization event at the Champaign Library. In the meeting, we deliberated and cast our votes on prioritizing the community health needs highlighted in the 2025 Community Health Needs Assessment.

# Executive Director's Report – Lynn Canfield, May 2025

## Activities of Staff and Board Members:

To support MHB Three Year Plan goals 1-8 and DDB Three Year Plan goals 1-7, our focus has been on planning and implementation of the process by which each Board allocates funding for services through agency contracts. You have seen many details of these efforts in memos to each board and in the staff reports of others. Behind the scenes, I am committed to updating these processes as we learn from their implementation, but helpful input arrives on its own schedule, as it should. Development of contract templates for agency services is another long process, as is clarification of all program-specific details for these contracts, which will guide subsequent reporting and monitoring.

Although the Boards have authority NOT to make final decisions on all requests by a particular time, we plan for a start date of July 1, 2025 for as many as are reasonable. Agency allocations appear in each Board's budget as Contributions & Grants, by far their largest expenditure line. Determining what will be affordable for the second six months of 2025 and the first six months of 2026 is a bit of a trick as 2025 may hold more surprises and the details informing 2026 budgets are not yet available.

Many smaller budgeted costs are for non-agency activities intended to support individuals, families, agencies, and community, including those associated with the annual Expo, community awareness, and training activities. Much of this work is done through staff, independent contractors, associations, or partnerships. Costs appear as Personnel, Professional Services, Public Relations, Advertising, Books, Printing, Rental, Non-Employee Training, Food, and non-Food supply expenses.

## ***Anti-Stigma and Community Awareness:***

*(MHB goals 1, 3, 4, and 9 and DDB goals 1, 3, 5, and 8)*

**Resource information:** 211 offers call-based and online resource information. United Way, CCMHB, and CCDDDB co-fund this service. United Way has shifted from the provider of many years, PATH, Inc., to a new service, which we will learn more about in 2026 budget preparation.

**Alliance for Inclusion and Respect (AIR)** social media and website feature anti-stigma messaging and promotion of member organizations and local artists/entrepreneurs who have behavioral health conditions or disabilities. AIR sponsored an 'anti-stigma' film, "Color Book", and art shows during the 2025 Roger Ebert's Film Festival. MHB paid for film sponsorship; this and other AIR costs are budgeted as Public Relations and offset by Donations.

**disABILITY Resource Expo** is set for October 18, 2025 at Market Place Mall. Planning relies on subcommittees/workgroups. Bus route changes present a new challenge to this year's event.

## ***I/DD Special Initiatives Fund:***

*(MHB goals 1 and 4 and DDB goals 1 and 5)*

Focused on individuals with I/DD and complex support needs, allocation priorities relied on input from self-advocates. One contract addresses a high priority and has a two-year term.

## ***Support for Agency Programs:***

*(MHB goals 1, 3, 5, 6, 7, and 8 and DDB goals 1, 2, 3, 4, 6, and 7)*

**Activities described in staff reports:**

- Cultural and Linguistic Competence training and technical assistance and Mental Health First Aid training and coordination (Shandra Summerville and Ocean Richardson).
- Collaborations: Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition (Race Relations Subcommittee and Executive Committee), Champaign County Reentry Council, Human Services Council, Community Health Plan Executive Committee and Priority Workgroups, Local Funders Group, Mental Health and Developmental Disabilities Agencies Council, Youth Assessment Center Advisory Committee, and more (Kim Bowdry, Leon Bryson, Shandra Summerville, or myself).
- Monthly Provider Learning Opportunities (Kim Bowdry), free of charge and offering CEUs to a primary audience of case managers and open to other interested parties.

**Independent Contractors:**

- EMK maintains the online application and reporting system, developing enhancements upon request, and offering technical support for users.
- John Brusveen, CPA, reviews agency annual audits, compilations, and financial reviews, summarizing findings and supporting our analysis and understanding of processes.
- Barb Mann, Attorney, offers guidance as needed.

**UIUC Evaluation Capacity Project:** Ms. Bowdry, Mr. Bryson, and I meet with UIUC Family Resiliency Center team members monthly.

**UIUC Student Projects:** On May 7, I attended the final presentation of the group of Stats students who developed data visualizations for our annually reported agency data. I agreed to work with a similar project, if desired, next year. I have requested financial audit-related projects with Gies College and the School of Social Work, so far with no takers. I have also requested Community Learning Lab support for social media content and Expo engagement.

**Executive Director Activities:**

In addition to collaborations above and below, many of my regular activities lead to Board packet materials, and many others are day to day activities processing of information, maintaining our systems, working through unique questions raised by agencies and other partners, preparing and posting information for public access, planning future meetings, reevaluating our processes, reviewing and following up on audits, etc. While these may not jump out in a report, they are the heart of the work, and I rely on our strong team.

***Intergovernmental/Interagency Collaborations:***

*(MHB goals 1, 2, 4, 9, and 10 and DDB goals 1,2, 3, 5, 8, and 9)*

**Champaign County Department Heads:** with the County Executive, Administrator, and representatives from other Departments, these meetings update us on the Bennett Administrative Center, IT, personnel policies, FOIA and records retention, budget development, etc.

**Local Funders Group:** includes the Cities, Community Foundation, and United Way, to share allocation processes and decisions, data on utilization and outcomes, priorities for funding, and strengthening the local system of services.

**Metropolitan Intergovernmental Council:** local government representatives meet on topics of interest. Our February meeting presenter was unavailable, so we discussed local changes related to Executive Orders. I was not able to attend the May meeting due to other obligations.

**Regional Champaign-Vermilion Executive Committee:** I attend public forums hosted by the group and quarterly meetings of this collaboration of public and private entities working on a shared community health needs assessment and strategic plan. As in prior years, the most recent assessment has identified Behavioral Health and Community Violence as priorities, with the other two priorities being Healthy Behaviors and Access to Care. Workgroups are forming for each priority to set goals for the next three years, which will allow completion of the Community Health Plan this fall. I plan to attend at least the first meetings of each workgroup, especially to understand how their efforts might support the next CCMHB and CCDDDB strategic plans.

**Student Mental Health Community of Practice at the University of Illinois:** MHB President Molly McLay and I attend monthly meetings. Recent topics have been changes in student VISAs, mental health impacts related to larger system changes, and crisis response.

***Partnerships related to Underrepresented Populations and/or Justice System:***

*(MHB goals 1, 2, 5, 6, 7, 8, and 10 and DDB goals 1, 2, 3, and 7)*

**Champaign County Community Coalition:** the Executive Committee met April 2 to discuss the future of Strides and other supports for unhoused people; while we planned to have regular meetings of a subcommittee, this has not started. The Coalition Goal Teams meetings are held monthly, with broad public participation, but due to the timing, I am often unable to attend.

**Crisis Intervention Team (CIT) Steering Committee:** Representatives of law enforcement, EMS, hospital, behavioral health, providers of service to people in crisis or with housing insecurity, support network representatives, and other interested parties meet in even numbered months to promote CIT training and share updates.

**Drug Court Steering Committee:** This group meets periodically to support collaboration across services and funders. The County has a Redeploy Illinois grant and is seeking additional funding to support Problem Solving Courts; I have attended several related planning conversations.

**CESSA Region 6 Advisory Committee:** For these monthly public meetings, I represent the region's MHBs and DDBs. Much of the focus since has been on preparing call centers to divert mental health calls to 988. Goals include clarifying the roles of first responders from law enforcement and behavioral health prior to implementation of CESSA, which has been delayed.

***State and National Associations and Advocacy:***

*(MHB goal 10 and DDB goal 9)*

I attend monthly meetings of statewide groups **Going Home Coalition (I/DD)**, **They Deserve More Coalition (I/DD)**, **Mental Health Summit**, and the **Department of Mental Health and Trade Associations**. Some content overlaps, and all of it is relevant to our work.

**Association of Community Mental Health Authorities of Illinois (ACMHAI):** Since my term as President ended, I have enjoyed simply attending Executive Committee and I/DD Committee meetings and learning my new role as Co-Chair of the Legislative Committee. The association

relies on liaisons/lobbyists to update us on legislative activity impacting our communities and to incorporate members' priorities for advocacy. With many new boards, directors, and members, the needs of the group had become complicated, and a new lobbyist was selected last fall. They have made this committee service much easier than expected.

During our membership meeting in April, training sessions related to [legislative advocacy](#), current policy issues, and state-level initiatives. Speakers were lobbyists Liz Brown-Reeves and Kristin Rubbelke, State Representative Lindsay LaPointe, DMH-IDHS Chief of Staff Ryan Rollinson, and Senator Laura Fine. The business meeting included reports from the Transportation Summit Roundtable, Committees, President, Treasurer, Coordinator, and Communities, with Vermillion and Will Counties presenting on their work. Bylaws revisions we had worked on during fall and winter were approved.

**National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD):** As Vice President, I work with the Executive Committee to review the strategic plan, policy positions, CEO's performance, and the organization's financial statements. I attended the March Legislative and Policy Conference, with notes linked at the end of this report, and will attend other 2025 meetings virtually. I participate in quarterly meetings of the Directors of State Association Committee, to discuss developments and plan conference content, and bimonthly meetings of both the I/DD Committee and Behavioral Health and Justice Committee. Much discussion has been around real and anticipated impacts of changes at the federal level.

**National Association of Counties (NACO):** I participate in Health Steering Committee, Healthy Counties Advisory Board, and Resilient Counties Advisory Board meetings. NACO's community of practice, Familiar Faces, which evolved from the Stepping Up and Data Driven Justice Initiatives we joined in 2016, has officially ended, with discussions archived. Due to my involvement with NACBHDD, I am now a member of NACO's Board of Directors. Many meetings are held virtually, but I did attend the Legislative & Policy Conference earlier this year, with voluminous notes shared previously ([see pages 10-43 of March DDB packet.](#))

## **Stephanie Howard-Gallo**

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

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

##### **2nd Quarter Reporting:**

3rd quarter financial and program reporting was due April 25, 2025. I sent a reminder out in early April, along with the form to request an extension, if needed. Community Choices, Courage Connection, Promise Healthcare, and Children’s Advocacy Center requested and received an extension. No letters of non-compliance were issued this quarter.

##### **Other Compliance:**

I continue to contact agencies regarding submission of their approved Board minutes to us.

##### **Audits:**

The WIN Recovery audit was received on May 7, 2025.

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

The AIR art show took place at Ebertfest on April 25 and 26 inside the theatre. I organized the art show with a lot of help from other staff and Nancy Carter from NAMI. We were at capacity this year, with 13 artists selling their work. We provided lunches for them on both days. On Saturday, Rosecrance generously provided coffee and morning treats. Feedback from the artists has been very positive.

##### **Site Visits:**

February 27—Cunningham Children’s Home

April 14—Greater Community Aids Project (GCAP)

I accompanied Leon Bryson to both agencies and submitted my notes to him for the site visit report.

**Funding Applications:**

In March and April, I reviewed compliance issues and made appropriate notes in the program summaries.

**Other:**

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Attended meetings for the CCMHB/CCDDB.
- Composed minutes for the CCMHB/CCDDB meetings.
- Purging paper files that have been approved by the Illinois State Archives for disposal as we prepare for our move to the Bennett Building in Urbana later this year.

**May 2025**

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

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

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

1. **Annual Cultural Competence Training-** All training related to building skills around the values of CLC and ways to engage marginalized communities and populations that have experienced historical trauma, systematic barriers to receiving quality care. Each organization is responsible for completing and reporting on the training during PY24/PY25
2. **Recruitment of Diverse backgrounds and skills for Board of Director and Workforce-** Report activities and strategies used to recruit diverse backgrounds for the board of directors and workforce to address the needs of target population that is explained in the program application.
3. **Cultural Competence Organizational or Individual Assessment/Evaluation-** A self-assessment organizational should be conducted to assess the views and attitudes towards the culture of the people that are being served. This also can be an assessment that will identify bias and other implicit attitudes that prevent a person from receiving quality care. This can also include client satisfaction surveys to ensure the services are culturally responsive.
4. **Implementation of Cultural Competence Values/Trauma Informed Practices-** The actions in the CLC Plan will identify actions that show how policies and procedures are responsive to a person culture and the well-being of employees/staff and clients being served. . This can also show how culturally responsive, and trauma informed practices are creating a sense of safety and positive outcomes for clients that are being served by the program.
5. Outreach and Engagement of Underrepresented and Marginalized Communities defined in the criteria in the program application.
6. **Inter-Agency Collaboration-** This action is included in the program application about how organizations collaborate with other organizations formally (Written agreements) and informally through activities and programs in partnership with other organizations. Meetings with other organizations without a specific activity or action as an outcome is not considered interagency collaboration.
7. **Language and Communication Assistance-** Actions associated with CLAS Standards 5-8 must be identified and implemented in the Annual CLC Plan. The State of Illinois requires access an accommodation for language and communication access with qualified interpreters or language access lines based on the client's communication needs. This includes print materials as assistive communication devices.

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

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

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

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

### **Agency Monitoring:**

### **Completed CLC Summaries for PY26 Application Process**

### **CLC Site Visit Desk Reviews:**

- Crisis Nursery
- Community Service Center of Northern Champaign County
- First Followers
- GCAP
- WIN Recovery
- RACES

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

### **2025 Ebertfest**

Attended the Opening Gala at U of I President's Home

Sponsored Film the Color Book

Volunteer Support and Set up for AIR Art Show

### **ACMHAI:**

I attended Children's Behavioral Health Committee March 27, 2025. I am meeting with the current chairperson to transition into Chairperson Role July 1, 2025

**Human Services Council** – I attended the Human Services Council April and May.

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2024 JAN - APR	ACTUAL 2025 JAN - APR	2025 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	0.00	0.00	5,449,496.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	4,000.00
06 MOBILE HOME TAX	0.00	0.00	3,000.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>5,458,496.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	37,057.79	0.00	44,840.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>37,057.79</b>	<b>0.00</b>	<b>44,840.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
02 OTHER MISCELLANEOUS REVENUE	0.00	0.00	5,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>5,000.00</b>
<b>TOTAL REVENUES</b>	<b>37,057.79</b>	<b>0.00</b>	<b>5,508,336.00</b>
<b>EXPENDITURES</b>			
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	141,788.00	148,700.00	446,102.00
07 INSURANCE (NON-PAYROLL)	4,333.00	950.00	4,333.00
25 CONTRIBUTIONS & GRANTS	1,349,474.00	1,648,025.00	5,067,901.00
<b>5020 SERVICES TOTAL</b>	<b>1,495,595.00</b>	<b>1,797,675.00</b>	<b>5,518,336.00</b>
<b>TOTAL EXPENDITURES</b>	<b>1,495,595.00</b>	<b>1,797,675.00</b>	<b>5,518,336.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>6001 OTHER FINANCING SOURCES</b>			
01 TRANSFERS IN	0.00	0.00	10,000.00
<b>6001 OTHER FINANCING SOURCES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>10,000.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>0.00</b>	<b>0.00</b>	<b>10,000.00</b>

**FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVL MNTL DISABILITY BOARD**

**COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 01 THROUGH PERIOD: 04**



	<u>ACTUAL</u> 2024 JAN - APR	<u>ACTUAL</u> 2025 JAN - APR	<u>2025</u> ANNUAL BUDGET
<b>NET CHANGE IN FUND BALANCE</b>	<b>1,458,537.21</b>	<b>1,797,675.00</b>	<b>0.00</b>



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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 01 THROUGH PERIOD: 04

	ACTUAL 2024 JAN - APR	ACTUAL 2025 JAN - APR	2025 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	8,409.18	0.00	6,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>8,409.18</b>	<b>0.00</b>	<b>6,000.00</b>
<b>TOTAL REVENUES</b>	<b>8,409.18</b>	<b>0.00</b>	<b>6,000.00</b>
<b>EXPENDITURES</b>			
<b>5010 COMMODITIES</b>			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
<b>5010 COMMODITIES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>5,063.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	0.00	0.00	1,000.00
25 CONTRIBUTIONS & GRANTS	95,332.00	77,344.00	233,000.00
<b>5020 SERVICES TOTAL</b>	<b>95,332.00</b>	<b>77,344.00</b>	<b>234,000.00</b>
<b>TOTAL EXPENDITURES</b>	<b>95,332.00</b>	<b>77,344.00</b>	<b>239,063.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>86,922.82</b>	<b>77,344.00</b>	<b>233,063.00</b>



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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 01 THROUGH PERIOD: 04

	ACTUAL 2024 JAN - APR	ACTUAL 2025 JAN - APR	2025 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	0.00	0.00	6,634,170.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	2,000.00
06 MOBILE HOME TAX	0.00	0.00	4,200.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>6,642,370.00</b>
<b>4004 INTERGOVERNMENTAL REVENUE</b>			
76 OTHER INTERGOVERNMENTAL	141,788.00	148,700.00	446,102.00
<b>4004 INTERGOVERNMENTAL REVENUE TOTAL</b>	<b>141,788.00</b>	<b>148,700.00</b>	<b>446,102.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	38,956.14	0.00	56,270.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>38,956.14</b>	<b>0.00</b>	<b>56,270.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
01 GIFTS AND DONATIONS	575.00	1,025.00	1,000.00
02 OTHER MISCELLANEOUS REVENUE	0.00	2,699.00	23,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>575.00</b>	<b>3,724.00</b>	<b>24,000.00</b>
<b>TOTAL REVENUES</b>	<b>181,319.14</b>	<b>152,424.00</b>	<b>7,168,742.00</b>
<b>EXPENDITURES</b>			
<b>5001 SALARIES AND WAGES</b>			
02 APPOINTED OFFICIAL SALARY	34,075.36	35,779.04	116,282.00
03 REGULAR FULL-TIME EMPLOYEES	111,522.08	114,428.23	409,062.00
05 TEMPORARY STAFF	0.00	0.00	1,000.00
08 OVERTIME	0.00	0.00	500.00
<b>5001 SALARIES AND WAGES TOTAL</b>	<b>145,597.44</b>	<b>150,207.27</b>	<b>526,844.00</b>
<b>5003 FRINGE BENEFITS</b>			
01 SOCIAL SECURITY-EMPLOYER	10,588.36	10,660.89	40,189.00
02 IMRF - EMPLOYER COST	3,750.92	4,570.92	14,237.00
04 WORKERS' COMPENSATION INSURANC	641.24	678.08	2,101.00

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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2024 JAN - APR	ACTUAL 2025 JAN - APR	2025 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	0.00	0.00	1,739.00
06 EE HEALTH/LIFE	17,672.40	16,800.56	106,877.00
<b>5003 FRINGE BENEFITS TOTAL</b>	<b>32,652.92</b>	<b>32,710.45</b>	<b>165,143.00</b>
<b>5010 COMMODITIES</b>			
01 STATIONERY AND PRINTING	417.42	286.75	4,000.00
02 OFFICE SUPPLIES	662.37	482.71	4,000.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	113.09	291.02	2,000.00
05 FOOD NON-TRAVEL	729.04	380.79	1,500.00
12 UNIFORMS/CLOTHING	0.00	0.00	1,000.00
13 DIETARY NON-FOOD SUPPLIES	42.77	0.00	250.00
17 EQUIPMENT LESS THAN \$5000	2,177.25	0.00	7,500.00
19 OPERATIONAL SUPPLIES	0.00	0.00	3,000.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
<b>5010 COMMODITIES TOTAL</b>	<b>4,141.94</b>	<b>1,441.27</b>	<b>23,835.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	54,446.56	68,819.72	193,000.00
02 OUTSIDE SERVICES	2,899.47	2,469.75	10,000.00
03 TRAVEL COSTS	2,281.56	3,473.50	9,000.00
04 CONFERENCES AND TRAINING	0.00	530.00	4,000.00
05 TRAINING PROGRAMS	0.00	0.00	10,000.00
07 INSURANCE (non-payroll)	5,285.00	1,491.00	20,000.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	200.00
13 RENT	8,570.43	8,853.02	37,500.00
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	12,000.00
21 DUES, LICENSE & MEMBERSHIP	16,000.00	16,900.00	20,000.00
22 OPERATIONAL SERVICES	1,989.48	1,843.55	5,000.00
24 PUBLIC RELATIONS	15,000.00	0.00	20,000.00
25 CONTRIBUTIONS & GRANTS	1,702,989.00	1,645,050.00	6,080,090.00
37 REPAIR & MAINT - BUILDING	0.00	0.00	100.00
45 ATTORNEY/LEGAL SERVICES	0.00	0.00	2,500.00
46 EQUIP LEASE/EQUIP RENT	597.18	398.12	2,500.00
47 SOFTWARE LICENSE & SAAS	9,920.80	10,653.81	14,000.00
48 PHONE/INTERNET	946.46	786.66	3,000.00
<b>5020 SERVICES TOTAL</b>	<b>1,820,925.94</b>	<b>1,761,269.13</b>	<b>6,442,920.00</b>



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

**COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 01 THROUGH PERIOD: 04**

	<u>ACTUAL</u> 2024 JAN - APR	<u>ACTUAL</u> 2025 JAN - APR	<u>2025</u> ANNUAL BUDGET
<b>TOTAL EXPENDITURES</b>	<b>2,003,318.24</b>	<b>1,945,628.12</b>	<b>7,158,742.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>7001 OTHER FINANCING USES</b>			
01 TRANSFERS OUT	0.00	0.00	-10,000.00
<b>7001 OTHER FINANCING USES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>-10,000.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>0.00</b>	<b>0.00</b>	<b>-10,000.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>1,821,999.10</b>	<b>1,793,204.12</b>	<b>0.00</b>

