

**ST. CHARLES 708 COMMUNITY MENTAL HEALTH BOARD
THURSDAY FEBRUARY 27, 2020 – 5:30 P.M./6:00PM-10:00PM
MUNICIPAL BUILDING, COUNCIL COMMITTEE ROOM/COUNCIL CHAMBERS
2 E. MAIN STREET, ST. CHARLES, IL
MEETING MINUTES**

1. Call to Order

Chair Waibel Called the meeting to order at 5:27PM

2. Roll Call

Present: Cohen, Denz, Gacic, Silkaitis, Waibel, Weddell

Absent: Travilla

3. Action:

A. Approval of Minutes February 6, 2020

Motion to approve by Gacic second by Silkaitis

Voice Vote Aye: 6 No: 0

Motion carried

4. Chair Report

Chair Waibel shared information learned about SB2962 sent from the Inc Board; Chair Waibel advised the board that after talking with Mayor Rogina, a witness slip was signed on behalf of the City of St. Charles 708 Board stating they were opposed to this bill. This bill discusses taking up to 20% of a “708 County Tariff” which is subject to some interpretation. The bill at this time is shelved for this term but may come up again in a later term.

5. Old Business

A. By-Law Edit and Vote

Motion to approve the by-laws by Gacic second by Weddell

Cohen yes

Denz yes

Gacic yes

Silkaitis yes

Waibel yes

Weddell yes

Voice Vote Aye: 6 No: 0

Motion Carries

B. Misc.

Board member asked for clarification on methodology for rubric scoring. Will the highest and lowest be removed or will the total score be added and averaged?

Round table discussion, they will average the scores from the rubric.

Also asked, if a board member needs to recuse themselves should they recuse from scoring and not vote or recuse from all activity? It was decided, if necessary,

708 Mental Health Board
February 27, 2020

to recuse from an organization; the individual will recuse from all activity related to the organization.

Board member asked that it be noted applicants should specify City of St. Charles 708 Mental Health Board. Many do not.

Barb Gacic asked the board to reconsider joining ACMHAI and shared a round table, information on what ACMHAI monitors and offers to local 708 Mental Health Boards. The discussion will be revisited at next meeting.

Board member raised a point for current applicants who showed not spending full amounts of funding from last year for purposes outlined and then on a current application show those funds distributed for other purposes or activities.

6. New Business

A. Presentation to Council and Vote

Chair Waibel discussed a presentation made to the City Council. Round table discussion on whether or not to present the request to City Council to seek additional future funding. It was discussed that the topic will be revisited once the board has decided on allocations for organizations at next week's meeting.

B. Organizations Presentations

Chair Waibel welcomed the group to the meeting and introduced the 708 Mental Health Board. Chair Waibel discussed the total amount of funding requested versus amount available to bring awareness to the organizations.

6:00 PM Easter Seals – Theresa Forthofer & Kelly Moreland

Theresa Forthofer discussed the patient population Easter Seals serve as well as their various locations with their Elgin facility being the likely location seeing patients from the St. Charles area. It was highlighted the separation between Easter Seals the National Organization versus the individual small 501©3 organizations that operate at local levels.

RS: Do you have your application in front of you? On my copy there's no signatures on the application. It's not signed by anybody or dated.

Theresa: You're right, it is not.

CW: I think Mr. Silkaitis was wondering if there is a specific reason that it's missing a signature? We are now requesting these electronically, so I didn't know if that was a constraint for your organization to have an electronic signature?

Theresa: I apologize I cannot speak to that. Eric submitted the application, there should be no reason there isn't a signature on it and I apologize for that. Can I sign it now?

RW: Theresa you mention in your application 44 St. Charles residents were served, and are disproportionately affected; were these children from lower income or was that not part of the demographic?

Theresa: When we're looking for funding, it's usually children who are on Medicaid, or have minimal or no insurance.

RW: Ok. You also mention that there are 1413 children in St. Charles alone. Are these children being serviced now? Are these homeless children?

Theresa: The 1400 is for our entire service area. St. Charles is about 2% of our entire population of our service area.

RW: Alright, do you know if they're receiving service somewhere?

Theresa: Yeah in a year we served 3200 children across our geographic territory. So the 42-45 that we're servicing are specifically to the Township Area.

CW: And so were you asking how she got to the 1413? We have a question in your application.

Theresa: Which page?

CW: On page 4, question 2, second paragraph down; the CDC estimates, that last sentence it starts there, it says there 'we serve 1413 children in the City of St. Charles alone' I think Mr. Weddell was curious, I don't want to speak for you but I'm trying to translate.

RW: It says 44, you've identified 1413 children in St. Charles

Theresa: yes, and many of those children are being served through the school district and through other service providers.

CW: So those are 1413 who fit the demographic of need for Easter Seals?

Theresa: Correct

CW: But they may or may not be served by Easter Seals?

Theresa: Right and that may be because they have other service providers, most specifically the school district in Early Childhood Programs and in Kindergarten through elementary school. A lot of the children who get services through the schools, which for many families especially in the early childhood programs is beneficial because of the transportation and other barriers that handles and provides the transportation. We work with schools, but if the child can be serviced in their own school district, that obviously a benefit. If they're really complex, they typically come to us.

CW: Ok

MC: My question is on page 7 number 8; talking about the unit of service hours, and in that, the last sentence, the total does not reflect the services provided both of that wasn't included, the parents and families would be reported to, I know that the program is just for the children, but I know that wasn't included and how many hours would that be given to the families?

Theresa: Interesting you ask because when I was reviewing the grant, I had a note there asking the same thing and you know we're estimating about 2160 hours total would be a better representation of the total services provided.

CW: Do you have any questions for us regarding the application? Is this something you'll be filling out now?

Theresa: Probably, we just hired a new V.P. of Development, her name is Kelly Moreland. She's been with Easter Seals 11 years. So, I will be working with her over the next application and then she may be taking it from there.

CW: I just wondered if you would be reviewing it as well.

708 Mental Health Board
February 27, 2020

Theresa: Yeah it was pretty straightforward. That was a question that you just asked that jumped out at me as well as I was reviewing, it didn't seem like an accurate reflection of the services provided.

CW: Does anyone have any more questions?

6:10 PM Fox Valley Hands of Hope – Beverly DeJovine

Provides compassionate support and guidance for the grieving youth, families and adults. Fox Valley Hands of Hope has approximately 26 programs that go across bereavement and grief services. Funding being sought is for those programs. Next year is their 40th Anniversary.

CW: Did you want to share with us anything in particular that you're doing new, or interesting that you might want to share with us?

Beverly: I would love to share some things that we're doing. We're really focusing on our core programs right now which is bereavement and grief counseling. We do other things; we have an equipment library that comes in. We have a number of other things that we're doing but we want to focus particularly on the youth and family focus. We have a number of programs for that such as Herbie's Friends which focuses on families. Or Grief Takes A Hike you're certainly familiar perhaps with that. We've been doing that for a while. In addition, we are really taking a look at expanding our 1:1 counseling; long term counseling so that we can leverage the capacity of our social workers for that without a break in social work service for someone who's needing support from a transfer over from someone else. We're looking at how do we ensure continuity if you will, for support for that and that's something that's new that we're looking at for this year.

CW: Thank you

Beverly: You're welcome. I'm welcoming your questions.

BG: Do you have your application in front of you?

Beverly: I do

BG: Ok. Page 5, I have two questions, number 6 the projected total served is 1000 where did that number come from? As I was looking through, I couldn't find that number.

Beverly: Our total client count last year was 2257. 1000 of that is straight bereavement or grief services.

BG: Ok and then on number 7 projected number served of St. Charles residents, you've got 200 listed there but on the front page; bereavement program it says 300 of St. Charles residents served. So I was just looking at the continuity.

Beverly: Accurate number is 200. We can certainly correct that, I apologize for that but it is 200 that's our percent that we serve for St. Charles instead of the 300.

RW: You list 110 volunteers so if you add the 20 that's what I've got but in terms of the application, the bereavement support program is a designated program and a priority of support

Beverly: Yes

RW: Ideally, it'd be one or the other, so if your program is including volunteer support training in volunteer education and other groups, it'd probably be good to

put it under priority funding and support. In ideal it'd be one or the other, probably be good to put it under priority funding and support

Beverly: Ok thank you. We have a mix of social workers in addition to trained volunteers, and a lot of our focus right now, we are moving it into this longer-term counseling component. We're grateful for the volunteers that we have that can extend out, but in some cases especially when we work with schools we cannot send in volunteers. It has to be a social worker to do that work and so we're sensitive to that. But thank you.

RW: Did you correlate your report for both the third quarter and the fourth quarter?

Beverly: Yes

RW: To identify groups and activities?

Beverly: Yes

RW: That's real good we're trying to get organizations to look at that kind of data now if you attach it to, in terms of the money you were awarded last time, break that down that would be a little more helpful.

Beverly: Alright

RW: Because we're trying to get a little bit more accountability on that in terms of programs and the number of people served and the cost of that program

Beverly: Can I tell you something that we're doing that's going to help us immensely with that? Fox Valley Hands of Hope has never operated with any kind of electronic or digital database and so this year we are installing a really clear database so we can electronically and digitally track everything and pull it to a number; where today we're on spreadsheets and they're at least a mile long and people have their heads in it all the time. I want their heads out there and working with people, so we're putting in a database that's going to allow us to do that so much easier. So, I just wanted to let you know, so yes, you'll get that.

CW: That will be really helpful. I was going to ask you; your fiscal cycle doesn't sync with, necessarily, our application process. What is your fiscal year?

Beverly: Our fiscal year runs from February 1st through January 31st, so it's offset, we're in conversations right now with our CPA's to change that. We're looking at what's it going to take to put us on December 31st. We have a deadline when to do that, but we're examining that so we can be like everybody else.

CW: So, we just received your budget thank you for that

Beverly: Right it is difficult to have a review and then go back.

CW: I just wonder until you change it. Would that be helpful, so we have it all in one place? So you're still on your fiscal February to February? Just resubmit what you emailed us recently for that application presuming you'll apply again; I don't want to make that presumption.

Beverly: OK

CW: and then if you do change your fiscal cycle then you'll be more in sync. It will be a shortened time frame.

BG: It will be a shortened tax filing

Beverly: It will be a shortened time frame so it's going to jumble everything up.

CW: Do you think you'll change by next year?

708 Mental Health Board
February 27, 2020

Beverly: I would certainly hope so.

CW: Ok. It's suggested in case you don't

Beverly: We're working through that.

BG: But it's a short year and then you'll go on, so you'll give us two different budgets.

Beverly: Two different budgets.

BG: ok thank you

CW: and then when we talked about funding; page 7 number 14, that was one of the suggestions I made at the beginning about breaking out our St. Charles 708 Board specifically that's helpful because we didn't have the budget in front of us so it was even more difficult to kind of ascertain what comes from where

Beverly: Right

CW: and then, if you could in the future expand on number 3 page 4; I would love to hear more about the different programs that cater, the program length, the process of it, maybe more specifics

Beverly: Absolutely would you like a supplemental so that you can understand it?

CW: No just feedback for next time..

Did anyone have any more questions?

