

MINUTES
ST. CHARLES COMMUNITY 708 MENTAL HEALTH BOARD
Thursday, February 24, 2011 – 6:00 p.m.
Committee Room – Municipal Building

MEMBERS PRESENT: Chairman John Rabchuk, Barb Gacic, Mike Penny Jim Martin, and Nancy Kane-Richards

ABSENT: Maureen Lewis and Terry Murphy

The St. Charles 708 Mental Health Board met at 6:08 p.m.

Motion by Mike Penny, second by Barb Gacic to approve the minutes of the February 25, 2010 Mental Health Board meeting. **Voice Vote:** Unanimous; Absent: Lewis & Murphy; motion carried

John wanted to bring the board members up to date on a few things that have happen since the last time everyone met.

End of September John received a call from Darlene regarding the Crisis Center of Elgin. Lazarus House uses their services all the time and they really fit the qualifications of the MHB and they are really hurting for money. Gretchen also called from the Crisis Center and John stated they would have to fill out an application and we would see what funds the MHB may have available. At that point in time, since taxes were not collected in a timely manner, the amount of money the City thought they would receive was not available, so at that moment we only has \$1,500 in our bank. All the second installment of checks were due to go out in the mail the next day. I had to make a quick executive decision to either call back all the checks and call a board meeting to reallocate funds or do I let the checks go as was decided and tell Crisis Center the MHB does not have any reserved funds at this time and that's what I decided to do. We encouraged Gretchen to apply for the next cycle which she did. Also, you received an email from Terry Murphy who visited the Crisis Center and have his comments on them.

Another thing that has happened is that the City Council decided they would charge the 708 fund for direct expenses involved with allocating the 708 money. This is mostly for Tina's administrative help throughout the cycle which is approximately \$3,500. This has not been done before and wanted the board to be aware of this.

Also a couple of years ago the Council requested an assurance by those agencies that we fund that no person would ever be denied services based on their ability to pay. Ecker was one of the agencies who had stated they may not be able to service St. Charles residents when they ran out of money and that was not acceptable by the Council if they were going to receive funding from the City. So, Chris Minick and I drafted a letter at that time and told about that situation. The Council is now asking for a certification of

that, so a certification affidavit was created and due to the timeliness, it will be handed out tonight to the agencies for them to sign and return to Tina.

Tina got contacted by a couple of graduated students from Adler University who are getting a degree in mental health and they need to attend some community programs, such as ours, and take notes for their class study.

Jim Martin has returned to the MHB. He's filled the vacancy left by Cliff Carrigan. John brought him up to speed of how the board does their process of the meeting for the evening. We will also need to review Crisis Center in depth to determine what classification they will fall under: A/B/C.

Mike: How are we dollar-wise in the requests for funding this year compared to last year?

John: We allocated last year \$727,000, but we took a lot out of reserves. We now have about \$30,000 currently in reserves. Our allocation this year is about \$625,000 which was about what it was last year before we took out additional reserves. So we are close to last year's request.

Barb: In looking at the fund balance roll forward sheet it states we only distributed \$724,500. That's a \$2,500 difference from what we show we disburse and that \$2,500 doesn't match any other amount. Tina will look into it.

Tina: I did find the \$2,500 difference which appears to be a clerical error. Fox Valley Pregnancy Center asked for \$6,000 last year (FY10/11). We only gave them \$3,500 (hence the \$2,500) difference. The table showed we gave them \$6,000, so the total money allocated last fiscal year was \$724,500.

Mike: Agrees with Terry statement that in the event that the funds available from the City are reduced from previous years, he would favor an across the board percentage reduction of each agency, but would favor reducing the "C" class by the greatest amount, the "B" by the next amount and keeping the "A" intact as much as possible.

John: Whatever we do has to be approved by Council, but one of the reasons we did the A/B/C classification was to say if we had extra money, than our A's were going to get the extra money, B's are questionable depending where are funds are but the C's are definitely the ones that have to take the bigger hits. We don't even have anything allocated to the C's.

Barb: I was very offended by Easter Seals. Not only was their request outlandish, but once again they did not break out the autism from the mental health children and I don't want a marketing brochure. I want a financial statement showing their financials.

John: Your request is more than valid. Just say you are asking for more than double the amount of funds. What is it you think qualifies you for that and given our charter and where does that fit?

Barb: They even have someone who is writing their funding request and is not geared to following criteria that is being requested or just glossing over it.

John: The purpose of the five minutes we give everyone is for them to answer our questions; not for them to grandstand but to explain here is something new that you may not have seen that we started this year and we really think it fits the 708 funding requirements. And in your particular case you ask them why they are asking for more than double the money and what is going on and explain to me how you feel justified for the request.

Nancy: Everyone is going to make an issue about the state budget who is being faced with a 56% cut funding including me from my own job. I've already starting planning for it. It's a sad situation but it is across the board. We have never faced a budget crisis like this. We won't be reconnecting people's gas and helping them with their furnaces. It's a reality about everybody is getting hit. They've been cut over the years drastically and have a lot funding problems in the past and there are some funding sources that have dried up for them.

Introduction of guests: Brett Simon, Masters of Counseling and Guidance Students of Adler School of Professional Psychology. We are taking a community psychology class and one of our assignments is to visit different community groups or board meetings to learn about what community resources are out there. I've actually worked in the mental health social services field for about 10 years. Eden Lessor, graduate student of Adler School of Professional Psychology, also seeking a degree in hypnosis. I've a year so in the mental health systems.

