

MINUTES
ST. CHARLES COMMUNITY 708 MENTAL HEALTH BOARD
Thursday, February 26, 2015 – 5:30 P.M.
City Council Chambers

MEMBERS PRESENT: Chairman Barb Gacic, Maureen Lewis, Ron Weddell, Michael Cohen, Carla Cumblad, and Carolyn Waibel

ABSENT: Mary Hughes

OTHERS: Tina Nilles

1. Call to Order

Chrmn. Barb Gacic opened the meeting at 5:40 p.m.

2. Announcements

Chrmn. Gacic thanked everyone for their efforts in updating the application cover letter and the application. Based on comments from last week's meeting and what you read in the minutes, everything seemed go so much smoother in doing the analysis and there wasn't anything missing from any of the agency packets. Based on the spreadsheet that Barb distributed, for information only, for the record our allocation is down .9649% and this is due to the property tax collected from last year. There was an extra \$1,700 placed back into our budget because Chris Minick, Finance Director, gives us his best guess estimate at the time and we ended up having \$1,700 more that came from the taxes than was anticipated. Our administrative fees are \$5,200 from last year. Bottom line we had \$667,730 in requests for this year and we have \$502,351, so we are short \$-165,379.

Barb proposed to have the next meeting in the fall time frame, October 22, November 5 or 12. Tina will send out an email for a first/second choice on these dates. **ACTION:** Tina will send out dates in April.

Barb plans to visit the rest of the agencies that she has not yet covered before the fall meeting. She invited other team members to join her if anyone so desired. Michael and Carolyn would like to.

Barb will be handing out the new application tonight to the agencies attending for a heads up for next year. **ACTION:** Tina to send out applications to other agencies that are not in attendance tonight (Fox Valley Special Recreation).

Question on the format of the meeting for tonight – are we going with their presentation and then we ask our predetermined questions? Yes, but if anyone should have a question that pops up through a presentation, feel free to ask.

3. Approval of minutes of February 19, 2014 St. Charles Community 708 Mental Health Board.

Motion by Lewis, second by Cumblad to approve minutes of February 19, 2015
St. Charles Community 708 Mental Health Board.

VOICE VOTE: Ayes: Unanimous; Nays: None; Absent: Hughes. Chrmn. Gacic did not vote as Chair and Ald. Lewis did not vote as City liaison. **Motion carried.**

3. Funding Requests

Chrmn. Gacic welcomed everyone and explain the format for the evening presentations. All agencies will be asked two universal questions and there could an occasional specific question asked of your agency.

TriCity Health Partnership, Walnut Street – Shannon Watson: Since 2002 the St. Charles Community Mental Health Board (MHB) has funded us a total of \$119,500. For every dollar donated to us, we can provide \$10 in medical care primarily because of the unique delivery of medical care where we utilize volunteers (115) who are assisted by our small staff. Historically over 60% of the individuals we served since 2001 have come from 60174 zip code. By the end of this year we'll have served 4,000 in the TriCity area and of those 4,000 individuals about 2,500 are from the 60174 zip code. 750 of those 2,500 through our diagnosis have issues of mental health or substance abuse/drug addiction issues. Often those things exacerbate their medical care, but we don't ask every patient this question but if they indicate that they are or we know that, we document these issues; and when our physicians diagnose that is when we count those numbers towards the folks who have mental health issues. In the past 12 months, 93 of our patients have signed up for Medicaid and we don't service Medicaid people. Last year numbers we served 510 people; so we've seen 12-13% decrease in unduplicated patients.

Last year 53% of the people we've seen are new to the clinic. We don't take in people who have insurance either, so these people have been qualified to be seen by us and don't have any insurance or Medicaid. Our patients are generally low income. We provide all the TB screenings for Lazarus House and their staff. Who don't qualify for Medicaid and can't afford the subsidy insurances are who we are serving. Some people have applied for Medicaid in the fall and still haven't heard back from them. We serve people who have lost their health insurance due to a recent job lost and we do have some undocumented folks which is less than 7%. Newly established residents of the United States cannot receive Medicaid or any kind of health care under Health Care Reform until you lived here for five years. Our application specifies that we serve the whole patient and a lot of them have mental health issues, substance abuse, depression and anxiety is big. Our first rule of hand is referral to TriCity Family Services, Renz, Ecker, etc. We do a great job of partnering together. Many of our volunteers are interns, ER doctors and can pop through 9 patients in an hour.

Our newest item with our clinic is we have established a state-of-the-art dental operatory. We immediately had 4-5 dentists who volunteer their service as well as hygienists. We

anticipate a healthy increase because of the dental. We have a waiting list that exceeds 200 patients who haven't seen a dentist in 5 to 10 years and have existing issues.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: First thing is dental. When I first started at TriCity Partnership, there were a lot of people who needed health care, but there were loads of people with dental issues crying with bleeding gums, broken teeth, etc. In U.S. dentistry is one of the biggest health care needs.

Question: How are you prepared for the future state budget cutbacks?

Answer: Not a problem for us as we do not take any state or federal funding. We've been in the black for the existence of the clinic. We've been fiscally responsible and have a fantastic board made up mostly of St. Charles folks. We come in under budget every year and sometimes have some left in reserve. We do fundraising to help us through.

Question: Do you use electronic record sharing so if a client goes to Delnor, for example, they have access to that client's records?

Answer: No, I wish. Right before the Cadence buy-out, we worked with Delnor and they championed a cause to work on a system call Stage which was very expensive; and then Cadence came in and brought Epic. So we ended up buying a very robust system for our use that we can gain any and all access of our records and talk to the hospital but we are not connected. Hospitals can tap into our system but we can't tap into theirs.

Question: Regarding the 708 boards, do you apply to any other cities for funding?

Answer: We do apply to Geneva, but their funding is quite small and nowhere as generous as St. Charles.

REQUEST: \$10,000

Barb: This year we are passing out to each agency an allocation history of our 708 Board funding so you can see the dollars we are working with over the past years and how we derive our funding through the City of St. Charles property tax. Also is a copy of the revised application for next year to give you a heads up on what we are looking for going forward.

We are also asking that in your budgets or financial statements for next year for the money you received from us showing the dollars received. Some agencies group us with the City or the township. Please add a line entry stating St. Charles 708 Community Mental Health Board.