Beverly: Thank you for the opportunity, I appreciate it.

CW: We wish you the best this year.

6:20 PM Tri City Health Partnership – Kim Lamansky

The clinic is going through a lot of changes including bids for an expansion project. They are up 17% this year from last year in terms of patient load. They are seeing about 19 patients per day with a staff of 6 employees. The biggest transition was moving the front desk person they had, to a care coordinator role.

CW: That's really exciting; and I just want to commend you on your application. You do a really good job on it every year and we really appreciate it.

Kim: Thank You

CW: You guys want to start with questions?

RS: On the front page you have 325 St. Charles residents in 2019, but you're anticipating 226 this year?

Kim: Well no, I'm expecting more patients, but I think that was broken down for the program itself. We have 325 total patients, I believe from St. Charles, and so I gotta do the math, right, so 226 is actually that will be those that are in the care coordinated program. So we had a total patients last year of 498, or 465 and we upped that to 498 when we added our extra 7% which we're going to surpass that. The percentages worked out to be 68% of all of our patients are St. Charles residents so the 68% of the 498 was 226. Does that make sense?

RS: Yeah, it's just hard to read with this. I'm looking at the numbers, strictly the numbers.

Kim: Got it. I thought I described it, I tried to spell it out because I need to do that to get it right for me.

MC: I have a question, it's on page 8 of the budget that you provided; so in that you're requesting \$15,000, for me I didn't see all that money going directly

towards residents of St. Charles, can you talk about 12,000 for general operating expenses?

Kim: We factor about \$204 per patient that is our onsite cost. That's factoring in everything from medication to overhead. General operating for us is our biggest expense. We're all volunteer based, we have, again 6 employees but anyone that comes in and treats, is a volunteer. We have one nurse practitioner who is a paid staff; the rest are all volunteers, so the operating costs really are truly where the bulk of our expenses go. We're constantly looking for more volunteers to help treat, especially in this area because we don't have any behavioral health volunteers at all. None, everything that we do we have to find resources; but general operating works out to be about \$200 a patient just to cover, to get the lights on

CW: And that's what I was going to ask you; on question number 3 on page 4; you're talking about outsourcing or referring counseling?

Kim: Yup for in depth.

CW: None of your partnerships have that for providers? So you don't have any providers, you have dental, medical, but nothing for severe behavioral?

Kim: Correct. We don't; and so we do transfer those out. The biggest portion of what we're doing with this is going to be in the screening tools that we use.

Trying to make sure that we are monitoring anyone that is scoring high on some of our PHQ9 testings. We had a woman the other day who scored a 27. We sent her to CDH immediately. I mean there's nothing that we could do and I don't know that anybody wouldn't want to send somebody like that to the hospital. For the most part what we will do is the screening tools, and then we will monitor them onsite and then follow up with the care coordinator. If you know of any volunteers that want to come and help us out that's where we need the biggest help.

CW: Anyone else? Kim, do you have any questions for us?

Kim: No, I don't think so, just keep us in mind with volunteers.

CW: Thank you so much for your time.

6:30 PM TriCity Family Services – Laura Poss

TriCity Family services is asking for support in three different areas; counseling, emotional wellness and vaping intervention cessation and prevention programs.

For last FY2019 St. Charles 708 Board funds enabled them to serve 1224 residents in the City of St. Charles across all lines of service. Twenty five percent of all clients seen at TriCity Family Services are residents of the City of St.

Charles. In the counseling program clients received 2710 hours of service last year for a 17% increase in the number of hours of service provided.

A new program being introduced under the counseling umbrella is a mentoring program for children, adolescents and their families allowing kids to go out into the community with a trained mentor for up to 21 hours a week doing fun activities with a therapeutic component. This is an adjunct service to counseling. The hope for an outcome is that it will move the therapy along and help it to be more successful. This year they are receiving 22% less funding from Fox Valley

United Way. United Way all over the country has been suffering a loss in funding unfortunately. They've also changed their mission and that now includes only funding families who have a child that is 5 and under and while that is a population served, it does change the structure of funding received.

Also highlighted were several community programs including many programs serving various school age members of the community including participation in high school programs.

CW: Thank you if the team has questions?

RW: Yes. Your page 4 with the description of the program, I think it's very well done. Just a couple tips on our application process, where we start with number 1; you go through 1-14 on Priority 1 which is great, but then on the end of page 7 you go on with 15; when you go to priority number 2 can you please start with number 1 again? And then do the same priority number 3, 1-14. It helps me when we cross reference.

Laura: Oh okay. Gotcha, so start over with 1 again.

RW: Yes thanks, for each priority. Your priority number 2 on emotional wellness program, goes over to page 8 you list specific activities that's a very good write up, if I could ask you to move that over to the specific activities section which would be number 17 on page 9 for the priority number 3 specific activities; all these groups, we're getting standardized among the different agencies we know it's a new application, well now our second year

Laura: ok, gotcha so to describe the specific activities

RW: All those emotional wellness program, workshops, you plug them into the specific number 3

Laura: Yes, gotcha

RW: and then on the budget on page number 11 you've got the budget here for emotional wellness activities same with actually priority number 1 you have an aggregate budget of \$169,000 for priority number 2; you're asking us for \$16,415, so if you would make that budget specific to the \$16,415, and the same with priority number 1, line item number 10 that would be on page 6-7, you give us a budget for \$1.3MM which is your overall agency budget, give a specific budget for the \$200,000

Laura: So, make a specific budget for each that makes sense

RW: Thank You Ron that was helpful

BG: I've got one question; page 13 number 35 and it's not really a question it's more of a clarification, for not only you but for the other people in the room, when you're saying St. Charles residents, make sure that you're talking City of St. Charles residents.

Laura: Yes. I think when Miranda wrote that is what she meant to say is obviously because it was the City of St. Charles school district they would all be residents of St. Charles, but we will break it down and keep track of the data so that we know exactly how many of them are residents.

BG: Right because there's a lot of the school district that are not residents of St. Charles.

Laura: Absolutely

CW: Mrs. Gacic if it helps 34 actually has the wrong estimate, it is a low estimate for the number of students so

BG: Oh ok

Laura: Oh, that's good to know

CW: Yeah so in might even out, but just so you might want to check your estimates on 34.

Laura: Ok

MC: How do you identify if you're at the high school doing one of your for your family initiative, there are a lot of South Elgin students that go to the high school.

Laura: Yeah so if we get funding for this what we're going to do is sit down with Renz because they have done this before and I think instead of reinventing the wheel we'll find out how they did it and then we'll make sure you know whether it's an informational sheet that we give them so that we can identify who the school is recommending because we'll be going in part, by school recommendation so we'll be able to break that out and make sure that the funding goes towards the students; and then if there's students that want to join that aren't from here, we would use separate funding and figure that out. So, I figure Renz has got a good answer for how they roll that out.

MC: My last question is on page 13 with your budget that you have for your vaping initiative; you have \$3250 for "other" . Can you talk more about what that other is?

Laura: Yes, so that would be materials, training, what else did we put in there? Any type of training materials that we need, the training that we have to hire with Renz to work with our staff because everybody that's going to be participating in this is not going to be as familiar with substance abuse and that vaping cessation as they are. That's an estimate, so obviously, as with all of our dollars, we are very frugal, so that was an estimate, and should it be less than we would obviously let you know.

BG: I've got one more question; when is the trek application, when does that open up?

Laura: When is the what?

BG: The trek, the 6th grade girls when are the

Laura: Oh, the application?

BG: Like when can they register for it?

Laura: (to Eric) Do you know when they can register? So, they probably start doing it like after the beginning of the school year.

BG: Okay I actually went online and printed out what it was and gave it to a gal I work with.

Laura: Oh good!

BG: because she has a daughter who's going to be in 6th grade and I said, 'she needs this!'

Laura: Anybody who's lived through 6th grade will tell you; you need a group to help you out. But I think like October Michelle rolls it out so we have plenty of people that can go.

CW: Thank you so much for a very thorough presentation

6:40 PM St. Charles Police Dept – Charles Pierce

Since 2005 they've had a part time social worker they contract through AID. The St. Charles Police Department is finding they are responding to more and more mental health calls. They are seeking to put a full-time social worker in place with the police department. The goal would be to offer a "warm hand off" between the call they answered, the individual needing assistance and the organization best suited to serve the individual.

RW: Actually; you helped to answer one of the questions; you skipped a data point field here which described the need for the program, but you just described it so I wanted to give you credit for that.

Officer Pierce: Yes, thanks.

CW: I do have a question, with the part time now, can you estimate how many calls you think you get a week or a month that you think might have a need for full time?

Chuck: Thank you for bringing that up. In my preparation for this I pulled a lot of reports, while I wasn't able to get a hard number on that; I would say at least two calls a day, perhaps up to five calls a day.

AID Representative in Gallery: 438 people were served for FY19, in the two days a week she is there now as a part time person. So, if she was there full time...

CW: Let me do some math, it averages out to about 4.2 calls per day if I do the math.

CD: And your social worker doesn't do ongoing services, you refer out?

Officer Pierce: That is part of it so yes, there's transfer into long term counseling.

RS: On the application, front page you have a number of St. Charles residents served and you list the population of St. Charles, but on page 5 bullet point 6 you listed 1000 St. Charles residents? That's what you would probably serve? 1000 for the next application?

Officer Pierce: yes, thank you I'm taking notes as I'm showing my amateur status this is my first-time filling that out.

CW: So, with 4.2 calls a day times 5 days a week times 52 weeks, it's 1092

RS: Interesting

CW: So yes, I did your math.

Officer Pierce: So, page 1 should be the same as page 4?

RS: 5

CW: Well it's important that we have that estimate only because when we do report back to the City, yours was one of the ones that I'd left out of how many people we've served in St. Charles estimated because that's a percentage of the city that we help. Now we can't exclude duplicates unfortunately but right now, I don't remember what the number was it's in the other room but I think it was like 4400 people, but yours was not included because we didn't know how to get to that number but now I have a number so that would be a lot more, I mean we're in the 5000 range of potentially helping St. Charles citizens. To answer another question that I've asked privately, about what percentage of your calls are not St. Charles citizens?

Officer Pierce: So, I did the numbers and just from May 1 until today I came up with 7 referrals that were not, per se in the City residents. However, they're all either tri-cities, or lived in the county, but again they all have to do with something in the city so, we had a home invasion where the girlfriend was staying at her boyfriend's that lived in St. Charles and she was the victim she lives in South Elgin but she was a victim here in St. Charles. We have the ex-wife who lives with the kids in town, she passes. Husband lives in the Valley View we offer him services but again the wife had lived here in St. Charles. So there are 7 of those that everybody either directly has a connection to St. Charles or live in the St. Charles mailing address.

CW: Just to be clear, that is a very minimal percentage. Ok so we gave you extra time because you are a new presenter.

Office Pierce: Thank You, I tried to speak fast.

CW: So does anyone have any questions? You still have some time.

MC: So for your first time you're asking for \$60,000? For the full-time counselor? How did you come up with that figure?

