

**MINUTES
CITY OF ST. CHARLES, IL
708 MENTAL HEALTH BOARD MEETING
THURSDAY, FEBRUARY 23, 2017**

1. Opening of Meeting

The meeting was convened by Barb Gacic at 5:34 p.m.

2. Roll Call

Members Present: Chair. Barb Gacic, Carla Cumblad, Michael Cohen, Mary Hughes, Ron Silkaitis., Carolyn Waibel and Ron Weddell

Absent: None

Others Present: Tracey Conti

Barb: We have a couple of announcements before we go into our meeting:

1. Last week, at our meeting, Maureen Lewis questioned TriCity Family Services and the amount that they requested. She said since 2002 they seemed to always ask for the same amount of money. I asked Tracey, and she was able to go back as far as February, 2002 minutes. I sent Maureen the following email and copied Rita Payleitner:

I wanted to get back with you as you voiced concerns at the February 15, 2017 meeting about the amount TriCity Family Services has requested from the St. Charles 708 Board over the years. I had Tracey look into prior year minutes. The furthest back she could find was from a February 28, 2002 allocation meeting. TriCity Family Services had requested \$129,000 that year. The minutes state they had served 673 St. Charles individuals the previous year. That had been an all-time high and was a 51% increase from the year before. This year they requested \$200,000 and served 881 St. Charles individuals which was down 406 from those served the previous year. Last year the St. Charles 708 Board allocated \$189,000 and their total budget for 15/16 was \$1,814,740.00. We will obviously inquire as to why they believe their St. Charles numbers are down this year, but they are still showing a substantial number of clients they are seeing each year.

They have also developed and implemented several new programs including a family based treatment for eating disorders.

Hope this answered your question.

I wanted everyone to know I responded to Maureen and her concerns. This was what I was able to find.

2. Next is Alicia's proposal. I think we need to determine tonight if we are going to go with this, because we need to know if we are going to withhold that \$1200, which is her fee, from what we're allocating.

Carolyn: I don't know if we need to decide tonight if we are going to go with it. We can decide if we want to hold some finances in reserve for potentially doing this. I think Carla suggested on the phone we make the decision in the summer. I'd like to put that out as a point of discussion to put some finances in reserve and making that decision later.

Ron S.: We've had the same set-up for X amount of years. It's good to review once in a while, what are we doing? Times have changed. I think we need to see what is out there. I think we should think about it.

Carolyn: I know we need to make a decision not to use the money tonight. I think it's something we want to potentially pursue, talking to her, I'm just not sure I want to make that decision right now. I wanted to bring it up for discussion before I make a motion.

Carla: I don't know if we need a specific motion. I think we should have someone help facilitate this conversation. I had a lot of questions this time when reading the applications. I would personally really like to have it. Regarding the motion for the money; we make a decision about the use of the money in one motion. All of it together, the question is do we need a separate motion to hold \$1200.00 aside, or do we just not allocate it?

Ron S.: I don't think we need a separate motion.

Mary: You mentioned some figures at the end of the meeting about an \$800.00 reserve. Is that right?

Barb: Yes, we will have an \$800.00 reserve based on the numbers Chris gave me. We would essentially be withholding \$2,000.00. That \$800.00 is not in the \$547,550.00.

Mary: It is not. So you're talking about withholding \$1200.00 more.

Ron W.: If we don't go with her and we don't use the \$1200.00.

Barb: It goes back into the pot for next year.

Carolyn: If we don't use it this year, we can use it next year.

Barb: Right, there are no penalties the City isn't going to grab it.

Ron S.: We'll just use it next year.

Ron W.: I think it could be a very helpful process, if we do engage her services, we've never had a written report from an expert in all the years I've been on the Board. We mentioned at the last meeting, we're funding the same agencies again, and again every year. Is that what we want to continue to do, or get a professional opinion?

Carolyn: I just wasn't sure that we are ready to sign the contract today.

Barb: I don't think we are. I can send her an email back and say we are considering it, but we have to wait to the summer to decide. That won't be a big deal to her. It is a very fair price. It comes out to \$150.00 per hour.

Mary: My preference has always been to spend whatever money we had for the agencies. Not to keep a lot in reserve. As Ron said, I don't know if we've ever done something like this and hired a consultant. I don't know that we're entitled to, I guess maybe we are.

Barb: I can run it past Chris as well. He and Mark didn't have a problem with paying for my dues for the state agency. I don't think he would have a problem.

Ron S.: I don't think the Council would either. We pretty much run our own group here. I don't think it would be a problem at all to keep some money. It's not like we don't spend it, and we can spend it next year on the agencies.

Carolyn: She said historically they have done something like that in the past.

Mary: I've been on the Board a long time and we never have.

Barb: The next thing is, and as I have told you all, I have attended most all of the Kane County Mental Health Advisory Committee meetings that are once a month, the fourth Monday of the month at the St. Charles Library. The discussion came up if I was attending as an interested citizen, or as a representative of the 708 Board, or a combination there of. Do you want copies of the minutes of those meetings? I could send to Tracey once the minutes have been approved, and you can see what's going on? Do you want to attend the meetings? It's been interesting. I'm just throwing it out there for you to tell me how you want to handle this. As a citizen I have found it very interesting. I have next Monday's agenda. It starts at 6:30 p.m. It's in the first meeting room on the first floor, between the elevator and the entrance to the main library. There is usually 4 or 5 board members. Barb Jeffers facilitates, and sometimes there are guests. The agenda for next week is a call to order, an update on Maxxam Partners, next steps, adjournment. That's the agenda. I had someone email me out of the Beacon News, where Maxxam had gone before one of the County Boards, they had tied the vote to pass it. There is another meeting and then it will go to County in March and County Board in April.

Michael: Maxxam is?

Barb: Maxxam is the agency that is trying to open the Glenwood Boy's School. It's a Betty Ford type Treatment Center for drug and alcohol addiction.

Mary: A for profit agency.

Barb: Yes. Maxxam has threatened the County. It had been voted down last year, then they came back this year and threatened the County with a \$65,000,000 law suit because of the ADA Compliance. The Zoning Board re-opened it and it's been back and forth. The Advisory Committee had looked into a possibility of getting funding for a County 708 Board through them. They had also volunteered the drug Narcian for 10 years. Some of the people not in favor said that's pay to play, and there is a lot of issues. I would like to find out if it's going to impact us?

Carla: This is an advisory board. What do they advise on?

Barb: They were created originally by Karen McConnaughy when she was the County Board Chair. They have continued on with Chris Lauzen. It was started in 2013, it's a 5-year plan to see if they can get 708 funding for the entire County, because 708 funding currently in the County was all passed by referendum. The Northern part of the county has never wanted to pass a referendum to be involved with it, but they want services. The committee was started to see if there was a way of doing this, and how and where the money would come from.

Carla: Are there standing members?

Barb: Yes.

Carla: Do they vote?

Barb: Yes.

Carla: When you are there are you sitting as a citizen or are you voting?

Barb: Oh no, I can't vote.

Carla: Back to the original question. It's probably just informational for you as a citizen. I don't think it's hurtful for you to know what's going on in the County. I sit on a number of networks. I don't sit in as a representative of the 708 Board. I just sit in. Are you ever asked to speak?

Barb: I was asked to speak in July at the August meeting; I shared that with all of you. It was because they had a lot of their facts incorrect about the City of St. Charles 708 Board. I wanted to clarify and tell them originally what we started, and what we have done. Since then, the only time I have said anything is when I'm playing devil's advocate. They were talking about creating a county-wide sales tax on beverages. I pointed out it has to be 51% juice not to qualify and who is going to go out to all the 711's, gas stations, and the money has to be submitted to the State and then comes back. It doesn't go directly to the County. They weren't aware of that.

Carla: Mental health came to us as a big issue in the County, so they formed this committee to advise the County on issues related to mental health. If the only purpose was a county-wide 708 Board, they wouldn't be listening to this Maxxam presentation, right?

Carolyn: They have an agenda with issues that are related to Mental Health that might affect the county.

Barb: They have a sunset on it. It's a five-year sunset, it totally goes away if they haven't come up with a solution for the funding. They said it's 2018. I asked if it was January 1, 2018, or December 31, 2018? They had to look into it, thought it was November but weren't sure.

Carolyn: Do you want to keep attending and let us know if something of 708 board relevance comes up?

Barb: Yes. I plan on going Monday night. I'm curious, particularly with Maxxam. They had a couple of proposals. They were going to do the 5% tax on all of the sweet beverages. Then somebody went to the County and said you can't do anything like this without a referendum. Any taxing what-so-ever has to be through a referendum, which they were not aware of.