John: Most of the agencies before us tonight have been coming to us for several years so we have a familiarity and routine with them. They submit a very detail request for their funding and all the services they provide and how they are going to use the money; so the purpose tonight is for them to refresh us about any new programs they have and for us board members to ask any questions they saw on their submitted documents. They don't go through their whole program in detail.

ECKER CENTER – Karen Beyer, Executive Director. Requested an amendment to their application for funding request. The amount on the application is wrong and would like to change the amount to \$92K.

John: We will amend your request. You realize last year we were fortunate enough that we had some extra money in reserves and one of the board's directives is to put the money to use rather than sit on it.

Karen: In October state funding limited the amount of hours of service that they will pay. We serve people with the more severe mental illnesses – psychiatrists. There are two groups – those with very serious psychosis and then those with severe depression and anxiety disorder. People with these less severe mental illnesses can now only receive from the state that they will pay for is two hours of evaluation and emergency services if they show up at our facility. For those people we are now totally dependent on other funding options. People with severe mental illnesses (without Medicaid) get five hours of case management in a year, three hours of medication monitoring with the psychiatrist and a couple of hours of evaluation.

In October the state limited the amount of therapy for less severe patients. They can receive up to 10 hours a year; psycho-social rehabilitation to 200 hours a year. Some of these patients really need to come four days a week because they are not going to become functional if they receive less time. Two hundred hours allow them to come one day a week. There is a possibility of appeal but appeals are being turned down.

In January of this year people who are on Medicaid because of their age, blind, and disabled are on a pilot project where the state has hired two insurance companies to manage the Medicaid for these people. This was to start in January but the insurance companies haven't gotten themselves organized yet to do this. This is now to roll out in April and what will happen is that people on Medicaid will no longer be coming to Ecker. The state has now hired a third company for these people to go to that work with the insurance companies who decide what providers they should go to. The state expects to save \$49M in this little area in Medicaid. The Medicaid pilot project also includes hospitals.

So the state has systematically, across the board, taken money from the people without Medicaid and then the people with Medicaid get less service. We are managing, we've cut back, writing more grants, and increased our fundraising efforts. Also Renz wrote a SAMSA grant for their own clients who use several of the other services such as ours so there is money for us and other agencies.

John: That is one great thing about these agencies working together in sharing and reaching out your resources amongst each other.

Barb: You said your intake is 2 hours. What did it use to be?

Karen: We are required by the state to do a very comprehensive intake. We are also required in order to do business with the State of Illinois to be accredited. This is a good thing because they require a lot of performance improvement from us. It is a very structured program and we wouldn't give it up. On the other hand they require us to gather a lot of information so when someone comes to us we have to do this huge assessment.

REQUEST: \$92,000

LAZARUS HOUSE – Liz Eakins, Director. Liz Eakins has taken over the position of Darlene Marcussen who will be returning back to Lazarus on a part-time basis. Right now we have a concentration of guests as we, people of social services, have been aware of for a number of years. Some of these are folks have been living on the street since before Lazarus House was formed. Age and substance abuse has taken its toll on them. They have come to us with very humble hearts and they are ready to do what they need to do. It is a privilege for us to be in this position to link to what they need and to offer them some peace. We have one man who has been with us for 3 months and who was coming to The Salvation Army before Lazarus and his parents are allowing him to live in a tent. Things went south and he came to us and we have been able to link him with services through Renz Center. For 2 months he did not want to go outside of Lazarus House because he was doing so well and was afraid he would fall off course. With support from us he is doing better and is dedicated to his sobriety. We have linked him with a volunteer who is teaching computer classes because he can't apply for jobs any where due to electronic applications and he just recently got a pair of glasses. The other great thing about him is that his case manager got a paper listing things he was grateful for and a list of things he was going to do to show his gratitude. He has really turned around.

Our numbers this past 12 months have been higher, but recently due to the extreme cold they have been a little lower and we suspect people are not kicking people out due to that. But as things start warming up, we expect the numbers to increase. Our outreach numbers are way high, our calls for emergency assistance last year were around 180 a month and now we are at 230 a month with people looking for money for high heat bills. We still have money from a government grant a year ago of half a million dollars but that will end June 2012. Right now we have 15 households enrolled in those monthly subsidies.

REQUEST: \$53,600

LIVING WELL CANCER RESOURCE CENTER – Nancy Vance, Executive Director, Missy Petty, Therapist and Program Coordinator, and Gretchen Everly, Program Coordinator and Clinical Social Worker. Cancer doesn't discriminate. You can have a history of bipolar, depression, anxiety, struggling with bereavement, struggling with sexual abuse or trauma issues. Often times the diagnosis of cancer can exacerbate the underlying issues that are already there. If people are already anxious and have to be vigilant with their immune system, it can very quickly send people into the stratosphere and Living Well provides those services free of charge to those patients who are already being financially taxed for their medical services. A lot of people lose their homes, jobs, and don't have insurance; so being able to offer those services for free for people who already need mental health services to understand the oncology piece by itself and how that can often exasperate an existing diagnosis is really important.

