Page 1

 OGLE COUNTY COMMUNITY MENTAL HEALTH BOARD (708)

 Regular Board Meeting

 In the Matter of the Application

 Village of Progress

 Ogle County, Illinois

 Testimony of Witnesses

 Examined on this 5th day
 of May, 2016

 before the Ogle County
 Community Mental Health Board

 Board members present:

 Kathleen Wilson, Chair
 Lowell Harp
 William Sigler
 Nick Head
 Dorothy Bowers
 David Schier
 Vicki Deter
 Amy Stephenitch

 Others present:

 Brion Brooks
 Cherri Egan
 Christina Bieche (phonetic)

 Cecilia Zimmerman, Secretary

 Reporter: Dionne T. Horner

 Page 2

 INDEX

 Regular Board Meeting 3
 Village of Progress Funding Hearing 44

 End 98

 In Totidem Verbis, LLC (ITV)

 Page 3

 MS. WILSON: Like to call this meeting to order.

 Cecilia, will you do roll call, please.

 (Roll call was taken and Lowell Harp, William Sigler, Nick Head, Dorothy Bowers, David Schier, Vicki Deter, Kathleen Wilson and Amy Stephenitch were present.)

 MS. WILSON: The proposed agenda.

 Entertain a motion to approve that?

 MR. HEAD: So moved.

 MS. BOWERS: Second.

 MS. WILSON: All in favor?

 (All those simultaneously responded.)

 MS. WILSON: Any opposed? Motion carries.

 Approval of the April meeting minutes?

 MR. HARP: I have a correction.

 MS. WILSON: Okay.

 MR. HARP: I believe I was present at the April meeting.

 MS. DETER: Yeah, you were.

 MR. SCHIER: I saw that.

 MS. ZIMMERMAN: Did I delete you?

 In Totidem Verbis, LLC (ITV)

 Page 4

 MR. HARP: Yeah. You were just hoping to.

 MS. ZIMMERMAN: I will add you.

 MR. HARP: And then I move to -- how do we do that then? Move to correct it?

 MS. WILSON: Move for approval. Yeah, correct it.

 MR. HARP: Move to correct it.

 MS. BOWERS: Second.

 MS. WILSON: All in favor?

 (All those simultaneously responded.) Motion carries.

 Approval of the May, June and July vouchers?

 MR. SIGLER: So moved.

 MR. HARP: Second.

 MS. WILSON: All in favor?

 (All those simultaneously responded.)

 MS. WILSON: Any opposed? Motion carries.

 Approval of financial report for May.

 MS. BOWERS: I make a motion to approve that report.

 MS. DETER: I second it.

 MS. WILSON: All in favor?

 In Totidem Verbis, LLC (ITV)
(All those simultaneously responded.)

MS. WILSON: Any opposed? Motion carries.

Officers' reports, president's report.

I did send a letter to HOPE. They have a matching grant again this year, and they just
needed permission from us to say that part of their funds could be used to match a grant for
domestic violence, in-house care. So that's that.

Newspaper article, June is Village of Progress and July is HOPE. So, hey, that's a
good one.

Report from Dorothy Bowers regarding the agency newsletter.

MS. BOWERS: Nothing to report on that.

MS. WILSON: Report from Dorothy Bowers regarding the meeting of Shining Star.

MS. BOWERS: We haven't had a meeting since the last time I was here, but we do have a meeting towards the end of this month.

MS. WILSON: Thank you. Report from Dorothy, Community that Cares.

MS. BOWERS: We had our meeting yesterday.

In Totidem Verbis, LLC (ITV)

afternoon, and there's a lot of organizations that are still having financial issues due to
the budget impasse.

MS. WILSON: Thank you.

Report from Nick Head on the Gap Matrix.

MR. HEAD: I think that Cecilia sent out to you all the list of the mental health needs
that we identified in the course of the interviews that Tracy and I did and so the
question becomes now what -- what do we do with
that list and -- pass that around.

So those items were numbered 1 through 30
without any ranking or priority implied. So how
do we make this list of needs useful to us as a Board? And I'd like your thoughts on this.

One, would be to rank the items 1 through 7 in terms of their urgency and in terms of
their importance and then, you know, further
rank them with the product of those two. So that we get some sense of how urgent or
important the needs were, and we could do that
several ways. We could certainly begin with the
Board and clarify our perceptions of urgency and need. Then we could also go to the agencies
In Totidem Verbis, LLC (ITV)

that we fund and ask them to do the same thing,
so we could see how our perceptions compare with
the agencies' perceptions. We could also go
back to some of the stakeholders who were
interviewed, to generate this list, whether
that's the state's attorney, the sheriff, the
counselors, police chief, fire chief and -- so
now we're gathering even more information.

Short of doing any of that, we could
simply use this list to consider the proposals
in terms of, did some of the unmet needs get
addressed, and, you know, Tracy and I would know
which ones -- for example, Brion had raised, and
we might ask, how do those needs fit in with the
proposal that you've made or is there some
additional recommendation at this point in terms
of how we might proceed.

So if it's okay, I would like to throw
that open for just a little bit of discussion,
in terms of the Board members' thoughts on how
to proceed with this. So these are the items.

we -- we know that there's perception of a gap.

How do we proceed now?

MS. BOWERS: Nick, I think my suggestion
In Totidem Verbis, LLC (ITV)

would be, as I totally agree with you on having
the agencies complete this as well as the Board members. Maybe at our last meeting for the
funding hearings everybody could bring back their forms and have it marked, so that they
know what the urgency is for things that are on
these lists.

MR. HEAD: Right. I would be happy to
compile that, both in terms of the numerical
ranking and break them out.

MS. BOWERS: Sure.

MR. HEAD: And then do some comparison
with -- with perceptions there. I could do that
certainly by email if folks wanted to do that by
email, and then just send it back to me. I
could do that as well. I like that idea. Any
other thoughts?

MS. WILSON: I think that I'm going to be
using it for the presentation to the County Board. Of course, I can't do the whole thing.

MR. HEAD: Yeah.

MS. WILSON: Just tell them that there are
gaps and identify them. These are gaps, right?

MR. HEAD: Yeah. These are things where
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there was -- the issue was raised in our
interviews that there was a gap there.
MS. WILSON: All right. And I don't know
if -- I don't know that we want to share this
with the whole County Board. I know -- how do
you think they would feel about it, Dorothy?
MS. BOWERS: I think that they would be
receptive of it, but don't think that they would
do anything with it.
MS. WILSON: Okay. Do you think they
would read it?
MS. BOWERS: Probably not.
They don't read the newsletter. Why would they read this?
MS. WILSON: Okay.
I'm going to use it for that. I know that
part of our mission statement is to have this.
MR. HEAD: Uh-huh.
MS. WILSON: And the mission statement
doesn't say what to do with it.
MR. HEAD: Right.
MS. WILSON: So it's pretty open as to
what we want to do with it. Can we take it
home, read it, and let's do our rating. I'm
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going to make a couple of copies, so that I can
do ratings and still have a clean copy.
MR. HEAD: I think I've got extra copies
here today.
MS. WILSON: That would be good.
Okay. And -- you know, maybe each of us
can kind of think about what would be possible
to do with it.
MS. BOWERS: I think I'm going to throw a
wrench into this, too.
Yesterday at the Community That Cares
meeting, sexual assault has -- has been very
active in Ogle County and in the schools with
the kids and as of --
MS. WILSON: Wait a minute. Are you
talking about actual sexual assaults or
trainings?
MS. BOWERS: Sexual assault.
MS. WILSON: Actual sexual assaults being
perpetrated in the schools?
MS. BOWERS: Correct.
MS. WILSON: Oh, my gosh.
MS. BOWERS: And they've closed their
programs for Ogle County.
In Totidem Verbis, LLC (ITV)
MR. HEAD: Could we work on that together?

MR. BROOKS: Yeah. That's what I --

that's what I'm suggesting.

MR. HEAD: Okay.

MS. STEPHENITCH: And I would be able to

contribute to that.

MR. BROOKS: You guys have a lot of ideas

out there. So you could be my resource to help

me write some of these articles.

MR. HEAD: That's good.

MS. WILSON: This sounds like a win-win

situation. That's good.

MR. BROOKS: Because I don't want it to be

just, like, the Village of Progress every time.

MS. WILSON: Thank you so much, Brion.

That's wonderful.

MR. HEAD: These are great ideas. Anyone

else? Amy, we were looking at hospitalizations,

and how many students in the county actually

were hospitalized with mental health needs, and

you were going to go back to your counselors and

psychologists to try and get some numbers. I

know that's a tough task.

MS. STEPHENITCH: It's doable. So what I

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MS. BIECHE: Yes.

MR. HEAD: So that not only impacts their ability to continue to learn. It sets them back a whole year in terms of their -- you know, their socialization and their growth and development. So it's a pretty serious issue.

MS. STEPHENITCH: Who raised that issue, can I ask, about them not returning to school?

MR. HEAD: They told me that in confidence.

MS. STEPHENITCH: Okay. With school staff?

MR. HEAD: Yeah. Yes.

MS. DETER: See, I have heard that also.

Now, that I'm subbing in different schools.

MR. HEAD: It was actually a constituent.

It was actually a citizen.

MS. DETER: Because my problem is, that when these kids do -- I remember when I used to work in Whiteside County that if they're away -- especially, like, at a school, like Thome or

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Chana, when they're away, what happens? I ask well, what about their homework? What about that?

MS. STEPHENITCH: They do have education in the hospital though. There is a component of that and our teams -- the teams that I'm familiar working with help -- we integrate or we try to do phone conferences and staffings to get -- when the kids return to school.

MR. HEAD: Since I -- there's opportunity there and that doesn't always happen.

MS. DETER: Yeah. See, I always --

MS. STEPHENITCH: Always --

MR. HEAD: The other thing -- probably one of the most impactful things that had -- happened for me and for Tracy was getting the information from Cindy Bauling at the Public Health Department, looking at the demographic information with the county and I'd like to pass that on because she -- there was some statistics in there in terms of the increased incidents of suicides in the county, the early problems with substance abuse and alcohol use in the county.

One of the things that really struck me was the number of middle school kids that were using inhalents, which is -- that's a whole different category than smoking marijuana or drinking because that results in permanent nervous system damage.

So I -- I took this from her slides and typed this up because it does present a very compelling picture of Ogle County and a certain percentage of the county that are at risk of being marginalized either by income or disability or other minority status. So just as background to go with this, in terms of helping to kind of get your sense of priorities, and I didn't expect that this was going to be read now. I just brought this as background information.

MS. WILSON: Thank you so much, Nick, for this packet.

MR. HEAD: Well, thank you. I'm happy to do it.

MS. BOWERS: And I also did recommend the sexual assault to apply for 708 funds for next year.

MS. WILSON: Good.

In Totidem Verbis, LLC (ITV)
<table>
<thead>
<tr>
<th>Page 21</th>
<th>Page 22</th>
<th>Page 23</th>
<th>Page 24</th>
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<tbody>
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<td>MS. STEPHENITCH: So our action item on</td>
<td>third floor.</td>
<td>MS. STEPHENITCH: Third floor.</td>
<td>MS. STEPHENITCH: -- seems so short.</td>
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<td>this is that we are going to rate it via email?</td>
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<td>MS. WILSON: Yeah. It is.</td>
<td>MS. WILSON: Yeah. Yeah. We've pushed it</td>
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<td>MR. HEAD: Uh-huh.</td>
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<td>MS. ZIMMERMAN: We can push it a little</td>
<td>MS. ZIMMERMAN: We can push it a little</td>
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<td>MS. STEPHENITCH: And send it to Nick?</td>
<td>that longer.</td>
<td>MS. ZIMMERMAN: We can push it a little</td>
<td>longer.</td>
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<td>MR. HEAD: Yes. Send it back to me.</td>
<td>MS. WILSON: Yeah. Yeah. We've pushed it</td>
<td>MS. WILSON: Yeah. Yeah. We've pushed it</td>
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<td>MS. STEPHENITCH: Just straight to you?</td>
<td>a little in the past, so but -- but it's got to</td>
<td>be interesting or else they go --</td>
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<td>MS. ZIMMERMAN: That's fine.</td>
<td>that day. But I will -- after our meeting --</td>
<td>MS. BOWERS: Yep.</td>
<td>MS. BOWERS:Yep.</td>
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<td>MR. HEAD: Yeah.</td>
<td>but I'm sure I'll be -- -</td>
<td>MS. WILSON: So -- all right. Good. If</td>
<td>MS. WILSON: So -- all right. Good. If</td>
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<td>MS. STEPHENITCH: Okay.</td>
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<td>you have ideas for what you would like to</td>
<td>you have ideas for what you would like to</td>
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<td>MS. WILSON: Great. All right.</td>
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<td>present, please, email me or call me. Like I</td>
<td>present, please, email me or call me. Like I</td>
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<td>Unfinished Business, Crisis in Caring, any new</td>
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<td>was telling Cecilia, I do not have the Internet</td>
<td>was telling Cecilia, I do not have the Internet</td>
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<td>viewings?</td>
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<td>at home. So when I see my email, is usually</td>
<td>at home. So when I see my email, is usually</td>
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<td>MS. STEPHENITCH: I picked up a DVD for a</td>
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<td>Thursday and Tuesday, and that's all that I see,</td>
<td>Thursday and Tuesday, and that's all that I see,</td>
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<td>possible viewing at Oregon High School for a</td>
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<td>and I just scan through it, and if I see</td>
<td>and I just scan through it, and if I see</td>
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<td>classroom, a teacher, who's going to review it</td>
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<td>something that says 708, I read it, and if I</td>
<td>something that says 708, I read it, and if I</td>
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<td>and see if it's appropriate for her classroom</td>
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<td>don't see it says 708, I might not read</td>
<td>don't see it says 708, I might not read</td>
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<td>and working on some --</td>
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<td>anything. I just delete everything. So let me</td>
<td>anything. I just delete everything. So let me</td>
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<td>MS. STEPHENITCH: Thank you. Okay.</td>
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<td>know. I'm really interested.</td>
<td>know. I'm really interested.</td>
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<td>Presentation to the Ogle County Board on</td>
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<td>May 17th at 5:30 p.m. I'm working on something</td>
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<td>to say. I would very much welcome people's</td>
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<td>MS. WILSON: --</td>
<td>MS. WILSON: --</td>
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<td>ideas, comments. You had a great idea, building</td>
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<td>upon the 708 strengths. I'm going to try and</td>
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<td>MS. BOWERS: I --</td>
<td>MS. BOWERS: I --</td>
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<td>chalk it up -- but I don't know if I could do</td>
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<td>MR. SIGLER: I did speak with --</td>
<td>MR. SIGLER: I did speak with --</td>
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<td>MS. BOWERS: Go ahead.</td>
<td>MS. BOWERS: Go ahead.</td>
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MR. SIGLER: Please, go ahead, ma'am.
MS. BOWERS: No. Go ahead.
MR. SIGLER: I did speak with the director yesterday afternoon for about an hour, hour and a half. They're still in a period of transition. She assured me at the end of this year there is no request from them for funding, but next year they may be reconsidering. They just hired an administrator. A new director is yet to be appointed -- not director -- yeah, new director locally is yet to be appointed, and they feel they're getting things in order. I do know the village sent a group over there yesterday morning, if I'm not mistaken?
MR. BROOKS: They were turned away.
MR. SIGLER: Pardon, sir?
MR. BROOKS: They were turned away.
MR. SIGLER: They were turned away? Oh, my goodness.
MR. BROOKS: They said we didn't have the paperwork for the -- they never told us we had to fill out the paperwork.
MR. SIGLER: Is that right?
MR. BROOKS: They were very cold to our In Totidem Verbis, LLC (ITV)

people. It was really -- I wasn't there but the report I had was very disappointing. So it will be another week or two before we can get back because now they gave us the paperwork, we got to get it filled out. So it was not a good experience. It wasn't like last year.
MR. SIGLER: This was not a local I spoke to. This was the original founder of Pegasus. She seemed quite enthusiastic about getting it up and running again. With her -- her comment was with the right people, Bill, so we can make sure that we're servicing the community and not only -- she was very high on the military. My youngest daughter is a DAV, a Disabled American Vet. Well, you wouldn't know, she got a crushed hand -- but she would like us and anyone else who has someone in the military, who can utilize their services to make sure that they are available for them, and if you go online, you'll see a survey -- not a survey, but they have their homepage and who you can contact or you can submit your name for consideration. I was quite impressed with this lady. I believe she lives up in Byron, if I'm not mistaken and she in In Totidem Verbis, LLC (ITV)

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Page 29

1. know, their budget or whatever things that have
2. been cut, but they have to guarantee that
3. they'll pay it back.
5. MS. BOWERS: So anybody who -- like, the
6. health department has gone to the finance
7. committee for funding but -- just present your
8. case to them --
9. MR. HEAD: Okay.
10. MS. BOWERS: -- and they will take it into
11. consideration and -- but they have to be
12. guaranteed that they'll pay it back, and they
13. have to show how they'll be paid back.
14. MR. HEAD: So, if, for example, they were
15. waiting for vouchers to be honored by the State,
16. then the money would be paid back at such time
17. as they were paid by the State?
18. MS. BOWERS: Correct.
19. MR. HEAD: Would we be in a pay-interest
20. kind of situation, where -- or would it just be
21. pay back the money?
22. MS. BOWERS: He didn't say anything about
23. it. I think it's just pay back the money.
24. MR. HEAD: Okay. I think that's big.

Page 30

In Totidem Verbis, LLC (ITV)

Page 31

1. that I sent everybody.
2. MS. BOWERS: He's the one that I spoke
3. with.
4. MS. DETER: Greg Sparrow, right?
5. MS. BOWERS: Yes.
6. MS. ZIMMERMAN: Did you get it?
7. MS. BIECHE: Yes. Yes. It almost looks
8. like a mailing list.
10. MS. DETER: It looks like you could -- I
11. said, why is she sending me labels? Because
12. that's what it reminds me of --
13. MS. BIECHE: Yes.
14. MS. DETER: -- a label.
15. MS. ZIMMERMAN: Those are all the County
16. Board members.
17. MR. HEAD: So we include that in the
18. minutes to go out to -- to the agencies to
19. contact Greg Sparrow --
20. MS. ZIMMERMAN: I can but I already
21. sent --
22. MS. EGAN: They don't know who to contact
23. probably. The most recent conversation that
24. they had --

In Totidem Verbis, LLC (ITV)

Page 32

1. MS. ZIMMERMAN: I'll make a separate
2. email.
4. MS. WILSON: All right. Agencies to
5. contact County Board members to visit their
6. agency. That was a suggestion that was put out.
7. MS. ZIMMERMAN: That's why I sent the list
8. to everybody.
9. MS. WILSON: Okay. So -- and to all the
10. agencies, right?
11. MS. ZIMMERMAN: Uh-huh.
12. MS. STEPHENITCH: That would be worth
13. mentioning at the presentation.
15. MS. STEPHENITCH: In person.
16. MS. WILSON: Okay.
17. MS. STEPHENITCH: And the public.
18. MR. HEAD: Uh-huh.
19. MS. WILSON: All right. I got stars by
20. those.
21. All right. Now, one thing that I wanted
22. to say, how many of you Board members were here
23. last year for the hearings?
24. MR. SIGLER: Bill Sigler.

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MR. SCHIER: I think he's going to give us a simple answer. I really do.
MR. SIGLER: Whatever. I hope it is.
MS. DETER: You know, I'd like to go also.
MR. SIGLER: Absolutely. Are there any other comments on this?
MS. DETER: I just -- I'm --
MS. BOWERS: I know that there are other groups that have interagency agreements, so --
and Bill's right, he could be very well right in saying that they could ask for their money back --
MR. SIGLER: That's right.
MS. BOWERS: -- without an agreement.
MR. SIGLER: But you know I'm the emotional one on this. I would hate to in any way hurt our County Health Board halfway through a season that we have been issuing funds to them and now they say it back. What happens to those folks? What happens to the delivery of services? That's why I bring this up.
MS. WILSON: Thank you so much for doing this.
MR. SIGLER: I will stop by on the way.
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1. over it. I'm not a very big advocate of telling you what you already know or probably should know.
2. I want to -- I do want to start out with a story, which may seem weird, but to tell stories motivate me to do things, and I don't know if I mentioned this to you, but when the Special Olympics in 1995 came to America, the World Special Olympics, 7,000 athletes from 150 countries came to the United States, and they went to the Yale Bowl, which was the -- as Timothy Shriver said, it was 75 years old. It looked like 150 years old.
3. The biggest athletic event in the world.
4. And they came to the United States and the President -- the President, this is July of '95, was scheduled to give the opening address at the opening ceremony, and the Secret Service was concerned about security. So they had the Clintons way up at the top of the Yale Bowl. Almost out of sight, and the 7,000 Special Olympians came into the field, and as they came in, they were each given a disposable camera.
5. Remember the old disposable Kodaks? And there
   In Totidem Verbis, LLC (ITV)

Page 46

1. were professional photographers, the press was down on the field, all the Special Olympians are on the field, and Timothy Shriver, who's the head of Special Olympics, tells the story of a press photographer who was on the field, and he saw this group of Special Olympians from Africa, and they had the cameras, and they were looking up at the President as he was speaking, and he noticed they all had the cameras backwards, so the lens was against their nose, and the photographer wasn't sure how well they communicated or how well they understood, and he kind of went over to one of them and nudged them and said, you know, if you -- if you turn the camera around -- showing them, if you turn the camera around, you'll get better pictures, and the Special Olympian, who knew English, and he turned to the photographer, he says, thank you, but you see, the camera works both ways. If you turn it backwards, we can see the President much better. It's like a telescope.
2. So Timothy Shriver's question is, at that precise moment when the Olympian was talking to the photographer, who had the disability?
   In Totidem Verbis, LLC (ITV)

Page 47

1. Right?
2. And it's true. Because each of us -- and I did, too, I laughed when I read that. I think, Oh, silly people with disabilities, they don't understand how to operate a camera. Someone has to show them. Shriver's point is, there's a lot of people with disabilities that can teach us, if we take the time to interact with them.
3. That story meant a lot to me because I've learned a lot from growing up with a daughter with disabilities. It's changed the trajectory of my career, and, you know, one of the things -- since I've come to the village, one of my mantras -- as Sherrill will attest, is the idea of bringing the village into the community and bringing the community into the village. That's part of why I brought Sherri onboard, to do community development and marketing. Not just to get our name out and say look at how great we are, but to provide opportunities for this interaction, and one of the things that Sherrill's been able to do is -- we used to have maybe two, three volunteers every year that came in to do work with our people.
   Bill's been one of our longest-standing ones, and Sherri has increased that up to about a dozen different volunteers now that come in. In the last year we had over 30 high school students come in, and sometimes it's great. Sometimes they come in to, like, paint, and then you have to go back and paint over what they painted, but, I mean, as a general rule, it's been really good. The neat thing about it is our people really get a sense that the community cares about who they are. That they just don't come to the village and they're in their own bubble and lost to the world and the other great thing is -- as I tell high school students when they come, I say, we all have disabilities. You know, we're all broken in different ways. The difference is that the people you're about to meet can't hide it. You know, we can each hide the things that break us, but they can't, and they've learned to be comfortable with the fact that they are who they are, and oftentimes we aren't.
   So what I'm always trying to do when people come into the village, I try to show that
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the State divided up the developmental train --
day training into two sections. Regular
workshop and DT, developmental training.
Regular workshops were for people that could
work the standard seven- or eight-hour day, and
they get paid. Developmental training were
people with greater needs and to be able to
tolerate a regular workday was beyond most of
their abilities. We still keep that separation,
it's not as clear as it once was, but we have
Donna Mattison, who's our program manager.
She's primarily responsible for developmental
training tasks. Karen Kereven is primarily
responsible for production, regular workshop.
The regular workshop -- for every dollar that
the regular workshop generates, I think at least
90 cents of it goes back into the pockets of
people that we're helping. So Wahl Clipper
gives us a dollar. We do Wahl Clipper work, 90
cents of that dollar goes back into the pockets
of our people or for their benefits. Like
worker's comp insurance, things like that.

MR. BROOKS: When you say, "your people"
you're talking about your consumers?
In Totidem Verbis, LLC (ITV)

So it would decline for that reason. It would
decline because you don't have -- the County of
Ogle is not increasing its population. So you
don't have a lot of new people with disabilities
coming into the county, and I also think it's
going to decrease because there's a lot of
pressure -- and Amy can talk about that.
There's a lot of pressure being placed on
special education departments to find placement
outside of day-training facilities before they
bring them in. So I think you're going to find
less people transitioning from special ed into
day-training. That's made even worse by the
fact that the State has such a long waiting list
now. Like I said, it used to work where you
finish special ed, you turn 22, you go straight
into a develop -- a day-training program. Well,
now you turn 22, you go straight onto a waiting
list, and you can be on the waiting list for
years and years and years. Well, those are
people that would have gone and that would have
helped kept our population the same. That's why
we do the Attendance Grant Program to help make
up for some of that. So they can come in and
In Totidem Verbis, LLC (ITV)

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receive services even though they otherwise wouldn't have.

MS. BOWERS: Okay.

MR. BROOKS: I don't see it as a precipitous drop. I just don't see the program expanding unless the State starts getting its act together.

MS. BOWERS: Sherri, my next question is probably for you. On Page 3, you indicated that you have a working relationship with Kishwaukee College. Have you gone beyond that to, like, Sauk Valley College or Highland College?

MR. BROOKS: It's called our nursing program.

MS. EGAN: Oh, the nursing program is -- I mean, we've actually reached out to quite a few colleges in terms of trying to figure out how can we include NIU? How can we begin to work and partner with you because there's so many different opportunities that are available.

Whether it's, you know, nursing students, whether it's students that need projects that can -- you know, help offset some of your -- we had students working on plans for developing In Totidem Verbis, LLC (ITV) materials that could go to the public, in terms of programming, you know, to help advertise. They had some students that were working on suggestions in terms of social media and guidelines and how we should -- you know, so we're always trying to figure out how can we work with any of the community colleges or local colleges and benefit from some of those student internships, student need for projects, any of those types of combinations.

MS. BOWERS: I had someone approach me -- it's been a couple months ago now, but from St. Anthony School of Nursing. Have you reached out to them?

MS. EGAN: No. But we could.

MS. BOWERS: I would suggest that you do that. And then I'm going to ask my infamous question: How much money do you have in reserves?

MR. BROOKS: Right now -- we just had our board meeting last night. Our cash reserve is about 1.3. That's down from 1.5 last year, and the reason for that is, as I think I mentioned last year, when I first came in Craig did an excellent job at building up our cash reserve when he came, eight years ago when he became director. We had less than a week's cash reserve. We weren't sure if there was any payroll the first month he took over. He's built it up so we have about a five-month -- five-month cash reserve now. It was about a six and a half month cash reserve last year, but the price of that cash reserve was a lot of deferred maintenance, and in the last year and a half that I've been here, I've been trying to take care of a lot of the deferred maintenance issues.

MS. BOWERS: Did you get your new roof yet?

MR. BROOKS: We have the new roof for our portable building. We're going to put the -- the Board just approved putting a new roof on the workshop. So we're going to start spending money on that, probably the next couple weeks. I'm going to call Anderson Roofing today, and tell them they can start the project. We did the -- resurfaced the parking lot last fall -- last summer, last fall. We're going to put the --

As I mentioned in here the new computer system was brought on. There's just a lot of things -- and I'm losing stuff, too, but there's a lot of -- I've probably spent down 150,000 cash reserve on upgrading and replacing things. We had to get a new delivery truck. The old one the floorboards were rusting through. I'm not sure that answers your question, in a way that helps me or hurts me.

MS. BOWERS: It helped me better this year than it did last year.

MR. BROOKS: Yeah.

MS. BOWERS: In the meeting I was in yesterday, there's several organizations that are in this area that have filed suit against the Governor. Were you part of that suit?

MR. BROOKS: No. Well, as far as I -- we have not signed on any papers, any lawsuits. Can I explain a little bit about our -- our situation is unique, and I'm not trying to hide it from anybody.

So when the State last year said no budget. The Comptroller sent out a letter to us saying, sorry, your payments aren't going to...
come, and I thought, well, I’m glad we got a
cash reserve. Then I find out that there was a
group of plaintiffs that came on behalf of the
disabled community in Illinois. There was once
upon a time a suit called Ligas, which was a
suit against the State saying, the State, you’re
institutionalizing too many people. You’re not
providing the services that they need and
deserve. The State reached a consent judgment,
yeah, which said that the State would provide
the necessary services to the developmentally
disabled in Illinois.
So the Comptroller sent the letter last
year saying, sorry, no more money coming.
There’s no budget. The Ligas plaintiffs went
back to the Federal Court and said there’s a
consent judgment that says you’ve got to provide
services to people with developmental
disabilities. The Federal Court said that’s
ture, and they’ve ordered the State to continue
making payments for services to people with
developmental disabilities. So as a result --
and they ordered that it be done within 30 days
of receipt of the bills, which is weird because
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we’re -- we’ve always been five months, six
months in arrears, so since that decision was
made last summer, the State has made payments to
the Village of Progress to DD Homes, to Kreider
Services, to any agency in the State that
provides services to people with developmental
disabilities. We’re continuing to get paid at
the rate we were paid the year before. So we
haven’t had a reason to be involved in a
lawsuit.

MS. BOWERS: Okay. Okay. To the best of
your knowledge, do you foresee any of the
funding that the 708 provides you going into
your cash reserve?

MR. BROOKS: No. Because as you can see
right now from this last one, we’re operating at
a -- you know, 2014 Craig was operating a
200,000 net gain. This past year we operated a
35,000 net gain. This year the anticipation is
we’ll break even. So I don’t see that at all to
be honest with you.

MS. BOWERS: Okay. That’s all I have.
Thank you.

MR. HEAD: On Page 14, I’m just curious
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the operating income, there’s a category, other
one, that’s private pay. Just -- what’s that
about?

MR. BROOKS: Let me get to it.
Okay. So this is related to the
Attendance Grant Program. The State pays us
10.39 an hour for each person that we service.
It costs us 12 and a half dollars an hour, but
the State pays us 10.39 as they have faithfully
done for eight years now. There are some people
that don’t have State funding, and they want
their son or daughter to come to the Village of
Progress anyway, and they pay privately to do
that. So that’s the private pay. It’s a very
small group of people as you can see, but there
are some people that have been injured, maybe
they’re not developmentally disabled, but
they’re disabled. Yet they want their son or
daughter to come. So we charge them 10.39 an
hour, from the time we pick them up at the door
to the time we drop them back off again, and
they decide how many days per week that they
come.

MR. HEAD: And the other?
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MR. BROOKS: Other? Boy, other? I’ve got
a feeling that other are probably like in-kind
contributions. So we got -- so, for example,
last year Anderson Roofing put a $15,000 roof on
our -- one of the wings of our building, and
they gave us a $7500 break. So that’s a $7500
in-kind contribution. Almost every year we get
a bus from IDOT. It’s a grant program that IDOT
runs with the federal transportation and that’s
about a $60,000 asset. It’s contributed to us,
and I’m guessing -- and I could check with Dave
Baker (phonetic) our accountant. I’m guessing
that that other is the value of those buses and
in-kind contributions.

MR. HEAD: Okay. Your section on the
changing face of disability was powerful and
very interesting and it looks like there -- the
level of complication in need and in delivery of
service is getting higher. I’m looking at --
this is Page 19.

MR. BROOKS: Okay. Thank you.
MR. HEAD: Actually, excuse me. Page 18.
MR. BROOKS: 18 and 19, both.
MR. HEAD: So that’s -- so that there’s --
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the amount of mental illness services delivered is quintupled and autism has been added as a pretty large category. It was striking to me what is -- what is that -- how is that changing the services delivered on a day-to-day or week-to-week basis?

MR. BROOKS: Yeah. It just requires a lot more supervision than it did before.

MR. HEAD: Okay.

MR. BROOKS: Individual supervision. The biggest -- not necessarily because of autism but the biggest area that we found, which was an eye-opener to me, is just toileting.

MR. HEAD: Toileting.

MR. BROOKS: Every day our program manager comes up with a toileting schedule, and each person has to be taken to the toilet twice, three times a day, and we use lifts to get people from one to the other, from wheelchair to toilet. Some of the folks with autism wouldn't toilet themselves. They have to be toileted.

It just takes a lot of -- it's very labor intensive.

We've been fortunate that most of the people from one to the other, from wheelchair to

disability or a family member with a disability to serve. It keeps us rooted. I mean, you can speak to -- and you're the newbie.

MS. EGAN: I'm the newbie, and it is an incredibly nurturing, caring environment that you work in, and it is because of the variety of individuals that you work with and the environment of needs that they have. It is an incredibly supportive, team-oriented environment.

MR. HEAD: Yeah.

MS. EGAN: And I -- while I've just worked at the village for less than a year. I've been in Ogle County, you know, over 30 years, in Oregon, and I've known of the village the entire time, and I've worked with them through many of the various jobs that I've had, and that's what drew me to the village when I knew that there was an opening because I've always known that it was a fabulous place. So I was thrilled when that opportunity came about, and it was not an overexaggerated, you know, outside view. When you get in there you feel -- you feel loved, and

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I can't imagine that all of the individuals that
take the village feel any other way.

MR. HEAD: Okay. Thank you.

MR. BROOKS: It's a good idea, though.

