

MINUTES
ST. CHARLES COMMUNITY 708 MENTAL HEALTH BOARD
Thursday, February 28, 2013
City Council Chambers – Municipal Building

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

ABSENT: Terry Murphy

1. Call to Order

Chairman John Rabchuk opened the meeting at 6:12 p.m.

2. Announcements

John: Regarding the County going through this proposal that was going to be a ballot measure all by itself regarding the developmentally disable, and a special levy funding source just for that, and discussions that I had with Lynn at that time from AID, I was not aware that DayOne Network has 100% of their activity towards developmentally disable, it was not towards mental health agencies. That's not part of our charter. Same with Marklund, we gave just a little bit of money to them last year, but Marklund is not dealing at all with mental health issues. Its physically developmental, disable clients. That's not to say that there is some stress involved. AID has both. As I read this today, the programs that they have earmarked are mental health programs. They do have a lot of other ones as well.

Barb: Easter Seals did this big touting on their Autism program last year and that is a mental health spectrum disorder and I was disappointed that they didn't break that out. They haven't given us anything to work with. This is still one of my irritations that they are not giving me the numbers I want to see.

John: Those are considerations for when we get into the funding side and I will tell you the number I got from Chris Minick today is \$553K and there is another \$33K that's left in reserves. So we are right essentially where we were last year; \$588K is the potential to allocate.

Barb: Fox Valley Pregnancy gave us their sales tax exemption letter – that is not what we ask for. We ask for a 501-3 C letter. These are not interchangeable.

John: Tina, are there any of the board seats that are coming up for reappointment?

Tina: Yes, we have two. Mike Penny and Maureen Lewis who is an aldermanic appointment. Next year Nancy, Mary and John will be up for re-appointment.

John: Terry Murphy is not here this evening, but I did talk with him on the phone. In his notes he did not have anything substantial from the applications. He gave me some thoughts as how he would allocate some of the requests. So when we get to that point this evening, I can throw his numbers out into the mix of things.

I need to cut out of tonight's meeting for a while to attend another commitment. I've asked Mike and Barb to marshal things through in my absence.

3. Meeting Minutes Approved from February 23, 2012 Mental Health Board Meeting.

Motion by Mike Penny, second by Mary Hughes to approve minutes of the February 23, 2012 St. Charles Community Mental Health Board meeting.

Voice Vote: Ayes: Unanimous; Nays: None; Absent: Terry Murphy. Chrmn. Rabchuk did not vote as Chairman; motion carried.

4. Funding Requests

Lazarus House – Liz Eakins, Executive Director: We have one resident who is a life-long resident of St. Charles and has had his problems to deal with, but through our outreach programs: HUD Grants for the Chronically Homeless with Disabilities, we are going to be able to put him into his very own apartment for the first time in his adult life. We had to keep him in our emergency shelter for 12 consecutive months for him to be eligible for this grant and he has met the requirements and the funding is in place. In St. Charles we have six or seven landlords that we work with. It could be a second level of a house as opposed to an apartment complex. We are going into our seventh year with our Outreach Program and the landlords have come to trust us. We can't guarantee the people going into these apartments are perfect, but they know we are only a phone call away if the need us.

Mary: Do they sign a regular lease?

Liz: Yes they do and in their names. HUD nationally is trying to change that so we would become the lease holder. Not our preference, but if we need to, we will. The formula for this particular grant is they pay 10% of whatever their income is towards their rent and utilities and the grant picks up the rest. To keep qualifying for that grant, these folks have to meet with our staff every week for case management. If they don't follow through then they have to go through whatever the consequences are that their landlord brings against them, but we rarely have run into that situation. They are always people who have been through our shelter, they know and trust our staff and they like the connection to us.

Mary: Looks like your numbers are fairly stable: 170-172, is that on track for this year for St. Charles residents?

Liz: This fiscal year starting July 1 our numbers are a little lower than what they were the prior 12 months. A year ago we had just experienced an explosion of women and kids and that came way down. That was not characteristic of what we usually do. The last few months we've had an extraordinary explosion of young adult men (18-24 year olds) and that's seems to have settled down.

John: Your relationship with Ecker and Renz is still working well?

Liz: They are great partners and we would not be doing what we do if it wasn't for them. Also TriCity Health is a great partner. They just got done testing every one of our staff for TB and we are now on a yearly cycle for this.

Renz wrote this collaborative grant a few years ago and it is still in force. That grant allows anyone who is homeless in St. Charles to the north end of the county to be screened for substance abuse and mental health and physical health concerns and that grants continues to pay for those assessments and other services needed such as transportation.

John: What percent of your clients have mental health issues – can you tell?

Liz: About 40% is my guess – close to half and with substance abuse, we are close to 60-70%.

John: Has DayOne provided a good service to you?

Liz: They are actually a clearing house. Only way severely mentally disable people are going to get services through Kane County is to be cleared through DayOne to the services that are available. They are very critical link to severely disable people.

