CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM - *APPROVED*

DATE: November 19, 2025
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director, and Kim Bowdry and Leon Bryson, Associate Directors
SUBJECT: PY2027 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB policies. Funds are allocated within the intent of the controlling act, per the laws of the State of Illinois. The Act and CCMHB Funding Requirements and Guidelines require that the Board annually review the plan and criteria used in the process of contracting for services of value to the community. An approved final version of this memorandum becomes an addendum to Funding Guidelines.

Purpose:

CCMHB staff seek Board approval of this memorandum, offering clarity to potential funding recipients during an open application period begining in late December.

The CCMHB may allocate funds for Program Year 2027 (July 1, 2026 to June 30, 2027), through a process outlined in a publicly available timeline. The first step is to review and approve allocation priorities and decision support criteria the Board will later use to consider proposals for funding. This memorandum details:

- Observations on needs and priorities of residents who have mental illness (MI), substance use disorders (SUD), or intellectual/developmental disabilities (I/DD).
- Impact of state and federal systems and other aspects of the environment.
- Priority categories, of which proposals for funding will respond to at least one.
- Best Value Criteria, Minimal Expectations, and Process Considerations.

An initial draft was presented to the Board and the public during September. The document was based on our understanding of context and best practices, using input from providers, board members, and interested parties. Subsequent feedback informed the following revisions.

- In various sections, addition of observations by advocates.

- Within Needs Assessment sections, suggested clarifications and additional details as supported in the source reports.
- Clarification of 'family issues' in the section on the needs of youth, to avoid further stigmatizing families.
- Removal of the now obsolete name which resulted in the acronym "PUNS."
- Updates from the joint CCDDB-CCMHB study session on I/DD.
- Addition of some of the data requested regarding state PUNS selections.
- Additional input from study sessions and surveys.
- Small update to Operating Environment notes.
- Addition of a suggested program under the Priority for Strengthening the Behavioral Health Workforce.
- Correction of a typo (wrong program year) in one of the continuing priorities.
- In the Priority category for Collaboration with the CCDDB, addition of financial support related to meeting individual eligibility prerequisites.
- To Best Value Criteria, addition of discussion of Civic Engagement as it relates to Personal Agency and Inclusion, with links to more information.

Needs and Priorities of Champaign County Residents:

Circumstances Unique to 2025

The **first** is the culmination of a seven-year partnership with other entities responsible for assessing and planning for Champaign County's health needs. The 2025 Community Health Needs Assessment (CHNA) emphasizes social determinants of health and helps inform our own plan and priorities. Priorities identified by members of the public, with strategies and solutions developed by workgroups, are:

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

The **second** unique circumstance was relocation of the CCMHB office. We reviewed archived files and organized them for better access and preservation. Some were needs assessments, related reports, and plans going back to 1972, when the CCMHB was first funded and when national and state data reports were not readily accessible. The issues of the time - adult mental health, alcoholism, drug abuse, children/adolescents, services to the elderly, financing, I/DD, and telephone services – are similar to today's. The focus on children, youth, and seniors continued throughout the years, and certain barriers also endured, such as transportation, waitlists, and low awareness of resources.

The **third** unique circumstance relates to dramatic federal budget and policy changes, some of which have stalled in Congress or been challenged by courts and state governments. Clarity about the operating environment (below) would contribute to

impactful allocation decisions. More relevant to needs assessment is that some who already experienced barriers to effective care are facing new or increased threats. The CCMHB has sought additional information from immigrants, refugees, people with I/DD, and LGBTQIA+ individuals through surveys and study sessions. Needs assessments could become more difficult if national research and data are less abundant. Fortunately, we have collected information over the last few years which we hope will serve the PY2027 cycle.

Comparison of Health and Behavioral Health Indicators

The 2025 County Health Rankings & Roadmaps report provides demographic data for our 205,644 residents. Compared with Illinois, Champaign County has:

- Lower rates of residents under 18, over 64, female, and not proficient in English,
- Similar rates of American Indian/Alaska Native residents and non-Hispanic Black residents, and
- Higher rates of rural residents, children in single-parent households, people with disabilities, and Asian residents.

In measures of population health and well-being, Champaign County ranks slightly better than average for Illinois and better than average for the US. Community conditions are near the averages of each. Champaign County has:

- Higher rates of college education, social associations, mental health providers, and primary care providers per capita,
- Lower rates of uninsured, homicide, firearm or injury or vehicle deaths, children in poverty, teen births, and disconnected youth (i.e., not working or in school),
- Higher rates of infant and child mortality, obesity, mental distress, preventable hospital stays, sexually transmitted infections, alcohol-impaired driving deaths, adult smoking, physical inactivity, severe housing cost burden, childcare cost burden, and income inequality, and
- Lower rates of homeownership, high school graduation, reading and math scores, median household income, and voter turnout.