ElderDay Center, 328 W Wilson, Batavia – Traci Eggleston: We had some new changes in 2014. Introduce new Program Director, Molly Bloom, Social Worker. We brought our social worker right into our program activities. We serve a lot of adults, 55 and older who mostly have cognitive impairments: Dementia, Parkinson, Alzheimer; also bi-polar issues and schizophrenia, depression and anxiety. By offering a social worker in the room it offers a consistency of clinical oversight to make sure symptomology is being

maintained. In addition we do an analysis on our programs every December and we look at the rates of these different impairments and how long does that keep them out of nursing homes or long-term placement with their families and in the community that they love. We found this past year that we have increased this by a significant amount. People are now staying in our programs and out of nursing homes by 14.1 months – that is over a year that they are able to stay in their own home and with their family members by engaging in these activities. Keeps their minds and bodies active, helps prevent fall risks. Studies have shown that participation in adult day program with therapeutic activity has profound effect on depression and anxiety, and improving social/emotional state. We are bringing in art and music therapists to engage and connect with our seniors and is having a positive effect.

Even caregivers are affected and are dealing with their own depression, isolation and we offer caregiver support through referrals and support groups offered at ElderDay Center. Last year we provided over 900 hours to St. Charles residents in both programs. Our census is rising and the demand is there.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: Older adult caregivers go hand in hand; it's a two-fold process, can't have one without the other. We want to serve older adults with mild dementia and keep them in their community and also take care of their caregivers by providing them a sounding board, to give them a place for tip, tools, and support for the journey.

Question: How are you prepared for the future state budget cutbacks?

Answer: This is a big discussion on our board and the past few years have been very rocky. We are looking to get consultants to come in and take a look at what we're doing and advise. We continue to do our fundraisers. We are trying to build up our reserves and currently have about six months' reserves to fall back on.

Question: Your direct St. Charles client service was down by 21 from last year? Have you've been able to pinpoint why and do you have a marketing strategy to make more people aware of you?

Answer: We had a turnover with our social worker last year and at that point there was a bit of a drop-off where we were unsettled. We are re-launching our support groups as of March and giving our new colleague time to settle in. We also hired a part-time community outreach liaison to do marketing. People don't know you're there if you don't promote services, and that person started in September and it takes 3-6 months to see efforts back from this. We've already seen a margin increase from 14, listed in our report, to 17. We've had a slight decrease in people but an increase in hours served to each client.

Barb: I attended a meeting with the Community Foundation in Aurora and I brought some information on them that any of you can feel free to pick up on your way out this evening. That might be another place you can tap into. **REQUEST: \$20,000**

Suicide Prevention, Stefanie Weber and Natasha Clark, Director of Education and Training: We are community collaborators and a unique agency in what we do. People don't need us until they need us. In one month we had 19 intakes – that's a lot; we get different schools calling up and we get several walk-ins on a regular basis. We've had an up/down with the economy impacting all of us. Our people are poor and sicker, they took more time, they come in with bi-polar issues, alcohol/substance abuse, history of suicide in the family, and schizophrenia.

Natasha Clark: With some of the money you have given us we are investing in train the trainer. I'm involved with Living Works Assist for Trainers Workshop which is a big investment on our part. We have staff members, in the past, that still connect with us and are able to provide that training, but I'm on staff now and have reached a full register status as a trainer. The Assist Program which is applied suicide intervention skills training is a different program than the standard training for suicide that most clinicians and other caregivers get. This program is a full two-day experiential program using a proven model used by National Suicide Prevention Lifeline (NSPL) and also the US military is behind it. This model for caregiving training, I truly believe, if we were able to open it to the community and schools and being able to put some investment on our part from some of the funding you give us; it occurred to me one of the barriers schools often have is funding right up front for training. If we were to open this to cover costs of trainers and then asking schools to provide food, could we open this to the community and schools within our district and ask them to try this out by having 1-2 staff come to a center place within the district, get behind this, and open it up to other people to be comfortable to talk to people who are at risk of committing suicide.

Mary Hughes arrived at the meeting at 6:35 p.m.

Stefanie: Our question is can you help us in getting community people to come together for a 2-day training? That's where we would like to invest the money back into the community. We will talk to the School Superintendent for district help.

Board member: Are you looking for staff or parents?

Stefanie: We are looking at all of you, parents, club members...

Board member: You're saying the cost of this program is what you would use the money for that we give you?

Stefanie: Yes, partially. This is a 2-day commitment with a wealth of information that a person will walk away from feeling different.

Carla Cumblad: I'm the executive director for In-Valley Special Education Co-op and I'm coordinating a collaborative of individuals who are interested in this very topic. We are considering have a community breakfast and bringing in people and starting this

conversation and I would be interested in talking further with you.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: I believe you just answered that.

Question: How are you prepared for the future state budget cutbacks?

Answer: It doesn't bother us; we don't get state or federal money. It bothers us as it will impact our clients a lot more. We do take insurance from those that can pay, but we now will need to apply for Medicaid and Medicare.

Question: Do you provide any bi-lingual services? I assume you provide Spanish, but any other and up to and including sign language?

Answer: We do have sign language, bi-lingual Spanish and I do know French as well.

REQUEST: \$18,000

Ecker Center, Karen Beyer, Executive Director: This is our 60th year in the community and we're still doing everything we used to do. Ecker provides psychiatry, nursing, case management, therapy, 24-hour walk-in crisis services at Sherman Hospital and on occasion at Delnor and St. Joe's. We have a crisis residential program which is a 2-week stay for people to not have to go into a hospital or sometimes a person coming out of the hospital. We have a new program – Intensive Outpatient Program, several residential options, such as, group homes, apartment buildings where staff is onsite from morning to evening for medication. Recently when the Larkin Center in Elgin closed, we took on their counseling program, so we serve anyone of any age in our counseling program now. We also have a child psychiatrist. Last year we served 274 people from St. Charles with 2,157 hours of service. We've done some new things. We have changed the way we do intakes – you no longer have to make an appointment but can walk into our Elgin facility anytime between 1:00 – 4:00 and receive an intake appointment. We're in the process of implementing a different way of scheduling our psychiatric appointments by making follow-up calls to clients in advance of their schedule appointment as a reminder and its working better in clients keeping them.