REQUEST: \$47,600

Fox Valley Hospice: Kathy Melone: What we do is twofold, we have the one aspect that is our hospice care that is unique and is geared towards people who are facing a life threatening illness. We work with a lot of different hospitals in the area to provide emotional, physical, and spiritual support through our networks. We also have a very wide series of bereavement programs. Our bereavement programs are growing in St. Charles. Our numbers have gone up from last year of 158 people serve in St. Charles to this year of 201 people. The numbers have been remaining fairly consistent within the hospice arena but have really exploded in the bereavement care. As we've seen when someone in their family is dying the children and adults are having an increased disability to cope with what is the after math of that. They've been coming to us mostly because of our relationship with the St. Charles public schools with the counselors referring our services to the children, as well as a lot of doctors in the area, and when they see things happening they are able to refer their clients to us as well. We've really seen a major increase with the number of people coming to us in St. Charles for our bereavement

services which are really in-depth and are unparalleled and there is nothing that duplicates our services. We work with the children in the school one-on-one through the bereavement process as well as being able to include them in a group process with other children who are going through the same thing and work with them through their grief. They also work with adults and advocate to their family to provide them with services that will help them through a very difficult time and through the next phase of their life.

We have a program "Lean on Me" which is program with Spanish speaking personnel who go out and find Spanish speaking volunteers who can talk to and work with these clients and speak to them in their own language. In the past we would have an interpreter and absolutely things get lost in the translation. Working with clients in their own language is a much effective way for them to work through the stages of grief and understanding. This has been a part of our program for years and I haven't talked much about it, but it has exploded recently. We have a lot of people coming to us based on the fact that all our programs are free of charge. The Spanish speaking program is our fastest growing program as our community changes. We are lucky to have a very effective staff person on board who has brought in some really qualified volunteers to help people work through their stages in their own language. We have also had an influx of Spanish speaking population in our Herbie Program as well. So those volunteers are also working with the kids too.

John: We saw that in the Comprehensive Plan numbers regarding the Spanish population. It's a small piece of the population but the numbers have grown significantly over the last 10 years.

Kathy: We've done a lot of outreach programs through our volunteers to try to speak to different populations.

John: There's a start of a Hispanic community organization here in St. Charles, Union Latino, that is just getting going and they may be someone you can tap into.

Kathy: We actively try to encourage anyone who doesn't have the means to go through traditional agencies to get counseling or services to come to us. We've been lucky enough to have communities to be able to provide the services to people who might not have the means. The Hispanics are not the majority but it's definitely an increase in the minority population.

Mary: I see you are asking for \$7,000 more than last year and you said your numbers are up from 158 to 201?

Kathy: We have been lucky to receive consistent support for your MHB. We've been asking for \$32,000 for several years because our numbers have never really waivered but last year our funding went down like everyone else. We are asking for whatever you can give because without your support and the surrounding communities our services wouldn't be free and we wouldn't be who we are. So we are really thankful.

Mary: Sometime when you have nothing else to do, I would love to see a pet bereavement group.

Kathy: We are doing that. We are promoting it within every shelter around. We are also starting a program for children whose parents have been incarcerated or deported. The schools have requested this because even though their parents are alive they are no longer with them. It does fall under being bereavement of a very real concern for children who are left in America with relatives whose parents are not within hands reach. It's not a death bereavement, but it's a very real bereavement. It's changing times.

REQUEST: \$32,000

Renz Addiction Center – Jerry Skogma: Discussed the characteristics of the population statistics for St. Charles residents – 174 out of 1,100 outpatients. This is pretty sizable for the areas that Renz covers. This gives a good summary of the general issues we deal with. In FY12 we've seen 174 St. Charles residents that have jumped from 103 last year. We got that number from a number of agencies with Lazarus House being the biggest referral source. We do have a federal grant with us being the lead agency and Lazarus and Ecker Center are involved in that. We work closely with Ecker Center and other area health providers. Alcohol abuse and dependence is the number one drug of choice. There is a wide range of age groups with emphasis on young adults. Also been an up-tick with the over-50 population with synthetic and prescription drug abuse. We have a number of Mentally Ill Substance Abuse (MISA) population too. The majority of clinics we serve have an income under \$20K so it really helps to get this kind of local support for these people.

Mary: There was no one treated for gambling addiction this year?

Jerry: That is interesting and the numbers have been going down over the last couple of years. The numbers tend to go up and down sporadically. Both alcohol and drugs are high in the problem areas.

Maureen: How many of these patients are ongoing patients vs. new?

Jerry: The majority are new within our calendar year of July through June. Our average length of stay is within 3 to 4 months in our outpatient programs; so our turnover is fairly significant.

Mary: You had two school referrals?

