



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

Champaign County Mental Health Board (CCMHB) Meeting Agenda **Wednesday, May 28, 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 the meeting live through this link:
<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. 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. New Business**
 - a) **Election of Officers (pages 20-23)***
The Board by-laws are included for information only. Per the Illinois Community Mental Health Act, the board holds annual election of officers whose terms will begin July 1. Action is requested.
 - b) **CCMHB 2024 Annual Report (pages 24-71)***
A decision memorandum requests approval of the attached 2024 Annual Report.
 - c) **PY2026 Funding Allocations (to be posted as ADDENDUM)***
A decision memorandum requesting approval of PY26 allocations will be posted as ADDENDUM to the packet and shared with Board and public at least 48 hours prior to the meeting. Lists of current requests and of these combined with prior PY2026 and sorted by priority category will be attached for information.
- X. Old Business**
 - a) **Community Behavioral Health Needs Assessment Activities (pages 72-122)**
Included for information only is the April presentation of assessed health priorities for Champaign County residents. From the full set, four were chosen, with the first priority (highest score) being behavioral health, the second violence, the third healthy behaviors, and the fourth access to health care.
 - b) **disAbility Resource Expo Update**
An oral update will be provided. <https://disabilityresourceexpo.org>
- XI. Public Participation/Agency Input See below for details.****
- XII. Board to Board Reports (page 123)**
- XIII. County Board Input**

XIV. Champaign County Developmental Disabilities Board Input

XV. Board Announcements and Input

XVI. Adjournment

** Board action is requested.*

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

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

All feedback is welcome.

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

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

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



CCMHB 2025 Meeting Schedule

5:45PM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<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 to confirm meeting times and locations.

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

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



CCDDB 2025 Meeting Schedule

9:00AM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<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 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.

If the time of the meeting is not convenient, you may communicate with the Board by emailing stephanie@ccmhb.org or kim@ccmhb.org any comments for us to read aloud during the meeting.

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

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 2nd 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 3rd 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 4th 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.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BY-LAWS**

I. PURPOSE AND FUNCTIONS:

- A. The Champaign County Mental Health Board (CCMHB) is established under the Illinois Community Mental Health Act, as amended, (IL Revised Statutes, Chapter 91-1/2, Sections 301-313, inclusive,) in order to “construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for, persons with a developmental disability or substance use disorder, for residents thereof and/or to contract therefor with any private or public entity which provides such facilities and services...”

- B. In order to accomplish these purposes, the CCMHB performs the following functions:
 - 1. Planning for the mental health, intellectual and developmental disabilities, and substance use disorder services system to assure accomplishment of the CCMHB goals.

 - 2. Allocation of local funds to assure the provision of a comprehensive system of community based mental health, intellectual and developmental disabilities, and substance use disorder services.

 - 3. Coordination of affiliated providers of mental health, intellectual and developmental disabilities, and substance use disorder services to assure an inter-related accessible system of care.

 - 4. Evaluation of the system of care to assure that services are provided as planned and that services are effective in meeting the needs and values of the community.

- C. The CCMHB shall perform those duties and responsibilities as specified in Sections 3e and 3f of the Community Mental Health Act, as amended.

- D. Nothing in these By-laws alters the authorities and obligations codified in state or federal law.

II. MEMBERSHIP:

- A. The membership of the CCMHB shall include nine (9) members, of which one person shall be a County Board member.

- B. The members of the CCMHB shall be appointed by the County Executive, with the advice and consent of the Champaign County Board. The CCMHB may recommend nominees for membership to the County Executive, the Champaign

County Board Chairperson or their designee, and the Champaign County Board's Personnel Committee leadership.

- C. Members of the CCMHB may communicate with the County Executive or the County Board regarding the appointment process.
- D. Members of the CCMHB shall be residents of Champaign County and, as nearly as possible, be representative of interested groups of the community, such as local health departments, local comprehensive health planning agencies, hospital boards, lay associations concerned with mental health, developmental disabilities, and substance abuse, as well as the general public. No member of the CCMHB may be a full-time or part-time employee of the Department of Human Services – Division of Developmental Disabilities, Division of Mental Health, or Division of Substance Use Prevention & Recovery, of the Department of Health and Family Services, or a Board member or employee of any facility or service operating under contract to the CCMHB. All terms shall be measured from the first day of the calendar year of appointment. Vacancies shall be filled for an expired term in the same manner as original appointments.
- E. Any member of the CCMHB may be removed by the appointing officer.

III. MEETINGS:

- A. The CCMHB shall meet at such time and location as the CCMHB shall designate. Per the Open Meetings Act (5 ILCS 120/1 et seq.), a change in the regular meeting dates is to be properly posted for the public a minimum of 10 days prior to the meeting.
- B. The CCMHB may meet in Study Session during the intervals between monthly meetings to receive reports, discuss issues, and develop recommendations on matters brought to it by the Executive Director and the President.
- C. Special meetings may be called by the written request of two members, filed with the Secretary, to conduct such business that cannot be delayed until the regular meeting date. The written request for special meeting business may be based on recommendations on matters brought to the Secretary/Vice President by the Executive Director, the Board President, or other Board members.
- D. The Executive Director shall prepare an agenda for all meetings of the CCMHB and shall cause the notice of the meeting and the agenda to be sent to all members at least five (5) days in advance of the meeting. In the case of special/emergency meetings, forty-eight (48) hours' notice shall suffice.
- E. Public notices and the conduct of all meetings shall be in conformance with the Illinois Open Meetings Act. Notice/agenda for each meeting shall be posted on the

Champaign County website and in the physical location of the meeting and shall be continuously available for public review during the 48-hour period preceding the meeting.

- F. The presence of five (5) members shall constitute a quorum for any meeting of the CCMHB. For a member to attend a meeting by other means than physical presence (e.g. by video or audio conference), a majority of members must be physically present at the properly-noticed meeting, and a majority of physically present members must agree to allow the electronic attendance. Such attendance may only be due to: personal illness or disability, employment purposes or CCMHB business; unexpected childcare obligations; or a family or other emergency. A member wishing to attend a meeting by other means must notify the Board before the meeting unless advance notice is impractical. Provisions for a quorum of members to attend the meeting by other means, due to a declared disaster, are set forth in the Illinois Open Meetings Act. These By-laws affirm the Mental Health Board's intent to exercise flexibilities as the law allows.

IV. OFFICERS:

- A. The officers of the CCMHB shall be a President and a Vice-President/Secretary.
- B. Election of the officers shall take place during a meeting of the CCMHB which is held after appointment of members (to terms beginning January 1) and prior to July 1.
- C. Effective July 1, 2022: Officers shall be elected for one year, beginning July 1. No member shall hold the same office for more than two (2) consecutive years, except that officers may remain in their then current positions until their successors can be chosen.

D. Duties of Officers:

1. President:

Subject to the control and direction of the CCMHB. The President shall maintain a current general overview of the affairs and business of the CCMHB. The President shall preside over meetings and conduct the agenda and shall have the privilege of voting in all actions by the CCMHB.

2. Vice-President / Secretary:

The Vice-President / Secretary shall act in place of the President in the latter's absence.

3. The President, Vice-President / Secretary, or a member as designated by the President, shall have the authority to sign all legal documents approved by the CCMHB.

V. STAFF:

The CCMHB shall employ an Executive Director who, subject to the control and direction of the Board, shall have general charge, oversight and directions of the affairs and business of the CCMHB and shall be its responsible managing head. The Executive Director shall have the responsibility for the employment and discharge of staff pursuant to the provisions of the CCMHB Personnel Policies. The Executive Director shall have the authority to sign on behalf of the CCMHB, all necessary papers pursuant to CCMHB action and shall have the authority with the endorsement of the President to make contracts and expenditures within the approved program and budget. The Executive Director or delegate shall attend all meetings of CCMHB. The Executive Director shall also be liaison between the CCMHB, staff, and affiliated agencies and implement policies regarding communications between them

VI. FISCAL AND GRANT YEARS:

- A. The fiscal year of the CCMHB shall be the same as that of the County of Champaign, i.e., January 1 through December 31.
- B. CCMHB contracts for mental health, intellectual and developmental disabilities, and substance use disorder services shall be allocated on the same fiscal year as the State of Illinois, i.e., July 1 through June 30.

VII. RULES OF ORDER:

“Roberts’ Rules of Order” shall be followed in deliberations of the Board unless otherwise precluded by these By-laws.

IX. CHANGE OF BY-LAWS:

Any or all of these By-laws may be altered, amended, or repealed by a majority vote of the Board at any regular or special meeting, provided that written notice of the proposed action is given in the call to the meeting and that a quorum is present.

Approved as amended by the CCMHB on February 22, 2017 and June 23, 2021 and January 22, 2025.



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

DECISION MEMORANDUM

DATE: May 28, 2025
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Stephanie Howard-Gallo, Operations & Compliance Coordinator
SUBJECT: CCMHB Annual Report for Fiscal Year 2024

Attached for review and approval is the Annual Report for Fiscal Year 2024, January 1 to December 31, 2024. The preparation of the Annual Report is a collaboration among staff members and Board president(s). Included are a financial accounting of revenue and expenditures, agency program allocations, service activity totals by agency and program (with definitions page), aggregate demographic and residency data, and service sector charts for the past year. The Three-Year Plan (FY 2022 – FY 2025) with One-Year Objectives for 2025, approved at the November 2024 meeting, is also presented.

Once approved, or revised and approved, this report will be shared with the Illinois Department of Human Services, members of the Illinois General Assembly who represent Champaign County, and the public, through posting on the County’s website and announcement in the News Gazette.

Decision Section

Motion to approve the Champaign County Mental Health Board Fiscal Year 2024 Annual Report.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed



Champaign County Mental Health Board

In fulfillment of our responsibilities under the Community Mental Health Act, the Champaign County Mental Health Board (CCMHB) presents the following documents for public review:

The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of January 1, 2024 through December 31, 2024.

The CCMHB's Three-Year Plan for the period January 1, 2022 through December 31, 2025 presents the CCMHB's goals for development of Champaign County's system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives for January 1, 2025 through December 31, 2025.

Any questions or comments regarding the CCMHB's activities or the county's behavioral health and developmental disability services can be directed to the Champaign County Mental Health Board; 1776 E. Washington; Urbana, IL 61802; phone (217) 367-5703, fax (217) 367-5741.

Champaign County Mental Health Board

Fiscal Year 2024 Annual Report & Three-Year Plan 2022-2025

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LISTING OF 2024 BOARD MEMBERS AND STAFF

BOARD MEMBERS

Dr. Jon Paul Youakim, President (January 1 - June 30), Vice President (July 1 - December 31)

Ms. Molly McLay, Vice President (January 1 - June 30), President (July 1 - December 31)

Dr. Lisa Liggins-Chambers (January 1 - October 23)

Mr. Chris Miner

Mr. Anthony Nichols (from July 17)

Mr. Joseph Omo-Osagie

Ms. Elaine Palencia

Ms. Jane Sprandel

Ms. Jennifer Straub (January 1 - November 20)

STAFF MEMBERS

Lynn Canfield
Executive Director

Kim Bowdry
Associate Director for Intellectual and Developmental Disabilities

Leon Bryson
Associate Director for Mental Health & Substance Use Disorder Services

Stephanie Howard-Gallo
Operations & Compliance Coordinator

Shandra Summerville
Cultural & Linguistic Competence Coordinator

Chris Wilson
Financial Manager

CCMHB President's Report

As President of the Champaign County Mental Health Board (CCMHB), it is my pleasure to present our 2024 Annual Report. Per the Illinois Community Mental Health Act (405 ILCS 20/), this fulfills the annual financial reporting requirement, with accounting of the year's revenues and expenditures, amounts paid to agencies by program, and costs of the I/DD Special Initiatives, a collaboration with the Champaign County Board for Care of Persons with a Developmental Disability (CCDDB). Descriptions of funded programs and utilization data are offered, with charts showing how financial resources were committed per sector, population, and service type. Closing out the Report is the Three-Year Plan with FY 2025 Objectives.

- From January through June, the second half of Program Year 2024 (July 1, 2023 to June 30, 2024) allocations were paid out. Applications for funding for Program Year 2025 (July 1, 2024 to June 30, 2025) were submitted in February and reviewed during the spring, with final allocation decisions made in May and June. The total of PY2025 awards was \$5,741,107. From July through December, the first half of these allocations was paid out.
- The Evaluation Capacity Building partnership with University of Illinois Family Resiliency Center continued into its second full year. The team presented their Group Level Assessment findings in January and began intensive support for three funded programs while developing tools for use by all and [posted here](https://www.familyresiliency.illinois.edu/resources/microlearning-videos) (<https://www.familyresiliency.illinois.edu/resources/microlearning-videos>.) They met with a working group of agency representatives every other week to discuss evaluation experiences and provide focus and content, and they hosted a workshop in the fall on identifying outcomes and using the online measures bank, [available here](https://uofi.app.box.com/s/jidv3wz8s5k8k0t9yh2puqvsrfit85ka) (<https://uofi.app.box.com/s/jidv3wz8s5k8k0t9yh2puqvsrfit85ka>.) Their microlearnings have been notably helpful and well-crafted. The impact of this project can be seen in agencies' year end outcome reports, [accessed here](https://www.champaigncountyil.gov/mhbddb/PDFS/CCMHB_PY24_Performance_Outcome_Reports.pdf) (https://www.champaigncountyil.gov/mhbddb/PDFS/CCMHB_PY24_Performance_Outcome_Reports.pdf.)
- During April, the CCMHB, along with its Alliance for Inclusion and Respect (AIR) partners, sponsored an anti-stigma film in the 25th annual Roger Ebert's Film Festival. Community members joined filmmaker and musician Kishi Bashi for a post-screening discussion of *Omoiyari: A Song Film*, which detailed the latter's journey to understand the impact of Japanese internment on the mental health of those whose loved ones lived that experience. The discussion was followed by Kishi Bashi and board member Joe Omo-Osagie improvising music together onstage for all to see. On the final day of the festival, AIR hosted an art show and sale, featuring original work by artists and entrepreneurs. More information is available on the AIR site, [linked here](https://champaigncountyair.com/) (<https://champaigncountyair.com/>.)

- On October 26, the 15th annual DISABILITY Resource Expo ([website linked here https://www.disabilityresourceexpo.org/](https://www.disabilityresourceexpo.org/)) took place at Marketplace Mall, with 73 registered exhibitors, 3 more who squeezed in during the event, and roughly 900 attendees. Nearly \$21,800 in cash and in-kind gifts were received, which is significantly more than the previous year! The Expo continues to be a community hub for linking persons with disabilities to healthcare and social services, resulting in a higher quality of life.

In 2024, the CCMHB welcomed Mr. Chris Miner, who in January stepped into the expired term previously held by Matthew Hausman. We also welcomed Mr. Anthony Nichols, who in July stepped into the unexpired term held by Dr. Daphne Maurer. In November, we expressed heartfelt appreciation to Dr. Lisa Liggins-Chambers, who stepped away from the board, and Ms. Jennifer Straub, whose county board term had ended and thus her time on our board as well. Their knowledge of mental health and broader social services, attention to the multifaceted needs of this community, and dedication to agencies, staff, board, and our county were tremendously valuable.

As we enter into 2025, some of the greatest federal cuts to mental health and substance use disorder services loom ahead, with current agencies already citing cancellations of grants that have been held for decades. Various groups in our community are at risk as well. It is now more important than ever for our local mental health service structure to be a strong safety net and a beacon of welcome—a reminder that all members of our community are valuable and deserving of support. Our board and staff remain steadfast in our determination and desire to serve. The CCMHB is dedicated to funding a comprehensive system of services and supports that ensure all community members have access to the least restrictive services to meet their needs.

It has been an honor to serve as your Board President. I look forward to continuing to work with each board member and staff member to better our processes and learn from each of you, as well as to center the community in the ways we steward this important resource.

Respectfully,



Molly M. McLay
CCMHB President

SECTION I: Financial Reports and Service Data

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

ANNUAL FINANCIAL REPORT

1/1/24 - 12/31/24

	2023	2024
Beginning of the Year Fund Balance	\$ 303,457	\$ 454,761
 REVENUE		
General Property Taxes	\$ 5,937,146	\$ 6,304,478
Property Taxes - Back Tax	\$ -	\$ -
Payment in Lieu of Taxes	\$ 2,916	\$ 327
Mobile Home Tax	\$ 3,920	\$ 3,543
Local Government Revenue	\$ -	\$ -
Champ County Developmental Disabilities Board	\$ 389,194	\$ 386,077
Interest Earnings	\$ 99,693	\$ 97,730
Gifts and Donations	\$ 450	\$ 575
Disability Expo	\$ 12,202	\$ 14,015
Miscellaneous	\$ 9,856	\$ 5,652
TOTAL REVENUE	\$ 6,455,376	\$ 6,812,397
 EXPENDITURES		
Administration & Operating Expenses:		
Personnel	\$ 581,916	\$ 607,029
Commodities	\$ 19,409	\$ 18,887
Services	\$ 342,831	\$ 321,874
Interfund Transfers*	\$ 132,599	\$ 5,907
Capital Outlay	\$ -	\$ -
Sub-Total	\$ 1,076,755	\$ 953,697
 Grants and Contributions:		
Program	\$ 5,227,318	\$ 5,855,312
Capital	\$ -	\$ -
Sub-Total	\$ 5,227,318	\$ 5,855,312
 TOTAL EXPENDITURES	\$ 6,304,073	\$ 6,809,009
 Fund Balance at the End of the Fiscal Year	\$ 454,761	\$ 458,149

*to CCDDDB fund for share of revenue from Expo donations and miscellaneous
As of April 7, 2025, FY2024 financial statements are unaudited.

I/DD SPECIAL INITIATIVES FUND
ANNUAL FINANCIAL REPORT

1/1/24 - 12/31/24

REVENUE	2023	2024
From Mental Health Board	\$ -	\$ -
From Developmental Disabilities Board	\$ -	\$ -
Rent	\$ -	\$ -
Other Misc Revenue	\$ 23,966	\$ 21,406
Sale of Fixed Asset	\$ -	\$ -
TOTAL REVENUE	<u>\$ 23,966</u>	<u>\$ 21,406</u>

EXPENDITURES

Mortgage Principal	\$ -	\$ -
Mortgage Interest	\$ -	\$ -
Commodities	\$ -	\$ -
Professional Fees	\$ -	\$ 1,420
Utilities	\$ -	\$ -
Building/Landscaping Maintenance	\$ -	\$ -
Building Improvements	\$ -	\$ -
Contributions & Grants	\$ 142,998	\$ 220,646
Other Services	\$ -	\$ -
TOTAL EXPENDITURES	<u>\$ 142,998</u>	<u>\$ 222,066</u>

As of April 7, 2025, FY2024 financial statements are unaudited.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PROGRAM ALLOCATIONS -- FY2024
1/1/24 - 12/31/24**

AGENCY/PROGRAM	TOTAL PAID
CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER Children's Advocacy Center	63,911.00
CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER Mental Health Care	33,000.00
CHAMPAIGN COUNTY HEALTH CARE CONSUMERS CHW Outreach and Benefit Enrollment Disability Services Justice Involved CHW Services & Benefits Agency Total	 86,501.00 98,250.00 90,147.00 274,898.00
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION Headstart - Early Childhood Mental Health Services (w DD amount**) Homeless Services System Coordination Youth Assessment Center Agency Total	 367,845.00 54,281.00 76,350.00 498,476.00
COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY Resource Connection	68,609.00
COURAGE CONNECTION Courage Connection	110,516.00
CRISIS NURSERY Beyond Blue Champaign County	90,000.00
C-U at Home Shelter Case Management	256,700.00
C-U EARLY C-U Early (w DD amount)**	78,948.00
CUNNINGHAM CHILDREN'S HOME ECHO Housing and Employment Support Families Stronger Together Agency Total	 165,475.00 340,114.00 505,589.00
DEVELOPMENTAL SERVICES CENTER Family Development **	656,174.00
DON MOYER BOYS & GIRLS CLUB CUNC (6 months) Community Coalition Summer Youth Programs CU Change Youth and Family Services (6 months) Agency Total	 55,004.00 100,000.00 54,668.00 80,002.00 289,674.00
EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER Family Support and Strengthening	62,000.00
FAMILY SERVICE Counseling Self Help Center	 30,000.00 28,676.00

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PROGRAM ALLOCATIONS -- FY2024
1/1/24 - 12/31/24**

AGENCY/PROGRAM	TOTAL PAID
Senior Counseling and Advocacy	178,386.00
Agency Total	237,062.00
FIRST FOLLOWERS	
FirstSteps Community Re-Entry House	54,500.00
Peer Mentoring for Re-entry	95,000.00
Agency Total	149,500.00
GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL ILLINOIS	
Advocacy, Care, and Education Services (6 months)	30,780.00
GROW IN ILLINOIS	
Peer Support	143,635.00
IMMIGRANT SERVICES OF C-U	
Immigrant Mental Health (6 months)	45,000.00
PROMISE HEALTHCARE	
Mental Health Services with Promise	330,000.00
Promise Healthcare Wellness	107,078.00
Agency Total	437,078.00
RAPE ADVOCACY COUNSELING EDUCATION SERVICES	
Sexual Trauma Therapy Services	140,000.00
Sexual Violence Prevention Education	75,000.00
Agency Total	215,000.00
ROSECRANCE CENTRAL ILLINOIS	
Benefits Case Management	82,611.00
Child & Family Services	75,336.00
Criminal Justice PSC	328,004.00
Crisis Co-Response Team	258,972.00
Recovery Home	100,000.00
Specialty Courts	197,285.00
Agency Total	1,042,208.00
TERRAPIN STATION SOBER LIVING	
Recovery Home	84,279.00
UP CENTER OF CHAMPAIGN COUNTY (UNITING PRIDE)	
Children, Youth, and Families Program	190,056.00
WIN RECOVERY	
Re-Entry & Recovery Home	146,504.00
GRAND TOTAL	5,709,597.00

** Programs for people with I/DD, per Intergovernmental Agreement with the Champaign County Developmental Disabilities Board
As of March 29, 2024, FY2023 financial statements are unaudited.