Officer Pierce: Yes. Full time. That is the salary. We will still be contracting through AID. That is where we will be getting our social worker and that is the price for the salary for the full-time social worker. That's kind of why I didn't put a budget in there because the \$60,000 is going to go straight to the salary of the social worker and that's it. We'll pay for everything else.

CW: What other expenses come with a full-time social worker that the police department would be responsible for?

Officer Pierce: Well we provide an office, we provide the computer, equipment, the pens, pencils.

CW: What about the transportation? How would they do transportation for calls?

Officer Pierce: Either we drive them if available, but like just today and I didn't tell my second story, just today Sandra ran out of the building to a domestic on Prairie Street in her own car and helped facilitate that young lady to Lazarus House where she needed shelter; and her child.

CW: That's a good thing you were available. Ok anything else you'd like to share?

Officer Pierce: I have one question for Mr. Weddell; what page were you looking at that I need to get better on?

RW: It was just page 4 if you go to number 1 to describe the general purpose of the program, and then it skips to describe specific activities which would actually be number 3. So, in the application there's a number 2; number 2 data point is to describe the need for the program.

Officer Pierce: Oh ok, and is it blank or is it that mine just does not have 2?

RW: it looks like it skips from 1, you could still label it number 2, as the specific activities of the priority of the program but that's actually number 3.

Officer Pierce: ok

CW: I was wondering why your numbering was off.

Officer Pierce: alright I will look at that

RW: But you described it perfectly

708 Mental Health Board
February 27, 2020

Officer Pierce: ok

CW: alright thank you very much, I know it's your first application, but I appreciate you very much and the time you put in

6:55 PM BREAK

7:05 PM Lazarus House – Julie Purcell

Lazarus' house has been consolidated from three buildings into one. The building at 308 Walnut was sold to Lighthouse Recovery. They have a clinician coming in one day a week to work with guests which removes barriers for traveling to and arriving at appointments on time. Lazarus House is now offering AA Meetings from 7AM-8AM every morning on site. They have been operating at nearly full capacity recently housing between 57-63 guests this last week.

CW: Thank you so much for the update. I know there's a lot going on over there. I have a quick question and then I'll open it up to the team if that's okay. I want to go back where you talked about trauma informed training. Which is great, are you specifically talking about ACES when you're talking about childhood trauma?

Julie: That's part of it. Yeah, we've gone through the whole ACES training, and how that works, some of our director level, we went down to Springfield and got trained in that, and then we've come back and shared some of that training with our staff. We've also had Ryan Dowd come from Hesus House. He came and did a presentation for a bunch of Kane County, we hosted a Kane County wide training center/ training period for them to come and hear Ryan Dowd present on some of that as well.

CW: Great so when you guys are doing that, you're referring out because you don't have in-house services for counseling?

Julie: We have the one clinician that comes in for mental health services, one day a week she comes in on Fridays, but we are then referring out, yes.

CW: Alright great thank you. That's good stuff.

RW: Page 5 number 7 your projections, you list the number of St. Charles residents to be served, you said 135 residents to be served, you anticipate 82 of those 135 to require mental health services, addiction services so that's like 61% of your service population from St. Charles. On page 7 items number 10, budgeting, that's helpful that's kind of a narrative which is ok, but sometimes if you're able to provide a little bit of a line item, it says state funding we're requesting \$8294, an overall running narrative is good but what we're looking to get some more data points on the actual data, which leads into the final section 6 which is on page 13, you give a good summary, because we have different fiscal years with the agencies, you know the City's is May 1st through April 30th; you give at least 6 months of data. When I looked at last year you received \$50,000, but how that would break down in the 6 month time frame, I see numbers like \$210,000 for FY20, below that I see homeless prevention for 33 if you're able to tailor that specifically on that allocations number to the money that we gave you, even if you just do it on a 6 month basis...

Julie: For that same question on the other page is what you're saying?

RW:

Julie: ...so you'd like to see more than that? Is that what you're saying? ...we take a night of service and for FY19 it was \$55 a day and that changes from year to year based on what's going on in the shelter; our auditors come up with that number.

RW: For everybody that's requesting we're trying to see how you spend the money for this year. That's what section 6 is supposed to be for; specifically, out of the X amount of dollars you got, how was that money spent?

Julie: Ok so for the prior fiscal year?

RW: Correct the prior fiscal year. You could only account for maybe 6 months because we're half-way into your fiscal year.

Julie: Right

RW: Which is fine.

Julie: So you'd like to see more than that?

RW: We'd at least like to see, out of the \$50,000 received, how did you actually spend the money?

Julie: Ok and what we do, is we do it per night of service. So we took a night of service and for FY19, it was \$55 a day. So that's how that's broken down, so we could, and that changes from year to year depending on what's going on in the shelter and our auditors come up with that number based on what our dollar amount spent; so \$55 a day we're doing it times how many nights of service. So that's per guest.

RW: ok then so your number 10 you're saying is projected \$55 a day. So you're projecting \$55 a day for this fiscal year, but your past expense is still \$55?

Julie: Correct

RW: ok that's fine

Julie: Does that make sense? Am I answering your question?

RW: It does. You usually expect some kind of an appreciation or something.

Julie: Well for example, the year before it was \$63. Because it depends on our timesheets at work, so like a case manager, our time sheets when we are working directly with a client, with a guest in Lazarus House, it's going to go in that case management category. If they're just doing general operations of the shelter it goes in operations. So that's how the auditors figure out what it costs us per day, per guest. For a day of service. So it's just how the auditors figure that out from how we put it on our time sheet and it changes the year before that it was \$63 and the year before that it was \$55 again. So it just depends on how much of each person's time is spent directly serving the guests.

CW: And that would make sense as to why you're asking similar funding because your per day, your per diem is the same. Your cost per guest is the same.

Julie: It is, the per guest is the same.

CW: So, it would vary depending on the number of guests, but your per guest would be the same.

The one thing I will say that I think the board appreciates is what you're asking what you know you need, so the amount is appropriate to what you'll be utilizing. We really do appreciate that in your application.

708 Mental Health Board
February 27, 2020

Julie: Thank You

CW: Anyone else?

BG: Just a compliment on how the building turned out. It's really gorgeous.

Julie: Thank You, yeah Barb came and saw it. It is, it's nice and it's nice to be cohesive all in one building because you know if our guests need something to be notarized, again it's just a hop skip and a jump you know for all the different services to have them in one building.

CD: When you said that 82% would be St. Charles residents and that the mental health will utilize mental health, how are you figuring that out; are you screening when they come in?

Julie: That's a great question. When they come in, we do have an intake screening, so if someone is already getting mental health services, or if they're under the care of a doctor for mental health or they're getting substance abuse services, we're screening for that upon intake but also, sometimes our guests aren't always as honest when they first come in, they don't really want, they're afraid if that's going to jeopardize their shelter. So a lot of times they won't be, but case managers will find it out through time and then we use a county wide data base it's called Service Point, and all of those types of needs go in there so we can easily run a report that will show us how many people and that's what we do for this application we run it and we use the parameters of St. Charles residents with these specific issues and we can pull all that up out of our reports.

CW: Alright thank you

7:15 PM Suicide Prevention Services – Kari Evans

Requesting funding for educational presentations and training, group counseling and hotline services.

RS: On your application page, and I brought this up to another organization before, there are no signatures on there.

Kari: ok

CW: Is there a reason in your organization, with the electronic submission

Kari: Yes, we cannot.

CW: You cannot ok.

RS: That needs to be noted on your application somewhere. For me to judge this, I mean, my quandary is there's no signature.

Kari: Ok would you like to see my bosses' signature?

CW: No, and I think that was one of the questions that a few of our applications that didn't submit signatures is we're still not sure of every system in every organization can handle electronic signature because now we're mandating submitting it electronically so we're just clarifying that with the ones that are absent, correct Mr. Silkaitis?

RS: Yes

Kari: Ok so I have a question, on some of my other applications, I am able to get the signature page, and then make a copy and then have that attached. Is that acceptable? What if I just had the whole application and then connected a signature page? Do you follow that?

CW: You mean, and sent it in to us?

Kari: Yes

RS: My opinion no because it's not, you just have signatures with nothing to reference.

Kari: Ok

RS: They need to be on this page

BG: Well what I'm gathering she's saying if she made a copy of this

CW: Because you don't have capabilities, you're not going to – we understand

Kari: ok

RS: Right but a signature of who wrote it

CW: But what you could do for future years, is get a hold of Sharon Bringelson her name is on the application and you could fax in the one page, and then when she makes packets for us she might be able to include it in the people that get paper. She wouldn't be able to include it in the electronic flash drives. So some people would have it. We're just trying to streamline it all electronically. The other thing too you could do is if you had capabilities to scan but some people don't have that either.

Kari: Ok alright

CW: We don't want to get caught up too much on semantics but we're just giving you some ideas.

Kari: Thanks for giving me a heads up

RW: In terms of page six when you start priority number 2, if you would please go back to number 1 so the priority number 1 would have 1-14, and then priority 2 would then restart with 1-14, then priority 3 would have 1-14 that way we don't have a rolling count.

Kari: It's easier for you then

RW: We don't have to go back and forth then. And on your budgets from priority 1 & 2 which would be number 10 on page 5 and whatever's on the next priority 2 is different also; you're asking for \$6800 for that priority number 1

Kari: Right

RW: If you could tailor that budget, that \$6800

Kari: I heard you mention that in the previous persons', so I took note but yes definitely.

RW: Priority number 1 now, is education and training; is this training now is that for volunteers or is that for general community training?

Kari: It could be for anyone. It could be for anyone so...

RW: Ok for 80 hours of training.

Kari: Yeah, so we do like to have our hotline volunteers take that training. It really prepares them for the calls that come in and so we encourage that but we have people, Natasha actually is our trainer. She provides the assist training and it could be anyone or you sometimes even have teachers.

Natasha: Special groups can also request it, we frequently get educators and you know they don't just have to be helping professionals, teachers are often our frequent requestors.

RW: Ok this data point, does that fit one of your priorities?

Natasha: It could

RW: It's a judgement call and that's fine

Kari: Ok

CD: I have a question. Number 24 on page 8 that you had listed the average cost of a counseling session as \$150, that's a little higher than average and especially when you consider insurance reimbursement and non-for profits. What is the reason for that higher per?

Kari: We're a specialized counseling agency. So we see someone that is suicidal and honestly it's in an effort to recoup some of our funding because how much would you say the percentage of our people that actually pay for services that we offer?

Natasha: Of our full cost? It's probably 20%

Kari: So we do have some people that are able to pay that no problem and they're long-termers most of them are with our executive director, she works directly with them. The rest, so it helps offset some of the lower end individuals that cannot pay, if we can't receive funding from outside sources etc. we also, for the longest time we were at a lower level and we were recommended to go for the higher, we're trained at a higher level and we should be charging accordingly for our services. We're highly skilled to work with individuals that most people refer to us because they don't want to take the risk of working with someone. That's the thing I tried to stress from the beginning, we try to keep people out of hospitalization. That's what the hotline is for to try and de escalate someone. That is why we go into the schools because we don't want the schools to hospitalize those kids because it disrupts their lives. So sometimes we see the student in the school during lunch, gym or some class they want to get out of and then you know sometimes we see them at the office so there's different levels of it so yes that's why it's so high.