Jerry: We don't do a lot of school referrals in this area. We don't have any contracts with the schools, I wish we did. There is a need for it; although there are a number of providers in this area. A lot of it is economics too. Some have good health insurance or pretty good family income and may choose to go to a private facility. Heroin is becoming cheaper these days and it is getting more wide spread. Heroin is one of our smaller statistics but it is still significant.

REQUEST: \$68,000

John Rabchuk left the meeting for an appointment.

TriCity Family Services – Jim Otepka: Introduced Courtney Lavery who is the new co-development manager who worked previously with CASA. For our last full fiscal year June 30, 2012, we served 1359 St. Charles residents which compare to 907 served the previous year. We were very active in the community and with the schools doing health fairs which is one factor. The growth factor is still spreading into this year. At the midpoint of the year (12/31) we show a 41% increase for residents of St. Charles all across our programs as the same time last year. We are seeing a 77% increase in our counseling program and we attribute that from school referrals. This is good, strong support from the school district. Counseling is the cornerstone of our work and many other counseling services are integrated together. We don't bill for these services and we couldn't provide them if not for organizations like yours. We serve all ages and deal with the life spans of families from post-pardon depression, anxiety, marital conflict, and a wide range of child/adolescent issues of all sizes and shapes. Approximately 80% of the clients we service come to us with three or more problems and our work is not always short time. Many of the issues we see are driven by increasing financial pressures being experienced by a lot of the families. Many are still dealing with residual affections of the recession. Last year 49% of the families reported of living on less the \$30K a year which is tough to do in the tri-city area. We do serve some of the townships to the west as well. We see the continuing effect of the depression with increasing numbers of Medicaid eligible families that are coming to us for services. Reimbursements from the State fall 6-12 months behind.

Mary: On your budget do you include Medicaid under client fees and third party payments?

Jim: Yes. We see more grandparents coming out of retirement trying to help their grandchildren while parents try to piece together several part-time jobs. We have lots of kids coming in with eating and sleep disorders, physical symptoms that are typically stress related. Every week we receive more requests from our clients for adjustments to the sliding scale fees. Our waiting lists are getting longer. It's up to 4 weeks for children/adolescents. We always triage a case and if a child is in crisis we do an emergency assessment and typically don't put them back on the waiting list.

We are able to keep many of our long term programs running due to your support as well as our early intervention programs. With your funding we are able to do some critical networking in the area. We are active in the St. Charles Youth Commission and the School District with their planning of the Mental Health Summit.

In the very near future we'll be engaging in some big projects such as the installation of a new Management Information System. We are required to become compliant with electronic medical records by 2014. By the end of June we should complete a feasibility study exploring the development of an outpatient family based treatment clinic for eating disorders. This model is relatively new in the field. This will help keep families

together and young people out of hospitals. Into next year we hope to be offering an enrichment program for “Middle School Girls” for 4th/5th graders. We offered a recent program called “Chick Chat” that went very well.

Mary: How’s your space?

Jim: If the board approves the formal launching on this new program for eating disorders, we’ll have no choice but to figure out how to get some additional space. This year we divided up our space for scheduled appointments by the hour for every office. Thank you for your generosity.

REQUEST: \$204,000

Easter Seals: Patty Gellispie and Eric Jensen: Eric came on board as the new VP of Development. Easter Seals is a leader in the Midwest and growing a reputation nationwide for outpatient medical rehab services as well as adjunct support of the clinical services that help children with developmental disabilities reach their full potential to thrive in later life. That is our mission and our goal. We continue to grow annually. The prevalence of development disabilities are growing. We don’t know if that is due to increased awareness or if there are just more children with DD. We serve about 1,000 children every week between our three locations. (Told a story about a St. Charles East Student).

Mary: Have you done anything towards opening the autism area?

Eric: Yes, we opened the Autism Clinic January 2012 with great success. We bring in speech pathologies, occupational therapists, psychiatrists and psychologists and through this multiple disciplinary approach we can diagnose far earlier than the traditional means of diagnosis to see if Autism is there. The earlier one is identified with Autism the earlier appropriate intervention is going to be designed for that individual. Within the first year of the clinic 40% of patients who came to be diagnosed with Autism was not diagnose with Autism but with other lower level pervasive developmental disabilities. Another benefit of the clinic is while someone may be presenting with concerns of Autism, we can use it as it as a diagnostic clinic with a more broad base manner.

Patty: Kathy Schrock who presented here last year might of mentioned that it’s about 40% of our clients that we see who are on the Autism spectrum.

Eric: The recent stats from CDC are 1 in 88 children are being diagnosed with Autism.

Barb: Because of the way the referendum was passed and our charter is designed, we as a board focus on mental health issues and addiction. Autism being a spectrum disorder falls into that category. You gave us the numbers here on page 5 but you gave us a total of 38 and you didn’t break out for us as how many are audiology or Autism. How many fit into our requirement because that’s what we are mandated? It’s not our choice.

Eric: We would have to get that data for you; so in the future that is something you want to see?