Service Totals – Brief Narrative of What the Service Categories Represent

The Champaign County Mental Health Board funds a wide range of services through local human service providers of varying size and sophistication. The CCMHB invests in services that range from helping mothers and families with newborn babies into early childhood to supporting youth through adolescence and young adulthood to assisting adults and families dealing with life's challenges to helping the elderly with activities of daily living. The not for profit and government agencies that provide services with CCMHB funds range from small agencies with only a few employees and volunteers to large multi-million dollar agencies with over a hundred employees. Descriptions of the service activities supported in current and previous years are available at <http://www.co.champaign.il.us/MHBDDDB/PublicDocuments.php> and <http://ccmhddbrds.org>.

Regardless of their size, agencies are required to report on services delivered using four categories. Those categories must be broad enough to provide a certain amount of flexibility to account for how and to whom the programs delivered services.

The four categories are Community Service Event (CSE), Service Contact (SC), Non-Treatment Plan Client (NTPC), and Treatment Plan Client (TPC). Each agency identifies, within each broadly defined category, what will be reported. Definitions of CSEs and SCs relate to types of activities. Definitions of TPCs and NTPCs relate to who has been served and require a certain level of documentation associated with the service. Some programs may only report under one of the categories, others may report on all four. Which and how many categories an agency reports activity under depends on the services provided by the program.

Community Service Events (CSEs) can be public events, work associated with a news interview or newspaper article, consultations with community groups and caregivers, classroom presentations, and small group workshops and training to promote a program or educate the community. Meetings directly related to planning such events may also be counted here. *Examples: Family Service Self-Help Center planning and hosting of a biannual self-help conference; newsletters published by the East Central Illinois Refugee Mutual Assistance Center.*

A Service Contact (SC), also referred to as a screening contact or service encounter, represents the number of times a program has contact with consumers. Sometimes this can be on behalf of someone who is being served by the program. Or it can be sharing of information, fielding a call about services, or doing an initial screenings or assessment.

A Non-Treatment Plan Client (NTPC) is someone for whom services are provided and a record of the service exists but an individualized treatment plan has not been necessary or one was initiated but does completed.

Example: a person who comes into the domestic violence shelter at Courage Connection but leaves within a few days before fully engaging in services.

A Treatment Plan Client (TPC) has traditionally meant people engaged in services where an assessment and treatment plan have been completed and case records are maintained. This applies to agencies such as Promise Healthcare, Rosecrance, and others. It can also represent an individual receiving a higher level of care within the spectrum of services provided within a program.

Utilization Summaries for PY2024

Champaign County Mental Health Board

Funded Programs

TPC = Treatment Plan Client
NTPC = Non-Treatment Plan Client
CSE = Community Service Event
SC = Screening Contact or Service Contact
Other = as defined in individual program contract

Many of the contract award amounts listed are not equal to actual cost of the program, as agencies are completing independent audit reports, which will be used to determine any excess revenue to be returned; excess revenue often results from understaffing, one cause of underutilization. These may result in future revisions to this report.

*Detail on each program's performance toward defined consumer outcomes during the contract period, July 1, 2023 to June 30, 2024, is available at <http://ccmhddbrds.org>, among downloadable public files toward the bottom of the page and titled "**CCMHB PY24 Performance Outcome Reports**." It is also posted on our section of the County website, [Public Documents Page](#), under [the same name](#).*

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

Champaign County Regional Planning Commission Head Start/Early Head Start Early Childhood Mental Health Services \$149,666 (for I/DD Services)

Social Skills & Prevention Coaches: collaborate with parents and Head Start staff to identify social-emotional strengths and areas of need for children; review and monitor developmental screenings for all students enrolled in HS/EHS; assist teaching staff and parents in writing individualized social-emotional goals and action plans; support staff and parents in identifying individualized inter/intra-personal goals and action plans and in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting; collaborate with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs; facilitate workshops, support groups, and coaching for staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency; support staff in monitoring children's progress and outcomes; offer parenting consultation and coaching through Facebook groups and Zoom meetings; review developmental screenings and make recommendations regarding referrals, goals, services; create unique virtual stress management and equity-related content for local residents in

collaboration with CU TRI. (\$197,569 of the total contract is for Mental Health services, the remainder is \$149,666 for I/DD.)

Utilization targets: 80 TPC, 380 NTPC, 5 CSE, 3,000 SC, 12 Other (workshops, trainings, professional development efforts with staff and parents).

Utilization actual: 168 TPC, 318 NTPC, 6 CSE, 1,887 SC, 35 Other (workshops, trainings, professional development efforts with staff and parents).

CU Early

CU Early - NEW \$4,043 (for I/DD Services)

Supports a bilingual home visitor within home visiting program that serves at-risk children birth-to-3 and their families, focus on pregnant and parenting teens, at-risk families, and linguistically isolated families. Supports at-risk families of infants and toddlers in their efforts as their child's first teacher, to build a strong foundation for learning within enrolled families, and to assist parents in preparing their children for success in kindergarten and beyond. Program uses Baby TALK model/curriculum and is Baby TALK Quality Certified. Seeks to ensure families receive adequate prenatal and well-baby health care, complete their education, and have the resources and skills to foster the optimal development of their child. (\$73,141 of the total contract relates to mental health, another \$4,043 to I/DD.)

Utilization targets: 23 TPC, 5 NTPC, 5 CSE, 506 SC

Utilization actual: 30 TPC, 5 NTPC, 11 CSE, 410 SC

DSC

Family Development \$656,174

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

Utilization targets: 655 TPC, 200 SC, 15 CSE

Utilization actual: 830 TPC, 289 SC, 24 CSE

Priority: Thriving Children, Youth, and Families

Champaign County RPC Head Start/Early Head Start

Early Childhood Mental Health Services \$197,569 (for MH Services)

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

CU Early

CU Early - NEW \$73,141 (for MH Services)

See above for service information and year-end data.

Crisis Nursery

Beyond Blue – Champaign County \$90,000

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

Utilization targets: 30 TPC, 70 NTPC, 380 SC, 86 CSE, 925 Other (hours of in-kind/respite care)

Utilization actual: 23 TPC, 40 NTPC, 262 SC, 146 CSE, 696.5 Other

Cunningham Children's Home

Families Stronger Together \$398,092

Provides voluntary trauma-informed, culturally responsive, therapeutic services for families and youth ages 8 through 17 who have entered, or are at risk of entering the juvenile justice system. FST utilizes the use of the Attachment, Regulation, and Competency (ARC) framework to promote resiliency as it is designed to strengthen the trauma-informed caregiving skills of caregivers. The ARC framework is adaptable to a variety of settings such as schools, afterschool programs, and community centers. The FST program helps youth and their families understand the impact that past experiences of trauma have had on their current level of functioning and/or behaviors that have brought them to the attention of the juvenile justice system.

Utilization targets: 50 TPC, 25 NTPC, 1050 SC, 10 CSE

Utilization actual: 41 TPC, 158 NTPC, 1894 SC, 7 CSE

Don Moyer Boys & Girls Club

CU Change \$75,000

Seeks to impact underresourced youth with potential for high school graduation by providing group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices. Emphasizes academic support, community and positive peer engagement, hands on learning experiences with a plan for the future.

Utilization targets: 20 TPC, 20 NTPC, 300 SC, 40 CSE

Utilization actual: 17 TPC, 21 NTPC, 279 SC, 77 CSE

Don Moyer Boys & Girls Club

CUNC \$110,000

Culturally-based and peer-based trauma-informed interventions, wellness and resilience building activities: GRITT, Stress Less, the S.E.L.F. Curriculum, Start 2 Heal, Skills for Psychological Recovery, and other evidence-based/informed interventions in groups and individual settings for those experiencing gun violence, chronic stress, adversity, or with emotional regulation needs.

Accomplished through training community members, focusing on youth leaders

and elder helpers, and educating the community about trauma and trauma-informed care.

Utilization targets: 115 NTPC, 55 SC, 141 CSE

Utilization actual: 186 NTPC, 449 SC, 126 CSE, 1 TPC

Don Moyer Boys & Girls Club

Community Coalition Summer Initiatives \$90,000

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

Utilization targets: 14000 SC, 900 NTPC, 40 CSE, 500 Other

Utilization actual: 11400 SC, 870 NTPC, 32 CSE, 300 Other

Don Moyer Boys & Girls Club

Youth and Family Services \$160,000

Serves parents/caregivers of youth who: have been clinically diagnosed; are experiencing social, emotional, and/or behavioral health challenges; have been impacted or have a history of trauma; are involved in the juvenile justice, mental health, education or child welfare system. Supports are offered at home, in school, and in the community for optimal recovery. Parents/caregivers are partnered with a peer who has successfully navigated multiple child-serving systems.

Utilization targets: 25 TPC, 20 NTPC, 400 SC, 10 CSE

Utilization actual: 7 TPC, 8 NTPC, 276 SC, 38 CSE

East Central IL Refugee Mutual Assistance Center

Family Support and Strengthening \$62,000

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

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

Utilization actual: 73 TPC, 7,820 NTPC, 82 CSE, 7,893 SC, 4 Other

Rosecrance Central Illinois

Child & Family Services \$73,500

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

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

Utilization actual: 59 TPC, 3 NTPC, 917 SC, 6 CSE

UP Center (Uniting Pride) of Champaign County

Children, Youth & Families Program \$190,056

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

Utilization targets: 100 NTPC, 300 SC, 100 CSE

Utilization actual: 358 NTPC, 871 SC, 390 CSE

Priority: Safety and Crisis Stabilization

CU at Home

Shelter Case Management \$256,700

Mid-Barrier Shelter Program: provides for a client's essential needs, with services in a 24/7, non-congregate, trauma-informed environment; clients can participate for 12-18 months; intensive case management which employs client-centered, trauma-informed principles that assist in goal development to move clients toward stability; group activities; linkage to outside resources to develop a community network of assistance. Advanced Shelter: for clients who are either coming out of substance abuse treatment, are involved with Drug Court, or who have graduated from the Mid-Barrier program; services in a trauma informed, non-congregate setting; case management services to assist clients in developing case plans for stabilization.

Utilization targets: 55 TPC, 25 NTPC, 5500 SC, 50 CSE

Utilization actual: 61 TPC, 24 NTPC, 3,494 SC, 59 CSE

Champaign County Health Care Consumers

Justice Involved CHW Services & Benefits \$90,147

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

Utilization targets: 75 TPC, 25 NTPC, 200 SC, 8 CSE, 10 Other (Rx fund)

Utilization actual: 104 TPC, 30 NTPC, 196 SC, 22 CSE, 12 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services

Youth Assessment Center (YAC) \$76,350

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

Utilization targets: 100 TPC, 150 NTPC, 60 SC, 70 CSE, 25 Other (1st time refer)

Utilization actual: 113 TPC, 30 NTPC, 109 SC, 69 CSE, 53 Other (1st time refer)

FirstFollowers

FirstSteps Community Reentry House \$39,500

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

Utilization targets: 8 TPC, 75 NTPC, 8 SC, 8 CSE

Utilization actual: 15 TPC, 68 NTPC, 18 SC, 12 CSE

First Followers

Peer Mentoring for Re-entry \$95,000

Formerly incarcerated individuals serve as peer mentors of the program as well as providing direct support to clients. Provides counseling and social/emotional

supports, workforce development programs, housing, assistance in accessing photo IDs and transportation, and more.

Utilization targets: 47 TPC, 140 NTPC, 18 SC, 20 CSE

Utilization actual: 46 TPC, 152 NTPC, 43 SC, 19 CSE

Rosecrance Central Illinois

Criminal Justice PSC \$320,000

Community-based behavioral health program aims to reduce reliance on institutional care, with qualified professionals meeting those involved with the criminal justice system where they are—in the Champaign County jail, at probation, or in the community. Using a person-centered, client-driven plan, the staff coordinates across systems, with and on behalf of people with justice system involvement. Case managers conduct screening, assessment, case management, and group therapy while individuals are in jail and help with the transition from incarceration to re-entry into the community.

Utilization targets: 60 TPC, 100 NTPC, 500 SC

Utilization actual: 28 TPC, 290 NTPC, 432 SC

Rosecrance Central Illinois

Crisis Co-Response (CCRT) \$207,948

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

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

Utilization actual: 117 TPC, 21 NTPC, 481 SC, 71 CSE

Rosecrance Central Illinois

Specialty Courts \$178,000

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

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

Utilization actual: 34 TPC, 1439 SC, 7 CSE, Other 315 (hours assessment, hours case management, and hours counseling)

Women in Need (WIN) Recovery

Re-Entry & Recovery Home \$110,000

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

Utilization targets: 7 CSE, 40 SC, 25 NTPC, 15 TPC

Utilization actual: 15 CSE, 73 SC, 3 NTPC, 23 TPC

Priority: Healing from Interpersonal Violence

Champaign County Children's Advocacy Center (CAC)

Children's Advocacy \$63,911

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

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

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

Courage Connection

Courage Connection \$127,000 (Amended to \$110,000)

Provides services to all victims/survivors of domestic violence regardless of gender, immigration status, race, national origin, age, sexuality, or any other identifying factor. Eligibility is established based on self-report of domestic violence; there are no other barriers to receiving access to services. Helps victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations.

Utilization targets: 750 TPC, 200 NTPC, 700 SC, 150 CSE

Utilization actual: 560 TPC, 144 NTPC, 704 SC, 216 CSE

Rape Advocacy, Counseling & Education Services

Sexual Trauma Therapy Services - NEW \$140,000

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

Utilization targets: 170 TPC, 250 NTPC, 25 SC, 2 CSE, 2 Other (JDC presentations)

Utilization actual: 37 TPC, 108 NTPC, 58 (# attending) SC, 9 CSE, 5 Other

Rape Advocacy, Counseling & Education Services

Sexual Violence Prevention Education \$75,000

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

Utilization targets: 4000 (# attending) SC, 600 CSE, 40 Other (JDC presentations)

Utilization actual: 7,040 (# attending) SC, 1,086 CSE, 29 Other

Priority: Closing the Gaps in Access and Care

Champaign County Christian Health Center

Mental Health Care at CCCHC \$33,000

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

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

Utilization actual: 62 TPC, 1,147 NTPC, 666 SC, 13 CSE, 147 Other

Champaign County Health Care Consumers

CHW Outreach & Benefit Enrollment \$86,501

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

Utilization targets: 160 TPC, 25 NTPC, 780 SC, 8 CSE, 6 Other (Rx fund)

Utilization actual: 151 TPC, 27 NTPC, 702 SC, 18 CSE, 13 Other (Rx fund)

Champaign County Health Care Consumers

Disability Application Services \$91,500

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

Utilization targets: 37 TPC, 5 NTPC, 700 SC, 4 CSE, 8 Other (Rx fund)

Utilization actual: 72 TPC, 17 NTPC, 1,329 SC, 15 CSE, 33 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services

Homeless Services System Coordination \$54,281

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

Utilization targets: 50 TPC, 40 SC, 26 CSE

Utilization actual: 70 TPC, 201 SC, 41 CSE

Community Service Center of Northern Champaign County

Resource Connection \$68,609

A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other social services. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social

services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County.

Utilization targets: 1100 NTPC, 3500 SC, 2100 Other (contacts with other agencies using CSCNCC as a satellite site), 0 CSE

Utilization actual: 1525 NTPC, 3,107 SC, 990 Other, 6 CSE

Cunningham Children's Home

ECHO Housing and Employment Support \$127,249

Provides comprehensive housing, employment, and life skills development to individuals who are homeless or at risk of homelessness, with the goal of providing resources that support independence. Services are provided in the home, community, or office with most services provided in community settings.

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

Utilization actual: 26 TPC, 7 NTPC, 868 SC, 63 CSE

Family Service of Champaign County

Counseling \$30,000

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

Utilization targets: 40 TPC, 20 NTPC

Utilization actual: 10 TPC, 20 NTPC

Family Service of Champaign County

Self-Help Center \$28,430

Information about and referral to local support groups. Provides assistance to develop new support groups and maintaining and strengthening existing groups. Program maintains a database of Champaign County support groups, national groups, and groups in formation. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials.

Utilization target: 270 CSE

Utilization actual: 229 CSE

Family Service of Champaign County

Senior Counseling & Advocacy \$178,386

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

over the phone, Zoom meetings, in the home or in the community. (Incorporates a program separately funded the previous year, for creative project support.)

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

Utilization actual: 315 TPC, 287 NTPC, 2624 SC, 5 CSE, 1,306 Other

GROW in Illinois

Peer Support \$129,583

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

Utilization targets: 150 NTPC, 1800 SC, 24 CSE

Utilization actual: 398 NTPC, 2,484 SC, 26 CSE

Immigrant Services of CU

Immigrant Mental Health Program - NEW \$90,000

Provides tele-mental health counseling, individual in-person counseling, small group therapy, forensic MH evaluations for asylum seekers, Living Room for walk-in consultations with social work team, eligibility assessment, selection of culturally appropriate providers, support to counseling (transportation and phone reminders), and help identifying other appropriate resources. Individuals engage in 5-6 sessions, followed by consultation on further steps. Core staff are supported by an internship program with UIUC School of Social Work (part time) and ISCU VISTA Family Assistance Coordinator (full time). Both of these staff members are bilingual and native Spanish speakers.

Utilization targets: 60 TPC, 130 NTPC, 32 SC, 8 CSE,

Utilization actual: 234TPC, 738 NTPC, 457 SC, 8 CSE

Promise Healthcare

Mental Health Services with Promise \$330,000

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

Counseling Utilization targets: 400 TPC, 400 NTPC, 2700 SC, 2 CSE

Counseling Utilization actual: 1,032 TPC, 431 NTPC, 3,739 SC

Psychiatric Utilization targets: 1,000 TPC, 900 NTPC receiving psych meds through primary care, 2700 SC psychiatric service encounters, 2 CSE lunch and learn sessions

Psychiatric Utilization actual: 3,107 TPC, 1,207 NTPC, 7,676 psychiatric service encounters, 3 CSE lunch and learn sessions, 40% Other (claims denial rate).

Promise Healthcare

Promise Healthcare Wellness \$107,987

Case Managers and Community Health Workers provide assistance to patients to address barriers to care, access to transportation, Medicaid and Marketplace insurance enrollment, Promise Sliding Fee Scale enrollment, SNAP enrollment, and enrollment in Medication Assistance Programs. The project will also establish a process for incoming referrals for behavioral health services and enabling services. Staff will assess patient need for enabling services and assist individuals in accessing behavioral health services.

Utilization targets: 200 TPC, 400 NTPC, 1600 SC, 30 CSE, 1900 Other (Utilizing a Social Determinant of Health screening tool (PRAPARE)).

Utilization actual: 387 TPC, 1,862 NTPC, 2,939 SC, 72 CSE, 846 Other

Rosecrance Central Illinois

Benefits Case Management \$80,595

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

Utilization targets: 600 SC, 250 NTPC

Utilization actual: 465 SC, 129 NTPC

Rosecrance Central Illinois

Recovery Home \$100,000

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

Utilization targets: 22 TPC, 65 SC

Utilization actual: 17 TPC, 53 SC

Terrapin Station Sober Living, Inc.