Mary: I'd be interested in seeing the minutes.

Ron W.: I support you whole-heartedly.

Carolyn: I think if the discussion comes up again regarding having a Kane County 708 Board; that would be interesting to us.

Barb: Maxxam would want to assist the County by putting a 5% reimbursement to the County on all gross revenue they receive. After much discussion, they determined that boards like ours, because Maxxam would be putting into the entire pot, we would continue on with our 708 Board, but would have additional money to give to the agencies we wanted over and above. Because the only way we could get rid of the 708 Board is by referendum. They were trying to figure it out; all of the 708 Boards around the south end of the County have been helping people for almost 40 years. I will continue to let you know, and if something significant happens, I'll email Tracey and she'll send out the information.

Let's take a 5 minute break and meet back in Council Chambers.

Meeting moved to Council Chambers for presentation from the agencies.

Community Crisis Center

Gretchen Vapnar, Executive Director, 37 S Geneva, Elgin, IL 60120

Barb: As we've done the past couple years we have 2 questions and based on how many questions the Board may have we'll give you time to talk. Everyone has a total of 10 minutes.

1. Last year the Mental Health Board funded you **\$14,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Gretchen: We have 2 major expenses: Occupancy, we do not charge off to you because that's in Elgin, and the personnel to do the counseling for all of the people who stay with us, or on a walk-in basis. We also have a counselor as needed that uses an office at the police department. That money is used for personnel to provide services to St. Charles victims of both sexual assault and domestic violence.

2. You are requesting **\$16,500** this year. How are you planning on spending the money specific to the St. Charles residents?

Gretchen: The same way. Our basic service is availability. We like to say we're the fire and police model in that if you just paid the fire and police for the services they provided the next time you needed them they won't be there. Our real service is availability. We take into consideration the number of people we see, somewhere between 75 and 100, from the St. Charles area, then we look at what we need to run our place and be available 24/7. I think we make a reasonable request.

Barb: Does the Board have any questions?

Gretchen: We have some good news to share. We received a grant from a group called Impact 100. There is a Chicago group and a suburban group. We received \$100,000. It's for mostly capitol, in our case, we needed a new phone system which was included in the grant, as well as an institutional refrigerator, and we're going to be able to do a renovation of our bedroom area so we can better accommodate mothers who have teenage boys. If you want an interesting read, look up Impact 100 Chicago. Each woman who is a member, it's only open to women, can give \$1,000 per year and decide how much they want to be involved in choosing the people who win. There are four winners.

The other good news; we always try to be ahead of things. For years we have done training for people who are looking to get their certification and their continuing education credits for domestic violence and sexual assault. We are now looking into starting an academy, and the crisis center would offer training at least 4 or 5 times per year. We're really excited about it, we've done trainings for years, but we've never seen it as a money maker. We're looking at perhaps taking care of ourselves a little more.

Mary: With your new phone system will it be a person answering or is it all automated?

Gretchen: We always have a person, 24/7, paid professional staff, at least 2 people on at all times. Thank you.

Fox Valley Hands of Hope

Greg Weider, 200 Whitfield Drive, Geneva, IL

1. Last year the Mental Health Board funded you **\$16,500**. Please talk about how you spent that amount of money. What worked well and what would you change?

Greg: The money was used to pay staff. We have 3 social workers on staff that work with our adult programs, youth programs and our family programs. One of the other uniqueness of our organization is we also train volunteers. They go through a 15-20 hour training program and continuing education. Our social workers are not only providing direct service they are training volunteers to be able to lead support groups and do individual one-on-one support. With regard to what I might change; a challenge we're facing is getting the word out. I've become quite the guru on social media, and things we didn't do 7 or 8 years ago. All of our services are free of charge to anyone who needs them. That's our challenge, we don't have a marketing department, we have a small staff. It's a challenge. Our focus is our clients and the services we provide.

2. You are requesting **\$20,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Greg: The bulk of those resources are going to go to staff salaries to provide services to the folks who live in St. Charles and everyone we serve. We spoke a little bit about the training of our volunteers. We can provide service to anyone who needs it within the structure of what we do. It's also a nice opportunity to engage folks who live in the community and are looking to give back.

Barb: The last couple years Kathy has talked about the Hispanic outreach that you do. How is that going? Are you pleased with it, do you see it expanding more?

Greg: It's been one of the unique things we have. We train Spanish speaking volunteers to be able to provide support directly to folks that English is not their primary language. It's been great when we redid our website part of that transition is we're trying to convert it to English and Spanish. We are doing that page by page.

Michael: With the funds you're asking for you say the majority of it is for salaries for the social workers. Are you able to break that down?

Greg: No, not off the top of my head. I would say that the majority of those salaries are going to be focused on providing social workers and programs. If there was someone who needed those services and it wasn't in that grant we would find the resources to cover it somewhere else.

Ron W.: On your donor list, if you would please move the City from the President's Circle up to your Founder's Circle. The cut off is \$10,000 or more. But for the City of St. Charles please note the Mental Health Board.

Suicide Prevention Services

Stephanie Weber, 528 S. Batavia Avenue, Batavia, IL 60510

1. Last year the Mental Health Board funded you **\$16,500**. Please talk about how you spent that amount of money. What worked well and what would you change?

Stephanie: We have a very small staff of 4 ¾ people. We have an 8% administrative overhead. Some of the things we have been able to accomplish this year is getting more into the community. We were able to do an Assist training, and we are now able to charge \$300 for those trainings, \$45 - \$50 are the materials and we provide a small breakfast and lunch. We make sure all of our facilities are donated, but if someone from the City of St. Charles can't attend because it's too much, we find out what they can afford and have them come. Our Survivors of Suicide, Lost Survivors, our Hotline, interns help with the training on so much of that. I don't think I would do anything differently. I think we get by with what we have. As Greg said, if we have to make up the deficit we will try to make that happen. In our almost 20 years of existence my staff has taken a lowered salary. We are committed. Like any social service agency if we can beg borrow or steal we're going to do that first. I think the money was very well used.

2. You are requesting **\$17,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Stephanie: Our training in the community, continue to build our Assist training which has grown. We do not get State or Federal funding, but more and more the clients coming to us for help don't have money. We took 3 calls between the last couple days where people want to come in, they either don't have insurance, and they have insurance we aren't able to take, or they are Medicaid. Our motto is we don't turn you away, and we don't have a waiting list. So far we haven't had to turn anyone away.

Carolyn: I want to compliment you on your statistics.

Stephanie: Thank you.

Mary: Do you get any money from the Geneva 708 Board?

Stephanie: Yes.

Ecker Center for Mental Health

Karen Byer, CEO Ecker Center for Mental Health, 1845 Granstand Place, Elgin, IL

1. Last year the Mental Health Board funded you **\$59,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Karen: We spent the money on the services we provide. We have a psychiatric emergency program that's open 24 hours a day. The office is located next to the emergency room at Advocate Sherman Hospital. We have a 24 hour crisis residential program which is stepped down from hospitalization. We do what you would do in an inpatient program, but it doesn't have locked doors. The people we can care for there can't be dangerous or suicidal. We have difficulty when people are very addicted to drugs in addition to having mental illnesses because people can walk out. We have an intense outpatient program for people who don't want to or can't be in the crisis residential program. It operates 5 days a week from 10am – 3pm for people who really are in crisis but can stay at home. We have therapy programs where we see anyone from 5yrs and up. We have case management for adults; helping people find housing, apply for benefits, etc. We have 24 daytime supervised residential programs. We also have psychiatry. It has been our big challenge since the State eliminated grants for psychiatry last Fiscal Year. This year we have been able to get some sizable grants from places like Ameda Health Care. Having lost a full-time psychiatrist because of that cut, which was approximately \$380,000. We're going to be adding 6.5 hours a week and are able to do that with these grants and will be starting that this coming month. We're working with the NA to hopefully help us into the future to beef up psychiatry at our Elgin site; which also offers primary care every other week as well an independent pharmacy, which is operated by a separate company during open hours.

2. You are requesting **\$64,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Karen: If we do receive the money we will be serving St. Charles residents from our local office which provides therapy, but people would need to go to Elgin for other services. The funds would be used for all services previously described except for residential, the city's money would go toward outpatient services.

Mary: Will the psychiatric services be available locally.

Karen: It's in Elgin; it's a difficult service to provide here due to it being more expensive sending people from a hub office, as well as the psychiatrist needing to operate in a clinic with the backup help from nurses. On occasion we will have someone come in who is very disturbed where we need a number of staff people to handle those situations and Elgin has a lot of staff.