Barb: Yes, break it down. You guys are an incredible organization, but when it comes to what we have to take back, we need to know these numbers.

Eric: I will email this information to Tina (which I received and distributed to board members on electronically on March 4, 2013).

Patty reconfirmed what the MHB was looking for regarding mental health and substance abuse disorders.

As Eric mentioned we are now able to diagnose Autism earlier. Before the typical age was 4-1/2 years and our team is now able to diagnose as early as 18 months.

Eric: We have also recently added to our team a very part-time physician referral marketer (15 hours a week). Based on the success of the Autism/Diagnostic Center we let other physicians in our broad geographical zone know not only of our basic services and therapies but also the clinic. **REQUEST: \$41,500**

Suicide Prevention Center – Mari Wittum: We are continuing to provide lots of services to St. Charles. We've been in schools for quite a few years now and that has really increased our numbers. We only put down our direct service hours and we still do the "Care for Life Walk" and those numbers are not in this package. Those numbers keep increasing each year. Sponsorship is down but we still keep the program running. We started a "Survivor of Suicide Attempt" group and have had some really good response to that. This is for individuals who have attempted suicide and have not completed and are trying to look for coping strategies so that they don't do that again. We started another SOSA group over in Sandwich. Some of the things we would like to do in St. Charles are dreams, sort of speak, but one of the things that are starting to occur is that one or more parents are not either able or desirous to bring their kids for counseling and the schools are having problems with space; so we are looking to possibly, at some point, to try and get a satellite office so that we could come up here at least one day a week so that parents would not have to bring their kids as far; so that is one thing we would really like to expand our services on. As our economy continues to not flourish as it should we are running into more families that are struggling financially and as they struggle financially the dysfunctional part of the family system has a hard time to get the counseling services that they need. The closer we are to them – the better off they'll be.

Mary: I see 372 St. Charles residents?

Mari: That is correct and those are directly served. That is not counting our hotline calls which those are hard for us to estimate, or the walk-ins. We would also like to do an

assembly again at both the high schools that will help to educate students. The funding for that is too high for the schools to want to pay for something at that nature. It takes a lot of manpower because we do get a lot of kids that do come forward afterwards. We recently did one in Batavia and we had 10 staff members on the day of the assembly and two days after to handle the volume and then up to 2-3 weeks after the assembly we saw a lot of kids coming in. It is a great event because it really brings out some new people. We ask students if they have had someone talk to them about suicide that they come forward and talk to an adult because you would rather have a friend angry with you instead of friend who is no longer alive. All this takes extra money. These are the two main reasons we are asking for extra money to do these things.

Mary: I really appreciate that the money that comes from our board goes to direct services. That's how this should work.

Mari: We do get other help/services from the communities besides money, such as, receiving copier paper, having someone mow our grass for free, water donated to us for some of the activities, rolls of stamps, etc. We try to cut cost in any way we can.

REQUEST: \$18,500

ElderDay Center – Traci Eggleston: We had some changes over the past year. Our numbers have increased from the prior year. We've had an additional 2,000 hours of service. With the past year's economic recession we did take a hit on our numbers but we are now seeing that bounce back up. We served five additional caregivers in our Caregiver's Support Program from St. Charles this past year. All those services are free of charge to caregivers. A number of people are coming in to see what kinds of resources are available for their love ones, such as, we do dementia diagnosis and changes of behaviors. We've also seen an increase in the number of men in our program up to 40%. We are seeing an increase in dual diagnosis such as clients coming in with schizophrenia and dementia. We are seeing clients with depression and dementia and rarer forms of dementia, and then the challenging behaviors that come along with that. Longevity of people's lives is increasing as well. Community base services are somewhat limited for older adults. They can go into a nursing home but may not have the funding to do so. There has also have been a lot of changes going on in Geriatric practices that presents problems. We can provide that specific point of care where they don't have to go into a nursing home. On average, right now, we are preventing nursing home placement by 11 months and this helps family savings in order to provide for future care in those dwindling months for their love one. In terms of adult day programs in our community, there really isn't a whole lot to choose from. Every activity we do with our clients has a therapeutic value. We also promote creativity and individuality which increases positive self-worth and decreases depression.

Mary: Do you provide any psychiatric care?

Traci: Our clinical social worker will work with families when they see behavior changes based on what they see. We do make referrals sometimes to make sure the

clients' medications are being monitored. We do have a nurse on staff to dispense any medication, if needed, to our clients with doctor's orders. We monitor blood pressure and weight monthly to ensure they are eating properly. We do expect the numbers of our clients to increase over the next year. The reason is our board is taking a direct approach to ensure that ElderDay is no longer the best kept secret in the TriCities. We want people to know who we are and how we can better serve them. We've taken on new outreach initiatives to become more visible in the communities.