Mary: What is your cost per hour for psychiatric treatment?

Karen: \$240. We are quite concerned about the cuts they're suggesting for next year – cutting out money for psychiatry, cutting money for Medicaid services. Costs cuts would amount to \$613,734.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: Ecker needs to do more outreach in placing our information more readily. It's in the library and Lazarus, but we need to get out there more.

Question: How are you prepared for the future state budget cutbacks?

Answer: Already addressed this question.

Question: How is the new office location working out?

Answer: We've been here in St. Charles working with Renz for many years and it continues to be a good collaboration.

Question: Your application states the Northern Kane County Chapter NAMI will have office space in your Elgin office – does St. Charles' residents fit into these demographics and will this be any additional benefit to St. Charles' residents?

Karen: They can use those services and we are delighted about this because we are not able, due to state funding cuts, to work with NAMI as much as we once did back in the day. NAMI does such wonderful things with families, such as, their family program, support groups and so many people with NAMI have children and adults who have mental illnesses. When we have offices there, NAMI can send people to us.

Carolyn: Regarding NAMI, the boarder cuts north of North Avenue so how much of St. Charles' residency really is NAMI North?

Karen: I can't tell you for sure.

Carolyn: I don't think it's a lot but it would be interesting for next year to bring numbers of how many St. Charles' residents are influenced with NAMI North through your office or what the percentage is for St. Charles residents in NAMI North? You are talking about your different tiers and of 224 people for St. Charles do you know how many of them were in the Crises Residential program vs. the other programs?

Karen: Of all the people that have been in/out of that program it's definitely a minority of the total – it's not the major part of the program. We serve the northern 2/3 of Kane County, Hanover and Barrington Township. **REQUEST: \$67,000**

CASA Kane County – Vicki Shaw (Read a story): We recruit and train our CASA volunteers, appoint them to a case which they are there mostly for the child but also work with trying to bring families back together, if possible.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: Two things of which one is education and we do provide a conference every year at a variable cost. We do it for our volunteers but we open it up to our communities so other agencies can benefit as we all are working with limited budgets. We provide an all-day conference and the last two years it has been on children's mental health (\$50 cost). We have received favorable comments on this. Secondly we are seeing more complicated cases – families that are more diverse with multiple fathers, multiple siblings and needs.

Question: How are you prepared for the future state budget cutbacks?

Answer: We don't receive any state funding which is why we've asked for an increase this year. We have to raise our entire budget from the community.

Maureen: Are your numbers up for St. Charles' residents? Your request is double from last year.

Peggy: Three or four more from last year which was 20 and now is 24. We really need the financial support for what we do.

Barb: FYI – we have a \$167,000 more requested than we have funding for this year. We do the best we can.

Do you know how many of the children you serve are receiving counseling from either TriCity Family Services or any other agencies or through private counseling?

Peggy: I don't know the numbers, but I can find out. In the case of my story, TriCity Family was one of the services this family received. We do collaborate with other agencies in the area.

Carolyn: Would you say the majority of children receive outside help in addition to CASA.

Peggy: Yes, they get something due to almost all children have been removed from their home and need counseling due to that trauma.

Ron: Do you have a working relation with DCFS?

Peggy: It starts there to DCFS who does an investigation to determine that it's unsafe, they're removed and CASA is on the case right away.

Mary: How many CASA volunteers to you have?

Peggy: 280 volunteers overall and 16 people on staff. On a side note we do collect new suitcases and gift cards for the kids which are important to these kids. When they are removed from their homes it is in haste and put all their belongings into garbage bags which is demeaning to the kids who stated they feel like garbage. And these new cases for them mean a great deal to the kids. **REQUEST: \$30,000**

Association for Individual Development – Lynn O'Shea: We've been serving St. Charles community for 53 years providing support to both children and adults as well as support to their families, such as, children in-home support, crisis intervention, 24-hour residential programs, developmental training, home-base services (which is one of our more rapidly growing services), psychiatric services, respite care and victim services where we work with St. Charles Police and Fire Departments when there is a homicide/suicide or any emergency and they call us to work with the victims of the situation. Last year we served 92 individuals (children and adults) and the cost of services provided to St. Charles' residents was \$1.2M. The most expensive service is our housing program, most frequently utilized is our day training and shelter work program.

Our waiting lists continue to grow each year and currently have 166 individuals with developmental disabilities on our waiting list and 98 people with serious mental illness in our housing waiting list. We have three residential programs in St. Charles right now and the greatest demand is for housing (affordable housing, supervised living). In our Client and Family Support Program we have four individuals who are fully funded by the support received from St. Charles. We will greatly be impacted by the State of Illinois cuts. We are anticipating \$893,000 worth of cuts and \$150,000 in cuts indirectly through the PACE Para-transit cuts. We are looking roughly at \$1M in cuts.

Maureen: What percent is that of your budget?

Lynn: Of our state funding it's about 10% and of our total budget it will be 5.5%.

Mary: Are you seeing opportunities in what will happen for consolidation, duplication of services to work with other agencies?

Lynn: We've talked to other agencies and where we can collaborate with each are, we are already doing that. I don't think there is duplication of service.

Mary: I was referring duplication of programs?

Lynn: If you are referring to specializing in programs – I would never do that because that would change the revenue stream. We need a wide range of revenue sources to be spread across the board. St. Charles sees us as a developmental disability agency and not as a mental health agency, but we actually serve three times more people with mental health issues than with just developmental disabilities. We started our mental health program in 1980 on request from the State of Illinois when Elgin Mental Health Center was closing up. Our major focus with people of serious mental illness is housing, jobs, crisis intervention, we service on-site. It's a different focus but it is mental health service.

Michael: The money you are requesting, does all of that go towards the 92 St. Charles' individuals?

Lynn: Right now it depends on where the cuts stick because we would try to right some of those state cuts with local funding, but it would be used exclusively for St. Charles residents but may not be evenly distributing pending where the cuts were biggest. We are assuming our biggest cuts will be in the housing service.

Barb: Can you explain the difference of your figures between 2013 and 2014. You had more days serviced in 2014, almost double, but less hours; was it because of different types of services you provided this year vs. last?

Lynn: Yes it is. We are getting more enrollment in our home base services which are less costly.