The 2025 Champaign County CHNA shows that:

- Between 2019 and 2023, racial and ethnic diversity increased, so that residents identifying as Black/African American comprised 15.9% (from 15.2%), Hispanic/Latino 8.2% (from 6.3%), Asian 12.1% (from 11.9%), and Two or More Races 7.7% (from 3.2%) of total population.
- Between 2019 and 2023, the percentage of residents aged 65 and up grew by 9.9%, and those aged 35-49 by 3.1%, with decreases in other age groups.
- Most people have internet access at home.
- While the number of households has increased, over 30% are single female head-of-households, historically more likely to experience poverty.
- Compared to the 2022 CHNA, lower rates of respondents indicated feeling depressed, anxious, or stressed, but **over half** still reported feeling each.
- 8% of the population misuses prescription drugs, and 2% use illegal substances.
- Alcohol and other substance use is rated higher for those in unstable housing, and substance use other than alcohol is rated higher for those with lower income.

- Use of emergency departments as primary source of healthcare has increased, from 3% in 2022 to 12% in 2025.
- Violent crime rate is higher than Illinois' average, and suicide rate slightly higher.

A Kaiser Family Foundation report connects disparate health outcomes across the country to challenges encountered by Hispanic, Black, and Asian people, including stigma, unfair treatment, lack of resource information, few providers who understand their background, and other barriers similar to those noted locally. From the report: "Compared to their White counterparts (38%) … Black (46%) adults are more likely to report difficulty finding a provider who could understand their background and experiences." This relates to statewide and national shortages of Black therapists, psychologists, and psychiatrists.

The Centers for Disease Prevention and Control (CDC) mental health data webpage offers detail on the use of emergency departments (ED) for behavioral health issues, along with other mental health data.

- Champaign County's rate of trauma and stress related ED visits is lower than national rates, except among **seniors**.
- Champaign County's rate of suicide attempt-related ED visits is higher than the national rate, with use by **females** significantly higher.
- The highest rate is among **youth** (12-17), the second highest 18-24 year olds.
- Since COVID, more **youth** (tenth and twelfth graders) experience depression.

Housing Insecurity

Champaign County's annual "point in time" count, conducted January 22, 2025, identified 355 individuals (of 262 households) without housing.

- 130 were in transitional housing, 169 in emergency shelter, and 56 unsheltered.
- **21%** were under 18, 11% were 18-24, 14% were 25-34, **22%** 25-44, 17% 45-54, 11% 55-64, and 4% 65 and older.
- **178** were non-Hispanic/Latina/e/o Black, 104 non-Hispanic/Latina/e/o White, 27 were Hispanic/Latina/e/o Black, 22 Hispanic/Latina/e/o only, 12 Multi-Racial, 4 Hispanic/Latina/e/o White, 4 American Indian/Alaska Native/Indigenous, 3 Asian or Asian American, and 1 Middle Eastern/North African.

United Way of Champaign County's 2023 Community Report identified issues similar to those in the 2025 CHNA, including some which have worsened. In a section on homelessness, the United Way's report:

- Stressed the negative impacts on individuals and families,
- Identified a strained service system and lack of affordable housing, and
- Pointed out that shelter and housing were the top need of 211 callers, followed by utilities assistance and behavioral health treatment.

This review published by Missouri Medicine in 2024 reinforces local findings.

- Despite the dehumanizing media focus on the threat posed by people experiencing homelessness, they are more likely to be victims than perpetrators of crime.

- Permanent supportive housing is more cost-effective and leads to better long term health outcomes than involuntary psychiatric treatment or carceral solutions.
- The strongest indicators of homelessness are poverty and housing affordability.
- Due to unequal access to housing and mortgages, people of color face greater risk.

Drug Overdose Fatalities

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

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

Of 55 people who passed from drug overdose in the prior year, 2023:

- 43.6% were single,
- 51% were high school graduates,
- 71% were male,
- 61.8% were non-Hispanic White, 32.7% non-Hispanic Black, and 3.6% Hispanic,
- 3.6% were between 15 and 24 years of age, 18.2% 25-34, **21.8%** 35-44, **23.6%** 45-54, **21.8%** 55-64, and 10.9% 65 and older,
- 85.2% were not known to have had a previous overdose,
- For 57.4% a bystander was present; 9.1% performed CPR, and
- An opioid drug was included in cause of death in 89% of cases.

Other Fatalities

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

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

- Suicide rates by age group: **20%** were between 15 and 24, **25.9%** 25-34, 14% 35-49, 18.8% 45-54, less than 18.8% 55-64, and less than 11.8% 65 and older.

Among those who died by suicide:

- Large majorities did not have a criminal, legal, or physical health problem, chronic pain, job or school crisis, traumatic anniversary, or recent loss of a friend or family member,
- 42% had a known intimate partner problem,
- 25.9% had an alcohol problem, and 42% other SUD,
- 63.5% had a known mental health problem, 19% a depressed mood, and 54% a diagnosis of depression,
- 20% were receiving mental health treatment, and 37.6% had in the past,
- 16.5% had history of suicide attempt, 54% suicidal thought, and 9.4% self-harm,
- Only 21% had disclosed their intent.

Research shared by the CDC suggests that because many who die by firearm suicide do not access mental health care, primary healthcare could incorporate suicide prevention practices to identify and engage people in supportive services.