Barb: One suggestion in your report, when you give us the financial statements next year, please give us year-to-year comparisons. **REQUEST: \$25,000**

Haines Middle School – Stefan Larson, Ass't Principal: We run a similar program to the other schools called TEK (Teachers Encouraging Kids) which has been a successful program for many years. This program began to target at-risk students solely but has grown over time. These days we try not to exclude anyone; we try to take a pro-active approach with our sixth graders because not really knowing who is going to be successful at the middle school level; they haven't really develop that young adult yet, so we don't know what kind of student they are going to be. So we try to include them and put more of our focus on the average student. We get a feel ahead of time from the elementary schools of which students really need some assistance and have had social workers already working with them. On the fringe the other students are there because we want these at-risk students to see role models around them and gain from that as well. We try to pull kids into activities that they might not be able to do at home. In addition to the time, focus, and money we put into this program we put in research and follow-through on those at-risk students and track them through the year. Knowing we have different students from the area, we do make sure the money we receive from you goes to the St. Charles' students. We have additional fundraisers, such as our Magazine Drive where that money goes into TEK to help support the various activities. The teachers also donate their time – these activities are outside of their normal day. Money doesn't go to any of staff members.

Nancy: What percentage of the overall 1,100 kids would you consider to be at-risk - less than 10%?

Stefan: Yes, under 10% would truly be considered at-risk. We have a student assistant counselor that sees most of the really at-risk students, then there is a little bit beyond that we also consider at-risk. By himself he has groups of students that hover around 50/60 number. At-risk at the middle school is somewhat different than in the community so what we consider at-risk might not be what a Community Center considers, but most differently up in that 10% range. Percentages also fluctuate from year to year.

Mary: In years past we've been able to do a lot better money-wise than we have recently. I have no issue with any of these activities you are outlining, but I do have issues with who pays for them. Fox example, the 6th grade picnic is a great idea but we didn't have mental health funds to pay for them. We have PTO and student activities pay for that and

since we have so few dollars I would like to see that money go towards our actively at-risk students.

Stefan: We do have different pots of money to try and cover our activities and the money that we get from the MHB does go toward the core at-risk students. TEK encompasses a wide range of students not just those at risk so we do steer your money towards that group within the larger group.

Mary: How have the suspension rates been? Do you have any data?

Stefan: Yes, we actually have that as one of our goals this year for central administration. Our discipline numbers have been going down, not just suspensions. That's due in part of getting these students into these programs right away and not waiting to see which students have the greater problem. We've seen the numbers trending down and attribute it to different factors but think that TEK has a tremendous impact on that.

REQUEST: \$5,000

Living Well Cancer Resource – Erin Shaeffer: We opened a new facility this past May. We have such a demand for our services and they are growing so quickly at an annualized rate of 25% each year with participation that our BOD made the decision to build a new facility. Since the new facility we've had a huge upside of 46% this past year in participations. We are trying to meet that demand by expanding our fundraising. We've added a new counselor and new groups to educational sessions and other long lists of programs. While not every member has cancer there are a percentage of St. Charles residents that do need our counseling support and services. Our counselors are all licensed professional counselors and the work they do is to help people anywhere along the spectrum of distress. We treat patients all the way through the continuum from the point of diagnosis through survivorship. We also work with bereaved family members. We are asking for an increase from the past years and we are sensitive to that fact. We just try to support our proposal on our numbers and need and we have had such a large increase in numbers of participation.

Mary: I see 363 St. Charles' residents this year?

Erin: Correct and I would also like to point out with this particular proposal we are not including individuals who are participating in the wellness aspects of what we do.

Maureen: Of those numbers are they all patients or are there family members also?

Erin: It's a mix but it's about 60-70% of those individuals who are patients and the rest accompanied family members. We've seen a large increase this past year in children under the age of 18. They are not being diagnosed themselves but are part of the family that has a diagnosis of cancer where they are in need of some sort of support.

Mary: I see in the report that the funding you receive from the MHB helps pay for the assessment tool – BSI-18?

Erin: Yes, we have an accompanied program that we partner with area hospitals called “Connect to Care Program.” We developed this and are in the forefront of the cutting edge of this program. We go right to the sites/hospitals and interact with the patients to perform distress readings – this is an essential part of cancer care. We work with the physician team and are able to determine what their needs are right at the point when they start to receive their initial treatment. This is something that is recommended by the American College of Surgeons Commission on cancer as their new standards. So all those hospitals that want to remain in that accreditation pool need to have 100% of their patients being screened for this distress by 2015. We have many hospital partners that don’t do any distress screening at all.

Maureen: Can you go to Delnor to do this?

Erin: Delnor is a bit in flux right now because of their Cancer Center being built, so their patients are being sent to other Cadence affiliates which are CDH; but we partner with many other hospitals in this county.

Mary: Do you know how much was paid for the BSI-18 assessment tool?

Erin: Each form has a cost \$1.25 that is a licensing fee.

Maureen: Are you getting any funding from Cadence with this?