## PROJECT BUDGET REPORT

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

Original Budget	Net Budget Amendments	Revised Budget	Requisitions	Encumbrances	Actuals	AvailTable Budget	Percent Used
<b>Project: DisExpo - disABILITY Resource Expo</b>							
E DisExpo	-COMM -OPER SUPP -	2,500.00	0.00	0.00	0.00	2,500.00	0.00%
E DisExpo	-COMM -STA PRINT -	5,000.00	0.00	0.00	286.75	4,713.25	5.74%
E DisExpo	-COMM -Uniform -	1,000.00	0.00	0.00	0.00	1,000.00	0.00%
<b>TOTALS for Phase/Source: COMM -</b>							
		8,500.00	0.00	0.00	286.75	8,213.25	3.37%
F DisExpo	-MISC REV -OtherMisc -	-15,000.00	0.00	0.00	-2,349.00	-12,651.00	15.66%
<b>TOTALS for Phase/Source: MISC REV -</b>							
		-15,000.00	0.00	0.00	-2,349.00	-12,651.00	15.66%
E DisExpo	-SERVICES -JB REQ TRV-	200.00	0.00	0.00	14.35	185.65	7.18%
E DisExpo	-SERVICES -LEGAL ADV -	5,000.00	0.00	0.00	0.00	5,000.00	0.00%
E DisExpo	-SERVICES -PR -	500.00	0.00	0.00	0.00	500.00	0.00%
E DisExpo	-SERVICES -PROF SVC -	50,000.00	0.00	0.00	13,875.00	36,125.00	27.75%
E DisExpo	-SERVICES -Rent -	12,500.00	0.00	0.00	0.00	12,500.00	0.00%
<b>TOTALS for Phase/Source: SERVICES -</b>							
		68,200.00	0.00	0.00	13,889.35	54,310.65	20.37%
<b>EXPENSE TOTALS for Project: DisExpo - disABILITY Resource Expo</b>							
<b>FUNDING SOURCE TOTALS for Project: DisExpo - disABILITY Resource Expo</b>							
<b>TOTALS for Project: DisExpo - disABILITY Resource Expo</b>							
<b>TOTALS FOR EXPENSE STRINGS</b>							
<b>TOTALS FOR FUNDING SOURCE STRINGS</b>							
		76,700.00	0.00	0.00	0.00	14,176.10	62,523.90
		-15,000.00	0.00	0.00	0.00	-2,349.00	-12,651.00
		61,700.00	0.00	0.00	11,827.10	49,872.90	18.48%
		61,700.00	0.00	0.00	11,827.10	49,872.90	15.66%
		76,700.00	0.00	0.00	0.00	14,176.10	62,523.90
		-15,000.00	0.00	0.00	0.00	-2,349.00	-12,651.00
		61,700.00	0.00	0.00	11,827.10	49,872.90	18.48%
		61,700.00	0.00	0.00	11,827.10	49,872.90	15.66%

## PROJECT BUDGET REPORT

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

Original Budget	Net Budget Amendments	Revised Budget	Requisitions	Encumbrances	Actuals	Available Budget	Percent Used
REPORT TOTAL	Original Budget 0.00	Net Budget Amendments 61,700.00	Revised Budget 61,700.00	Requisitions 0.00	Encumbrances 0.00	Actuals 11,827.10	Available Budget 49,872.90

## PROJECT BUDGET REPORT

### REPORT OPTIONS

#### Template Information

Report template code: PROJBU DRPT  
 Template description: Project Budget Report  
 Master template: Y

#### Report Options

Format: 8 columns  
 Segment description: Short  
 Print report definitions? Y  
 Showing funding source strings as credits? Y  
 Double space the report? N  
 Exclude project strings with zero balances? Y  
 Include cents in dollar amounts? Y  
 Amounts exceed 999 million? N  
 Only include project strings that exceed 0% of available budget

#### Column Definitions

Column 1 code:001 Original Budget  
 Column 2 code:002 Amendments  
 Column 3 code:005 Revised Budget  
 Column 4 code:007 Requisitions  
 Column 5 code:006 Encumbrances  
 Column 6 code:008 Actuals  
 Column 7 code:011 Available  
 Column 8 code:015 PCTUsd(enc/act)

#### Project String Selection

Project: Expense Funding Source  
 Phase: DisExpo DisExpo  
 Task:  
 Sub-Task:

#### Report Options

Beginning year/month: 2025/1  
 Ending year/month: 2025/12  
 Group by Major Project? N  
 Group by Budget Level? N

#### Sorting Options

1: Project Y  
 Total Y  
 Page break N  
 2: Phase/Source Total Y  
 Page break N  
 3: Task/Detail Total N  
 Page break N  
 4: Sub-Task/Type Total N  
 Page break N

#### Detail Options

Include string description: Short  
 Include Project String Detail: Y  
 Include Employee Detail: N

## PROJECT BUDGET REPORT

### REPORT OPTIONS

Incl ude Cl o s e d P r o j e c t s : N  
Incl ude J o u r n a l D e t a i l : N  
Incl ude A c t u a l D e t a i l : N  
Incl ude E n c u m b r a n c e D e t a i l : N  
Incl ude B u d g e t D e t a i l : N  
Incl ude v e n d o r I n f o : N  
Incl ude u n p o s t e d t r a n s a c t i o n s : N  
J o u r n a l s o u r c e c o d e ( s ) : N

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



## **DECISION MEMORANDUM**

DATE: May 21, 2025  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Deferred Decisions on Agency Requests

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

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

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

### **Updates:**

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

The Board voted to defer consideration of the PY26 funding requests for each of **Champaign County Christian Health Center, Immigrant**

**Services of CU, WIN Recovery, and Urbana Neighborhood Connections Center** until after an audit is submitted and any follow-up issues resolved. They deferred a decision on whether to cancel the **WIN Recovery PY2025** contract as of March 31, 2025 until the PY2024 audit report has been submitted and any follow-up issues resolved.

Both **Champaign County Christian Health Center** and **FirstFollowers** have shared their completed audits and worked with CCMHB staff to resolve issues. PY25 contracts continue, withheld payments were released, and the Board might now review Christian Health Center's PY26 request.

**WIN Recovery** shared their completed audit on May 7. CCMHB staff reviewed and discussed its content, with no follow-up needed. The January, February, and March payments which had been held were released. Because the Board has not decided whether to continue the contract from April 1 to June 30, other payments were not released, and the question of cancellation is brought. WIN Recovery's PY26 requests might also be reviewed.

### **Possible Actions:**

Motion to **continue** the **WIN Recovery PY2025** contract from April 1 through June 30, 2025, issuing payments as scheduled, provided there are no unresolved compliance issues.

*OR*

Motion to **cancel** the **WIN Recovery PY2025** contract from April 1 through June 30, 2025, with no further payments.

*OR*

Motion to **defer** a decision on whether to continue or cancel the **WIN Recovery PY2025** contract from April 1 through June 30, 2025, until (*a specific date and/or condition met.*)

Motion to **consider** the **Champaign County Christian Health Center** PY2026 funding request.

*OR*

Motion to **deny consideration of** the **Champaign County Christian Health Center** PY2026 funding request.

*OR*

Motion to **defer** consideration of the **Champaign County Christian Health Center** PY2026 funding request until *(a specific date and/or condition met.)*

Motion to **consider** the **WIN Recovery** PY2026 funding requests.

*OR*

Motion to **deny consideration of** the **WIN Recovery** PY2026 funding requests.

*OR*

Motion to **defer** consideration of the **WIN Recovery** PY2026 funding requests until *(a specific date and/or condition met.)*

## Draft CCMHB PY2026 Program Summary

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

### Agency: Champaign County Christian Health Center

**Agency mission and info:** "...to show and share the love of Jesus Christ to our neighbors of Champaign County by providing holistic, free, and quality health care services. Holistic means that we consider the whole person regarding treatment – mental, emotional, spiritual, as well as physical well-being. We offer care for free because we realize the resources of the uninsured are minimal, with most of CCCHC’s clients working full time and often having more than one job just to make ends meet. Finally, we ensure, through a strong volunteer base of over 125 people, supportive donors, numerous collaborations, and community involvement, that people that come to CCCHC for care receive quality service and excellent treatment." The agency’s site <http://ccchc2003.org/> has program, event, and other information - in three languages.

### Program: CCCHC Community Mental Health Program

**Request: \$100,000**

**Why it matters:** "... innovative practices and access to behavioral health by funding a psychiatrist to see patients and provide a partial salary for the executive director to recruit volunteer mental health professionals to provide mental health care. CCCHC partnered with Carle Hospital psychiatric residency program to provide mental health care and assessments in the community. CCCHC sees uninsured and underinsured patients, this proposal also addresses closing the gaps in access and care."

**Selected priority:** Closing the Gaps in Access and Care

### Services and People Served

**Who will benefit:** The uninsured and underinsured, disproportionately people of color, the homeless, recently released prisoners, low income, and other populations with unmet healthcare needs. There is no requirement for written proof or an application form to be granted access to services.

**Scope of services:** CCCHC offers MH care by volunteer MH practitioners. MH patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Services are provided to any uninsured and underinsured resident of Champaign County, between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage with exceptions).

**Location and frequency of services:** Champaign office. MH primary care Tuesdays and Wednesdays. Telehealth services Mon-Fri, 8am-5pm depending on the patients’ and volunteer providers’ schedules. Case management services - referrals, follow-up appointments, and troubleshooting - during office hours.

#### Residency of 62 people served in PY24 and 60 in the first half of PY25:

<b>Champaign</b>	<b>22</b> for PY24	<b>22</b> for PY25
<b>Urbana</b>	<b>30</b> for PY24	<b>15</b> for PY25
<b>Rantoul</b>	<b>2</b> for PY24	<b>5</b> for PY25
<b>Mahomet</b>	<b>1</b> for PY24	<b>1</b> for PY25
<b>Other</b>	<b>7</b> for PY24	<b>17</b> for PY25 (4 unknown)

#### Demographics of 62 people served during PY24:

<b>Age</b>	
Ages 19-59 -----	<b>59</b>
Ages 60+ -----	<b>1</b>
Not Available -----	<b>2</b>

<b>Race</b>	
White -----	<b>24</b>
Black / AA -----	<b>17</b>
Asian / PI -----	<b>16</b>
Not Available -----	<b>5</b>
<b>Gender</b>	
Male -----	<b>34</b>
Female -----	<b>26</b>
Not Available -----	<b>2</b>
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	<b>7</b>
Not of Hispanic/Latino/a Origin -----	<b>50</b>

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Any person calling for an appointment or walking in, self-reported as uninsured or underinsured. No written verification is required, no application form to gain access to services.

**Outreach to eligible people:** Community events (i.e. Farmer’s market), referrals from other health care facilities, word of mouth, billboards, radio ads, and online media.

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

**Within 0 days of assessment, 80% of those assessed will engage in services.**

**People will engage in services, on average, for:** one-time only for some; others may be a patient for years.

**Additional demographic data:** income, level of education

**Staff comment:** Outreach and organizational collaboration are critical to this program's success.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

- 1) 500 patients will be screened to assess mental health needs
- 2) 50 patients will receive ongoing mental health care
- 3) 75 patients will have acute mental health issues treated/addressed
- 4) 25 African American churches contacted/engaged directly (to inform of MH services)
- 5) 10 LatinX and African-American-frequented sites engaged by Outreach Director

**Specific assessment tools and data collection:**

- 1) Electronic Health Records - general patient data
- 2) Electronic Health Records - data files on mental health patients
- 3) Electronic Health Records - data files on mental health patients

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** Weekly or upon appointment completion.

**Staff comment:** Retains outcomes, targets, and collection tools from PY25, adds two new outcomes (#4 and #5) but no assessment tool specific to these. As in previous years, outcomes relate to the program’s performance, though a measure of change in individual client wellness could be developed.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 200 people assessed by a healthcare provider with at least one behavioral or mental health issue to address.

**Non-Treatment Plan Clients (NTPCs):** 500 people receiving health education info at outreach events plus family members of patients who come to the clinic.

**Service Contacts (SCs):** 500 who call about services and do not come in for appt (who either need services beyond the agency’s capacity or do not show up.)

**Community Service Events (CSEs):** 16 total of: screenings at events, meetings with other providers, and presentations about the clinic.

**Other:** 100 patients referred to other healthcare facilities.

**Staff comment:** Definitions continue from PY25; client targets same, service contacts lower, events increased.

<b>PY26 Targets</b>	200 TPCs	500 NTPCs	500 SCs	16 CSEs	100 Other
<b>PY25 First Two Quarters</b> (per submitted Service Activity Reports)					
First Quarter	38	300	22	8	3
Second Quarter	22	265	18	6	4
<i>Annual Targets</i>	<i>200 TPCs</i>	<i>500 NTPCs</i>	<i>800 SCs</i>	<i>8 CSEs</i>	<i>100 Other</i>
<b>PY24 All Four Quarters</b> (per submitted Service Activity Reports)					
First Quarter	6	48	28	3	10
Second Quarter	4	142	319	2	0
Third Quarter	8	0	289	3	25
Fourth Quarter	44	795	30	5	50
<i>Actual Totals</i>	<i>62 TPCs</i>	<i>985 NTPCs</i>	<i>666 SCs</i>	<i>13 CSEs</i>	<i>85 Other</i>
<i>Annual Targets</i>	<i>160 TPCs</i>	<i>500 NTPCs</i>	<i>800 SCs</i>	<i>8 CSEs</i>	<i>100 Other</i>

## Financial Analysis

**PY2026 CCMHB request:** \$100,000

**PY2026 total program budget:** \$100,000

**Current year CCMHB funding (PY2025):** \$33,000

**Proposed change in CCMHB funding - PY2025 to PY2026 = 203%**

**CCMHB request is for 100% of total program revenue.**

**Personnel costs of \$80,000 are 80% of the requested amount.**

Other expenses are Professional Fees/Consultants \$10,000, Consumables \$5,000, and General Operating \$5,000. (Professional Fees to be charged to this contract are 100% of the agency’s budget for this cost.)

**Total agency budget has a surplus of \$7,000, total program and CCMHB budgets are balanced.**

### Details from personnel form:

No indirect personnel are described. This will need to be corrected, as it will impact the personnel and expense budget forms. Of direct staff, this proposed contract would cover 36% of the salary of the full-time Outreach & Wellness Director, 100% of a 0.15 time Psychiatrist (to be hired), 14% of the full-time Clinic & Fund Development Director, and 13% of the full-time Operations Director.

**Program staff to be funded by CCMHB:** 0.78 Direct = 0.78 FTEs. **Total program staff:** same.

### Staff comments:

Could any of the agency revenue (total = \$1,955,000) be allocated to support this program? The proposed budget plan shows \$7,000 agency surplus, which could be used to lower the cost to MHB.

Professional Fees will pay for a financial audit. Currently, CCMHB funds are budgeted to cover 100% of the cost of the financial audit. If other funding sources require a financial audit, that source’s funds should also be used to cover the cost of the audit at a level proportional to the funding amount.

**Capacity for financial clarity:** Assessment of this capacity relies not only on the application and on history of the partnership but also on review of self-reported quarterly financial reports and annual audits. CCCHC’s

financial reviews and audits have been delayed each year for the last 4 years (see details below.) If funded, it will be helpful to share a plan for tracking audit progress and communicating with MHB Financial Manager.

**Budget and program connectedness:** Budget Narrative does not address the projected \$7,000 agency surplus or describe the significant increase in requested funding; with the volume of service to remain at current/prior year levels (other than events), additional explanation will be helpful. While it mentions that the agency uses a third party for payroll processing, fees for such service do not appear anywhere in the Budget Narrative form.

**If applicable, audit findings:** At the time of this writing, the PY2024 agency audit has not been completed.

## Agency Cultural and Linguistic Competence Plan

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

**Highlights from the submitted CLC Plan:** CCCHC will provide cultural competence training to the board members and staff members annually. In addition, interpreters will be provided, and materials are available in multiple languages. Their Community Mental Health Program will provide mental health support to uninsured and underinsured people.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25?** Yes.

**Highlights from the submitted CLC Progress Report:** Training has not been completed as of April 2025. Interpreters and language services have been provided for non-English speaking people. Software for translation services is being considered for the future.

**Staff comment:** CCCHC should consider partnering with another organization to complete the training requirement. Due to staff capacity completing the annual CLC training requirement has been a barrier. A CLC Site Visit was conducted in PY24. Technical Assistance and support were offered by the CLC Coordinator.

## Criteria for Best Value

**Budget and program connectedness** (*see above*).

**Participant outcomes** (*see above*).

**Self-determination and self-direction in service planning:** services based on requests and assessments

**Eliminating disparities in access and care** (*program specific, see CLC Plan for agency wide details*): satellite sites and community events include rural areas (with follow up at main clinic site); due to disparities in income and insurance coverage, the target population overlaps with minority populations; data show engagement.

**Promoting inclusion and reducing stigma:** patients are welcomed and treated with dignity and respect

**Influence of impacted individuals on services and staffing:** by engagement with community groups & events.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** not a focus, but some telehealth services are offered.

**Unique approach:** The Case for Faith: Celebrating Hope in Mental Health Care

<https://www.aacc.net/2018/01/01/the-case-for-faith-celebrating-hope-in-mental-health-care/>

**Staff credentials:** Founder/Operations Director has a PhD in Community Health; Outreach and Wellness Director has a M.S degree with health coaching experience; Clinic and Fund Development Director has a bachelor's degree with health education experience at Carle Hospital; current or retired medical providers from local health care organizations have current licenses on file.

**Other funding and resource leveraging:** not used as match for other revenue source, clients are not asked to pay a fee, and the program does not participate in Medicaid. Free lab work through OSF and reduced cost lab work through Carle. It is unclear if other funding has been maximized.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**Agency capacity for financial clarity** (*see Financial Analysis section above*).

**If applicable, compliance issues:** Because the agency board meeting minutes have not typically been shared with MHB staff on a regular basis, the agency should share them in a timely manner, quarterly or more often. In prior years, agency financial reviews/audits have been delayed: PY23 was submitted on 3/25/24; PY22 on 1/5/23; and PY21 on 5/11/22. Per MHB Funding Requirements and Guidelines, the agency is not eligible for funding without the most recent year (PY24) audit.

**All forms submitted by deadline:** Yes. Submitted February 9, 2025.

**Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD:** Yes.

**Evidence that other sources of funding have been maximized (see Criteria for Best Value above).**

**Coordinated system:** describes collaborations; lab agreements with OSF and Carle

**Written collaborative agreements:** none in writing but “practiced for over 20 years”

**Referral between providers:** Yes.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: develop and clarify the financial plan to include indirect staff costs and activities and distribute the cost of an audit across all funders requiring one; clarify the need for increased funding and/or plan to use other resources prior to MHB funds - an MHB contract amount of \$93,000 would allow for use of the proposed budget’s agency surplus.*
- *New special provisions: submit agency board minutes to the MHB Operations and Compliance Coordinator each quarter at a minimum; provide MHB staff with an additional report each quarter on the progress of the annual audit, with documentation from the independent CPA firm so that any future delays are either avoided or communicated in advance.*
- *Consider continuing PY25 special provisions.*

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

## Draft CCMHB PY2026 Program Summary

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

### Agency: WIN Recovery

**Agency vision and info:** “WIN Recovery’s vision is to transform and abolish the overpopulation of women incarcerated in Illinois. We fight discrimination against formerly incarcerated individuals in the areas of employment, housing, and parental rights.” Information about the agency, its services, how to get involved, and more is available on its website <https://www.win-recovery.org/>.

### Program: Community Support Re-Entry Houses

**Request: \$183,000**

**Why it matters:** “... because of the urgent, immediate needs that our populations experiences when reentering society. There must be more prison reentry preparation programs to help justice impacted individuals navigate a foreign world... We provide a healing nexus with trauma informed programming during a period of tremendous volatility.”

**Selected priority:** Safety and Crisis Stabilization, also aligns with Healing from Interpersonal Violence

**Staff comment:** This section speaks to the purpose of the other application (a new request) as well.

### Services and People Served

**Who will benefit:** Justice impacted women and LGBTQ2+ individuals, with SUD or co-occurring MH diagnoses, reentering the community.

**Scope of services:** The agency offers individualized services for justice impacted individuals; this service navigation can include linkage to: housing, case management, physical and behavioral health services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer groups, civic participation, family therapy and reunification, compliance with parole and similar, and recovery-based programming. The homes and center provides women with food, bedding, laundry supplies, and other necessities, allowing them to focus on their recovery. Women come to the center to re-group, facilitate peer-led groups, and learn about community resources. MHB funds would help with fees accumulated during incarceration or through DCFS, parole, probation, or legal counsel.

**Location and frequency of services:** Services are provided at the three homes and a resource center, all located in Champaign. Referrals to other providers for other supports. For those completing onsite living phase, follow up support is provided as needed. Frequency is not identified, possibly based on individual need.

**Staff comment:** A nice way to transition individuals who need immediate care after prison.

#### Residency of 15 people served in PY24 and 9 in the first half of PY25:

<b>Champaign</b>	<b>9</b> for PY24	<b>6</b> for PY25
<b>Urbana</b>	<b>4</b> for PY24	<b>0</b> for PY25
<b>Rantoul</b>	<b>0</b> for PY24	<b>0</b> for PY25
<b>Mahomet</b>	<b>0</b> for PY24	<b>0</b> for PY25
<b>Other (unhoused)</b>	<b>2</b> for PY24	<b>3</b> for PY25

#### Demographics of 15 people served during PY24:

<b>Age</b>	
Ages 19-59 -----	<b>15</b>
<b>Race</b>	

White -----	13
Black / AA -----	1
Other (incl. Native American, Bi-racial)-	1
<b>Gender</b>	
Male -----	0
Female -----	14
Other -----	1
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	12
Not available-----	2

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Women or LGBTQ2+ community, from jail, prison, halfway house, or treatment center, with felony background or current criminal justice involvement; on parole, probation, or pretrial services, with DCFS involvement, MI, SUD, trauma history, or homeless; from Champaign County, with evidence of need for service and limited financial resources. Brief eligibility questionnaire, assessment by coordinator, and leadership review of case eligibility. (Those not accepted into community homes will be served through the WRRRC or referred to partner organizations.)

**Outreach to eligible people:** From treatment centers, Illinois Department of Corrections (IDOC), Court Services, Illinois Parole Reentry Group, and other State agencies; feedback and network capacity of WIN house residents; Champaign County Reentry Council, Illinois Reentry Council; reentry summits in Decatur and Logan correctional centers.

**Within 2 days of referral, 100% of those referred will be assessed.**

**Within 2 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for:** 275-365 days (transitional housing).

**Additional demographic data:** Identification documents, family reunification, criminal history, treatment completion, social economic status, income, employment status, education, recovery milestones, formerly incarcerated, and number of children.

**Staff comment:** Solid outreach and good turnaround time for engaging referrals.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

12 evidence-based benchmarks from A New Way of Life’s Safe House model, plus family reunification:

1. Housing stability.
2. Acquiring personal identification.
3. Maintenance of sobriety.
4. Development of self-identified goals.
5. Progress toward achieving self-identified goals.
6. Compliance with conditions of probation or parole.
7. No re-incarceration.
8. Ability to access benefits or assistance.
9. Regular attendance at recovery meetings.
10. Enrollment in school.
11. Access resources to employment.
12. Sought employment.
13. Family reunification (if applicable).

**Specific assessment tools and data collection:**

MissionTracker for all; data collection frequency varies with relevance to each outcome; includes details on frequency of collection of each, with self-reports by clients and documentation in staff case notes.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** 1<sup>st</sup> phase, 2<sup>nd</sup> phase, 3<sup>rd</sup> phase, and 3 months into independent living.

**Staff comment:** includes description of the program’s theory of change model, appropriate assessment tool and process, and timeline for data collection; references working with the evaluation team to develop a tool to assess whether the program is experienced as gender-responsive, trauma-informed, and supportive of identity. If this is not completed within PY25, it could be a focus for PY26. This agency participated in the evaluation team’s workshop in November 2024.

Measures of Utilization

**Treatment Plan Clients (TPCs):** 25 people with residential, recovery support plans, case management.

**Non-Treatment Plan Clients (NTPCs):** 50 – people who don’t qualify for homes but use resource center initially, PLUS family members reunited with client during engagement in services.