Young Children

The Illinois Birth to Five Council, Region 9 "Early Childhood Needs Assessment: Focus on Mental & Behavioral Health" report identifies familiar barriers: stigma; transportation; lack of resource information; and lack of culturally and linguistically diverse providers. Recommendations are to: increase awareness of the need for more programs; increase collaboration between programs; partner with county health departments to link people to care; establish navigators to help caregivers understand services, eligibility, and payment; increase educational opportunities, transportation and virtual service options, and awareness of 211; improve support for pregnant people and their families; raise awareness of the need for culturally and linguistically diverse providers, to reach more families with effective care; raise providers' awareness of the need to accept multiple forms of insurance, also to reach more families; create accessible resource guides; and increase collaboration on behalf of international students and immigrants.

Child and Family Connections (CFC) of Central Illinois prepares data for the CFC #16 Local Interagency Council (LIC). Their most recent report shows:

- Champaign County children referred for services in PY25 totaled 627.
- This is higher than in any of the prior four years, also the case for Ford County.
- All but one of the six counties saw higher numbers referred in PY25 than PY24.

Of Champaign County children referred from April through June 2025:

- 34% were younger than 1 year, 36% younger than 2, and 30% younger than 3.
- Most were referred by physicians, then family, then hospitals.
- Whether referrals were to individual providers, agencies, or clinics, speech and developmental therapies were the most prevalent services.

Youth

The Champaign County Regional Planning Commission (CCRPC) 2024 assessment found that young people were concerned about community violence and sought:

- Information on substance use, social media safety, and emotional regulation,
- Educational support, mentoring, and after school programs,
- Mental health resources, and
- Support for basic needs such as housing and food.

An observation made by participants of the Youth Assessment Center (YAC) Advisory Committee and similar collaborations is that engagement of youth in supportive programs has become more difficult due to family issues, including scarce time and resources or unmet support needs of other family members.

Although local school participation in the Illinois Youth Survey could be stronger, available data show Champaign County 8th graders with greater rates of substance use issues than their peers statewide. As noted earlier, teens here have greater than national rates of emergency department visits related to depression or suicide.

National data published in August 2025 show a need for more psychiatric beds for children and youth. Medicaid recipients experiencing a mental health crisis tend to remain in emergency departments for three or more days prior to hospital care.

SAMHSA's "Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health" report shows encouraging trends for youth nationally, between 2021 and 2024.

- Suicidal thoughts and behaviors decreased.
- Rates of major depressive episode (MDE) with severe impairment and of co-occurring MDE and SUD decreased.
- Use of alcohol, stimulants, and opioids decreased.

Seniors

Although not a greater concern in Champaign County than elsewhere, attention is turning to increasing rates of homelessness among seniors. Because factors which drive housing insecurity appear to be worsening, Champaign County's growing senior population may need additional support. Now entering retirement are people born between 1955 and 1965 who entered the job market during recession, which impacted their lifelong earnings.

Health Management Associates describe behavioral health challenges facing seniors. Approximately 25% of older Americans have an MI, SUD, or cognitive disorder. Seniors experience greater social isolation, which worsens health and behavioral health outcomes. Most seniors do not receive adequate care due to:

- Shortage of culturally and linguistically competent providers of specialty care, especially for rural residents,
- Services offered in hard to reach locations,
- Shortage of MI and SUD providers participating in Medicare,
- Discrimination, stigma, and ageism, and
- Lack of awareness about the effectiveness of treatment.

Some services, such as long-term support for people with disabilities or behavioral health care for older people, are met through Medicaid, Medicaid waivers, and Medicare. Private insurance should also cover many needs. Because specific services and populations were presumed to be adequately funded through these pay sources, they have not been emphasized in CCMHB priorities. In the coming year, there may be new or greater gaps in access and care. Gaps have tended to result from 'siloed' regulatory and payment systems, lack of coverage for all effective approaches, difficulty securing and maintaining coverage, and low availability of participating providers. Establishing network adequacy, coverage parity, equity across populations, and other long-term system-wide solutions will require persistent system-level advocacy.

People with I/DD

Associate Director Bowdry requested PUNS data from the State of Illinois on August 20 and September 10. September 2025 PUNS data for Champaign County are similar to last year's, with Transportation remaining the more frequently identified need, a decrease (238 to 217) in people waiting for Vocational or Other Structured Activities, and an increase (from 39 to 54) of people seeking 24-hour Residential Support.

CCRPC preference data collected during PY2025 are described in draft Champaign County Developmental Disabilities Board (CCDDB) priorities. People continue to wait for services covered by state Medicaid-waiver funding, with over half waiting longer than five years, despite 63% of them needing services within one year. Survey respondents do seem to take advantage of many community opportunities for employment, volunteering, recreation, socializing, worship, and other engagement. 63% live with their families.

I/DD advocates shared many observations during the September 24 study session (a recording is linked here). They developed and reported on a brief survey for their colleagues, to identify one thing going well and one thing that could be better about several life areas.