CD: And what percentage do you typically see that don't have any third-party reimbursement?

Natasha: The vast majority.

Kari: We also don't ever turn anyone away. If they're appropriate for us, we see them whether they're able to pay or not.

Natasha: Frequently we'll see students you know once they're 18 years old they don't need parent consent and parents often times, or guardians, may be in conflict so we're able to offer a few sessions there totally free of charge. That offsets that as well.

RW: In your annual report you indicate there's been an increase in walk-ins, approximately how many walk-ins do you receive?

Kari: We usually get around 2 walk-ins a month, and that was just random no connection now we're getting more because some of the schools, we have several schools that we're working with, there's so many teachers we try to streamline it that they have to call for an appointment first, but we have been discovering that they're just kind of sending them our way. So often it's been a little difficult because we have many counselors that are out at the schools, so we always try to maintain a counselor on site.

RW: So, the walk-ins come to Stone Manor?

Kari: yes

CW: Ok thank you team, thank you so much Kari, and thanks for coming out tonight.

Kari: Thank You that wasn't so bad.

7:25 PM YWCA Metropolitan Chicago – Marianne Pokorny & Cheryl Hazek

The program that was petitioned for funding from last year has been implemented successfully. They found through working, that the number of St. Charles residents they said would be served with funds would not be met, so they partnered with the school district in St. Charles and found success. The school district has asked for an expansion of services.

CW: Ok I'm going to leave the questions to my team for this one.

MC: Can you talk more in detail about the program?

Marianne: Sure, we are doing executive functioning screening for 3 and 4 year old's; we are working with not only the 3 and 4 year old's' classroom teachers, as well as their parents. Cheryl can tell you a little bit more about that.

Cheryl: So, the screen tool is app based, it's developed by a company called Reflections Sciences and it's normed and validated to measure a child's executive function skills and executive functioning is really important for lifelong development and success. It consists of working memory, flexible thinking and self-control. We're not born with these skills; they take work through development so starting in the early childhood years is really critical to help develop these skills. We know that from research and brain science that stress and trauma can impact our executive function skills and so we look at this as a prevention way to get in and help teachers with what these skills are and how they can help build them in children, as well as have a normed and validated rating / screening on a child's functioning and teachers have gone both ways with the results of these screenings, some teachers in their mind may be thought a kid might score lower because of maybe what they see in the classroom and when they get the report back and the child might be within normal ranges they have a really in-depth dialogue with me about how that might be. And then the score reports have intervention strategies and so for those teachers when they start implementing some of the intervention strategies, in addition to the ones that we talk about in the training they're amazed at how they're able to reach children in a different way. I think as adults we might ask a child a question and we're expecting it answered in the way we might be verbal or some kind of acknowledgement, and sometimes children just can't do that and so we think maybe they don't get it or they're not listening but if we maybe try some more interventions that are more play-based or show me versus tell me teachers have been really awakened as to how important it is to reach them in a way they can give those responses. And then we've had some children do worse than teachers expected, right? And you know that could just be any given day but honestly the

training and the feedback from the teachers has been, and parents, has been very positive. I make our training very practical. I know if I go to a training or a workshop I don't need to leave just knowing the data, I want to know like what to do with it, so we have an executive functioning kit full of games and toys and educational materials that teachers most likely have in their classroom and really show them how to engage with children so that they can be working on these skills.

RW: So, I understand your initial grant for the head start program was for 34 students. How many children were there actually in the Two Rivers and then how many did you have to take over to Fox Ridge?

Cheryl: We took about 23-25 at Fox Ridge and Two Rivers had like around 20, but we were expecting a lot more they said at the beginning of this year they were surprised too. They projected what they think they're going to have for enrollment and then their numbers were low.

Marianne: They were fully enrolled, but just St. Charles zip code was the year before they had many children from St. Charles and then this last year, they had fewer children. We do have a letter from the school district if you'd care to have us read a letter that they gave us on the program and our success?

RW: Sure

Cheryl: So this was just like a general letter of support for the work we're doing as well as our partnership I think this speaks to our strength at the Y about how we partner in the community, "The Y has been a strong partner for community members in our school district including our Early Childhood Department this past school year we've been working together to ensure families have quality child care they need and to implement the Minnesota Executive Function Scale to some of our students. They talk about what executive functioning is, I don't need to repeat that to you. We measured executive function scales for 23 students within the St. Charles zip code township. They're hoping we continue this next year so that we can include the next early; the 3's and 4's so we can include more students. Also, they talk about how we administer the child care assistance program which helps low income eligible parents pay for childcare while they go to work or school and how that allows for flexibility for parents and guardians to secure employment outside the home and so pairing enrollment in our early childhood program with childcare allows to have more flexibility in work and school schedules than half-day of preschool allows. So, the enrichment programming of being in school all day often changes the trajectory for our families with young children and it's thanks to the board of the YWCA that families can access the support. We value our strong working relationship with the YWCA Metropolitan Chicago and look forward to continued partnership collaboration in the future. That's from Tricia, she is a child and family educator at Fox Ridge.

Marianne: Well that's important because with the child care assistance program, those children have more risk factors because of poverty and so do the head start children so we're really targeting children who already have some risk factors and trauma around their lives with the poverty that their family is facing.

RW: So, as I understand it you're requesting funding for 260 students is that right? Page 7 number 8; you're projecting 260 students.

Cheryl: So, we'd like to increase our numbers due to our partnership with district 203

CW: 303

Cheryl: There's a lot more children, but we didn't meet them in terms of our grant parameters for this year, but projecting for next year we want to make it available to more of those students, and they were very interested because we did I guess what you'd say a pilot because we only needed those 23-25 kids and so because of that pilot they really would like us to expand to all of their....

RW: Would this just be Fox Ridge or?

Cheryl: No, as well as Valley View, we would continue with our two partnerships

RW: Are we talking about ages 2-6?

Cheryl: no, no 3-5

RW: These are low-income students?

Cheryl: They all qualify for the early childhood head start

RW: Ok, in the letter that came from Tricia, did she write it on behalf of the school board?

Cheryl: She put it on District 203 letterhead so, no she's a teacher she was our partner we met through all our kids network so we had known Tricia and that's who we thought of when we needed to get more children.

RW: Just so I know then, is the school board involved in this proposal at all, or sanctioning your activity, your program?

Cheryl: Like giving permission you mean? No

RW: Is the school board aware you're going to expand this population with the 260 students?

Cheryl: So, Jen is the principal there so I'm assuming she has run that by whomever she needs to their administrator on site there

Marianne: And we do this with other school districts and it really is a cost savings to the school. We did have one child in a different school district who had a lot of trauma and they felt like he was probably untestable because he really wasn't verbal and it saved the district a lot of money because they were going to put him up for a full case study and then actually he really just needed speech services.

MC: My question is regarding the budget that is on page 9, I would say money that we do give to you, or other agencies that 100% is going towards St. Charles residents can you talk about it just seems there is a lot of, I get paid staff to do all this but it seems like the indirect costs, the money that we gave you last year, going to legal fees, audit fees, liability insurance, benefits for the executive team can you talk about that?

Marianne: Sure, we get that question often, every grant that we write and we are a huge organization. We operate \$300M across all our locations across the Chicagoland metro area with all of our programs. This is built into every single one of our grants as a calculation formula that is federally approved. It's the maximum of what an organization can ask for those supports so that includes like insurance for each person, our HR department, our administrative, our payroll,

pays for them to be in our payables system, it's all of our liability insurances but it's standard across every grant that we write it's a percentage of what it actually costs. It's federally approved. We realize it is high, we do get that asked. It's just an amount we have to put in.

RS: Asked why the application was not signed.

Marianne: We don't know what happened on that page.

RS: And that's something that all agencies should make sure that they're signing even though you think they should have you need to verify it.

CW: So, can we ask you the standard question; do you have the capabilities for electronic signature?

Cheryl: We can scan it. I know we could get the signature and scan.

CW: Ok

Marianne: and we will have to consult with; his name is Mike. He works in our grant writing department and we all sort of chimed in. We were surprised when we looked and saw that too. We'll have to check on our end what went wrong there. We can definitely scan and resubmit.

RS: No. it's not needed.

BG: But for next year, absolutely. Somebody's gotta prove it. The devil's in the details.

Marianne: Yes, for sure yes

RS: Also, for grant applications, it's important

Marianne: Absolutely and we have a department where we write, like we write the program because we know what we want to do for children and families but then they hit the send button.

BG: It's the same, like a tax return without a signature on it.

CW: Ok thank you so much ladies.

Marianne: Thank you

7:35 PM Kane County Sheriff's Office – Judy Dawson

Judy spoke of many job training initiatives at the jail. The focus is on education, employment and entrepreneurship. Twenty-nine people enrolled in the GED program partnered with Waubensee Community College. 1486 people received mental health services in the Kane County Jail in 2019. 193 were St. Charles residents. It was noted opioid deaths are declining, and this is being attributed to programs and services in place in the jail. Also noted are reduced detainee to officer altercations. Post-release from incarceration programs also helped individuals to avoid returning to substance abuse and ultimately returning to jail. The goal is to move individuals toward successful long-term employment.

CD: I know that your goal for all three of the programs you're asking for funding for; is that they do not return to jail. Do you have any hard data for that in terms of what percentage do return to jail that have gone through the program versus have not gone through the program?

Judy: I'm 14 months in. Our first forklift driver training class was February of 2014. We have interns from Aurora University graduate students and Judson

University and we're collecting data from 2017, 2018 and 2019 to see if there's a comparison but it's just, it's too soon.

CD: Ok so you just don't have it yet.

Judy: Yeah, it's too soon.

MC: Would you be able to talk about, you have it listed in number 32 on page 8 any funding issues that the board should consider regarding this request? Are there any funding issues at all?

Judy: Yes, a lack of funding. I should speak to the fact that all of these programs that we do, we have not spent a dime of taxpayer dollars. We typically use commissary. So, our count today is a little over 500 people in our facility. Fifty of them are women. You see the numbers of those that we have been able to impact, and it's only limited by the amount of funding. So, having the funding from St. Charles for St. Charles residents will ensure that all of these programs; the forklift driver training, the GED programs, and anything that would cost money in the support would be dedicated to them.

RW: To identify the persons having mental illness, is this all based on screening self-reports, or do you get medical records or check with therapists?

We do all of the above, we do a self-report, we do a screening and in the jail we also get collateral information.

RW: You mention about reaching out to 30 previously incarcerated persons, are these people in diversion programs now?

Judy: No, these were people that when I joined the team on December 28th, 2018 they had been released from the jail prior to then before our administration took over. We do have records of where they are, who they are, and we can reach out to them and say how are you doing? Are you working? Do you have a place to stay?

RW: Are their cases adjudicated where they've already been processed then?

Judy: Yes they are released, they are out in the community

RW: So how many are on probation or receiving adult probation services?

Judy: I do not have a count for that

RW: Some of the funding you're requesting from us seems to fall right in between probation services.