Erin: The support that they have been giving us at this point in time has been more of services in working with our HR services. They don’t pay our salaries but they do help to run our benefits through ADP and we use their services that way. They provided some marketing for us and helped print some of our publications; but we are not funded by Cadence. They are separate and aside from our \$1.3M fundraising budget that we need to meet on an annual basis.

Mary: One comment, I’m interested in direct services and the City of St. Charles funding to help pay for personnel cost, supplies, and facility fees. I would just rather see our money going to the counseling services. I understand you can’t always departmentalize.

Erin: I agree and this year we tried to redirect the focus away from those types of costs.

REQUEST: \$20,000

Wredling Middle School – Melissa Dockum and Joan Hagedorn:

Mary: Read a sentence in their writeup that she really appreciated “Large whole school activities have been replaced in large part by teachers.”

Joan: We are trying to honor what this board has asked of us and found it to be very effective. This year alone I have never seen so many students in 7th grade with issues and it is more with the diverse population we have coming into our school. We are seeing that some of the cultures are very private and students have to be strong at home and come to school to do their best to be that A student and are not always that A student. So therefore they are struggling but won't ask for any help. Once they realize they can trust a teacher we can do the connection card where students identify who they connected with that year on their team. It doesn't always have to be the same person all three years, but they connect with different adults in the school each year and that's helping with their mental health. Kids today seem to be brought up where they don't share anything. We do the connection cards twice a year – in the fall and the spring.

Melissa: We are being more cautious and detailed in distributing the funds of the MHB. The teachers fill out forms and are identifying St. Charles kids and which ones are at risk when they request forms. All other students who are not at risk are paid for out of Wredling School money.

Barb: Thank you for listening – I really do appreciate it.

Mary: The issue is dollars too, we don't have it to give as in years past; so we need to make sure the money we are distributing which is taxpayers' dollars goes to really serving the people that need it most. We have several different communities pooling into our school that are not all St. Charles addresses. **REQUEST: \$7,000**

Crisis Community Center – Gretchen Vapnar: We are asking for \$21,000 which is an increase over last year for our domestic violence, sexual assault, and abuse intervention which is for people want to change their abusive behavior which is predominantly men. We have increased the number of St. Charles' residents 37% (125 to 171 clients) and have provided over 15,050 hours of service. The Crisis Center is really an emergency service 24/7. Our services have expanded in our abuser intervention program and we now have a separate office on the west side of Elgin and we are serving more people there then we had in the first half of last year. This office just opened in January. We have many partners in the St. Charles' area. We work closely with Lazarus House doing a weekly education program with them and are partners with TriCity Family Services doing their after-hours answering service, and we work closely with Delnor Hospital as an emergency response for domestic violence victims and sexual assault victims who go to the hospital emergency room. We split that responsibility with Mutual Ground in Aurora. One trend that we are tracking around the area is that we are seeing fewer families with children coming into shelter, and seeing more women of domestic violence victims over the age of 55 and we are very concern about this trend climbing.

Mary: Regarding your budget sheets, whenever you break out your budget, please make sure our name is mentioned so our taxpayers know where their money is going.

REQUEST: \$21, 000

Association for Individual Development – Lynn O’Shea: We have been serving the St. Charles’ community since 1961 starting with Hope Wall School. We still help people with disabilities. We have services for youngsters 1 to 3 years of age for early developmental therapy and most of our kids graduate from early childhood through the public school programs. Throughout the school years we offer respite care for families of youngsters with disabilities that provide home base services to those families as well as summer camps. Most of our services are for adults however. We have two primary program areas: one is for development disabilities for individuals who have been born with physical or emotional physical disabilities. After transition from Special Ed, if students still need support services we do job training placement, we offer a shelter work program. This year we are getting back up in our numbers of job placements. We fell somewhat during the recession period. This year our biggest new employer is Walgreens.

Residential services are one of areas of public demand. We operate one group home here in St. Charles and one in Campton Hills. We now have eight families from St. Charles whose names were pulled for housing services along with a few other communities’ names and we are now looking around for rentals for these people.

Our other service focus is for persons with serious mental illness. We have an outpatient program through Crisis Emergency Services. We also have two footprint buildings in the Aurora area and opening a third one in June and are partnering with Burton Foundation to have an inter-agreement with Water Edges apartments. This is a private investment in building and maintaining the building and we would be the operating services.

We spend about a million and a half dollars of services for people in St. Charles. We have added for increase of funds this year. Lynn talked about a new program “Show You Care Campaign” that they are trying to get a referendum passed by the County.

