

MINUTES
CITY OF ST. CHARLES, ILLINOIS
708 MENTAL HEALTH BOARD MEETING
WEDNESDAY, FEBRUARY 15, 2017

1. Opening of Meeting

The meeting was called to order by Barb Gacic at 5:04 pm.

2. Roll Call

Members Present: Chair. Barb Gacic, Michael Cohen (late arrival), Ron Silkaitis, Carolyn Waibel and Ron Weddell

Members via Phone: Carla Cumblad and Mary Hughes

Absent: None

Others Present: Alicia Schatteman, Barb Jeffers, Delilah Allegria, Maureen Lewis, Rita Payleitner, Phil Lewis, and Tracey Conti

Barb G.: Our guest speaker this evening is Alicia Schatteman from Northern Illinois University. She is going to talk about outcome based measures and her findings through the research she's been conducting. I want to thank all of our guests for being here tonight and especially to you Alicia for your work, your research, and sharing your time.

Presentation by Alicia Schatteman (handout):

Alicia: I'll walk you through what I presented to the DeKalb County Mental Health Board about 1 ½ years ago. That's where we started the process and conversation around performance measurement and management. I've been working with them and I'll interject some of my findings as we go.

A little bit of my background; I started out in county government, and then moved to non-profits. I've been here in Northern Illinois for about 6 ½ years. I started at Northern in 2010.

Alicia referred to slides 1 – 4, which show the different organizations she's worked with. Mainly non-profits, however she helped with the City of Rochelle's strategic plan, and the DeKalb County Mental Health Board.

Alicia: The main thing, and why you are all here, is the increasing push for more accountability of public tax dollars. How do you show accountability, how is it measured, how do you improve transparency to taxpayers that you are actually doing what you want to do?

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Government Accountability

Other Types of Accountability: Procedural and Performance Accountability

Alicia: These are the types of accountability. The processes and systems you have in place, is that all transparent? What are you allowed to do within the law? You set up your own version of your mental health board depending on where you are in the state. Other types of accountability are procedural; performance accountability, how do we know that grant dollars are spent in a way to meet certain objective/goals? That goes beyond the procedural accountability.

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Mission of St. Charles 708 Board

Alicia: According to what you have online, you review requests for funding and make recommendations on how they should be distributed. It's not a mission, it's a process. You are procedurally invested, but not mission invested at this point. If you're process oriented, it becomes more procedural accountability. If you're looking at improving mental health conditions in your city that's a different mission. You have to know where you're starting, and invest in areas where you think you can make improvements.

Do you seek to broaden access to services, or improve services to existing clients, or both? If it's just providing access, you can set that up as a performance measurement system, looking at the number of people showing up for a particular program. If you want to improve outcomes of individual client services, you're measuring different things. If you want to do both, it may require different types of accountability.

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Nonprofit Sustainability = "The Double Bottom Line"

Alicia: Nonprofits exist with these two goals in mind; Efficiency and Effectiveness. Efficiency is using your dollars efficiently. You want to make sure you're paying your bills; you don't run out of money, you don't have deficits, etc. We have many measures for those things. (Alicia passed out a summary of financial health measures for nonprofits). These are my top 5 measurements for nonprofits. This is what I think you're getting at in your application. You want financial statements, but if you're not doing analysis on them, it's procedural accountability. If you want to analyze them and compare across agencies, that's great. It's fairly straight forward, looking at quantitative numbers.

Then there is the program side. Just like I talked about your mission, organizations should be measuring themselves against their mission. If their mission is just to serve more people, then they're really only worried about number of people going to their organization. That's one way to measure.

If you're doing financial analysis, and I saw a little bit of that in your application, what I guard people against is doing anything with those allocations with expenses. It's a guess. The only way to use those numbers is if you did a time and log study. Nobody is doing time logs in these nonprofits, they don't have time. Don't use the allocation of expenses as any indicator of either efficiency or effectiveness.

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Functional Categories on IRS 990

Program Ratio

Alicia: The charity watch dogs out there said people who are spending most on program, between 65% - 80%; they're doing a great job because all of their dollars are going to mission. That can't be right. There has been no research to say one thing matters more than the other; it's all self-reported data to the IRS. The IRS is governing information for organizations that don't pay taxes. They have zero incentive to go in and do time studies on how expenses are allocated when you don't pay taxes.

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The Program Ratio: Measuring Efficiency or Effectiveness

Functional Expense Myths

Measuring Financial Efficiency

Alicia: If you do decide that you want to analyze financial statements. This is my caution: They don't measure anything and overhead is administrative cost to do things. Particularly when you want to talk about performance measures, because data collection and analysis is not typically done by program staff. Front line, teachers, counselors, educators, they collect the data, but are not the ones analyzing it, so it falls under overhead. I suggest you use 5 years' worth of data, it's much more telling.

