

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: IA

Title:

Seeking a Recommendation of Approval of the Funding Allocation Requests of the 708 Mental Health Board for FY 2020-2021

Presenter:

Chris Minick, Finance Director
Carolyn Waibel, 708 Mental Health Board Chair

Meeting: City Council

Date: June 15, 2020

Proposed Cost: \$611,543

Budgeted Amount: \$615,000

Not Budgeted: **Executive Summary** (*if not budgeted please explain*):

The City of St. Charles levies a \$0.04/\$100 EAV property tax to support agencies that provide mental health services to residents of the City of St. Charles. This tax levy was approved by voters by referendum in the spring of 1986, and has been in place ever since. The City's 708 Mental Health Board administers the funding application and presentation process and makes annual recommendations of funding allocations to the various agencies providing these services. The total amount of funding available for approval for FY 2020/2021 is \$615,000. The recommended funding allocations for the 2019-2020 funding cycle are attached.

Carolyn Waibel, Chair of the 708 Mental Health Board, will present an overall summary on behalf of all the groups requesting funding for FY 2020-2021. Additionally, representatives from the seven individual groups receiving greater than \$25,000 in funding will be available should any detailed questions be posed. They are as follows:

- Association for Individual Development (AID)
- City of St. Charles Police Department
- Ecker Center
- Lazarus House
- Lighthouse Recovery, Inc.
- Renz Addiction Center
- TriCity Family Services

Attachments (*please list*):

- Summary sheet of recommended funding allocations of the St. Charles 708 Mental Health Board for FY 2020/2021
- Applications for the above mentioned organizations receiving over \$25,000

Recommendation/Suggested Action (*briefly explain*):

Seeking a recommendation of approval of the funding allocation requests of the 708 Mental Health Board for fiscal year 2020/2021.

2020-2021 St. Charles 708 Mental Health Board Allocation Worksheet

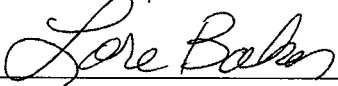
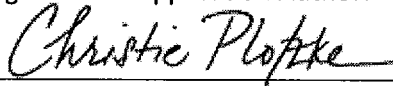
	2020 AMOUNT REQUESTED	2020 AMOUNT APPROVED	2019 AMOUNT REQUESTED	2019 AMOUNT APPROVED 03/06/19	2019 AMOUNT APPROVED 06/07/19	2018 AMOUNT REQUESTED	2018 AMOUNT APPROVED	2017 AMOUNT REQUESTED	2017 AMOUNT APPROVED	2016 AMOUNT REQUESTED	2016 AMOUNT APPROVED
ASSOCIATON FOR INDIVIDUAL DEVELOPMENT	\$ 75,000.00	\$39,000.00	\$76,000.00	\$64,000.00	\$64,900.00	\$64,000.00	\$60,000.00	\$70,000.00	\$58,000.00	\$70,000.00	\$54,500.00
CASA KANE COUNTY	\$ 10,000.00	\$7,763.00	\$10,000.00	\$8,500.00	\$9,400.00	\$10,000.00	\$6,700.00	\$10,000.00	\$6,500.00	\$10,000.00	\$5,000.00
CITY STC POLICE DEPT	\$ 60,000.00	\$46,463.00								\$15,000.00	\$15,000.00
COMMUNITY CRISIS CENTER	\$ 20,000.00	\$18,150.00	\$16,500.00	\$15,675.00	\$16,575.00	\$16,500.00	\$16,500.00	\$16,500.00	\$16,500.00	\$15,000.00	\$14,000.00
DAYONE PACT	\$ 4,000.00	\$2,643.00	\$5,000.00	\$4,250.00	\$5,150.00	\$10,000.00	\$5,000.00	\$10,000.00	\$4,500.00	\$10,000.00	\$2,000.00
EASTER SEALS DuPAGE & FOX VALLEY	\$ 12,500.00	\$8,906.00	\$10,000.00	\$8,000.00	\$8,900.00	\$7,500.00	\$3,600.00	\$7,500.00	\$3,500.00	\$20,000.00	\$2,500.00
ECKER CENTER FOR MENTAL HEALTH	\$ 72,000.00	\$58,860.00	\$68,000.00	\$61,200.00	\$62,100.00	\$67,000.00	\$65,600.00	\$64,000.00	\$64,000.00	\$68,000.00	\$59,000.00
ELDERDAY CENTER INC	\$ 20,500.00	\$14,376.00	\$17,500.00	\$14,000.00	\$0.00	\$18,000.00	\$16,400.00	\$18,000.00	\$16,000.00	\$18,000.00	\$14,500.00
FOX VALLEY HANDS OF HOPE	\$ 26,000.00	\$18,135.00	\$24,000.00	\$20,400.00	\$21,300.00	\$22,000.00	\$18,500.00	\$20,000.00	\$18,000.00	\$22,000.00	\$16,500.00
FOX VALLEY SPECIAL RECREATION ASSOC	\$ 7,488.00	\$5,813.00	\$5,000.00	\$4,500.00	\$5,400.00	\$5,000.00	\$3,600.00	\$5,000.00	\$3,500.00	\$5,000.00	\$1,250.00
KANE CO SHERIFF	\$ 138,792.00	\$0.00									
LAZARUS HOUSE	\$ 50,294.00	\$47,115.00	\$51,725.00	\$49,138.75	\$50,038.75	\$50,520.00	\$48,000.00	\$43,010.00	\$43,010.00	\$48,400.00	\$46,100.00
LIGHTHOUSE RECOVERY INC	\$ 41,000.00	\$31,673.00	\$24,000.00	\$22,800.00	\$23,700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LIVING WELL	\$ 20,000.00	\$7,388.00				\$20,000.00	\$13,000.00	\$20,000.00	\$12,500.00	\$20,000.00	\$9,000.00
NAMI KDK	\$ 6,500.00	\$5,168.00				\$6,500.00	\$5,000.00	\$6,000.00	\$4,500.00	\$6,000.00	\$2,000.00
RENZ ADICTION COUNSELING CENTER	\$ 90,365.00	\$79,069.00	\$77,000.00	\$61,600.00	\$62,500.00	\$75,000.00	\$67,000.00	\$65,000.00	\$65,000.00	\$68,000.00	\$63,500.00
SUICIDE PREVENTION SERVICES	\$ 17,000.00	\$11,220.00	\$17,000.00	\$14,450.00	\$15,350.00	\$17,000.00	\$17,000.00	\$17,000.00	\$17,000.00	\$17,000.00	\$16,500.00
TRI-CITY HEALTH PARTNERSHIP	\$ 15,000.00	\$13,669.00	\$15,000.00	\$14,250.00	\$15,150.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$8,000.00
TRICITY FAMILY SERVICES	\$ 226,415.00	\$196,132.00	\$215,000.00	\$204,250.00	\$205,150.00	\$220,000.00	\$202,000.00	\$200,000.00	\$196,000.00	\$200,000.00	\$189,000.00
YWCA METRO CHICAGO	\$ 106,014.00	\$0.00	\$31,742.00	\$24,931.80	\$25,831.80	\$31,889.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$1,018,868.00	\$611,543.00	\$663,467.00	\$591,945.55	\$591,445.55	\$650,909.00	\$557,900.00	\$582,010.00	\$538,510.00	\$622,400.00	\$518,350.00

St. Charles 708 Mental Health Board
Application for Funding
2020-2021
Application Due: January 15, 2020

Please complete all portions of the application. We will only be accepting applications electronically. The application is in Word format; all required fields are in an extended format. The form must be submitted electronically by the end of the business day on January 15, 2020 to Sharon Bringelson at (sbringelson@stcharlesil.gov 630-377-4422). **Applications received past this deadline will not be accepted.** If you have questions about the content of the application, please contact Brian Travilla via Sharon.

On February 27, 2020, sessions regarding this application will be scheduled for the 708 Board. At that time, 708 Board members will have the opportunity to ask questions or seek clarification about the application. Attendance at the scheduled presentation is mandatory.

SECTION 1: CONTACT INFORMATION

Organization Name: Association for Individual Development (AID)	Executive Director/Responsible Administrator: Frances L Baker (Lore)
Printed Designated Contact Name: Christie Plotzke	Contact Phone and Email Address: 847.931.2292 cplotzke@aidcares.org
Printed Name of Document Author: Christie Plotzke	Author Phone and Email Address: 847.931.2292 cplotzke@aidcares.org
Organization Address: 309 New Indian Trail Court Aurora, IL 60506	Organization Phone and Website: 630.966.4000 www.aidcares.org
Number of Individuals Served Annually by the Organization: 5000	Number of St. Charles Residents Served Annually by the Organization: 590
Total Amount of Request: \$75,000	Date of Application: 15 January 2020
Signature of Responsible Administrator: 	Signature of Application Author: 

SECTION 2: ALIGNMENT WITH THE CITY OF ST. CHARLES 708 BOARD

The Vision of the St. Charles Mental Health 708 Board is:

The residents of St. Charles shall have access to high-quality programs and services to support their mental health, to assist with their developmental disabilities, and to prevent and reduce substance abuse.

The Mission of the St. Charles 708 Mental Health Board is to service residents of St. Charles by supporting and funding local, community-based, high-quality programs and services for citizens with mental health needs, substance abuse needs and developmental disabilities.

Instructions: Please briefly describe how the activities in this proposal aligns with the vision and mission of the City of St. Charles Mental Health 708 Board and the residents of the City of St. Charles. Please do not simply copy/paste your organization's vision and mission statements.

The purpose of the STC MHB is to aid individuals in the enhancement, maintenance and/or restoration of their mental health within the context of their own environment. This is accomplished by supporting and funding local, community-based programs and services. AID is a community based, non profit organization dedicated to enriching the lives of people in the Fox Valley area and beyond who are living with mental and developmental health challenges. AID is a strong community partner and collaborator, working with many social and human service agencies as well as municipalities. Specific to this proposal, AID will continue to help empower St. Charles residents with significant intellectual, developmental, behavioral and mental health challenges to live the lives they choose, with dignity and purpose.

SECTION 3: SELECTION OF DESIGNATED PROGRAM SUPPORT OR PRIORITY FUNDING SUPPORT

Instructions: From the two categories below, select the one that best describes your organization's application for funding for the application. **The priorities may be the same or different from the previous year's funding application. Definitions:**

- **Designated, specific program support.** Select this option if your organization is requesting funding for a single initiative, activity or program. **If the proposed activity is part of a larger organization or set of activities, describe priorities in the Priority Funding Support (next section).** Your organization may request either full or partial funding for the designated program support. This option is not intended to offset overall program operations or administrative costs.

This designated program information will be used throughout the application.

Designated Program	Funding	Application
N/A	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:

- **Priority Funding Support.** Select this option if your organization has multiple programs or activities where the requested funding will be used to fund one or more initiatives/activities. Your organization may request either full or partial funding for the priorities defined.

If priority funding support is selected, indicate up to five priorities (below) for which funding will be allocated. These numbered priorities will be used throughout the application.

Priority	Funding	Application
1. Behavioral Health Counseling and Recovery with Psychiatric Intervention	<ul style="list-style-type: none"> • Full • <input checked="" type="checkbox"/> Partial 	Amount requested for 2020-2021: \$25,000
2. Integrated primary health care in community day programs for individuals with Developmental and Intellectual Health Challenges	<ul style="list-style-type: none"> • Full • <input checked="" type="checkbox"/> Partial 	Amount requested for 2020-2021: \$25,000
3. Promoting healthy bodies and minds through nutrition education, focusing on skill building and employment opportunities	<ul style="list-style-type: none"> • Full • <input checked="" type="checkbox"/> Partial 	Amount requested for 2020-2021: \$25,000
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:

SECTION 4: PROGRAM AND BUDGET DESCRIPTION:

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

<p>Priority # <u>1</u> or Designated Program Amount requested: \$25,000</p>
<p>1. Describe the general purpose of the priority or program.</p> <p>The purpose of this priority is to provide recovery support for individuals with behavioral and mental health challenges. Interventions include individual and group counseling, psychiatric care, skill building to increase independence and community participation, employment support and medication management.</p>
<p>2. Describe the need of the priority or program and the type of individuals to be served.</p> <p>The target population is individuals who are experiencing mental and behavioral health challenges. Individuals need comprehensive, customized support to regain stability, learn medication management and administration, rejoin their community, remain in their family home and enrolled in school, avoid hospitalization, institutionalization and/or incarceration and work toward recovery. Strong community collaborations with other like-minded organizations, schools, physicians, hospitals and emergency personnel help promote the programs and services.</p>
<p>3. Describe the specific activities of the priority or program.</p> <p>Children (5-17 years of age) and adults (18 and older) with significant mental and behavioral health challenges who participate in treatment work with a multi-disciplinary team composed of: psychiatrists; licensed counselors; social workers, dietitians and nurses who provide holistic and comprehensive medical, counseling, scheduling and transcription services that focus on recovery. These professionals assess and diagnose issues, prescribe medications, administer primary healthcare, provide treatment and help individuals develop customized recovery plans.</p>
<p>4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.</p> <p>Behavioral health and psychiatric support are ongoing programs. The AID Fiscal Year begins on July 1st and ends on June 30th.</p>
<p>5. Describe the goal(s) with a description of the anticipated major <u>outcomes</u>.</p> <ol style="list-style-type: none"> 1. Maximize % of individuals reporting improvement as a result of recovery services (Goal 75%) 2. Maximize % of individuals reporting improved interactions with others due to recovery services (Goal 75%). 3. Maximize % of individuals reporting a decreased use of unhealthy coping skills (Goal 65%). 4. Maximize % of individuals who see a Psychiatrist/APN who receive supportive nursing care (Goal is 100%). 5. Maximize availability of transcriber services to psychiatrists (Goal is 100%).

6. **Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.**

The projected number served in this priority is 2100; 42% of the overall number served in the entire organization.

7. **Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.**

The projected number of St Charles residents to be served is 45; 2 % of all served in the priority.

8. **Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).** The projected number of service hours for this priority is 40,000. The projected number of service hours for St. Charles residents is 2,000.

9. **Include information about the number of staff assigned and training or credentials relative to the program or priority.**

3 Psychiatrists- 2 (see adults only) and 1(see children only)

6 FT Registered Nurses

1 FT Transcriptionist

4 FT Schedulers/Receptionists

(These positions serve the entire priority)

Funding for the program or priority above:

10. **Describe how the 708 Board funds will be used for this priority or designated program.**

STC MHB funds will help support nursing, transcription and scheduling. These are non-billable services and thus must be supported by local sources. DeKalb and McHenry County Mental Health Boards, Geneva Mental Health Board and INC Board, NFP provide partial funding for this program; supporting services for residents of their respective areas. AID receives approximately 75% of its \$34 Million budget from State Contracts. The remaining 25% of funding (which includes services unable to be billed to state contracts) is secured through local support. The cost to provide these services agency-wide for one year is approximately \$2.5 million. Twenty-five percent is approximately \$625,000. Funds secured from the local mental health boards listed above, including St. Charles, support these programs and services.

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

11. **For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.** The percentage of this request (\$25,000) is .0001 compared to the organization budget.

12. **For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.** The percentage of this request (\$25,000) is .001 compared to the entire program budget.

13. **Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.** DeKalb and McHenry County Mental Health Boards, Geneva Mental Health Board and INC Board, NFP provide partial funding for this program; supporting services for residents of their respective areas.

14. **Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.**

All STC MHB funds will be used to support non-billable services.

Currently, there are 1923 Kane County residents waiting for services; 211 live in St. Charles.

SECTION 5: CREDENTIALS: Application

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
Please see attached.

2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
Please see attached

3. A list of current Board of Directors for your agency.
Please see attached

4. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.
Please see attached

SECTION 6: Allocation Expenditure Summary:

Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the application:

In FY 2019, AID received \$64,500 from the STC MHB to support St. Charles residents with diverse disabilities who participate in behavioral health recovery programs, community day services programs, those living on their own in the communities with support and those working to obtain and maintain competitive employment. All programs help individuals live their best lives; helping to maximize independence and community participation. Funds supported non-billable services such as nursing, scheduling, skill-building, educational community activities, volunteer opportunities and job/career development.

Funds also support St. Charles residents with no other means of funding for services. These individuals must rely on local funding to participate.

SECTION 4: PROGRAM AND BUDGET DESCRIPTION:

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

<p>Priority #__2__ or Designated Program Amount requested: \$25,000</p>
<p>1. Describe the general purpose of the priority or program.</p> <p>The general purpose of this priority is to provide Integrated primary and developmental healthcare in community day programs.</p>
<p>2. Describe the need of the priority or program and the type of individuals to be served.</p> <p>Individuals with developmental and intellectual challenges are at a higher risk for preventable illnesses, due to lack of accessibility to primary health providers, poor health literacy, cognitive impairments, limited social supports, poverty, unemployment, transportation, behavioral barriers, use of multiple medications, and biological health complications associated with various syndromes (Down Syndrome, Fragile X, Prader Willi, Cerebral Palsy, and Epilepsy). Integrating primary and developmental healthcare increases health literacy, access to basic medical needs, and helps individuals learn to make healthy lifestyle choices, change their behavior and improve their overall health.</p>
<p>3. Describe the specific activities of the priority or program.</p> <ul style="list-style-type: none"> • Administer medications daily • Provide training on medication administration and knowing and recognizing medication side effects • Baseline BP, glucose, BMI, weight management • Assess illness or injury
<p>4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.</p> <p>This is an ongoing priority. Nursing services are provided on a daily and weekly basis and as needed. The AID Fiscal Year begins on July 1 and ends on June 30.</p>
<p>5. Describe the <u>goal(s)</u> with a description of the anticipated major <u>outcomes</u>.</p> <p>Provide daily, integrated primary and developmental healthcare to help individuals increase their health literacy and improve their physical and emotional wellbeing.</p> <ol style="list-style-type: none"> 1. Maximize the percentage of clients who had an annual physical in the last year 2. Maximize the percentage of clients who had an annual dental in the last year 3. Minimize the percentage of clients who smoke 4. Minimize the percentage of clients who are overweight/obese as defined by BMI being over 25 5. Maximize percentage of clients who were diagnosed with Diabetes Mellitus and had a HbA1c test (laboratory blood sugar test) in the last year 6. Maximize the percentage of clients who have been diagnosed with Diabetes Mellitus and had at least one HbA1c test in the last year with improved results from the past 7. Minimize the number of Medical ER visits

8. Minimize the percentage of ER visits which lead to medical hospitalization in the last year
<p>6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.</p> <p>The projected number of individuals to be served in this priority is 515. This represents 11% of the population served in the entire organization.</p>
<p>7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.</p> <p>The projected number of St. Charles residents to be served is 55. This represents 11% of the overall population served in the priority.</p>
<p>8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).</p> <p>AID projects to provide 25,750 service hours (1 service hour per person per week for 50 weeks).</p>
<p>9. Include information about the number of staff assigned and training or credentials relative to the program or priority.</p> <p>AID employs 10 Registered Nurses, 1 Licensed Practicing Nurse, 1 Director of Nursing to provide integrated primary and developmental healthcare.</p>

Funding for the program or priority above:

<p>10. Describe how the 708 Board funds will be used for this priority or designated program.</p> <p>STC MHB funds will help support integrated primary healthcare for individuals with developmental and intellectual challenges. Nursing, as part of the Community Day Services, is a non-billable service and thus must be supported by local sources. The Geneva Mental Health Board and INC Board, NFP, along with Elgin Township and AID private fundraising efforts provide partial funding for this program. The Community Day Services are funded by the State of Illinois. However, nursing services are not billable to the State contract. AID receives approximately 75% of its \$34 Million budget from State Contracts. The remaining 25% of funding (services unable to be billed to state contracts) is secured through local support. The cost to provide these services agency-wide for one year is approximately \$6.1 million. Twenty-five percent is approximately \$1,546,207. Funds secured from the local mental health boards listed above, including St. Charles, support these non-billable services.</p> <p>Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).</p>
<p>11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage. The percentage of this request (\$25,000) is .0001 compared to the overall agency budget.</p>

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

The percentage of this request (\$25,000) is .004 compared to the overall priority budget.

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

Nursing services are supported by The Geneva Mental Health Board and INC Board, NFP, along with Elgin Township and AID private fundraising efforts

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

All STC MHB funds will be used to support non-billable services.

Currently, there are 1923 Kane County residents waiting for services; 211 live in St. Charles.

SECTION 5: CREDENTIALS: Application

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.

Please see attached

2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).

Please see attached

3. A list of current Board of Directors for your agency.

Please see attached

4. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please see attached

SECTION 6: Allocation Expenditure Summary:

Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the application:

In FY 2019, AID received \$64,500 from the STC MHB to support St. Charles residents with diverse disabilities who participate in behavioral health recovery programs, community day services programs, those living on their own in the communities with support and those working to obtain and maintain competitive employment. All programs help individuals live their best lives; helping to maximize independence and community participation. Funds supported non-billable services such as nursing, scheduling, skill-building, educational community activities, volunteer opportunities and job/career development.

Funds also support St. Charles residents with no other means of funding for services. These individuals must rely on local funding to participate.

SECTION 4: PROGRAM AND BUDGET DESCRIPTION:

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

<p>Priority # <u>3</u> or Designated Program Amount requested: \$25,000</p>
<p>1. Describe the general purpose of the priority or program.</p> <p>AID will enhance educational and employment opportunities by launching a pilot nutrition program: Food Re-imagined through Education to Support Health and Employment Resources (FRESHER). The pilot will become part of the curriculum of the Community Day Services and Employment programs; offering opportunities for individuals to hone healthier lifestyle skills needed to live, work, grow and thrive in their communities.</p>
<p>2. Describe the need of the priority or program and the type of individuals to be served.</p> <p>Individuals with diverse disabilities who actively participate in health/wellness/nutrition education programs can overcome health obstacles, learn to manage preventable diseases, make healthier lifestyle choices, reduce their dependence on certain medications, limit or eliminate hospital admissions and stays, reduce their medical reliance on the state budget and live longer, healthier, more active lives.</p>
<p>3. Describe the specific activities of the priority or program.</p> <ul style="list-style-type: none"> • Hire full time program manager to work with program staff to develop a pertinent curriculum based on need and desire • Design and implement a customized job training program for individuals interested in pursuing employment in the food, nutrition, health and/or wellness industries • Upgrade existing training kitchen to include commercial-grade appliances and supplies for safely processing and cooking food • Stock a small internal food pantry to provide staple food items to participants in need <p>Educational activities will include:</p> <ul style="list-style-type: none"> • Comprehensive nutrition • Food/nutrient literacy • Safe food handling • Reading and following recipes • Basic cooking • Food preservation (processing) <p>Employment activities will include:</p> <ul style="list-style-type: none"> • Skill training • Populate and stock an internal food pantry • Clean and sanitize kitchen appliances and dishware • Process excess food to preserve for future nutrition classes • Assemble meal kits for participants • Research food-related employment opportunities in the community • Participate in mock interviews

4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

This program will begin in July 2020 and will be ongoing. Specific activities necessary for the program launch:

- Hire Program Manager (July 2020)
- Upgrade the training kitchen (September 2020)
- Build internal food pantry (October 2020)

5. Describe the goal(s) with a description of the anticipated major outcomes.

Promote healthy bodies and minds through nutrition education; focusing on skill building and employment opportunities.

- Individuals will participate in the Nutrition program 2 hours per week for 50 weeks (95%)
- Individuals will increase basic cooking skills (90%)
- Individuals will have access to simple, healthy recipes they can replicate in their kitchens (100%)
- Individuals will increase food and health literacy (95%)
- Maximize the number of individuals prepared to participate in the employment training protocol (25 individuals-15% of total program participants)

6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage. AID projects to serve 175 individuals in the pilot nutrition program. This represents 4% of the population served in the entire organization.

7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage. AID projects to serve 15 St. Charles residents in the Nutrition program the first year. This represents 9% of projected number to be served in the program.

8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale). AID projects to provide 17,500 hours of service in this program. This number represents 175 individuals participating in the program 2 hours per week for 50 weeks of the year.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority. 1 Program Manager (minimum of a Bachelor's Degree), 1 Registered Dietitian, 1 Employment Specialist (minimum of a Bachelor's Degree); 5 Direct Service Personnel (minimum of a Highschool diploma).

Funding for the program or priority above:

10. Describe how the 708 Board funds will be used for this priority or designated program.

Requested funds for this priority will help to support the Program Manager position. The cost to launch and sustain this program for the first year is \$420,000. This cost includes the full time salary and benefits of the Program Manager; part time salary and benefits of the agency Dietitian

and one Employment Specialist; the part-time salary and benefits of five Direct Service Personnel; and capital costs to renovate and upgrade the training kitchen. Other funding sources include Senate Appropriation capital funds through the Department of Commerce and Economic Opportunity (one-time only funding for kitchen upgrades), Geneva Mental Health Board, private foundations, Wal-Mart Community Grants, Northern Illinois Food Bank, local service clubs, local grocery store donation programs and local restaurants.

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

This request (\$25,000) represents .0001 of the overall organization budget.

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

The request (\$25,000) is 6% of the overall priority budget.

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

Other sources of ongoing funding for the priority: Geneva Mental Health Board; Wal-Mart Community Grants; Northern Illinois Food Bank; local service clubs; local grocery store donation programs; local restaurants.

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

Nutrition and dietitian services are not billable to any other funding source. AID must seek and secure local support to launch and sustain this pilot program. All STC MHB funds will be used to support non-billable services. Currently, there are 1923 Kane County residents waiting for services; 211 live in St. Charles.

SECTION 5: CREDENTIALS: Application

For your organization, include the following:

- | | |
|----|---|
| 1. | A copy of current 501 c (3) or tax-exempt certification.
Please see attached |
| 2. | A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
Please see attached |
| 3. | A list of current Board of Directors for your agency.
Please see attached |

4. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.
Please see attached

SECTION 6: Allocation Expenditure Summary:

Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the application:

In FY 2019, AID received \$64,500 from the STC MHB to support St. Charles residents with diverse disabilities who participate in behavioral health recovery programs, community day services programs, those living on their own in the communities with support and those working to obtain and maintain competitive employment. All programs help individuals live their best lives; helping to maximize independence and community participation. Funds supported non-billable services such as nursing, scheduling, skill-building, educational community activities, volunteer opportunities and job/career development.
Funds also support St. Charles residents with no other means of funding for services. These individuals must rely on local funding to participate.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752139621
Apr. 14, 2017 LTR 4168C 0
36-2472748 000000 00

00018604

BODC: TE

ASSOCIATION FOR INDIVIDUAL
DEVELOPMENT
C/O CHRISTIE PLOTZKE
309 NEW INDIAN TRAIL CT
AURORA IL 60506



019845

Employer ID Number: 36-2472748
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Apr. 05, 2017, regarding your tax-exempt status.

