

MINUTES
ST. CHARLES COMMUNITY 708 MENTAL HEALTH BOARD
Thursday, February 27, 2014
City Council Chambers – Municipal Building

MEMBERS PRESENT: Chairman Barb Gacic, Maureen Lewis, Nancy Kane-Richards, Ron Weddell, Mary Hughes, Michael Cohen, and Carolyn Waibel

ABSENT:

OTHERS: Carla Cumblad and May Foster

1. Call to Order

Chairman Barb Gacic opened the meeting at 6:12 p.m.

2. Approval of minutes of January 29, 2014 St. Charles Community 708 Mental Health Board.

Barb: Motion of approval of minutes but noted a correction on number 4 – Board Vacancies – Nancy Kane-Richards’ term does not end until May 1 and there will be an opening at that time. Until then she is still on the board.

Motion by Lewis, second by Hughes to approve of minutes of January 29, 2014 St. Charles Community 708 Mental Health Board.

VOICE VOTE: Ayes: Unanimous; Nays: None. **Motion carried.**

Barb: I would like to thank Nancy for devoting all these years to the community and to the Board. She has brought a wealth of information and has guided me through this entire process for the years I’ve been on the board.

3. Additional Items.

Barb: We need to appoint a vice-president?

Motion by Weddell, second by Kane-Richards to appoint Mary Hughes as Vice-President.

VOICE VOTE: Ayes: Unanimous; Nays: None. **Motion carried.**

Barb: The next thing to address is the fact that the referendum for the Disabilities Act is coming on the March 18 ballot and the City Council heard the presentation and at this time they have not taken a position. Until the vote is up on March 18, there is nothing

that we really can talk about or make decisions on because at this stage of the game is sub-position of what we might do. If anyone from the press asks you, I would suggest you defer any comment until the vote is cast and we meet to discuss this.

Maureen: With the vote coming up in a couple of weeks, I was wondering if we should refrain from allocating any funds until we find out whether that referendum passes or not; because we are talking funds for next year and would that affect the funds we would give out the next year if that was already in place? It might be different. If it passes we could be giving them double.

Barb: The Board would have to be set up by the County first.

Maureen: I think it will be set up right away. Once those referendums are passed they only have so much time to implement them.

Ron: I would think the 2014 taxes wouldn't be paid until next year 2015.

Barb: Is there some way to get an answer to those questions before we talk about the funding?

Maureen: Not tonight.

Barb: What I was lead to believe, which may not be the case, even if it passed and was implemented by May 1, the County then has to appoint the board, they have to meet and put the whole process together. In the meantime our agencies would be lacking the money they have normally relied upon.

Maureen: Maybe we could earmark what we want for them and then based on the decision, after decide to go forward with.

Barb: Our process is we allocate funds tonight based on our knowledge tonight, but the City Council does not vote on these funds until July; and at that point in time if this passes, Council would be the one making this decision ultimately because they have the right to change what we recommend to them. What we do is strictly a recommendation. There was one year that they questioned one agency very strongly. I think we need to proceed with the allocations under the assumption that we are status quo for the time.

Maureen: I am comfortable with that.

3. Funding Requests

Barb: We are ready to start the presentations and I thank everyone for coming. I would like to preface that our funding is down 11% from last year.

Fox Valley Volunteer Hospice – Kathy Melone: We have been serving the St. Charles' community for 33 years. We are a hospice and very different from a traditional Medicare hospice. Being a volunteer hospice we are able to treat people earlier in the stage of the game. If you're a Medicare hospice there has to be a doctor's order that the patient has a life expectancy of 6 months or less and cannot be on any experimental type of drugs or procedures to try and cure them. We come into families to help them much earlier in the process of their disease. We are 100% free of charge, we go in and work with the patient and whoever else may be affected. Because of this we have a lot of young families who have children and they are trying to prepare their kids of the changes that are happening in their families. A little bit more than half of our numbers are working with hospice patients. We send volunteers along with our nurses into the homes of our patients and work with them on whatever they need, emotional support, spiritual support, try and comfort the patient, get their affairs in order, etc. More than that we really want to work with the family and prepare the children by having our social workers do counseling sessions with them; having the family attend support groups for the children, talk with other children whose family is going through the same kind of loss. Our bereavement numbers are growing astronomically. There has been a rise in more tragic deaths such as suicides and homicides are increasing with children and families being left in the wake and trying to deal with the consequences of their families. We provide these families with bereavement services, free of charge. We will go anywhere in Kane and Kendall counties, but St. Charles and Geneva is our hub as this is where we've been based for over 30 years. We have support groups that cater to all different types of death loss and age different groups (Herbie). We also place volunteers in the home to work with a family up to 18 months after a death lost. Our goal is to be there for the residents of St. Charles and community when they are in need and to provide these services free of charge.

Mary Hughes: Your direct services of 160 hours – are those St. Charles residents? I am also impressed with the development of Spanish speaking volunteers.

Kathy: Yes – 160. Having Spanish speaking volunteers enables us to help those families in their language without having to go through an interpreter. We need more volunteers for that program.

Maureen Lewis: Do you have any certified counselors on your staff?

Kathy: Yes, we have three.

Ron Weddell: Do you work with Suicide Prevention Services at all?

Kathy: Yes, very closely and we do referrals back and forth all the time.

Michael Cohen: Of your 160 residents, is that 160 different residents?

Kathy: Yes.

Maureen: How long does a volunteer stay on?

Kathy: We've had some volunteers for over 20 years. It's a very rewarding feeling our volunteers receive from helping. We have volunteers to man our phones which help to cut down on administrative staff.

Carolyn Waibel: How many people do you take care of annually?

Kathy: Our numbers for the last 5-6 years since I've been there are between 1200-1400 people.

REQUEST: \$30,000

Lazarus House – Liz Eakins: We are about to celebrate our 17th anniversary and we thank you for your support. Lazarus House is an emergency shelter, transitional living center, and a series of outreach programs that serves the community of St. Charles, Geneva, Batavia and western rural Kane County. The majority of the folks we serve are from St. Charles – about 55-65% as far as our emergency shelter and transitional living, as well as the vast majority of our outreach programs. Our emergency shelter is a place more known as a homeless shelter. We have people who are finding themselves lacking in the ability to be housed safely. They have been asked to leave wherever they are currently residing or have been released from other institutions. Some have been living in a car or some other means. Because of the good things that all the communities do to help support the work we do, we are able to assign each one of our guests a case manager. Their responsibility is to work with each guest to start peeling the layers of the onion to find out what is the root cause that brought a person to a homeless shelter to begin with. That is done by an initial interview but most of that work is done by a partnership of many of the agencies that you are going to hear from tonight. Ecker Center for Mental Health is able to screen every one of our guests for mental health conditions that might be affecting the way that they are living. Renz Center is able to screen all of our emergency shelter guests to see if there are any substance abuse concerns. We work very closely in partnership with TriCity Family Services who provide parenting classes and one-on-one counseling for any of our guests that are requiring those services. They have a women's support group to address those needs that are unique to women who are finding themselves homeless. The largest increase of homeless women we are seeing are in the ages of 50-60 years. So through these partnerships we are able to surround these folks at a time that are facing their darkest hours and help them develop a plan to make life better for them and we do ask our guests to follow through with our partners who can provide for them. Obstacles such as transportation needs, prescription costs either through our partners or funding from 708 boards, or other donations – we make sure those obstacles are removed so everyone has the optimal ability to move forward. Our two-year transitional living program is for those who are in our shelter and choose to apply for this program that allows them two years to work rather intensely on making sure that things such as debt issues are not a concern by the time they leave Lazarus House. The goal is that by the end of the transition living people are able to go out and apply for an apartment and get back out on their own feet again and be able to carry on with life. That might not mean for them what

it might mean for any of us; they might need some ongoing support and that's where our outreach programs come into play. Currently we have 38 households whose rents are subsidized monthly by programs that we administer from the state of Illinois and federal government. Many of those people in the outreach programs are suffering from mental health issues. Those are folks who will never be okay on their own but we stand by them as long as those funds are available. These grants require they continue to meet with their case managers weekly. We keep in contact with their landlords to make sure there is nothing going on with their housing and they are turning out to be good neighbors in our community.

Mary: You mentioned other 708 boards – what other boards are there?

Liz: Just Geneva.