REQUEST: \$75,000

Ecker Center – Karen Beyer: We’ve done some interesting things this year. We’ve brought on a for profit pharmacy in-house. They come into mental health centers and specialize on working with people with mental illnesses. With the cutting of the budget by the State level for medications and other health services; between our nurses and pharmacists they have been successful in talking to the state in allowing more prescriptions for people. The initial argument for why it’s necessary has to come from a psychiatrist but the they don’t call the state and try to get the preauthorization, our nurses and the pharmacy does and it is working well. We also have a relationship with VNA Fox Valley and they are sending us a nurse that comes once every other week to see our clients and the clients can bring their families to that primary care as well. We have a foundation that is a separate entity from Ecker and they own buildings that are people can live in. Through their funding of grants we have a couple of apartments through them in Elgin. Our clients need to be close to medical staff during the day if they need help and when people live too far from our main facility that is less than ideal for medical attention. We have our Psycho-Social Rehabilitation Director who is someone with

enthusiastic behavior and has been a good addition to our staff. He has been able to attract some sophisticated people to come in and run those therapy groups with good success. He has created a whole curriculum that is beneficial to our clients. We bill it in Medicaid support not under therapy. He is doing something substantial for our clients who really needed help longer term. It is not costing us anymore because we have interns who do a lot of the planning and helping, but the masters' level people run the groups.

REQUEST: \$67,000

CASA Kane County – Vicki Shaw: Last year we served the largest amount of kids we'd ever served in our 25 years. We do not get any state or federal funding so we are trying some new campaigns this year such as \$25 for 25 years, to get some new donors to help raise money. Last year we did a big Endowment Campaign that ended – we had a Challenge Grant from the Dunham fund and ended up with \$1.2M. We can never touch this money ever, but we can use the interest we earn. We will try some legacy planning this year as well. We currently have 12 staff that is a 9-1/2 full time equivalent.

Maureen: Explain how the money is going to be used to train the case managing of the 264 volunteers for the 21 children? It takes 264 volunteers?

Vicki: No, we served 556 kids, all Kane County, and we have 264 volunteers. That's our whole agency. In St. Charles we have 47 volunteers.

Maureen: So you'll be training those 47 volunteers for those 21 children.

Vicki: Yes and we are getting some new people from St. Charles and we do four trainings a year and there are 12 to 15 in each class. So we train 45 to 50 new volunteers every year with initial training. We provide on-going training to all of our CASA volunteers and we provide about 75 different training opportunities, such as on-line courses, podcasts, and other ways of continuing education. We also have a big conference every fall; and it's also for the staff who case managed the volunteers. They are assigned a case and our staff helps them along with working with DCFS workers, parents, and all the people involved in a child's life. Their goal is to make sure that the child is safe, get school reports, and write reports to give to the judge so he knows what is going on in the child's life so he can make decisions based on the best interest of the child.

REQUEST: \$15,000

DayOne Network – Stephen Taylor, Executive Director: This organization was founded in 1989. Stephen Taylor talked about his work experience which encompassed working for the Boy Scouts of America and he retired recently and took over the position of Joyce Helander who retired last year from DayOne. He is broadening the market base to be more sustainable for the future, so he is doing lots more fundraisers and foundation grants, to list a few. The State is so behind in paying them. He talked about their fundraiser gala. They are also cooperating with the Fox Valley Marathon that is happening in September that starts here in St. Charles, and are planning a golf outing. DayOne serve 3,600 people in the footprint of Kane and Kendall counties and they do

that through two major programs, Community Access Services which is the adult side of the house where you are developmentally delayed or disabled on a permanent basis, and DayOne provides ongoing case management and advocacy services. About 2/3 of the program is made up on the other side which is Child and Family Connections. We are one of 18 agencies that the State has contracted with that handles birth to age 3 by doing early interventions. We come to your home to evaluate the child and talk to the family and we start getting the child the services they need. Early intervention has proven that it works.

Prioritization of Urgent Needs Services (PUNS) has grown; that is when an adult needs services and they can't get them. That person literally has to win a lottery to receive services and it can take up to 4 years for that to happen. Now what they're doing is pulling people off of the PUNS list by court decree and handing them over to us and our work load just went up by 70% for that one program this year. The state said congratulations on receiving all those people and we'll give you 10% more than what you use to make for that program. 10% with a 70% increase in work load does not cut it. So we'll appeal with other similar agencies to send us the money to keep a schedule and we need money to be able to hire people and provide these services that you said are now court decree.

AID did a marketing survey of who's who in the area and no one knows who we are. In this category Easter Seals had an 80% public recognition factor and AID had a 20% recognition factor. DayOne had a 2% recognition factor. So we're getting out to the public to promote our organization more. If you know anyone who is in need of our services, please have them get in touch with us because we are here to help them. Also thank you for what you do and spending your time to help us. **REQUEST: \$8,000**

TUG – Jim Klink, Chairman and John Talbot, Director: We wanted to make you aware of some of things that are going on from the unemployment aspect. We put together a synopsis showing the past five years' history. One of the things I'll point out is that we are starting to see an increase in the people coming to us for services in 2012. I would attribute that to 1) we had a lot of people that got discouraged and retreated from the job market and they are starting to come back out and get reengaged. The other aspect, through John's effort, is getting the word out throughout the communities that we are here helping those that are unemployed. We help both white and blue collar groups. We are tied together with the unemployment group IDES which post a lot of jobs on our website to make people aware. There is a lot of desperation out there and people are starting to feel encouraged with the way things are coming. We bring speakers to our group that have individual expertise to the job market. Some are local folks contributing to our own community and the speakers are not paid. Our director is the only one who gets paid a small stipend to manage the program; everything else we pay for: websites, phones, etc.