Judy: Yes it is

RW: Jobs, education, substance abuse, housing

Judy: We thought about that and the bottom line was are you not going to serve Judy Dawson because I am or am not on probation even though I'm suffering and living two blocks away? So yeah, it's good data to have, but we decided whether that person's on probation or not, we still wanted to touch them.

RW: Ok

Sheriff's Office Representative: Probation doesn't necessarily get them – they're required to get a job, but they don't have the skills to get a job; so we would be teaching them how to write a resume, how to access jobs, probation has nothing to do with that they're required employment but they don't give them the life skills.

CW: So, they're required employment but they're not given the life skills?

Judy: And knowing the employers that will hire them because there are many employers that will not give them a second chance. There's certain industries where they just cannot work.

CW: Do you know what point you're going to be able to track the recidivism yet?

Judy: Currently I have, our interns from Aurora University and Judson University are pulling data from 2017 and 2018 to compare to 2019 and then 2020; because this is the real year that we know do they come back

CW: Right, so presumably should we see you again, you would have recidivism rates by then.

Judy: Oh absolutely, and we have recidivism rates which is 70% but that doesn't show

CW: Not reflective or showing the programming that you've put in place

Judy: Exactly

CW: We would want to see the data with the programming

Judy: And I'm tracking the 137 people who have jobs. For example, there's one gentleman who went to work for Aurora Packing and he was 61 years old, and arthritis and heavy lifting at 61 didn't work for him. So now he's a forklift driver at a Logistics company. We're tracking them once they leave and we now have a database for people who have been released where some of them have voluntarily given me their email addresses and for example when Lineage Logistics was hiring they had a hiring fair, we were able to send all of them via constant-contact that hiring fair information.

CW: Great thank you that's about time.

BG: I have one, it's more of a comment than a question, because you weren't in here; just so you know you were given the list of the last 15 years of funding that the 708 Board for St. Charles has had. This year we have \$617,000 to allocate over 28 agencies and your request was for almost \$139,000 so you know you probably aren't going to get it all.

Judy: And I appreciate that, since it was my first time coming through, I wanted to give you our budget and it looks like it's very detailed there's certain things that you may not want to fund this year, so I wanted you to have the opportunity to pick from the buffet of what you thought was most important in line with what your goals are.

CW: Regardless, for all of our agencies we have over a million dollars requested in funding, and this is what I've told everyone who requests and we have \$600,000 to fund this year so there is that differentiation so we obviously have some tough decisions ahead of us but we appreciate the application.

Judy: We appreciate any amount that you are willing to support.

7:50 PM Living Well Cancer Resource Center – Tracy Nowicki & Angela McCrum

Thanked the board for all of the previous years' support. 628 St. Charles residents participated in Living Well programs with 481 receiving direct service hours.

Since 2005 Living Well has been supporting residents of St. Charles and the surrounding community. The grant funding they are seeking is to directly fund counselors.

MC: My question for you is, on your application page 4 number 5 describing your goals, the description of your outcomes, so my question for you is you're stating your goal is to provide quality social work and case management. How do you define that? That's so broad, how do you make that a goal and how do you figure out outcomes for something like that?

Tracy: One of those is with that distress screening I talked about. Those social workers really try to tackle on the front line of things and that distress screening went down by 20%; so that's one measure or tool that we can look at.

RW: Let me offer a suggestion, we're trying to get this application right so everybody understands what we're looking for; see this quality goal of your organization 'to provide quality services' I'm looking at how that fits in with the designated program and the need for the program, so I would need to know what the goals are for improving the ability or the function of the program. So you do talk about in page 3 number 1, the general purpose of the program is to help participants to manage and understand their diagnosis, so for goals or outcomes I'm looking for specific how is this helping those persons you're serving, and then somewhere we got cut off here on page 5 it ends at item number 9 it should then read 10-14, before you go on in priority number 2.

Tracy: ok

RW: So, one of those would then include the budget and on page 7 then include that 10-14, some of the numbering is off and some of the data fields are missing. So I'm just looking for is how are the programs that your social services you're providing; how is it impacting the population, like your organizational function and in your budget, you're asking for \$10,000 for social work services and \$10,000 for counseling program services, you provide a little bit of a narrative on how the costs are arranged but specifically if you could tie that into the number of people serviced, the number of different groups and cost, that data.

Tracy: Ok, thank you

RS: On the cover page you list the number of St. Charles residents served you list 628, but if you go over to the priority you come up with 528 there's a discrepancy there.

Tracy: Ok, yeah.

RS: Which one is it?

Tracy: And what page was that?

RS: Well page 1 you list 628 St. Charles residents and then you go to page 5 bullet point 7 you project 400 residents and then you go to page 6 on number 7 and you have 103 residents so those two combined equal 503, not 628.

Tracy: Oh, that's projected and then the 628 was from last year.

RS: You expect less this year then?

Tracy: Yes. Our numbers, every year we kept growing and growing but we've kind of hit a plateau.

708 Mental Health Board
February 27, 2020

RS: If you could on your application for next year, put down 628 in previous year. That way I know what to compare it to.

Tracy: ok

CW: Any other questions? Ok thank you so much. We are going to take a short break.

8:00 PM BREAK

8:10 PM AID – Lori Baker

Very collaborative with the St. Charles Police Department and the Kane County Sheriff's Department. The services AID is requesting are not duplicative either of those organizations are also seeking funding assistance. Funding is requested in three primary areas; behavioral health counseling and recovery with psychiatric intervention, integrative primary healthcare and community-based programs for individuals with developmental and intellectual health challenges and promoting healthy bodies and healthy minds through nutrition education focusing on skill building and employment opportunities. Our first priority is behavioral health counseling and recovery with psychiatric intervention. A new pilot program called FRESHER which stands for Food Reimagined through Education to Support Health and Employment Resources. This program will be part of their community day services curriculum to help hone healthy life skills and develop skills that are transferable to employment opportunities.

CW: Thank you for that explanation. Does anyone want to start off with any questions, I have a few

BG: I have one, do you still have a group home in St. Charles?

Lori: We do. We do have the group home and we have several in St. Charles. We have 9 people that reside in St. Charles in group homes, and 4 more that live in intermittent group homes, so they have less support needs, so they don't have 24-hour staff there. We also support 20 people on the behavioral health side that live in the St. Charles community in affordable housing or other housing options that they're able to afford that we provide the support services for them. We served about 590 unduplicated St. Charles residents last year throughout all of our programs.

CD: I see that your goal is to maximize the number of community improvements provided in a number of different areas, what type of tools do you use to measure that?

Lori: To improve their lives?

CD: Yes

Lori: Under which priority?

CD: Number 5.

Lori: Priority 1, 2 or 3?

CD: On page 4 there's a number 5, priority 1.

Lori: So, let me get to the one that says that, because our first we have actual measurable goals, so I don't think it's that one either, hang on we have 3 different phases so that the applications are completed right for each one. So, I guess I'm

not finding the right thing because everything that I'm finding that we have under 5 has measurable goals

MC: Cheryl you also find them the second priority number 5 where it says maximize the percentage of clients who have had an annual physical.

Lori: Yeah so we seek to ensure that every client that we have contact with has their annual physical, has an annual dental exam so we work on improving that number every year right? So, it's a little bit easier on the developmental disability side for people that we support in their living because we can make the appointment and help them get to it. On the behavioral health side, we have to rely on self-report whether the person has actually attended that annual physical. So that number is usually good, usually around 95% on both sides. We have generally been in the 80% range on the behavioral health side in the last couple of years, and we are working on ways to improve that. One of the areas that we are working in is a new type of funding that we're working on in Medicaid where we get more direct results from their actual physical health appointments so we don't have to just rely on special report so I'm hoping that we'll be able to have a better idea on that, but we generally hit our mark on that on developmental disabilities side in terms of 95% or more of people going every year for their annual physical. CD: and for priority number 1 then, for number 5 where it maximizes the number of individuals your goal is 75% so I'm assuming you want 75% to report improvement, so what kind of improvement and what tool are you using? Is it like a self-report....?

Lori: So, we use a health-risk screening tool; HRS it's actually required by the State of Illinois and it was put into place for the developmental disability population, it's an online tool that the nursing staff completes at least annually with the consumer. We also have a couple of new tools that are on the mental health side that are, there's a HRS for them as well, it's not mandated by the State yet on the mental health side. They also have a greater health risk assessment that would be used for folks who score higher on the health risk screening so that you can put into place some more supports in order to support people in their healthcare access responding, going to appointments etc. We've been building our collaboration with the VNA in order to really try to maximize relationships and to help people to understand how important it is to have that ongoing relationship with a primary care physician and that that's a different thing than going to the emergency room if you have an emergency.

RW: Priority number 1 you're projecting that you'll serve 45 clients. Priority number 2 you're projecting that you'll serve 55 and priority number 3 you're projecting that you'll serve 50 so that's 115 people, you mention 590 served annually, are there some people then who are a part of this who are just not listed? The 3 priorities add up to 115 people, are the other people, are funds not being requested for them?

Lori: Yeah, they are, you're talking about like the other St. Charles that I said we serve? Yeah so, many of the services that we provide are billable right, they're Medicaid billable services and so not every one of the 590 people that we serve would be unable to have a service paid for and so these services that we present

February 27, 2020

are all services that are unbillable, that can't be paid for in any other way but not all persons that receive services from us would need the scope of service

RW: Page 6 box 14, 211 people who live in St. Charles are waiting for services; who would that population be then?

Lori: Those people are folks who are on the State's Prioritization Emergency...

RW: That's the PUNS list?

Lori: The PUNS list yeah.

RW: Ok

CW: I just want to ask a last clarifying question about the two positions that we've seen funding requests for, you said there's not duplication between the requests, but I'm curious, so currently do you have other agencies or other organizations that you have social workers being funded for so in addition to St. Charles P.D. from Kane County, can you share a little bit about that real quick?

Lori: Yeah, so our victim services program works in 1 of 2 ways or both ways, it depends upon the Police Department. We have contracts with the Aurora Police Department, North Aurora, Batavia, Geneva, St. Charles, South Elgin, Lombard a couple in McHenry County and the Tri-Cities ambulance services; to provide victim services, supports for their entities so whether it's the police department or the ambulance service. These are services that are not at all billable for Medicaid, and they work in 1 of 2 ways, we have an emergency call out service so that 24 hours a day, anytime there is a violent crime, you know murder, suicide, domestic violence, mental health call you know any kind of trauma any kind of traumatic experience, the police department who has a contract with us calls our crisis line and a victim services worker is there within 15 minutes of the call in order to work with the victims, the witnesses of the crime so the police can do the job of investigating the crime. And then those victim services folks continue to work with the victims and witnesses as long as long or short as those families or victims and witnesses want to receive services. So it can be just that night to help them connect and understand what's going on, it could be ongoing, it could be for months, it has been for years. We also have the second type of service that people purchase underneath that which is in house social work. We have several of those departments that have a social worker onsite for a day or two days we have a couple departments that share and might have like 2 or 2-1/2 that's all with negotiating within their contract for victims services, so they might have the emergency service call out, they might have the social worker on site or they might have a combination of the two depending on what they want.

CW: Ok so all those contracts they're paying you, either by call or by day or by 2 days a week or by full time. And they pay them by 100% so you guys do not help with the cost of any of that?