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Performance Accountability

Program Effectiveness: Performance Definitions

If you want to move down the performance measurement path, beyond the financial measures, we start to get into performance measurements and what that means. I've worked with many nonprofit organizations, and they all come up with a different definition. When you get into mental health, they have their own language/lingo, it's not the way education speaks, and it's

not the way other sectors speak. There is a lot of variation to understanding what terminology means. In general, it's the idea of measuring what goes into the system, the activities done, what comes out at the end, and what the impact is down the road.

When you think about going down this road of performance measurements, outputs and outcomes; outputs are easier and certainly more understandable. You've done some of that when talking about how many residents are served.

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Grant Funding and Performance Expectations
Outputs

Alicia: When you are asking organizations, and they are going to get \$1,000 as a grant, and they have to go through the same thing as someone who is asking for \$500,000, it's unfair. Don't make it so arduous that organizations will want to turn it down. When you think about what you're going to fund, and you want to do this performance measurement, you have to include expenses to actually cover that work.

Outputs are easy to measure and you've already gone down that road, number of residents served, etc.; they are highly quantitative, and can be measured over time. Measured across programs, organizations; it has nothing to do with impact.

Michael: We have a position that's funded and does a lot of substance abuse education in the schools. Before any presentation is done there is a pretest, and then after a few weeks a post test is given and we measure to see if any knowledge was gained from the presentation.

Alicia: Pre and Post-tests are a great idea to measure outcome impact. If you're measuring two weeks later or six months later, how much was retained and for how long. A lot of the folks in the field are doing outcome measurement. Figure out what your agencies are already tracking, because you don't want to impose another performance outcome system on an organization that's already doing that work.

Michael: It's hard for us to track we're doing it by classroom. We spend a lot of time doing this.

Alicia: It's a big effort for the agency, you don't want to punish people who are already trying to do great work, but support them in those efforts.

Alicia: That was one of our concerns, definitional issues, all the different jargon, acronyms, etc. Let's get everyone together and talk about the definitional issues, share with us the instruments you're using. Most fields have a standard. We need a way to identify the best instruments out there and get everyone to share best practices.

We did a three hour workshop with the funded agencies, and after doing that workshop the mental health board decided to select three of those to observe. We found there were a lot of differences across the three agencies. What they were doing was procedural accountability for what the board wanted.

Example: A small agency did a survey for the mental health board only. They weren't using the instruments they were normally using, because the board didn't like it. They created a survey, implemented it, none of the counselors use it in their practice. They were required to submit a quarterly report. They would have to go around to the counselors asking for the survey to be completed by the patients. Finally gets them in, not 100%, but gets them. Then manually codes them, then enters just the results into a form letter and give it to the mental health board.

That's very inefficient, and there is potential for false information. There is no oversight of the instrument or the data collection.

Barb: Because the counselors are so consumed with making their medical notes that need to be done within 24-hours of the counseling session; that becomes the priority.

Alicia: The larger agency had electronic medical records, the smaller agency had all hand written notes. It was not getting entered into a system. The varying levels of capacity is a problem. In theory, it's great, except that the agencies are widely different in scope and capacity to actually do all of those things. I think that's the trouble when you get into outcome measurement. It's really hard to compare across agencies.

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Performance Capacity
Outcomes**

Alicia: Organizations are very different in size, scope, abilities, training, and background. The staff in these agencies may be highly skilled in a field, but not in data and analytics. They are counselors, educators, social workers, etc.

Another tricky thing is when do you check in? When do you start? Intake with kids, adults, etc. is not on a quarterly cycle. If you decide that May 1 is the start of the survey, a person that got there the day before is taking the same survey as the person who has been receiving service for 4 months. Surveys are a temperature. They are not a continuous improvement model.

Michael: We survey different tools for different programs. Like you said we have kids that start at different points. Depending on when they do it, that's their starting point, and the

school district works great with us, they get all their discipline data, grades, attendance, etc. That's our baseline. It's a lot of work.

Alicia: You're measuring at the individual level, so at what point do you do your report for the funder and who gets included in the funders report because you're taking those kids in all year. When you talk about program level, that's a snapshot in time, so what kids are in the pool, and what kids are left out of the pool? Is there a qualifier? Kids that have been in the program for 6 months are in the pool, kid that have not been are not. It gets hard on where those cut lines happen when you report to funders.

There are not many surveys that are really good, other than industry practice where they have been measured and tested. If you're just using satisfaction surveys, how happy are you on a particular day about a particular program, a lot of it comes down to personality, convenience, or price. If you hit all those, people are generally happy. Taking satisfaction surveys really doesn't tell you a whole lot about program outcomes. It tells you if they are happy at a particular point in time. If you're going run surveys, and there isn't an industry standard, do they have a process of actually looking at their research documents to make sure it makes sense, or are there other industry standards available?