Chair Gacic: Because of the change of services and geographic location, are they serving less St. Charles residents than they have in the past?

Karen: Our services overall are affected by the fact that we have fewer psychiatry hours, it's a small percent overall. I don't know exactly what that is for St. Charles but the agency in general is serving 8% fewer than last year.

Chair Gacic: I attended a state association meeting last September and a representative from Presence Health did a fascinating presentation where they have a written order in place in Bolingbrook where they have the psychiatrist. The problem is you actually have a psychiatrist that has 3 hours' worth of downtime, but if they were to travel it would take up that downtime. So their now using camera's, except for a Medicaid patient where the case manager had to be present, but if not all that was needed was a camera at home; this will solve a lot of problems.

Chair Gacic: said it's getting more and more sophisticated and the cameras are getting so good they can be used for not only psychiatry but other illnesses, and maybe coming to our area.

Association for Individual Development

Lynn O'Shea-309 New Indian Trail Ct, Aurora

1. Last year the Mental Health Board funded you **\$54,500**. Please talk about how you spent that amount of money. What worked well and what would you change?

Lynn: We have 298 services that can be provided to St. Charles residents; Services for children and adults, Supervised in support of living, children's in-home support, aiding people on unemployment, crisis intervention; etc. Our largest expenditures for the area are the group homes, in addition to having St. Charles residents live in some other towns; we cannot afford enough right here in St. Charles. Development training, homebased support, psychiatric services, respite care and addiction services. There are unfortunately 183 from St. Charles on our wait list; most of them are poor and need either health housing or low income housing. We also do tele psychiatry and are moving more and more into the utilization of apartments for our housing support because it's more cost effective if we can get the rent subsidies; so we've been working very closely with IHDA. With 183 people waiting for service we need to find more cost effective ways to find that support. This year, 12 months ago, we spent most of our time on the Capital Campaign, we started that campaign because the state of Illinois cut our funding \$2million in 2015. In 2016 they gave us back \$1million of it but in a promissory note. We did finally receive it about 6 months ago, we have not closed programs we have actually grown, and did so by moving away from expensive group home services and more into apartment style living, but also through our capital campaigning. Our goal was to raise \$2.5million and as of last week, in pledges and gifts, we raised \$2million with the goal of eliminating all the mortgages for the group homes and have been able to pay down 2 of the 3 mortgages. By doing that it provides us over \$320,000 a year in operating support, and we felt this was the most cost effective way to spend the money.

2. You are requesting **\$70,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Lynn: Most of the money goes toward the staff support and our biggest challenge is keeping staff because we haven't had an increase in our per person, per year, payment for the people that we serve from the state, which translates to more than a 35% reduction in our buying power. The bigger challenge we see is that we have more than 16,000 students in special education in Kane County with a large amount in St. Charles grades K-12 who will be coming out on that wait list. We see the challenge ever increasing, our primary funding source is Medicaid which is under attack at the state and federal level so we need to find more and more creative ways to use the dollars we have to serve more people and we appreciate the support the Metal Health board has provided.

Carolyn: What worked well, and what would you change from the money funded last year.

Lynn: Moving from group home to the apartment and what we would change would be asking for more rent subsidies to help lower their operating costs.

Chair. Gacic: said she thought she remembers their agency asking Shodeen to build apartments behind the old Dominick's, she asked if anything ever gone farther with that.

Lynn: No but with all the media attention we did get in touch with Dave Patzelt to see if they could talk; so we will see because we really are focusing more on apartment living because in group homes it's hard for 4 or 5 people to get along, rather than 1 or 2. Also in group homes staff does a lot for them, apartments causes them to live more independently.

Carolyn: You had served 92 individuals were served in St. Charles and 206 St. Charles residents and I'm wondering how many of those were connected with the Police dept.?

Lynn: The statistics were rerun last night and 206 is the number that we worked directly with the Police dept. on, whether it was suicide, homicide or domestic violence, they work with the perpetrator and we work with the victim. If there's a death than we work with the family all the way through the grieving stages and funeral arrangements, etc.

Chair. Gacic: I know you've had this program with the police dept. since 2014 and I'm curious as to why the significant jump.

Lynn: The police seem to really like working with us, the number of calls have tripled.

Carolyn: It's been a successful program for both groups.

Lynn: As you will see in the audit for the upcoming year there is a huge operating surplus which is a result of our capital campaign, and you will see the expenditure of paying off the mortgage on the balance sheet; they don't go on the same page, so it will look like we have all this money and I just want to clarify that.

Lazarus House

Liz Eakins, 214 Walnut Street, St. Charles

1. Last year the Mental Health Board funded you **\$46,100**. Please talk about how you spent that amount of money. What worked well and what would you change?

Liz: The homeless shelter transitional living program is an outreach program and we have seen a slight reduction in the number of homes persons that we've been serving this past year. Consistently our outreach program (rental and mortgage) subsidy and emergency assistance programs continue to be at capacity with wait lists and we absolutely know that is why our homeless numbers are reduced. We have 15 chronically homeless households, 2 of them have children, and of those 15, 13 are 708 qualified households in one form or another and if it wasn't for the rent subsidies we administer from state and federal those household would be in our shelter cycle. The long term affects have paid off when we applied for those grants many years ago.

What we request and what we have spent is as a percentage of the services that we provide which is called a night of service, these are night of 708 qualified people that have been in our shelter and the funds we receive allow us to pay our case managers, allow staff onsite 24/7 for safety, cleanliness, laundry, food, etc. to be welcomed with open arms and managed in a wonderful and safe way. The funding allows us to pay our utilities, but the case management is the biggest component of the work that we do; each guest is assigned a case manager, it's not an option, and they meet with them at least every week; but more like 3-4 times per week. The case managers are charged with assessing each and every adult individuals smell, health and substance history; if there are needs identified the next step will be referring those guests to Ecker or Renz Center for a full assessment to see if there's more services identified; if so they then follow through on that process. Most of the rent services take place from our Elgin office, there is a St. Charles satellite office where the assessments take place but to participate in any of the outpatient treatment programs there is a transportation issue getting them to and from, so transportation costs are a big piece of what we pay in provision of those services. We won't let that transportation cost stand in the way of our guests receiving the services they need; that's a high priority on our list. However we do ask our guests that are employed or have social security to reimburse for the transportation costs, but those that don't, it's on us and that's okay it's well worth it.

2. You are requesting **\$43,010** this year. How are you planning on spending the money specific to the St. Charles residents?

Liz: Next year will be the same. A continuation to be sure lives get stabilized, and we have found that with substance abuse we have people who never really consider what was happening in their lives as a problem, there's usually an underlying mental health cause behind that. So we may be the first opportunity that someone has had to come face to face with the ability to understand that maybe things can be different, life doesn't need to be like that and there's an opportunity for change; lives are then changed forever.

Ron W: Do case managers do electronic record keeping to share with other agencies. Liz said yes, but not with other agencies. Any agency across the nation that receives any kind of funding from HUD is required to participate in the Homeless Management Information System (HMIS) so all information is maintained in that system, but not shared, we are very protective of peoples identity and information. Confidentiality for the people we service is more of a high priority than the sharing of the information, but with a signed release that information can be shared, and we do that all the time.

Living Well Cancer Center

Karen Wells, 442 Williamsburg Avenue, Geneva

1. Last year the Mental Health Board funded you **\$9,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Karen: Shared 2 different situations which show how important their counseling services really are to those who've been diagnosed with cancer and those going through treatment; especially those who may already have a mental illness and are then diagnosed with an illness. The counselor's specialize in oncology counseling but there are also 3 licensed clinical professional counselors and 5 licensed social workers. St. Charles is one of the most served communities, last year there were 339 residents who received counseling and social work services, but overall we served 532 residents for all of our programs receiving 4,988 services from Living Well, all free of charge. Those services range from art classes, meditation, yoga class, educational presentations, etc. during those services they may hear of other support groups for their specific illness which then opens up the door for counseling that some didn't realize they even needed. It was noted their grief group/counseling is very significant. Living Well has been around since 2005, and have 16 board members. Many of the founders are still on the board, which really ground us to the community base that so important. We are part of Northwestern Medicine and the benefit there is the foundation of the hospital pays for all of our fundraising expenses; all donations go directly to provide programs and services for the residents approved of free of charge.

