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1 OGLE COUNTY
2 COMMUNITY MENTAL HEALTH BOARD (708)

3 Funding Application Review)
4) Ogle County
5) Sheriff's Office
6 Ogle County, Illinois) Oregon, Illinois
) May 4, 2017

7

8 Testimony of Witnesses
9 Produced and
10 Examined on this 4th day
11 of May, 2017,
12 Before the Ogle County
13 Community Mental Health Board

14 BOARD MEMBERS PRESENT:

15 Nick Head, Chairman
16 William Sigler
17 David Schier
18 Vicki Deter
19 Lowell Harp
20 Tracy Brooks
21 Amy Stephenitch
22 Nick Head
23 Dorothy Bowers
24 Kathleen Wilson

Also present: John Finfrock, Vice Chairman,
Ogle County Board

Cecilia Zimmerman, Recording Secretary
Reporter: Camille S. Connell

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1 (The following is taken from
2 provided Minutes of the May 4,
3 2017, Meeting and is not
4 verbatim:)

5 On May 4, 2017, Nick Head called a meeting
6 of the 708 Board to order at 7:00 a.m. at the
7 Ogle County Sheriff's Training Room, 202 South
8 First Street, Oregon, Illinois, at the call of
9 the secretary and a notice given to each board
10 member and on notice posted at the Ogle County
11 Courthouse and Ogle County Sheriff's Office.
12 Nick Head presided.

13 The secretary called the roll. Board
14 Members Present: Nick Head, President; Lowell
15 Harp; Tracy Brooks; Amy Stephenitch; Bill
16 Sigler, Secretary/Treasurer; Vicki Deter; David
17 Schier; Kathleen Wilson; and Dorothy Bowers,
18 Vice President/Ogle County Board Liaison.

19 Guest: John Finfrock, Vice Chairman, Ogle
20 County Board.

21 Others present: Brion Brooks of Village
22 of Progress; Dave Bakener, Accountant; and Sheri
23 Egan, Community Relations and Development.

24 The Chair announced that we have a quorum.
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1 Approval of agenda: Dorothy Bowers moved
2 to accept the agenda as presented. Kathe Wilson
3 seconded. Motion carried unanimously.

4 Review and approval of the April minutes
5 was done. Dorothy Bowers moved to approve the
6 April meeting minutes as presented. Lowell Harp
7 seconded. Motion carried unanimously.

8 Review and approval of the agency vouchers
9 for May, June, and July was next. Lowell Harp
10 moved to approve the vouchers for May, June, and
11 July as submitted. Dorothy Bowers seconded.
12 Motion carried on a roll call vote of nine ayes,
13 no nays, and no absent.

14 After reviewing the financial report for
15 May, a motion was made by Dorothy Bowers to
16 approve the financial reports for May as
17 presented. Vicki Deter seconded. Motion
18 carried nine ayes, no nays, and no absent.

19 Officer's Reports: Nick Head handed out
20 information on the Direct Mail Circulation
21 figures for the distribution of the Human
22 Services Directory to all residents of Ogle
23 County. After discussion, Dorothy Bowers moved
24 to approve payment to Sauk Valley Media for
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1 printing 17,586 copies of the Human Services
2 Directory and delivery to the Post Office not to
3 exceed \$1,455. Bill Sigler seconded. Motion
4 carried on a roll call vote of nine ayes, no
5 nays, and no absent.

6 Nick Head shared the Direct Mail
7 Calculation cost for Ogle County. Dorothy
8 Bowers moved to approve payment to the Oregon
9 Post Office for the distribution of the Human
10 Services Directory to all Ogle County residents
11 no to exceed \$3,222.20. Bill Sigler seconded.
12 Motion carried on a roll call vote of nine ayes,
13 no nays, and no absent.