- Positives about work were mostly having money or credit for purchases.
- Work life could be better with more hours, opportunities, and better pay.
- Positives about health were good habits and access to doctors.
- Health could be better with family support, good habits, faster wheelchair repairs, fewer appointments, etc.
- Positives about recreation and leisure were CU Special Rec, agency activities, church, time with friends, etc.
- Rec/leisure could be better with more money, freedom, options, and friends.
- Positive housing comments were mostly about living arrangements and skills.
- Housing could be better with more housing options, quieter surroundings, etc.
- Positive transportation comments focused on mass transit and rides from parents or others.
- Transportation could be better with consistent bus schedule, accessible options, and affordable trips out of town.
- Positive advocacy comments related to agency groups or board service, SpeakUp and SpeakOut, lobbying, etc.
- Advocacy work would be improved with more opportunities.

- To the bonus question on anything else the CCDDB and CCMHB should know, people remarked on social connection, the Expo, funding, and dating.

"People with disabilities need help but can do things on their own too and people should let them do more." *- Unknown Advocate*

Input from Other Special Groups

The CCMHB hosted a study session and survey focused on LGBTQIA+ individuals. The recording of that session can be viewed at this link. Some highlights:

- High survey participation, with results presented on pages 45-56 of the study session packet linked here.
- Despite many available resources, programs must expand to meet the growing needs, including for housing and employment supports. When such supports are not available or are not culturally appropriate, leading to people living on the streets or in shelters, they are far more likely than others to experience violence.
- Stigma and violence in other communities have caused people to relocate here.
- Significant support gaps exist for LGBTQIA+ people who have other 'marginalized' identities, such as young Black people, neurodivergent people, and people with disabilities. While small grassroots organizations might be ready to address these needs, they also require more resources.

"We have already lost one member of our community who was homeless, an LGBTQ member of our community who should have had access to safe housing. So I think it's very easy to look at this as a… problem somewhere else. This is a problem here."

- *Jaya Kolisetty, Executive Director of RACES*

The CCMHB and CCDDB hosted a joint study session focused on immigrants and refugees. That recording is available at this link. While survey participation was low and the concerns expressed unsurprising, we learned that the particular questions were not easy for respondents to speak to, though some appreciated being asked. At the time of this writing, inviting people to further educate us on their needs and preferences will be safest if anonymity is guaranteed. The Boards expressed their concern for all residents, as well as ideas for specific improvements, such as domestic violence support groups and AA groups held in Spanish and other languages.

Operating Environment:

In addition to responding to the needs and priorities of Champaign County residents with MI, SUD, or I/DD, CCMHB allocations are determined within the constraints and opportunities of the operating environment. Where other payers cover services, care is taken to avoid supplanting and to advocate for improvements in those larger systems.

Many federal level changes have been proposed or threatened, and few of them settled. Earlier in 2025, social programs people rely on lost funding. At the time of this writing, the federal government has achieved its longest ever "shutdown," Medicaid is at risk, there is not a federal budget for the current year, and the massive cuts described in HR1,

the One Big Beautiful Bill Act, are not yet supported by congressional progress toward budgets. These uncertainties create uncertainties at the state level, and service providers are unable to count on continued funding. In addition, 2026 is the final year American Rescue Plan Act (ARPA) funds can be used, so that some newer supports our community has enjoyed will become difficult to sustain.

Although the Substance Abuse and Mental Health Services Administration (SAMHSA) is within US Department of Health and Human Services (HHS) and especially vulnerable to staffing and funding cuts, they plan to add funding for Youth Recovery Housing Services and Housing Capacity for Homeless People with Serious Mental Illness.

SAMHSA might also continue support for Certified Community Behavioral Health Clinics (CCBHCs.) In 2024, Illinois was selected as one of ten states to receive federal support for this model. Providers were selected for the planning phase, including Rosecrance Central Illinois, which has held public hearings and is reorganizing services to align with this input and CCBHC requirements.

Also within HHS, Centers for Medicare and Medicaid Services (CMS) administers programs which are slated for reductions so great that millions of people will lose access to care, counties will lose revenue, and regions will lose hospitals, clinics, and other providers. Also of interest are Medicaid-waiver programs: those approved through subsection 1915c of the Social Security Act pay for home and community based care of the elderly and people with disabilities, to avoid institutional care; and Section 1115 Demonstrations allow states to test new approaches for improved health outcomes and lower cost. Because CCMHB funding is well-suited for community-based care or innovative models, if these state/federal partnerships fund services which meet Champaign County residents' needs, we will encourage participation and alignment.

The Illinois' "1115" waiver approved in 2024 included extension of the behavioral health system transformation waiver, addition of services for people who have experienced violence (the first state approved for this), and addition of health-related social needs (i.e., housing support, home-remediation, nutrition counseling, nutrition prescriptions, home-delivered and medically-tailored meals.) With the uncertain future of CMS, it is not clear whether this federal-state partnership will continue as planned.

