MINUTES
ST. CHARLES COMMUNITY 708 MENTAL HEALTH BOARD
Thursday, February 23, 2012
City Council Chambers – Municipal Building

MEMBERS PRESENT: Chairman John Rabchuk, Barb Gacic, Maureen Lewis, Terry Murphy, Nancy Kane-Richards, Mike Penny, and Mary Hughes

ABSENT:

1. Call to Order

Chairman John Rabchuk opened the meeting at 6:09 p.m.

2. Announcements

John: Does anyone have any questions or concerns regarding the agency site visits assessments that everyone did**?** Now is the time to talk about if you have anything else to add or have any questions. Barb caught a few minor errors that have been corrected. At the end of the day this total request is for $743,167 and we have $591K to work with. That leaves a difference of $150K. We have close to nothing in our reserves balance.

We are going to have focus on what our charter is and how the ABC categories still fit. Barb you thought that Living Well should be moved from a B to an A category?

Barb: Yes, definitely. By going there, viewing, and talking with them, I found it interesting when the counselor starting talking to me. She said we all know what TriCity Family Counseling does – they counsel people and Living Well does the same thing, but they have the added component of the person and their family dealing with Cancer. It's this extra added trauma that Living Well is helping them work through – its just one more component that TriCity Family Services doesn't have to deal with.

Mary: I think we need to keep in mind the difference between mental health focus and the social service focus. Some of these agencies are more social services even though they are wonderful agencies and you would like to give money to all of them

John: That is what we have tried to do with our categories. A is purely mental health, substance abuse and this is right according to our bylaws/charter. B is yes they do help and they cover mental health related issues or substance abuse related issues and perform good work, but it's not quite as clear as the A's are. And then we had some C's which we no longer have. All middle schools are Class B.

Marklund which is a new agency coming before us tonight is a Class A?

Terry: Yes, we are looking at 100% of the population with serious developmental disabilities, both mental and physical. Two of the residents are partial ambulatory and everybody else is wheelchair bound and requires a full time attendant. They do a lot of cognitive development and exercises.

John: There is no question that they are an A. Their whole charter is to deal with mentally disabled children, but how many people do they have that are St. Charles residents?

Terry: They have two and they are asking for $8,567 which doesn't even cover the cost for a month.

Mike: When a new agency comes before us, do we have any obligation to first see what we can do for those that we have known and have been giving them a good portion of money; and then new agencies apply and meet the criteria and are asking for a sum of money?

John: The criteria is the criteria, so its like zero budgeting each year. Easter Seals, for example, for the past few years doesn't really fit very well. They used to be one of the largest agencies and one of the first from the beginning.

Mary: Easter Seals was one of the first agencies along with TriCity Family Services, AID and Ecker that this law was enacted to help deal with these agencies.

Terry: But to your point about the distinction between mental health and social services, it looks to me, and I try to recuse myself from Living Well, but I look at Living Well as a B because I think there is a pretty strong mix of social services and mental health.

Nancy: Literacy Volunteers is another one coming before us tonight. Bless them for what they do, they work hard for what they do, but I don't see them fitting in our mission whatsoever.

John: Let's take them one at a time. What is the consensus on Marklund before we get to allocations?

Nancy: I put Marklund in with AID – they are the same clientele.

Terry: I came away from Marklund that even if these individuals didn't have physical disabilities, they would need full time care.

John: So what about Literacy Volunteers? There seems to be a consensus that they don't fit with our Charter. Fox Valley Pregnancy Center is another one that is more social services; TUG as well. We are going to have to make some hard choices on some of these Class B's.

Maureen: I think in this year when our budget has really been decreased and we don't have enough money for those that do fit our charter.

Nancy: I have a problem with DayOne Network, I feel they are a referral agency. Everything they do is very important because it really helps the families go through the whole mire to find agencies, but does that help us because they don't do direct care services.

Terry: As we look at the constraints we have and we have to trim, the question I am wrestling with is do we do a portion trim or do we really need to focus. What I've come to is that we should probably error on the side of continuing to fund to the extent that we can and these marginal ones, everywhere you go, people are hurting for funds and fundraisers, state payments and everything else.

John: In the case of Easter Seals we haven't felt that they are an A agency. We have been slowly cutting them back. They were at the $60K/$70K range at one point and continue to ask for serious money.

Mary: Well they are used to getting it but with their reorganization I was very impressed with their new facility and they have redone the one in Elgin and are having a big open house on March 8. Easter Seals does qualify and they were one of our original organizations. As I am looking at the B's, I don't think they are really our big ticket agencies. The B's have wiggled in with smaller amounts

Nancy: Some were actually like a gift and we don't have leisure to give gifts out when we thought they were somewhat on the bubble.

Terry: I went to see CASA, it's a wonderful program, they do terrific work; is that really mental health work? One of the statistics that really got my attention was upwards of 87% of those children that receive services are there because of substance abuse issues in the home. All of sudden you say, wait a minute.

Nancy: Community Crisis has been doing work for years and people around here really don't know about them. There was a situation where a woman was hit occasionally by her husband and she wanted to get her son into a counseling program there for batter's intervention because many of those children do turn out to be batters themselves due to the climate they were raised in. So they do some things that are not in our charter, but other things are just so far reaching. It's a wonderful agency.

Mary: One thing we could possibly look at is duplication of services. That may be a hard one to look at.

Barb: TriCity Family Services has always gotten the lion's share of dollars. On their expense budget 2012, first line is administrative salary and it's up $60K from last year, a 19% increase, but they cut clinical salaries $10,058 which is 2% down, in-kind clinical

services are down $7,858 down by 25%, and clinical consultants are down $750 which is 50% of their budget. I just have a question, if they are asking for more money which is 1/3 of what we are giving out?

John: You need to ask that question and find out what the money is for and whether we think it is justifiable.

Nancy: Community Crisis took four weeks without pay leave in order to make things work. They can only use people with BA degrees at a minimum for counseling and they had people who retired or took other jobs that came back and volunteered their services. You have to make cuts somewhere.

2. Meeting Minutes Approved from January19, 2012 Mental Health Board Meeting.

Motion by Mike Penny, second by Terry Murphy to approve minutes of January 19, 2012 St. Charles Community Mental Health Board meeting. **Voice Vote:** Unanimous, motion approved.

3. Funding Requests

Lazarus House – Liz Eakins, Executive Director: We have some tweaks in management, Jackie Pilter, Director of Transitional Living retired. Nate Post has taken over management of that program and has been with us for six years. He started out as an Operations Manager, and Carol Critzer has taken over Woman Case Management, and we hired a new case manager for our Women in Emergency.