We issued you a determination letter in May 1963, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752139621
Apr. 14, 2017 LTR 4168C 0
36-2472748 000000 00
00018605

ASSOCIATION FOR INDIVIDUAL
DEVELOPMENT
C/O CHRISTIE PLOTZKE
309 NEW INDIAN TRAIL CT
AURORA IL 60506

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3



OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

January 10, 2020

Kwame Raoul
ATTORNEY GENERAL

ASSOCIATION FOR INDIVIDUAL DEVELOPMENT
309 NEW INDIAN TRAIL COURT
AURORA, IL 60506

RE: RE: Status of ASSOCIATION FOR INDIVIDUAL DEVELOPMENT under the Illinois
Charitable Laws
CO# 01007130

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of ASSOCIATION FOR INDIVIDUAL DEVELOPMENT under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01007130. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2018, and has received an extension of time to file its June 30, 2019 report, until February 29, 2020. Please let us know if you require further information.

Sincerely,

A handwritten signature in black ink that reads "COs 20".

Christopher Flint, Compliance Officer II
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, IL 60601-3175
(312) 814-5840

AGENCY NAME: Association for Individual Development (AID) **ADDRESS:** 309 New Indian Trail Court, Aurora, IL 60506

EXECUTIVE DIRECTOR: Lore Baker

PHONE: 630-966-4001

DATE OF NEXT BOARD ELECTION: 6/2020

NAME	HOME ADDRESS	OCCUPATION & EMPLOYER	EXPIRES
Dr. Melinda Tejada (Chairman)	445 Kelly Avenue Yorkville, IL 60560 630.229.3306 mtejada@waubonsee.edu	Vice President of Student Development Waubonsee Community College	6/2020
Patrick M. Flaherty	920 Hardin Rd Aurora, IL 60506 630.892.0033 pflaherty@kfkllaw.com	Attorney/Partner Kinnally Flaherty Krentz Loran Hodge & Masur PC	6/2022
Dan Lundberg (Treasurer)	1532 Charleston St Batavia, IL 60510 630.377.4195 dan.lundberg@bmo.com	Relationship Manager/Analyst, BMO Harris Bank U.S. SAMU	6/2020
Dr. Timothy Brown (Secretary)	32W432 Forest Drive Aurora, IL 60504 630.898.3780 Drtb49@aol.com	Clinical Psychologist	6/2020
Matt Bretz	418 Barnaby Drive Oswego, IL 60543 630.779.7083 mbretz@nscu.org	Branch Manager North Star Credit Union	6/2022
Clifford Klotz (Vice Chairman)	3014 Fox Glen Ct St. Charles, IL 60174 630.584.3055 crkinc@sbcglobal.net	Vice President of American National Can Company (Retired)	6/2020
Chuck Miles	1015 Westfield Course Geneva, IL 60134 630.488.0670 cmiles6926@gmail.com	Consultant	6/2022
David De La Fuente	1600 Martha Drive Elgin, IL 60123 847.627.0919 David_dlf@sbcglobal.net	Bi-Lingual Mental Health Counselor	6/2022
Inez Toledo	414 S. 4 th Street Geneva, IL 60134 847.361.4958 ineztoledo2@yahoo.com	Attorney State of Illinois Guardianship and Advocacy Commission (IGAC)	6/2020
Diana Law	1215 Ford Street Geneva, IL 60134 630.886.6802 diana@lawelderlaw.com	Attorney/Partner Law Elderlaw, LLP	6/2022
James Gould	309 Sedgewick Carpentersville, IL 60110 630-336-0480 jgould@mchenry.edu	Instructor of Philosophy McHenry County College	6/2020
Toni Vaughan	1301 Towne Avenue Batavia, IL 60510 630.606.7560 apvaughan@comcast.net	Board Member, Aurora School District 129 (Retired)	6/2021

Board Meeting Dates: First Wednesday in August; October; December; February; April; May (annual meeting); June.

	AID-FY '19 Budget	
Line #	Line description	FY '19 Budget Agency Total
REVENUE		
Developmental Disabilities		
4025	DD Developmental Training 31A	-
4027	DD Developmental Training 31U	4,066,726
4030	DD CILA 60D	7,997,522
4050	DD Supported Employment 36/39-G/U	299,662
4056	DD One on One Services 53B/D/H/R/S/H	803,082
4060	DD Home Based Services 55A	312,239
4070	DD Behavior Services 56,57,58 (U&G)	147,062
4099	DD Rejection Billing	-
4192	Project Search	-
4220	DRS Base Plus/Milestones	325,000
4230	DRS Reg Supp Employ	42,000
4310	Long Term Care - Residential for TAC	720,058
4320	Long Term Care - day program for TAC	234,949
4330	Long Term Care - external for Zachary	208,105
	DD-FFS	15,156,404
4010	DD Special Projects-Respite Grant	142,944
4375	DHS- DFI Title XX	91,994
	DD-Grants	234,938
Mental Health		
4122	Aetna Crisis Line	-
4124	Colbert Crisis Line	-
4125	WCC Crisis Line	4,000
4260	State of Illinois - PAS	100,000
4365	HFS - Physician Services (Adult) -	34,000
4367	HFS - Transportation	-
4370	Medicare	90,000
	MH FFS	228,000
4160	MH Medicaid MRO	8,671,229
4162	Aetna Medicaid	-
4164	Cenpatico Medicaid	
4165	Blue Cross Blue Shield MMAI	
4166	Cigna-Healthsprings-MMAI	
4167	Meridian-MMAI	-
4168	Humana-Beacon	-
4169	Harmony	-
4171	Family Health Network	-
4172	Community Care Alliance of Illinois-ICP/FH	
4173	Molina Healthcare	
	MCO FFS	8,671,229

4120	Crisis Services	200,197
4130	Supported Residential	184,290
4135	DMH Transition Coordination	13,630
4140	Supervised Residential	556,273
4155	SHPA	313,375
4210	Dept of Alcohol & Substance Abuse (DASA)	
4270	Mental Health Court(KaneCo)	22,040
4340	KaneCo ReEntry	-
4356	Victims' Services	203,900
	MH Grants	1,493,705
4405	United Way - Fox Valley	28,700
4410	United Way - Elgin	10,000
4420	United Way/CC other	3,000
4425	United Way - Batavia	8,000
4430	Community Chest - Geneva	1,090
4440	United Way McHenry	32,390
4450	So. Kane County (Aurora) - 708	419,737
4455	Geneva - 708	46,000
4460	Hanover Township - 708	47,000
4465	St. Charles - 708	60,000
4470	Kendall-708	26,000
4475	McHenry 708	583,331
4480	Dekalb-708	89,500
	Local funding	1,352,748
4505	Auction	175,000
4510	Membership	110,000
4515	AID Golf Outing	11,000
4520	Color Run	85,000
4525	Small Events	20,000
	Special events	401,000
4550	Contributions - Grants	15,000
4555	Contributions - Restricted	165,000
4557	Contributions - Unrestricted	100,000
4560	Contributions - Staff	1,000
4565	Contributions-Capital Campaign- Restricted	-
4570	Contributions - In-Kind Rent	446,604
4575	In Kind Donations	125,000
4580	Bequests and Memorials	20,000
	Contributions	872,604
4605	Client Program fees	1,943,790
4610	Intermittent CILA Payouts	(22,704)
4630	Client Fees - Transportation	2,100
4640	Program Activity Fees	-
4645	Audiology	-
4650	Insurance Payments	11,000
4652	Family & 3rd Party Co-Pays	12,000
4665	Provena Mercy Aurora	5,000

4666	Provena Mercy Yorkville	-
	Program fees	1,951,186
4810	Elgin Sub-Contract Sales	120,000
4820	Aurora Sub-Contract Sales	180,000
4840	Janitorial Sub-Contract - External	119,574
4850	Janitorial Sub-Contract - Internal	121,700
4875	Direct Sales-client	
	Sub-contract sales	541,274
4910	Gain/Loss on sale of Fixed Assets	2,000
4920	Interest Income	-
4930	Food Income	16,000
4940	Vending Income	11,888
4950	Rental Income - Tenants	35,312
4962	Training income/reimbursement	102,000
4965	Management fees-HUD Corps	75,000
4970	LINK Income	347,252
4972	RTA - Ride in Kane - JARC & NF	1,100,000
4973	RTA - Ride in Kane - Mobility Mgt	30,000
4980	Miscellaneous Income	20,000
	Other income	1,739,452
	TOTAL REVENUE	32,642,540
	EXPENSES	
	FTE	520
5000	Salaries - Admin & Support	1,475,505
5010	Salaries - Program Management	999,614
5015	Salaries - Professional	8,510,947
5020	Salaries - Direct Service	7,067,265
5025	Salaries - Program Support	1,392,225
	EMPLOYEE SALARIES	19,445,556
5016	Less: Salaries - Professional - HUD reimb	(127,667)
5026	Less: Salaries - Maintenance-HUD reimb	(28,276)
5100	Group Medical Insurance	2,412,200
5110	Group Dental Insurance	80,000
5120	Life & Disability Insurance	180,000
5130	Workers Comp Insurance	460,000
5140	Employee Retirement	520,000
5150	Staff FICA Tax	1,487,585
5155	Employee Benefits - HUD reimb	(43,664)
5160	Unemployment Expense	30,000
5170	Tuition Reimbursement	20,000
5175	Employee Recognition, Wellness, Other	35,000
5180	Employee Assistance Program	15,000
5194	Employee Health Screen	-

5195	Other Prof/HR Benefits/Pre Emp Tests	50,000
	Employee benefits	5,246,121
5210	Client Salaries	295,517
5220	Client FICA	23,352
5230	Client Workers Compensation Insurance	21,951
	Client salaries/benefits	340,820
5310	Psychiatrists	500,000
5320	Consult & Professional Fees	148,000
5325	Consultants - IT	15,000
5327	Intern stipends	34,000
5332	Temporary Services	3,610
5340	Outside Services - Respite	105,000
6450	IT Licenses/Maintenance/Supplies	193,164
6460	Audit Fees	49,900
6465	Legal Services	25,000
	Consultant and professional fees	1,073,674
6005	Household/Sanitary/Safety Supplies	135,283
6028	Special Events Golf Outing Expenses	1,950
6029	Special Events Auction Expenses	25,000
6030	Special Events Color Run Expenses	13,000
6031	Special Events Expenses - clients	5,000
6032	Special Events Expenses - small events	100
6033	In-Kind Expenses	125,000
6040	Residences/Client Materials & Activities	105,695
6041	Program Activities/FVSR	157,004
6045	Sub-contract/Jan-AID Supplies	17,672
6050	Sub-Contract Shipping	(3,886)
6055	Food Service Costs	16,328
6060	Food Costs	420,584
6065	Coffee/Water/Vending Supplies	23,465
	Supplies	1,042,193
6105	Rent for clients	8,000
6110	Utilities for clients	800
6115	Medications for clients	13,578
6120	Medical/Dental for clients	500
	Specific assistance individuals	22,878
6210	Vehicle Operating Costs	100,144
6220	Vehicle Repairs & Maint	117,158
6230	Vehicle Insurance	60,982
6250	Staff Mileage reimbursement	329,148
6260	Resident Transportation Services	980
6261	St Coletta Transportation Services	

6262	Bethesda Transportation Service	19,934
6270	Client Transportation RIDE in KANE	122,661
	Transportation	751,005
6305	Facilities Rental	933,572
6310	Utilities-Gas	75,845
6315	Utilities-Electric	196,060
6320	Utilities-Water & Sewer	69,883
6330	Supplies - Janitorial	3,198
6335	Telephone - Cellular	77,896
6340	Telephone	363,000
6345	Snow Removal	74,212
6350	Refuse Disposal	36,490
6355	Security Services	29,141
6360	Moving & Relocation Expense	10,833
6365	Building & Grounds - Maint & Repairs	98,391
6370	Building & Grounds - JanAID	139,588
6375	Lawn Maintenance	52,846
6378	Small Equipment and Furniture	38,937
6380	Prop/Gen Liab/Prof/Umbrella Insurance	94,322
6385	Directors & Officers/Crime Insurance	16,494
6395	Interest Expense - Mortgage	8,500
	Occupany	2,319,208
6405	Equipment-Repairs/Maintenance	3,872
6425	Equipment Rental	14,400
	Equipment	18,272
6435	Depreciation expense	598,339
6440	Amortization expense	513
	Depreciaton & amortization	598,852
Other Expenses		
6510	Advertising/Job Recruiting	135,000
6512	Bank Fees	23,000
6515	Conferences & Meetings	20,000
6520	Publications & Subscriptions	12,000
6525	License, Permits, Dues, CARF Accred	125,000
6530	Office Supplies	76,631
6540	Payroll Service Fees	180,000
6545	Postage	17,000
6550	Printing	15,000
6552	RTA - Ride in Kane - JARC & NF	1,100,000
6553	RTA - Ride in Kane - Mobility Mgt	5,600
6560	Staff Training	25,000
6600	Interest Expense - other	9,000
6610	Bad Debts	90,000

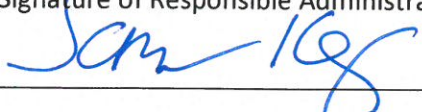
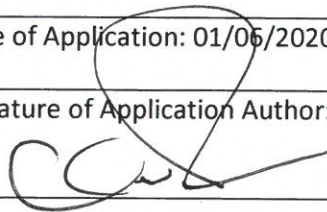
6620	Bequest & Memorials Pass Through	15,000
6630	Miscellaneous Expense	10,000
6639	HFS TAC Participation Fees	50,856
6650	Contributions	10,000
6675	Capital Campaign Expenses	20,000
	Miscellaneous	1,939,087
6990	Program Support Allocation	-
6995	Admin Allocation	-
	TOTAL EXPENSES	32,641,722
	NET OPERATIONIAL REV/EXP	818

St. Charles 708 Mental Health Board
Application for Funding
2020-2021
Application Due: January 15, 2020

Please complete all portions of the application. We will only be accepting applications electronically. The application is in Word format; all required fields are in an extended format. The form must be submitted electronically by the end of the business day on January 15, 2020 to Sharon Bringelson at (sbringelson@stcharlesil.gov 630-377-4422). **Applications received past this deadline will not be accepted.** If you have questions about the content of the application, please contact Brian Travilla via Sharon.

*On February 27, 2020, sessions regarding this application will be scheduled for the 708 Board. At that time, 708 Board members will have the opportunity to ask questions or seek clarification about the application. **Attendance at the scheduled presentation is mandatory.***

SECTION 1: CONTACT INFORMATION

Organization Name: St. Charles Police Department	Executive Director/Responsible Administrator: Chief James Keegan
Printed Designated Contact Name: Chief James Keegan	Contact Phone and Email Address: 630-762-6960 / Jkeegan@stcharlesil.gov
Printed Name of Document Author: D.C. Chuck Pierce	Author Phone and Email Address: 630-443-3827 / cpierce@stcharlesil.gov
Organization Address: 1515 W. Main St. St. Charles Il 60174	Organization Phone and Website: 630-377-4435 / Stcharlesil.gov
Number of Individuals Served Annually by the Organization: The St. Charles Police Department responds to approx.. 29,000 call for service each year. We are approximating about 1000 social worker referrals a year with a full time social worker.	Number of St. Charles Residents Served Annually by the Organization: St. Charles population is approximately 33,000 people.
Total Amount of Request: \$60,000.00	Date of Application: 01/06/2020
Signature of Responsible Administrator: 	Signature of Application Author: 

SECTION 2: ALIGNMENT WITH THE CITY OF ST. CHARLES 708 BOARD

The Vision of the St. Charles Mental Health 708 Board is:

The residents of St. Charles shall have access to high-quality programs and services to support their mental health, to assist with their developmental disabilities, and to prevent and reduce substance abuse.

The Mission of the St. Charles 708 Mental Health Board is to service residents of St. Charles by supporting and funding local, community-based, high-quality programs and services for citizens with mental health needs, substance abuse needs and developmental disabilities.

Instructions: Please briefly describe how the activities in this proposal aligns with the vision and mission of the City of St. Charles Mental Health 708 Board and the residents of the City of St. Charles. Please do not simply copy/paste your organization's vision and mission statements.

The purpose of the STC MHB is to aid individuals in the enhancement, maintenance and/or restoration of their mental health within the context of their own environment. This is accomplished by supporting and funding local, community-based programs and services. AID is a community based, non profit organization dedicated to enriching the lives of people in the Fox Valley area and beyond who are living with mental and developmental health challenges. AID is a strong community partner and collaborator, working with many social and human service agencies as well as municipalities. Specific to this proposal, AID will enhance its collaboration with the St. Charles Police Department to increase unique services to St. Charles residents identified by police officers as *at risk* for future law enforcement intervention.

The St. Charles Police Department is constantly working to improve the quality of life for residents of the city. In doing this the St. Charles Police Department looks to partner with other resources to help deliver high-quality service and support to the community. The department recognizes that mental health and substance abuse calls for service are on the rise. These calls can be very involved and require in-depth follow up in order to properly and successfully fix the problem that created the call to the police. In 2015, the St. Charles Police Department formed a partnership with AID to assist us with these calls. Through this partnership we have funded a part time social worker program. The social worker allows the department to give the follow up service we know is needed to have a successful outcome and to reduce repetitive calls to the same household. Over the past four years the program has helped us give the residents of St. Charles greater service delivery and has opened the door for residents to have more resources at their fingertips. During these four years the program has been very successful and the department has realized the need for a full-time social worker.

SECTION 3: SELECTION OF DESIGNATED PROGRAM SUPPORT OR PRIORITY FUNDING SUPPORT

Instructions: From the two categories below, select the one that best describes your organization's application for funding for the application. **The priorities may be the same or different from the previous year's funding application. Definitions:**

- **Designated, specific program support.** Select this option if your organization is requesting funding for a single initiative, activity or program. **If the proposed activity is part of a larger organization or**

set of activities, describe priorities in the Priority Funding Support (next section). Your organization may request either full or partial funding for the designated program support. This option is not intended to offset overall program operations or administrative costs.

This designated program information will be used throughout the application.

Designated Program	Funding	Application
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021: \$60,000

- **Priority Funding Support.** Select this option if your organization has multiple programs or activities where the requested funding will be used to fund one or more initiatives/activities. Your organization may request either full or partial funding for the priorities defined.

If priority funding support is selected, indicate up to five priorities (below) for which funding will be allocated. These numbered priorities will be used throughout the application.

Priority	Funding	Application
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:

SECTION 4: PROGRAM AND BUDGET DESCRIPTION:

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

Priority #___ or Designated Program

Amount requested: \$60,000 (salary, benefits and mileage)

1. Describe the general purpose of the priority or program.

AID will enhance its partnership with the St. Charles Police Department by providing a full time social worker who will embed in the department and provide recovery support for individuals with behavioral, mental and developmental health challenges. This position has previously been part time. The social worker will provide care coordination services to St. Charles residents who have been identified by law enforcement as needing behavioral health intervention.

2. Describe the specific activities of the priority or program.

Services include counseling, advocacy, grief support, safety plans, and referrals to natural community wrap around supports such as permanent housing options. Activities will include community outreach, education, and collaboration. The purpose of the program is to help at-risk individuals avoid psychiatric hospitalization and repeated encounters with law enforcement. Services provided in this program are not billable to any state or other funding source.

3. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

The AID/STCPD collaboration is ongoing. The social worker position is currently part time yet the need far surpasses availability and thus funding is sought to support a full time position. If funding is awarded in September 2020, the position will be increased to full time (Monday-Friday). The position will be ongoing and supported by local funding sources.

4. Describe the goal(s) with a description of the anticipated major outcomes.

The full time social worker will:

1. Maximize the % of individuals who receive at least 3 referrals at contact (goal is 95%).
2. Provide a minimum of two (2) direct service hours per case.
3. Host quarterly support groups for specific populations such as, but not limited to, grief and loss, domestic violence, and substance abuse. The target outcome will be at least 10 people per support group per quarter.
4. Collaborate with at least 3 social/human services agencies in the area and invite these agencies to speak at the police department to help educate the community and police department on what services can be offered.
5. Provide at least 4 trainings to the police department on subjects requested such as, but not limited to, death notifications, victim rights, substance abuse and involuntary petition trainings.
6. Enhance community engagement by coordinating at least 2 community events/forums at the STC police department that will reach at least 100 people.

5. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.

<p>AID projects to serve 2500 individuals in the entire Kane County Victim Services program. AID projects to serve 5500 overall throughout all agency programs. This program constitutes 45% of population served in entire organization.</p>
<p>6. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.</p> <p>AID projects to serve 1000 St. Charles residents in this designated program. This constitutes 40% of all those served in entire Kane County Victim Services program.</p>
<p>7. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).</p> <p>AID proposes 2200 projected service units for this program in St. Charles. A service unit is defined as 30 minutes.</p>
<p>8. Include information about the number of staff assigned and training or credentials relative to the program or priority.</p> <p>The staff assigned and trained for this full time position has a Master’s Degree in Social Work (MSW), earns continuing education credits and participates in relevant police department trainings.</p>

Funding for the program or priority above:

<p>9. Describe how the 708 Board funds will be used for this priority or designated program.</p> <p>Funding received from the 708 board would fund a full time social worker at St. Charles police department.</p> <p><i>Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).</i></p>
<p>10. For this priority or designated program, what percentage of this request is compared to your organization’s overall, total budget? Funding request/divided by overall total budget = Percentage. .004 %</p>
<p>11. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.</p> <p>100%</p>
<p>12. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.</p> <p>Yes, this will be the only funding.</p>

13. **Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.**

The City of St. Charles will be losing Pheasant Run resort in the upcoming days. As a major tax revenue in St. Charles the loss of Pheasant Run leaves the 2020-2021 budget tighter than in years past. With the inevitable cuts looming we will be unable to fund this request using our budget.

SECTION 5: CREDENTIALS: Application

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

In 2015 the 708 board funded the social worker with a \$15,000.00 grant.

SECTION 6: Allocation Expenditure Summary:


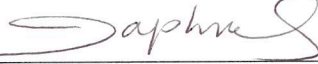
Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the application:

St. Charles 708 Mental Health Board
Application for Funding
2020-2021
Application Due: January 15, 2020

Please complete all portions of the application. We will only be accepting applications electronically. The application is in Word format; all required fields are in an extended format. The form must be submitted electronically by the end of the business day on January 15, 2020 to Sharon Bringelson at (sbringelson@stcharlesil.gov 630-377-4422). **Applications received past this deadline will not be accepted.** If you have questions about the content of the application, please contact Brian Travilla via Sharon.

*On February 27, 2020, sessions regarding this application will be scheduled for the 708 Board. At that time, 708 Board members will have the opportunity to ask questions or seek clarification about the application. **Attendance at the scheduled presentation is mandatory.***

SECTION 1: CONTACT INFORMATION

Organization Name: Ecker Center for Mental Health	Executive Director/Responsible Administrator: Dr. Daphne Sandouka
Printed Designated Contact Name: Dr. Daphne Sandouka	Contact Phone and Email Address: 857-695-0484 ext. 1925 dsandouka@eckercenter.org
Printed Name of Document Author: Dr. Daphne Sandouka	Author Phone and Email Address: 857-695-0484 ext. 1925 dsandouka@eckercenter.org
Organization Address: 1845 Grandstand Place Elgin, IL 60123	Organization Phone and Website: 847-695-0484 www.eckercenter.org
Number of Individuals Served Annually by the Organization: 3,463	Number of St. Charles Residents Served Annually by the Organization: 140
Total Amount of Request: \$72,000	Date of Application: 1/14/2020
Signature of Responsible Administrator: 	Signature of Application Author: 

SECTION 2: ALIGNMENT WITH THE CITY OF ST. CHARLES 708 BOARD

The Vision of the St. Charles Mental Health 708 Board is:

The residents of St. Charles shall have access to high-quality programs and services to support their mental health, to assist with their developmental disabilities, and to prevent and reduce substance abuse.

The Mission of the St. Charles 708 Mental Health Board is to service residents of St. Charles by supporting and funding local, community-based, high-quality programs and services for citizens with mental health needs, substance abuse needs and developmental disabilities.

Instructions: Please briefly describe how the activities in this proposal aligns with the vision and mission of the City of St. Charles Mental Health 708 Board and the residents of the City of St. Charles. Please do not simply copy/paste your organization's vision and mission statements.

Improving access to high-quality behavioral health care for individuals with mental illness remains to be a significant problem in today's health care system. Due to a lack of funding over the years and a shortage of providers, many health care officials are declaring that there is a mental health crisis in the State of Illinois. In the last year, more than a quarter of adults have reported an unmet need for mental health care. A common reason for not receiving care was the inability to afford treatment, especially for people who do not have insurance. Also, it is estimated that 20% of youth ages 13 to 18 live with a mental health condition. Studies have shown that people with serious mental illnesses require a variety of services like those the Ecker Center offers in order to be able to live sufficiently in the community. Also, it is proven that people with serious mental illnesses that do not utilize mental health services are at great risk of becoming homeless or incarcerated and are prone to overuse emergency medical services like local paramedics and hospital emergency rooms.

Ecker provides quality, comprehensive behavioral health care services for children, adolescents and adults with moderate to severe mental illnesses which includes psychiatry, nursing, 24/7 crisis stabilization, and individual and group therapy. Crisis Residential, Community Support Team, life skills groups along with our residential housing programs are services available to our high risk adult population. All of our programs are accredited by The Joint Commission which is considered the gold standard in health care for quality and safety. We pride ourselves on being able to provide accessible, simultaneous treatment options to our clients from our credentialed and licensed staff. We also offer many of our services in Spanish.

For the last 65 years, Ecker has provided community based behavioral health support to the residents of St. Charles. Ecker Center also has agreements with Lazarus House and Tri City Health Partners to provide free services to eligible individuals who are the most vulnerable and lack the means to pay for their care. We also have a satellite office in St. Charles to offer therapy to children, adolescents, adults and families.

SECTION 3: SELECTION OF DESIGNATED PROGRAM SUPPORT OR PRIORITY FUNDING SUPPORT

Instructions: From the two categories below, select the one that best describes your organization's application for funding for the application. **The priorities may be the same or different from the previous year's funding application. Definitions:**

- **Designated, specific program support.** Select this option if your organization is requesting funding for a single initiative, activity or program. **If the proposed activity is part of a larger organization or set of activities, describe priorities in the Priority Funding Support (next section).** Your organization may request either full or partial funding for the designated program support. This option is not intended to offset overall program operations or administrative costs.