Last year, the National Association of Counties' (NACo) Commission on Mental Health and Wellbeing identified four categories for policy advocacy:

- Amend the Medicaid Inmate Exclusion Policy (MIEP) and the Institutions for Mental Diseases (IMD) Exclusion Policy.
- Enhance local crisis response systems.
- Strengthen the mental health workforce.
- Enforce mental health parity.

The final report acknowledged youth and vulnerable populations, equity, and access to services, to be addressed through system advocacy and funding. The task force concluded in 2024, and NACo is shifting to respond to the many federal changes and uncertainties.

National data compared states' recovery from mental health impacts of the global pandemic. According to a DocVA study analyzing National Center for Health Statistics data on anxiety and depression, Illinois had the greatest decrease in reported symptoms (50.34%) from 2020 to 2024. Strategies included minimizing financial distress and strengthening other social determinants of health/behavioral health.

Early in 2025, Illinois Department of Human Services (IDHS) Division of Mental Health (DMH) and Division of Substance Use Prevention and Recovery (DSUPR) were merged as the Division of Behavioral Health and Recovery (DBHR). Eventually the Division will review and revise rules which have hindered care by treating mental health and substance use disorders separately. In early 2026, they plan to launch an online database to help consumers find and assess the quality of substance use services. Providers, advocates, and people with lived experience will shape the project through phases: building infrastructure; publishing high-level indicators; and developing comprehensive quality measures, including for culturally responsive and trauma-informed care.

Efforts to support Illinois's Children's Behavioral Health Transformation Initiative continue. The Blueprint for Transformation, published in February 2023, recommends some familiar strategies: centralized resource information for families; coordination of services for better transitions and early detection; resource referral technology; regular review of data to improve services; adjustment of the rates paid for services; expanded service capacity; collaboration on program development; universal screening for early detection; information sharing across state agencies; workforce development; and strong community networks which include parent-led organizations. In January of 2025, IDHS launched the BEACON tool, a single point of entry for those seeking state-funded and community-based services for youth. Providers are encouraged to share their details.

The Statewide Violence Prevention Plan for Illinois, 2025-2029 is meant to foster thriving communities and break cycles of violence, including those resulting from unjust policies and economic disinvestment. Funding opportunities will support three goals:

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

In 2025, Illinois enacted much legislation on MI, SUD, I/DD, healthcare, and related:

- Amending the Essential Support Person Act to include CILAs.
- Creating temporary licenses for mental health professionals.
- Requiring that DPH train healthcare providers in use of Practitioner Orders for Life Sustaining Treatment forms.
- Regulating use of artificial intelligence in therapy.
- Revising outpatient commitment law.
- Requiring training for guardians on estates, dementia, Alzheimers, and more.
- Restoring confidentiality of juvenile mental health records.

- Narrowing health insurance admin expenses to be included in medical loss ratios, prohibiting use of prior authorization requirements for outpatient mental health (MH) services, requiring travel expense reimbursement of MH services provided out of network due to network inadequacy.
- Adding physician assistants to the definition of 'qualified examiner' in the MHDD code, along with other changes related to autism providers.
- Amending the Early Action on Campus Act by mandating staffing levels.
- Requiring the Department of Financial & Professional Regulation to collect demographic data about behavioral health professionals.
- Diverting those charged with a misdemeanor who may be unfit to stand trial.
- Enhancing DHS' power to investigate and discipline staff of MH or DD facilities.
- Requiring insurance to cover Alzheimer's treatments and diagnostic testing.
- Extending the repeal date for out of state commitment law.
- Changing procedures for special education hearings.
- Requiring health insurance companies to provide a health benefit information card including whether regulated by the Dept of Insurance.
- Providing that the person designated in the Health Care Surrogate Act be authorized to consent under the Living Will Act when the individual has a terminal condition.
- Requiring DHS to train hospital staff regarding BEACON for resources for youth in need of MH services; requiring annual MH screening in public schools.
- Creating the Psychiatric Residential Treatment Facilities Act for youth placement.
- Amending CESSA, removing the prohibition on participation of emergency responders in the involuntary commitment process and allowing law enforcement to transport persons to hospitals when necessary; requiring data collection.

More details are presented on Mental Health America in Illinois' website.

Illinois' Public Act 104-318 creates a "Fitness to Stand Trial Task Force" to examine statutes and practices around findings of unfitness and the confinement and treatment of people found unfit. Motivation to create the task force is the long waiting list of people waiting in county jails due to a lack of available beds in IDHS inpatient facilities. As of August 19, 2025, the census included 407 civil cases, 395 not guilty by reason of insanity, and 551 unfit to stand trial, with 171 people waiting for inpatient beds (22 out of custody and 149 in jails), 128 referrals not yet assessed, and 101 people waiting longer than 60 days. Of those found unfit to stand trial, 109 are now on outpatient restoration. With 149 waiting in jails, and a majority waiting more than two months, bottlenecking continues to add to the risks and costs associated with incarceration. As in 2024, a lack of supportive housing and community-based care exacerbate the situation.