Ron: For the eligibility for people to come to Lazarus House, do people still have to come from St. Charles?

Liz: They come from any community that we serve. A community connection is they had a residence in our community in the last two years and prove that. They have children in one of the districts that we serve, they are currently employed in one of the communities or have immediate family member that reside in one of the communities.

Maureen: Do you have certified counselors on staff?

Liz: We do not have clinical staff at Lazarus House but through our connections with Ecker, Renz, TriCity Family Services it's just a phone call away.

REQUEST: \$47,000

CASA Kane County – Vicki Shaw and Gloria Bunce, Executive Director: Thank you for the funding we are very grateful for it. We don't receive any state or federal funding. Your funding has helped us to continue support 100% for the children so that every single child receives a CASA advocate. We have approved, trained, and supervised community volunteers who give their time to support and advocate for children who have been abused and neglected in the juvenile court system. These children have been removed from their homes because they were unsafe and are placed into the child welfare system and our volunteers are there to advocate for them. 94% of our CASA volunteers stay with the program and because these people are the most consistent person in a child's life – it is really important to us because as these children move around and see different people, judges, and case workers – there's no one consistent for them to trust other than their CASA volunteer. This eases their mental health. We are trying to be pro-active to better serve these kids and get to them sooner; so we have initiated a partnership with Kane County Regional Office of Education, DCFS, and Child Advocacy Center to increase our outreach in schools and encourage all these teachers to be mandate reporters so if they think anything is not right or have an uncomfortable feeling, they can make that hotline call right away. We hope that we'll help prevent more abuse and

tragedies that might otherwise occur. We are trying to increase the diversity of our staff and CASA volunteers and right now half of our CASA kids are boys and only 25% volunteers are men. We just hired a male bi-lingual staff member. Traditionally we've had all women in our office. Another program is our transitional youth program that targets teens ages 14 years and older. We try to prepare them for when they emancipate from DCFS. Illinois is only one of 5-6 states where kids emancipate after 21- other states are 18 years of age. We teach them life skills so they can try to get a job, access resources to get into college, know how not to get transmitted diseases as they don't have someone in their life to help them with these issues. We had statistics that show when children get out of the system some remain homeless and unemployed; and teaching them some of these skills will be beneficial. We are trying to be proactive to raise additional funding. Our pro-ratios are really high right now. Our advocate supervisors are supervising 50 or more CASA volunteers where the national CASA recommends only 30 to one. We really do need more CASA volunteers as most have 2 or 3 cases they are handling and we would like to have a one-on-one so the volunteer can really focus on that one case.

Mary: How many paid staff do you have?

Vicki: Thirteen and most are part-time. We have five supervisors.

Maureen: I didn't see anything on your statement as far as utilities or rent. Do you have those expenses?

Vicki: No we don't. We work in the Courthouse and they allow us work there without paying those expenses. We do pay for our office supplies and phones. We operate pretty lean.

Maureen: Is it only the volunteers that interact with the children or does staff as well?

Vicki: It's mostly volunteers but the staff guides them throughout the process.

Maureen: It seemed like a rather low number of what you spend in training your volunteers.

Gloria: 70% of our dollars go into the staff to recruit, train, and supervise the CASA volunteers. We have two full time people dedicated solely to this and we cover all of Kane County, we do all the outreach presentations, managing a couple of teams; but although we have hundreds of people inquiring about being a volunteer, we want to tailor that down because we have unique volunteers and this is not for everybody. We weed some people out because unfortunately they are not the right fit and we need the consistency and need to keep the ratios high in making sure they don't drop off. So I have five advocate supervisors managing the 250 CASA volunteers who are hands on with the volunteers in everything they have to do. These supervisors are not just sitting at their desk but are managing 50 volunteers each.

Maureen: How many hours does have a CASA volunteer have to go through to become one?

Gloria: 40 hours – before they come in they go through background/fingerprint checks, reference checks, meetings, and 40 hours of intense training.

Maureen: So the training is actually in the salaries of the staff? Do you have counselors on staff?

Gloria: Salaries and materials. We don't have counselors on staff but we partner with agencies in the communities. We are looking at hiring a transitional coordinator to help out. Our supervisors meet one-on-one with the CASA volunteers, especially the age group between 12 and 21 who need a more coordinated effort from someone who is more specialized and knows more detail of what is in need.

Michael: For your \$15,000 that you're asking for; that's all for recruitment of volunteers?

Vicki: That and supervision.

Michael: For that money and those volunteers are they going to be specifically working with kids from St. Charles?

Gloria: Yes and we have 50 volunteers from St. Charles.

Michael: You stated you encourage people to be mandate reporters? Aren't all teachers already mandated reporters?

Gloria: Every teacher is required to be a mandated reporter and every few years they have to take an additional test. There are 210 schools within nine school districts and we talked with St. Charles D303 and Dr. Schlomann brought in a group that we gave a presentation on what could happen if you don't report abuse and neglect. We are trying to streamline processes in the school for the children. **REQUEST: \$15,000**

Ecker Center for Mental Health – Rick Vander Forest: We served 285 individuals and provided 2,177 hours to St. Charles residents last year. We are doing more with less and have cutbacks every year. In our Psychiatric Emergency Program we come down to Delnor, St. Charles, up to Sherman Hospital and do a lot of crisis intervention and we do survey individuals in asking do you think we helped to solve your crisis, did we follow a plan, did we give you referral sources; and that has been up in the 90% who comes in for crisis intervention. We have a Crisis Residential Program that offers a segue where you go into the hospital for a few days, adjust their meds, get support and then go home. We've developed an Intensive Outpatient Program where people don't want to stay for 24 hours so they come in/out for a 2-week duration. We have a therapy program in Elgin

and St. Charles and work very closely with Lazarus House and with the Treatment Alternative Court/Mental Health Court which we are very active in and have had much success. We do case management and look at functioning and do outcome based assessments in terms of case plans, development treatment plans, goals and objectives, and mental health assessments. 77% of the people we've worked with have improved. In therapy we have 82% improvement. In residential we have shown that people have maintained improvement which is a stabilizing factor. We've supported residential two-group homes and scattered site residential. In therapy we have a slide fee scale and for St. Charles it goes down to zero and that works well with Lazarus because they have a lot of mental health and substance abuse issues and we rent a place with Renz right around the corner of Lazarus. We focus on outcome based treatment so we can gauge how we're doing from 6 months to 6 six months in looking for trends to help build our treatment plans. We do a group treatment plan and have had good success with people building skills in this setting. It's about how do we help you help yourself.

Maureen: Last year you opened a pharmacy?

Rick: Yes, we have a pharmacy that offers medication at competitive reduced rates. Some clients take several different medications at different times and we offer this medication in bubble packs that are set up by day and times and it helps with the accuracy for clients to take their medication. The pharmacy is working out very well. VNA comes in once week as well. We work hard to integrate pharmaceutical, primary care, behavioral health and substance abuse in the care of our clients.

REQUEST: \$67,000

Suicide Prevention Services – Stephanie Weber, Executive Director and Natasha Clark: Thank you for our funding. You are our second largest funder and have funded us for almost our entire 18 years. We are one seven agencies in the country and we do prevention, intervention and post-vention. Prevention is our education and training. We have a great partnership with St. Charles school district and give many presentations to the school. Our intervention component is our 24/7 hotline which is part of the nation's 1-800-273-TALK and we have our local depression hotline. We do counseling and have people walking through our doors constantly. We have Christ Community Church that comes in and does many volunteer services for us. Post-vention is the after math. We have a Survivor of Suicide Support Group and a support group for attempters for people who have attempted to take their lives and live.

Natasha: I've been working with the schools and there is a good collaboration between the middle schools and high schools in St. Charles. We are able to provide direct services to students at the convenience of collaborating with teachers and being able to transition to our agency in whatever fits the family's needs. I'm in the schools several hours a week and provide prevention presentations in training for signs of suicide and speak at health care classes. We produced a video to put a face to our hotline for students in hope of them making use of our hotline. We also have several high school students that take our hotline training which is about 60 hours of training and who better to be a prevention

specialist than the peers of students who are going through difficult times. Also by educating students at an early age we are hoping to access the excellent coping skills all the way up to where the high risk groups are.