This designated program information will be used throughout the application.

Designated Program	Funding	Application
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021: \$72,000

- **Priority Funding Support.** Select this option if your organization has multiple programs or activities where the requested funding will be used to fund one or more initiatives/activities. Your organization may request either full or partial funding for the priorities defined.

If priority funding support is selected, indicate up to five priorities (below) for which funding will be allocated. These numbered priorities will be used throughout the application.

Priority	Funding	Application
1. Psychiatry	<ul style="list-style-type: none"> • Full • <u>Partial</u> 	Amount requested for 2020-2021: \$18,000
2. Case Management	<ul style="list-style-type: none"> • Full • <u>Partial</u> 	Amount requested for 2020-2021: \$18,000
3. Therapy	<ul style="list-style-type: none"> • Full • <u>Partial</u> 	Amount requested for 2020-2021: \$18,000
4. Psychiatric Emergency Program	<ul style="list-style-type: none"> • Full • <u>Partial</u> 	Amount requested for 2020-2021: \$18,000

SECTION 4: PROGRAM AND BUDGET DESCRIPTION:

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

<p>Priority # <u>1</u> Psychiatry Amount requested:</p>
<p>1. Describe the general purpose of the priority or program.</p> <p>Psychiatrists and an Advanced Practice Nurse provide quality diagnostic assessment, consultation, and prescriptions for medications. In addition, psychiatric nurses help clients follow treatment plans and obtain psychotropic medications to help with symptom management. Priority of the program is to provide stabilization with medication support, ongoing medication management, and education.</p>
<p>2. Describe the need of the priority or program and the type of individuals to be served.</p> <p>Our psychiatry program serves children, adolescents and adults who have moderate to severe mental illness. Psychiatry is a vital, first-step component of our comprehensive service array, and the most expensive. To successfully participate in our other programs, most people with serious mental illness must first receive psychotropic medication to control their symptoms of mental illness.</p> <p>In Fiscal Year 2019, over 70% of our clients had incomes at or below the federal poverty line. They face income, transportation, nutritional and housing challenges most days, not to mention their mental health illnesses. This population is medically underserved and also has the dual pressure of stigma associated with care.</p>
<p>3. Describe the specific activities of the priority or program.</p> <p>Assessments are used to diagnose patients to determine the appropriateness for medication. Consultation with the patient regarding diagnosis and symptoms are provided along with possible side effects and how to manage negative reactions to medicine. Treatment plan development is done with the patient to guarantee that each individual becomes a part of their treatment and progress. Ongoing monitoring of treatment goals are enforced to ascertain that each patient is progressing to their highest outcome level.</p>
<p>4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.</p> <p>Activities are based on medical necessity. We provide appointments and walk-in hours to meet the client's prescription needs.</p> <p>This is an established program that runs concurrently January through December.</p>
<p>5. Describe the goal(s) with a description of the anticipated major outcomes.</p> <p>The goal of the Psychiatry Services program is to provide accurate diagnostic and medication services that provide patients with optimal symptom control in order to facilitate their highest level of functioning. Our psychiatrists provide diagnoses and work closely with their patients to find the medications that work best for each individual. Psychiatric nurses provide assistance to our psychiatrists and patients by ensuring that patients have their medications and understand how to take them.</p>

Our psychiatry outcomes have an objective and a subjective measurement. The objective measure is the Medication Possession Ratio (MPR). The MPR is calculated by dividing the number of days' supply of medication the client received by the number of days' supply that is needed if the client is taking the medication as prescribed. This measure is used to identify how regularly clients are taking their medication. Not taking medications regularly has been shown to have a direct correlation with higher hospital re-admission rates. We evaluate each client's monthly medication adherence using the MPR numbers as provided by Genoa Healthcare, our on-site pharmacy. A measure of 1.0 indicates 100% MPR.

Another measure we track is the Maximum Gap Report (MGR) which is the number of days that occur between a client's prescription refills. Psychotropic medications must be taken regularly to control symptoms of mental illness.

The subjective outcome measure for this program is clients' symptom improvement as a result of psychiatric services provided. Symptom improvement is determined using a client's self-reported assessment of their medications' efficacy via a questionnaire.

Our outcome goal is that 90% of psychiatry clients will fill consistently as prescribed and 90% will report improvement in medication efficacy.

6. ***Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.*** 1338/3463=39%

7. ***Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.*** 69/140=49%

8. ***Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).*** We provided 102 hours of psychiatry services for St Charles clients, so we project we will serve 100 hours of psychiatry over the next fiscal year for St Charles residents.

9. ***Include information about the number of staff assigned and training or credentials relative to the program or priority.***

The Psychiatry program providers are: Syed Anwar, M.D.; Usha Kartan, M.D., Syed Waliuddin, M.D., Brenda Reilly APN MSN, Alison Anderson RN, Jocelyn Solomon RN and Nicole Zagozdon, RN.

Funding for the program or priority above:

10. ***Describe how the 708 Board funds will be used for this priority or designated program.***

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

11. ***For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.***

\$18,000/\$5,612,064= 0.32%

12. ***For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.***

\$18,000/\$355,378=5.06%

13. ***Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.***

We also receive funding from: Illinois Department of Human Services – fee for service, Geneva Community Chest, Elgin Township, United Way of Metropolitan Chicago, and Harvey and Ethel Daeumer Foundation.

14. ***Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.***

State funding to supplement certain behavioral health services ended in early 2015. This was a crippling event that forced most agencies to either cut services or just fade away. Our Medicaid hourly reimbursement rate for psychiatry is approximately \$108 an hour, but the service costs us almost four times that amount to provide (salaries, benefits, dictation expenses, e-prescribe, failed non-billable appointments, etc.). Another factor that has been a constraint on providing services is the relationship that the state has with Managed Care Organizations to outsource reimbursements to social service agencies. Not only are they taking a portion of the fees that agencies would have received in the past, but they are very slow to pay. Thus, creating a bottleneck when it comes to available resources.

Priority # 2 Case Management

Amount requested:

1. ***Describe the general purpose of the priority or program.***

The goals of Case Management are to provide skill building activities to assist client development of functional, interpersonal, family, coping, and community living skills to achieve personal goal such as; linkage to public agencies, outreach, supportive counseling, and to coordinate these services on an individual basis.

2. ***Describe the need of the priority or program and the type of individuals to be served.***

Individuals' symptoms would indicate a need for supports in order to maintain them in the community. All of our clients in this program have serious and persistent mental illness. Their progress tends to be moderate to minimal. Most clients are maintained within the community and if there were no Case Management supports (linking, monitoring, support, and advocacy) their symptoms would cause a regression of their functioning in the community. The intensity of services

provided is based on the consumer's level of functioning and identified need, severity of their symptoms, and their desire/commitment to mental health treatment.

3. Describe the specific activities of the priority or program.

Our Case Management services include:

- Independent living skills such as home management, money management, meal preparation, personal hygiene, transportation, and obtaining and maintaining housing
 - Symptom management such as; understanding what symptoms they have, understanding their medication (what it's for, dosage, and side effects), stress management, self-esteem skills, symptom relapse prevention skills, anger management, and conflict resolution skills
 - Vocational/educational such as education on obtaining and maintaining employment and how to access supports to get additional education
 - No insurance or income for example how to apply and fill out entitlement forms (i.e. Public Aid, Social Security Income, and Social Security Disability Income)
 - Limited community supports such as how to find or maintain supports from family, friends, religious organizations, and/or clubs
- Legal issues related to mental health court, drug court, or re-entry into the community after being incarcerated
- Transition coordination with nursing homes to assist individuals returning to the community

4. ***Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.***

Clients are referred with an internal referral or through our intake system. Individuals are then assessed to determine the need for case management services. They are assessed after their initial appointment with a Comprehensive Mental Health Assessment twice a year; After the referral is made, the Supervisor of Case Management services assigns the client to a Case Coordinator and Case Manager.

The Case Coordinator and Case Manager use the assessments to identify needs, strengths, goals, objectives, and interventions. They also determine discharge criteria based on consumer's desired treatment outcomes.

The client's progress towards their desired treatment outcomes is continually evaluated. The Individual Treatment Plan (ITP) is reviewed and case management staff determine on the reassessment if the individual continues to need services or if they need to be transferred or discharged. If they are to be transferred or discharged from the program, the internal referral or discharge summary will indicate any continued client needs.

This is an established program that runs concurrently January through December.

5. ***Describe the goal(s) with a description of the anticipated major outcomes.***

Goals of the Case Management program include assisting clients in developing skills in order to address self-identified needs. Goals also include reconnecting the individual to community resources, natural supports, development of independent living skills, management of public entitlements, and legal issues.

For outcomes, we evaluate our clients' ability to function in the community using a normed instrument, the Daily Living Assessment (DLA) at intake and periodically thereafter. Clients are scored on their functioning in multiple areas: health/mental health, time management, money management, nutrition, grooming and dress, problem solving, family relationships, alcohol/drug use, leisure activities, use of community resources, productivity, coping skills, and others. Their DLA scores are converted into Global Assessment of Functioning (GAF) scores, which are recorded and stored to track individual clients' progress and aggregated to yield program outcomes. Our outcome goal is that 60% of case management clients will improve their GAF scores.

6. ***Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.*** $1950/3465=56\%$

7. ***Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.*** $104/140=74\%$

8. ***Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).*** We provided 243 hours of Case Management services for St Charles clients, so we project we will serve 230 hours of case management services over the next fiscal year for St Charles residents.

9. ***Include information about the number of staff assigned and training or credentials relative to the program or priority.***

The Case Management staff is comprised of six Masters degreed clinicians who provide supervision and coordination in addition to case management services and six Bachelors level case managers and assessment specialists.

Funding for the program or priority above:

10. ***Describe how the 708 Board funds will be used for this priority or designated program.***

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

St. Charles 708 Mental Health funding will be used to provide essential case management services to St. Charles residents that require this level of service. Anticipated expenditures include: salaries, benefits, office supplies and expenses, and occupancy expenses. Revenues from other sources include: Illinois Department of Human Services – grant and fee for service, Elgin Township, and United Way of Metropolitan Chicago.

11. ***For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.***

$\$18,000/\$5,612,064= 0.32\%$
<p>12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.</p> <p>$\\$18,000/\\$501,267=3.59\%$</p>
<p>13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.</p>
<p>14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.</p> <p>Our Medicaid hourly reimbursement rate for case management is approximately \$70 an hour, but the service costs us almost three times that amount to provide (salaries, benefits, transportation, etc.). This program is very costly, but the benefits it offers are priceless. The individuals that are served in this program are daily candidates of a tax payer expensed psychiatric inpatient admission without the assistance of the support this service offers them.</p> <p>Another factor that has been a constraint on providing services is the relationship the state has with Managed Care Organizations to outsource reimbursements to social service agencies. Not only are they taking a portion of the fees that agencies would have received in the past, but they are very slow to pay. Thus, creating a bottleneck when it comes to available resources.</p>
<p>Priority # <u>3</u> Therapy</p> <p>Amount requested:</p>
<p>1. Describe the general purpose of the priority or program.</p> <p>The purpose of our Therapy program is to promote the mental health and well-being of children, adolescents, adults, and families while maximizing their physical, emotional, and psychological functioning in all areas of life. It is to help individuals understand their diagnoses and learn how to adopt healthier coping mechanisms so that they can operate effectively in the community and continue to live healthy and productive lives.</p>
<p>2. Describe the need of the priority or program and the type of individuals to be served.</p> <p>Needs that are addressed include but are not limited to symptom management, stress management, self-esteem skills, anger management, depression, anxiety, conflict resolution skills, coping skills, grief, and trauma. Any need that involves a disruption in the functioning in the home, school, or community.</p> <p>Individuals served include persons five years of age or older and who are in need of therapy services regardless of age, sex, race, sexual orientation, religion, and ethnicity.</p>
<p>3. Describe the specific activities of the priority or program.</p> <p>The scope of services provided for Therapy Services includes: diagnostic assessment; short-term individual, marital, family and group therapy; treatment plan development; discharge planning and maintenance of clinical record for each client. Our high quality services strive to address the whole</p>

person, i.e., physical, spiritual, cultural, psychosocial, and educational. When appropriate family involvement, and referrals for psychiatric, medical and nutritional evaluation, and other supportive services are made to provide for a continuum of care.

4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

Once assigned, the therapist uses the assessment materials to identify problem areas, strengths, goals, objectives, and interventions. They also determine discharge criteria based on what the client will accomplish on the treatment plan. It is the expectation that therapy services are time-limited and if there is medical necessity to extend beyond 15 sessions, Director's approval is necessary. The client's progress is reviewed and assessed at minimum every six months.

This is an established program that runs concurrently January through December.

5. Describe the goal(s) with a description of the anticipated major outcomes.

The goal of the Therapy program is to help people of all ages including children, adolescents, and their families manage the symptoms of mental illness, such as depression, mania and anxiety and help them function better as family members, students and community members.

Progress towards goals are assessed by method of treatment plan review. In addition, the Individuals' Global Assessment functioning scores are measured every 5th session to determine improvements in daily functioning. Major outcomes include an achievement of a satisfactory level of functioning coupled with a decrease in the individual's level of distress.

For outcomes, we evaluate our clients' ability to function in the community using a normed instrument, the Daily Living Assessment (DLA) at intake and periodically thereafter. Clients are scored on their functioning in multiple areas: health/mental health, time management, money management, nutrition, grooming and dress, problem solving, family relationships, alcohol/drug use, leisure activities, use of community resources, productivity, coping skills, and others. Their DLA scores are converted into Global Assessment of Functioning (GAF) scores, which are recorded and stored to track individual clients' progress and aggregated to yield program outcomes. Our outcome goal is that 80% of therapy clients will improve their GAF scores.

6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage. $1356/3463=39\%$

7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage. $77/140= 55\%$

8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale). We provided 413 hours of therapy services for St Charles clients, so we project we will serve 400 hours of therapy over the next fiscal year for St Charles residents.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority.

The Therapy program is staffed with 12 full and part time Masters degreed therapists, most of them are licensed. Current staff licensures are: one LSW, four LPCs, two LCPCs, and four LCSWs.

Funding for the program or priority above:

10. Describe how the 708 Board funds will be used for this priority or designated program.

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

St. Charles mental health funds will be used to provide individual and group therapy to St. Charles residents. Anticipated expenditures include: salaries, benefits, office supplies and expense, occupancy expenses. Revenues from other sources include: Illinois Department of Human Services – fee for service, Elgin Township, Hanover Township Mental Health Board, United Way of Metropolitan Chicago and Kiwanis Club of Elgin.

11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

$\$18,000/\$5,612,064 = 0.32\%$

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

$\$18,000/\$710,639 = 2.53\%$

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

We also receive funding from: Illinois Department of Human Services – fee for service, Elgin Township, Hanover Township Mental Health Board and United Way of Metropolitan Chicago.

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

Some local funders have decreased current year's donations due to goals in giving, such as the United Way which has realized mergers and changed their giving strategy. With other costs rising this leaves less funds available for the provision of direct services. Also, the agency experienced an unexpected expense related to the breakdown of our first floor HVAC unit. The cost to replace the system is over \$50,000. We were able to recoup a portion of the expenses from local donations, but the remainder of this unexpected expense will need to be taken from monies reserved for the provision of client care. It is crucial at this time that the grant money we are applying for here be highly considered and we are grateful for any help.

<p>Priority # <u>4</u> or Psychiatric Emergency Program (PEP)</p> <p>Amount requested:</p>
<p>1. Describe the general purpose of the priority or program.</p> <p>The purpose of the Psychiatric Emergency Program (PEP) is to provide high quality assessment to children, adolescents, and adults seeking immediate mental health services and to determine the type and level of care needed. Once that is determined, staff at PEP provide linkage services in order to get the client the care that they need. Finally, PEP staff provides emergency intervention when indicated.</p>
<p>2. Describe the need of the priority or program and the type of individuals to be served.</p> <p>The following are the types of individuals served: 1) Any individual that calls or arrives at the Psychiatric Emergency Program in crisis seeking support, 2) Any individual in a psychiatric crisis who is treated in the emergency department at Advocate Sherman Hospital and 3) Any individual in the emergency department of Presence St. Joseph Hospital between 12:00 am and 8:00 am where the medical staff of that Hospital requests an evaluation. All cases are assessed by PEP staff, support plans are put in place, and referrals are made to assist the client. All needs involve a serious mental health crisis that can include suicidal ideation, homicidal ideation, the inability to care for one self, or thoughts of injury to self or others.</p>
<p>3. Describe the specific activities of the priority or program.</p> <p>Following a preliminary assessment that involves an in depth review of past psychological history, hospitalizations, risk factors, support factors and current stressors, face to face crisis intervention services will be provided. Appropriate referrals will be provided in order to address the ongoing needs of the individual.</p>
<p>4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.</p> <p>Ecker staff provide in-person screenings for state funded hospitalization at Advocate Sherman Hospital Emergency Department in Elgin, 24 hours per day.</p> <p>At AMITA Health St. Joseph Hospital in Elgin Ecker staff provide in-person screenings between 12:00 am and 8:00 am. Also, in person USARF screenings between 12:00 am and 8:00 am and telephone screenings from 8 am to midnight.</p> <p>At AMITA Health St. Joseph Hospital Ecker staff offer telephone screenings between the hours of 8:00 am and 12:00 am.</p> <p>And at Northwestern Delnor Hospital in Geneva we provide telephone screenings 24 hours a day.</p> <p>This is an established program that runs concurrently January through December.</p>
<p>5. Describe the goal(s) with a description of the anticipated major outcomes.</p> <p>The following criteria determines when Psychiatric Emergency Program goals have been met:</p>

The crisis has been resolved and the client shows positive change toward restoration to a previous level of functioning and/or decrease in personal distress and is not in need of further mental health services

Individual has been stabilized but requires a transfer or referral to a less intensive mental health service

Because the PEP program provides brief, usually one time, services we are not able to measure client change. Instead, for our outcomes, we use the client's evaluation of whether we met the objectives of the program as the measure of success. Clients are asked to do a pre and post service report of their level of emotional distress. After the service is provided they are asked to rate whether staff have provided a crisis care plan, and whether they were educated about their crisis and given referrals for support.

Our outcome goal is that 80% of PEP clients will provide positive ratings for distress reduction and receiving a care plan, education, and referrals in the PEP program.

6. ***Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.*** $1358/3463=39\%$

7. ***Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.*** $28/140=20\%$

8. ***Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).*** We provided 28 hours of psychiatric emergency services for St Charles clients, so we project we will serve 30 hours of psychiatric emergency services over the next fiscal year for St Charles residents.

9. ***Include information about the number of staff assigned and training or credentials relative to the program or priority.***

The PEP program is staffed with eight full and part time Masters degreed therapists, most of them are licensed. Current staff licensures are: two LPC, one LSW, two LCPC, and one LCSWs.

Funding for the program or priority above:

10. ***Describe how the 708 Board funds will be used for this priority or designated program.***

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

St. Charles mental health funds will be used to provide high quality psychiatric emergency services (PEP) to St. Charles residents

<p>11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.</p> <p>\$18,000/\$5,612,064= 0.32%</p>
<p>12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.</p> <p>\$18,000/\$337,189=5.34%</p>
<p>13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.</p> <p>We also receive funding from: Illinois Department of Human Services – grant and fee for service, Elgin Township, Hanover Township 708 Mental Health Board, United Way of Metropolitan Chicago, Geneva Community Chest and St. Charles Noon Kiwanis Foundation.</p>
<p>14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.</p> <p>Any individual that presents to PEP will never receive an invoice from Ecker. If they have insurance we will bill insurance, but won't require them to pay the remainder of the fee for the visit. If they don't have insurance, they won't be required to pay a fee. This program is truly altruistic in providing life-saving services in a time of crisis.</p> <p>We always are seeking support for the provisions of our mission to provide community based, high quality, and accessible behavioral health care.</p>

SECTION 5: CREDENTIALS: Application

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

SECTION 6: Allocation Expenditure Summary:

Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the application:

In Fiscal Year 2019, the agency reported the following units of service, costs and average reimbursement rates for the following unduplicated St. Charles residents.

Service	Clients	Hours	Cost of Service/hour	Total Cost	*Reimbursement Rate/hour by Medicaid	Total Reimbursement for Medicaid clients
Therapy	61	217.8	\$150.00	\$32,670.00	\$100.28	\$21,840.98
St. Charles Therapy	23	75.42	\$150.00	\$11,313.00	\$100.28	\$7,563.11
Child Therapy	10	119.8	\$150.00	\$17,970.00	\$100.28	\$12,013.54
Nursing	60	69.15	\$200.00	\$13,830.00	\$84.72	\$5,858.38
Psychiatry	69	102.67	\$400.00	\$41,068.00	\$108.28	\$11,117.11
Case Management	103	238.87	\$150.00	\$35,830.50	\$70.44	\$16,826.00
PEP	13	27.67	\$150.00	\$4,150.50	\$0.00	0.00
Total		851.38		\$156,832.00		\$75,219.12
Difference						\$81,612.88

*Please note that the reimbursement rate is an average from Medicaid. It is not likely that all clients are insured by Medicaid and this graphic is used to provide an estimate. There are times when even the lowest reimbursement is not met due to client not having Medicaid coverage.

Also, the agency reported the following achievements during Fiscal Year 2019. We hired a full time Primary Mental Health Nurse Practitioner assuring that our clients receive timely services with a consistent practitioner. In this past year, we have established weekly walk-in appointments for clients who are in need of services before their next scheduled appointment in order to maintain their medication schedule.

The agency implemented the use of genetic testing in order to provide accurate medication prescribing and dosage and is in the process of implementing telepsychiatry services.

The therapy program continued to be responsive to the emerging needs of the community. The Counseling program has implemented several counseling groups for teens that work on improving self-esteem, emotional regulation and coping skills. We've also developed and implemented groups for younger children to focus on improving awareness, boundaries, and healthy relationships. Other workshops for children and teens have also been implemented, such as Selfies and Self-Esteem and Social Media Safety. Within the last few months, we have developed and began facilitating a Positive Parenting group to provide psychoeducation on different parenting styles to improve interaction within the family system. The agency plans to implement this group in Spanish to reach more families in the community. The department has continued to build and strengthen community partnerships with other service providers and school districts in the area to improve awareness of services and resources.

Due to increasing requests, we continue to add clinical hours to the therapy program. This has resulted in hiring additional staff to reduce the wait time for counseling appointments. The program has started working every Saturday of the month to meet the needs of working families and individuals. A psychiatric provider began working every other Saturday as well to increase the accessibility of psychiatry services for both children and adults.

The case management program continued to streamline our entry process for new consumers, making strides to ensure that clients make contact with a provider to assess their needs and connect them to necessary services in a timely manner based on the urgency of an individual's initial presentation. This process also includes a screening for individuals who may be experiencing homelessness or in a domestic violence situation and includes a warm hand off to link these individuals with immediate help when desired. This program has also expanded by adding an additional assessment specialist and an additional case manager. This has helped to reduce wait times and we have also been able to serve additional consumers with specialized needs related to the legal system.

ECKER CENTER FOR MENTAL HEALTH

BOARD OF DIRECTORS

October 2019 – October 2020

BOARD MEMBERS

Alan Kirk, Chairman

David Conroy, Vice Chairman

Stephen Tousey, Treasurer

Sandra Kaptain, RN, Secretary

Steven Andersson

Patricia Arroyo

Ann Boisclair

Meghan Early

Dr. Alan Polse, DDS

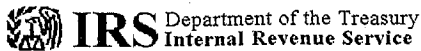
Aaron Sellers

Timothy Sheldon

Linda Siete

Robert Steffen

Hon. Robert K. Villa



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248206044
Jan. 25, 2013 LTR 4168C E0
36-2312495 000000 00

00015077
BODC: TE

ECKER CENTER FOR MENTAL HEALTH INC
1845 GRANDSTAND PL
ELGIN IL 60123-6603



016350

Employer Identification Number: 36-2312495
Person to Contact: Ms. Smith
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 15, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1956.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.


Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248206044
Jan. 25, 2013 LTR 4168C E0
36-2312495 000000 00
00015078

ECKER CENTER FOR MENTAL HEALTH INC
1845 GRANDSTAND PL
ELGIN IL 60123-6603

If you have any questions, please call us at the telephone number shown in the heading of this letter.

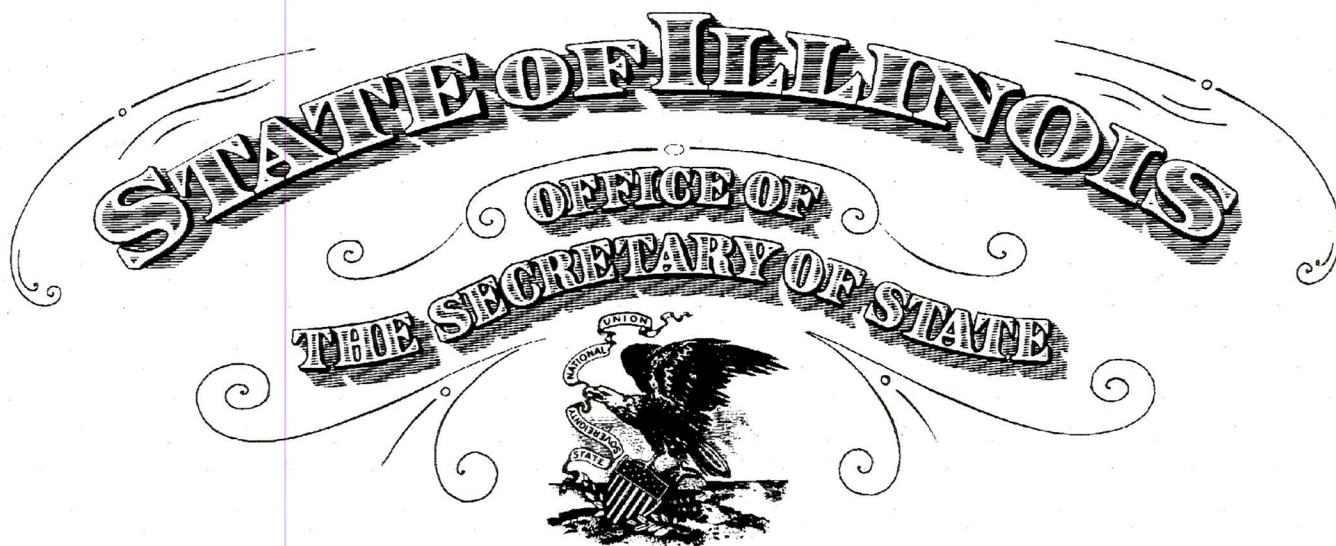
Sincerely yours,



Richard McKee, Department Manager
Accounts Management Operations

File Number

3503-746-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ECKER CENTER FOR MENTAL HEALTH, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 23, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of FEBRUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE

Budget F' 2020

Statement of Activity

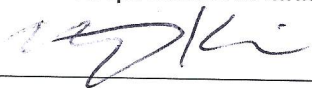
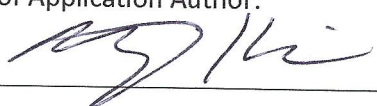
	F' 2020 Budget
Revenues	
Public Support	171,119
Fees & Grants - Governmental	3,333,940
Fundraising	92,016
Program Service Fees	1,983,674
Other Revenue	31,314
Total Revenues	5,612,063
Expenses	
Personnel and Benefits	4,101,675
Program Expenses	166,153
Specific Assistance to Clients	18,699
Occupancy	981,731
Development & PR	36,042
Management & General	67,026
Other Expenses	169,702
Depreciation	71,035
Total Expenses	5,612,064
NET SURPLUS/(DEFICIT)	0

**St. Charles 708 Mental Health Board
Application for Funding
2020-2021
Application Due: January 15, 2020**

Please complete all portions of the application. We will only be accepting applications electronically. The application is in Word format; all required fields are in an extended format. The form must be submitted electronically by the end of the business day on January 15, 2020 to Sharon Bringelson at (sbringelson@stcharlesil.gov 630-377-4422). **Applications received past this deadline will not be accepted.** If you have questions about the content of the application, please contact Brian Travilla via Sharon.