14 Dorothy Bowers of the Shining Star
15 Committee had nothing new.

16 Dorothy Bowers, regarding Northwestern
17 Illinois Children's Care Collaborative, reported
18 that at the recent meeting they had a speaker
19 from Save 61, who spoke to them regarding the
20 Domestic Minors Sex Trafficking, Raising
21 Awareness in the Sauk Valley. Startling
22 information from the Thorn's 2013 National
23 Survey stating 63 percent of minors were sold
24 via the internet, 62 percent had access to a
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1 cell phone while they were being trafficked, and
 2 42 percent had access to the internet while they
 3 were being trafficked. The speaker reported
 4 that they are having trouble with schools
 5 allowing them to do programs in their schools.
 6 (Whereupon, a verbatim transcript
 7 picks up at 7:13 a.m.)
 8 MS. BOWERS: -- groups are most vulnerable
 9 to being included in the trafficking. So the
 10 schools are not forthcoming with allowing them
 11 in there?
 12 MR. SCHIER: What's their objection?
 13 MS. BOWERS: They are not sure. They just
 14 want to get word of mouth out there as much as
 15 possible to -- you know, so that they can be
 16 allowed in the different schools.
 17 MR. SCHIER: Do you know if they are
 18 targeting first staff ever? Are they trying to
 19 do presentation for the students?
 20 MS. BOWERS: They are doing a lot of
 21 presentations right now. But they do want to do
 22 presentations to the kids, yeah, what to look
 23 for, and the homeless. Is what surprised me the
 24 most is human trafficking, and I was really
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1 shocked by that.
 2 MS. ZIMMERMAN: Could I ask you to go
 3 around and state your names? I'll start with
 4 you, Nick.
 5 MR. HEAD: I'm Nick Head. I'm the
 6 President of the Mental Health Board.
 7 MR. HARP: I'm Lowell Harp, board member.
 8 MS. BOWERS: Dorothy Bowers. I am the
 9 liaison for the County Board and Vice President.
 10 MS. DETER: Vicki Deter. I'm a board
 11 member.
 12 MR. SIGLER: William Sigler, secretary/
 13 treasurer 708 Board.
 14 MS. ZIMMERMAN: Just the board first.
 15 MS. WILSON: Kathe Wilson, board member.
 16 MS. STEPHENITCH: Amy Stephenitch, board
 17 member.
 18 MS. BROOKS: Tracy Brooks, board member.
 19 MR. SCHIER: Dave Schier, board member.
 20 MR. HEAD: Okay. Dorothy, did they say
 21 anything about when children are recognized as a
 22 possible victim, where that recognition takes
 23 place? Who comes to recognize that risk or that
 24 there is a danger?
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1 MS. BOWERS: Actually, the police
 2 department recognizes it --
 3 MR. HEAD: Okay.
 4 MS. BOWERS: -- and in Ogle County, there
 5 is not a place for them to take that further
 6 unless they go to Sinnissippi or some area like
 7 that for mental health. But that's not really
 8 their problem. Their problem is they are
 9 homeless.
 10 And Tracy, you were involved in the
 11 homeless meetings going on over in Rochelle.
 12 MS. BROOKS: I was in one of them where it
 13 was discussed.
 14 MS. BOWERS: And they were saying
 15 yesterday that there is, like, over 600 places
 16 for rent in Ogle County, but only 42 of those
 17 are based on income, and it's really -- you
 18 know, the County is not looking out for those
 19 that do not have homes to go to, and it's sad.
 20 It's very sad.
 21 But Sinnissippi is one of the places in
 22 the sexual assault we have an application from
 23 today, Hope, because they house some abuse. And
 24 sometimes it is abuse in the home that has these
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1 children out on the streets.
 2 MR. HEAD: What do other counties do as
 3 far as addressing the homeless or places to
 4 rent?
 5 MS. BOWERS: I am not sure about Ogle --
 6 or any other than Ogle County. People do not
 7 look out for the lower-income people. But is it
 8 the housing authority, they are saying there is
 9 a lack of places available. Who was available
 10 to get subsidized housing in Rochelle and puts
 11 her in Rochelle? And I'm like, Wait a minute.
 12 Whiteside County has a lot in Sterling.
 13 You know they do, because they are having a big
 14 problem with kind of slum landlords now. They
 15 are trying to close down some of the apartment
 16 buildings. But they, in Rock Falls, have the
 17 HUD or they have something there.
 18 MS. DETER: Section 8. Whiteside County
 19 has big -- but like she says, those slum
 20 landlords are not taking care of the places.
 21 They look atrocious. I mean, you wouldn't want