Leadership and buy-in, where I've seen this fail is the people who are really excited about the programs, but your staff or board doesn't really buy-in to the outcome measurement stuff, it's not going to go anywhere. It becomes more compliance and then it's completely subject to gaming, there is no body checking or monitoring.

Your outcomes are at different levels. The individual level did the patient get better or not, and we have data to support that at intake, 6-months, and 2-years.

At the program level, everybody that's in the particular program when we take the snapshot, did they get better between January and June, you're calculating an average. It might washout the people who have been in the program for a long time, or someone who just entered the program.

At the agency level, you're looking at financials for the entire organization. You're adding up all the programs, combining them and looking at your success rates. Some programs are 22; some are 79, aggregate 54. That's okay, but it does wash things out.

Community level, which the metal health board is interested in, some agencies are doing great work, some aren't. The thing you really care about is the mental health of your citizens. What is it today?

I don't know what your mental health needs are for your community, but if you're going to start outcome works, you're going to have to know what that is. What are the biggest needs in

your community? What needs are not being met, what are the gaps in service, start focusing there; if that's the way you want to go, with performance measurement, otherwise, you're just trying to provide more access and maybe improve from your already good outcome. You have to figure that out.

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Outcome Example

Alicia: What does St. Charles East High School look like? You do not have a graduation problem. The further you get away from impact on the individual, the more data gets lost in the aggregate. There are certain situations, like in Illinois, African American graduation rate is down to 75%; we get a 9% loss if you just look at African American's across the state. In Aurora, at East Aurora High School, graduation rate is 60% for all students, 16% less than the state average. If you're going to spend money and you want to improve outcomes, you go to that school.

For this mental health board to move on outcomes, if this is the direction you decide to go, beyond keep doing what you're doing, what are the outcomes you really want to effect, change, or improve? You have to answer that, because that's what you're going to incentivize your organizations to do, and you need to know about baseline model.

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Program Level Outcomes

How good is "good"?

Alicia: The trick is how good is good? Maybe you want to be at 100%. Industry standard says you're above state average; maybe you're better than last year. That's one measure. Maybe you want to be the best, 100%; you have to define what that is based on the data that you have. What you don't want is for a funder to set it. You want to make improvements. If they decide to take the money, they will work on the measures you define. Then you are redirecting resources from something else. If you want the focus on mental health for seniors, that may mean you're pulling mental health from youth, which is already doing good, but if you move that money, now is not. You have to be careful, if you start shuffling around, that you're not going to give up something to make an improvement in another area.

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Evaluating Outcomes, Common Types of Change

Organizational Readiness

Alicia: There are a lot of different ways to measure outcome. It's generally around knowledge, attitudes, and behaviors. We all make decisions that are not entirely rational, and you, this

mental health board and the agencies you serve, are in business to change people. People don't change easily; we don't even change behaviors when we know it's good for us. Whatever disincentives you put in the way, their people, it's free choice. Does that mean you turn people away who continue to make bad decisions? I don't think that's what you want. You want to have places for these people to go and keep trying.

Are the organizations really ready to do this? Are you ready to do this?

1. You have to measure your own performance as an organization, start measuring yourselves and tracking what you're doing, with no staff and no funds to do those things.
2. Somebody has to champion this, internally, on the mental health board. Every agency has to be on board with moving along with outcome measures. Some organizations are moving this direction, some are not.
3. Do you really want to know how you are doing? Provision of service for many organizations is enough. Are the agencies willing to do this kind of information gathering?

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Organizational Readiness (cont'd)

Moving to Outcome Based Goals

4. Are you ready to change what you do, and really understand the impact that you have even though it might be very small, or you figure out you really don't have that many mental health problems in the community, and you want to maintain what you are doing currently. You don't need to add more work and challenges to yourselves or your agencies if what you're doing is working and you're sustaining a high level.

When you think about outcome measures, what are you going to do with all that information now that's it's collected? If you aren't going to use it, don't collect it. It takes too many people, time and resources to collect data you aren't going to use, and if that's the case, you're really focused on procedural accountability.

Moving towards outcome goals:

What do you do? Why do you do those things? How do you know you're doing it well? How does the organization know it's doing it well? What are your expectations, and how can you measure them?

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Why Does PM Fail?

Creating Data-driven Culture in Nonprofits

Alicia: It fails because of data collection costs, whose doing it, who's tracking it, what's the administrative support to do those things? Leadership and lack of training to do those things, not using data generated by the process and not enough emphasis on actually how to select those performance indicators.