Self-care is not something that I really have
thought a lot about. It's just something I've
marveled at, at the village. It's probably
something I should pay more attention about
nurturing --

MS. EAGAN: You know, and with that, I
think something else that is incredible, we have
people who have retired over the years --
that's one of the only ways that people seem to
leave the village, but they don't truly ever
retire because they come back, and they sub. I
mean, so many of our retirees come back, and
they sub and, you know, Donna and I were just
talking the other day, one thing that I think
keeps individuals at the village for so very
long, is that whether it's documented or not,
how understanding we are. There was a woman
that was at the village and her family needed
her to be able to care for her grandson for a
few days, and so she went to Donna, and Donna
brought one of the subs in and made it so that
that individual could go spend time -- so I
think that the under -- the level of
understanding in terms of, you know, we need to
be responsive to our employees and their needs,
and we've secured the subs that we need to be
able to continue to staff and nurture with
familiar faces, you know, all of the
individuals, provide services for. I think
that's all --

MR. HEAD: That's commendable. It
speaks volumes about the organization. Thanks.

MS. WILSON: Bill?

MR. SIGLER: Would you please explain to
me and this committee what the reasonable
reserve is that a public sector agency should
have, speaking in the amount of months because
dollars would vary by agency to agency.

MR. BROOKS: Sure. Well, GuideStar, which
is -- it tries to rate nonprofits so that people
who donate to nonprofits can do so in the way
that is wise. If you look at GuideStar they
would -- they would give the highest rating to

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that's not all of our income, but that would
have been one year's worth of the -- at this
point our cash reserve would have been wiped
out.

MR. SIGLER: Continuing to make
improvements in the village, and, Dorothy, the
roof is no longer leaking on my daughter's head
when raining. I'm very pleased with that. No.
On a serious note. You are continuing to update
the facilities of the village. I'm here two
days a week, folks. You probably saw me signing
Zip-a-Dee-Doo-Dah yesterday. Most people who
meet me don't like me because that's not the way
I normally act. I happen to love those folks.

But back on the serious note --

MR. BROOKS: So I would say every agency
has to determine for itself what's a legitimate
cash reserve. If you have a very cynical
nonprofit -- if you have a -- say you operate a
school, and you get tuition in, right, once or
twice a year, you get a huge influx and your
cash reserve's got to be different because
you're going to have months that you're not
going to have any income. Our income is fairly

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The Lawrence Foundation, who I know the
attends the village each week.

The next year the foundation raised the amount
to 36,000. Lawrences donated another 12,000
that went up to 48, and then during our
Christmas wish list drive we got another $8,000
in donations toward the attend grant program.

So the foundation is starting to spend
money down from its cash -- from its cash
because that's what foundations have, and their
goal is to spend about 5 to 8 percent every year
of their cash towards the Attendance Grant
Program. So it's revenue that comes in but,
again, we're getting paid 10.39 an hour. It's
costing about $12 an hour, but we just thought
it made more sense to just stick it at a state
funding level, than try to every year come up
with what's the true cost to the village. Does
that help?

MR. SIGLER: Yes, it does. Thank you very
much. You have ten now?

MR. BROOKS: Right now we have about ten
people that come on a part-time basis. I know,
there's one student who's turning 22. I think,
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this month, so we're already going to be
offering him two days or three days -- offer him
three days a week. His parents are paying the
other two, while one of the parents is working,
but when one parent has the summer, it goes down
a little bit. We're trying to make it
accommodation of private pay and Attendance
Grant. So that the parents have some skin in
the game, for lack of a better word for it.

MR. SIGLER: Thank you. Thank you.
You've done something very innovative in my
opinion and you've given something to -- I don't
like to use the term these individuals. I'm one
of them.

MR. BROOKS: Yeah.

MR. SIGLER: That they have a place to go
and place to feel like they're wanted and a
place to feel like they are productive in
society -- what we perceive society to be. I'm
more and more turning to say, I like your
society better than I do ours. Because the
people I deal with normally in the business
center is a federal labor law charge. I
compliment you on that.
in Totidem Verbis, LLC (ITV)

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MR. BROOKS: It does help us to serve everybody, too, because if you take someone's that -- special education services to the age of 22, now you send them home for five years, then the State says congratulations, you got funding. We've got a lot of work to do to bring them back up in terms of socialization, in terms of proper behaviors, all of that sort of stuff. Of course, if they come in at least one or two days a week, we can keep that -- we can maintain a level of functionality that might be lost otherwise.

MR. SIGLER: Thank you.

MR. BROOKS: If there's a selfish motive, that's it.

MR. SIGLER: I have no further questions.

Thank you.

MS. WILSON: Thank you, Bill.

MR. HARP: Well, I hope you're not tired of receiving praise this morning, but I just wanted to say that I'm very impressed with your organization. I was when I was on your human rights and behavior management committee, and after I've read your application, even more so.

In Totidem Verbis, LLC (ITV)

There are things you're doing that I didn't even know about.

MR. BROOKS: Thank you.

MR. HARP: I'm especially excited about your bakery.

MS. DETER: Yeah. So am I.

MS. STEPHENITCH: I could have used donuts last --

MR. BROOKS: If you would have asked me in January I would have said May or June. If you ask me now I'll say sometime. It's hard to get contractors. It really is. I thought just because we're a nonprofit and our money wasn't green enough, but it's just hard to get contractors right now.

The plan as it stands right now, it's subject to change, but -- do you want to hear about this for a second?

MS. STEPHENITCH: Yes. Please.

MR. BROOKS: So we were looking at different buildings to put it in, and I couldn't find one that worked well, and at the Washington corner building, where Stitches In Time used to be -- Stitches In Time, we looked at that. It's a smaller space, about 1500 square feet, and it would be a rental instead of owning the spot, but the great thing about it is, it's got the diagonal parking on Third. It's got the lot -- lots across the street. So whereas every other place downtown had a real pinch when it came to parking. This has it. It's a great location for people coming into Oregon, right?

So the idea right now is -- the original idea was to put the entire bakery in there, which means we have to use the basement, and I pitched it to our board and the board said, no, don't put the -- don't use the basement. You got people with disabilities, you don't want them going up and down stairs.

So then Tom Felker on our board said, Well, why don't you put the production facility in the village and put the retail store where we're located at. So we went back to the drawing board and came up with new plans. So now the plan is, the current plan -- subject to change, is that we will have the bakery at that corner spot. We'll have seating for about 20 to 30. It's not table service. It's you get it, you sit down if you want to sit down. We're going to offer a variety of coffees and expressos and frozen slushy-type drinks. We're going to offer a variety of baked goods but not necessarily, like, artisan breads, more the traditional bakery, sweet goods, pastries, cakes, pies, things like that, and now because we have the extra space we are looking at putting in -- what's called a cold plate and ice cream with toppings. So once -- you ever been to Cold Stone? Anybody been to Cold Stone, and they smush it, well it's going to be smushed ice cream we can serve at the bakery, and the production facility will be at the Village of Progress inside of our current warehouse. It will be a stand-alone building or stand-alone room, and we're going to put windows in the front so our people can look in and see the -- see the kitchen and its work.

We hope to use some of our people at the village to work with packaging. So if somebody wants, you know, three dozen cookies for a meeting, we can package it there at the village, and we've got one guy who's an exceptional
Remember we talked about that. So she contacts LOTS. LOTS gets her there but, you know, LOTS schedule is their schedule, not your schedule. So she gets there an hour before the store opens. So now she's standing in the parking lot for an hour waiting for the store to open. So this store opens, she comes in and she starts doing her thing, and if I tell the story wrong, I'm sorry, it's second generation, but the higher-up in the store comes in a little while later, and sees the woman wiping counters. And she has a flat affect. It's just part of who she is. She doesn't smile, and the higher-up says, who's that? And the manager says, well, that's-so-and-so. It's an intern through the special ed program. Well, she doesn't look like she's enjoying herself, send her home. So her internship lasted, what, under two hours? That's not a way to improve someone's self-esteem and to help them to be able to get a job in the community and that's when we started thinking, there's got to be a better way and if you can't get -- I'm sorry if this sounds negative. If you can't get employers to take a chance, let's set up a place that can hire people to take a chance and give them the training that they need. So now when this person goes out to her next job, she will know what's expected of her, and when an employer looks at her, the employer knows from talking to us, this was her track record, right? She may not smile, but she does her job.

So that's kind of the genesis of the bakery idea, and I'm very excited about it. I don't know. It could be a sinkhole. It could be a revenue generator. It could just kind of break even, but I think there is a lot of potential for it.

MS. STEPHENITCH: Can I make a comment? And one thing I am excited about is the people who are involved in the revitalized Oregon group, as I understand it, some of the conversation is, bringing in -- and, Brion, you've talked about kids with open mic night or maybe bringing in artwork from the high schools, and they can sell the artwork, and you talk about community and to the village, and the village out to the community. It's a nice --
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MR. BROOKS: So local would be our -- mostly our contract work. Contributions, in-kind contributions, everything except 708 would fall under the governmental section.

MR. HARP: Okay. I believe that's right. Just a second. Our DHS funding is the governmental aspect, I believe, and everything else would be considered local.

MR. HARP: Okay. And did you say including 708 or not including 708?

MR. BROOKS: 708 would be under the local.

MR. HARP: Local. All right. And -- trying to read my notes here.

They list a total loss of $24,000 for the last fiscal year on -- in Exhibit III.

MR. BROOKS: Estimated.

MR. HARP: Estimated. Yeah. How will you make up for this loss then? Where does that come from?

MR. BROOKS: Part of that loss, I'm not going to make up for it because part of it is some -- some of the start-up cost of the bakery.

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essentially that's our investments -- investment income. It goes right back -- it's a self-sustaining fund.

MR. HARP: Okay.

MR. BROOKS: It's kind of just retire --

MR. HARP: And finally -- and, you know, like I said, this is probably really naive, but why is there a split between the Village of Progress and the Village of Progress Foundation?

What's the purpose of that?

MR. BROOKS: Most -- not most. A lot of nonprofits, Sinnissippi and probably Serenity have -- most nonprofits --

MS. EGAN: HOPE.

MR. BROOKS: -- have a foundation -- HOPE?

MS. EGAN: HOPE.

MR. BROOKS: Okay. HOPE did too.

The foundation supports programs and projects of the nonprofit. So, for example, the Attendance Grant Program is something that the foundation helps to support the Village of Progress with. They don't support day-to-day operations. They support special projects, and the reason why you don't support day-to-day operation was made clear with Kreider. A couple years ago Kreider was operating a bus. The bus ran a stop sign. Killed a couple who came through the intersection, and the attorney representing the couple sued Kreider, which makes sense, but then tried to sue the foundation, saying the foundation was an extension of Kreider, and Kreider was able to resist that lawsuit, saying that the foundation doesn't operate funding day-to-day expenses.

MR. HARP: Okay. Got it. Thank you.

MR. BROOKS: Sure.

MS. WILSON: Dave?

MR. SCHIER: I have no questions. But I would like to -- Lowell, I learned, too, as I asked those kind of questions the last couple years -- but some of these kind of applications can get real overwhelming, and I would like to commend you on how well this is put together.

This is probably the easiest one, for me at least, that I've ever went through, and as far as brief, yet you were concise, but you went into detail where you needed to go. It was -- the placement from your cover letter was just --

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it fit me. I don't know.

MR. BROOKS: I appreciate that. Because I've never, you know, we've always gotten compliments on the 708 application that we've done, and part of me says, if it ain't broke, don't fix it, but part me also says, do you guys get tired of the same presentation? But if the format works, it's fine with me.

MR. SCHIER: Bottom line, you made my job easy. We can get lost in these. Thank you very much.

MR. BROOKS: Sure.

MS. WILSON: Okay. Like most people I don't have a whole lot of questions. I do have compliments.

I said it before and it's worth saying again, when I was deciding where to move after I moved back from Wyoming, I had, you know, the suburbs, Chicago and out here and I -- one of the two reasons that I decided to move to Oregon was the Village of Progress. I figured if there is a place here that cares that much about people with disabilities, it's probably a pretty good place to live and, you know, I'll say that.

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got to pay the staff, and, you know, our staff, they want to do stuff. We did this brat and pork chop sale with Snyder's with the hardware store opening. We had -- you know, we had at least a half a dozen staff out there for -- from 10 o'clock in the morning till 2 o'clock in the afternoon. They're not getting paid. They don't want to get paid. I've got one guy, he takes a couple of brothers out for a pizza and -- once every couple of months. He wants to do it.

MS. EGAN: Every Wednesday I play racquetball at Nash and every Wednesday there's a little teensy window in the racquetball court and every Wednesday I have a host of people that are knocking on it to say hi because they're about to do swim aerobics, which starts at 7.

My racquetball goes from 6 to 7, so it's right at the, you know, end of their knocking, but they're with another group of individuals from the village that are staff, people that are also taking water aerobics. So after I finish racquetball I usually go in and sit and watch and, you know, head out, but, again, in awe that

whether -- and before they go do water aerobics they head over and have a -- usually a cookout or something at somebody's house, you know, and so it's just -- it's amazing to me just how much everybody enjoys -- I mean, once -- once you spend time and you get to know all of the variety of personalities, you -- it's just -- it's fun. It's fun to spend time together, and you really see that at the village.

MR. BROOKS: Yeah. The camera works both ways.

MS. WILSON: And the other thing, I wanted to compliment you on, I was at the Rock River Center one day and you were selling cupcakes, and I was just, like, wow, it's training for the bakery. I'm just, like, they're starting already. They don't even have a bakery, but they're training people to work at the bakery even before they have a bakery. That was great.

It was cupcakes from Sam's. You know, it wasn't cupcakes that they baked, but they were training on the retail side and, you know, just -- almost like one staff person per two people, saying, Okay, now, you know, you probably want to do

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MR. BROOKS: Just kidding.

MS. DETER: Okay. That's all.

MS. WILSON: All righty. So I declare this meeting in recess. There you go, and we will meet again on --

MS. DETER: Tuesday, the 10th.

(The funding hearing was recessed at 8:48 a.m.)

OGLE COUNTY COMMUNITY MENTAL HEALTH BOARD (708)

Regular Board Meeting

and

In the Matter of the Application

of

Village of Progress

Ogle County, Illinois

Sheriff's Office

Oregon, Illinois

May 5, 2016

I, Dionne T. Horner, hereby certify that I am a Certified Shorthand Reporter of the State of Illinois; that I am the one who, by order and at the direction of the Chairman, Kathleen Wilson, reported in shorthand the proceedings had or required to be kept in the above-entitled case; and that the above and foregoing is a full, true and complete transcript of my said shorthand notes so taken. Dated at Dixon, Illinois, this 13th day of May, 2016.

Dionne T. Horner
Certified Shorthand Reporter
IL License No. 084.004322
P.O. Box 381
Dixon, Illinois 61021

In Totidem Verbis, LLC (ITV)
In the Matter of the Application of

In the Matter of the Application of OGLE COUNTY COMMUNITY MENTAL HEALTH BOARD (708)

MS. CARTER: And we still have time to go around to the other two. So then we'll open up the floor for questions.

MS. WILSON: Okay. I'd like to call this order to hear the HOPE presentation. Typically we do about a 10-minute -- you give a 10-minute presentation and then we will ask questions, unless you want to go right into questions.

MS. CARTER: We can do a short presentation.

I'd like to start out just explaining a little bit about the comprehensive services that HOPE provides to the clients that we serve. Sometimes it's hard to get that image from short presentations at our 708 board meetings, and usually what I do is give just a brief description of what happens when someone walks through our door and what that means for the person and family that walks through.

So our clients, as you know, contact us through our hotlines, they can walk in our facility 24/7 or they can set up an appointment for counseling. So there's several different ways they can begin services. The most important piece is, they can do it any of those ways, because we are a 24/7 agency. We are available not by voicemail; we answer the phone. Every staff person that works at HOPE is 40-hour trained to answer those phones and crisis trained to answer those phones. So we make sure that we don't have a system that puts someone on pause. They're able to talk to somebody.

It's really important to us, because when you're in a domestic violence situation, it's really -- it takes courage to call. It takes courage to make that phone call and to reach out to somebody and say that what's going on in my relationship. So that immediate contact is really important.

As they go through our services, whether that's shelter services or counseling services, whether that's in Oregon or Rochelle, our counselors and all of our staff are trained to be able to provide not just the emotional support that goes along with the crisis and safety training, but also those resources that are in our community and they need to learn about. Some of our clients walk in with little bit about the comprehensive services that
1. Absolutely no knowledge of what's available in our community to help them financially, child care, housing, transportation. So when they come through our door and they're leaving a situation where they lost maybe half of their support, financial and child care resources in that relationship, they need to be able to figure out a way to survive, how to actually make ends meet. How they will actually have support so that they can go either maybe back to school or to work and to find a place of their own.

So that's another important piece of the services that we provide. So all of the staff are trained for that. So learning about those resources is something that we do on a weekly basis. When there's a new resource, we train all of our staff and provide that in our staff notes for our nighttime staff and our weekend staff as well so they can be updated on what's available for the community.

This past, I would say, four years or so we have all seen an increase of clients, and probably the same for most of the agencies that work closely with Sinnissippi to work with them. We also see some clients that come through our door who have more severe diagnoses, and we work closely with Sinnissippi to work with them. When they're sheltered, all of our staff have to do a lot more intensive work with them. It's just natural, living in our building. So all of the staff -- we have a lot more case management meetings about the families that come through that have more intense diagnoses and/or their children maybe have intense diagnoses where we have to band together and actually put a lot more hours of services with the family.

1. Probably a component that I haven't explained as much about -- because sometimes people don't see it as mental health as much, and we point out every time we have a funding hearing, so I want to make sure that I explain it a little bit more this time, are court advocates. What they do with the clients that we serve for Ogle County, they will walk a person through the court system and provide support throughout the entire order of protection process. When I say "entire," there's a couple court dates involved with that.

There's an emergency order of protection court date and then there's an extension court date. Oftentimes when there's attorneys involved or children involved, there are multiple court dates after that. So they're going back to court many times and it's not just those two court dates.

So our court advocates are there as an emotional support, sometimes even more so throughout the process than a legal support in the sense of teaching them, you know, what they need to know about the court process. So they're on the phone with them regularly. Our clients will call and ask questions and also just talk about everyday things and concerns that they have to help with. They are constantly working on safety planning, as well.

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as providing emotional support and guidance throughout that process and, of course, encouraging those clients to access our other services too, like our support groups and our children's counseling and our adult counseling, so they can learn a little bit more, gain a little more support, not feel as though they're so isolated and alone in the process. So that's an important factor too, is them linking our clients to our services that we provide.

So that's kind of a short synopsis of what we do.

The housing piece is huge. You know, we know you can't get out of an abusive situation unless you feel there's resources and there's availability. So we're constantly looking for what else is new, what else is out there, what else is available for our clients in Ogle County to find housing and safe housing.

So do you guys have some questions for me about the counseling services?

MS. STEPHENITCH: I just -- I wondered if you could talk about a little bit about the efforts -- kind of along the lines where you talk about those goals and maybe think about writing a resumé or developing a budget. And we sit down with them regularly and talk with them just in a casual atmosphere so that they hopefully warm up to the process and are comfortable then sitting down in an actual appointment, which sometimes can be a little scary if you don't know the people that you're working with anyway. So we give them a little time to warm up.

So it's client-centered, but we have enough staff back there in the shelter that we encourage. Even the night staff will say, Hey, have you met with, you know, Ashley yet? I know she does a really good job helping you with, you know, a little, really easy budget, nothing really complicated. So it's that kind of thing that we do.

MS. STEPHENITCH: And I'd think when you start to control what the requirements are, that they would be defensive too because they're trying to get out of a controlling relationship as it is.

MS. CARTER: That's a good point.

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were going -- but to increase or help facilitate independence with the clients, because I know that's such a challenge and a challenge with resources. So a requirement that maybe your clients would have with seeking a job or other housing, like, what are the expectations and/or requirements?

MS. CARTER: We have guidelines that when they come to the shelter they have to read and sign and understand. Most of those guidelines are for safety and health. Then we encourage.

We have learned, not just through our funders but also just ourselves, that by telling people when they're getting out of an abusive situation that they have to do this, this and this, that you have to meet with a counselor, you have to go to support group and you don't have a choice, it's really not a very suitable counseling environment.

So our counseling is client-centered. So really that means that the client chooses their path. We encourage and we support them the whole way. We encourage them to meet with our shelter coordinator and our shelter advocate to talk about those goals and maybe think about writing a resumé or developing a budget. And we sit down with them regularly and talk with them just in a casual atmosphere so that they hopefully warm up to the process and are comfortable then sitting down in an actual appointment, which sometimes can be a little scary if you don't know the people that you're working with anyway. So we give them a little time to warm up.

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figure out ways like that in order to try to
inch their way in.  
 So there are a lot of violations.  How
many are called in to the police?  That's one of
our jobs, is to be able to point out what a
violation is.  So after they get an order of
protection and they're calling, you know, and
they're talking to me.  You know what, have you
considered that maybe he or she knows what he's
doing or she's doing when he calls you and he
says, you know, I really need to see you, my mom
is sick and I just need to talk?  Do you think
that maybe that person really is thinking about
what they need to say in order to get you to do
what they want you to do?  Our staff -- that's
part of their job too, is to point those things
out to say, you know, if you don't act, that
it's harder for the order of protection to work
for you.  If you don't make that phone call to
law enforcement to say what is going on, the
police may or may not make an arrest, because it
still has to be enough to make an arrest.  But
if you don't at least report it, it makes it a
lot easier for that person to say, oh she
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I visited your facility.  

MS. CARTER: My wife puts it very well:
It's a lousy piece of paper, and until the poor
woman is dead, then the police will act.  She's
very bitter about it because of family
experiences she's had.

But I have got some questions for you.
Before we get into that, this committee is
almost all new.  Sitting here in this room and
asking questions is not going to satisfy what
you should be knowledgeable in.  Get out to the
various facilities.  Meet the people.  I met
this lady here.  She so impressed me.  What,
about two years ago now?

MS. CARTER: Yeah, probably.
MR. SIGLER: And I have been back since
then.  I visited your facility.

These folks can stay for, what, up to 12
months or longer if necessary?

MS. CARTER: It's six to nine months.
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What you also provide as far as repairing
their cars so they can find work and they don't
have to rely on the sources trying to draw them
back into this unhealthy situation and placing
them in the community.

I was just meeting down with my daughter's
banker -- like I said, I haven't got much money;
my daughter does -- down at Holcomb State Bank.
He thinks very, very highly of you and your
organization.  These are services that we,
sitting in this room, will never become aware of
unless we go out there and visit them.

We have got a brand new one coming in.
Let me just elaborate for one minute.  We're
talking about the Department of Health.  I think
we have an obligation, and I will see them and I
will visit their facility prior to the final
vote being taken.

What you also provide as far as repairing

It started to come through in January.  So we
couldn't lay off our staff, is really what it came down to.

MR. SIGLER: Six to nine months, okay.

Have things stabilized?  Are things looking any
better?  Where do you stand on this?

MS. CARTER: Financially right now with
our State funding and our Attorney General
funding, which is also State funding, two pots
of money, they -- for those of you that don't
know, the State didn't release domestic violence
funding until the end of December.  So we fought
hard and long to try to get our legislators to
act and our governor to act to release that
funding.

So that funding was released.  So after --

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hard and long to try to get our legislators to
act and our governor to act to release that
funding.
MR. SIGLER: Another year coming up.

MS. MONTGOMERY: Over your head, don't you, about what's going to happen? I mean, yeah, it doesn't seem possible, but apparently it is. So we anticipate that there's going to be some state cuts. I mean, there's really not any way around that if you're trying to balance the budget. So we don't know what that's going to be. There's no prediction of how much. But we are hoping that our legislators and our governor take services that we provide seriously, the risk factors to the adults and survivors of not having those services available.

MR. SIGLER: What about your thrift store?

MS. CARTER: I have been there many times. It's phenomenal. What percent does that assist you in supporting your ongoing operations?

MR. SIGLER: That's a very good question.

MS. SIGLER: It doesn't have to be to the penny.

MS. MONTGOMERY: I haven't figured it out, actually. Percentage-wise, I haven't figured it out. It brings in over a hundred thousand in gross sales.

MR. SIGLER: Congratulations.

MS. CARTER: Then we pay staff out of that.

MS. MONTGOMERY: Yeah, we pay staff. I have never figured percentage-wise. But if you figure a $600,000 total budget, a hundred thousand, you know, that would be about what percentage it is.

MR. SIGLER: That can be a lifesaver for you.

MS. MONTGOMERY: Yes. I mean, last fall when we were expecting to have to cut back on staff and different things like that, why, it enabled us to stretch it out for a couple months before we had to do anything. Then this bill passed, and we ended up not having to do anything at all, so, which was great.

MR. SIGLER: You still have that cloud over your head, don't you, about what's going to happen?

MS. MONTGOMERY: Yeah. I mean, we've got another year coming up.

MR. SIGLER: That's all the questions I have. I think you do a phenomenal job. I appreciate you allowing me to come over and visit your facility.

MS. CARTER: Yeah, all of you are welcome to come.

MR. SIGLER: I always try to do that myself. And I'll be back again. Thank you.

That's all I have.

MR. HARP: Well, I am impressed with that data management system you have to do. It looks like a lot of work.

MS. CARTER: The InfoNet, yeah.

MR. HARP: But it's very thorough.

I wondered if you could kind of describe how much success you feel like you're having with each of those goals that you listed on Pages 20 to 24. In terms of number of hours, clients and all that, how close you're getting to the target.

MS. CARTER: Well, our past year what we do with our goals and objectives sheets, which are those spreadsheets, is we take our previous calendar year -- we were doing fiscal year in the past years, which I put a special note that we changed it to calendar year, because that's more close to what the 708 funding is compared to our fiscal year, which ends in June of '15. So we used the calendar year, which has ended in December this time. So we're going to begin to use the calendar year on those goals and objectives.

We make sure that we go lower-under for our projections, because you know, we don't want to go over. So we made sure that those hours are consistent with what we have already been providing.

So the hours and number of the clients that we serve, for example, on the bolded area, the Goal 1, provide 600 hours of service to 290 adult/teen victims of domestic violence. I believe we served, like, 300 -- no, that's -- I think those all were adults. We actually served 300-something. I can't remember how many were served of adult clients in the calendar year.

It's in my narrative. So we did 290 just so that in case the year changes in the next calendar year, we're not going over what we would normally do.

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Then our children, I believe is on the second objective, and -- yeah, we put 110 child, victim or witnesses to domestic violence, and I know that was, like, 138. It was 130-something for the calendar year. So, yeah, those numbers are slightly under what we normally produce, if that helps. Does that help your question?

MR. HARP: Yeah.

MS. CARTER: Okay.

MR. HARP: Let's see, what else did I have? Well, I, like everybody, I'm sure, have been concerned about your funding flow and what you have gone through in the last year. I notice that you came out $11,915 sort of in the hole, and so you made up for that with -- how did you do that?

MS. MONTGOMERY: Yeah, we have cut back on expenses and stuff like that. These are budgeted numbers, not actuals, of course.

MR. HARP: Okay.

MS. MONTGOMERY: When we had the last board meeting, I -- we went over the budget versus actual and stuff like that. We're under

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on almost all of our expenses, because we have been very conservative this year, so that we have got more cash flow in case whatever happens after June 30th, you know. So we're -- I mean, that's -- you know, that's just a budget number. Like I said, we have covered it now at this point in our fiscal year.

MS. CARTER: We budget a couple times throughout the year with our board. So we have to have a projected budget in, what, June?

MS. MONTGOMERY: Yeah, our first grant we have to do is in February usually -- well, actually, this year it was in January, wasn't it?

MS. CARTER: Yeah.

MS. MONTGOMERY: And so we have to project -- like, this next -- in January we have to project for the following fiscal year, and so -- but the board gets -- every month they get a comparison of actuals to budget, you know, a balance sheet and profit and loss and stuff like that. They get a report.

Like I said, at the last one, at nine months, that was -- because that would have been

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we had changed our management structure a little bit probably, I don't know, six months before -- I can't remember exactly when we changed it.

Late fall --

MS. MONTGOMERY: Yeah, late fall of last year.

MS. CARTER: -- so that we have more supervision at our agencies. Before it was just me, and with having 17 staff and all those different programs, it wasn't realistic. So we moved that to where some of our team has moved into a management spot. So that took a little more of that funding there too.

We're still -- our goal is to still hire another part-time counselor. We really need that adult -- and child -- counselor. But the position that we really lost was that part-time adult counselor, and we can feel that now. Carol is stretched pretty thin as far as trying to get all the appointments in in Oregon and back here in Rochelle. We really need to -- and we lost a little bit of that prevention aspect for the agency as well as with her leaving. She was going into the schools, the Oregon and

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1 Rochelle High School and the Oregon Middle
2 School, and providing some groups with reference
3 to assault. So we kind of lost that aspect as
4 well at the same time. It might not show up in
5 the numbers, but -- because it was prevention,
6 but it was a huge part of what we did. So we
7 want to get back to that. We want to build on
8 the prevention end of it as well as counseling
9 services.
10 MR. HARP: I’m going to ask this question
11 just because I am concerned about your funding
12 especially, to tell you the truth. Can you
13 share with us any -- in terms of how you kind of
14 arrived at the figure you’re asking for from us?
15 MS. CARTER: Well, the previous year we
16 asked for the same amount, and then I think -- I
17 believe when you guys went through the
18 decision-making process of, you know, which
19 agencies were potentially going to be funded
20 this year, we had a cut at that point. So what
21 we actually are getting this year compared to
22 what we had got in the previous year is less.
23 So we’re hoping to build back to that amount
24 that we were at before. That’s really what the

Page 26

Page 27

1 county, and do you foresee that situation
2 changing any time in the future, or is this
3 going to be kind of a permanent thing?
4 MS. CARTER: It’s always been that way.
5 We have always had -- if you look at the charts
6 from the past years from HOPE, the clients that
7 we have served in the neighboring counties have
8 always been about the same. They fluctuate
9 every year though where they come from. So if
10 you have one client from Carroll County, you had
11 no clients the previous year, it’s a hundred
12 percent, you know, difference.
13 Most of the clients we serve from out of
14 county is from DeKalb County, which isn’t really
15 represented here, and Winnebago County. So the
16 majority of the referrals we get are from those
17 two areas. And then, I would say, some from
18 Whiteside, because that’s where the other
19 domestic violence agencies are at.
20 So when a client contacts us and they
21 cannot stay in the area they’re living in, it’s
22 just not safe, the abusive person is near the
23 shelter, knows where the shelter is at, they
24 have been to that shelter before, and that

Page 28

1 person has followed them and stalked them there,
2 the other agencies will work with each other,
3 just like we will work with them when we have a
4 client in our area and we say it’s not safe for
5 you to be in our shelter if that person is going
6 to know where you are living and follow you from
7 there. So we refer over to them, mainly those
8 three agencies nearby, unless they have to
9 travel a further distance than even that, and
10 then we’ll refer to other states sometimes and
11 down south. They also do the same with us.
12 Our State funding and our federal funding
13 requires that we serve anybody from any part of
14 the United States. If they’re part of our
15 country, they’re allowed to be here. So it’s
16 because of the safety factor, because of the
17 fact that people have to have a safe place to
18 go. The shelter is about, first and foremost,
19 safety.
20 MR. HARP: It’s not because of a lack of
21 available services in other counties?
22 MS. CARTER: In one area -- I’m glad you
23 brought that up. In the Latina services we have
24 seen -- we saw an increase, especially in the

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last calendar year, but some this year as well, increase from Boone County and some from Winnebago because of the fact that they lost their service -- one of the grants that provided the Latina advocates of the county. So people are searching out where do you go. Where's the nearest area you can go to where you can speak with somebody in Spanish, who can provide and guide you with the integration system and how to protect yourself if your partner is abusive and you also are not a citizen.

It's not just noncitizens, it's also clients that speak Spanish. They didn't have any additional Spanish-speaking staff, so trying to find resources when you don't. We worked with them for a while, but, Are you hiring someone out there, because we're still getting some of your clients, which is fine, because that's -- again, part of our funding requirements is to help really any victim.

MR. HARP: Is there a portion of our clients who are going out of the county then for safety reasons?

MS. CARTER: Yeah, for safety reasons.

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Yeah. Oh, definitely. We refer out people who don't feel coming through HOPE is going to be safe for them because maybe it's just a high-level stalker and they need a little more distance than, you know, Rochelle.

MR. HARP: Let's see, what else do I have? Oh, I'll skip that one.

I just -- one little point. I saw in your auditor's report, on Page 3, there was a decrease in the value of land, building and equipment. I was a little curious about why that was. Perhaps it was just depreciation or something.

MS. MONTGOMERY: I think the only increase, we put a new roof on.

MR. HARP: It was actually a decrease.

MS. DETER: Decrease.

MS. MONTGOMERY: Oh, a decrease.

MR. HARP: Yeah.

MS. MONTGOMERY: I would imagine probably because -- I don't -- let's see. We didn't get rid of anything building-wise. Some of the equipment, I'm sure, has probably --

MR. SCHIER: Depreciated.

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of our clients are still Ogle County residents.

I just wanted to point that out. Still, you know, a good portion are from Ogle County. 

MR. SCHIER: I have no questions on the audit.

On the application, Page 3, you have not received any HUD funds since December 2011; is that true?