 22 to live there. And, you know, these homeless
 23 people, maybe it's just that they are down and
 24 out at the present time. They don't want to
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1 live in housing like that.
 2 MR. HEAD: I lived in one of those places
 3 going to college, and I thought it was pretty
 4 great. I'm being facetious. But yeah, it is a
 5 problem.
 6 So where do we go with this? I mean, we
 7 are kind of just at the awareness stage.
 8 MS. BOWERS: We are just at the awareness
 9 stage, I guess. I mean, Rochelle is white
 10 collar, and that's what they look to rent to,
 11 not homeless people or people with no income.
 12 MR. HEAD: Right, right.
 13 MS. STEPHENITCH: But with the onset of
 14 the new homeless shelter in Rochelle, I don't
 15 know.
 16 MS. BOWERS: But that's met with so much
 17 opposition, that they haven't opened yet.
 18 Now, Sterling has one. Dixon, do they
 19 have one too now?
 20 MS. BOWERS: Most all the counties have
 21 subsidized housing.
 22 MS. STEPHENITCH: Right. As far as the
 23 awareness in the schools, I mean, that we have
 24 our principals' meetings we host at the co-op,
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1 and I'm happy to talk about it with -- that if
 2 they want to talk to our principals as an entry
 3 point, as a start --
 4 MS. BOWERS: They put on a 20-minute
 5 presentation yesterday, and it was just
 6 unbelievable. The number is on one of those
 7 cards, that you can get ahold of them to have
 8 them come.
 9 MS. STEPHENITCH: Do they think that maybe
 10 that would scare the children? I mean, I don't
 11 know how it's presented to them, but I would
 12 think if I was in the third or fourth grade and
 13 you were talking to me about somebody kidnapping
 14 me, that would be horrifying.
 15 MS. BOWERS: A lot of those kids are
 16 social media conscious, and that's how they get
 17 some of these children. They were giving
 18 examples of the kids that do this. They put on
 19 social media that they are going to go to the
 20 park with their friends, and then they take
 21 pictures of them at the park, and then the
 22 predators go to the park and pick up these kids,
 23 because they know where they are at because of
 24 the social media. It was unbelievable.
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1 MS. STEPHENITCH: Were there specific
 2 stats to Ogle? I'm just curious.
 3 MS. BOWERS: No, because they don't have a
 4 presence in Ogle County at the present time, and
 5 they are trying to get established here.
 6 MR. HEAD: I, for one, would like to hear
 7 what they have to say.
 8 MR. SIGLER: We have invited others before
 9 our boards, why wouldn't we invite them? Again,
 10 we are going back to what I always advocate.
 11 These are the folks who can't speak for
 12 themselves, and I think we should listen to what
 13 they have to say.
 14 MR. HEAD: I would agree. Once we get
 15 through our proposal cycling, I agree that would
 16 be great to have a future presentation from
 17 them.
 18 MS. BOWERS: Let me know when you want
 19 them, and I'll give them a call.
 20 MR. HEAD: Will do.
 21 In other business, we have a guest. Hi.
 22 Do you want to make introductions?
 23 MR. FINFROCK: I can. I am John Finfrock,
 24 Vice Chairman of the Ogle County Board.
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1 MS. WILSON: And former 708 Board member
 2 for one month.
 3 MS. BOWERS: That's all we could take him.
 4 MR. HEAD: Well, John, thank you for
 5 coming. It's good to have you here.
 6 MR. FINFROCK: Thank you.
 7 MR. HEAD: Any other business?
 8 MR. SIGLER: Other than saying to you, if
 9 you need help delivering those packets to the
 10 various post offices, give me a call. I would
 11 be happy to help.
 12 MR. HEAD: Thank you. I appreciate that.
 13 This person at Sauk Media seems to have done a
 14 lot of this and knows the ropes, so I'm
 15 depending on them. So if I need a hand or
 16 whatever --
 17 MR. SIGLER: I'll give you a call.
 18 MR. HEAD: All right. So agencies to
 19 County Board members, would we adjourn our
 20 regular meeting before going into hearing
 21 proposals?
 22 MS. ZIMMERMAN: No.
 23 MR. HEAD: So if there is not any
 24 additional regular business to attend to, maybe
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1 we could get started with the first
 2 presentation.
 3 Brion, are you in a place to do that five
 4 minutes early?
 5 (Meeting recessed at 7:23 a.m.)
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In Totidem Verbis, LLC (ITV)