Handout – Mental Health Board Funding Models

Alicia: Grant model – I think that's where you are:

The grant is \$10,000, you get the money, tell us what you're going to do with it, fill out the application, at the end of the year tell us how you spent it and what resulted. That's what I call the grant model.

- Very familiar with the organizations, there is high trust, the perception is they are doing a great job; they get the money up front.
- Focused on the effectiveness of their program. You're funding at the program level, not individual.
- Maybe they have included administrative support costs; sometimes there are mid-cycle grant periods.
- Data might be collected at an individual level, but it reports at a program level.
- The funding intention is to grow the size of the program. That's handled by fundraising or the development staff that are putting the grants together.
- The revenue comes in as a contribution/grant, this is why it matters on the financial statements you ask for.
- The idea is if more people are served additional resources will be gotten.
- That is the traditional grant model.

Fee for Service Model

- Customary in many behavioral health settings where they are going from Medicare fees.
- Do not get the money up front, it's by individual.

- The relationship becomes a vendor. It's a contractual fee for service model.
- Funding is after service has been provided.
- Funding that comes in is program service revenue, it comes in as fees.
- Data collected and reported at the individual level, monthly billing.

Round-table discussion was had regarding the DeKalb County Mental Health Board and Fee for Service Model.

Questions

Carla: Thanks so much for the presentation. I feel like you have made a lot of important points for us to think about. I appreciate it. For me the bottom line is who is to say, even if our agencies can determine their outcome measurements, who among us can say whether or not the progress they make on whatever their outcomes are is sufficient enough, and if it will make a difference on whether or not we fund it? People who make progress in mental health, sometimes the changes are minuscule, but it's a change. I feel like we're getting into a murky area. I would like to have more conversations about this. I think you made a lot of good points about our application process and we could review that, but ultimately for me, who decides if this data they collect and provide for us is sufficient? I wouldn't want to be in that role. I don't think it's right. I do think it's really a good idea to have, for them to reflect on it. We could benefit from what they are sharing with us as providers. We could maybe move down that line and I would feel much more comfortable. Deciding whether or not their data is good enough would really be a problem.

Phil Lewis: From my observation, most agencies are output agencies, not outcome agencies. What you're proposing is to possibly change to an outcome driven organization. Will that deliver better performance to the target audience?

Alicia: I'm not suggesting you move towards outcomes.

Phil Lewis: In your experience those organizations that have adopted outcome behavior have they experienced a better outcome in their target audience? Should we focus more on process, more on output and scrap the outcome idea?

Alicia: I think as a mental health board if you concentrate on outputs right now, for your organization that makes a lot of sense. Do I think that organizations, non-profit should focus on outcomes, yes, do I think you should tell them how to do that, no. They have to want to make

improvements in their organization. I think they all do, but they lack the resources and training to do it. Funders don't pay for those things. They haven't articulated well enough the cost to do those things to the donors, individual or government funders. I think the organizations should concentrate on outcomes. I don't think funders should impose outcome measurement systems on an organization. I don't think it makes them better when it comes from an external source, if anything it makes them resentful. They'll do it, they won't do it well, and you'll be frustrated every step of the way. That's what I've seen so far.

Mary: What is your budget in DeKalb County?

Alicia: They expend about \$2M a year county wide.

Barb G.: What's their population?

Alicia: 100,000 for the county.

Barb G.: We have about 1/3 of their population just in what we are managing and the population we are serving.

Barb J.: We have a significantly lower population relative to the county. We have a half million people in this county, the second largest city, Aurora, and the anchor city, Elgin. In terms of county vs. municipalities and that our organizations are designed differently. We have fragmented 708 Boards, where DeKalb has a centralized county sanctioned referendum to serve everybody.

Alicia: I only bring DeKalb's example because I think the agency level issues are the same. Sizes may be different, but the same growing pains of instituting any kind of performance measurement system to a sector starved for resources when it comes to administrative support, doesn't matter. That's not what funders want to fund. If the funders are going to provide it, they have to figure out ways to pay for it, and the funders don't want to fund any administrative overhead.

Michael: Are you saying if we move this way as a board we would have to create all the tools, and the agencies would have to use the tools we create? Can we just say we are moving in this direction and leave it up to the agencies to figure out what tools they want to use?

Alicia: That's what DeKalb started with. They said they would like them to provide five outcome measures, and what they got was garbage. One or two agencies could figure out what outcomes were and had a really good measureable instrument that would track outcomes. Very few agencies could do it. What they got back were really bad outcomes. They decided to help the organizations. My original contract with them was to go and "fix" the non-profits.

Figure out what they are doing well and not doing well and help them. What I had to come back to the board was that their funding criteria, grants vs. fee for service model, is broken. What you're asking agencies to do is actually counter to what you want.