2. You are requesting **\$20,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Karen: If you calculate the cost just for counseling services its \$264 per person on an annual basis and if we serve 339 residents it's a lot more of that \$9,000 spent on St. Charles residents and that would go toward the salaries of the counselors (3 full-time) as well as the social workers at the hospitals.

Mary: How many staff do you have?

Karen: 16 full-time equivalents, 2 part-time managers, 2 part-time instructors and dieticians and 8 full-time counselors and social workers.

Carolyn: You are up clients this year. Is there a reason for that?

Karen: We added more social workers (2 at Delnor) and just more people just really making an intentional effort to connect people coming in for other programs to the counselors. They actually took art and yoga out to the people at the cancer center to try to engage and connect them more.

Tri-City Family Services

Jim Otepka and Laura Poss, 1120 Randall Ct., Geneva

1. Last year the Mental Health Board funded you **\$189,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Jim: 2016 funding enabled us to serve 881 residents across all of our programs, 339 of them in our counseling program received 5,174 hours of service. While service delivery in the counseling program was down by 29% on June 30, 2016 from the previous year, it began to trend upwards during the first 6 months of this fiscal year with the end of December showing a 19% increase, sometimes it's hard to tell why but we are on the upswing and hope for St. Charles resident to be at about 30% of our total services.

Laura: I'd like to talk a bit about some of the non-billable items that we provide; majority of the families we serve for every traditional counseling hour we provide at least 1.5 hours of non-billable service. Which include: crisis intervention, case management, planned advocacy and after hour emergency services; 24/7 and 365 day per year we are available for our clients. In addition we work very closely with St. Charles schools and provide an urgent assessment which is a very valuable and powerful tool in the school systems. We also provide regular collaboration with school personnel on individual education programs, the court system, community resources (rent, utilities) and we don't feel these are an ancillary service to our counseling, but are vital to our mission and crucial to the services we provide, as we see a lot of high-risk poorly resourced clients in this area. These services differentiate us from other agencies and for-profit private practices which do not provide any of these case management resources. It used to take our team about 1 hour to do utilization review of our charts, and we've gone from about 4 hours on 1 to about 35-40 hours per month due to the intricacies of the electronic medical records; this is very helpful for Medicaid audits and is a non-billable hour. We're also pleased to be providing service in the St. Charles school district, one of our senior clinicians works as a liaison with the schools staff in very difficult cases they may see or encounter on a daily basis, which has been very successful.

2. You are requesting **\$200,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Jim: 75% of our costs are allocated to the provision in clinical services so it's subsidizing the counseling hours and time for individuals who can't cover the cost, even most who are insured will have high deductible plans. Anybody who receives service is assigned a fee based on the

sliding scale; which is dependent on what they earn and family size. So the dollars we receive are allocated to subsidizing those services and providing all the non-billable activities and it's disheartening to discover that we have to devote so much time to satisfy accreditation standards and utilization reviews. The dollars are also used to cover the cost of our prevention programs, which are offered on a sliding scale but the fees are very nominal; probably no more than \$5 per session. Those are offered under the umbrella of "emotional wellness" last year we spoke of our Chic Chat program (4th, 5th, 6th grade girls) which has been offered in collaboration with Geneva school dist. and is available to girls in St. Charles; 12 girls participated, and another 5 this year. Dist. 303 has been super to work with, couldn't do it without them and the first Chic Chat by HGNA in St. Charles Saturday, March 8th at Wredling middle school. There will be a second project offered "Self-Compassion" next month, it's a 6 week skill building program for high school girls focusing on cultivating inner strength, improving emotion resiliency, self-awareness and developing healthy relationships. TCFS continues to partner with Lazarus House providing both a parenting group and a women's group onsite for their guests; very pleased with the relationship and the services we provide, we had 50 women participate last year. We also continue programs like our single-Moms support group, Bridges Program-children of divorce, grandparents raising grandchildren, smart choices, anger management and the wilderness challenge program (trip 29 in June) and the city's funding certainly helps with all of those programs to make them available to St. Charles residents.

Funds also help to support the cost of staff developing networking efforts for participation in things like: St. Charles youth commission, Kane County behavioral health council and the Mental Health Partnership.

Laura: Next year one of our #1 priorities is trying to keep staff vacancies filled, we lost 3 full-time staff members all within 1 month, not because were not a wonderful organization to work for there's just more compelling things out there to young graduates. We try really hard to keep our salaries competitive with the local market, which has been increasingly difficult especially when bigger and better things come along. The same is true with our bilingual services; we have a very robust Latino services program which has grown exponentially over the last 2 years therefore we work hard to be sure we have several bilingual staff and a medical assistant. We try so hard to compete with private practices and hospitals with behavioral health settings and it's very important, as a therapist and taking over for Jim, to keep the quality of staff at its current level.

Jim: Expressed his personal thanks to the board for all they do. The board thanked him for all his hard work over the years.

NAMI KDK

Jessica Isaacs, Executive Director, Kane-South, DeKalb and Kendall Counties

1. Last year the Mental Health Board funded you **\$2,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Jessica: Last year that \$2,000 went to surveying roughly a total of 2,371 individuals throughout the 3 counties, roughly 75 residents from St. Charles. We ran a family to family class; an educational class for family members of individuals living with mental illness, 15 family members went through that class. We have a hotline through our office for support and referral services, whether it's counseling or in/out treatment; which helped over 200 people this year. We also have a connections group which is run by someone living in recovery from a mental illness themselves for people living with mental illnesses, we had 3 family support groups, and 1 of them was held in St. Charles and had great attendance.

2. You are requesting **\$6,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Jessica: Our educational classes the do keep record of what city they are from and the family to family class started the February 16th and they've seen a 27% increase in participants from last year, as well as a 21% increase in hotline calls. Last year we presented to roughly over 1,000 students through our Ending the Silence Program and this year within the first 2 months are already at 300 students; so we are only seeing growth, which is where the request for additional funding comes from. St. Charles in particular is being reached out to through an upcoming health fair (April 19th) at the high school in hopes to provide an Ending the Silence at each of their schools throughout the year, as well as Parents and Teachers as Allies (90 minutes for teachers and social workers regarding mental illness within the schools). We've also started working with Precedence Mercy Medical Center to partner with us to provide the presentations we already have to get into even more school systems in the St. Charles area. Support groups that have been running in St. Charles have been very well attended, over 100 last year.

Chair Gacic: We are seeing a new growth in NAMI in reaching out and reaching those that need to be reached.

Jessica: Yes, and they are coming to us as well.

The Ending the Silence Program is specifically offered in the classroom environment in health classes; which is a film, then a discussion and a presentation from someone living in recovery successfully. Depression and suicide is on the rise and we get excellent ratings from the kids afterward and a number of children who then seek help. The intent was to do the program in St. Charles last year but the school board did not specifically give approval, so part of being involved in the health fair is to get ourselves more introduced to the decision makers to provide our signature program.

Ron W: Do you do referrals to Ecker and AID because the application states there are no community mental health centers in Kane County.

Jessica: In-patient, but absolutely we refer to Ecker Center, and some of the biggest challenges answering calls and providing referrals is parents wanting to know where to send their students that have aggression or physical aggression toward anyone and centers like Ecker will not take students at this point.

Wredling Middle School

Renee Boehm, 1200 Dunham Rd., St. Charles

1. Last year the Mental Health Board funded you **\$2,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Renee: The money was spent on teachers spending time with kids who need support; emotionally or mentally, helping kids academically with extra support programs as well as finding out their skills/interest and building activities around that. We also have after school extra support programs for those who may not have structure or academic support at home, where students can be with teachers and other strong peer mentors. We have meetings, groups and activities with our student assistance coordinator; Mike Cortina, who leads groups to support the emotional needs of students who we believe are at risk; which is a very large category, but at risk for substance abuse, suicide or that don't have a lot of support otherwise. We have social work groups and counseling groups, but a lot of it was used on academic support, teacher mentoring and student assistance groups. Our Inclub program-which could use a bit of extra funding-consists of students identified by teachers as students who don't understand social rules or how to interact, due to emotional or physical interference. Activities are planned and students who are strong socially also attend to model those behaviors for students. We have a stages autism group, who isn't doing a lot of outside the building work right now, so they are not in need of more funding. We also have a cross categorical program for students with severe mental and physical disabilities; they do field trips weekly to learn to function in the community and to work physically and socially to the best of their ability. Some of those students will not ever be able to function fully in society, but there are some who cannot speak but are 100% mentally capable; there are new devices and technologies coming out where they can type and communicate in other ways. It's amazing that they are in a group where there is no communication or functioning but they really have 100% of the same ideas, feelings and intelligence as anybody else their age; there's a wide variety in that classroom. The feeling is everything has been successful; anything we invest in kids is successful.

