

**ST. CHARLES 708 COMMUNITY MENTAL HEALTH BOARD
TUESDAY FEBRUARY 23, 2021 – 5:30 PM
MUNICIPAL BUILDING, COUNCIL CHAMBERS
2 E. MAIN STREET, ST. CHARLES, IL
MEETING MINUTES**

1. Call to Order

Chair Travilla called the meeting to order at 5:30PM

2. Roll Call

Present: Bryant, Denz, Poremba, Silkaitis, Travilla, Waibel, Weddell

Absent: None

3. Approval of Minutes January 14, 2021

Motion to approve Poremba second by Denz

Voice Vote Aye: 7 No:0

Motion Carries

4. Chair Report

Chair Travilla will bypass the chair report for this meeting, for purposes of moving into organization presentations.

5. Organization Presentations

Lazarus House (Sue King)

Ms. King thanked the board for their previous support as well as gratitude for today's opportunity to present information; as well introduced herself as new to the process.

Question: Chair Travilla asked if she had anything specific, she wanted to go through or present.

A: Ms. King welcomed questions from the board.

Q: (Travilla) This is under your timeline; number 4. It says describe a timeline and schedule of activities for a priority program; you basically listed your fiscal year, is there anything specific that you're doing within that, from a timeline standpoint, pursuant to the activities in your application?

A: I wouldn't say that we do anything particular, because it's ongoing. Everything that we do is always ongoing. It depends on who comes in, what the needs are, when they come in, so we could have 10 new people in one day or one week, and then zero for another week. So, it's really hard to say that we do anything for a specific timeline, we're just prepared to have people come in and start right from scratch with every person.

Sue then shared that functioning during Covid has been a challenge as it has for any functioning organization operating. Last spring, they moved people to a hotel for several months. They were cared for by the operations staff who prepared and packaged food and drove it to them every day. They kept in contact with guests daily. There were approximately 35 hotel rooms occupied. Unfortunately, there were some substance

abuse relapses. Since that time policies have changed to bring guests back into Lazarus house. Beds have been moved around opened up to be sure things are six feet apart. The Sanctuary area has been opened as part of the sleeping quarters. Policies as far as cleaning, mask wearing, temperatures for everyone entering as well as questionnaires about health, have been updated. Currently they're housing about half the number of guests, as are typically housed.

Q (Travilla): Are you still using the hotel in support of reduction on site?

A: Not right now. We don't have the need for right now; however, the eviction moratorium comes up the end of March, so we don't know what's going to happen. Unfortunately, there may be families struggling once those evictions start to take place. We're planning and preparing for it as much as we possibly can to make sure everyone has a safe place to be.

Q: (Bryant) One thing that I had noted, at the time of the application you didn't have a budget approved for the fiscal year. Do you have an approved budget for the start of the new fiscal year? Have you opened a budget for '22?

A: Not for '22 at this time. We're just starting to get a draft of it, we have it for fiscal '21 completed but we don't have one for '22. That starts July 1. I know our director of finance is working on that. The budget does not change much year after year, it's very close and it's always balanced.

Q: (Bryant) So you don't have a projection in residents?

A: It's probably about the same.

Q: (Weddell) On page six of the application, for priority funding support, the number or nights of service; it said the average of the nights of service is about \$63.40 for 125 St. Charles residents; projected for about 50-51 days per person. Is that an accurate length of stay, or average night per person?

A: It can be anywhere, all over the board because some people could stay for the entire year.

Q: (Weddell) Does that include the transitional part, the people who are there for six months as well?

A: Yes. If I understand the question, you're just saying "what's the average time length of stay?"

(Weddell): The average nights of service you came up with the \$63.40 per night of service for FY '22, you're saying that's for St. Charles residents?

A: Well, that's not an average that's an actual number from how many nights of service we gave to all our guests for previous years. So, we take an average of the past three years, if that's what you're asking about.

Q: (Weddell) Yes, but it sounded like 125 residents projected to be served, so would you divide that number by the 125 to come up with 50 days?

A: Yes, you could roughly do that. Typically, the way it works is 125 residents, again it could be all over the board and it's really hard to say how much an average would be because, some stay for X, some stay for Y and it's kind of hard to say.

(Travilla) Extracting that data might be helpful for next year. Approximates are obviously, we do our best and are certainly not looking for precise data, but I think to Ron's point, we're trying to follow you; 125 residents, what is your number of the 125, what is the average stay for that 125? A median average might be good. Just so we can gauge the St. Charles impact.

A: Ok, we can put that in there.

Q: (Waibel) Mrs. King, you have had a change in leadership this year; I know a lot of things have changed. Have you had to redirect any of the goals that you have had? I know you had some changes since last year with the new wings of Lazarus; has anything changed with your goals or objectives.

A: In regard to our leadership?

Q: Yes, in regard to your leadership.

A: Not to my knowledge. Julie literally just stepped right in and took it from where we were and moved forward. I don't know that there's been any goals that have been updated or changed. Your question from what I'm understanding, is the goals of leadership or the goals of Lazarus House?

Q: (Waibel) The goals of Lazarus House in general. So, we, are familiar with what your projected goals were, in regard to your construction plan and your expansion plan; and so, we're just wondering, with the change in leadership, has any of that projection changed?

A: It really hasn't. We're still, I don't know how familiar you are, we've been talking to the city about putting affordable housing in our old building. That was supposed to begin this past spring. Obviously with Covid we weren't able to do that; without that house we wouldn't have a place to quarantine or isolate. So we've been in talks with the city, with regard to some of our guests who would never be able to afford housing in this area, to be able to make it more affordable to where they'll have housing in kind of an apartment type thing. So that's still our goal moving forward.

Q: (Waibel) So if anything, that's been delayed because of Covid; not necessarily the leadership change.

A: Correct. You know, some things that have changed are because of Covid; I really push my board to allow us to take our church space that we have, and I went to the board and I said, "you don't have to like this, but I'm going to ask you, please let me redo it so that we can put in for our sleeping quarters." I think when this eviction moratorium lifts, I'm pretty positive there's going to be a lot of people that are going to be losing their houses. So, I want to be proactive and be prepared for that. So, we've actually started to take on that, and we've just finished the sprinkler system in there, I think tomorrow the fire department is coming to approve it, so hopefully we'll be all ready to use it. Happily, I received from one of our donors, they gave us money to help with that and then we're also applying for a State grant.

Q: (Waibel) When does that moratorium lift?

A: They keep moving it back. First it was February 6th now it's March 6th. From what we understand, we use a lawyer in the area, and they said, "we have at least 100 clients right now, the landlords are able to file against people who've not paid their rent, it's

just the State Police are not able to enforce them yet, until the moratorium lifts". So, all the paperwork is in place, so once the moratorium lifts, State Police can come in and start issuing evictions.

(Travilla) You have one minute.

Ok, I can talk all day on this, so I appreciate that.

Q: (Silkaitis) Just one question, on section 6 of the application, it states, "provide a summary of actual funding received this past year," there's no number there on what you've received last year. It helps us if we have the number right here.

A: I think we supplied the budget and the funding that was received, did we not? Is that not it?

(Silkaitis) Yes, but it helps us if we have the number here instead of looking for it.

A: OK

NAMI KDK (Laura Martinez)

Laura discussed the type of services NAMI KDK offers to individuals with mental health conditions and their families, as well as added and expanded services and support groups.

Q: (Silkaitis) On the first page of the application, you don't have any entry for "date of application"

A: For the data?

Q: On the first page of the application. The date of application, on the right. About 2/3 down there's a column for "date of application" and it's blank.

A: This was my first time and I'm very new to grant writing, but I can provide that.

Q: All I'm saying is for the future, and this is for everybody. You should fill that out.

A: OK

Q: Also, section six, the actual last page of the application it says write a summary report of actual funding received. I don't see a dollar amount as to how much we gave you last year.

A: Ok, I am actually new, I am the new executive director I started around the same time as the Covid. So, let me look at that information.

Q: You don't have to provide it now, it's just that next year put it in that place.

A: Ok

(Travilla) I think that's a great point. Being thorough on your application is something we're going to continue. We've already set a high bar; we're going to raise the bar with these applications. It's a good learning point for us all. Any other questions?

Q: (Waibel) Yes, I have a question for Ms. Martinez. I know you're new to the organization, maybe you can get back to us if you don't know the answer, is that your Ending the Silence Program is relative to schools, to be reflective to districts' budgets, How did that impact your programs with Covid? How many of the high schools and middle schools, or this fall in particular, were you able to do any of those programs remotely or did those monies not fund those programs at that time, and you have surplus, or how did that work out?

A: So, we looked at can we do some kind of End the Silence type of program with addition to a little bit of self-care for the students. Unfortunately, we didn't get a response from the teachers. The few that we did receive, they were just kind of concerned, there was a lot of Zoom fatigue and they were really concerned with trying to navigate themselves, and so we were unable to do a lot of the presentations that we would have liked to have done.

Q: Ok, so did that leave you with a surplus in your budget, because you couldn't do the presentations or how did that work for you financially?

A: Yeah, we were not, we were unable to use all of the funds for the recovery speakers. (Waibel) Ok. Does anyone have any more questions tonight?

Q: (Travilla) I think it's a really awesome question because I was going to ask the very same one. You had, and I won't go too far but looks like you had a really good in-person planned, but you had to pivot. It appears as though, you did not do any in-person last year, or how did that work?

A: No, we had some scheduled last year. We had to do some of them, we did do two, but they were virtually. So, there weren't any in person.

Q: (Bryant) Can I follow up to that? So, going forward into this school year, I don't foresee schools allowing outside visitors into the schools anytime soon. So, are those going to be done virtually going forward?

A: Yes, we will continue to reach out to the schools to see if we can continue to do those virtually. However, if we do them virtually, we won't be spending money with the milage, but we'll be paying for the staff hours.

Q: (Travilla) You save money on handouts and supplies then right, because you're not, you're doing all this virtually so your overhead should be much lower correct?

A: Correct

(Waibel) Thank you for the work you did. This is a really important topic.

Ms. Martinez: Yes, I'm going to continue to reach out to the schools again, in an effort to continue to do the presentation. They're just really going through a lot right now.

(Waibel) Yes, it's a really interesting time, and really requires people to think outside the box, so thank you for doing that.

(Travilla) And you did great, so no worries.

(Ms. Martinez) Thank you. It is a new job for me so I will continue to do better for next year.

(Travilla) Thank you for your patience and our technical challenges but we are rolling now. Any questions or are we good?

Q: (Silkaitis) Bullet point 7 on the first priority, describe the projected number of St. Charles residents to be served in this priority. You have 365 projected students but on the first page of your application, you list number of St. Charles residents served annually, you list 63?