Lori: We do not because in general most of the services are not billable that are provided because you're not going into an emergency situation and asking the person who just found their child that has killed themselves, for their social security number and their insurance card so that you can deliver a service to them. We then in the wraparound case management recommend if people want to work with you longer, connect them to other services that they might be eligible for, that could be paid for by other means so really it's just more the quick access and

the person either on site or quickly coming to site when called that is paid for. I mean, it's not a big amount of money. we're not making money, we're making enough money to pay for the actual service, for the staff to deliver that service.

CW: And I apologize to the board because I'm the one making this go over, but I wanted to wrap around for the two other allocations that we've gotten to talk about what the back side of the billing could look like just to show and talk about specifically what those two applications are

Lori: And I would like to say really quickly I've been going around and visiting all of our police chiefs that purchase and have these contracts with us and without a doubt people are incredibly pleased with having that level of support so that they can actually do their job, but that the people that they're there to intervene for are also provided what they need. They're seeing more and more psychiatric calls and neighborhood disturbance kind of calls, that aren't really police calls but, they get called out because there's no one else and so that really helps them to not have to try to be social workers.

CW: Alright thank you for clarifying that. Thank you so much have a great evening.

8:20 PM CASA – Vicki Shaw

CASA as of a couple of years ago had not received any federal support. They are anticipating this to be one of their biggest years because of changes with DCFS. The intact programs are changing, and children are being removed from homes. This year they have seen 48 new kids come through their program, last year there were 20. This year so far 2 have been from St. Charles. They're also seeing more trafficking kids. They're providing more trauma services. They're seeing something referred to as vicarious trauma, people involved in trauma situations are absorbing that trauma.

CW: ok questions for CASA Kane County?

RS: I would say, on your application, the number of St. Charles residents served is blank on the application cover sheet.

Vicki: It is!?

CW: Yeah you did verbally just say 20 but we do not like and apparently will not tolerate empty blank spots so...

Vicki: Alright what page is it on?

CW & RS: It's on the cover sheet. We've been hammering that point home all night.

Vicki: I don't see where it is.

CW: It's on the right side.

Vicki: Oh my goodness I'm sorry!

CW: Do you have a different grant writer?

Vicki: Yeah it's Amy.

CW: You usually write them right?

Vicki: I did prior yeah.

CW: Ok so you're going to have to make Amy, or maybe get two sets of eyes on, make sure someone's proofing all these. Especially a cover page.

BG: That's the first thing we see.

Vicki: You're right, you're right I apologize. I'll take full credit for that.

CW: It's in there it's just not on the first page.

Vicki: You know what and I do look at it, I just probably missed it and that's really not like me.

CW: Ok thank you Mr. Silkaitis. Does anyone else have any questions? Can I ask you a question about the vicarious trauma? Are you saying the caretakers are getting vicarious trauma? Caretakers and staff?

Vicki: Yes, our volunteers and our staff.

CW: Ok that's interesting. It's irrelevant but I have friends and connections with the vicarious trauma, but I didn't know it had a name. They deal with trafficking. Alright does anyone else have any more questions here for Ms. Shaw?

CD: We're pretty well versed I think.

CW: Yeah we're pretty well versed and other than the faux pas on the front page it was a pretty well written grant so thank you.

8:30 PM DayOne Pact – Ellana Mavromatis

DayOne Pact is the entry point for children born to three with developmental disabilities in Kane and Kendall County. Currently has a child and family early intervention program in Geneva. There is also another location in Lisle that houses a different program. They do not provide direct services; they refer for services. The Governor's programs currently are interested in serving early childhood but seem to be focusing more on the 3-5 and forgetting the birth to 3 age. At this time, they do not have adequate funding to retain qualified staff.

CW: Gentlemen, Ms. Gacic do any of you have questions?

RW: On page 4 it says describe the goals and anticipated outcomes seen attached, I did not have an attached.

Ellana: Neither did I. I wasn't given, so, which number? Page 4 number 5?

RW: On page 4 yes. The anticipated goals

Ellana: Typically what those are, are timeliness completion, to make sure that we get children enrolled in services in less than 30 days, that we get them determined eligible in less than 45 days, and that we service 100% in their natural environment, I'm trying to think off the top of my head all the other performance measures that we have. So, they're in line with what the Federal Government dictates that the States have to achieve. Those are a few off the top of my head. I could forward on those attachments.

CW: for future applications anything that says 'see attached', again like with the last person we had said proofing.

Ellana: Would be helpful yeah!

CW: I guess my question was, I know when last years' speaker was here they talked about losing that grant. I think it was a three year contract that went somewhere else and so you're in year 2 of that, is that right?

Ellana: For early intervention?

CW: Yeah

Ellana: Yes.

CW: I guess I'm curious as you're coming into that more, what's the projection? Do you have a projection? Obviously, you're going to reapply for it. Is it too soon?

Ellana: So, child and family connections have always been bid in a grant, so we have actually maintained and kept our grant since 1998. So, it was the DD's side of the system that was never for bid, or what's called 'NOFO' so notice of funding opportunity or in the past it was RFP, which is Request for Proposal. So, the c of c's have always been in the RFP process now they've switched into the NOFO process so we have successfully maintained our child and family connections grant since 1998 it was the very first time that the developmental disabilities side of the DHS decided to not only put the programs up for bid, but also reduce the number of service agencies. There was a little interesting delegation of how those programs went out and literally went to a monopoly, it went to one organization now that has five of our programs.

CW: So, the plan at some point is to try to regain that?

Ellana: I don't know.

CW: You don't know.

Ellana: That would be our board of directors' decision.

CW: Yeah, I wasn't sure if you were at that point yet of knowing.

Ellana: No, no we would obviously rebid for our child and family connections program if that's what the board decides to do if we want to continue that as an organization.

CW: So, I have notes from our missing member here, and he said that the \$3.2MM reduction.

Ellana: So, we had 2 adult programs, yeah

CW: Should you maybe be requesting more? Which is not something we typically ask but...

Ellana: If you'd want to give us more that would be fine, I mean we service obviously St. Charles who we don't have out of our revolving door of children who come in and out so obviously children that come in birth to 3 so they age out and then we transition them to the school system, you know at any given time we have around, a little under 200 children in St. Charles so I was just assuming that the dollar amount corresponded with the population, of St. Charles versus all of Kane and Kendall County; but if you would like me to ask for more...

CW: Yeah. I'll be sure to tell him when he returns back to Illinois. Ok thank you

RS: One more just real quick, on page 4 number 8 describe...there's nothing, there's no answer to that question. Page 4 number 8.

Ellana: Ok. Yeah, I don't even understand what the question is, but sure. I don't know what units are. I'm sorry I don't write these.

CW: It might be helpful next year to bring your grant writer too.

Ellana: Right. I was kind of thrown into this.

CW: No, I know we figured that.

Ellana: I will definitely pass the message along.

CW: We appreciate that. Thank you for coming tonight, it was nice having you.
Ellana: Thank you for having me.

8:40 PM Community Crisis Center – La Tonya Walker

Provides 24-hour crisis services related to domestic violence and sexual assault. They also do a lot of education to schools and to businesses. They provide services to victims free of charge and to abusers on a sliding scale. Goals include making sure their clients feel safe not only in shelter but outside of shelter and that people learn safety plans so that when they leave shelter whether it's when they exit shelter or even to go to appointments. Clients are learning their rights under the law, and that they know more about community resources available to them. Another goal is related to their counseling program, they want to make sure those clients are also receiving the same services since everyone does not come into shelter.

CW: I really enjoyed your application thank you.

RS: Just a question, on your cover letter you list number of St. Charles residents 51 but if you go to page 5 you list a percent of clients served but you don't list a number of St. Charles residents served. Is it the same number? 51? I'm on number 7, page 5 number 7. You list a percentage, but you don't list the number of residents.

LaTonya: Yes, that pertains to the percentage that we see of our total clients.

RS: Ok, so, for next years' application, well the same thing for number 6

LaTonya: Put the number.

RS: Number 6 too, you list the percentage, but you don't list an actual number. That's all.

LaTonya: Ok

CW: Actually, I do have a question Ms. Walker, last year I looked at the numbers of St. Charles residents served annually, we had 175 on our application, last year. Have the numbers changed that much? Or was the application different? Like for a few different programs or can you speak to that at all?

LaTonya: I'll try to speak a little to it, I will say that I can get you a definite, but I think that if you look at, where is it, page 6 number 8 it looks like last year one of the things they may have done was also put in the abuse intervention program. This year it looks like it was separated out to provide a little bit more transparency.

CW: Oh, ok oh I see.

LaTonya: I'll make sure that I'm correct though.

CW: Yeah because we really try to keep a running tally of the number of St. Charles residents served, kind of a dual aggregate of all of our organizations together when we present to City Council in June. And so it would be nice for me, to know if we're serving 55 this year, or 51. I know there's a little bit of differentiation and then you're serving some of the programs too I would want to include those. Just for future use.

LaTonya: Ok Yea I understand you want apples to apples

CW: Yeah, I'd like to make sure that we're representing all of our organizations' hard work, so I appreciate that. I appreciate the transparency though.

Do you have any questions for us since this is a bit of a new process for you?

LaTonya: Uhm I don't think so. Luckily when I first started, the first week I sat in on Hanover 708 Board, so I took a lot of notes there then they told me okay it's been three months it's time for you to go.

CW: Alright well you let us know if there's anything else.

LaTonya: Ok thank you

8:50 PM Renz Center – Deb Howe & Jim Brunetti

Deb introduced herself as Jerry Skogmo had retired. Deb has been working at the center as the Development Director for 16 years and is now in Jerry's place. The organization is seeking funding for four different programs tonight; for clinical services and then a new vaping cessation program, medication assisted treatment and recovery support services. Smart recovery groups (an alternative to AA), an opioid prevention education program. Jim Brunetti further discussed their clinical services and discussed the goal of getting people into treatment quickly. Notably, the SMART recovery group in St. Charles treats about 10 people. While it's similar to AA it doesn't refer to "Higher Power" it is evidence based. They are also exploring a Smart Recovery program for adolescents. They also offer a medication assisted treatment program among several other programs and services offered.

CW: Ok I'm going to leave it to my team to ask questions on this one.

MC: So, if I could ask for your vaping cessation program, you have this as a designated program as does TriCity; I guess my question is why didn't you or TriCity, why didn't just one person apply for that? Instead of breaking up into two?

Deb: TriCity was also interested in doing the vaping cessation they thought it was a good partnership with their experience with youth, and our experience with substance abuse so one of us picked one side of the pie and the other one of us because we knew we didn't have enough, we didn't want to apply for enough money to hire a lot more staff and so we couldn't do the whole program. So we thought it was doable for each of us to take a workload.

MC: Good thank you.

RW: Priority number 1 where you describe your outcome or goals it's very well written it's excellent. Also, on your medication assisted treatment program page 11 describes your specific activities of the program excellent write up. And then, where it's been broken up section 6 on the allocation summary; \$62,500 could you please include a little bit more of the budget breakdown on how the funds were spent? The narrative of just saying the money was spent across these programs, we're just looking for a little bit more detail in terms of how that was actually spent.