Carla: The programs you just listed are programs provided by the school district; so what do these funds provide?

Renee: The \$2,000 funds provide for any extra time within those groups, or outside of those groups that help social workers, counselors and teachers.

Carla: Does it pay for their time?

Renee: No. I have a student that doesn't speak but the only way to get him to smile is by joking with him in the morning and playing chess with him on lunch period; those funds would pay for a chess board. It's for things above and beyond things normally scheduled group or classroom time, it would never pay for the teacher or counselors time, it's more for peripheral expenses to give extra support to the kids, and most teachers do not even turn receipts in and do spend way more than \$2,000. Those things are usually run through the program and the objective is to get a

diversity of students who need it and are at risk; which we keep a record of to follow through with counselors to be sure those students are identified as having some sort of additional needs.

2. You are requesting **\$3,200** this year. How are you planning on spending the money specific to the St. Charles residents?

Chair Gacic: The \$3,200 requested would just be an increase in the services already provided for the kids?

Renee: Yes, the extra \$1,200 would in part be toward the Inclub Program as well as the Cross Categorical program that sometimes needs funding for field trip work and extra work. Another idea is when we have judges and social workers come in from the community it is pro bono and I don't know how long they will do that, but sometimes one of them cannot come and we need to supplement based on our 1,200-1,300 population. I do believe they may have to supplement from a different outside source to speak to the students, give instructions and mentoring and usually there is a fee associated with that and I do foresee that happening because we don't always have enough volunteers to speak to the kids.

Carolyn: If there's a percentage increase of kids who are at risk would that warrant them needing more funds?

Renee: No. In fact you should have received an Illinois Youth Service survey attachment. What I find is the numbers are decreasing and they have been pushing the mentoring program really hard; the teachers don't get paid for it, but it's important and because we have 21% students with learning disabilities or A.D.D and we know the impulsivity or the depression that comes with it affect their lives. Because we have 53 students who have a suicide referral or more per year, we push this program really hard and the principal of administrations supports it. From the survey we found that 8th graders from 2012-2016 substance use, physical violence, bullying behavior, consistent feelings of sadness and hopelessness have all decreased, and positive interaction with adults in the building is up. The family lives are probably the same, but the at risk behaviors are not increasing according the data, they are slightly decreasing within our school which is based on Wredling middle school only. The other middle schools choose not to take the survey, so we can only compare this data only to other Illinois middle schools; in 2012 we were really close on-par with Illinois, and in 2016 we only had the 8th graders take it, so 6th graders dropped off. The gap between Illinois and our building changed, so our numbers are better. I don't know if it's a trend overall, but I presented this to the faculty where they said to "keep doing what you're doing", there are little bits of funds here and there which adds up quickly, but they felt motivated by the information.

Renee asked the board to take a look at the outline for social emotional learning standards to be incorporated according to ISBE throughout the school day.

Tri-City Heath Partnership

Kim Lamansky, 318 Walnut St., St. Charles

1. Last year the Mental Health Board funded you **\$8,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Kim: One of the largest things we use the funds for is our assistance program with prescription (PAP Program) everything from research to purchasing the medication. While we don't treat anything but an established patient with mild depression, we really do the screening process that goes with it. Anyone that's presented with a chronic issue suffer more from some addiction problems and we really work on the questionnaire filled out by the patients, and if they score high enough they will be referred out in the area, or the emergency room. Some of the funds were actually attributed was for gas cost for transportation, right now we are buying gas cards to help people get to where they need to go; but the agency is really initiating working with some of the different transportation areas. The biggest thing besides that is staff working with the social service side, social service agencies working with the churches and while children are seen, it doesn't happen very often, so the goal is to touch base with the parents. A lot of people don't even know we are here, so the focus is to push out who we are, what we do and how we can help with the screening process.

2. You are requesting **\$10,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Kim: For me it's about spreading the word and the purchase of medication; we stock the basics but when we do have to send out a prescription it will be at the \$4 level, and we are even giving vouchers for that too to help supplement some of the cost the client may have to incur if they do have to purchase it. For me it's a marketing thing, to really get the word out for screenings, and even though we cannot treat anything above and beyond, it's about getting the client to the right people. We have 2 new counselors who are working on getting therapists in to help with that screening process.

Chair. Gacic: There are 5 executive directors present tonight; you should all get together.

Mary: What type of medications would they buy?

Kim: The simpler things; Wellbutrin, Effexor, etc. We do have a prescription assistance program that really does help, so we try to give them as much of that as we can by either donation or purchase. If we do have to get them something stronger then we try to stick to the \$4 list; which is a huge list. We do have a high Spanish population so we are working on having staff takes classes on medical Spanish language, as well as the website being easier to follow for the clients. We are very blessed and have incredible members on the board.

DayOne Pact

Steve Boisse, 1551 E. Fabyan Parkway, Geneva.

1. Last year the Mental Health Board funded you **\$2,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Steve: The funds were spent last year, as well as previous years, in assuring people with developmental delays and disabilities, to new born babies to senior citizens, are identified for services, screened for eligibility for services, are linked to service providers, as well as their wellbeing and satisfaction with those services are continued to monitor as long as they're in our area. We serve about 308 people from St. Charles, 160 in our child and family connections program and about 144 in our adult programs.

We went through a merger last year that wasn't official until July 1st, so it's been a challenging year, primarily because changes in the way the state is expecting budgets to be done by agencies such as ours. It took us an extra month and a half to get our audit done which created some stress among staff, as well as the merger process being a learning experience. I stand by it; we were able to eliminate 1 executive director's salary and reinvested that into staff, which is our most important resource. It also helped to cover some health insurance increases, as well as the lack of any funding increases while all of our costs have gone up over the past year. What we continue to be very proud of is that we continue to reach out to a wide audience of people. We have been very invested in increasing our reach to Hispanic families in our child family connections program. We are trying a broad based approach to reaching out to people and the number are pretty good in doing so.

2. You are requesting **\$10,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Steve: We expect to spend about \$70,000 on St. Charles residents and we want to continue to do what we're doing, we do this as well as anybody in this state, but that takes investment of money and staff. We work very hard to make people aware that we are here, by reaching out to hospitals, schools, other non-profit providers and community perks; because if people don't know you're there they cannot access your services. Once people reach out to us, once connected, we're try to make our services are timely so the money will go for that, not just outreach, especially assuring that people know whether they are eligible for those services. Many of our families have to wait on a PUNS list, and the last thing you want to happen is someone's been waiting for 5 years just to find out they're not eligible for the services. We invest some of the money in doing appropriate screening, so that if they are not eligible we can refer them to the acceptable services. We're are also investing in assuring ongoing satisfaction for services, which is really critical, because a lot of families are not satisfied with the "cookie cutter" approach, because everyone believes that their child is unique, as are the needs of every individual. It's becoming more and more challenging for us to assure the programming their family member of child is receiving is unique and really appropriate for their needs. A new challenge we will face this year is taking over the service plan design for all people in adult

facilities, which was always done by AID, and now new Medicaid guidelines states that has to be written by a non-conflictual case management entity; that's us. This will mean an additional 15 hours per year of service, per individual and the state was very succinct in stating we would have to find a way to pay for that.

Ron W.: Last year there wasn't any movement on the PUNS list, has there been any enrollment for those waiting?

Steve: There was a selection last year, about 600 people off of the list as a result of a lawsuit, but are expecting an additional que of about 500-600 before the end of the fiscal year; in the meantime we've had more people enroll in the PUNS list. During the year we also did a clean-up across the state to reduce the list to about 18,000 state wide, and about 1,400 within Kane and Kendall counties, but the list is continuing to grow. So yes, people were selected but more kids are graduating out of school, more kids with disabilities are born, so it's still increasing.

Ron W.: Would you happen to know how many St. Charles residents were on the list?

Steve: I'm not sure, but I can get that info to Tracey for distribution.

Carla: Would you be able to parse out data from this population of how many of those would meet the requirements of the mission of this particular body of behavioral or mental health issues?

Steve: I don't believe we track each specific diagnosis, but case managers would know that, I could probably get a rough estimate.

Carla: For future applications that information would help because that is the mission of this particular board.

Steve: You're looking for a dual diagnosis; while we are focusing on developmental disabilities and delays, what is also the mental health component?

Carla: Correct.

Steve: I will try to get that information to you.