On February 27, 2020, sessions regarding this application will be scheduled for the 708 Board. At that time, 708 Board members will have the opportunity to ask questions or seek clarification about the application. Attendance at the scheduled presentation is mandatory.

SECTION 1: CONTACT INFORMATION

Organization Name: Lighthouse Foundation	Executive Director/Responsible Administrator: Marty Keifer
Printed Designated Contact Name: Marty Keifer	Contact Phone and Email Address: 630-940-2468 marty@lighthouse-recoveryinc.com
Printed Name of Document Author: Marty Keifer	Author Phone and Email Address: 630-940-2468 marty@lighthouse-recoveryinc.com
Organization Address: 210 S. 5 th St, Suite 104 St Charles, IL 60174	Organization Phone and Website: (630) 940-2468 lighthouse-recoveryinc.com
Number of Individuals Served Annually by the Organization: 638 new LHR clients in 2019 (28% increase from 2018)	Number of St. Charles Residents Served Annually by the Organization: 133 new St Charles clients in 2019 (29% increase from 2018) 18 clients so far have received 708 St Charles funds and we are on target to meet our anticipated enrollment from last year's request
Total Amount of Request: \$41,000.00	Date of Application: 1/10/2020
Signature of Responsible Administrator: 	Signature of Application Author: 

SECTION 2: ALIGNMENT WITH THE CITY OF ST. CHARLES 708 BOARD

The Vision of the St. Charles Mental Health 708 Board is:

The residents of St. Charles shall have access to high-quality programs and services to support their mental health, to assist with their developmental disabilities, and to prevent and reduce substance abuse.

The Mission of the St. Charles 708 Mental Health Board is to service residents of St. Charles by supporting and funding local, community-based, high-quality programs and services for citizens with mental health needs, substance abuse needs and developmental disabilities.

Instructions: Please briefly describe how the activities in this proposal aligns with the vision and mission of the City of St. Charles Mental Health 708 Board and the residents of the City of St. Charles. Please do not simply copy/paste your organization’s vision and mission statements.

Lighthouse Foundation was established in 2017 to provide funding for substance abuse recovery services at Lighthouse Recovery, Inc. as well and critical social services via third party providers (i.e. homeless shelters, emergency medical care providers, etc.) to indigent individuals in St. Charles and the surrounding communities.

Lighthouse Recovery was established in 2016 to serve individuals seeking substance abuse counseling services in St. Charles and the surrounding communities. One of Lighthouse Recovery’s core tenets is to ensure that financial constraints do not limit an individual’s ability to seek treatment for their substance use issues. As a small organization Lighthouse Recovery is currently only able to provide care for a limited number of indigent clients.

This funding will allow Lighthouse Foundation to provide the highest quality care to individuals in St. Charles who would otherwise go untreated.

SECTION 3: SELECTION OF DESIGNATED PROGRAM SUPPORT OR PRIORITY FUNDING SUPPORT

Instructions: From the two categories below, select the one that best describes your organization’s application for funding for the application. **The priorities may be the same or different from the previous year’s funding application. Definitions:**

- **Designated, specific program support.** Select this option if your organization is requesting funding for a single initiative, activity or program. **If the proposed activity is part of a larger organization or set of activities, describe priorities in the Priority Funding Support (next section).** Your organization may request either full or partial funding for the designated program support. This option is not intended to offset overall program operations or administrative costs.

This designated program information will be used throughout the application.

Designated Program	Funding	Application
Outpatient group counseling, medication assisted treatment and individual counseling	<ul style="list-style-type: none"> • Full X Partial 	Amount requested for 2020-2021: \$41,000.00

- Priority Funding Support.** Select this option if your organization has multiple programs or activities where the requested funding will be used to fund one or more initiatives/activities. Your organization may request either full or partial funding for the priorities defined.

If priority funding support is selected, indicate up to five priorities (below) for which funding will be allocated. These numbered priorities will be used throughout the application.

Priority	Funding	Application
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:

SECTION 4: PROGRAM AND BUDGET DESCRIPTION:

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

Priority #___ or Designated Program Amount requested:
1. Describe the general purpose of the priority or program. The primary goal and objective of this project is to provide critical substance abuse treatment services to an identified under-served population in St. Charles and the surrounding communities. As a small agency, we have been fortunate to be in a financial position to offer discounted services for those who are able to afford a portion of their treatment costs. However, we are unable to provide no-cost treatment to those who have no means of paying for treatment. These individuals include those who are currently homeless, lacking even minimum insurance coverage, suffering from severe illness

(apart from addiction), individuals who have been recently released from incarceration, and individuals who because of their substance use disorder are unable to maintain a minimum income to support basic living necessities. Addiction crosses all socio-economical boundaries, and for the people who fall into the categories above, it is nearly impossible to receive quality substance abuse treatment as most providers have months long waiting lists, if they provide indigent care at all. Our goal is to provide services to those in need regardless of their ability to pay. By supporting people in their recovery, we look to combat the growing addiction epidemic in our area.

2. Describe the need of the priority or program and the type of individuals to be served.

We continue to receive calls on a daily basis from clients in need with no ability to pay for treatment. The greatest number of indigent client referrals come to us via our contract with the Kane County Sheriff's Office. Through that contract we provide substance abuse counseling services in the Kane County Jail. Although services provided in the jail are financially covered by our contract, after these individuals have been released, they will require ongoing care. We currently have more than 60 active clients that are detained in the jail. Upon release, all of these clients will require some level of continued care. The vast majority of these clients are released with no housing, job prospects, or health insurance of any kind. This population in particular is at an elevated risk for relapse and overdose. It is critical to the community at large that these individuals have a support structure in place and available to them immediately upon release.

In addition to those recently released from jail, individuals served will be clients at Lazarus House, other area homeless shelters, and anyone struggling with addiction who cannot otherwise afford quality care. Although we are moving through the Medicaid enrollment process, it is taking an exorbitant amount of time to complete. Until we are approved, funds such as the 708 board are the only option for those who have Medicaid/Medicare.

3. Describe the specific activities of the priority or program.

The requested amount of funding will allow us to provide Intensive Outpatient Group Treatment, step down outpatient group treatment, one-on-one sessions with our Medical Director for the purposes of stabilization through Medication Assisted Treatment, and individual or family therapy with an LCPC.

4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

As we are currently running multiple outpatient groups as a part of our regular business function, our timeline is immediate upon receipt of funds and we expect this to be an ongoing program throughout 2020 and beyond.

5. Describe the goal(s) with a description of the anticipated major outcomes.

We expect this project to have an enormous impact on the clients we treat. Addiction can limit an individual's ability to function as a productive member of society and cause irreparable harm both physically and emotionally to the addict and their family. We intend to reduce or eliminate these negative consequences and provide guidance the individual needs to take back control of their life.

A large positive impact is expected to the community at large. Any increase in available support for under-served populations and those at risk ease the overall burden to the community. Impact will be especially realized for those previously incarcerated. Although these impacts can be difficult to

quantify in the short run, we expect to see lower recidivism rates which lead to decreased community expenditure on housing and prosecuting drug offenders. Community medical expenses will decrease too as fewer indigent individuals will seek Emergency Room services.

6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.

Based on year over year trends, we expect to serve between 150 and 200 total clients who will receive treatment services from Lighthouse Recovery and financial aid from Lighthouse Foundation. With this growth in mind, Lighthouse Recovery continues to expand its client capacity and Lighthouse Foundation is actively seeking additional funding sources to meet the growing demand. Illinois limits outpatient groups to 16 individuals or less during any one session, and regulations limit the total number of Medication Assisted Treatment clients our Medical Director can prescribe for. Therefore, we need to continue to expand service accessibility in conjunction with expected growth.

It is important to note that this project is a "perfect world" scenario. We acknowledge that there will be clients who begin treatment, but do not successfully complete, or clients who are not in need of medication or individual therapy. When these circumstances are identified, unused funds for those individuals will be set aside and applied to additional St. Charles clients. Regardless of enrollment, grant funds will only be used for the purposes outlined in this request. Funds budgeted for St Charles residents, but not used, will not be redirected into any other account or "general fund".

7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.

Based on current trends, we anticipate 85 individuals from St. Charles to be served through this program or approximately 50% of all indigent clients served and 13% of all clients served by the organization. Meaning, half of all indigent clients receiving funds from Lighthouse Foundation are St. Charles residents.

8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).

We anticipate 2,530 service hours dedicated to this program as follows:

Medical services: 202 hours. Represents the total number of hours required by Dr. Holtsford to meet in person with each participant utilizing our Medication Assisted Treatment, as well as confirming diagnosis and level of care for each client.

Individual therapy: 442 hours. Represents the total number of face-to-face hours with an LCPC if meeting for one hour every week for the duration of treatment. This figure represents only 10% of the anticipated participants. As of this writing, we are not on track to meet the hours we anticipated in our previous request, therefore, the estimate above has been decreased for this year's request.

Group treatment: 1,106 hours. Represents the sum of all hours of two clinicians running the IOP and OP group as well as time required to complete necessary intake assessments.

Administration: 780 hours. Approximate time spent on all administrative tasks such as documenting treatment delivery, quality assurance measures, billing, filing, etc.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority.

Nathan Lanthrum – CADC– Clinical Director: Primary provider of all clinical services at Lighthouse Recovery. Responsible for development and delivery of treatment curriculum in addition to supervising all clinical staff providing treatment. Nathan has the highest relevant impact to this project as he will be chiefly responsible for overall quality of care provided. He will have personal interaction with every client selected to receive grant funds.

Dr. Stephen Holtsford – M.D.– Medical Director: Responsible for confirmation of client diagnosis established during intake. Also provides Medication Assisted Treatment to clients. Dr. Holtsford is extremely relevant to the success of this project as many clients are in desperate need of medication as they work towards sobriety. Due to the fact that our intended population with this project is indigent clients, it is highly likely that many have not had adequate health care.

Warren Matson – MS, LCPC – Individual and family therapist: Individual and family counselor providing treatment for clients who need additional support due to co-occurring disorders. The high rate of substance abuse clients who suffer from a co-occurring disorder make Mr. Matson's involvement in this project an absolute necessity. While Lighthouse Recovery is able to focus on the substance abuse aspect of an individual's care, it is important to also address factors such as anxiety and depression. Outcomes of drug treatment are dramatically increased when coupled with treatment for underlying disorders.

Patrick Ryan – CADC – Counselor: Counselor providing IOP, OP, and step-down aftercare treatment for program clients.

Marty Keifer – MBA– Executive Director: Responsible for all administrative functions including accounting, licensing, insurance, compliance, etc. It is critical to any business that it remain fiscally sound, in compliance with federal, state, and local regulations as well as adhere to standards required to maintain our Joint Commission Accreditation. Mr. Keifer is relevant and required for this project to support the quality of care provided, the environment in which it is provided, and ensure funds are applied appropriately to eliminate waste.

Funding for the program or priority above:

10. Describe how the 708 Board funds will be used for this priority or designated program.

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

In keeping with the spirit of the partnerships Lighthouse Foundation has with its providers, the cost of treatment provided through this project has been drastically discounted from list prices for the associated services. If calculated separately, the total for all services provided to any one client receiving IOP, MAT services, and individual therapy for three months (current average length of stay for IOP clients is three months) exceeds \$11,500.00 per client. When applying the discount Lighthouse Recovery extends to Lighthouse Foundation, we are able to bring that cost down to \$2,625 for a 3 month intensive program including individual counseling and medication.

Anticipated breakdown of entire program cost is as follows:

Medical services – \$32,937: Represents the total cost of clients meeting face to face with Dr. Holtsford as necessary for the duration of treatment.

Individual therapy – \$22,200: Represents the total cost of clients meeting face to face with Mr. Matson for one hour as needed for the duration of treatment (adjusted for expected number of clients utilizing individual therapy services and decreased to 3 months of sessions provided once per week).

Group treatment – \$99,291: Represents a function of salary paid to counselors for facilitating IOP, OP and aftercare groups. Percentage applied to adjust for anticipated population mix.

Administration – \$22,000: Represents a function of total administrative costs applied as a percentage based on anticipated population mix.

Overhead - \$5,000: As expansion continues to be a necessity, all related factors such as rent, insurance, utilities, supplies, etc. continue to rise. Some line items, such as rent, are not directly related to each additional participant and can represent large steps in total cost (i.e. If we need to rent additional office space, we can't just rent enough for one more participant. More space requires a long-term commitment and upfront investments.)

Total program cost: \$181,428

You may notice a sharp decrease in the total program cost from last year's request. This is due to a substantial decrease in the actualized individual counseling services based on current number of St Charles clients served. Therefore, we feel it appropriate to adjust numbers based on current trends. However this may increase based on future client needs.

11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

The requested amount represents 6.1% of Lighthouse Recovery's total budget.

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

The requested amount represents 22.6% of the total cost of this program. Again, an increase from last year, however it is important to note that this number still represents the overall discount for services given by Lighthouse Recovery to Lighthouse Foundation (and therefore, the 708 board) of 77.4%.

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

Lighthouse Foundation is actively pursuing several other funding options such as the Northwestern Medicine Competitive Grants Program, other local 708 boards, as well as several state sponsored initiatives, and actively soliciting private donations. However, funds received from the 708 St Charles board will be earmarked specifically for residents of St Charles. Should 708 St Charles funds fall short

of the cost of services provided to St Charles residents, Lighthouse Recovery may solicit unrestricted donations from Lighthouse Foundation to offset those costs.

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

Lighthouse Foundation is committed to providing care to indigent residents of St. Charles and the surrounding communities regardless of the timing or amount of this funding request. However, our ability to provide that care will be notably diminished without the support from organizations such as the St. Charles 708 Mental Health Board and other individual personal donations.

As we continue to see our client census steadily rise, it becomes overwhelmingly apparent that the need for more access to quality care is necessary. We are actively growing our presence and capacity in St Charles in the coming year. This grant will help us secure the additional facility space and the necessary staff to meet the community’s needs. Although not specifically broken out in this request, we anticipate the need for additional staff to manage the growing workload. Without solid numbers on that cost, we did not want to speculate and build that in just yet, however some of this anticipated cost is included in the “Overhead” section of the budget breakdown. Also, we are in the process of purchasing a standalone building that will be used by both Lighthouse Recovery and Lighthouse Foundation for community outreach, reentry services for jail releasees, and outpatient groups. Beyond the initial investment, it is difficult to estimate all associated costs, so like the new employee, some overhead costs have been built into the budget breakdown. Any 708 St Charles funds used for additional overhead will be noted as such on the final accounting included in next year’s request.

We scrutinize every dollar we spend and do our best to stretch every donation as far as we can. We are committed to applying every dollar we receive through this request to where it will do the most good for the most people.

SECTION 5: CREDENTIALS: Application

For your organization, include the following:

- | |
|--|
| 1. A copy of current 501 c (3) or tax-exempt certification.

Attached. |
| 2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).

Attached. |
| A list of current Board of Directors for your agency.

1. A list of current Board of Directors for your agency. |

Dr. Lanny Wilson – Family health physician
 Sarah Conley – Kane County Sheriff's Deputy
 Jodie Fox – DuPage County Probation Officer
 Jennifer Brundige – Geriatric care giver
 Nathan Lanthrum – Clinical Director Lighthouse Recovery
 Marty Keifer – Executive Director Lighthouse Recovery

Although Nathan Lanthrum and Marty Keifer sit on the Lighthouse Foundation Board of Directors, they have voluntarily waived their voting rights in regards to allocation of foundation funds. Additionally, Lighthouse Foundation is currently seeking one additional board member to provide a wider perspective to how foundation funds are utilized.

3. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Attached. Earmarked 708 St Charles funds noted.

SECTION 6: Allocation Expenditure Summary:

Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the application:

Attached.

My apologies for the crude spreadsheet. A few notes and indicators:

- List prices are on the top left (some averaged as it would be impractical to track each service separately, additionally it reduces the starting price of each service category)
- Prices applied to each service are listed under the "Cost" heading
- Associated discount rates are listed to the right of each Cost
- ID column - specific to each individual client
- Remaining columns list number of each service received per category
- Payments column – Any payment made by a client towards their account is subtracted from the total amount requested from the 708 funds
- List column – Cumulative price of all services received
- 708 – Reimbursement requested from 708 St Charles funds (always subject to Lighthouse Foundation board approval)
- Comparison at the bottom of total discount extended for services
- Remaining funds for future clients

The overall discount for each service may change based on developing needs of the organization and increasing cost of providing each service.

	<u>List</u>
417	\$ 225.00
MAT 1	\$ 225.00
MAT 2	\$ 60.00
MAT 3	\$ 200.00
OP	\$ 180.00
UA	\$ 125.00
Indv	\$ 185.00

	<u>Cost</u>
417	\$ 100.00
MAT 1	\$ 75.00
MAT 2	\$ 10.00
MAT 3	\$ 30.00
OP	\$ 40.00
UA	\$ 10.00
Indv	\$ 50.00

-56%
-67%
-83%
-85%
-78%
-92%
-73%

Beginning of prg to 12.15.19

<u>ID</u>	<u>Intake</u>	<u>MAT 1</u>	<u>MAT 2</u>	<u>MAT 3</u>	<u>Group</u>	<u>UA</u>	<u>Indv</u>	<u>Payments</u>	<u>List</u>	<u>708</u>
Ca.	0	0			3	0		\$ -	\$ 540.00	\$ 120.00
Ni.	1				22	2		\$ -	\$ 4,435.00	\$ 1,000.00
Jo.	1	1	1		5	1		\$ -	\$ 1,535.00	\$ 395.00
Ch.	1	7	1		22	2		\$ -	\$ 6,070.00	\$ 1,535.00
Da.	0	2			11	0		\$ -	\$ 2,430.00	\$ 590.00
Li.	1	8			16	4		\$ 800.00	\$ 5,405.00	\$ 580.00
Je.	1	1			43	0		\$ -	\$ 8,190.00	\$ 1,895.00
Ch.	1				3			\$ -	\$ 765.00	\$ 220.00
Jo.	1				1	1		\$ -	\$ 530.00	\$ 150.00
An.	1					2		\$ -	\$ 475.00	\$ 120.00
Sh.	1					1		\$ -	\$ 350.00	\$ 110.00
Da.	1					1		\$ -	\$ 350.00	\$ 110.00
An.	1							\$ -	\$ 225.00	\$ 100.00
Li.	1				7			\$ -	\$ 1,485.00	\$ 380.00
St.					2			\$ -	\$ 360.00	\$ 80.00
Be.	1				15			\$ -	\$ 2,925.00	\$ 700.00
Br.	1				5			\$ 40.00	\$ 1,125.00	\$ 260.00
Me.	1	2	1		3	1		\$ 150.00	\$ 1,400.00	\$ 240.00

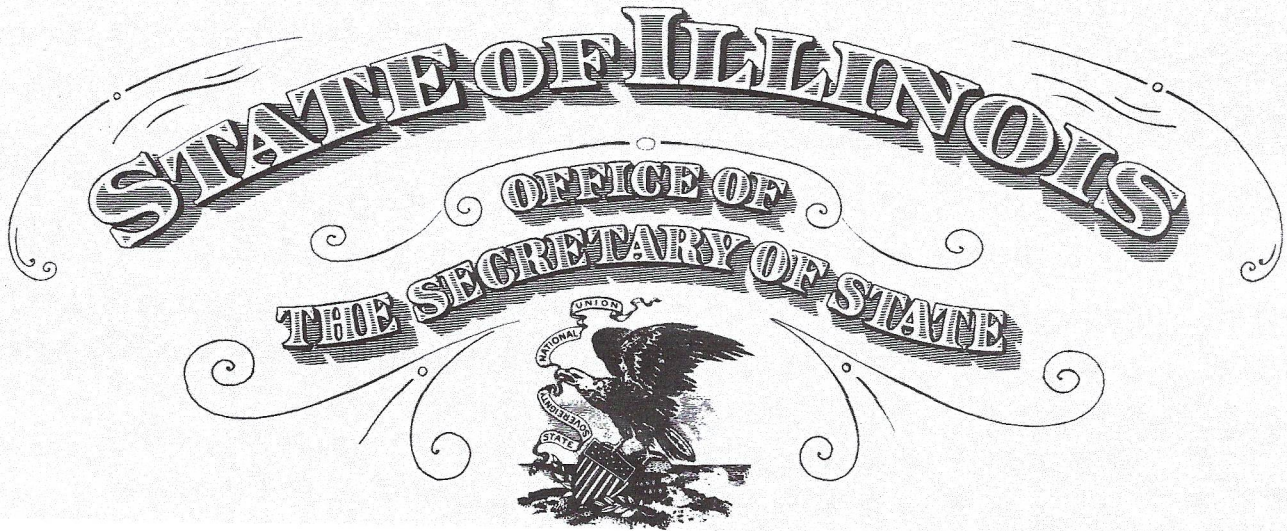
\$ 38,595.00 **\$ 8,585.00**

-78%

2019 funding
Total \$ 23,700.00
Remaining \$ 15,115.00

File Number

7131-066-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

LIGHTHOUSE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 27, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 14TH
day of JANUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1901402840 verifiable until 01/14/2020

Authenticate at: <http://www.cyberdriveillinois.com>

Lighthouse Foundation

PROFIT AND LOSS

January - December 2019

	TOTAL
Income	
Non - Restricted Donations	40,550.00
Restricted Donations - 708 Geneva	19,100.00
Restricted Donations - 708 St Charles	23,700.00
Total Income	\$83,350.00
GROSS PROFIT	\$83,350.00
Expenses	
Bank Charges & Fees	2.00
Dues & subscriptions - Quickbooks	710.39
Indigent Care - 708 Geneva	2,310.00
Indigent Care - 708 St Charles	8,585.00
Indigent Care - LHR	16,147.50
Rent & Lease	9,000.00
Total Expenses	\$36,754.89
NET OPERATING INCOME	\$46,595.11
NET INCOME	\$46,595.11



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

March 29, 2018

LIGHTHOUSE FOUNDATION
210 S. 5TH ST., STE 10
ST. CHARLES, IL 60174

Lisa Madigan
ATTORNEY GENERAL

RE: Status of LIGHTHOUSE FOUNDATION under both The Charitable Trust and The Solicitation for Charity Acts.

Dear Registrant:

I am pleased to acknowledge receipt of your registration statement under both the Charitable Trust and the Solicitation for Charity Acts. The registration number assigned to your organization is CO# 01073215.

Please note that when an organization registers under the Charitable Trust and/or the Solicitation for Charity Act, it is required to file an annual financial report with our office. The annual financial report is due six months after the end of the organization's fiscal year. It is one of the duties of the organization's officers to ensure that this report is timely filed. A copy of the form AG990-IL along with instructions are attached to this letter.

I must also call your attention to Section 12 under the Solicitation for Charity Act. Please note that this registration in no way constitutes an endorsement of your organization by the State of Illinois and that any representation as such for the purpose of soliciting or collecting funds will be grounds for cancellation of your registration.

For your convenience, additional resource materials as well as blank forms and instructions are available under the "Building Better Charities" section of our website at www.IllinoisAttorneyGeneral.gov. If you have questions, you may direct them by mail to the Charitable Trusts Bureau at 100 West Randolph Street, 11th floor, Chicago, Illinois 60601; or contact us by phone at (312) 814 - 2595. We will be happy to assist you.

Very truly yours,

A handwritten signature in cursive script that reads "Lisa Madigan".

LISA MADIGAN
Attorney General



Note: The report for fiscal year ending 6/30/2018 is due by 12/31/2018.

St. Charles 708 Mental Health Board
Application for Funding
2020-2021
Application Due: January 15, 2020

Please complete all portions of the application. We will only be accepting applications electronically. The application is in Word format; all required fields are in an extended format. The form must be submitted electronically by the end of the business day on January 15, 2020 to Sharon Bringelson at (sbringelson@stcharlesil.gov 630-377-4422). **Applications received past this deadline will not be accepted.** If you have questions about the content of the application, please contact Brian Travilla via Sharon.

*On February 27, 2020, sessions regarding this application will be scheduled for the 708 Board. At that time, 708 Board members will have the opportunity to ask questions or seek clarification about the application. **Attendance at the scheduled presentation is mandatory.***

SECTION 1: CONTACT INFORMATION

Organization Name: Renz Addiction Counseling Center	Executive Director/Responsible Administrator: Jerry Skogmo, Executive Director
Printed Designated Contact Name: Deb Howe, Director of Marketing & Development	Contact Phone and Email Address: 847-742-3545 x 236, dhowe@renzcenter.org
Printed Name of Document Author: Meghan Nelson, Marketing & Development Coordinator	Author Phone and Email Address: 847-742-3545 x 246, mnelson@renzcenter.org
Organization Address: 1 American Way, Elgin, IL 60120	Organization Phone and Website: 847-742-3545 /www.renzcenter.org
Number of Individuals Served Annually by the Organization: 4434 in FY19	Number of St. Charles Residents Served Annually by the Organization: 79 in FY19
Total Amount of Request: \$90,365	Date of Application: January 15, 2020
Signature of Responsible Administrator: 	Signature of Application Author: 

SECTION 2: ALIGNMENT WITH THE CITY OF ST. CHARLES 708 BOARD

The Vision of the St. Charles Mental Health 708 Board is:

The residents of St. Charles shall have access to high-quality programs and services to support their mental health, to assist with their developmental disabilities, and to prevent and reduce substance abuse.