REQUEST: \$75,000

TriCity Family Services – Jim Otepka: This last fiscal year your funding enabled us to serve over 1,400 residents of St. Charles across our counseling, early intervention programs. That was a slight decline over 2013, but the decrease was attributable to the fact that in 2013 we had a busy year in reaching St. Charles through various community presentation trainings. In 2014 our counseling services generated 19% individuals from the City of St. Charles on top of a similar increase the previous year. Counseling is our cornerstone for our agency but we also provide a lot of other services of which many of them are reimbursable. Many of our families are not well resourced and have multiple issues that need addressing; some are basic survival needs (such as having a functioning car to get to work). It's important for you to know how your dollars are spent; it's just not for subsidizing an hour of counseling therapy; it's providing some of these really critical services. Listed out services that TriCity provided listed in their application. We do periodic round table for student services personnel and engage in a number of network opportunities to collaborate and talk on how we all can improve service delivery throughout. We participate in the St. Charles Youth Commission, Kane County Mental Health Advocacy Council which was born out of the Kane County Summit, and we are members of the Kane County Mental Health Council. We continue to partner with Lazarus with various programs to their guests. Some of our current priorities are to figure out how we might deal with the pending cuts in State funding. They have already whittled our funding down to nothing. We need to ramp up our fundraising to cover these loses. We are more concerned about the potential loss of a position that is fully state funded – Early Childhood Mental Health consultant who provides training and consultation on-site to over 500 daycare providers in Kane and Western DuPage counties who will be very tough to replace. We've been challenged with the management care of our state Medicaid recipients; payments from state are very delayed.

On a positive note, we've made changes on how we bring people into the agency and, for the first time in many years, we do not have a waitlist. We've been able to fill vacancies with people who are of Spanish speaking ability and meet the needs of the Spanish speaking population. Talked about the success of their new family program dealing with eating disorders.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: You have already addressed this.

Question: How are you prepared for the future state budget cutbacks?

Answer: The City accounts for 37% of our services; so any deficits of our services would impact St. Charles. Our greatest needs are for more psychiatric child specific time. There is a great shortage of this. If you're going to medicate kids, you better get them in for more help. It's our time to start addressing the growing need of the Latino population and we are positioning ourselves to do that.

Barb: Can you give me a rough percentage of your total clients served that are under the age of 23?

Jim: 60% of our counseling case loads are family cases (child/adolescent).

Carolyn: If 50-60% of your case loads involve children, are you looking at partnering more with D303 like what you're doing with the Teachers' Institute such as a roll out plan?

Jim: We are very active in the schools this year in creating awareness. The Summit started this and is spilling out to other communities. Good news is that schools are sending us more children to get in the process, but the demand is growing. Teachers are also partnering more with some of these kids. **REQUEST: \$204,000**

Lazarus House – Liz Eakins, Executive Director: We are a homeless shelter, transitional living program, and outreach program that serves central Kane County and serves the communities of St. Charles, Geneva, and Batavia. The majority of the households we serve are from the City of St. Charles – about 57% is what we served last year of the total numbers served; and of those numbers from the City of St. Charles, 56% were impacted by mental illness, substance abuse, or some form of developmental disability. It's still unclear what the effects will be of the state cuts. We tend not to panic too much because we do have a diverse funding base. With that being said, when we do have to adjust it will be those auxiliary things that we do for our guests that we won't be able to offer. We've been grateful to be working with Renz who had a grant to help us and other neighboring agencies to be able to provide mental health, substance abuse, and physical health to our guests. That Federal grant ended in October and a major expense we've seen from not having this grant any longer is transportation to get our guests to/from Elgin for therapeutic services that are not offered within our city limits due to limited bus schedules. Lazarus offers diverse services and we are the soup kitchen in this area. There are folks terribly impacted with mental illness that are out on their own with limited resources and come to Lazarus as their home 2-3 times a week, and by being able to keep an eye on them we can monitor them for changes that can be harmful to themselves and try to get them some help. Everyone who comes to Lazarus are screened for mental health and substance abuse. If that's the case our case managers will refer our guest to Renz or Ecker Center for a full assessment. Part of their stay at Lazarus is these guests must comply to the plans set out for them. Our outreach programs are from five different grants we received from the State of Illinois that help them to pay rent/utilities, etc. These grants also allow them to meet weekly with our case managements and get some medical attention.

Mary: I noticed in your application you have a monthly lunch for service providers – how is that going?

Liz: This is an informal gathering with leftovers and we have good attendance on average of 15 service providers. There are a number of churches that come who are not service providers, Salvation Army, Prairie State Legal Services, Veterans organizations and others. There are six different organizations that provide dinners once a month so

that covers 6 meals out of every month. We count on the support of each other to serve to the best of our abilities.

REQUEST: \$49,230

Living Well Cancer Resource – Missy Petty, Clinical Service Manager: We offer over 60 services at no charge to people affected by cancer which are primarily patients and caregivers. Caregivers can be to a spouse, child, parents, good friends, etc. The spectrum of programs ranges from counseling, support groups, networking, education programs, art programs, meditation, etc., as well as a lot of wellness programs such as yoga and massage therapy. There are only four centers in Illinois who do what we do. The demand is getting bigger and the need of counseling is increasing quite a bit. We have three clinicians and three social workers who provide counseling. They also need different types of resources such as financial, housing, disability-FMLA, etc. Talked about “Connect-a-Care” which is a “best practice” program doing early intervention and identifying the needs of a patient early on and getting them those resources. We saw 353 St. Charles’ residents last year – 19% of our population base. Requests for services are growing over the last year. We’ve been around for 10 years and word of mouth has generated a lot of services our way.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: The counseling requests are getting larger and we work hard to never have a waitlist. We’re seeing quite a bit in our children’s programs and have added a program for children under six years of age. We’ve partner more with CDH Pediatrics and are seeing more pediatrics or they are a child who has a loved one who is diagnosed with cancer. There is a lot more bereavement that we are dealing with.

Barb: Do you work with Fox Valley Hospice – that seems to be an overlap?

Missy: We do but it depends on how they come to us. We don’t want them working with Living Well for the past five months and their loved one passes away and then we send them out of a community where they feel comfortable and have relationships with the clinician and staff. If it’s already an existing relationship, we tend to hold onto them. If it comes through the distress screen or we get a call from a community we would refer them. We have facilitated a bereavement group for them due to Fox Valley Hospice having a shortness of staff – so we certainly do collaborate.