Casa Kane County

Gloria Bunce, 100 S. Third St., Suite 460, Geneva

1. Last year the Mental Health Board funded you **\$5,000**. Please talk about how you spent that amount of money. What worked well and what would you change?

Gloria: I've been the executive director for 10 years, next year is our 3rd decade of advocating for children, as a react organization people think we're setup for success because the court

system houses us and we're part of the judiciary, but what many don't know is that we are 100% privately funded. The courts rely on us to be the guardian for the court system, and every time we get a shelter care hearing CASA is appointed as the GAL. We have to be prepared and have to make sure that once a shelter care comes to fruition, that we are part of the case, it's not a volunteer, it's CASA. In those first 90 days, we have to bring in a new CASA GAL volunteer (trained for 45-50 hours), last year we had 2 doctors of education revamp our whole training system; which included a court simulation program. Even though we've been serving the needs of kids since 2002 with our program starting in 1988; it takes a village and for a while we were serving 1 supervisor to 50-55 cases. With privately held funding; we have to help find the resources with the poor state budget, bring all the resources together and be sure that we have 1 supervisor to 1 advocate CASA GAL. The training, background checks, fingerprinting, going to the training, swearing in, making sure there's that perfect match to the GAL to the family and to then provide them with all of the resources of advocacy to be sure it's their best interest and also be sure the judges are provided what they need to make the best interest decisions for these kids. 80-85% of the families we serve have mental health issues and as a react organization we also try to be proactive, it costs the organization \$2,500 per child, we do get provided the rent which is \$75,000-100,000, we are fortunate, but we have a \$1.8 million budget with 15 full-time staff member that have to oversee this, and we have to fundraise. Fundraising is less than 15%, 85% is totally the program, 6 advocate supervisors, close to 300 GAL volunteers that we have to continue to recruit and train and it is by statute the requirement is 12-15 in service credit hours for CASA volunteers. Our team is 24/7 taking calls but most important is we have to be on it all the time because the court system relies on us, and a lot of people don't understand all it entails. We have to be sure volunteers are being steward and acknowledged because they can leave at any time and they are the whole bloodline to our success; we need to empower them, educate them and be sure their needs are met.

2. You are requesting **\$10,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Gloria: We have 610 children, each of them costing \$2,500 and last year we only served 16 children in the St. Charles area but we were also able to attract and retain 52 CASA volunteers. We would be very fortunate to receive the \$10,000 to help us continue the retention, training and qualifying volunteers from the St. Charles area to serve children in the St. Charles area.

Mary: How many supervisors do the volunteers have?

Gloria: There are actually 6 now, one hired about 3 weeks ago, so now the agency has a vice president for advocacy and operations that oversee the program and advocacy of it because the agency has grown so much. This is another vice president who understand and oversees the fund development.

Ron S.: How many St. Charles resident were served? Gloria said 16 children and 52 volunteers, which is huge.

Michael: asked if the \$10,000 is for training all the volunteers and are those volunteers all from St. Charles.

Gloria: Yes, we had almost 300 volunteers and 52 came from St. Charles. She then showed the board how they came to that number; they take the entire budget and divide it by how many children they served.

Renz Addiction Counseling Center

Jerry Skogmo-1 American Way, Elgin

1. Last year the Mental Health Board funded you **\$63,500**. Please talk about how you spent that amount of money. What worked well and what would you change?

Jerry: We have offices in Elgin, Streamwood and St. Charles. Last year we saw 75 individuals from St. Charles, 51 of those people had insurance under \$20,000 so primarily the funding goes to subsidize those clients/residents. Average number of hours of service were 36 hours for 75 clients about 2,700 hours; 36 hours per person, a lot of the funding will subsidize those hours of service. We have traditional outpatient programming (1-3 hours per week), as well as intensive outpatient programming (12 hours per week), we do not provide that in St. Charles because it's hard to do, but we do provide that in Elgin.

2. You are requesting **\$65,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Jerry: We want to subsidize those with lower incomes that need more services. Surprisingly we have found that the longer people stay in treatment the better outcomes we have. We're happy the average person is being seen about 36 hours for treatment that indicates improved outcomes. Another thing is the terrible opioid epidemic, nationwide 27,000 people died of fatal overdoses; about 1,700 in Illinois alone last year. Kane County in the last 4-5 years has had well over 100 fatal overdoses, some of the funds would go toward Naloxone training (anecdote for overdoses) giving it to first responders and families, as well as some clients who are continuing to use opioids; that's an important factor. The other related treatment is a medication assisted treatment program that provides meds and behavioral counseling for those who are opioid addicts. It's an expensive program, we have a Psychiatrist and a nurse that will provide the medication Vivitrol (30days slow release med.) which is an injectable and the outcomes look pretty good for that, Buprenorphine or suboxone is something we may try in the future. Primarily it will be a Medicaid population we will be seeing which won't cover the full cost of services.

Mary: St. Charles residents treated dropped from 111 last year to 75 this year; any ideas as to why the change?

Jerry: We are seeing people longer so part of the issue is people are coming for more serious addiction problems, but thinks a larger issue is the affordable care act has permitted a lot of people to get insurance and Medicaid coverage; they now have other private options. There was

a time where there were only a few of us available for the low-income person, there are a lot more options now, which seems to be is part of the issue as well.

Ron W.: About 70% of the St. Charles clients are women, has that changed over the years?

Jerry: I think that could be a misprint, I'll double check that.

Carla: How many clients have you had in the medicated assisted program?

Jerry: We started about a month ago, so just a handful, but it's not just for herion and opioid addicts, but also alcohol independent people. This service is for both adolescence and adults, but we don't expect to see too many adolescence.

Fox Valley Special Recreation

Jessica Leonard-2121 W. Indian Trail, Aurora

1. Last year the Mental Health Board funded you **\$1,250**. Please talk about how you spent that amount of money. What worked well and what would you change?

Jessica: We offer both general programs specific to people with disabilities as well as inclusion services to our memory agencies. When a patron comes to the St. Charles Park District and requires ADA accommodation, the park district makes an inclusion request for them and an assessment of the individual is done to determine the accommodations needed. This is where the 708 grant is so important to the participant; the St. Charles park district reimburses FVSR for any time provided for an inclusion aid to assist with the individual to be in the program. However we are not reimbursed for the time it takes to do the assessment, developing the plan, planning IEP observations, meetings with the parents or program leaders, or any other non-direct contact time regarding the participant; which is where FVSR spends their 708 money. The past year at the SRA we've seen a 17% increase in inclusion service placement agency wide and a 35% increase in St. Charles. We provided around 2,500 hours of inclusion hours to St. Charles specific participants last year and of that we spent 156 hours doing assessments and developing those IEP's. We had 26 St. Charles residences we served in those inclusion hours and aside from inclusion we also do education transition plans; where children are phased out of the educational system into adulthood, as well as adult day service programs, but majority of assessment time is with inclusion. Of those 26 participants 48% of them had autism, 16% had behavioral disorder, 5% had down syndrome, 11% had mental illness, 7% had anxiety and the rest were either undiagnosed or there were multiple disabilities. The biggest programs we support in St. Charles are Baker Station and the summer camps; in addition to inclusion assessments our staff also assists in the transition plans and the adult day services.

2. You are requesting **\$5,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Jessica: We currently have fulltime inclusion specialists and inclusion manager; they are agency wide and spend all their time making those inclusion placements, doing the assessments and coming up with the case management. We have about a 78% placement rate on those inclusion requests but would like to get that up closer to 100%, the reason we don't fill those requests is because we either don't have time to do the assessment or we do the assessment but the parent doesn't agree with the plan, but we would like to increase that. We find that if we have ongoing case work with the inclusion placements the children are much more successful in the program and will stick with it. There are studies that show that children who are engaged in these programs do better at school and are more successful in life in general. People with autism are 3 times more likely to suffer from depression, and 5 times more likely to attempt suicide, and we feel the recreational setting is a great place to set them up for success in life. Staying active is more than just maintaining a healthy weight, it's critical for overall emotional behavior and mental wellness.

ElderDay Center

Lori Hewitt-328 W. Wilson St., Batavia

1. Last year the Mental Health Board funded you **\$14,500**. Please talk about how you spent that amount of money. What worked well and what would you change?