1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 Funding Application Review)
 4) Ogle County
) Sheriff's Office
) Oregon, Illinois
 5 Ogle County, Illinois) May 4, 2017
 6

7 I, Camille S. Connell, hereby certify that
 8 I am a Certified Shorthand Reporter of the State of
 9 Illinois; that I am the one who, by order and at the
 10 direction of the Chairman, Nick Head, reported in
 11 shorthand the proceedings had or required to be kept
 12 in the above-entitled case; and that the above and
 13 foregoing is a full, true and complete transcript of
 14 my said shorthand notes so taken.
 15 Dated at Dixon, Illinois, this 8th day of
 16 May, 2017.
 17
 18

19 Camille S. Connell
 Certified Shorthand Reporter
 Registered Professional Reporter
 20 IL License No. 084-004830
 P.O. Box 381
 21 Dixon, Illinois 61021
 22
 23
 24

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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)
 4 of)
 5 Village of Progress, Inc.) Ogle County
 Application for Fiscal) Sheriff's Office
 6 Year 2018)
 7 Ogle County, Illinois) Oregon, Illinois
 May 4, 2017

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 10 Testimony of Witnesses
 Produced and
 11 Examined on this 5th day
 of May, 2017,
 12 before the Ogle County
 Community Mental Health Board

13
 14
 15 BOARD MEMBERS PRESENT:
 16 Nick Head, Chairman
 17 William Sigler
 David Schier
 18 Vicki Deter
 Lowell Harp
 19 Tracy Brooks
 Amy Stephenitch
 20 Nick Head
 Dorothy Bowers
 21 Kathleen Wilson