Question: How are you prepared for the future state budget cutbacks?

Answer: We don’t get any state funding.

Barb: If interpreting your application correctly on page 7 of your Annual Report – in noting the EMR reference does this mean that starting in 1/20/15 the medical community can now track treatment and response progress of the client at Living Well in conjunction with all of their other treatments?

Missy: We do not chart in their EMR. Nothing at Living Well goes into the EMR. If it’s a distress screen that is done at a Cancer Center while we’re onsite there, it would go

into their EMR, but if they are our clients at Living Well, those are my charts and do go into the EMR.

Maureen: Is Living Well going to expand to different communities? And if you do, would that lessen your case load here?

Missy: There is a need. We have patients coming from many different communities. It could lessen our load by a small decrease. If you are not well, patients don't want to drive the distance and we would refer them to someone closer to their home.

Carolyn: Your request did increase from previous years, has your percentage grown somewhere to 19% this year?

Missy: We had 20% more residents from St. Charles and Living Well has had double digits new participants every year for the last eight years.

Maureen: Do you track how long you see a patient at Living Well?

Missy: We do track that but I'm not a part of that. As a clinician I've seen patients come for years. Cancer is treated as a chronic illness so I've seen patients actively receiving treatment for over a period of years. One can live with cancer for a long time. We don't have any qualifiers of when you have to be done receiving treatment.

REQUEST: \$30,000

Community Crisis Center: Gretchen Vapner, Executive Director: This July we will celebrate our 40th anniversary. It's all about resources. The cases we are seeing are more complicated, the people we are living with have more challenges, and we are challenged to meet their needs. We've seen two trends in the last two years. One is we are seeing many older women 60 to 80 years old in shelters without resources, unable to work with both mental and physical health issues. Victimization for a life time and they finally come for help and the stories vary from person to person. Resources for elderly women in their 70's are very limited. We are challenged to find ways we can help this group of women who have all but been forgotten. The other trend is mental health issues that can start with domestic violence, sexual assault. I'm always shocked that more than 65% of the cases we have in shelter have mental health issues. About 40-50% require medication. If they take their medication they can stay and behave, but if they don't or that medication is not available to them, I don't know that any other shelter can assume the risk of what does happen. The Governor states that his first target is going to be Medicaid and I worry because I don't know what happens to people who don't have the medication they need or the treatment they need. Last year we gave out 2,500 coats and 43,000 diapers. Your financial support does go towards St. Charles' residents (1,200 hours this year) and we are very concerned about the proposed state cuts. We are looking at new revenue streams and doing fundraisers.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: I see more education about domestic violence. There is still somewhat of a reluctance to see that it's here.

Question: How are you prepared for the future state budget cutbacks?

Answer: Already addressed this question.

Barb: In your application process you found a way to make additional funds via E-bay sales. Can you tell us about that?

Gretchen: We once had a resale shop and the rent was expensive and was run by volunteers and we weren't making enough money and closed it. Someone in our community died a couple of years ago and we volunteered to clean out her house and we found a treasure trove of antiques, jewelry, furniture, etc. and we decided to do a virtual store on E-bay and sold them to help fund our Center and have been continuing to do that.

REQUEST: \$16,500

Wredling Middle School – Rene Boehm: Wredling is a highly functional education institution and a mental and emotional institution. We have 1,100 students and gather data in a lot different ways with the Illinois Youth Survey. This gives us raw data indicating who these students are in so many levels such as what they do when not at school, their home life, choices they make with environments they are in without choice (reference Powerpoint in application). We have 10% of our students who feel depressed on a regular basis and don't want to be involved in activities.

Ron: You referenced 25% of your population of the individual education programs including emotional and mental disorders is 265?

Rene: That is correct.

Mary: Didn't it used to be that students with special needs were at Wredling?

Rene: We have different programs and Wredling has more high percentages than other schools in some areas. We have a self-contained emotional disorder program, autism program, cross categorical program at our school where the other schools do not host these programs. They may not be in the Wredling boundaries but they're in the STC boundary and come to Wredling.

All these numbers are what we have record of just for those students that have been diagnosed or gone through a program and had an educational or doctor's label placed on them. Over the 15 years I've been in the mentoring program, it has changed quite a bit due to the fact we didn't have the types of data we have now. We've gotten to learn our population and have changed our programs accordingly based on that. We've changed and added programs as our own education of our student group. Some of our staff attended a mental health seminar and learned that some students do not have one single person to go to in a school; yet we have all these students who are struggling with

depression and suicidal tendencies, drug abuse, conflict at home, etc. and don't have anyone to go to. We used to use index cards and weed through our students but we now survey every student twice a year and they list one student and one adult in the building, that in a crisis, they would go to. That's separated out by team and each team goes through that name by name. If someone lists nobody they would go to, they are flagged and we need to go and make a connection with them. Those are the students who are at risk. Staff/teachers are reaching out to these students and working with them and do a lot of activities out of their own pocket. "Students don't care what you know until they know that you care." This is a school wide program that we go through the survey, Powerpoint presentation every year.

Mary: Have you ever approached the Greater St. Charles Education Foundation for a grant? They try to balance their grants between technology and programs. When I was president we paid for an anti-bullying program for one of the middle schools. This may be a possibility for them to consider.

Barb: I also brought in information from the Community Foundation that's for everyone. You should look through there and there might be something there as well.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: I believe you have answered this.

Barb: You served an additional 928 hours of assistance this year, reduced your costs by \$2.78 an hour. This is great, can you explain what you did to reach this achievement other than teachers not turning in their receipts?

Rene: We spent all of our dollars, had some left over from magazine sales and doing a lot more out of pocket. We are narrowing our scope and targeting students very specifically and creating programs based on need. Programs are smaller with 15 students with two teachers or five students and a student assistant counselor. The costs have come down and in addition to that we are filtering names through the district office. We can truly say that only this number is within the St. Charles' borders and being served. It's more of an accurate number.

Barb: Does staff at Wredling work with Suicide Prevention, TriCity Family Services or other agencies in the area to assist these students?