Because Medicaid does not cover health and behavioral health care for people while in jail, counties have carried the cost. Interruption of treatment can add to poor outcomes related to incarceration. MIEP applies to people staying in jail even before they have been adjudicated. In 2022, coordinated advocacy to lift this exclusion was successful on behalf of youth awaiting adjudication. In 2024, Illinois received approval to test this benefit for certain pre-release services for adults 90 days prior to re-entry. This would be tested first in Cook County, not available to Champaign County for some time.

Following the 2022 implementation of national **988** mental health crisis call system, state and local entities focus not only on crisis call/text services but also on building a crisis response continuum. DBHR expects stable funding from SAMHSA and is working with colleagues from California and the Trevor Project to improve LGBTQIA+ youth call support, which Illinois will maintain through emergency procurement. The in-state call answer rate has been consistently high, over 90%, and text capacity is being expanded.

Also enacted in 2022 in Illinois was legislation impacting law enforcement, court services, and behavioral health. The Pretrial Fairness Act, part of Public Act 101-0652, and the Community Emergency Services and Support Act (CESSA) change jail-based supports and crisis response respectively, though implementation of the latter has been delayed. DBHR reports significant progress toward full implementation, so that anyone calling 911 with a mental health crisis will access a non-law enforcement mental health response. Some members of CESSA Regional Committees have raised concern that the state is not taking advantage of local crisis response innovations and preferences, but most acknowledge that system change takes time.

The Champaign County Board is among governments determining best uses of opioid settlement funds. The State of Illinois Overdose Action Plan emphasizes social equity, prevention, evidence-based treatment and recovery, harm reduction to avert overdose, and public safety. The County will fund Opioid Use Disorder programs, and the Division of Behavioral Health and Recovery (DBHR) and CCMHB should support other SUD care, as non-opioid drugs also contribute to loss of life and loss of quality of life here.

The Illinois Community Mental Health Act was enacted when the promise of community alternatives to institutional care was new. In the 58 years since, federal and state authorities have not fully invested in that promise, even shifting safety net responsibilities to local governments. Illinois' mental health boards attempt to fill gaps, innovate using local strengths, promote and advocate for better systems, raise community awareness, share resource information, and coordinate across systems and with interested parties.

Program Year 2027 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The entire service system, which includes resources not funded by the CCMHB, should balance health promotion, prevention, wellness recovery, early intervention, effective treatments, and crisis response. It should ensure equitable access for all community members, across ages, neighborhoods, and racial, ethnic, or gender identities. Because they reflect the community's assessed priorities and align with other efforts, the priority categories used in PY2026 continue, with updates.

PRIORITY: Strengthening the Behavioral Health Workforce
Provider agency staff, management, and governance are fundamental to reaching other goals. An agency requesting funding aligned with another priority will address some of

these issues through its Cultural and Linguistic Competence (CLC) Plan. To recruit and retain qualified professionals might involve system reform and legislative advocacy, community/anti-stigma education, or partnering with other providers and educators, through relevant degree programs or by earlier outreach through secondary education.

To accelerate progress in PY2027, a proposal specific to this priority category might focus on strategies to recruit and retain a high quality, diverse workforce, reducing turnover, burnout, and periods of vacancies. To achieve staffing levels sufficient to meet Champaign County's MI, SUD, or I/DD support needs, a proposal might offer:

- Training or certifications specific to current staff roles, e.g., on emerging service models or technologies, with recognition and payment for completion.
- Assistance directly related to the professions, such as examination, certification, and licensure fees or stipends for continuing education.
- Paid internships or stipends for such unpaid placements as are required for completion of a degree or certification, provided that recipients agree to provide services within Champaign County for a given period of time.
- Sign-on bonuses and periodic retention payments with a performance standard.
- Intermittent payments for exceptional performance.
- Increased salaries and wages for those providing direct services.
- Group and individual staff membership in professional associations which respect MI, SUD, or I/DD workforce roles and offer networking/advocacy opportunities.

PRIORITY: Safety and Crisis Stabilization

Because responsibility for safety net services is increasingly shifted to local governments, development of a behavioral health crisis response continuum has become the focus of many collaborations. The system must also respond to increased homelessness, poverty, and violence. For people with MI, SUD, or I/DD, appropriate community-based care can improve quality of life and reduce reliance on institutional settings and encounters with law enforcement. Without services to help people move out of crisis, other publicly funded systems are further stressed. Qualified professionals and peer supporters meet people where they are to provide services or connection to resources, including inpatient care when needed. Where the interests of public safety and public health systems are served, co-funding and coordination should amplify efforts and ensure we are not duplicating services or interfering with progress.

Because this is a very dynamic category, with possible funding support from other sources, it is difficult to predict where CCMHB funds will fill a gap or increase impact. Proposals should offer strategies which:

- Improve people's health and facilitate transition to their fullest community life.
- Increase people's use of community-based supports and services and reduce incarceration, hospitalization, length of stay in these settings, intervention by law enforcement, and unnecessary emergency department visits.
- Enhance the crisis response continuum through intensive case management, triage, and assessment to help people secure appropriate treatment.
- Collect and share data across systems, with and on behalf of people impacted by the justice system, hospitalization, or housing instability as a result of MI or SUD.