Stephanie: We are a very small agency. We have four full time and one part time staff. Everyone is a trained suicide-ologist which is a specialty and takes a lot of training. We have seven interns and couldn't do the work we do without them. We have a Master-level clinician who is my coordinator of services and she is the first person anyone sees who first walks through the door and she is able to do a screening right away.

Mary: Do you have a website?

Stephanie: Yes it is a great website with picture of our services.

Barb: I've read that a lot of young people are not comfortable in talking on the phone and that agencies, such as yours, are going into a texting format. Are you doing that?

Stephanie: Yes, part of the national talk line across the country has found money to do that because it is going to involve training. Some do it only between certain hours. We will need to embrace this at some point, but don't feel we are there yet. We don't have the staff to do this either. We get a lot of Facebook.

Maureen: Is there a time of day that you see an influx of calls on your hotline?

Natasha: It's very unpredictable. Sometimes it's tied to world events or seasonal and sometimes not. There is no definite trend.

Carolyn: Your prevention education, is it to teachers, students?

Stephanie: It's to everyone. We start with the top tier, the social workers, psychologists and move to workshops for the teachers and then we go into the health classes and school clubs for the students.

Carolyn: It states 356 for St. Charles, what is your total annual number of clients you serve?

Stephanie: Monthly our hotline calls have jumped to 1,500. Client-wise every staff person and intern has 5 to 7 clients and school presentations you can't quantify. Also we do not get any state or federal funding.

Barb: Through the Suicide Coalition the suicide hotline number is on the back of every high school ID in St. Charles.

REQUEST: \$18,500

ElderDay Center – Traci Eggleston, Executive Director and Cheryl, Social Worker

Intern: We have seen such wonderful progress at our center and more people are being

served. We are looking to emphasize education in reaching out to health care and nurses to let them know that Dementia is not a normal course of progression aging and how ElderDay can best benefit local senior citizens particularly struggling with Dementia, depression, isolation, and alongside of that educating caregivers how best to take care of their senior loved one in how to keep them safe in their home. This past year we have served a total of our case load of 16% from St. Charles. We continue to see more people coming to the Caregiver Support Program which is an addition to our Adult Day Care Program where we're providing therapeutic value the moment people walk through the door. We change activities every 15-45 minutes to engage them in a therapeutic value for fine and gross motor skills and keep people independent as much as possible such as them buttoning their own shirt and pants because they need that balance and dexterity. We do seated exercises with light weights and do walking and art therapy where students come in and work with our clients in doing painting. We do music therapy program that reaps rewards. We continue to provide our Adult Caregiver Support Program and last year we provided 45 caregivers from St. Charles for individual counseling and training and education to talk about the changing relation dynamics and practical routines in the family. We also do pet therapy.

Mary: Regarding the budget, your revenue says \$24,500 from St. Charles and St. Charles Township. Does the township give money as well?

Traci: Yes, some for transportation from the Senior Citizen Committee.

Ron: Your daily attendance is about 13 people.

Traci: People get to choose what days they want to attend so it varies.

REQUEST: \$25,000

Association for Individual Development – Lynn O'Shea, Director: AID was organized in 1960 for children who were not eligible for public school at that time. We have grown substantially over the years and provide services for children with developmental delays through aging. Our oldest resident is 83 years old. We include services to individuals with mental illness, substance abuse and development disabilities as well as those who suffered through traumatic incidences. In addition to being involved with the schools we also do work training programs which is our largest enrollment. Annually we place 75-100 individuals into jobs within the communities such as Jewel and Walgreens. Last year we served 95 individuals from St. Charles in a variety of different services: psychiatric counseling, residential support, behavioral health challenges, home support for children and client/family support, crisis intervention. We have a large residential program for persons with developmental disabilities and mental disabilities. We provide home base support for families who are able to care for their adult children at home, respite care and vocational development. We provided 38,797 hours of service to St. Charles residents and 9,060 days of service – that would be the Residential Overnight Programs. We provide a 24-hour crisis intervention hotline, Sunshine calls for people who are shut-in or have a psychiatric problem and we need to

touch base with them. We also provide Victim Services and we have a contract and have a contract with the St. Charles Police and Fire departments where we respond within a 2-hr timeframe if there is a homicide or sudden catastrophe like fire or a police emergency. This allows the first responder to deal with forefront situation and we provide the support/services that may be needed for the families based on the situation. We also provide the "Ride in Kane" program which is a door-to-door transit service program. Last year we provided \$1.6M of service to the St. Charles' community. There is still a large waiting list for services which residents of St. Charles are on this list and unfortunately some people die before they ever get service.

Ron: Does your crisis line fill in with the Suicide Prevention Services?

Lynn: At one time it was.

Ron: You have a \$40K bad debt line item – what is that for?

Lynn: We do have things like insurance companies where we bill and don't get paid.

Michael: You mentioned six of the St. Charles residents are receiving services. What portion of the \$75K that you're asking for is going towards that?

Lynn: It's not a portion – it's all of it and that won't cover all six residents but it goes a long way. **REQUEST: \$75,000**

Wredling Middle School – Joan Haegdorn: Everything we do is going to our students in St. Charles and we've broken that down. We've taken the guess work out of this where we can identify which students we are directly impacting.

Barb: You did not give us a budget this year.

Mary: I am pleased that this is really targeting students who are at risk, not groups but students.

Joan: The counselors can identify each individual student and what their issues are. We also reach out to the other students outside of the St. Charles boundary but we have other funds to work with for them.

Barb: Could you explain to our new members about T.E.K.

Joan: Teachers Educating Kids (TEK) - This is a mentoring program where we compile data that we get from the kids and we find out who the at-risk students are. In the fall and the spring we find out who students connect to (students and teachers) and find ways to reach them. We work with counselors and student at-risk advisor, and the teacher who is directly working with the student and if they have a friend. If they haven't connected with anyone that tells us something is going on.

Michael: You have a mentoring program but how do you use best practices and research when using your mentoring program?

Joan: For best practices we use Final Works for the students and through the training we had, we give them a survey that talks about risk behaviors that shouldn't be active in 7th and 8th grades. We are able to target areas through the data they give us through the survey.

Carolyn: The funds you request, what do you specifically use it for?

Joan: It goes directly to the student through T.E.K. events (games or supplies, field trips).

Mary: Do you get support from the PTO group?

Joan: Yes, the PTO support helps to offset some of the other expenses.

Barb: Would you please send us the materials. **REQUEST: \$5,000**

TriCity Family Services, Jim Otepka, Director: In 2013 we served 1,602 St. Charles residents across our counseling, prevention and early intervention programs. That represented an 18% increase for St. Charles. We attributed that to increased activity in community programs, presentations, and workshops. Over the past 12 months we've seen 16% growth in the number of St. Charles individuals in our counseling programs. The 708 dollars helps to ensure us that our services remain affordable to those in need. 61% of all our families that disclosed their income reported living on \$30K or less. 62% of all the families we served are Medicaid eligible which is up 2% over the previous year.

We are known as a counseling agency but what we refer to generically as counseling covers a whole lot of other activities. We provide case management, consultation, social work, after hour emergencies, conduct phone consultations with school personnel, work with Lazarus House, helping to obtain order of protections which may be considered as ancillary services, but we do not. That differentiates us from the private practice marketplace where our clients couldn't find those kinds of services which are not billable to insurance companies and we rarely bill a client for those kinds of things and your money comes in support of that. Your dollars help us to ensure that a number of intervention/early intervention programs are supported and educational groups are offered to the community all on a sliding scale fee. Included in those groups are Single Moms Support Group, Grandparent Raising Grandchildren Group, Anger Management Programs for kindergarten through adulthood, Bridges Support Group. We recently added Chick-Chat which is an all-day enrichment program for 4th – 6th graders which 105 girls just attended the second one. We are doing more work with adolescent girls including weekend retreats. The Wilderness Challenge Program is entering its 26th year. We also do important work of networking in collaborating with key partners and continue

to do roundtables for student services personnel from the area. We participate in the St. Charles Youth Commission and Kane County Mental Health Council and partner with Lazarus House, worked with St. Charles School District on its Mental Health Summit which spawned a new organization Fox Valley Mental Health Council which is doing some great things. We are looking forward to growing our relatively new Family Eating Disorders program and expanding our preteen and teen girl services and promoting a new initiative called National Child Development Program.

Mary: What about psychiatric time?