**Community Service Events (CSEs):** 15 reentry summits, panel discussions, civic engagement events.

**Service Contacts (SCs):** 75 people contacting through screening phone number or walk-in, including referrals to partner organizations with Linkage Agreements (MOUs).

**Staff comment:** Targets and definitions are clearer than in prior year, though TPC and NTPC appear to be a blend of this program and the new proposed program.

<b>PY26 Targets</b>	25 TPCs	50 NTPCs	75 SCs	15 CSEs
<b>PY25 First Two Quarters</b> (per submitted Service Activity Reports)				
First Quarter	5	1	17	7
Second Quarter	3	0	19	21
<i>Annual Targets</i>	<i>12 TPCs</i>	<i>0 NTPCs</i>	<i>40 SCs</i>	<i>10 CSEs</i>
<b>PY24 All Four Quarters</b> (per submitted Service Activity Reports)				
First Quarter	13	0	7	3
Second Quarter	2	0	12	4
Third Quarter	3	3	38	5
Fourth Quarter	5	0	16	3
<i>Actual Totals</i>	<i>23 TPCs</i>	<i>3 NTPCs</i>	<i>73 SCs</i>	<i>15 CSEs</i>
<i>Annual Targets</i>	<i>40 TPCs</i>	<i>0 NTPCs</i>	<i>40 SCs</i>	<i>10 CSEs</i>

Financial Analysis

**PY2026 CCMHB request:** \$183,000

**PY2026 total program budget:** \$583,000

**Current year CCMHB funding (PY2025):** \$183,000

**Proposed change in CCMHB funding - PY2025 to PY2026 = 0%**

**CCMHB request is for 31% of total program revenue.**

Other program revenue is from ICJIA VOCA Grants \$225,000, Pritzker Family ReUnification Grant \$125,000, and IDOC Program Service Fees \$50,000.

**Personnel costs of \$110,400 are 60% of the requested amount.**

Other expenses are Professional Fees/Consultants \$10,000, General Operating \$5,000, Occupancy \$22,200, Equipment Purchases \$15,000, and Lease/Rental \$20,400.

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

**Details from personnel form:**

This contract would cover the full salaries of two full-time direct staff: a CU Resilience Coordinator and a Community Home Coordinator.

**Program staff to be funded by CCMHB:** 2 Direct = 2 FTEs.

**Total program staff:** 2 Direct = 2 FTEs.

**Staff comments:**

Professional Fees will pay for accounting services, business consulting services, and the financial audit. General Operating will pay for a portion of the agency's post office box, stamps, shipping, film and promotional material, letterhead, brochures, general liability insurance, security, equipment repair, and internet service. Occupancy expense will pay for a portion of the agency's utilities, building maintenance costs, and property insurance. Equipment expense will pay for appliances for the third home, such as refrigerator, deep freezer, washer/dryer, and microwave. Any appliances with a per unit cost of \$2,500 or more should be recategorized to Miscellaneous. Lease/Rental will pay for office space.

**Capacity for financial clarity:** Apparent errors in some financial forms are noted.

Assessment of an organization's capacity for financial clarity relies not only on the application and on history of the partnership but also on review of self-reported quarterly financial information and annual audits, for which there have been delays each year (see below for details.) It will be helpful to share a plan for tracking audit progress and communicating with MHB Financial Manager.

**Budget and program connectedness:** Errors exist in the revenue and expense budget forms. While the Budget Narrative provides good additional details on all agency revenues, expenses, and the relationship between staff and services, program-specific detail is missing (in fact, this form is identical to the one submitted with the agency's other application).

**If applicable, audit findings:** PY2024 agency audit was not completed at the time of this writing.

## Agency Cultural and Linguistic Competence Plan

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

**Highlights from the submitted CLC Plan:** The submitted plan will need to be updated to reflect PY 26 for the timeframe. All staff and board members will receive the annual DEI training. The board will update policies based on client feedback from satisfaction surveys. Digital and hard copies of qualified interpreters will be available to clients with language and communication needs.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25?** Yes

**Highlights from the submitted CLC Progress Report:** WIN is committed to comprehensive training that emphasizes the importance of behavioral health. Staff is trained in Narcan education and awareness to ensure the health of the community. The Executive Director is committed to providing support and training about the importance of intersectionality. This will promote inclusion and compassion about the community that is being served at WIN.

**Staff comment:** WIN will need to update the CLC Plan to reflect the timeframe for PY26.

## Criteria for Best Value

**Budget and program connectedness** (*see above*).

**Participant outcomes** (*see above*).

**Self-determination and self-direction in service planning:** describes individualized support.

**Eliminating disparities in access and care** (*program specific, see CLC Plan for agency wide details*): rural residents served at Champaign locations; target population are under-resourced, so focusing support on them bridges gaps to other resources and to independence.

**Promoting inclusion and reducing stigma:** by openly sharing views, solving problems together, having diverse leadership, including program graduates, staff/board/client training on intersectionality.

**Influence of impacted individuals on services and staffing:** staff have lived experience with justice system and family experience with SUD; peer support groups featured.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** virtual service options are not mentioned; technology training not a program focus.

**Unique approach:** A New Way of Life Reentry Project; replication study [https://anewwayoflife.org/wp-content/uploads/2018/10/case\\_study\\_a\\_new\\_way\\_of\\_life\\_replication\\_study.pdf](https://anewwayoflife.org/wp-content/uploads/2018/10/case_study_a_new_way_of_life_replication_study.pdf); describes research on trauma-informed approach to SUD treatment for women; and links to article on multiple barriers faced by women - <https://doi.org/10.1080/10550881003684582>

**Staff credentials:**

Director/Founder has a Bachelor's in Communications, MSW with concentration in MH, and is a QMHP. Program Manager has a BSW.

Lead Universal Coordinator has family members in recovery/active addiction.

Grant writer has knowledge of SUD and MH, due to medical school rotations.

**Other funding and resource leveraging:** not used as match for another source of revenue; details other funding (pursued, secured, or planned); although fees from clients are listed on the revenue form, the program plan narrative says people do not pay a fee; program is not eligible for Medicaid participation.

**Staff comment:** similar to sections of the other request for funding (i.e., not entirely program specific.)

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**Agency capacity for financial clarity (see *Financial Analysis section above*).**

**If applicable, compliance issues:** Payments have been suspended due to late audits each year, as is currently the case. The PY23 audit was submitted on 4/24/24, and PY22 on 7/7/23.

WIN frequently requests an extension for quarterly reports, which are approved, avoiding payment suspension. In the 3<sup>rd</sup> quarter of PY24 they did not request an extension but submitted reports within 4 days of the deadline. The agency should submit approved Board minutes at least quarterly. Because their board has only one local representative, it is important to retain that member or replace them quickly with another county resident to maintain eligibility for funding.

Per MHB Funding Requirements and Guidelines, the agency is not eligible for funding without the most recent year (PY24) audit.

**All forms submitted by deadline:** Yes.

**Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD:** Yes.

**Evidence that other sources of funding have been maximized (see *Criteria for Best Value above*).**

**Coordinated system:** relationships with Champaign County Christian Health Center, FirstFollowers, Rosecrance, Pavilion, Carle Addiction, Champaign County Drug Court, Champaign County Probation, and local Parole Reentry Group; UIUC for education and internship opportunities.

**Written collaborative agreements:** Housing Authority of Champaign County; Illinois Dept of Corrections.

**Referral between providers:** Yes.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: update CLC Plan; correct financial forms; identify measurable targets for each outcome; if this and the other proposal are both funded, clarify utilization categories and targets specific to each.*
- *Consider continuing PY25 special provisions.*
- *New special provisions: provide agency board minutes at least quarterly; reply to communications from MHB staff within one week and, in the event of requests beyond the scope of MHB staff, attend Board meetings to answer board questions; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*

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

## Draft CCMHB PY2026 Program Summary

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

### Agency: WIN Recovery

**Agency vision and info:** “WIN Recovery’s vision is to transform and abolish the overpopulation of women incarcerated in Illinois. We fight discrimination against formerly incarcerated individuals in the areas of employment, housing, and parental rights.” Information about the agency, its services, how to get involved, and more is available on its website <https://www.win-recovery.org/>.

### Program: Win Resilience Resource Center - NEW

**Request: \$270,000**

**Why it matters:** “... because of the urgent, immediate needs our populations experience when reentering society. There must be more prison reentry preparation programs to help justice individuals navigate a foreign world. WIN Recovery’s Resilience Resource Center (WRRC) serves as this bridge... We provide a healing nexus with trauma informed programming during a period of tremendous volatility.”

**Selected priority:** Safety and Crisis Stabilization. Also aligns with Healing from Interpersonal Violence

### Services and People Served

**Who will benefit:** Justice impacted women and LGBTQ2+ individuals with SUD or co-occurring MH diagnoses, reentering the community.

**Scope of services:** Agency offers individualized services for justice impacted individuals; this service navigation can include linkage to: housing, case management, physical and behavioral health services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer groups, civic participation, family therapy and reunification, compliance with parole and similar, and recovery-based programming. The Center provides women with food, bedding, laundry supplies, and other necessities, allowing them to focus on their recovery. Women come to the center to re-group, facilitate peer-led groups, and learn about community resources. MHB funds would help with fees accumulated during incarceration or through DCFS, parole, probation, or legal counsel.

**Location and frequency of services:** the resource center is a hub for community-based supports, designed to offer “a nurturing atmosphere...” After initial screening assessment, possible residential support. Frequency of service is not identified, possibly based on individual need.

**Staff comment:** Very similar to services described in the program application for Community Support Re-Entry Houses (which is currently funded). This request adds a service location and walk-in capacity.

### Measures of Client/Participant Access

**Eligibility criteria and determination:** Women or LGBTQ2+ community, from jail, prison, halfway house, or treatment center, with felony background or current criminal justice involvement; on parole, probation, or pretrial services, with DCFS involvement, MI, SUD, trauma history, or homeless; from Champaign County, with evidence of need for service and limited financial resources. Brief eligibility questionnaire, assessment by coordinator, and leadership review of case eligibility. (Those not accepted into community homes will be served through the WRRC or referred to partner organizations.)

**Outreach to eligible people:** From treatment centers, Illinois Department of Corrections (IDOC), Court Services, Illinois Parole Reentry Group, and other State agencies; feedback and network capacity of WIN house residents; Champaign County Reentry Council, Illinois Reentry Council; reentry summits in Decatur and Logan correctional centers.

**Within 2 days of referral, 100% of those referred will be assessed.**

**Within 2 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for: 365 days.**

**Additional demographic data:** Identification documents, family reunification, criminal history, treatment completion, social economic status, income, employment status, education, recovery milestones, formerly incarcerated, and number of children.

**Staff comment:** Similar to access for the other program, with explanation of relationship between them.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

12 evidence-based benchmarks from A New Way of Life's Safe House model, plus family reunification:

1. Housing stability.
2. Acquiring personal identification.
3. Maintenance of sobriety.
4. Development of self-identified goals.
5. Progress toward achieving self-identified goals.
6. Compliance with conditions of probation or parole.
7. No re-incarceration.
8. Ability to access benefits or assistance.
9. Regular attendance at recovery meetings.
10. Enrollment in school.
11. Access resources to employment.
12. Sought employment.
13. Family reunification (if applicable).

### Specific assessment tools and data collection:

MissionTracker for all; data collection frequency varies with relevance to each outcome; includes details on frequency of collection of each, with self-reports by clients and documentation in staff case notes.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** 1<sup>st</sup> phase, 2<sup>nd</sup> phase, 3<sup>rd</sup> phase, and 3 months into independent living.

**Staff comment:** Identical to outcomes sections of the other program proposal. Specific targets should be developed for each outcome, possibly different for each program. This agency participated in the evaluation team's workshop in November 2024.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 25 people with residential, recovery support plans, case management.

**Non-Treatment Plan Clients (NTPCs):** 50 – people who don't qualify for homes but use resource center initially, PLUS family members reunited with client during engagement in services.

**Community Service Events (CSEs):** 15 reentry summits, panel discussions, civic engagement events.

**Service Contacts (SCs):** 75 people contacting through screening phone number or walk-in, including referrals to partner organizations with Linkage Agreements (MOUs).

**Staff comment:** Targets and categories are the same as those of the agency's other program application. Separate targets should be developed for each program. In an earlier section of the program plan narrative, the proposal identified projection to serve 75-80 individuals – is this for the WRRC or for all sites combined?

**PY26 Targets**      25 TPCs   50 NTPCs   75 SCs   15 CSEs

## Financial Analysis

**PY2026 CCMHB request:** \$270,000

*WIN Recovery – Win Resilience Resource Center*

**PY2026 total program budget:** \$584,000

**Current year CCMHB funding (PY2025):** N/A – a new request

**CCMHB request is for 46% of total program revenue.**

Other program revenue is from ICJIA VOCA Grant \$237,000, IDOC Program Service Fees \$50,000, and Program Service Fees from Clients \$27,000.

**Personnel costs of \$181,400 are 67% of the requested amount.**

Other expenses are Professional Fees/Consultants \$10,000, General Operating \$16,000, Occupancy \$11,000, Equipment Purchases \$10,600, and Lease/Rental \$41,000.

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

**Details from personnel form:**

Full salaries of 3 full-time direct staff: a C-U Resilience Coordinator, CU Program Manager, and C-U Lead Universal Coordinator.

**Program staff to be funded by CCMHB:** 3 Direct = 3 FTEs.

**Total program staff:** 3 Direct = 3 FTEs.

**Staff comments:**

Professional Fees will pay for accounting services, business consulting services, and the financial audit. General Operating will pay for a portion of the agency's post office box, stamps, shipping, film and promotional material, letterhead, brochures, general liability insurance, security, equipment repair, and internet service. Occupancy expense will pay for a portion of the agency's utilities, building maintenance costs, and property insurance. Equipment expense will pay for appliances for the third home, such as refrigerator, deep freezer, washer/dryer, and microwave. Any appliances with a per unit cost of \$2,500 or more should be recategorized to Miscellaneous. Lease/Rental will pay for office space.

**Capacity for financial clarity:** Apparent errors in some financial forms are noted.

Assessment of an organization's capacity for financial clarity relies not only on the application and on history of the partnership but also on review of self-reported quarterly financial information and annual audits, for which there have been delays each year (see below for details.) It will be helpful to share a plan for tracking audit progress and communicating with MHB Financial Manager.

**Budget and program connectedness:** Errors exist in the revenue and expense budget forms. While the Budget Narrative provides good additional details on all agency revenues, expenses, and relationship between staff and services, program-specific detail is missing (in fact, this form is identical to the one submitted with the agency's other application).

**If applicable, audit findings:** a new request from a funded agency, this program is not included in prior audits.

## Agency Cultural and Linguistic Competence Plan

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

**Highlights from the submitted CLC Plan:** The submitted plan will need to be updated to reflect PY 26 for the timeframe. All staff and board members will receive the annual DEI training. The board will update policies based on client feedback from satisfaction surveys. Digital and hard copies of qualified interpreters will be available to clients with language and communication needs.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY25?** Yes

**Highlights from the submitted CLC Progress Report:** WIN is committed to comprehensive training that emphasizes the importance of behavioral health. Staff is trained in Narcan education and awareness to ensure the health of the community. The Executive Director is committed to providing support and training about the

importance of intersectionality. This will promote inclusion and compassion about the community that is being served at WIN.

**Staff comment:** WIN will need to update the CLC Plan to reflect the timeframe for PY26.

## Criteria for Best Value

**Budget and program connectedness** (*see above*).

**Participant outcomes** (*see above*).

**Self-determination and self-direction in service planning:** describes individualized support.

**Eliminating disparities in access and care** (*program specific, see CLC Plan for agency wide details*): rural residents served at the Champaign location (which aims to be inclusive and nurturing); target population are under-resourced, so focusing support on them bridges gaps to other resources and to independence. (Notes that the agency's clients have a 3% recidivism rate, compared with 44% of IDOC general population.)

**Promoting inclusion and reducing stigma:** by openly sharing views, solving problems together, having diverse leadership, including program graduates, staff/board/client training on intersectionality.

**Influence of impacted individuals on services and staffing:** staff have lived experience with justice system and family experience with SUD; peer support groups featured.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** virtual service options are not mentioned; technology training not a program focus.

**Unique approach:** A New Way of Life Reentry Project; replication study [https://anewwayoflife.org/wp-content/uploads/2018/10/case\\_study\\_a\\_new\\_way\\_of\\_life\\_replication\\_study.pdf](https://anewwayoflife.org/wp-content/uploads/2018/10/case_study_a_new_way_of_life_replication_study.pdf); describes research on trauma-informed approach to SUD treatment for women; and links to article on multiple barriers faced by women - <https://doi.org/10.1080/10550881003684582>

**Staff credentials:** Director/Founder has a Bachelor's in Communications, MSW with concentration in MH, and is a QMHP; Program Manager has a BSW; Lead Universal Coordinator has family members in recovery/active addiction; grant writer has knowledge of SUD and MH, due to medical school rotations.

**Other funding and resource leveraging:** not used as match for another source of revenue; details other funding (pursued, secured, or planned); although fees from clients are listed on the revenue form, the program plan narrative says people do not pay a fee; program is not eligible for Medicaid participation.

**Staff comment:** similar to sections of the other request for funding (i.e., not entirely program specific.)

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**Agency capacity for financial clarity** (*see Financial Analysis section above*).

**If applicable, compliance issues:** Payments have been suspended due to late audits each year, as is currently the case. The PY23 audit was submitted on 4/24/24, and PY22 on 7/7/23.

WIN frequently requests an extension for quarterly reports, which are approved, avoiding payment suspension. In the 3<sup>rd</sup> quarter of PY24 they did not request an extension but submitted reports within 4 days of the deadline. The agency should submit approved Board minutes at least quarterly. Because their board has only one local representative, it is important to retain that member or replace them quickly with another county resident to maintain eligibility for funding.

Per MHB Funding Requirements and Guidelines, the agency is not eligible for funding without the most recent year (PY24) audit.

**All forms submitted by deadline:** Yes.

**Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD:** Yes.

**Evidence that other sources of funding have been maximized** (*see Criteria for Best Value above*).

**Coordinated system:** relationships with Champaign County Christian Health Center, FirstFollowers, Rosecrance, Pavilion, Carle Addiction, Champaign County Drug Court, Champaign County Probation, and local Parole Reentry Group; UIUC for education and internship opportunities.

**Written collaborative agreements:** Housing Authority of Champaign County; Illinois Dept of Corrections.

**Referral between providers:** Yes.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2026 contract:

- *Revisions prior to contract: update the CLC Plan; correct financial forms; identify measurable targets for each outcome; if this and the agency's other proposal are both funded, clarify utilization categories and targets specific to each.*
- *Special provisions: provide agency board minutes at least quarterly; work with the evaluation team on a program-specific tool; reply to communications from MHB staff within one week and, in the event of requests beyond the scope of MHB staff, attend Board meetings to answer board questions; provide quarterly updates from the contracted CPA firm so that audit progress is demonstrated.*

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



## BRIEFING MEMORANDUM

**DATE:** May 21, 2025  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Leon Bryson and Kim Bowdry, Associate Directors,  
and Lynn Canfield, Executive Director  
**SUBJECT:** ***DRAFT Allocation of PY2026 Funding***

### **Purpose:**

For consideration by the CCMHB, this memorandum presents staff suggestions related to funding for the Program Year (PY) 2026 (July 1, 2025 through June 30, 2026.) Decision authority rests with the CCMHB and their sole discretion concerning appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing, affordability, and distribution across categories of need and service intensity. ***All of the motions presented below are for discussion only, with no board action requested at this time; actions will be requested on May 28.***

### **Statutory Authority:**

The [Illinois Community Mental Health Act \(405 ILCS 20 / Section 0.1 et. seq.\)](#) is the basis for CCMHB funding policies. All funds are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The allocation scenarios described in this memorandum are based on board and staff assessment of how closely applications align with statute, CCMHB funding policies, and approved decision support criteria and priorities. Best and Final Offers may be sought as part of the contract negotiation process. The CCMHB reserves the right to refrain from making an award when such action is deemed to be in the best interest of the County.

### **Background:**

**Input from people with MI, SUD, or I/DD and their supporters** should influence system advocacy and planning. The CCMHB participates in a collaborative community health needs assessment, but they welcome direct input from those who know best. During a [study session on October 16, 2024](#), people offered written and oral observations about services they had accessed, some funded by the Board, but not all.

During a joint September 25, 2024 study session with the Champaign County Developmental Disabilities Board (CCDDDB), advocates who have I/DD shared their interests and opinions on resources. The recording of that conversation can be [viewed here](#). Self-advocates' comments were incorporated into PY2026 priorities.

**Utilization data** are useful for guiding the next set of decisions. A summary of utilization by PY24 MHB funded programs is [found on pages 68-81 of this posted packet](#). A look at changes from PY23 to PY24 in demographic characteristics and residency of people served is found on pages 82-110.

**Program performance outcomes** reports for PY2024 are aggregated in [this report](#). Within each of these, funded agencies report on all program goals and optionally on successes, plans for improvement, surprises, and any challenges which impacted the data or the people, which may include those served as well as the staff.

## **Collaborations and Existing Commitments:**

*In addition to assessed preferences and funded programs' reports, collaborations with governmental and community partners play a role in setting priorities and in understanding what might constitute best value for residents of Champaign County.*

Collaboration with the **Champaign County Developmental Disabilities Board (CCDDDB)** is described in an Intergovernmental Agreement between the Boards, requiring integrated Intellectual/Developmental Disabilities (I/DD) planning, a specific CCMHB set-aside commitment, and shared authority over a separate special fund.

According to that agreement, the CCMHB set-aside for I/DD programs changes each year by the percentage change in property tax revenue. By applying the percentage increase from 2024 to 2025 to the PY2025 I/DD set-aside amount, the amount available for PY2026 contracts is \$939,944, to support PY26 DD contracts. For the new program year, the CCMHB maintains its interest in services for very young children and their families. Two current two-year contracts include services and costs specific to DD and were approved last year. Each board will consider recommendations for the remaining amount, for which one funding request was reviewed.

The Boards share a commitment to a special I/DD-focused collaboration, which from 2015 to 2021 enabled the operation of two small group homes. After the sale of the homes, the fund was renamed as I/DD Special Initiatives Fund, and the two boards approved a set of PY25 funding priorities, in the hope of serving the population initially of concern, people with I/DD and complex service needs not readily addressed in Champaign County. Through a competitive allocation process, a contract was awarded for a two-year period, July 1, 2024 through June 30, 2026.