We have also noticed that physicians often don't have the time to identify those issues in their patients. There is also a stigma in seeking out mental health services; so by developing "Connect-a-Care" it gives us an opportunity to do an assessment and identify patients who are under stress, anxiety or depression or other issues going on to follow up

with their physician and to make a team of care. So we are able to oversee their mental health needs and work with their physician to see that they are getting the medication that they need and that their physicians are aware of their medical health issues. The other piece is mental health which deals with anxiety, depression, bereavement, sexual abuse, and trauma; but there is also a correlation of people with history of drug or alcohol use and a cancer diagnosis, and that is being exacerbated by the diagnosis.

Some patients may be in recovery, but here comes these mental health issues from the past. What coping mechanisms do they have to put in place to deal with that? Often times our patients are on addictive medications and have a past history with addiction. We help them with what brought them into that addiction and how can they manage the medications appropriately with some of those old mental health issues resurfacing. That can be a huge challenge.

We are in the St. Charles schools a lot talking with teachers, identifying the students who have these parents that have diagnosis of cancer, and looking at some of the mental health issues that are going on with the students and how can we help them at Living Well – offering them counseling and group counseling free of charge. We also get called into the schools when a teacher has been diagnosed with cancer and how do you share that information with the teachers and communicate that information to the staff, children and parents of those children. So they have been called in to do in-service to the St. Charles School District. We see couples, families, teams of children; so it's really important to make sure that you are addressing those grief issues early so they don't wind up on the wrong path. There is a lot of correlation of losing a parent in your teen years in developing addictive behaviors or developing reckless sexually promiscuous behavior and being able to intervene early on and provide and address those issues with people who work in those areas.

John: You have really been pioneers in this whole physco, social treatment world of cancer. I know you have been written up and recognized in a much broader area than just in our community.

Nancy: We have been published twice in national publications. We are part of the advisory panel that interviewed us and we practice across the country and we are very proud of our "Connect-a-Care program."

We are also a part of the Survivorship initiative too which is what the Advisory Council contacted us about because there is a lot of tension and pain of people going forward out of cancer treatment with a lot of anxiety or depression. People who have had history of sexual trauma or abuse and are diagnosed with a gynecological cancer or breast cancer – it really opens those wounds for them. They cycle through their cancer treatment and kind of get pushed off by their medical provider. We provide that after-care and make sure they understand the transition into recovery, know what is the standard of service to the patient, and make sure they know what to look for.

John: Some of the doctors over at CDH are using you now. Its just part of the overall cancer treatment.

Nancy: Absolutely, and Missy and Connect-a-Care are part of their treatment plan. The patients see Missy just as often as they see the physicians.

Missy: It's great we can address some of those issues right away and get them into a treatment plan so they can have the best possible outcome. These are people with all their mental health issues and then they have cancer. Cancer normally doesn't come first. Most people we see, the mental health issues were there and then comes the cancer diagnosis that acerbates all of this. Also what's nice about being in the hospitals and the practices is that we can address crises issues in the moment. The doctors just don't have time to address it and are not well equipped either. Patients can get agitated and hostile and have allergic reactions to medications. It can get intense and it's nice they can have someone there to provide our kind of service while the doctors focus on the medical care. Also clients can come out of cancer treatment with issues of anxiety, depression, and OCD.

John: You are self supported?

Nancy: Yes, we receive no state or federal funding and we are dependent on charity. The community has really embraced us and we are blessed by all the support we receive. We have 50 programs and all of them are free of charge. **REQUEST: \$20,000**

EASTER SEALS DuPAGE and the FOX VALLEY REGION – Mary Ellen D'Arcy, President and CEO. Have locations in Elgin and Villa Park and we have served 54 residents from St. Charles this year and that means people who have received our direct service, our therapy service as well as counseling services. The part that is kind of invisible in that number is that we are serving the families of those individuals. All the work we do is in the context of family. In terms of the kinds of therapy we do, the family members bring the clients for the social service counseling, behavioral counseling due to autism, and family members are part of the consultation and working with the therapist. Went into detail on their autistic clients. A third of St. Charles residents are in the autism program.

Barb: Did not find any financials statements attached to your application. Only had a small insert in a marketing brochure and would like to see a detailed financial/audit statement.

Mary Ellen: Will send Tina a copy and will attached them in the future.

REQUEST: \$75,000

DAYONE NETWORK – Joyce Helander. We are a not-for-profit community based agency that provides independent service coordination and advocacy services to developmentally disabled individuals of all ages. The agency receives referrals for

services from local providers who serve individuals with developmental disabilities, school districts, programs for the homeless, etc. Cases are becoming more complex, and emergency requests are growing. We are seriously looking at a private services division because there is a big group of people. We have people over the IQ of 70 who need help. I no longer have a receptionist due to financial cutbacks so we are working with Kaneville School who has Special Ed students that we have become a work site for. They come with their job coach and work on office practices and janitorial work. We have one young man who comes and does shredding for us and we could perhaps do some of these job tasks in the private services sector. Our Child and Family Connection program got cut by 40% this year and we have 2,300 kids coming through who we need to get into them moved into services. We have a bigger job to do now with no additional funding. We are participating in a pilot program that the state has and it has to with Medicaid and upgrading that.

REQUEST: \$8,000

HAINES MIDDLE SCHOOL T.E.K. – Charlie Kyle, Principal and Grant Montgomery 8th Grade Teacher & Intern. One of the things that makes Haines different from the other schools is that we have activities from lunches to last week when we took 51 students to a basketball game and anything from between Snowflake Program which makes a connection for the middle school kids with both Thompson and Wredling, and moves on to personal education plans where we figure out which kids are falling through the cracks and we track them all the way through middle school. Our enrollment is about 1,100 of which 451 are St. Charles' residents (46%). I have had four activities of addressing kids who are at risk who just don't get invited to things and get overlooked. We've done activities for kids who have been identified at being at risk and also invite role model students to these activities.