A: Yes, that was my mistake I think that what I was trying to do was all together. It was 365 all together, and then the 63 for St. Charles only is what I was referring to.

(Silkaitis) Thank You

Tri-City Health Partnership (Kim Lamansky)

Kim offered to help Ms. Martinez as someone new to grant writing.

As of this week the building next door to Tri-City will be purchased, they've just received approval today. Construction should begin soon. It's been a project Tri-City has been working on for over two years, and it should happen this year. Linda Green was the Executive Director at Tri-City Family services for many years. She was going to help on a contingency basis, to help with some of the counseling. Covid hit and she doesn't think she will be able to come in and help. Tri-City is trying to find someone that might be willing to give a little bit of help for counselling or therapy they can do with patients. We had one dental patient in Dec/Jan, who was with our hygienist. When she was taking her blood pressure; the woman completely broke down and told my dental hygienist, she was having serious suicidal thoughts. The hygienist, who is a phenomenal, wonderful person, she was definitely not equipped for that. We had a doctor on site at the time, the doctor was able to get her some help. Again, not having anybody that we can pick up the phone and say can you take this patient tomorrow, has really been a struggle. On the flip side, we had one patient who has always been very anxiety ridden, when Covid hit she really hit a funk. We wanted to deliver her medications and we knew how much her dog meant to her, we were able to pick up her medications and we got a few groceries, and we got her dog food. You would have thought that we'd have given her the keys to the city. She is truly a beacon for how much that personal touch and just reaching out when people need help, really can make a difference.

Q: (Waibel) You have such a wide breadth of physician volunteers and experts in the field that are helping you; you said you had difficulty with volunteers, has it been difficult at the physician level, at that level, with Covid, has that impacted your organization as well?

A: It certainly has, I'm saying about 50% of our volunteers whether they're medical or dental, nurses, doctors, most of them, probably 50% of them are retired; so they are going to be a little older and they did not want to come into the clinic at all. If they are working at a hospital, they're extremely busy, and we really did well, our services were up maybe 20% in 2020, and we were still able with telemedicine, but they've never done that before, so it was an interesting change, even to be able to do that. Having telemedicine professionals are a little bit easier to chat on the phone, than they are in person. Some of these conversations with our patients went on for over an hour. They're telling you their whole life story, and you know getting to be open and honest, it was just tough. We're finally getting back to normal. Some of our volunteers have had their second vaccine. So, we're ramping back up again. It's a lot but I know we're not the only ones.

Q: (Travilla) You indicate that you don't have a counselor, psychiatrist or psychologist on staff, or as a volunteer, how are you running your organization?

A: Like I said, really what we do is just to address the medical/dental. If we do have patients that are experiencing things that are anything from just general anxiety, our doctors are ready to do primary care. We're working with Tricity Family Services that provide a lot of the training. We rely very heavily on the CHP Value. We try to keep that

updated and see where they are, but unless it's the extreme cases with someone who's very on the edge, in the general day to day, it's hard to have the treatment just because there's no one that we can bring in at this point that's willing to take on a few patients. We can only refer so many to Ecker, we can only refer so many to Tricity Family Services. We don't want to take advantage of their kindness either so it's a challenge to say the least.

Q: (Travilla) I have one follow up, on page eight number ten, it says, " describe how the 708 board's funds will be used for this designated priority program." It says funds sought will be utilized with operational expenses to provide access to all Tri-City Health Partner services for the City of St. Charles. Some would say it contradicts to your main goal, Assessment. So, are the funds you're looking for from us are for general operations or for the specific questionnaire?

A: Majority of it goes for general operating, but we do, every one of our patients will be sent the Assessment. It used to be, before Covid every one of the patients would get one and then we would monitor that every six months, as well as monitor that. Especially with this last year with them telling their life's story, it did cause a strain with the doctor's trying to handle that.

(Travilla) No doubt! One ask I would have then for next year, when you do get into the specifics of that, like with the specific activities and priority, you really talk about the assessment, which is totally awesome; I would ensure that you delineate general fund as well, in addition. When I first read it, I was like 'oh wow your allocation you really want to drive this questionnaire' and then deeper in the application, its more general operations. I would just say more about that in number two or number three specifically, for what specific activities.

A: I can do that. It's actually been interesting what we do. They're there for a diabetic check, and that's what their doctor said it was for; and then they come in for their visit and they need to be put on four different medications for their anxiety and their depression. It's so hard to judge what it can be different. But I will do that.

(Travilla) Rest of the Board, any questions?

(Waibel) I just want to commend you again on your application. You always have a detailed and thorough application. We appreciate that, it was very easy to follow.

Elderday Center (Michael Cobb)

Elderday Center has now been serving for 30 years. Last April would have been their Gala but like everyone else that had to be sidelined. March 21, 2020, they received word they had to close their doors and went into a different mode to serve their seniors. Services were continued to be provided, online. Through volunteers they were able to go house to house and drop off boxes of things needed to participate in activities. They were able to include a couple of socially distant lunches in the parking lot because when dealing with seniors and any type of cognitive impairment, socialization is extremely important. It was hard to continue the real physical activities but was good to allow them to see some of the same familiar faces. Elderday did not charge anything for our services for the three months. They were able to reopen in July. Mr. Cobb is really happy

to say none of the members from St. Charles have had any issues related to Covid. What was seen, was just in that three months of not being able to have those services, you could see the cognitive challenges that were already taking place. It took about a month to month and a half to see some of them get back into it. This was also being heard from primary caregivers calling frequently to ask when they'd be able to reopen. As of now Elderday is open with 15-18 members, with six of those being from St. Charles. If they look back over the last four or five years, that is probably about one third of the number for the year. Mr. Cobb states they're excited about being able to serve that number, but they are also being very strict with them being together and are social distancing as much as you can with the seniors who forget and take the mask down. While they are back open, they had to take about another three weeks closed, until the numbers came back down. They are looking at continuing to provide services and support groups for caregivers. They've already started shots for staff on Friday. Some had to call off with some side effects. That's just kind of a quick update.

Q: (Silkaitis) The last page of your application, section six says provide a summary report of actual funding received this past year, and I don't see the amount we gave you last year? I would appreciate if you could put in how much we gave you last year. That way we know what you had last year, versus what you're asking.

A: I apologize for that.

Q: (Bryant) I had a clarifying question, on number ten, so the amount that you're asking for, for the social worker is \$20,500. You said the cost for a full-time social worker is \$28,000? Is that the part, will the money offset that? Is \$28,000 for a full-time social worker?

A: The \$28,000, that's not for full time. Really what we need, that would be closer to about \$36,000 and so, I apologize I'm not sure how we missed that one. We have been functioning with a part-time and we've been utilizing a registered nurse, that has that background for the assessments. I've also been standing in this last year. I have the credentials to be able to do that, but I can't keep doing all that for too long.

Q: (Travilla) My only question, Michael is number 8 on page 6; in 2020 you provided a total of 10,500 service hours, with 2,600 or 25% for St. Charles residents. Its expected to go over to 12,500 or 3,375 or 27%, how did you aggregate that year over year increase? What's your calculus there to say this is where we're going to be?

A: So we're on page 6, part of that is based on, we feel we're going to see a greater increase in terms of service hours, so some of those numbers are taking a look at what we did last year, and then anticipating we'll be serving closer to one – third, about 12 members or so; at the average of roughly 2 days minimum, each half day for us is \$5, some of that clearly is an estimate, but I could take a look that is once we get to that 3,375. If we take a look at where we are now, Brian I would not be surprised if we were at that per year.

Q: (Waibel) I wanted to piggyback on that too. Is to ask about the way in which you would get new participants. Is it word of mouth? You went through a whole new restart , in the last two years, what other methods that maybe you haven't mentioned for increasing your population?

A: Our marketing, we are putting a little bit more money into it. We just had a great article out in the Kane County Chronicle. We're also using a little bit more of Shaw Media. We ramped that up because for a long time we kind of relaxed on the marketing. you kind of relax on the marketing.

Q: (Waibel) I understand, and you're still working with the initiative here right; that Mayor Rogina started a couple years back, the senior initiative?

A: Yes, so we're working with a Dementia campaign, if that's what you're talking about. The Tri-Cities at large, last year we were designated for dementia awareness; so we meet once a month and we're excited about that as well.

(Waibel) Right, I know that's a tri-city initiative, but it's heavily influenced by the St. Charles community.

Easterseals (Theresa Forthofer)

We serve Infancy through young adulthood who have developmental disabilities. One of the things that I always like to stress is that we do not receive funding from the national Easterseals, which is often one thing that people don't understand. We are a stand-alone community-based entity, so we won't receive any funding.

(Travilla) I'm sorry this is a little uncomfortable. What you might do Theresa, is mute your computer, here's an option for anybody who may have audio issues; there's a dial in number I believe you should have, where you could use your phone, mute your computer and talk through your phone so we can hear you. We'll see your face, but we can hear your voice through your phone. That might be an option.

(Dialed in on phone)

Thank you for your patience.

(Waibel) We put you on hold for a minute.

(Travilla) Theresa we're in this together, we're all here.

I'll start again but I'll be very brief, at Easterseals we provide pediatric rehab services, for children from infancy through young adulthood. We provide all of the physical, occupational therapy, speech therapy all those types of services but we also provide mental health support and that's one thing we've definitely learned has been a huge need this year. One of the things I want to mention, and I want to be sure you heard me, because and said it last time although you couldn't hear me well, is that we don't receive funding from the National Easterseals Organization. I think that's something that most people don't understand. We actually pay a fee to the National organization brand, so I think that's really important to understand. To give a little insight as to how Covid has impacted our organization, March 20th was our last day; our Gala usually generates nearly a half a million dollars and was scheduled on March 21st so needless to say we did not host our gala because obviously that was the first day of the shutdown. We are fortunate that we did some online funding, and we did generate some revenue from that event, but it did have a big impact on the organization. We transitioned our services to teletherapy when we did close for those two months, and we did a survey during that time because we felt that things were going really well. We had done some teletherapy in the past, so we had some experience with it. We were thrilled to find that

89% of the families at that first survey we did, had indicated that the child was actually making progress. When you consider those first couple of months, and all of the stress and anxiety with no school and people working remotely, we were really thrilled with that result. We opened our services back up starting in May and started to see a few clients in their homes and in the community. So that we were able to see clients in their home, in the center and in the community-based stuff like parks and things like that. We had to be very creative. We are currently seeing, 25-40% of our clients in the center and doing a hybrid approach. We might see a client for six weeks in the center and then six weeks home therapy. Some of our more physically challenged clients weren't able to be seen because they really need a physical therapist. We are really focused right now on the mental health side of the families that we are serving; making sure that every family has a touchpoint with one of our social workers or one of our case managers. Many of our kids are not able to be very successful in remote learning so the developmental delays are falling behind than they were a year ago. We do expect to see an increase in the number of kids we're going to see in the coming year because kids are now starting to get back to their doctors' appointments and starting to socialize a little bit. When the weather breaks, we expect we'll be able to see more kids. Covid has impacted, in that we're not able to see as many kids as we've been able to. We're at about 85-90% of clients being seen and that number grows every week, so we're just waiting for the weather to break. We can really do a lot in the outdoor spaces. So, we're looking for support for our therapy services and our mental health services. Specifically, in St. Charles, the funding issues specifically for those families who do not have funding or have extensively high copays, we have some families whose deductibles are \$10,000 or more. Those are just, in this day and age with job losses and things like that, that's becoming extremely challenging for them. So that's what the funding is for, we do expect to see more kids next year and I'm happy to answer any questions you have about our services or our grant request.