Deb: Ok

CW: Ok that's it for tonight thank you so much.

CW: Do we want to plow through; or do we need a break? Ok we're not going to take a break; we're going to keep going because we got a little bit behind so that will put us right on target.

9:00 PM BREAK – No break taken

9:10 PM Elderday Center – Michael Cobb

Mr. Cobb is a new Executive Director for Elderday. Since their reopening things have been going well. Members are receiving services as are their caregivers. Mr. Cobb was thankful for the past support he received. Services offered at Elderday were outlined including; mild to moderate cognitive day services; including music therapy, art therapy, animal therapy and anything that's going to ask the member to think, be active and socialize. Mr. Cobb states at this time they are looking to bring on a full-time social worker. This person's role not only covers members but also their caregivers, wrapping services around an entire family. They are open 5 days a week once again 8AM-5:30PM. They are seeking to offer individualized service plans to families. The vision is that the social worker can also go out into the community in search of services for members. Approximately 1/3 of members are from St. Charles.

CW: Thank you so much Mr. Cobb I appreciate it. I have a couple of questions. We appreciate and are excited that your doors are open and taking guests. How long has the board been reconstituted, and you've been kind of up and running strong?

Mr. Cobb: Since August 7, 2019. So upon the recovery plan, we put together also the past board was part of it to a certain degree, and part of that was that they would resign, they had served for many years and in my opinion had done a good job, it was just unfortunate some of the things that happened. So, this is an entirely new board of 8 new members. We have some board members from St. Charles as well, myself, as the new Executive Director and we were able to keep a couple of our key staff. Our nurse, Nancy Cruz she's excellent. Cindy who is our business manager but also is helping to manage the daily programs as well.

CW: Ok so you're still keeping an RN on the staff then?

Mr. Cobb: Most definitely.

RS: Just one question, in your packet you have that you were waiting for a letter from the attorney General...

Mr. Cobb: We have that.

RS: Oh, you do have that? You need to provide that. We have to have that on file.

Mr. Cobb: Yes.

CW: Can you email that to the contact, Sharon Bringelson?

Mr. Cobb: I'm going back to the office after this she will have that within the next half hour.

CW: That was for 501C3 status?

RS: The Attorney General that it was in good standing.

CW: Good standing. Yes.

CW: This is exciting that Elderday is back up and running. If no one else has anything, I was going to let you know there's an initiative in St. Charles; I don't know if you've coordinated with them for elder care, what is Ray's initiative called Ron do you know?

Mr. Cobb: Oh, the Dementia Friendly...?

CW: Yes, the dementia friendly group; ok you know, have you guys connected yet?

Mr. Cobb: Yes.

CW: Sorry I didn't know what it's actually called, we've just talked about it conceptually so...

Mr. Cobb: So, it's dementia friendly and the goal is to have the Tri-Cities have that goal as dementia friendly and Mayor Rogina is on top of that one as well.

CW: Yeah, it's his personal initiative so I just wanted to make sure you connected into it with him somehow and whomever he's got running it.

Mr. Cobb: I'm on the educational committee, and one of the things that we're doing; we're planning a series, it will be a five-part series and it will be held at Elderday.

CW: ok perfect

BG: Are you still running the caregiver support groups, or is that not back up and running yet?

Mr. Cobb: So, that will be part of the series that we'll put together as well. But then we're going to do; right now, we work closer with like memory café and some of those they've been offering their support but we're going to start offering ours.

CW: Thank you we appreciate this. Welcome to St. Charles.

Mr. Cobb: Thank you very much

9:20 PM FVSRA – Alex Engelhardt

New Director Alex Engelhardt explained they're looking at funding for different projects this year than in previous years. Their big initiative was analysis of data, they were seeing very large increases in behavior issues which turned into staff injuries. They found staff was struggling to handle the behaviors. The ask this year is to bring in outside sources to conduct about 1000 hours of staff training. The idea is to do the training on the front end and then quantify behavior reports and track to see if we've seen changed behaviors. They are seeking to solve this through evidence-based practices. One clarification on page 1 that says 55 people from St. Charles, then question 7 says 100. The correct number is 100. Last year was 55 and this year is 100. Sorry for that.

CW: I do have one question for you; how is the program with the park district going at Sportsplex? Are you utilizing the kitchen? Do you want to explain that to the Board, I don't know if everyone knows about it.

Alex: It's going wonderful! We have 9 adult day programs. So, as the gentleman from Elderday was talking I was very excited. I've got notes, I need my staff to connect with him on doing some joint programs. One of our programs in St.

Charles is housed at the Sportsplex facility; and St. Charles Park District designed the room for us, it's got a kitchenette, it's got two private areas that we'd have almost like a physical therapy table and a Hoyer lift so that we can lift people out of a chair to do, I wish it was an adjustable height to adjust for different caregiver sizes but at least staff don't have to do it on the floor patrons don't have to be on the floor and that's a Monday through Friday for people that need about a 1:2 staffing ratio.

CW: It used to be the front of Sports Plex that used to be a retail shop and then they converted it, the Park District converted it for Fox Valley Rec.

Alex: Correct. We just love that facility. The other program that we have up here in St. Charles is at Pottawatomie Community Center and our goal was to have removed the group from Pottawatomie to that new center because there's more access to fitness and athletics, but then we realized at Pottawatomie they're on the second floor and our group at SportsPlex, four out of the eight use wheelchairs, so it wasn't conducive to take them up and down in the elevators so we got the new space and love it.

CW: So that is helping with facilities for you? Like you said, most of this grant application sounds like it's for training.

Alex: Correct. Most of our part time staff is going to be between the ages of 18-25, so we're training them on personal care, we're training them on lifting, we're training them on behavior management and they each get between 6-12 hours before they start, but they get on site and especially in the inclusion setting where we send them to site at St. Charles Park District and they don't have a full time staff or anyone to support them, they rely on the Park District staff who may not be the expert in behavior management. We're seeing a lot of kids who are getting expelled from programs because they can't meet the patron requirements even with our staff there so we're really seeing an increase this past year now that we've really quantified it, in those behaviors. So our goal is to provide the training on the front end; the staff can recognize the antecedent for the behavior and we can catch it on the front end rather than you see the behavior and now they're just doing support afterwards.

CW: So I'm trying to flip through here really quick and see if you're getting 6-12 hours now, what's your outcome goal on how many hours you want them to have?

Alex: So, those 6-12 are going to just be on basic policies and procedures. We're looking to get at least 4-6 more hours per staff on top of that and they'd get that in two 2-3-hour trainings. Our goal is to have that training done by June, middle to end of June at the latest knowing that a lot of those behaviors were in June so if I can get that training on the front end, to hopefully eliminate patron bites, patron expulsion.

CW: Ok. Team? Ok thank you so much for coming in.

Alex: Alright great thank you so much.

9:30 PM Ecker Center – Rick Forest

Rick briefly discussed the collaboration with Renz. Focused on the programs offered by Ecker which include working closely with a pharmacy, getting people

in on a regular basis really works. They have a walk-in intake. They're seeing more people from last year and are seeing more people on Medicaid. Rick briefly discussed collaboration with the jail. They've moved psychiatry from 3 days per week to 5 days per week including utilization of an APN under supervision of a psychiatrist. Therapy is 15 sessions including evidence based looking at areas of helping the client to function better as part of the overall process.

CW: I do have a couple questions specifically with psychiatric services, just because child psych is such a shortage, do you have a specific child psych on

Rick: Yes

CW: Ok I couldn't remember, you just have one, right?

Rick: One, and trust me getting even a psychiatrist is like looking for a needle in a haystack

CW: I know

Rick: We're very grateful to have our APN

CW: And then when you were talking about, you're seeing more people; I looked at your number from last year, you said you served 139 and you say 140 this year.

Rick: That's just in one central area but overall people we serve in the agency are going up, but that's a very poignant observation.

CW: oh, is going up, so that's just our St. Charles group

Rick: Yeah, the whole agency is increasing

CW: Yeah, no worries. I believe that the agencies are all going up I'm sure. Just my last question, just a personal interest; are you seeing a higher disability population? So, disabled didn't have a doughnut hole in their pharmaceuticals, and now they have a doughnut hole so I'm wondering if they're utilizing your services more to help with medication management because of the costs?

Rick: I'm going to speak anecdotally; and try to look at the data that I look at. The problem is most people when they can't get their meds, they just don't take them. So, what happens? Where do they go? Well things evolve, they get worse and they end up in the ER. In most cases we see a lot of people in our psychiatric emergency program, at Sherman and we also consult with and go and cover at St. Joe's. The problem is, helping people to stay compliant with meds on a regular basis, and that's why I made the reference, sometimes it's hard for me to remember my vitamins every day, you want to develop a system to make it easy to do it right, hence our relationship with Genoa Pharmacy which by the way I highly laude their system for developing an easy system to take your pills. They bubble pack and you just pop them out. That's been a big improvement, so in working with folks we're finding that, I haven't seen a real increase in the data, and I'm just talking about the data that I look at but what I do see is its continuing we're seeing more people that need services, and you always have a percentage that stabilize, a percentage that just crash and cycle through repeatedly and we still want to engage them. Then you have a group that just moves on, which is fantastic. But I think our integration with the jail, the homeless shelters and our outreach has really expanded our ability to pull people in, people who have difficulty seeking service and to actually get services.

BG: Just one quick one, do your clients have the ability currently to do any tele-therapy?

Rick: We are actually exploring that because we'd like to make that more available. One of our psychiatrists, to increase her hours we're working on developing tele-psychiatry. I don't know about you, but I love Apple, I work with IBM compatible machines. Learning how to do one system and teaching a psychiatrist how to use the internet and do tele-psychiatry, we have electronic records to get the prescription to automatically go to the pharmacy. Now it's getting our psychiatrists to incorporate it and do tele-psychiatry. So, we're exploring it, and developing it.

BG: I was at a ACMHAI, and they did a presentation with a, I've forgotten what hospital because now they've been bought out, but they were in Bolingbrook and they were showing how and they were just doing that from a logistical standpoint of the psychiatrist can't do the mileage from here to there but where here they could see three people in the time taken where they could only see one and I just..

Rick: And I agree with the limited resources in getting access to psychiatrists as an agency we see that and we're trying to develop it, and expand it.

CW: We do have one more quick question over here.

Rick: Please

RW: On section 6 the allocation and expenditure report, page 15.

Rick: I will do my best if that's financial, Tim will yell at me

RW: We do appreciate the detail you give in terms of the breakdown of programs and different priorities. I look at this unduplicated St. Charles residents and I'm coming up with like 330 residents so I'm not quite sure if your 140 served is within that 330

Rick: Probably

RW: What we're looking for, and it's a very good detailed report here, the money received last year was \$62,100, how was that spent and allocated amongst these priorities?

Rick: Because I came from training, I left my pen in my car. Do you have a pen I could borrow? I want to write that down if you could repeat that. Your question was?

RW: On page 15 section 6 it says the allocation expenditure summary, in terms of...

Rick: Item 6 where is that sir?