YTD our numbers are extraordinarily high for women and children: 56% increase for kids nights and services; and 34% for women. Don't know why there is a decline in men. This has been a fair winter and economy is showing some signs of perking up.

John: When you look at your clientele is it financially driven? Is that the reason why they are there? I know over the past there is certainly some substance abuse issues and mental health issues, but do you have any feel for a breakdown on how that sorts out?

Liz: Folks who simply have financial problems usually don't end up in a homeless shelter. It's usually a combination of like they were able to pull it off until some straw broke the camel's back. But there is usually a lot more going on. The percentages of whom we serve that are mentally ill or substance abusers are probably the same as it always has been. The impact that we're feeling the difference in is now they are coming in with 5 or 6 children which is causing a huge influx of kids that we are serving now.

We have these grant program in place now, the $475K we've received from HUD. March is the last month for rents that are being paid with that grant. So we have been able to stabilize people who are financially burden up until now, so what will happen

over the course of the next few months with the ending of that grant and we are hitting an end to another large grant that we've been administering since 2006, so the effects of all that remains to be seen.

John: Do you channel the funding for those subsidize apartments on 1st Street?

Liz: No, we actually approach the property management of that building and it didn't go well. There is an income ceiling for people to live there, but it is not subsidized. They guaranteed the Affordable Housing Commission that no one would live in those apartments exceeding a certain level of income.

Liz told a story regarding an older man living in unlivable conditions, came to Lazarus House and got treatment through Ecker, got into good shape, and after seven months has now move into Caroll Tower. **REQUEST: $45,600**

Living Well Cancer Resource Center – Sue Lyons: We're an affiliate of Delnor who has now merged with CDH and things will remain the same. We'll continue to be responsible for the $1.5M budget that we have this year.

John: You never got any money from Delnor or the foundation either?

Sue: We did the first couple years receive seed money to get us started and then weaned us, and we are now responsible for ourselves and that is going to continue. We are not going to become a department of them or a line item on their budget. Over the past year there has been a big shift in the amount of people coming into Living Well for counseling. In the past it has been attendance wise a position of three or four on our programming list and has now moved into the second position as far as overall attendance for the year; and then this past quarter it has moved into the first position. Part of that is our outreach is getting better and people are hearing about us. Our Connect-a-Care program is moving into new hospitals and bringing about new participants for us. The American College of Surgeons implemented this mandate that any accredit cancer care program have an evaluation process of pyscho-social care and was to be implemented in every single accredited cancer care center by 2012. This will continue to bring increases into our counseling at the center. 20% increase every quarter, every year. It's a good/bad thing.

Mary: You mentioned in the grant about prescribing anti-anxiety/anti-depression medicines. Do you have a psychiatrist on staff?

Sue: No we don't. I brought Missy with me who is our Clinical Service Manager and she can talk more about the mental health issues are clients have.

Mary: Then who prescribes that medication?

Missy (Living Well): Typically they are Oncologists or we make a psychiatrist referral. A lot of times they are given medication by their Oncologist because a psychiatrist doesn't have a lot of time to explain, they don't know what they are taking, they don't know how to take it. A lot of anti-anxiety meds have anti-amidic properties, so they're being given anti-nausea pills and taking them without realizing what they are, without realizing they serve a double purpose, being given anti-depressants and going off of them and are not taking them every day because the physician doesn't have the time to explain. So I'd say one out of four is taking medications that they don't understand how to take. Three out of every four clients (patient, not the caregiver) are on some kind anti-anxiety, anti-depression, or sleep medication. Usually the medications come in tandem with the Oncologist. A lot of them have pre-existing conditions long before they are diagnose with cancer which doesn't discriminate. Our client load probably looks exactly like the client load at any given agency except they all fall into one or two categories beyond that. They are either the patient or the caregiver on top of everything else that would bring a person into counseling.

Maureen: I found it staggering that of 465 St. Charles residents, 441 come in with mental illnesses. At 95% that is almost everyone who comes through your doors of St. Charles' residents who has cancer, has mental illness.

Missy: There is range in there that you are looking at. It could be an adjustment disorder mixed with depression, anxiety. We have a lot of clients who are bi-polar. If you think about the stress that comes from having some kind of mental illness, than you understand the correlation between stress and a cancer diagnosis. It's not that big of a leap.

Maureen: My understanding if I read it right is these people had the mental illness before they had the cancer.

Sue: We evaluate every single individual that comes through and see what their level is. Part of it could be the cancer.

Missy: It's hard to disentangle once they are in front of me. I don't know what they were like before the cancer diagnosis. We don't see them until they have a cancer diagnosis and now I got to figure it out. We only see a person who has a cancer diagnosis, history, presently, or in the past. I don't see anyone who doesn't have the cancer piece going on unless there is a caregiver. So am I seeing a result of the cancer diagnosis, is this pre-existing before they were diagnose. There are lots of people with mental illness who have never seen a therapist before, they get the cancer diagnosis, they have never been on medication. So for a lot of them the intake question is have you seen a counselor before, are you on any psychiatric medication.

Maureen: We see you have from partnering hospitals $100K, but that's not Delnor?

Sue: With our Connect-a-Care program, we go out to different hospitals as well as our clinicians and they are present in those places, and bottom line we start giving them those

services and then go to them and ask if they'll help support us. Those that we service have been helping to support us.

Missy: It's not only hospitals. There are so many other hospital-base practices that we do Connect-a-Care and some of them do contribute. **REQUEST: $20,000**

Suicide Prevention Services – Mari Wittum: This year our numbers are a little bit lower than last year, but the services we are providing are also a little bit different as far as we are getting more and more intervention services which is a positive thing. So we are not doing as much of the group sessions. We are getting more people coming in early on. We have the kids that carry our number on their placard so more kids are calling, being pro-active, coming down without their parent's knowing. The economy is still kicking everyone in the keister. St. Charles is catching up, unfortunately, to some of the other communities that are not being able to afford services. We never turn anyone away. More and more of our services are sliding down to zero. We are still able to get people through the door right away. We have three to five people who walk into our agency every week now without calling ahead. We are trying to be more pro-active in taking on more interns. I took on seven this year to try and counter balance so when there are those individuals who are looking for strategies in helping with depression, not necessarily suicidal, maybe they have post-traumatic distress issues they are dealing with, I try to use the interns so we can keep our staff down.

We are holding our groups for young adults that are surviving suicide for a friend. We have quite a few students who attend this. I have a couple of people come to me as respective interns and have gone through SOSA and they were actually friends of someone who died by suicide. Best thing one can do for themselves is to take the grief and energy and turn it into a positive element.

John: You show 391 clients from St. Charles, is that one-on-one sessions?