Q: (Denz) I know that the funding request you submitted focuses mostly on the rehabilitation services, not necessarily on the mental health piece, can you tell me how many St. Charles residents, or the residents in general actually used these mental health services and to what extent? Is the touchpoint when they come in? Is it ongoing services? How much is the mental health component part of this?

A: So, for the grant it's not really a part of the grant request, the grant request focuses on the rehabilitation side. We have several different components of our mental health, so we have case coordination, which is focused on kids with medically complex conditions that maybe we need to look at how do we schedule those kids. They need some assistance around that, they also have limited insurance because they only have 40 visits but if they have a complex condition, they need more than that. So, there's case management that focuses on that. We have parent liaisons, the parent liaisons are really, it's a parent-based position but it's also a parent who has a child with a disability. They can provide that emotional support for the families, and it's really important for the newly diagnosed families. And then we have two social workers who provide social

work services to help the children and parents and those are kind of more of a wraparound services. So those are the three different services, what we did during Covid, is we reached out to every single person in our client base, to just have a touchpoint, almost like a triage to understand what the challenges that they were facing, and then referred them to the person that made the most sense whether it was the social worker, or a case coordinator. It's something that we hadn't done before we had waited for them to come to us or let one of our therapists know if the family was having trouble. It's actually one of the lessons learned from Covid, that we're going to do more regularly. You'd be amazed at how much more people open up virtually, than they do in person. We found that to be true so that's one thing that we're going to carry over when Covid is done.

Q: (Weddell) I'd just like to say that it's very well done, nice contents of your application. I appreciate your section six, it details, of the \$8906 you received last year, that was very helpful. One tip for item number ten, that was the budget, you listed the total whole conglomerate of it, a budget for over \$100,000 just looking for the amount of the \$9,500 you're requesting there, in section ten, if you could extrapolate from what you said; make sense?

A: Would you like that corrected? Or just correct it for next year?

(Weddell) Oh that's fine, for next year.

(Travilla) I'll second that on a very thorough application, really you told the story from end to end. Any other questions?

(Ms. Forthofer) One last quick thing, we have about 80% of our staff vaccinated, because we're healthcare workers so we're able to do that. So that's another reason for why we expect to be able to see more clients. The kids can't get vaccinated yet, but our staff is really well on its way.

FVHH (Beverly DeJovine and Claire Culton)

FVHH provides grief support at no cost to our clients. Grief can make people feel very isolated and alone. It can affect the development of children causing behavioral and anger problems. It can also affect the mental well-being of adults causing anxiety and depression. We work to combat any of the negative ramifications that may come from grief by creating a support system and an environment for our clients. Once the pandemic hit, we developed 33 key priorities. The first priority was to implement virtual service options for our clients. We continually learn about what their needs are. We also offer individual compassionate support, through trained volunteers. We provide service to our nursing home, hospice and cancer center patients. We loan out supplies for up to 6 months free of charge. When the pandemic hit, we were forced to think of how to offer service in non-traditional ways. Prior to the pandemic, could provide grief support, go out to these facilities and facilitate a grief group, but of course they weren't allowing outside people to come in. We've implemented virtual options in our core programming, dual counseling and a variety of group programs. So aside from the format, the essential framework of our programs remains the same. We help clients

understand the process of grief, establishing connections with a lost loved one and while grief experiences can be similar, every person experiences grief differently. A huge thing that we teach clients is that grief isn't something that we will ever really get over, but it's something that we will get through. This year has taught us a lot. In the beginning, when we thought people would be rushing to our services because the whole world has been grieving since the pandemic, that wasn't how it quite was working for us. So, we wanted to better understand the needs of our community; we conducted a survey, through that we learned were concerns over basic needs such as food, shelter, job security, parents were concerned with the education and socialization of their children. Families were worried about their aging loved ones; the list of concerns lengthening, grief services and that priority fell off people's list. We learned that people were overwhelmed with all of those things, so they had a hard time taking that extra step to reach out for help. A lot of people were concerned with affording the support. That for us was a huge thing that we learned because we're never going to charge them for any of the services that they're receiving, and we don't charge their insurance companies. We also learned that people weren't going to sort of take that first step and for people who may be too overwhelmed to do it for themselves, we sort of did that by creating original video content, available on our social media and on our website. It really just discusses topics of grief. We have a video coming out next month called Unexplained Grief. We want to engage people about the types of grief. As the community and our clients continue to adjust to what is a "new normal" we want to continue that outreach and keep having those virtual options available until we reopen our doors to the public again. Another thing we learned from our survey, is that people really did crave that physical presence of support. Even so, we foresee always maintaining and having both options. Having both options allows us to meet clients where they're at; physically, mentally and emotionally.

(Travilla) Thank you Claire, very thorough I appreciate that story.

Q: (Silkaitis) Section six, last page of the application; it states provide a summary report of actual funding received. It doesn't list a dollar amount of funding provided last year.

A: Would you like us to amend that?

(Silkaitis): No, it's ok, it's just part of the application. It does request that, but it's just minor things.

(Waibel) He's just noting it for next year, so you'll know.

(Silkaitis) Right, it just makes it easier for me to look at how much requested and how much we gave last year. Also, number ten, actually let's go with number 6 and 7 describe the projected number of St. Charles residents served. So, you listed a projected total served, you said 100 but then on the first page of your application, now maybe you've had an increase but on the first page of your application, it says you served 54 last year. Do you expect a big increase this year?

A: Yeah, we do. In 2019 we served almost like, 300 St. Charles residents when everything was open, and we had ongoing partnerships. So yeah, as things become

more prevalent and we're able to do our partnerships, we do see a big increase happening.

(Silkaitis) Ok if that's what you're projecting that's fine, I just wanted to make sure. That explains the other one then too. Ok, fine, thank you.

Q: (Travilla) Yeah I want to call to number ten too, I really like you're due diligence in fact, because you said 'hey we took a hard look at our expenses and have reduced them significantly' and I'm looking at if we can find efficiencies by all means; I look at your year over year request and that is in alignment, and I just wanted to call that as a positive, that you pivoted and within your own organization. I find that to be very disciplined and fantastic. So, thank you.

A: Thank You. We've worked really hard to get it right sized, taking a realistic look at our budget, significantly reduced our expenses in a good way, in a very good way.

(Travilla) Yeah absolutely and that's hard to do. Especially now, so I just want to make sure that's called out.

Community Crisis Center (LaTonya Walker)

First of all I want to say we are thankful for funding received from the St. Charles Mental Health Board since 2010. This year we are requesting \$18,150 to support our services. We support victims of sexual assault and domestic violence in the form of 24-hour shelter, counseling, case management, services for children as well as court advocacy and hospital advocacy. We offer a 24-hour crisis line, and I'd say over the last year it's been one of the really big things, happening during the pandemic. We have people who are not comfortable coming into a communal shelter and transmitting any of the virus. They feel more comfortable giving us a call. We've done lots of calls, where we've done some safety planning a lot of virtual orders of protection and Zoom into the courthouses. Same thing with the hospital advocacy program, one thing we're working on right now is getting tablets so that we can leave them at the hospital, so the hospital doesn't have to search for one. We can try. The pandemic has really taught us how to operate and provide services in a manner in which the client needs it. They've been able to use that Doxy which a confidential site. Last year for St. Charles our population was about 2% which was approximately 258 hours of service and 50 nights of shelter, crisis line, advocacy etc. We expect it to be about the same this year. We're seeing our numbers level out right now. I think that once the vaccine is out, we'll definitely see an increase. We've been in communication with the Kane County Sheriff's Department, as well as the St. Charles Police Department, so that we can partner because I'm hopeful as we come out of this, we'll be able to provide crisis intervention right here, so that people don't have to come to us, so that they don't have to travel to Elgin. We want to be a neighborhood crisis center, I think that is really important. One of my initiatives is to be a partner with the community, not just to drop in and drop out of the community. Next year we anticipate that we will serve the same number, I'm hopeful that after the pandemic, that after we're safer that we can actually serve more clients. We actually had a client that was from St. Charles who was able to receive services and she was not comfortable going through her insurance company, or any of the local agencies because

she was well known. That is something we want to focus on, providing some type of confidential service. Do you have any questions for me?

Q: (Waibel) I appreciate the share and the opening part of the community in St. Charles is very exciting. Would that translate to opening a satellite location?

A: My dream honestly is to have a satellite location. I truly believe you have to be IN the community to be a part of the community and right now we offer, we'll come in and then we're gone. I don't think that being someplace one time a week for 3 hours, makes you part of the community. I would like to see some type of satellite office. I'll be reaching out to anyone who has some space that they'd like to donate. That would be my goal, is to have a staffed person.

(Waibel) I was thinking that would be a great opportunity to partner with any of the people presenting tonight that have locations in St. Charles to see if they have satellite space opportunities. That is something that we could certainly help you with the networking portion, as well as once you have a project going, the funding. I just wanted to offer our networking services for you.

(Ms. Walker) I appreciate that because it's something that I've been talking about, and meeting with people. I've met with the Chief in St. Charles. That's really one of my goals, I want to stretch where we are.

Q: (Waibel) Yes, this is such a great organization that's been around a long time. How long has it been here?

A: 45 years

(Waibel) It's been here a long time. My question really was how can we help you in figuring out, I don't know that we could come up with a solution, but at least open some doors.

A: Really opening some doors is really helpful in terms of being able to find a location, because you're talking one small office with a staff person, so definitely don't need something with multiple offices, but a place to kind of land.

(Waibel) We can send you our contact list. I don't want to speak for the Chair, sorry.

Q: (Travilla) It's probably as easy as sharing your vision, asking for help, I'm sure that the door will open. We'd love to and be happy to.