22 Cecilia Zimmerman, Recording Secretary
 23 Reporter: Camille S. Connell
 24

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 20 End. 54
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1 MR. BROOKS: I will introduce myself. I'm
 2 Brion Brooks. I'm Executive Director of the
 3 Village of Progress. To my right is Dave
 4 Bakener. He is our accountant for the Village
 5 of Progress. To my right is Sheri Egan,
 6 E-G-A-N. She is our community relations
 7 manager.
 8 MS. BOWERS: Hi, Sheri.
 9 MR. BROOKS: Do you want me to just start
 10 with the presentation, or do you want me to wait
 11 for questions?
 12 MS. BOWERS: I would start with the
 13 presentation. You have five minutes, Brion.
 14 MR. BROOKS: As a pastor, it is possible
 15 to use 15- to 20-minute increments.
 16 So as you can tell, it's been a big year
 17 at the Village of Progress, and I tried to write
 18 an introductory letter which summarizes things.
 19 I made a presentation to the County Board a
 20 couple weeks ago about the fact that the bakery
 21 is open. But at the risk of boring two board
 22 members by doing that presentation, I would like
 23 to basically give us an office again.
 24 The Village Bakery project, which we just
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1 opened up a couple days ago now, started a
 2 conversation with the Ogle County Education
 3 Cooperative probably about two years ago now,
 4 I'm guessing, where she came in and we were
 5 talking about internship possibilities for
 6 special-ed students in Ogle County, and she
 7 related to me one situation with the person that
 8 attends -- attended the Village of Progress as a
 9 special-ed student. She got an internship at a
 10 local business. She had to take the bus,
 11 because she doesn't drive. She got there an
 12 hour before it opened. She stood there in the
 13 parking lot waiting for somebody to come. And
 14 if I'm wrong, correct me, but this is the way I
 15 remember it.
 16 The manager of the business comes, says,
 17 Can I help you? And she says who she is and
 18 that she is waiting to help serve, and the
 19 manager says, Well, we are not open yet. And he
 20 goes inside. A little bit later, the job coach
 21 comes along, and the business opens. She goes
 22 in with the job coach, and she is told what to
 23 do; wiping counters and that sort of thing.
 24 And this individual, this young woman,
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<p style="text-align: right;">Page 5</p> <p>1 part of her disability, as a result of it, she 2 has a very flat affect. She doesn't smile a 3 lot. She has a very plain face. She worked for 4 about an hour, two hours there, doing what she's 5 supposed to do, learning what's she is supposed 6 to do, learning the ropes. And the higher-up 7 person comes in and says to the manager, Who is 8 that person? And they said, Well, that's 9 so-and-so. She is an intern. She is learning. 10 Well, she doesn't look very happy. Get rid of 11 her. 12 So, I mean, am I so far pretty accurate? 13 So for this young woman, these internships 14 are supposed to build confidence. This young 15 woman's internship lasted two hours. That does 16 not build confidence. And, you know, as the 17 parent of a child -- of an adult child with 18 special needs, it really shakes me to think what 19 her level of confidence is going to be trying to 20 work at another place. You know, a fish can 21 only hit up against the glass wall of an 22 aquarium so many times and it learns not to do 23 that anymore, right? 24 So it got me to thinking, there has got to In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 7</p> <p>1 will tell you on the record, we have probably 2 spent about \$5,000 between the cost of 3 renovating the building, buying the equipment, 4 buying the supplies, hiring the staff. 5 But if you have been in there, the results 6 are pretty phenomenal. I'm not trying to brag, 7 but they are pretty phenomenal. I think 8 everyone that has walked in there, their first 9 response is, Wow. I didn't think a place like 10 that -- you know, I would find a place like 11 this, especially this area, in this rural area. 12 Our goal is not to have everybody there 13 have a developmental disability. That's not 14 life any more than the goal is to have a place 15 where everybody that works there is a woman or a 16 male or Indian or whatever. Our goal is to try 17 to create an integrated work environment. So 18 what you will find on any given day is that 19 about a quarter of the folks that work there 20 will have a developmental disability, and the 21 other three-quarters do not. 22 Three things we wanted to accomplish in 23 creating this business. One is, we wanted to 24 give people with developmental disabilities In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 6</p> <p>1 be a better way to do this. And I started 2 looking at the internet, and I noticed a lot of 3 parents who have the means -- parents of 4 children with disabilities who have the means, 5 try to get their kids out and employed in the 6 public, and they find that they can't. So what 7 they do is, they basically say, Screw it. I'll 8 set up my own business and hire my own son or my 9 daughter myself to do the work. 10 That works for people who have the 11 discretionary income to set up a business. It 12 doesn't work so well with folks that live, say, 13 in Ogle County. And it started us thinking, Why 14 can't a shelter workshop, a day training center 15 like the Village of Progress, step in, start up 16 a business and hire people with disabilities to 17 work there? 18 And I'll share with you all -- I will 19 spare you all of the evolutions of thought about 20 what that business could be. But in the end, 21 about a year and a half ago, I ended up on the 22 idea of a bakery in town. And last August we 23 bought the old Max Beard building. We have now 24 spent between -- well, it's not private, but I In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 8</p> <p>1 skills that they could learn a skill and they 2 can have confidence in what they are doing, and 3 they would have the confidence to go out after 4 working at the bakery for a year or two to go 5 out and apply to other jobs. We don't want this 6 to be the end of the road for people. We want 7 this to be an entry ramp into other types of 8 employment. But it would give them the skills. 9 It would give them a resumé and a reference, as 10 I like to say. 11 The second thing we wanted to accomplish 12 is, we wanted to instill in other businesses 13 that this isn't just charity work to hire people 14 with disabilities; it can be profitable. And so 15 part of our mandate is, anybody who works at the 16 Village Bakery will get paid at least minimum 17 wage, which is different than most day training 18 facilities, which has to have a federal license 19 to pay below minimum wage based on skill. 20 So we wanted to establish with potential 21 employers that this is doable, and to give them 22 the reassurance that they have gone through 23 training with the Village Bakery, they have got 24 the skills to do the job, so that the employer In Totidem Verbis, LLC (ITV)</p>