Nancy: When you do an activity/trip that does cost money, do you reach out and give a scholarship to those students who can't afford it?

Grant: Yes, like for the DePaul game it was only \$10 to attend and we paid for kids who can't afford it, but we will also ask parents to pay a little more if possible to help stretch our dollars, which some do.

Nancy: Do you do fundraising?

Grant: Yes, we have a magazine/book fundraising campaign. This year we got \$7,000, other years we've gotten closer to \$10,000. With that money we don't just target the kids from St. Charles but expand out to other kids outside of St. Charles as well.

John: Have you been able to track attendance records and discipline problems, etc. based on the results from these programs.

Charlie: On the last page of the application we compared our discipline from year to year and this takes every single kid we have that shows you where we are at. In 2009 we were at 251 and we have gone back up to 356. There are some things that have gone

down. We use a school year and last year we had 99% of our kids in a T.E.K. activity. We make sure we get to everybody and if we don't, it is because that student has chosen not to do it.

John: Overall the middle schools do well with the T.E.K. programs. It's unfortunate we have never been able to get the high school involved with it.

Charlie: We have five feeder schools in Haines: half of Anderson, Corran, Ferson, Wildrose, and part of Wasco. We are north mostly. **REQUEST: \$7,000**

ASSOCIATION of INDIVIDUAL DEVELOPMENT – Lynn O'Shea, President. We provide services to individuals with various difficulties in physical and mental health disabilities and those who have suffered trauma and those at risk. Last year we serviced 5,400 children and adults primarily in the Fox Valley area and it has been a challenging few years. Our funding is primarily 35% state, 35% federal and 30% of community funding. Last year we credited services to 101 St. Charles residents. The services we provide include 85% of children and adults with developmental disabilities. Our children services include Respite Care, Children In-Home Support and Therapy services. 76 adults are met with day services, job training, group homes, and many other services. Our group home currently houses five but could house six if the economy keeps falling. These are very challenging times with all the state funding cuts that are affecting our job training programs and mental health programs.

John: Do you still have businesses that are funneling work to you?

Lynn: We do, but that funneling is down as well. Many companies that have been doing business with us are shipping their work to China.

We are at a point that we now have more people waiting for our services. As of February 7, we have 115 St. Charles residents that are officially registered and waiting for services. 60% of these people are waiting for housing and the rest are waiting for other services.

We did not ask for a funding increase this year. St. Charles was very generous in giving us more than we asked for last year. We are trying to just hold our own. Your funding helps keep people out of shelters. **REQUEST: \$80,000**

SUICIDE PREVENTION SERVICES – Mari Wittum and Steve Binns, Volunteer Coordinator. Steve is a resident of St. Charles and came through the ranks of SPS through the United Way of St. Charles, so he has a lot of good city connections. We are doing a lot of good things in St. Charles. Getting into the school district was one of our big pushes and have done well with education with the high schools. One of our big pushes for this year will be to start educating the middle schools. We have a good middle school program called SOS and doing some collaborating with Linden Oaks.

John: Are you involved in this new school district program “Youth Cares?” This is the new one that they are trying to get up and running and kicked it off with a survey of the high school students to identify issues of incidents of suicide with the students and try to figure out what to do.

Mari : Right, we did a series of talks at the St. Charles Mall and brought the community together to get ideas just on those kinds of issues, but that was just dealing with the subject of suicide at that time.

John: There is a national program that is to involve the youth more in the community as a whole at every level. Why aren’t the youth involved in this activity, this board, etc., being a part of something instead of kids hanging out at the mall.

Mari: We will be having a fourth annual Yellow Ribbon Walk which came out of the suicides here at St. Charles and we are proud to say that a majority of the walkers are St. Charles’ youth who go from St. Charles to the windmill and back. That was one of our very first big things that we were able to tap into and get the youth involved. One of our other initiatives to get youth involved for us is that we are going to start a Youth Board that will actually kind of be a part of our regular Board of Directors, and has some input of what they feel are some of the issues just for them and how is best to focus on those for their age group. It is going to be called “Twenty, Teens & Tweens” to cover all these age groups.

We have also this year got up and running our Survivors of Suicide Attempts SOSA group. It runs two times a month. It’s a pilot program and it’s turning out to be a really great program. All across the board we continue to see St. Charles’ residents come and getting help from us. Most of our programs are not funded even though we give them a cost base analysis, but we do not charge for them. Steve has been actually doing some work with the Catholic churches and provided them questions that they could take back to do with their work groups.

John: Your numbers show roughly 450 St. Charles’ residents. Does that include the 250 that are at seminars? They weren’t all one-on-ones?

Mari: No, they were not all direct one-on-ones and I don’t know if the numbers from the Yellow Ribbon walk were included. We don’t have the numbers for the hot-line either. Those are somewhat hard to add in. Overall our numbers are just skyrocketing. It’s a good and bad thing. Obviously people are making that call and we have a lot of third party calls as well. We have our number on the back of the high school student IDs in case there is ever any kind of need to call in. St. Charles was the first to pilot that and we now have Geneva and Batavia coming on board for next school year.