The Mission of the St. Charles 708 Mental Health Board is to service residents of St. Charles by supporting and funding local, community-based, high-quality programs and services for citizens with mental health needs, substance abuse needs and developmental disabilities.

Instructions: Please briefly describe how the activities in this proposal aligns with the vision and mission of the City of St. Charles Mental Health 708 Board and the residents of the City of St. Charles. Please do not simply copy/paste your organization's vision and mission statements.

Through evidence-based substance use disorder treatment and prevention education programs, Renz Addiction Counseling Center delivers effective and professional services with integrity and compassion. Specific services include alcohol, drug and problem gambling treatment, in addition to prevention programs for substance use, HIV, and other sexually transmitted diseases. Since our merger with Ecker Center for Mental Health in August 2018, together we have been better able to treat and maintain continuity of care in our dually-diagnosed clients, who deal with both mental health and substance use disorder diagnoses. With one of our three locations in St. Charles, we are able to serve St. Charles residents seeking substance use disorder treatment in their own community.

SECTION 3: SELECTION OF DESIGNATED PROGRAM SUPPORT OR PRIORITY FUNDING SUPPORT

Instructions: From the two categories below, select the one that best describes your organization's application for funding for the application. **The priorities may be the same or different from the previous year's funding application. Definitions:**

- **Designated, specific program support.** Select this option if your organization is requesting funding for a single initiative, activity or program. **If the proposed activity is part of a larger organization or set of activities, describe priorities in the Priority Funding Support (next section).** Your organization may request either full or partial funding for the designated program support. This option is not intended to offset overall program operations or administrative costs.

This designated program information will be used throughout the application.

Designated Program	Funding	Application
	<ul style="list-style-type: none"> ✓ Full ✓ Partial 	Amount requested for 2020-2021:

- **Priority Funding Support.** Select this option if your organization has multiple programs or activities where the requested funding will be used to fund one or more initiatives/activities. Your organization may request either full or partial funding for the priorities defined.

If priority funding support is selected, indicate up to five priorities (below) for which funding will be allocated. These numbered priorities will be used throughout the application.

Priority	Funding	Application
1) Clinical Services	Full ✓ Partial	Amount requested for 2020-2021: \$67,000
2) Vaping Cessation	✓ Full Partial	Amount requested for 2020-2021: \$10,925
3) Medication-Assisted Treatment	Full ✓ Partial	Amount requested for 2020-2021: \$7,000
4) Recovery Support Services	Full ✓ Partial	Amount requested for 2020-2021: \$5,440

SECTION 4: PROGRAM AND BUDGET DESCRIPTION:

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

<p>Priority # <u>1</u> Clinical Services_ or Designated Program Amount requested: \$67,000</p>
<p>1. Describe the general purpose of the priority or program.</p> <p>As a full-service agency, Renz Center offers substance use disorder treatment services, including individual, family and group counseling, DUI services, gambling treatment, special programming for women and adolescent clients, and Medication-Assisted Treatment (MAT). In addition, the Center provides case management between schools, the court system, and other health care/social service providers, and toxicology tests to verify treatment compliance.</p> <p>Substance use disorder is a chronic health problem that affects millions of Americans of almost any age and background. The cost of addiction is evident in our legal, healthcare, employment and family systems.</p>
<p>2. Describe the need of the priority or program and the type of individuals to be served.</p> <p>In 2017, an estimated 20.7 million people aged 12 or older needed substance use treatment in the past year; however, only 4 million of those received treatment, according to the Substance Abuse and</p>

Mental Health Services Administration (SAMHSA). Among young adults aged 18 to 25, approximately 1 in 7 people require treatment for a substance use disorder.

The effects of substance use disorders are cumulative and significantly contribute to costly social, physical, mental and public health problems including: teen pregnancy, HIV/AIDS and other sexually transmitted diseases, violence, motor vehicle accidents, and crime. According to the National Institute of Drug Abuse, substance use treatment is a cost-effective way to reduce substance use as well as impact social problems that result from substance misuse. Conservatively, “every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also come from significant drops in interpersonal conflicts, improvements in workplace productivity, and reductions in drug-related accidents” (drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost).

The Center's target population includes those struggling with substance use or problem gambling disorder and individuals at risk of substance misuse and/or HIV/AIDS. Renz Center also strives to assist low-income individuals and make treatment affordable and accessible. By utilizing insurance, Medicaid and/or a sliding fee scale, no one is denied service because of an inability to pay. Currently 74% of our Clinical Services clientele have a family income of \$30,000 or less. While many of our clients do have their own private insurance, high deductibles make them reluctant/unable to seek treatment. With offices in Elgin, St. Charles, and Streamwood, Renz Center's service area is central/northern Kane and western Cook Counties in Illinois--which includes 32 different local cities and communities. As an outpatient treatment center, Renz Center will continue to strive to implement changes in care to improve access and retention as well as guide performance improvement, hence providing the best care possible for our community.

3. Describe the specific activities of the priority or program.

Renz Center's Clinical Services program offers Early Intervention Services; Outpatient and Intensive Outpatient Services; DUI services; Passage Program For Women; Gambling Program; and Family Counseling. When a client comes to Renz, they are first assessed by a counselor to determine a diagnosis, needs, and develop a treatment plan. A client will attend both individual and group counseling sessions, with time commitment depending on the severity of the substance use disorder. If necessary, a client may receive Medication-Assisted Treatment (MAT) to help manage withdrawal symptoms. To ensure that clients are accountable to their recovery, ensuring the best care possible, clients are randomly tested for substance use throughout their treatment. Additionally, clients may attend SMART Recovery groups and participate in our Positive Waves Group. This group uses Alpha-Stim, a small handheld device which uses cranial electrotherapy stimulation to safely and effectively treat pain, anxiety, depression, and insomnia. When combined with traditional therapy, the Positive Waves Group supports long-term recovery.

4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

For clients in continued treatment, the average length of stay is 2-4 months.

5. Describe the goal(s) with a description of the anticipated major outcomes.

The goal for each client is to reduce or eliminate the use of alcohol and/or drugs. The Center strongly promotes abstinence and this is the goal for the vast majority of clients. We also employ a “harm-reduction” model for clients who are not motivated to quit their consumption but are willing and able to reduce their use. These are clients who misuse drugs or alcohol but are not dependent on them (physically addicted). For those who are alcohol or drug dependent, abstinence is necessary. The program has met goals as it relates to access to treatment and treatment retention. We have decreased the time it takes for an individual contacting us to get into their first appointment and we have also increased the length of time an individual is in treatment. Both of these factors are very important because the research shows, not surprisingly, that the easier it is to access treatment, and the longer an individual is in treatment, the better the prognosis. We have worked very hard at meeting these two objectives. Our rating from the Illinois Department of Alcoholism and Substance Abuse (DASA) has been higher than the state-wide average for client engagement in the first 30 days and in retention of clients attending at least 10 sessions after the first 30 days.

The Center evaluates the effectiveness of the programs in a number of ways:

1. Initially all treatment plans are reviewed by a physician to help ensure that the client (patient) is receiving the proper treatment plan.
2. Each case is reviewed every 30 days by the Center’s Clinical Director.
3. A client satisfaction survey is given to clients annually. The information provided from the results of the surveys measures many variables, from our responsiveness as an organization to clients’ satisfaction with their progress.
4. A quality assurance professional reviews a random sample (15%) of all cases for a record review and to ascertain the quality of services being provided to each client.

Renz Center continues to evaluate the effectiveness of Clinical Services the same way and state outcomes remain the same, 2019 Client Satisfaction Survey results however continue to improve.

According to the most recent state outcomes, Renz Center’s Level 1 Engagement statistics were above state providers at 35.9 % state and 43.6% Renz Center. Renz Center also placed higher than state providers in Retention (the percentage of clients who attend at least 10 sessions after first 30 days) with statistics averaging 19.1% for the state and 35% for Renz Center. In addition, the percentage of clients with supportive social interaction (a determinant in positive outcome measurement) was 90.3% for Renz Center clients compared to 74.3% statewide. Finally, Renz Center increased Level II client abstinent rates.

Highlights of Renz Center’s 2019 Client Satisfaction Survey results include:

- 93% of clients said they would refer a family member or friend to Renz Center for services
- 94% of clients agree that their primary individual counselor listened to them effectively (this is up 3% from last year)
- 91% of clients agreed that the individual counselor focused on what was important to them (up 5%)
- 91% of clients say staff’s knowledge and ability to help clients understand and follow program rules was excellent/good.
- 88% of clients agreed their primary individual counselor showed warmth toward them.
- 85% of clients agree that the counseling staff supports them in meeting goals, with positive changes, and recovery.

Client testimonials also spoke highly of Renz services, including:

- “The individual counseling as well as the information classes and large groups have been extremely helpful, informative, and great support. I am grateful for having had the opportunity to receive help through the Renz Program and hope many more are given the opportunity to recover and remain sober with the help at Renz.”
- “I’m so pleased with this program at Renz. I’ve gained a lot of inspiration and hope here, thanks.”
- “The whole program has helped me in many ways, mentally, physically, and financially. I am very grateful for having sought your facility and staff for a better life. My gratitude will last forever, thanks again.”

6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.

In FY19, Renz Center served 441 individuals in our Clinical Services program; 10% of our overall organization population (4,434) which includes individuals participating in prevention programming.

7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.

Renz Center projects that of the 525 people in the clinical program, 94 will be St. Charles residents in FY20; 17% of our overall clinical population.

8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).

94 (estimate of clients served in FY2020) x 29 (average hours/client in 2019) = 2,726 service hours

9. Include information about the number of staff assigned and training or credentials relative to the program or priority.

Renz Center’s Clinical Services utilizes 8 full or part-time counselors, 1 clinical director, 1 consulting psychiatrist, 1 part-time nurse, 8 full or part-time support staff, 1 part-time childcare worker and 1 counselor assistant to support the clinical program. Services are implemented at three locations: Elgin, St. Charles, and Streamwood.

Funding for the program or priority above:

10. Describe how the 708 Board funds will be used for this priority or designated program. Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

Funds from the City of St. Charles 708 Board help pay for a wide variety of clinical services to residents of St. Charles. This includes three-hour comprehensive assessments, individual, family and group counseling, special programming for women clients and adolescents, psychiatric services, case management between schools, the court system and other health care/social service providers, and toxicology tests to verify treatment compliance. In addition, DUI offenders may be seen for

assessments and risk-education classes. City of St. Charles residents are also eligible to receive services for problem and compulsive gambling.

In addition to City of St. Charles funding, Renz Center continues to use state grant funding to help fill the gap to treat low-income residents.

11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

The request of \$67,000 is 3% of the organization's budget of \$1,814,045.

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

The request of \$67,000 is 8.7% of the clinical program budget of \$763,300.

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

In FY19, Renz Center received funding for our St. Charles office from the following organizations for Clinical Services:

- Illinois Dept. of Human Services/Substance Use Prevention & Recovery (SUPR)
- Client Fees and 3rd party insurance
- City of Geneva Mental Health Board
- Geneva Community Chest
- Rental Income

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

N/A

Priority #_2 Vaping Cessation_ or Designated Program

Amount requested: \$10,925

1. Describe the general purpose of the priority or program.

Renz Center, with the support of Tri-City Family Services, is looking to pilot a vaping intervention/cessation and prevention program in St. Charles middle and high schools. Splitting the St. Charles school service area between agencies, Renz will train Tri-City counselors on addiction issues, and the agencies will work with assigned schools to address vaping concerns each school is facing. Services would include prevention programming during the school day (such as during a health class), group intervention counseling and education for students and parents during the evening, and/or an informational session for the school community to learn about youth vaping prevention. Renz Center strives to be at the forefront of substance misuse prevention and believes piloting a vaping awareness program to St. Charles middle and high school students will help educate and prevent young people from using vaping products.

2. Describe the need of the priority or program and the type of individuals to be served.

Since 2014, e-cigarettes have been the most commonly used tobacco product among American youth. According to the Monitoring the Future 2019 Survey, conducted by the National Institute on Drug Abuse, nearly 10% of 8th graders, 20% of 10th graders, and almost 26% of 12th graders have admitted to vaping nicotine in the past month. The 2019 survey additionally saw a huge increase in marijuana vaping use among teens, the second-largest ever observed of any substance in the survey's 45-year history, and this includes both nicotine and THC (marijuana) vaping. Nearly 4% of 8th graders, 12.6% of 10th graders, and 14% of 12th graders report vaping THC in the past month.

In addition to the vaping illnesses and even fatalities in the news, exposure to nicotine during adolescence can impact brain development, with learning, memory, and attention impairment. E-cigarettes contain a much higher level of nicotine than regular cigarettes, and it is harder to measure how much nicotine is being ingested. A typical JUUL cartridge (a popular brand of e-cigarettes), has as much nicotine as an entire pack of cigarettes. Two-thirds of JUUL users ages 15-24 are not aware that all JUUL cartridges, regardless of flavor or method of delivery, always contain nicotine. (Sources: *Monitoring the Future 2019 Survey*, NIDA; *Surgeon General's Advisory on E-Cigarette Use Among Youth*, e-cigarettes.surgeongeneral.gov)

3. Describe the specific activities of the priority or program.

Prior to working with St. Charles students, Renz staff would meet with school stakeholders to determine school needs and concerns and develop an action plan specific to the school. For example, students may receive vaping prevention education during one class period, delivered by a trained Renz or Tri-Cities counselor. The school may have a problem with vaping on campus, and counselors could offer an alternative to suspension psychoeducation program to students and their parents. Offering an education and group counseling approach, students could learn about the harmful impact of vaping, as well as developing the skills and resilience needed to help them quit vaping. Additionally, Renz staff would be willing to offer an informational, "town hall"-type session for parents and community members to learn about the dangers of teenage vaping.

4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

Outreach to St. Charles schools would begin in spring 2020 to schedule fall programming. Length of programming would vary by school need and program selected. For a vaping cessation, alternative to suspension-type group, we would plan for 2-3 evening sessions for students and parents.

5. Describe the goal(s) with a description of the anticipated major outcomes.

Process goals will include providing services in health classes, after-school programming, and school assembly presentations, as well as community services at our St. Charles outpatient office. Outcome goals with our vaping cessation program will be to prevent, reduce, or stop youth from vaping nicotine and/or marijuana. Our success in meeting these goals will be measured by student behavior; for example, if students attending our alternative to suspension vaping cessation group get caught vaping again, or if the number of students caught vaping at a school goes down following a prevention presentation. In some cases, a student may become a Renz client, and at this point program success can be measured by toxicology tests that detect nicotine/marijuana.

6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.

Number of students served varies on school needs. A vaping prevention program would reach a larger number of students (say, for example, all seventh grade students in their homerooms) than an evening alternative to suspension program, which we would expect to reach between 15-30 individuals (students and parents) over two to three sessions.

7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.

100% of the students served would attend St. Charles schools; the number of students would depend on the school's need: a health class vaping prevention discussion might impact several hundred students, for example, while we are estimating an alternative to suspension program impacting between 15-30 St. Charles students and parents.

8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).

We expect 115 staff hours to expand curriculum, train trainers, promote the program, meet with school stakeholders, and run the program in the schools. Billed at \$95/staff hour, $\$95 \times 115 = \$10,925$.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority.

Depending on nature of school's need and staff availability, Renz prevention staff or Renz/Tri-City counselors will be assigned to the designated program, with oversight provided by Renz's Clinical Director and/or Prevention Coordinator.

Funding for the program or priority above:

10. Describe how the 708 Board funds will be used for this priority or designated program. Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

Our budget of \$10,925 accounts for work done to expand our current anti-vaping curriculum, previously delivered at Burlington Central High School, training Tri-City counselors on current addiction counseling information and techniques, promoting the program within St. Charles schools, and staff direct service hours.

11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

The request of \$10,925 is .6% of the organization's budget of \$1,814,045.

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

The request of \$10,925 is 100% of the total funding for this program. This is a new program Renz believes is of relevance and timeliness to the students of the Fox Valley. If this program proves to be successful, we will expand both our offering of the program as well as funding sources for the next fiscal year.

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

Yes, this is a pilot program offered only to the students of St. Charles. If successful, we hope to extend our outreach and funding sources.

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

Currently we are unable to receive state reimbursement for individuals who enter treatment for a vaping use disorder, as the DSM-V does not include a vaping use disorder diagnosis. The St. Charles 708 Mental Health Board's funding of this initiative would help us support St. Charles youth who require vaping intervention through a group cessation program.

Priority # 3 Medication Assisted Treatment or Designated Program

Amount requested: \$7,000

1. Describe the general purpose of the priority or program.

Renz Center is seeking funding support to help St. Charles residents receive Medication-Assisted Treatment (MAT), including MAT with Suboxone, which combines behavioral therapy and medications to treat substance use disorders and prevent opioid relapse and overdose. MAT is part of a comprehensive outpatient alcohol and drug recovery treatment program that includes case management, counseling, therapy, and medication for effective long-term success, with oversight by a licensed psychiatrist and medical director. Suboxone has become the preferred medication to help those with opioid use disorder manage their withdrawal symptoms, and Renz has been able to offer Suboxone (buprenorphine and naloxone) since August 2019.

2. Describe the need of the priority or program and the type of individuals to be served.

Opioid-related overdose deaths remain on the rise in Kane County. According to the Kane County Health Department, 68 people died in 2018 due to opioid-related overdoses. In 2017, 55 people died. According to the Center for Disease Control, 130 people in the United States die every day as the result of an opioid overdose. Additionally, the CDC estimates that prescription opioid misuse alone results in a \$78.5 billion cost to the United States each year, including the costs of criminal justice, health care, lost productivity, and addiction treatment (drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis).

Funding provided by the St. Charles 708 Mental Health Board would support St. Charles residents who are unable to afford their high insurance deductibles receive the recovery treatment they need.

3. Describe the specific activities of the priority or program.

Since 2017, we have been pleased to offer MAT to eligible clients, a program that combines evidence-based counseling practices and medication to manage withdrawal symptoms while working their recovery. It includes counseling, therapy, skill-building education, and medication for long-term success. Clients are assessed and supervised for MAT by our Medical Director while continuing to attend individual and group counseling sessions.

In 2019, we began offering Suboxone to help clients with opioid use disorder manage their physical dependency symptoms. Suboxone is the brand name for a prescription medication used in treating those addicted to opioids, either prescription pain relievers, heroin, or synthetic opioids such as fentanyl. It contains the ingredients buprenorphine and naloxone. Buprenorphine, a partial opioid agonist, blocks the opiate receptors and reduces a person's urges. The second ingredient, naloxone, helps reverse the effects of opioids. Together, these drugs work to prevent withdrawal symptoms associated with an opioid addiction. Suboxone is a controlled substance making physician management necessary.

As Suboxone treatment can start as soon as twelve hours post-opiate use, it proves to be a more attractive treatment option for people looking to quit using as no withdrawal or detox period is necessary. Because of the shorter wait and being able to minimize painful withdrawal symptoms, Suboxone increases access to treatment and has become the preferred medication to help treat opioid use disorder. It is administered in three phases:

1. The Induction Phase is the medically monitored startup of Suboxone treatment performed in a qualified physician's office or certified outpatient treatment provider using approved buprenorphine products. The medication is administered when a person with an opioid dependency has abstained from using opioids for 12 to 24 hours and is in the early stages of opioid withdrawal. Suboxone can bring on acute withdrawal for patients who are not in the early stages of withdrawal and who have other opioids in their bloodstream.
2. The Stabilization Phase begins after a patient has discontinued or greatly reduced their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects. The Suboxone dose may need to be adjusted during this phase. Because of the long-acting agent of buprenorphine, once patients have been stabilized, they can sometimes switch to alternate-day dosing instead of dosing every day.
3. The Maintenance Phase occurs when a patient is doing well on a steady dose of Suboxone. The length of time of the maintenance phase is tailored to each patient and could be indefinite. Once an individual is stabilized, an alternative approach would be to go into a medically supervised withdrawal, which makes the transition from a physically dependent state smoother. People then can engage in further rehabilitation—with or without MAT—to prevent a possible relapse. The potential for suboxone misuse can occur, which is why close physician supervision is essential. Daily, then weekly, and finally monthly physician supervision as the patient gets weaned off the drug and opioid cravings dissipate.

It is important to reiterate that all MAT programs require individual and group counseling. A case manager is assigned to each individual enrolled in the program and follows the client throughout treatment until discharge. Treating withdrawal symptoms and reducing cravings only address the physical aspects of substance use, and not the underlying issues.

4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

When Renz Center piloted the Medication-Assisted Treatment program in 2017, we initially offered Disulfiram (Antabuse), Naltrexone (ReVia), Acamprosate (Campral), and Vivitrol (injectable form of Naltrexone) to help reduce or eliminate alcohol and/or opioid cravings. And while these medications help curb cravings for some individuals, opioid dependence can be so powerful that a stronger drug like Suboxone is necessary. We began offering Suboxone in August 2019, which clients are able to start within 12 hours of last opioid use, so withdrawal symptoms can be minimized and they can begin to focus on treatment.

5. Describe the goal(s) with a description of the anticipated major outcomes.

MAT is an effective form of care, when medication is taken as prescribed, used properly, and the individual is engaged with other supports and services. When combined with psychiatric and case management services, our MAT program will closely follow clients until treatment is completed thus greatly reducing the relapse rate.

The overall goal of MAT is to help clients get on the road to recovery by helping them reduce or eliminate cravings, decrease withdrawal symptoms, and sustain recovery. Specifically,

- * Improve patient survival
- * Increase retention in treatment
- * Decrease illicit opiate use and related criminal activity
- * Increase ability to gain and/or maintain employment

At the conclusion of MAT, Renz Center expects clients to:

- * Abstinence from or reduced use of illicit opiates
- * Reduction in other illicit drug use
- * Decrease criminal activity

6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.

In FY20, Renz Center projects that we will serve 35 individuals in our MAT program; 6% of our overall clinical population (525).

7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.

Renz Center served 1 St. Charles resident in FY19: 10% of our MAT program population of 10. In FY20, we anticipate serving 6 St. Charles residents, 17% of 35 anticipated MAT clients.

8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).

Renz Center anticipates each MAT client will receive on average 35 service hours. 6 St. Charles clients x 35 service hours = 210 hours.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority.

The average length of time for an individual in treatment is 4-6 months. The MAT program currently has one .40 FTE case manager/counselor, .10 FTE clinical director, .025 nurse practitioner, and .10 Medical Director Physician.

Funding for the program or priority above:

10. Describe how the 708 Board funds will be used for this priority or designated program. Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

Renz Center bills clients' insurance for psychiatric and treatment services. However, clients often have insurance plans with high deductibles which can be a barrier for the low-income client to seek services. Costs for this program are higher than standard outpatient expenses, which may leave clients with high deductibles more reluctant to seek treatment. Funding from the St. Charles 708 Mental Health Board will assist clients seeking this treatment and put this medication management more in reach. When St. Charles clients are unable to afford services due to high deductibles or lack of insurance, we will access these funds to increase client success.

11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

The request of \$7,000 is .3% of organization's overall budget of \$1,814,045.

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

The request of \$7,000 is 7% of the program budget of \$100,000.

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

In addition to state funding, client fees, and insurance reimbursement, Renz Center has received funding for our MAT services from the following organizations:

Alfred Bersted Foundation - \$25,000

Hanover Township - \$10,000

Elgin Township -- \$12,000

Geneva Community Chest -- \$1,525

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

Our Medical Director needed to step back from his role in Fall 2019 due to health concerns. We have hired a new Medical Director to oversee the MAT program with a start date in February 2020. One of the challenges we have found during this process is that medical malpractice insurance for addiction medicine doctors is very high and has become a barrier for many physicians to take on this work.

Priority # 4 Recovery Support Services or Designated Program

Amount requested: \$5,440

1. Describe the general purpose of the priority or program.

Renz Center is asking for support of two recovery support service programs: our SMART Recovery programs in St. Charles, and our Opioid Overdose Awareness and Prevention Training education programs. SMART Recovery groups are similar to Alcoholics Anonymous and support individuals in recovery through peer-to-peer interactions and trained counselor support, without the religious overtones of AA. Our Opioid Overdose Trainings provide overdose awareness information, as well as free Narcan (naloxone), an overdose reversal medication, that can be given to someone who has overdosed on opioids.

2. Describe the need of the priority or program and the type of individuals to be served.

SMART Recovery is designed for individuals in recovery or considering recovery. One does not need to be currently in recovery to participate; however, they cannot attend a meeting under the influence of alcohol/drugs.

Opioid Overdose and Awareness Prevention Trainings are provided free of charge for community members or any groups requesting them.

3. Describe the specific activities of the priority or program.

An alternative to Alcoholics Anonymous, SMART Recovery is a self-management support program that is open to individuals coping with all types of addictive behaviors, including substance misuse. It focuses on building and maintaining motivation; coping with urges; managing thoughts, feelings, and behaviors; and living a balanced life. The program is free to community residents, and meets Wednesdays at our St. Charles location. SMART Recovery is facilitated by a Renz Center counselor, and is open to all individuals 18 years or older. Registration is not necessary, and walk-ins are welcome.

We also provide SMART Recovery in the Kane County Correctional Facility in St. Charles, serving 14 people from April through June this year. While we take attendance, we do not track their home city. This service is provided to expose inmates to recovery services so they may understand the benefits, make changes, and seek treatment services once released.

During an Opioid Overdose and Awareness Training, participants learn how to recognize a person who may be overdosing, procedures to follow (including calling 911), and learning how to administer Narcan, which participants receive at the end of a training session. Narcan (naloxone) is a medication that can reverse an overdose caused by an opioid drug, and is inhaled through the nose. When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing within two to eight minutes. If given to a person not experiencing an opioid overdose, naloxone is harmless, but will produce withdrawal symptoms for anyone dependent on opioids.