Mari: Yes, we are getting more calls on our hotline. Sometimes that's all they need. It's more than one a day. This town is really suffering and to a certain degree they are not use to the economic stresses. Families break apart, divorce, alcohol abuse. Most of these 391 are in middle and grade school. Again it's not all suicide people. Some people come in early who realize they have depression and are reaching out earlier.

The stigma has changed. We are getting better as a society. Whether it is good or bad, we hear about suicide a lot more in papers and hear it on TV and there is more national advertising that goes on so it make people a little more comfortable. They are even more knowledgeable.

We use some of the money from you for our annual walk. A lot of St. Charles kids and families participate in this. We don't get as many sponsors as we use to and we like to give away things that have our number on it that are visual and tangible to take home. The number is being used. **REQUEST: $18,500**

Wredling Middle School – Rene Boehm and Melissa: T.E.K. has changed somewhat over the last few years. A couple of years ago we took a look at it and sent you some of the results from the Search Institute and what some of our students said about what their reality was about their families, interaction with adults in their lives, what they did and didn't do outside of school, how they felt with their level of sadness and happiness on a daily basis, etc.; so we decided to make some changes to the T.E.K. program. It's a broader base with larger school activities and some supplemental one-on-one mentoring. We realized it was a wakeup call and these students needed a lot more specific attention that we didn't realize until they told us these things. We broke the program down into more specific intentional mentoring. In our teams of 140 students per six teachers, one of the first things we did was survey our students and asked them who they were connected with at school. What friends do they have, what activities are they involved in, and for our own knowledge, what adult do you have as your go to person in this building. If you don't have one than let us know that too. We get these results back each year and as a team of six teachers we go through every student's name and see which one of us is that person's adult or does this person not have an adult; then we decide what to do to get them involve. We take those results from the Connection Card Survey that we do and plan mentoring on a team level to make sure that every one of those students is connected to an adult through a variety of ways.

Some of the things we spent with the funds you allowed us are: lunches. During our own personal lunches we eat with students whether it is brown-bagging, celebrating something going on at their home, or just when they need someone to talk to, we have a lot of these where we can get to know students and their interests of what is going on in their lives on a more personal basis. Some students interact better with peers, so we plan group activities. We try to get to know their state of mental health and then plan accordingly to what they need.

We are focusing more on the males. Last year we had a large folder of suicide referrals and a good chunk of it were males – 90% males and now we're down to 50/50. We felt this to be a big deal because we put into place more male oriented events and ways to connect those kids. We learned this from a conference we attended by Suicide Prevention. We get the number of referrals because kids come and tell us when they are having problems and they trust those people who they have already reached out to. Because of the connection cards, we have men taking boys under their wing and mentoring them and coming up with activities such as playing "Guitar Hero" and we are seeing boys now listing male teachers on their connection cards instead of female teachers.

John and Barb: A couple of years back there was another program that was being kicked off. One of the superintendents facilitated and they were trying to get it community based, recognized, where could people come from to help the students, and this went on for about 6-8 months, but then after that time have not heard anything more. Has it fallen by the wayside? They were trying to get started as the initial facilitator and trying to get churches and Youth Commission involved.

Melissa: One other thing to mention is that when we have T.E.K. events we do take attendance and then go through and identify the students that we've marked as "at risk kids," so we do separate out those funds very carefully and keep very mindful of that. We have forms for reimbursement that are filled out by the teachers for events that asked what did you do, who was it with, what percentage of students would you considered to be at risk based on the survey, etc.

Mary: That is a very important point and we do appreciate you doing that.

Melissa: We do have other funds that we can use for other students so that the kids at risk are not always together. They need role models and get the opportunity to make friendships with other stable kids. Before kids come to Wredling, we meet with parents and let them know all the things we do to watch out for their kids, such as bullying. We've learned to ask the kids, so a lot of our data comes from that. We are about 79% St. Charles residents.

Barb: When the kids come into the program in 6th grade, do you follow them through and start over again once the kids graduate from 8th grade or do you change the kids every year?

Rene: Typically we survey the students and see what teacher they put down on their cards and if a student continues with the same one throughout, we let that teacher know so they are aware of it so to keep nurturing that. We don't really carry up through because we hope they attached every year to a new teacher that is right there.

REQUEST: $7,000

Fox Valley Volunteer Hospice – Kathy Melone: Things are going along and continuing with a lot of our programming that has been very effective in the past, as well as some new programs. Hospice sends in volunteers with life threatening illnesses, not necessarily terminal. We occasionally discharge the patients, but all of them do have a life expectancy of 12 months or less. We have been serving a lot of young families lately, due to the fact that we can't take patients who are undergoing experimental treatment. We've been working with them earlier in the process to provide comfort and support to them and their families. What is really growing is both of our bereavement services (adult and children). We've have volunteers who work one-on-one with adults and children as well as support groups that are ongoing. These have been very effective.

One thing I'm impressed with is the staff that comes to our agency are so pro-active. They all are about really analyzing how affective our programming is, making sure that there is not overlap, and cutting things that are not working and adding programming that is effective and more innovative. An example is our Footprints Program; for years we would help women and men who had lost a baby and then the numbers started falling and we were having a hard time filling the group. It was because one of the hospitals in the area was offering the same support group, so that got phased out for us. Instead we

added a new program "Cherished Children" which sadly is at capacity. This is for families who have lost a child in one way or another.

Another example is when we started "Lightfinders" a couple of years ago for people who lost a loved one through suicide. This has stayed as a very popular program due to the large number of people who come to this support group.

Our Spanish speaking program translated "Lean On Me," the numbers for this program are staggering especially for our area where the number of Spanish speaking population is increasing. We have one dedicated person to this program who is always very busy. We are the only Hospice in the area that provides Spanish to our clients.

The one thing we have been seeing as an increase is the complexity of the cases we are handling. In the past people would come to us just for grieving for a lost one in their family, but now they come with really complicated problems. Not only have they lost the bread winner, but now have financial problems, no heat in their house, there's mental illness. We've worked with many of the agencies in our area in helping people with the issues they are facing. We collaborate closely with many of the agencies you are seeing tonight. All of our services are free of charge and we do not accept Medicare or insurance payments. It is a 100% community funded organization. We've also cut down our staff by not hiring two vacant positions due to retirement as well as cut back on all staff hours. Every day we have am and pm shifts where phones are covered by volunteers and clerical duties are done.

Mary: Very happy about the coordination of agencies. There are so many things that have to be streamlined and managed. If one agency can do something that another agency can refer to, this works so much better than one agency trying to do everything.