Lori: I'm new at this, but did help write the grant because I was on the board prior to becoming executive director. This is an adult daycare center, most clients served have early onset dementia or Alzheimer's; last year we provided 21,821 hours and currently have 27 clients of which 6 are St. Charles clients. We provided care from 7:30am-5:30pm, when this grant was written we were charging \$12.50 per hour, but just raised that to \$13.50, which includes a morning snack, afternoon snack and a hot meal. We provide not only care for the seniors but also respite for the caregivers; caring for seniors can be a very trying time and it doesn't just stop in the middle of the day. We provide a nice warm welcome environment with a social worker, 2 nurses, 3 program aids, as well as an office staff. We provide cognitive as well as small and large motor skills activities; we have a gym to do laps and exercises, and medical care if necessary. The money used is to help us keep our doors open, at \$12.50 per hour we have extenuating off setting costs, such as rent and salaries. Last year we did spend some of the money to purchase brand new tables and chairs for our dining room and program room.

2. You are requesting **\$18,000** this year. How are you planning on spending the money specific to the St. Charles residents?

Lori: We have a 26 passenger bus that has not been serviced and this year we would to use some of the funds to put the bus back in service that would include: insurance, care for the wheelchair lift and a driver with a CDL license. We have started to do monthly offsite field trips and would like to continue 1per month, we find the clients and families really enjoy that, we currently use Spare Wheels transportation until we get our bus serviced. We'd also like to use funding for new office desks, file cabinets, child locking cabinets and to overall spruce up of the office. We really find that when someone brings their loved one on a tour, it's really nice to have a nicer

presentation; the St. Charles, Batavia and Geneva Masons have volunteered to paint the space. The space we have we can take up to 35 clients, we currently have 3 continuing care clients (CCP) that we get some Medicaid help with, primarily though most are private pay.

Mary: You mentioned the 27 clients how many days per week do they attend.

Lori: Every client has to attend 2 days per week, at least 5 hour a day. We have some that attend 5 days a week, with the average being 3-3.5 days.

Carla: Did you say you currently have 6 St. Charles residents?

Lori: Yes, 6 and 14 caregivers.

Carla: Do you anticipate more during the course of the year?

Lori: We are hoping to have 30 clients by the end of March, we can take 35 clients and we do have 2 clients that just took a tour with their families; they will then come back for a full assessment to be sure they will fit and meet all the requirements we can do for them. We do have some people who progress in the disease to the point they can't stay with us any longer, so we do have constant transition. We are starting to do a little more marketing and we are one of the only locations around that really serves this need, and the need is getting greater, unfortunately.

Chair Gacic: Are you seeing an uptick in the caregiver support groups?

Lori: Yes, we do have a support group that meets once a month and it's not only for our caregivers, but also open to the public; our social worker Molly runs that and we have seen an increase in that, as well as the memory care café meeting at Batavia Library, also open to the public. The hardest part is that people know their loved one needs help, but it's a big transition for someone to move from a home environment, into an environment where they have social skills. A lot of time people come for a tour and may not bring their loved one in for an assessment for 5-6 months; it's a hard decision that takes some time.

Chair Gacic: I keep the Elderday phone number my office' rolodex, because when we see a client slipping and the spouse then comes in by themselves; by the time they are done seeing the CPA they need support.

Lori: It's hard; we have people that bring their spouse, mothers/fathers, we have a couple clients under the age of 58; it's really difficult because they have children at home that are still in high school or college. The hours we are open, someone can still drop their loved one off and then go on to work and pick them up after, and at \$12.50/\$13.50 an hour its less expensive than most children day cares.

Mary: My own personal preference for our funds is to not use them for brick and mortar things, but toward direct service.

Lori: That's fine, we've also been looking into increasing our music and art therapy; our clients really enjoy that. We currently have an art and music therapist once a month; we'd like to increase that to twice a month and there would be a cost involved with that. We'd be happy to use the funds for that. A 708 Board member said that would be a better fit for funding.

Easter Seals DuPage & Fox Valley

Erik Johnson-830 S. Addison Ave., Villa Park

1. Last year the Mental Health Board funded you **\$2,500**. Please talk about how you spent that amount of money. What worked well and what would you change?

Erik: Last fiscal year our agency served a little over 3,214 individuals along with 48,000 hours of service; in St. Charles we served 36 individuals with 631 hours of service. The funds received helps us to provide outpatient medical rehabilitative therapies to individuals who are uninsured or underinsured and are struggling to receive therapy. What we have found for that population; there are 2 concurrent issues going on: there are a decreasing number of organizations serving people who do not have private insurance, which is a solid business decision that we respect, it's not cost efficient to accept anything other because of the cost of providing service. The reason we have a robust development department is to continue to serve people who are experiencing those drastic changes referring to the private insurance industry. We are proud of our service model perspective; we provide individualized services from a clinical team that has a vast degree of expertise and clinically there is currently no plan for the agency to change anything in their whole picture.

One thing I'd change, besides not raising more money; is that we could market our services better outside of the Villa Park location. We have a referral market who works in forming those bodies that refer to us; primarily physicians, hospital systems, practices, etc. We'd like to that grow in the future because for 1 individual to cover the vast geography of our 3 sites: Villa Park, Elgin and Naperville, to do meaningful interaction is very difficult for 1 person to cover. We are looking at bringing in experts who have relations with someone in the community to help us do so; that's a future focus.

2. You are requesting **\$7,500** this year. How are you planning on spending the money specific to the St. Charles residents?

Erik: Very much doing the same thing, if you'll notice on our application we are seeing an increase in the number of hours we are providing to residents of St. Charles. Easter Seals is proud to serve anyone from a very mild disability to very complex clients, but over the last 3 years we have about doubled our annual hours provided to St. Charles clients, therefore the need is greater. I can't speak to specifics, but we are seeing more complex instances served, and at that level of funding we can continue to do what we're doing well.

Mary: Are St. Charles residents are being seen in Villa Park or Elgin.

Erik: Elgin, but there are 2 that do come to Villa Park, we let any client choose their center. We have 12 clinics and those primarily, almost exclusively, do take place in Villa Park; clients can take part in any of the Villa Park clinics while their home therapies may be in Elgin. There is no transportation, at this point their families have to take them.

Chair Gacic: Are any St. Charles residents going to the Naperville facility?

Erik: Not that I'm aware of, but I'll check that. They have a strategic focus on growing their Naperville location to better meet the needs of our clients; it originally began to meet a very specific need as sort of a satellite site, but its overgrown the satellite definition and should be looked at as a 3rd center.

Edward Foundation

Denise Elsbree, Patty Noble, Trina Ludkoff–Linden Oaks, 3805 E. Main St.

1. You are requesting **\$4,500** this year. How are you planning on spending the money specific to St. Charles residents?

Denise: Edward Elmhurst is the health care of the merger of those 2 hospitals and besides those we have a lot of outpatient service areas. Linden Oaks is the behavioral health hospital that's connected with Edward Elmhurst, the inpatient facility for Linden Oaks is located in Naperville next to Edward Hospital; there is an outpatient facility in St. Charles, Patty Noble is the director. We run an intensive outpatient program and professional hospitalization out of the St. Charles office, as well as counseling and psychiatry for adults and adolescence.

Mental Health first-aid is specifically what the grant would be for; this is an 8 hour course that is an evidence based program, an international program but nationally is owned by the National Council for behavioral health; it's a low cost program that is low cost but with a high impact. Denise said she makes the comparison to CPR-the purpose being to recognize the signs/symptoms of a heart attack and how to assist them, like CPR mental health first-aid is designed to teach anybody how to recognize when somebody is experiencing any level or type of mental health distress. We teach a 5 step set of skills of how to approach that person to offer some assistance and how to help connect them with help. At Linden Oaks we were early adopters of mental health first-aid, the course started in Australia in 2001 and came to the U.S. in 2008 and we have been teaching since 2010 and have taught over 8,300 people in our service area. When we look at the number of people that have been through the course in Illinois; our instructors have taught 1/3 of them, and have taught a wide range of audiences, from teachers, teachers aid, administrators, volunteers, nurses, primary care clinics, police departments and faith based organizations. It really is a course designed for a wide range of audiences; it's not about becoming a mental health professional, it's about teaching anybody how to recognize those signs and symptoms. We're always looking for new way to bring the program to people and over the past couple years the agency has been approached by social services agency directors for their staff, however there is a cost in offering the course, as well as books and staff time. We try to

keep those costs low, but with their not being a state budget and social service agencies being strapped, even the minimal cost we charge for the program has been too much for some agencies. Our grant request is to help fund courses that would be specific to St. Charles, and really looking at those social service agencies, some of which were here tonight, to offer that class to them for their staff or volunteers. A number of those organizations have volunteers in a number of different ways; we'd like to target that group of individuals to be able to provide that class. Providing it to agency staff or volunteers, particularly volunteers, is that volunteers are people that are engaged and active in their community and the best advertisement for mental health first-aid is people who have taken the class. Once they have taken the class they spread the word to offer it at other organizations within the community, and to have the grant funding to support bringing the class to other groups of people is a ripple affect beyond the initial grant period. It would be a way to get it spread into other organizations within the community beyond this initial grant request. Mental health first-aid, like any illness, the sooner you recognize that someone is struggling, the sooner you get them connected with help, the more we can mitigate the severity of the symptoms. One of the goals of the course is to not wait until someone is really overwhelmed, but to notice someone needs help sooner and how can I reach out to the person to help them. It's about increasing overall community capacity to recognize and offer help to people, and with the lack of state budget and agencies having to cut back, so the rest of us need to step up and notice in other situations. Mental health first-aid is a basic course for any audience, but there is also a youth mental health course for adults who interact with young people, which teaches the same set of skills but is a different curriculum and the noticing skills are taught in a different more general way. The grant proposal would be to offer 2 adult and 2 youth mental health first-aid courses to target different populations of people, and we would like to train 120 St. Charles people who either live or work in the social service agencies.