MS. CARTER: Oh.

MS. MONTGOMERY: On Page 3 of what?

MR. SCHIER: Of the application.

MS. CARTER: Of the narrative section here.

MR. SCHIER: December.

MS. CARTER: Oh, I see. You're saying 2011, down here. We received HUD funds in December of 2011, when the program began. So that's bad wordage. We began receiving HUD funds in 2011. We continue to receive them.

MR. SCHIER: Are those federal funds?

MS. CARTER: Yes. That's the 15,000 a year that we receive for transitional housing.

MR. SCHIER: Then on Page 15 of the application, I have got -- I think this is under

In Totidem Verbis, LLC (ITV) 815.453.2260
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<td>Shelter Crisis and Counseling Services, number 1</td>
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<td>two of each one, the Ogle County portion, Ogle County Mental Health portions, those are two different monies, right? 37,553, and then it's $1 more down below.</td>
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<td>MS. MONTGOMERY: Yeah, it's just -- it's what -- the 75 got divided in half. We just use it for both those programs -- both those services.</td>
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<td>MR. SCHIER: That's all the questions I have.</td>
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<td>MS. DETER: Okay. Now if I get this together here.</td>
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<td>I was impressed about the fact that your court advocate had been with you for 23 years, I think it is.</td>
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<td>MS. CARFER: 25, I think.</td>
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<td>MS. DETER: Yeah, that was in here. I just wanted to say I was impressed with that.</td>
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<td>MS. CARFER: Yeah, she's been with HOPE before I started there.</td>
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<td>MS. DETER: What he read about the money, I like that you broke down, like, the 23 or 33 was given to, you know, this part of the program</td>
<td>but we can say by looking at our clients each month that we serve that we have this many Ogle County residents that we serve and this many dollars go from the 708 Board.</td>
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<td>In Totidem Verbis, LLC (ITV)</td>
<td>We also divide out in our time calendars for our staff our funding. So we have categories: this is HUD dollars, these are DHS funds, these are our Attorney General funds, our 708 funds. So we know that our adult counselor, for example, Carol and myself and -- we work with Ogle County, so those staff will be under certain dollars for those -- does that make sense -- who provide more services to the Ogle County clients.</td>
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<td>Our appointment counseling, they are traditionally more Ogle County clients, because they can continue to come back for appointment counseling.</td>
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<td>MS. DETER: Because it says that our address -- Ogle County residents who experience mental health issues, developmental disabilities -- I can't talk -- or substance abuse or required psychological counseling,</td>
<td>that's what we're supposed to pay for. And, you know, just -- the only thing I have trouble this whole year with everybody's is the fact that are we really just doing that or are we paying -- you know, some people break it down. I have seen some that have really broke it down nicely. But, you know, saying, okay, a hundred dollars goes towards books, you know, 500 towards this, and maybe that's what I would like to see, since I'm more of a layperson on the board. I'm not into all the figures.</td>
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<td>MS. CARFER: I wonder -- this is just a thought, but these charts that we do, we break down by county and percentage of how many clients we serve from those counties. There may be a way to kind of look at that and say, okay, you're serving this many clients this many hours that you provide those clients, then you really look at the amount of funds that the agency receives and there might be a way to --</td>
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got transportation, I understand that. Well, I
don't want my money -- I want it to direct
client services.

MS. CARTER: And we have the -- the hours
that you see ours, the hours and services
chart, or it's in the narrative when you're
talking about hours and service, are those
direct contacts. So that's the conversations,
the discussions, the counseling service, the
safety planning, the risk assessments,
the hand-holding, taking clients to Sinnissippi
and being there with them. It's all of those
direct services that we provide when there's
hours of service.

To me, it's an easier way to look at
numbers than it is the number of clients,
because somebody really, truly can come through
your agency for one hour. I mean, so for any
agencies you can count that, but it's the hours
you're looking at and the time that you put into
serving the client that you're providing
services to.

MS. DETER: My other question is, you
sometimes -- with Sinnissippi I understand, you
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know, you can go back and forth, but if --
you're not both providing it, because we may be
giving money to Sinnissippi too for the same
thing that you're doing. So to me it's
double-dipping.

MS. CARTER: Oh, I can explain the
difference, no problem. There's quite a
difference.

With Sinnissippi, with their counselors,
one, they are not ongoing trained and specially
trained to continue the work in the field of
domestic violence; where myself, and staff
included, have to continue those ongoing
education hours to provide safety planning and
risk assessment, as well as some other things
that I think all counselors learn, which is, you
know, recognizing when there is mental health
issues and those kinds of things. But most
importantly, the domestic violence end of it is
such a specialty, and there's so many different
requirements with domestic violence agencies
throughout the state as well for the staff who
serve the victims and providers. Those
requirements are also what costs us more money
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we can for safety reasons. So we do this, what
we call blue intake, the adult intake, over the
phone and we explain confidentiality and
mandating reporter status. They can get
additional information about confidentiality,
their rights, the rights and understanding sheet
that we read or we read to them in case they may
have vision issues or vision impairments or
language barriers. We have those forms all in
Spanish, those confidentiality forms and rights
and responsibilities, and are really good
information for them as well, so they can read
it in their own language.

So that's -- it's a step-by-step process
with our agency as opposed to coming in in one
day and doing it all. So it's getting some of
that information over the phone, letting them
know we're going to make them a client,
explaining what that means. Then when they come
in person, then we have to finish filling out
and signing off on the confidentiality
understanding agreements and those other forms
or releases of information, if needed.

Our confidentiality law with domestic
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middle of the night: A person called at 3 a.m.
They will share that new case with the incoming staff coming in.
MR. HEAD: Are there written notes?
MS. CARTER: Yes. We have to document every contact that we have with the clients. So we have to -- every contact that we make verbally on the phone, in person has to be documented. Then we share the notes. We also discuss between staff. That switching-off process allows us to be able to do that.
Then during the day, we have case management meetings on Tuesdays for sheltered clients and then also for all the new clients that come through that are not sheltered clients. We discuss with staff, and we write it on the sheet as well. The youth services, our counselors document all those counseling sessions as well.
Our shelter books are all in one big binder that we all look through and read so we can keep up on that. The appointment counseling are kept in a filing system, and then it’s read by Ronna (phonetic), who is our data entry.

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person, who then reads that through and enters it into InfoNet. Then after InfoNet, it goes to another filing system where Ronna then actually goes through and reads for continuity so that it can be followed. Then she posts it for any kind of changes or errors that might have been found.
MR. HEAD: Are there any healthcare professionals that, say, will read a file from intake through exit?
MS. CARTER: Yeah. The counselors themselves. So if they’re going to come through counseling, counseling appointments, children’s counseling appointments, they’ll review the file and see about past history as well as currently.
Then the court advocates too. So if they are a client three years ago, they will pull out a file and see what happened three years ago and the situation, give a little background too.
The importance of our notes is seen right there. You have to take good notes to know what’s going on with your situation.
We have to make sure that they sign our release of information, even if they signed Sinnissippi’s release of information, for us to be able to say a word to their counselors, unless there’s an immediate safety issue, and that’s usually law enforcement we reach out to in those cases or a DCFS issue, and that would be DCFS we reach out to.
So that’s a little bit of -- little difference in there too.
MR. HEAD: Here’s what I am thinking is, for example, if someone is hospitalized in an inpatient psych unit, there’s an intake but then...

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there’s case notes throughout the 24-hour period from shift to shift to communicate from one person to another what’s going on. And say someone was a patient or a client of your program, what would that -- you know, I’d like to -- and I know it’s hard to generalize with this, but what it would look like from intake through exit interview for someone who was successful in the program.

Now, I understand, you know, not everybody would have the same outcomes, you know, and they may come in for pieces of that process, but how do you get -- what does that process look like?
And how do you make sure you’ve got continuity?
And is there anybody that ever reviews those files for, for example, mental health issues and -- so something like that.
MS. CARTER: It’s interesting, when you do this day-to-day you don’t think about explaining those things, so I’m glad you asked that question.
So when we start the intake process, that staff person then shares with the next staff person coming up what, say, happened in the...

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violence is quite vast, so it’s intense. We -- little differences between, like, say, Sinnissippi Center. They have confidentiality agreements too, but ours goes above and beyond that. Say, for example, they refer a client over to us for our services, and the client comes through our doors and we talk and we discuss, and they say, Oh, well, you know, I also go to counseling at Sinnissippi. Okay.
That’s fine. Let’s talk about what’s going on with your situation.

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1 mental health diagnosis?

2 MS. CARTER: We have -- through InfoNet, we have a question on our intake that asks, you know, Do you have a diagnosis? Oftentimes we don't find that out until after intake though, and so it's already entered into the system. Sometimes it doesn't get entered in later.

3 So we don't have a way to InfoNet track, but I can say just by -- because we do so much case management with the clients that we serve, and we talk about the clients that we serve, with our shelter clients I would say probably an actual diagnosis made through a mental health agent is about 30 to 40 percent, but clients who maybe haven't been diagnosed who clearly have anxiety and maybe some slight depression, it's probably 60 percent.

4 MR. HEAD: How would you close the gap between those that have been identified and those who have the conditions but haven't followed through in getting care for mental health needs?

5 MS. CARTER: First and foremost, we make that referral, but we make it not just by Sister Grace

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7 saying, Call Sinnissippi. You know, we sit down with them, talk with them about what we have seen, you know, what they're feeling and discuss some of those things and encourage it highly, and then not just one staff but -- not just a counselor, but also other staff that can say, you know, It really can be beneficial for you to reach out and get some additional help. You know, those kinds of conversations are really gold because they're -- oftentimes when you're in an abusive situation, you're still reeling from trying to figure out all the other stuff.

10 So to even take care of yourself -- it's like, your kids are struggling, you're going to think about them first. You don't think about yourself. You put those things off. So it's our job and hope to be able to encourage that.

12 MR. HEAD: Just out of curiosity, are there services provided to offenders? I know not necessarily out of your agency, but who would provide those services to offenders?

13 MS. CARTER: Sinnissippi is the agency that provides the DVIP program, the domestic violence intervention program. Currently they have a group going on in Oregon and they're trying to build back up their Rochelle group. I just recently had a conversation with them about that. How they're mainly referred is through the court system, but we always encourage our clients to consider that people can go voluntarily as well, they don't have to be referred from the court system. Will the counseling work as well when somebody isn't watched going through? Usually not, but it's available.

16 MR. HEAD: With full-time equivalents and part-time equivalents, is that something that you share?

18 MS. CARTER: Sure.

20 MR. HEAD: So we can see who's full-time and --

22 MS. CARTER: Part-time.

24 MR. HEAD: Do you use volunteers?

25 MS. CARTER: We use interns.

27 MR. HEAD: You use interns, okay.

29 MS. CARTER: Volunteers -- we have used volunteers. We have had people call who say they will make a two -- like, a year commitment into it, we you don't want them leaving after three months.

31 MR. HEAD: I was actually talking with Tracy before the meeting today, and I have a perception that there's a whole lot more community awareness around HOPE Center and there's been attention devoted to cultivating that this last year. Is that the case?

34 MS. CARTER: Yeah. Well, the funding issue was part of that, and we also got blessed with additional events that went on. Our Cinco K, our second year in, we just had that Saturday, and that draws a lot of local attention and also, more importantly, draws attention to the Spanish community.

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MR. HEAD: I guess I'm thinking in terms of volunteers -- not volunteers that provide services, but volunteers that might help you with community awareness relationships and education, you know, outreach and that kind of thing. Do you have anything like a coordinated volunteer?

MS. CARTER: That would be lovely. You know, it's hard to find somebody who when you need them to go out and speak, be there at the same time, because they’re a volunteer, because, you know, people, teachers all have their own schedules. To find somebody who can be available very quickly or even just during those time slots is -- and they also have to have that knowledge. If you're going to talk about our services and talk about domestic violence, you really need to have a really well-rounded understanding if you are going to be asked questions about the services that we provide.

You know, saying the wrong thing can be pretty damaging.

MR. HEAD: Sure.

MS. CARTER: But I would love to have the opportunity to have something set up.

MR. HEAD: I'm just asking, because, you know, the -- it looks to me like your efforts in that direction have paid off in terms of community awareness this last year.

MS. CARTER: Marisol Martinez has been a huge part as well putting those things together.

MR. HEAD: I'm sure in your shelter you have some sort of a panic button and emergency protocol. How is your relationship with the police?

MS. CARTER: We have a great relationship with all the law enforcement in Ogle County.

It's generally improved over the years now that there's a much better understanding with domestic violence dynamics. But Rochelle Police Department, they are how many blocks away? Six blocks or something like that --

MS. MONTGOMERY: Six, yeah.

MS. CARTER: -- from our building, and they are there in seconds if we need them. We also have a security system around the outer areas around the building and lighting. We have a -- for regular fire emergencies, we have a Per Mar system that will go off. If you're ever blessed to be there when it goes off, it is loud. So we have that to fall back on as well.

But more of it is more about training our staff and our clients about being aware of their surroundings and, you know, when you leave the building sometimes that's more dangerous than actually being in the building, because most abusive personalities are not generally abusive; meaning, they don't go out and harm other people other than their family. So they are not wanting to get arrested. They don't want consequences. My opinion, consequence is the best way to prevent domestic violence. So working with our law enforcement is a big piece, and our State's Attorney's Office.

Yeah, so it's training our staff and their clients when they're coming and going and their surroundings when they're at work and when they're, you know, out in the public and when they're shopping.

MR. HEAD: Do you have repeat clients?

MS. CARTER: Oh, yeah. Repeat in a lot of different ways. So we might have somebody that came through our doors and used our services four years ago and then ended up going back into the abusive relationship, and then they come through our doors again and we start just as though there was never an issue, because we want them to always feel like they can come through our door any time they want, no matter how many times they go back or end up in a new domestic relationship.

MR. HEAD: This is tough, tough work. What do you do around self-care for staff?

MS. CARTER: In the last couple years especially we have done a lot more to talk about the effects of it.

MS. MONTGOMERY: And we have increased vacation time for people. You know, part-time staff and stuff like that, we have increased the amount of vacation they can have after a certain amount of years. You know, we try and encourage everybody to take time off, you know, when they need it.

MS. CARTER: It's important. We have, you know, three personal days on top of sick days.

Those are those mental health days, you know, to...
make sure that they get used and use them up and  
take care of themselves. We do a lot of  
discussion. I think that even trying to pay  
more attention to management, which would be  
Jamie, myself, Marisol and Marilyn, and talking  
about what things we can do that are fun and  
lighthearted, that aren't all just about talking  
about crisis.  

MR. HEAD: It's very tough work. I don't  
have any other questions. Thank you so much.  

MS. DETER: Nick, their building, when I  
found it when we went to have our meeting there,  
I thought this -- no offense, but it reminded me  
of a group home. So some people wouldn't --  
other than maybe the neighbors, would have no  
cue what it was, because that's what it  
reminded me of.  

MR. HEAD: Homey, yeah.  

MS. DETER: Your repeat clients -- I do  
have a question -- sometimes do they come in  
with a different partner? You know what I mean?  
A different abusive partner?  

MR. HEAD: New abuser.  

MS. CARTER: We encourage clients to  
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continue our counseling services as long as they  
ever want, because oftentimes you can be strong  
and educated enough to figure out how to  
get out of one abusive situation, and then in  
the normal path of life is that most people want  
to be in another relationship at some point  
again. And abusive personalities,  
unfortunately, they're really good at  
fine-tuning and looking at some of those  
qualities of somebody that just recently got out  
of a relationship, or someone in their family  
just passed away and it's a devastating time in  
their life, and they're looking for those cues  
to enter into a relationship with that person,  
and sometimes it's very intentional.  
Most people, myself included, you just  
don't want to think of people like that. You  
don't want to think people have a motive behind  
them or they have got an agenda or there's all  
this manipulation going on.  
So it's really a balance of talking with  
the people we serve and sitting down with them  
and explaining some of those early warning signs  
and things to look for, because it's really easy  
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MS. WILSON: That's it.  

MS. CARTER: I really don't have any  
questions, other than the ones people have  
already asked. Great questions from everybody.  
Really appreciate your services. Glad you're  
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there. Glad that the word is getting out more.  
I think that's important. People have actually  
come into the library now and -- just getting  
information from the phone book. You know,  
sometimes they'll have seconds, you know, before  
their abuser comes in behind them.  

MS. CARTER: We have tear-off sheets that  
doesn't have the name, just has our phone  
number, so they can put fold it up tight and  
keep it wherever they need it.  

MS. WILSON: Good idea.  

Any other discussion?  

MR. SIGLER: We are meeting with the  
State's Attorney Thursday morning at 10 o'clock  
to consider the funding apparatus for the Ogle  
County Board of Health, and there will be four  
of us going over there.  

MS. WILSON: Good. Thank you so much for  
doing that.  

MS. CARTER: Our discussion date is May --  
Tuesday, May -- two weeks from now?  

MS. DETER: 24th.  

MS. WILSON: And do remember, a week from  
today, 5:30, is where we are having a  
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presentation before the County Board.

MS. DETER: 5:30?
MS. WILSON: 5:30.
MR. SCHIER: You should be mentioning that
to all the agencies as they come through.
MS. WILSON: So bring yourself, bring your
friends. The more people that show up, to me it
seems like the more people the County Board
knows are concerned. If they say, you know,
There's no concern in the community, if we can
show them that there is, that would be a real
good mark for us.
MS. CARTER: Tell me that again, the date.
MS. WILSON: A week from today.
MR. SCHIER: At 5 o'clock or 5:30?
MS. ZIMMERMAN: It's on the -- 5:30.
MR. SCHIER: 5:30.
MS. WILSON: I have it on my phone.

(A discussion was held off
the record.)
MS. WILSON: So we are going to declare
this meeting in recess, and then we can continue
to discuss off the record.
(The meeting was recessed at
9:04 a.m.)

In Totidem Verbis, LLC (ITV)

In the Matter of the Application)

of )

HOPE of Ogle County )

Ogle County, Illinois. ) Sheriff's Office

Oregon, Illinois

May, 2016.

I, Callie S. Bodmer, hereby certify that I
am a Certified Shorthand Reporter of the State of
Illinois; that I am the one who, by order and at the
direction of the Chairman, Kathleen Wilson, reported
in shorthand the proceedings had or required to be
kept in the above-entitled case; and that the above
and foregoing is a full, true and complete
transcript of my said shorthand notes so taken.

Dated at Dixon, Illinois, this 12th day of
May, 2016.

Callie S. Bodmer
Certified Shorthand Reporter
Registered Professional Reporter
IL License No. 084-004489
IA License No. 1361
P.O. Box 381
Dixon, Illinois 61021

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MS. WILSON: I'd like to call this meeting of the 708 board back into session. We are here to hear the proposal from Serenity Hospice and Home.

Typically we have a presentation from them, a short presentation, and then questions. If you want to do that, or we can just go right in to questions. It's up to you.

MS. ZIMMERMAN: I have to do roll call.

MS. WILSON: Oh, roll call. I'm sorry.

(Roll call was taken and Kathleen Wilson, William Sigler, David Schier, Vicki Deter, Lowell Harp, Tracy Brooks, Amy Stephenitch, Nick Head and Dorothy Bowers were present.)

MR. SIGLER: Madam President, before you get started, we have -- Lynn received, I want to say for the record, an excellent award -- I saw it in the newspaper last week -- recognizing her for community service and what she does for our area, and I can't speak highly enough of how proud I was when I saw that.

MS. STEPHENITCH: That's awesome.

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donations, we did. So that's the first time, at least by adding in donations, that we didn't lose money on the house. And we have talked before that we always are able to cover that by the census that we serve in the community, because we serve a lot more in the community, and those reimbursements help cover the cost of the house.

It's just nice to kind of see -- and the one thing that we did do because we got so close is, we made the decision to increase our room and board fee to see if we can actually break even on it. Our room and board fees are significantly lower than all of the area nursing homes and assisted living.

And the only time a hospice patient actually pays room and board is if they choose to be there. So if they have symptoms that are out of control, nausea, vomiting, that type of thing, Medicare, Medicaid and private insurance pays for it and they don't have to pay anything to stay there. Or if they're there on respite, five days -- they can be there five days, five nights, that's also paid for. But if they

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choose to be there because they don't want to be in a nursing home or assisting living and they don't have caregivers in the home to care for them, then they can stay there, paying room and board. Of course, they have to be a hospice patient. Because once in a while we get those people that just kind of want to live there but they're not hospice, and we can't have that.

But anyway, so that's just kind of a little recap on our census.

The biggest thing that we did all year is, we worked on becoming what's called Joint Commission accredited. All of the area hospitals are Joint Commission accredited, some of our durable medical goods, all of those. And it really is just a gold seal of approval. It means you are the best at what you do.

We are still waiting for our survey. They will bring in about four individuals to be there four days in a row. They will do tracer activities, they will look at all of our records, they will look at pretty much everything we do and make sure that we're doing it to the level that they would -- that they

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require, and that's a much more stringent level than Medicare and Medicaid, which is how we are licensed now.

MR. SCHIER: That's the Joint Commission you're talking about?

MS. KNODLE: Yeah, it's the Joint Commission.

MR. SCHIER: That answers one of my questions already, so saves time.

MS. KNODLE: We put a lot of things into the organization that should have been there all along. We really didn't have a formalized emergency preparedness plan. Now we have one that's 80 pages long, and it talks about triage in the community, it talks about if we had to evacuate what we would do. We have mutual aid agreements that say that we would take our patients to either Pine Crest or Dixon if we needed to evacuate them completely. We have what would we do if our computer systems went down, what we would do if a particular vendor is not working, if our water is out. We have a plan to cover all of those things.

We also have a risk management plan now,

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which just talks about all of our security at the IT level. As you know, security in medical records is very, very important. There are a lot of HIPAA laws in place. So we had to make sure that our computer systems are sound, that our vendors' computer systems are sound, that our passwords change every 90 days. So many, many different areas.

So I wrote plans for both of those. And the other area that we are working very hard at is succession planning. We did not have a good succession plan. We have a complete written succession plan -- it's actually what we call our performance improvement plan -- for the year. And what we're doing is, we have taken all of our key personnel's job responsibilities, laid all of those out and allocated them to people who would take on those duties if that person was no longer able to do their duties for a period of time.

And so what we're doing now is, we're training one another on all of those tasks, and we'll do that throughout the remainder of the year. So that would be for my position, for the

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There's another area where data is being
good job.
compare one hospice -- they want people to be
That information in 2017 is going to be
months after somebody dies to send them out,
about four months later, because they wait two
We cannot tell somebody they're going to get a
We cannot send the survey out ourselves.
we all are trying to do one another's jobs,
recovery. So it's been a difficult year.
But by the same token, we had to take on
some new regulations from CMS, and that's never
been a -- especially with the Affordable Care
Act. So one of the things -- a couple of the
things we had to do this year is, we had
satisfaction surveys that -- and I'm sure any
time you guys go to the doctor now you get some
type of survey, whether it's online or whether
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it's mailed to you, and it's pretty long and
comprehensive. Well, they now have those for
hospice.
We cannot send the survey out ourselves.
We cannot tell somebody they're going to get a
survey. We can't tell them what might be on the
survey. We have a vendor called DATA who does
that, who mails those out for us. So we
basically just pull everybody that we served in
a month and we sent to it DATA, they send those
surveys out, they collect the data, they send it
directly to CMS. We then do get the results
about four months later, because they wait two
months after somebody dies to send them out,
then they collect the data for 45 days, and then
they close it and we get that information.
That information in 2017 is going to be
publicly reported. So basically they want to
compare one hospice -- they want people to be
able to say, Well, I want to use Serenity
because they do such a good job, or, I don't
want to use Serenity because they're not doing a
good job.
There's another area where data is being
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of Inspector General they found that there were
hospices that were signing up people that
weren't necessarily appropriate for hospice to
collect that per diem. So they're thinking if
they're not going to get much money from Day 60
on, that they're going to -- that's going to
kind of reel that activity in. So that was kind
of the reason.

They also feel that there's a lot more
needs of a patient when you first sign them up:
to get them under control, to get them on a good
medication plan, et cetera. Then maybe their
needs go down a little bit, and then their needs
go way up again at the end. So they also added
something called a service intensity adjustment,
where the last seven days if there's a nursing
visit or a social worker visit you get paid a
little bit higher and you get kind of a separate
payment for that.

So they're trying -- they basically say
hospice care is a U-curve. It's really high at
one end, it stabilizes and then gets high at the
other end. So they're trying to make a payment
system that works for that.

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1 of all of that aside, whatever
2 Medicare does, Medicaid is regulated to do as
3 well, but Medicare did not tell Medicaid that
4 they were going to make this change in a timely
5 fashion. So their systems were not changed to
6 be able to calculate number of days. They don't
7 even have the ability to know how many days
8 somebody is on service with the system that they
9 have now.

So instead of just continuing to pay the
10 old way, they're not paying at all until they
11 get their systems changed. We all know the
12 State of Illinois doesn't do anything quickly.
13 And to make major, major system changes...
14 So any patient that we have on Medicaid,
15 we get no payment for at all, except for the
16 pass-throughs to the nursing homes, which is
17 good or we would lose all of our nursing homes.
18 What I mean by the pass-through is, when we take
19 on a nursing home patient, we have to pay for
20 everything for that patient, including the room
21 and board that the nursing home would normally
22 get. So what happens is, we collect it all, and
23 we pay the room and board fee back to the

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1 nursing home. They at least are giving us that
2 room and board fee that we can pay back to the
3 nursing homes, or they wouldn't be able to use
4 hospice at all, because they can't have patients
5 that they're caring for every day and not get
6 paid for them either.

So that's really the place right now that
we're struggling. And we're -- like I said,
we're about 65,000 that we're waiting on at this
point, and that will just continue to grow as
the year goes on.

We don't have a significant number of
Medicare -- or Medicaid patients. The majority
of our patients are Medicare, and then we have a
small amount that are private insurers, which
would be those younger patients that we have.

So I think that's pretty much -- well, and
I guess the only other thing I would mention,
and you're all very aware because you probably
heard it ad nauseam, is that the other program
that we added for the year is our Shed program.
And it has totally exceeded our expectations.

I'm sure you see sometimes in the paper the
different activities that are going on down

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MS. BOWERS: Yeah. And right up at the
top, the 630,118 should be 791,014. If anybody
called that, you probably figured we didn’t
really know how to do math. Didn’t quite add
up. So 791,014. $791,014.
With that, I will answer questions.
MS. BOWERS: Kathe, may I go first since I
have to leave here in a couple minutes?
I cried when I read your Shed program.
That was very touching to me.

On your financial statement for the audit,
it indicated that you had several thousand
dollars that are not protected in the bank.
It’s on Page 7 of the audit.
MS. KNOdle: Yes. It’s not FDIC
protected.

MS. BOWERS: Exactly.

MS. GROENHAGEN: The finance committee
looks at that. We have -- Lynn didn’t mention
that, but along with the other items that come
with Joint Commission accreditation, we have
gone to very robust committees in several key
areas: QAPI -- QAPI is quality assurance
performance improvements -- facilities, finance.

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The finance committee is very aware of
the -- how much cash is in each bank account.
And we have two bankers that are treasurers on
both of our boards, and they don’t see a concern
at this time.

MS. BOWERS: Okay.

MS. GROENHAGEN: The reason we are holding
such a large amount in strictly cash reserves is
because of these payment fluctuations and how
they come.

So we are looking long-term, if we can get
through 2016 fairly quickly, about what we will
put some of those cash reserves into other forms
of --

MS. KNOdle: We really have very little
investment at all. We do have some CDs and
whatnot, but we have not actually put --
invested any of our money, because we have never
really had enough to do that. We have started
to accumulate some funds where we need to talk
about investing some of our funds.

MS. BOWERS: Just for your protection.

MS. KNOdle: Right. Right.

MS. BOWERS: The last thing I had is, on

Exhibit III.3, you indicated how many
unduplicated clients and stuff, then you had the
dollar per hour. A dollar nine does not seem
adequate enough for all you guys do. I really
applaud your work that you do.

MS. KNOdle: Thank you.

MS. BOWERS: That’s all I have.

MS. WILSON: Just keep on going around.

MS. STEPHENITCH: I don’t have anything at
this time.

MS. WILSON: Okay. Bill?

MR. SIGLER: I read it. I think you’re
wonderful, what you’re doing. I’m getting to
the age now I may be seeing you pretty shortly.

MS. KNOdle: I think you’re pretty spry.

MR. SIGLER: I did look at one thing
though, and I was concerned about the FDIC. I
come from the -- my parents from the years of
the Depression and following everything. I
invest nothing unless it’s FDIC insured. I have
had banks and their representatives out -- I’m
not rich, my daughter is, Tammy -- and they want
us to invest in various, I call them, schemes.

That’s why I was very surprised when I saw that,

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-- please, elaborate on it a little bit
more. I was concerned about it when I read it.

MS. GROENHAGEN: Well, like I said, both
bankers are very comfortable with where we’re
sitting, and they understand the fact that an
organization of our size, we have now kind of --
when we have cash flow, the problem is those
cash flows are really only temporary. We get --
we can bill Medicare, Medicaid and private
insurance one time a month, but we pay payroll
two times a month, sometimes three times a
month. So we’ll have a huge influx of cash,
then we’ll have a huge swing where we’re down
with cash. So in order to accommodate that, we
do keep larger amounts of cash in that account.

MS. KNOdle: Yeah, what you don’t even see
in this that I’m always, like, knocking on
Kathy’s door, is our receivables are pretty high
because of those flows. Our receivables right
now are sitting at $650,000, because we bill
once a month and then we’re waiting for that
money to come in, and they’re so delayed in some
of the moneys that were supposed to come in that
don’t come in, and that number just keeps going

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up and up and up. It's not money that we don't expect to collect, but we don't know when we're going to collect it. So it's just sometimes paying out those dollars when they come in.

MR. SIGLER: I'm from the old school.
I saw also, if I read this correctly, you're going to move your resale shop?

MS. KNOdle: We are.

MS. GROENHAGEN: Yes.

MR. SIGLER: Can you just talk a little bit about that? I'm beside itself. It's so easy to get to.

MS. KNOdle: Oh, it will be just as easy to get to. I'm beside myself too, because we really didn't want to move the shop. We have had a lot of problems with the landlord where we're at. He's very hands-off, not like what he told us he was going to be.

So it started out with smaller problems, like lighting. Our outside lighting doesn't work. We even hired an electrician to come ourselves to fix it, paid him $400, but the problem was really the line going into the building, and he wouldn't come in and work with us.

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him on that. So in the wintertime people would go out in the dark. So that wasn't good.

Then we had inside lighting that didn't work. The whole children's area wasn't lit. Called him, Oh, if you have somebody that will put them up, you know, I'll go ahead and order them. Six weeks later they weren't there. I call him back. I don't have time to deal with that, you'll have to do it yourself. So we had to buy new lighting and put the lighting up.

Then in February the heat did not work three times. He would not come and fix it. So Kristy Gibalini (phonetic), who is one of our workers, her significant other, Bert, is a maintenance -- or was, and he came three times and fixed our heat. Otherwise, they were working in very cold temperatures.

Then, unfortunately, you all read about the lady who drove through the building. He did not come the day that it happened and even seal the wall up at all. Bert came and put plywood on the wall. He made no attempt to fix the building. So I had people going into the store from the side door. I have no fire exit.

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So I have no choice. My lease, luckily, was up at the end of April. A building became available just right down the street. So it's still on 64. Still has parking. Actually, there's two entrances -- like, an entrance and an exit, so it's easier to get in and out. It is a little bit bigger. The landlord has completely renovated, put in new carpet, painted the walls. It's going to actually be much nicer than where we are now. And our rent is $250 less than where I'm at now. So it's a win.

I'm not excited about all the effort to go into moving the store, but in the long run it will be better all around.

MS. DETER: When is it supposed to open?

MS. KNOdle: We're going to move over Memorial Day weekend. And really we're trying -- because we have done so well at the store, and, you know, I like to keep my money where my money is, so we're going to stay open until noon on Saturday and then we'll close at noon. So we'll only miss four hours of actually being open. We'll just move Saturday, Sunday and then on Memorial Day if we're still not all done. And we have got a lot of great volunteers that will help us do that.

MR. SIGLER: Congratulations.

MS. KNOdle: That was not on my plan of things to do this year.

MS. GROENHAGEN: Another nice part about the new store which I am very thrilled about is, you know how donations right now are put along the side of the building, and the volunteers and everybody, spring, summer, winter, fall, rainy days like today, they're sorting donations outside. This has a garage area, and everything will be stored inside and they'll have a nice work area indoors.

MS. KNOdle: Yeah, he built a wall. So you go in the garage, and now he's built a wall so that the first half of the garage is donations and then the second half is the processing area. So he's done a tremendous job. And he's charged us absolutely nothing for all of his remodeling.

MS. GROENHAGEN: It will be much more worker-friendly.

MR. SIGLER: I think that's really nice.

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MS. KNODLE: Well, thank you.

MR. SIGLER: I have no other questions.

MS. WILSON: Lowell?

MR. HARP: I wasn't going to ask this, it's a personal question, but it's killing me.

So I've got to ask this.

MS. KNODLE: Okay.

MR. HARP: I can't remember anybody here saying your last name, and I am not sure how to pronounce it.

MS. KNODLE: It's Knodle. And almost everybody says it wrong.