Rene: Absolutely, we give referrals to TriCity Family Services all the time. We have health professionals come in and educate our staff; and then have them come back and give a presentation to our 8th graders on what they should do in different situations.

Carolyn: With your budget, if the program is not funded by the 708 Board, what happens to it?

Rene: The program dies. That's not to say we quit caring, but certainly I can't say to teachers every year that you can be reimbursed. That's not why teachers do it but there isn't really any other specific funding.

Mary: Do you have any data on your suspension rate?

Rene: No, it's very low. We don't typically send kids out of school. Typically now we have in-school suspension and teachers will come down to the office and bring them work and converse with them.

REQUEST: \$4,000

DayOne Network – Gayle Bridger and Angela Churney: We are a non-for-profit organization, community based agency that provides independent service coordination and advocacy service for developmentally disabled individuals of all ages. I'm representing the Child Family Connections program housed at DayOne Network and Angela Churney will present information on other access community programs.

Gayle Bridger: Child Family Connections is the point of entry for early intervention programs in the State of Illinois for Kane/Kendall counties for children at birth to 3 years old who have developmental delays or disabilities. This connection program employs 32 of the 54 people who work at DayOne. We provide eligibility determination for early intervention programs, we facilitate the individual family service plan meeting and write the service plan for eligible children, and we provide service coordination for all early intervention services that are appropriate for each child. We also authorize payment for such services. That money does not come through our agency but we authorize it and the money comes from the central billing office in the State of Illinois. We are currently serving 1206 children in Kane/Kendall counties; 84 of these children reside in St. Charles. This number varies day-to-day as children are found eligible, ineligible, or aged out of our program at the age of three. We also provide training for staff and the therapists, and we open these trainings to our community partners. We have people coming from staff at Visiting Nurses Association, Helping Families, Family Focus, and Kane County Health Department. We anticipate serious cuts in our funding as proposed by Springfield. He is proposing us looking at children with a 50% development delay as to our currently 30% development delay. We don't receive any funds for children going through the eligibility process. We are concerned on not being able to provide services to those children.

Angela Churney: I'm a case worker and do screening eligibility and assessments. We are a referral organization. We don't provide direct services, but everyone has to come through our agency in order to get service from the system. With my own case load I see 80 to 90% of individual (4 years and older) that have mental illness or are on the autism spectrum disorder. Autism has just exploded and parents come in with an adult child that they no longer can take care of due to their health reasons or going into assisted care. Assessments are costly themselves depending on an individual's age, functioning level, and mental illness. We also do ISA support (this is Medicaid funded) where they take over and monitor what the agency does to make sure the individual's developmental and

mental health issues are being addressed because they don't have a guardian of some sort to take care of them.

For the St. Charles area we increased by 45% for individuals four and older. Children of families are graduating and there are suddenly 21 years of age and there are not any programs for them to attend. We have to do a lot of crisis applications to have these children taken care of. We are often utilized as incidental counselors for people who are struggling with depression.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: As stated we've had a 45% PAS (Pre-Admission Screening) increase in St. Charles and most of these children are coming out of school and they can't manage their behaviors that is affecting their whole family; so trying to get support for them to keep their families intact. Everyone who has a developmental disability has to come through us for assessments and to get the proper paperwork in order.

Question: Can you explain the PUNS system?

Answer: Puns (Prioritization of Urgency Needs for Service) is a pre-requisite to get into PAS to get any kind of service. PUNS served a purpose for the state to let them know for planning purposes what the needs are going to be. Example: you have a child that is in a crisis situation that you can manage, I make an appointment and if you meet the state criteria for crisis I will do an intake service plan to determine what evaluations need to be done: psychological, psychiatric, psycho-social, physical, etc. Then we find an agency such as AID or some in-home support; for residential there are many agencies statewide. Then when an agency is found I have to write a crisis request to show how this individual is at risk for abuse, neglect, or homelessness; and then we either get an award or not.

Question: Does the bulk of your funding right now come from the state?

Answer: It depends. In the PAS we are grant funded but it will be cut back now. For ISA they are Medicaid funded which is mostly funded by the State. CFC is primarily unfunded by the State.

Question: To clarify, I cannot call AID directly to get my child service?

Answer: No and we get parents getting their children on the PUNS list as early as 8 years for future services because the waiting lists are enormous. Those families have to be in crisis as that is the only services that are being provided at all. Also for the Early Intervention Program, if we see a child with multiple issues we suggest parents put them on the PUNS lists as early as 2 years. We do a lot of outreach to schools to make them aware of these situations that may come upon them when their children will be leaving school. We also deal with aging adults who pass on and leave a child behind with nowhere to go.

REQUEST: \$10,000

Fox Valley Hospice – Kathy Melone: We are celebrating our 34th year serving Kane County and surrounding areas. About a quarter of what we do right now is actually hospice related where we have volunteers and our nursing staff working with people who

are going through a life threatening illness. We are different from Medicare hospices that we require a different prognosis from the doctor. If you're a Medicare hospice you need a 6-month, or less, prognosis to obtain their services and you cannot be undergoing any type of experimental or curative treatment. We try to reach the family in a much earlier progression to help the entire family who is suffering through and being affected by the disease/illness that is affecting the person in the family. We work with a lot of families who are much younger who might still choose to go through curative treatments but the prognosis is generally not that good. By getting in with the family earlier we can work with the whole family (children/spouse) to have them be prepared for what is to come. We have recently developed an extremely good participatory grief program for children when a parent is dying for whatever reason, we work with the kids to prepare them to try and head off what is going to happen in their lives and understand it; so they don't hit bumps in the road in their classwork and try to develop their personalities and friendships. A lot of families do come to us in their cycle of illness and we have a well-developed bereavement program. About 75% of the people we serve are through our bereavement services. We work with them on how to cope finding a job for the survivor, paying bills, etc. All of our programs/services are completely free of charge. We do not deal with Medicare. Most families that come to us don't have any type of insurance that will allow them to go into counseling. They have nowhere else to go where they can get these services for free as they go through the litany of changes in their lives. These people need counseling to be able to get through to the other side of this life experience. Our childhood bereavements are going well. We've made connections with the schools where they are calling us up with referrals as they see them going through these crises. Often times kids experience the loss of a sibling through suicide (told a St. Charles' story of a good outcome). We also work with children that have lost their parents through deportation and are now here in the US by themselves. We work with kids whose parents are incarcerated and have no way to get to the penitentiary to visit them – so they, in effect, have lost their parents, and most recently we have been counseling children whose has a parent in rehab and is living with a relative. We are trying to evolve our services to help kids or anybody who is experiencing any type of loss where a person is removed from their life where the higher percentage is in death loss. All of these services are free regardless of the loss situation. We've been asked to go into the Youth Correction Center to help counsel some of these kids that due to a loss of a parent, is a main reason for them being in there.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: It's what is specific to the needs of Kane County – all the families, there might be differences but they are very similar. Anybody can experience a death loss or going through crisis. It's in St. Charles just as much as we see it elsewhere. All of our services are also provided in Spanish. We have a Spanish-speaking volunteer and a case worker. They don't have to through an interpreter to try and explain their feelings.