REQUEST: $32,000

Marklund – Vicki Krystof: New client – We've been here in Geneva since 2002. This is six 16-bed homes, administrative office, and our Developmental Training Center. We do have a campus in Bloomingdale that is a skilled nursing facility that serves children and severely medical compromised adults.

John: At this point you have two St. Charles residents that are part of your program?

Vicki: They live in the community and come to our Developmental Training Program during the day. We have one other resident whose parents live in St. Charles, but she lives on our campus.

John: Most of the clients are pretty severely handicapped in one form or another; mental issues primarily but also physical?

Vicki: Yes, we serve the most physically, cognitive, disabled individuals in the disabled world. All of our direct staff are certified nursing assistants which is a state requirement

and we feel very strongly about them having that nursing background. It's amazing how Marklund has longevity. We have an annual program where we award staff that have 10 years or longer with the agency who exhibits compassion, teamwork, and attitude. One-sixth of our 300 employees have been here longer than 10 years. It's one of those places that really hooks your heart. The ratio in our classrooms is 1 to 6 for direct care staff. We have therapy staff that is hired to work for Marklund and they provide all the physical therapy, rec therapy, music therapy, and all those aspects of programming as well.

Mary: For some of the individuals at Marklund this will be a permanent place for them.

Vicki: Yes, we celebrate all improvements which are very little baby steps.

Terry: What I observed is that each of the residents/participants in the program has an individual performance plan with very specific goals for every activity they are in and all day long they are evaluated in cognitive and physical and its really neat to see the attention that staff gives them.

John: Tonight we have 22 agencies before us. The process is that we have an estimate of the amount of money we are going to have which we will go through this evening and make judgments on how to allocate it to the different agencies. In July the City Council approves the funding and it is allocated in two payments (August and November). Generally they approve what we set out but they can always change their minds.

REQUEST: $8,567

Ecker Center – Rick Vanderforrest, Director of Recovery: A couple of years ago we made some major cutbacks and we tried to maintain and restore our staff. I am involved in managing productivity and compliance with Medicaid and Medicare and we look at what we produce and what we do. We are component base, but when I look at the productivity that we are providing, there has been a slight dip but we've been able to maintain a level of high quality services. And, in doing that, even though the State is not paying until July 1 through November, we are still getting payments from FY11 and that had to do with our productivity and ability to reduce the rejection rates for Medicaid and Medicare. We've really tightened up a lot and improve the quality of our care and have done very well on our audits and are recognized by DHS as some of the most, best practices. They said we were very up front, very client center, very empowering when they looked at our document records and how staff interacts. They added some different elements by taking Medicaid which the State had paid as a grant, set fee for services, and we excelled at that, so they parsed out part of the Medicaid to Illini and Aetna, so now we have to get authorizations from Illini and Aetna and value options that is being managed by the State. We've adapted our program. When clients come in we tell them they have ten sessions, so let's get to work on what we are going to focus on. What we found is that we've reduced our wait list and consumers are becoming engaged and if they need more sessions then we ask for an authorization for additional sessions. It has totally changed the focus of you come here and we are going to work on things. Our pyscho-social rehabilitation used to be Monday – Friday. You would come for four hours each

day, but we changed that to identifying what needs you need – functional deficits. We both do it and compare notes and decide you'll go to these groups. We'll tell you if you are going to come how many days or one day. We have increased and maintain our recitatives and we've shown a spike in functional skills developments in the first 90 days. In the second 90 days it starts to level off, but they are still improving, and in the third 90 days they are still improving but are still leveling off. We have seen people make remarkable improvements in their functions and are really getting into this focus point-of-view for our group therapy in psycho-social rehabilitation. And with our change in therapy of "come along as you need to," they are very focus and if they need more, you can ask for more but it is a very focused, functional, deficit driven process of therapy.

So what has happen with all this doom and gloom? We've had to sharpen our pencils. We've had to become much more efficient in what we do and still maintain a consumer driven approach of empowerment. This is what we are going to work on today, this is what we see, what you see, and work on these goals. We are getting the consumer to make the goals intrinsic upon what they want to do and be a key player in this process. So between therapy and case management where we are also engaging consumers to help get on entitlements, which are very hard to get on, we have increased the number of people who have SOAR trained. And SOAR helps people get on Medicare and when they get on Medicare it is much easier to get on Medicaid. We are talking about people who are very high need who are major depression, bipolar, schizophrenics, schizo-affective. These are folks who are not functioning and we have to get them stable in order to help them move on such as getting an income and housing and then we can deal with their anxieties that are affecting their ability to function every day.

What all these stressors have done for us is made us much more focus, more hard working, and we've maintained productivity. And seeing how we've done in our audits, we've done very well. The negative parts is that because the backup and staff have been cut down, we are all wearing multiple hats so it take a little longer to get things done but the quality of care has been maintained or slightly improved and has really made us focus and has gotten the consumers to be an active part in this process.

John: Are a lot of your consumers people who 20 years ago used to be at the Elgin Home/State Hospital and now you're treating them and they are able to live?

Rick: Yes a lot of these folks are from the State hospital and a lot of them shouldn't of been there. I believe it is more natural to help people in a natural setting in the community. But you can't just invest in one thing. You need a diverse set of supports. You can't just have group therapy or just case management. Sometimes some people just need to come in for very short term. Same thing with housing, some people just need to check in once a month, some people every two weeks, some once a week, some people two times a day. You need a wide range. Nursing homes have become a secondary state hospital and some people really do need to be there, but that doesn't mean you shouldn't offer a wider diverse range of services to help people maintain in a community. Its more that you keep them in a natural environment, the more natural you can make it, the easier

it is to transition to be on their own. I love group homes and I don't like group homes. Group homes teach people how to survive in a group home. Same with apartments, they say they want to live in an apartment but you aren't able to do that because you aren't managing your budget, not maintaining the apartment, and not maintaining yourself and you're isolated which leads to increased symptoms. So it's getting people to that state to manage themselves.

I think in spite of what the state has done to us, we have risen to the occasion and are working that much harder. Also switching over to the computerization mode has made it more efficient to document and get reimbursed, but it has also allowed us to spend much more time with consumers.