Q: (Weddell) At one point we used to fund an abuse intervention program and in your section six, you outlined that you provided 14 St. Charles residents 366 hours for service. At one time you used to ask us for funding for that, is there a reason you don't ask for funding for that anymore?

A: I am one year with the organization so I would have to go back and look at that, I'm not sure. I can look into that and get back to you.

Q: (Weddell) You could have it as two priorities one as domestic violence/sexual assault program, the abuse intervention part as another priority.

A: OK I can get that and get back to you.

(Weddell) Ok that's fine.

Q: (Poremba) I really enjoyed reading your application. I'm new to the board this year, and I enjoyed learning about your organization. I'm just wondering with everyone being

confined at home have you seen a significant increase in the amount of need or intervention for domestic abuse?

A: I think one thing that's really interesting and we are talking to a mixture of people across the state; so, one thing we're seeing is an increase to our crisis line is 'I am scared to come in because I don't want to get Covid.' So, we're definitely seeing an increase in telephone calls, we're doing a lot of safe training on a lot of the calls. One of the things that really struck me is I met with the State's Attorney to discuss numbers in terms of what they're seeing and what the hospitals are seeing, and that's not translating the needs. So what we're trying to figure out is how to that first step of needs assistance and not wanting to take that next step into a shelter. So that's been really concerning for the domestic violence community, throughout the State.

(Poremba) Right bridging that disconnect because clearly the police are getting a lot of calls. Thank You.

(Travilla) Feel free to reach out, we'll get Sharon to send you a list.

(Ms. Walker) Ok. That sounds great!

Q: (Waibel) Are you still in the same location you originated in?

A: We are at the same location; Geneva Street.

Q: (Waibel) We offer this to our new board members, I know that because of Covid it's a no, but once we get to a non-crisis pandemic point, if there are any organizations you have an interest in getting a tour of their site, reach out to the Chair then we'll call the organization and arrange that.

(Waibel) Mr Chair I will need to recuse myself from this presentation.

YWCA (Mike Hewitt and Marianne Pokorny)

I appreciate you entertaining our grant proposal. If you've read through it you'll notice it's quite different than what we've had last year. Covid has really changed the way we've been able to deliver services. We really wanted to do good, due diligence with funding should we receive it because the model we did last year and what we proposed, two years ago was on site, within a head start program. You know with Covid now, we're not being able to do that. We're dealing with some other 708 grant funding that we have, and we weren't able to deliver services in person. So, we've been meeting pretty regularly with Fox Ridge Early Learning Center, on how we might be able to still deliver these services around the executive functioning screening that we did prior with the three- and four-year-olds and this intervention. What we really tried to do is see if we could train the teacher because the teachers are already having contact with the children. That wouldn't be introducing new people into the building we know that's not really going to happen. So, we would work with the teacher to get them trained on the testing then we would offer all of our services around the teacher education. Then hopefully we'll be able to move into in-person at some point to really deliver those services. But we would probably go with the least, in-person possible delivery, but still getting those important services of screening three- and four-year-olds for executive function. We're really hearing from teachers right now that this year children are really

not going to be ready for the school setting with being out for so long, and a lot of them, executive functioning; that working memory, self – control, following directions, because children haven't had those in-school experiences or they've been doing it remote. We propose to work with 180 children within the early childhood center, but have the testing be done through the teachers and then hopefully once that's over we can open up and test them with the data report, with the parent teacher conferences, walk through some planning for individual students who really seem to be having some significant delays in that area. Hopefully this new approach will be something that the board will entertain. We asked for a full-time person which would have been significantly more. We wanted to be forward thinking and still be able to deliver the services especially when children have a gap year. Teachers are really fearful about what's going to be coming in, so we want to be able to assist them along with the parents.

Q: (Denz) I have a question, and please correct me if I'm wrong, but I thought last year when you had presented, the screening was more of, it was more use of the ACES system of screening, more of a trauma-based type approach with the kiddos.

A: Executive functioning which will ten-fold trauma, is not indicative of what's happening in your home or what you have experienced. But the children that we're seeing with self-control issues, and working memory issues are, you're correct, are the ones that are experiencing trauma. It will usually bubble up in some of those services. That's where we wanted to do some of those wrap-around services with the teacher and some of the trauma training, so you're correct.

Q: (Denz) Ok so the step away from the ACES program, the executive functioning, you said are more applicable to what the children were needing or, what was that switch?

A: Well, the executive functioning will really call out the children that are experiencing that won't be well on that, so that's where we would find a red flag when we see those children that don't do well on that screening, then that's where we would take the next step and work with the teachers and the parents. So it would trauma informed, the children's behavior would kind of surface, that's where we've gone to the ACES, so maybe we should have written it out more coherently is what I'm hearing, so I will make a note of that.

Q: (Denz) So the ACES is still a part of it, but it's a second step after?

A: Right, and that would be in that training with the teachers yes, because a lot of times the children who are acting out and don't have the self-control. We do the testing then we do some more meetings with the teachers and the parents, we'll often find out that there have been significant issues around ACES; you know poverty, I'm sure with Covid we're going to see a lot of different trauma pieces as well. We do work with the St. Charles teachers, as well around trauma because the teachers were taking their own trauma into the classroom around this disease. We did a lot of talking, we offered free training with re-entry into the classroom, just because a lot of teachers were very fearful of entering the classroom.

Q: (Silkaitis) Question number seven or statement number seven, it says describe a projected number of St. Charles residents are you planning on serving 180 St. Charles residents?

A: Yes, 180 Ron, are actually the students, but those were the students that were identified by the teachers, that we would want to service.

Q: (Silkaitis) Ok, on the initial application page, it says number of St. Charles residents served by this organization. This says, 38 childcare providers including park district programs such as head start. I don't see a number there that tells you how many St. Charles residents.

A: Oh, that we currently are servicing?

Q: (Silkaitis) Well, it says number of St. Charles residents served annually, that's on the main application page.

A: Ok let me go back up. On page one?

Q: (Silkaitis) Yes, right on the first page. The main application funding page, with your contact information and such.

A: Ok, yeah, I guess he didn't, we didn't spell that out very well. Children and childcare providers also had children so, yeah, you're right we didn't give you a total number.

Q: (Silkaitis) Ok so you're still basing your year, on serving 180 residents of St. Charles? According to number seven, is that correct?

A: Yes, that's correct.

Q: (Travilla) Approximately a 70% year over year decrease in funding application, any big insight as to why, it seems like you put in for a really large project for last year, and then this year you're down pretty significantly could you add any context as to why?

A: Because we really wanted to have someone stationed in the school. Really pretty much full time to the teachers, and you know the district was really on-board with that, but with Covid bringing on additional staff that wasn't district staff, it didn't seem possible or safe at that point, so we didn't know when we were writing this and they said absolutely no, nobody who is not employed by the school, they weren't even letting parents in, then we wouldn't be able to deliver any of these services for the children. Our big vision was that we'd be able to have somebody full time right there to be able to deal with all of the testing, the trauma for the teachers, but we had to scale it down, we wouldn't be allowed in the building on a regular basis.

Q: (Travilla) Ok thank you one last for me and then I'll offer it to my constituents here. Why Fox Ridge, why are you targeting that school? Is it just due to age of the students?

A: Yes and they're part of All Our Kids Network, I don't know if you're familiar with the All Our Kids Network of Kane County, as well as they have an early childhood collaboration so we've met with some of them and they've said there was significant need, there were a lot of children there, some that were, that's how the partnership came to be, through those collaborations, they were pretty forward thinking in terms of trying to get the best services for their children, and so we went through those early childhood networks. They were seeking resources so that's where the conversation bubbled up, would this be something that might interest you?

(Travilla) Excellent thank you.

Q: (Weddell) I'm just trying to make sure I understand, does Fox Ridge then have that as 180 children that would be the target population, do all of these 180 children would be at the 200% poverty income level, their families are?

A: Majority of them are, and we will also be working with parents in trainings and meetings with us hopefully not through Zoom but actually in person that will actually be touched by this.

Q: Children won't be excluded if their parents' have that income above that 200%?

A: No, we know, that at this time there are other circumstances so it would be all the children within the school district identified with the most need.

Q: (Poremba) Are you currently running a program in Fox Ridge or is this something that you would like to start?

A: This is something that we would like to start. Last year, we wrote a grant application, but it was denied because our grant team did not upload the signature page, so we weren't able to do that. A couple years' ago we were able to do that with Two Rivers Head Start has since closed so we aren't working with them. They don't have that location in St. Charles anymore or they probably would have been looped in to this project.

Q: (Bryant) So this is a relationship that; did the school come to you or did you come to the school?

A: We were actually at the same table; and I think honestly, we gave a presentation on it through that All Our Kids Network, just around trauma and executive function to the health department in Kane County and so a lot of people have heard about our work. We're funded in Bloomingdale Township 708 Board for this exact same work. We've had some great results, so we did a presentation the Kane County Health Department did an in-service day on different projects and so we presented on this so we're kind of a mutual partnership.

BREAK 7:30 PM

SPS (Kari Evans and Stephanie Weber)

Suicide Prevention Services is a 22-year-old agency focusing on prevention. The agency never shut down during Covid, and they are seeing an increase in need. Unfortunately, their hotline para-professional had Covid, and the hotline did have to shut down. They did a fall training with Lazarus House and believe a relationship may have come from that presentation.

Q: (Travilla) Number 4 on page 4 it says describe type of activities for a priority of the program, I'm noticing a beginning and an end date. I'm looking at your timeline July 1- June 30, looks like your fiscal calendar, are you still from last year, utilizing up to June 30th for this year from last years' allocation. Are you guys still doing presentations right now?

A: Yes, we're trying. We're trying to play catch-up with all of the presentations that kind of fell to the wayside. But we are also continuing to take hotline calls and see clients.

Q: (Weddell) Give you a little bit of a compliment here, I think your budget for each of your three priorities number ten, your budget for each of the three priorities was spot on it was quite a bit of information. section 6 allocations of funds spent the previous year, and how you accounted for those funds was well done so thank you!

A: Thank You!