John Rabchuk: Are you doing any personal counseling for depression? You're a resource bank for positive mental attitude and things of that nature?

Jim: We will to a degree, but considering a lot of us don't have the skills to get into that; we do it one-on-one with a group of individuals and come to find out that they are in desperation, and then we will get together with another agency such as TriCity Family Services.

John R: That was what I was wondering if you coordinated with agencies such as TriCity.

Jim: We need to get the expertise out there, but what we'll try to do is that in a lot of cases people just want to be listened to. So once they vent and get rid of some of their tension, then they are able to get back on track and get reengaged. You can sense desperation if someone is on the verge of losing their home; we'll help them to get help.

John R: So you're averaging from last year roughly 35 to low 40 in attendance and it seems to be relatively stable.

John Talbot: I think we are getting more well-known and people are starting to recognize us.

John R: Regarding your demographics you have them by gender but do you have them by age?

John T: Yes, the average that comes to TUG is 46 years old for male and 43 for female. But we do go all the way from those that have graduated from college all the way up to retirees who come and partake in our group looking for those skill sets to keep them engaged out there. People from all areas come to our meetings such as Chicago; someone visiting from California came to our meeting because they don't have anything like this in California and asked if they could tie into our website.

John R: Is the direct contact number of 1,07; is that all St. Charles residents?

John T: That is across the board. These figures are what are reported to us. People typically sign in but there are 10-15% of the people who don't want to sign in – they want to be anonymous. 52% of the people are from St. Charles. We meet the second and fourth Mondays of the month and you can go onto our website to find our meetings.

Mike: Reviewed with TUG what our MHB charter is which is directly related to mental health and although there can be tendencies leaning toward mental health we have a prioritization we have to follow. **REQUEST: \$4,000**

The 708 Board went into executive session to make decisions on the funding allocations for all the agency grant requests. There was discussion about cutting back on some agencies to place money where it is needed more. Also discussed agencies that are not fitting into our charter/mission statement and how should we address them going forward

such as DayOne. Some agencies are focused on developmental disabilities, not necessarily mental health issues. Following are comments from the discussion:

- These agencies all have a good mission, they do very good work; however they are short on what the 708 MHB mission requires. We should not be contributing to agencies that do not fit into our mission.
- We need to explain the situation on how things have evolved and how they no longer fit into the MHB charter.
- Easter Seals is another one on the borderline. Autism is the only area of their services that fits our charter; all other services do not.
- Category A's all fit our charter to the letter.
- Renz is a unique service, unduplicated and have had an increase in referral numbers this year.
- Going down the C categories, cut Fox Valley Pregnancy. It's a worthwhile organization but not one that falls into our parameters.
- TEK Programs have been cut back over the years and will keep all three schools where they're at. The original purpose of this program was that the teachers were the only ones that were able to capture any mental health issues with the kids. This gave them an incentive and a mechanism by which they could identify those kids because they could not always see it in a classroom environment.
- Discussion on Marklund not fitting into the MHB parameters.
- Maureen did not agree with Fox Valley Pregnancy receiving no funding. These women go through states of depression regarding their situations. Would like to keep what MHB gave them last year instead of cutting back to zero.
- Changes have evolved for agencies and there is less money to dispense. MHB needs to start cutting back dollars on agencies that are not as involved with mental illness as other agencies are. Are they being treated by mental health professionals on staff?
- TUG does a good job of coordinating workshops for people to network.
- Both DayOne and Marklund should receive letters regarding our MHB not funding them, but not until City Council has approved the allocations.

See the attached table for the agreed upon allocations for FY13/14.

Maureen will do some research on Fox Valley Pregnancy Center to see what kind of counseling services they have. If they don't have certified counselors then TUG would fall into the same position.

Motion by Barb Gacic to accept the funding allocations for FY13/14, second by Nancy Kane-Richards. Maureen will check into the counseling situation of Fox Valley Pregnancy to determine if that is part of the criteria of what we should consider for some of the organizations.

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Voice Vote: Ayes: Unanimous; Nays: None; Absent: Terry Murphy. Chrmn. Rabuck did not vote as Chair. Motion carried.

Adjournment

Motion by Mary Murphy, second by Mike Penny to adjourn the meeting at 10:40 p.m.

Voice Vote: Unanimous, motion carried.

Respectfully submitted

Tina Nilles

Recording Secretary