Michael: You're saying if we're funding an agency and their only serving 10% that lives in St. Charles, that 10% should be the only ones you are doing outputs on.

Alicia: You want to track outcomes on the people that you fund.

Michael: Would you say that would be more doable for us, if we went with outcomes only on the percentage we are funding?

Alicia: If the organizations can do it, they can pull them out, and only track those in particular. That's a better system than imposing the fee for service and the grants model.

Barb G: If they can do it without creating additional costs.

Alicia: If they are tracking individuals, they can do it, but they may not be tracking individual level data. If they track aggregate, they can't pull it apart. You won't know that until you ask. You have to have that conversation with every agency to find out at what level they are tracking data.

Barb G: We do ask for the number of St. Charles residents vs. the total amount they are receiving. We're already capturing those people. I don't know how much more it would have to be broken down. We take out the audiology part of Easter Seals, because that's not part of what we want. They are doing that already.

Alicia: Doing that for outputs is pretty straight forward. You're getting residency. What you're not doing right now is then saying is did those that qualify improve? You're not getting that information, and it would be burdensome to get.

Maureen Lewis: Being on this board since 2000, the money they ask for never changes, the residents they serve never seems to change even though this community has grown substantially. I often wonder if they look at their budget and think, we can probably get this much from St. Charles, and just plug it in?

Alicia: The short answer is, yes.

Maureen Lewis: The number never changes.

Barb G.: But, there are certain agencies that you and I both know do that. We did have Lazarus House, this year, who asked for less money because they served less City of St. Charles residents.

Maureen Lewis: That's a breakthrough. For seventeen years, it's been the same.

Alicia: You're asking non-profits to forecast who's funding.

Maureen Lewis: Tri-Cities has asked for the same amount of money for seventeen years.

Alicia: If your problems aren't getting any worse, that makes total sense. If there is no big demand and the needs are the same, then that's exactly what they should be doing.

Barb J.: If your community has additional resources. Northwestern Medicine has opened up behavioral health, if they can go there they will. That's all fee for service, insurance based. Why would they go to Tri-City? Maybe they were the only game in town seventeen years ago, but now there are additional resources.

Carolyn Waibel: In regards to what Carla said. I have to agree on making decisions for funding based on outcomes. I don't feel comfortable in that role, that we should provide funding based on whether their outcome is good enough or not good enough. I want to get that on record as well.

I also want to be cautious about what we're saying about what we're moving forward as a group or not. We haven't really made any decisions as a group. We're investigating right now, and when we're talking about what our opinions are, I want to make sure that it's understood it's our own individual opinions at this point. This group hasn't made a decision. I want to clarify that for the record.

Alicia: there isn't necessarily a right or wrong way to go. It's unique to your situation.

Maureen Lewis: I think it's good what you're doing. I think that the mental health board needs to be looked at in a different way, in what you do, and how you do them. Like I said, for seventeen years the same money has been asked for from the same organizations, and the same money goes out. That seems odd to me. I think it's good that you're looking at things in a different way.

Barb G: I am so appreciative that you shared your time with us, and remember Alicia has done this pro-bono, she met with me two weeks ago for an hour, she is sharing her evening with us tonight, and given us a lot of food for thought. However, she does come with a fee if we decide to go further.

Alicia: It's really if you decide you need an external person to speak freely about what you're doing or not doing.

Carolyn: When you talked about how we do a process and to want to take more of a leadership role. That is something else I think we should talk about in a future meeting. I think that's important.

5 minute break

Alicia Schatteman, Barb Jeffers, Delilah Allegria, Maureen Lewis, Rita Payleitner, Phil Lewis left the meeting.

Barb: Carla, Mary, thank you for your patience as we were moving forward. We will move on to the next part on the agenda: Motion to approve the minutes of the October 18, 2016 meeting, as well as the January 31, 2017 meetings. Do we have a motion?

Motion by Silkaitis, second by Wedell to approve the minutes of the October 18, 2016 708 Mental Health Board Meeting.

Roll Call Vote: Ayes: Silkaitis, Wedell, Waibel, Cumblad, Hughes, Cohen; Nays: None; Chair. Gacic did not vote as Chair.

Motion Carried

Motion by Ron Silkaitis, second by Ron Wedell to approve the minutes of the January 31, 2017 708 Mental Health Board Meeting.

Roll Call Vote: Ayes: Silkaitis, Wedell, Waibel, Cumblad, Hughes, Cohen; Nays: None; Chair. Gacic did not vote as Chair.

Motion Carried

Potential Agency Questions – 2/15/2017

1. Last year the Mental Health Board funded you (insert \$ amount), please talk about how you spent that amount of money. This question will work for all agencies except Edward Foundation since they didn't get funding last year.
2. You are requesting (amount of money) this year, how are you planning on spending the (amount of money)?
3. Last year you were funded (amount of money) for (insert what application says for example, a social worker, training for volunteers, etc.), what successes did you have?