A proposal might also offer innovative or promising practices in response to specific needs. People reentering the community from incarceration are in a particular crisis, and desistance offers an alternative to traditional supports. The positive individual outcomes of building social capital are long term.

PRIORITY: Healing from Violence and Trauma

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

Domestic or gender-based violence, child abuse or neglect, and community violence are the most familiar examples, but people also need support for healing from other types of violence and trauma. In recent years, CCMHB funding has been necessary to fill gaps left by reductions in Victims of Crime Act funding. While the future of federal programs is uncertain, the state of Illinois attempts to respond. Efforts to disrupt cycles of violence, promote healing, and reduce harm are of interest to other local governments, funders, and service providers, so that coordination will have the most positive impact.

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

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

PRIORITY: Access and Care

Access to services can be hindered by difficult-to-navigate systems of information and benefits, low provider capacity, long waitlists, stigma, limited language options, lack of transportation or childcare, and low financial ability. There are gaps in care for people who do not have health care coverage, or whose coverage does not include all of the needed supports and services. CCMHB funding may fill gaps or test promising approaches. Co-funding by other entities which also prioritize improved access and care adds value and ensures we are not duplicating or interfering with similar efforts.

Proposed programs might:

- Connect people to core behavioral health services billable to other payers.
- Provide core behavioral health services to those with no coverage.
- Assist people with enrolling in benefits/insurance and navigating the systems.

- Offer other resources to strengthen social determinants of behavioral health, social capital and connections, literacy, language services, and transportation.
- Leverage peer support/mentoring to manage 'problems in living.'
- Foster creativity, sharing of creative efforts, or stress reduction through physical activity, music, and similar antidotes.
- Offer wellness and recovery approaches not otherwise available.

SAMHSA's National Model Standards for Peer Support Certification cover authenticity and lived experience, training, examinations, formal education, supervised work experience, background checks, recovery, access for all, ethics, costs, and peer supervision. This guidance will also help peer-led organizations without certification.

PRIORITY: Thriving Children, Youth, and Families

Aligned with the System of Care principles, strength-based, coordinated, family-driven, youth-guided, person-centered, trauma-informed, and culturally responsive supports and services allow youth and their families to thrive. Champaign County's young population faces poverty, housing instability, and multi-system involvement. Children and youth have been harmed by social isolation and community violence. The Champaign County Community Coalition and similar collaborations seek to improve access, care, resources, and outcomes for children, youth, and families. Because services may be funded by other entities which also prioritize the well-being of children and youth, CCMHB funding should help sustain effective programs while not duplicating or impeding other efforts.

Proposed programs should not criminalize behavioral or developmental issues. For young people with serious emotional disturbance (SED), serious mental illness (SMI), or SUD, programs should reduce the negative impacts of any juvenile justice or child welfare system involvement and increase positive engagement and connection to resources. An application might expand on successes or address gaps and barriers to offer:

- Year-round opportunities for children across the county, of any age and gender, to maximize social/emotional success and keep them excited about learning.
- Peer support, mentoring, and advocacy which centers youth and families.
- Specific mental health supports for youth in farming communities or of another special population.
- Social-emotional support based on individual preferences.
- Prevention education, conflict resolution training, and other efforts to reduce the negative impacts of community (and other) violence on young people.

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

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

The Intergovernmental Agreement with the CCDDB requires integrated planning of I/DD allocations and a CCMHB set-aside, which is increased (or decreased) each year by the percentage change in property tax levy extension.

The commitment to young children and their families continues for PY2027, with a focus on children's social-emotional and developmental needs, for which early treatment is especially effective, as well as support for and from their families. Services not covered by Early Intervention or under the School Code might include:

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

Another collaboration of the Boards is through the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. The CCMHB might also transfer a portion of their dedicated I/DD funding to the CCDDB or IDD Special Initiatives funds to support contracts for DD services. Because until PY2027 the IDD Special Initiatives Fund balance supports short term assistance through a single contract, the Boards might amend that contract to address a pressing need such as establishing eligibility through evaluations not otherwise covered or available for individuals who will benefit from other I/DD services. If funds remain in PY2027, additional Board actions will be considered.

Criteria for Best Value:

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

Budget and Program Connectedness - What is the Board Buying?
Details on what the Board would purchase are critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work. Each program proposal requires a Budget Narrative describing: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

Building on the minimal expectation to show that other funding is not available or has been maximized, an applicant should use text space in the Budget Narrative to describe efforts to secure other funding. If its services are billable to other payers, the applicant

should attest they will not use CCMHB funds to supplement them. Activities not billable to other payers may be identified for the proposal. While CCMHB funds should not supplant other systems, programs should maximize resources for long-term sustainability.