Various **Justice System and Behavioral Health** collaborations aim to support people who have behavioral health needs and some level of involvement with the criminal

justice system. Community-based programs can deflect youth and adults from deeper involvement, which promises cross-system cost-shift (every \$1 spent saves \$2-\$10 in other systems) and better quality of life for those individuals, their families, and their supporters. Programs supporting people as they move from incarceration to community life can maximize their success. Alternative crisis response approaches are being tested and in some cases funded otherwise, acknowledging the human and cost benefits. The Board has a longstanding commitment to efforts to reduce justice system and law enforcement involvement through community-based care, a goal shared with Champaign County Problem Solving Courts, Reentry Council, Youth Assessment Center Advisory Committee, the Continuum of Service Providers to the Homeless, Crisis Intervention Team Steering Committee, and others. As other sources of funding for related programs have become available and partners have been successful in securing them, our involvement in some collaborations has changed. Remaining active and informed is appropriate to the CCMHB’s mission and will help us respond to changes in other funding and to emerging best practices. CCMHB funds can be very helpful in filling gaps left by the larger systems or in testing promising practices well-suited for our County.

**The Champaign County Community Coalition** shares the Board’s interest in trauma-informed and culturally responsive practices. This collaboration includes leadership from local government, other funders, service provider organizations, neighborhoods, education, and the faith community. The Coalition sustains System of Care values through youth programming and efforts to mitigate the impacts of community violence. Early childhood providers are active in this network and in a Home Visiting Consortium.

**Two-year Contracts approved for PY25 and PY26.** Nineteen current contracts extend through June 30, 2026. These commitments total \$3,089,066. The annual amounts do not increase in the second year, and application forms are updated in May, with technical assistance available as during the open application period.

CCRPC – Homeless Services System Coordination	<b>\$54,281</b>
CU at Home – Shelter Case Management Program	<b>\$256,700</b>
CU Early – CU Early	<b>\$80,723</b>
<i>(uses \$16,145 of the MHB I/DD set aside)</i>	
CC Head Start – Early Childhood MH Svcs	<b>\$388,463</b>
<i>(uses \$216,800 of the MHB I/DD set aside)</i>	
CCHCC – Disability Application Services	<b>\$105,000</b>
Courage Connection - Courage Connection	<b>\$128,038</b>
Cunningham Children’s Home – ECHO Housing & Employment	<b>\$203,710</b>
Cunningham Children’s Home – Families Stronger Together	<b>\$282,139</b>
Don Moyer Boys and Girls Club – CU Change	<b>\$85,575</b>
Don Moyer Boys and Girls Club – Community Coalition Summer Youth Initiatives	<b>\$100,000</b>
FirstFollowers – FirstSteps Community Reentry House	<b>\$69,500</b>
FirstFollowers – Peer Mentoring for Reentry`	<b>\$95,000</b>
GCAP – Advocacy, Care, and Education Services	<b>\$61,566</b>
GROW in Illinois – Peer Support	<b>\$157,690</b>

Rosecrance Central Illinois – Benefits Case Management	<b>\$84,625</b>
Rosecrance Central Illinois – Criminal Justice PSC	<b>\$336,000</b>
Rosecrance Central Illinois – Crisis Co-Response Team	<b>\$310,000</b>
Rosecrance Central Illinois – Recovery Home	<b>\$100,000</b>
UP Center of CC – Children, Youth & Families Program	<b>\$190,056</b>

## **Priorities, Overarching Considerations, and Expectations for Minimal Responsiveness:**

The PY2026 CCMHB funding priorities and decision support criteria were approved on November 20, 2024 and can be viewed using [this link](#).

Twenty funding requests were submitted for the Board’s consideration, totalling **\$3,599,421**. Nineteen focus on supports or services for people with mental health, substance use disorders, or both, and one is for developmental supports for young children and their families. The CCDDDB also reviewed the early childhood program request which was submitted to the CCMHB. Officers of both boards and staff have discussed that application.

Some PY2026 funding applications described alignment with more than one priority category, but all had to select a primary priority. Their primary choices are as follows:

- **NEW – Strengthening the Behavioral Health Workforce:** while no application identified this as the primary priority category, others related their proposal to it by increasing staff salaries toward competitive levels.
- **Safety and Crisis Stabilization:** 4 applications, totaling \$632,634  
*(Plus 5 multi-year contracts adding \$1,067,200 to this priority.)*
- **Healing from Interpersonal Violence:** 3 applications, totaling \$368,231  
*(Plus 1 multi-year contract adding \$128,038 to this priority.)*
- **Closing the Gaps in Access and Care:** 9 applications, totaling \$1,348,935  
*(Plus 7 multi-year contracts adding \$766,8724 to this priority.)*
- **Thriving Children, Youth, and Families:** 3 applications, totaling \$547,621  
*(Plus 6 multi-year contracts adding \$894,011 to this priority.)*
- **Collaboration with CCDDDB - Very Young Children and Their Families:** 1 application + *DD portions of 2 multi-year contracts*, totaling \$934,945, The CCMHB may allocate this amount for DD services, coordinated with CCDDDB.

## **Requests for Funding and Budget Impact:**

CCMHB allocations to agencies have risen steadily from \$3,189,290 in PY12 to \$5,741,107 in PY25. Steady increases from PY12 to PY20 were possible due to property tax revenue growth and reductions in administrative costs.

For PY21, the CCMHB made an informed decision to award contracts greater than budgeted. Due to unspent funds being returned and some payments suspended, this intentional overfunding did not result in a deficit in 2020. Suspended payments were released in 2021, reducing the amount left to allocate and revealing an **unsustainable award level** as we headed into the next period.

For PY22, because behavioral health needs had surged and agencies proposed to meet these needs, the County provided **American Rescue Plan Act** funds, increasing PY22 awards by \$770,436. For PY23 and PY24, awards were based on 2022-2024 property taxes, without other substantial revenue, so that the allocation process remained competitive despite growth in tax revenue.

For 2025, projected growth was less than half the rate increase of 2024. With PY25 amounts paid half from 2024 and half from 2025, cautious awards continued. For 2026, the initial projected growth is again modest, near 3%. With PY26 amounts paid half from 2025 and half from 2026, what appears affordable today falls short of the total amounts requested or previously obligated.

Following submission of proposals for PY26 funding, CCMHB staff reviewed all materials, along with any previously reported data, independent audit reports, and compliance records of incumbent programs and agencies. Draft program summaries incorporated input from all staff and were shared with agencies, board members, and public, to support the Board reviews which were conducted in a public meeting and study session during April. Agency corrections of staff errors and responses to board questions were considered in the recommendations which follow.

Nineteen submitted proposals relate to mental health or substance use disorders (MH/SUD) and total \$2,897,421. An additional proposal is exclusive to I/DD supports, at \$702,000. These PY26 CCMHB requests total \$3,599,421. Another \$3,089,066 is already obligated for PY26 through two-year contracts, of which \$232,945 is for DD.

The allocation scenarios presented here should be affordable within revenue projections, but 2026 budgets will be developed later with input from County officials.

- If the final awards made through this process exceed available funds, it may be necessary to balance with: delayed effective dates; prorated contract award amounts as any compliance issues are resolved; prorated contracts where staff remain to be hired; deferral for later consideration pending resolution of any compliance issues; fee for service contracts; use of fund balance; or commitment to lower total awards next year.
- If the final awards made through this process are below available funds, there is benefit to building the fund balance back toward its goal (six months of operating costs at May-June, before the first tax distributions have been deposited). The board might use additional available funds to consider funding requests which were deferred pending resolution of compliance issues or due to an extended

deadline. The board might use additional available funds to amend a PY26 contract developed through the current process.

A total PY26 amount of \$6,256,869 could add new MH/SUD contracts at \$2,465,803. An advantage to not committing the full amount of the target would be to allow the fund balance to rise toward the goal. Most PY26 funding requests address continuing and growing needs of the community and align well with Board priorities.

In the event of increased PY26 revenues, the Board might consider additional funding for contracts. Higher PY26 revenue could result from an increase in the anticipated property tax revenue for 2025 or 2026, reduction of other PY26 contracts, or unexpected other revenues. Working against these possibilities is the risk of additional tax liabilities lowering the fund's available amount. This leads our staff to favor a more cautious scenario which brings in other funding partners to lower the MHB's obligations, although this seems less likely than in recent years.

## ***DRAFT of Decision Sections:***

### **Contract Negotiations and Special Notifications**

Some recommendations are contingent on completion of contract negotiations, application revisions, resolution of compliance issues, and hiring of program staff. Awards may be adjusted by the cost of a staff vacancy and amended when that vacancy is filled. Award recipients may be required to revise program or financial forms to align with CCMHB planning, budget, and policy specifications. They may be asked for more information prior to contract execution, to reach terms agreeable to both parties. If requirements are not met prior to completion of the contract, a later contract start date will be established and the award reduced commensurate with the shorter term. Failure to submit required information shall result in cancellation of the contract award.

Motion to authorize the Executive Director to conduct contract negotiations as specified in this memorandum:

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information needed

Recommendations are based on revenue estimates not finalized until the Champaign County Board approves budgets in November or December of 2025. For this reason, all PY2026 CCMHB contract maximums will be subject to reductions necessary to compensate for any CCMHB revenue shortfall. These reductions will be documented by contract amendment at the discretion of the CCMHB Executive Director and Board President or designee, with every effort made to maintain the viability and integrity of prioritized contracts. All PY2026 contracts will include the following provision:

***Obligations of the Board will cease immediately without penalty or further payment being required if, in any fiscal year, the tax that is levied, collected, and paid into the “Community Mental Health Fund” is judged by the CCMHB Executive Director not to be sufficient for payment as delineated in the terms and conditions under this Contract.***

Motion to authorize the Executive Director to implement contract maximum reductions as described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

A provision has been included in recent year contracts to clarify that specific terms of an agency’s contract may supersede a provision of the funding guidelines, if the exception is in the best interest of the CCMHB and Champaign County. This remains relevant:

***The CCMHB Requirements and Guidelines for Allocation of Funds are incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines. If the contract and funding guidelines are not in agreement, the contract shall prevail. For example, if the Provider will incur higher cost for an audit, review, or compilation than allowed per the Funding Requirements and Guidelines, the greater amount may be agreed to through the original budget submitted with an application or by a subsequent formal written request.***

Motion to include in all contracts the provision referencing specific exceptions to Funding Requirements and Guidelines, as described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

A new standard contract provision is meant to help CCMHB members and staff more closely track progress on annual independent financial audits, reviews, or compilations. After receiving a bit of input from smaller organizations, related to what they can reasonably expect from their contracted CPA firm, and finding a great deal of context within the current contract template, a simple addition is proposed:

***The organization will share documentation of the date their CPA firm began its work on the audit, review, or compilation.***

Motion to include in all contracts the requirement to share documentation of the onset of work on the audit, review, or compilation, as described in this memorandum:

- Approved
- Denied

## Allocation Scenarios

To support Board consideration, staff allocation scenarios are organized in roughly the order in which they were reviewed. Affordability is the key factor, especially as we consider sustainable levels of funding. Where there were other items to address, pre-contract conditions or special provisions are suggested. Most contract awards could be for two-year terms, if the applicants have indicated they might accept. This strategy tends to benefit agency and Board staff. Program-specific items are included as discussion points for the Board. If a contract is awarded, the prerequisites should be completed by **June 17** to avoid delayed payments or reduced maximums. Negotiations may be conducted through email, remote meeting, or in person. In the event of a failed contract negotiation, the Board may be asked to take subsequent action.

In addition to the **pre-contract** actions suggested below, any final award which is for a different amount than that requested will trigger the need for revised budget plan forms and, in some cases, adjustment to the Scope of Services. **Special provisions** suggested below are additional contract requirements which apply to the program but not all other programs. To complete the **contract development**, organizations share with the CCMHB Operations and Compliance Coordinator their annual certificates of insurance, any relevant subcontracts, and letters of engagement with CPA firms, and CCMHB staff will verify each agency has not been debarred or otherwise excluded from federal eligibility.

### CCRPC-Community Services – Youth Assessment Center (Companion Proposal)

- **MHB member or staff note(s):** the request, \$76,350, would be 18% of total program revenue; selected priority was Safety and Crisis Stabilization; serves the whole county; many referrals are from law enforcement, with purpose of diverting from deeper justice involvement; good length of engagement; minority youth are overrepresented (relates to other system involvement); screening involves multiple factors, many outside the program's control.
- **Prior to contract:** update personnel form.
- **Special provisions (to address during contract year):** excess revenue based on Q4 report rather than audit; collaborations with SOFFT/LANS, Champaign County Community Coalition, and with CCMHB and system partners; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted prior to June 2026.

Motion to approve CCMHB funding of **\$76,350** per year for a two-year term, for **CCRPC – Community Services – Youth Assessment Center (Companion Proposal)**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

**Champaign County Children’s Advocacy Center – Children’s Advocacy Center**

- **MHB member or staff note(s):** the request, \$63,911, would be 16% of total program revenue; aligns with priorities for Healing from Interpersonal Violence, Safety and Crisis Stabilization, and Thriving Children, Youth, and Families; evidence-based scales and clear referral sources; rural reach; a vital and unique service using a good model.
- **Prior to contract:** financial plan revisions to fully expend program revenues; program plan revisions to include the new director’s credentials.
- **Special provisions:** consult with CLC Coordinator; share agency board minutes with Operations and Compliance Coordinator quarterly; avoid use of this funding to serve non-residents or to offset the costs of their care; excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted prior to June 2026.

Motion to approve CCMHB funding of **\$63,911** per year for a two-year term, for **Champaign County Children’s Advocacy Center – Children’s Advocacy Center**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

**Champaign County Health Care Consumers – CHW Outreach and Benefits Enrollment**

- **MHB member or staff note(s):** the request, \$97,139, would be 91% of total program revenue; aligns with the priority for Closing the Gaps in Access and Care; a well-run program which becomes more necessary when funding for other programs is reduced; broad reach, serving many people and offering emotional support in navigation of complex, sometimes unfriendly systems.
- **Prior to contract:** resolve discrepancies in personnel forms across programs; update financials with these revisions.
- **Special provisions:** if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026; continue Rantoul presence and collaboration; continue presence in Rantoul and collaboration with Rantoul Service Providers; CLC training.

Motion to approve CCMHB funding of **\$97,139** per year for a two-year term for **Champaign County Health Care Consumers – Disability Application**

Services, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

**Champaign County Health Care Consumers – Justice Involved CHW Services and Benefits**

- **MHB member or staff note(s):** the request, \$103,284, would be 90% of total program revenue; aligns with the priority for Safety and Crisis Stabilization; well-regarded staff; broad reach through presence at the jail, word of mouth, other locations, and through women’s group at the jail.
- **Required prior to contract:** resolve discrepancies in personnel forms across programs; update financials with these revisions.
- **Special provisions:** if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026; participation in Reentry Council and similar partnerships; CLC training.

Motion to approve CCMHB funding of **\$103,284** per year for a two-year term for **Champaign County Health Care Consumers – Justice Involved CHW Services and Benefits**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

**Community Service Center of Northern Champaign County – Resource Connection**

- **MHB member or staff note(s):** the request, \$70,667, would be 24% of total program revenue; aligns with priorities for Closing the Gaps in Access and Care and Safety and Crisis Stabilization; focus on residents of northern county areas, many of which are underserved; effective use of funds to meet particular needs, such as for bilingual or non-English speaking residents and transportation for young people; collaboration with many agencies and with churches on food distribution; good use of support from the Evaluation team.
- **Prior to contract:** n/a
- **Special provisions:** participate in Rantoul Service Providers Group and Continuum of Service Providers to the Homeless; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.

Motion to approve CCMHB funding of **\$70,667** per year for a two-year term for **Community Service Center of Northern Champaign County – Resource Connection**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

**Crisis Nursery – Beyond Blue – Champaign County**

- **MHB member or staff note(s):** *the request, \$90,000, would be 42% of total program revenue; aligns with the priority for Thriving Children, Youth, and Families; length of engagement supports healing process; reaches rural residents and many others, with good outreach efforts; well-considered treatment approach and relevant partnerships across agencies and systems.*
- **Prior to contract:** *n/a.*
- **Special provisions:** *collaborate with providers of early childhood services; at least 50% of new clients from outside of Champaign and Urbana; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.*

Motion to approve CCMHB funding of **\$90,000** per year for a two-year term for **Crisis Nursery – Beyond Blue – Champaign County**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

**DSC – Family Development**

- **MHB or DDB member or staff note(s):** *the request, \$702,000, would be 61% of total program revenue; selected priority was Collaboration with the CCDDDB (Young Children and their Families); free developmental screenings, referrals to appropriate resources, Developmental Therapy, Speech, OT, PT, developmental play groups, parent support groups, and PLAY Project (an evidence-based model); partners through Home Visiting Consortium, Birth to 5 Council, and monthly joint playgroup; funds services not otherwise covered, including as people move in and out of other payers’ eligibility (offering continuity of the care team); playgroups bring families together, parent advisory group being explored.*
- **Prior to contract:** *adjustment to General Operating expense.*
- **Special provisions:** *collaborate with providers of similar services; inform eligible families of PUNS and ISC; online service claims reporting; if a two-year term,*

*excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted prior to June 2026; monthly personnel change report.*

Motion to approve CCMHB funding of **\$702,000** per year for a two-year term, for **DSC – Family Development**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

**East Central Illinois Refugee Mutual Assistance Center (The Refugee Center) – Family Support & Strengthening**

- ***MHB member or staff note(s):*** *the request, \$75,441, would be 5% of total program revenue; aligns with priorities for Thriving Children, Youth, and Families and Closing the Gaps in Access and Care; addresses growing needs, including for children and particular to refugees; lived experience of staff is vital; education to counter stigma, e.g., which causes students to refuse financial aid.*
- ***Prior to contract:*** *n/a.*
- ***Special provisions:*** *maintain regular presence in Rantoul and participate in Rantoul Service Providers Group; collaborate with providers of similar services; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.*

Motion to approve CCMHB funding of **\$75,441** per year for a two-year term for **East Central Illinois Refugee Mutual Assistance Center (The Refugee Center) – Family Support & Strengthening**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

**Family Service of Champaign County-Counseling**

- ***MHB member or staff note(s):*** *the request, \$142,322, would be 93% of total program revenue; aligns with priorities for Closing the Gaps in Access and Care, Safety and Crisis Stabilization, and Strengthening the Behavioral Health Workforce; proposes to increase staff and numbers of people served and adds Art Therapy for all ages, not always billable to other payers; salaries increased to competitive level; promotes healthy community.*
- ***Prior to contract:*** *revise CLC Plan.*

- **Special provisions:** collaborate with Problem Solving Court; continue to pursue and report on efforts to secure other funding, either expanding services through other total program revenue or offsetting CCMHB funds; mid-year progress report to the Board on the new component of the program; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.

Motion to approve CCMHB funding of **\$142,322** per year for a two-year term for **Family Service of Champaign County-Counseling**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved  
 \_\_\_\_\_ Denied  
 \_\_\_\_\_ Modified  
 \_\_\_\_\_ Additional Information Needed

**Family Service of Champaign County-Self-Help Center**

- **MHB member or staff note(s):** the request of \$38,191 would be 100% of total program revenue; aligns with the priority for Closing the Gaps in Access and Care; unique and reflective of a unique strength of Champaign County; advisory council is people with lived experience; proposal adds speakers for some groups; federal funding cuts have impacted other agency services; demographic data would offer more insight if not limited to groups; well established program also valuable to social work students.
- **Prior to contract:** revise CLC Plan.
- **Special provisions:** for any subgrants through this program, provide CCMHB staff the written agreement as early as possible in the process; continue to report on details of events (locations and numbers attending) but begin to collect and report demographic and residency data on individual participants, as practical; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.

Motion to approve CCMHB funding of **\$38,191** per year for a two-year term for **Family Service of Champaign County – Self-Help Center**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved  
 \_\_\_\_\_ Denied  
 \_\_\_\_\_ Modified  
 \_\_\_\_\_ Additional Information Needed

**Family Service of Champaign County-Senior Counseling and Advocacy**

- **MHB member or staff note(s):** the request of \$214,360 would be 29% of total program revenue; aligns with priorities for Closing the Gaps in Access and Care

*and Strengthening the Behavioral Health Workforce; longstanding federal funding for related agency service has been cut, now covered by volunteers; effort to increase staffing and reach more rural residents; if approved, the agency would also use this funding as match for ECIAA Senior Information Services.*

- **Prior to contract:** *revise CLC Plan.*
- **Special provisions:** *if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.*

Motion to approve CCMHB funding of **\$214,360** per year for a two-year term for **Family Service of Champaign County – Senior Counseling and Advocacy**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

Motion to approve the use of CCMHB funding for **Family Service of Champaign County – Senior Counseling and Advocacy** as match for East Central Illinois Area on Aging Senior Information Services contract.

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

**Promise Healthcare-Mental Health Services**

- **MHB member or staff note(s):** *the request of \$360,000 would be 14% of total program revenue; aligns with the priority for Closing the Gaps in Access and Care; adds staff and increases some salaries; duplication is good if related to people making use of both psychiatry and counseling; large numbers served, including many Spanish-speaking residents; majority of agency board members are also patients; need detail on specific outreach and collaborations.*
- **Prior to contract:** *revise CLC Plan; clarify budget details; revise outcomes.*
- **Special provisions:** *collaborate with providers of similar and related services; attend meetings of the Rantoul Service Providers Group and the Champaign County Community Coalition; report on efforts to secure other funding; due to use of a January 1 to December 31 fiscal year, prepare additional schedules for CCMHB staff review; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.*

Motion to approve CCMHB funding of **\$360,000** per year for a two-year term for **Promise Healthcare-Mental Health Services**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

**Promise Healthcare-PHC Wellness**

- **MHB member or staff note(s):** *the request of \$125,000 would be 75% of total program revenue; aligns with the Closing the Gaps in Access and Care priority; fills gaps in care, particularly for underserved populations; uses patient assessments and screening tool for social determinants of health; a measure of positive impact can be developed.*
- **Prior to contract:** *revise CLC Plan.*
- **Special provisions:** *participate as a target program in the Evaluation Capacity project; collaborate with providers of similar and related services; attend meetings of the Rantoul Service Providers Group and the Champaign County Community Coalition; report on efforts to secure other funding; due to use of a January 1 to December 31 fiscal year, prepare additional schedules for CCMHB staff review; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.*

Motion to approve CCMHB funding of **\$125,000** per year for a two-year term for **Promise Healthcare – PHC Wellness**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

**Rape Advocacy, Counseling, & Education Services -Sexual Trauma Therapy Services**

- **MHB member or staff note(s):** *the request of \$196,205 would be 26% of total program revenue; aligns with priorities for Healing from Interpersonal Violence and Strengthening the Behavioral Health Workforce; the agency and program have been impacted by and anticipate further VOCA funding cuts and possible Prevention cuts; notable trainings and impact of people with lived experience.*
- **Prior to contract:** *recategorize rental expense.*
- **Special provisions:** *avoid use of this funding to serve non-residents or to offset the costs of their care; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.*

Motion to approve CCMHB funding of **\$196,205** per year for a two-year term for **Rape Advocacy, Counseling, & Education Services -Sexual Trauma Therapy Services**, subject to the caveats as presented in this memorandum, and to

authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

**Rape Advocacy, Counseling, & Education Services -Sexual Violence Prevention Education**

- *MHB member or staff note(s): the request of \$108,115 would be 51% of total program revenue; aligns with priorities for Healing from Interpersonal Violence, Safety and Crisis Stabilization, and Strengthening the Behavioral Health Workforce; unique and fills a gap; specific curricula for various age groups; notifies all school districts in the four county service region and trains on a first come, first served basis; locally developed and more effective than one-time programming.*
- *Prior to contract: recategorize rental expense.*
- *Special provisions: avoid use of this funding to serve non-residents or to offset the costs of their care; attend meetings of the SOFFT/LANS group; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.*

Motion to approve CCMHB funding of **\$108,115** per year for a two-year term for **Rape Advocacy, Counseling, & Education Services -Sexual Violence Prevention Education**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

**Total Affordable for NEW PY26 Awards = \$3,167,803**

**Total Reviewed/Suggested for NEW PY26 Awards = \$2,463,985**

In the scenario presented, \$703,818 more could be obligated. PY25 obligations continuing for PY26 plus all PY26 requests (reviewed and not reviewed, see below) exceed the projected affordable amount.