4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

SMART Recovery is an ongoing program, meeting weekly at Renz's St. Charles location and the Kane County Jail in St. Charles. Participants can attend as it fits their needs. Counselors keep track of number of attendees each week, but not individual participants.

We have been able to provide multiple Opioid Overdose Awareness and Prevention Trainings to clients, individuals, and community organizations. These trainings are free and can be scheduled as needed, and serve as an ongoing outreach project to help educate the Fox Valley on what opioid overdoses look like and how to respond to them.

5. Describe the goal(s) with a description of the anticipated major outcomes.

SMART Recovery is a support group similar to Alcoholics Anonymous (AA). It serves as an ongoing, continuous support for individuals in recovery. Some individuals find that they need the routine of a weekly check-in, while others may only drop in when they are struggling. It is the goal of Renz Center to keep this group available as a weekly opportunity for clients and community members to support their recovery. Support groups can reduce feelings of isolation, provide peer support, serve as resources for new information or recovery techniques, and provide a sense of hope for its participants (*Substance Abuse Treatment: Group Therapy*, SAMHSA, 2005).

The goal of the Opioid Overdose Awareness and Prevention Trainings is to help community members, clients, opioid users' family members, local businesses, and other stakeholders learn to identify an opioid overdose and learn to administer Narcan to help the individual. There have been two reported "saves" (persons revived with Narcan) resulting from these trainings. In August 2019, we were able to expand our outreach efforts by offering this training in Spanish for the first time.

6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.

We project 80 individuals will attend SMART Recovery meetings in FY20, attending meetings at one of the five locations they are offered. Of a projected overall agency population of 4900 for FY20, this yields a 1.6% percentage.

We expect to provide 3 opioid overdose trainings during FY20, though this number can change depending on public interest.

7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.

In FY19 16 St. Charles residents attended SMART Recovery meetings, 36% of the 44 attendees at St. Charles and 21% of 75 total SMART Recovery meeting attendees across all locations. In FY20, we anticipate the same percentage (36%) of SMART attendees will be St. Charles residents, attending meetings at the St. Charles location, and expect that 21% of the total of 80 attendees for SMART at all locations will be St. Charles residents.

8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).

In addition to running the groups, time spent on SMART Recovery groups include counselor prep and process note time, as well as administrative assistant data tracking for grant reporting. For our St. Charles group, we calculate 48 one-hour sessions x 1.5 hours prep/processing time = 72 service hours.

In FY19 we ran 139 total SMART Recovery sessions – 48 in St. Charles, plus others at Renz’s Elgin and Streamwood locations, Ecker Center in Elgin, and the Kane County Correctional Facility in Geneva. 139 one-hour sessions x 1.5 hours of prep/processing time = 208.5 service hours. Adding staff travel time to Geneva and Streamwood (11 hours to/from Geneva and 14.5 to/from Streamwood), we have a total of 234 service hours. 234 service hours x \$75 staff per hour cost = \$17,550 total SMART Recovery program cost. St. Charles’ 72 service hours/234 total hours = 31%, 31% of \$17,550 = our \$5,440 program request from the St. Charles 708 Mental Health Board.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority.

A certified counselor runs the SMART Recovery program in St. Charles, with oversight from the Clinical Director as necessary. Clinical Director Jim Brunetti, LCPC, runs the SMART Recovery group at the Kane County Correctional Facility.

Opioid Overdose Awareness and Prevention Trainings are run by Renz prevention staff and/or our Clinical Director.

Funding for the program or priority above:

10. Describe how the 708 Board funds will be used for this priority or designated program.

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

Geneva Community Chest -- \$1,525

11. For this priority or designated program, what percentage of this request is compared to your organization’s overall, total budget? Funding request/divided by overall total budget = Percentage.

Our request of \$5440 is .29% of the organization’s total budget of \$1,814,045.

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

The St. Charles 708 Mental Health Board is asked to fund approximately 31% of the \$17,550 program cost.

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

Support for our SMART Recovery program primarily comes from our clinical program budget to pay for a counselor's time, and we do not receive additional funding for the groups beyond Geneva Community Chest's support of the SMART Recovery program at St. Charles with a \$1,525 gift. Your support would help us further offset this cost.

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

N/A

SECTION 5: CREDENTIALS: Application

For your organization, include the following: *(Please see following pages)*

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

SECTION 6: Allocation Expenditure Summary:

Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the application:

We are grateful for the previous support we've received from the St. Charles 708 Mental Health Board. Last year, we received \$70,000 total to support our Clinical Services and MAT programs. Funding from the Board, as well as other similar 708 boards, municipal and state grants, as well as private foundations, support Renz Center's mission to provide services to every client who walks through our doors. No one is denied treatment because of an inability to pay. We work with insurance companies and Medicaid to receive payment, and we work with a sliding fee scale for our uninsured or high-deductible clients. While we believe in the value of client buy-in (helping clients to value treatment because they are paying for it, whatever the amount), there are some instances where clients simply can't afford sliding fees or their high-deductible payments. In these instances, we rely

on St. Charles 708 Mental Health Board funds to help “fill the gap” of St. Charles residents’ treatment. In turn, these funds are spent on occupancy (rent, utilities), personnel (clinical, secretarial, and clinical director supervision), and pro-rata share fringe benefits, supplies, and contractual and administrative costs.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248226129
Mar. 31, 2009 LTR 4168C E0
36-2447195 000000 00 000
00019107
BODC: TE

RENZ ADDICTION COUNSELING CENTER
TWO AMERICAN WAY
ELGIN IL 60120-4341



002006

Employer Identification Number: 36-2447195
Person to Contact: Ms. K. Hilson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 20, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1965, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

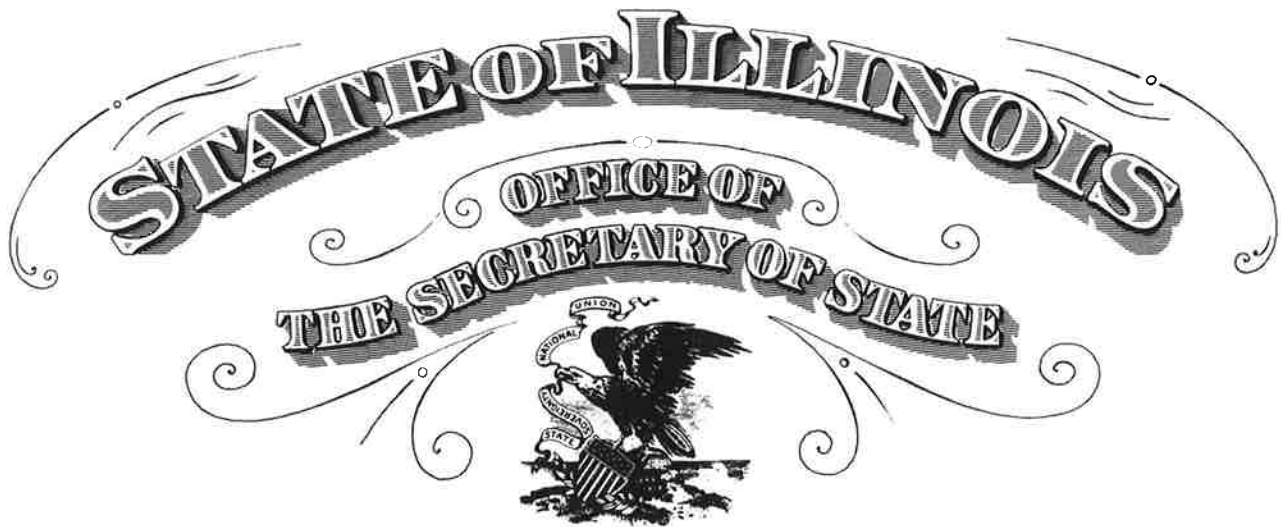
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RENZ ADDICTION COUNSELING CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 03, 1960, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of JANUARY A.D. 2020 .

Jesse White

SECRETARY OF STATE

**RENZ ADDICTION COUNSELING CENTER
BOARD OF DIRECTORS**

Title	Name	Occupation/Employer	Term Expires Month/Year	Mailing Address/Daytime Telephone Number
President	Brian Monson	First MidWest Bank Senior Vice President 8750 West Bryn Mawr, 13 th FL Chicago, IL 60631	May '20	1443 Woods creek Circle Crystal Lake, IL 60014-1978
Vice President	Sherry Totzke	Legal Collection Specialist Zurich North America Schaumburg	May '20	133 McCabe Streamwood, IL 60107 630-561-8234
Secretary/ Treasurer	Gregory Pratt	First American Bank 2901 E Main St St. Charles, IL	July '20	104 N. 4th Ave St. Charles, IL 60174 (773) 368-9762
Director	Patricia Arroyo	Supervisor of Community Health and Interpreting Srv Presence Saint Joseph Hospital	April '20	Presence Saint Joseph Hosp. 77 North Airlite Street Elgin, IL 60123-4912 847-695-3200, ext. 5179
Director	David Conroy	Sales Manager Gordon Flesch –Chicagoland Geneva	September '21	\$N157 Fox Mill Blvd St. Charles, IL 60175 C -630-287-2390
Director	Cheri Goll	V.P. of Nursing Advocate Sherman Hospital Elgin, IL	June '22	530 Wing Lane St. Charles, IL 60174
Director	Claudia Martinez-Carter	AVID Teacher Larkin High School	Oct '20	2070 Clearwater Way Elgin, IL 60123 314-497-4951
Director	Laura Newman	Batavia City Administrator Batavia	December '19	345 N. Batavia Ave. Batavia, IL 60510 312-339-9179
Director	Linda M. Siete	Manager, Sales & Operations Reflejos Publications, LLC Arlington Heights	June '20	1649 LinLor Lane Elgin, IL 60123 847-888-8234
Director	Bhopal Singh	Retired	September '20	750 Majestic Dr. Algonquin, IL 60102 630-347-1600
Director	Stephen Tousey	Attorney Early, Tousey, Regan, Wlodek & Wong, LLP Elgin, IL 60124	September '21	1960 Jamestown Lane Elgin, IL 60123
Director	Bill Wolf	Chief of Police Schaumburg	August '22	1701 Montclair Dr Elgin, IL 60123
DIRECTOR EMERITUS	Ron Razowsky	Retired		625 Wood Ridge Ct. Elgin, IL 60123

Agency Operation Budget for FY20

Income:

IL Dept of Human Services	\$	542,000.00
Drug Court and Probation	\$	10,000.00
Elgin Township	\$	15,000.00
SAMHSA Grant - Drug Free Communities	\$	125,000.00
SAMHSA Grant - STOP grant	\$	47,145.00
Client Fees & Third Party Payments	\$	348,000.00
708 Boards		
St. Charles	\$	70,000.00
Hanover Township	\$	57,000.00
Geneva	\$	10,000.00
Geneva Community Chest	\$	2,000.00
Kane County Early Intervention	\$	10,500.00
IL Dept of Public Health	\$	290,000.00
Contributions/Fundraisers/Foundations	\$	90,000.00
Rental Income	\$	36,700.00
Other Income	\$	188,200.00
TOTAL INCOME	\$	1,841,545.00

Expense:

Salaries	\$	1,096,650.00
Benefits	\$	176,265.00
Contractual	\$	117,950.00
Insurance	\$	21,400.00
Interest	\$	6,800.00
Office/Program Expense	\$	147,530.00
Travel/Meals	\$	34,600.00
Utilities	\$	58,900.00
Fundraising Expenses	\$	14,000.00
Depreciation	\$	50,700.00
Other	\$	50,050.00
Property Tax	\$	8,800.00
Rent	\$	30,400.00
TOTAL EXPENSES	\$	1,814,045.00

Renz Addiction Counseling Center

Statement of Financial Activity

July 1 through September 30, 2019



	Actual	Budget	Variance
Income			
IL Dept of Human Services	163,829.50	135,500.00	28,329.50
Drug Court and Probation	-	2,500.00	(2,500.00)
Elgin Township	5,727.27	3,750.00	1,977.27
SAMHSA Grants	43,036.25	43,036.25	-
Client Fees	58,377.93	87,000.00	(28,622.07)
708 Boards	81,429.81	34,250.00	47,179.81
Geneva Community Chest	-	500.00	(500.00)
Kane County Early Intervention	-	2,625.00	(2,625.00)
IL Dept of Public Health	12,500.00	72,500.00	(60,000.00)
Contributions / Fundraisers	32,562.30	22,500.00	10,062.30
Rental Income	6,180.00	9,175.00	(2,995.00)
Other Income	42,345.00	47,050.00	(4,705.00)
Total Income	445,988.06	460,386.25	(14,398.19)
Expense			
Salaries	259,483.62	274,162.50	14,678.88
Benefits	23,945.55	44,066.25	20,120.70
Contractual	15,732.11	29,487.50	13,755.39
Insurance	211.00	5,350.00	5,139.00
Interest	4,838.84	1,700.00	(3,138.84)
Office/Program Expense	23,918.20	36,882.50	12,964.30
Travel/Meals	9,067.59	8,650.00	(417.59)
Utilities	15,672.59	14,725.00	(947.59)
Fundraising Expenses	4,390.04	3,500.00	(890.04)
Depreciation	16,934.31	12,675.00	(4,259.31)
Other	10,044.31	12,512.50	2,468.19
Property Tax	-	2,200.00	2,200.00
Rent	14,240.42	7,600.00	(6,640.42)
Total Expense	398,478.58	453,511.25	55,032.67
Surplus / (Deficit)	47,509.48	6,875.00	40,634.48

St. Charles 708 Mental Health Board
Application for Funding
2020-2021
Application Due: January 15, 2020

Please complete all portions of the application. We will only be accepting applications electronically. The application is in Word format; all required fields are in an extended format. The form must be submitted electronically by the end of the business day on January 15, 2020 to Sharon Bringelson at (sbringelson@stcharlesil.gov 630-377-4422). **Applications received past this deadline will not be accepted.** If you have questions about the content of the application, please contact Brian Travilla via Sharon.

On February 27, 2020, sessions regarding this application will be scheduled for the 708 Board. At that time, 708 Board members will have the opportunity to ask questions or seek clarification about the application. Attendance at the scheduled presentation is mandatory.

SECTION 1: CONTACT INFORMATION

Organization Name: TriCity Family Services	Executive Director/Responsible Administrator: Laura Poss, Executive Director
Printed Designated Contact Name: Laura Poss, Executive Director	Contact Phone and Email Address: 630-232-1070 x112 lposs@tricityfamilyservices.org
Printed Name of Document Author: Laura Poss, Executive Director	Author Phone and Email Address: 630-232-1070 x112 lposs@tricityfamilyservices.org
Organization Address: 1120 Randall Ct. Geneva, IL 60134	Organization Phone and Website: 630-232-1070 Tricityfamilyservices.org
Number of Individuals Served Annually by the Organization: 4,924	Number of St. Charles Residents Served Annually by the Organization: 1,224
Total Amount of Request: \$226,415	Date of Application: 01/15/2020
Signature of Responsible Administrator: 	Signature of Application Author: 

SECTION 2: ALIGNMENT WITH THE CITY OF ST. CHARLES 708 BOARD

The Vision of the St. Charles Mental Health 708 Board is:

The residents of St. Charles shall have access to high-quality programs and services to support their mental health, to assist with their developmental disabilities, and to prevent and reduce substance abuse.

The Mission of the St. Charles 708 Mental Health Board is to service residents of St. Charles by supporting and funding local, community-based, high-quality programs and services for citizens with mental health needs, substance abuse needs and developmental disabilities.

Instructions: Please briefly describe how the activities in this proposal aligns with the vision and mission of the City of St. Charles Mental Health 708 Board and the residents of the City of St. Charles. Please do not simply copy/paste your organization's vision and mission statements.

Our services are designed to address a wide-range of mental health disorders that destabilize families and prevent individuals from leading productive, satisfying lives. Integral to our mission and charter is our commitment to making our programs and services affordable to area residents in need, particularly individuals who are uninsured, underinsured, or cannot otherwise afford mental health services. By operating under a sliding fee scale, and offering scholarships for our group programs, we ensure that no one is denied services based on an inability to pay.

Counseling is at the core of our work at TriCity Family Services. We specialize in family-centered counseling for children and adolescents. We have an evidence-based and extremely effective Family-Based Treatment for Eating Disorders program embedded in our counseling program as well. TriCity Family Services is also skilled in providing short-term counseling for adults and couples. Our clients have access to our on-site psychiatric services, if needed, and services in Spanish. We also seek to fulfill our mission through the provision of Emotional Wellness programs. These are workshops and support groups designed to intervene early in the development of mental health issues, or to prevent them completely. We consider it essential to provide educational and supportive programming that reduces or eliminates those conditions that place people at risk of developing mental disorders and/or substance abuse problems later in life.

The City of St. Charles seeks to maintain a high quality of life, instill a strong sense of community, and work together to create effective solutions. TriCity Family Services shares a commitment to enhancing the quality of life in the community through our provision of professional high-quality services to all residents in need. We also include community building in our mission statement to demonstrate our dedication to community-based mental health services and working with our neighbors to maximize community impact, including other social service organizations, corporations, churches, community groups, schools and the City of St. Charles itself. We, in service to the St. Charles community, are dedicated to collaboration in order to create effective solutions to strengthen the City of St. Charles for all of its citizens and contribute to the City fulfilling its mission of stewardship, engagement and collaboration.

SECTION 3: SELECTION OF DESIGNATED PROGRAM SUPPORT OR PRIORITY FUNDING SUPPORT

Instructions: From the two categories below, select the one that best describes your organization's application for funding for the application. **The priorities may be the same or different from the previous year's funding application. Definitions:**

- **Designated, specific program support.** Select this option if your organization is requesting funding for a single initiative, activity or program. **If the proposed activity is part of a larger organization or set of activities, describe priorities in the Priority Funding Support (next section).** Your organization may request either full or partial funding for the designated program support. This option is not intended to offset overall program operations or administrative costs.

This designated program information will be used throughout the application.

Designated Program	Funding	Application
	<ul style="list-style-type: none"> • Full • Partial 	Amount requested for 2020-2021:

- **Priority Funding Support.** Select this option if your organization has multiple programs or activities where the requested funding will be used to fund one or more initiatives/activities. Your organization may request either full or partial funding for the priorities defined.

If priority funding support is selected, indicate up to five priorities (below) for which funding will be allocated. These numbered priorities will be used throughout the application.

Priority	Funding	Application
1) Counseling	<ul style="list-style-type: none"> • Full • <u>Partial</u> 	Amount requested for 2020-2021: \$200,000
2) Emotional Wellness	<ul style="list-style-type: none"> • Full • <u>Partial</u> 	Amount requested for 2020-2021: \$16,415
3) Vaping Initiative	<ul style="list-style-type: none"> • <u>Full</u> • Partial 	Amount requested for 2020-2021: \$10,000

SECTION 4: PROGRAM AND BUDGET DESCRIPTION:

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

Priority #_1_ or Designated Program **Counseling**

Amount requested: \$200,000

1. Describe the general purpose of the priority or program.

Counseling is at the core of our work at TriCity Family Services. We specialize in family-centered counseling for children and adolescents. Experienced professionals who know the special needs of children and teens help them work through complex and multi-faceted challenges including conflict with other family members, problems interacting with peers, disruptive behavior, substance abuse, physical or sexual abuse, depression and anxiety. TriCity Family Services treats children and teens for mental health issues ranging from acting out in school and communication problems to severe mental illnesses, phobias, hallucinations, and thoughts of suicide. The children we serve in our family-centered outpatient center suffer from mental illnesses and disorders including:

- Trauma
- Anxiety Disorders
- Attention-Deficit/Hyperactivity Disorder
- Affective or Mood Disorders, such as depression and bipolar disorder
- Disruptive Behavior Disorders
- Family Conflict
- Eating Disorders
- Isolation
- Grief
- School refusal

TriCity Family Services is particularly unique in providing family-based services with highly skilled staff that are adept at conducting systemic assessments and at collaborating with those considered key change agents within a client's family, school, work and social networks. Our distinct competency in this area and our ability to provide these wraparound counseling services on a sliding fee scale basis to clients with a variety of needs is what makes our agency very unique in general, and particularly unique in our service area. We are also the only agency in our area offering psychiatric services (psychiatric evaluations and medication management) to children and adolescents on a sliding fee scale basis.

Embedded within our Counseling Program, we have an evidence-based and extremely effective Family-Based Treatment for Eating Disorders program. We are the only center in Northern Illinois with this program, outside of the University of Chicago. We are also skilled in providing short-term counseling for adults; addressing issues such as depression, marital discord, grief, divorce, domestic violence, parenting, stress, communication problems, sexual abuse, and anxiety/phobias.

TriCity Family Services is also unique in that it is so much more than counseling for the families we serve. For the majority of our clients, counseling sessions need to be supplemented with the active support and assistance of the therapist beyond the talk-therapy that occurs in the therapist's office. This is recognized as social work or case management services. We identify resources for clients, engage in client advocacy, assist clients in meeting expenses for basic necessities and provide a multitude of other wraparound client support services.

We regularly actively collaborate with St. Charles School District 303. Our agency clinicians will often accompany a parent to an Individualized Education Program (IEP) meeting and meet with school

counselor or teachers, to address specific student needs.

We help clients with food at Thanksgiving and gifts at the holidays. We will connect clients in financial crisis with credit counseling and we help clients apply for the public funds they are entitled to. This kind of complete care and case management in the mental health setting would not occur for a client in a traditional mental health organization. We believe that TriCity Family Services is much more than a mental health facility or counseling practice. We truly work to change the lives of children, families and adults in crisis and often, for families living in poverty, it requires more than a few sessions of therapy.

2. Describe the need of the priority or program and the type of individuals to be served.

Our target population for our Counseling Program is individuals of all ages and income levels that are in need of mental health and psychotherapy services. Children and adolescents with a severe diagnosis, and whose behaviors place them at risk of psychiatric hospitalization, are considered a priority at TriCity Family Services.

3. Describe the specific activities of the priority or program.

We provide counseling services by qualified mental health care professionals. Counseling is typically 1 hour per week and includes: mental health assessments, treatment plan development, therapy/counseling, case management, and psychiatric services if applicable.

4. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

The Counseling Program is ongoing.

5. Describe the goal(s) with a description of the anticipated major outcomes.

Two methods are used to evaluate outcomes in our counseling programs:

- (1) Increased skills and changed behaviors/attitudes, as indicated through improvement in treatment goals developed with their therapist,
- (2) Improvement in functioning, as measured by the Columbia Impairment Scale and Ohio Outcome Scales. For all client families served by this funding, we would expect to see increased skills, changed behaviors and attitudes and improvement in functioning.

Therapists report on treatment goals which are then analyzed by the agency Clinical Director and Manager of EAP Services. Summaries of the analyses are reviewed by the agency's Management Team and Quality Advisory Committee. We expect to see positive change in the level of functioning, as measured by the scales. In addition, outcomes are measured and documented through the progress made in achieving treatment plan goals and client satisfaction surveys. We utilize evidence-based approaches in our counseling program including cognitive behavioral therapy, dialectical behavioral therapy and eye movement desensitization and reprocessing (EMDR). Therapists and their clients identify treatment goals and use an Appreciative Inquiry Model to review goals with their clients every 90 days.

TriCity Family Services has over five decades of experience in working with youth and families. In

granting funding to TriCity Family Services, you can be confident that your dollars will be tied to effective outcome and reporting measures. We track, report, and ensure continuous quality improvement for all programs, at all times. Additionally, we are fully accredited by the Council on Accreditation, which is the highest standard for human service organizations. We meet or exceed all standards for service delivery, administrative processes, ethics, and management.

6. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.

2248/4924 = 46%

7. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.

465/2248 = 21%

8. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).

13,431 Hours (53,725 Units)

Mid-Year statistics indicate a .6% increase in program hours and a 20% increase in service hours to St. Charles residents.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority.

Of the agency's 13.62 FTE, 12.28 FTE are allocated to the Counseling Program.

The credentials include: (5) BS, (4) LSW, (2) LPC, (4) LCSW, (3) LMFT, (8) LCPC & (1) PHD

Funding for the program or priority above:

10. Describe how the 708 Board funds will be used for this priority or designated program.

These funds will allow us to maintain the quality, accessibility, and service delivery level of our family-centered counseling and psychiatric services. Equally important, continued funding will enable us to provide the case management, social work, case consultation and client advocacy required by many of our multi-problem cases. St. Charles 708 funding at the requested level will enable TriCity Family Services to continue to provide the affordable sliding fee scale that we offer to City of St. Charles residents who are unfunded.

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

Personnel Salary	\$900,582
Personnel Benefits	\$180,311

Consultants	\$22,062
Operating Fac & Equip	\$77,370
Operating Commodities	\$10,584
Staff Expenses	\$20,687
EW Programs	\$25,559
Other	\$57,403
RD/Marketing	\$24,381
DEPRECIATION	\$12,803
EXPENSES TOTAL	\$1,331,742

11. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

9.49%

12. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

88.33%

13. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

Fox Valley United Way \$8,000

Geneva Community Chest \$8,380

Batavia United Way \$4,000

INC Board \$65,586

Geneva 708 Board \$10,400

14. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

The Affordable Care Act led to an increase in the number of individuals requesting services who were insured. The majority of those clients who are now insured, however, have high deductible plans and increasingly need to rely on our sliding fee scale and alternative fees based on financial need. At least 32% of our private insurance clients in the last year had a deductible of at least \$1,350 or higher.

Priority # 2 or Designated Program **Emotional Wellness**

Amount requested: \$16,415

15. Describe the general purpose of the priority or program.

In addition to Counseling, we seek to fulfill our mission through the provision of Emotional Wellness programs. These are workshops and support groups designed to intervene early in the development of mental health issues, or to prevent them completely. We consider it essential to provide

educational and supportive programming that reduces or eliminates those conditions that place people at risk of developing mental disorders and/or substance abuse problems later in life.

Our current Emotional Wellness programs are:

Workshops

Compass for Girls- for 4th and 5th grade girls to build stronger relationship skills, learn to make healthy decisions and enhance images of themselves as capable and competent individuals.

Compass for Boys- for 4th and 5th grade boys to identify and embrace their unique qualities and identify the skills needed in becoming a good friend.

Trek - for girls entering 6th grade to make the transition to middle school less stressful, while learning more about themselves and learning how to stay true to their unique selves.

Family Connections- for families with children in elementary school at partnering schools to enhance family communication skills, positive habits, and attitudes of respect transferable to the home, the school, and the community.

International Child Development Program- a series of parents' interactive learning groups and related children's activity groups that promote practical and effective strategies to enhance parent-child relationships and help children become strong learners and leaders.