Question: How are you getting the message out that this program is now in Spanish?

Answer: It's a challenge but we have a commission of Spanish speaking volunteers that go out and speak at churches and different community centers. We send out fliers of our programs in Spanish and English as well.

Question: Regarding your free community programs in school, such as in Aurora schools; why in Aurora and not in the TriCities?

Answer: That is a different program and that is being phased out of Aurora.

REQUEST: \$25,000

NAMI KDK – Denise Edwards, Executive Director: We serve Kane, DeKalb, and Kendall counties. NAMI is the largest, grassroots mental health organization in the country. We have developed in the last five years, our affiliate, of being one of the small ones to now being one of full service NAMIs in this area. There are only five in the Chicagoland area out of 15 NAMIs. All programs we have we also give free of charge. We see people who are on waitlists trying to see someone and come to us while they are waiting. We see people who don't have any insurance and no one will see them. Most of our programs are peer-led programs. We train the peers, supervise them, and our programs are written by professionals. We have two part-time employees and all others are volunteers. We have 49 very active volunteers (told a St. Charles story). We provide people with support groups, such as, Family-to-Family class. Last year we had 13 St. Charles residents in the family support group. We do a lot of school programs, but not so lucky getting into the St. Charles' schools, but STC-North is considering us to come in and do a program. Our school programs are well received in the schools and get good reviews from the kids. We do a lot of outreach programs and customized presentations. Just did a Crisis Intervention training with St. Charles police officers. We work with the Mental Health Court and provide funding for bus tickets and medication for people going through the Treatment Alternative Court if it's needed. We have two main fundraisers a year and apply for grants

Question: What do you see is need-specific to the City of St. Charles community?

Answer: We need to get into the schools and do more education with the adults. This will help to eradicate the stigma that is preventing so many people from getting treatment.

Carolyn: The boundaries for K-north and K-south – where does it lie in St. Charles?

Denise: It is north of Rt. 64 and we take 99% of the City of St. Charles and half of the township.

Carla: Could you tell us a little more about your alternative treatment court? So many individuals are incarcerated with mental illness; does this program help to deter that?

Denise: Yes it does. Kane County has the first mental health court in the State of Illinois. If you qualify to go into this court, then you can go into treatment instead of going into jail. Any charges are expunged from your record but it does take longer. You could have a charge that would put you in jail for six months and in treatment it would take you two

years. Our role is that NAMI sits on this committee and we're growing this court with other organizations.

Barb: Does D303 utilize your parents and teachers as allies program in both high schools? In your application you note STC-East but not STC-North.

Denise: It's STC-East who is trying to decide to let NAMI in. I have not been contacted by them; they're not interested at this time. It's difficult to get their attention but will keep trying. **REQUEST: \$6,000**

Renz Addiction Center – Jerry Skogmo: We've been around since 1961 and have offices in Elgin, Streamwood, and St. Charles on 409 Illinois Street. We provide prevention and treatment for alcohol and substance abuse as well as a lot of prevention education for HIV programs. We have an employee assistant program and work with non-profits and some EAP work for them on behavioral health, substance abuses, and health assessments. We see more St. Charles people in Elgin because we are able to do more levels of treatment there than we can do here. We saw 164 St. Charles residents last year. Substance abuse is important because there is a huge correlation between substance abuse and all kinds of social illnesses. Went through chart that shows the kind of people coming to their services, where they're coming from through community referrals, municipalities, private practices, etc. They are treated primarily for alcohol and marijuana abuse and some others. The age group is going up, specific increase in the over 50 age group. We have many challenges such as with Health Care Reform where we are mandated to do certain things like managing electronic records. There is more need for medication assisted treatment, primarily psychiatry and specialized doctors. There was some discussion on gambling and show of numbers.

Mary: Do you have Spanish speaking counselors?

Jerry: Yes we do. We have two in Elgin and if someone in St. Charles needs one, they would have to go up to Elgin. We are seeking a grant for more Spanish speaking counselors.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: Would like to see more prevention programs in St. Charles. We would like to do more but are not funded for it. We also could use more medication assisted treatment programs too.

Question: How are you prepared for the future state budget cutbacks?

Answer: We've put a freeze on positions for the time being. State budgets are proposed for a 25% cut and this will hurt.

Question: Do you anticipate any disruption of state funding to the CABI program with the changes in state government or is funding locked in for the five years of the Illinois grant?

Answer: We have 2-1/2 years left on that grant and the state can't touch it. It's a Federal grant though the SAMSA program. **REQUEST: \$68,000**

Easter Seals – Eric Johnson: We have become one of the Midwest largest providers of outpatient, medical rehab, therapies and services for children with developmental disabilities, serving 3,200 children and their families every year. Our primary focus is on early identification and early intervention with the philosophy that the sooner we can identify a potential delay or disability and provide individual centered therapies, the quicker we can make a change in that child's life helping them to achieve developmental milestones and build a foundation for future development. We see a lot of changes going on in our world. The Affordable Health Care Act is one that participates in increased deductibles for some of our clients, and services for pediatric therapy to decrease. We are having to decrease therapy sessions due to clients not being able to afford the services. We also struggle with the changes of Medicaid to Manage Aid. Many of our families who speak two languages and English not being their primary; they are having difficulty in navigating through these changes. With the state, percentage of delay may increase to 50%. We are working on children who don't meet the 30% criteria. How can we respond if these changes do take place on providing services to those children who need it but are not insured and don't meet the state's new criteria of 50%. We recognize a great lack in preparing children for transition between ages of 18 -22 years of age. We need to start transitioning the children and family far before that and looking into developing a fitness program that looks at taking a child out of a clinical setting into a clinically supervised but also recreational setting. Also looking at how we can help people to identify their children's issues - they need our kind of help. This can be extremely emotional and stressful for a family to go through.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: There are needs in general in how we can identify issues as early as possible. Need to do a better job getting the word out to the St. Charles community.