**PY2026 Requests Submitted but not Reviewed**

At the time of this writing, the Board has not reviewed the following requests, as PY2024 audits were not presented with the submitted applications. In the event the Board chooses

to review them for possible PY26 funding, staff observations are summarized here. These sections can be expanded in a subsequent memorandum to include Board comments and possible actions. The difference between what appears affordable for PY26 and the total requests, including those not reviewed, which total \$1,135,436, is \$431,618.

### **Champaign County Christian Health Center – CCCHC Community Mental Health Program**

- **Staff note(s):** the request, \$100,000, would be 100% of total program revenue; aligns with the priority for Closing the Gaps in Access and Care.
- **Prior to contract:** develop and clarify the financial plan to include indirect staff costs and activities; distribute the cost of an audit across all funders requiring one; use other resources prior to MHB funds; if agency revenue surplus could be applied to costs of services proposed to the MHB, then an MHB contract amount of \$93,000 would be balanced.
- **Special provisions:** share agency board minutes with Operations and Compliance Coordinator quarterly; complete CLC assessment within first quarter; outcome support through Evaluation Capacity Building project; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted prior to June 2026.

### **Immigrant Services of Champaign-Urbana-Immigrant Mental Health Program**

- **Staff note(s):** the request of \$200,256 would be 90% of total program revenue; aligns with the priority for Closing the Gaps in Access and Care.
- **Prior to contract:** revise financial plan forms (possibly service targets.)
- **Special provisions:** consult with CLC Coordinator; attend Rantoul Service Providers Group; collaborate with providers of similar and related services and report on these in comments of quarterly service reports; mid-year progress report to the Board.

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

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

### **WIN Recovery-Community Support ReEntry Houses**

- **Staff note(s):** the request of \$183,000 would be 31% of total program revenue; aligns with priorities for Safety and Crisis Stabilization and Healing from Interpersonal Violence.

- **Prior to contract:** update CLC Plan; correct financial forms; add measurable targets for each outcome; (clarify utilization categories and targets IF the other program is also funded; revise budget plans if the other program is not funded.)
- **Special provisions:** report quarterly on numbers of people residing in homes for more than three months; document Champaign County residency prior to incarceration; participate in Champaign County Reentry Council and Continuum of Service Providers to the Homeless and, if invited, Problem Solving Courts; outcome support through Evaluation Capacity Building project; forward agency board minutes to CCMHB staff at least quarterly; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY27 submitted by June 2026.

#### **WIN Recovery – Win Resilience Resource Center**

- **Staff note(s):** the request of \$270,000 would be 46% of total program revenue; aligns with priorities for Safety and Crisis Stabilization and Healing from Interpersonal Violence.
- **Prior to contract:** update CLC Plan; correct financial forms; add measurable targets for each outcome; (clarify utilization categories and targets IF the other program is also funded; revise budget plans if the other program is not funded.)
- **Special provisions:** participate in Champaign County Reentry Council and Continuum of Service Providers to the Homeless; outcome support through Evaluation Capacity Building project; forward agency board minutes to CCMHB staff at least quarterly; mid-year progress report to the Board.

**CCMHB PY2026 Funding Scenarios**

Agency	Program	Request	Possible Award	Two Year Term?
<i>*indicates need for PY24 audit</i>				
CCRPC - Community Services	Youth Assessment Center	\$76,350	\$76,350	yes
CC Children's Advocacy Center	CC Children's Advocacy Center	\$63,911	\$63,911	yes
CC Health Care Consumers	CHW Outreach and Benefits Enrollment	\$97,139	\$97,139	yes
	Justice Involved CHW Services & Benefits	\$103,284	\$103,284	yes
CSCNCC	Resource Connection	\$70,667	\$70,667	yes
Crisis Nursery	Beyond Blue Champaign County	\$90,000	\$90,000	yes
DSC - I/DD Program	Family Development	\$702,000	\$702,000	yes
ECIRMAC (Refugee Ctr)	Family Support & Strengthening	\$75,441	\$75,441	yes
Family Service	Counseling	\$143,322	\$143,322	yes
	Self-Help Center	\$38,191	\$38,191	yes
	Senior Counseling & Advocacy	\$214,360	\$214,360	yes
Promise Healthcare	Mental Health Services	\$360,000	\$360,000	yes
	PHC Wellness	\$125,000	\$125,000	yes
RACES	Sexual Trauma Therapy Services	\$196,205	\$196,205	yes
	Sexual Violence Prevention Education	\$108,115	\$108,115	yes
CC Christian Health Center	CCCHC Community Mental Health Program	\$100,000	<i>not reviewed</i>	<i>not reviewed</i>
Immigrant Services of CU*	Immigrant Mental Health Program- <i>RETURNING</i>	\$200,256	<i>'not reviewed</i>	<i>not reviewed</i>
UNCC*	Community Study Center - <i>RETURNING</i>	\$382,180	<i>'not reviewed</i>	<i>not reviewed</i>
WIN Recovery	Community Support Re-Entry Houses	\$183,000	<i>'not reviewed</i>	<i>not reviewed</i>
	Win Resilience Resource Ctr- <i>NEW</i>	\$270,000	<i>'not reviewed</i>	<i>not reviewed</i>
<i>*indicates need for PY24 audit</i>				
	<i>Affordable PY26 Funding/Targets</i>	<i>Requests</i>	<i>Possible Awards</i>	<i>Diff between possible awards and targets</i>
<b>Totals</b>	<b>\$6,256,869</b>	\$3,599,421		
<i>Y25-PY26 contracts approved last year</i>	\$3,089,066	<i>n/a</i>	<i>n/a</i>	
<i>Affordable PY26 or PY26-27 contracts</i>	<b>\$3,167,803</b>	<b>\$3,599,421</b>	<b>\$2,463,985</b>	<b>\$703,818</b>
<i>For MH/SUD=</i>	<b>\$2,465,803</b>	<b>\$2,897,421</b>	<b>\$1,761,985</b>	<b>\$703,818</b>
<i>For DD=</i>	<b>\$702,000</b>	<b>\$702,000</b>	<b>\$702,000</b>	<b>\$0</b>
<i>Other PY26 obligations are PY25-PY26 contracts totaling \$3,089,066.</i>				
<i>PY25-PY26 MH/SUD contracts = \$2,856,121, PY25-PY26 IDD contracts = \$232,945.</i>				

**From:** [Lynn Canfield](#)  
**To:** [Lynn Canfield](#)  
**Subject:** Champaign County Children's Advocacy Center PY26 application response  
**Date:** Tuesday, April 22, 2025 2:16:44 PM

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**From:** Elizabeth R. Lebs <elebs@champaigncountyil.gov>  
**Sent:** Tuesday, April 22, 2025 10:46 AM  
**To:** Lynn Canfield <lynn@ccmhb.org>; Lisa Liggins <lisa.liggins@champaigncountyil.gov>  
**Cc:** Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>; Julia Rietz <jrietz@champaigncountyil.gov>  
**Subject:** Re: All the documents in one place, with page numbers and partial explanations!

I included Lisa and Julia here as well, I just forgot to hit reply all on my previous email to you.

Thank you so much for the information. Based on that, I think we've found the issues and would like to correct our expenses as follows:

CCMHB	
Line 1	208,403.95
Line 2	18,066.28
Line 3	33,314.99
Line 4	76,015.00
Line 6	11,200.37
Line 7	11,502.00
Line 8	4,961.20
Line 9	1,000
Line 10	1,500
Line 11	-
Line 12	-
Line 13	28,811
Line 14	5,014

Line 15	-
Line 16	2,313
Line 18	3,000
Total	405,102.00

To summarize the changes:

The biggest error was in the salary line, which I've now adjusted to be in accordance with our actual needs and salaries.

Really, the only issues were caused by errors copying expenses from the budget to the application.

The one addition is line 16, for Fundraising activities. With adjusted revenues from increased donations, and corrected expenses, we are able to allocate \$2313 to fundraising activities.

All these accounted for, the total now comes to \$405,102 to align with our anticipated revenue for PY26.

I hope that clears things up. I know you're aware of the unusually rushed circumstances and how far from ideal that was, so we appreciate your continued understanding. Please let me know what other details may be missing.

Thank you again,

Elizabeth



1304 W. Bradley Avenue  
Champaign, IL 61821  
p (217) 356-9176  
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[www.dsc-illinois.org](http://www.dsc-illinois.org)

May 5, 2025

Lynn Canfield, Executive Director  
Champaign County Developmental Disabilities Board  
Champaign County Mental Health Board  
1776 E. Washington Street  
Urbana, IL 61802

Dear CCDDDB Staff and Board,

We are responding to several comments made throughout DSC's FY26 DDB grant applications which were reviewed at the CCDDDB and MHB meetings on April 16, 2025. Regarding the discrepancy on professional fees on the Clinical Service Grant on page 4, the narrative says that "total program direct budgeted costs are \$100,331 and allocated costs are \$1,364". This totals \$101,695. As the narrative states, \$101,695 is the total program expense for professional fees. The \$101,308 is CCDDDB's portion of these expenses. Both amounts are correct and consistent. There was also a question about computer costs in several budget applications. We can reclass Computer Costs from Miscellaneous to General Operating. We tried to classify items where they were historically. It will require updating both line items in every application as well as the associated narratives on these line items. We will plan to revise and resubmit at the end of the review of applications.

In response to comments related to the agency budget and DSC's projected surplus, we have included additional information. The Budgets for CCDDDB and MHB are prepared six months into our fiscal year and are submitted months before we start looking at our budgets for FY26 as an agency. They are an estimate made months in advance and do not represent actual profit. We do anticipate a reduction in revenue at the State and Federal level for several programs that were not known when we submitted them in February. We do not "capture" a profit on any of the CCDDDB projects. The CCDDDB/CCMHB grants are cost reimbursement based. We only receive revenue for actual expenditures. We pay CCDDDB back on any grant that has excess revenue above expenses. We also do not receive additional funds for those CCDDDB programs that run at a loss due to costs being higher than originally budgeted. Losses must be covered by other sources.

Nonprofit doesn't mean that an agency shouldn't make a profit. Profits are necessary to ensure long-term sustainability and continue meeting our mission effectively. All nonprofits need sufficient revenue to ensure they can continue providing services and do not run on a zero budget. A surplus, or "profit", allows the organization to build a reserve, invest in future programs, and potentially expand our impact. By having a stable financial foundation, we have more resources to focus on our mission and handle emergencies and any changes in funding. The projected profit that we budgeted in the grant application is 1.3% of revenue, which is minimal for an organization of our size.



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If you have any further questions, please feel free to reach out to one of us. We share the same commitment to be good stewards of taxpayer dollars, and we are very grateful for the partnership with CCDDDB and MHB boards and taxpayers of Champaign County. Thank you for your continued support of Champaign County, DSC and its mission.

Jami Olsen  
Chief Financial Officer

Danielle Matthews  
Chief Executive Officer

**From:** [Lisa Kilawee](#)  
**To:** [Lynn Canfield](#); [Leon Bryson](#)  
**Cc:** [jhamilton@promisehealth.org](mailto:jhamilton@promisehealth.org); [Keith Flores](#); [jhenry@promisehealth.org](mailto:jhenry@promisehealth.org)  
**Subject:** CCMHB Grant applications- Addressing Reviewer and Board comments.  
**Date:** Monday, April 21, 2025 12:50:19 PM  
**Attachments:** [Operating Fund Expenses Wellness Updated 4.11.pdf](#)  
[Operating Fund Expenses MH Updated 4.11.pdf](#)  
[Promise MHS PSumm PY26 MHB.pdf](#)  
[Promise Wellness PSumm PY26 MHB.pdf](#)  
[FY26 PHC Wellness Narrative Updated 4.14.docx](#)  
[FINAL FY26 MH Narrative Updated 4.11.docx](#)  
[CCMHB FY26 Cultural Competency Updated 4.11.docx](#)

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Hello Lynn and Leon. This email provides clarifications and additional information requested by the grant reviewers and Board.

Also- Keith has indicated the audit is on track at this point.

### **CCMHB MH/Psychiatry Application**

- Two outcomes referenced FY25 and need an outcome focused on patient impact- **Language added in attached documents.**
- Need to know how professional fees and lease/rental expenses were calculated in budget. **Additional detail is attached.**
- Update CLC plan with new FY26- **Updated attached**

### **CCMHB Wellness Application**

- Update CLC plan with new FY26- **Attached**
- Add new outcome measuring positive patient impact- See attached language

*Please find attached the updated Narratives as well as Budget for both programs and CLC Plan with the additions/edits in YELLOW Highlights.* Keith has provided the information as to how the lease and professional fees were calculated, which has been added to the bottom of the budgets. We have updated the dates in the CLC Plan and we have added/updated the outcomes for both programs to reflect a patient impact outcome.

Best,  
Lisa

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# **Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project**

## **Year 2 Annual Report: Implementing Action Steps**



**April 30, 2025**  
**Family Resiliency Center**  
**University of Illinois Urbana-Champaign**

Year 2 Annual Report prepared for the Champaign County Mental Health and Developmental Disability Boards by the Family Resiliency Center; Department of Human Development and Family Studies; College of Agricultural, Consumer, and Environmental Sciences; University of Illinois Urbana-Champaign

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## Executive Summary

In Year 2 of the *Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project*, the evaluation team responded to needs identified in Year 1 and to new needs that emerged in real-time across Year 2. The evaluation team provided impactful technical assistance, fostered a collaborative working group, developed engaging workshops and trainings, and facilitated open communication and an informal support network (Table 1).

**Table 1. Summary of Year 2 Evaluation Activities, Descriptions, and Results**

Activity	Description	Results: Reach, Skills, & Effect
 <b>Technical Assistance</b>	Tailored support for specific program evaluation needs identified by selected programs.	<ul style="list-style-type: none"> <li>• <b>Reach &amp; skills:</b> 4 programs identified evaluation support needs and improved their understanding of logic models, survey development, survey administration, and data analysis.</li> <li>• <b>Effect:</b> All evaluation survey respondents (n=5) reported future skills use was “very” or “somewhat” likely.</li> </ul>
 <b>Working Group</b>	Cross-agency mentoring and rapid feedback on evaluation topics/training directions	<ul style="list-style-type: none"> <li>• <b>Reach &amp; skills:</b> 7 agency partners joined a cross-agency working group with three core members meeting regularly (2x/ mo.) to offer cross-agency feedback, troubleshoot, and learn about evaluation concepts such as logic models or the difference between quantitative, qualitative, and mixed methods evaluation.</li> <li>• <b>Effect:</b> Members provided rapid feedback on evaluation products and trainings.</li> </ul>
 <b>Trainings &amp; Resources</b>	Capacity-building materials developed based on agency-driven needs	<ul style="list-style-type: none"> <li>• <b>Reach &amp; skills:</b> 18 agencies (25 attendees) participated in a program outcome measurement workshop. Publicly available 4-part microlearning video series was developed on logic models, garnering over 800 player impressions (a measure of potential audience) since January 2025 launch.</li> <li>• <b>Effect:</b> Resources are broadly shared across funded agencies and to other agencies by other funders.</li> </ul>
 <b>Open Communication &amp; Informal Support</b>	Consistent communication about progress and planned activities and availability for questions.	<ul style="list-style-type: none"> <li>• <b>Reach &amp; skills:</b> Monthly updates at mental health and developmental disability board meetings and monthly progress meetings with board staff informed responses to specific agency concerns and questions in real-time.</li> <li>• <b>Effect:</b> Open communication led to increasing sentiment that agencies and boards are moving in the same direction, while the annual report offers public accountability and clear understanding of evaluation team activities.</li> </ul>

## Introduction – Why This Work Matters

Programs funded by the Champaign County Mental Health and Developmental Disabilities Boards (CCMHDDDB) aim to improve mental health, job placements and community integration, ability to advocate for oneself, and many other outcomes that help individuals and families thrive, and ultimately, enrich our community. The ability to conduct high-quality program evaluations and interpret, use, and communicate evaluation findings are crucial for improving or sustaining the work of these programs. Program evaluation helps determine what components of a program are working, for whom, and in what contexts.

The Family Resiliency Center’s (FRC) Evaluation Capacity Building Team (“evaluation team” hereafter) is working with the CCMHDDDB and local agencies (participants listed in Appendix A) to address evaluation capacity needs for answering these questions. This report describes work completed by the evaluation team in Year 2 of the capacity-building project as well as next steps. The evaluation team’s work expands upon needs identified in Year 1 (link at right) and incorporates feedback throughout the process.

### Resources Quick Links:

Year 1 Report:

<https://go.illinois.edu/Evaluation-Capacity-Building-Y1>

Microlearning Trainings:

<https://www.familyresiliency.illinois.edu/resources/microlearning-videos>

In short, Year 1 activities included a needs assessment conducted with agencies, boards, and evaluators (n = 76) showing that (a) agency and board member familiarity with evaluation varies; (b) trainings need to meet agencies where they are; (c) evaluation efficiencies are needed to “give back time”; (d) agencies desire to learn how to use evaluation for storytelling; and (e) alignment across agencies, boards, and the evaluation team is needed.

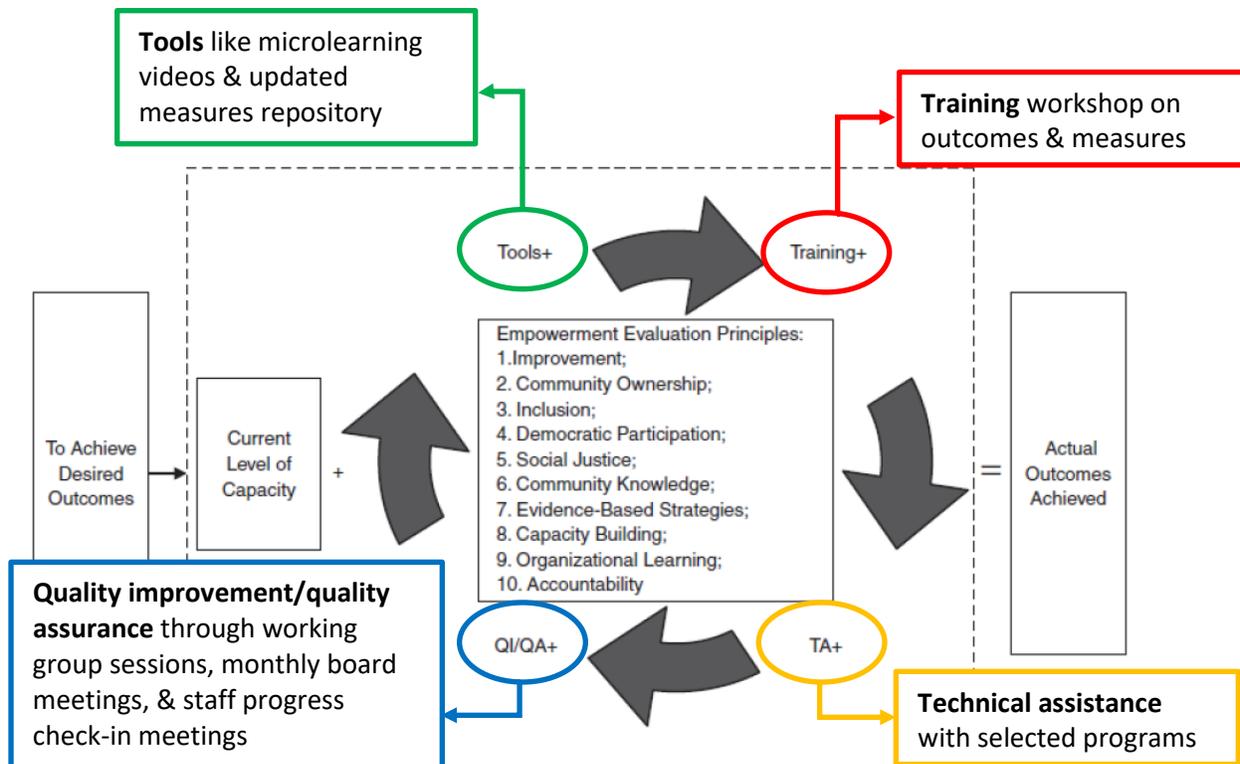
In response to Year 1 findings, in Year 2 the evaluation team (see Appendix B):

- Provided evaluation **technical assistance** to four programs [three developmental disability (DD), one mental health (MH)];
- Facilitated a **working group** of agency representatives to increase the relevance of evaluation capacity building activities;
- Conducted a **training** on program outcomes and the online database of survey measures;
- Developed video microlearning **resources** freely accessible on the FRC website; and
- Fostered **open communication** through regular availability to agencies and monthly updates on project progress at board meetings and meetings with staff.

As depicted in Figure 1, these evaluation capacity building activities spanned all four components of the empowerment model: tools, training, technical assistance, and quality improvement/quality assurance (Fetterman & Wandersman, 2007). Tools included microlearning educational videos and an updated measures repository, where agencies can find possible survey measures. We delivered a training to agencies on how to use the repository to find measures

that align with anticipated program outcomes. At the program level, we provided tailored technical assistance to four programs. Finally, in support of the quality improvement/quality assurance component, we facilitated a cross-agency working group and progress communication at monthly board and board staff meetings.

**Figure 1. Alignment of Evaluation Capacity Building Activities with the Empowerment Evaluation Model**



Note: Figure adopted from Fetterman, D., & Wandersman, A. (2007). Empowerment evaluation: Yesterday, today, and tomorrow. *American Journal of Evaluation*, 28(2), 179-198.