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1 doesn't feel like they are, quote, taking a
 2 risk, unquote, in hiring a person with a
 3 developmental disability.
 4 Believe me, people with disabilities,
 5 their loyalty to their employer is phenomenal.
 6 They don't take their jobs for granted. They
 7 see it as a privilege that they have received,
 8 not a right.
 9 The third thing we wanted to do is, we
 10 wanted to create an environment for people with
 11 disabilities who can work in a very public
 12 setting, a high visibility setting, so that the
 13 public can come in and one of two things
 14 happens. One, they can't tell who has the
 15 disability that's working behind the counter,
 16 and that's happened a couple times. I had one
 17 person say, Is the woman over there -- she is
 18 disabled, right? I said, That is not for you to
 19 know. She wasn't -- it wasn't very funny, but
 20 it wasn't for her to know. But the other thing
 21 is that the community can see these individuals
 22 for who they are, not for what their diagnosis
 23 is, right?
 24 I was at a workshop a year or so ago on
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1 developmental disabilities, and we had to go
 2 around the room and introduce ourselves and tell
 3 something about ourselves. And we all went
 4 around the room and said who we are, what our
 5 hobby might be or whatever. But then throughout
 6 the day, we were talking about development
 7 disabilities and referred to them by their
 8 diagnosis. And it occurred to me, what if, you
 9 know, we went around the room and, you know,
 10 instead of saying, I'm a board member, we say, I
 11 have diabetes. I'm Brion Brooks. I have
 12 Wagner's Disease. You know, it's just weird.
 13 But yet, the people with developmental
 14 disabilities, we think nothing of it.
 15 So I wanted a create an environment where
 16 people get past the label and start to look at
 17 the personalities. And my thought is, because
 18 from my past pastoral background, I guess, I
 19 believe this community has got to be able to
 20 accept people who are not like them if they are
 21 going to be strong. And you talk about people
 22 who are homeless that don't have a voice, and
 23 people with developmental disabilities don't
 24 have a voice either. So I think it benefits the
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1 community. It benefits individuals. It
 2 benefits individual employers. That's why we
 3 came up with the tagline "Making a Difference."
 4 We are trying to make a difference in the
 5 community through a bakery.
 6 I don't know if I have time. Just cut me
 7 off when I get to my five minutes.
 8 So, one of the things -- as I have told
 9 the Board, the County Board the other week, one
 10 of the unintended benefits happened a few weeks
 11 ago when we started taking applications. We had
 12 our core team ready, but we had to hire some
 13 additional people to be sales people. About 15
 14 or 20 people from the Village of Progress
 15 grabbed applications, including my daughter.
 16 And I'll just use my daughter as an example. I
 17 think it's a typical example. She came home
 18 that weekend, and that application was no more
 19 than 10 feet from her at any given time for the
 20 entire weekend. And in her spare time, she was
 21 looking over the pages of the application. She
 22 doesn't read well. She doesn't write well. But
 23 what occurred to me is, it's the first time in
 24 her life she held a job application. The first
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1 time in her life she actually has potential.
 2 Someone wants her to work someplace.
 3 So Sunday Fran and I helped her fill it
 4 out, and she submitted it. And about a few days
 5 later, the bakery manager, the assistant manager
 6 are doing job interviews, and as I mentioned to
 7 the Board -- you know, to most people the word
 8 "job interview" comes up, the blood pressure
 9 comes up, you know, this sense of dread. These
 10 men and women were so happy that they could be
 11 involved in a job interview. And one of the
 12 women that our bakery manager interviewed, one
 13 of them started getting tears in her eyes about
 14 the prospect of being able to work at a place
 15 like the Village Bakery.
 16 And what occurred to me then was, was the
 17 first time for most of them they have gone
 18 through a job interview and they are starting to
 19 dream about what life could be like in an
 20 integrated setting. And you just don't know
 21 where things will go when you start giving
 22 people this sense of what might be instead of
 23 what is.
 24 So, as I was telling the Board a week or
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1 so ago, this is an unintended benefit that
 2 happened at the bakery even before we ended up
 3 having anything happen at all, before we had
 4 opened. So that was cool.
 5 We opened up, and so far, besides having
 6 to be closed yesterday because someone cut off
 7 the sewer line, it's been great. We were hoping
 8 to do one level of business. We were doing
 9 three times what we were hoping for the first
 10 two days, and even then it still will be more
 11 than anticipated. We brought in -- Sheri and I
 12 yesterday, we gave a tour to a couple of KSB