Project Self-Compassion- for high school girls interested in cultivating inner strength, improving emotional resiliency, increasing self-awareness, and learning how to better manage relationships.

Smart Choices K-5- for children and their parents to learn the necessary skills to effectively communicate needs, manage anger, and resolve conflicts.

Smart Choices Middle School High School - for teens and their parents to learn conflict-resolution skills, anger-management tools, and alternatives to a potential cycle of violent behavior. This program can be used as an alternative to school suspension.

Wilderness Challenge Program- an annual, week-long therapeutic canoeing and camping experience for teens at risk of, or experiencing, a difficult transition to high school. The program takes place over eight days in the Boundary Waters Canoe Area of Northern Minnesota and Canada. With the guidance of trained staff, and through a multitude of natural challenges, the trip enables teens to develop peer relationships, team-building experience, and problem-solving skills.

Support Groups

Wilderness Challenge Follow Up Group -social gatherings and meetings for Wilderness Challenge Program alumni to develop peer-leadership skills and maintain the benefits gained from the trip throughout the school year.

Single Moms Group- providing education and support for single moms to help reduce their stress, manage multiple demands, develop better coping skills, and provide effective guidance for children.

Lazarus House Parenting Group-for parents sharing in the community living experience of Lazarus

House that incorporates a variety of parenting topics such as routines and discipline, nurturing and coping skills, helping children understand difficult situations, co-parenting, accessing additional community support, stress management, helping children succeed in school, staying connected when family members are not living together, and self-care.

Lazarus House Women's Group- for women sharing in the community living experience of Lazarus House. Women strengthen their skills in areas such as hope and gratitude, assertiveness, self-esteem, limit-setting, self-control, conflict resolution, self-care, self-reliance, and stress management.

Community Presentations

Presentations on Emotional Wellness and a variety of mental health topics are offered within the community.

16. Describe the need of the priority or program and the type of individuals to be served.

Our Emotional Wellness programs seek to prevent and intervene early in the development of mental health problems. Each workshop, support group or presentation serves specific populations described above.

17. Describe the specific activities of the priority or program.

Emotional Wellness programs are offered by qualified mental health professionals who are skilled in group facilitation. Activities are age-appropriate and paired with supportive group discussion. We use many different activities in Emotional Wellness programs including small group break out sessions, team building challenges, weekly meetings, family meals, games, yoga, interactive experiences, expressive craft activities, and more.

18. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.

Our Emotional Wellness workshops are time-limited and occur at various times throughout the year. Our support groups and community presentations are ongoing.

19. Describe the goal(s) with a description of the anticipated major outcomes.

Each Emotional Wellness program has its own anticipated outcomes, however, these programs overall are designed to: (1) increase participants' awareness and acceptance of their thoughts and feelings; (2) demonstrate healthy responses to intense emotions and improve self-compassion and self-control; (3) communicate, problem-solve, and resolve conflicts effectively; (4) develop and maintain healthy relationships with family, peers and other community members; (5) enhance participants' abilities to cope with challenging life stages or transitions; (5) feel supported and accepted as unique individuals; or (6) parent children toward all of these emotional wellness goals.

Goals are measured through written survey responses to goal-related questions by participants and/or their parents during or after the completion of programs. Each program has a survey related to its specific goals. Responses on Lichert scales and free-form responses are gathered about changes participants have experienced as part of the programs. Verbal input from participating families,

<p>individuals, and facilitators’ observations are also considered.</p>
<p>20. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.</p> <p>2627/4924 = 54%</p>
<p>21. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.</p> <p>776/2627 = 30%</p>
<p>22. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).</p> <p>14,868 Hours (59,472 Units)</p> <p>Mid-year statistics indicate no increase in hours from the previous fiscal year.</p>
<p>23. Include information about the number of staff assigned and training or credentials relative to the program or priority.</p> <p>Of the agency’s 13.62 FTEs, 1.75 FTEs are allocated to the Emotional Wellness programs. In addition, the agency utilizes contract employees for specific programs such as Compass for Girls, Trek, Compass for Boys and Family Connections. Credentials for FTEs include: (1) ACSW, (4) LCSW, (1) LCPC, (1) MA, (2) MS, (4) MSW, (2) EI. ED, (2) LMFT, (2) AMFT, (1) LSW, (1) PHD and (1) LPC</p>

Funding for the program or priority above:

<p>24. Describe how the 708 Board funds will be used for this priority or designated program.</p> <p>St. Charles 708 funds will be used to provide reduced fee Emotional Wellness Programs, as well as scholarships or free programs to the residents of the City of St. Charles. There are no program fees associated with some of our Emotional Wellness programs, including community presentations. For those that do charge a fee, we provide reduced fees and scholarships for those in financial need. As an agency, we never deny services based on an inability to pay. This commitment is only possible through the success of our fundraising efforts and the support of entities like the St. Charles 708 Board.</p> <p>Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).</p>				
<table> <tr> <td>Personnel Salary</td> <td>\$114,360</td> </tr> <tr> <td>Personnel Benefits</td> <td>\$22,897</td> </tr> </table>	Personnel Salary	\$114,360	Personnel Benefits	\$22,897
Personnel Salary	\$114,360			
Personnel Benefits	\$22,897			

Consultants	\$2,801
Operating Facilities & Equipment	\$9,825
Operating Commodities	\$1,344
Staff Expenses	\$2,627
EW Programs	\$3,246
Other	\$7,289
RD/Marketing	\$3,096
(DEPRECIATION)	\$1,626
EXPENSES TOTAL	\$169,110

25. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

.78%

26. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

7.25%

27. Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.

Fox Valley United Way \$7,000

Batavia United Way \$4,000

INC Board \$47,224

Geneva 708 \$17,600

28. Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.

Emotional Wellness programs are not billable to insurance or Medicaid. We do receive any type of health insurance reimbursement for any of these programs.

<p>Priority #_3__ or Designated Program Vaping Initiative Amount requested: \$10,000</p>
<p>29. Describe the general purpose of the priority or program.</p> <p>TriCity Family Services, in partnership with Renz Center, will pilot a vaping intervention/cessation and prevention program in St. Charles middle and high schools. Renz Center will train TriCity Family Services clinical staff on addiction issues and we will design the program together. The two agencies will split the St. Charles school district service area to address the vaping concerns each school is having.</p>
<p>30. Describe the need of the priority or program and the type of individuals to be served.</p> <p>According to the National Institute of Health, teens are using vaping devices in record numbers. It is on the rise across middle and high schoolers with 37.3% of 12th graders and 17.6% of 8th graders reporting vaping, which contributes to an increase in nicotine use for teens as well as an increase in marijuana/hash oil use. Vaping poses serious and avoidable health risks leading to addiction, harm to brain development, and lung disorders.</p>
<p>31. Describe the specific activities of the priority or program.</p> <p>Services would include prevention programming during the school day, group intervention counseling and education for students and parents during the evening, a program alternative to suspension for students and parents, and/or informational sessions for the broader school community to learn about youth vaping prevention.</p>
<p>32. Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.</p> <p>Outreach to St. Charles schools would begin in the spring and launch in the fall for the following school year. The length of programming would vary by each school's need. This could range from one-time presentations to a vaping cessation alternative to suspension group, which would include multiple sessions with students and parents.</p>
<p>33. Describe the <u>goal(s)</u> with a description of the anticipated major <u>outcomes</u>.</p> <p>Our overall goals are to (1) prevent student vaping through education and awareness and (2) provide vaping cessation services to students who are already using. Our success in meeting these goals will be measured by student and parent surveys following educational presentations and ultimately a decrease in the incidents of vaping in the schools that result in disciplinary action.</p>
<p>34. Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.</p> <p>The number of students served will vary per school and the needs identified. For an educational program for all students the projected number of individuals is 2,000 per high school and 880 per</p>

middle school. For a vaping cessation or alternative to suspension program we would project to serve between 15-30 individuals (students and parents) for each 2-3 session program.

35. Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.

100% of those served will be St. Charles residents.

36. Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).

We are projecting 115 hours of service.

37. Include information about the number of staff assigned and training or credentials relative to the program or priority.

Of the agency's 13.62 FTE, .05 FTE are allocated to the Counseling Program.

The credentials include: (1) LCPC and (1) LCSW

Funding for the program or priority above:

38. Describe how the 708 Board funds will be used for this priority or designated program.

708 Board funds would be the singular funding source for this pilot program. It will pay for the direct service staff who will undergo training and provide the vaping educational and cessation services to students and parents.

Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).

Personnel Salary	\$6,720
Other	\$ 3,280

39. For this priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Funding request/divided by overall total budget = Percentage.

.47%

40. For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.

4.42%

41. *Is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.*

Yes

42. *Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.*

43.

This priority is new for TriCity Family Services. We are mindful that this initiative cannot compromise or detract from our provision of counseling and emotional wellness services to the St. Charles community.

SECTION 5: CREDENTIALS: Application

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

SECTION 6: Allocation Expenditure Summary:

Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the application:

In our last fiscal year we provided 5,963 hours of Counseling to St. Charles residents. The St. Charles 708 funding for our Counseling priority resulted in \$32 being applied per counseling hour for St. Charles residents. For Emotional Wellness, we provided 2,467 hours of service to St. Charles residents. The St. Charles 708 funding for our Emotional Wellness priority resulted in \$7 being applied per Emotional Wellness hours for St. Charles residents. This accounting is outlined below:

FY 2019 Counseling Hours for St. Charles 5,963
 5,963/\$188,738 (Total Counseling Funds Received) = \$32

FY 2019 Emotional Wellness Hours for St. Charles 2,467
 2,467/\$16,412 (Total Emotional Wellness Funds Received) = \$7

RECEIVED NOV 14 1989

Internal Revenue Service

Department of the Treasury

District
Director

Person to Contact: EO:TPA

TriCity Family Services
321 Hamilton Street
Deneva, IL 60134

Telephone Number: 1-800-424-1040
312-438-1040

Refer Reply to: 90-0106

Date: November 9, 1989

RE: Confirmation
EIN: 23-7310008

This is in response to the letter dated September 19, 1989 regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in September, 1973, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in 509(a)(2).

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

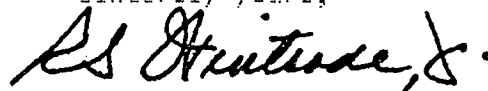
If your gross receipts each year are normally \$25,000.00 or more, you are required to file Form 990, Return of Organizations Exempt from Income Tax by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.

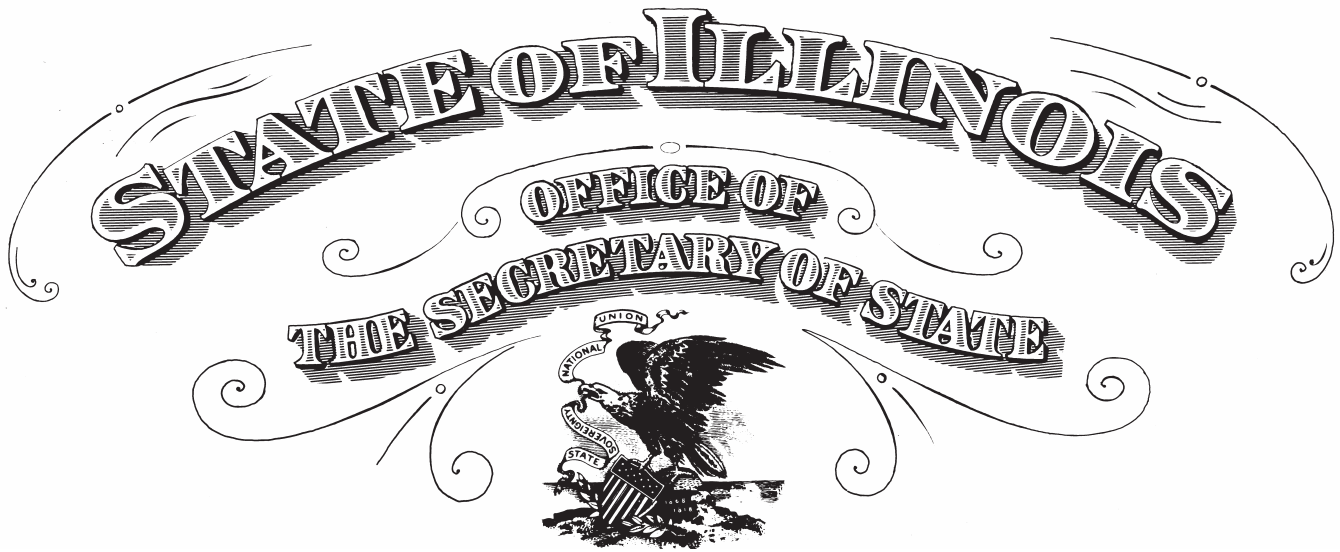
If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours,



R. S. Wintrode Jr.
District Director

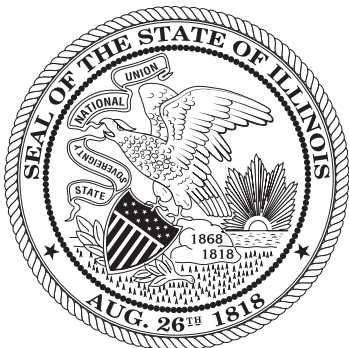


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TRICITY FAMILY SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 05, 1973, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JANUARY A.D. 2020 .



Jesse White

SECRETARY OF STATE



BOARD OF DIRECTORS 2019-2020

BOARD OF DIRECTORS

OFFICERS:

Gail Krawczykowski, President
Finance Manager, Nielsen
Joined – 04/2016

Veronique Saxe, Vice President
Senior Consultant, nVision Consulting Group
VP and Co-Founder, Rebuilding Haiti Now
Joined – 05/2017

Stephanie Wang, Secretary
Supply Chain Director, Nicor Gas
Joined – 08/2018

Bill Connell, Treasurer
CFO, Duchossois Capital Management
Joined – 04/2017

DIRECTORS:

Diane Gibson
Owner, Vanishing Ink Laser Aesthetics Center
Joined – 10/2017

Kelly Haab-Tallitsch
Attorney, SmithAmundsen
Joined – 02/2014

Maggie Hoscheit
Dentist, Mason, Faith & Hoscheit DDS
Joined – 06/2019

Cheryl Johnson
Retired Public Health Administrator
Joined – 10/2013

Dave Randa
Director of Commercial Banking, First National
Bank of Omaha
Joined – 12/2017

Tom Russe
Senior Vice President, Sterling Bank
Joined – 06/2016

Jan Silverman
Owner, Geneva Fit
Joined – 03/2019

Laura Wiskari
Senior Counsel, American Water
Joined – 10/2018

TriCity Family Services	<u>FY 2019</u>	<u>FY 2020</u>
Summary Budget FY 2020	<u>Budget</u>	<u>Budget</u>
Revenue		
Public Funding	\$368,008	\$378,340
Private Support-Contributions	\$351,000	\$367,000
Private Support-Special Events	\$152,000	\$137,000
Service Income	\$994,065	\$1,144,486
EAP Income	\$48,638	\$48,635
EW Programs	\$21,800	\$16,085
Other	\$40	\$15,240
REVENUE TOTAL	\$1,935,551	\$2,106,786
Expenses		
Personnel Salary	\$1,294,210	\$1,429,495
Personnel Benefits	\$270,117	\$286,208
Consultants	\$35,800	\$35,036
Operating Facilities & Equipment	\$108,797	\$122,865
Operating Commodities	\$12,649	\$16,800
Staff Expenses	\$23,323	\$32,837
EW Programs	\$38,478	\$40,570
Other	\$92,978	\$91,116
RD/Marketing	\$38,700	\$38,700
NON CASH EXPENSE (DEPRECIATION)	\$20,606	\$20,401
EXPENSES TOTAL	\$1,935,658	\$2,114,028

TriCity Family Services	<u>FY 2019</u>	<u>FY 2020</u>
Revenue Budget FY 2020	<u>Budget</u>	<u>Budget</u>
Public Funding - Counseling		
Community Chests/United Ways		
Fox Valley United Way	\$12,450	\$8,550
Geneva Community Chest	\$7,480	\$8,380
Batavia United Way	\$4,000	\$4,000
Total Community Chests/United Ways	\$23,930	\$20,930
Cities/708 Funds		
INC Board	\$65,280	\$66,586
708 Geneva	\$10,400	\$10,400
708 St. Charles	\$174,800	\$185,542
Total Cities/708 Funds	\$250,480	\$262,528
Subtotal Public Funding - Counseling	\$274,410	\$283,458
Public Funding - Emotional Wellness		
Community Chests/United Ways		
Fox Valley United Way	\$10,500	\$6,450
Batavia United Way	\$4,000	\$4,000
Total Community Chests/United Ways	\$14,500	\$10,450
Cities/708 Funds		
INC Board		
INC Board Emotional Wellness	\$46,298	\$47,224
708 Geneva	\$17,600	\$17,600
708 St. Charles	\$15,200	\$19,608
Total Cities/708 Funds	\$79,098	\$84,432
Subtotal Public Funding - Emotional Wellness	\$93,598	\$94,882
TOTAL PUBLIC FUNDING	\$368,008	\$378,340
Private Support		
Individual	\$147,000	\$147,000
Corporate	\$65,000	\$50,000
Foundation	\$110,000	\$140,000
Church	\$14,000	\$15,000
Community Groups	\$15,000	\$15,000
Other Grants & Contributions	\$0	\$0
Inkind Donations		
Total Private Support	\$351,000	\$367,000
Special Events		
Annual Benefit	\$110,000	\$100,000
5K Run/Walk	\$12,000	\$5,000

Golf Outing	\$20,000	\$20,000
Misc. Special Events	\$10,000	\$12,000
Total Special Events	\$152,000	\$137,000
TOTAL PRIVATE SUPPORT	\$503,000	\$504,000
Service Income		
Inkind Clinical	\$23,562	\$19,200
Client Co-payments	\$101,654	\$93,752
Medicaid Payments	\$532,677	\$696,372
Client Insurance Payments	\$336,172	\$335,161
Total Service Income	\$994,065	\$1,144,486
Service Income Continued		
EAP Income		
City of Batavia	\$9,265	\$9,262
City of Geneva	\$7,265	\$7,265
City of St. Charles	\$7,725	\$7,725
Colonial Ice Cream	\$700	\$700
Fox Valley Medical Associates	\$1,882	\$1,882
Industrial Hard Chrome	\$4,692	\$4,692
Lazarus House	\$1,500	\$1,500
Renaissance Management	\$4,120	\$4,120
Smith Richardson	\$1,610	\$1,610
St. Charles Park District	\$3,519	\$3,519
Thornapple	\$735	\$735
Village of Elburn	\$625	\$625
Employer Assist	\$5,000	\$5,000
Total EAP Income	\$48,638	\$48,635
TOTAL SERVICE INCOME		
Emotional Wellness Programs		
Wilderness Challenge/Follow Up Group	\$0	\$4,500
Compass for Girls	\$8,650	\$5,290
Trek	\$1,875	\$2,425
Compass for Boys	\$6,375	\$2,000
Single Mom's Group	\$0	\$600
Project Self-Compassion	\$0	\$640
Smart Choices	\$1,500	\$630
Misc.	\$3,400	\$0
Total Emotional Wellness Programs Income	\$21,800	\$16,085
Other Income		
Aid to Individuals	\$0	\$0
Interest	\$40	\$240
Endowment Income	\$0	\$15,000
Gain/Loss on Investment	\$0	\$0
TOTAL OTHER INCOME	\$40	\$15,240
Total Revenue	\$1,935,551	\$2,106,786

TriCity Family Services	<u>FY 2019</u>	<u>FY 2020</u>
Expense Budget FY 2020	<u>Budget</u>	<u>Budget</u>
Personnel		
Administrative Salaries	\$468,100	\$486,112
Clinical Salaries	\$421,137	\$487,759
Part-Time Clinical Salaires	\$261,798	\$301,052
Associates Wages	\$44,432	\$57,321
Hourly Clerical Wages	\$75,181	\$78,052
In Kind Clinical Services	\$23,562	\$19,200
Total	\$1,294,210	\$1,429,495
Taxes & Benefits		
Medical & Life Insurance	\$113,245	\$101,677
Workman's Compensation	\$6,252	\$6,635
FICA-Employers	\$95,663	\$103,503
State Unemployment Insurance	\$6,751	\$5,883
TSA Payments	\$48,207	\$68,511
Property Tax Expense	\$0	\$0
Incentives		\$0
Total	\$270,117	\$286,208
PERSONNEL TOTAL	\$1,564,327	\$1,715,703
Consultants		
Clinical Consultants	\$4,000	\$4,000
Work/Life Benefit	\$3,600	\$3,600
Audit Costs	\$10,400	\$19,000
Accounting Services	\$5,000	\$1,500
Legal Consultants	\$2,500	\$2,000
Management Consultants	\$6,300	\$1,500
Payroll Service	\$4,000	\$3,436
Consultants Total	\$35,800	\$35,036
Operating		
Facilities & Equipment		
General Insurance	\$7,582	\$7,862
Building Maintenance/Repair	\$14,344	\$15,719
Building/Ground Supplies	\$1,845	\$765
Food/Beverage	\$2,500	\$3,167
Grounds Maintenance	\$3,436	\$3,600
Snow Plowing	\$4,000	\$4,500
Gas	\$1,499	\$1,770
Electricity	\$3,661	\$3,613
Water	\$1,769	\$1,594
Refuse	\$1,850	\$1,883
Telephone	\$8,798	\$8,525

Equipment Maintenance	\$18,814	\$18,891
Alarm System Costs	\$1,020	\$1,047
Computer Maintenance & Repair	\$37,679	\$49,928
Total	\$108,797	\$122,865
Operating Continued		
Commodities		
Office Supplies	\$4,129	\$4,500
Postage	\$3,500	\$6,500
Books & Journals	\$500	\$500
Subscriptions	\$1,100	\$1,300
Printing/Promotional Material	\$2,120	\$2,500
Program Materials	\$1,300	\$1,500
Total	\$12,649	\$16,800
Staff Expenses		
Training	\$10,200	\$13,500
Travel/Lodging/Meals	\$100	\$250
Local Mileage	\$300	\$1,044
Professional Liability Insurance	\$9,258	\$11,313
Staff Recruitment	\$1,255	\$1,000
Dues & Memberships	\$2,210	\$5,730
Total	\$23,323	\$32,837
Emotional Wellness Programs		
Wilderness Challenge	\$16,120	\$20,000
WCP Followup Groups	\$1,010	\$1,010
Project Self Compassion	\$320	\$320
Family Connections	\$7,350	\$6,150
Compass for Girls	\$4,119	\$2,753
Trek	\$909	\$1,500
Compass for Boys	\$2,815	\$1,013
ICDP USA	\$3,050	\$2,350
Single Moms	\$2,040	\$2,040
Batavia Apartments	\$595	\$595
Other Emotional Wellness	\$150	\$2,840
Emotional Wellness Programs Expenses	\$38,478	\$40,570
Other		
Aid to Individuals	\$0	\$800
Bad Debt	\$5,000	\$0
Program and Services - Mentoring Program	\$0	\$5,000
Program and Services - Parenting Program	\$0	\$2,000
Program and Services - FBT	\$0	\$8,000
Misc.	\$7,800	\$7,500
Bank Charges	\$12,411	\$10,000
Accreditation	\$4,400	\$400
Board Development	\$500	\$1,500
Equipment Purchase	\$127	\$400
Rent	\$33,960	\$52,349
CAM/RE Taxes	\$25,000	\$0

Loan Payments/Interest	\$3,580	\$2,967
Website Development	\$200	\$200
Total	\$92,978	\$91,116
RD/Marketing		
Annual Report	\$1,000	\$1,000
Donor Cultivation	\$1,000	\$1,000
Direct Mail	\$0	\$0
RD Events (Barth Award)	\$3,500	\$3,500
Annual Giving Camp.	\$5,000	\$4,000
Other RD Expenses	\$4,000	\$5,000
Marketing Expense	\$15,000	\$15,000
Newsletter	\$7,700	\$7,700
Volunteer Recruitment (Friends)	\$1,500	\$1,500
Total RD/Marketing	\$38,700	\$38,700
OPERATING TOTAL		
NON CASH EXPENSE (DEPRECIATION)	\$20,606	\$20,401
Total Expenses	\$1,935,658	\$2,114,028

TRICITY FAMILY SERVICES, INC.
FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
JUNE 30, 2019 AND 2018

TRICITY FAMILY SERVICES, INC.
FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

JUNE 30, 2019 AND 2018

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
TriCity Family Services, Inc.
1120 Randall Court
Geneva, IL 60134

We have audited the accompanying financial statements of TriCity Family Services, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statement of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of TriCity Family Services, Inc. as of June 30, 2019, and the change in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited TriCity Family Services, Inc.'s 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 14, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects with the audited financial statements from which it has been derived.

PORTE BROWN LLC
Certified Public Accountants

A handwritten signature in cursive script that reads "Porte Brown LLC". The signature is written in black ink and is positioned above a horizontal line.

Elk Grove Village, Illinois
November 7, 2019

TRICITY FAMILY SERVICES, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018

	2019	2018
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 199,528	\$ 77,067
Investments	-	47,867
Receivables		
Grants and contracts	49,066	6,381
Client fees, net	100,764	121,895
Prepaid expenses	30,098	25,677
	<u>379,456</u>	<u>278,887</u>
FIXED ASSETS		
Property and equipment	1,435,081	1,432,717
Less: Accumulated depreciation	(848,245)	(827,956)
	<u>586,836</u>	<u>604,761</u>
OTHER ASSETS		
Deposits	4,149	4,149
	<u>4,149</u>	<u>4,149</u>
TOTAL ASSETS	\$ 970,441	\$ 887,797
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Line of credit	\$ -	\$ 25,000
Accounts payable	20,665	38,669
Accrued expenses	49,262	44,820
Deferred revenue	12,523	17,076
Current portion of mortgage payable	8,626	8,243
	<u>91,076</u>	<u>133,808</u>
LONG-TERM LIABILITIES		
Mortgage payable, net of current portion	59,150	67,776
	<u>59,150</u>	<u>67,776</u>
NET ASSETS		
Without donor restrictions	769,520	661,213
With donor restrictions	50,695	25,000
	<u>820,215</u>	<u>686,213</u>
TOTAL LIABILITIES AND NET ASSETS	\$ 970,441	\$ 887,797

The accompanying notes are an integral part of these financial statements.

TRICITY FAMILY SERVICES, INC.