Both boards have positively recognized the value of the evaluation approach and activities. At the April 2025 Champaign County Developmental Disabilities Board (CCDDDB) meeting, board member Kim Fisher called the evaluation capacity building project “a wonderful investment that the county is making.” She went on to emphasize its accessibility: “I just think providing this information publicly while we are supporting agencies is wonderful.” Supplementing that sentiment was the boards’ executive director, Lynn Canfield, who noted that the impact of the evaluation capacity work has extended to organizations not expressly funded by CCMHDDDB:

*I don't want us to be only paying for supports that apply to organizations that are already funded. I think it is important to use this money for the public good, and they [FRC] did that. They posted it on their easy-to-navigate website, and another funder found it and was bragging about it. I was like, 'This is a dream come true.'*

## Core Activities in Year 2

### Technical Assistance

#### Goal

Technical assistance (TA) consisted of meeting with agency program staff and working together to identify pathways to improve program evaluation strategies. Capacity building was one goal, and the evaluation team worked with program representatives to improve evaluation practices. The ultimate goal of capacity building is sustainable in-house quality evaluation practices.

#### Alignment with Year 1 Needs Assessment

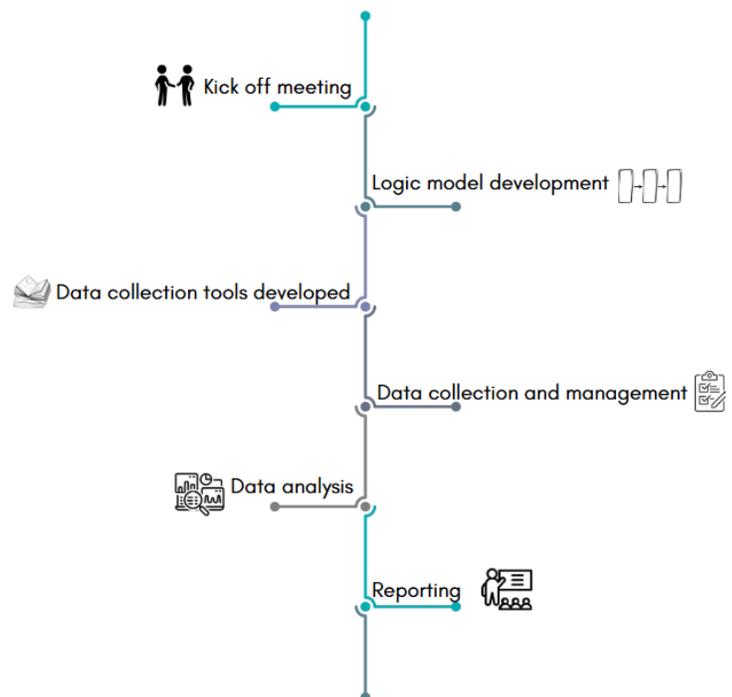
By working with the program staff to develop systems that reduce the time to collect and organize data that can be used in the future (e.g., a programmed survey and related database), the TA responds to the Year 1 finding that agencies need more time to engage in quality evaluation work.

#### Year 2 Actions

Figure 2 visually displays a typical timeline for the TA process in Year 2. From January 2024 to April 2025, the evaluation team provided evaluation technical assistance to four agency programs: CU-Change, DSC Employment, DSC Workforce, and DSC Connections. As of April 30, 2025, technical assistance included 31 formal in-person and virtual meetings as well as numerous informal touchpoints and product sharing (e.g., sharing survey files).

Technical assistance topic areas included evaluation conceptualization and logic modeling; survey and database development and programming; data analysis/planning; and recommendations for strategies to report findings based on data analysis.

**Figure 2. Year 2 Technical Assistance Process**



#### Technical Assistance Evaluation Results

To evaluate the utility of our TA work, we developed a short survey (7 questions) about outcomes and processes administered to those who participated in the technical assistance process. Survey topics encompassed skills development, long-term usefulness and application of TA, evaluation team responsiveness, and suggestions for improvements. At least one person per program served responded to the survey (N=5).

**Table 2. Technical Assistance Content and Agency Feedback**

Content Covered	Programs Receiving Content N (%)	Skills Learned	Skill Improvement* (Mean)	Open-Ended Feedback (What was most useful?)
<b>Logic model development</b>	4 (100%)	<ul style="list-style-type: none"> <li>Identifying inputs (resources, infrastructure)</li> <li>Program activities</li> <li>Outputs (indicators program activities performed)</li> <li>Outcomes (short, medium, long-term effects)</li> </ul>	3.2	“Building a logic model specifically for the program for which I am involved and to be able to collect data for funding sources that will reflect the services and progress we are supporting others in creating”
<b>Created a survey using validated measures</b>	4 (100%)	<ul style="list-style-type: none"> <li>Identify appropriate and rigorous outcome measures</li> <li>Survey programming (familiarity with Google and Microsoft forms)</li> <li>Pilot testing</li> </ul>	3.8	“Collaboration was strong. Appreciated the reciprocal input which was reflected in final outcome of survey tool.”
<b>Strategies for collecting survey data</b>	4 (100%)	<ul style="list-style-type: none"> <li>Administering survey</li> </ul>	3.4	“Learning the different types of evaluative measures, creating a survey and gathering responses.”
<b>Analyzed quantitative data</b>	3 (75%)	<ul style="list-style-type: none"> <li>Descriptive statistics (mean, frequencies, percentages)</li> <li>Software</li> </ul>	3.4	

\*NOTE: The survey question read: “Compared to when we started working with the evaluation team, I feel that my skills related to \_\_\_\_ have improved.” 4=strongly agree, 3=somewhat agree, 2=somewhat disagree, 1= strongly disagree

All respondents reported they developed multiple evaluation skills (see Table 2 for list of skills covered in TA sessions) and were very likely or somewhat likely to use these skills in the future. All respondents also reported satisfaction with the evaluation team. Participants noted how important it was that an evaluator be flexible and patient and have the “ability to meet community partners where they are and help bridge the gap in varying levels of understanding.” They found all these qualities in the TA, which “made the process productive and helpful.” A summary of survey findings is presented in Table 2.

In addition to TA addressing needs shared across many programs, we also offered individualized support to troubleshoot more program-specific challenges. For example, with different programs, we also worked to develop capacities related to:

- Analyzing qualitative data by identifying themes and patterns in survey responses;
- Organizing qualitative data by developing a database for collecting stories from program participants; and
- Interpreting program results.

This individualized TA represents an important element of participatory and empowerment approaches: showing up for partners, listening to feedback, and providing knowledge and tools to proceed independently.

## Working Group

### Goal

The overarching goal of the working group is to facilitate a group of agency representatives that can provide input on evaluation team trainings, tools, and resources and develop evaluation capacity infrastructure that can extend beyond the evaluation team partnership. Ultimately, the intent is to have a cross-agency mentoring program to facilitate knowledge, skills transfer, and sustainability.



### Alignment with Year 1 Needs Assessment

The working group provides voice and support as the evaluation team addresses multiple findings from the needs assessment: (a) meeting agencies where they are with trainings and (b) collaboration and shared goal setting. The working group members have varying levels of evaluation experience and bring diverse substantive backgrounds to inform our work and goals.

### Year 2 Actions

A working group was developed in Spring 2024 and has met 1-2 times per month since. In Year 2, the working group consisted of seven interested agency partners: three who consistently attended meetings, one who transitioned out of their agency during the year, and one newly recruited member and one who has committed to rejoining in Spring 2025. As of April 2025, the working group consists of one developmental disability- and four mental health-funded agency representatives, each from different agencies. Working group members provided feedback on all trainings and related materials developed by the evaluation team in Year 2 before launching those resources. One member, Dave Kellerhals of Rosecrance Behavioral Health, noted:

*The working group has been valuable in building my knowledge base around logic models. It has changed my mindset and approach to my organization's programs, and I am now better able to contribute to those sorts of discussions.*

## Trainings and Resources

### Goal

Training and resource development was a substantial component of Year 2 activities. The goals of these activities were to provide user-friendly opportunities for agencies to develop in-house evaluation skillsets. Topics were informed by needs identified in Year 1 and ongoing feedback from the working group, board staff, and other board-funded agencies who offered feedback and questions.



### Alignment with Year 1 Needs Assessment

Trainings and resources developed addressed the need for user-friendly evaluation training in addition to promoting familiarity with evaluation knowledge and building capacity. Each product was reviewed and revised iteratively with feedback from the working group and board staff to ensure relevance, utility, and acceptability.

### Year 2 Actions

The evaluation team hosted one online workshop about program outcomes and an existing outcomes measures database. Four “microlearning” video trainings were developed about varied evaluation concepts, with a focus on logic models. These microlearnings are publicly available educational videos (see Resources Quick Links on page 3). Details about the training and microlearnings are provided in the following sections.

### Workshop: Outcomes and Measures Bank

The evaluation team hosted a 1.5-hour program outcomes workshop on November 21, 2024. This workshop was an opportunity for agencies to share needs and experiences using the existing measures bank so it could be updated to meet emerging agency and program needs. The workshop was developed iteratively with feedback from the working group. Workshop objectives included how to:

- Describe best practices in identifying appropriate program outcomes;
- Refine their programs' stated outcomes to align with best evaluation practices; and
- Understand how to use the measures bank to identify a good measure of an outcome.

Twenty-five agency representatives from 18 agencies attended the workshop. Of the 21 attendees who provided pre-workshop registration information, representatives primarily held leadership ( $n = 15$ ) or coordinator or manager ( $n = 6$ ) roles in their agencies. Following the workshop, 8 participants completed an evaluation form.

In sum, most survey respondents found the workshop to be effective or very effective across questions. Average ratings across questions ranged from 2.8 to 3.3, where a score of 2.0 or higher

indicated effectiveness. Survey respondents' main take-aways included the difference between outputs and outcomes and the importance of limiting the number of outcomes promised. Constructive feedback included a reminder that some agency programs are unique and existing measures may not be relevant and that evaluation experience varies a lot across agency members. Therefore, tailored workshops and trainings will be useful. The evaluation team is acting upon this feedback in its development of future trainings and resources.

### Microlearning Videos

A microlearning is an instructional technique for delivering complex information in short, discrete units to improve knowledge retention and uptake. In Year 2, four microlearning video trainings were developed, adding to the two microlearnings created in Year 1.

To date, six videos have been created. The videos have good visibility and significant potential reach. As of April 2025, the six videos have a combined 1,658 video impressions, which denotes the number of times that the video was loaded in a web browser. The United Way of Champaign County recently encouraged their funding applicants to use the microlearnings as a resource.

Year 1 videos targeted two topics in evaluation that needed addressing immediately: how to give oneself permission to focus on quality and not quantity of outcomes and how to distinguish between indicators for program processes versus program outcomes. Year 2 microlearning videos used an extended metaphor—a televised cooking show—to define and apply elements of a logic model. A final video featured an edited conversation between a program director and a seasoned evaluator as they developed a logic model in real-time to evaluate a program.

#### Logic Model – Inputs

The first video (3:20 minutes) in a series about logic models, this microlearning introduces what a logic model is and why it matters. Many people compare a logic model to a roadmap. A logic model helps visualize the step-by-step pathways that lead to program success. However, for the purposes of this series of videos, a logic model is compared to the process of developing a televised cooking show whose goal is to improve viewers' cholesterol levels (Figure 3).

**Figure 3. The series of microlearning about logic models uses the metaphor of a televised cooking show.**



#### Logic Model – Outputs

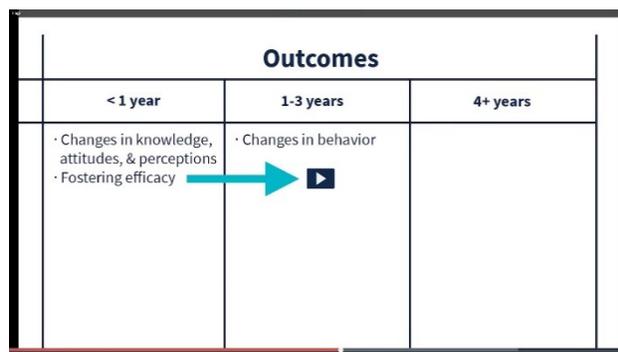
The second video (5:49 minutes) in the series builds on the video about inputs. Given a specific set of inputs, a series of outputs—that is, activities and participation—should logically follow. For the metaphor of the televised cooking show, the outputs are activities like writing the cooking show, baking healthier food, and producing the show as well as participation like viewers' engaging with the show's educational content, consuming healthier food, and watching the

show. The microlearning video reinforces an important difference between an indicator of successful outputs and measures of program success.

### Logic Model – Outcomes

The third microlearning video (3:50 minutes) covers outcomes, or the intended accomplishments and impact of a program. Outcomes refer to expected change that result from engagement with a program’s outputs. The video distinguishes between short-, intermediate-, and long-term outcomes and emphasizes how each follows from the outcomes preceding it—for example, a change in behavior can only happen once a change in knowledge has taken hold (Figure 4).

**Figure 4. The video emphasizes that a logic model shows how each outcome follows from the one preceding it.**



### Logic Model – An Example of Creating a Logic Model from Inputs through Outcomes

The final video training (22:37 minutes) in the logic model series breaks with the format and tone of prior videos to present an extended conversation between a program director and a seasoned evaluator. Their discussion of a specific program serves as an example for how to apply a logic model to one’s own programming.

### How to Avoid Overpromising & Underdelivering

In Year 1, a microlearning video about how to avoid overpromising and underdelivering (5:33 minutes) was developed first to meet an immediate need: encouraging agencies to select program outcomes strategically—for example, moving from 8 outcomes (unrealistic) to 3 outcomes (more feasible). A survey administered in an online workshop for which attendees watched this microlearning showed that this video was effective. A strong majority (96%) stated that the video was “very easy” to understand, with 96% of respondents reporting that they gained knowledge on the topic. Further, 88% of respondents reported they would “definitely” or “probably” refer the video to a friend, colleague, or peer.

### Process & Outcome Evaluation

This microlearning video (9:41 minutes) from Year 1 features an edited conversation about some of the differences between process and outcome evaluation. In particular, the two conversants take a deep dive on understanding the role that satisfaction surveys play in evaluating processes and reinforce how this tool is different from other tools used to measure outcomes.

These microlearning videos are not only an engaging way to unpack complex evaluation concepts for agency staff; they have also represented an opportunity to stage stimulating conversations about evaluation with the working group and CCMHDDB staff. The process of developing the videos, gathering feedback on drafts, and subsequently editing them into their final form has

been valuable for all parties as an occasion for lively discussion, and the evaluation team looks forward to more of the same conversations and communication in Year 3.

## Open Communication and Informal Support

### Goal

Ensure agencies and boards have access to hearing updates from the evaluation team and maintain accessibility.

### Alignment with Year 1 Needs Assessment

Communication efforts respond to the Year 1 report finding that a mindset of “we’re all in this together” is important for the success of capacity building.



### Year 2 Actions

The evaluation team worked to engage in ongoing communication with agencies and boards. In Year 2, the evaluation team provided monthly updates at the mental health and developmental disabilities board meetings as well as at monthly board staff meetings. We also met with additional agencies to respond to questions and feedback.

## Next Steps and Conclusion

In Year 2, the evaluation team strove to provide impactful technical assistance, foster a collaborative working group, develop engaging workshops and trainings, and facilitate open communication about progress. We increased accessibility of knowledge and resources and agencies see the value of this work. In the words of CCMHB Associate Director Leon Bryson:

*I like the way the direction is going with the center. I like how you're working with our agencies and helping them understand what their outcomes are and redefining their outcomes. I look at the people that they [the agencies] are serving. We need you [FRC]. We need the center to push that agenda because we believe in quality care, quality service to folks who are often overlooked. You do awesome work. And who wouldn't want to be part of something awesome?*

In Year 3 the evaluation team will continue to build evaluation capacity to improve the quality of care and service in Champaign County. In collaboration with board staff, we will identify funded programs needing in-depth technical assistance, develop new trainings, continue convening the working group, and pilot a trial of “office hours,” or times when agencies or programs can sign up to meet with a member of the evaluation team to discuss specific agency needs. These office hours will serve real-time, “quick” evaluation questions and needs of more programs, expanding the reach of our technical support. If repeated questions or topics arise, we may develop a Frequently Asked Questions resource for programs and agencies.

The evaluation team's future directions are directly informed by feedback from agency and board representatives, and as such, we continue to welcome feedback and suggestions as we work together to build sustainable evaluation capacity across Champaign County MHDDDB-funded agencies and beyond. We are excited and hopeful that you, too, want to part of something awesome as we collectively promote the "health and well-being of residents who live with behavioral health issues or developmental disabilities."

## Acknowledgements

We recognize and express gratitude to those who partnered and will continue to partner with us through this process.

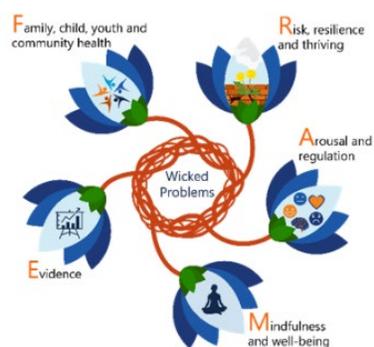
- **Agency staff and leaders** for their active engagement and thoughtful insights. We thank them for taking time to participate in technical assistance and the outcome workshop. We appreciate agencies making the time and space for staff to participate in evaluation capacity building activities past, present, and future.
- **Working group members** for agreeing to continue to collaborate on action planning and cross-program and cross-agency mentoring and support. This learning community will hopefully transition into a community of practice.
- **Board members and board staff** who highlighted the need for and value of centering staff voice in evaluation capacity building processes. We thank all board members for recognizing the importance of this work and their role in supporting evaluation capacity building.
- **Programs participating in intensive technical assistance** for being willing to work one-on-one with the FRC evaluation team to answer our questions, inform us about your programs, and for being receptive to feedback and working together to improve processes and outcomes.

### Suggested report citation

Dariotis, J.K., Jackson-Gordon, R. (co-first author), Underland, N.J., and Eldreth, D.A. (2025, April). *Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project - Year 2 Annual Report: Implementing Action Steps*. Family Resiliency Center at the University of Illinois Urbana-Champaign, Urbana, Illinois.

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 Rachel Jackson-Gordon, Postdoctoral Research Associate, FRC  
 Nathaniel J. Underland, Associate Director, FRC  
 Dana A. Eldreth, Senior Research Scientist, FRC

### Family Resiliency Center



## Appendix A. Participating Agencies

Thank you to the agencies that participated in workshops, working group meetings, or technical assistance: Champaign County Regional Planning Commission, Community Choices, Community Service Center, Cunningham Children's Home, Crisis Nursery, CU at Home, Developmental Services Center, Family Service, First Followers, Greater Community AIDS Project, GROW in America, Promise Health, The Refugee Center, Rosecrance, Uniting Pride, Urbana School District 116, and WIN Recovery.



## Appendix B. Summary of Findings and Action Steps

Year 1 Theme	Year 2 Actions	Future
<p><b>1. “We Don’t Know What We Don’t Know” – Familiarity with Evaluation Varies</b></p>	<ul style="list-style-type: none"> <li>• Compiled and created evaluation resources for all agencies to access.</li> <li>• Encouraged the board to communicate with agencies about why evaluation capacity is important.</li> <li>• Recommended agencies to make time and space to participate in capacity building opportunities and utilize resources.</li> <li>• Provided TA with four programs.</li> <li>• Obtained feedback regarding resources from the working group and workshop.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue compiling and creating evaluation resources with guidance from the working group.</li> <li>• Continue providing TA with current and new agencies.</li> </ul>
<p><b>2. User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning</b></p>	<ul style="list-style-type: none"> <li>• Developed video microlearnings about avoiding overpromising and underdelivering, process and outcome evaluation, and a four-part series on logic models.</li> <li>• Acquired feedback from the working group on all trainings and materials.</li> <li>• Hosted a workshop about evaluation best practices and measures bank.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue developing microlearnings about data management and analysis, data visualization, storytelling, survey design, translating findings into practice, improving participant response rates, methodology (e.g., qualitative, quantitative).</li> </ul>
<p><b>3. “Giving Back” Time via Evaluation Tools and Efficiencies</b></p>	<ul style="list-style-type: none"> <li>• Created institutionalized knowledge and procedures within agencies through TA.</li> <li>• Provided training in best practices in data collection and management through TA and workshops.</li> <li>• Developed shared evaluation strategies and metrics.</li> <li>• Created a decision tree to help evaluators determine when to use quantitative, qualitative, or mixed methods to demonstrate the effectiveness of their program.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer “office hours” for funded agencies</li> <li>• Create institutionalized knowledge and procedures within agencies</li> </ul>

Year 1 Theme	Year 2 Actions	Future
<p><b>4. Developing Capacity for Storytelling and Effective Reporting</b></p>	<ul style="list-style-type: none"> <li>• Based on Year 1 needs assessment, offered TA for effective storytelling strategies and evaluation-specific storytelling elements</li> <li>• Provided strategies on when and how to present quantitative and qualitative data and how to integrate to tell impactful stories.</li> <li>• Obtained feedback from working group on these resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop microlearnings on effective storytelling strategies.</li> <li>• Continue to provide this through TA and potentially workshops.</li> </ul>
<p><b>5. Adopting a Mindset of “We are All in This Together”: Collaboration, Shared Goal Setting, and Alignment as Community Building Opportunities to Advance Program Evaluation Work</b></p>	<ul style="list-style-type: none"> <li>• Continued to present regular progress updates at the monthly MHDD board meetings and at monthly meetings with board staff.</li> <li>• Improved communication channels for shared goal- and expectation-setting.</li> <li>• Met monthly with board members to discuss progress and obtain feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue regular progress reporting.</li> <li>• Pilot brief agency overview videos about what boards and other audiences need to know about the agencies.</li> </ul>

**PY2025**  
**3rd Quarter**  
**Program Service Activity**  
**Reports**

For the Champaign County Mental Health Board



**Quarterly Program Activity / Consumer Service Report**

Agency: Champaign County Children's Advocacy Center

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

Submitted 04/30/2025 by LLIGGINS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>170</b>	<b>40</b>	<b>130</b>	
Quarterly Data (NEW Clients)	<b>5</b>	<b>48</b>	<b>18</b>	<b>30</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**



**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Head Start/Early Head Start MHB**

Program: **Early Childhood Mental Health Svcs Period Third Quarter PY25**

Submitted **04/25/2025** by **BELKNAP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>5</b>	<b>3000</b>	<b>380</b>	<b>100</b>	<b>12</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>316.75</b>	<b>6</b>	<b>6</b>	<b>5</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Head Start's numbers have decreased for Q3. In January, Melvin McFarlane left the program. Melvin was the coach for Urbana (our 2nd biggest site) and Rantoul. We have hired a new Social Skills and Prevention Coach, Alizabeth Morlock. She started on 4/21/25.