MS. DETER: That's why you have never heard it, because I would never be able to say it.

MS. KNODLE: People don't know if they should say 'K,' for one thing. So it's either "noodle," "nodal," "node" (phonetic). It comes out many different ways.

MR. HARP: I would like to say, I had some contact with Serenity a couple years back when this second cousin of mine passed away. I was really impressed with what you guys did.

MS. KNODLE: Oh, thank you.

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MR. HARP: Then last year her husband passed away too, so I have had -- I have been in there, and I am really impressed with it.

I am also really impressed with the accountability you guys have to do in terms of the surveys and so forth. I think that's really good, because you know, figuring out whether or not what you're doing is working is just extremely important when you're talking about tax dollars and so forth.

On the CAP survey, of course you came out really good on that in terms of providing emotional support. Were there any other results from that survey that you can think of in regards to, you know, what you're doing?

MS. KNODLE: The what survey?

MR. HARP: The CAP survey.

MS. KNODLE: The CAP survey, okay.

MR. HARP: You got a 90 percent of -- in the high 90s in terms of how effectively you provided emotional support.

MS. KNODLE: Right. So that survey covers everything that we do. And that's the one I told you that we have a vendor actually send out the information. I would tell you though, the -- our scores are above benchmark in every single area on the CAP except for one that we have created a performance improvement plan around, and that is training caregivers to provide hospice care. And it's a struggle.

Actually, the benchmark on that for -- which means the average that all hospices are able to make, is like 69 percent. And we're just slightly below that.

It's really hard, I think, for caregivers who are not clinical to feel like they have adequate training to care for their loved one.

But hospice care isn't 24 hours. We can't -- regulatory-wise, we can't stay there all day long, unless symptoms are out of control, then we can stay as long as we need to. So we have to train caregivers on the medications that they need to give their loved one, on maybe how to transport them, how to turn them over in the bed, how to do a bed bath -- well, our CNAs will come and do bed baths, but we are not there every time they need a change if they're incontinent. So training them to do all of those things and for them to feel comfortable doing them is really difficult.

So I actually created a simulation lab this year. That's one of the other things that we did In one our rooms right next to my office, we actually purchased a mannequin. Her name is Serena, life-size. You can do IVs, you can do the whole ball of wax. We do model visits. We make sure that our nurses are competent in all the procedures that they need to perform and those types of things. So we work on how do you train a caregiver most effectively.

We are also now -- because we're starting to see those scores go up a little bit. We also have one of our nurses actually train CNAs up at Highland and has a very significant training background. We're having her go out with our nurses and observe what they're doing and make recommendations for how they might better train.

So we use those CAP scores to find out what areas we need to improve on. So we don't pat ourselves on the back because we're doing well in one area, but we continually look for the lowest area and try to improve on that. We In Totidem Verbis, LLC (ITV)
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MR. HEAD: That is just wonderful.
MS. KNOdle: I think that goes back to the community support. Oftentimes when we serve a family, after they have gone through that grieving process they want to give back. I'm one of those people. I was served by hospice and that's how I became involved.

MR. HEAD: Sure. Excellent.

On the Medicaid, what distinguishes -- I know what Medicaid is versus Medicare. I am on Medicare. What distinguishes those patients? Are there any ways that they're different?

MS. GROENHAGEN: As far as care or --

MR. HEAD: Personal characteristics or -- any ways that the treatment is different?

MS. KNOdle: The treatment is different in no way at all. Oftentimes -- I don't want to say that it's better, but because they have no financial resources, we dig into things like donations from, like, Petal Pushers to buy them

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things that they don't have that maybe other people do have.

MR. HEAD: I tried to figure out what percent the Medicaid is, and I came up with something like 3 percent.

MS. KNOdle: Yeah, it's not a large percent, by any means.

MR. HEAD: How many of your patients would you say actually carry a mental health diagnosis, like an Axis 1 diagnosis, as opposed to normal grieving? Is there a certain --

MS. KNOdle: Like more complex grieving?

MR. HEAD: Yeah. Certainly there's complications of grieving, unresolved grieving, but --

MS. KNOdle: I would say not more than 5 percent. I mean, we do have some of those patients that never graduate from a grief group, they still -- and I wouldn't say that -- it might be more of a social event for them at that point --

MR. HEAD: Sure. Sure.

MS. KNOdle: -- and they relate to the people who are there.

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So if we have more complicated grief, we will get other agencies involved if we feel like -- because we don't have -- our counselors are not social workers necessarily. We have social workers, but our bereavement counselors have bereavement training but they don't necessarily have mental health training. So we don't take on something that's outside of our scope of practice.

MR. HEAD: Got it. Do you have a NORD (phonetic) chart?

MS. KNOdle: Yes.

MR. HEAD: Is that something that could be shared with us?

MS. KNOdle: Absolutely. We'll share that. We'll send that to Cecilia.

MR. HEAD: With the FT's and part-times, is that broken out at all in terms of your payroll?

MS. KNOdle: I don't know if the part-times are in there or not or if it's more --

MR. KRAUSE: They're listed, but they're not designated necessarily. I can do that.

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MS. KNOdle: We kind of have a reverse work chart. We have our patients and families up at the top as the most important, and we all work for them. So it flows the opposite direction.

MR. HEAD: This might be hard to figure out, but what percentage of your clients, would you say, have other problems of living? Say they're -- they come in with family or marital issues or --

MS. KNOdle: Oh, that's a large percentage. It's increasing all the time.

MR. HEAD: What's that about, do you think, that it's increasing?

MS. GROENHAGEN: It's not ours to judge. We just deal.

MS. KNOdle: Yeah, we were just talking about -- in fact, we just recently -- you know, I don't know if you noticed, but the salary increasing from last year to this year, we have added an additional social worker, because there are so many unmet needs and family discord and --

MR. HEAD: Stirred up and compounded by

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this loss.

MS. KNODLE: Right. Then you add grief on top of that, and you have the sister from California who rides in and hasn't been around the last year and thinks Mom's not dying, you know.

MR. HEAD: So now you've got dysfunction escalating to prices and, you know --

MS. KNODLE: Exactly.

MR. HEAD: -- feeling attacked on all fronts.

MS. KNODLE: Exactly. And you're trying to keep your CAP scores up, because they're not happy. That's the thing too, we are the only healthcare organization where the family is filling out -- not the person who received the services, but the family is filling it out. And they're grieving, and so they're either really, really happy with you or they're so sad that they lost their loved one that you couldn't do anything right. So it's really hard.

MR. HEAD: The last question, where did the name Serenity come from, Serenity Home and Hospice? And where did the name The Shed come from?

MS. KNODLE: I can answer both of those. So Serenity -- actually, Peggy Richard, our education manager/compliance officer, is the one that came up with the name. What happened is, they needed to have -- or wanted to have a name to call the home. So we were Ogle County Hospice. They wanted to call the home something besides Ogle County Hospice In-Patient Unit.

So I think Peggy got something in the mail or received an angel, there was some story behind that she walked into Lori's office and she said, How about Serenity? And that just became the adopted name.

MR. HEAD: Brilliant, yeah.

MS. KNODLE: Well, then after two or three years of having the Serenity Home under Ogle County Hospice, the decision was made to sort of brand everything with Serenity, get rid of the Ogle County Hospice, because we don't only serve Ogle County. It is definitely the biggest area that we serve.

MR. HEAD: Sure, uh-huh.

MS. KNODLE: We also didn't want to look like a government agency. A lot of people, because of the "Ogle County" thought we were a government hospice, because government hospices do exist.

So there were a lot of reasons why we just changed the whole thing to be Serenity Hospice and Home.

MR. HEAD: It's brilliant. Love it.

MS. KNODLE: The Shed came from the program that I based our bereavement program on that was started in Australia, and it was called The Men's Shed. There's actually, if you go there, a YouTube on The Men's Shed in Australia, and it will make you cry. It was basically the same thing, it was a workshop for men to come together that were grieving, had lost their wives. Again, they said they didn't feel like they necessarily did well in a formalized support group, and so they had started this big workshop project. The men -- and they all have got their accents in the little YouTube or whatever.

We decided we didn't want it to be just for men, which actually has worked out so well.

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for us. Because what happens is, we have the gentlemen that come in and make the really cool things, then they kind of turn it over to the ladies to do all the finishing work and the painting and that kind of stuff. So it's worked out very well to have it very all-inclusive.

MR. HEAD: That's so neat. I don't have any other questions. Thank you.

MS. DETER: I have one -- can I say one thing? I can remember that I always thought hospice, years and years ago, was, you know, for people with cancer. Well, when my mom had congestive heart failure, we had hospice. And I thought, wow. I thought it was so great because, you know, they could come in and do everything.

I have a very good friend who was in hospice care at the end with -- she had ALS. She's passed away. But you -- is anywhere -- I mean, do people ask you like I just asked you about, Do you service anything but cancer?

MS. KNODLE: We try to -- you know, in a lot of our -- I hate to say marketing materials, but we try to even sometimes list the top ten

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diagnoses, but really only like 25 percent of our patients are cancer now. Our cancer survival rate has increased so much, and the knowledge that hospice does more than just cancer. So cancer is still our -- kind of one of the number one, but we -- you know, we have alzheimer's, we have COPD, we have a lot of renal failure and liver failure. So, yeah, that is -- sometimes people do still have that misconception that it's cancer only, but it is not.

MR. HEAD: And it's not just for old folks.

MS. KNODLE: It is not.

MR. HEAD: What's the younger patients look like?

MS. KNODLE: We are very fortunate that only 0.4 percent of patients across the nation are under the age of 30. So it's a very low number. We have only -- since I have been at hospice, only served one child, and that's hard. We had a three-year-old, and that's hard.

That's the hardest on all of the staff.

MS. GROENHAGEN: Two.

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MS. KNODLE: Two? Oh, yeah, you're right. She was ten. So we have had actually two children.

Fortunately, there just are not that many. Because of the type of diagnoses that we do serve, with the alzheimer's and COPD, et cetera, we don't have that many that are under 30. But that's the hardest on staff for sure.

MR. HEAD: Sure.

MS. WILSON: I just wanted to thank you for your very well-put-together form. It was easy to read and easy to bring out the kind of stuff that we need to know about you. I want to thank you for your work. It's just been wonderful.

The story from The Shed was really priceless. I really enjoyed that.

MS. KNODLE: Thank you.

MS. WILSON: I don't think I have anything else for you.

MR. SIGLER: Chair, I have one more question. I always do.

You were talking earlier about the Joint Commission. How does that benefit you? Is that a service you pay for?

MS. KNODLE: It is a service -- yeah, so it is a service that we pay for. The way that it benefits us is that -- how can I say this easily? I'll try to just give a little bit of background. I talked about how our payment system is changing, but the payment system for healthcare in general is changing. And right now the system is what's called pay for service. So if you go in and have a gallbladder surgery, you pay for the gallbladder surgery. Or you go in for -- your tonsils are sore, whatever, you get paid for that.

Hospitals now are being -- many of them are waiting on what's called a bundle payment.

It's called population health. They get a certain amount of money for every individual that they take care of, no matter what's wrong with the individual. So whether it's -- you know, they look at your past health history, decide how much you cost and, okay, I'm going to give the hospital $8,000 this year to take care of you, no matter what's wrong with you.

Eventually hospice is going to come under that bubble as well and not be fee for service but be part of this bundled payment.

We need to distinguish ourselves from other hospices as being the very best quality that we can be. And Joint Commission is that gold seal of approval that says we do everything right, we have good patient care, we have quality care, all of the things that are important for our referral sources to want to work with us over somebody else.

So it's a way for us to prove the type of care that we give, because not just anybody can undergo that type of scrutiny and be able to become Joint Commission.

So it's really made us a much better organization. Like I said, we have probably created 60 to 80 new policies in the last year. But overall it will -- it will sustain us. Had we not chose to do this, we may not be one of the hospital -- the hospices that the area hospitals want to work with, because many of them -- all of them, except for KSB, are Joint Commission. I know the three Rockford hospitals are. So most of the other hospices in this area
Page 49

MR. SIGLER: I'm very pleased you are utilizing their services. I have read enough on it going through, you know, the computer, and it's nationwide.

MS. KNODLE: It is.

MR. SIGLER: I thought it was just locally.

MS. KNODLE: There are different accreditations that you can choose. There's probably four or five different ones. Joint is the most common and well-known, and so we decided to go with that even though it might be -- I don't know that it's any more difficult to get than CAP. They're probably very similar. The pricing is about the same. But it's a way to show our excellence.

MS. WILSON: Any more questions?

MR. SCHIER: I just have a -- you mentioned renal failure. Is that an artery that goes through the torso?

MS. KNODLE: It's kidney.

MR. SCHIER: Kidney. okay. Is there much that can be done about that?

MS. KNODLE: Once it -- the only thing.

In Totidem Verbis, LLC (ITV)

Page 50

Page 51

really that you can do for renal failure is dialysis, and then dialysis you can only do for a period of time. I usually hear about five years is about the maximum that somebody can be on dialysis. And if you don't have a kidney transplant sometime during that, then it really is -- there's nothing that can be done.

MR. SCHIER: Thank you.

MS. WILSON: Okay. All right. Let's take a 10-minute break. Thank you so much to Serenity for being here.

MS. KNODLE: Thank you. You guys have a wonderful day. Thank you again for getting up so early.

(A recess was taken at 7:50 a.m.)

In Totidem Verbis, LLC (ITV)

Page 52

OGLE COUNTY COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)

Serenity Hospice and Home )

) Ogle County

Ogle County, Illinois. ) Sheriff's Office

) Oregon, Illinois

) May 10, 2016

I, Callie S. Bodmer, hereby certify that I am a Certified Shorthand Reporter of the State of Illinois; that I am the one who, by order and at the direction of the Chairman, Kathleen Wilson, reported in shorthand the proceedings had or required to be kept in the above-entitled case; and that the above and foregoing is a full, true and complete transcript of my said shorthand notes so taken.

Dated at Dixon, Illinois, this 12th day of May, 2016.

Callie S. Bodmer
Certified Shorthand Reporter
Registered Professional Reporter
IL License No. 084-004489
IA License No. 1361
P.O. Box 381
Dixon, Illinois 61021

In Totidem Verbis, LLC (ITV)

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815.453.2260
Ms. Wilson: I hereby declare this meeting of the 708 board back in session to hear the -- from the application of Sinnissippi Centers and Easter Seals.

Could you please take roll.

(Roll call was taken and Kathleen Wilson, William Sigler, David Schier, Vicki Deter, Lowell Harp, Tracy Brooks, Amy Stephenich, Nick Head and Dorothy Bowers were present.)

Ms. Wilson: Thank you.

All right. Typically we have the agency do a short presentation and then we ask questions. We will limit you to one hour. So it's 7 o'clock now. Go for it.

Mr. Phelan: Hopefully it doesn't take us that long. We want to get everybody out of here early.

I want to start by introducing my comrades here. Teresa Good, our CFO, who has joined us for several years now. I think you know her.

We just talked about Larry's retirement. So with Larry's retirement plan, we have hired now In Totidem Verbis, LLC (ITV)
paychecks that you get for being on the 708 board? But, you know, not just the dedication of being at these meetings, but everything that's done above and beyond engaging in this process of, you know, looking at the gaps and analyzing the services and, you know, everything that happens outside the meetings. Reading through stacks of applications is a huge thing. So thank you all very much, and, you know, we thank you for what you do for Sinnissippi as well.

If you look at your funding application, what they have done is to put down the same request as last year. Now, of course, we approved those requests last year, and then the County let us know that we wouldn't have as much money as we anticipated having, so there were reductions in funding amounts. So I put that amount here knowing that that's what would be beneficial to the agency, but also with the knowledge that that may not be the reality of this year. So, you know, please understand that I recognize that, you know, if the funding amount from the County is the same as last year,

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we have got the same situation as last year. But in case there might be extra, we always like to let you know how we would use those extra dollars.

For the most part, what I have done in the past is -- you have probably spent a long time pouring over this long application, and so I don't want to go through the whole thing for you. I don't want talk, you know, a huge amount about what the accomplishments are. You know, one of the things that I will mention as we kind of go back to the exhibits, one exhibit is -- you know, as you look at -- what exhibit was this -- Exhibit 111.1, you know, it gives the hours of services provided to the county. You know, that's kind of nice to look at.

And also one of the things that I think that we always don't get to talk about Sinnissippi Centers is the breadth and the depth of the programs we provide. You know, people say to me pretty consistently, I didn't know you did that. I knew you did outpatient counseling for mental health, I knew you did outpatient counseling for substance abuse, but I didn't know that you have a program for first-time at risk mothers, I didn't know you had these residential facilities, didn't know you had an DCFs program and their families. We didn't know you had -- we talk about CTC (Communities That Care) here a lot, but, you know, that's one of those hidden gems that I don't think gets discussed a lot.

One of the things we wanted to call your attention to, you know, obviously we have also talked about, through the course of the previous meetings, that it has been a bit of a challenging year. I don't know if I can say it's more of a challenging year for us than for any other of the agencies that sit around this table, and so, you know, I wouldn't try to make that case. Our partners have had real challenges as well.

So, you know, a couple of things that we're dealing with financially right now certainly were the loss of those major grants at the beginning of the year. The big one for us was the loss of that psychiatric services grant,

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which has caused us to trim back on the psychiatric services we provide.

Good news maybe yesterday from Springfield was that it looks like they're about to pass a bill to allocate some dollars for a lot of the programs that we're not getting paid on, but also to put some dollars back into psychiatric services, which will be fine. My hope is then that continues over into a new contract for fiscal '17. Without that, it doesn't get us very far.

Psychiatric services are challenges -- we'll look over at Teresa. She's taking a drink of coffee. But even with that $350,000 psychiatric services grant, we still lost about $200,000 a year.

MS. GOOD: Yes, we did.

MR. PHELAN: So you take away the $350,000 grant, it becomes an untenable loss in that area to continue to provide services of the same level.

MS. GOOD: Just because we pay our providers more, we don't get the reimbursement from Medicaid or Medicare, so we do have a loss

In Totidem Verbis, LLC (ITV)
<table>
<thead>
<tr>
<th>Page 9</th>
<th>Page 11</th>
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| in that program even with the grant.  
MR. PHELAN: Then with the loss of the 
additional grant that provided services for the 
uninsured, we call it a non-Med -- that's what the State calls it, a non-Medicaid grant, that also then limited our opportunities to be reimbursed from folks that have insurance. So that was the whammy coming into this year. Maybe the bigger issue -- I don't know, it's hard to weigh -- are these about $1.2 million in grants that we haven't been paid a dime on since July 1st. Everybody probably saw the news about the lawsuit that we are a part of.  
MR. HEAD: (Gesturing.)  
MR. PHELAN: That's kind of how I felt. That was a tough decision though. You know, we worry about that the consequences of something like that for long-term for the agency. But at the same time, when we looked at the realities of it, we didn't believe that without legal -- without legal action, we didn't believe we would ever be paid on those grants, that they were going to just try to skip by long.  
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| happen.  
So, you know, all that said, we haven't had a whole lot of other major changes from last year. It hasn't been a great year for new programming, but we also, in the midst of all of that, have been able to maintain virtually our same staffing level. We let a couple positions go through attrition, none of those in Ogle County.  
MS. WHITE: None of those in Ogle County.  
MR. PHELAN: But, you know -- so, you know, although we have been -- we have had those challenges, we have been able to essentially continue the same level of services except with that pending change to psychiatric services here in a month or so. And hopefully the State funding comes back around.  
So that is our current situation. You have got all the specific numbers and the audit and all that fun stuff in front of you. So we thank you again and just welcome any questions that any of us might answer.  
MS. WILSON: Let's start with Dave, and we'll go around this way.  
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| Page 10 | Page 12 |
| Page 12 on the application, oh, about two-thirds of the way down, I have got approximately a thousand to 1100 per year at 32 percent reduction. Okay. That's -- is that talking about the figure up above, would be No. 2, the bottom of No. 2 paragraph there?  
MR. SCHIER: Page 12 on the application, MR. PHELAN: So the number of individuals receiving psychiatric services at any given time is about a thousand to 1100 people. What we have had -- no, I'm sorry. Say that again. Right now the number of individuals receiving psychiatric services at any given time is about 14- to 1500 people. What we have had to do, because of the loss of that grant, is to cut that back to about a thousand to 1100 individuals.  
MR. SCHIER: Okay.  
MR. PHELAN: So that thousand to 1100 is about a 32 percent reduction from current levels. That goes into effect late May, like I said, unless things turn around.  
MR. SCHIER: The only other question I have is on the audit itself. We have been over this before. Can you expound on what's being  
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done on the overriding controls and indirect

cost rate? Are you finding a way out there?  

MR. PHELAN: We are certainly trying.

I'll let Teresa expand on that, if she'd like
to.

You know, we call this the Rita Crundwell
Fund, because after that happened we recognized
that there was probably never a way out from
this finding, at least with our current audit
company, who was a party in the lawsuit around
that finding.

What we did last year though, is we -- or
two years ago it started. We said to
CliftonLarson, we said, We want this to go away.
Tell us everything we have to do to make this go
away. So just prior to last -- this last July
1st, we sat down with the auditor. He came up
with about 30 things that he said, These are
things you can do to make that finding go -- no,
rephrase that. He said, These are things you
can do to make yourself look better and maybe
the finding will go away. We believe it never
will, but we put in about 30 different
processes. You know, things like, I review
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every journal entry that Teresa makes, which is
a tedious process. You know, I personally
approve any new vendors added to the system.
New purchasing limits, double signatures, and
Teresa is spending additional time going over
all kind of reports that her staff do. It's far
above and beyond what agencies like ourselves
with different auditing firms are doing and not
have that finding, but we're doing what we can.

MR. SCHIER: Okay.

MS. KEMP: If I can add, on the
psychiatric services the reduction is across the
four-county area. So the reduction of about 500
over a year's time is across the entire
four-county area. Then we have been targeted as
to who we won't be able to serve. So focusing
on individuals that have more routine
medications that we can work with their CTC on
getting those medications, and also working on
moving people more quickly through. So if they
need specialty services upfront and need
stabilization upfront, that we're seeing them
for a more limited time, and then when we feel
comfortable, referring them to their PCP so that
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I'm trying to think. Our suicide prevention, we have done some of those through CTC.

**MS. WHITE:** We also partner with Cheryl Robinson, who's out of the Whiteside County area. She goes into many community forums and does the assist training. It's the suicide prevention training. She's a certified trainer.

We support her in advertising that and we also provide the continuing education units for the persons that she trains in that.

**MS. DETER:** I think I just answered my own question, looking at it here. When you do domestic violence, do you do that with HOPE or is this separate? I know they -- see what I mean, when it says --

**MR. PHelan:** Separate program. So we have DVIT groups that are -- you know, that are held by Sinnissippi. Now, we do a lot of work in concert with all of them. There are people that receive some services at HOPE that ultimately receive those services with us. So it's a little bit of division of labor on those individuals.

**MS. DETER:** That's all I have. Thank you.

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**Mr. Sigler:** But for those folks who come in through one of those different mechanisms, they do a full assessment, we develop a treatment plan.

We're trying to, of course, engage families if the families are involved in the services. Then they are really directed towards a lot of different services, so that might be individual therapy, you know, it might also then include psychiatric services.

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**Mr. Phelan:** You know, people come to us in a couple of different ways. So when you're talking about an adult with mental illness, you know, they may be self referred, they may be referred by a family member, sadly by a probation officer or somebody because they found themselves on the wrong side of the law. And the other way that a lot of people come into contact initially with us is through a crisis.

One of the biggest challenges is, is that there are individuals out there, and like this person that you're talking about, who, because they haven't come through our door through one of those mechanisms, we're not even aware of.

You know, so we know that many times what we need is more universal screening and engaging community partners to do that.

A couple of the programs we probably don't talk about as much is things like our PSR program; psychosocial rehabilitation, so that's why I call it PSR. But those are staff that work with those individuals with relatively a chronic illness to build skills, to, you know, teach that individual how to live independently, how to budget and do all of those pieces.

At the other end of the spectrum, we have residential services where those chronically ill folks might end up in one of our residential settings.

**Mr. Phelan:** Forever, is the answer to how long can they stay at the residences?

**Mr. Sigler:** Okay.

**Mr. Phelan:** What we would love to do and what we have been very successful with doing, is getting individuals in and providing real intensive treatment. We have, over the past two or three years, upped the intensity of our staffing and of our treatment services and brought a real strong recovery process to

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<thead>
<tr>
<th>Page 25</th>
<th>Page 27</th>
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<td>1. MR. PHELAN: The overall reduction in four counties is then 1500 to 1100.</td>
<td>1. jail? It's very difficult, I know. I don't criticize. I see what you do. I have associated with these folks when they get off their medication. Take a good look at it though, because it is a continuing complaint.</td>
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<td>2. MS. BOWERS: That is four counties?</td>
<td>2. MR. PHELAN: We were working with John Simonton in Lee County on one, because when they have a criminal record, private hospitals won't take them in. So John Simonton, Sheriff</td>
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<td>3. MR. PHELAN: That's four counties.</td>
<td>4. MR. SIGLER: What's the nearest psychiatric facility that you can send them to?</td>
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<td>4. MS. BOWERS: Okay.</td>
<td>5. MR. PHELAN: No, there's not.</td>
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<td>5. MS. BOWERS: Okay.</td>
<td>6. MR. SIGLER: Elgin.</td>
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<td>6. MR. PHELAN: Correct.</td>
<td>7. MR. PHELAN: Over in Elgin. They do whatever they can to not admit patients, which I would say if the State folks were sitting here. I say it to them all the time, and they say, No, we don't do that, and I say, Yes, you do.</td>
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<td>7. Ogle County, the 1100?</td>
<td>8. MS. KEMP: And they don't take patients after outside regular business hours. So if you go to the jail at 2 a.m., there's no one to talk to so if they might even be interested.</td>
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<td>8. MR. PHELAN: Correct.</td>
<td>9. MR. PHELAN: Or anybody with health issues or anybody with -- just whatever they can do to keep folks out of it.</td>
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<td>9. MR. PHELAN: The other clarification is, that's -- 1500 to 1100 is a point-in-time kind moment. The number you have got on the other page is, over the course of an entire year we serve the 800 in Ogle County.</td>
<td>10. MS. BOWERS: We were working with John Simonton, Sheriff</td>
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<td>10. of a -- so that's a snapshot. That's as of this moment. The number you have got on the other page is, over the course of an entire year we serve the 800 in Ogle County.</td>
<td>11. MS. BOWERS: They do</td>
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<td>11. It did say here year to date was 777. So is that -- was that a six-month -- I thought -- assumed that was a six-month period, not a year.</td>
<td>12. Ms. Bowers: There's not enough beds either.</td>
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<td>15. MS. KEMP: Yeah.</td>
<td>16. MR. PHELAN: Correct.</td>
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<td>16. MS. BOWERS: Okay. All right. I do applaud you guys on your work.</td>
<td>17. MR. PHELAN: Correct.</td>
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<td>17. In Totidem Verbis, LLC (ITV)</td>
<td>18. MR. PHELAN: Correct.</td>
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<td>19. MS. BOWERS: There's not enough beds either.</td>
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<td>20. MR. PHELAN: We were working with John Simonton, Sheriff</td>
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<td>21. MS. BOWERS: We were working with John Simonton, Sheriff</td>
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<td>22. MR. PHELAN: We were working with John Simonton, Sheriff</td>
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<td>23. MR. PHELAN: We were working with John Simonton, Sheriff</td>
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<td>24. MR. PHELAN: We were working with John Simonton, Sheriff</td>
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<th>Page 26</th>
<th>Page 28</th>
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<td>1. MR. PHELAN: And on the other thing, have your daughter, whomever, have them call me. You know, we do respond to crisis 24/7.</td>
<td>1. one individual out of jail and into a psychiatric hospital where he needed to be.</td>
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<td>2. MS. BOWERS: I know you do. I know you do.</td>
<td>2. MS. BOWERS: There's not enough beds either.</td>
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<td>3. MR. PHELAN: I know at times we have five of them going on, but have them -- have them call me, please.</td>
<td>3. MR. PHELAN: No, there's not.</td>
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<td>4. MS. BOWERS: I will do that, but she's -- she loves your people in Rochelle, she really does, so.</td>
<td>4. MR. SIGLER: What's the nearest psychiatric facility that you can send them to?</td>
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<td>5. MR. SIGLER: In support of Pat, I go around the state, I was just down in McLean</td>
<td>5. MR. PHELAN: We were working with John Simonton, Sheriff</td>
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<td>6. County hearing a case on a discharge of a sworn officer, and you know what the biggest complaint is they have? We don't have any mental health services. We can't get people to come to the jail to help these people. My guards are turning into mental health specialists, because no one else is there to help them.</td>
<td>6. MR. PHELAN: Correct.</td>
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<td>7. I used McLean, but Lee County, just south of us: These people don't belong in my jail.</td>
<td>7. MR. PHELAN: Correct.</td>
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<td>8. Well, he didn't put it so nicely. You know, What the you-know-what are they doing in my jail?</td>
<td>8. MR. PHELAN: Correct.</td>
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They refer you to the Whiteside County Health Department too?

MR. PHELAN: That's one of our -- with the psychiatric needs, that's one of our major referrals.

MS. KEMP: Okay. Many of their primary health providers in many of the communities where we knew there would be a larger influx of individuals looking for medication, we had care coordination folks work with them on, whenever possible, okay, we have identified a provider or you already have one who's interested in continuing their medication. And for the most part, the fact that we have got medical providers -- including the health department, we met with them in person -- was that, in particular, if they are on a medication already and they're stable, they most feel comfortable continuing that regimen. So that's why we want to move as many people in and out as possible, because we can do that sort of specialty, let's stabilize them, we have got the specialty services here, but then let's move them on so we can see more people.

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SCHEDULE, and we just finished the four that we scheduled for the first half of the year, and we're building the schedule for the second half of the year. So we're hoping to hear anywhere there might be a need within the communities.

MS. STEPHENITCH: Okay. And just to help me clearly understand the medical staff piece, with all the reductions in psychiatric, is Dr. Daly still the medical director? He's still in that role?

MS. KEMP: Uh-huh.

MS. STEPHENITCH: So he would oversee the psychiatric nursing staff?

MR. PHELAN: Correct.

MS. STEPHENITCH: Is Dr. Daly then the only psychiatrist on staff?

MR. PHELAN: Yes.

MS. STEPHENITCH: Okay. And then in relationship -- I hear you talk about primary care physicians, and I -- the reason I'm asking that, because I was wondering how comfortable they were with the psychiatric meds, and, like you said, some of the more complex ones they wouldn't be, or you have seen that, I guess. Do you sound like you have done a lot of outreach in that way to try to make connections to help fill some of the gaps.

MS. KEMP: Sure. We want to make sure we're making that as smooth as possible for our partners in the community.

MS. STEPHENITCH: As Stacie talks about moving people in and out, you know, our goal, if we can -- a lot of specialty healthcare -- you go see a cardiologist because you have a heart issue, they might prescribe a medication, wait until you're stable and then send you back to the primary care doctor, who then may say that prescription was a consultation with a cardiologist. If we can try to increase that kind of a model, I think we can get back up to seeing as many people as we were before, but just for more limited periods of time.

So as we talk about getting people in and out, it's we're hoping to get more and more people in, but then, you know, get them stable, get them back to primary care physicians, you know, if they're just on an antidepressant or, you know, one of the -- Dr. Nag, a pediatrician

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with KSB, always says that, 75 percent of my
kids I see are on a stimulant for ADHD. You
know, so some docs are very comfortable managing
that. Well, let's just try to support Dr. Nag
in doing what he does.

MS. STEPHENITCH: I think then lastly, can
you just talk a little bit about court intensive
youth services and what you have observed what
is happening in Lee County, and what is your
observation or relationship in Ogle? I know
there's not a program here, but just what are
your observations about court intensive
services?

MR. PHELAN: There maybe is not a program
in Lee County. The services in Lee County, we
used to have years ago this court intensive
youth services, CIYS. It was funded just by the
County through their coffers. A few years ago
they became one of the pilot sites for a
protocol called Redeploy Illinois. So Redeploy
Illinois is aimed at those kids who are on the
verge of going into corrections, and providing
intensive community services to keep them out of
corrections.

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So you're talking about the problem with turnover, and
that was a concern of mine when I was a school
psychologist, get somebody working with one of
our kids who had a lot of success and built a
rapport at the school and everything, and then
they would leave, and then you would have to go
back and try and rebuild all that again. So
that's always been a concern to me.

I have always felt that mental health
workers should make a lot more money than they
do.

MR. PHELAN: Amen.

MR. HARP: I wonder what your turnover is,
you know, and how much success you might be
having in trying to hang on to people.

MR. PHELAN: I'll let DeAnn field that.

MS. WHITE: We actually are very concerned
about that as well, and so we benchmark our
turnover against other similar providers in this
part of Illinois. So as a part of that
consortium, I gather turnover data from FHN,
Steppingstone, Ben Gordon used to be a part of
that, North Central in Ottawa, and we are
actually on the lower end of the spectrum as far
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MR. HARP: After getting down to -- to the numbers here, in Exhibit III.3, I pulled out those statistics, and I think we had 708 money that you get, and when you factor in sheriff -- sheriff's share, it looks like Ogle County got 28 percent of the hours of service. Would that be about accurate?

MS. KEMP: That sounds right.