Last Year's Agency Questions:

1. What's particular in your application that will benefit St. Charles residents with St. Charles 708 funding this coming year?
2. Last year we asked you "how are you preparing for future state cutbacks?" Please concisely describe what your future looks like for the next year as the stalemate continues.

OR for the agencies that do not get state funding the question would be:

1. Though you don't directly receive state funding has the lack of a state budget impacted your agency and the clients you serve directly or indirectly?

Barb: The final item on the agenda is to discuss and finalize agency presentation questions. Michael provided three questions that you should have received via email. I also included the questions from last year for reference. Let's start with Carla, and Mary then we can talk. Carla, your thoughts on potential agency questions.

Carla: Are we doing 2 or 3 questions?

Barb: I think 2, and one agency specific question has worked well the last couple of years to keep us on time.

Carla: Under potential agency questions I like number 1, number 2, and number 3. I like all of them. I'm good.

Mary: I like number 1 and number 2. I'm not certain about 3. For the questions last year, I like number 1. I don't think we need to address the issue of state cutbacks anymore.

Ron W.: Potential agency questions, 1 and 2, I think the number 3 question, in light of the conversation we just had with Alicia, it seems to me it's an outcome measure that we haven't made a decision on. If we want to look at it in terms of output, we can do that, but then we are getting into the conversation of are we going to maintain our grant model with outcome measures, or are we looking to try to become an output orientated mental health board.

Carla: I like the idea of having a bit of reflection on how things went. Perhaps we should reword that. Last year we gave you some money, what did you use it for, and how did it go?

Ron W.: That's number one, isn't it. That's how I read number one.

Carla: Number one basically asks how you spent the money. Maybe we should ask them what went well, is there anything that they would change, what did you learn.

Carolyn: I like the potential agency question number 1, with instead, what did you learn and can you expand on that? That way it gives them some flexibility. Number 2 is good. How do we want to do the agency specific question? Are we going to go around the table and someone will ask an agency question?

Barb: Yes, that has worked well in the past.

Carolyn: I agree with Ron W., that the third question is more of an outcome. We're not prepared at this time to go that direction. Nothing has been voted on.

Michael: Are these the only 3 questions that have been submitted?

Barb: Yes.

Michael: It's pretty clear, my bias. When I get the application, I look at the amount they are asking, and I try to figure out, for instance AID is asking for \$70,000, I go back and try to find what they are spending the \$70,000 on, and what they are asking for. The only place I can find it is in their application on Attachment A. They are asking for 10 different line items where they will be plugging in our \$70,000. That's what I look at. They want \$70,000 for their BH Outpatient, that's what I primarily focus on. It's the same as what Alicia was saying, everything else they do, they all do good work; I'm just focusing on the \$70,000 they are asking for. That's where I come up with the questions.

Barb: Having watched AID over the years, that it might be a good question to ask them, the third question specifically. You've given us 14 different programs, are you going to come back to us and tell us how each program performed for you based on the amount of money you're asking. Make that question specific to them. If they gave us programs that they want to do, not every agency is going to do that. AID is not necessarily the example you want to be using as you're going through those applications. We'll talk about that later as to why.

Michael: CASA Kane County is asking for \$10,000 specifically for 6 kids. I would want to know how the \$10,000 was spent for those 6 kids in St. Charles. That's my main focus everything else they are doing is great, but if we're giving them money for advocacy services, I want to know a little more about that.

Barb: I haven't read their application, so I can't tell you.

Ron W.: I have. It's overwhelmingly volunteer training. Those are output measures. We'll get back to the paradigm, are we going to move towards an outcome evaluation process, or are we going to continue to be a grant agency that looks for compliance? In which case, then give us

output information on that \$70,000. We're taking it on faith, a matter of trust; we're not evaluating this on if it was efficient and effective.

Michael: I think on some level they have to say, if I'm requesting \$70,000, and I'm telling you I'm going to be using it for all these different line items. I think they have to come back and tell us what they used it for.

Ron W.: We will get it, as Alicia said. When you talk about administrative expenses, and overhead, those are made up numbers. We don't want to hear anyone tell us they spent 10% of the money we gave them on administrative expense. We want to hear that 100% went to the program.

Michael: Exactly.

Ron W.: But that doesn't mean they did that. They will give us outputs to justify the money we gave them.

Michael: The only way to get around that is to hire a full-time person to track. Like Ron said, they are asking for \$10,000 for training. I think they should come back and tell us how the training went.

Barb: And they can say 6 of the 10 volunteers we trained, stayed, 4 left due to retirement, and now we're coming back and asking for more money to train more people because those people left and we need to replace them. That is a scenario we have to accept as a board. They are going to have turnover.