Jim: We have two part-time consultant psychiatrists – one being a child psychiatrist and together they provide us 14 hours of service a week. We need more. Over the past year we've added a Medical Assistant which helps to take some of the burden off of them.

Ron: Do you see any mental health services going into the school systems.

Jim: It's difficult to get services into the school on site. They need more socialization groups for at-risk kids.

Maureen: When there are kids that are identified at school who need counseling and are sent to you by the schools, do the schools pay for any of that?

Jim: No, we don't receive any funding from the schools. **REQUEST: \$204,000**

NAMI DKK – Denise Edwards Executive Director: NAMI is a national organization that started 35 years ago as a grass roots organization. It's grown tremendously over time and it's starting to reach other countries. Locally we cover DeKalb, Kane, and Kendall counties. We have four pillars that we work with to get rid of the stigma of mental illness because it's holding people back from getting treatment from talking about it. We want to help this generation to break the silence and start talking about mental illness. We go out and provide education and support and a lot of it is to family members because that's a population that is getting ignored throughout so many of these years. We also do advocacy and take a lot of calls in our office to help callers find mental health services. A lot of our programs are peer led. Our family support groups are led by family members who themselves have had a loved one that is ill. Before they lead those groups, NAMI trains them, gives them materials, supervises and checks in on them. Our education programs are written by a psychologist and reviewed by psychiatrists. They are scripted programs so we know accurate information is getting out there. So they are peer led programs that are run by professionals. I was hired as an Educational Director in 2010 and they hired me to develop and grow their programs. We have clinicians and two licensed professionals in my office. For peer programs, who themselves are ill, two of our leaders are certified through the State. When I first started we reached 424 people, this past year we reached 2,570 people so the growth is exponential. I currently have a family class in Geneva and there are seven St. Charles residents attending as we speak. I am asking for funding for the family classes which are evidence based programs

supported by SAMSA and for our family support groups and a peer support group for the tri-cities of which they would like to start it up in St. Charles. I need money for training and also to train one more call taker as the need for these kinds of services is really expanding.

Mary: Are you seeking money from other 708 boards?

Denise: Yes, I receive money from Geneva for our Ending the Silence Program.

Michael: Of the \$2,000, you are asking \$1,500 for your support group, and your family to family is \$250, and then you mention the help line and you have that listed as \$500 which this totals over the \$2,000.

Denise: Yes, the actual cost is outlined in the application.

Carolyn: Other than starting the St. Charles Connection Group do you have any other objectives specifically for St. Charles?

Denise: We are starting to run more of these programs in the tri-city area and eventually there could be a Family Support Group here in St. Charles. **REQUEST: \$2,000**

Renz Addiction Counseling Center – Jerry Skogmo, Director: Renz has been around for 53 years – founded in 1961. We've been in the St. Charles area for 35 years. We have offices in Elgin, St. Charles and Streamwood. Our St. Charles office is located on Walnut Street and we have been there for 10 years right by Lazarus House and TriCity Health Partners. Renz provides alcohol/drugs prevention programs, as well as HIV prevention. We are not asking for any funds for HIV since it is a state grant that we are provided services from. We have a small gambling treatment program and also do some employee assistance programs mostly in Elgin.

For St. Charles in the past year we've seen 185 clients and this is up from 174 from last year and the year before that was 104; so there is quite an increase over the last few years. Women were about a fourth of our population but have not increased to a third of the population (51 of the 185 are women). We do have some special programs particularly for minority women, and a SAMSA grant for substance abuse and mental health services. We work very closely with Lazarus House, PADS, Community Crisis Center and Ecker Center. We do have a grant that expires this year and have some concern over this but we have established good collaborations with other community providers.

We provide individual and group family counseling. We don't do prevention activities in St. Charles currently, but would like to some day in the future. They are not funded very well which is a shame. With the Affordable Care Act there is going to be an emphasis on prevention activities not just substance abuse and mental health but on physical health as well – there are still a lot of questions marks on this. We have a lot of challenges ahead

of us along with the State owing us lots of money and we are also changing over to electronic record keeping.

Barb: What are MISA clients that is noted in your document?

Jerry: It is Mentally Ill Substance Abuse. A lot of times it's the mental illness part that flows into drinking or drugging and before long they have a complex problem. Attachment 8 does break down the numbers for alcohol which is the leading drug of abuse, followed by Marijuana, and heroin/cocaine is third.

Mary: Is there an increase in these drugs?

Jerry: We're not seeing a huge increase but there is small increase. The heroin problem is real as it's very cheap and plentiful. We are getting more older clients. There are 44 people over the age of 51 that we saw last year.

Michael: Your funding you're requesting is primarily for the two counselor positions?

Jerry: Yes, two full time equivalents.

Carolyn: What is the total number of clients that you serve?

Jerry: Overall we have 1,250 outpatients.

Maureen: I've heard it is quite expensive to replace records with this new electronic system?

Jerry: Yes it is. So far we have spent \$27,000 and it's going to go up at least another \$20K as we do more training to get acclimated. Ours is one of the more cheaper versions.

Maureen: Will you be able to interconnect with the other agencies when all of you transition over to electronic systems?

Jerry: Yes there should be a lot of efficiencies.

Mary: Is this driven by the Affordable Care Act?

Jerry: Yes, all providers have to be turned over to electronic health records by 2016.

REQUEST: \$71,000

Easter Seals DuPage & the Fox Valley Region – Patti Gillespie, Foundation/ Corporation Manager and Eric Johnson, Vice President of Development: We've been around for 62+ years and we treat infants, children, and young adults with developmental disabilities and delays. We have three centers with our main center in

Villa Park and service clients in Naperville and Elgin. Our total population is more than 3,200 children and families served per year. Examples of some of the delays we see are Autism, Cerebral Palsy, DOWNS Syndrome. We have a great staff that administers physical therapy, occupational therapy, speech language therapy, and nutrition therapy, assistant technology therapy that includes communication devices and adaptation to wheelchairs that helps our clients become more mobile and engaged in the world around them. We have specialty clinics: orthopedic, vision, dental, autism diagnostic, and we are evolving into areas with one being tele-therapy which is a means of delivering therapy remotely through a secure internet connection to assist those who cannot physically come into the centers. We are here seeking support for the cost of therapeutic services and family services for any of our St. Charles clients.

Eric: We are unique in our depth of expertise. We've experienced a 17% increase in total number of services in the last three years and anticipate it to grow. Our team consists of 116 program professionals which include 75 licensed therapists. Many kids we serve come to us with multiple issues and our team can address their issues. We've had situations where a child comes in for a symptom and through testing have uncovered underlying issues that need to be addressed in connection with a particular symptom. We are proud of the multi enrichment services we bring to our clients. We are making good strides in our Autism Clinic. We work with psychologist, speech and language pathologist, social workers and occupation therapists to address the issues of autism in being able to do early intervention. We also address issues that the families are going through. Family stability is key to developmental strength and gains for that child; and family dysfunction is very common amongst families who have children with physical challenges.

Patti: The family service program really does address the needs of the extended family whether it be the child receiving therapy, their siblings, parents, caregivers and even grandparents. We give them all tools to cope with what they are going through in their life and provide them with one-on-one counseling, specialized group sessions, resources, and a library of materials.

Eric: With both our family services and autism clinic we are finding a lot of children who come in and are diagnosed with additional issues. Our social workers do see some clients that have mental health issues related to their illness.

Mary: For St. Charles residents who receive services from Easter Seals, they can go to any one of the sites and is there transportation?

Eric: Yes they can but we do not provide transportation. Most of the St. Charles clients go to Elgin or the Villa Park locations. A number of our therapists work in multiple sites so they can see them where it is most convenient for them.

Mary: You had a great outcome in your Gala in money received from that event – amazing!

Carolyn: You did not attach a budget or financial statement with you application.

Patti: I thought it was required for a larger request.

Carolyn: It's required for any request, please send one in.

Maureen: Would you clarify for me when last year you thought you were going to have 40 clients, but you served only 27. Then you say based on the number of service hours for last year you're still predicting that you're going to serve 40 clients again this year.

Eric: Why are we repeating that projection? One is we continue to see an increase in our total number of clients and we are looking at a universal trend. One in six children are diagnosed with a developmental disability and we are seeing amongst the low income bracket this being a much higher. Two, we've become much more astute in how we approach the communities we serve. Last year we talked about bringing in a program team member to inform the providers in the communities we serve to let them know who we are, what we do, and how an individual can begin services with us. So we think it's a matter of getting the word out. So we see this as a projection.