John: Ecker is one of our core agencies that we've been really supportive of and we try to make you a priority. It's fascinating to hear your perspective on what's happen these past few years. Although it's been very trying, it appears to have some positive impact as well. **REQUEST: $65,000**

ElderDay – Traci Eggleston, Executive Director: One of the things we've been looking at is changing scope that we are seeing an environmental onslaught of older adults from the baby boomer generation up to the old adult category. In addition we are looking at increased dependent ratios – the sandwich generation who are caregivers taking care of both children and older adults. As we look at those trends of the breakdown of older adults, we are looking at individuals with an increased chance of Alzheimer disease. In 2010 a report stated that 1in 8 older adults are now suffering from Alzheimer. Those statistics are from Alzheimer disease alone. They are not including other dementias and Parkinson's. We are also seeing an increase in individuals enrolling in our programs that have a diagnosis of another medical disorder. Those disorders we have seen are schizophrenia, bipolar, symptoms of post-traumatic distress disorders, depression, anxiety and substance abuse which is increasing in the older population. Generally with these symptoms stabilized or controlled, we are looking at changing the program for those changing needs. So continuing education for our staff and care plans 10 days into the program, 30 days into the program, 60 days, and every subsequent 90 days. So we are always keeping an eye on what is going on.

John: When I first became aware of ElderDay years ago, my concept which is erroneous, it was a senior daycare center where they sit around and watch TV, etc. Not true at all. Looking at your agenda for what you do on any given day, there is no down time. There is physical and mental activity to try and keep their brain cells going and keep them moving which all shows positive effects on them.

Traci: Absolutely, we have a shifting activity every 15 minutes depending on the activity. We look at things like inter-generational programs which has good results. We use music therapy because it stimulates brain cognition. We do atrophy by walking in the afternoon, not only for them to stretch, but helps combat the effect of sun downing. We also do things like pet therapy and socialization activities which are all chosen to address

issues of isolation and depression. The whole scope is to keep older adults independent and increase their quality of life for as long as possible.

John: I was surprise that you have some attendees from the Homestead.

Traci: I want to be fair to those institutions, so I don't want to mis-speak. The perception is that once a family has enrolled them into our program, they have not necessarily been happy with the programs/activities provided at other institutions. It also gives the older adult a sense of independence because they get to leave that facility, this is a club, this is where they come, and we often try to lessen the stigmatism of coming to an all day care center by referring to it as a club. They enjoy it and the numbers are increasing.

Terry: You have 89 St. Charles residents?

Traci: 89 St. Charles residents receive care services and there rest are in the support services we provide. In addition to the day program we also provide support services to caregivers in Kane County who care for adults. They don't have to necessarily enroll their love one into our program, but our services are available for anyone down the block who gives care to an older adult. This program has exploded over the last few years. In the support group this year we provided 172.5 hours of counseling and education to St. Charles residents alone whether they are participating in the support groups or just calling an individual counselor with a question.

John: Another misconception I had was the same people are there every day and that's not true at all. Some people come one day a week or one day every two weeks depending on their caregiver's situation.

Traci: We do require that they come for two days a week for five hours each time. Some people are faithful about it and others are enrolled five days a week.

REQUEST: $27,000

TriCity Family Services – Jim Otepka: We are wondering if we are getting to the new normal. We have increases in the numbers of families seeking use of our sliding scale services. 42% of our clients in this area are reporting their annual incomes to be $30K or less. That same percentage pays $25 or less per session. Last July we experienced an 80% cut in our non-Medicaid funding. This helped many uninsured individuals for many years. They were the bread and butter of our client population – essentially the working force. We suspect the remaining $68K will disappear at the end of this year in June.

We lost initially about 20% of the grant funds that the State gives us for psychiatric services. The request wasn't much to start with, but now its on the chopping block. Those hours were used to provide psychiatric services to children and adolescents that aren't insured or have ability to pay privately. That's another important hole we have to fill. About 50% of our clients are now on Medicaid and that wouldn't be so bad if the

State reimbursed us for services but they are still lagging behind by about three months and could be as much as 12 months.

We have a lot of successes over the past year. At the end of our fiscal year in June, we actually generated a 20% increase for individuals from St. Charles receiving counseling services. Counseling represents about 60% of our services; so that was encouraging in light of the fact that we had to reduce our staffing. We made process improvements and tweaks, review cases, and staff worked hard and we were able to generate more service delivery. 907 residents of St. Charles we served last year received 9,100 hours of service considering the fact that 80% of them come through our doors seeking help with two or more critical issues and we are still able to provide all the unbillable services. We provide the social workers and case managers in accompany clients in all the things we do beyond the walls of our therapy rooms.

John: In your budget there appear to be an increase in wages this year for compensation. Are there some new positions or programs that you got going on?

Jim: There is actually a position and a half new this year which was funded by a one-time grant that was awarded to us and will expire in June. It was for the purpose of building our fundraising capacity. So we expanded our 1-person development office to include a new Special Events Relations marketing person and a half-time Major and Plan Manager. We are actually in the process of specific analysis in figuring out if we can still continue this into next year.

John: I've noticed you had a lot more fundraising activity and other programs.

Jim: We had hoped the additional fundraising efforts would be sufficient to support these positions, but we still have to go through the budget process.

We continue our collaboration with Lazarus House with the parent and child group going strong as well as our women's group. Also post-partum depression and anxiety support groups have survived the merger with Delnor and CDH and will continue. We are expanding our services to other organizations and remain active in the St. Charles Youth Commission and have one full time staff to provide counseling to day care providers. We continue our collaboration with D303 and hosted a round table on bullying.

The most significant accomplishment over the last eight months is the reduction of our waiting list. People were about 6 months out on the waiting list and we have cut that in half and especially for children we are down to two weeks waiting time for a first-time appointment. There is now no wait for adult cases.

Looking ahead to 2013 our priorities are to continue what we are currently doing and to maintain low waiting times and eliminate them if we can. We want to expand some of our new initiatives in the area for services. We do need to increase the utilization of our early intervention programs. These are the educational and support groups that we offer.

Another collaborative initiative that has been launched is a project with the Visiting Nurses of Fox Valley where they promote integrated health care where physicians and mental health providers can work together to expedite services for people who have co-occurring issues. VNA has open their doors to us for this pilot project which is a model that we can bring into the TriCities and hopefully interest some pediatricians and family services collaboratively.

John: That is the main thing being said tonight is most agencies working collaboratively together. The traditional medical community and the mental health aspects, and/or social services working all together to try and address these issues.

Jim: This has been done elsewhere and the models are showing great economic returns on investments and it leads to much better care. Want to share one more thing, Teens Won't Wait – we've been challenge for years to help the community understand what family services is about, we refer to ourselves as a counseling agency that doesn't have a lot of tug to it – it is somewhat generic. We have decided for the next year to package our service delivery and fundraising efforts under the title "Teens Won't Wait" to reflect the primary interest of our work. Teens are really at the heart of what we do, so this will emphasize the core of our work and further promote some of the services on the other side. If this takes off and we get successful in finding foundation support, we are really excited about the possibility of starting a family center for outpatient eating disorders – this will take a lot of work and hope that hospitals will not protest against this.