MR. HARP: Well, okay. Getting down to that place. It doesn't look big, but they keep trying to buy the land on either side. It's right on the highway. If anybody has ever been down to the -- it's in Rock Falls by the high school. Right across the street.

MS. BOWERS: Ogle County is going to be the administrator down there for a while at the health department, because we're losing our administrator here in Ogle County.

MR. PHELAN: Well, okay. Getting down to that way I figured it out, it looks like Ogle County got 28 percent of the hours of service. Would that be about accurate?

MS. BOWERS: That sounds right.

MR. PHELAN: Okay. And then under funding sources, we provided 47 percent of the 708 money that you get, and when you factor in sheriff's share and courts at 39 percent, would that all be pretty accurate?

MR. PHELAN: (Nods head.)

MR. HARP: Okay. Then there are a lot of things that you do to demonstrate effectiveness.

I'm glad to see that. One is Joint Commission accreditation. I am only vaguely familiar with that. I wondered, what does that mean in terms of your effectiveness? How does it -- what does it -- does it measure in your case?

MR. PHELAN: Just about everything we do.

There are, we said when we had our audit last year, 1200-and-some -- 1264 or something like that -- standards that we have to comply with to be Joint Commission accredited, and those range from, you know, very basic service provision kind of standards to things like client rights, to kinds of services we -- that we provide, including, you know, peer services that engage in families and all of that, to our policies and procedures, to facilities, you know, inspecting facilities and making sure they're up to standards. So it really applies to virtually everything we do.

MS. WHITE: The temperature of our refrigerators.

MR. PHELAN: Have to check that stuff.

Yeah, it's amazing. You know, if toilets flush correctly. I mean, I always think the one -- the service standards about how we provide services to clients are a little more important than that, but they do go over things with a fine-tooth comb.

It certainly is a rigorous process and imposes some quality standards on our treatment that are above and beyond what might be regulated by our funders. So, you know, it does hold us to a little bit higher standard than agencies who aren't accredited. It's -- you know, the other thing is, it's one of those things that with that seal on there, you know, for folks who are familiar with the Joint Commission, they say, Oh, we know that the quality of services here are at a level that meets those expectations. So it virtually covers everything we do.

MR. HARP: They draw data from you. Do they also from clients?

MR. PHELAN: The last time around they -- did they do a client --

MS. WHITE: Talk to clients, I don't remember -- client service records, for sure.

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Page 11 (Pages 41-44)
So we are doing some -- and, actually, it's one of our strategic goals for the year: reevaluating how we do our surveys and wanting to make sure that we are getting meaningful information. So we're going to expand that to a week long. So anyone that comes in the door in any office, whichever door they enter, would be getting the survey.

Then also, in the past we have done some client care surveys as well. We are asking specific questions about their relationships with their therapists: Do they feel that their services are self-directed? Do they feel that they have a say? Do they feel that they're listened to? Some of the basic, you know, rights and expectations as it relates specifically to their clinicians.

So in order to streamline resources, we're looking at combining that process so we can get general information about, you know, your rights, your experience, the building was clean, were you respected, and then some specific information combining that about their relationship and their experience within their

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specific services.

MR. PHELAN: The latter that Stacie mentioned is used to evaluate clinicians then. So, you know, one of the things that we try to do is, it's easy to evaluate clinicians on the quantity that they produce. It's not always as easy and straightforward to evaluate them on the quality that they produce. So that's part of it.

MR. HARP: Are there any statistics involved in this then in terms of the results? Can you quote any?

MS. KEMP: The results have always been astronomical. So that is both great, but also we want to make sure that it's a valuable experience, that we're getting information from it. You know, once in a while there's, you know, one disgruntled individual, and if they leave their information, then we can follow up with them specifically.

But when they're -- I want to make sure that it's valuable information, and when it's always that great, what do you do with it? So wanting to make sure that we're having a large enough sample that we know that it is kind of speaking to the entire population, that we're getting some specifics on our clinicians. So I kind of see where there's an area for opportunity, that that is more beneficial than having them always be great, because what can you do with that information?

MR. PHELAN: Pat yourself on the back and move on, right? Yeah, we need the constructive criticism.

MR. HARP: As we talk, this occurred to me. It might be interesting to talk to the people who just dropped out and didn't come back and see what kind of responses you get from them.

MS. KEMP: Right. If there's something we could have done differently, uh-huh.

MR. HARP: Let's see here. Well, I was going to ask about -- I think maybe I'll skip that. It's just --

The DLA, LOCUS, Columbia and Ohio, OnTrack, you're getting all kinds of outcome measures there. Are they also as favorable as what you're getting from your own surveys and so forth?

MS. KEMP: They're looking at a little bit different information, because the survey they're speaking to, their satisfaction with the experience and the outcomes, are looking at their progress in treatment, and typically those are correlated that if one feels that they're doing well, then they do well; or when they're doing well, then they enjoy it. They typically correlate.

And they -- you know, it varies in terms of the information and the results, because they are all measuring different things. At this point in time, we're really looking at -- a couple of the measures are required by the State and we have to do those, and we don't find them as beneficial.

Then the OnTrack that's referenced there, those are actually something that we have chosen to do, and we have found it more beneficial than what the State requires. So it's really kind of marrying the two. Yes, we have to do this, but let's also do what we think is the right thing and will actually give us the information.
So that -- the OnTrack gives the clinicians realtime data that they can review during their therapy sessions, and they can just look at the data on the computer screen and tell the individuals, Well, this is kind of how -- where we -- how we see you targeting. It benchmarks against other agencies, because it is an online database. And I'd say there we see favorable results, but we do -- but we do see folks that aren't doing as well. But when you're looking at things more regularly, then it gives you an opportunity to change what you're doing. So that's the benefit of the OnTrack, where they can look at it every session when they come in. And it is okay if they're not doing well, because we anticipate that people will sometimes backtrack, and that's fine, as long as we reevaluate what we're doing and move forward. So really that's the benefit of having that realtime data every time they come in.

So to answer your original question, not always is it favorable, but that's okay, because we anticipate that, but then we re-track and evaluate how we're looking at them.

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MR. HARP: These are used on an individual basis then?

MS. KEMP: Those are individual.

MR. HARP: They're not aggregated and put together?

MS. KEMP: We can't get aggregated results for the agencies, for the locations, for the clinicians, but primarily what we have been -- because this is a new pilot. What we have been looking at is on an individual basis. So on an individual basis, how are you doing and how can we reevaluate what we're doing if it's not working. If it is, what should we continue to do? So right now we have been focusing on individual outcomes and how that affects their service provisions.

MR. PHELAN: We're moving to -- anytime now -- we have been moving anytime now for the last three years to electronic health records.

Any day now is what we keep saying. But it's going to allow us to do a lot more aggregate reporting about things like client outcomes.

A lot of our energy is focusing on designing better reports than we have had in our previous system.

---

MR. HARP: Okay. Thank you.

MR. HEAD: To follow up on Lowell's questions about the survey, can you give a couple of examples of things that you have learned from your surveys that resulted in concrete changes on the part of Sinnissippi?

What have you learned that led you to do something different?

MS. KEMP: We have been evaluating -- one thing I can think of offhand is accessibility of services. So -- and this -- when I first started, one of my first projects -- so it is a little bit different survey, but it was a community stakeholder survey where we got feedback. Wanted to hear from our stakeholders on, you know, what's working, what's not, are services accessible. We can speculate what we might want to provide to individuals, but if we don't have referrals and they don't accompany -- and a funding source isn't accompanied with them, then it's not a viable option.

So with that survey, we did make some changes in terms of some of the offices.

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Page 53

1 back to that. We go back to, you know, speaking
2 with individuals, or we might go back to the
3 results before we are looking at a grant, for
4 instance, to see, okay, there was a high need in
5 this area. So some specific things, and then
6 really kind of pocketing some of the information
7 for future reference as well.
8  
9 MR. PHELAN: As Stacie mentioned, one of
10 the challenges is, we haven't gotten that much
11 good constructive feedback, and that's why we're
12 looking at the process now.
13  
14 What we tend to find is, you know, we'll
15 get some individuals who have some very specific
16 concerns that are specific to that individual,
17 and it gives us opportunity to make things
18 better for their experience --
19  
20 MR. HEAD: Right. Right.
21  
22 MR. PHELAN: -- but what we're missing is,
23 we're not getting good -- hey, this is 40
24 percent of the people said this is an issue,
25 let's address that.
26  
27 MR. HEAD: Well, you have kind of been
28 between a rock and a hard place, because you're
29 actually asking people or opening yourself up to
30 In Totidem Verbis, LLC (ITV)

Page 54

1 people telling you more of what they want, when
2 you're looking at less of what you can provide,
3 and that's very challenging.
4  
5 Talking about hours, this is a beautiful
6 facility, but you have daytime hours. I haven't
7 seen evening hours, and I'm wondering about
8 that. I'm wondering about what the impact of
9 being next to the sheriff's office has. I'm
10 wondering about stigma within the community in
11 terms of marching down to the Sinnissippi
12 Center, Well, there must be something wrong with
13 you. So can you speak to any of those concerns?
14  
15 MR. PHELAN: What are our evening hours?
16  
17 MS. WHITE: We are open one day a week in
18 both Oregon and Rochelle.
19  
20 MR. HEAD: Okay. Till?
21  
22 MS. WHITE: I think it's 7 or 8. That's
23 based on client need typically. That's usually
24 the after-school youth services, because they
25 don't schedule youth typically during the school
26 day. So that may change over the summer when
27 they are more available daytime hours.
28  
29 MR. PHELAN: What we found is, we actually
30 reduced evening hours a couple years ago because
31 In Totidem Verbis, LLC (ITV)

Page 55

1 they weren't being utilized. And we did weekend
2 hours back in the day, and nobody wanted to come
3 on weekends.
4  
5 MR. HEAD: When is it -- when do they
6 come? Are there some people that just don't
7 come?
8  
9 MS. WHITE: 30 percent.
10  
11 MR. HEAD: Okay.
12  
13 MR. PHELAN: So that's not -- I don't know
14 if there's a better -- you know, maybe it's
15 opening earlier, I'm not sure.
16  
17 MR. HEAD: I don't have any answers. I
18 was just trying to get a handle on, you know,
19 what's going on.
20  
21 On your transition youth, I have also
22 heard that period of time called the odyssey
23 years for young people, which really is a very
24 unique time. It's kind of an early adulthood,
25 extended adolescent period that has its own
26 specific challenges.
27  
28 Do you do any impact measures or outcome
29 measures on that program?
30  
31 MS. KEMP: They have a slew of different
32 measures that will follow with that particular
33 In Totidem Verbis, LLC (ITV)

Page 56

1 grant, but it's early enough that we don't have
2 any sort of long-term. But they're looking at
3 -- they have been -- they had to be trained in
4 very specific evidence-based measures that
5 they're entering online. So we will certainly
6 have very specific measures under that grant as
7 to how those folks are improving.
8  
9 MR. HEAD: Well, I'm sure law enforcement
10 would agree that that's a high-risk population.
11 You see a lot of your behavioral acting-out in
12 that particular period of time.
13  
14 MR. PHELAN: But, again, Nick, you
15 mentioned stigma. It's always one of our
16 biggest challenges to overcome. So when you're
17 out in the universe, out in the community,
18 people will say, you know, I'm not going to go
19 to Sinnissippi because I'm not crazy, or I'm
20 not -- you know, put the label on that. Of
21 course, we are constantly trying to market that
22 we are not -- first of all, we don't use the
23 word "crazy."
24  
25 Second of all, we serve a whole broad
26 range of folks, broad range of challenges from
27 something that's, you know, a passing life
28 In Totidem Verbis, LLC (ITV)
In Totidem Verbis, LLC (ITV)

<table>
<thead>
<tr>
<th>Page 57</th>
<th>Page 58</th>
<th>Page 59</th>
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<td>MR. PHELAN: There is.</td>
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<td>MR. HEAD: -- that needs to be reduced and</td>
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<td>made very plain in laymen terms, at a sixth</td>
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<td>grade level, that the community can understand,</td>
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<td>because that's a huge fee.</td>
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<td>And they're looking at a new jail here.</td>
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<td>They're talking about $25 million. I have</td>
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<td>talked with Dr. Griffin, who's on the board, and</td>
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<td>I have talked about, you know, diversion</td>
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<td>services and alternatives, incarceration, and,</td>
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<td>you know, what are you looking at? How are you</td>
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<td>making your argument for the need for a separate</td>
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<td>facility for mental health people? So there's</td>
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<td>an opening there, but I'm not sure exactly how</td>
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<td>you would make that argument.</td>
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<td>MR. PHELAN: The awareness is just</td>
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<td>starting to increase. We have been -- a small</td>
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<td>number of us, mostly providers, are talking</td>
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<td>about things like crisis triage and in</td>
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<td>emergency, you know, crisis treatment centers</td>
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<td>for a long time. But I think the police</td>
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<td>departments and the sheriff's departments and</td>
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<td>the hospitals, the State of Illinois, I mean,</td>
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<td>this benefits everybody financially. I mean,</td>
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<td>1</td>
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<td>MS. KEMP: Fun place to be.</td>
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<td>MR. PHELAN: -- who don't normally come,</td>
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<td>anyone from the community. It's not a scary</td>
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<td>MR. HEAD: On the crisis beds, you know,</td>
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<td>that's just a dollars and cents issue to me.</td>
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<td>You know, I have talked with the sheriff, I have</td>
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<td>talked with the police chief, and one of the</td>
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<td>first things they always come up with is, we</td>
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<td>need crisis beds because we have got so many</td>
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<td>people sitting in jails. I'm wondering if you</td>
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<td>could frame it in terms of -- and I'm thinking</td>
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<td>about the County Board -- well, you can either</td>
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<td>pay for a crisis facility to stabilize people</td>
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<td>for a few days, or you can send deputies around</td>
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<td>the clock, including a transportation cost and</td>
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<td>the whole extension of time that it takes to</td>
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<td>intake somebody and then the whole period of</td>
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<td>time it takes to create a discharge plan, and do</td>
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<td>you want to pay once or do you want to pay three</td>
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<td>times?</td>
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<td>Now, I don't know how you would make that</td>
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<td>argument, but there's a dollar and cents</td>
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<td>argument in there somewhere --</td>
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First of all, my hats off to you too for just keeping your doors open and servicing as many people as you have been able to up to this point. Early in the year I kind of wondered if you would still be around these tables this time of year.

One question that I have, and it’s a need that I see out there, are peer support groups. You know, you talk about, with your cutbacks, trying to get new people in and out as quickly as possible, and I understand what you mean by that, but one question that comes to my mind is, what do you consider stable? A lot of times if you start somebody on an antidepressant, it takes a week and a half to two to get in their system, and you don’t know if it works.

How soon do they have to go back and say, “This isn’t working, and then start that all over again?”

MR. PHELAN: That timeframe in my mind is probably at least a year. So it’s not in those initial few months, definitely.

MS. KEMP: It’s hard to quantify because every situation is so different, but we have In Totidem Verbis, LLC (ITV)

And, you know, I run into that with our NAMI program. Families come in and we’re sitting around the table, a support group, and they’re like, “I don’t know where to take my kid.” We have been there, done this. Where do we go?

MR. PHELAN: We can -- you can have the list, most certainly.

MS. BROOKS: Because sometimes that’s what it takes, is just calling, calling, calling.

MR. PHELAN: The sad thing is, sometimes we get to the bottom of that 27-hospital list and nobody will take them.

MS. WHITE: That list is constantly changing. I mean, the last time I looked at it, it was that. Some may have come on, some may have come off. I know Streamwood opened an adult unit recently. So that’s constantly changing.

But, you know, our staff at 3 in the morning needed that information, you know, which ones take Medicaid, which ones only take adults, which ones won’t take criminal backgrounds, which ones take Medicare.

MR. PHELAN: But you’re welcome to any of that.

MS. BROOKS: I know how futile it can be, but you got to go somewhere.

The other thing, do you guys utilize certified recovery specialists? Have you started?

MS. KEMP: So we have one individual. Now that there’s a training coming up this summer, we’re planning on sending an individual, who she’ll be a peer care coordinator. So she’ll be able to kind of be the liaison between community In Totidem Verbis, LLC (ITV)

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resources and our internal resources and helping
folks make sure that they have the services they
need even outside of Sinnissippi, and she's a
teen peer. So she'll be going through the
certification this summer.

MS. BROOKS: Great. I think that's all I
have.

MS. WILSON: Thank you for making a nice,
clear application. I really appreciate that. I
really don't have any questions.

I do have a couple of comments. Because I
work at the library and you guys used to be,
like, right across the parking lot from us, we
saw people who were waiting for their
appointments. They could come in and use the
computer, read magazines, whatever. And I have
seen striking, remarkable changes in those
people, because they would come in over a period
of years. You know, I have been there 20 years.
So they would come in, they would be flat, they
would keep their eyes down. Never -- you know,
they would hand me their card because they
wanted to use their computer. Then they would
come in, they're like, How are you doing. You
know, What's up in here? I would like to use
the computer. You know, and the changes that
have been brought have been very heartening to
me, to know that someone who was that
distraught, who was -- you know, we had some of
the addicts come in, and they are now, you know,
speaking, they are checking out books like crazy
and magazines, music, DVDs -- not just DVDs, but
music and boxes. And just to see the change has
been very heartening to me, and I wanted to
share that with you.

MR. PHELAN: That's awesome. Thank you.

MS. WILSON: That's about all I have got.

Does anybody have any further questions,
comments?

MR. PHELAN: We appreciate your time. I
said we wouldn't take the hour, which an hour
flies.

MS. WILSON: So we're going to take just
about a three-minute break. Thank you very
much.

(A recess was taken at 9:09 a.m.)
(Proceedings resumed at 8:22 a.m.)

MS. WILSON: I think we are going to get started a little early. Okay. Let's reconvene this session to hear the funding application for Easter Seals Metropolitan Chicago-Rockford Region. That's a mouthful.

Typically you would give, like, a 10-minute presentation, and then we would ask questions. Some agencies just want us to go right to the questions, but whatever you would like to do.

MS. KURTZ: I think Patti has a little bit of things she wants to share about the activities and services that she provided in Ogle County this last year.

I want to introduce Amy Curtis.

MS. CURTIS: Good morning.

MS. KURTZ: She is our chief financial officer, and she's here to answer financial questions. After Patti is done, you know, any of those questions I'll field to Amy.

So Patti had a busy year here.

MS. HOBBS: Yeah, busy year here, there In Totidem Verbis, LLC (ITV)

and everywhere.

I am going to kind of use this little annual report that we kind of put together as my guide, because sometimes when I'm talking I forget what I want to make sure to let everybody know about.

So family support services provides individualized and group support to families that are raising children with developmental disabilities. Our primary service area is Winnebago, Boone and Ogle County. We have a small resource library that we maintain. So we have different books for any type of topic that a family might be needing. If it's something that the family really needs, then we'll go ahead and let them keep that book so that they can kind of refer back to it. But we have different resources just in terms of, you know, hygiene needs, a lot of special education law books and a lot of behavior books. Our behavior books are the ones that people really utilize the most.

Social skills, social stories, you know, we'll make visuals for families. Social stories

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are very short scripted stories that are about a particular topic, and so it's very to the point. It's a good resource for families, because they can write it for any particular situation that they might be dealing with. So it's a way to prepare a child. So they'll kind of go over that with them and maybe read it to them about a week ahead of time so that they can prepare themselves for whatever situation that is coming up.

MS. KURTZ: Right. Like going to the doctor, dentist.

MS. HOBBs: Doctor, dentist, exactly. We have written them for a death in the family so that, you know, the kids could understand and, you know, help them understand why maybe Grandma or Grandpa is not here anymore.

Some of the other things that we do, is I do a lot of consultations. So a lot of times I'm kind of, like, the first place that people will call. So I'll identify what their needs are, and then through the course of a conversation -- and sometimes those conversations can be three or four hours long on the phone. I mean, I'm not kidding, by the time I get off, my ear is, like, sore and I'm like, oh, my goodness.

But, you know, we're trying to identify what it is that they're looking for. We make appropriate referrals to agencies that will be helpful to them, and then sometimes families just need a little more help. So they might need help filling out, you know, a lot of paperwork. Sometimes that's where families get so bogged down, is they look at this mountain of paperwork that they have and they're like, I just can't do it. You know, so I will help them fill out paperwork. It might be, like, an all-kids application. It just might be helping them through insurance stuff. You know, I might go through, help them look through their insurance policies, like, okay, this is what this means, you know, and help them kind of interpret some of that stuff, because I think even too that can be very misleading for families. So they're just, you know, looking for a lot of help.

Sibling support, we have -- you know, I have told you before, we do the one big event once a year, which is a way for us to let the siblings know that, you know, they're a part of the family as well and that, you know, your parent unintentionally did not put you on the back burner but sometimes that does happen. So it's just a night for them to kind of come out and have fun with the family without the child that has the disability along.

We have also started doing some sib shops. We have only been able to do two so far, but that's about a four-hour workshop that we have, and we do that with Star Net and Autism Home Support Services. It's a way for the siblings to kind of come and get connected. We do fun activities and things like that. We're hoping to expand those out. We're kind of taking it slow, because sometimes it takes a little while to, you know, get your base going and everything.

The parent education is a large piece, and so we're doing trainings throughout the counties as well. We host most of ours here in Oregon, because that kind of seems to be a central area.

The phone. I mean, I'm not kidding, by the time I get off, my ear is, like, sore and I'm like, oh, my goodness.

But, you know, we're trying to identify what it is that they're looking for. We make appropriate referrals to agencies that will be helpful to them, and then sometimes families just need a little more help. So they might need help filling out, you know, a lot of paperwork. Sometimes that's where families get so bogged down, is they look at this mountain of paperwork that they have and they're like, I just can't do it. You know, so I will help them fill out paperwork. It might be, like, an all-kids application. It just might be helping them through insurance stuff. You know, I might go through, help them look through their insurance policies, like, okay, this is what this means, you know, and help them kind of interpret some of that stuff, because I think even too that can be very misleading for families. So they're just, you know, looking for a lot of help.

Sibling support, we have -- you know, I...
going, Okay, how do we get here, and, you know, what are the steps that we need to take? And along with that comes a lot of stress, a lot of burnout. So hopefully through the respite program it's offering families the opportunity to take that break that they need, because it is, you know, very significant and challenging to them.

Let's see here. We have been supporting the Rochelle Parent Group, and the Rochelle Parent Group meets at a counseling office in Rochelle by the name of Rochelle Parent Group. And one of our parents leads that, and they get a nice turnout for that. Again, that's open to all families throughout Ogle County, and there have been some families that come up from Lee County, too, because there isn't a lot there for them so, you know, we're pulling from there.

MS. BROOKS: And where and when is that meeting?

MS. HOBBs: It's the first Monday of every month, and it's at Changes Counseling Center. They take a break during the summer months though, so she will start back up again in September.

We have educational speakers for families, and so during those opportunities it just is a nice time for families to get together in a nonjudgmental environment. We have some parental mentors that you know, come to those as well too. So it's a great way for us to link families up together. So if they're experiencing, you know, a little bit more difficulty, a lot of parents have a lot of unmet mental health needs because they put themselves on the back burner as well too. So, you know, we just want to make sure that families know that, you know, you have to take care of yourself too. And we're -- hopefully by providing those parent mentors and having that one-on-one chance for them to talk to each other, they'll find a network of support for each other.

Then another big part is our mom's retreat weekend. Last year was our seventh year that we held it in Rockford. We had 50 -- how many -- I can't remember. We had 54 women, and six of them were from Ogle County. Again, this is a wonderful opportunity for women to come together and discuss -- you know, a lot of times women lose their friendships after they have a child with a developmental disability just because other friends can't understand what they're going through and there is -- tends to be a lot of isolation among those moms and dads. So, you know, again, everything is always geared towards making sure that everybody is connected and that they are, you know, really focusing on themselves, as well as their child with the developmental disability.

We have excellent networking opportunities. We have educational speakers that come to the retreats, and it's all just -- you know, and it's about having fun too. I mean, these moms need to, you know, let loose and have a little bit of fun in their life as well too.

So that's pretty much it in a nutshell.

Is there anything I'm forgetting, Kathleen?

MS. KURTZ: No.

MS. HOBBs: Okay. All right.

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Ms. Wilson: Dave, want to start?

Mr. Schier: I have no questions. I thank you for all you do. I have no questions.

Ms. DETER: I have two. I want to thank you guys.

I don't even know where it is now, but in here, how you took it and you said -- someplace in here, one page -- I thought I marked it -- and you put, like, we spend $150 for this, you know, a thousand for that. That's nice. But I still have a problem with exactly the check we give you, does it go into Easter Seals in Chicago's bank account and then you just pull it out, or does it have a separate account for Ogle County? Because the money we give you -- I mean, you are getting it back, but in my opinion it means that anybody can use that money to begin with.

Ms. CurtIS: That's a really good question, and thank you for bringing it up. So Easter Seals Metro Chicago covers everything from northern Indiana up through the region here. We do have a separate bank account in Rockford, but that's not where your check goes. In Totidem Verbis, LLC (ITV)
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<th>Page 13</th>
<th>Page 15</th>
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<td>1. Your check goes into the basic account for Easter Seals, but Easter Seals takes and gets a financial audit every year and what's called an A133 audit, which is a federal audit, because a lot of our programming is federal funds, State funds, city funds, donations, so everyone wants to make sure that the money that comes into Easter Seals is going back to the programs that it's intended for. Your funds are called restricted funds, in audit language. That means that the auditors come in and they specifically look to make sure that anything that's been restricted to a specific program or an area or an activity is actually spent that way. So we go through a very stringent audit process. In addition to that -- because we have about 30 different programs that we operate, and Kathleen and Patti's program is in a specific cost center in our ledgers. So we very discreetly track both the revenue and the expenses so that we can guarantee to any auditor that walks in or to any funder that walks in -- as a matter of fact, we get about 1200 audits every year -- that the way we do it.</td>
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<td>2. MS. DETER: That's all I have.</td>
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<td>3. MR. SIGLER: No questions, other than the fact that you have taken care of my family over the years, and I thank you very much.</td>
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<td>4. MS. BOWERS: I have to applaud you. I read recently where one of your autism teachers was recognized by the State of Illinois.</td>
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<td>5. MS. DETER: Yes.</td>
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<td>6. MS. BOWERS: I really have to applaud you for that. The only question -- or concern that I had is on Page 75, VII.2. You have all unrestricted funds for family support and all in-kind donations. Are these all for Ogle County or are they spread out over the region?</td>
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<td>7. MS. KURTZ: This is Ogle County, right?</td>
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<td>8. MS. BOWERS: I don't recognize some --</td>
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<td>9. MS. KURTZ: You know what, no, this is for activities that we do for mom's retreats, for the other, like, training and things like that. So some of them are specific to Ogle, like the Exelon.</td>
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<td>10. MS. BOWERS: And Stillman Valley.</td>
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<th>Page 14</th>
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<td>1. dollars that come in from United Way goes specifically to those programs. Now, if you hand me a dollar bill, can I tell you that that dollar bill went over to her? No. But if you give me a thousand dollars, I can guarantee you through our audits that that thousand dollars is spent on her program. Does that make sense?</td>
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<td>2. MS. DETER: Yes, it does, because I just had questions because I thought, We're giving you money, but yet -- and I know you're spending it, you know, where it should be, but yet I have no record of where it went to begin with.</td>
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<td>3. MS. CURTIS: Yes, it goes into the central accounts, because one of the things that Easter Seals does very well is make sure that their administrative cost is capped, and one of the ways that we do that is the economies of scale. So I have one accounts payable clerk for the entire organization. So if I had to establish a bank account for 30 different programs, I'd need more accounts payable people, right? Makes more sense for me to be able to pool it but guarantee it's going where it's supposed to go. That's how we do that.</td>
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<td>4. MS. HOBBBS: Absolutely.</td>
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<td>5. MS. BOWERS: When I sent out the email for everybody to you, you know, contact me for tickets, that just went to Ogle County families.</td>
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<td>6. MS. BOWERS: You do restrict it to the county when it's for Ogle County?</td>
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<td>7. MS. KURTZ: Yes, absolutely.</td>
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<td>8. MS. HOBBBS: Then some of these other people here, they were -- you know, they provided the service at the mom's retreat at no charge to us because it was a donation of their time.</td>
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<td>9. MS. BOWERS: Exelon only gave you $200?</td>
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<td>10. MS. HOBBBS: Yes. I did a United Way Kick-Off there, so they gave each one of us -- it was me and Pine Crest -- is that the name of the --</td>
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<td>11. MS. DETER: Yeah.</td>
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<td>12. MS. HOBBBS: -- in Mt. Morris, and there was a couple of other agencies that were there.</td>
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MR. HARP: I see you do surveys after each training --

MS. HOBBS: Yes.

MR. HARP: -- and get very positive results from those.

MS. HOBBS: Uh-huh.

MR. HARP: Do you have any other methods to evaluate effectiveness, either locally or generally?

MS. HOBBS: Everything is done through surveys, you know, then that way we can really track it and keep, you know, copies of it. So, you know, if our -- when we have our audit through the State for DFI, you know, we have to show them, you know, in paper. Everything for them has to be in writing, and so, you know, that's the way that we collect all of our data, in writing.

Yeah, and, actually, you know, when I'm in Totidem Verbis, LLC (ITV) doing special-ed advocacy, I'm like, you know, Make sure you keep a paper trail. It's so critical that we keep paper records, so that's why everything is written, yeah.

MS. KURTZ: In addition, we do -- for this program, we're going to start with the agency an annual survey too.

MS. HOBBS: Yes.

MS. KURTZ: So this last year I don't think we participated in that, but that is something that we will be doing on a larger scale in both the team family and family support programs in Rockford.

MS. HOBBS: And I guess the other way that we know that we're doing a good job too is, you know, sometimes I'll receive thank you cards. So we're making sure that gets to our board members so that they know. And I just keep all of those, because it's kind of nice. It's like, oh, something that maybe I didn't think was a big deal is a big deal to somebody else. And so, you know, it feels good to know that they appreciate that.

MR. HARP: And just on a personal basis, in Totidem Verbis, LLC (ITV) seeing people's faces.

MS. HOBBs: Absolutely.

MR. HARP: I really like that story you put in.

I notice that both of you have credentials with -- well, with Patti it's EI Touch Points, EI Parent Liaison, and with Kathleen it's Healthy Families of America and Parents with Teachers.

I'm really not quite familiar with what those mean. Can you just briefly tell me?

MS. HOBBS: Well, the early intervention service system is the birth through three. So when a child is identified as having a developmental delay, that's the program that they go into that allows them access to services. So that's what EI is, early intervention.

MR. HARP: Yeah, I guess I knew that. How about the others? Touch Points?

MS. HOBBS: Touch Points, do you want to explain?

MS. KURTZ: Yeah. Touch Points, we went through a pretty extensive training to be Touch In Totidem Verbis, LLC (ITV)

Point certified. It's been quite a few years, but it's through Brazelton, and it's really working with families at critical stages during their transitions to other areas. And kind of the concept is, families, children will have a period of disorganization before a period of growth. So that was the Touch Points.

MS. HOBBS: And a lot of it is focused very heavily on anticipatory guidance. So, you know, just by, you know, some of the cues and listening to your families, you're going to be able to realize, oh, this is something that they're probably going to need maybe six months down the road. So we would make notes and make sure that we follow up with them with those needs that we feel like they might have.

MR. HARP: What else did I have?

I looked at Page 14, and I saw total expenses for Ogle County were $16,695.50?

MS. KURTZ: Yeah. That's direct service. That didn't include any -- you know, Patti's time and, you know, any of the other costs.