REQUEST: \$17,000

FOX VALLEY HOSPICE – Kathy Melone. Last year I talked about the two different segments of hospice: the whole hospice aspect and the bereavement aspect and we have

seen a lot of growth in both areas this past year. We served over 10% of St. Charles' residents/clients than we did in the prior year. We are experiencing a growth in all of the communities. Even though the numbers are growing, we are asking for the same amount as last year. We are using our resources wisely and have cut back on a lot of our staff going from full time to part time and not replacing employees as they leave when we can. We have rebranded our hospice program. We are doing the exact program in terms of serving terminally ill patients, but we are calling it "We Care Supportive Services." We found through repeated attempts that people sort of freeze up at the word hospice and people are very much in denial that they don't need hospice when we could be doing so much to help them through their experience. People are being much more responsive to coming into our "We Care Support Services" program and taking advantage of all the emotional support we can give them, spiritual support and general assistance. We feel this has been a very smart move. The hospitals in the area have been extremely receptive to how we are handling this program and they are seeing the exact same thing; because when they use the word hospice, people recoil.

We are really seeing a lot of our growth in our bereavement services. As the economy has really affected people, they are still dealing with the same issues of death, dying, grieving. They don't have funding to go anywhere and all of our services are free of charge. Our support groups are booming and we are tailoring our support groups to the issues that we are seeing out there.

Light Finders group that deals with a support group for survivors of suicide continues to grow and unfortunately flourish. This is a really needed service. We are seeing a lot of people coming to us with a very specific need of losing a child. So we just created a service called "Cherish Children" and that is for any parent or individual who is devastated by the lost of a child and this is also doing very well. We do try and get out there and meet the needs.

Our children services are booming. If children don't feel their grief appropriately, it can really affect their behavior, school, can lead to substance abuse problems, depression, all kinds of things down the line. We are really making strides to get into the public schools and meet the needs of those children. We have made real great strides this past year with the St. Charles public schools. They've embraced our programming. Our children counselor has made a concerted effort since we have been well received with Aurora schools; and with a school size of St. Charles, this has really been one of our priorities. She has made a lot of contacts and we are getting a lot of responses from the schools, social workers and counselors of the St. Charles public schools referring children to us. We are becoming very deeply ingrained with St. Charles.

John: It seems like the last couple of years your agency has been financially struggling, but you are really getting your act together – financially. You have always had great programs.

Kathy: I've been with Hospice for three years, but have worked at several different places in the past, and I would say this is the best run organization that I have ever worked at. Our Board and Finance Committee has made some drastic cuts over the last couple of years and we are lucky to have really smart and talented volunteers that we can rely on and they have been really able to absorb the fact that we don't have any office staff. We have all office volunteers, who manage phones, clean used equipment, staff it, etc. They are really committed volunteers and one of the best run organizations I've seen.

John: There were a few years where we wondered if Hospice was going to be able to survive or not, but you really have stabilized yourself attributed by you and your staff and volunteers.

Kathy: We have 4 full time and 9 part time staff members but we still have 1,500 people a year that we couldn't service without our volunteers' help. **REQUEST: \$32,000**

COMMUNITY CRISIS CENTER – Gretchen Vapnar, Executive Director. Crisis Center has been operating for 35 years (since 1975) and we serve three main populations: domestic violence victims, men and women who wish to change their violent behavior, survivors of sexual assault and significant others, and we serve people whom you all call the homeless, we call the Economic Crisis Program. We are one of the few shelters in the state who have combined services. Many domestic violence shelters are just domestic violence shelters. We have a real significant partner here in St. Charles and that is Lazarus House. In fact we do a Domestic Violence Education Group at Lazarus House and exchange resources and services there. People can access our services on a 24-hour hotline which is staffed by paid professionals, trained (at least a BA degree) members 24/7 for these 35 years and they also come to the door with a crisis situation or they receive services while they are in shelter. When a domestic violence or sexual assault victim comes to us, they receive counseling, legal advocacy, help through the means of social services, if they need clothing or shelter they can stay with us for approximately six weeks as a temporary shelter situation. Legal advocacy – we will help people through the law enforcement stage with the State's attorney. If a domestic violence victim or sexual assault victim appears at the hospital, we split our services with Mutual Ground in Aurora, the hospital will call the Crisis Center and we will send a volunteer advocate who has had 55/60 hours of training through the hospital to meet with the victim to give them support and information through the process. We are not medical, we are not legal, but we are advocates for needs of sexual assault and domestic violence victims.

John: Let me give you some background on the 708 Board. There is a paragraph in our home rules ordinance that allows cities to allocate a portion of their funding to mental health and substance abuse issues. The City of St. Charles has been generous and has a percentage of their budget allocated every year for that purpose. This board recommends how that money should be allocated to the various agencies that apply. Our process is to come up with an allocation, submit it to the Council, Council approves it, and those funds are dispersed in August and November. Our charter is mental disabilities, mental illness,

and prevention of related mental illness problems, and substance abuse. Many of the agencies that come in serve a broader range of clientele, but our focus has to be on just those aspects of it. Also because this is St. Charles' money it has to be spent on St. Charles residents, not just mailing address, for example, 60175 zip code – most of those do not qualify, because of city money in itself. So of those people that you see and identify in here, do you have a feel of how many of those are related to mental health or substance abuse issues?