Recovery Home \$79,677

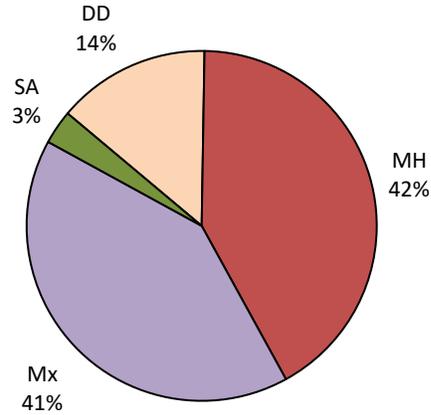
Provides equitable housing for dual diagnosis persons in recovery from drug addiction, homelessness, and the justice system, in a manner that is forward-thinking and original. Intensive individualized case management; support for activities of daily living and relapse prevention skills; access to vocational/educational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

Utilization targets: 13 NTPC

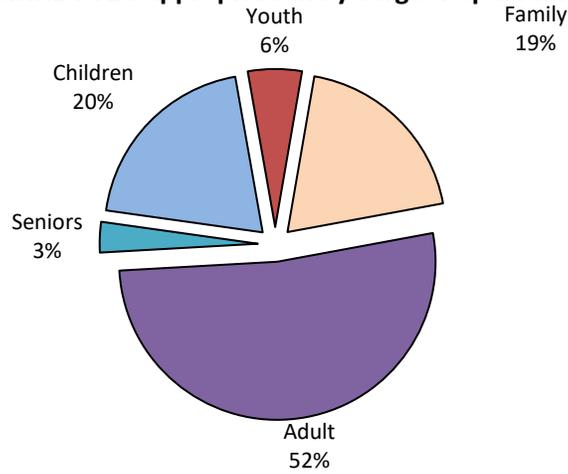
Utilization actual: 9 NTPC

Appropriation of CCMHB Funds by Sector, Population, and Service - Program Year 2024

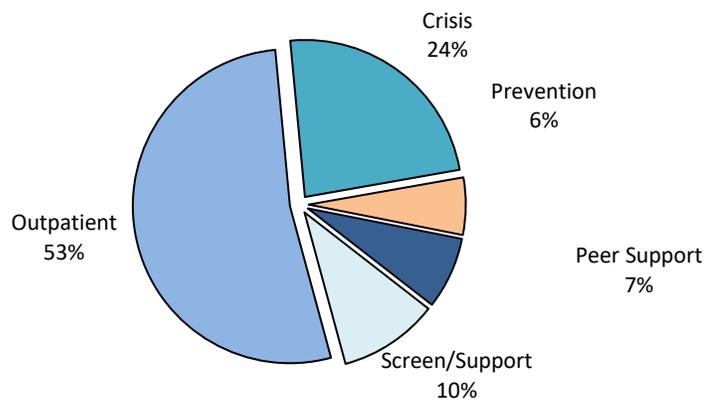
CCMHB PY24 Appropriation by Community Mental Health Sector



CCMHB PY24 Appropriation by Target Population

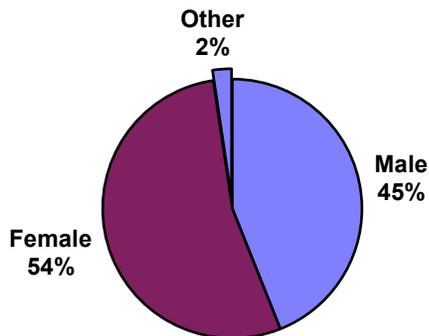


CCMHB PY24 Appropriation by Type of Service

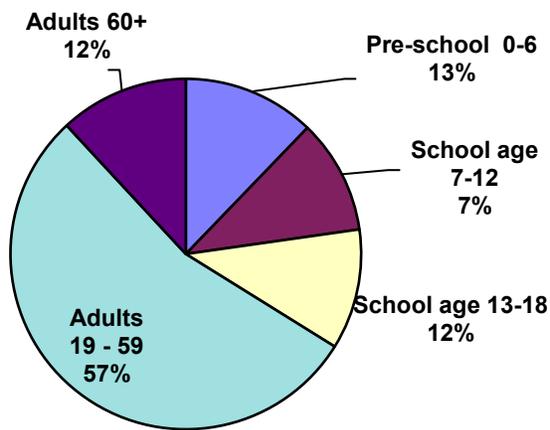


Demographic and Residency Data for People Served in PY2024

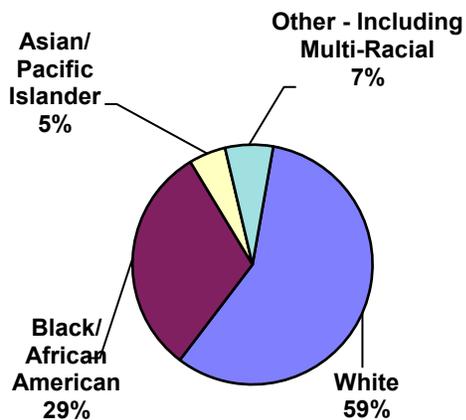
Gender



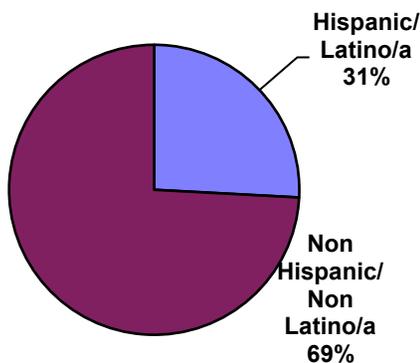
Age



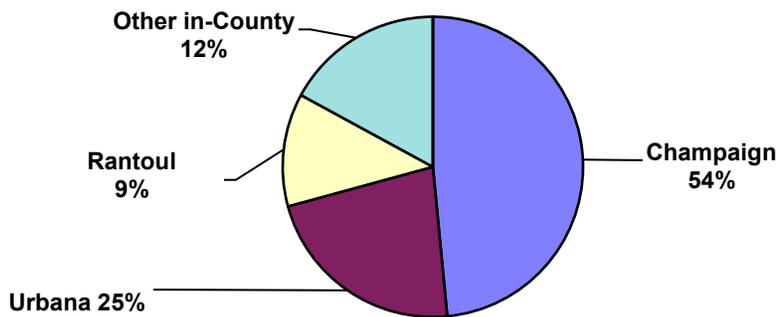
Race



Ethnic Origin



Residency



SECTION II: Strategic Plan 2022-2025
with FY 2025 One-Year Objectives

Champaign County Mental Health Board

Strategic Plan

For

Fiscal Years 2022-2025
(1/1/2022-12/31/2025)

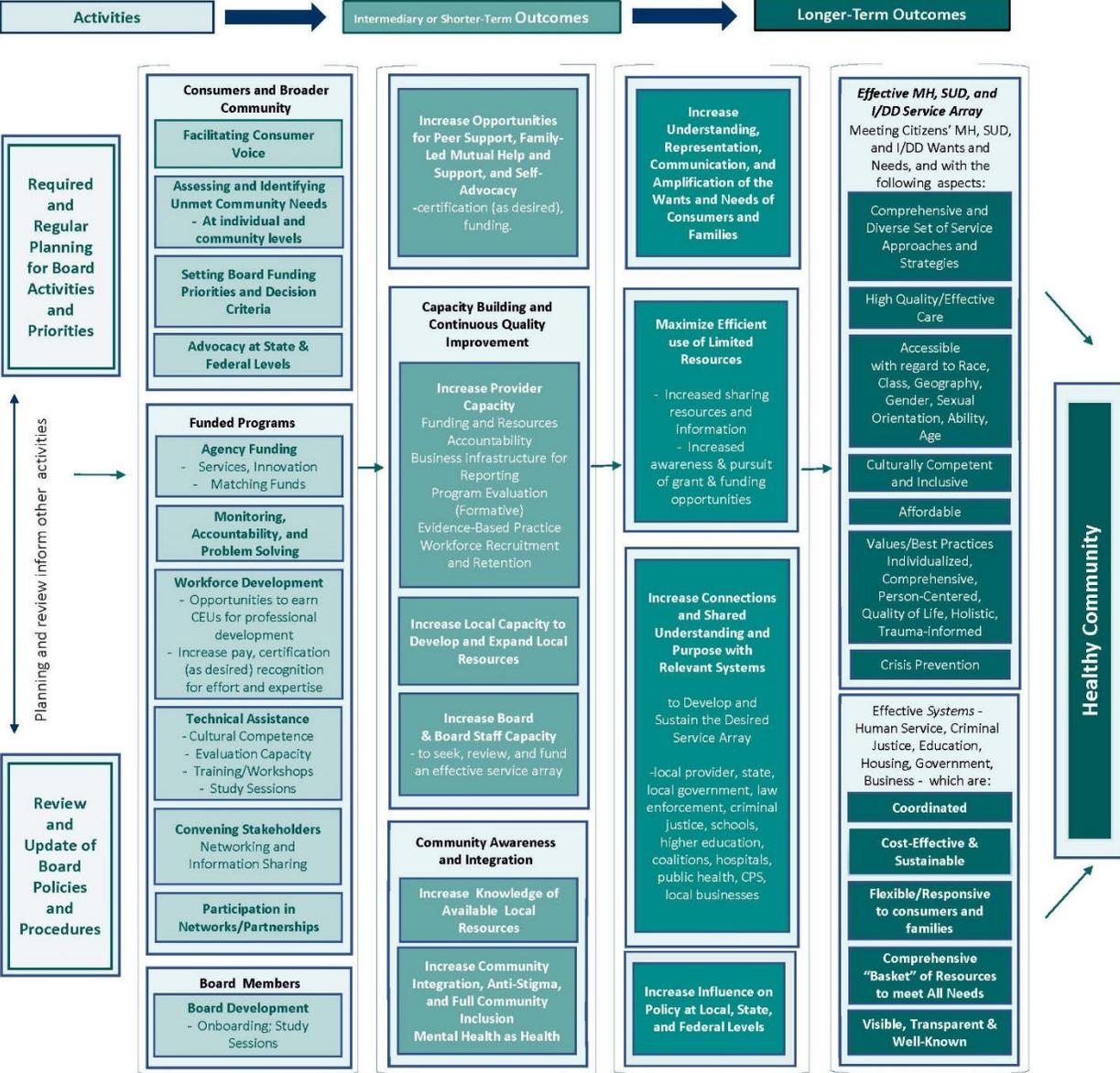
With

One-Year Objectives

For

Fiscal Year 2025
(1/1/2025-12/31/2025)

Purpose:
To promote health and wellbeing in the community through the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.



Champaign County Mental Health Board
Three Year Plan for 2022-2024 with One Year Objectives

Logic Model Developed by Board and Staff with the UIUC Evaluation Capacity Building Project Team during Spring 2021

Champaign County Mental Health Board

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate, and allocate funds for the comprehensive local system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved or undervalued, and general populations of Champaign County.
3. To increase public and private support for the local system of services.
4. To further develop systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

To accomplish these purposes, the Champaign County Mental Health Board shall collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

COORDINATED SYSTEMS OF CARE

Goal #1:

Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

Objective 1.1: With input from people served and their loved ones, whenever possible, and with clear connection between the model and best outcomes for people served, encourage use of appropriate evidence-based, evidence-informed, recommended, innovative, or promising practice models.

(Allocation Priority/Criteria Objective)

Objective 1.2: Promote wellness for people with MI, SUD, or I/DD, to prevent and reduce early mortality, through access to services addressing basic needs, enrollment in benefit plans, and coordinated access to primary care.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 1.3: Support development or expansion of residential and employment supports for persons with behavioral health diagnoses and no other payor source.

(Allocation Priority/Criteria Objective)

Objective 1.4: Encourage and participate in community efforts to prevent overdose deaths and expand SUD prevention and treatment.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 1.5: Build resiliency and support recovery, e.g., peer supports, outside of a clinical setting. Peer-run/operated, mutual help groups support professional medical therapy for recovery, maintenance of recovery, and familial support.

(Allocation Priority/Criteria Objective)

Objective 1.6: Utilizing expertise of consultant(s) selected through RFP2022-010, build evaluation capacity of contracted providers in order to improve positive outcomes for those engaging in funded services.

(Policy Objective)

Objective 1.7: Engage with consultant(s) selected through RFP2022-010 to improve providers' ability to set internal goals for advancing the evaluation of program performance outcomes.

(Policy Objective)

Objective 1.8: Support workforce recruitment and retention efforts, which may include incentive payments, educational assistance, and system advocacy.

(Allocation Priority/Criteria Objective)

Objective 1.9: Support flexible service options, such as telehealth, virtual, and home visits, to maintain and improve access and engagement with clients and community.

(Collaboration/Coordination Objective)

Objective 1.10: With input from people with relevant lived experience, their loved ones, service providers, and other stakeholders, and through other needs assessment activities and environmental scan, develop and review a new Three-Year Plan for 2026-2028.

(Policy Objective)

Goal #2:

Sustain commitment to addressing health disparities experienced by historically underinvested populations.

Objective 2.1: Support an inclusive network of culturally and linguistically responsive and family driven support groups.

(Allocation Priority/Criteria Objective)

Objective 2.2: Provide technical assistance for funded agencies' cultural and linguistic competence plans to meet the needs of all people served and to engage with those seeking services.

(Collaboration/Coordination Objective)

Objective 2.3: Encourage community-based organizations to allocate resources for training, technical assistance, outreach, language access and communication assistance, and professional development activities for all staff and governing or advisory boards, to

advance cultural and linguistic competence and attract and retain a diverse professional workforce.

(Allocation Priority/Criteria Objective)

Objective 2.4: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks, peer supporters and mentors, and improved access to resources.

(Allocation Priority/Criteria and Policy Objective)

Objective 2.5: Assess and address the unmet MI, SUD, or I/DD service and support needs of residents of rural areas and farm communities, with assistance from the Regional Health Plan Collaboration.

(Collaboration/Coordination and Policy Objective)

Objective 2.6: With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on racial, ethnic, gender and/or sexual minority groups, or other at-risk populations in Champaign County. Encourage providers to improve health and behavioral health outcomes for all residents.

(Collaboration/Coordination and Allocation Priority/Criteria Objective)

Goal #3:

On behalf of all eligible Champaign County residents, improve access to the supports, services, and resources currently available and beneficial to some.

Objective 3.1: Participate in and report on various coordinating councils whose missions align with the Board's, with the intent of strengthening coordination between providers in the delivery of services. Identify or develop opportunities for people with lived expertise to participate in or shape the work of these councils.

(Collaboration/Coordination Objective)

Objective 3.2: Communicate on issues of mutual interest with the C-U Public Health District (CUPHD) and the Champaign County Board, such as effective responses to interpersonal and community violence or Opioid Use Disorder.

(Collaboration/Coordination Objective)

Objective 3.3: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the Regional Health Plan Collaboration toward the 2026 Community Health Improvement Plan.

(Collaboration/Coordination Objective)

Objective 3.4: Increase awareness of community-based services and access to information on when, where, and how to apply for services, including through system navigators and expanded language access.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Goal #4:

Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective 4.1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources for people with I/DD.

(Allocation Priority/Criteria Objective)

Objective 4.2: Increase the reach and variety of strategies that empower people who have I/DD and improve their access to integrated community settings.

(Policy Objective)

Objective 4.3: Using input from people who have I/DD, collaborate with the CCDDB on promoting inclusion and respect for people with I/DD.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 4.4: Using input from people who have I/DD, collaborate with the CCDDB for use of the I/DD Special Initiatives Fund to meet the needs of Champaign County residents who have I/DD and significant support needs.

(Policy and Allocation Priority/Criteria Objective)

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #5:

Building on progress achieved through the six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), sustain the SAMHSA/IDHS system of care model.

Objective 5.1: Through the Champaign County Community Coalition, strengthen awareness and communication across the child- and youth- serving systems.
(Collaboration/Coordination Objective)

Objective 5.2: Build on the successes of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support to assist multi-system involved youth and their families.
(Allocation Priority/Criteria Objective)

Objective 5.3: Support a coordinated response to community violence, including gun violence, that leverages the Board's funded services for children, youth, and families, with financial support from other funders to mitigate the public health crisis associated with violence.
(Collaborative/Coordination and Policy Objective)

Objective 5.4: Promote and support interventions that specifically address historical trauma experienced by African American and other minority youth.
(Allocation Priority/Criteria Objective)

Objective 5.5: Sustain commitment to trauma-informed, family-driven, youth-guided, and culturally responsive systems of care. Encourage cross-system collaboration to improve student outcomes, share resources, and foster professional growth.
(Policy and Collaboration/Coordination Objective)

Objective 5.6: Acknowledging racial trauma as a mental health issue, support programs which offset its impact on children, youth, and families.
(Policy Objective)

Objective 5.7: Advocate at local, state, and national levels for full implementation and funding of safety net, screening, and crisis response for all children and families, including those who have multi-system involvement or encounter multiple barriers to success and health. Barriers include long wait times for psychiatric care and complicated or siloed regulatory and payment systems.

(Collaboration/Coordination Objective/Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6:

Divert persons with behavioral health needs or intellectual and/or developmental disabilities from the criminal justice system, as appropriate.

Objective 6.1: Through the Crisis Intervention Team Steering Committee, collaborate with law enforcement and crisis service providers toward positive health and behavioral health outcomes for all Champaign County residents. Use input from people who have experienced a behavioral health crisis, along with their family members and peers.

(Collaboration/Coordination Objective)

Objective 6.2: Sustain efforts to engage persons who have behavioral health diagnoses and are re-entering the community from jail or prison or have recent involvement with the criminal justice system, in treatment and other support services. Improve these services and supports by using input from people with relevant lived experience.

(Allocation Priority/Criteria Objective)

Objective 6.3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council and Problem Solving Court Steering Committee to address identified needs and opportunities to improve and expand care.

(Collaboration/Coordination Objective)

Objective 6.4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) and National Association of Counties

(NACo), use and promote technical assistance and support to improve outcomes for Champaign County residents who have behavioral health needs and justice system involvement.

(Collaboration/Coordination Objective)

Goal #7:

In conjunction with the Champaign County Sheriff's Office, other law enforcement, and community stakeholders, pursue a continuum of services as an alternative to incarceration and/or overutilization of local emergency departments for persons with behavioral health needs or developmental disabilities.

Objective 7.1: Support local collaborations to increase housing and employment supports for persons with MI, SUD, or I/DD.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 7.2: Identify supports and services which reduce unnecessary incarceration, hospitalization, and institutionalization.

(Collaboration/Coordination Objective)

Objective 7.3: Collaborate in the development of a full crisis response continuum around 988, with input from people who have experienced a behavioral health crisis.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Goal #8:

Support interventions for youth who have juvenile justice system involvement.

Objective 8.1: Through the Youth Assessment Center Advisory Committee or other similar collaboratives, advocate for community and education-based interventions contributing to positive youth development and decision-making.

(Collaboration/Coordination Objective)

Objective 8.2: Through the Champaign County Community Coalition and other community focused initiatives, encourage multi-system collaborative approaches for improving outcomes for youth and families and communities.
(Collaboration/Coordination Objective)

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9:

Address the need for acceptance, inclusion, and respect associated with a person's or family members' mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective 9.1: Promote inclusion and challenge stigma and discrimination through collaborations such as the disABILITY Resource Expo, Ebertfest, and other related community education events. Whenever possible, include student groups or interns in these efforts.
(Collaboration/Coordination Objective)

Objective 9.2: Promote SUD prevention initiatives as a community education tool.
(Collaboration/Coordination Objective)

Objective 9.3: Promote behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated.
(Collaboration/Coordination Objective)

Objective 9.4: To integrate people with behavioral health disorders and/or I/DD into community life in Champaign County, seek out and share their direct input with other collaborations and leadership. Whenever possible, include these people in any organizations which have been formed on their behalf. Emphasize inclusion as a benefit to all members of the community, regardless of ability.
(Allocation Priority/Criteria Objective)

Objective 9.5: Support Mental Health First Aid for Adults, Youth, and Teens, to encourage community members to provide first responder support for people who may be experiencing a crisis.

(Collaboration/Coordination Objective)

Objective 9.6: With input from people who have MI, SUD, or I/DD, make information on community services and resources more accessible and user-friendly.

(Collaboration/Coordination Objective)

Goal #10:

Engage with other local, state, and national stakeholders on emerging issues.

Objective 10.1: Monitor the local impacts of changes in Medicaid and Managed Care and Medicaid waivers Advocate, through Association of Community Mental Health Authorities of Illinois (ACMHAI) and other organizations for increased service capacity and service options sufficient to meet demand in Champaign County.

(Collaboration/Coordination Objective)

Objective 10.2: Track relevant class action cases, e.g., Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.

(Policy Objective)

Objective 10.3: Participate in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and similar organizations, to understand and report on trends, best practices, and innovations and to advocate at the national level on behalf of Champaign County residents.

(Collaboration/Coordination Objective)

Objective 10.4: Track and advocate for implementation of the recommendations of the Illinois Children's Behavioral Health Transformation Initiative.