CW: Page 15

Rick: I'm on page 15.

BG: Top of the page

CW: Top of the page

Rick: Oh, it's section 6 please go on.

RW: In terms of the money you received last year, \$62,100 how was that spent in the different priorities?

You list St. Charles therapy 23 clients, psychiatry 69, case management 113; that's well over 140; so, if you're serving more clients than you're representing then that's fine, we appreciate that. Just how the numbers are written down, you're saying you spent more than we actually gave you.

Rick: More than likely true. Remember that statement that I made about what it costs for psychiatry? It's about \$370 and that was four years ago. It's a bit more than that and we get reimbursed, even with the subsidies that we get its significantly less. Does that help?

RW: No but that's all just in terms of that it's a very nice chart but the numbers aren't quite adding up. You're saying you're serving over 330 St. Charles residents, unduplicated, then, give yourself credit for it here. Because you said you served 140 and you're projecting to serve 278 this year

Rick: Yeah, right uhm I can't answer that because Tim filled that out. What I can say is thank you, we'll try to represent that. We do spend more.

RW: I'm sure you do.

Rick: Tim is our CFO by the way.

MC: Thank you very much. Did you get a sheet here?

Rick: I would love one. Thank you for your time.

BREAK – 9:43PM

9:45 PM NAMI – Liz

Liz is a current board member of NAMI KDK and held a former role at Lazarus House from which she's since retired. The new Executive Director, Laura Martinez who has just accepted that position a couple of weeks ago had a prior commitment to deliver a presentation for a program she was spearheading. Liz was asked to fill in today. Liz shared what the organization works to do to serve people. Liz discussed the NAMI helpline which provides information for support groups and education groups for families affected by mental illness. Liz discussed the stigma in seeking resources in one's own hometown. Many are willing to go a town or two away to seek help.

CD: I have a question, but again I know you didn't write it so I hope you can answer it.

Liz: Let me write notes.

CD: Number 8 priority 1, I was a little confused by the way that the service hours, because it says, the way that the service hours are tallied are it says 1 presentation for 1 student, and my guess is the presentation isn't just for one student.

Liz: Absolutely yeah.

CD: So I think those calculations and number of service hours might be incorrect, and you probably don't know what the correct ones would be.

Liz: I wish I could tell you, ok good question. Thank you so much. Anything else? What I can tell you is I have been on the board of NAMI KDK for about 6 years now and this is a very small but mighty organization.

CW: It is. What I was just going to say what you guys can accomplish for your budget, is pretty admirable. It's amazing actually.

Liz: It is amazing! and I will tell you under our recently departed executive director, she wants to remain as a volunteer; she was too good at what she did. What she did is she created awareness throughout our service area and the

interest, and the needs have just exploded. This is done, mostly by volunteers. We have three program coordinators that are 10 hours a week. We have our executive director that, our new contract with her is 20-35 hours a week which is not much I need to tell you. When the efforts that both Carol and Laura have focused on is to develop that awareness in the community so you can imagine how much time it takes each week just to participate in the networking opportunities and that doesn't include sitting down at a desk and doing all those other things that need to get done so it is miraculous what this staff does, and kudos to them. I'm just a board member that gets to do this once in a while. You're right thank you and I'll let them know that you've said that Carolyn.

CW: The other thing I was going to say is that last year, again we just had this with a different agency and I don't know if it's just the way it's being presented. We surveyed 276 last year and this year it's 136...

Liz: Last year, 276, from St. Charles served?

CW: Yeah from St. Charles...

Liz: St. Charles residents served...

CW: and this year it says 136 so I'm not sure if it's a presentation...

Liz: It might have been, and I'm making this up, it might have been that they were anticipating some "Ending the Silence Presentations at one of the two high schools and that would have a dramatic impact on the numbers of people served, but I don't know that for a fact. But I can ask! And this year it is...

CW: 136

Liz: 136, ok I will ask that

CW: So, I'm just not sure if it's less people served, or our presentation? Maybe a couple focus groups?

Liz: Could be that is my guess though.

CW: I didn't see it in the many pages though so.

Liz: Thank you again for all of your hard work.

9:54 PM Lighthouse Recovery – Marty Keifer & Nathan Lathrum

Nate discussed they've been able to grow rather significantly since last year. They provide services to anybody in the area. In March of last year, they started working in the Kane County Jail almost full time providing all the addiction treatment services for the jail currently. Last year approximately 200 people passed through their services. While incarcerated services are paid for by the County. Once they are released, individuals leave custody they come to Lighthouse free of charge. Lighthouse recently purchased a building from Lazarus House and are turning that into a fully functioning space to use for Lazarus House guests. Lighthouse is providing the bulk of those services for them for free. The house is under renovation, they expect it to be fully functional within about 2 months. Intakes and assessments are already taking place at 5th and Illinois. Marty spoke to the numbers on the application and discussed the application. As of the writing of the grant request 18 clients who received funds, however as of

the past Friday it is now 24, so they've added 6 people in the last 6 weeks putting them on target to meet the amount of money. They served 133 new St. Charles residents in 2019 which is a 29% increase from 2018. Lighthouse expects to serve 150-200 clients through the Lighthouse Foundation. Currently they have 50 active clients of which 24 are St. Charles residents. Approximately 50% of all foundation clients are St. Charles residents. They've reduced individual therapy which depends on client mix. It ebbs and flows. They also did note a decrease in the total program cost, so we felt it was appropriate to adjust the numbers. They hired 2 employees who had started as volunteers and one is now a full-time employee and one part-time. Lighthouse provided \$38,595 in services at list price of which \$8,585 in 708 funds. That is the trend expected to continue.

RS: You say you're anticipating 85 individuals this year but on your cover page you have 833.

Marty: 85 accessing the foundation funds so there were 133 new St. Charles residents.

RS: That's hard for me to understand, if you could somehow differentiate

Marty: Ok

CW: Differentiate that in words? So, 85 are accessing funds but 133 are at recovery?

RS: Because you know I'm looking at numbers.

Marty: Ok, sorry yes, it's 133 St. Charles residents in our program in some capacity. but.... Are accessing funds...

CW: So, is in recovery or foundation?

Marty: Correct, so it's 133 residents but right 85 of them are accessing funds

CW: Yeah that's a little hard for us to differentiate.

Marty: Ok

CW: We do an aggregate number of how many people that are helped through the City of St. Charles by our funding allocations and so we like to try to keep an accurate number of what that is, just so when we report it out to Council which Mr. Silkaitis is one of our Alderman so he helps us keep on target with that. We report all this out in June. We want to make sure it's accurate as to how many people we're helping through the access of our funds. Does that make sense?

Marty: Ok, yep.

CW: So, for that purpose we can use the 85 for accessing funding. I have a question about the Lazarus location, your second location, you're going to use that exclusively you think, for Lazarus?

Nate: The thought right now is to use it as a community reentry point. That could be for people who'd be coming from the jail to meet down there but primarily the way we worked it out with Lazarus House is we purchased it from them in order to serve those residents.

CW: ok but it could be community reentry?

Nate: Correct

CW: I wasn't sure they had that many people they're serving

708 Mental Health Board
February 27, 2020

Nate: So, anybody that needs it there, will get it there from us without question so it's not just for...

CW: But not excluding

Nate: Absolutely

RW: You'll still keep the 5th street location?

Nate: Yes, and it's actually our 4th office.

CW: you're all technically one site even though you're split up?

Nate: Yes

CW: Could I ask one more question do you mind? On page 3 number 1 just for my curiosity, actually it goes into, sorry I have the page wrong it's question 5 that goes into page 5 but you talk about 'we expect lower recidivism rates' I would like to see if you have any data; if you have any data points that we could see. You guys have some data points that we don't see other places you know what I mean, so if you have any data points on the recidivism rates I think that would be interesting to submit. That really could be interpreted as an outcome for your program.

Nate: Let me speak just quickly to that. In the first year while we can't necessarily look at recidivism because we haven't had that amount of people released, I mean a lot of them stay in jail for quite a long time. The data points that are coming out of the jail right now and this is direct from the sheriff's department at this point from March, which is when our services began, until now there's 95% reduction on staff assaults, so inmate to staff assaults. There is an 85% reduction on overdoses in people that left the jail through our program, into the community. What the sheriff's program did is they compared all the numbers directly from the coroner's office of every person that died in Kane County last year from a drug overdose. What the sheriff's department did is it cross referenced that, from all the people that were in-custody of the jail and so over the course of last year we decreased the rate of fatal overdose by 85%

CW: Yeah, we saw that slide. That was the slide that went from 8 to 11 to a 2.

Nate: So, in terms of just what we can say, what we're doing with these programs now they work. So, with recidivism rates that's probably going to be a year out before we'll be able to accurately say that there's anything that we're looking at numbers-wise. But that all not only being tracked by the sheriff's program, and by us but we have an independent analysis from Chestnut Health Systems in Bloomington they're tracking our data.

CW: Ok. I'm stuck on that sorry. I asked that question to the sheriff's office too.

Nate: Yep

CW: I'm stuck on that data point for usage, and violence so...

Marty: We have a direct link to the ER as well so we might lean on our contact in the ER to talk about that. The ER expenses are astronomical.

CW: Right. Anyone else?

RW: You had a reserve of 115, one one five is that going to carry forward? So you know, the allotments don't come until later in the year like August, November.

Marty: Yeah

RW: So you wouldn't be seeing any funding again until August and November this year, is that going to last you?

Marty: Yes. It's going to either way, something else to note on here, even the allocations that I put on here you know whatever amount it was for individual services, we are not stopping any services for anybody, when we run out of funds we're going to continue to provide those services either way.

CW: Yeah you run them regardless of whether the funds are there.

Marty: Correct

CW: Alright anyone else?

BG: Bottom of page 3 number 1 I guess I'm just unclear on it you say provide no cost treatment to those who have no means of paying for treatment these individuals include those who are currently homeless lacking even minimal insurance coverage or suffering from mental illness or severe illness. So, you say that you... why is this saying that you...?

Marty: I'm sorry I think I just worded that poorly. I think the intent was we can't do that in perpetuity, without this type of funding. This is what we need to provide that type of service, so I think I just worded that...

BG: Ok so you're not saying for people who can't pay?

Marty: No absolutely no

Nate: In fact, that's the bulk of our program.

CW: Alright. Thanks for coming by. Good luck to you.

7. Future Agenda Items

A. Allocations

8. Adjourn

Chair Waibel asked if anyone had any closing comments or questions before they adjourn?

Board members had one suggestion, why doesn't everyone come with a proposal and they come to a consensus. Round table discussion on whether that detracts from using the rubric. Chair Waibel recommended they don't list it out on a spreadsheet.

Chair Waibel did recommend they make note of the priorities on the applications and see if they align with the mission of the St. Charles 708 Mental Health Board and make notes to be prepared to complete rubric numbers.

Chair Waibel asked for a motion to adjourn the meeting

Motion to adjourn made by Denz second by Gacic

Voice Vote Aye: 6 No: 0

Meeting adjourned at 10:19PM

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

708 Mental Health Board

February 27, 2020

4446 or 800 526 0844 (TDD), or via e-mail at jmcmahon@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).