Barb: You've given us the number of 27 children that you helped. Does that include the audiology part? If it does, could we have that broken out?

Eric: Yes, and we can do that.

Patti: You are looking for an audit from us?

Carolyn: We need a budget, 501 C letter and financial statement, Board of Director's Audit and Annual Report.

REQUEST: \$40,000

Haines Middle School – Bob Fraser, Assistant Principal: In the T.E.K. program we have different activities that teachers initiate in creating opportunities for students to connect with mentors or adults. One activity includes rainbow loom for group socialization. We have a binder of activities to do to help at-risk students to connect such as having lunch to get to know new people, positive decision making in providing emotional support with the teacher's guidance, and the list goes on. Middle school age is a challenging time of life for students to figure out who they can trust and there are so many avenues of communicative ways to be drawn into.

Mary: T.E.K. was designed and funds were allocated to target students who were at-risk and to decrease the suspension rate. Do you have any statistics on this?

Bob: Gave an example on he reached out to an at-risk student.

Mary: Our funds are driven from the taxes received for the City of St. Charles, not the township but for the city limit residents.

Bob: I've created a spreadsheet that shows the names and we can tally the number of St. Charles city resident students, teacher names, and activities they are involved in.

Maureen: Can you also provide us with a budget?

Michael: With your mentoring program how are you using best practices and research in modifying your mentoring program?

Bob: We follow best practices in reading journals and collaborating with teachers and other schools, and counselors in trying to find the best way to connect with the student through professional opportunities and different types of training to find out the best strategies to use with these at-risk students and the overall student population.

REQUEST: \$2,000

Living Well – Gillian Smallwood, Program Director and Christine McMann: Counseling and Connect to Care combination are the most highly utilized programs that we offer and work really well together. Connect to Care Program has experienced the largest amount of growth in the programs that we've had. 16% of our business comes from St. Charles residents, 19% of our participant base is from St. Charles, and that makes up the largest population that we have at Living Well. This equates to 426 residents and 80% of this 426 participated in counseling of the Connect to Care Program.

To give you some information on how Connect to Care works; Living Well partners with 12 other cancer centers in the area from distress readings to psycho-social assessments. We're trying to integrate the psycho-social and mental health care into the actual medical care for all cancer patients. It's a mandate starting in 2015 for anyone who qualifies for the American Oncologist/Surgeon Program. Everyone has to be screened for distress in any of those cancer centers for them to receive accreditation of the three years. This takes a lot of resources to do that and we are adequately equipped with the resources to help the cancer centers do this. This is not a billable expense so it is not a revenue generator. We have a model called "Distress is the Sixth Vital Sign" – what happens when a patient is diagnosed and comes in for the clinical assessment and when they are given a distress screening. We want them to rate their distress level from 0 to 10 and we use a validation tool that is normalized for cancer patients as cancer patients have higher levels of distress than the average population and of any other illness. Anyone who scores 4 and above goes through a problem check list that ranges from emotional, family, nutritional issues, and physical problem side-affects. We record that information and forward it to the appropriate medical team to work with the patient. If a person hasn't been diagnosed with a mental health condition before, it's possible that a cancer diagnosis can bring that out.

Maureen: You said you are doing this at Delnor now – when did you start it?

Gillian: We've been doing a paper version for quite some time. This is all out-patient base right now but eventually it will go into the in-patient world. When someone goes in for a chemo treatment, someone comes in and does this and this started last year.

Christine: We have a lot of in the moment intervention. Someone gets news of a scan with not so great results, someone is there to support them as they are initially processing all of that. We also can link them up with counseling services. This is an automatic part of their cancer care. No one is signaled out that they may be identified as having a mental health issue. Everyone has the opportunity to voice that they need help and we want to intervene as soon as possible. Connect to Care is a great way to build relations with clients and gives them a face of knowing that someone is there to support them through a rough situation; they are more likely to come and seek services when they need it instead of letting it escalate. The goal is someone is coming in at a 5 – five weeks later we don't want them coming in at an 8. We want to intervene with them appropriately so we nip things in the bud.

Mary: Is there any cost to the client for you to administer this screening?

Gillian: Everything we do is still free of charge including our partnership with our cancer centers.

Mary: The assessment tool you are using – there's no cost to the agency for that?

Gillian: Not other than the production of it, just the printing cost and design layout. This is something we developed.

Maureen: We may not have communicated this correctly, but we do need a budget. People seem to be thinking if you're not asking for more than \$25,000 you don't need it, but that's not the case. We need a budget as a whole.

Mary: Since we are a public entity we need to make sure our funds are documented in your budget so everyone knows where their money is going. So have it broken out and not just lumped in with all 708 funding. **REQUEST: \$20,000**

Community Crisis Center – Gretchen Vapner, Executive Director: Thank you for your past support. We're not sure what is happening with the state of Illinois. We are asking for \$15,000 for our Domestic Violence and Sexual Assault Program. This affects families' mental, physical and emotional health. New statistics are coming out of Washington, DC that indicates that instead of 1 out of 4 have suffered abuse some time in their life; it is closer to 1 out of 3. It is affecting every economic level. No household is really free from the possibility of violence affecting it. The support of our local groups such as the 708 boards has made the difference for our crisis center for many years. This is my 38th year with the center and we've kept the doors open when it was a challenge and we really have the generosity of our entire community to help us out. We also have

other programs we provide in addition to the Violence Sexual Assault Program. If you're working with a woman trying to counsel her about domestic violence and find out she hasn't eaten you better be able to give her a granola bar or a meal; when you find out that she's escaped violence by living in her car you best be able to offer her shelter. Did we plan to get into all these other things – probably not; but people come to us. They don't need to identify their crisis, we'll help them do that and then we'll respond with whatever we can do. In these last two months we've given out almost 1,000 coats, we've provided 4,300 emergency meals to families and those are not in your count. We assume St. Charles people in the 102 people that we served are coming to food pantries, going to Lazarus House and using the resources here in St. Charles. We also know they may be using our hotline and not reporting the problem. They may be using our food pantry and getting a coat – we are the pipeline to these things. We pass them out and keep as many records as we possibly can, but we want them to get what they need when they need it.

Mary: Do you need more coats?

Gretchen: We have an abundance of coats. Lack of storage is a problem for us. We are open 24/7. We have 40 women and children in the shelter. We are seeing a trend – we are sheltering more and more older women. Right now in the shelter we have five women, five individual cases who are over the age of 65. These women often don't have a means of support. They've been turned away from their family and are coming from an abusive situation or an economic crisis situation, but the age of our residents has significantly increased in the last 18 months. This is the same way in all of our state-wide coalitions as well.

Ron: Where is your emergency center located?

Gretchen: It is 37 S Geneva Street, Elgin. It's an old school and we spent a couple million dollars renovating that school as a shelter with offices for us and we finally paid off the mortgage. In 1975 when I started we were in an old Victorian home on the east side of Elgin and moved in 1990 to our current location and renovated in 2000.

REQUEST: \$15,000

Edward Foundation/Linden Oaks at Edward-St. Charles – Marianne Kountoures, Development Manager: Let me start off by apologizing about not including the budget. I will see that is taken care of. Edward Foundation is the non-profit fundraising arm of every hospital in Naperville. We make appeals to individual donors, foundations, corporations and I am charged with raising \$2.5M a year for programs, services, and technology that help people heal and save lives. For many reasons we are passionate about this application. The delivery of health care has changed rapidly. The needs of the community affect what we do, rapidly evolving technology, declining birth rates affect a hospital functioning, as well as aging population and the growing problem of chronic diseases. The most challenging force we face currently is health care reform. It's putting pressure on hospitals to do more with less. It is project that within five years hospitals

across the country will see reimbursements decline between 15-20%. So now more than ever philanthropy is important and that's why we are making appeals to donors like you.

Secondly we're passionate about Linden Oaks with their highly skilled and dedicated professionals. Behavioral health disorders cut across socio-economic levels in every element and affect families, friends, neighbors, schools, etc. In the last decade because of budget cuts, Illinois have closed so many operations and Linden Oaks is here to bridge that gap.