(Policy Objective)

Objective 10.5: With other organizations and policymakers whenever appropriate, advocate at the state and national levels on the issues of expanding and diversifying the behavioral health and I/DD workforces. Strategies may include supporting legislation to revise licensure

and certification processes. Participate in planning and policy development with state agencies such as IDHS, advocating for the needs and choices of Champaign County residents, based on direct and indirect input from people with MI, SUD, or I/DD.
(Policy Objective)

Objective 10.6: Advocate on behalf of and with those residents of Champaign County who receive Home Based Support, who have been selected from PUNS, or who are eligible and enrolled and waiting for PUNS selection.
(Collaboration/Coordination Objective)

Objective 10.7: Participate in the development of recommendations for the redesign of Illinois' I/DD service system, through Engage Illinois and similar collaborations.
(Policy Objective)

**Approved November 20, 2024*



Champaign County

Community Health Prioritization Meeting

April 14, 2025



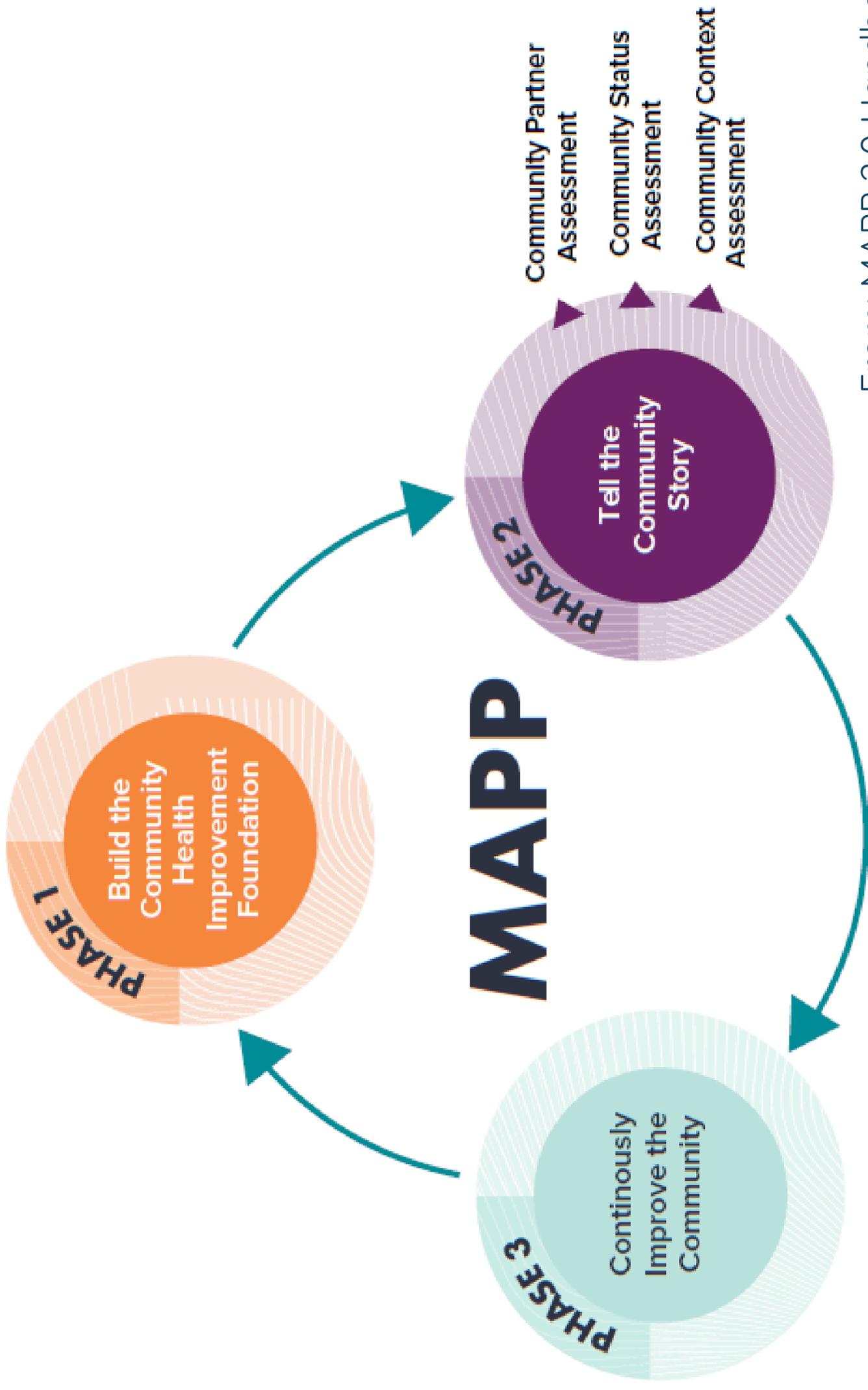
Agenda

Data Collection:

- Overview of CHNA and Implementation Strategy
- 2025 Community Health Needs Assessment
- Project Structure
- Survey's Collected
- Overall Survey Results
- Detailed Survey Results by Identified Need
- Prioritization Process: Modified Hanlon Method
- Prioritization Process; Modified Hanlon Method Process
- Voting Instructions / Voting
- Break
- Discussion
- Timeline

MAPP 2.0

NACCHO - National Association of County & City Health Officials.



From: MAPP 2.0 Handbook



Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Social Determinants of Health

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Socioeconomic Factors

- Education
- Job Status
- Family Social Support
- Income
- Community Safety

50% can be traced back to your zip code!



Physical Environment



Health Behaviors

- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care



Access to Care
Quality of Care

Only 20% include those moments in a healthcare environment.

Community Health Needs Assessment and Implementation Strategy

CHNA

A Community Health Needs Assessment is a systematic process used to identify and analyze community health needs and assets.

Prioritization

Community members decide which community health needs are the most significant and should be addressed.

Implementation Plan

The Community Health Priorities are addressed by creating a detailed community health improvement plan.



An **Implementation Strategy** is the hospital's plan for addressing community health needs, including significant health needs identified in the community health needs assessment

CHINA PROJECT STRUCTURE



provided by: Dawn Tuley

Data Collection Methodology & Sample Size

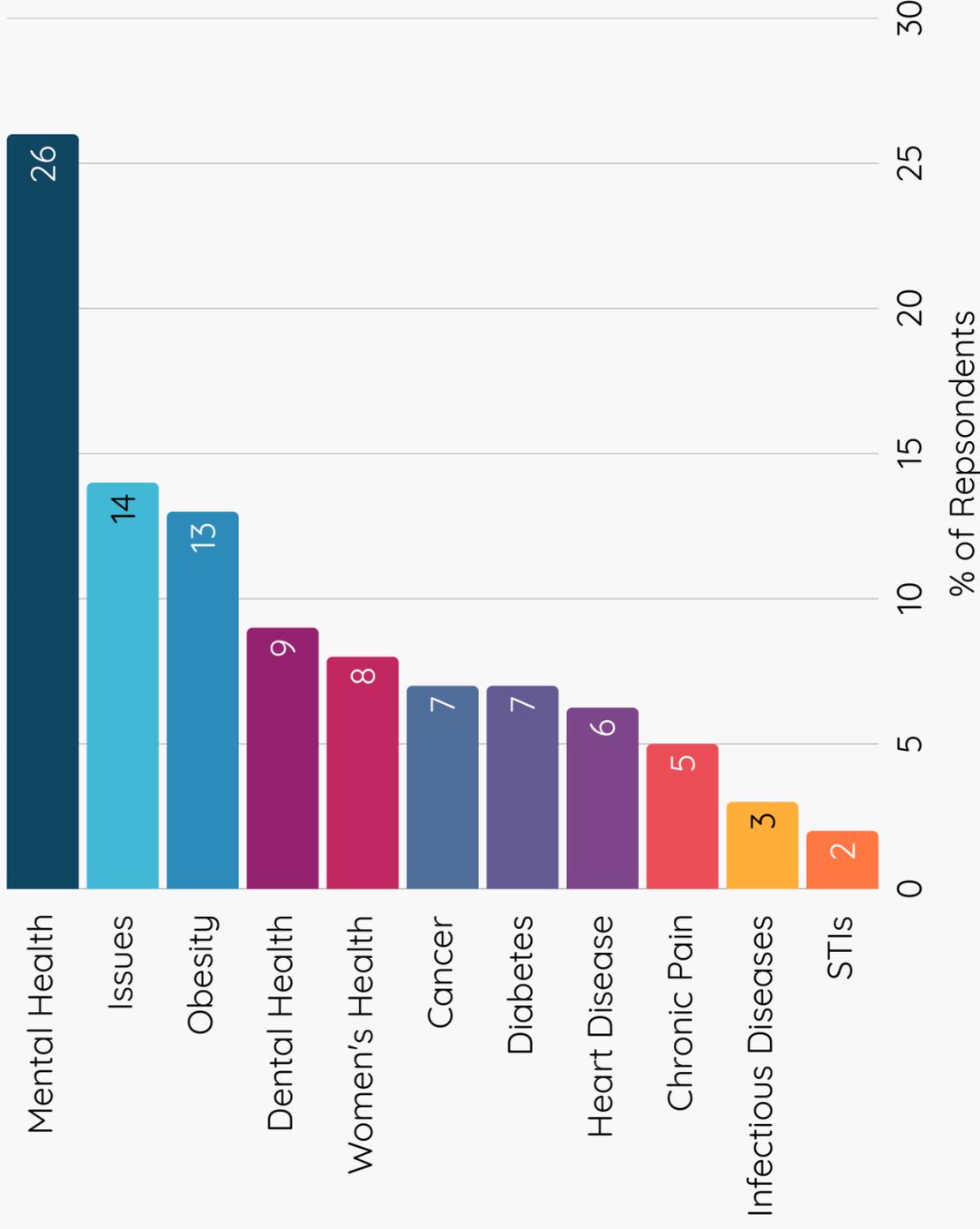


For the total Vermilion County area, the minimum sample size for aggregated analyses (combination of at-risk and general populations) was 383. The original sample size was 630. After cleaning the data for “bot” survey respondents, the sample was reduced to **550 respondents**. This met the threshold of the desired 95% confidence interval.



5.1 Perceptions of Health Issues

The CHNA Survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 14 different options.



The highest rated issue was mental health (26%). This factor was significantly higher than other categories based on t-tests between sample means.

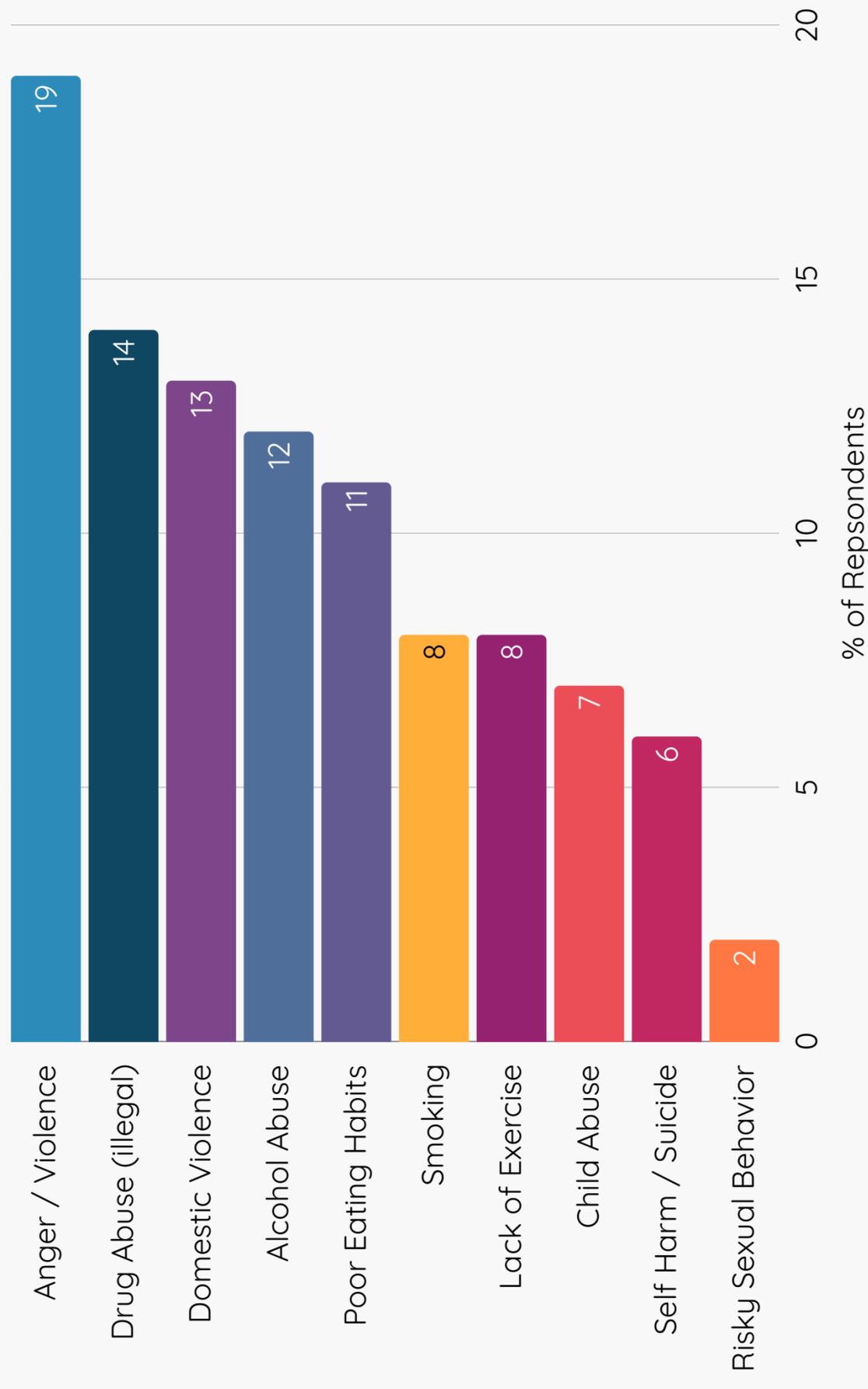
Perceptions of the community were accurate in some cases. For example, mental health issues and obesity are important concerns and the survey respondents accurately identified these as important health issues.

However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices.

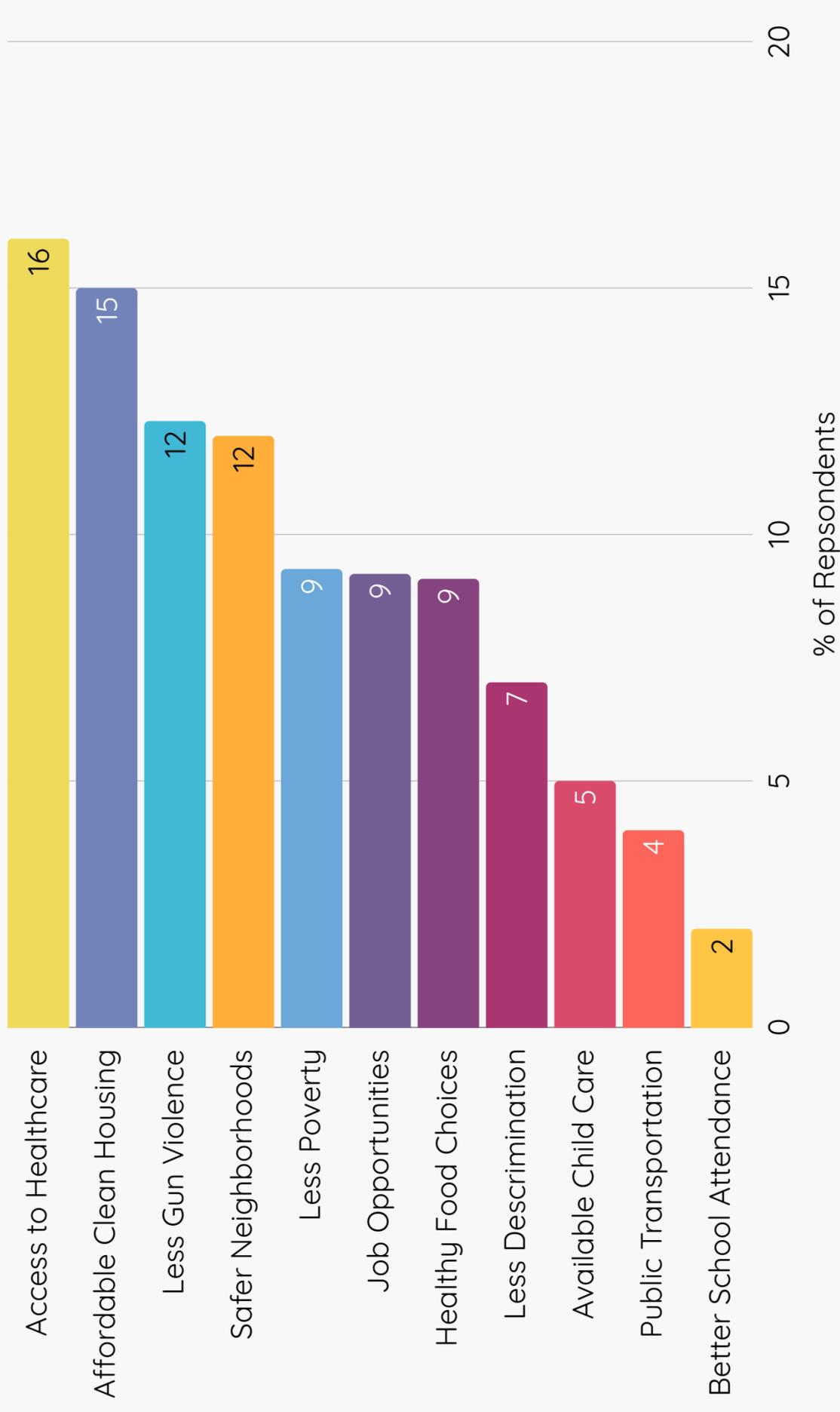
The unhealthy behaviors that rated highest were anger / violence (19%), drug abuse (illegal) (14%), domestic violence (13%), alcohol abuse (12%), poor eating habits (11%), smoking (8%), lack of exercise (8%), child abuse (7%), self harm / suicide (6%), and risky sexual behavior (2%).



5.3 Perceptions of Issues Impacting Well-Being

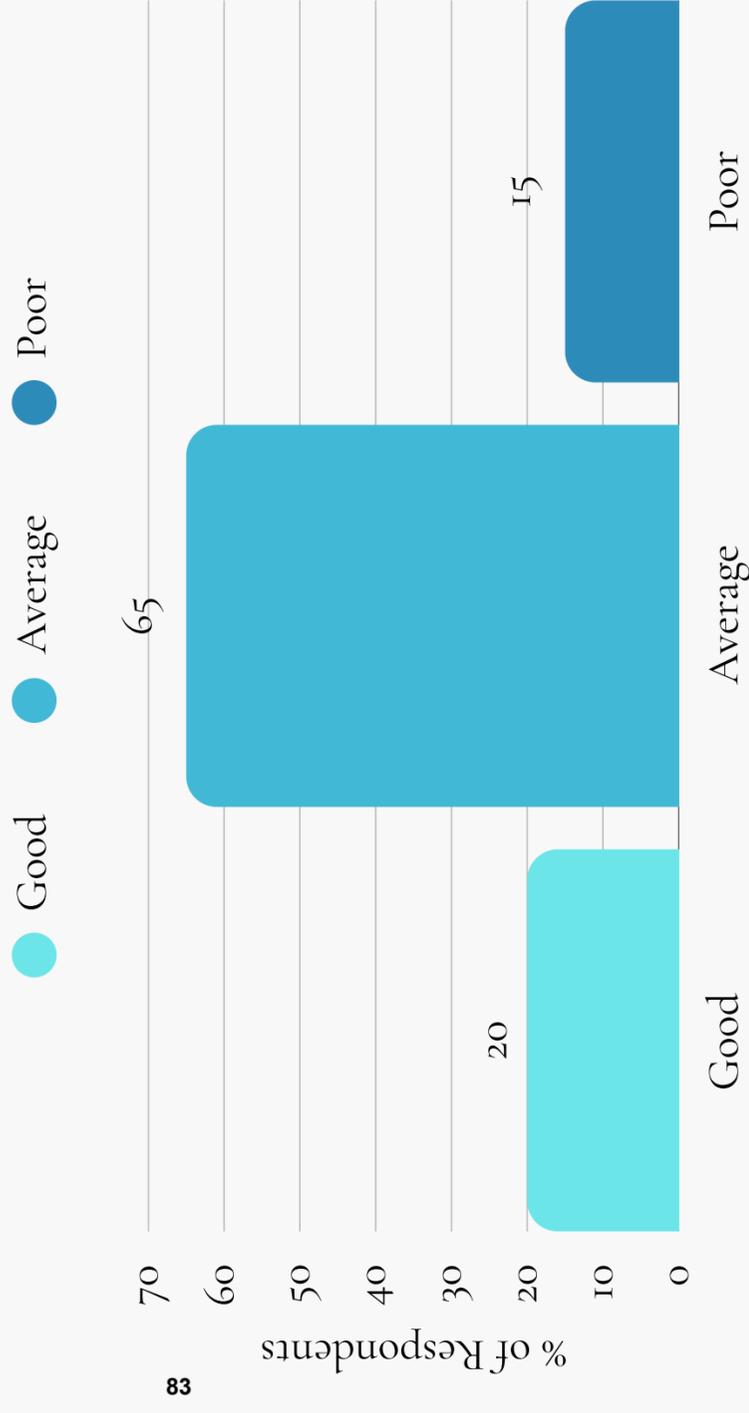
Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 11 choices.

The highest rated issues impacting well-being were access to healthcare (16%), followed by affordable cleaning housing (15%), less gun violence (12%), and safer neighborhoods (12%).