AID (Lore Baker)

Lore Baker introduced herself to new board members and shared that AID is gearing up for their 60th year in existence. In FY 2020 AID provided comprehensive individualized programs and services to more than 5600 people with developmental, intellectual, behavioral and mental health challenges. This included 2700 through a victim and outreach program. Working with local municipal police and fire departments to provide on-scene resources for individuals who experience trauma. In FY 2020 AID received \$39,100 from the St. Charles Mental Health Board to support St. Charles residents with diverse disabilities who participate in behavioral health and recovery in psychiatric programs as well as community based focused programs specifically. Of specific focus was integrative primary and behavioral healthcare, funds supported services such as non-nursing in behavioral health programs and psychiatric appointment health scheduling. \$19,500 of the award was spent on the partial wages and benefits for the psychiatric nurse as well as the psychiatric scheduler. The remaining \$19,500 supported the partial wages and benefits for the registered nurse providing integrative primary and healthcare services. Psychiatric nursing and appointment scheduling was provided for 33 St. Charles residents with a total of 800 service hours. Integrative primary healthcare services for 41 St. Charles residents, with developmental and physical challenges, for a total of 500 service hours. FY 2021 request to the St Charles Mental Health Board focuses on integrative primary health and behavioral health as well as nutrition education training and support. These are unsupported services by insurance or Medicaid and therefore they are seeking local funding to provide these important services. Respectfully a request is submitted for \$60,000. \$19,400 will pay for partial benefits of a registered dietician. Thirty St. Charles residents will participate in a comprehensive nutrition program designed to improve overall health literacy. The additional \$40,600 being sought we would pay for the partial wages and benefits for a registered nurse. Sixty St. Charles residents will participate in nursing services; at least 15 of those 60 will receive medication monitoring. 1080 hours of service will be provided in those 2 programs.

Q: (Silkaitis) You're requesting \$60,000 is that correct? Last year we gave you \$39,100. On page 3 which is section 3 says designated program has an increase of funding that is more than 10% greater than last year, explain why. I don't see an explanation of why you're requesting \$20,900 more than last year.

A: We are asking for additional services to do our programming.

Q: (Silkaitis) If you could next time, somehow explain why.

A: Oh ok. Certainly. I'll let our grant writer know.

Q: (Silkaitis): Also, it says on the front-page number of St. Charles residents served annually by the organization. You have 550 but, my addition says, from what you're asking, in your priorities, you're serving 90.

A: So that is what we're asking to serve the two programs, we're asking you to fund and serve additional people for therapy, counseling, housing. Services that aren't available through Medicaid or other insurance providers so the numbers that we quote are around the numbers that we serve that we use this funding that we are requesting and they're programs that aren't paid for in some other way.

(Silkaitis) Thank You.

Q: (Travilla) Share with me your thoughts on a dietician as it relates to mental health so I can connect the dots there.

A: Yeah so, we use a dietician on both sides of our services on behavioral health and on developmental disabilities. Many people who experience mental illness die much younger than the average population, on average about 20 years. A lot of it has to do with being able to make sure you are integrating your behavioral health and your physical health. We do lots of work with how to go shopping, how to access and connect to food pantries. Other things they don't know, I know all of you know when you go to the grocery store fresh vegetables cost more than things that are not good for you, right? So try and teach people how to best use the resources that they have and eat as healthy a lifestyle as they can. Many of them live alone also, so it's very hard to cook for 1 person, especially healthy. It's easy to grab convenience foods and they eat those. I find myself doing that sometimes. We work on using utensils and tools, and donations of pots most recently people have been really interested in learning how to use blenders which I find really interesting. I guess that probably has a lot to do with smoothies with the perceived benefits of fruits that you get with kale and all those things are good. We try and work with people, what their interests are, we like to have people try foods that they might not have tried before. We work with the Northern Illinois food bank and there are other places that sometimes get their donations, but if they have people that don't know how to cook but might like it if they knew how. We are currently in the process of building out a commercial kitchen at our Elgin location on Bowes Rd. that's going to also be able to host onsite cooking classes as well as when we go into people's homes or other places where we might be able to meet with people to show them nutritional value. It's more important than I think people really think about, if you have dietary issues along with an inability to purchase food that is good for you, or realize how expensive that can be.

Q: (Waibel) Can you expand on some of your partnerships with some of the other agencies that we fund? That may get AID assistance through a third party, so for instance the St. Charles PD, I think you have an AID service person in the Kane County Sheriff's Office. Could you talk with us through some of those agencies that are helping with mental health needs around the City?

A: Sure, as I mentioned, and I think Chuck will be here from St. Charles Police Department in a little bit; we have contracts with a variety of police departments across the region; we have contracts in North Aurora, Batavia, Geneva, St. Charles, South Elgin,

Lombard, there's two in McHenry County, another in DuPage County, we also have a contract with the fire department in Aurora and with the Ambulance, the Tri-Cities Ambulance to assist in mental health related call out. We do work with the Sheriff's Department, we are involved in the TAP Program, the Treatment Alternative and Reentry Program. We recognize there are a lot of people around Kane County who are ill and need support, no need to fight each other, so how do we best support each other and the things they do well. Places like Tri-City Family Services, Family Service Association of Greater Elgin, whatever we need to do I can't even list all the places we have MOU's with and exchange information, trade and get referrals for our CST Team so we get referrals from throughout the state of people who are seriously mentally ill who are experiencing homelessness or are at a very high risk of homelessness and not compliant with their treatment. We work 24 hours a day with those folks to be available to help them engage in those services so that they are able to be housed and given to a recovery mode so that they are safer and have a legal right to lead the life that we all want to lead.

Q: (Waibel) And those services are completely unique services, that you're requesting for AID tonight? They're completely unique to those partnerships that you have with all the other agencies, I just want to make sure that's clear for our team.

A: Yes. So we're not asking for any money to pay for...this is strictly for the services that we've talked about, the dietician and the nursing that cannot be billed by Medicaid; most of our Victim Services cannot be billed per Medicaid because we're not going to look at somebody who's in the middle of a crisis situation and say 'ok can I have your Medicaid card?' and so that's that relationship and contract with those agencies. Everything that we can possibly bill for we do. We seek to provide services that can treat the entire person, but mostly we cannot bill or it is not recognized by Medicaid.

(Waibel): Ok, I just wanted to clarify that, we do have some new board members this year, so it's always good to just clarify AID's main concept and other unique situations.

Q: (Weddell) Now that you've answered twice, one more time make it three times, on your priority funding service application, priority two the nutrition program on page 7 you mention receiving funding from the INC Board, Geneva Mental Health 708, and McHenry 708 Boards; so that's for nutritional programs that are distinct and separate from every other population and all services?

A: Yes. So, we layer together to serve the people that are covered by the 708 Boards.

Q: OK so it's not just like one large pot of money here, you separate it ?

A: Yeah so we have someone that does that, we have people that are trained and we go across City lines you know the homeless population, we keep strict records, we have to do it for our billing.

Q: (Waibel) sorry just to clarify when you talk about the priority for the nutrition

(Weddell) You make note of it last year one of the priorities wasn't funded for the nutritional program,

(Waibel) that's where I was going

(Weddell) for the nutritional element and I just want to clarify that. The other boards, the Geneva, INC, McHenry they all blended specifically for nutrition, that's what Carolyn

A: I'm sorry, I don't hear well anyway so, I always find it hard to hear in here.

Q: (Waibel) So who was it under exactly? Geneva, McHenry?

(Weddell) Geneva, McHenry, INC Board you mention they all have nutritional program is this all their funding source?

A: Ok, you know we serve a huge area, nursing services aren't billable and dietician services have barely or very rare billability so, particularly for people on the behavioral health side, so we piece together physicians that can serve.

Q: (Waibel) So your dietary and nutrition information, sorry I'm going to kind of bang on that priority just because it was one that we did not fund last year; is it reviewed by a physician or is it just a nutritionist that reviews it all, or how is it?

A: We have people who have a physician required diet, we have on the DD side of it broke down by what residence they are on the DD side in locations that we support on the residential side about 190 people out of about 250 that have some specialized diet that is recommended by a doctor. So the dietician works with the staff at the location and the person to be able to develop menus and other pieces and what they should shop for how they should cook items and set up plans for those folks. We do something on the behavioral health side, except for, people don't generally live in a group so it's harder when they live in a group to take everybody's diets, for example we have some in group housing locations where there are six different diets in the same household which makes it really challenging to find something that fits all of those criteria. On the behavioral health side, we would also as we assist people and connect them to their primary care physician, to get their physical health needs taken care of, often times people are placed on high blood pressure medication, they have diabetes heart disease, asthma, you know a lot of the traditional type illnesses that are exacerbated in people that couldn't have access to that primary care physician for an ongoing time. We're trying to help people learn about what their diet plan is and how they can move that forward, how they can buy things, how they can make many plans shopping lists, ways to prepare food that are better for you etc. that kitchen build out that I was talking about we are undertaking for a number of reasons part of that is to offer individual class space for people to be able to learn in a group setting once we can do more groups. We do some now, it's just a lot fewer people. The second thing is to also give people who might be interested in developing job skills in the food service industry or in restaurant or grocery stores or those time management logistics pieces of food aspects, will give them some opportunity to learn some of those skills in the kitchen. We also want to be able to process food and other things that we get donated. Sometimes someone says here's 500 lbs. of tomatoes but you have to use them or they're going to go bad in two days, so if we have a commercial kitchen we can both teach skills while we are processing the food to freeze and use at a later time hoping to get to the point where we could do some prepared meals that we could send to locations that we have either so that they could put it together like a Blue Apron or so that the person who is a DSP who is faced with several people with a developmental disability could just pop in the oven maybe a frozen dinner that would feed all of those folks nutritionally soundly instead of popping in a pizza or some chicken nuggets and french fries because I'm

trying to help and assist people with multiple health and developmental disabilities who I need to get ready for bed at night.

Q: (Bryant) When I read the application, I was struggling with the assigned priority a little bit, but I think making a link, I mean there's certainly a link between mental health and nutrition. That exists, and I don't think we realize how or what that correlation really is, but I think just making that clearer would have helped me in that priority.

A: OK

Q: (Poremba) I'm reading over number five, of the nutrition portion, I see you have these goals for the St. Charles residents, an hour of cooking and basic cooking skills.

A: Which page are you on?

Q: (Poremba) It's under section four number five of priority two so we're talking about the nutrition aspect. How do you gauge the success of this program that you've already established? Do you have surveys where you ask for feedback?

A: We do a number of quality measures. We look at people meeting their goals on their individual service plans. We look at people meeting their health goals; so, like a reduction in their A1C, weight-loss, improved breathing function, those kinds of things. We also do a customer service satisfaction survey every year. We always send out customer service satisfaction survey results out in service; you know upon the time that they in service. We're always trying to get and put in quality measures to let us know whether or not we are meeting the goals. The most important ones are obviously the clients' goals in that they're trying to work toward in the betterment of their physical health, mental health.

(Poremba) Thank you for explaining this. I definitely see the value in this because I don't know if a lot of people know that 80-90% of our serotonin is actually produced in our gut, it's not always a brain disorder. So, there's definitely a huge connection to having a healthy gut, so when it comes to mental, physical, functional health it's all connected.