REQUEST: $204,000

Community Crisis Center – Gretchen Vapnar: We have 38 people sleeping at our facility tonight. We have a wide range of ages. The state owes us $208K at this point. The Domestic Violence Program will be cut 25% and Batter's Intervention Program which we work with people from St. Charles will be cut totally, but it is the only program that we can charge fees for, so perhaps it will work out. Local government has been good to us with 708 Board grants and Elgin Township. These hard times bring our staff closer together, we've taken furlough time off, but we are keeping the doors open and answer our phone every time it rings. We are finding people who call and say they don't know how to ask, they never had to do this.

Our shelter numbers have been low. We can handle 40 and do occasionally go over that number. People are hunkering down and pooling their resources to try and stay together. We deal a lot with domestic violence and mental health. It works two ways which is something we don't always think about. The person who is a victim of domestic violence lives in daily unpredictable fear. What caused an outbreak yesterday doesn't cause it today. You don't know what is going to set the violent person off; so anxiety, depression, panic disorder, very frequently substance abuse; all of those things lead to mental illness situations and affects the victims of domestic violence. On the other hand the person who has a mental illness is much more vulnerable as a victim because he/she is vulnerable, easy to take advantage of, no one will believe you because you are mentally ill. So domestic violence in a family works both ways with the mentally ill

person or the person who needs emotional or behavioral help; and that's an interesting concept. We think of domestic violence in our work and it how it affects particularly the children with panic disorder and anxiety; and the kids think it is all their fault. They think the mother is getting beaten because they have done something wrong, because children think the world revolves around them. So our goal when they come into the shelter or come in for counseling, or ask us for legal advocacy or information for referral is to help them go from a crisis situation to more self-sufficiency in providing counseling on the phone, on a walk-in basis, or while they are in shelter. We provide legal advocacy if someone needs help in getting an order of protection or needs help through any kind of legal information, we'll help get them to court, take them to court. We're not lawyers and don't pretend to be. We will, however, tell them how the system is supposed to work. If a domestic violence victim or victim of sexual assault appears at Delnor Hospital, Sherman, or Provena, the emergency room staff will call the Crisis Center and within a half hour we are committed to getting a volunteer advocate to meet with the victim at the hospital. We are not doctors, police, or lawyers, but we do know how the system is supposed to work and the victim needs someone there. If it is a sexual assault victim and their significant other needs someone to talk to, we will provide a staff member who is volunteering their time overnight to appear at the hospital to help, hold hands, and give information. Sometimes all we bring is sweat suit due to the victims' clothes being kept for evidence and has nothing to wear.

So our program is comprehensive. If you think of everything you use in your house every day, we need that times 40/50/60. Today we had 35 walk-ins into our lives of all different situations that have fallen upon them and they all need the same basic things: toiletries, clothing, referrals, support, information, see a counselor. So regardless of the kind of victim one is, we are all there to respond to their needs.

REQUEST: $15,000

Association for Individual Development – Lynn O'Shea: This past year we have served 111 residents in 16 programs. We have a variety of services that clients can benefit from such as behavioral health financial programs, behavioral health community services, development disabilities programs, and support services and pediatric care. Last year AID's cost to serve individuals was just under $1.5M. This year we are requesting $80K. We have 1,420 adult/children waiting for services in Kane County. Of those 125 are St. Charles' residents. District 303 has 1,945 children in Special Ed and half of those kids will need ongoing support. There is approximately 1,000 youngsters who in the next 12 years will be coming out of Special Ed and will need some kind of help either in job coaching, training, day care, or housing support above the 125 St. Charles' residents who are waiting right now.

The total number that we have served over the last few years has continued to grow. Last year was the first year that we actually cut services and sent people home. The funding at the State level was so low that we could no longer support about 300 people. We have taken in roughly 10% in charitable contributions.

John: Has the demand increased because people used to be able to find part-time jobs within their abilities and now those kinds of jobs don't exist?

Lynn: Correct and so much of the work we used to do in our workshop has not been shipped to China and Mexico. We have two residential programs in St. Charles: the group home on 7th Street and an interesting setup at one of the apartment buildings in Surry Hill on Dunham Road. There are four apartments with two people per apartment and round the clock supervision. This is working out well and I think we are going to look more at apartments than at group homes. Apartments give them more privacy and make them more self-responsible in not having staff always in their face.

We are currently looking at a vacant parcel of land in St. Charles behind the Fairfield Inn and old Dominicks. The location would be ideal for an apartment building within walking distance to many store amenities. We'll see how that turns out. We do have a group of investors who want to do some construction for a tax credit, so we'll see on that one. **REQUEST: $80,000**

Haines Middle School – Stephen Larson: The T.E.K. program runs in all three middle schools. It began at Haines in 1990. Kids tend to open up if they know there is someone who cares about them. We are mostly St. Charles resident students with some South Elgin kids. We have our one major magazine fund raiser which is dipping and we are trying to come up with some new ideas for T.E.K for next year, such as gift cards for restaurants for families which might be a better sale than magazines. I am hearing from teachers more and more being tied in with the economic situation that not as many students seem to be going on field trips nor are they doing as much with their families in just getting out around town. There is not always a high cost associated with an event and we are trying to tap into more of those kinds of things.

John: At the administration level is there much coordination between the three middle schools with the T.E.K. programs? Do you and your counterparts ever get together and share what each of you are doing because when you read the three of them they are substantially in different directions or programs. I wonder if that is intentional or if there is just no coordination.

Stephen: It depends from year to year. When I went from Haines to Thompson I noticed they were doing different things. Then I became in charge of the T.E.K. program at Thompson along with Jaimie Dietrich. I was able to bring some things into the program from Haines, but Thompson seemed focused on a couple of larger activities. Our goal at Haines is to always get every student involved in some way. Our main focus in still on these kids with at-risk behaviors. We get a lot of our referrals through the counselors and student assistant counselors that deal with depression, anxiety, suicide risk, bullying, so those students may cycle in several times to keep them involve in activities. We have a goal in our Student Improvement Plan (SIP) in getting every student involved in at least one activity. So if they haven't already struggle with some of those concerns, when they do they know they have someone to go to. So I do

communicate with the other administrators and we do seem to get together more often so the topic of T.E.K. does come up, but I can't speak for the past coordination. When Wredling opened up other teachers came from the other schools and some of that philosophy came with them.

John: With the Wredling group they are doing some things in terms of identifying kids who they need to pay more attention to and to identify adult relationships and other things that really sounded interesting. So I was wondering how much cross pollination there was in sharing those ideas.

Mary: When this program was first started, one of the statistics that was important was the suspensions and the suspensions have gone down significantly. Do you tie that in anywhere?