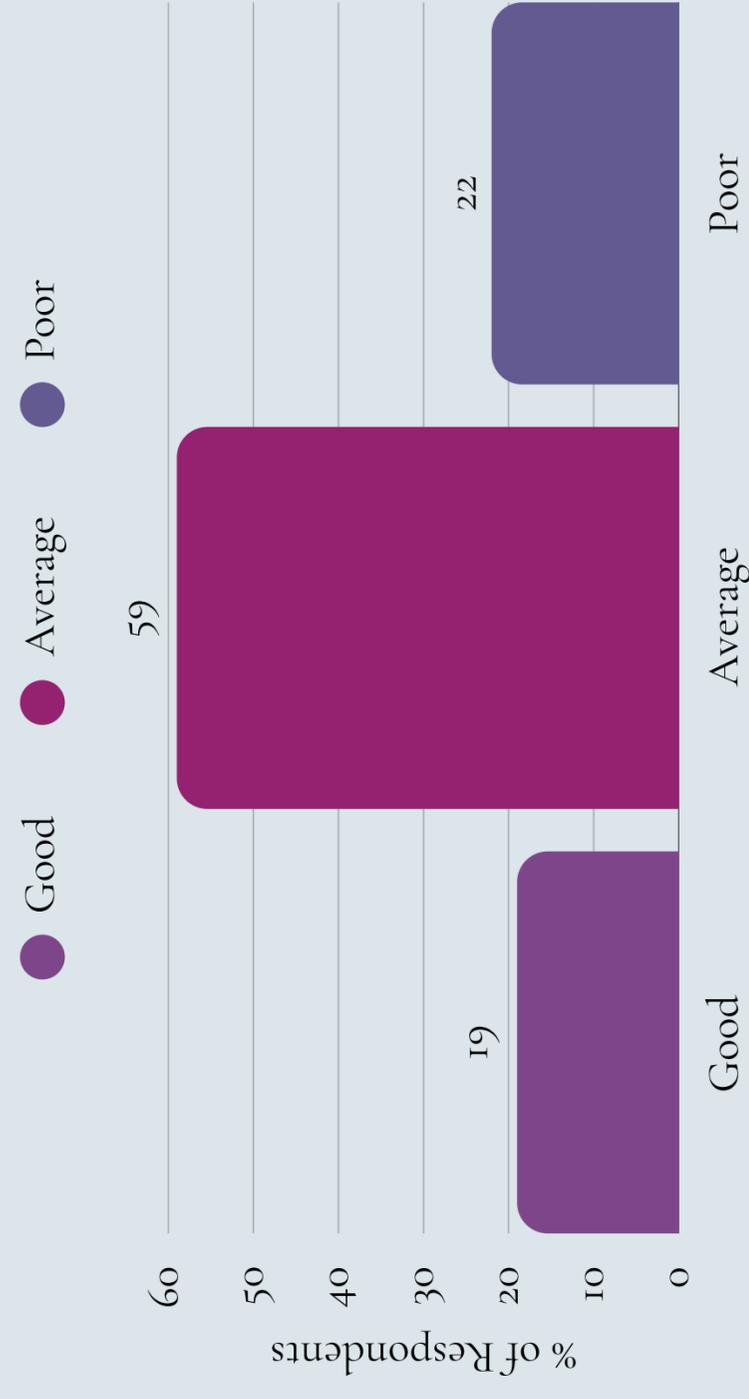
Self Assessment of Overall Physical Health

In regard to self-assessment of overall physical health, 15% of respondents reporting having poor overall physical health

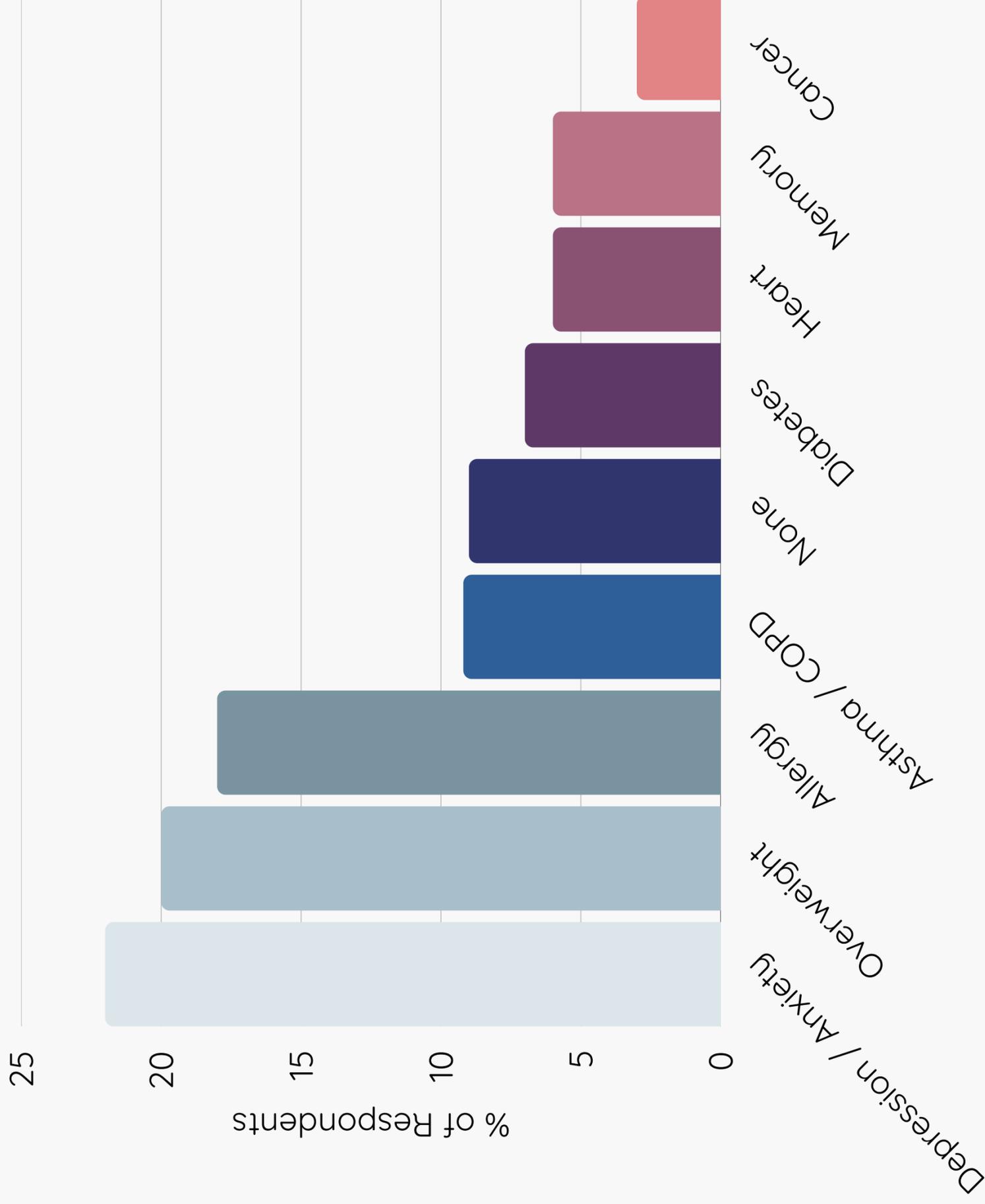


Self Assessment of Overall Mental Health

In regard to self-assessment of overall mental health, 22% of respondents reporting having poor overall mental health



Self-Identified Health Conditions



Survey respondents were asked to self-identify any health conditions. Notably, having depression / anxiety (22%), being overweight (20%), and allergies (18%) were the highest rated health conditions. Often percentages for self-identified data are lower than secondary data sources.

Potential Health-Related Needs

Considered for Prioritization

- Access to Healthcare
 - Aging Population
 - Cancer
 - Depression and Stress / Anxiety
 - Diabetes
 - Healthy Behaviors and Wellness
 - Obesity (Specific Focus)
 - Substance Use, including Opioids and Vaping
 - Suicide
 - Violence
- Listed Alphabetically

Access To Healthcare



“Access to healthcare means having “the timely use of personal health services to achieve the best health outcomes.” Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.”

<https://www.ncbi.nlm.nih.gov/books/NBK578537/>



Access to Healthcare

16% of respondents listed Access to Healthcare as the top issues that impacted well being. Affordable Clean housing ranked second with 15% of respondents

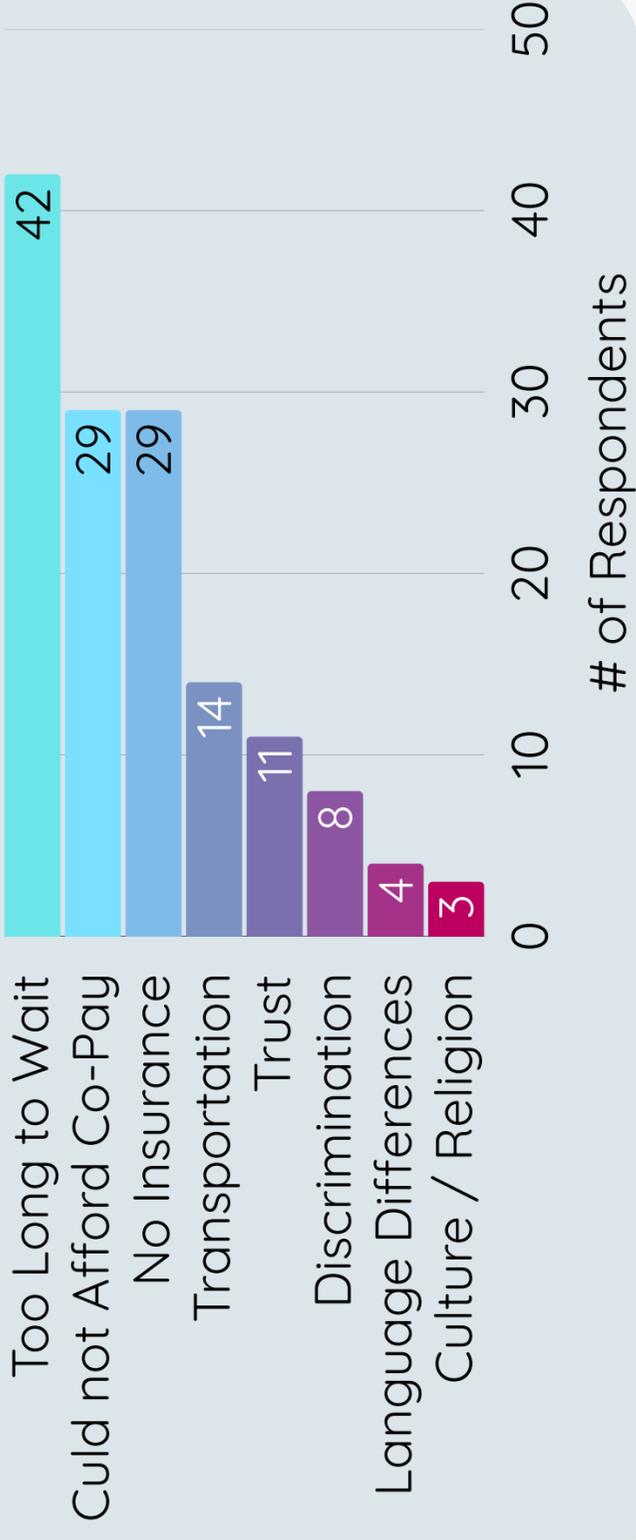
Respondents were asked, “**Was there a time when you needed care but were not able to get it?**” Access to four types of care were assessed. 19% of the population did not have access to medical care, 23% of the population did not have access to prescription medicine, 29% of the population did not have access to dental care and 24% of the population did not have access to counseling when needed.

Did Not Have Access to Care 2025



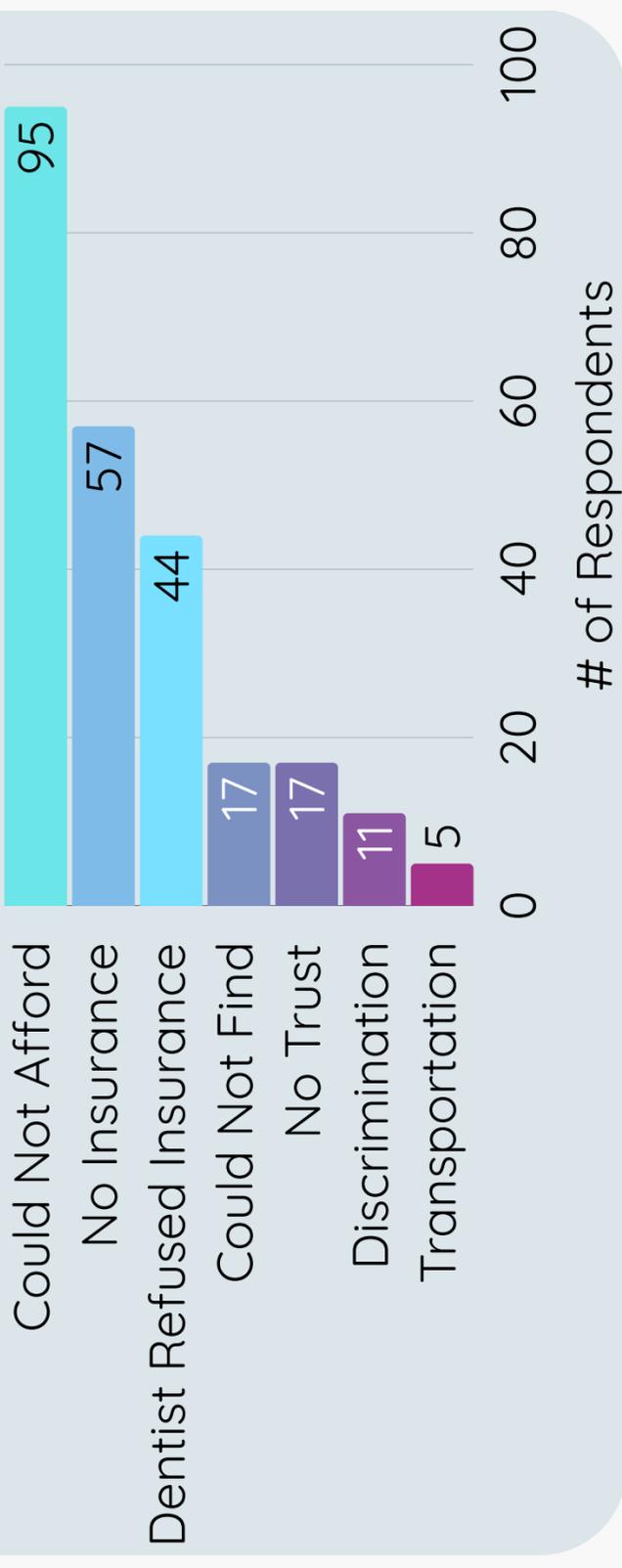
Access to Healthcare

Causes of Inability to Access Medical Care 2025

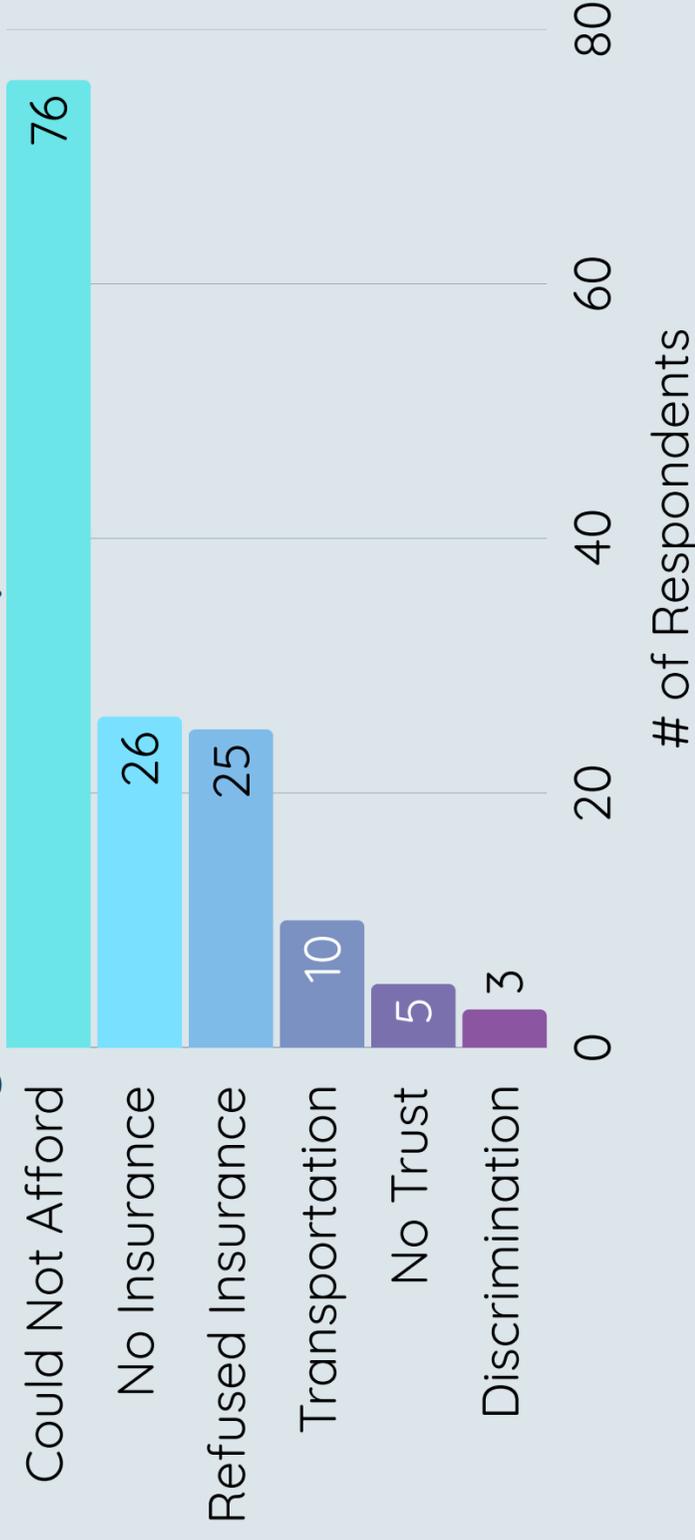


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Causes of Inability to Access Dental Care 2025



Causes of Inability to Access Prescription Medication 2025



Causes of Inability to Access Counseling 2025



Supporting An Aging Population



Healthy aging is the process of maintaining good physical, mental, and social health and well-being as we grow older.

Healthy aging starts early on in life.

It means adopting healthy habits and making positive lifestyle choices that contribute to overall well-being as we age.

Starting early is important to avoid many health complications that may arise later in life

It is never too late to adopt healthy habits for positive change.

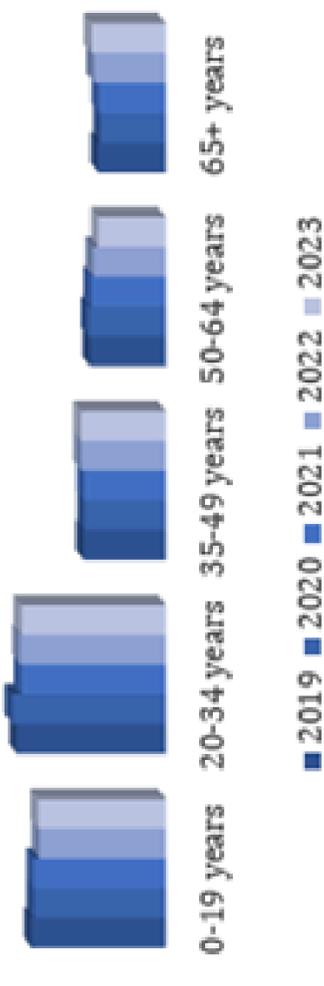
<https://www.cdc.gov/healthy-aging/about/index.html>



Aging Population

Aging issues was ranked 2nd overall with 14% of respondents when asked to identify the three most important health issues.

Age Distribution 2019-2023



Source: *United States Census Bureau*

The Percentage of individuals in Champaign County in each age group between 2019 and 2023. Of note, the 0-19 age group decreased 11.2%, the 20-34 age group decreased 4/8%, and the 35-49 age group decreased 2.9% during this five year period while the 65+ age group increased 9.9% and the 50-64 age group increased 3.1%

Cancer



Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body.

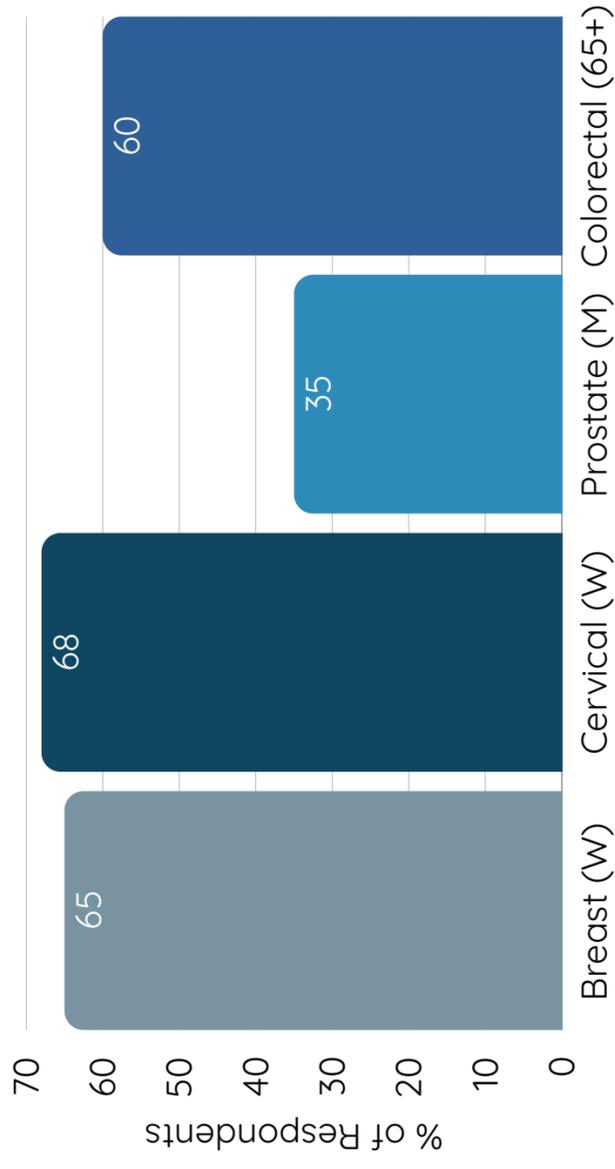
[https://www.cancer.gov/about-cancer/understanding/
what-is-cancer](https://www.cancer.gov/about-cancer/understanding/what-is-cancer)



Cancer

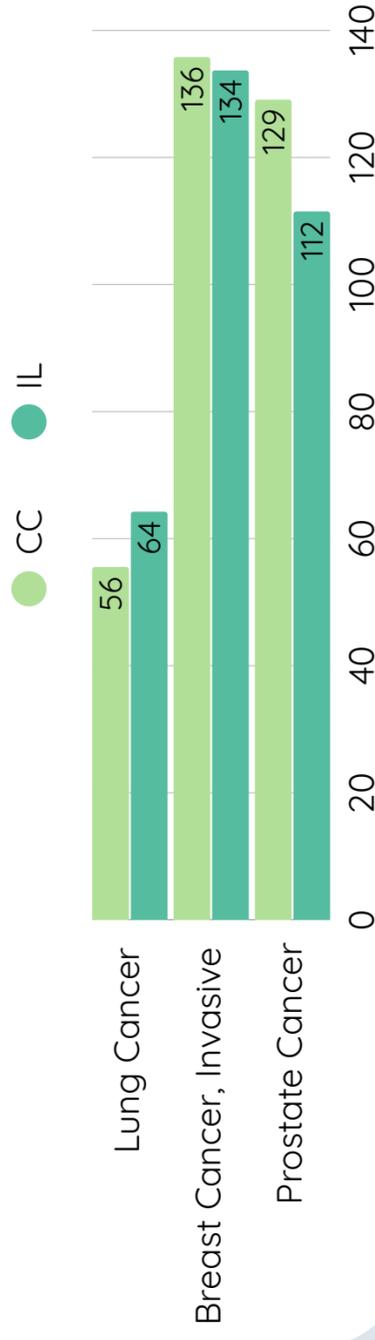
Importance of Measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure and methods for treatment. Cancer is one of the leading causes of death in Champaign County.