Q: (Waibel) If I could go back to what Ms. Bryant was saying, I think to add into this for next year, for me, and that's why it's nice to have seven of us, a component about physician required diet. I think is very important because we're always looking to see on the mental health side versus developmentally disabled. Looking at the physician, so if we're looking at something that's physician required, I think that is more of a prioritization for us in some of our decision making, so I think that's important to include. The numbers you gave us say 76%, that would be an important number to include in the future just so we have an idea of how many of your clients, percentages that are doctor specific. Does that make sense?

A: OK

(Bryant): That's what I was getting at, I definitely see the connection between mental health but when I first read it, I didn't see the connection.

Q: (Waibel) We're just trying to help you to help us. We have to make decisions that are aligned with our mission statement, and so as you know our mission statement is for mental health disability, development disability and substance abuse. Sometimes that nutritional piece is not a clear line for us, it's a very dotted line so the clearer we can make that line the better.

A: OK we took the suggestions that you made last time, we're trying to be clearer.

Q: (Weddell) The vocational training element of teaching someone how to cook, might be a little bit off side of trying to make that and explain to us, is good.

A: It's interesting we originally were hiring the person who was going to be developing the cooking and the training skills but because we're in a pandemic we can't do exactly what was planned in the first place, when we first started thinking about this. We started doing videos of basic skills so how to safely use a knife in 5 minutes or less, how to disinfect and wash to get ready to prepare food. Because we're talking about a range of mental abilities that range from very high functioning to not so, trying to make things that people can understand with it being not too long, not to be too technical. They're really kind of cool and it's nice because it's a young person who is really very excited because their goal has been to work with food and people with disabilities, they like both things, so they're jazzed about doing it all. It's nice that we were able to find somebody who had wanted to do that job.

(Silkaitis) Mr Chair I will need to recuse myself from this presentation.

St. Charles Police Department (Deputy Chief Chuck Pierce)

The St. Charles Police Department is seeking approximately \$60,000 to fund a full-time social worker. They had previously worked with a social worker through AID. Deputy Chief Pierce has been a police officer for 25 years and recalls early stages as a police officer, knowing when it was time to put on a social worker cap; not just going out and arresting people, it was social work. DC Pierce believes law enforcement has known that and the public has known that for a long time. He believes it's now finally evolving to a belief to embed a social worker in the police department. This past year has reemphasized that; but St. Charles Police Department has already been doing that since 2015. Funding is always an issue. DC Pierce shared a letter from a St. Charles Citizen, which was just one of many they receive. The letter outlined how help received from the social worker through the police department helped to bridge what had previously been a gap in available service to this man and his 41-year-old mentally ill son. DC Pierce shared an article echoing other area 708 Mental Health Boards who help to fund social workers for their police department, namely Bloomington Police per the article. DC Pierce referenced the St. Charles 708 Board Vision Statement to show an alignment to the direct service the social worker would serve to the St. Charles community. DC Pierce stated that arguably, the Cook County Jail is one of the largest mental health facilities in America. Arguably housing more mentally ill people than any other place in all of Illinois. Police come into contact with more mentally ill people on a daily basis than a lot of social services available. Many people pick up the phone and call 911. DC Pierce truly and honestly believes St. Charles Police Department's decision to put a social worker in place found them to be trendsetters, with three Fox Valley Police Departments reaching out, as well as an intern in Minnesota. They reached out and interviewed DC Pierce about the Social Worker Program here in St. Charles. DC Pierce stated in closing by

saying that by funding them they are giving residents of St. Charles access to that initial step to get to that high quality social service.

Q: (Travilla) DC Pierce when you think about this past year, it's been difficult right? When I listen to your stories of how has Sandra made a difference with the community, how has Sandra made a difference with the police officers?

A: In several ways. She fits into our training. We also have officers who are CIT trained, so Crisis Intervention. We do a lot of training with that, we're trying to get every officer trained in that but unfortunately, due to State budget cuts one of the first classes, oddly enough, that they cancelled was CIT. We do have about 15-20 officers that are trained CIT, every year they get together themselves, and bring other CIT officers in from the County and Sandra is part of that. She comes to roll calls; she puts on trainings on how to fill out the involuntary committals. Sandra talks about how to approach people with certain mental illness and on a professional level she helps us tremendously.

Q: (Weddell) Would Sandra be employed by the City of St. Charles?

A: We subcontract with AID and we pay AID.

Q: (Waibel) She is currently employed? This would be a continuation, of her employment?

A: Yes

(Waibel) I just want to say thank you so much for the data you put in here. Thank you so much for that.

A: I appreciate that you gave me the chance to come back. Last year was my first year, so I'm happy to have it all together to do what I can.

CASA (Gloria Kelley)

Ms. Kelley shared some of what they'd experienced in 2020 and since Covid there were fewer eyes on kids. As a volunteer organization, they are appointed to 100% of the cases, every kid. There has always been a comparison the work we do versus DCFS, we're the only ones going out to see kids. CASA is seeing them as much as they can physically. Ms. Kelley states they have had to get creative on their ability to do the Zooming. Ms. Kelley stated that never in the organization's history have they seen this many children coming through; having served 564 children last year, they had 100 more come into care. Ratios for children to supervisors should be 32-35 it's between 45-48. Ms. Kelley states she's in need of an advocate supervisor. She also states they lost a \$500,000 federal grant for no reason at all, there was no explanation, absolutely were denied within the last year. As stated in the application report CASA served 21 children in St. Charles. Ms. Kelley highlighted the effects it's had on her volunteers, that she can't just ask any volunteer because they're seeing what these kids are going through, and its life changing with long term effects.

Q: (Waibel) Can I clarify, you said a certain percentage of kids were identified with mental health issues, what was the percentage you stated Gloria?

A: Well, if you think about it 100%

Q: (Waibel) In the past, I know you said this is the toughest year, so obviously we're going to have quite an increase, in the past we've seen numbers like 5 and 6, is there anything you can speak to, to kind of to help us understand other than Covid being the answer, that huge jump? Or is it just Covid?

A: Thanks Carolyn the biggest reason and I'm going to say his name, is AJ Freund. I know a lot of people in the DCFS world, and they don't want that to happen. None of us do. When they're bringing them in, they're just screening them and they're saying absolutely. By the way we're one of the top producing CASA centers in the state. We're seeing triple the number than any other CASA centers. I don't say that proudly it is what it is we're just trying to keep up with the demand. It's been really challenging.

(Waibel) Ok thank you for sharing that. I'm sorry to hear that.

Q: (Silkaitis) Last year you received \$7,763 from us. This year you're requesting \$25,000. On the application, if you're requesting 10% or more, you're supposed to explain why you need those funds. Now you've explained it to me, funding cuts; next time could you put that in there so I could read it first?

A: Sure, you betcha. Of course.

(Travilla) I have to say Gloria when I read your application it was powerful; the work you guys do, and it was very nicely written. Appreciate that very much, it was one that made me like pause. So, thank you.

A: Thank You

(Denz) Mr Chair I will need to recuse myself from this presentation.

DayOne Pact (Dan Dahlke)

Dan Dahlke introduced himself as the new CEO for DayOne Pact. Mr. Dahlke highlighted that while the Board is familiar with their organization, he wanted to make note that he's updated some information on the application that he feels better describes the organization as a whole. DayOne Pact is the child and family connection for Kane and Kendall Counties. They also serve the child and family connections for DuPage County. They hold contracts for both of those areas through the Department of Human Services (DHS). The vast majority of programming is centered around child and family connections. Through our C of C Programming in Kane and Kendall 2810 individuals are served. In DuPage County a little over 6000 individuals each of those programs. A breakout of that information was provided to the Board in a handout from Mr. Dahlke. Of the 2810 individuals from Kane and Kendall Counties, 174 reside in St. Charles. That represents 6% of the 2810. In total 6098 service hours per year are provided to St. Charles residents. 174 residents, times 35 hours per year, per client. Something realized this year as a result of the pandemic and having to rely more heavily on technology was some of the outdated software. The software they were working with that was no longer secure. The organization was forced to update some software licenses for employees for work to be able to continue.

Q: (Waibel) Hopefully you can speak to this, years ago when we had someone else speak to us about DayOne they spoke of a contract with Medicaid that was lost. Is there any discussion about going out to bid for that contract again? I think the time period was 3 years so, I'm not sure if we're in the second year or into the third year. Could you expand a little bit on that?

A: Sure, we lost the contract on that in 2019. Obviously, a huge blow to our organization. I've had the opportunity to speak with every board member, individually, to ask. The board, myself, our team, we're all interested in applying for those contracts again. It will probably be March of 2022, so we have a little bit of time for that. I'm hopeful.

(Waibel) Ok Thank you.

Q: (Travilla) Number one your general purpose, if you could just provide a little bit more like the front were for all services, so is that a statement for anybody with a developmental disability or delay? They have to go through you guys like by state regulation?

A: Yes, by state regulations. So, any child that has a mental disability or suspected mental disability, we are the single point of entry for therapy intervention program through DHS. They contact us, service providers come out, they evaluate the child, they figure out what services might be appropriate; in order to receive state services.

(Travilla) Ok so in order to receive services, they have to go through you.

A: Yes

Q: (Silkaitis) Section four, question five, describe the goals and the anticipated major outcomes, then it says here "please see attached outcome measures" and you have an evaluation sheet, but there's no information on what your outcomes were, so I don't know what your outcomes were. I don't know how successful you were.

A: OK, I may have misinterpreted this as well, so this our evaluation plan we mainly use going forward. I mean the goal was 100

Q: But it doesn't say what the result was, the goal was 100 but what was your result? That's my question, and I didn't see that.

Q: (Bryant) Are you talking about the year going forward if this is granted?

A: Yes

Q: (Silkaitis) I'd like some information on how successful you've been previous.

Q: (Bryant) Did you previously use this measurement?

A: Yes. We have used this measurement for several years. I don't want to misspeak. We did not reach 100%. We fall a little bit short, and we're evaluated by the State of Illinois.

Q: (Silkaitis) This is for our information. I'd just like to know what did you actually achieve? That's what we're looking for in that question.

A: Ok that's a fair point.

Q: (Weddell) Can you comment on the PUN program, the prioritization list, the waiting list for people to get the services? How has that been affected by Covid? Are there services that are being provided by the state as notifying they're eligible; is that backlogged by 18 months or a couple years?

A: Yeah, so that refers to individual relief and services

Q: (Weddell) You're the point of contact, but then they go on a waiting list for prioritization, maybe like a year? Sometimes it's like a couple of years before they actually get contacted by state service providers. Any change on that?