Participant Outcomes – Are People's Lives Improved?
A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways does the program improve people's lives and how will we know? For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and process. Applicants may access data workshop materials or view short videos or 'microlearnings' related to outcomes. A logic model toolkit is also available, compiling information on measures appropriate to various services and populations. Evaluation capacity building researchers developed the linked materials and offer innovations such as 'storytelling' to communicate the impact of services, especially those with a high degree of individualization. Proposals will also describe how people learn about and access the program and will estimate numbers of people served, service contacts, community service events, and other measure.

Personal Agency - Do People Have a Say in Services?
Proposals should describe how an individual contributes to their service plan and should connect program activities to what the person indicates they want and need. Meaningful outcomes develop through a person's involvement in their own service plan. Self-directed planning centers people's communication styles and networks of support, promotes choice, and presumes competence. Each person should have the opportunity to inform and lead their service plan. Plans should be responsive to the individual's preferences, values, and aspirations and should leverage their talents. This may involve building social capital, connections to community for work, play, learning, and more. The Council on Quality and Leadership capstone "Increasing the Social Capital of People with Disabilities" offers context. This 2014 article reviews studies that show family and community social capital improves behavioral health outcomes for children and youth.

"Cool to hear about what other people are doing. And I love being on the CC board."
- Unknown Advocate

Proposals should also describe how people with relevant lived experience are contributing to the development and operation of the program itself. How does their knowledge shape the program? Contributing to an organization is an example of **civic engagement**, which helps people build social capital and realize greater personal agency. (See below for links to supporting research and recommendations.)

Engaging the Whole Community – Does Everyone Have Access?
An organization applying for funding will design a Cultural and Linguistic Competence Plan, based on National Culturally and Linguistically Appropriate Services Standards. The principal standard is "*Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."*

Each application should describe strategies specific to the proposed program, to improve engagement and outcomes for people from historically under-invested groups, as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. These community members, rural residents, and people with limited English language proficiency should have access to supports and services which meet their needs.

Promoting Inclusion and Reducing Stigma

Stigma may be the most difficult barrier to change. Dehumanization keeps people from participating fully and achieving economic self-sufficiency, safety, and confidence. It is likely a driver of insufficient investment in community-based supports and services. Stigma limits a community's potential and isolates people, especially those who have been excluded due to disability, behavioral health concern, or racial, ethnic, or gender identity. Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are also safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social networks. Community engagement builds empathy and group identity, reduces stress, and even reduces stigma.

Civic engagement which can build social capital and improve the whole community includes volunteering, informal helping, engaging with neighbors, and attending public meetings. AmeriCorps (website under renovation) has published reports such as "Renewed Engagement in American Civic Life" showing increased specific engagement since the pandemic, for positive individual and community outcomes.

The CCMHB has an interest in community awareness, inclusion, and challenging negative attitudes and discriminatory practices. This aligns with standards established by federal Home and Community Based Services, the Workforce Innovation and Opportunity, and the Americans with Disabilities Act.

"I definitely think that when they did… open mic for the people who are attending, that was a lot of fun, getting to hear their stories and being able to, like, get a look into, like, their lives and what they need. I think that was definitely a good way for the… State Representatives to actually know firsthand what… actual people needed, instead of just yapping to us. The open mic actually gave them an opportunity to literally speak up and speak up about legitimate concerns… a lot of people that I knew did do it, and I just thought it was really nice to hear their concerns or their opinions, and I thought, that that was actually really helpful to have that open mic session."

- Chloe Briskin, Advocate

Proposals should describe how a program will increase inclusion and social connectedness of the people to be served, linking them with opportunities traditionally difficult to access. In the study, "If I Was the Boss of My Local Government": Perspectives of People with Intellectual Disabilities on Improving Inclusion, insights echo local advocates: safe public amenities, accessible information and communication, and more respectful and understanding community members are all needed and can be accomplished through direct engagement in local government. The Lurie Institute for

Disability Policy report "Civic Engagement and People with Disabilities: A Way Forward through Cross-Movement Building" (https://heller.brandeis.edu/lurie/pdfs/civic-engagement-report.pdf) offers recommendations on inclusion and empowerment.

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

Programs may also build on existing successes or reduce the need for in-person staff by helping people access technology and virtual platforms and gain confidence in their use. Technology access and training for staff may also expand the program's impact.

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

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

Expectations for Minimal Responsiveness:

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

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration. For applicants previously registered, continued eligibility is determined by compliance with contract terms and Funding Requirements.
2. Applicant is prepared to demonstrate **capacity for financial clarity**, especially if answering 'no' to a question in the eligibility questionnaire OR if the recent independent audit, financial review, or compilation report had negative findings. Unless provided under CCMHB contract, applicant should submit the most recent audit, review, or compilation, or, in the absence of one, an audited balance sheet.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to MI, SUD, or I/DD. **How will they improve the quality of life for persons with MI, SUD, or I/DD?**

5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.
6. Application must demonstrate **coordination with providers** of similar or related services and reference interagency agreements. Optional: interagency referral process to expand impact, respect client choice, and reduce risk of overservice.

Process Considerations:

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

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

Caveats and Application Process Requirements

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after

allocation decisions have been made and contracts executed. Submitted materials will not be returned.

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

Approved by the CCMHB on November 19, 2025.