Michael: It happens. But they should come in front of us.

Barb: Michael, you haven't been at the presentation meetings long enough. They used to tell us, and the reason why we went to the questions, is they would come and give us all this information every year. We finally decided we needed something else. That's why we moved to the questions. Michael, what questions are you interested in?

Michael: Well since I wrote the questions.

Barb: You're comfortable with us asking 1 and 2, and on certain agencies you're going to ask the third question you deem appropriate for that agency. Does that sound good?

Michael: What do you mean by that? Do we have to ask all agencies the same questions?

Barb: No. The first 2 and the 3rd one is agency specific or your questions for AID, or CASA, but the first 2 have to be the same because it helps give us a measure of what they are doing.

Michael: A little framework.

Barb: And it's not the same presentation from year to year.

Carolyn: Can I add one more thing to question 2? At the end of question 2 can we add something that asks the amount of money being requested will be spent specifically to St. Charles residents?

Michael: I agree. Is that a given to them that any money received is supposed to be spent on St. Charles residents?

Carolyn: It should be, but it's not bad to remind them. Barb mentioned that in the past they didn't have to be specific. It's been the focus of this group in the past several years to be specific.

Barb: We have a number of changes in presenters this year. We have 3 or 4 new directors this year.

Ron S.: 1 and 2 are good. I think we need to remind them this is St. Charles' tax dollars. They should at least give some outcome, brief, not a lot; we're not in the position to do that. It's a big step going from output to outcome. It will entail more money spent. That's a whole other issue. We can discuss that. I'm fine with 1 and 2 and the part about St. Charles.

Carolyn: I think with the larger agencies we can ask those individual questions. The smaller agencies, we won't be able to ask a question that requires an outcome answer. They aren't going to have the data.

Roundtable discussion was had regarding the possibility of asking questions about outcome to the larger agencies.

Carla: Why don't we ask the agencies this question: We're thinking about changing the application process next year, do you collect information about outcomes, and how hard would it be for you to put some of that information in your application?

Mary: It's in there now. If available please include a synopsis of your outcome measurements for the funding you're requesting.

Michael: It says if available. It doesn't mean we're asking them to actually do it.

Carolyn: I like Carla's idea to ask a yes, no question, and a very brief would it be difficult to collect the information.

Carla: I don't think we need these detailed descriptions of the agencies after seventeen years. Do we want to narrow this down? This is what you had money for last time, how did it go, what changes could be made, and what amount are you requesting year. Simplify it. If we move in that direction, I think we should ask them how difficult it would be. I personally think they open the application, change the date, throw in a few more numbers, and submit.

Barb: I do know of 2 agencies that specifically told me 2 years ago that they worked with one 708 Board and for the small amount of dollars they receive, as a smaller agency, it's not worth the time they had to put into the application. We don't want to make it so difficult that they will be discouraged and walk away from receiving help for people that really need it.

Carla: Why don't we ask some of the agencies we fund what they think about this?

Barb: That's a good idea.

Carla: I'm not sure the group feels that is something they want as a third question.

Ron S.: We just got this information tonight. Maybe we should do a little more research. It's a good idea, but do we want to jump into it?

Carolyn: What about asking: Do you do outcomes?

Ron S.: That's good.

Carolyn: Ask do you collect outcome data, and don't ask if it would be difficult.

Ron S.: Right.

Ron W.: When Alicia talked about outcome, she talked about performance measures. She mentioned in DeKalb that they sat down with all the different stakeholders and come up with an operational definition so they are talking apples and apples. If we say to our agencies, tell us about your outcome measures, and we don't have a common definition to work with between agencies, it's won't be helpful.

Carolyn: Let's not ask it. That's a fair statement.

Ron W.: Unless we define it.

Michael: Most places if not all are doing something in order to get money.

Carolyn: Carla had a good idea. Do we want to ask that third question? What do you think about that?

Ron S.: Wait.

Michael: I'm for moving ahead and asking.

Ron W.: I'm for asking and not for imposing.

Mary: I think we're already asking the question. I think there is a lot of discussion that needs to be had about this. I'd rather wait.

Carolyn: I would probably ask.

Carla: I'm fine with waiting.

Carolyn: Can we go back to questions 1 and 2?

1. Last year the Mental Health Board funded (insert amount) please talk about how you spent that money.

What would you like to add to the end of number 1?

Barb: I like, what did you learn?

Carla: What worked well and what would you change?

Michael: Keep in mind a place like AID could go on for a while.

Carolyn: Question 1. - Last year the Mental Health Board funded (insert amount) please talk about how you spent that money, what worked well, and what would you change?