MR. HARP: Then total revenue was less than that. 708 revenue was a substantial part In Totidem Verbis, LLC (ITV)
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<thead>
<tr>
<th>Page 29</th>
<th>Page 30</th>
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<td>MS. KURTZ: Right. Okay.</td>
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<td>MR. HEAD: Thank you. I didn't mean to</td>
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<td>cut into your time.</td>
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<td>MS. BROOKS: No, that's great.</td>
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<td>5</td>
<td>Actually, it was -- Brian talked -- it was</td>
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<td>6</td>
<td>a book written by Susan Roos, and she talks</td>
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<td>about a living loss, how people of</td>
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<td>8</td>
<td>developmentally disabled or mental illnesses,</td>
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<td>how you grieve even though the person, you know,</td>
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<td>is still living. But like you were saying,</td>
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<td>there's a lot of sorrow there, and it can go on</td>
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<td>12</td>
<td>and on and on for, you know, many years.</td>
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<td>13</td>
<td>MR. SIGLER: It never ends.</td>
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<td>MS. HOBS: No, it doesn't.</td>
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<td>15</td>
<td>MS. SIGLER: My daughter is going through</td>
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<td>alzheimer's, first stage, and it never ends.</td>
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<td>MS. BROOKS: Just starts over again. A</td>
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<td>whole new stage.</td>
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<td>MR. SIGLER: Yes, but you cope with it,</td>
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<td>you live with it.</td>
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<td>Brian mentioned though -- this is kind of</td>
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<td>personal. We have what's called a parents'</td>
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<td>organization at the Village. I have sat on it</td>
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<td>for three or four years now. I think the</td>
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<th>Page 31</th>
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<td>criteria for funding you? What it means is, I</td>
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<td>can go to you and I can seek help and I can talk</td>
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<td>to you. That's mental health, that's what that</td>
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<td>is.</td>
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<td>5</td>
<td>MS. HOBS: Right. Absolutely.</td>
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<td>6</td>
<td>MR. SIGLER: I'll support you on that</td>
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<td>100 percent.</td>
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<td>MS. HOBS: And one of the things too is,</td>
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<td>like, when I'm talking to a parent and, you</td>
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<td>know, I'll ask, What are your child's strengths?</td>
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<td>They're like, Oh, I -- it really takes them a</td>
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<td>while to think about that. So what I try to do</td>
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<td>is, I want to turn that thinking around that,</td>
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<td>you know, your child has a lot of gifts and you</td>
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<td>need to start identifying those, and maybe once</td>
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<td>you really realize those gifts you're not going</td>
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<td>to think so much about the sorrow. You know,</td>
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<td>you can get stuck in a place, but I would rather</td>
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<td>you be stuck over here, and, you know, let's</td>
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<td>work on finding, you know, your child's</td>
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<td>strengths and then, you know, you can maybe</td>
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<td>re-find that joy.</td>
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<td>23</td>
<td>MR. SIGLER: And there is joy.</td>
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<td>MS. HOBS: There is a lot of joy. Trust</td>
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maximum number of parents we had come out was four. We just met this last month. There was the president, she has three boys over at Stouffer; there was -- the second lady, who is the secretary/treasurer, her son died 16 years ago; and my daughter. So it was three of us. That was it. It's so sad, because these same parents want the services for their child and they want -- I shouldn't say just "child." Adult child also -- and they're looking for this help, but they don't want to come out and participate. I wish I had the answer to that. You raise a real good question. I don't have an answer to it. MR. HEAD: Yeah. MR. SIGLER: I have been trained as an advocate all my life, so I get very aggressive. I think you need a softer approach, but we've got to get moms and dads involved within our communities. And that's one of the questions -- that question was raised in the years past -- I will go on with this for a moment -- that, Well, what services do you perform that meet our In Totidem Verbis, LLC (ITV) me, there is. I think it far outweighs. MS. BROOKS: I think you -- the word when you did your presentation, and you hit the nail of the head, is "we connect people," you know, and that's why they'll open up to you, is they know that you know what they're going through. I don't know what the answer is either, but if you can get enough of them in a room together, that's when things happen. MS. HOBS: And, again, we have found -- and I know what Brian, and I know what your struggle is too, because, I mean, we struggle with that as well too. That's why when we do these social opportunities we're going to have more participation, just because families are so isolated or because they're spending so much money on other things that they don't -- you know, that's an afterthought. You know, go out bowling? Why would I do that when I have all these bills here? But if I can come and do that and have the opportunity to do that and have some fun, that's huge to these families, huge. MR. SIGLER: But you flounder out there when you're alone if you don't have agencies In Totidem Verbis, LLC (ITV)
1 like these.
2 I never heard of an adult Down Syndrome clinic, because when my daughter was born you're lucky if you make it to your 30s. Now we're in our 60s, we're in our 70s.
3 There is a facility in Chicago that we directed to, and the services are tremendous. My daughter is on a new medication now, and what a difference it has made in her cognizant abilities to learn and grasp things. And I'm so hopeful and so thankful that we were given direction. And I'll admit, some of it comes from my daughter, Wendy, who is a nurse. She sits on this, whatever it is, council, they inspect hospitals. She was smart enough to say, This is where we've got to go. This is where we've got to take Amy. But you've got to have contacts, and you provide that service.

MS. HOBBS: Well, I think too, you know, we're still dealing with that. I mean, you know, back when your daughter was born, I mean, the very first thing was --

MR. SIGLER: The doctor came out. You don't even have to see her. I remember that so In Totidem Verbis, LLC (ITV)

Page 34

clearly.

MS. HOBBS: Exactly. And, you know, I even remember back when I first started working at Easter Seals back -- well, I started in 2000, and I would have parents call me and say, What do I do? I'm like, You take your baby home and you love your baby, and your baby is a child first.

You know, I think that we're finally getting away from that, you know what I mean? We're really trying to get away from that shift of, you know, residential facilities. I mean, it costs the State of Illinois $250,000 for one person, and if we can provide community support, it is between 40- and 65,000. Then, you know, our family members are -- you know, I mean, they have the right to be in their community, and so it just -- morally and physically it just, you know, makes good sense.

MR. SIGLER: Yes, it does. Thank you. I'm sorry. Thank you.

MS. WILSON: I don't really have any questions. I do want to thank you for numbering your pages and putting these stickers on them. In Totidem Verbis, LLC (ITV)
MS. BOWERS: I'm Dorothy Bowers. I'm a county board liaison.

MS. DETER: I'm Vicki Deter.

MR. SCHIER: Dave Schier.

MS. ZIMMERMAN: Cecilia Zimmerman.


COURT REPORTER: Callie Bodmer.

MS. BROOKS: Tracy Brooks.

MR. HEAD: Nick Head.

MR. HARP: Lowell Harp.

MS. CURTIS: Cecilia Zimmerman.

MS. WILSON: There will be a quiz.

MS. CURTIS: I have nine brothers and sisters, I'm used to forgetting names.

MS. WILSON: So I'd like to declare this meeting in recess until --

MS. DETER: Tuesday.

MS. WILSON: -- until next Tuesday, when we will meet here again.

MS. KURTZ: Thank you all.

MS. HOBBS: Thank you.

(The meeting was recessed at 9:00 a.m.)

In Totidem Verbis, LLC (ITV)

OGLE COUNTY

COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)

) of 

) of 

Easter Seals Metropolitan ) Ogle County

Chicago-Rockford Region ) Ogle County

) ) Sheriff's Office

) Ogle County, Illinois. ) Oregon, Illinois

) ) May 12, 2016

I, Callie S. Bodmer, hereby certify that I am a Certified Shorthand Reporter of the State of Illinois; that I am the one who, by order and at the direction of the Chairman, Kathleen Wilson, reported in shorthand the proceedings had or required to be kept in the above-entitled case; and that the above and foregoing is a full, true and complete transcript of my said shorthand notes so taken.

Dated at Dixon, Illinois, this 12th day of May, 2016.

Callie S. Bodmer
Certified Shorthand Reporter
Registered Professional Reporter
IL License No. 084-004489
IA License No. 1361
P.O. Box 381
Dixon, Illinois 61021

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as we have some information from the young adults that are going through our high schools and such, it seems to be tenth grade is quite a pivotal year for many of the students and Joanie -- and here, again, Joanie's got some additional information surrounding some of that substance abuse. So what I would like to do is let Joanie go ahead and go through some of the statistics that we do have for our county and then touch base about the request.

MS. PADILLA: Well, first of all, let me say, the reason that we decided to ask for a request -- because in the past our -- some of our grant deliverables enable us to kind of stretch a little bit and be able to work on some of these issues within the scope of grants that we had. Grant deliverables have been changed, and we are no longer able to work on these issues in the way that we've been working on them or want to work on them and have any funding for them, and, of course, you know, there's no state budget. So the days of -- and flat funding and reduced funding. The days of being able to do things that we aren't getting

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funding for are over. They're just over.

Hence, that's why we're here.

Suicide stats, I don't know if you guys have been watching the news, but suicide is skyrocketing in this country. It's up 24 percent, and one of the most alarming statistics is, that the amount of women committing suicide has tripled. Now, men still commit suicide more often, much more likely, but the stats for women are going up. They've tripled, and historically suicide is underreported. Because in order for the coroner to put suicide on the death certificate, they have to be able to prove intent and that's often not possible. So we're just skimming the tip of the iceberg here with this.

Risk factors are common, mental health, substance abuse, suicide of a -- especially among the kids, suicide of someone recent -- and it can be a celebrity. It doesn't even have to be someone in their own backyard, but just that someone took that way out seems to give -- make it alright for them and make that an option for them. Unemployment, and we know unemployment is

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to go to Rockford to the shooting gallery up there and overdose more than they overdose here, but they're still our residents. Monroe Center has a major heroin problem. Who would have thought? Who would have thought it? We have a problem in this county. No one wants to talk about it, but we have a problem here. We have a big problem here.

Youth alcohol use -- I only have ten minutes. I have to speed. What we see when we look at -- with alcohol and with most other substances, we're higher in many categories or at least right around the state average, which is still too high, with our youth for alcohol, tobacco and other substance use.

8 percent of sixth graders report using alcohol in the past 30 days in Ogle County. In eighth grade that jumps to 20 percent. In tenth grade 23 percent, and between tenth grade and twelfth 45 percent. 45 percent. So what are the consequences of that -- and this is from the Illinois Youth Survey. So this is our data for this county. 11 percent of tenth graders and 14 percent of twelfth graders

In Totidem Verbis, LLC (ITV)
### Page 9

| 1 | have gotten into an argument or a fight as a result of using alcohol. 6 percent of tenth graders and 9 percent of twelfth graders report an injury. 5 percent report getting in trouble with the police. 7 percent damage to property. Very troubling is, 23 percent report driving while high or riding in a car with someone else who was riding -- driving while high. They don't seem to see that risk. What age do they begin using? This is scary. For all substances, it's between 14 and 15. That's the average age of initiation. Prescription drug use, which has led to this heroin epidemic that we have in this nation. 7 percent of twelfth graders have reported using a prescription drug that is not their own. Get high in the past 30 days, 7 percent. That's high. |
| 2 | MS. WILSON: Three days? MS. PADILLA: Within the past 30 days. MS. WILSON: 30 days. MS. PADILLA: The past month use is usually -- they -- when they ask the questions on the Illinois Youth Survey, they ask the same questions basically as on the National Behavioral -- Youth Behavioral Risk Survey, and so they ask for 30 -- past 30-day use and they ask for past year use. 11 percent of our twelfth graders have reported using in the past year. In the past year. Why do they use? Why do they use? Mostly -- they report, relaxing, to boost their self-esteem or to fit in. However, 14 percent of twelfth graders report that they use substances while alone. Which, you know, is a major risk factor for addiction. While alone. Not to mention their developing brains. Their still-developing brains. What are their perceptions? 58 percent don't believe it's wrong to regularly drink alcohol. 58 percent. 45 percent don't think it's wrong to smoke cigarettes or marijuana and -- especially with the marijuana, that's only going to get worse as we continue to legalize. 39 percent say there's little or no risk to daily alcohol use. 32 percent don't believe that hinge drinking -- defined in this survey as five drinks or more in one occasion, |

### Page 10

| 1 | is risky. 54 percent don't see a risk in weekly use of marijuana. Weekly use. And 14 percent see little or no risk in using prescription drugs that don't belong to them. And then we come to E-cigarettes, which is tripling. I've had middle school -- school personnel tell me that they have an issue with these devices on campus. High schools have an issue with these on campus. They've put them into their policies. They've banned them, but when they look like a USB device that's around your neck -- they're vaping in class, and the teachers aren't even aware of it. They aren't even aware of it. They're vaping in the bathrooms. Oregon and Stillman tell me they have a huge chewing tobacco problem there. To the point where it's on the ceilings. It's on the walls in certain areas. They just spit it up there when they're done. We have a problem. Our proposal, since Project LEAD already has a grant to put drug education into the middle schools, is to be in the high schools and the earlier grades and continue that. Since our \[In Totidem Verbis, LLC (ITV)\] | 1 | pivotal point is tenth grade. We want to get them before tenth grade, freshman, sophomore. Now, I get requests from high school health teachers to come in and speak. I haven't been able to fulfill those requests this year. I just -- there's no funding for it. To develop a program or to look for one that's already approved, evidence-based. So what do we do? That's why we’re here. That's why we're here. MS. BAULING: So with the proposal that you have in front of you, what we would like to request is -- we are using the Courage to Quit Program, which in Ogle County Joanie reached out to and the Rochelle Community Hospital also reached out at the same time, for smoking cessation. There is actually no smoking cessation programs here for -- in Ogle County and so Joanie was a credential to become an encourage to quit facilitator and for that program for the most part we're really looking to help cover costs for the materials, primarily, for doing that program, and then also working with a suicide prevention committee here within the county, and then as Joanie spoke \[In Totidem Verbis, LLC (ITV)\] |
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as long as they bring their money with them.

You know -- I mean, they're talking about a new jail with a -- a special unit to deal with mental health issues. Well, why isn't there some collaboration? We hear that again and again from the mental health folks that we deal with, is that they can't find assisted living places. They can't find places to stabilize people going through either detox or substance abuse or through a psychiatric evaluation. So I think it's bigger than just the Public Health Department.

MR. SIGLER: Yes, it is. I was trying to isolate it to public health also, only, but if you want to get into the broader spectrum, I would suggest you come with me to Sinnissippi and see the dredges of Ogle County, of Illinois, of the United States and the world.

MR. HEAD: I've been to Sinnissippi.

MR. SIGLER: I've been to their physical facilities where they house these people sometimes more than five years --

MR. HEAD: Sure.

MR. SIGLER: -- and families.

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MR. HEAD: Sure.

MR. SIGLER: And I constantly visit them, and I visit the people. The last time I was there I was sitting on a bench with a gentleman who had been there, I don't know how long. He had his bicycle.

MR. HEAD: Yeah.

MR. SIGLER: I don't want to -- we're getting far afield. My problem is with the fiducial, with the responsibility of one government agency transferring that responsibility to another, period.

MR. HEAD: Yeah.

MR. SIGLER: Financially. That's where my problem lies. If indeed we're forced to do this, then I want responsibility -- some responsibility as to input in your agency, and how you run it, and how you fund it, and how you handle it. As we do with these other nongovernmental agencies. That's where I'm coming from, and I've thought of this -- and people hate to hear this at meetings, but I prayed on it, too. I pray all the time. The last time I discharged an officer of 20 years, I prayed on it. Got on my hands and knees. Am I following the right course? And I prayed on this last night, and I suggest to you, getting back to the legal aspects of it, we can do it. Our state's attorney says we can do it. If it's appealed beyond him, then it goes up to Lisa and beyond there. I'm not going to appeal anything.

MR. HEAD: Uh-huh.

MR. SIGLER: But I'm just saying our state's attorney says we can do this. We can transfer the funds. I'm talking about taking funds away from the 708 Board and redirecting them to a county agency, who has responsibility for funding, one, the agencies it's mandated to establish or it chooses to establish of its own volition. That is a major problem with me. A major problem.

MS. WILSON: All right. Can we move on to the questions for the --

MR. HEAD: Yeah. I think this goes to larger issues than --

MR. SIGLER: Yes, it does.

MR. HEAD: I think you've put your finger on issues, real issues, problems, that need to be addressed. So the larger issue is we talk about --

MR. SIGLER: Our problem is not with these folks here.

MR. HEAD: Right.

MR. SIGLER: I see them -- what, you give me my flu shot every fall. I got to be nice to you or I won't get it. But I'm saying to be very clear, my issue is not with you as a County Health Board and the services you provide to our county. Mine lies with the County Board. Please, note that in bold letters, that's where my problem is.

MS. BAULING: Just a comment about the funding. The health department's funded one of two ways, resolution and referendum, and Ogle County is by resolution, and when it's a resolution there's no guarantee of funding. Our funding is one half -- is grants. The next majority is fees, and then there is a stipend from the County Board of $80,000. We are not a referendum, so there is no tax levy, technically, supporting the --

MR. SIGLER: I did my homework on that

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Page 21

before I came here today. Thank you though. It
was very informative. Thank you.

MS. WILSON: Did you have questions for
them?

MR. SIGLER: Yes, I do.

The services you perform -- and I have to
look to the mental health services as a board
member on the 708 Board, would you please spend
some time with me on that. Smoking cessation, I
understand that. Drinking, I used to drink a
long time ago. But what other services do you
perform with respect to mental health services,
ma'am, so I can have a clear understanding.

Your delivery of services, one, I understand.
That's when you come to the Village and you deal
with my dear friends when we lose somebody over
there, and you assist them in grief counseling.
That to me is mental health, and you won't
change my mind on that.

MS. BAULING: Well, we have a Maternal
Child Program. So we have the Women and
Children Program, Family Case Management --
excuse me, immunizations, and through the Family
Case Management the nurses do a fair amount of

In Totidem Verbis, LLC (ITV)

Page 22

linkage to other community programs. So whether
that's, you know, Sussinmois or -- you know,
what other types of programs there are and/or
different healthcare needs that they might have.
We do work with them.

MS. PADILLA: They do the screenings.

MS. BAULING: The depression screenings.

MS. PADILLA: They do the developmental
screenings and that includes social and
developmental skills as well, and those are done
at pivotal periods in the child's life and then
those are recorded and those are -- anything
that's noted is referred out to the proper
services.

MR. SIGLER: But you do the initial
screening though?

MS. PADILLA: We have -- yes, we do the
screening, yes.

MS. BAULING: Our nurses --

MR. SIGLER: And then you refer them, so I
understand, to other agencies for actual
treatment?

MS. PADILLA: Yes.

MS. BAULING: And then the tobacco

In Totidem Verbis, LLC (ITV)

Page 23

program, the REALITY Programs -- I mean,
Joanie's done a lot of work, particularly at the
Rochelle School District, with the REALITY grant
and such, and that's more on health policy and
that, but it gets to the point of particularly
substance abuse and such that we do with the
REALITY Program.

MS. PADILLA: You know, we participate in
Project LEAD, which is the local drug resistance
collection. It used to be that that was a grant
deliverable for Illinois tobacco-free
communities. That we could participate, and we
could put that in our work plan, and I could
count my time spent in Project LEAD, towards
that grant. That's no longer -- this year that
was not a grant deliverable. I'm still going to
Project LEAD. I'm working with Project LEAD
youth, and they're tearing it up. Those kids
are passionate. Already this year they've
designed a t-shirt for before prom. Sold them.
Sold the idea to their counselors, and then sold
to those t-shirts to school staff, and it said
"prom" on the front. On the back it said, prom
down the back, and it said, "Please return on
In Totidem Verbis, LLC (ITV)

Page 24

Monday." We got businesses involved.
Woodforest National Bank at Dixon and the Dixon
Walmart. Their entire staff, plus one of the
mothers bought those shirts, and they wore them
every Friday and Saturday before a local prom,
local proms in Ogle County, local proms in
Whiteside County and local proms in Lee County.
Okay. These kids are working on public service
announcements, and there's four schools right
now that are represented. Two -- Byron and
Stillman are working together on -- let me get
this right. Marijuana, I believe, or alcohol.
Oregon is working on marijuana, and Rochelle is
working on tobacco. So there -- each of those
groups are going to create their own, film their
own, record their own PSA and then they're going
to -- we're going to go out and lobby Comcast,
WREX, all the TV stations, the radio stations to
put on this PSA, and they're going to put them
on in their schools, and then they're going to
switch them around. So all three schools are
going to get all three messages -- or all four
schools are going to get all three messages,
because Byron and Stillman are -- and these --
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MS. BAULING: All I have.

MS. WILSON: Our community.

I do my best to make sure that the delivery of services and treatment of the matter.

It was $116,000, which was down from 139... withholds.

Grant and award, do you still get them on a consistent basis?

MS. PADILLA: That’s the problem. Other than the screenings that we currently do with our WIC clients.

THE REPORTER: Excuse me. What clients?

MS. WILSON: WIC.

MS. PADILLA: WIC, Women Infant and Children.

Okay. And -- you know, referring them out to the National Suicide Coalition, we’re unable to do much. Now, we have partners waiting in the wings for us to be able to start a suicide prevention committee. Connie Davis at Sinnissippi says, I want on that committee. My bosses said I can be on that committee. Let’s get it going. Let’s get it going. But without a little funding, it’s not going to happen.

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It’s not going to happen.

MR. SIGLER: You’re a very good advocate for your agency.

MS. BOWERS: She is a good advocate.

MS. PADILLA: Thank you.

MR. SIGLER: Ma’am, I came up through the ranks under the steel plants in south Chicago. You speak up and you make your point. I’m trying to be very nice today.

MS. PADILLA: You’re nice.

MR. SIGLER: It has nothing to do with you.

MS. PADILLA: I gotcha.

MR. SIGLER: I’m satisfied in my own mind that you are providing the service, the mental health service to the residents of Ogle County.

No question in my mind, and you reinforced that with your comments and my reading of your pamphlets and so on. My transcend is this -- mine lies with the Board. So then do I vote in the affirmative to say, yes, we’re going to give you a grant or we’re going to give you funding, and then the Board steps back and says, well -- I’ve dealt with boards, please -- 45 years.

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MR. SCHIER: Let Dorothy go first.

MS. WILSON: Dorothy, you have to leave or --

MS. BOWERS: I’m well aware of what the health department does, and I applaud them for all that they do.

MR. SCHIER: That’s right.

MS. WILSON: Okay.

MS. BOWERS: So I have no questions.

MR. SIGLER: I would like to visit your facility, maybe that’s giving my final position away, but I would like to make an appointment and call you, and visit your facility.

MS. BAULING: Sure. You’re welcome there.

MR. SCHIER: Are your regular federal grants and awards, do you still get them on a regular basis? What have you been applying for in the past?

MS. BAULING: The WIC and Family Case Management are federal pass through. The WIC Program has -- has been well-supported throughout this whole financial impasse. Family Case Management funds were all held -- withheld.

It was $116,000, which was down from 139- from...
the previous year, was held up until February.
We received 37 percent of the first six months
owed. So we still have a fair amount of the
Family Case Management outstanding. Some of the
emergency preparedness grants, those have been
coming through all along. So the -- the primary
issue is not typically with the federal impasse
through funds --
MR. SCHIER: With the state.
MS. BAULING: The issue becomes with the
state funds. So all the tobacco --
MS. PADILLA: They're all reducing. They
reduced our amounts. Of course, you know, costs
aren't going down. They're increasing. They
reduced us on tobacco last year. They're saying
it's going to be flat this year. Will it be
funded? I don't know. I have my doubts. I
have my doubts whether it's going to be funded
at all. You know, asthma is federal -- we do --
we get a tiny, tiny chunk for asthma, which
again is related back again to tobacco somewhat.
I write grants. The problem is in Ogle
County to go for a federal grant -- I mean,
other than WIC and Family Case Management and a
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few maybe minor things, we're too small. We
have written March of Dimes grants up the wazoo
to the point where I looked at the history and I
said why? We don't have enough people here to
make them look good. They won't give us money,
and that's what it is because we researched it.
Their grants go to Chicago and collar counties.
They go down to Springfield where there's a more
higher population basis. So the money's not
there.
Give me a grant that I have a chance, and
I'll get it. We're getting a public health
associate, again, this fall from the CDC.
That's a federal grant, but you have to know how
to write a grant, and you have to know what the
trend current is that they want to give you
somebody for and write to it, which is what I
did. Because we know once we get them, we can
have them doing anything we want, as long as
they're still working on the other thing for two
years, but, unfortunately, our population base
is going down. We don't have a big enough
population for them to even look at us a lot of
times, and they put these grants out, like, the
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that point now where it's -- it's breaking
apart.
MR. SIGLER: As a board member -- not
trying to protect the County Board, I think
they're dealing with less, and I think we're
feeling the effects of that. It's not a
conspiracy to say we're going to get 708 because
they don't like Sigler. Well, that's -- most
people I deal with don't like me.
MS. BAULING: That is the reality. I
mean --
MR. SIGLER: I think they're dealing with
less, and so they have to spread that grief out.
I may disagree with them vehemently on how
they're spreading it out, but a voter of this
county, if I'm mispleased with them, I'll vote a
different manner, for someone else. That's what
I'll do but, no, I just don't want to just say
some kind -- give an illusion, some kind of
conspiracy. I don't believe it is. They're
dealing with less. We're going to feel the
effect of it. I don't agree with their
application on how they're doing it --
MS. WILSON: Bill --
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nature of the healthiest -- the healthiest city
and county challenge, right? Well, you've got
to have money up front to even compete for the
first part of that to have a chance at -- to
have a chance at a small award. So if you're a
small, strapped county, you look at that and
you're -- okay, where is the funding going to
come from to do all this work up front in order
for us to even have a chance to win this $10,000
award in order to be able to go on? We don't
have the funding to put it up front anymore. We
don't. We just can't take the chance on that
kind of stuff anymore and that's -- that's where
we lose out. That's where we lose out. I mean,
we've gone with various different funding issues
before the County Board and, you know, they
don't -- they don't happen. When we tried for
the retail tobacco license --
MR. SCHIER: They're doing the same -- we
have the same problems you have. They're doing
the same thing to us. They want us to do more
and take a little bit more money away from us.
MS. PADILLA: Well, we've been doing more
with less for a -- for so long that we're at
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<table>
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<tr>
<th>Page 33</th>
<th>Page 34</th>
<th>Page 35</th>
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<tbody>
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<td>1</td>
<td>MR. SIGLER: Yes, ma'am.</td>
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<td>that. So this is just a starter. I mean, this</td>
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<td>MS. WILSON: -- we need to move on.</td>
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<td>isn't --</td>
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<td>MR. SIGLER: Yes, ma'am.</td>
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<td>MS. PADILLA: And we have -- you know, I</td>
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<td>MR. SCHIER: I don't have any more</td>
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<td>have talked to LSSI and to Sinnissippi.</td>
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<td>questions.</td>
<td>5</td>
<td>MS. DETER: Uh-huh.</td>
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<td>MS. WILSON: Thank you, Dave.</td>
<td>6</td>
<td>MS. PADILLA: And they want to be a part</td>
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<td>MS. DETER: It's a wonderful program what</td>
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<td>of this committee and that's -- part of it is</td>
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<td>you're trying to do. Have you gone to</td>
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<td>bringing everyone together and putting those</td>
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<td>other agencies though for money? Because, you know,</td>
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<td>pieces together. So that instead of having</td>
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<td>we're funding so many people that also do things</td>
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<td>fragmented services, we can coordinate -- we can</td>
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<td>with suicide and -- you know, that's my problem.</td>
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<td>coordinate what's being offered. What's there</td>
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<td>My only problem with this is the fact that</td>
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<td>and then where are the gaps? Because the</td>
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<td>we're -- like, Bill, we're an agency giving</td>
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<td>information, the data, is so difficult to get</td>
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<td>money away, and where does it end? So that's</td>
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<td>and with our population base, in order to --</td>
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<td>all I have to say. It's wonderful what you're</td>
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<td>just in order for our IPLAN, in order to get</td>
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<td>doing. As a retired nurse, yeah, it's</td>
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<td>data, we had to average it over three years and,</td>
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<td>absolutely great. But the -- I do have one</td>
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<td>again, it's highly underreported. So bringing</td>
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<td>thing. I am correct, you're doing screenings?</td>
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<td>everyone to the table, instead of having</td>
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<td>Do you do birth to three?</td>
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<td>Sinnissippi working on this over here, and LSSI</td>
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<td>20</td>
<td>MS. PADILLA: It's birth to five.</td>
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<td>doing this over here, and this agency over here</td>
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<tr>
<td>21</td>
<td>MS. DETER: Birth to five.</td>
<td>21</td>
<td>and this agency over here, and nobody knows what</td>
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<td>22</td>
<td>MS. PADILLA: Birth to five.</td>
<td>22</td>
<td>each other is doing, bringing it together and</td>
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<tr>
<td>23</td>
<td>MS. DETER: Okay. Because, you -- do you</td>
<td>23</td>
<td>then finding out where those gaps are, and how</td>
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<td>24</td>
<td>refer them to the school districts then? I'm a</td>
<td>24</td>
<td>they can be worked on, and a prevention -- I was</td>
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<tr>
<th>Page 34</th>
<th>Page 35</th>
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<td>1</td>
<td>retired special ed nurse.</td>
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<td>2</td>
<td>MS. BAULING: There's some interaction</td>
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<td>3</td>
<td>with the schools and encouraging them to get</td>
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<td>into the -- the --</td>
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<tr>
<td>5</td>
<td>MS. WILSON: Head Start Program.</td>
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<td>6</td>
<td>MS. BAULING: -- the Head Start Program.</td>
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<tr>
<td>7</td>
<td>MS. DETER: And the preschool program that</td>
<td>7</td>
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<td>8</td>
<td>they have for them. Okay. I just wondered</td>
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<td>because when you -- you know, that -- I just</td>
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<td>think that we need to be -- you need to be</td>
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<td>11</td>
<td>looking to see what other agencies -- because if</td>
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<td>12</td>
<td>we're -- I mean, if we're giving somebody money</td>
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<td>for suicide now, and then you're coming along,</td>
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<td>are you coordinating? Or is this a completely</td>
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<td>15</td>
<td>different program?</td>
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<td>16</td>
<td>MS. BAULING: Well, I think what we're</td>
<td>16</td>
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<td>17</td>
<td>trying to accomplish here is more of a</td>
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<td>coordination, you know, within -- because we</td>
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<td>19</td>
<td>know that everybody has a little piece of it,</td>
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<td>20</td>
<td>and it was very apparent when we did our</td>
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<td>community needs assessment as well. Is a way to</td>
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<td>be able to maneuver and combine some of these</td>
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<td>resources here. I mean, the health department</td>
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<td>really can serve as that conduit to help with</td>
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<td>1</td>
<td>of the other agencies in the county or that work</td>
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<td>in this county, because they're not always</td>
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<td>3</td>
<td>located in here, but come in here and work, and</td>
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<td>4</td>
<td>we get together and get our heads together on</td>
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<td>5</td>
<td>this problem and start putting together a real</td>
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<td>prevention message. There isn't one here.</td>
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<td>7</td>
<td>There isn't one here.</td>
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<td>8</td>
<td>I mean, I threw up the national suicide</td>
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<td>9</td>
<td>hotline Facebook thing, and we once in a while</td>
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<td>10</td>
<td>maybe write a press release or talk about it out</td>
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<td>11</td>
<td>in public, but we're all doing our own little</td>
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<td>thing here everywhere, but there is no concerted</td>
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<td>13</td>
<td>combined effort, and what we've seen from</td>
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<td>14</td>
<td>communities that care was when they got together</td>
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<td>15</td>
<td>together and started talking about, hey, I can't</td>
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<td>do this, hey, I can do that -- I put that</td>
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<td>17</td>
<td>together, care became coordinated in this county</td>
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<td>and it got better. Well, we want to do the same</td>
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<td>thing with suicide. Kind of the community that</td>
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<td>cares committee that cares for suicide as</td>
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<td>opposed to young child development.</td>
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<td>MS. BOWERS: They do 95 percent of the money funding --</td>
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<td>MS. DETER: But still it's --</td>
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<td>MS. BOWERS: -- for the 708.</td>
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<td>MS. DETER: It still comes from everybody.</td>
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<td>MS. WILSON: 95 percent, really?</td>
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<td>MS. BOWERS: (Nodding head.)</td>
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<td>MR. HEAD: Well, I -- so they don't own the health department issues as a county board?</td>
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<td>MS. BOWERS: They do. But the moneys are two separate areas.</td>
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<td>9</td>
<td>MR. HEAD: Yeah.</td>
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<td>10</td>
<td>MS. BOWERS: They do.</td>
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<td>11</td>
<td>MR. HEAD: Really.</td>
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<td>12</td>
<td>MR. HEAD: Yeah.</td>
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<td>13</td>
<td>MR. HEAD: And when I look at Project LEAD, which sounds like a great program, we're getting a request from you, but we're also getting a request for LSSI.</td>
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<td>14</td>
<td>MS. DETER: Yes.</td>
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MS. DETER: I didn't think we were paying for salaries.

MS. PADILLA: Their -- so that's -- that's the thing. That's -- to continue to do the work that we do with Project LEAD -- you know, I am at Project LEAD at least two times a month.

Once for the regular meeting. Once for the youth because I'm a co-chair of the youth, and that meeting usually goes about an hour and a half, and if you're going to get kids there, you got to give them pizza, and Megan and I have been paying that mostly -- mostly out of our own pockets, but to go on with it, in this fiscal state, with our declining funding, it's just not going to be able to continue to go on at -- at the level that it is.

MR. HEAD: Joanie --


MR. HEAD: -- when Rochelle Hospital said, Well, we're not going to fund that anymore, did you push back on Rochelle Hospital because they -- I mean, how's it easy for them to say no and --

MS. PADILLA: Well, their person who was certified left and went to another facility, and so they no longer had anyone. So they called and asked, and I said, Well, you know, are you willing to pay for the training? And they said no. I said, Well, then you'll have to wait until I can get a grant to pay for it.

MR. HEAD: Okay.

MS. PADILLA: And so it took a year. It took a year before there was a grant available for $175 to go take that training.

MR. HEAD: So at one point they said, yes, and then they said -- when they said no, then it becomes -- it's kind of like, coming over here, they had a staff position. They eliminated that position. They decided not to satisfy this community need, but the community need is still there and we've got KSB -- a physician on the Board, Dr. Reckamp. How about KSB funding tobacco cessation, instead of the 708 Board?

And I'm not arguing with the merits of the tobacco cessation program. It helped me when I quit smoking but it's kind of like, they're --

I'm concerned about some of these other agencies stepping back from some of their community responsibilities and leaving it to us to pick up the slack.

And that doesn't have anything to do with you or your proposal.

MS. PADILLA: Having KSB come in, they would probably maybe do something in Oregon because they have the clinic in Oregon. They have the clinic in Mt. Morris, but our pocket of heaviest smokers is in Rochelle.

MR. HEAD: Okay.

MS. PADILLA: That's where they're at.