Gretchen: We have been funded by the Hanover Township 708 Board for about 23-25 years; so we understand 708 and this is the first time we are coming to St. Charles. We also were active in trying to get the 708 Board in Elgin but it did not happen. Any crisis that a family or an individual has is a potential mental health attack on the person – when people need information, don't know where to turn, when they need support, need shelter. And in our last 35 years in our shelter, particularly, I have seen a very big change and that is very few of our shelter residents do not have issues of mental health and have mediation – I would say on average of 60% or they are dealing and have issues of addiction. People in crisis have a wide variety of needs. Everything from daily hygiene needs, counseling, shelter, advocacy and we work so closely with our homeless agencies and we are seeing very serious issues. With our 24-hour hotline, information referral, we also manage the Kane County Guide to Community Services which is a web base and we are averaging 365 potential suicide calls a year because of the 24 hour hotline. We are also challenged by our economic times as everyone is. We get very little funding from some of the charity agencies and we serve a significant amount of people. Our core service is availability. We are almost the same as the fire and police departments. If we only paid them for fires they put out – when your house is on fire, they won't be there. Availability 24/7 is what the crisis center offers to people with all kinds of problems including mental health. I welcome you all to come and visit anytime to see how we work.

John: Do you do some fundraising on your own?

Gretchen: Yes just about a million dollars a year. We do an annual auction every year, and do every small fundraising event you can think of such as selling popcorn at flea markets. Our budget is \$2.5M a year and 50% of that comes from government sources, but we have had to reduce our staff from 75 to 62 and most of them are part-time.

REQUEST: \$8,200

RENZ ADDICTION COUNSELING CENTER – Jerry Skogma, Executive Director. We received funding from a special program called Community Homeless Integration Project, a federal grant from a federal agency called SAMSA in October 2009. We work with a couple of other agencies Ecker Center referred to us. This is primarily for the homeless population with substance abuse and/or mental health problems. We work with shelters such as Crisis Center and Lazarus House and a clinic in Elgin – Greater Elgin Family Health and Care Center. We provide intensive involvement with the homeless population. This is the second year of a 5-year grant.

John: Your numbers in terms of clients from St. Charles appear to be down from previous years.

Jerry: I apologize, but I found an error in my numbers and our count is actually 12-16 higher – so it may be as high as 90 but won't go lower than 77. It is still a little lower than last year but because of budget cuts we had to cut back on some of our hours in our St. Charles office. We saw clients on average about 3-1/2 hours more per client 31 to 35-1/2 hours. Research shows that the longer someone is in treatment the better the results are going to be on average.

John: I was just surprise since we are starting to have more gang influence here and there's been more distribution of drugs that they been able to get involved with. I would of thought you would see more numbers in your treatment as an end result.

Jerry: There are pockets of poverty. 67 of 77 that we reported on have incomes less than \$1,200.

John: Is there an implication there that people with a higher income and have substance abuse problems are seeking private assistance?

Jerry: Yes, there are more options for them to pick from. We are seeing more instances of prescription substance abuse. That is in the higher social population. Marijuana use is still very prevalent and alcohol use is the highest by far the most abused. Harder drugs, cocaine and heroin, have a slight decrease from the past. The meth labs are more abundant in the rural areas. **REQUEST: \$75,000**

WREDLING MIDDLE SCHOOL – Renee Boehm. We are running things pretty much the same as last year to keep our program running and actually identifying students who are truly at risk.

Nancy: You have your application well broken down with percentages and its really nice to see that you are able to identify that and let us know exactly how this is working.

Renee: It also helps us and teachers know they have to be that specific and its making them more focused on what they need to do and it helps us identify what teachers are doing what kind of activities with what child.

John: Are you seeing impact on the disorders?

Renee: They feel happy with the after school activities. They feel a connection and want to do produce in getting their work done. Some of the activities makes them excited to be in school. It is also improving attendance and grades and we can look at those indicators to see how well a student is doing. A sense of belonging and connectivity are good assets for these kids and are what they need.

John: You should check with Haines on how they are tracking the individual progress of the students. They can see what the students are doing from year to year. You have been doing a good job with identifying the kids.

Renee: We are watching where our kids are with the levels of truancy, levels of at-risk behaviors, drug and alcohol, and all those behaviors. We are already up to 42 referrals with kids coming in and saying they want to commit suicide. We are identifying those kids and bringing them in for mentoring. It doesn't come out of the general funds. These aren't kids who just get bullied; these are kids with such deep rooted concerns that they are feeling that desperate. These kids that are being identified are from referrals or real specific incidences, not kids in general. We can call them by name.

John: It's good to see that Suicide Prevention is working with the schools to help as well. If you can give us numbers of the referrals that would be nice because then we can see the trend lines and see if it's making a difference. **REQUEST: \$7,000**

ELDERDAY CENTER – Micki Miller and Traci Eggleston, Development & Social Director and Lisa Kent, Intern.

Micki introduce what the agency does for their visiting guests.

John: Somewhere around 85% of your clients have some signs of Alzheimer's or dementia.

Micki: One third of our clients have early stage Alzheimer's, about 1/3 have Parkinson's or some sort of post-stroke and 1/3 are for socialization. But the overall population – over half have depression. A common theme with seniors is their age and their social circles become smaller because of all the death and the loss. There is a lot of anxiety about aging and, of course, the effects of dementia. Even though they are not diagnosed, the Alzheimer's and dementia symptoms we see are huge.