STATEMENTS OF ACTIVITIES

FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
WITHOUT DONOR RESTRICTIONS		
REVENUE		
Counseling services, client fees, and third party payments	\$ 1,033,902	\$ 902,747
Occupational services	51,616	60,288
Emotional wellness	11,762	6,971
Miscellaneous income	1,876	1,451
Investment income	(4,347)	49,666
Net assets released from restriction	25,305	-
	<u>1,120,114</u>	<u>1,021,123</u>
PUBLIC SUPPORT		
Contributions	363,543	353,313
St. Charles Community Mental Health Board - 708 taxes	202,000	196,000
Geneva Community Mental Health Board - 708 taxes	26,500	28,000
INC Board - 708 taxes	111,578	109,390
United Way of St. Charles	18,370	27,900
Geneva Community Chest	8,380	7,480
United Way of Batavia	7,000	7,000
Proceeds from Community Foundation Funds	3,772	4,065
In-kind clinical services	13,992	16,720
Special events, net	124,653	136,335
	<u>879,788</u>	<u>886,203</u>
	<u>1,999,902</u>	<u>1,907,326</u>
EXPENSES		
Program services		
Counseling	974,398	1,186,562
Emotional wellness	104,054	144,940
Occupational services	42,694	39,132
	<u>1,121,145</u>	<u>1,370,634</u>
Supporting services		
Management and general	556,169	272,742
Fundraising	214,281	230,537
	<u>770,450</u>	<u>503,279</u>
	<u>1,891,595</u>	<u>1,873,913</u>
CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>108,307</u>	<u>33,413</u>
WITH DONOR RESTRICTIONS		
Contributions	51,000	25,000
Net assets released from restriction	(25,305)	-
CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS	<u>25,695</u>	<u>25,000</u>
CHANGE IN NET ASSETS	<u>134,002</u>	<u>58,413</u>
NET ASSETS, BEGINNING OF YEAR	<u>686,213</u>	<u>627,800</u>
NET ASSETS, END OF YEAR	<u>\$ 820,215</u>	<u>\$ 686,213</u>

The accompanying notes are an integral part of these financial statements.

TRICITY FAMILY SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2019
(with summarized information for the year ended June 30, 2018)

	Program Services						2018 Total
	Counseling	Emotional Wellness	Occupational Services	Total Programs	Management and General	Fundraising	
EXPENSES							
Personnel expenses							
Salaries and wages	\$ 705,607	\$ 50,564	\$ 29,063	\$ 785,234	\$ 371,087	\$ 139,011	\$ 1,287,738
Taxes and benefits	111,188	4,696	9,123	125,006	91,127	33,796	242,119
	816,795	55,260	38,186	910,240	462,214	172,807	1,529,857
Commodities costs	5,484	367	253	6,104	3,067	1,147	13,463
Consultants	6,315	-	-	6,315	9,388	-	15,703
Depreciation expense	12,174	1,014	507	13,695	5,072	1,522	20,289
Direct program costs	-	40,416	-	40,416	-	-	40,416
Facility costs	112,952	5,690	2,845	121,487	35,723	8,535	165,745
Other costs	10,994	659	456	12,109	35,288	2,062	49,459
Resource development	-	-	-	-	-	26,183	26,183
Staff expenses	9,684	648	447	10,779	5,417	2,025	18,221
TOTAL EXPENSES	974,398	104,054	42,694	1,121,145	556,169	214,281	1,891,595
Special event expenses	-	-	-	-	-	76,152	76,152
TOTAL FUNCTIONAL EXPENSES	\$ 974,398	\$ 104,054	\$ 42,694	\$ 1,121,145	\$ 556,169	\$ 290,433	\$ 1,967,747
							\$ 1,971,162

The accompany notes are an integral part of these financial statements.

TRICITY FAMILY SERVICES, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
OPERATING ACTIVITIES		
Change in net assets	\$ 134,002	\$ 58,413
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation expense	20,289	18,751
Loss (gain) on investments	4,347	(47,867)
Contribution of land held for sale	(65,000)	-
Changes in:		
Grants and contracts receivable	(42,685)	7,920
Client fees receivable, net	21,131	53,650
Prepaid expenses	(4,421)	1,757
Accounts payable	(18,004)	8,103
Accrued expenses	4,442	2,984
Deferred revenue	(4,553)	(4,959)
Net cash provided by operating activities	49,548	98,752
INVESTING ACTIVITIES		
Purchases of fixed assets	(2,364)	(26,879)
Proceeds from sale of land	65,000	-
Proceeds from sale of investments	43,520	-
Net cash provided (used) by investing activities	106,156	(26,879)
FINANCING ACTIVITIES		
Repayments of line of credit, net	(25,000)	(25,000)
Payments of mortgage payable	(8,243)	(7,873)
Net cash used by financing activities	(33,243)	(32,873)
NET CHANGE IN CASH AND CASH EQUIVALENTS	122,461	39,000
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	77,067	38,067
CASH AND CASH EQUIVALENTS AT END OF YEAR	\$ 199,528	\$ 77,067
SUPPLEMENTAL INFORMATION TO CASH FLOWS		
Cash paid during the year for:		
Interest	\$ 3,951	\$ 4,677
Noncash investing activities:		
Increase in fair value of investments	\$ -	\$ 47,867

The accompany notes are an integral part of these financial statements.

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE A - NATURE OF ORGANIZATION

TriCity Family Services, Inc. (the "Agency") is an Illinois not-for-profit service agency serving the community members and organizations of central Kane County. The Agency is dedicated to strengthening people and building community through the provision of quality, affordable counseling, youth crisis intervention, prevention, and early intervention services that promote sound mental health and effective family functioning. As a community-based agency, the Agency promotes service excellence, honesty, hopefulness, personal responsibility, and respect for others. The Agency is funded primarily by counseling services, donor contributions, United Ways and Community Chests, and local government grants. The Agency conducts the following programs:

Counseling – Counseling is at the core of our work at the Agency. We specialize in family-centered, confidential counseling to all ages and all income levels. Experienced professionals who know the special needs of children and teens use a family-centered approach to help them work through challenges including: conflict with other family members, problems interacting with peers, disruptive behavior, substance abuse, physical or sexual abuse, and depression. In addition, we excel in the provision of personalized individual or couples counseling for adults, addressing issues such as depression, marital discord, grief, divorce, domestic violence, parenting, stress, communication problems, sexual abuse, and anxiety/phobias. We also have an outpatient, family-based program for the treatment of eating disorders. The Agency served 2,185 and 2,088 individuals in the counseling programs for the years ended June 30, 2019 and 2018, respectively.

Occupational Services – The Agency contracts with employers to provide an Employee Assistance Program (EAP) as part of their employee benefits package. For employees, it is a free and confidential service that offers assessment and referrals to employees and their family members who are experiencing any type of mental health or personal problem. EAP is a positive approach that helps employees resolve problems before they begin to affect their jobs. Community-based and able to provide immediate and personalized responsiveness, the Agency EAP has many advantages over a typical "800-number" EAP. The Agency provided help to 116 and 147 individuals through the occupational services program for the years ended June 30, 2019 and 2018, respectively.

Emotional Wellness – We consider it essential to provide educational and supportive programming that reduces or eliminated those conditions that place people at risk of developing emotional and/or substance abuse problems later in life. Our emotional wellness programs help resolve problems before they become serious and effectively reduce human pain and suffering. Our emotional wellness programs include: Bridges, for children of divorce; Smart Choices, anger management for children of all ages; I-CAN, anger management for adults; Single Mom's Support Group; Grandparents Raising Grandchildren Support Group; Wilderness Challenge Program, for at-risk teens; Family Connections, family communication workshop; Mindful Emotions, skills training for teen girls; Parenting Group, for the guests of the Lazarus House homeless shelter; Chick Chat, for 4th to 6th grade girls; and ICDP, for parents. In all, our emotional wellness programs served 2,207 and 3,369 individuals for the years ended June 30, 2019 and 2018, respectively.

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist in understanding the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

USE OF ESTIMATES

The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

FINANCIAL STATEMENT PRESENTATION

In accordance with FASB ASC 958-205, "Not-for-Profit Entities Presentation of Financial Statements," the Agency reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. As of June 30, 2018, the Agency had no permanently restricted net assets.

Net Assets without Donor Restrictions – These net assets generally result from revenues generated by receiving contributions that have no donor restrictions and providing services less expenses incurred in providing program-related services, raising contributions, and performing administrative functions.

Net Assets with Donor Restrictions – These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of donated assets, either temporarily or permanently, until the donor restriction expires, the net assets are restricted.

The financial statements include certain prior-year summarized comparative information in total but not by asset class or functional allocation. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Agency's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

REVENUE RECOGNITION

Client fees and third party payments and occupational services are recognized as revenues when services are performed. In accordance with FASB ASC 958-605-25 "Not-for-Profit Entities Revenue Recognition" contributions received, including unconditional promises to give, are recognized as revenues in the period received at their fair market values. Conditional promises to give, whether received or made, are recognized when they become unconditional, that is, when the conditions are substantially met. In addition, FASB ASC 958-605 requires not-for-profit organizations to distinguish between contributions received that increase net assets without donor restrictions and net assets with donor restrictions. It also requires recognition of the expiration of donor-imposed restrictions in the period in which the restrictions expire.

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

PROMISES TO GIVE

Contributions are recognized when the donor makes a promise to give to the Agency that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

DONOR IMPOSED RESTRICTIONS

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as support with donor restrictions which increases that net asset class. However, if a restriction is fulfilled in the same time period in which the contribution is received, the Agency reports the support as without donor restrictions.

Net assets with donor restrictions are available for the following:

	2019	2018
Purpose restrictions, available for spending:		
Youth counseling	\$ 5,000	\$ -
Individuals in need	695	-
Intern training program	-	25,000
	5,695	25,000
Time restrictions, some of which may also be subject to purpose restrictions:		
Restricted for use in FY20	45,000	-
	\$ 50,695	\$ 25,000

Net assets released from restriction for the years ended June 30, 2019 and 2018 were as follows:

	2019	2018
Restriction satisfied by expenditures:		
Individuals in need	\$ 305	\$ -
Intern training program	25,000	-
	\$ 25,305	\$ -

DONATED PROPERTY AND SERVICES

Donated services are recognized as contributions in accordance with FASB ASC 958-225 if the services (a) create or enhance non-financial assets or (b) require specialized skills, are performed by people with

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

DONATED PROPERTY AND SERVICES (Continued)

those skills, and would otherwise be purchased by the Agency. Donations received in property and services other than cash are recorded at their fair market value on the date of the gift. Donations of property and services whose fair market values are not objectively determinable are omitted from the financial statements in accordance with generally accepted accounting standards.

The Agency receives donated services from student interns to help provide counseling services. An estimated value for the professional services of the student interns has been recognized in the statements of activities as support with a like amount shown as expense. During the fiscal years ended June 30, 2019 and 2018, donated services amounted to approximately \$13,992 and \$16,720, respectively.

The Agency receives a significant amount of donated services from unpaid volunteers who assist in fundraising and special projects. No amounts have been recognized in the statements of activities because the criteria for recognition has not been satisfied.

A donation of land was received and the property was sold for \$65,000 during 2019.

EXPENSE RECOGNITION AND ALLOCATION

The Agency allocates its expenses on a functional basis among its various programs and supporting activities. Expenses that can be identified with a specific program or supporting activity are allocated directly according to their natural expenditure classification.

Certain categories of expenses are attributable to more than one program or supporting function and are allocated on a reasonable basis that is consistently applied. The expenses that are allocated are personnel expenses, commodities costs, and staff expenses which are allocated on the basis of estimates of time and effort and facility costs and depreciation expense, which are allocated on a square footage basis. All other costs not directly assigned are allocated based on a reasonably determinable allocation applicable to the specific situation.

Management and general expenses include those costs that are not directly identifiable with any specific program, but which provide for the overall support and direction of the Agency.

Fundraising costs are expensed as incurred, even though they may result in contributions received in future years. The Agency generally does not conduct its fundraising activities in conjunction with its other activities.

CASH AND CASH EQUIVALENTS

The Agency considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

GRANTS AND CONTRACTS RECEIVABLE

Grants and contracts receivable consist of payments due from various corporations and foundations. The Agency considers grants and contracts receivable to be fully collectible.

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

CLIENT FEE RECEIVABLES

The Agency extends trade credit to its clients. Client fees receivable represents amounts due from clients and their insurance providers for services rendered. The receivables are valued at the Agency's estimate of the amount that will ultimately be collected. The allowance for doubtful accounts is based on specific identification of doubtful accounts and the Agency's historical collection experience.

Management provides for probable uncollectible amounts through a provision for bad debt expense based on its assessment of the current status of individual receivables. Balances that are still outstanding after management has used reasonable collection efforts are written off to bad debt expense. The allowance for doubtful accounts was \$42,702 and \$40,432 at June 30, 2019 and 2018, respectively.

PREPAID EXPENSES

Prepaid expenses consist of the following:

	2019	2018
Deposits	\$ 7,500	\$ 3,749
Insurance	6,983	6,893
Rent	4,305	4,644
Service contracts	11,310	10,391
	\$ 30,098	\$ 25,677

FIXED ASSETS

Fixed assets are recorded at cost if purchased or at their estimated fair market value at the time received if donated. The Agency follows the practice of capitalizing, at cost, all expenditures for property and equipment in excess of \$1,000. Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support. Depreciation is computed using the straight-line method over the estimated useful life of the asset.

Major classifications of property and equipment and their respective lives are summarized below.

	Lives in Years	2019	2018
Land improvements	15	\$ 234,248	\$ 234,248
Building and improvements	10 - 50	684,048	684,048
Furniture and fixtures	10	155,697	155,697
Equipment	3 - 5	361,088	358,724
		\$ 1,435,081	\$ 1,432,717

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

FIXED ASSETS (Continued)

Maintenance and repairs, which neither materially add to the value of the property nor appreciably prolong its life, are charged to expense as incurred. Gains and losses on dispositions of property and equipment are included in income.

DEFERRED REVENUE

Deferred revenue consists of fees received in advance for services not yet rendered.

INCOME TAXES

The Agency is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and similar state statutes. Accordingly, no provision for income taxes is included in the accompanying financial statements.

The Agency has adopted the provisions of ASC Topic 740, Income Taxes, relating to the accounting for uncertainty in income taxes. The Agency files annual exempt organization information returns in the U.S. federal jurisdiction and the State of Illinois. Management is not aware of any uncertain tax positions.

SUBSEQUENT EVENTS

The Agency has evaluated subsequent events through November 7, 2019, the date which the financial statements were available to be issued.

NOTE C – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Agency considers all expenditures related to its ongoing program activities, as well as the services undertaken to support those activities to be general expenditures. The Agency regularly monitors liquidity required to meet its operation needs and other contractual commitments, while also striving to maximize the investment of its available funds. In addition to the financial assets available to meet general expenditures over the next year, the Agency operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor restricted resources.

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE C – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS (Continued)

The following table show the total financial assets held by the Agency and the amounts of which could readily be made available within one year of June 30, 2019 to meet general expenditures:

Cash and cash equivalents	\$ 199,528
Receivables	<u>149,830</u>
Total financial assets	349,358
Less those unavailable for general expenditures within one year due to:	
Donor imposed time or purpose restrictions	<u>(50,695)</u>
Financial assets available to meet general expenditures within one year	<u><u>\$ 298,663</u></u>

Additionally, the Agency maintains a \$150,000 line of credit, as discussed in more detail in Note F. As of June 30, 2019 and 2018, \$150,000 and \$125,000 remained available on the line of credit, respectively.

NOTE D – INVESTMENTS

Investment securities are stated at fair value based on quoted market prices or market prices for similar securities. Unrealized gains and losses are recognized based on the change in fair value and are reported as a component of investment income. Realized gains and losses are recognized using the average cost method and are reported as a component of investment income. All investments were sold during the year ended June 30, 2019.

Investment income includes the following for the years ended June 30:

	2019	2018
Interest and dividends	\$ -	\$ 1,799
Realized loss on sale of investments	(4,347)	-
Unrealized gain on investments	<u>-</u>	<u>47,867</u>
	<u><u>\$ (4,347)</u></u>	<u><u>\$ 49,666</u></u>

NOTE E – FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE E – FAIR VALUE MEASUREMENTS (Continued)

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2018.

Common stocks: Valued at the closing price reported in the active market in which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values.

Assets at fair value as of June 30, 2018 consist of:

	Level 1	Level 2	Level 3	Total
Common stocks	\$ 47,867	\$ -	\$ -	\$ 47,867
	\$ 47,867	\$ -	\$ -	\$ 47,867

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE F – LINE OF CREDIT

The Agency has a revolving line of credit agreement with a local bank in the amount of \$150,000, expiring November 15, 2019. Borrowings on the line of credit bear interest at prime rate plus 0.25% (5.50% and 5.00% at June 30, 2019 and 2018, respectively). The line of credit is secured by the Agency's real property. The agreement also contains certain covenants including financial reporting requirements. The outstanding balance at June 30, 2019 and 2018 was \$0 and \$25,000, respectively.

NOTE G - MORTGAGE PAYABLE

The Agency has a mortgage payable to a local bank. The mortgage is collateralized by the Agency's real property. The mortgage bears interest of 4.57% and is payable in monthly principal and interest payments of \$966 with a final payment due in April 2026. The mortgage also contains certain covenants including financial reporting requirements. The balance due at June 30, 2019 and 2018 was \$67,776 and \$76,019, respectively.

The total debt maturing in years subsequent to June 30, 2019 is as follows:

Year-ending June 30,		
2020	\$	8,626
2021		9,042
2022		9,470
2023		9,918
2024		10,384
Thereafter		20,336
	\$	67,776

NOTE H - LEASE COMMITMENTS

The Agency has an operating lease agreement for an office facility in St. Charles, Illinois which expires October 31, 2021.

The scheduled initial basic rental payments including electric, property taxes, and common area maintenance increase from \$4,305 to \$4,477 per month over the term of the lease. The total amount of rental payments due over the lease term is being charged to rent expense on the straight-line method over the term of the lease. The difference between rent expense recorded and the amount paid is credited or charged to accrued expenses on the statements of financial position in the amount of \$0 and \$1,369 at June 30, 2019 and 2018, respectively. The lease is secured by a cash security deposit of \$4,149 at June 30, 2019 and 2018. Rent expense and related lease expenses were \$51,942 and \$48,779 for the years ended June 30, 2019 and 2018, respectively.

The Agency also leases certain office equipment under operating lease agreements. The leases require monthly rent of \$400 and expire on March 31, 2021.

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE H - LEASE COMMITMENTS (Continued)

Future minimum lease payments on the above operating leases are as follows:

Year-ending June 30,	
2020	\$ 57,149
2021	56,982
2022	<u>17,909</u>
	<u>\$ 132,040</u>

NOTE I - RETIREMENT PLAN

The Agency maintains a tax sheltered annuity program (403(b) plan) for employees who complete at least 1,000 hours of service for each of two consecutive years. The Agency contributes 7% of the employee's gross income to the Plan. Employees may also make voluntary pretax contributions to the plan. The provisions for retirement costs for the years ended June 30, 2019 and 2018 was \$49,074 and \$50,491, respectively.

NOTE J - CONTINGENCIES

The Agency receives grants from local government agencies. The disbursement of grant funds requires compliance with terms and conditions specified in the grant agreements and is subject to audit by the grantor agencies. Any disallowed claims resulting from such audits could become a liability to the Agency. However, management believes that any such disallowed claims would not have a material effect on the financial statements or the overall position of the Agency.

NOTE K – RELATED PARTY TRANSACTIONS

The Agency received contributions of \$25,341 and \$32,103 for the years ended June 30, 2019 and 2018, respectively, from board members.

NOTE L - FUNDS HELD BY THE COMMUNITY FOUNDATION OF FOX RIVER VALLEY

The Agency is the beneficiary of three funds held by the Community Foundation of the Fox River Valley (the "Community Foundation"). The funds are not included in the statements of financial position as they are not the assets of the Agency. Although the funds are the property of the Community Foundation, the Agency has the right to request a distribution of the principal or income of the TCFS Fund and Wilderness Fund and request a distribution of the net income from the Endowment Fund. The decision on any requests is at the sole discretion of the Community Foundation. The three funds are as follows:

The TriCity Family Services Fund (the "TCFS Fund") is used to provide support for the Agency in carrying out its mission and activities.

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE L - FUNDS HELD BY THE COMMUNITY FOUNDATION OF FOX RIVER VALLEY (Continued)

The TriCity Family Services Endowment Fund (the "Endowment Fund") was established to provide current income and long term protection for the operation of the Agency. The Agency may elect to accumulate income rather than receive distributions thereof. At June 30, 2019 and 2018, there were accumulated net earnings available for distribution to the Agency of \$71,313 and \$49,329, respectively.

The TriCity Family Services Wilderness Challenge Program Fund (the "Wilderness Fund") is used to provide for the future of the Wilderness Challenge Program.

The fund balances are as follows for the years ended June 30:

	2019	2018
TCFS Fund	\$ 150,207	\$ 142,149
Endowment Fund	582,214	550,228
Wilderness Fund	113,162	110,884
	\$ 845,583	\$ 803,261

Income distributions received by the Agency are as follows for the years ended June 30:

	2019	2018
TCFS Fund	\$ -	\$ -
Endowment Fund	-	-
Wilderness Fund	3,772	4,065
	\$ 3,772	\$ 4,065

NOTE M – ACCOUNTING CHANGE

ASU 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities

On August 18, 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities*. As of July 1, 2018, the Agency has adjusted the presentation of its financial statements, accordingly, applying the changes retrospectively to the comparative period presented. The application of the new standard has the following effects on the financial statements of the Agency.

- 1) The unrestricted net asset class has been renamed net assets without donor restrictions
- 2) The temporarily and permanently restricted net asset classes have been combined into a single net asset class called net assets with donor restrictions
- 3) The financial statements include a new footnote about liquidity and availability of financial assets (Note C)
- 4) The financial statements include an enhanced footnote about the expense allocation methodology utilized for the statement of functional expenses (within Note B)

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE M – ACCOUNTING CHANGE (Continued)

In addition, certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements. The resulting changes have had no effect on prior year reported total net assets. Management opted to omit comparative disclosures about liquidity and availability of resources and the retroactive application of the functional expense allocation method used in 2019.

As a result of adopting ASU 2016-14, management allocated certain expenses to management and general for 2019 that were reported as program services in 2018. As a result, management and general expenses reported for 2019 are approximately \$285,800 higher than they would have been under the allocation method used in 2018.

NOTE N – RECENT ACCOUNTING PRONOUNCEMENTS

REVENUE RECOGNITION

ASU 2014-09, Revenue from Contracts with Customers (Topic 606) becomes effective on or after January 1, 2019. The new guidance will replace almost all of the preexisting revenue recognition guidance. The core principle in the guidance is to “recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.”

There are five key steps:

- 1) Identify the contract with the customer
- 2) Identify the performance obligations in the contract
- 3) Determine the transaction price
- 4) Allocate the transaction price to the performance obligations
- 5) Recognize revenue when (or as) each performance obligation is satisfied

The Agency will implement July 1, 2019.

CONTRIBUTIONS RECEIVED AND MADE

ASU 2018-08, Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (Topic 958) becomes effective on January 1, 2019, for calendar-year non-public entities, but early adoption is permitted at any time. The standard provides enhanced guidance to assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal transactions) and (2) determining whether a contribution is conditional. The accounting guidance will result in more government contracts being accounted for as contributions and may delay revenue recognition for certain grants and contributions that no longer meet the definition of unconditional. The new guidance will be applied on a modified prospective basis. The Agency will implement July 1, 2019.

TRICITY FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE N – RECENT ACCOUNTING PRONOUNCEMENTS (Continued)

LEASES

ASU 2016-02, Leases (Topic 842) becomes effective on or after January 1, 2021. The standard requires lessees to recognize lease assets and lease liabilities on the balance sheet for those leases classified as operating leases under previous GAAP. Generally, all leases will be captured on the balance sheet for lessees at transition, as there is no grandfathering of existing operating leases. The Agency will implement July 1, 2021.



Meridian Health Plan

CONTINUED OUTPATIENT TREATMENT NOTIFICATION FORM (COTNF)

Complete the form and fax it to the member's PCP and Meridian by the member's 3rd visit. It is important to provide communication with the PCP when there are changes in the treatment plan and/or medication.

THIS IS A 2-SIDED FORM

Member Information

Member Name Allison Altman
Member ID 192991636 D.O.B. 6/14/2007
Date of Initial Visit 4/11/2019 # of Visits Used 31

DSM IV Axis Codes

I. F43.20
II. V71.09
III. Please circle the member's co-morbid medical conditions:
 None Asthma/COPD Cancer
 Cardiovascular Problems Chronic Pain
 Dementia Diabetes
Other _____
IV. family
V. 56 Admit GAF _____ Current GAF _____

Psychological/Neuropsychological Testing:

Was testing completed? Yes No
If so, when? _____
*If requesting testing, please complete the Meridian Testing Form

Treatment Plan

Member participated in treatment plan development?
 Yes No Member refused participation
Treatment Plan has been discussed with the member?
 Yes No If not, why? _____
Member agrees with the treatment plan? Yes No

Behavioral Health Provider Information

Agency Name TriCity Family Services
Practitioner Name Susan Kinsman
Credentials LCPC
Phone 630-232-1070 Fax 630-232-1471

Primary Care Provider (PCP) Information

PCP Name Dr.Kelly
Phone NW Medicine Fax _____

When a member is discharged from services, please fax a copy of the discharge plan along with this form to Meridian Health Plan's Behavioral Health department at 312-980-0443.

Please complete page 2



Primary Care Provider (PCP) Coordination

Has the PCP been notified of the member being in treatment, including medication?

Yes No Member refused permission

- Client refuses due to active symptoms
- Client refuses due to expressed concerns over privacy
- Guardian does not want information shared with PCP
- Client will not share reason
- Legal issues (ex. Court case that the client does not want medical records released to any other party)

Has the member been prescribed medication by their PCP? Yes No

Prescribing physician(s) _____

Medications & dosages

Medication(s) Prescribed by a Psychiatrist

Yes No

Medications & dosages

Date

_____	_____
_____	_____
_____	_____
_____	_____

Discharge Plan

Expected Discharge Date 1/15/2021

Will the member be participating in aftercare groups and/or self-help groups?

Yes No Type _____

Does the member have social/family support? Yes No

When a member is discharged from services, please fax a copy of the discharge plan along with this form to Meridian Health Plan's Behavioral Health department at 312-980-0443.