Cancer Screening in Past 5 Years 2025



Several cancer screening rates in the past five-year periods decreased from 2022 to 2025. Specifically, in 2022, 71% of women had a breast screening, compared to 65% in 2025. In 2022, 74% of women had a cervical screening compared to 68% in 2025. For men, 38% reported having a prostate screening in 2022, compared to 25% in 2025. For women and men over the age of 50, 68% had a screening in 2022, compared to 60% in 2025.

Top 3 Cancer Incidence (per 100,000) 2017 - 2021



Top 5 Leading Causes of Death for all Races by County & State of Illinois, 2022

Rank	Champaign County	State of Illinois
1	Diseases of Heart (21.7%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (17.8%)	Malignant Neoplasm (19.2%)
3	Accidents (7.6%)	Accidents (6.1%)
4	COVID-19 (4.7%)	COVID-19 (5.8%)
5	Cerebrovascular Disease (4.3%)	Cerebrovascular Disease (5.4%)

Cancer

Breast Screening tends to be more likely for older women, White women, women with higher education and women with higher income. Breast screening tends to be less likely for Black women and women in an unstable housing environment.

Cervical screening tends to be more likely for White women, those with higher education, and those with higher income. Cervical screening tends to be less likely for younger women, Black women, and women in an unstable housing environment.

Prostate screening tends to be more likely for older men, White men, those with higher education and those with higher income.

Colorectal screening tends to be more likely for older people, White people, those with higher education, and those with higher income. Colorectal screening tends to be less likely for Black people, LatinX people, and those in an unstable housing environment.

Depression, Stress, & Anxiety

Depression

Depressive disorder (also known as depression) is a common mental disorder. It involves a depressed mood or loss of pleasure or interest in activities for long periods of time. Depression is different from regular mood changes and feelings about everyday life. It can affect all aspects of life, including relationships with family, friends and community. It can result from or lead to problems at school and at work(WHO).

Stress

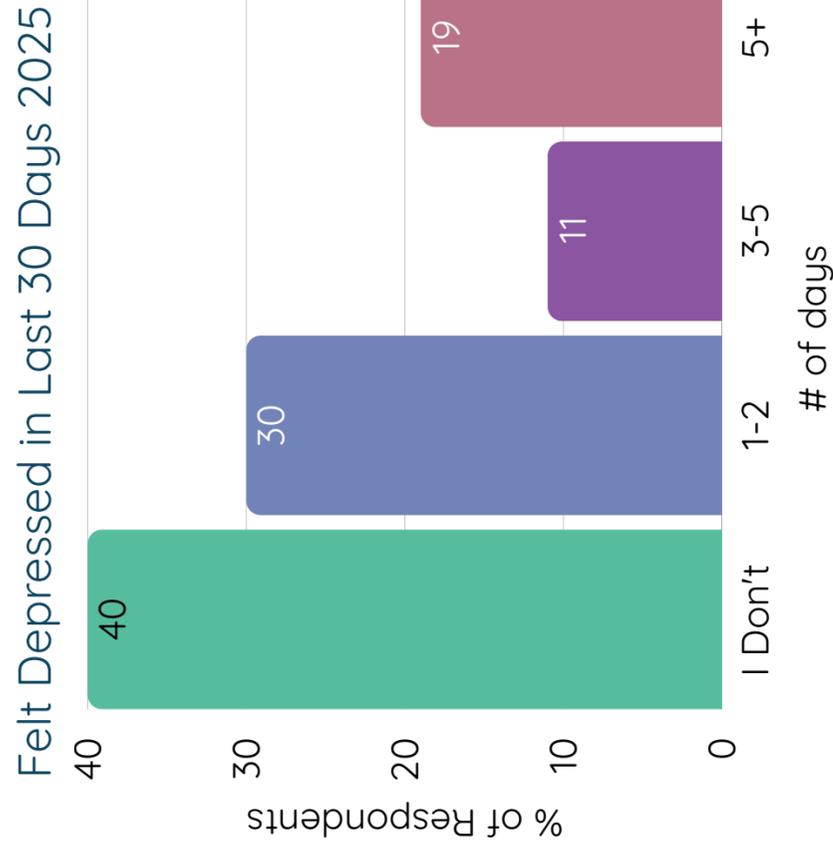
Stress is a normal reaction to everyday pressures, but can become unhealthy when it upsets your day-to-day functioning. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave. By causing mind-body changes, stress contributes directly to psychological and physiological disorder and disease and affects mental and physical health, reducing quality of life (APA).

Anxiety

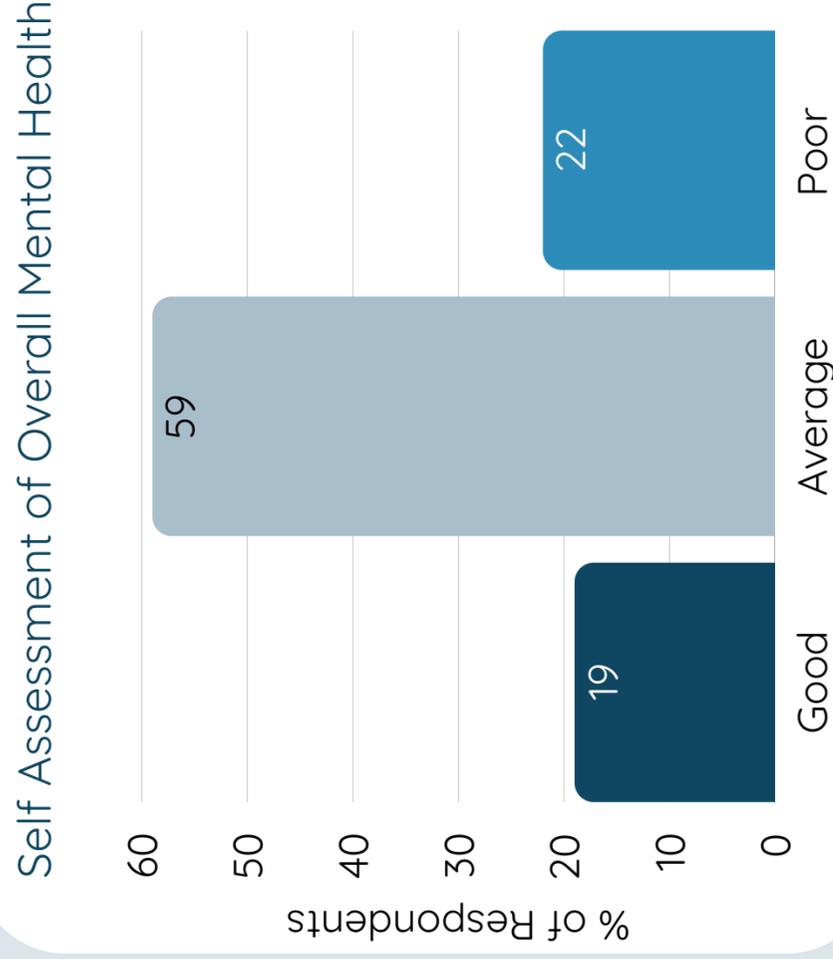
Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. Anxiety is not the same as fear but they are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented and short-lived response to a clearly identifiable and specific threat (APA).

Depression, Stress and Anxiety

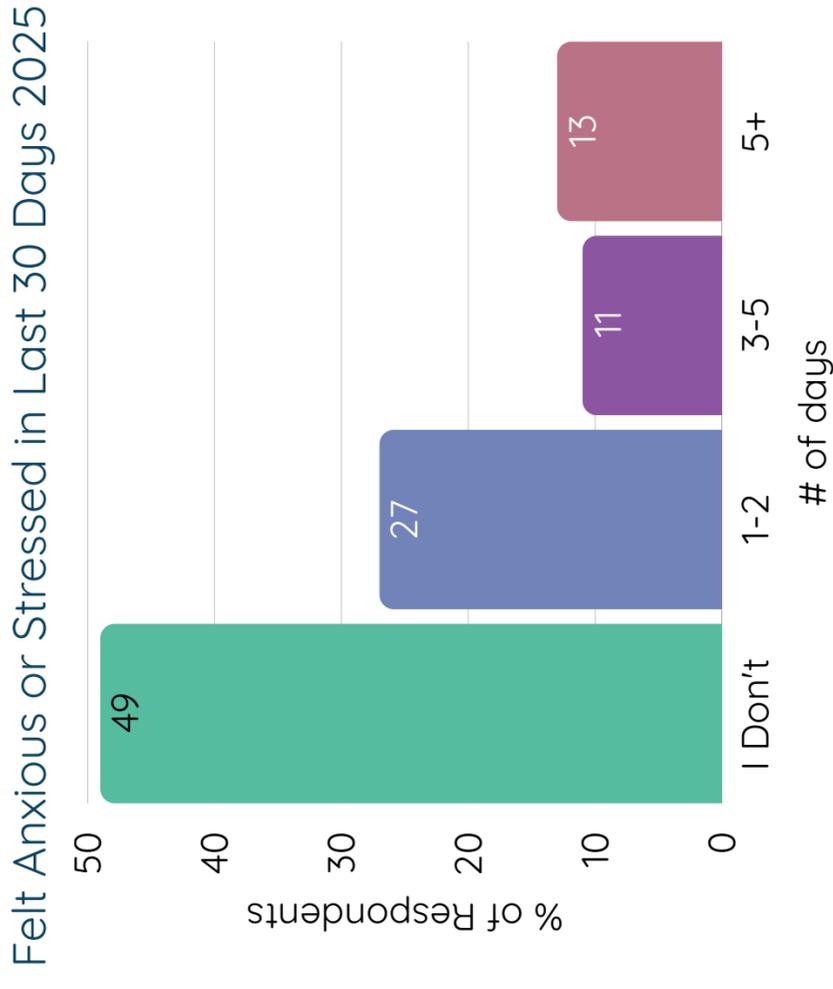
When asked to rank the top three health issues, Mental Health ranked first with 26% of respondents.



The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 40% indicated they did not feel depressed in the last 30 days and 49% indicated that they did not feel anxious or stressed.



Regarding self-assessment of overall mental health, 22% of respondents stated they have poor overall mental health.



Results from the 2025 CHNA show an improvement in mental health. In 2022, 64% of respondents indicated they felt depressed in the last 30 days, compared to 60% in 2025. In 2022, 55% indicated they felt anxious or stressed, compared to 51% in 2025.

Diabetes

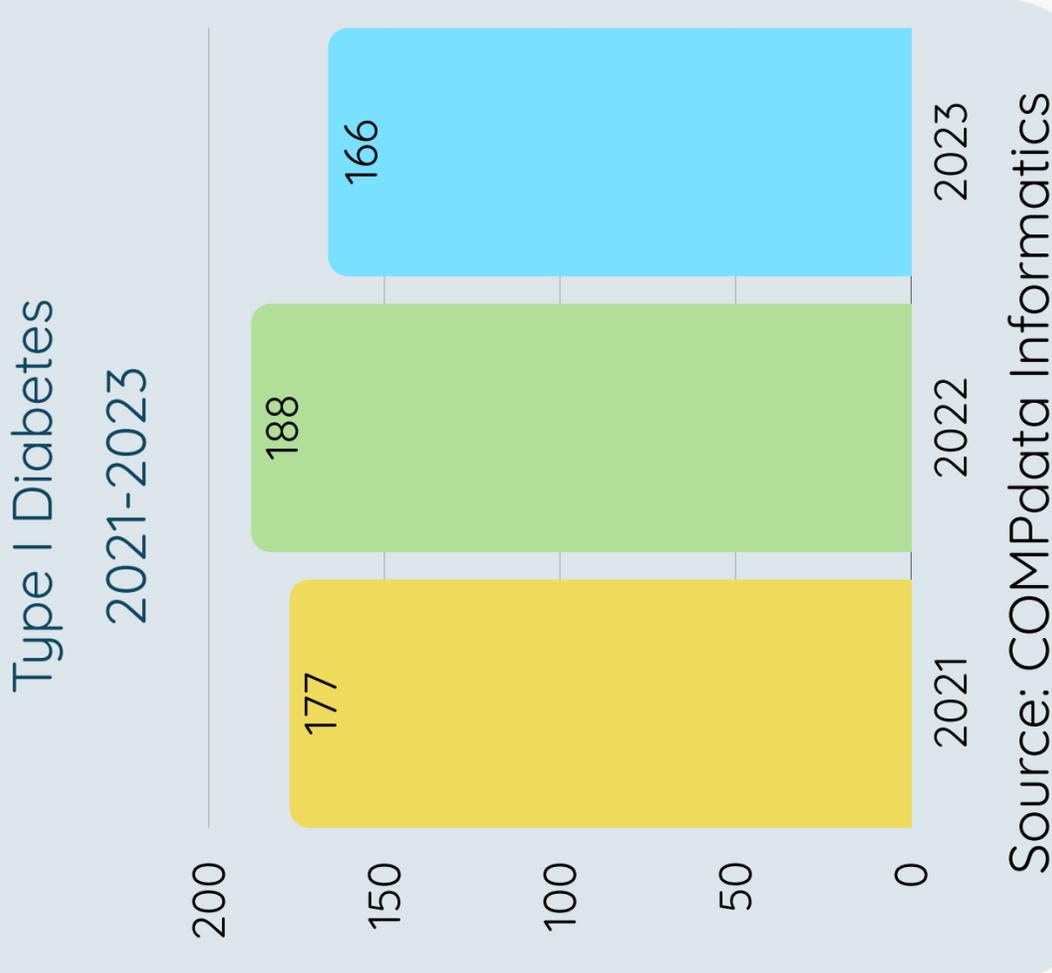
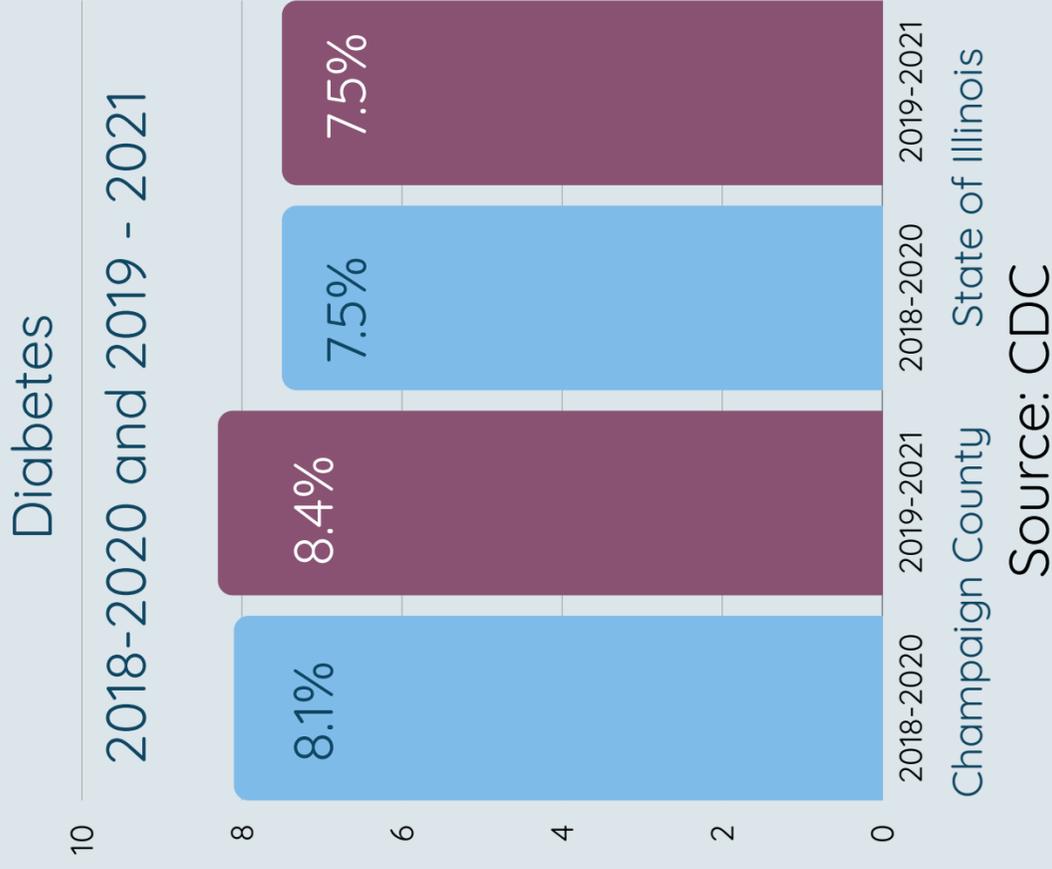


Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood glucose. Hyperglycaemia, also called raised blood glucose or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels (WHO).



Diabetes

When asked to self-identify health conditions, 7% of respondents indicated diabetes. 7% of survey respondents also indicated that Diabetes was an important health issue.



Healthy Behaviors & Wellness

Health Behaviors are health-related practices, such as diet and exercise, that can improve or damage the health of individuals or community members. Health behaviors are determined by the choices available in the places where people live, learn, work, and play (CHR).

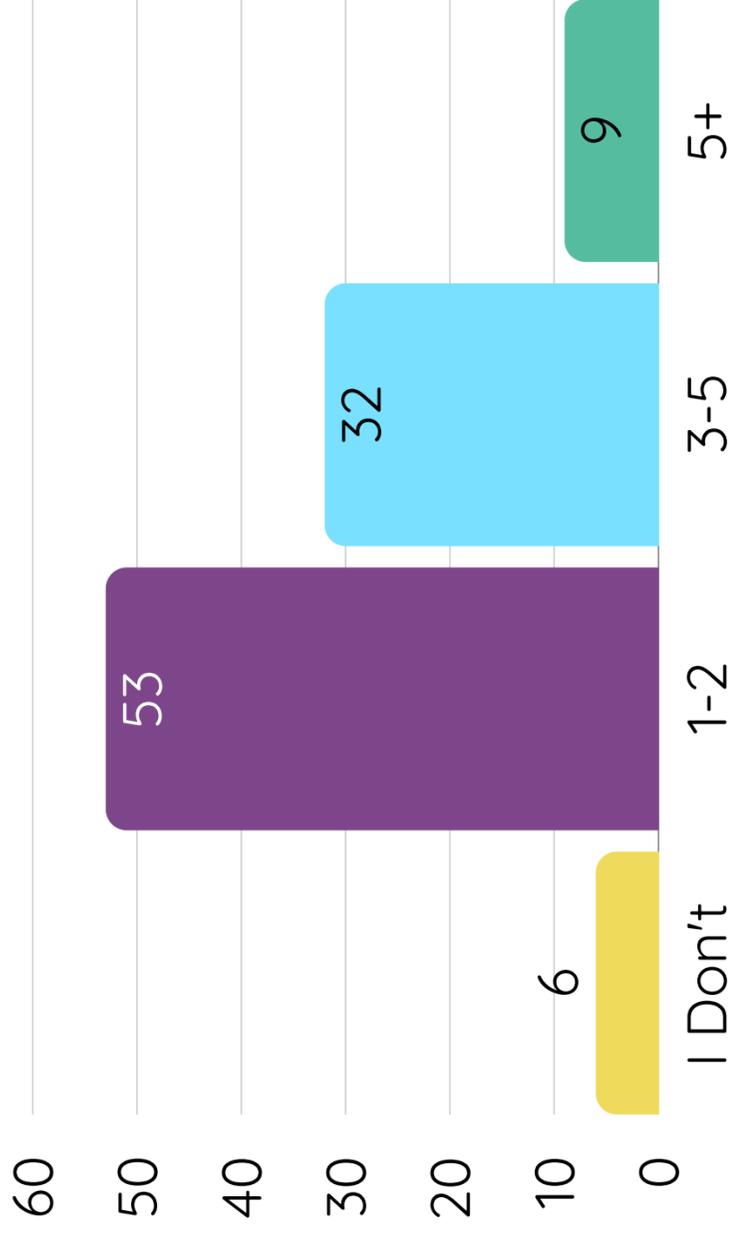
Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic, and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. Focusing on well-being supports the tracking of the equitable distribution of resources, overall thriving, and sustainability. A society's well-being can be determined by the extent to which it is resilient, builds capacity for action, and is prepared to transcend challenges (WHO).