2. Agency specific questions (this is the first year for Edward).

Board member: Are there some agencies in the area are already trained in this?

Denise: Some might be, Liz Eakins from Lazarus approached the agency a few years ago, which sparked the interest in bringing it to more agencies, but I believe they have taken the training through another organization. Some organizations offer it on a much smaller scale than Linden Oaks and may be able to offer the class at a lower cost; we have a pretty high volume of teaching mental health first-aid and being able to offer that class.

Carolyn: Has Geneva's school district participated?

Denise: They did teach the administrators for the district, as well as some businesses in the area; the curriculum can apply in a lot of different settings and audiences.

Carolyn: Have you identified anyone in the area who is interested?

Denise: Not specifically but the target group is some of the organizations that were here tonight with the goal of offering the class to them at no cost.

Michael: Would the youth course target high school students or people in Operation Snowball?

Denise: It would be the adults who work with young people, so Operation Snowball might be a great opportunity, or Chick-Chat; it's not for the young kids, it's for adults who work with young people.

Michael: I know you've targeted Elderday and are trying to target agencies in St. Charles.

Patty Noble: Even though St. Charles administrative schools have expressed interest in the service, there's only so much time with teachers institute days to attend some of these, but if we could do this at minimal to no cost and allow for their school to come on a non-service day. The teachers are really there at the frontline to be able to notice things and not be afraid to cross that barrier to state they may be worried about a student. We do get numerous calls from high schools in the area regarding serious behavior issues, and they have given a couple hundred free assessments. There is a need out there and they do want the support and it does earn the CEU credits that they need annually for their teaching certificates.

Mary: Would you be offering the classes to foodbanks?

Denise: We have done a number of classes at the foodbank but they have posted them so it's been for food pantry organizations that they support in northern Illinois, but the ones specific to St. Charles would be another great audience.

Carolyn: Is this \$4,500 is a 1 time grant to get this started, or would it be reoccurring?

Denise: We want to get it started and hope that we provide a good job teaching the class for people to leave and feel enthusiastic to go on and spread the word to other organizations and businesses; this would be the seed money that would continue to grow.

Ron W.: Would the mental health certification require periodical recertification?

Denise: It's a 3 year certification; it used to be that you just took the class over again, but about a year ago they started an online 90 minute recertification program, done directly through the National Council on Behavioral Health. We are a large health organization but overall the system is a not for profit organization and since we started offering the program it's not a money maker for the hospital, but is a commitment the hospital has made because it's a valuable program.

Funding Discussion

Chair Gacic: I took the 2016 funding and went 1.05% as a starting point.

Michael: Barb, you've done such an outstanding job. Thank you. I think we should focus on the fact that some agencies are requesting one thing on the application and then asking for something different when they present.

Carolyn: There are 5 new directors this year, they're learning the process; it's up to us to teach them the process.

Mary: Yes, and that's based on the fact that we've had some bad experiences in the past. My preference is that all the money should go for direct service. In the past we have had educational sessions to go over the guidelines on how the money can be used.

Chair. Gacic: Yes, John Rabchuk did that the first year I was on board.

Roundtable discussion was had regarding agency funding requests and how 708 MHB funds should be used.

Carla: Looks to me as though we have an extra \$12,132 to spend.

Ron S.: Does that include the \$1200 we're going to hold back?

Chair. Gacic: It does.

Carla: Are there any we'd like to reduce?

Carolyn: I'd like to reduce Ecker Center. They had a 20% decrease in their St. Charles residents.

Mary: So did Tri-City Family Services and Renz.

Ron S.: CASA had the same amount and they're asking twice as much.

Chair. Gacic: I understand that their numbers are down, but they are the only true severe mental health agency.

Ron W: That's a good point Carolyn but I'm not sure if that's directly related to the psychiatric patients that they didn't serve last year.

Carolyn: Jim made a good point that they were down 29 and now they are up 19 already, they may level out.

Chair Gacic: Anyone else to decrease or increase?

Mary: I would like to see Wredling get their requested amount. I think they are doing a wonderful job of reaching the kids that may fall through the cracks, and they are showing some results.

Ron S.: I'm confused as why the school district doesn't fund them.

Mary: They aren't paying salaries out of this, it's for incidentals. It's designed for at risk children.

Ron S.: I think it's odd we're funding this.

Carla: She has to do a better job at presenting. She was describing things that are part of the school day and are funded by the school. I did press her. She needs to be more specific regarding what the funds are being used for.

Michael: Can we be more specific on the application regarding what they are asking for and what they are spending the money on?

Chair. Gacic: We will have everyone come in who is going to fill out an application to hear what the requirements are. It's time to do this particularly with all the new people.

Carolyn: I think she was vague and needed to be more specific.

Carla: I think with the smaller grants they can get more specific about projects. With the larger grants they are looking at a percentage.

Roundtable discussion was had regarding agency funding requests and how 708 MHB funds should be used.

Carolyn: Barb has done 1.05% increase for everyone, with that some have come up with more than they are requesting. I would like to bring those that are over down to the requested amount.

All were in agreement with bringing any overages down to the requested amount.

Michael: Tri-City breaks theirs down into categories. The one that I always seem to have trouble with is \$10,000 for training and when they write up the training it's to promote their agency. I can't believe that's \$10,000; that should be part of the normal job.

Chair. Gacic: Maybe they are being honest and the others aren't.

Michael: That's part of the job; you promote your agency and programs. I just can't see giving \$10,000 for that.

Carla: Are you okay with giving them the amount requested?

Michael: I'm not okay with the \$10,000 for training/workshops. I think whatever we decide to fund them we should take off \$10,000.

Mary: The interesting thing is they are all talking about marketing and making people aware.

Chair. Gacic: You are seeing the Affordable Care Act kicking in, and people are switching to private insurance, they are having to market more just to maintain the same number of clients.

Carla: Do you get the impression what they wrote there was to talk about themselves or mental health awareness?

Michael: It's not clear. I took it as they are going out promoting their services.

Ron W.: If we take out \$1,200 for Alicia to come in we have \$18,000.

Carla: Are we deciding to take \$10,000 out of Tri-Cities?

Motion by Waibel, second by Hughes to allocate \$200,000 of funds to Tri-City Family Services.

Voice Vote: Ayes: 3; Nays: 4 Chair. Gacic did not vote as Chair.

Motion Denied

Roundtable discussion was had regarding amount to fund Tri-City Family Services. It was decided that they would receive \$195,000.

Further discussion was had regarding allocating funds for the remaining agencies.

Motion by Cumblad, seconded by Hughes to approve final allocation of funds from the St. Charles 708 Mental Health Board.

Voice Vote:

Ayes: Unanimous; Nays: None Chair. Gacic did not vote as Chair.

Motion Carried

Michael: As long as we can get together with these agencies and be very clear that if you are asking for money we need to see some kind of budget.

Chair Gacic: Anytime you have something like this send me an email, send an email to Tracey. I'm starting an agenda for our summer meetings. If you think of an agenda item send it along.

Motion by Wedell, second by Hughes to approve the allocation of \$1,200 for the consultation expense.

Voice Vote: Ayes: Unanimous; Nays: None. Chair. Gacic did not vote as Chair.

Motion Carried

Motion by Cumblad, seconded by Hughes, to adjourn meeting at 10:32 pm.

Voice Vote: Ayes: Unanimous; Nays: None. Chrnm. Gacic did not vote as Chair.

Motion Carried.