Amit Thaker, Director of Marketing and Business Development: Linden Oaks is a comprehensive mental and behavioral health provider in the area. We treat almost every mental health condition you can think of from addictions to anxiety to aspirators to bipolar, to self-injury, eating disorders, dementia, and depression. We have an in-patient facility with 108 beds in Naperville, IL and five out-patient facilities throughout several suburbs of Chicago: Elmhurst, Plainfield, Naperville, and St. Charles. We also have a group home for females for 16 years and above who deal with eating disorder issues.

We are the fourth largest in-patient facility within Illinois and if you add the out-patient perspective that makes us the second/third largest provider of mental health resources within the Chicagoland area. We have psychiatrists on staff to help with assessments of what type of care to offer whether in-house or to outside expertise for a certain level of care we might not have. We see about 10,000 calls a month and do about 1,000 face-to-face assessments throughout the different sites, St. Charles included. If there's a need for in-patient care we'll have them transfer to our Naperville facility.

We're here today about the main crux of this application which is about the kids (high school and middle school) that we focus on. Kids come to us each day when they are at their lowest of their lows. They've probably been through a number of different treatments or tried to seek treatment in different areas and haven't been able to get the treatment they need to deal with their disorder or behavior health issues. Parents come to us reaching out as a last resort. There is still such a stigma shroud around mental health. In January 40% of our behavior health assessments were walk-ins who finally were at wit's end to walk in and seek help. Our methodology in treatment is what we call the "recovery model". This focuses on the recovery process. It's a shared journey. Our treatments are effective, they go back to school, friends, environment, parents. They go back to what brought them to us in the first place and without having a proper transition protocol in place, we will end up seeing those same kids come back for the same treatment or worse.

Terry Ciszek, Director Out-Patient Services: I oversee the out-patient programs at the different out-patient sites. I also help oversee the in-patient clinical therapists. My role is that I'm in 15 different staffings every week listening to my teams talk about their progress of all the patients we've served. Each time we sit at adolescent staffings, we talk about transitioning back to school and what's that going to be like. Their average length of stay in-patient for adolescents is between 5-7 days in stabilizing crises to get

back home and return to school. It's even more complicated when the actual crisis that led them to come in happened at school. They're fearful of anyone knowing and what will they say. The transition back to school from any level of care is critical in that path of recovery process. *(Told a scenario about a school liaison and their interactions with adolescents and helping them transition back into school.)* The liaison is the primary bridge between Linden Oaks Hospital in-patient and out-patient for transitioning back into school with teachers and other staff, and how they can best accommodate a student coming back. Students often times are behind academically and schools can have transition study halls to get them caught up in their work. These school liaisons are constantly in touch with the clinical team, tutors, and our group leaders so they can decide what can be done academically, socially, and emotionally to help them make that transition as smooth as possible. I get feedback forms from the school on how well our liaisons are doing.

Mary: How often does the liaison meet with the student?

Terry: That can be individualized and I hope at least a minimum of once a week as long as they need it. Some schools may start out individually and then merge into transitional groups.

Nancy: You've discussed this with the school district of St. Charles and they have okayed it?

Terry: We don't have an official contract with them yet but we would be in touch with the primary social workers who have been working with them consistently.

Maureen: Have you approached the school board or anyone yet?

Terry: We have not.

Nancy: So there isn't any okay for this yet and this would be for both the high schools?

Terry: Both the high schools and three middle schools.

Maureen: You mentioned Plainfield, Naperville, and surrounding communities; how are those funded?

Terry: Those are all on us. Those are positions we hired.

Maureen: So you pay for them; you haven't gone for outside funding as you are doing here?

Terry: Correct and that's partially based on volume. Our Naperville/Plainfield sites allow us to have a little more income to be able to afford those positions. Here in

St. Charles our volumes are not where we would like them to be yet. Our largest out-patient facility of 40K square feet is located in Naperville, so our presence in Naperville and the amount of kids we are getting from Naperville schools are really large which warrants us to make planning for investment purposes and we hired all these school liaisons. From St. Charles we've had about 63 kids in the last year.

Barb: Just to be aware that because we have City of St. Charles tax dollars we would need the specifics of city limits; it's not by zip code, you will need to track those numbers not by address but by house location.

Carolyn: Did you get approval for your Naperville/Plainfield liaison when you took the first run at the school board in their school districts or did it take several attempts?

Terry: We didn't seek approval as we were already in partnership with them informally. They were begging us to have someone do these transition meetings. It's a burden off of them. Unfortunately our school personnel are so overburden and so stretched that anything we can do to help them. The students are already at high risk and the more we can assist them to learn some skills and have some stability is a good thing.

Maureen: You may be putting the cart before the horse here. You need to go before the school board and see if this is something they would fund or want in their schools. You are asking us to fund this and you need to ask the school if they are willing to put that \$20K in to cover the rest of the program that you want to put into the school.

Terry: We will talk to them, but I'm not understanding you.

Maureen: If the school wants you, why isn't this something they will pay for?

Terry: We've gone to school to discuss this program and they do want it if we will pay for it.

Carolyn: All the schools are in a deficit situation, they're millions of dollars behind.

Amit: We understand and we've worked with the schools informally but right now we don't have a dedicated position to really focus on the St. Charles area. We don't have the funds to go out and hire a person. This would be a highbred position to get started in the school and then to have them continue on.

Maureen: If you didn't get the funding from this board, do you believe in your program enough that you would open it and do it anyways in St. Charles?

Carolyn: This sounds like a wonderful program but you are here telling us how many schools you are funding, but you'll only fund half of it for St. Charles?

Amit: This is a different type of program; this is not just a school liaison program; and as we build our presence here in St. Charles we will warrant that. There will be a point where it's no longer going to be a financial investment or decision. That's what happened in our Naperville district. We've seen so many kids come through the Naperville school for help that it would be a detriment not to be able to help them, but it worked out for them due to the volume of size and growth.

Barb: If we were able to partially fund you, what happens to your proposal – does it go into the bank until you can get the additional funding, do you start out in a smaller scale?

Terry: Smaller scale would be the answer and it would be spent in the fiscal year. It would also be dedicated to a St. Charles liaison at a smaller level.

Ron: I would like to see the performance based on the data under the health care form that is actually making this the driver. **REQUEST: 20,000**

This ends the presentations now board goes into deliberation discussion of funding.

Barb: We are \$166,000 short of the requested total for this year. Our total dollars that we have are \$520,625. I was just playing with numbers trying to see what it would take to get down to the amount. For last year's Tier 1 – 92.5%, 60% of Tier 2 and Tier 3, and 25% for the new agencies which includes numbers for TUG and nothing for DayOne. Thompson didn't apply this year.

Michael: Is that just clumping these three groups in a box and saying they get 92.5% and they get 60% instead of looking at what somebody is asking?

Nancy: This is a jumping box in alignment with those numbers. We take away and add to these numbers.

Barb: In the past we have allocated individually.

Maureen: Could you talk about the Greater Fox River Valley Operation Snowball, they didn't present, we have them slotted for \$1,250, and we haven't even discussed this amongst ourselves. They are a brand new organization and they didn't even come to present themselves to us.

Ron: Before we take \$15K away from TriCity Family Services to cut them back to \$185K, I would prefer to take away from other agencies who haven't been here before.

Nancy: Who knows, someone may want to bring it down to \$180K, so I would like to hear the discussion starting at \$185K and put a plus next to it that if we had extra money we could use for someone else; or is that too much.

Maureen: Do we want to take on new agencies?

Mary: That's a good question. I like the programs and I would like to support them but personally I don't think this is the year to take on new programs. We can't fund some of the agencies as well as we would like and have worked with for many years.

Michael: There's also a difference; there is a relationship with these agencies. They are friends and do some great work, but there are also people who come here for the first time who also have some great ideas and could fill a void in this community. I don't want to get into a debt. These are people who have been funded for years and they deserve it.

Nancy: That's why we start at the top and give our ideas, do we think at some point as we go down, if there is a majority rule that's a good jumping off block for them, or maybe we think that's too much and weigh that at a later discussion when we have taken away from someone else. Then we'll have to go back and start adding up again. I'm not saying TriCity gets \$185K, I'm saying I'd like to hear the discussion if it's too much or too little and then start figuring out how we are going to have to steal from Peter to pay Paul.