A: So, in my two prior roles, I worked with adults with developmental disabilities, I'm not following as closely now. In my role I have with the organization, I don't know how, I can't imagine it's gotten much better.

Q: (Weddell) Ok. It was a terrible failure on the State

A: Absolutely

Lighthouse Recovery (Marty Keifer and Nathan Landrum)

Marty shared they've done more work in the community by linking with Lazarus House. Marty shared they are still able to operate under their mission of not turning away people who are uninsured or underinsured and need services. Work with the Kane County Jail program continues. A trauma therapist was added onto their staff, and they are looking to hire a few other individuals in the future.

Q: (Waibel) Good evening, just wanted to touch base and clarify; this is a funding request for your programs out of Lighthouse not your Kane County Jail programs correct?

A: That is correct. The county has a vendor for providing services inside their facility. What we are doing, which is not included in that programming, is to get those individuals from that incarcerated system, back into the community. What we've done in the last two years is we've taken all of those individuals free of charge without any kind of financial means for those services, until they get on their feet, until they get jobs. We're attempting to organize the IOP or OP groups. We're integrating them into our community program. What we're looking to do is expand those services, to be separate from our other program as well as separate from the jail programming. So we're basically taking that population as an aside.

Q: (Waibel) Right so you're looking for like a re-entry, versus not those on-site services. Just clarifying that for the team.

A: That's correct. The on-site for the county that's paid for.

Q (Travilla) I know in the past we've discussed this, and I know we've; are you considering re-entry from the Kane County Jail as St. Charles residents at that time, due to the fact that they're actually living in St. Charles, is that how you quantify your numbers?

A: This is Marty speaking; every member or every client that we have that is from the St. Charles area those are the ones that would be working within the confines of these grant funds from the 708 board.

(Nate) Yeah, and so because of the recovery that we do onsite at the jail; anyone who is released from the jail who has a St. Charles address can fall underneath, under this service.

Q: (Waibel) So where they go to reside? Or resided from? Marty can you tell us?

A: That depends if they were becoming homeless and living in the St. Charles district, they'd be living at Lazarus House and that crosses over into the services we would provide for Lazarus House.

Q: (Waibel) Right, right so it's where they are going to?

A: Right – if our first contact with them was when they were in the jail and they're released from St. Charles, they might fall under this but if they're released and they go to a home in Aurora, or Elgin, something like that, that wouldn't fall under one of these.

Q: (Travilla) It's fair to say there's always a little hitch on the side, that these folks at the time being of a St. Charles residence, regardless of the wonderful work that you're doing, but for the time being whether they're at Lazarus House or some other area in St. Charles, we're considering those St. Charles residents at the time of treatment, correct?

A: That is correct.

Q (Waibel) That's why I wanted to clarify, that they're only working with people post release for re-entry.

A: That is correct. I also want to add this is not just for those services, we're simplifying. Marty had me call out we're still providing those services for low income, no income St. Charles residents. These individuals, they don't have to be incarcerated, they don't have to be homeless. So, if there's a family that's going through some issues, a lot of times the school districts, they're not paying for that, the families are not able to pay for that, we're kind of the only ones who are able to provide those services.

Q: (Silkaitis) Last year you received \$31,673 This year you're requesting \$50,000. In the application it states if you're requesting 10% more, you need to justify, or offer some reasoning why you are requesting approximately 30% more than last year. I can't find a directive, where it says that, are you getting less funding from other sources or such?

A: I'll have Marty address this as well. First, it's the number of people projected to serve, since last June we've added a trauma therapist, that serves several individuals serving more of a client base than we had before. The building across from Lazarus House has been purchased from them, and we're going to opening up that directly for Lazarus House. What we're asking for is a fraction of what we're expecting.

Q: (Silkaitis) For the purposes of the application, if you could put in, pretty much what you just said in your reasoning for the increase.

A: Ok

(Waibel) Just put in in writing for next year is what he's asking. We would have liked it this year Marty and we appreciate if verbally, just if it could be included in the application, please, next year.

A: Ok

Q: (Weddell) I have a question, it says on your application here; timeline of scheduled activities, currently all services are available on a remote platform. Are you not doing in person services or counseling? Is it all through Zoom?

A: Yeah, so all of our community-based services right now; I wouldn't say all I'd say about 95% are Zoom based just because of the pandemic, Covid quarantine rules. I'm providing all services in-person in the jail currently and some in-person at at Lazarus House in terms of intake that might need to take place. But, for right now every service

is provided online. hoping to be in person, maybe within the next 3-5 months but we're waiting on the trends and the directives on that.

Q (Weddell): Ok looking, you're drawing conclusions about outcomes and the fourth quarter significant increase of risk factors, and you said it's going to continue on for this first quarter of 2021; so, do you see a causal relationship between being remote versus in person? Is there an efficacy there in terms of the treatment?

A: In terms of treatment the efficacy is an approximate and it is the same, the treatment works. The treatment works in a remote form and it works, obviously we would prefer to be in person; it works whether in person or remote. What we're seeing, call it global or call it a universal struggle an increase in risk factors and a decrease in effective factors. We are off the hook right now in terms of our phone, we have so many people in a struggle. We're not taking people out or graduating people because of this. This is such a traumatic year for individuals, and they are in such a high risk for relapse; based upon the events that are going on of the pandemic and mental health. But the truth is, it still works.

Q: (Waibel to another Board member) Were you trying to ask if the percentage of relapse is, is it higher because we're not in person?

(Weddell) With the social isolation, with the Covid protocols, the impact it's had on your population...

(Waibel) It's got to be higher right?

A: Right, yes, absolutely, and when we get done with this call here, I have four more emergency calls after this. We had an individual call us out of nowhere today and his first line was "I am going to kill myself." That was his first line on the phone with us. I'd say within the last month, we've had multiple issues with people with significant potential for relapses, but we're not seeing that because we're remote, we're seeing that because everybody is in a mental health crisis.

Ecker Center (Kim Petit)

Ecker Center has been servicing the community for 65 years. Services were transitioned to tele-health over the last year. Challenges faced and learned from this was the fact that they were unprepared and did not have the equipment to do this, but were considered an essential service. That being said, service levels did not decrease. Providing tele-health services gave their physicians ability to increase service. Providers were able to offer more appointments, clients did not miss appointments. A part of the reason, there were not transportation issues. Intake increased as well. Noted that at the end of April beginning of May they experienced a 58% increase with intake. They went from 120-140 calling for services to almost 400 a month. Programs continued virtually. On June 30, 2020 the full merger with Renz was completed. They sought both the merger and the new license with the State of Illinois that was needed, simultaneously so that there was never any suspension of services. Their new name is Ecker Center for Behavioral Health.

Q: (Silkaitis) Last year you received \$15,840 this year you're requesting \$145,000, which is more than two times as much, than you received last year. We've asked that if you're asking more than 10% to explain why you need this big increase in funding from the St. Charles 708 board. I don't see that. I mean you may have explained that, but it's not in the application.

A: I think we addressed it in the application do you know what question number that is? I know that's a very important question and we struggled to build that application out as we merged entities. After the meeting that we attended for the application process, we got the impression that we should fill the application out as substance abuse and mental health.

Q: (Waibel) Can I paraphrase? I think what they're trying to say is the application reflects the past agencies of Ecker and Renz, and so in totality we should be adding up the requests of both those agencies last year. Am I assuming that correctly?

A: Yes please do.

Q (Travilla): Are you still projecting to serve 178 St. Charles residents?

A: That's what we served last year.

Q: (Travilla) Ok, so that's true so potentially when I look at this, are we down to 150? If I'm looking at it correctly number seven, page eight number seven.

A: Ok so that would just be for ...

Q: (Travilla) and then 75 for the second so roughly 225 total residents.

Q: (Waibel) I don't want to paraphrase for Alderman Silkaitis, but I think what his point is, because it's such a difficult year, it's your first year combined; it would be good to make it crystal clear that this is a combination number, even on the first page. Can I paraphrase that for you Alderman Silkaitis?

(Silkaitis) Yes, thank you.

(Waibel) Does that make sense Kim?

A: Ok, yeah it does, let me adjust that in the application.

Q: (Waibel) No its ok but for next year, I would still recommend you also do that because it's going to take, I think, a couple of years for the numbers to kind of flatten out with the agency mesh that's going on. I think it'd just help us if you don't mind.

A: No, absolutely. Thank you I appreciate it. And there are some clients that we serve on both sides, both the mental health and the substance abuse.

Q: (Weddell) If I remember Kim, were you at the bidder's meeting last fall? Did you ask a question about this, when your agencies merged?

A: Yes that was me.

Q: (Weddell) Ok, last year the Ecker application alone had four priority funded supports, so you, it looks like you rolled all four of those, the psychiatry, counselling, case management, psychiatric emergency services all of those into that one outpatient care? So you consolidated them?

A: Yes, Mental health was one, and the substance, and then our psychiatry work.

(Weddell) Gotcha instead of having like nine priorities you put them into one.

A: Yeah, which I thought they prefer.

Q (Denz): I was looking at your page 18, your cost of services versus your reimbursement, your initial cost of service for like therapy, nursing service, psychiatric therapy, it's really on the high side and I was wondering how you came up with that number? Is it just that overhead is so high? Or does it have to do with the merge? I mean those cost-of-service hours are a little high.

A: Those are the cost-of-service hours that we bill. But if you look at the reimbursement rate that Medicaid pays...

Q: (Denz) Right, but what you bill out I think is on the high side compared to what other agencies bill.

A: I'd have to get background, but just so you know whatever we bill out, and whatever we get reimbursed, what we get, is what we get, we don't bill our clients.

Q: (Denz) Ok, I'm just saying that total difference number that you have on the bottom right corner, that probably seems fair that it might actually... I guess what I'm saying is the cost-of-service hours, like does it really cost that to provide those services? And maybe it does cost that much for your agency. You might have that much overhead or because it's merged?

A: No, those are recent it's what we've always charged. I'll have to research and get back to you.

(Denz) Ok I was just curious

Q: (Weddell) Section six page 17, you noted that you received funding from the Mental Health Board for the vaping program, but the vaping program was not implemented, and the funds are still available. Do you know how much of that money is in that vaping program?

A: I think it was about \$11,000

(Travilla): They requested \$10,000.

A: I don't know the exact amount. I'll have to check on that.

A: What I found out was, due to the pandemic and change of the school schedule they decided to go with a different plan which was more general overview that aligned with their social emotional learning standards, for the fifth-grade level students. As a result, 303 staff and Ecker Staff were working together to come up with a video presentation to be used with students.

Q: (Weddell) A video presentation for what?