Highlights of the year – first you all need to be prepared for the seniors, because the baby boomers have come and most agencies aren't prepare for how many seniors are coming. We also got a part-time Development Director. We are trying to prepare for the future. Funding streams are harder to come by, so we are trying to make sure we are diversified. We now have Traci and also being a social worker she has given us the added chance to provide more counseling for caregivers. We just celebrated our 20th anniversary. We have served over 100,000 hours of care for clients these last 20 years. We increased our visibility in the community by participating in the parades and we also received a grant from the Retirement Research Foundation to partner with this fundraising consulting to help us learn how to check out new funding and work on corporate sponsorship. That is an area we have not hit before. We are trying to prepare for that onslaught of seniors that are coming. We have learned some new technology. We are on Facebook and we have revamped our website to make it more user friendly. That seems to be the way caregivers

are coming now in looking for help for their parents. Our newsletter that we print quarterly, we are trying to get that up running as an E-newsletter to save some cost.

Last year we provided 26,826.5 hours of care. Our people are happy. We are keeping them busy with structured activities that provide therapeutic value. It is fun and games with a purpose. It helps to defray the incidences of depression and reduce the anxiety level. Because if they are not with us, you are going to see them get more depressed and end up in the emergency room and have them be hospitalized. Our social workers work very hard and run groups as well as individual counseling. The testimonials from our families really speak for themselves as to how important this is to not only the senior but for the care giving family as well. We also have events/performances where we invite other centers to come and visit so we can get the most "bang for your buck" since all entertainers have to be paid and they do the same thing as well.

Some people don't understand what we do. They say they are just old people, let them take care of themselves. We are very cost efficient. If they weren't coming to us, you would be paying for them to be in a nursing home four times what you pay to have them attend adult day programs.

Traci Eggleston: I would like to touch on our therapeutic programs. As we age and are limited to what we can and cannot do, physically we find that a lot of seniors are sitting in front of the television and not doing anything. So the isolation can accelerate the deterioration process of both physical illnesses as well as cognitive. And then depression sets in. We find that our programming helps with decreasing that and reacquainting people with socialization needs and activities that they want to enjoy will help alleviate some of that. Socialization, sing-alongs, reminiscing, and spending time among friends increases serotonin which we all know decreases depression. So there is a lot of correlation there and have found through testing some promising results. We also monitor and keep evaluations quarterly on each client and make sure their care plans are up-to-date. We also have clients come in that are mourning all kinds of loss or functions of what they can and can not do such as their hip doesn't work right, need to use cane, feelings of shame and worth that go along with that, as well as losing family and friends. All these changes are very difficult for an individual to face. So providing a sense of community of their own apart from their families is very important to their individuality. Our activities are all geared to allowing them to have as much choice as they can to provide them a place of safety and friendship. Because we are able to address the individuality concerns and all that, we are seeing reduction in anxiety as well. We also provide exercise in the morning and afternoon which helps to decrease anxiety, less wandering, less sun downing which are all part of the dementia process. Some of these individuals know that they are losing memory and that causes them concern as well. We provide them a safe place to meet with professionals who can listen to their concerns and provide them with as much comfort as we can during those changes.

In addition between Kathy and I the demand for the caregivers support services are at an all time high. Its difficult for us to keep up the pace and we are actually considering to

add an additional two support groups this coming year to provide a space for spouses and family members to come. We also know people are in the sandwich generation where they are caring for adult children, adult children and their spouse and/or a parent and their stresses also increase. So we are providing services to help them have a quality of life for everyone involved that can benefit the community at large. **REQUEST: \$27,000**

TRI CITY FAMILY SERVICES – Jim Otepka, Director. Last fiscal year was a good year for TriCity Family Services and residents of St. Charles. We generated services to 989 St. Charles residents which is an 8% increase from the previous year. We are currently trending a 9% increase of service delivery for this year. We've been able to generate that level of service delivery despite the fact we've had a reduced staffing capacity for a year and a half. There are several factors for that. We continue to benefit from a strong student intern program. Our graduate interns provide a lot of cost efficient services for us, particularly in the Medicaid population. Our interns come from Aurora University, Wheaton College and Northern. They provide 16 – 20 hours a week. We've relied more heavily on our hourly therapists. We have a great pool of Masters therapists too.

A year and a half ago we implemented a 12-session model. It was a pilot program to see how clients responded to being informed at the outset of therapy. They would have 12 sessions to work with before renewing. There would be a review of their needs and treatment plans. No one was denied services if they needed to continue, but what it did was sharpen the focus on both clients and therapists on treatment plans. Clients got creative on using their 12 sessions and it's really stimulated the current flow through the systems. So at a time when we really needed to generate more services, it seemed to be effective. Service delivery was also affected by the fact that I had some concerns that referrals were suppressed by just the heaviness of the recession on many of our clients. We were hearing at intake that clients were saying that I just can't afford anything and often would simply give up in the application process. Last year, late fall referrals dropped for us and I think it was due to the recession. Some folks pay only \$10, \$5, \$1 a session, but folks didn't have any gas money to even drive to the session. I like to think that the repression of the referrals has lifted because they are flowing freely now.