That's where -- that's just -- that's the Nielson Report. That's where they're at, and so KSB doesn't have any involvement in that end of the county. So it -- again, healthcare in Ogle County is so fragmented because we have so many different healthcare providers in here.

MR. HEAD: Sure.

MS. PADILLA: So it becomes -- it becomes difficult to provide and to coordinate all of those different agencies that come in here to do one thing, which is tobacco cessation.

MR. HEAD: Uh-huh.

MS. PADILLA: So there's -- there's an issue right there.

MR. HEAD: Uh-huh.

MS. BROOKS: Have you guys ever applied for funding from Rochelle Community Action Foundation?

MS. BAULING: We have not.

MS. PADILLA: We have not.

MS. BROOKS: That's another source that you might want to consider. Just to close here, I love all of your ideas and I think just your -- I can tell you have a passion for wanting to get out in the community and help people, and I think that's a great thing. I think there's just -- from our standpoint, there's some blurry lines that I need to have some clarification on, and who's doing what?

Are we giving duplicate funds, you know, for the same purpose to different agencies, but I like your ideas, like I said, and I think they're great.

MR. SIGLER: Kathe, I have to ask just one last question.

MS. WILSON: Okay.

MR. SIGLER: The $7,875, what is the In Totidem Verbis, LLC (ITV)
questions, if you prefer.

MR. HOOKER: We can give a brief overview of our programs in our application this year.

MS. WILSON: Okay.

MR. HOOKER: I'm Jeremy Hooker. I'm the program director. This is Chris Mills, our clinical manager, and Gerri Johnson, our business manager.

This year we tried to streamline our application in response to the questions about our application last year. This year we're presenting on two programs versus the three programs we presented on last year. The reason for that is, our System and Care Program, which we previously asked funding for, is actually receiving payments from the State of Illinois and isn't in the same amount of need as the two programs -- the other two programs that we requested for last year. So we've streamlined our application just to those two programs.

One is the Comprehensive Community Based Youth Services Program, or youth services for short. That program is like the 9-1-1 service for runaway youth in the community. So if a youth is found by law enforcement, they call Lutheran Social Services 24 hours a day, seven days a week, and we respond. By either immediate counseling to try to reunify that family, get them back together and to avoid more costly systems, such as DCFS or the Lee Criminal Justice System. It's an early intervention program. In addition to that core function of the program, which is the 24-hour response, we can also do counseling with kids in the community that are at risk. So we can accept referrals from teachers, from probation officers, anyone who can identify a kid who is in need of services, and the age range is 12 to 18. Every community in Illinois has a CCBYS, youth services program. This year with the budget crisis we have not received one dollar on our contract from the State of Illinois for the actual CCBYS services. So -- Gerri, you can probably correct me, but I believe, we're about over $100,000 they owe us this contract year.

As part of the contract they require matching funds from communities, which is one of the reasons why we've originally come to the Board.

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So it's about $24,000, I believe, for the community match. So the money we request from the 708 Board for this program goes towards that community match to have these services here.

The other program we are here to talk about is Project LEAD, and I'll turn that over to Chris.

MS. MILLS: Project LEAD is substance abuse prevention and what -- when we received this grant in 2012, the first step was to build a community-based coalition with 12 different sectors of the community, so that would be community-driven. So it's not LSSI making decisions about Ogle County and what's best for them. It's the coalition of community members, which we think is really important and valuable. One of the next steps for Project LEAD was to move forward with doing an evidence-based curriculum in the schools, and that's just really fancy language for saying that there's been research. We know what works in educating children and helping them get the skills they need to refuse drugs, and it's those lessons that our workers go in and conduct at the middle school level in Ogle County. We're also involved in things like take-back day. So we partner with police departments to make sure that community members know about the dangers of prescription drugs and them needing to be disposed of properly. Really anything that involves youth and keeping them drug free, we really make a point to get involved with. So it's very open that way, but the two primary components of the program really are the evidence-based curriculum in schools and then also the coalition that drives all the efforts that Project LEAD puts in place.

MS. DETER: Can I go first since I have to leave?

MS. WILSON: Yeah.

MS. DETER: Okay. Basically, the only question I have is, the money we're giving you, is that used for materials? Is it used for things like that? It's not used for, like, room and board or travel -- like, on that one page you've got a list of how much you spend. That's what I want to make sure, that it's going directly to the program for all your -- well, I

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MS. DETER: Yeah.

MS. MILLS: -- costs about a dollar apiece, which adds up when you look at the number of students we're serving, which is, you know, 350-plus.

MS. DETER: Okay.

MS. MILLS: So a big portion of it will go towards those types of supplies. So that's a really important part. Also a lot of the curriculum involves teaching tools that we need in order to help --

MS. DETER: Yes.

MS. MILLS: -- them really get the visual of what they're learning, which is an important component of teaching it.

MS. DETER: Okay. That's the only question I had.

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MS. WILSON: Thank you.

MR. SCHIER: My question -- I read in there where -- in the audit you're having some problems with the compliance and also controls and that but I also read that -- about cashing -- there were checks that didn't get cashed for, like, five years or something? What was -- give me an example of not cashing a check for a year or something.

MS. JOHNSON: I really have not heard of that since I've been here. I'm relatively new.

It's something I could ask about.

MR. SCHIER: Okay.

MS. JOHNSON: I'm not aware of that.

MR. HOOKER: Unfortunately, our audits are for the entire giant statewide agency. Instead of program specific. I wish I could give you an audit of just our programs. I can assure you that in between the programs we manage and that Gerri oversees, financially we haven't had those issues.

MS. JOHNSON: Yeah. Because if a check hasn't been cashed or I didn't see it coming in, I would be asking about it.

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MR. SCHIER: Do you have that available?
Would you do that next year?

MR. HOOKER: We don't have the ability to
audit our individual programs unless the agency
that oversees, like, the Department of Human
Services, may choose to come in and do their own
financial audit, but they haven't done that
recently.

MR. SCHIER: Okay. That's all I have.

MS. WILSON: Thank you.

MR. SIGLER: What kind of mental health
services do you provide and, again, remember I
visited your location. I was sad. Not because
of lack of delivery of services. It just
impressed me as being a very sad place, with
young adults, young children with no mother and
father and I would imagine there is -- my
perception, problems in working with these
individual -- the individuals. I hate that --
these children and maintaining a positive mental
attitude. What type of psychological or mental
health services do you provide for those
individuals? That's my question.

MS. MILLS: The children who reside there
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are primarily there because of their substance
abuse issues, but along with that, as we talked
about, come so many different components of
family life, problems with the legal system, a
lot of times abuse. So there's an array of
different issues that they come in on, so to
treat only the substance abuse is nearly
impossible because we have to treat the person
as a whole, and there's so many different levels
of what they need. It is sad work. There's an
element to it that's sad, but they can become so
resilient, and they can overcome, and that is
just amazing to see. So along with the sadness
of a lot of the burden that these children come
in with, also they're the perfect example of the
art of being able to overcome different
obstacles of their life and how treatment works,
and those who really engage in it and apply the
skills and the knowledge that they're learning,
can go out there and be successful. I mean,
they call us once they leave and they tell us,
you know, I'm doing great, you know, I have hard
days, but I'm getting through, and I just wanted
to call and let you guys know that. Those types
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in that program are trained counselors.
Actually, we do have a certified alcohol and
drug counselor in that program that provides
services in this county as well. Project LEAD
is working to kind of put our residential
program out of business. We want to catch these
kids before the addiction. Provide an early
intervention. Those staffs are working towards
their certified prevention specialist status.
We don't have anybody who is certified yet, but
we hope to in the next year. It's a newer
program for us, and it's a newer license. So
they're all working hard towards that.

MR. SIGLER: Thank you very much. That's
all the questions I have, ma'am.

MS. BOWERS: I have a couple comments.
Your mission statement on Page 10, that's a very
powerful mission statement. I do have to say
that. And the audit, I had some same concerns
that David had. Is there a way you can define
any part of that, that would be in particular to
your group that you have? It -- you say, it's
statewide. When you take a look at it, you
don't realize that it's statewide. Is there
In Totidem Verbis, LLC (ITV)  
815.453.2260
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<th>Page 65</th>
<th>Page 67</th>
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<td>1 you have to have an intervention if you have an</td>
<td>1 like -- are you guys collaborating or working</td>
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<td>2 out-of-control youth that's in your custody. So</td>
<td>3 together?</td>
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<td>3 it originally started off, we would use that</td>
<td>4 MS. MILLS: No. I think the look on my</td>
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<td>4 training to train our staff and it does --</td>
<td>5 face tells you I'm really confused, I'm sorry.</td>
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<td>5 there's two full days of training. The second</td>
<td>6 MR. HEAD: We're confused.</td>
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<td>6 day is physical restraint. The first day is all</td>
<td>7 MS. MILLS: Yeah.</td>
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<td>7 nonverbal interventions. Over the years we've</td>
<td>8 MR. HEAD: We're kind of confused.</td>
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<td>8 adapted the nonverbal, which is really the most</td>
<td>9 MR. HOOKER: I think it could be that they</td>
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<td>9 important, and what we focused on in our</td>
<td>10 have a program with a similar name.</td>
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<td>10 residential, we no longer have restraints.</td>
<td>11 MS. DETER: No. It's the same thing,</td>
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<td>11 Actually, we haven't had one in several years</td>
<td>12 wasn't it?</td>
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<td>12 because we focused more on the nonverbal part.</td>
<td>13 MR. HEAD: Same name. Same program</td>
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<td>13 We've adapted that training to provide to our</td>
<td>14 description.</td>
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<td>14 outpatient staff, and we've actually used it for</td>
<td>15 MS. BROOKS: You said with 12 different</td>
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<td>15 foster parents to teach them how to work with</td>
<td>16 agencies?</td>
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<td>16 youth in their homes. We wouldn't teach them</td>
<td>17 MS. MILLS: There's a coalition.</td>
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<td>17 the physical side of it, but just the</td>
<td>18 MS. BROOKS: They said four --</td>
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<td>18 nonverbal. So that is something we use. We</td>
<td>19 MS. MILLS: Yeah. I don't know how that</td>
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<td>19 train most of our outpatient staff in it, and we</td>
<td>20 --</td>
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<td>20 just have them do the nonverbal portion of that</td>
<td>21 MR. HOOKER: Our program is a grant</td>
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<td>21 training.</td>
<td>22 through the Illinois Department of Human</td>
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<td>22 MR. HEAD: Is it similar to the training</td>
<td>23 Services. I'm not 100 percent sure that it</td>
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<td>23 that's provided for law enforcement.</td>
<td>24 would be the same program.</td>
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<td>24 MS. MILLS: I'm not sure.</td>
<td>25 MR. HEAD: It sure sounded like -- I mean,</td>
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<table>
<thead>
<tr>
<th>Page 66</th>
<th>Page 68</th>
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<tr>
<td>1 MR. HEAD: Because they have -- there's a</td>
<td>1 they used the term Project LEAD.</td>
</tr>
<tr>
<td>3 training that is available through some of their</td>
<td>3 MR. HEAD: And that's in their proposal.</td>
</tr>
<tr>
<td>4 training bodies and that's actually something</td>
<td>4 MR. HOOKER: Uh-huh. It wouldn't be our</td>
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<tr>
<td>5 that came up from the sheriff's department and</td>
<td>5 Project LEAD or we would be aware of it.</td>
</tr>
<tr>
<td>6 the state's attorney and local police chief, so</td>
<td>6 MR. HEAD: Okay.</td>
</tr>
<tr>
<td>7 they said they would be open to that kind of</td>
<td>7 MR. HOOKER: And we gave a name to our</td>
</tr>
<tr>
<td>8 thing, and I was just wondering if you were able</td>
<td>8 coalition. It isn't -- statewide it's not</td>
</tr>
<tr>
<td>9 to provide that kind of thing?</td>
<td>9 called the Project LEAD Program. So it's</td>
</tr>
<tr>
<td>10 MR. HOOKER: We haven't provided it</td>
<td>10 possible that they have a similar program that</td>
</tr>
<tr>
<td>11 externally because there is some liability with</td>
<td>11 uses a similar name, but I don't believe it's</td>
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<tr>
<td>12 training on the holds, the physical holds, but</td>
<td>12 the same grant contract.</td>
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<tr>
<td>13 it's something we could look at.</td>
<td>13 MR. HEAD: I'll take a look at --</td>
</tr>
<tr>
<td>14 MR. HEAD: Yeah. I was just looking for,</td>
<td>14 MS. MILLS: Did they break it up into an</td>
</tr>
<tr>
<td>15 you know, kind of cross-lengths between one and</td>
<td>15 acronym at all? I know our Project LEAD, is</td>
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<tr>
<td>16 the other.</td>
<td>16 Leaders Encouraging Abstinence from Drugs.</td>
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<tr>
<td>17 The County Health Board was actually here</td>
<td>17 MS. WILSON: Yes. That's what they put</td>
</tr>
<tr>
<td>18 just a little while ago before you presented,</td>
<td>18 down.</td>
</tr>
<tr>
<td>19 and they had great statistics that just knocked</td>
<td>19 MS. DETER: Yep. They said they were</td>
</tr>
<tr>
<td>20 me out, but they also requested funding for</td>
<td>20 going to hopefully, you know, get you involved</td>
</tr>
<tr>
<td>21 Project LEAD. So they're requesting support</td>
<td>21 and Sinnissippi involved.</td>
</tr>
<tr>
<td>22 from the 708 Board to help with their portion of</td>
<td>22 MR. SIGLER: Sinnissippi also.</td>
</tr>
<tr>
<td>23 Project LEAD. So -- and I -- I don't doubt that</td>
<td>23 MR. SCHIER: Yeah.</td>
</tr>
<tr>
<td>24 the need is there, but it does seem a little bit</td>
<td>24 MR. HEAD: Participation and Project LEAD</td>
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<td>In Totidem Verbis, LLC (ITV)</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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We'll do everything we can to support schools in participating so that the data is there for all of us to look at and utilize and track.

MR. HEAD: Okay. Okay. On your county -- or children -- or comprehensive -- what is it, CCB --
MS. MILLS: CCBYS.

MR. HEAD: Yes, CCBYS. Do you have some liaison with law enforcement? Are they part of any committee or planning group? Because it seems like -- I mean, you provide services through them to young people and there's kind of a pain point there for law enforcement if they can't provide these services or help these people get access to it. Are they in any way involved with the feedback or oversight on this program?

MR. HOOKER: They do communicate with the program supervisor who oversees it. We provide them with a 24-hour phone number. So anytime they need services they access the calling services, and we connect them to a person.

MR. HEAD: Right.
MR. HOOKER: But as far as being involved in the administration of the program, they're not really involved in that aspect.

MR. HEAD: Okay.
MR. HOOKER: We get a strict program plan from the Department of Human Services that spells out all of our protocols, and how the program has to run. So there's sometime -- in order to honor our contract we have to follow kind of our program plan.

MR. HEAD: Sure. Sure. But if the law enforcement was -- or state's attorney office was asked for some kind of feedback about CCBYS, there would be some law enforcement to be able to speak to program performance and what they've seen actually locally and that sort of thing?

MR. HOOKER: Yeah. I would hope so.
MR. HEAD: Okay. Okay. It might be useful at some point to document that.

MR. HOOKER: Uh-huh.
MR. HEAD: I don't have anything else.
Oh, the Illinois Youth Survey, how large is the sample size? What kind of numbers are we talking about?

MS. MILLS: The goal of the Illinois Youth Survey will go on. That is separate from us. We -- like I said, we definitely encourage it.

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Survey is to really administer the survey to all schools that will participate, and then they break down that data by state. They break it down by county, and you can even break it down by school. So it's really useful information to target, like, what a certain area may be struggling with and what substances this area may be having some difficulties with compared to this area. I mean, even to compare Lee County versus Ogle County and -- I mean, you'll see some significant differences even though they're neighboring counties.

MR. HEAD: I would like to have a side conversation with you about how you access that data. It sounds --

MS. MILLS: Super easy. You Google it, bam and then it -- it's so user friendly.

MR. HEAD: Okay.

MS. MILLS: And you can just break it down from there.

MR. HEAD: Great.

MS. MILLS: The Illinois Youth Survey, I believe it's -- I want to say CPRD is the actual company that takes it and really compiles all the data from there.

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<table>
<thead>
<tr>
<th>Page 73</th>
<th>Page 75</th>
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<td>1 the data.</td>
<td>1 years serving this community. It is one of the</td>
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<td>2 MR. HEAD: Okay.</td>
<td>2 very few programs that LSSI still has that's</td>
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<tr>
<td>3 MS. MILLS: But --</td>
<td>3 gone unpaid. I can't tell you how long that</td>
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<tr>
<td>4 MR. HEAD: So the State has a contract</td>
<td>4 will continue. I don't think any of us know.</td>
</tr>
<tr>
<td>5 with them to provide the data.</td>
<td>5 Until the state budget crisis is resolved.</td>
</tr>
<tr>
<td>6 MS. MILLS: Yeah. I don't know exactly</td>
<td>6 We're hoping every day that they get a contract,</td>
</tr>
<tr>
<td>7 how that goes, but, yeah, it's really easy to</td>
<td>7 and they pay us for the services we've already</td>
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<tr>
<td>8 access and really user-friendly and great</td>
<td>8 provided. The contradiction -- and there's been</td>
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<td>9 information.</td>
<td>9 no lapse of coverage and, you know, we're bare</td>
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<tr>
<td>10 MR. HEAD: All right. Great. Thank you</td>
<td>10 bones. We haven't had enough people to cover.</td>
</tr>
<tr>
<td>11 so much.</td>
<td>11 That goes to kind of how I described the</td>
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<td>12 MS. MILLS: And like I said, not just</td>
<td>12 program. So there's that -- it has two</td>
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<td>13 about substances but also I mean, it will</td>
<td>13 elements. The basic 24-hour response for law</td>
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<tr>
<td>14 give as much detailed information about what</td>
<td>14 enforcement. That's never lapsed. We always</td>
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<tr>
<td>15 kids report in terms of how many hours they</td>
<td>15 had -- if law enforcement calls us, we have a</td>
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<tr>
<td>16 spend alone after school.</td>
<td>16 worker. They're going to respond. Those extra</td>
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<tr>
<td>17 MR. HEAD: Wow.</td>
<td>17 clients that we can see, those at-risk youth in</td>
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<tr>
<td>18 MS. MILLS: I mean --</td>
<td>18 the community that may be referred from a</td>
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<td>19 MS. BROOKS: How often they drink or</td>
<td>19 teacher, a probation officer, someone else,</td>
</tr>
<tr>
<td>20 smoke?</td>
<td>20 those numbers aren't very good this year. We</td>
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<td>21 MS. MILLS: Yes. Substances. Have they</td>
<td>21 haven't had the staff to provide those services.</td>
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<td>22 ever thought about hurting themselves? I mean,</td>
<td>22 So we've kept our core services intact, but the</td>
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<td>23 it's really useful information.</td>
<td>23 other numbers are lower because we haven't had</td>
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<td>24 MS. BROOKS: That's good.</td>
<td>24 the staff to provide that -- the services we'd</td>
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<td>In Totidem Verbis, LLC (ITV)</td>
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<tr>
<th>Page 74</th>
<th>Page 76</th>
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<tr>
<td>1 MR. HEAD: Well, I want to acknowledge all</td>
<td>1 like to.</td>
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<tr>
<td>2 the services that you provide and the hard work</td>
<td>2 MR. HARP: Okay. And then getting back to</td>
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<td>3 that you do, and it sounds like it's been a hell</td>
<td>3 money. I noticed that -- where is it? On the</td>
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<td>4 of a year for you. So, hopefully, there's light</td>
<td>4 budget on page -- I don't know Exhibit 2.5, it</td>
</tr>
<tr>
<td>5 on the horizon.</td>
<td>5 apparently indicates that you got no money from</td>
</tr>
<tr>
<td>6 MS. MILLS: That's what we're hoping.</td>
<td>6 us in FY-16.</td>
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<tr>
<td>7 Thank you.</td>
<td>7 MS. DETER: Yeah.</td>
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<td>8 MR. HARP: Well, with that maybe I should</td>
<td>8 MR. HARP: I presume that was -- is that</td>
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<td>9 get to this one question I had. Where you</td>
<td>9 accurate? Or I'm -- I'm confused about that.</td>
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<td>10 talked on -- under projections on Page 45, about</td>
<td>10 MR. HOOKER: It may be at the time this</td>
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<td>11 the lack of funds, staff vacancies unfilled, but</td>
<td>11 budget was put together but we did receive</td>
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<td>12 still no lack of -- insuring that there's no</td>
<td>12 the --</td>
</tr>
<tr>
<td>13 lack of coverage. There seems some tension</td>
<td>13 MR. HARP: Yeah.</td>
</tr>
<tr>
<td>14 between those two parts of the statement. I</td>
<td>14 MS. BROOKS: I think there was a delay.</td>
</tr>
<tr>
<td>15 wondered if you could address that a little bit.</td>
<td>15 MR. SIGLER: Yes, there was.</td>
</tr>
<tr>
<td>16 How much success you're having and how --</td>
<td>16 MS. BROOKS: We had to hold it because of</td>
</tr>
<tr>
<td>17 MR. HOOKER: Sure.</td>
<td>17 a letter that you received saying they were no</td>
</tr>
<tr>
<td>18 MR. HARP: -- you know, how close are you</td>
<td>18 longer eligible. That we got an error.</td>
</tr>
<tr>
<td>19 to not being able to provide?</td>
<td>19 MS. DETER: Yeah.</td>
</tr>
<tr>
<td>20 MR. HOOKER: One of the reasons is, LSSI</td>
<td>20 MR. HEAD: Uh-huh. Uh-huh.</td>
</tr>
<tr>
<td>21 did some major restructuring as you're all well</td>
<td>21 MR. HARP: Okay. All right.</td>
</tr>
<tr>
<td>22 aware of. One of the reasons we've been able to</td>
<td>22 MS. JOHNSON: Yeah. We've definitely been</td>
</tr>
<tr>
<td>23 hold onto the CCBYS Program, is the long history</td>
<td>23 getting the checks every month, and I've been</td>
</tr>
<tr>
<td>24 we've had. We've had this grant for over 30</td>
<td>24 applying them to the programs myself.</td>
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MR. HARP: Good. No, I thought you had.

MS. DETER: No. She went on a trip.

MR. HARP: Well, getting back to the CCBYS. I find that a really hard acronym to throw out.

MR. HOOKER: Yeah. That's why we call it youth services.

MR. HARP: Oh, do you?

MR. HOOKER: Yeah.

MR. HARP: I was calling it CC-biz (phonetic).

MS. MILLS: I think I'm going to use that.

That's good.

MR. HARP: Good. Good. Let's see, your goal was 90 percent to remain in the nuclear family. That -- I should have gone over my notes earlier this morning. So now I'm trying to figure out what I'm saying sometimes.

MS. MILLS: It's all right.

MR. HARP: But I presume that relates to people who continue services with you; is that right?

MR. HOOKER: It's really anybody we come in contact with. That --

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MR. HARP: Oh, it is.

MR. HOOKER: -- that goal was established by the State of Illinois Department of Human Services for us. So if a family disrupts and we get the call to come out and provide services, our goal is to get those people back together 90 percent of the time, and not have them move on to a higher level of service such as DCFS.

MR. HARP: Uh-huh.

MR. HOOKER: Or other placement options.

MR. HARP: And you are meeting that goal then? You're at 90 percent?

MR. HOOKER: I don't believe we are quite at that high of a level. One of the difficulties with numbers for a statewide program is we have a smaller sample size, so if we serve seven families and one doesn't reunify, they'll throw off our numbers, so --

MR. HARP: Sure.

MR. HOOKER: Whereas some programs do much larger volumes in Chicago or other areas. So it's a little different with our sample size. A small anomaly can really throw off the numbers, but we do have a very high success rate.

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think it's in there. I'm just not familiar with it off the --

MS. MILLS: And it's a great goal, but if a child tells you they're getting really abused, you know, it is -- it's not going to be in the best interest to reunify the family. Even though that's ultimately the program's goal.

MR. HARP: Yeah.

MS. MILLS: So it's stats like that that will throw it off, too.

MR. HARP: Sure.

MR. HOOKER: We could be the -- the first provider a family has contact with. Because there could be a blow-up in a home. Parents may lock out the child and not let them go home and when they call -- we may be the first mental health or service provider that family meets and there are times where we discover it's not best for that child to go back to that home, there could be an abuser or a neglect situation.

MS. MILLS: Yeah. Safety first.

MR. HARP: Yeah. Yeah.

Okay. And then you also used the discharge service report as a way of measuring effectiveness. I'm not familiar with that --

how -- to what degree is that objective versus subjective?

MR. HOOKER: I think it -- I think it's part of the cornerstone system, which is a system set up by DHS, so we enter all the data. There's a screening and assessment tool, and I think that is part of that system where we enter the outcomes' data. How many services the family did. So it's a reporting system that is set up through DHS. So they set it up. So I will let them comment on the objective. I assume it's pretty well researched, but I believe that's what that is. Without me doing the direct services myself, I'm not 100 percent sure of all the aspects of that assessment, but that's what I suspect. Is that it's a reporting tool for the cornerstone system.

MR. HARP: The YASI form. Can you -- I assume that's what you call it, YASI. Can you describe that a little bit.

MR. HOOKER: It's the Youth Assessment and Screening Inventory. That's another evidence-based tool that all the kids who enter

In Totidem Verbis, LLC (ITV)

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### Page 81

1. into services and stay in the services long enough to do, it has domains. It identifies strengths and weaknesses, and it helps kind of guide our service provision, and that also gets entered in that reporting system\^2 10 that DHS has set up for us. They want to measure the child's -- all those inventory items at the time services start and then they also want to measure them, I believe, it's every three months, and then at discharge to see if there's been any progress in that case.

MR. HARP: Do you have a way of aggregating, putting that together and coming up with what you think your success rate is in terms of that?

MR. HOOKER: They do, and they do track the programs. They just haven't shared any of that data with us this year.

MR. HARP: Okay. And then you also use client satisfaction survey, at random selection. Could you describe that a little bit for us, briefly.

MR. HOOKER: It's a questionnaire. The main thing that we measure through our quality improvement process is overall client satisfaction. I believe there's about ten items that talk about if you felt respected during services. Basic program feedback questions. LSSI has a quarterly quality improvement process. So we try to do a random sample of the kids and keep a running tally on client satisfaction, and if we notice any trends, we'd address that through our quality improvement process.

MR. HARP: Okay. And that goes to the larger organization then, not necessarily to you?

MR. HOOKER: It does. It goes to me first. I compile the data --

MR. HARP: Oh, okay.

MR. HOOKER: -- in a spreadsheet and then I write a quarter -- every quarter I write a narrative summary of all the data and then that goes on to our headquarters where we have quality improvement personnel up there, at the agency level, that also review that data.

MR. HARP: Is that helpful to you?

MR. HOOKER: It is. Because it gives

In Totidem Verbis, LLC (ITV)

### Page 82

1. improvement process is overall client satisfaction. I believe there's about ten items that talk about if you felt respected during services. Basic program feedback questions. LSSI has a quarterly quality improvement process. So we try to do a random sample of the kids and keep a running tally on client satisfaction, and if we notice any trends, we'd address that through our quality improvement process.

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MR. HOOKER: It is. Because it gives

In Totidem Verbis, LLC (ITV)

### Page 83

1. me -- I conduct monthly team meetings with all my staff. So that gives me feedback, topics for improvement. That's part of the QI process, is not just sending it to the main office in Des Plaines and letting them crunch the numbers. It's me taking it back to the people providing services to give them feedback.

MR. HARP: And does that include families who opt not to continue service or just the ones who have completed the program?

MR. HOOKER: When we do a random sample, we try to catch people in the moment where they are. So that's cases that are currently open. It doesn't necessarily take into effect if they completed it. If they're done with it. If they're halfway through it. It's just a snapshot in time.

MR. HARP: Okay. I guess, something that would be helpful to me in the future, if you could have some specific information about, you know, where these -- what these things are telling you.

MR. HOOKER: Uh-huh.

MR. HARP: So I would like to see that

In Totidem Verbis, LLC (ITV)

### Page 84

1. next year, if you could.

MR. HOOKER: Sure. We can definitely include the year-end summary in the report. We tried to streamline as much as possible, based on feedback, but I think that would be a valuable thing to add.

MR. HARP: Okay. And I'm going to keep drilling away on effective surveys and things.

You have the Illinois Youth Survey, Self Reports of Students. Can you tell me what have been the results of that for you? Once, again, is that something that pretty much goes back to headquarters and --

MS. MILLS: The Illinois Youth Survey is, again, something that's separate from us. It's just something that we know the importance of, and we support.

MR. HARP: Okay.

MS. MILLS: So that's an -- I believe, again, it's CPRD is the -- kind of the agency or company that compiles that. That's statewide.

So it's not even just local. It's they compile data for the state and then they break it down into school, into county. So we know the value

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of it. We know how important it is. So we support it and do everything we can to encourage schools to participate in it. Do everything we can to help out, including administering it to the students, but we're not in charge of that.

MR. HARP: Right. Okay. And then I really like your plan to do pre and posttesting in the fall.

MS. MILLS: Uh-huh.

MR. HARP: Can you briefly describe how that -- what that's going to be like.

MS. MILLS: Yes. Each of the curriculums included a pre and posttest that's -- we weren't required to do, and as we got more and more involved in putting together information about Project LEAD and as we've grown and served so many more students, we thought how important it would be to really track the satisfaction and the knowledge that the students obtain through the curriculum. So starting in the fall, we are going to do pre and posttests. They ask general questions about substances, including any level of experimentation, kind of fact-based questions to see where their knowledge level is going to be.

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about certain substances are, and then at the end, once they go through all the lessons of the curriculum, they would do a posttest, and then those two could be compared, so that we get a really great idea of how much more knowledge they've gained, and their perspectives on substances, which, obviously, the goal is for them to gain more refusal skills and pretty much understand the impact that substances have on the body and the brain.

MR. HARP: Great. Great. I look forward to seeing the results next year.

MS. MILLS: Yeah. I'm excited about that, too, and the workers are. They're -- we just -- it was one of those things where we all looked at each other and thought why weren't we doing this from the beginning, but again, once you grow and you're starting to get the numbers we're getting and service the student -- the number of students we're serving, now, we really realize how important that kind of information is going to be.

MR. HARP: Okay. I have nothing else.

Other than thanks for all that you guys are doing.

MR. HOOKER: Thank you.

MS. MILLS: Thank you.

MS. WILSON: Yes. Thank you for all the -- I've never been familiar with LSSI before. Just with Lutheran Brotherhood because my ex-husband belonged to that.

I have a question, in reading through this, and maybe it's something I missed, but there is -- like, on Page 40, it talks about the 708 funds were in the amount of $8,779 and a third of this amount was provided to the prevention specialist for Project LEAD. Okay. And there was another place where a third was applied to the other program.

Where was the third third applied?

MR. HOOKER: It went to the System and Care Program that we spoke about in the beginning of the program -- it's the DCFS program that sends therapists into the home to help do placement stabilization. Last year when we presented, we presented on three programs.

MS. WILSON: Right.

MR. HOOKER: This year we've streamlined it just to the two because that program under the -- a consent decree is actually still getting payments through the State of Illinois, so that doesn't have the need these programs do, but it did go towards the budget of that program last fiscal year as it was allocated by the Board.

MS. WILSON: Okay. So the third third is not being funded by us anymore? You're not asking for funds for that anymore?

MR. HOOKER: No. We're asking now, if you choose to fund us, that we would divide what you award us to these two programs that we're presenting on today.

MS. WILSON: Okay.

MR. HOOKER: Instead of splitting it amongst three.

MS. MILLS: That third program that we included last year, actually had an increase in contract, which we're very excited about, but it gives us the opportunity then to focus on other programs that are really in need.

MS. WILSON: Okay. So, basically, I -- I think -- and I'm just a little confused about

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MR. HOOKER: We are not.

MS. BOWERS: We are not. Okay.

MS. WILSON: You are not. Okay. All right. I declare
this meeting in recess.

(The funding hearing was recessed
at 8:40 a.m.)

In Totidem Verbis, LLC (ITV)
OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

RE: 708 Funding Hearings

Ogle County Sheriff's Office
300 North Main Street
Oregon, Illinois 61061

May 24, 2016

Board members present:
Kathleen Wilson, Chairman
Dorothy Bowers
Lowell Harp
Nick Head
Amy Stephenitch

Others Present:
Lucinda Bauling
Christina Bieche (phonetic)
Patti Hobbs
Ruth Carter
Patrick Phelan
Brion Brooks
Cecilia Zimmerman, Secretary

Reporter: Callie S. Bodmer

INDEX

Discussion ................... 3

End ......................... 45

In Totidem Verbis, LLC (ITV)

MS. WILSON: I hereby declare this meeting
of the Ogle County 708 Board back in session.

Cecilia, will you take roll, please.

(Roll call was taken and Lowell
Harp, David Schier, Bill Sigler,
Dorothy Bowers, Tracy Brooks,
Nick Head, Amy Stephenitch and
Kathleen Wilson were present.)

MS. WILSON: Thank you.
Okay. Do we have an agenda? All right.
So our agenda today is to do discussion,
decision and election of officers.