**Quarterly Program Activity / Consumer Service Report**  
 Agency: **Champaign County Christian Health Center**  
 Program: **Mental Health Care by CCCHC Period Third Quarter PY25**  
 Submitted **04/24/2025** by **JTRASK**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>800</b>	<b>500</b>	<b>200</b>	<b>100</b>
Quarterly Data (NEW Clients)	<b>6</b>	<b>15</b>	<b>160</b>	<b>59</b>	<b>7</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Patients are being screened for mental health and treated accordingly by our physicians and through our partnership with Carle's Psychiatric Residency program (which has been a great partnership)  
 We are still strong with attending and hosting events to screen community members and provide health education. Our outreach and wellness director continues to do an excellent job.



**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Health Care Consumers**

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

Submitted **04/25/2025** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>5</b>	<b>700</b>	<b>8</b>	<b>69</b>	<b>12</b>
Quarterly Data (NEW Clients)	<b>7</b>	<b>403</b>	<b>3</b>	<b>42</b>	<b>8</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

This program is incredibly busy. All of the clients for whom we report data for this program are applying for Disability benefits as a result of either behavioral health issues, or behavioral health AND physical health issues. Approximately half of our clientele for this program are homeless individuals, which can make this work very challenging in terms of maintaining timely communication and following up on mail received by the client from the Social Security Administration. But we have developed methods for coping with this, including getting permission from clients to use CCHCC as their mailing address for Disability mail, and getting permission from clients to allow us to open their mail, or giving them the option of being notified when mail is received and they can come to the office to open it and share it with us.

We have figured out a new way to calculate the impact of our work in this program, in terms of dollars. I am very excited to report the following: In this fiscal year, so far, we have gotten 24 clients approved for Disability benefits. The backpay lump sum total for the clients (of those who shared that information with us) is \$109,424, and the total monthly amount (of those who shared that information with us) being received by all of these clients combined is \$24,688 total.

These income amounts not only benefit the clients and help bring stability to their lives, but also benefit our local economy, as well as our Township offices which get reimbursed for General Assistance provided to their clients who have been approved for Disability.

This program is truly changing people's lives for the better. The services we provide to these clients go far beyond the Disability applications. Very often, the clients whom we serve are struggling with housing, healthcare, and other resources, and we have had to step up to help find housing for these clients, or help them find shelter or place them in hotel rooms when they are recovering from major health events, including amputations after cold exposure from being unsheltered. We also often help get free phones for these clients, and assist them with other public benefits. We have also rescued and helped to re-home several animals. And we frequently have to help provide medical equipment that is not covered by their health insurance plan - that is very often what is represented under "Other". As an example, we have a client who is now staying at a hotel because she had two toes on each foot amputated as a result of being totally unsheltered during the winter. Her mental health and trauma made it impossible for her to stay in a congregate shelter. While she was in the hospital, she resumed her mental health medications and is now stable in that regard. However upon discharge from the hospital, her insurance company would not pay for the type of bedside commode that she

needed - she needed a wider one that would allow her to slide over onto the commode from sitting on the bed - so we purchased that item for her through our Health Justice Fund.

This work is incredibly difficult and often it is very sad. However, when we have success, it is incredibly heartening to see the transformation in our clients' lives.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Health Care Consumers**

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

Submitted **04/25/2025** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>780</b>	<b>25</b>	<b>160</b>	<b>11</b>
Quarterly Data (NEW Clients)	<b>8</b>	<b>357</b>	<b>7</b>	<b>82</b>	<b>6</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

The clients with whom we have worked over this quarter are overwhelmingly anxious. People are very worried about losing benefits such as Medicaid and SNAP, given the changes at the Federal level. Immigrant clients have been reluctant to sign up for benefits even when they do qualify for Medicaid or SNAP, and extra work is needed to provide reassurance to these individuals. We have been successful in providing that reassurance, but it is heartbreaking to see the level of fear and concern in these clients. We have also had many struggles with the web portal ABE for state-based public benefits such as Medicaid and SNAP.

Statewide, the Medicaid program for immigrant adults is sunsetting on June 30, 2025. While the version of the program that is exclusively for seniors will continue, this will lead to a loss of coverage for many and generally a less healthy state. This program was able to cover prescriptions, durable medical equipment, glasses and more! Now these clients will have to revert back to the hospital financial assistance programs that only cover what is offered by the clinics.

DHS has also been "mistakenly" sending work requirement letters to SNAP recipients even though Illinois does not participate in working requirements for SNAP benefits. We have also had a client who submits paystubs without a name who was asked to send in documents with the name revealed even if it was not under his name. Probing questions like this and scary letters mean that some of our clients will choose not to continue with their benefits.

Less food and fewer doctor visits means that our clients will be less healthy, their children will not do as well in school and they will be more susceptible to health complications. The fear is seeping into the community and it will put a strain on the services we already have. The federally qualified health centers will have an increase in clients (if we are able to make them feel safe in attending appointments), but hospitals and clinics will also see more unreimbursed care and more emergency room visits because people waited longer to seek care.

It is important for us to be able to offer these alternatives and then also keep pushing to bolster the programs we have and continue speaking out against the slash and burn policies of the administration.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Health Care Consumers**

Program: **Justice Involved CHW Services & Benefits Period Third Quarter PY25**

Submitted **04/25/2025** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>200</b>	<b>25</b>	<b>75</b>	<b>10</b>
Quarterly Data (NEW Clients)	<b>3</b>	<b>58</b>	<b>3</b>	<b>41</b>	<b>2</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Now that the renovations are mostly completed in the parts of the jail that we use, our numbers are starting to increase because it is easier to meet with clients referred to us by the Sheriff's department staff as well as Shelby from Rosecrance. The main services provided to these individuals include Medicaid and SNAP applications, as well as referrals to other CCHCC staff for Disability applications. We are serving more women, as they are being introduced to Chris Garcia through the Pregnancy & Parenting class that Claudia and Paulette teach in the jail. Chris often comes into the class to be introduced to the women, and we explain that they can submit a yellow slip, requesting to meet with Chris. As some of these clients prepare to be released from the jail, they want to get their benefits in order for when they are released. Clients from jail who are released also often follow up with Chris at the CCHCC office to take care of additional business, including hospital financial assistance, Rx help from CCHCC (where we help pay for prescriptions or over-the-counter medications not covered by Medicaid, etc.). The average number of applications completed for each client is 3, which often includes Medicaid, SNAP, and hospital financial assistance, among others. The 2 under the category of Other, are for prescription assistance or medical equipment assistance. Chris has also reached out to a number of clients who are undergoing reentry after being released from IDOC, and he helps them resume their Medicaid and SNAP benefits. Clients are often surprised and pleased when Chris reaches back out to them.



**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: CCRPC - Community Services

Program: Homeless Services System Coordination Period Third Quarter PY25

Submitted 04/15/2025 by KHARMON@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>30</b>	<b>60</b>	<b>45</b>	<b>10</b>	
Quarterly Data (NEW Clients)	<b>7</b>	<b>37</b>	<b>6</b>	<b>2</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Community Service Events

- 1/7/2025 Point-in-Time (PIT) Committee Meeting
  - 1/16/2025 Point-in-Time (PIT) Volunteer Training
  - 1/22/2025 Point-in-Time (PIT) Press Conference
  - 1/22/2025 Unsheltered Point-in-Time Count
  - 1/30/2025 CSPH New Member Orientation with Lived Experience Representatives
  - 2/19/2025 Meeting with Lived Experience Representatives to Review CSPH Strategic Plan
  - 3/5/2025 CSPH Lived Experience Committee Meeting
- (7 TOTAL CSE)

Screening Contacts

- 1/16/2025 Point-in-Time (PIT) Volunteer Training (30 participants)
  - 1/22/2025 Point-in-Time (PIT) Press Conference (3 participants)
  - 1/30/2025 CSPH New Member Orientation with Lived Experience Representatives (2 participants)
  - 2/19/2025 Meeting with Lived Experience Representatives to Review CSPH Strategic Plan (2 participants)
- (37 TOTAL SC)

TPC

- 3/5/2025 AFCSPH Lived Experience Committee Meeting
  - 3/5/2025 JHCSPH Lived Experience Committee Meeting
- (2 TOTAL TPC)

NTPC

- 1/7/2025 Champaign County EMA CSPH Full Committee Meeting/Lived Experience Welcome
- 1/7/2025 MTD CSPH Full Committee Meeting/Lived Experience Welcome

1/7/2025 Welcome	CCRS	CSPH Full Committee Meeting/Lived Experience
1/7/2025 Welcome	DSC	CSPH Full Committee Meeting/Lived Experience
1/7/2025 Welcome	Dimension-F	CSPH Full Committee Meeting/Lived Experience
2/26/2025 City of Champaign, Equity and Engagement Racial Equity Committee Meeting/Participation (6 TOTAL NTPC)		



**Quarterly Program Activity / Consumer Service Report**

Agency: CCRPC - Community Services

Program: YAC (Companion Proposal) Period Third Quarter PY25

Submitted 04/17/2025 by KDOUGHTY@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>70</b>	<b>100</b>	<b>25</b>	<b>115</b>	<b>50</b>
Quarterly Data (NEW Clients)	<b>26</b>	<b>32</b>	<b>5</b>	<b>17</b>	<b>16</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Quarter three has been a period of growth, relationship-building, and laying important groundwork at the Youth Assessment Center. We officially launched group programming in collaboration with Dispute Resolution Institute and Cunningham Children’s Home, creating additional avenues for youth development, connection, and reflection. Peer Court has also been a success with the involvement of the University of Illinois students, fostering a youth-led approach to accountability and restorative practices. The student jurors have exceeded expectations, demonstrating impressive critical thinking and a deep sense of empathy. They craft creative, thoughtful assignments that both reflect the strengths of the referred youth and address the underlying causes of their behavior. The jurors have shown a genuine commitment to restorative justice, helping to make the process feel less punitive and more empowering for everyone involved.

The YAC team has continued to expand our presence within the school systems by presenting to school social workers at Central High School, which opened the door for deeper collaboration and referrals. We also connected with the Parent Liaison at Central, strengthening our ability to engage families. Our involvement in the School Resource Officer and Security meeting allowed us to align more closely with key stakeholders invested in youth safety and wellbeing. Additionally, we began building a partnership with Operation Hope’s Healing Spaces at Centennial High School, integrating trauma-informed care into the environments where youth spend their time.

Lastly, through our new partnership with Salt & Light, youth now have the opportunity to complete their community service hours in a setting that fosters both accountability and growth. In addition to fulfilling their service requirements, youth are developing soft skills like communication, reliability, and teamwork. This approach not only supports their reintegration into the community but also prepares them for future employment and long-term self-sufficiency. Despite these positive developments, youth engagement remains a significant hurdle; we are seeing a trend where more youth are declining services than choosing to participate. These challenges underscore the need for ongoing relationship-building and adaptive strategies to meet youth where they are.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Crisis Nursery**

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

Submitted **04/24/2025** by **CRISISNURSERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>86</b>	<b>300</b>	<b>56</b>	<b>24</b>	<b>550</b>
Quarterly Data (NEW Clients)	<b>29</b>	<b>118</b>	<b>8</b>	<b>5</b>	<b>190.75</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

**Successes:** The Strong Families team enrolled 4 new rural moms in quarter 3, enrolling a total of 8 rural moms for the fiscal year thus far. This is a drastic improvement from our last program year, where we ended the program year enrolling 2 rural moms. We have been focusing our time and effort on delivering program materials to rural locations where families are, attending resource fairs and parent events at rural community daycares and preschools, and connecting with rural agencies during community meetings. We are also approaching our overall benchmark of 24 treatment clients, ending the 3rd quarter with 20 TPC’s served this fiscal year.

**Challenges:** During the 3rd quarter, we made our second attempt for the fiscal year at facilitating a parent support group within rural communities. Our agency partners assisted with spreading the word through social media, physical flyers in their building locations as well as our program staff delivering flyers to preschools, daycares and community centers, collaborated with parents who resided in those communities who were enrolled in programming to identify the best days and times they could attend and posting on social media outlets. Despite this, only 1 session out of 6 was successful with attendance.

We also continue to see a need for CU moms interested in Beyond Blue programming but have fulfilled the TPC benchmark for the fiscal year. We had a mom walk into the Nursery who had just fled a DV situation from another state with her 9-week-old premature baby and initially had nowhere stable for them to stay. Her EPDS score was 25 and mom was in desperate need of support. After looking at caseload openings as well as the remaining rural TPC client number to serve for the year, we found that we still had space to accommodate all the needs and chose to enroll her for continued support. While we aim our efforts at reaching families located in rural communities, we still see the need for support for moms who are in the CU area as well.

Strong Families Coordinator, Hannah Hensley, reflects on the use of the Mothers and Babies curriculum and the impact respite care has had on one of her families:

I have been working with a mom of two in the Beyond Blue program since September 2024. This mom is very consistent with communication and home visits. She has had some severe life stressors recently, such as a breakup with the baby’s father and homelessness. This mom does not have much support from family or friends and this has had an impact on her mental health. We have been working through the Mothers and Babies curriculum together during home visits, and we have been able to identify her stressors, how they impact her mental health and ability to bond with her baby.

Reviewing these sections in the curriculum has helped mom develop a great understanding of how self-care and engaging in pleasant activities increases mood and decreases stress. She actively engages in weekly outings and activities with friends and in the community. Mom has been able to utilize our respite care weekly and has expressed to me how grateful she is for the support Crisis Nursery has provided her and her family. Mom said, "I don't know what I would do without the respite. I use that time every week to take care of myself, do things I enjoy and get things done around the house that I'm not able to do when the kids are with me."

Family Specialist, Sophia Marick, reflects on her work with a family initially experiencing crisis and how reaching out for help and re-building support has started to aid in positive attachment to baby:

I started working with a new family who was in severe crisis when they reached out to the Nursery for support. They have a two year old and just had a new baby a few weeks prior. Mom had experienced severe PPD with her first born and was hoping that this time would be different. Right after the baby was born, they experienced the unexpected deaths of two close family members. One was mom's sister, who was a huge support for the parents for childcare and emotional support. Mom was experiencing PTSD from witnessing these deaths. Dad was also temporarily laid off and had been diagnosed with a physical health condition. A month into working with the family, dad had a mental breakdown and was admitted for a psychiatric stay. When we first started working together, mom was very honest that she could not do this and was struggling to build attachment to her baby. She didn't feel that she could care for him and had extreme PPD and PPA. No one in her family would listen to her, and kept telling her she could do it, and she just had to push through. I listened to her and we came up with a plan of who she can call, and who can help care for the baby when these feelings become too overwhelming. Safety had to come first, and now mom is seeing a psychiatrist and therapist, has a solid plan, and a great support system that allows her to have time to decompress, so that she can feel able to build attachment and bond with her baby more positively. She left her emotionally damaging job to get one with less stress and better hours. Dad received a mental health diagnosis and is now taking medication. Mom's medications are starting to work, and her anxiety and depression are much better. She now has improved insight into her feelings and we can talk about her thoughts, what they mean, and how to change them into more healthy and positive thoughts about herself as a mother. The strength this family showed in severe crisis was inspirational.



**Quarterly Program Activity / Consumer Service Report**  
 Agency: **Community Service Center of Northern Champaign County**  
 Program: **Resource Connection** Period **Third Quarter PY25**  
 Submitted **04/17/2025** by **CSCRANTOUL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		<b>3500</b>	<b>1100</b>		<b>2100</b>
Quarterly Data (NEW Clients)		<b>1731</b>	<b>191</b>		<b>211</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Our Service Contacts increased significantly from the same quarter in PY24, which could be due to the economic inflationary forces, which have been unrelenting, as well as governmental changes, requiring clients to seek out much more assistance. NTPC numbers have also increased by 36%, compared to PY24's third quarter, which speaks again, most likely, to current economic conditions and our ongoing marketing work. In the Other category, our agency contacts number is down significantly due to staffing vacancies at New American Welcome Center, CRIS Healthy Aging, and Family Service. We anticipate that these numbers will increase in the fourth quarter as some staffing has been replaced. 88 of the agency's Other numbers include CCMHB-funded programs.



**Quarterly Program Activity / Consumer Service Report**

Agency: **C-U at Home, Inc.**

Program: **Shelter Case Management Program** Period **Third Quarter PY25**

Submitted **04/15/2025** by **MCOURTWRIGHT**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>50</b>	<b>5500</b>	<b>25</b>	<b>55</b>	
Quarterly Data (NEW Clients)	<b>17</b>	<b>1383</b>	<b>17</b>	<b>3</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

This quarter, C-U at Home experienced a significant increase in the number of non-treatment plan clients. This was primarily due to our operation of an overflow warming center during January and February. On days when the "real feel" temperatures dropped into the negatives, we opened our office conference center to provide emergency services. Guests were offered limited case management, food, games, movies, and transportation to and from emergency shelter locations.

Our organization is also continuing to build a closer, collaborative relationship with Drug Court. As part of this effort, Drug Court has applied for C-U at Home to serve as a sub-grantee for FY26. If awarded, this funding would allow us to open another Mid-Barrier Phase 1–3 home specifically for Drug Court participants who are experiencing housing instability. We are hopeful and expect to learn soon whether the project will be funded.

Since launching Pathways to Progress in December 2022, our organization has gained valuable insights. One key strategic improvement has been the development of a structured Phase system. Beginning in FY25, we began addressing the seven key areas of instability through a four-phase model, with each phase lasting approximately 90 days. We believe this structure has increased client engagement and motivation, helping them progress through each phase and ultimately complete the program successfully.



**Quarterly Program Activity / Consumer Service Report**

Agency: **CU Early**

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

**Submitted 03/31/2025 by KRUSSELL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>464</b>	<b>5</b>	<b>20</b>	
Quarterly Data (NEW Clients)	<b>6</b>	<b>102</b>	<b>3</b>	<b>2</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

The CU Early program coordinator is partnering with the United Way to implement a Birth to Five grant. Part of this grant is to provide monthly Early Intervention parent support groups for any family in Champaign County who is needing support. We held 3 EI Parent support groups this quarter. In addition, the CU Early program coordinator attended Soccer Planet 3 times this quarter to assist with community wide developmental screenings and to assist with families getting connected to services as needed.

The CU Early bilingual home visitor referred 3 children to Early Intervention.

The CU Early home visitor exited two children that aged out of the program and added in 2 new children. Her caseload remains at 20 families. All families are Spanish speaking.

The CU Early bilingual home visitor completed 102 service contacts this quarter.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Cunningham Children's Home**

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

Submitted **04/25/2025** by **SPETERSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>25</b>	<b>510</b>	<b>15</b>	<b>20</b>	
Quarterly Data (NEW Clients)	<b>42</b>	<b>237</b>	<b>1</b>	<b>8</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Twenty-six (26) clients received services in the ECHO program during the third quarter of FY25. There were 17 continuing TPCs, 8 new TPCs and 1 new NTPC.

There were a total of 29 service inquiry contacts. As appropriate, inquiries were referred to RPC for Centralized Intake. Individuals making inquiries were also referred to other appropriate resources when applicable. Four new clients were enrolled in ECHO this quarter (all 4 in February - 3 are new TPCs and 1 is a new NTPC).

There were a total of 237 service contacts (and an additional 21 attempted contacts/missed appointments). The target number of service contacts for the year is 510 which we have exceeded.

Seven clients were discharged from the ECHO program:

- \* One client discharged to living with a friend. This client was successfully housed with a PSH voucher for nearly 5 years, but lost the voucher as a result of not paying their portion of rent. This client was working.
- \* The remaining 6 clients were successfully discharged to permanent housing situations.

Note: Five (5) of our 7 discharged clients had been enrolled in the ECHO program for more than 3 years.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Cunningham Children's Home**

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

Submitted **04/25/2025** by **SPETERSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>10</b>	<b>1935</b>	<b>75</b>	<b>40</b>	
Quarterly Data (NEW Clients)	<b>3</b>	<b>305</b>	<b>27</b>	<b>2</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

We served a total of 66 clients during the third quarter of FY25. Nine (9) clients were continuing TPC from the second quarter. Two clients were new TPC. We served a total of 53 NTPC clients through groups offered at the Juvenile Detention Center and individual sessions offered at the READY program. One NTPC was a former client admitted to the FST program who did not complete the assessment process. Twenty-seven (27) of the NTPC clients who received services were new during the third quarter. The program is behind in serving the expected number of TPC clients (16 served as of 03/31/25 compared to a projected total of 40 clients in FY25). We anticipate we will exceed the projected number of NTPC clients. We have currently served 73 NTPC clients and projected to served 75 in FY25. Five (5) TPC clients were discharged in the third quarter of FY25. Three clients (60%) had achieved program goals. Two clients (40%) were discharged due a lack of engagement in program services.

We completed 189 Service Contacts with treatment plan clients and 116 contacts with non-treatment plan clients (for a total of 305). We attempted an additional 42 contacts with TPC clients and/or caregivers. We exceeded the quarterly target for TPC Service Contacts which is 90. We did not meet the number of NTPC contacts projected (116 provided - 395 projected).

FST staff attended 3 Community Service Events this quarter (Rantoul Provider meeting, CCMHDDAC and CIRCLE Academy Parent-Teacher Conferences).



**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

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

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

Submitted **04/25/2025** by **MONICAM**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>40</b>	<b>480</b>	<b>20</b>	<b>20</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>30</b>	<b>144</b>	<b>1</b>	<b>1</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

- Family Advocacy
- READY SCHOOL
- STONECREEK CHURCH
- CU CHURCH
- LIHEAP
- HOPE CENTERED WELLNESS GROUP
- R&R LAUNDROMAT
- STARCREST
- SALT & LIGHT
- FAMILY SERIVCES
- COURAGE CONNECTION
- BROADMEADOW ELEMENTARY
- PLEASANT ACRES ELEMENTARY
- RANTOUL TOWNSHIP HIGH SCHOOL
- JW EATER JR HIGH SCHOOL
- EASTLAWN ELEMENTARY
- NORTHVIEW ELEMENTARY
- RANTOUL PUBLIC LIBRARY
- CHAMPAIGN PUBLIC LIBRARY
- URBANA PUBLIC LIBRARY
- SOFFT/LANS
- YWCA
- DIGITAL NAVIGATING OF U OF I
- VINEYARD CHURCH
- PARKLAND
- FIRST CHRISTIAN CHURCH
- MEADOWBROOK COMMUNITY CHURCH
- EMPTY TOMB





**Quarterly Program Activity / Consumer Service Report**

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

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

Submitted **04/25/2025** by **REFUGEE CENTER ADMIN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>50</b>	<b>2200</b>	<b>2140</b>	<b>60</b>	<b>15</b>
Quarterly Data (NEW Clients)	<b>26</b>	<b>411</b>	<b>393</b>	<b>18</b>	<b>6</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Workshops: 6 hours

2/7/2025 George Vassilatots & Rachel Mandamuna The Refugee Center Public Benefits Information Session in French - 2 hours, 15 attendees

3/14/2025 George Vassilatots The Refugee Center Anti Scam Workshop - 2 hours

3/28/2025 George Vassilatots The Refugee Center Public benefits Information Sessoin & KYR Workshop in Spanish - 2 hours

Community Service Events/Community Linkages: 26 events

01/09/25 Lisa WilsonCommunity Foundation of East Central IL (CFECI) Exec Directors meeting  
Monthly meeting with other area non profit ED's to network, promote our services and learn NFP best practices. 10 organizations represented

01/09/25 Lisa WilsonPEO General meeting  
Presented lecture and slide show regarding Immigration and TRC services.35 people present

1/10/25 Lisa WilsonInterview with WCIA tv

1/13/25 Lisa WilsonBirth to 3 Council presentation/ Discussion about service offered by TRCand other immigrant serving agencies in the area. 40 people present

1/15/25 Lisa Wilson & Ashlyn Henke Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting  
Bi monthly meeting of all refugee resettlment organizations in the State of IL 25 organizations represented

1/15/25 Ashlyn HenkeMeeting to discuss IL Trust Act Meeting of local area police, immigration serving organizations and general public to discuss the implications of the Illinois Trust Act in light of the Trump Administrations promise to deport undocumented residents.