Healthy Behaviors and Wellness

Healthy Eating

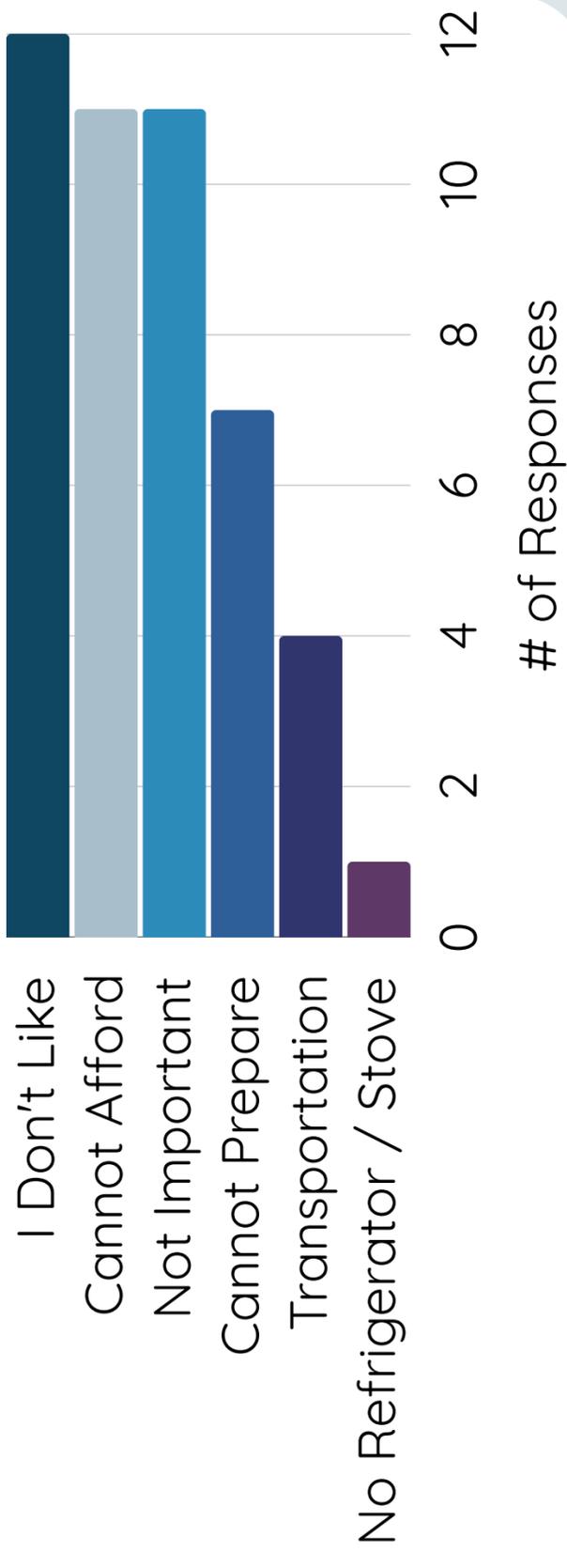
A healthy lifestyle, comprising of a proper diet, has been shown to increase physical, mental and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Daily Consumption of Fruits and Vegetables 2025



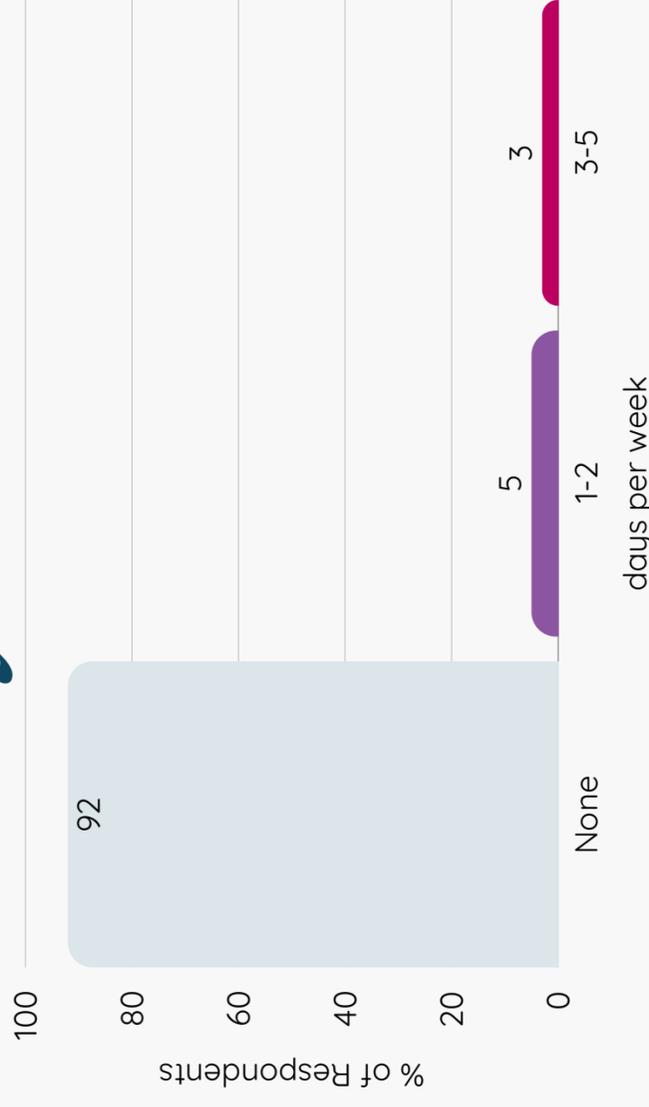
Over half, 59% of residents report no consumption or low consumption of fruits and vegetables per day. The percentage of residents who consume more than 5 servings per day is only 9%.

Reasons Don't Eat Fruits and Vegetables 2025



There has been a decline in the frequency of healthy eating. In 2022, 44% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to only 41% in 2025

Healthy Behaviors - Prevalence of Hunger



Respondents were asked, “How many days a week do you or your family members go hungry?” The vast majority of respondents indicated they do not go hungry (92%), however, 5% indicated they go hungry 1 to 2 days per week, and 3% indicated they go hungry 3 to 5 days per week.

Social Drivers Related to Prevalence of Hunger

Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

Prevalence of Hunger tends to be more likely for Black people, those with lower education, those with lower income, and those in an unstable housing environment. Prevalence of hunger tends to be less likely for white people.

2022 Food Insecurity in Champaign County, IL

26,200 food insecure population

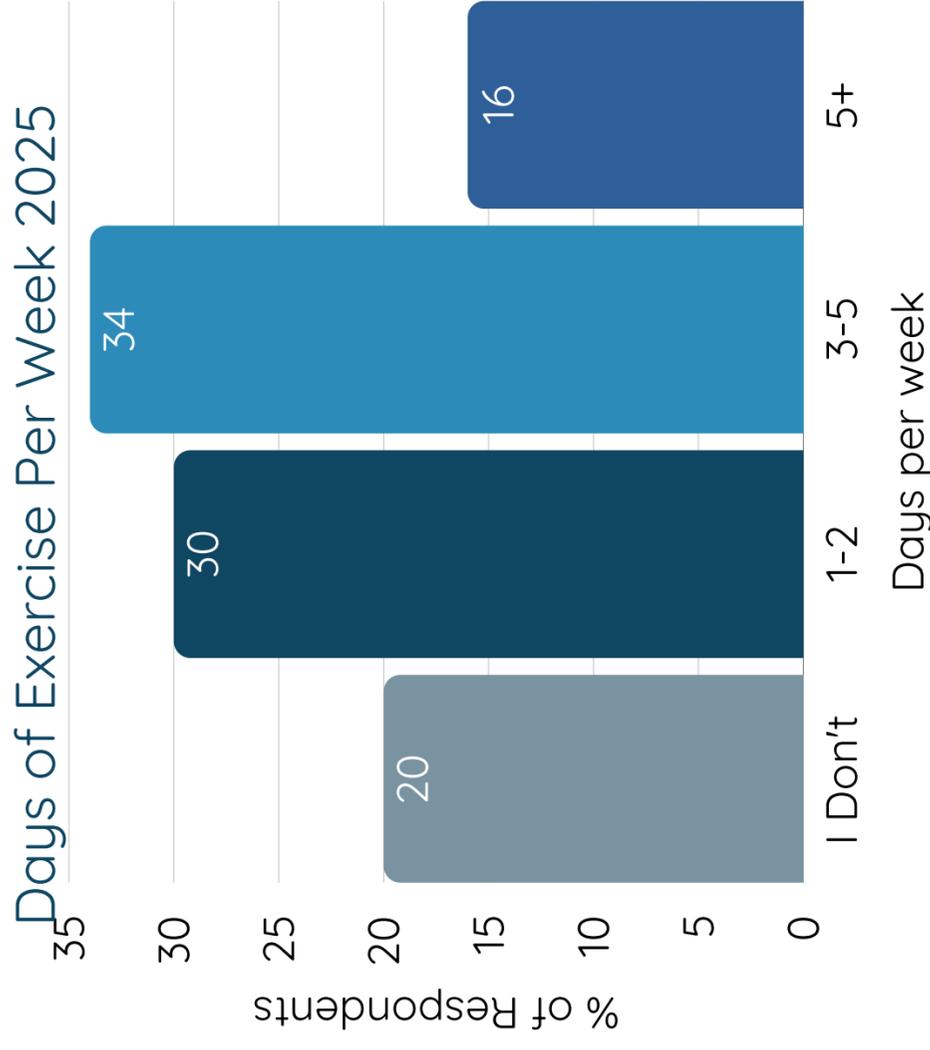
\$4.10 Average Meal Cost

\$20,215,000 Annual Food Budget Shortfall

Source: Feeding America - Map The Meal Gap

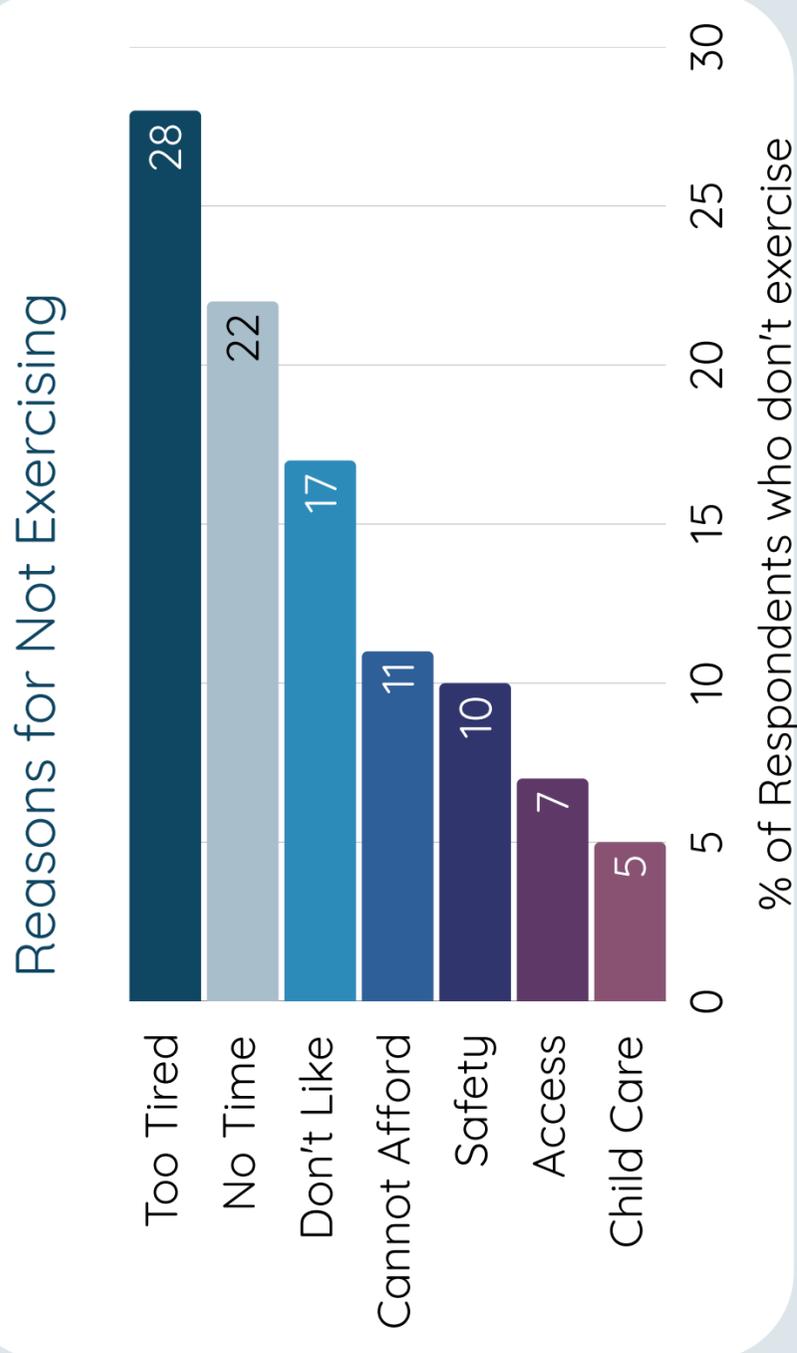
Healthy Behaviors - Physical Exercise

A healthy lifestyle comprised of regular physical activity has been shown to increase physical, mental, and emotional well-being.



When Asked about weekly exercise habits, 20% of respondents indicated that they do not exercise at all, while the majority (64%) of residents, exercise 1-5 times per week.

There has been a decrease in exercise. In 2022, 82% of residents indicated they exercised, compared to 80% in 2025



To Find out why some residents do not exercise at all, a follow up questions was asked. The most common reasons for not exercising are not having enough energy (28%), time (22%), and a dislike of exercise (17%).

Frequency of exercise tends to be rated higher for those with higher education and those with higher income.

Obesity

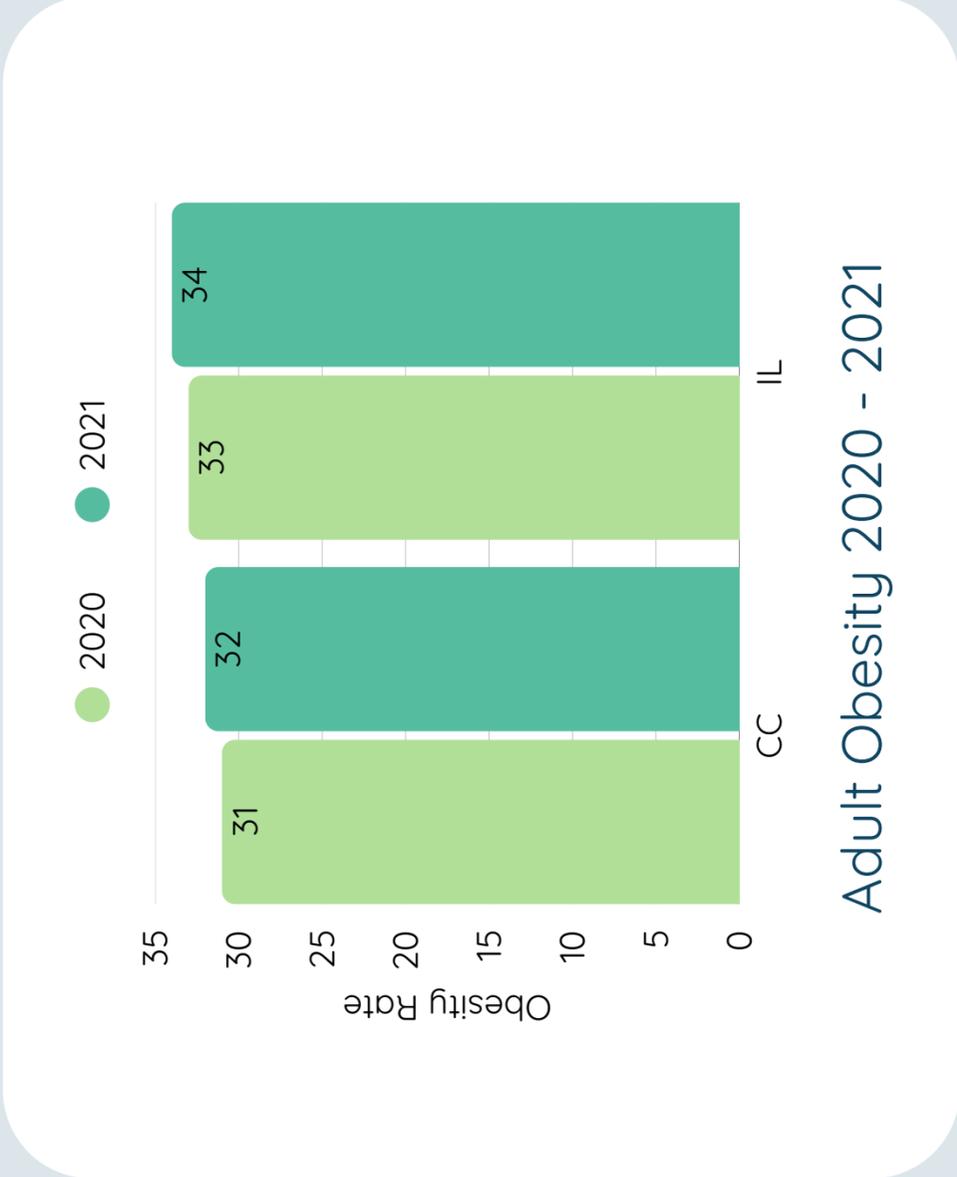


Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese (WHO).



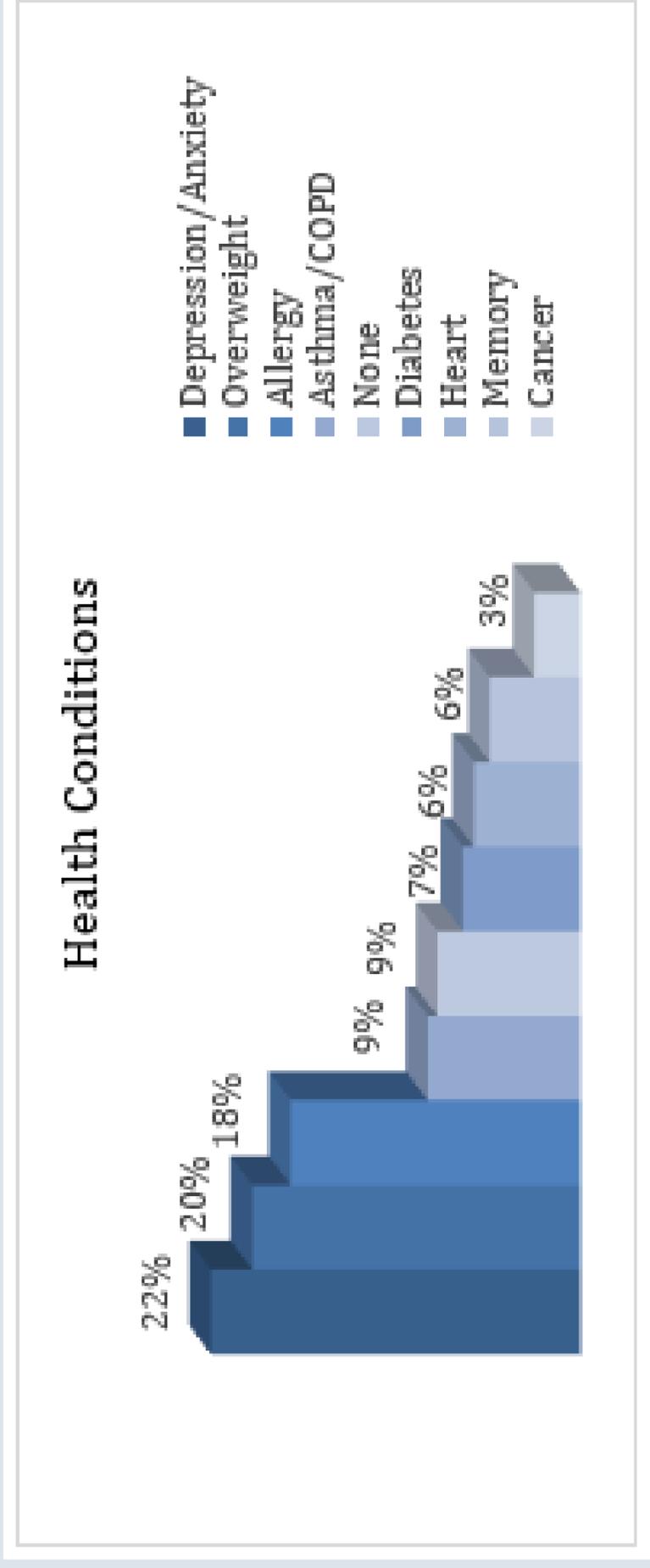
Obesity - Specific Focus

Respondents ranked Obesity / Overweight 3rd with 13% indicating it is an important health issue



From 2020 - 2020 Both Champaign County, and the State of Illinois saw a steady rise in Obesity rates.

20% of CHNA Survey respondents indicated that they are overweight.



Substance Use, including opioids & Vaping.

Substance Use Disorder

Substance use disorder (SUD) is a treatable mental disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD (NIH).

Opioids

Opioids are a class of natural, semi-synthetic, and synthetic drugs. These include both prescription medications used to treat pain and illegal drugs like heroin. Opioids are addictive.