So let's get right to discussion. We have
a number of proposals of amounts that the
agencies would like to receive from us, and what
we need to do is to decide what amounts we are
willing to ask the HEW committee so they can ask
the finance committee so they can ask the County
Board.

MS. ZIMMERMANN: Do you have copies?
MR. SIGLER: This I did on a Friday
afternoon. If it's helpful, I would be happy to
pass it around.

MS. WILSON: Bill has very kindly made us
in Totidem Verbis, LLC (ITV)

copies of the amounts --

MR. SIGLER: That are being requested this
year and what they received last year.

MS. WILSON: All right.

MR. SIGLER: I don't think I have any
more. Maybe you can share.

MS. ZIMMERMANN: I'll share.

MR. SIGLER: I sure do. This is just what
happens, what comes with age, you forget what
you do.

MS. WILSON: Has everyone got one or at
least can see one?

Great. Okay. I guess we can go with the
order that's -- let's go with the order that's
on the board, please. So first we have got
Easter Seals. Easter Seals has asked us for
$11,928. I will entertain a motion with an
amount.

MS. BOWERS: I would make a motion to
approve them for $11,500.

MR. SCHIER: I second the motion.

MS. WILSON: All right. We have a motion
on the table for $11,500. Any discussion?

(No verbal response.)

In Totidem Verbis, LLC (ITV)
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MS. WILSON: All right. Hearing none, all in favor?

(All those simultaneously responded.)

MS. WILSON: Any opposed?

(No verbal response.)

MS. WILSON: All right. Motion carries unanimously.

All right. Next on the agenda is Serenity Hospice and Home, and they have asked us for $28,000.

MS. BOWERS: I make a motion to approve them for $28,000.

MS. WILSON: Do I hear a second?

MR. SIGLER: Second.

MS. WILSON: Any discussion?

MR. HEAD: I -- how did they justify the increase?

MS. BOWERS: They always asked for that amount and have never been approved for it. Last night -- or last month -- last year we had to reduce them by this amount, so. They have always asked for the 28,000.

MS. WILSON: And it's far, far less than they spend on the Ogle County residents.

MR. HEAD: Sure. As a note, for future funding discussions, I would like the Board to revisit our mission and goals and the extent to which Serenity Hospice addresses complications of grieving, that grieving is a normal part of suffering a loss, and I would like to sort out or at least discuss to what extent should that receive the sort of funding that it should.

But with that note, I think -- I am hearing your explanation, I support that for this year.

MS. WILSON: Okay. We have a motion and a second on the table. Call for a vote. All in favor?

(All those simultaneously responded.)

MS. WILSON: Any opposed?

(No verbal response.)

MS. WILSON: Motion carries unanimously.

Next on the agenda is Village of Progress, who have asked for $375,000. Entertain a motion.

MR. HEAD: I would like to move that they be funded at the level of $390,000.

MS. WILSON: Actually, we can't do that.

MR. HEAD: Can't do that? Okay. Well, you know where my sentiments lie. And the reason I said that, is I would like to see something done in terms of the mental health needs of that population and the families and parents, counseling support.

MS. WILSON: Thank you.

MR. SIGLER: Especially for the parents, sir. I agree with you. It's very difficult on them to have a handicapped child, adult child also.

MS. WILSON: Okay.

MR. HEAD: I will move that we fund the Village of Progress at the requested level of $375,000.

MS. STEPHENITCH: I second.

MS. WILSON: Thank you. Any discussion?

(No verbal response.)

MS. WILSON: All in favor?

(Lowell Harp, David Schier, Bill Sigler, Tracy Brooks, Nick Head, Amy Stephenitch and Kathleen In Totidem Verbis, LLC (ITV))

Motion carries unanimously.

Call for a vote. Let's do a roll call vote then.

Wilson simultaneously responded.

MS. WILSON: Any opposed?

MS. BOWERS: Nay.

MS. WILSON: Let's do a roll call vote then.

MS. ZIMMERMAN: Amy?

MS. STEPHENITCH: Yes.

MS. ZIMMERMAN: David?

MR. SCHIER: Yes.

MS. ZIMMERMAN: Lowell?

MR. HARP: Yes.

MS. ZIMMERMAN: Tracy?

MS. BROOKS: Yes.

MS. ZIMMERMAN: Bill?

MR. SIGLER: Yes.

MS. ZIMMERMAN: Kathleen?

MS. WILSON: Yes.

MS. ZIMMERMAN: Vicki -- Vicki left her votes.

MS. ZIMMERMAN: Written?

MS. ZIMMERMAN: A written vote, yes.

MR. SIGLER: Point of order. The lady is not present, I don't believe she can vote.

In Totidem Verbis, LLC (ITV)
MS. BOWERS: You can't.

MR. SIGLER: She cannot vote.

MS. BOWERS: You can read her recommendations, but she cannot vote.

MS. ZIMMERMAN: Okay. She voted yes.

Nick?

MR. HEAD: Yes.

MS. ZIMMERMAN: Dorothy?

MS. BOWERS: No.

(By voice vote seven ayes, one nay.)

MS. WILSON: Thank you. Okay. Motion carries.

MR. HEAD: Can we have discussion at this point?

MS. WILSON: Yes.

MR. HEAD: What's your reservation?

MS. BOWERS: I just think it's too big of a jump in their requesting for funding. I know that the County Board doesn't look at one entity, they look at the total amount, by if we have too big of an amount of increase for funding, they won't approve it.

MR. HEAD: When they consider that, do they consider it all in programming, like, the Bakery effort?

MS. BOWERS: They only look at 708 Mental Health Board. They don't look at Bakery, they don't look at Community That Cares, they don't look at HOPE. They don't look at the big picture. They just look at one thing.

MR. HEAD: Just as a footnote, I would like them to look at the big picture next year.

MS. BOWERS: I'll tell them that, okay?

MR. HEAD: For what it's worth.

MR. HARP: I think it would be helpful at some time in the future if we could have some hard data available in terms of what funds are available through the tax that's allocated, given to the --

MS. BOWERS: You know, Lowell, John Coffman has been here previously and talked about how they do the funding for the 708. I don't know, I don't think that would be a bad idea to have him come back and discuss it again.

MR. HARP: Yeah, would sure help me.

MS. BOWERS: Sure.

MS. STEPHENITCH: I agree.

In Totidem Verbis, LLC (ITV)
<table>
<thead>
<tr>
<th>Page 13</th>
<th>Page 14</th>
<th>Page 15</th>
<th>Page 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I think it behooves us over the course of this next year to make them aware of that point of view, or at least it's my commitment to make them aware of that point of view.</td>
<td>1 Going to do a roll call vote on this one.</td>
<td>1 MS. ZIMMERMAN: Amy?</td>
<td>1 Sinnissippi Centers. They have asked us for $315,818.</td>
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<td>2 MR. SIGLER: They cut us by -- and I stand corrected -- $40,000. Just 40 less. I thought it was 80. I was heartbroken. But it was $40,000. But just a motion and a -- that's where they were coming from.</td>
<td>2 Did we have a second for that?</td>
<td>2 MS. ZIMMERMAN: Yes.</td>
<td>2 MS. BOWERS: They have asked us for $315,818.</td>
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<td>3 MR. HEAD: Who are they accountable to?</td>
<td>3 MS. ZIMMERMAN: David?</td>
<td>3 MS. ZIMMERMAN: Lowell?</td>
<td>3 MS. BOWERS: I make a motion to approve them for $300,000.</td>
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<td>4 MR. SIGLER: Pardon?</td>
<td>4 MR. SCHIER: Yes.</td>
<td>4 MS. ZIMMERMAN: Bill?</td>
<td>4 MS. WILSON: Do I hear a second?</td>
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<td>6 MS. BOWERS: Should be accountable to the citizens of Ogle County, especially the mentally ill.</td>
<td>6 MS. WILSON: No.</td>
<td>6 MS. ZIMMERMAN: Vicki -- Nick?</td>
<td>6 MS. WILSON: Discussion?</td>
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<td>7 MR. HEAD: Right. And so as a note, maybe we need to improve that conversation with the Board over the course of this next year.</td>
<td>7 MS. ZIMMERMAN: Kaye?</td>
<td>7 MS. ZIMMERMAN: Dorothy?</td>
<td>7 MS. BOWERS: Something that I would also like to bring up, the money that we have for Pegasus -- that's leftover from Pegasus, I would like to see that approved -- we can't vote on it this month, but our next meeting I would like to see them -- Sinnissippi get that for Community That Cares.</td>
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<td>8 MR. SIGLER: One of the points I would make with you -- and I have done a lot of teacher negotiations. In fact, I have supported teacher organizations -- if you're going to take them on, make sure you can win. Because if you don't, then nothing is going to change and it's going to get worse.</td>
<td>8 MS. WILSON: Yes.</td>
<td>8 MS. WILSON: Okay. Next on the agenda is</td>
<td>8 MS. WILSON: Any other discussion?</td>
</tr>
<tr>
<td>9 MS. BOWERS: Why are they accountable to?</td>
<td>9 (By voice vote five ayes and three nays.)</td>
<td>In Totidem Verbis, LLC (ITV)</td>
<td>9 MR. HEAD: Can we make a request for information of the people attending on the agency's behalf?</td>
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<td>10 MS. ZIMMERMAN: Yes.</td>
<td></td>
<td></td>
<td>10 MS. WILSON: Uh-huh.</td>
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<td>11 MR. SIGLER: Well, the point I'm trying to make is, make sure if we're going to go around them or attempt to go around them or we're going to avoid the Health and Welfare Board, I would just give you a caution.</td>
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<td></td>
<td>11 MR. HEAD: What will you do without if you don't get that additional $10,000?</td>
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<td>12 MS. ZIMMERMAN: I would agree with you a hundred percent. And it's not about winning and losing, it's about awareness.</td>
<td></td>
<td></td>
<td>12 MS. WILSON: 15,000.</td>
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<td>13 MS. SIGLER: I totally agree with you there, but that's not the way it's perceived in many cases.</td>
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<td>13 MR. PHELAN: Well, it's interesting, because last year the request was about the</td>
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<td>Page 17</td>
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<td>same, 315,000. We were approved at that amount, then when the reduction came along, it went down to 272-. So 300- is actually an increase from last year, but decrease from the year before last. And so it's -- it actually puts some additional funds back in the programming from where we have been at this year, and so it's hard to say if we would do without anything. You know, we can sure find a use for it though.</td>
<td>them for $15,000.</td>
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<td>MR. HEAD: Sure.</td>
<td>MR. HEAD: Second.</td>
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<td>MS. WILSON: And you are now doing without a psychiatrist, correct, or you will shortly be?</td>
<td>MS. WILSON: Discussion?</td>
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<td>MR. PHELAN: Shortly.</td>
<td>(No verbal response.)</td>
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<td>MS. WILSON: Which I know the $15,000 is not going to correct that, but it might go toward that direction.</td>
<td>MS. WILSON: All in favor?</td>
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<td>Okay. Any further discussion?</td>
<td>(Lowell Harp, David Schier, Bill Sigler, Dorothy Bowers, Tracy Brooks, Nick Head and Amy Stephenitch simultaneously responded.)</td>
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<tr>
<td>(No verbal response.)</td>
<td>MS. WILSON: Any opposed?</td>
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<td>MS. WILSON: Let's do a roll call vote on this.</td>
<td>Nay.</td>
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<td>MS. ZIMMERMAN: Amy?</td>
<td>MS. ZIMMERMAN: You are?</td>
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<td>MS. WILSON: This is roll call vote to approve the motion to grant Sinissippi Centers $300,000.</td>
<td>MS. WILSON: I am opposed.</td>
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<td>In Totidem Verbis, LLC (ITV)</td>
<td>Last on the agenda -- we're whipping through this -- is Ogle County Health Department.</td>
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<td>In Totidem Verbis, LLC (ITV)</td>
<td>MS. BOWERS: Madam Chairman, I'd like to let you know that I will be abstaining from voting on this. I'm on the Board of the Ogle County Health Department.</td>
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<td>In Totidem Verbis, LLC (ITV)</td>
<td>MS. WILSON: Thank you.</td>
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<td>In Totidem Verbis, LLC (ITV)</td>
<td>MR. HEAD: Are you able to participate in discussion?</td>
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<th>Page 18</th>
<th>Page 20</th>
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<tr>
<td>MS. STEPHENITCH: Yes.</td>
<td>MS. BOWERS: Yes.</td>
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<td>MR. SCHIER:</td>
<td>MR. HEAD: To me, I appreciate the fact that the Health Department identifies suicide risk of adolescents and that they are proposing to conduct a public awareness campaign. I wish there were more specifics and details about that, but I'm onboard with that. I'm less clear and not as onboard with being reimbursed for their participation in LEAD. I'm not sure that any of the other agencies or entities, government entities, that participate in meeting with LEAD are asking to be reimbursed for their participation. So that part I have some difficulty with. I know we can't restrict the funds, can we?</td>
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<td>MS. WILSON:</td>
<td>MS. WILSON: The funds that we grant?</td>
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<td>MR. HARP:</td>
<td>MS. ZIMMERMAN: Can we?</td>
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<td>MS. ZIMMERMAN: Lowell?</td>
<td>MS. BOWERS: We can give our recommendations, but we can't restrict them.</td>
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<td>MS. WILSON:</td>
<td>MS. WILSON: Thank you, Dorothy.</td>
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<td>MR. SIGLER: Nay.</td>
<td>MR. HEAD: I would recommend that the funds be -- to be restricted to the suicide</td>
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<td>MS. ZIMMERMAN: Tracy?</td>
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<td>MS. BROOKS: Yes.</td>
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<td>MS. ZIMMERMAN: Bill?</td>
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<td>MS. SIGLER: Nay.</td>
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<td>MS. ZIMMERMAN: Kathe?</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td>MS. WILSON: No.</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td>MS. ZIMMERMAN: Nick?</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<tr>
<td>MR. HEAD: No.</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td>MS. ZIMMERMAN: Dorothy?</td>
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<td>MS. BOWERS: Yes.</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td>(By voice vote five ayes, three nays.)</td>
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<td>MS. ZIMMERMAN: Five to three.</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td>MS. WILSON: Five to three. Motion carries.</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td>Okay. Next up is Lutheran Social Services of Illinois. They have asked for $15,000. I'll entertain a motion.</td>
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<td>MS. BOWERS: I make a motion to approve</td>
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In Totidem Verbis, LLC (ITV) 815.453.2260
MR. SIGLER: I'll take it a step further. I believe the County Board has obligated its responsibility to fund its agencies. This agency should be funded by the Ogle County Board, not by the 708 Board. But I do understand the tight position that they're in. My heart reaches out to you.

I would suggest that we modify the proposal and that we make it a one-year grant, and we make a grant for $7,500. Our state's attorney says he can pretty well draft up whatever we want as a Board. I don't want to leave them out in the cold. They haven't been acted upon by the County Board. I think as a responsibility for mental health for this community, I find nothing wrong with making a one-year grant, with the understanding that there's nothing in the future -- or could be nothing in the future. They can reaply ten times over, but I may not change my mind. But for this year I would propose it be a grant of $7,500 to the Ogle County Health Department for their use.

In Totidem Verbis, LLC (ITV)

MR. SCHIER: So you're kind of leaning one time -- one year, one time?

I don't think we should be giving them a penny, but because one agency does not live up to its responsibilities, the Ogle County Board -- put that in capital -- I believe that there should be a continuation of the delivery of healthcare to those in need in our community, and that's the only reason I go with this for one year, and that's $7500.

MR. SIGLER: If I may, I agree with you.

I don't think we should be giving them a penny, but because one agency does not live up to its responsibilities, the Ogle County Board -- put that in capital -- I believe that there should be a continuation of the delivery of healthcare to those in need in our community, and that's the only reason I go with this for one year, and that's $7500.

MR. SIGLER: If I may, I agree with you.

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MR. SCHIER: So you're kind of leaning one time -- one year, one time?

I don't think we should be giving them a penny, but because one agency does not live up to its responsibilities, the Ogle County Board -- put that in capital -- I believe that there should be a continuation of the delivery of healthcare to those in need in our community, and that's the only reason I go with this for one year, and that's $7500.
In Totidem Verbis, LLC (ITV)

815.453.2260

1. We should even, you know, get them funds.
2. There's still a big question mark there for
3. that.
4. MR. HEAD: Well, so this would be a
5. powerful way to send a message to the Board. On
6. the other hand, it's a high urgency, high
7. importance issue. I suppose that if they
8. weren't funded, that the other agencies, having
9. the awareness that they do, might coordinate for
10. some kind of an initiative. That's not a
11. recommendation, but it's kind of a talking out
12. loud here.
13. MS. WILSON: Okay. Now, just so you
14. understand, we do have a motion on the table to
15. grant the $7500. If this motion fails, another
16. motion can be proposed. So any further
17. discussion before we take a vote?
18. (No verbal response.)
19. MS. WILSON: All right. Go ahead and do
20. roll call.
21. MS. ZIMMERMAN: Amy?
22. MS. STEPHENITCH: Yes.
23. MS. ZIMMERMAN: David?
24. MR. SCHIER: Yes.

In Totidem Verbis, LLC (ITV)

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1. MS. ZIMMERMAN: Lowell?
2. MR. HARP: No.
3. MS. ZIMMERMAN: Tracy.
4. MS. BROOKS: No.
5. MS. ZIMMERMAN: Bill?
6. MR. SIGLER: Yes.
7. MS. ZIMMERMAN: Kathleen?
8. MS. WILSON: No.
9. MS. ZIMMERMAN: Nick?
10. MR. HEAD: No.
11. MS. ZIMMERMAN: Dorothy -- oh, abstained.
12. (By voice vote three ayes, four
13. nays.)
14. MS. ZIMMERMAN: Three yeses, four against.
15. MS. WILSON: So three in favor, four
16. against. Motion does not carry.
17. Hear another proposal?
18. MR. HARP: I guess maybe it's up to me to
19. go the other extreme, and then maybe we'll all
20. meet in the middle somewhere, I don't know. I'm
21. not sure what the proper wording would be, but I
22. move that we not provide the requested
23. funding --
24. MS. BOWERS: You can't provide a negative

In Totidem Verbis, LLC (ITV)

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1. motion.
2. MR. HARP: That we provide zero funds
3. to --
4. MS. ZIMMERMAN: Can't do that either.
5. MS. WILSON: Can't do that.
6. MR. HARP: Why can't I do that?
7. MS. BOWERS: What you can do is, if
8. everybody is in agreement to not fund them, just
9. no more motions.
10. MR. HARP: Oh. Well, then (indicating).
11. MS. WILSON: So anyone else willing to
12. make a motion?
13. MR. SIGLER: I would make a motion that we
14. draft language that ensures that there's a
15. hiatus of at least two years before they can
16. reapply for funding from the 708 Board. That's
17. a change in position. That is legal under the
18. Robert's Rules of Order. You may not like it,
19. but it's a change in position. With the $7500
20. to be granted to them this year. Please, I
21. wasn't complete on my motion. I apologize.
22. MS. STEPHENITCH: So you're recommending
23. $7500 this year, then there be a hiatus?
24. MR. SIGLER: Then there be a two-year

In Totidem Verbis, LLC (ITV)

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1. hiatus before they can even consider coming.
2. I'm going to place this back on the Board --
3. that's my entire intent -- without hurting this
4. agency. I say "agency." It's not an agency.
5. But without hurting this particular part of the
6. Ogle County healthcare system.
7. MS. STEPHENITCH: My reservation would be
8. if they could come to us with an evidence-based
9. program about the suicide awareness, I would
10. feel more positive about that rather than
11. waiting two years, and they could come to us
12. even next year with a program.
13. MR. HARP: And, I guess, my concern still
14. would be that, of course, that wouldn't have any
15. legal standing, and if -- we would still feel
16. under the same pressure, I think, if the County
17. had not -- doesn't come through with the needed
18. funding for the Health Department to go ahead
19. and provide the funding in the end.
20. MR. SIGLER: But everybody has been put on
21. notice. The agency -- not the agency. The
22. particular system has been notified. I would
23. hope this would get back to the County Board
24. that we hope -- because we can't dictate. We

In Totidem Verbis, LLC (ITV)
### Page 29

<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td>3</td>
<td>MS. WILSON: That’s my position.</td>
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<td>4</td>
<td>To me, it certainly hope they do provide the funding.</td>
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<td>5</td>
<td>MR. SCHIER: If it is not seconded, it is dead.</td>
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<td>6</td>
<td>MS. WILSON: If they -- especially if they reduce it, we will have to.</td>
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<td>7</td>
<td>MS. BOWERS: Yes, can’t include them.</td>
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### Page 30

<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
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<tbody>
<tr>
<td>1</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td>2</td>
<td>MS. BOWERS: Can you repeat what the motion was?</td>
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<td>3</td>
<td>MS. ZIMMERMAN: Three yeses, four noes.</td>
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<td>4</td>
<td>MS. WILSON: Motion does not carry.</td>
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<td>5</td>
<td>Motion fails.</td>
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<td>Easter Seals, we have decided to grant them $11,000; Serenity Hospice and Home, $28,000; Village of Progress, $375,000; HOPE, $80,000; Sinnissippi, $300,000; Lutheran Social Services, $15,000; Health Department, no grant.</td>
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<td>7</td>
<td>MS. BOWERS: That’s a total of $809,500.</td>
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<td>8</td>
<td>MS. ZIMMERMAN: How much?</td>
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<td>9</td>
<td>MS. BOWERS: $809,500.</td>
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### Page 31

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<tr>
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<tr>
<td>1</td>
<td>MS. BOWERS: If they -- especially if they reduce it, we will have to.</td>
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<td>2</td>
<td>MR. SIGLER: Can we include one who had been excluded in the past, the Health Department?</td>
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<td>3</td>
<td>MS. ZIMMERMAN: How much?</td>
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<td>MS. BOWERS: $809,500.</td>
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<td>MS. WILSON: We have decided not to include them, so we cannot.</td>
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<td>MR. SCHIER: Yes.</td>
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<td>MS. BOWERS: Yes, can’t include them.</td>
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### Page 32

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<td>MS. WILSON: We have decided not to include them, so we cannot.</td>
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<td>MR. SCHIER: We cannot, okay.</td>
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<td>8</td>
<td>MS. ZIMMERMAN: Amy?</td>
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In Totidem Verbis, LLC (ITV)
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MR. HEAD: Will they know that we decided not to include them?

MS. BOWERS: I'm sure Cindy will tell them.

MR. HEAD: And they certainly have the opportunity and ability to fund them even if we don't recommend it.

MS. BOWERS: Yes.

MS. WILSON: Okay. All right. Thank you very much for this interesting discussion. The only thing we have left now is election of officers, and I have gone on the record telling you what -- how I feel. So if -- let's take a short break, about five minutes, you can discuss amongst yourselves who's going to be elected and who wants to be.

MS. ZIMMERMANN: Who wants to take my job, right?

MS. WILSON: Pretty much. All right.

Five-minute recess.

(A recess was taken at 8:14 a.m. and proceedings resumed at 8:21 a.m.)

MS. WILSON: Okay. So let's reconvene.

In Totidem Verbis, LLC (ITV)

this meeting. Contemplating other things, I remembered that we need to allocate money for the running of the Ogle County Board and the secretary -- Ogle County Mental Health Board, including paying Cecilia and office supplies and all kinds of stuff like that.

So last year we asked for $6,000 for that. I would entertain a motion for an amount.

MS. BOWERS: So moved for $6,000.

MR. SIGLER: Second that motion.

MS. WILSON: All in favor.

(Lowell Harp, David Schier, Bill Sigler, Dorothy Bowers, Tracy Brooks, Amy Stephenitch and Kathleen Wilson simultaneously responded.)

MR. HEAD: No.

MS. WILSON: Any opposed?

MR. HEAD: Yes, I'm opposed.

MS. WILSON: Okay. Nick, can we have a discussion?

MS. ZIMMERMANN: Do you want to talk about it?

MR. HEAD: Yeah, I do. Actually, I understand that the Mental Health Board's schedule is driven by some expediency in terms of making some decisions about funding. I do think that it might be worth considering meeting an extra couple of times for purposes of process improvement and -- you know, including how we make these decisions, what we communicate to the public, how we leverage new information.

So, you know, I would add that there be another -- sufficient funds to pay Cecilia for another couple of meetings.

MS. WILSON: Okay. Let me just address that, that possibly this could be done by committee. It would -- and then brought before a meeting at -- you know, the general meetings.

I think that that might be a way that the people who are passionate about that would be able to do the talking, the arguing, the, you know, sorting it out, and then bring it to the Board and the Board can vote on it. I think that might be a better use of time, because there are, you know, probably -- I'm sure you and other people that are really interested in figuring out more of this kind of thing, and

In Totidem Verbis, LLC (ITV)
1. MS. ZIMMERMAN: Does that help?
2. MR. HEAD: Yeah.
3. MS. ZIMMERMAN: It doesn’t matter.
4. MR. HEAD: I didn’t want to see you get
5. shortened if we have additional meetings.
6. MS. ZIMMERMAN: No, that will be fine.
7. MS. WILSON: Okay. So let it show that we
8. have asked for $6,000, which will bring the
9. total up to 815-.
10. MR. HARP: Am I mistaken, don’t we need to
11. include Community That Cares in this too?
12. MS. WILSON: We can’t actually do that,
13. because it’s not on the agenda. We will do it
14. next month.
15. MS. ZIMMERMAN: It’s part of this year’s.
16. MR. HARP: Okay.
17. MR. HEAD: Dorothy, when does the HEW
18. committee and the finance committee, when do
19. they make decisions on the recommendations?
20. MS. BOWERS: Thanks, Nick. We are having
21. a meeting in, it will be, September this year.
22. MR. HEAD: Oh, okay.
23. MS. BOWERS: The 708 Board will present to
24. the HEW committee in September, and then they’ll
   In Totidem Verbis, LLC (ITV)

1. make their determination shortly thereafter.
2. MR. HEAD: Thank you.
3. MS. BOWERS: If I had a calendar, I would
4. be able to tell you.
5. MS. ZIMMERMAN: I have one somewhere here.
6. MS. WILSON: I have one on my phone.
7. MS. BOWERS: They decided to -- we have
8. always met in August before to make the
9. determination, but there was too many conflicts
10. in August, so we were going to do it in
11. September.
12. MS. ZIMMERMAN: August will be our
13. meeting, and then I will tell you when that
14. meeting is.
15. MS. BOWERS: September 7th.
16. MS. WILSON: Wednesday, September the 7th?
17. MS. BOWERS: Yes. And I’ll check that
18. when I --
19. MS. ZIMMERMAN: It’s usually at 8 o’clock.
20. MS. BOWERS: 8 o’clock in the morning.
21. MS. WILSON: 8 o’clock in the morning.
22. And we, again, ask for the first --
23. MS. BOWERS: Okay. I’ll do the first.
24. MS. ZIMMERMAN: September 7th.
   In Totidem Verbis, LLC (ITV)
<table>
<thead>
<tr>
<th>Page 41</th>
<th>Page 43</th>
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<tr>
<td><strong>MS. ZIMMERMAN:</strong> Vicki -- Nick -- no --</td>
<td><strong>MS. STEPHENITCH:</strong> I second.</td>
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<td>Dorothy -- I'm sorry. Can he vote?</td>
<td><strong>MS. ZIMMERMAN:</strong> Amy?</td>
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<td><strong>MS. BOWERS:</strong> He can vote for himself.</td>
<td><strong>MS. ZIMMERMAN:</strong> Yes.</td>
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<td><strong>MS. ZIMMERMAN:</strong> Nick?</td>
<td><strong>MS. ZIMMERMAN:</strong> David?</td>
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<td><strong>MR. HEAD:</strong> Yes.</td>
<td><strong>MR. SCHIER:</strong> Yes.</td>
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<td><strong>MS. ZIMMERMAN:</strong> Dorothy?</td>
<td><strong>MS. ZIMMERMAN:</strong> Lowell?</td>
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<td><strong>MS. BOWERS:</strong> Yes.</td>
<td><strong>MR. HARP:</strong> Yes.</td>
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<td>(By voice vote eight ayes.)</td>
<td><strong>MS. ZIMMERMAN:</strong> Tracy?</td>
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<td><strong>MS. ZIMMERMAN:</strong> We did it. President.</td>
<td><strong>MS. BOWERS:</strong> Yes.</td>
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<td>Yeah. Congratulations. Next is vice.</td>
<td>(By voice vote seven ayes.)</td>
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<td><strong>MS. WILSON:</strong> Do we have a candidate for</td>
<td><strong>MS. WILSON:</strong> Bill, do you want to vote for yourself?</td>
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<td>the vice president position?</td>
<td><strong>MR. SIGLER:</strong> Pass.</td>
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<td>I nominate Dorothy Bowers.</td>
<td><strong>MS. ZIMMERMAN:</strong> Kathe?</td>
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<td><strong>MS. ZIMMERMAN:</strong> She's done a great job so far.</td>
<td><strong>MS. WILSON:</strong> Yes.</td>
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<td><strong>MS. ZIMMERMAN:</strong> Sure, she has.</td>
<td><strong>MS. ZIMMERMAN:</strong> Nick?</td>
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<td><strong>MR. SCHIER:</strong> Second.</td>
<td><strong>MR. HEAD:</strong> Yes.</td>
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<td><strong>MS. BROOKS:</strong> I'll second that.</td>
<td><strong>MS. ZIMMERMAN:</strong> And, Dorothy?</td>
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<td><strong>MS. WILSON:</strong> Roll call.</td>
<td><strong>MS. BOWERS:</strong> Yes.</td>
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<td><strong>MS. ZIMMERMAN:</strong> Amy?</td>
<td>(By voice vote seven ayes.)</td>
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<td><strong>MS. STEPHENITCH:</strong> Yes.</td>
<td><strong>MS. WILSON:</strong> All good. We are complete.</td>
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<td><strong>MS. ZIMMERMAN:</strong> David?</td>
<td>And when do these terms start?</td>
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<td><strong>MR. SCHIER:</strong> Yes.</td>
<td><strong>MS. ZIMMERMAN:</strong> December 1st.</td>
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<td><strong>MS. ZIMMERMAN:</strong> Lowell?</td>
<td><strong>MS. WILSON:</strong> So the terms start December 1st.</td>
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<tr>
<td><strong>MR. HARP:</strong> Yes.</td>
<td><strong>MS. BOWERS:</strong> And, Nick, you should be on the Board a year at that time, right?</td>
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<td><strong>MS. ZIMMERMAN:</strong> Bill?</td>
<td><strong>MR. HEAD:</strong> Yes.</td>
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<td><strong>MR. SIGLER:</strong> Yes.</td>
<td><strong>MS. WILSON:</strong> Even better.</td>
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<td><strong>MS. ZIMMERMAN:</strong> Kathe?</td>
<td><strong>MS. BOWERS:</strong> So, see, I was okay.</td>
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<td><strong>MS. WILSON:</strong> Yes.</td>
<td><strong>MS. WILSON:</strong> All right. Good. Anything else?</td>
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<td><strong>MS. ZIMMERMAN:</strong> Nick?</td>
<td>(No verbal response.)</td>
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<tr>
<td><strong>MR. HEAD:</strong> I'm glad we talked about this before the meeting. Yes.</td>
<td><strong>MS. WILSON:</strong> I hereby declare this session, this long session, closed, and we will meet again --</td>
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<td><strong>MS. BROOKS:</strong> I didn't know we were voting on this today.</td>
<td><strong>MS. ZIMMERMAN:</strong> August 4th.</td>
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<td><strong>MS. ZIMMERMAN:</strong> Dorothy?</td>
<td><strong>MS. WILSON:</strong> August 4th is our next meeting.</td>
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<td><strong>MS. BOWERS:</strong> Yes.</td>
<td><strong>MS. STEPHENITCH:</strong> And the time of that is?</td>
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<td>(By voice vote eight ayes.)</td>
<td><strong>MS. WILSON:</strong> 7:30.</td>
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<td><strong>MS. WILSON:</strong> Okay. And for the secretary/treasurer, who abrogates most of their duties to Cecilia, but has to sign things.</td>
<td>(The hearing was concluded at 8:32 a.m.)</td>
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<td><strong>MS. ZIMMERMAN:</strong> Bill is the current.</td>
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<td><strong>MS. BOWERS:</strong> And I understand you -- you were hesitant about continuing?</td>
<td>815.453.2260</td>
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<td><strong>MR. SIGLER:</strong> Yes, I am. But as long as Cecilia does all the work, I just sign the papers, I don't mind.</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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<td><strong>MS. BOWERS:</strong> I would like to nominate Bill for the secretary/treasurer then.</td>
<td>In Totidem Verbis, LLC (ITV)</td>
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OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

IN RE: 708 Funding Hearings )
)
)
)
) Ogle County
) Sheriff's Office
) Oregon, Illinois
) May 24, 2016

I, Callie S. Bodmer, hereby certify that I am a Certified Shorthand Reporter of the State of Illinois; that I am the one who, by order and at the direction of the Chairman, Kathleen Wilson, reported in shorthand the proceedings had or required to be kept in the above-entitled case; and that the above and foregoing is a full, true and complete transcript of my said shorthand notes so taken.

Dated at Dixon, Illinois, this 4th day of June, 2016.

Callie S. Bodmer
Certified Shorthand Reporter
Registered Professional Reporter
IL License No. 084-004489
IA License No. 1561
P.O. Box 381
Dixon, Illinois 61021

In Totidem Verbis, LLC (ITV)