Question: Based on the presentation from DayOne, I gather the only way people can come to you is by referral from them. Are you working with them directly?

Answer: I am the Vice-President of Development and don't do intake. It's my understanding that if someone wants to come to us through the State intervention system, they have to go through DayOne. However, if that family has private insurance and doesn't want to go through the system, they can come to us through a variety of referral sources. Typically if they are not in the EI-system it is most often physician referral. That only goes to their third birthday and then there is a variety of sources.

Question: What's happening with your Autism program? You've promoted it in past years and your numbers look small with the way Autism is growing.

Answer: Autism is about 40% of our population. Beginning next month we are going to a medical diagnostic clinic which will further diagnose children who are not responding well to therapy from birth to age three. We believe a great number of those kids will be with autism and no doubt will see our numbers increase. **REQUEST: \$25,000**

Fox Valley Pregnancy Center – Jeanna Desideri, Executive Director: I am new six months to this agency. I wanted to explain how we meet the goals of the Mental Health Board. There are a lot of different ideas out there on abortion and how it affects women and post abortion stress syndrome and trauma. I would like to dispel some myths about abortion. One myth is abortion is without consequences or after affects and the other is abortion is most often a wanted choice. If we accept these myths, one may have difficulty in understanding how or why post-abortive men and women suffer physically, mentally, and spiritually and not appreciate the need for a center such as Fox Valley Pregnancy. We provide men/women with the ability to make a free choice and both prevent and offer healing from the effects of the abortion. A woman typically hopes that an abortion will solve a problem and becomes disappointed to find her problems multiply after the abortion. Society provides no means to mourn a loss of a child for an induced abortion and women are expected to move on with life as usual. In many cases a woman tells no one about the abortion and may suffer silently for long periods of time. Having no avenue to grieve and suffer silently, dealing with anger, regret, depression, self-loathing that often follows an abortion are only a few factors that leads to post-abortion mental health issues.

The other myth is that it's most often a wanted choice by the woman having it. Not true. (Reference book "Real Choices" by Fredricka Matthews Green and her ideas on abortion.) Pressure, force, and coercion are often common factors in the choice to abort.

At our center we are providing men/women with the ability to make a good choice. We provide an ultra-sound and fetal development factual information, and counseling on all of their options to make a well informed choice. Through compassionate support, clients know they will be supported and affirmed if they choose to keep their babies. Going through the birth of child can make for a positive change and a host of mental health issues are circumvented by the choice to give birth to one's baby.

Some women who come to us are already post-abortive from a previous pregnancy. We give them an opportunity to discuss this and help counsel them through their situation with healing and rehabilitation. Also a number of women past child bearing age come in to talk to us and reveal they are 20 to 30 years post-abortive and are able to connect them with healing programs.

I hope the Mental Health Board recognizes the reality and seriousness of post-abortive trauma including post-abortive stress disorder.

Mary: What year did you open the office in St. Charles from South Elgin and what went into that decision? Were the numbers increasing in St. Charles?

Jeanna: The decision was related to the fact we wanted to open our medical clinic for ultrasound which we didn't have in South Elgin and have a more medical/clinic doctors' office type of setting for privacy and wanted to reach out more to the young adults in the tri-cities areas. We are now located here in St. Charles on Dean Street.

Question: What do you see is need-specific to the City of St. Charles community?

Answer: There is need for greater outreach to the high schools, youth and young adults.

Question: Have you seen an increase in your numbers since you open up your office in St. Charles?

Answer: Overall the numbers have suddenly been increasing. Not sure the numbers have increased specifically to St. Charles.

Question: Can you explain more about your post-abortive trauma counseling?

Answer: We have two registered nurses with years of experience with post-abortive women. They are good at helping women feel comfortable to openly speak about their concerns.

Question: Do you refer your clients to TriCity Family Services or some other counseling services? Do you find they have mental health issues when they walk through the door that you are not able to handle?

Answer: We are not professional counselors with degrees. We know our limitations, but it's not hard to identify post-abortive distress syndrome and things related to it. We are very well read on these types of things and when someone states they have had an abortion and them opening up to us is their first time to grieve.

Question: Do you get any other funding from mental health boards?

Answer: No not at this time. We don't have any zip code restrictions, so people can come from anywhere in TriCities, Elgin, etc.

REQUEST: \$5,000

Fox Valley Special Recreation Center: Submitted an application, but did not come before the MHB for presentation.

REQUEST: \$5,000

BOARD DISCUSSION:

Mental Health Board members went into discussion on making funding decisions for agencies. Current City funds are \$502,351; requests came in at \$667,730 with an unfunded balance of [\$-165,379]. Since the City has gone down in funds – 4% decrease from last year; none of the agencies should stay level to the monies they received last year. Everyone should take some reduction. Board looked at the number of people and hours of service each agency is serving to the St. Charles' residences, but counter decision as to some agencies serve fewer people but with much more intense hours of services. Class A's are more primary to mental health services; where Class B's provide mental health services in addition to other health services.

Motion by Cumblad, second by Hughes to accept the funding allocations of \$501,850.00 for Mental Health Agencies for FY15/16 to go before recommendation of Government Operations Committee and onto City Council for final approval.

Roll Call: Ayes: Cumblad, Weddell, Cohen, Hughes; Nays: Waibel. Chrmn. Gacic did not vote as Chair and Ald. Lewis did not vote as City liaison. **Motion Carried.**

4. Adjournment

Motion by Cumblad, second by Hughes to adjourn meeting at 11:06 p.m.

Voice Vote: Ayes: Unanimous; Nays: None. Chrmn. Gacic did not vote as Chair and Ald. Lewis did not vote as City liaison. **Motion carried.**

Respectfully submitted by Tina Nilles
Recording Secretary

Atts.

Funding Allocation Table