Carolyn: The question still on the floor that was asked if we wanted to eliminate new people or not; and we have some ayes and nays. I don't agree that we should not fund new people just because it's a tough budget year. We have to give opportunity to every person that could benefit in St. Charles.

Nancy: I don't agree that we should give that much money to some of those that we gave that much too in the past. Let's go line by line and we decide to put a minus next to a group, then we make a general consensus that group will stay – then they stay.

Carolyn: Do we want to go by how they applied or by what Barb put together?

Mary: We've done this all ways over the years and doing it by percentages is another way.

Carolyn: I do not agree with the percentage ratio in my opinion.

Barb: That's okay, this is an open forum and that is why you are on the board to give input.

Maureen: The fairest way is to do percentage.

Carolyn: The fairest way is 76% across the board. There is 24% discrepancy, so you would take everyone's request down to 76% of what they are requesting out of last year's allocation and that's the fairest across the board to get rid of the \$162K that they've over requested from what we have available. That's going on the basis that everyone gets money that asked for it.

Nancy: So this isn't necessarily how we might think until we get into it and we don't know that yet.

Ron: All agencies are not necessarily equal.

Nancy: Mathematically this is really a good idea until you get into an agency, then you have to get away from the money and into the people. Some of these agencies I have placed a zero.

Barb: Let's start with you, who would you place a zero by?

Carolyn: I put a zero on TUG. *(Several members of the board agreed.)*

Voice Vote: Ayes Unanimous to not fund TUG.

Carolyn: I am on the fence with the Edward foundation this year. I'm not against what they are proposing and I think when they come in next year it will be great; but I was little offended when they said, and I understand that Linden Oaks is truly a part of Naperville, that they paid 100% for the Naperville schools, they go down to Plainfield and pay 100% but they'll pay 50% of St. Charles. I understand that the numbers are different, but at this time with this amount of money, and without any knowledge of whether it is going to happen; maybe we can say come back next year with the approval of D303 board and we'll address it then.

Ald. Lewis: I'm a little gun shy of doing things that the school has not been involved in.

Nancy: I stated at zero with TUG, zero at Edward, and DayOne is already a zero, and then I proceeded with other cuts.

Michael: I could agree with Edward, but I could completely take an opposite stance on all that.

Ald. Lewis: Were they going to have an office at the school?

Michael: No they are mobile. They'll have to figure out the roaming school space. When we go into schools we have two positions funded by our Mental Health Board at the township and we created a position, got the funding, hired someone, and went to the school and said here is what we have. The difference from Edward to us is the school is calling us and saying here is our need – what can you do? We can say we can figure out our funding and figure out the need.

Nancy: This is a really good program and feel bad saying no to this. They should show a good faith effort and put some money into it, start it, and we say we'll help out next year.

Carolyn: Just need to come in with a written approval from the board or say they had a meeting with Dr. Schlomann who said they are on board with this.

Michael: It was clear that they did not have a relationship with anyone from the school district. If they had a solid relationship it would be very different.

Maureen: I think we somewhat told them what they should do.

Ron: Edward Hospital is one of those hospitals that the Attorney General is looking at to check tax status because they don't provide enough charity care. If they want to show some good faith effort, then provide some charity care.

Maureen: It would be interesting to see if your charter for the township is the same as St. Charles charter and bylaws – they might not all be the same.

Ron: It seems you run more programs and services directly through the township where St. Charles goes through the agencies.

Mary: What direction are we headed on this – postponement for a year?

Carolyn: We could phrase it in a letter asking them to come back next year; there are no funds for you this year.

Carolyn: Let's start at the top and work our way down.

Nancy: TriCity Family Services received \$200K last year and if we go on this percentage formula...

Carolyn: We could take them down a little bit to make room for some of the little guys to give more percentage to. Someone who only wants \$2,500 we're going to knock that at 50%-60% whereas an \$800 donation to them is a huge amount and you can serve five different operations off of a \$5,000 decrease.

Nancy: If you look at the clients served through TriCity which is 1,600 clients – every one of them totally fit into our mission and we're not questioning anything. 100% of what they do fits into our mission and are who we should be giving our money to. We can split that up but we always have to consider we know them, they have showed everything they have done, and how many people they serve. They do a lot of good donations but they serve an enormous amount of St. Charles.

Carolyn: They do serve the largest amount of St. Charles. 40% of their clients are St. Charles' residents.

Barb: If you look at the service hours too, they come out more than anyone other than AID.

Carolyn: AID has a lot more billable hours but they only serve 2% of their clients who are St. Charles residents. That's not a lot and I don't know how that equates in their hours other than they are counting 24 hours for their living homes. 2% of AID is St. Charles clients and we provide more than 2% of their budget.

Nancy: Over the years when we had bonus money they've been rewarded a little more than anyone else has.

Carolyn: For 2% that's a serious amount of money. She said they have 95 clients and have six that are permanent residents and she said the funds are going to those six and the expense of the house. That is \$5K a month to the group home.

Barb: They do provide a lot of other services to other people who are St. Charles residents. This is the first time she has ever dedicated that money strictly to the six individuals who live at the home we gave them.

Carolyn: It's not a big enough presence to warrant \$65K – I would go lower - \$60K and that gives us \$5K to give to someone else. I'm not saying that they are not a great organization. Let's put these numbers in pencil. We can go back and adjust them.

(Some group discussion about explaining the A/B/C categories.)

Ecker had 8% of their total clients as St. Charles residents. They are asking for 100% of their St. Charles budget, so they are funding none of their St. Charles budget.

Mary: They are not including the psychiatric time and that time is hugely expensive.

Maureen: Ecker is one of the top mental health agencies and deal with the people that no one else is equipped to.

Nancy: It's one thing to worry about the hours, it's another thing about the broad spectrum of what they do and how they fit into our mission. So what are we talking about Ecker – lowering, keeping, or putting them in the middle?

Barb: It's \$150 an hour and for what they are doing – it's not a bad price. They do 21,077 hours. I don't think we should give lower than \$60K.

Maureen: We're here for assistance – not total coverage of St. Charles' residents unless we want to pick and choose some that we do cover 100%.

Carolyn: We can because we have the flexibility to do that, but be aware that you're doing that; if you're granting them that money or percentage thereof, because I know we're short – it's a coverage of the whole.

Michael: I know what Ecker does and they do some good work. I understand what you're saying but one thing I think is misleading is, and I would like to see this for next year, a lot of places' hours can be really high and that can also be misleading if you do a group of eight people, that's going to be higher than an individual session. So something that would be very helpful for me next year in a change to make would be: let's say Ecker gets \$60K, I would like to see a budget on \$60K and how they spent the money. Seeing a whole yearly budget, not being a numbers guy, my head was spinning. If we give them \$60K, I want to see line items on how they spent this money that we are giving them. By talking about service hours, I just wasn't grasping that. If I can see a budget on what was spent with our money instead of having to sift through everything would help. There were things that got lost in their talking because a lot was going on just about their agency. We're asking for \$67K, this is what we are going to put it to, this is how we see it going to, this is our vision for this money, and focusing on that instead of going on, and on, and on. Let's do \$60K

Nancy: Renz is asking for \$71K and we gave them \$64K. I certainly would want them to have \$64K. They do something that nobody else does; they're very expert in their treatment.

Michael: They are going for two positions?

Carolyn: Yes and they service 13% of their client base for St. Charles' residents and their percentage is covering a small percent of their cost. This was the only one that did not make sense with Ecker in regards to covering costs.

Barb: I would really like the board this fall, if you got a preference in what you would like to see let me know, but I would like each of us in the third/fourth quarter take three agencies and go visit them and do our field trips and report back to the rest of us on the agencies. Agencies that you are not familiar with is a good thing

Mary: Lazarus House is asking \$45,600, same as last year, and I think they should get it.

Nancy: We have to consider the people they are serving, what they do, because numbers are good, but 50% of your decision should be considering the services they do and how they fit into our mission; and then we'll try to fit the money to that. We can put any percentage we want, but we have to consider the people – this is social services.

(Discussion broke out amongst the group again regarding funding to AID.)

Carolyn: ElderDay is the only exclusive senior service and they service 16% of

St. Charles residents. We have slotted them \$15K, does anyone have an opposition to that?

Barb: I may ask for an additional \$1,000 for this as we come back to the agencies.