A lot of good things are happening in spite of the state cuts. We've increased our groups and we've been marketing programs, such as, Thinking Good - Feeling Great, and Anxiety Support Groups and they are doing fairly well. We are beginning to package some of our clinical services, so folks who get concern about engaging into a long series of services can get a capsulated version, up front, of what they might get into. For instance, if you call up about child with issues of ADD or ADHD, we can offer you the ADHD track which includes a 2 or 3 session evaluation, a series of counseling sessions, and an educational component for a package price. This might be more attractive to folks who get concern about the possibility of psycho-therapy that just never ends. We are piloting that and hope that will make our services more accessible to folks who are otherwise struggling.

Beyond our work in the counseling programs, we continue to have good success with our programs called Prevention/Early Intervention, Single Moms Group has expanded which this group has been in operation for over 20 years, the Wilderness Challenge Program is in its 22 trip offered this year. We are now serving 30 teens in this program. Programs like our Divorce Workshops for Kids are going really strong. We need to be very much out in the community, not just inside our walls. We do much more than counseling. We enjoy very much what we do. Although the stories are sad and the struggles are getting worse, 80% of our clients come in with three or more problems that need to be addressed.

John: All the agencies are going through this and its gratifying to see how all the agencies are cooperating that there is very little duplication but more complimentary services between all the various agencies that have been here this evening.

Jim: We have done a lot of classes with Lazarus House and have been active with the schools in the Suicide Summit and Mental Health Task Force and just last week we hosted a meeting that we coordinated with St. Charles for student services personnel throughout the TriCity where their were 4/5 schools represented that talked about the suicide efforts that are underway in the various schools. **REQUEST: \$209,300**

CASA KANE COUNTY – Kathy Melone. We served about 500 children last year and 41 of those are St. Charles' residents. This is an increase of 10 children from the year prior. Kane County received the sixth number of hotline calls in Illinois and DCFS tries, whenever possible, to allow the family to remain intact. It's cheaper for them to provide services to the family and to keep it out of the court system; but sometimes there is just no denying that a child is unsafe in a home and then when they remove the child, they have to bring that case into court within 48 hours and that's when we are appointed the case and we assign one of our volunteers to represent that child for the duration of the case. It is usually about two years. In addition to providing reports to the judge prior to every hearing they are the consistent adult in that child's life as long as the case is in existence. Could be 2 years or it could be 10 years, but at least there is one person that the child knows they will see month after month. You can imagine every time they are bumped into a new home, change schools, DCFS case workers come and go, but at least there is one person that knows the case history, knows them, knows what is in their best interest and that is a very important thing.

John: You were recently awarded a big grant and was that for a specific purpose?

Kathy: The Dunham Fund Grant – we are launching an endowment campaign. Our goal is to raise \$3M - \$5M, so \$500K of that will come from the Dunham Fund. That's going to sit in our account through the Community Foundation of the Fox River Valley as interest and hopefully, ideally, we can keep investing that interest. It's really a safety net in case we would ever have to move right now. Our office space is donated by the County, but they are running out of space. They are bringing more courts back into the court house. We are located out of the juvenile area but space is limited and we take up

half of the 4th floor and if they ask us to leave one day, we need to have some reserves in place.

John: How much of your funding is from public sources, the state, and the county?

Kathy: We get \$50K from the Kane County Board every year so we don't get any funding from the state. We get \$5,000 a year from the Aurora Community Block Grant which is technically federal money, but that's it.

John: And the rest of your money comes from donations, fund raising and other sources?

Kathy: Yes, we have two big events every year and a big chunk of it is from grants.

Talked of some court cases that had recently come through the courts in the last month.

Barb: In looking through the financials, it was fund raising, but it was a small portion on cards. Are you still selling greeting cards?

Kathy: We do have a limited amount of greeting cards and some small cookbooks that are sold at State Jewelers for one of our fund raisers, but last year we did not sell holiday cards. We would like to do it again since I know that they are popular. CASA has been in place for 19 years now. We are very lucky to say that the 100% of the children who need our services, receive them by our volunteers. **REQUEST: \$15,000**

NOTES:

Five agencies did not come before the MHB to present due to the option of them not having to submit their requests in person because of their monetary request being \$10,000 or less. They are:

- | | |
|--|-------------------|
| • Fox Valley Pregnancy Center | Request: \$6,000 |
| • Fox Valley Special Recreation Center | Request: \$5,000 |
| • Thompson Middle School | Request: \$9,500 |
| • TriCity Health Partnership | Request: \$10,000 |
| • TriCity Unemployment (TUG) | Request: \$4,000 |

Prairie State Legal, St. Charles East High School and St. Charles North High School did not submit requests for this year.

The Mental Health Board Members went through the allocation funding request process for all the agencies. They also determined, that based on the new agency Community Crisis Center's presentation that their classification level was rated as a B+. See the FY2011/12 708 Board Allocation Sheet attached.

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Motion by Barb Gacic, second by Mike Penny to allocate the funds as presented on the spreadsheet for the 2011/12 St. Charles 708 Mental Health Board budget.

Roll Call Vote: Ayes: Barb Gacic, Mike Penny, Jim Martin and Nancy Kane-Richards; Nays: None; Absent: Terry Murphy and Maureen Lewis. Chair. Rabchuk did not vote as Chair. Motion carried.

Motion by Barb Gacic second by Mike Penny to adjourn meeting. **Voice vote:** unanimous; Nays: None; Absent: Terry Murphy and Maureen Lewis. Chair. Rabchuk did not vote as Chair. **Motion carried.**

Meeting was adjourned at 10:03 p.m.

Respectfully submitted

Tina Nilles
Recording Secretary

Enc.