Stephen: We look at that at the end of each year to determine how successful we've been not only with this program but with others such as attendance and records. When I started at Haines they already targeted 50% of the students in the mentoring program, so at the start of the year we do a connection card and go from there. Our counselors do get together with the other school counselors once a month and these topics come up there as well, so some of things are spreading. We've also started working with the High Schools as well. And base on those connection cards changing with the students, sometimes our activities change out from year to year. We try to tailor it to the clientele from year to year. **REQUEST: $8,000**

Renz Addiction Center – Jerry Skogma: Local funding is becoming more imperative as we go forward. This will be our 5th year of cuts. We saw 103 St. Charles' residents. The characteristic sheet of statistics listed in the application show alcohol and marijuana being the top two drugs. The harder drugs (cocaine/heroine) are down. What we are seeing a little more of are the synthetics and this is becoming a troubling trend and is being sold in tobacco shops, convenience stores and other retail stores. We are seeing a lot of people who are suffering from depression and substance abuse. Prescriptions drugs and narcotics are rising.

Renz has been around for 51 years and we provide drug prevention but not in the St. Charles office. We do a lot of HIV education/prevention in the St. Charles/Geneva area. The main program we have here is our treatment program located on Walnut Street, St. Charles and this has been there for 14 years and it's a great central location. Ecker Center rents space from us and Lazarus House is a block away and we do a lot of coordination with them.

Mary: I notice no diagnosis of gambling addiction.
Jerry: Correct, we usually have several. Our gambling addiction program is pretty small, but the more available it is the more it will be on the rise.

Terry: Are there centers that specialize in the treatment of gambling on a broad base?

Jerry: There is a place in Joliet, but not many outpatient clinics in the area.

John: The numbers are surprising in light of the economic climate I am surprise there wouldn't be more especially with people falling into depression.

Jerry: Part of the reason is like a lot of other providers is that we've had to cut down our services. The demand is stronger than what we can provide services for.

REQUEST: $70,000

Easter Seals – Kathy Schrock, Vice President of Clinical Services and Pattie Gellispie, Development Officer: We have three sites: Elgin, Naperville, and Villa Park and residents of St. Charles attend one of these three sites. Our Elgin site is expanding and we'll be at the same address. We are having an Open House is March 8 from 4:00 – 7:00 p.m. There will be therapy sessions going on at that time and you are welcome to take a peak.

We are primarily pediatric medical rehab. We provide physical therapy, occupational therapy, speech and language therapy, audiology therapy, nutrition therapy, and assistant technology. About 40% of our children have been diagnosed with Autism. They are as young as 2 years up to older; speech and language therapy and assistive technology for those that need assistive devices to help them communicate. We've received a Telab Grant and are able to buy I-pods and I-touches and use those to help them communicate as well. Also with the Autism we are very good with infants, toddlers and young children; that is a strength of ours and we are opening a diagnostic center for children with Autism. Many places won't do autistic evaluations early and we are going to start with children as young as 2 years. Some of our service interventions occur early and we see the children being able to be very confident in a few years.

We also provide services for children who are very multiply impaired with physical disabilities which was what Easter Seals was first noted for.

One of the threads through all of our services is the social work and parent liaison support to the families. Families who have young children and teenagers with special needs face a lot of challenges. They're not sure how to navigate this course of special education. They get a lot of questions from their extended families on what is really happening or going on with your child and this is a struggle for them. Our parent liaisons have navigated this and are available any time to answer questions.

We have social work available at our Elgin site where we have a bilingual social worker there for our Spanish speaking families. We have a resource directory that is being translated into Spanish to assist them.

John: Next year when you fill out your form could you break out the statistic portion because our funds like everyone else are getting narrower and we are really focusing in on our charter regarding mental diseases and mental health and autistic behavioral

treatments etc., and substance abuse. All the other programs you do are terrific but it doesn't really fit us as well. The more you can focus your application on the services you provide relative to our charter, the more helpful it is to us.

Kathy: Absolutely and this is an area that has developed very strongly over the last six years. Even when you talk of audiology these are kids who have a lot of trouble testing and our audiology booth in Elgin is very successful in evaluating children with autism.

John: That kind of information is very helpful to us and gives us a much better perspective. Again as our funds dwindle we have more agencies and more requests and everybody has been hit pretty hard and we have to focus a little bit more. So the more you can direct your application or highlight those kinds of things – a lot of times it's just those subtle impacts while autistic kids have this kind of an issue and in a normal facility they can't be tested for this and here is what we are doing to correct this. That would help us a lot.

Kathy: Even in physical therapy you may not think of autistic children needing that but we've started a new program "TAP" and our PTs see the children who are toe walking and have low muscle tone and the PTs weren't trained to work with that population and some of them were nervous about that and afraid of them because that was not their area. The more they have learned now is that they want to get in there really early with these kids and help them with their muscle tone and help body awareness. We can absolutely expand upon this area.

Barb: On your request you say you served a total of 34 residents, is that the total residents of the audiology and everyone else?

Mary: Yes, it's a combination of children getting very comprehensive, multiple therapies to audiology and it includes seniors also because we do serve adults; so it's a full range.

REQUEST: $75,000

CASA – Vicki Shaw: Something new is that we are in the middle of an endowment campaign. We do not get any money from the intergovernment and we have to raise all of our money from the community and that is always challenging. One of the things that we have been able to do since 2002 is to appoint a CASA to every child that comes into Kane County Court and want to continue to do that. We have roughly 500 kids every year just in Kane County. There's about 25 in St. Charles. We have a Challenge Grant from the Dunham fund and it ends next year so we need to raise another ½ million dollars by end of this year and they'll match $4,500. We hope to raise the endowment and never have to touch the money in there and work off the interest. So we are trying to make ourselves sustainable.

Very soon you'll be hearing that since we are trying to raise more money for this endowment we are building a garden at the Kane County Courthouse in the back area

with different flowers and benches throughout. We have many volunteers who are willing to handle all the requirements to get this done.

We are trying to increase our outreach and spread the work about CASA and recruit more volunteers. Last year we trained 48 new volunteers and we have a class now of 18 going through the training. It's 40 hours initially and then 12 to15 hours a month; then they get assigned a child. **REQUEST: $15,000**

Literacy Volunteers Fox Valley – Peg Coker: I am not sure if we qualify for this, but what we do is help adults read, write, speak, and understand English more effectively. I came across a report that talked about mental health and immigrants when they come to the U.S. They leave their home because of dire circumstances and some are suffering the effects of war and torture. Some immigrants have stories where soldiers came to their home and told them they have the authority to kill them if they do not get off their land immediately. So they took what they could and ran into the jungle without anything or anyone to help them until they came to a Refugee camp. When they come to our country they have to deal with the cultural effects, they don't have a job. Peggy told a story of a Chinese family that came to our country, St. Charles in fact, who open a restaurant and the stresses they had to go through to maintain a life.