A: For fifth grade students in St. Charles school district.

Yeah, so that money, we still have that money, and it has not been used.

Q: (Weddell) The vaping program, it was supposed to be for a high school vaping program, so... Can you check on that?

A: Ok we'll check on it.

FVSRA (Alex Engelhardt)

Alex recapped what had been goals for last year, which included a lot of staff training to change outcomes of interactions and reduce behavioral challenges, things like biting. Covid changed this plan, and a virtual program was launched. Alex stated Fox Valley was

one of the first SRA's to launch a virtual program. Now they are offering over 50 virtual programs per week. Individuals are joining for coffee in the morning at 8:30, as well as various exercise, foreign language and other programs are being offered. Different this year is identified many participants are in crisis, FVSRA reached out to all families they serve utilizing their entire staff do accomplish this. Findings were that the individuals that are served are having or had a rough year suffering from outcomes of isolation. One third of initiative this year to really offer that 1:1 support, actually 2:1 because they never have a staff alone with somebody for additional support. Then also, some IEP support and some staff training as well in behavior management are the three different initiatives for the year.

Q: (Travilla) Thorough application! Due diligence is the phrase that would come to mind.

Q: (Silkaitis) I do have one question on your budget, on your revenue statement, with the blue bar on the very bottom you list "mental health grants" we would ask that you actually break that down and make sure to mention St. Charles Mental Health Board. We want people to know that we donated to your cause.

A: OK we will separate that out for our fiscal year. \$6400 would have been correct.

Living Well (Tracey Nowicki)

Living Well is a Cancer resource center and as many organizations have had to make some changes due to the pandemic. They are requesting the same amount of funding as they have in previous year. They've added two more social workers who have been on site, in the cancer center, during the pandemic. Living Well has been busier than in previous years, part of that is attributed to the fact that caregivers and loved ones are not able to come into the treatment center with those receiving treatment so in some instances counselors have had to offer additional time to answer questions. One on one counselling is being done virtually and support groups are being done virtually.

Q: (Travilla) You mentioned last year, I'm looking at the last year, did you request \$10,000?

A: Yes, for both counselors and for social for so for both of them a total of \$20,000

Q: (Travilla) Ok, my error, our sheet only captured one of them. No worries. I just wanted to make sure that was correct so thank you for clarifying that.

Q (Silkaitis): So how much did they receive last year?

A: It's on an excel spreadsheet broken down each year.

Q: (Silkaitis) Oh so the \$14,800?

A: Yes

Q (Weddell): If memory serves me correct you had requested \$20,000 and we had talked a lot and \$10,000 was not approved. One of the difficulties is trying to differentiate between your priority one here, and your priority two. I think last year we looked at them as redundant or the same. Therefore, we disallowed one. So, if you

could please explain that a little bit better? The difference between one and two priority?

A: So, for priority one is for the social workers, we're requesting \$10,000 for their salaries and then the priority number two is the counselors and then \$10,000 for their salary.

Q: (Weddell) Your first priority for funding support says "social worker, crisis counseling and case management" number two says "counseling, program services" distinction in my mind, they kind of meld together as one.

A: So, the social workers are in the Cancer Center and then our counselors are doing 1:1, virtually currently counseling services with the cancer patients and their families. They also do the support groups. We kind of broke it down in the description too, for each of them.

Q: (Travilla) Thank you Tracey, we're just getting aligned that's all. Would it be logical to say, you want \$20,000 for counseling that would include cancer and parents, families, caregivers, and children facing any cancer journey? They both feel similar, no?

(Denz) I think that typically, and please correct me if I'm wrong, the social work that she's describing has more to do with case management, looking up resources whereas the other is more clinical work.

A: Yes! Thank you for that. Yes.

Q: (Travilla) Ok I love that, and I don't have your level of expertise; because they both say counseling and counseling for the non-expert and I'll just speak for myself on that; you might really say the social worker is what Cheryl just walked us through, the administration of counseling whereas your second priority is the therapy and practice ,so we can really follow your narrative because, I see on the one form that we only looked at \$10,000, we allocated \$7,388. Tracey is that wrong on your end? Just so we can get our numbers in alignment.

A: Yes, that is correct

Q: So, \$7388 was the right number?

A: Yes

Tri-City Family Services (Laura Poss)

Laura Poss shared some background on the mission of Tri-City Family services and the clients they serve; stating that they feel everyone should have the opportunity to receive affordable and comprehensive care in quality mental health services and emotional support programming. Sixteen percent of all the clients seen are from the City of St. Charles. In addition to counseling they offer many services that are not billable to any agency; but make a big difference in the outcomes for their clients. Many clients don't have any insurance whatsoever. Therapists started to report, at the beginning of the pandemic in March of 2020 an increase in need. A study that was conducted by the CDC; 63% of 18–24-year-olds reported symptoms of anxiety or depression and 25% stated they would seriously consider suicide. It's estimated that once the Covid crisis is over at least 10% of these young adults will have long term effects from these mental health issues they're currently dealing with. Clients report

feeling more anxious, more isolated and depressed. They're reporting it is extremely difficult to manage their job, their kids learning. Many of them do not have the resources they feel to help with their children's learning and that they're expected to be able to adapt to huge change. We are very used to dealing with people with high anxieties have to work very closely with police departments because of the higher numbers in suicidality. Students are missing graduation, proms and social gatherings are being missed. This is having damaging effects of people's well-being. Numbers reported are increased on the suicide line. Some teens are reporting that because of their parents' job loss they are seeking jobs to contribute to their families' income. Conversely, families are sharing more meals together at home. Tri-City Family was fortunate to consider some of their programming with the school district.

(Waibel) Thank you for coming on at this late hour. Your statistics were sadly startling, but unfortunately, not surprising during a pandemic. We have heard from all of our organizations that much has changed this year, sadly for the worse. We know that there's a need in the industry for assistance. Thank you for the stats because it was one of the more comprehensive presentations in regard to data. We appreciate that. I don't really have a question for you. I just wanted to state that.

(Travilla): Your application was just very well written. It flowed, for me, all the way through, and I appreciate that.

Q: (Waibel) We appreciate the work that you do, we know that you work with a large quantity of St. Charles residents. I guess the only question, we've seen the St. Charles residents' morph and change so much over the years, I know we had years where you were like 2100 and now this year, you're 600; the differentiation this year, can you expand on it as to why the numbers are 600 this year?

A: Absolutely, you may have heard this from some of the other agencies, when we pivoted in March in response to the pandemic, we were able to set up tele-health services within 72 hours, which was crucial for us to do for the staff as well as the clients. What happened across the State of Illinois, is this was reported as, I don't know if you are all familiar with the trade association it's called CBHA – Community Based Behavioral Health Association? We go to those meetings on a regular basis they help us advocate, and they really help us in particular with the State of Illinois. They reported that Statewide there was a dramatic drop, of the people that were seeking mental health and substance abuse services. It was almost like overnight. Everybody was kind of communicating about their job, and their kids being sent home from school, all of a sudden transferring their work to remote, it wasn't surprising when we heard not only was it going on in the State of Illinois, but it was also across the country and in connecting with other executive directors. Our numbers were almost staggeringly exact at 30-31%. A lot of people were just like "ok I'm just going to wait this out" or "I'm on the waitlist and I don't want to do Zoom." A shocking amount of teenagers didn't want to do Zoom. Summer the same thing kind of happened because school was out, so we didn't have a lot of the referrals from school, people were still getting used to the pandemic and I think, again, we didn't know we were going to be here a whole year

later still; and in consulting other executive directors the summer would be shockingly slow compared to what we thought was going to happen. If you would have asked me in June what I thought was going to happen, I would have told you that people would just be running for mental health counseling and running for substance abuse counseling. Instead, what happened, the numbers picked up dramatically in September; but from March through the summer, we all remained pretty slow. People weren't really coming to see us, some of them opted to just wait it out, and then I think we were going back to school, the pandemic dragged on, people were losing family members, there was no vaccine in sight; agencies in Aurora and Elgin, we're a pretty tight knit group in Kane County and now what we're seeing is that from fall on, we have more demand than we can keep up with. At the same time that you have this happening, you have a fair amount of therapists at each agency who found private practices, they were scared about their own safety, even though at Tri-City we were one of the more conservative agencies as far as we met our team with more tele-health, not making staff and clients come into the building while we consulted with our board. There were opportunities for therapists that were out there, to stay home and do it from your living room. So, if you combine those two things there probably were more lucrative opportunities out there for our therapists. Now that what I can tell you is that we've gotten more people on the waitlist than ever, more demand than ever. We just hired three new therapists. We could probably hire a couple more if you know anyone that wants to come work here so I think that we are going to be incredibly busy, incredibly stressful for our clients; everything's catching up with people now even though they've seen those things for healthcare workers, they're not really going to the rest of the population so when I was talking about the suicidal ideations being, literally in the last couple of days we have to contact state help and police departments for individuals who've called and didn't identify themselves. We're dealing with some of the most chronic mental health issues that I've seen in my 25 years. So, while there was that lag that Carolyn was mentioning, now it's going to catch up with all of us big time, and next year, it's just truly going to be a pandemic of epic proportions on the mental health side. I guess does that answer your question?

Q: (Waibel) Yes.

A: I mean it's sad but it's true. That's what we're going to have to keep up with.

(Waibel) I appreciate your honest response. It's a lot of what we've heard tonight and what we've heard from our agencies over the course of the year.

(Travilla) Thank you so much. Michelle, I want to make sure I recognize you as the author of the application too, I mean great job! It's the details that matter and you've got them all.

(Weddell) I'd like to give you a commendation on your application and the end of this number 13, mentioned you're up in your Mental Emotional Wellness Program that you had 3015 views on Facebook, and 128 Instagram likes. You're the only person that's mentioned social media in your application. That's a very positive outreach tool nowadays. Well done.

708 Mental Health Board
February 23, 2021

6. Adjourn

Chair Travilla requested motion to adjourn.

Motion by Silkaitis second by Waibel

Voice Vote Aye: 7 No: 0

Meeting adjourned at 10:20 PM

ADA Compliance

Any individual with a disability requesting a reasonable accommodation in order to participate in a public meeting should contact the ADA Coordinator, Jennifer McMahon, at least 48 hours in advance to the scheduled meeting. The ADA Coordinator can be reached in person at 2 East Main Street, St. Charles, IL, via telephone at (630) 377 4446 or 800 526 0844 (TDD), or via e-mail at jnrmahon@stcharlesil.gov. Every effort will be made to allow for meeting participation. Notices of this meeting were posted consistent with the requirements of 5 ILCS 120/1 et seq. (Open Meetings Act).