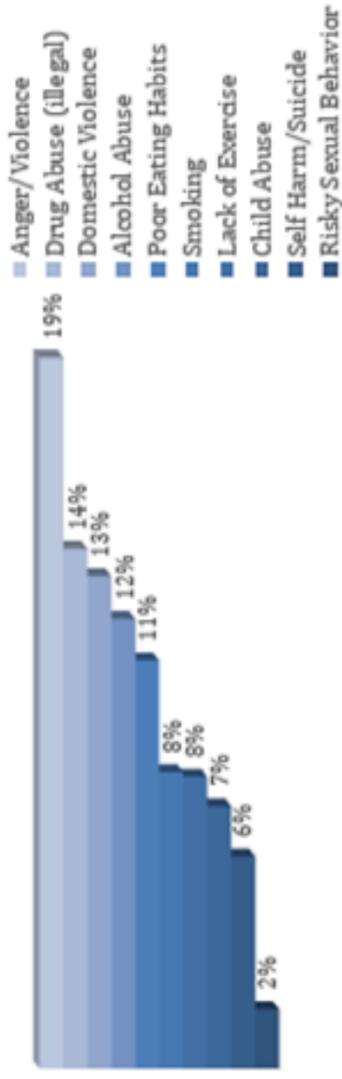
Use of opioids, either by themselves or in combination with other drugs, is a major driver of the drug overdose crises in the United States. The vast majority of overdose deaths in recent years involved illicitly manufactured fentanyl and other potent synthetic opioids. These may be added to other drugs without a buyer knowing it. (NIH).

E-Cigarettes / Vaping

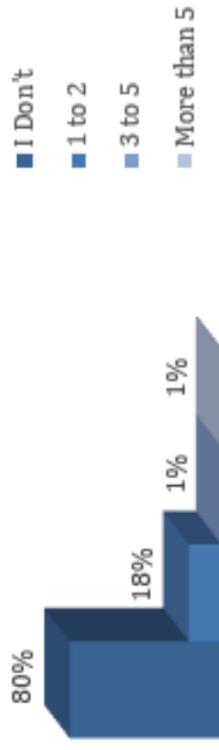
“Electronic cigarette” means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. “Electronic cigarette” includes any such product, whether e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen or under any other product name or descriptor (Public Act 103-0272).

Substance Use

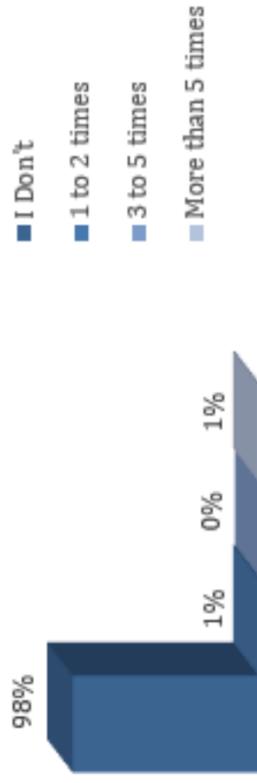
Perceptions of Unhealthy Behaviors 2025



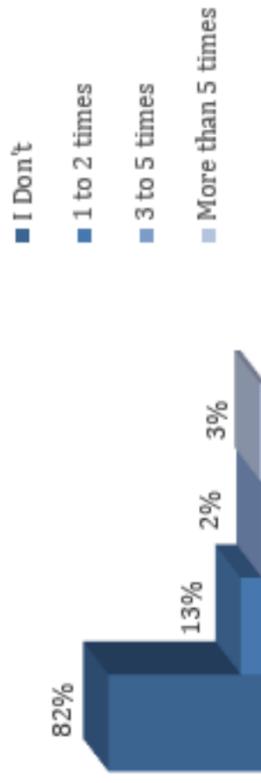
Daily Alcohol Consumption 2025



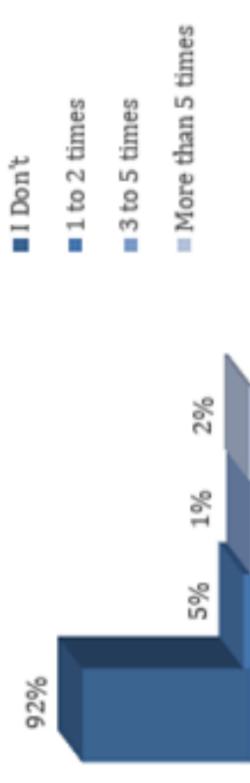
Daily Use of Illegal Substances 2025



Daily Use of Marijuana 2025



Daily Improper Use of Prescription Medication 2025



✓ THERE IS AN INCREASED RATE OF VAPING.

✓ SUBSTANCE USE AMONG 8TH GRADERS IS HIGHER THAN THE STATE OF ILLINOIS AVERAGES FOR TOBACCO PRODUCTS AND MARIJUANA.

✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE HAS SLIGHTLY INCREASED BUT IS STILL LESS THAN THE STATE OF ILLINOIS AVERAGE.

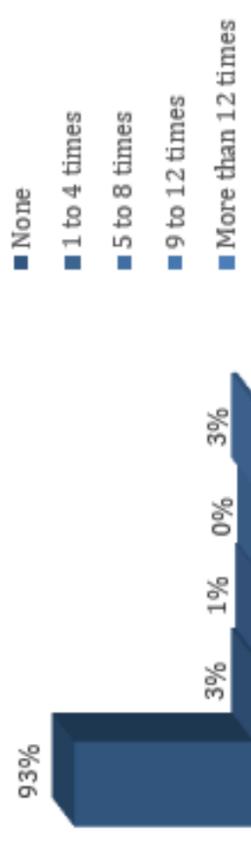
✓ CHOLESTEROL LEVELS FOR RESIDENTS ARE SLIGHTLY LOWER THAN THE STATE OF ILLINOIS AVERAGES.

✓ A SIGNIFICANT PERCENTAGE OF THE POPULATION (8%) MISUSES PRESCRIPTION MEDICATION, INCLUDING OPIOIDS, AND 2% USE ILLEGAL SUBSTANCES OTHER THAN MARIJUANA.

Frequency of Smoking Per Day 2025



Frequency of Vaping Per Day 2025



Suicide



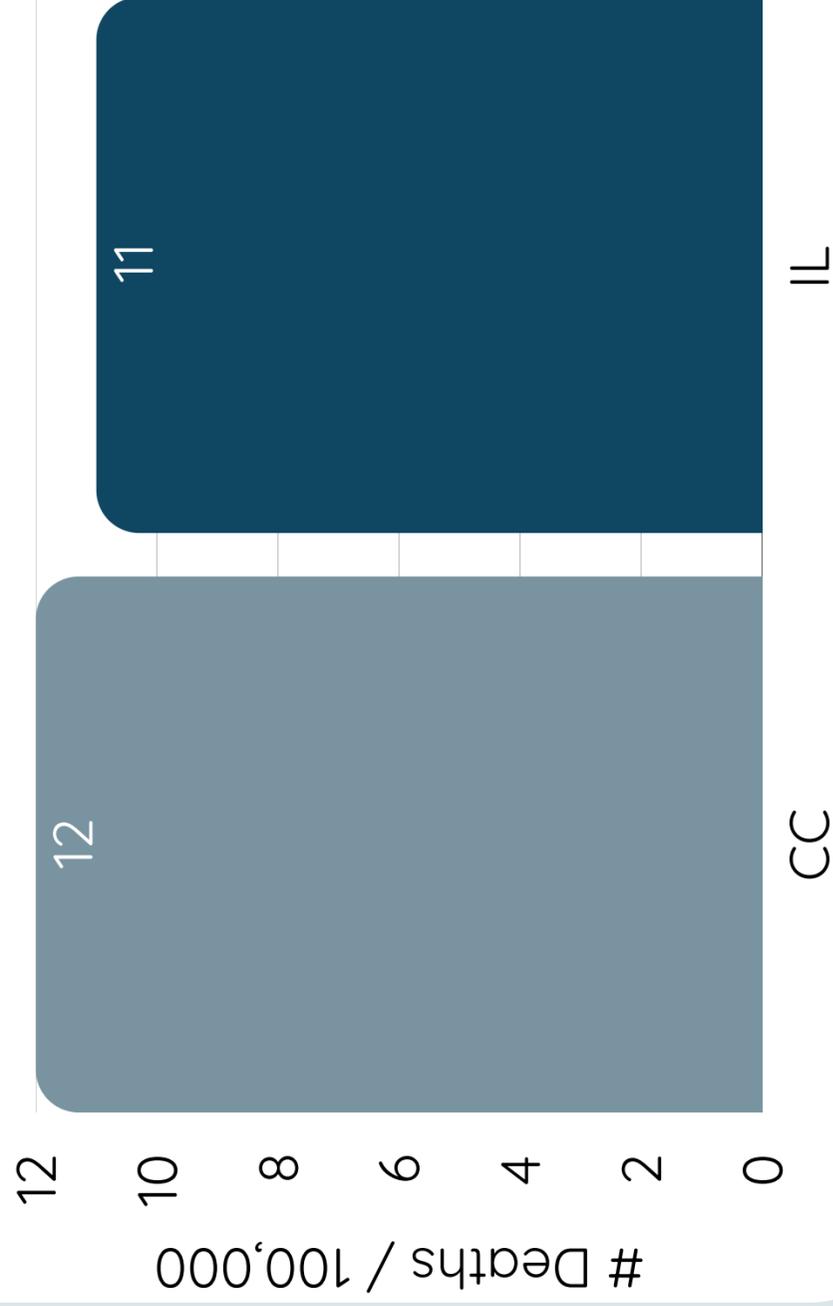
Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die as a result of their actions.(CDC).



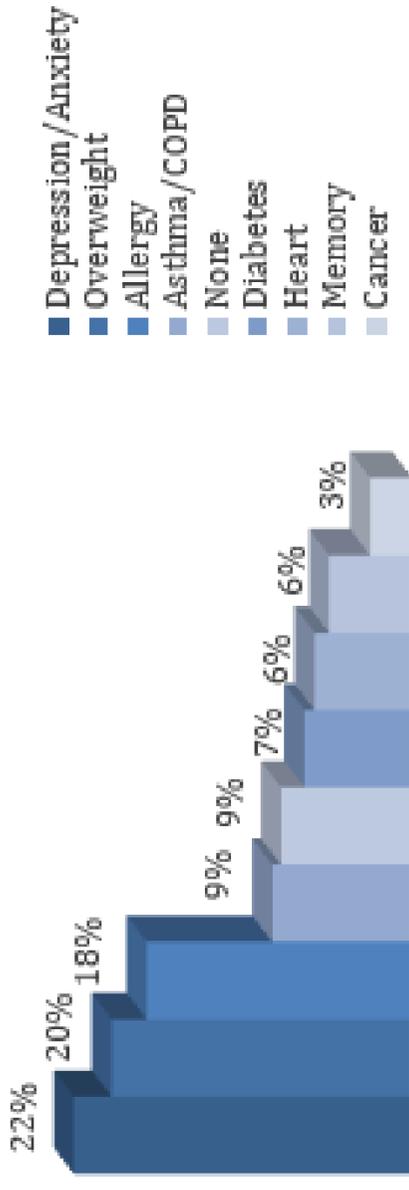
Suicide Rates

The number of suicides in Champaign County indicate higher incidence than State of Illinois averages, as they were approximately 12 per 100,000 suicide deaths in Chamapign County from 2017 - 2021.

Suicide Deaths (per 100,000) 2017 - 2021



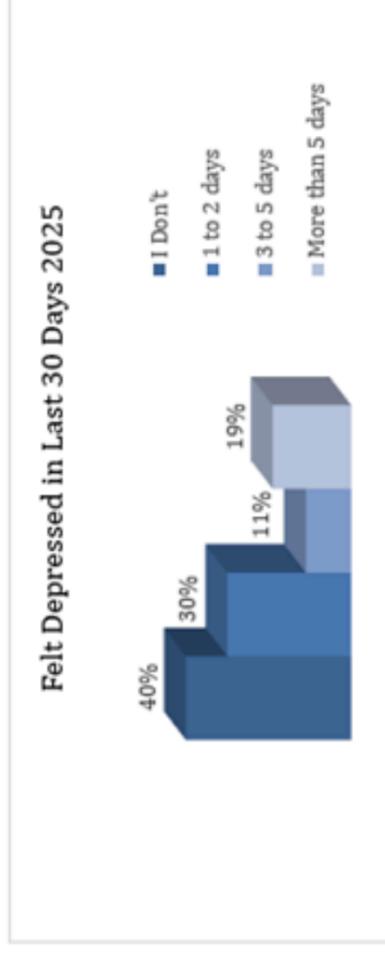
Health Conditions



Mental Health

The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 40% indicated they did not feel depressed in the last 30 days (Figure 32) and 49% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Violence



The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation (WHO).



Violence

Violent Crimes

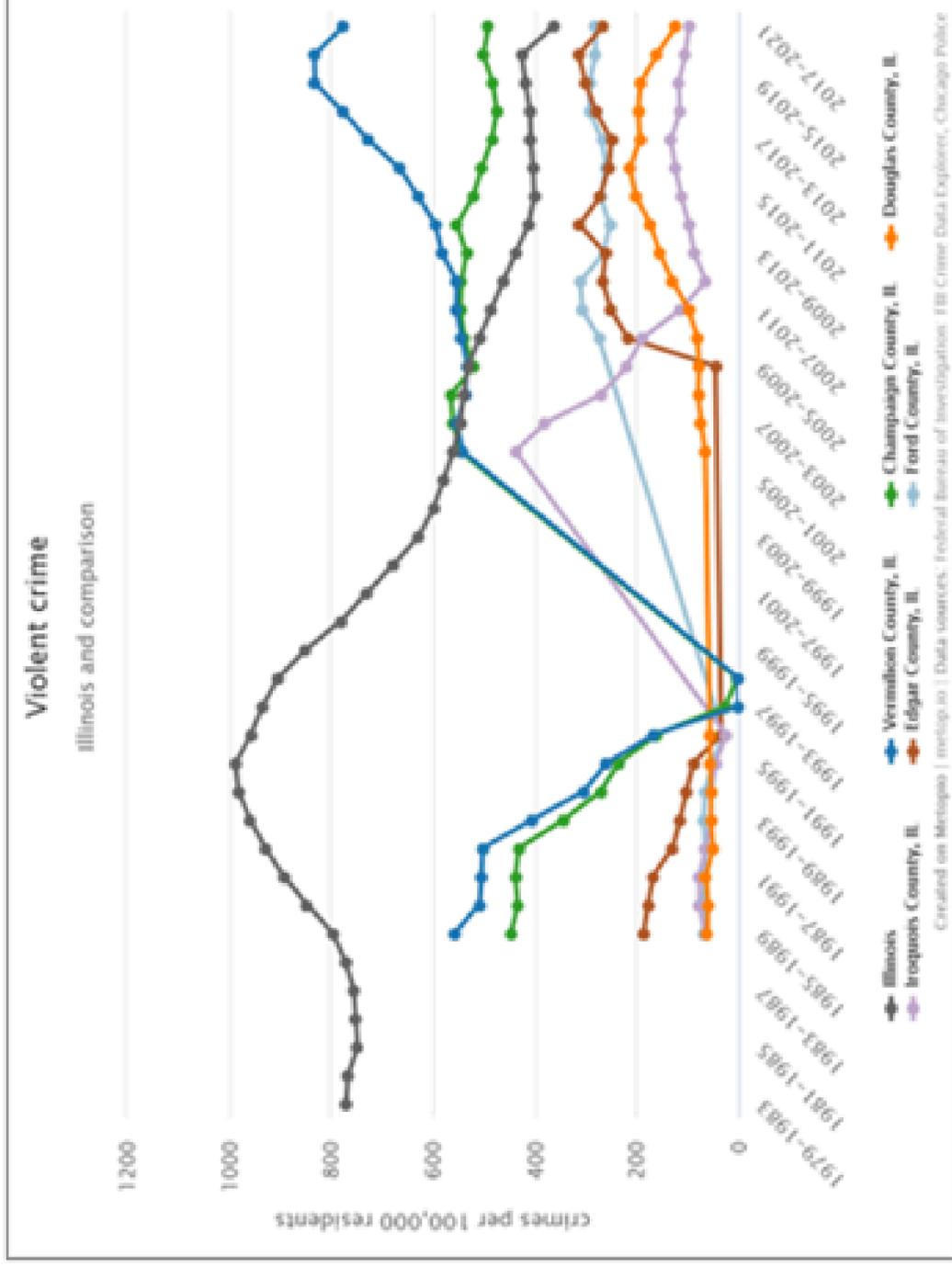
Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased since 2019 in Champaign County. However, violent crime rates in Champaign County still remain higher than the state of Illinois.

Perceptions of Unhealthy Behaviors

19% of respondents indicated that violence is an unhealthy behavior, ranking it 1st above Drug Abuse (Illegal) (14%) and Domestic Violence (13%).

Perceptions of Issues that Impact Well-Being

12% of respondents indicated that Less Gun Violence was an issue that impacts well being, followed by safer neighborhoods (12%), and less poverty (9%).



Prioritization Method: Modified Hanlon Method

Hanlon Method

Recognized as a well-respected quantitative technique by the National Association of County and City Health Officials (NACCHO)

- Developed by J.J. Hanlon

Prioritization scores are based on the following:

- Size of health problem
- Seriousness of health problem
- Effectiveness of available interventions

A prioritization method is required by

- the Illinois Department of Public Health for local health departments
- The IRS for not-for-profit hospitals

Modified Hanlon Method Process

SIZE

Rate the SIZE of the problem

Pre-populated in column "A"

Seriousness

The seriousness of a health problem is considered to have a greater impact than it's size.

Effectiveness

Rate the effectiveness of the available interventions

Modified Hanlon Method : Size

Rating	Percent of Population with the Health Problem
9 or 10	25% or more
7 or 8	10% through 24.9%
5 or 6	1% through 9.9%
3 or 4	0.1% through 0.9%
1 or 2	0.01% through 0.09%
0	less than 0.01% (1/10,000)

Seriousness - Estimated Rating

Modified Hanlon Method Process

- Does it require immediate attention?
- Is there public demand to address the issue?
- What is the economic impact?
- What is the impact on quality of life?
- Is there a high ER visit, hospitalization or death rate?
- **Are there severe disparities associated with this issue?**
 - Is the issue more prevalent in certain populations or Zip Codes?
 - Is the morbidity burden greater in certain populations?
 - Are certain populations more likely to die of this condition?

Modified Hanlon Method : Seriousness - Estimated Rating

How Serious a Health Problem is Considered	Percent of Population with the Health Problem
Very Serious (e.g., very high death rate; premature mortality; great impact on others; urgency to intervene)	9 or 10
Serious	6, 7, or 8
Moderately Serious	3, 4, or 5
Not Serious	0, 1, or 2

Effectiveness of Interventions

Are prevention programs effective?

Do treatment programs effectively address the health issue?

Are there best practices, evidence-based programs, or interventions available to address the health issue?

Modified Hanlon Method : Effectiveness of interventions

Effectiveness of Available Interventions in Preventing the Health Problem	“Effectiveness” Rating
Very Effective: 80-90% effective	9 or 10
Relatively Effective: 60-80% effective	7 or 8
Effective: 40-60% effective	5 or 6
Moderately Effective: 20-40% effective	3 or 4
Relatively Ineffective: 5-20% effective	1 or 2
Almost Entirely Ineffective: >5% effective	0

Voting Steps

On Your Own:

1. Rate the SERIOUSNESS of each of the 9 health problems.
2. Rate the EFFECTIVENESS of available interventions for each of the 9 health problems.
3. Vote using the QR code, or paper copies
4. Take a 10-minute break while results are tabulated
5. Return to discuss results and confirm top health priorities.

Voting QR Code



Health Concern	Size	Seriousness	Effectiveness of Interventions
Aging population (10%)	7		
Access to healthcare (25%+)	10		
Healthy behaviors and wellness (23%)	9		
Mental Health - Depression & anxiety (25%+)	10		
Substance use, including opioids and vaping (18%+)	8		
Obesity (specific focus) (32%)	10		
Cancer	5		
Diabetes (10%)	7		
Violence	10		
Suicide Rates	2		

Health Concern	Ranking
Aging Population	6
Access to Healthcare	2
Depression, Stress, & Anxiety	1
Healthy Behaviors and Wellness	4
Substances Use, including Opioids and Vaping	5
Obesity (Specific Focus)	8
Cancer	7
Diabetes	9
Violence	3
Suicide	10

Timeline



Danville Area Community College

~~June 1: Launch CHNA Survey~~

~~April 2025: Prioritization Meeting~~

April 2025: Community Partners Assessment

May 2025: Begin Implementation Strategies

June 2025: Completion of Implementation Strategies

July 2025: Administrative Draft Review

September/December 2025: Presentation to Hospital Boards

October 2025: Posting of approved CHNA on OSF Website

December 2025: Posting of approved CHNA on Carle

Website



QUICK START

Select **both** a place and a topic to launch a map or chart.

Search Places

Search Topics

VIEW MAP

VIEW CHART

Start typing to explore

Search this site

About the Champaign County Health Atlas

The Champaign-Urbana Public Health District believes in leveraging data and using

How to Use the Atlas



CUPHD Overview

<https://cuphd.metop.io/>

Thank You



Thank you for your participation in this meaningful process to identify our next health priorities and for your commitment to improve community health in

Vermilion County.



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