Nancy: Next is Suicide Prevention for \$17K.

Carolyn: I didn't have a percentage for them because they didn't provide one. They mentioned doing 1,500 calls a month.

Barb: With hotlines they can't track the calls. Most callers are anonymous. It's amazing what they do with the help they got.

Mary: Skipped down to discussion on Fox Valley Recreation Center. They have been requesting the same small amount for several years and they haven't come to present in several years. They do assessment and outreach programs.

Michael: What they do is great stuff, but what is that \$5K going to - services with the park district?

Carolyn: On a side note, one of their board members is a commissioner on the St. Charles Park District where a lot of their funds go – just a side note. Can we change their tier?

Mary: Community Crisis Center served 57 St. Charles residents in the last six months and they are asking for \$15K.

Mary: Easter Seals – we have cut them severely over the last few years.

Michael: What does their \$40K go towards?

Mary: They have their autism clinic and have seriously disabled children and each one of them have two or three different diagnoses.

Carolyn: And it's going specifically to opening up the autism diagnostic clinic and their new tela-therapy. I assume that they are so huge that they are getting a lot of different kinds of funding.

Mary: They had in the past major financial difficulties and got picked up by DuPage in order to operate. Let's leave it at \$10K

Living Well requested \$20K and we gave them \$15K last year. Let's give them \$10K.

Nancy: Fox Valley Hospice – what I like about them is there is no cost for their services. People can go to their agency for free or Fox Valley Hospice will go to their homes for

free. Their counselors are not trained clinical counselors but are trained by professionals for the services they provide, no one has to pay for it.

Carolyn: It gives them an opportunity for people who can't get on Medicare. To get on Medicare for hospice you have to stop all your medication, can't have outside medical services at all, there are so many limitations from Medicare for hospice. You have to have a terminal diagnosis.

Nancy: I don't want to see them cut too much – maybe \$18K.

Carolyn: CASA Kane County only serves 5% St. Charles residents.

Maureen: I have a problem with what they spend on their volunteers.

Mary: I have a problem with their staff salaries - \$798K – that's pretty high. It's almost half of their budget.

Ron: I would cut them 50% - \$7,500.

Mary: Next is TriCity Health Partnership; they haven't come to present in a long time.

Carolyn: They have MDs on staff.

Michael: What does their \$10K go towards.

Nancy: Diabetes supplies, medication they give out. The doctors and nurses volunteer – they don't get paid.

Carolyn: They did not give out a percentage of how many St. Charles residents they serve – we have no idea. They are privately funded.

Nancy: A lot of their clients come from Lazaurus House and people from Ecker and Renz depend on TriCity to keep them all going.

Michael: I don't doubt that they do great work, but I am going on the amount they are asking for and what it says in their application – that's it.

Middle School discussion on their funding requests.

Mary: I know what they do in the schools, I've visited their programs and I would like to give each one a \$1,000.

Nancy: I disagree – I don't feel they use the money towards enough at-risk kids.

Michael: Gave examples of good mentoring programs that reach out to kids without bribing them with snacks. Schools should be hitting up local businesses for donations and there are so many other things they can be doing with their mentoring program without asking us for money.

Mary: These schools have been cut dramatically over the years. They used to get \$9,000/\$10,000.

Ron: Let's throw a thousand dollars to each of the two schools – that sends a message that they are on the bubble.

Carolyn: We cannot give them equal dollar amounts. Wredling serves so many more special needs at-risk students than Haines. There is only 20%-30% of Haines students that are St. Charles residents. Wredling serves 62% of St. Charles residents and they are more than 50% at risk because of demographics of special needs kids being funneled through Wredling.

Mary: Wredling has done everything we have asked them to do over the years.

Carolyn: Part of their money was spent on surveys and some was spent on program supplementation for kids who are at risk.

(More group discussion regarding at-risk students and what the schools provide and do for them.)

So let me ask our objective as a board is not to help at-risk students in the school district?

Mary: Our objective is to help them.

Carolyn: We can cut people just because they are at the bottom? I would give \$1,250 to Haines and Wredling \$2,700.

Mary: No not that much to Haines. Wredling has stronger needs and they show on their application that they have the right idea.

(Discussion on taking some money from a higher agency to give to Wredling. Thompson Middle School did not submit an application this year – they received zero. Group discussion regarding the rate of suicide attempts in our schools)

Maureen: Let me interject in reminding everyone where the money comes from – it comes from every tax payer from the community of St. Charles and about 75% are probably wondering why they are even giving us the money to start with. They would just as soon have this taken off of their taxes and put back into their pockets. So when you are funding these organizations and the community looks at how you are spending

their dollars there has to be some justification other than I'm a PTO mom and I really like this.

Carolyn: So I go back to percentages being served. So you're serving 60% of a middle school.

Nancy: No you are not serving. There are 60% who could be served but are not being served. I think \$2K is huge and would rather give some of that to Suicide Prevention or NAMI because I don't think this particular issue is being addressed by the T.E.K. programs. They are using the money for other program/events.

Barb: I think Wredling's presentation tonight was on the level of a two in what they have given us in the past – both in data and what they are doing with the kids. The program they have in place is incredible and I know, based on a particular situation, that had it not been for this program a very at-risk young women would not have made it.

Mary: The teachers also pay money out of their own pockets for some of these kids.

Let's give NAMI \$500 to start them off.

More group discussion on finalizing the funding dollars to the agencies.

Carolyn: As a new member I think it would behoove us to have a meeting in between the presentation and allocation evening; so you get your presentations and have more time to review them than just a week – two or three weeks would be nice; and we meet on it so we can go through some of our debatable questions on the material; since we don't have the City Council vote on this until much later and then we meet with the larger group.

Maureen: When this goes to Council they won't see anything that isn't over \$25K.

Carolyn: But we have room in our timetable so that we can put a little bit of delay in these decisions.

Maureen: We like to this when it's fresh in our minds.

Carolyn: But we could debate the percentages in a meeting – this is just my perspective as a new person. This could be for next year's process. We could also look over the material and get back to agencies that are missing key documents and have them get them to us to fill in the missing pieces.

Motion by Ron Weddell, second by Carolyn Waibel to adopt the funding allocations for FY14/15.

Voice Vote: Ayes: Unanimous; Nays: None. Chrmn. Gacic did not vote as Chair and Ald. Lewis did not vote as City liaison. Motion carried.

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Adjournment at 11:43 p.m.

Respectfully submitted by Tina Nilles
Recording Secretary

Att.

FY2014/15 708 Board Allocation Worksheet

FY 2014/15 708 Board Allocation Worksheet

Thursday, February 27, 2014

	TIER	2013 FUNDING APPROVED	2014 FUNDING REQUESTED	2014 FUNDING APPROVED
TriCity Family Services	1	\$200,000	\$204,000	\$190,000
Association Individual Development	1	\$70,000	\$75,000	\$58,000
Ecker Center	1	\$65,000	\$67,000	\$60,000
Renz Addiction Center	1	\$64,000	\$71,000	\$64,000
Lazarus House	1	\$45,600	\$47,000	\$45,600
Elder Day Center	1	\$18,000	\$25,000	\$15,000
Suicide Prevention Center	1	\$18,500	\$18,500	\$17,000
Community Crisis Center	1	\$15,000	\$15,000	\$14,000
Easter Seals	2	\$10,000	\$40,000	\$7,500
Living Well Center	2	\$15,000	\$20,000	\$10,000
Fox Valley Hospice	2	\$25,000	\$30,000	\$17,500
CASA Kane County	2	\$15,000	\$15,000	\$7,500
TriCity Health Partnership	2	\$9,000	\$10,000	\$9,000
Fox Valley Special Recreation Center	2	\$5,000	\$5,000	\$2,500
Haines TEK	3	\$2,000	\$2,000	\$500
Wredling	3	\$3,500	\$5,000	\$2,000
TUG	3	\$500	\$2,000	\$0
Fox Valley Pregnancy Services	3	\$500	\$0	\$0
DayOne Network	3	\$0	\$8,000	\$0
Marklund	3	\$0	\$0	\$0
National Alliance on Mental Illness (NAMI)			\$2,000	\$500
Edward Foundation - Linden Oaks			\$20,000	\$0
Greater Fox River Valley Operation Snowball			\$5,000	\$0
TOTAL		\$581,600	\$686,500	\$520,600