1/16/25 Lisa WilsonIL Welcoming Center immigrant collaborative meeting  
Monthly meeting to discuss immigrant service issues in Champaign County and ways to collborate to eliminate barriers to service., including discussion of services offered by local agencies. 15 participants

1/21/25 Lisa WilsonInterview with WAND tv Regarding Trump Administration plans for immigration; Know your Rights; services offered by TRC

1/21/25	Lisa Wilson	Interview with WCIA tv	Regarding Trump Administration plans for immigration; Know your Rights; services offered by TRC
1/23/25	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
1/23/25	Lisa Wilson	Interview with Zhiyu Luo of Northwestern University	Discussion of refugee issues under Trump
1/27/25	Lisa Wilson	Rantoul Service Providers Meeting	Monthly meeting with area social service agencies and Rantoul community leaders to discuss issues and solutions in the Rantoul community 10 organizations represented
1/28/25	Lisa Wilson	CCMHB/DDB Council meeting	Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations present
1/28/25	Lisa Wilson & Ashlyn Henke	Emergency Refugee Reettlment Executive Council Meeting	Emergency meeting to discuss Trump Administration and State Dept Stop Work order. 25 organizations represented
2/3/25	Lisa Wilson	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
2/13/25	Lisa Wilson	Community Foundation of East Central IL (CFECI) Exec Directors meeting	Monthly meeting with other area non profit ED's to network, promote our services and learn NFP best practices. 10 organizations represented
2/18 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
2/19/25	Lisa Wilson	Refugee Service Providers & Special Units	Monthly Discussion Monthly meeting to troubleshoot issues with immigrant clients and access to public benefits 20 organizations represented
2/20/25	Lisa Wilson & George Vassilatos	IL Welcoming Center immigrant collaborative meeting	Monthly meeting to discuss immigrant service issues in Champaign County and ways to collborate to eliminate barriers to service, including discussion of services offered by local agencies. 16 participants
2/21/25	Lisa Wilson	Stephanie Mosqueda, IL Public Media interview	Interview regarding immigrant services and issues as related to the new Administration and Executive Orders.
2/25/25	Lisa Wilson & George Vassilatos	CCMHB/DDB Council meeting	Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations
2/28/25	Lisa Wilson, Ashlyn Henke & Kristin 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. 13 agencies represented
3/6/25	Lisa Wilson	Community Foundation of East Central IL (CFECI) Exec Directors meeting	Monthly meeting with other area non profit ED's to network, promote our services and learn NFP best practices. 10 organizations represented
3/7/25	Lisa Wilson	Interview with ABC Channel 20 TV	Regarding Trump Administration plans for immigration; Effect on Refugee Resettlement; Know your Rights; services offered by TRC
2/25/25	Lisa Wilson & George Vassilatos	CCMHB/DDB Council meeting	Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 30 organizations
3/27/25	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. 16 participants



**Quarterly Program Activity / Consumer Service Report**

Agency: **Family Service of Champaign County**

Program: **Counseling Period Third Quarter PY25**

Submitted **04/24/2025** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			<b>20</b>	<b>40</b>	
Quarterly Data (NEW Clients)			<b>6</b>	<b>0</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

This quarter our clinical supervisor submitted her resignation to pursue a position with higher pay. Phil C. is our acting clinical supervisor until we find another clinical supervisor/therapist.

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

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

This quarter our clients are NTPC since the 2 relationship assessments are NTPC and the other 4 clients had not had 3 sessions by the end of the quarter to complete a treatment plan yet.

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

This quarter, the Family Support Program director attended the webinar 'Cannabis and Adolescents: An Overview of the Science and Concerns from Leading Experts' presented by Addiction Policy Forum. The speakers were Dr. Mark Gold and Dr. Sarah Vinson.

This quarter, the Family Support staff watched then discussed a video "Cultural Intelligence: Bridging the Gap Between Cultures" by Faith Locken.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Family Service of Champaign County**

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

Submitted **04/24/2025** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>300</b>				
Quarterly Data (NEW Clients)	<b>51</b>				
Continuing from Last Year (Q1 Only)					

**Comments:**

Program coordinator statistics for the Third Quarter:

- 180 email contacts
- 295 information and referral emails
- 1200 page views on SHC website
- 20 Support Group directories distributed
- Support group updates were solicited from support group contacts and entered into the database
- Edited Self-Help Group directory on-line
- Human Services Council (X4)
- SHC Advisory Council (X2)
- Disability Expo Meeting (X1)
- AIR Ebertfest meeting (X1)
- research for Spring Newsletter
- planning for Spring Conference
- Partnered with Champaign Public Health District to co-host a 3-part workshop about wellness for women titled 'Mind, Body, and Coverage: A total guide to women's wellness.'



**Quarterly Program Activity / Consumer Service Report**

Agency: **Family Service of Champaign County**

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

Submitted **04/25/2025** by **EALVAREZ**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>2900</b>	<b>700</b>	<b>325</b>	<b>2500</b>
Quarterly Data (NEW Clients)	<b>3</b>	<b>841</b>	<b>98</b>	<b>25</b>	<b>44</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Family Service attended three outreach events in Q3.

On January 31st, Family Service hosted a Don't Go It Alone event in partnership with Illinois Extension to bring attention to social isolation among older adults.

On February 26th, staff attended the Feeding Champaign County Food Summit, as well as staffing a table at the resource fair.

On March 8th, staff tabled the Zeta Phi Beta Finer Womanhood Breakfast.

Family Service sent out two rounds of the Creativity on Wheels boxes in Q3. The theme for the January box was Legacies, allowing clients to reflect on their personal narratives. The March box had the theme of Rejuvenation, encouraging clients to re-charge and connect with nature as spring began.

Of the new TPC clients, 9 were registered for more intensive casework to address multiple needs. The other 16 signed up for Matter of Balance, an evidence-based program designed to address anxiety around falling.



**Quarterly Program Activity / Consumer Service Report**

Agency: **FirstFollowers**

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

**Submitted 04/25/2025 by FIRSTFOLLOWERS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>5</b>	<b>55</b>	<b>21</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>1</b>	<b>3</b>	<b>13</b>	<b>15</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

This quarter has been a period of activity and reflection. We completed our first retreat, going to St. Louis for a weekend in February. We concentrated on boundaries in our workshops, trying to ensure that our staff "stay in their lane." We have experienced staff members taking on too many clients and attempting to address personal problems which fall outside the scope of our competency. In combination with this, we changed our staffing complement and hours, reducing the number of staff on duty at any given time but expanding our days and hours of work. This has created a much calmer atmosphere in our drop-in center, allowing both staff and clients to fully focus on the task at hand. We have also developed a more comprehensive leave policy which provides both extra benefits and accountability.

In terms of our traffic, the number of people using the drop-in has been reduced, both due to seasonal variations and a reduction in specific assistance due to a lack of funding to provide items like rental deposits and clothing to clients. We have especially been impacted by the total depletion of housing voucher funds from the city of Urbana and RPC. These two sources enabled us to house up to 17 people for up to a year in late 2024. Given the increase in rents and other ancillary charges by landlords this fund was particularly crucial to our operations. We are anticipating some renewal of the RPC funds in the spring.

Our GoMAD crew has finished the renovation of our property at 1407 Wiley and we will be putting it on the market soon.

Our education this quarter has focused on Know Your Rights Sessions produced by the Safer Foundation plus a Black History Month talk by Dr. Gus Wood, from the U of I, who spoke in detail about the impact of fiscal cutbacks on the marginalized sector of our Black population, the primary target of our programs.



**Quarterly Program Activity / Consumer Service Report**

Agency: **FirstFollowers**

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

Submitted **04/24/2025** by **FIRSTFOLLOWERS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>15</b>	<b>8</b>	<b>15</b>	<b>8</b>	
Quarterly Data (NEW Clients)	<b>2</b>	<b>4</b>	<b>6</b>	<b>0</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Our First Steps house continues to move forward. Both of our current residents show great promise. One has enrolled in a Substance Use Specialist training program which provides him with a monthly stipend and at the end of the course in August he will have a qualification to work as a substance use counselor. As a person whose downfall in the criminal legal system was substance use this is a great achievement for him. The organizer of the course, a facilitator from Southern Illinois University., has described him as a flawless student who always completes his work on time and participates effectively in classroom sessions. He has been volunteering as peer mentor in our drop in center, doing intake and referrals. We are looking to employ him when he finishes his course. Our other resident, has been working more than full time at a local factory. He has applied his earnings to saving up to buy a car. This plan has moved ahead in parallel with him preparing to have his driver's license reinstated, which he has been working on for about six years. He has completed all the needed courses and paid the appropriate fines and will be taking his road test in the spring. We have been making progress on New Horizons. We have furnished the house and will be launching the program on April 17th. We have completely furnished the house and have been fortunate to receive donations of furniture from community members, including state representative Carol Ammons. We have met with Mr. Seyoum Owens, who is in charge of reentry housing for IDOC in this region. He passed the house for occupation by people on parole with IDOC and will be referring people to us for acceptance. We aim to have two people in the house by the end of April.



**Quarterly Program Activity / Consumer Service Report**

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

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

Submitted **04/24/2025** by **GCAPED**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>20</b>	<b>60</b>	<b>10</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>9</b>	<b>31</b>	<b>2</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

CSE: National Black HIV/AIDS Awareness Day 02/07

Regarding SSC: Reviewing the "Instructions and Definitions for Completing Quarterly and Semi-Annual Reports", I see that

The Service/Screening Contact target number may be "a total of persons receiving an assessment plus total of screening or non-case specific contacts plus total of service encounters with treatment plan clients. The preferred usage of this category is a screening contact for initial assessment." There was a bit of confusion regarding SSC, and how to report this information. The information that has been reported is documented in our system, and only includes contacts for assessments and enrollments into our program. We do not include NTPC contacts, non-case specific consultations, total of service encounters with TPC, or any other contacts. The documented number in progress reports is only the screening contact for initial assessment. I apologize for any confusion this may have caused.



**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**  
**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **GROW in Illinois**

Program: **Peer-Support** Period **Third Quarter PY25**

Submitted **04/24/2025** by **BEAKINS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>24</b>	<b>2000</b>	<b>250</b>		
Quarterly Data (NEW Clients)	<b>7</b>	<b>448</b>	<b>47</b>		
Continuing from Last Year (Q1 Only)					

**Comments:**

We continue to have monthly socials, workshops, and organizers and recorders meetings. I met with long time leader in GROW a few weeks ago she has written a 45-chapter book on GROW's philosophy that is exciting. We hope to get it published soon.

We also continue to work on program updates and will soon have a final product. Our leaders have met monthly for over a year in order to bring GROW up to date with program material.

We have resumed groups in the jail. Damon wrote a letter of support for one of the inmates that has stepped up in leadership role in the jail's we hope this will help to reduce his sentence. We also hope that he can take GROW to the prison with him.

We are planning a presentation in May to probation with the intention of starting a group.

We have started a group on compass. We have yet to have anyone attend. This is a group that you can attend in person or online using zoom. We are still working with Strides to serve with a GROW group Damon did a presentation to the staff and social workers. They are helping to engage more people in the program. It is not consistently attended but we are able to plant a seed.

We did not have as many New NON-treatment plan clients this quarter because the Jail groups did not start back up until March.

We did a TV spot on CI living as part of our outreach in the community.

We also did a presentation to Re-entry council.

We are hoping this will help the community understand what GROW is available and who we serve a diverse population. I continue to work with the Evaluation work group. I have gained knowledge about data and the process and why it is important to have tangible out comes and to know our compactivity.

Damon partnered with New Beginnings and attended their resource fair.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Promise Healthcare**

Program: **Mental Health Services Period Third Quarter PY25**

**Submitted 04/30/2025 by JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>2800</b>	<b>400</b>	<b>600</b>	<b>50</b>
Quarterly Data (NEW Clients)	<b>5</b>	<b>553</b>	<b>161</b>	<b>128</b>	<b>46</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Counseling

CSE: 5 Outreach and Community events attended during the quarter

1. Healing Solutions for Healing Communities Trauma & Resiliency Conference- Roundtable presentation on Health Equity & Mental Health. Lunch presentation on coping with stress. 3/14/25
2. CI Living episode – March. Ray Bement, LCSW- Coping with Stress.
3. HIV Support Group. CUPHD. Champaign 3/20/25
4. Trauma & Resiliency Initiative Conference. Urbana. 3/14/25.
5. CUPHD's upcoming Coalition for Comprehensive Sex Education (CCSE) meeting. 3/17/25

SC: 553 kept appointments with counselors by Champaign County Residents

NTPC: 161 Champaign County residents who did not complete assessment or chose not to engage in therapy

TPC: 128 Unique Champaign County residents served more than once by counselors

Other: 46 SC patients with no other payor source



**Quarterly Program Activity / Consumer Service Report**

Agency: **Promise Healthcare**

Program: **PHC Wellness Period Third Quarter PY25**

Submitted **04/30/2025** by **JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>30</b>	<b>1600</b>	<b>400</b>	<b>200</b>	<b>100</b>
Quarterly Data (NEW Clients)	<b>6</b>	<b>638</b>	<b>511</b>	<b>127</b>	<b>260</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CSE: 6 Outreach and Community Events attended during the quarter:

1. One Winter Night Homeless Awareness Event-Champaign. 2/7/25
2. National African American Parent Involvement Day (NAAPID) Open House- Jefferson Middle School (Champaign). 2/10/25
3. Special Persons Dance. Eastlawn Elementary. Rantoul. 2/13/25
4. Trauma & Resiliency Initiative. Resource Fair. Urbana 3/15/25.
5. Parent Teacher Conferences Urbana Middle School. 3/27/25
6. Parent Teacher Conferences Urbana Middle School. 3/28/25

SC: 638 patient encounters during the quarter

NTPC: 511 patients who were helped at least once during the quarter and not seen in previous quarters of this project year

TPC: 127 patients who had 2 or more contacts/assists during the quarter and were not seen in previous quarters of the project year

OTHER: 260 SC patients with no other payor source

Adult Wellness Community Partnerships/Collaborations:

- OSF
- U of I School of Social Work
- Rosencrance
- Urbana School District #116
- Rantoul City Schools #137
- Unit #4 Champaign School District
- Strides
- Region 9 Action Plan
- YWCA
- Champaign County Community Coalition
- READY
- CTSO - Homeless Outreach and Shelter Group

CSPH - Regional Planning Commission  
The Well Experience  
Restoration Urban Ministries  
CUPHD  
Bright Point  
Feeding Champaign County  
DSC  
CU at Home  
Birth to Five Illinois  
Land of Lincoln Legal Aide  
Cunningham Township  
Champaign County Board of Health  
Rantoul Chamber of Co



**Quarterly Program Activity / Consumer Service Report**

Agency: **Promise Healthcare**

Program: **Mental Health Services Period Third Quarter PY25**

**Submitted 04/30/2025 by JHENRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>3200</b>	<b>900</b>	<b>1000</b>	<b>100</b>
Quarterly Data (NEW Clients)	<b>2</b>	<b>2161</b>	<b>697</b>	<b>542</b>	<b>149</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Psychiatry

CSE: 2 Outreach and Community Events attended during the quarter:

1. Q3: CI Living episode. January. Seasonal Affective Disorder & Accessing counseling and Psychiatry services.
2. CI Living Presentation by Ray Bement on accessing counseling, SUD and psychiatry services

SC: 2161 kept appointments with Psychiatrist by Champaign County residents

NTPC: 697 Champaign County residents who did not complete assessment or chose not to engage in therapy

TPC: 542 Unique Champaign County residents served more than once by Psych providers and not previously seen in the grant period

Other: 149 SC patients without payor source



**Quarterly Program Activity / Consumer Service Report**

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

Program: **Sexual Trauma Therapy Services Period Third Quarter PY25**

Submitted **04/23/2025** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>25</b>	<b>250</b>	<b>170</b>	<b>2</b>
Quarterly Data (NEW Clients)	<b>1</b>	<b>25</b>	<b>38</b>	<b>15</b>	<b>5</b>
Continuing from Last Year (Q1 Only)					

**Comments:**



**Quarterly Program Activity / Consumer Service Report**

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

Program: **Sexual Violence Prevention Education Period Third Quarter PY25**

Submitted **04/23/2025** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>600</b>	<b>4000</b>	<b>0</b>	<b>0</b>	<b>10</b>
Quarterly Data (NEW Clients)	<b>128</b>	<b>707</b>	<b>0</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

We made 128 presentations to four schools in Champaign County, serving 707 students. Those schools were St. Joseph Middle School, University High, Carrie Busey Elementary, and Southside Elementary. We also provided 23 sessions to schools outside of Champaign County (Arcola and PBL Jr. High) for 94 students. All presentations were to K-12 grade students.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Benefits Case Management** Period **Third Quarter PY25**

Submitted **04/23/2025** by **MBIANCHI**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>0</b>	<b>600</b>	<b>250</b>	<b>0</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>120</b>	<b>26</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

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

In this quarter, she served 26 new Champaign County residents. She provided 120 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

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



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Criminal Justice PSC Period Third Quarter PY25**

**Submitted 04/23/2025 by MBIANCHI**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>0</b>	<b>500</b>	<b>100</b>	<b>45</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>73</b>	<b>54</b>	<b>2</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

SC (Screening Contacts): 73 request slips from the jail which were completed.

NTPC (Non-Treatment Plan Clients): 54 persons screened, received short-term case management services, AM and/or MRT groups, and/or referral information/linkage, but who did not engage in full IMCANS assessment/treatment planning for longer-term case management services.

TPC (Treatment Plan Clients): 2 new Champaign County clients who completed full IMCANS assessment/treatment planning and received longer-term case management services.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Crisis Co-Response Team & Diversion Ctr. Period Third Quarter PY25**

Submitted **04/23/2025** by **MBIANCHI**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>50</b>	<b>250</b>	<b>10</b>	<b>70</b>	<b>350</b>
Quarterly Data (NEW Clients)	<b>6</b>	<b>34</b>	<b>0</b>	<b>3</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CSE: 6: Staff presentations, resource fairs, and/or coordination meetings.

SC: 34: 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 Champaign County Sherriff's CCRT position remains vacant at this time. Our recruitment team is prioritizing this position.

Other: 0: Number of visitors to the Crisis Diversion Resource Center as recorded on the registration app. We are currently discussing how best to pilot this program as it relates to the physical space and staffing availability.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Recovery Home** Period **Third Quarter PY25**

Submitted **04/23/2025** by **MBIANCHI**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>0</b>	<b>65</b>	<b>0</b>	<b>22</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>17</b>	<b>0</b>	<b>4</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

(TPC) Total Champaign County clients participating in program this quarter: 4 new clients.

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

(SC) During this quarter, we completed a total of 17 interviews for applicants, 11 of which were from Champaign County.

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



**Quarterly Program Activity / Consumer Service Report**

Agency: **Uniting Pride**

Program: **Children, Youth & Families Program** Period **Third Quarter PY25**

Submitted **04/25/2025** by **JGAVEL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>100</b>	<b>300</b>	<b>100</b>	<b>0</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>45</b>	<b>225</b>	<b>33</b>	<b>0</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

While we have slowed down events slightly in Q3 to recalibrate the organization, we have seen an increase in outreach about our services, and specifically, have seen increased requests for advocacy and resources related to moving and safeguarding their personal autonomy. Due to the dramatic shift in the socio-political landscape in Q3 we believe that our requests for service will continue to increase exponentially and push us past our projected targets that we laid out in our initial application.



**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **WIN Recovery**

Program: **Community Support Re-Entry Houses Period Third Quarter PY25**

Submitted **04/25/2025** by **WIN4RECOVERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>10</b>	<b>40</b>	<b>0</b>	<b>12</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>14</b>	<b>18</b>	<b>0</b>	<b>8</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

- 01-09-25 Gateway Tour and spoke with clients and staff about Win Program
- 01-14-25 Pavillion spoke w/clients and staff about Win Program
- 01-15-25 Cunningham Children’s Home Tour
- 01-22-25 Point in Time Count for Unsheltered
- 01-29-25 Empowering Communities Champaign Center Partnership (possible MOU)
- 01-29-25 Champaign County Continuum of Care
- 01-30-25 H3 Harm Healing Hope (possible MOU)
- 02-04-25 CSPH Meeting
- 02-07-25 CU @ Home One Winter’s Night
- 02-12-25 Champaign County Coalition Meeting
- 02-26-25 CSPH Racial Equity Sub Committee Meeting
- 03-04-25 CSPH Meeting
- 03-12-25 Champaign County Coalition Meeting
- 03-13-25 Champaign County Public Health

CCMHB 2025 Board to Board Liaison

	Jane Sprandel	Kyle Patterson	Chris Miner	Elaine Palencia	Emily Rodriguez	Jon Paul Youakim	Joe Omo-Osagie	Molly McLay	Anthony Nichols
Courage Connection (4th Mon., 5:30pm)									
CCRPC (Head Start and Community Services)									
Cunningham Children's Home (meets qtrly)									
Children's Advocacy Ctr (4th Thurs., 9 am)									
CC Health Care Consumers(4th Thurs., 6 p.m.)									
Christian Health Center (last Sat., 10 a.m.)									
Community Service Ctr (3rd Thurs., 4:30 pm)									
Crisis Nursery (2nd Wed., 5:30 pm)									
CU at Home (4th Wed., 8 am)									
CU Early (Unit 116 mtg)									
Don Moyer (3rd Tues., 7 am)									
DSC (4th Thurs., 5:30 pm)									
ECIRMAC (Refugee Ctr (2nd Tues., 4 pm)									
Family Service (2nd Mon., noon)									
First Followers (generally 3rd Fri., 5 pm)									
GCAP (??)									
GROW in IL (last Mon., 7 pm)									
Promise Healthcare (4th Tues., 6 pm)							X		
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)									
Terrapin Station Sober Living									
UP Center (2nd Wed., 6:30 pm)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
Expo Committees (various)	X								
Community Coalition (2nd Wed., 3:30pm)			X						
Student Mental Health Collab (1st Mon., 11AM, in person 2-3x/semester)									X