What does Literacy Volunteer do? We match our volunteer tutors with our adult students and plan lessons specifically for these students and they are able to connect them to the resources they need. We are fortunate to have people in our program that speak many different languages and connect with these people for the most part. Our volunteers don't solve their students' problems, but connect them to resources who can help them with problem solving skills and they can gain back some of their dignity that they have lost.

John: When we talked last fall the part we struggle with is the mental health issue. Because our funds are going down substantially, our charter is mental illness and mental illness treatment, and substance abuse. So the connection with literacy of what you do is terrific, I am not sure that I made that connection yet as to how that ties together. I understand that there is stress involve and probably more so with the stories you've mentioned and can't imagine having to go through and the trauma it brings to their lives, but I still don't know if I have made the connection yet.

Peg: Can I tell you that every single person who comes to us has a mental illness, no, but I can tell you that they come to us without a lot of hope and come to us from some terrible circumstances. We offer them being that one person who can be their go between. I can understand you not making that connection, but I thought I would see this through. **REQUEST: $10,000**

DayOne Network – Joyce Helander: Our numbers have stayed close to the same or upwards, particularly we saw that within the numbers for 0-3 year olds. The reason for that is the case is within our Child/Family program which is one division, and the other is pretty much for all ages 3 and beyond and into adult. A couple of things are that our

waiting list for those individuals that are children and adults a year to two ago we were at 800 and we are now at 1,500. There may be some light at the end of the tunnel, but we haven't seen the dollars yet. There is a consent decree that was a lawsuit for individuals who want to move into a different kind of setting, who are in intermediate care facilities and for those who don't want to move they can opt out. But more will want to go into a group setting once they are more aware of this. For anyone who is on the PUNS list a.k.a. waiting list which is a prioritization of urgency of needs and has now made the State's waiting list. We, at the front door, are responsible for that waiting list of over 22,000 people which is state wide. Some of those people are in the planning stages but the majority of these people are really worried that their child is graduating from Special Ed at age 22 and are now going home because they are on a waiting list and there have not been the dollars to support adult services. There are a number of those people depending on the level of ability of parents to do advocacy that are sitting at home helpless.

Now when you match that up with an economy that is hard to deal with, you find a difficult world to find any opportunity for those people who are sitting at home. Now this lawsuit (consent decree) mandates by the court that those people who are in those 15 beds or more have the option to move out and they are first priority if they were in by June 15, 2011. The other group is now being randomly pulled out of that waiting list group.

Mary: It says there are 234 St. Charles' residents – 87 are in the Community Access Program and 147 in the Child and Connection Program. Is either one of those programs direct care service or referral?

Joyce: All of these are service coordination and advocacy. 0 to 3 we transition them into the schools and at that point we turn them to the school at three. Any of those that you are seeing related to Child/Family Connections are those that we try to get in ASAP to make the difference. We are the front door. The provider system has been told that they have to come through the system point of entry from the State intervention system. We serve that as what is called part C, and 3 – 21 is part B. So for any child with a 30% delay or more, the provider would be doing a dis-service to the family, because what we can provide them free of charge are the evaluations to determine the eligibility, we develop the service plan, we bring in the family and those professionals to determine what is then their service plan and what those services would be, help the family make inform choices about those services, and then refer them to those services.

Mary: So actually you do a hands-on with the child and your staff to sit down with them and evaluate them?

Joyce: These cases from 0-3 have a lot to do with speech and motor tone. Some of it may be Downs Syndrome, Cerebral Palsy; all those things where they would have a 30% delay or more.

We also deal with kids in school where there may be some behavioral issues or problems with the family at home. Most often these children are a home base support. They need some of the dollars to help offset what it costs to bring in the other kinds of therapies and assistance because there are a lot of things that are not fully covered.

Mary: What is the difference between the Community Access Program and the Child/Family Connections – age?

Joyce. It is age. Community Access could deal with kids who are 0-3, but most often those will be the children where they have a full developmental disability, low IQ, maybe brain stem or something of that nature where we talk to the family about what they want to do. We may be talking about a facility like "Little Angels." We handle any placement where use of public funds is needed. But these youngsters who are over the age of three are moving into where the family needs some home base assistance to obtain their child at home.

John: The State is now saying that they have to come through your agency? So when there are public funds involve you have to say this is the correct measure to be taken?

Joyce: Yes, that has always been the place. Families do have a choice to go up into the system, but they have to be part of the Provider Connection, but the thing with that is they have to come through us or should; otherwise the families have had a dis-service and are being charge for a lot of services that they would not have had to pay for. Our services are intended to be those service coordinations, assessments, and evaluations. As small as that money is, from the day we started our pre-admission screening, dollars have never changed. We are going back to 1989 with no increases.

John: So you are getting some level of funding from the State for every individual that comes through your door – 90%?

Joyce: Don't be misled by the total budget because that budget, in my estimation, is 15% less than what the funding has been. So we still have to heavily fund raise or seek other sources to make the corner. We still have to do some serious cutting. We only have $80/90K that goes into the staffing to evaluate people who come in with an emergency or who are in need of some State funding based on their guidelines, or who are in need of PUNS. The state does not fund us to enroll people into PUNS to have the one-to-one interaction, so they can be in that database to be pulled in that random pull.

Mary: After the child has been assessed and evaluated, is your work done?

Joyce: No. In the 0-3 the emphasis is to get that child in as fast as you can because 0-3 is a small window and you have to get all assessments and evals done within 45 days. Once the family has made their choice, we then make the referral. We have to continue with that family with follow-ups to see how it is working or should there be something

different they want to do; and sometimes we have to start all over. We have an ongoing relationship with that child and family until they are transition into school.

Wrt home base dollars, the State doesn't fund us for this, it is the transitional planning for those folks who are 16-22. Most parents have a problem even when you tell them, because they are use to a world of "entitlement" where the child gets all these special services. When their child turns 22 it is hard for the parents to grasp this. We can't guarantee any adult services. We are trying to work on skill building but whether that has meaningful transition into adults services has always been the issue. Then we have our seniors which is a whole other chapter. **REQUEST: $8,000**

The 708 Board went into executive session to make decisions on the funding allocations for all the agency grant requests. See the attached table for their unanimously agreed upon allocation results.

Adjourn

Motion by Mary Murphy, second by Terry Murphy to adjourn the meeting at 10:32 p.m. **Voice Vote:** Unanimous, motion approved.

Respectfully submitted

Tina Nilles
Recording Secretary