Motion by Waibel, second by Silkaitis to approve question 1. - Last year the Mental Health Board funded (insert amount) please talk about how you spent that money, what worked well, and what would you change? To be asked at the February 25, 2017 funding meeting.

Roll Call Vote: Ayes: Silkaitis, Wedell, Waibel, Cumblad, Hughes; Nays: None; Chair. Gacic did not vote as Chair.

Motion Carried

Carolyn: Question 2. - You are requesting (insert amount) this year. How are you planning on spending this amount of money specific to St. Charles residents?

Motion by Waibel, second by Wedell to approve question 2. - You are requesting (insert amount) this year. How are you planning on spending this amount of money specific to St. Charles residents?

Roll Call Vote: Ayes: Silkaitis, Wedell, Waibel, Cumblad, Hughes; Nays: None; Chair. Gacic did not vote as Chair.

Motion Carried

Barb: Are we going to use number 1 from the questions last year, or are we going to be agency specific with the questions we want to ask, or do some of each? We are going to use number 3 asking question specific, or possibly 2 depending on the Board member and if they have more than one question.

Michael: Just to clarify. Are we using number 3 as our third question, or are each of use coming up with a different question?

Barb: Carla will ask a question because they want to know something about a particular agency. Michael, you'll ask a question about AID, Carolyn will ask a question to CASA, we'll kind of round-robin. If there is a question you feel needs to be answered based on the application, or how they have answered the other questions. We don't have to ask a third question.

Carolyn: We are asking 2 output based questions as our standard questions. Third questions are optional, depending on whoever feels inquisitive at the moment.

Michael: How did we do it last year? Who did the first 2 questions? Was that Barb?

Barb: I keep track of time. Do we have anything else we need to discuss?

Ron W.: I'd like to bring up for consideration what Alicia said, that we do some research individually, mull this over. Seventeen years ago, when I was on the Board, we would have to give presentations to the Government Operations Committee, because they get more than \$25,000 per year. I don't have a conceptual difficulty maintaining the funding levels to ongoing agencies, if they continue to do what we ask them to do according to our mission. I'm thinking at some point when we meet again, we consider hiring Alicia to come in for a couple hours and have her give us her opinion and recommendations.

Carolyn: I agree. I thought it was interesting, her professional opinion of our mission vs. just being a process. Do we want to shift that, and how do we go about that? That would be something I would be interested in getting her perspective on.

Ron W.: Would this be a one-time thing?

Carolyn: Yes, not long-term.

Ron W.: Keep in mind that money will come out of our budget.

Carolyn: One time consulting fee. Do we know what her fee is per hour?

Barb: No, I don't.

Carolyn: Can we figure that out before the 23rd? In case we need to keep some money back.

Barb: Right now I have an \$800.00 cushion.

Carolyn: It's not going to be enough if we want to bring her in.

Barb: The actual number from Chris Minick is \$547,550.00. That's our working number and leaves us a balance of \$800.00.

Carolyn: I just think we need to find out her hourly fee first.

Barb: I'll send her an email tomorrow.

Carla: Personally, I think before we bring someone in we need to have a conversation among ourselves.

Carolyn: Yes, I just wanted to know projection wise, we wouldn't be able to bring her in for 12 months if we spend all of our money right now.

Carla: I understand.

Barb: I'm going to, after the meeting next week, sometime in the next month she is going to send out to everyone some potential meeting dates. End of June, first three weeks of July, so we can come together and talk. I'd like to go back to the original meeting notes, what was determined, why the board was set up, what the mission was at that point in time. Maybe we want to stay on track with what it was, maybe we want to change. I think it's something good to address. The people that voted for the referendum did have a specific idea in mind. It only passed by 6 votes. It is significant we see why it happened and what their mission was at the time.

Carolyn: 708 Board only passed by 6 votes.

Barb: 53 to 47. Those are actual referendum numbers. I would like to address that and bring it back to the table, have a more in-depth discussion. I'd like to get it on everyone's calendar

before vacations. If you have other things you would like to see on that agenda start feeding them to me now so we can accumulate an agenda.

Does anyone have anything else?

Ron S.: I think it's a good idea to have Alicia come tonight. It was very interesting.

Barb: Right now she isn't going to tell you a right or a wrong. She's going to tell you what can happen, and the ramifications, she's very open minded.

Carolyn: Can you put on the agenda to discuss the Kane County Mental Health Advisory?

Barb: We have the half hour and we can talk about it.

Carolyn: It was interesting what Phil Lewis was saying; they are still interested in developing a Kane County 708 Board.

Motion by Wedell, second by Waibel to adjourn meeting. Time was 7:07 p.m.

Voice Vote: Ayes: Unanimous; Nays: 0; Absent: 1; Chair. Gacic did not vote as Chair.

Motion Carried.