 13 Hospital folks. I think one is the director and
 14 the other is involved with community
 15 development. They wanted a tour of Village
 16 Bakery.
 17 Typically, we go back to my office and
 18 talk. Yesterday, we gave a tour of the Village,
 19 and I said, Let's go over to the bakery and
 20 talk. So I went over to the bakery, and I had
 21 them open up for a few minutes for a tour visit,
 22 and they said, Really? And then one of the
 23 directors said, Two weeks from now, I've got to
 24 meet with some folks, some doctors or whatever,
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1 and I was thinking, where can I meet with them
 2 in Oregon? And now I have got my answer.
 3 Tad Mahoney was in a couple days ago, and
 4 he said, We have these retreats we do every few
 5 months or so. I found my place to do our
 6 retreat.
 7 I wanted it to be a Village Bakery, not a
 8 Village of Progress Bakery. And I think it just
 9 has so much potential. I really think,
 10 personally, that from a professional level it's
 11 the most important thing I have done in my life,
 12 is create that bakery. And if it fails, it was
 13 the most important thing I tried in my life, is
 14 create the bakery. I don't know whether it's
 15 going to cost us money or make us money by
 16 year's end or the next two years, but it is
 17 making a difference.
 18 So that's the bakery. I spent a lot of
 19 time talking about it just because is a big deal
 20 with me right now. So we will start having
 21 interns in the fall coming in, probably six to
 22 eight interns per semester. I am guessing it
 23 will constantly shift as people come in and
 24 other people graduate out. We have got about
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1 three or four people from the community with
 2 developmental disabilities who are working there
 3 now. We have got another three or four people
 4 from the Village that are working at the bakery
 5 already, and I think we will get more as more
 6 people find out. I've had a couple parents
 7 reach me already, saying, My son has Asperger's,
 8 that sort of thing.
 9 Before I go off on other things, any
 10 questions about the Village Bakery that you
 11 have?
 12 MS. DETER: Do you want to ask your
 13 questions?
 14 MR. SIGLER: I went there last night, and
 15 I ate all your red candy. We were installing --
 16 MR. BROOKS: That's a comment.
 17 MS. WILSON: When you are talking about
 18 retreats and stuff, is that that smaller room?
 19 How many people will it hold?
 20 MR. BROOKS: I tell people it will seat 12
 21 people comfortably, 20 people uncomfortably.
 22 MS. WILSON: And is there a door in that
 23 room?
 24 MR. BROOKS: Yes.
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1 MS. BROOKS: You answered one of my
 2 questions, which was that do they have to be
 3 affiliated with the Village, or can it just be
 4 anyone applying?
 5 MR. BROOKS: They have to be from the
 6 community.
 7 MS. BROOKS: And the one person asked
 8 about her son or daughter that has Asperger's.
 9 What about individuals who have a mental
 10 disability as opposed to developmental
 11 disability?
 12 MR. BROOKS: Well, our mission is to serve
 13 people with developmental disabilities, and it's
 14 easy to get in a mission creep. But I will tell
 15 you this, the great thing about the Village
 16 Bakery is, because it's not dependent upon
 17 federal funding or State funding, we can hire
 18 whoever we want, and it will -- it would not be
 19 at all be out of line to hire people who have
 20 different hardships. Maybe they are recovering
 21 from alcohol or something like that. The
 22 Village of Progress has had block grants and
 23 hired a lot of people with different types of
 24 alcohol or handicaps because they weren't just
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1 disabilities.

2 MS. BROOKS: Because I know in the mental

3 health communities, there are a lot of

4 individuals, even my son when he was really

5 sick, but then as he got better, he needed

6 something -- I was actually always jealous of

7 the Village of Progress, because there would be

8 somewhere for him to go. He has nowhere to go

9 and even socialize sometimes, because they are

10 still kind of feeling depression. But something

11 like that would have been awesome.

12 MR. BROOKS: Our mandate is developmental

13 disabilities, but it doesn't make a difference.

14 We wanted -- our philosophy is to provide an

15 encouraging environment without that

16 profit-or-loss based, what-have-you-done-for-me-

17 today environment.

18 MS. BROOKS: So my question would be,

19 would they be hired as an intern?

20 MR. BROOKS: No. The only interns would

21 be through OCEC. We are a part-time employer,

22 full-time, employing everyone, and everyone gets

23 minimum wage.

24 MR. HEAD: So we are talking about the

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1 bakery, and I don't want to prematurely shut

2 that conversation off, but we will have to have

3 questions as we go through this. So if you

4 could follow the same format and take a proposal

5 and ask, you know, any questions about this part

6 or that part or the other.

7 Before I proceed, does anybody have any

8 other questions for Brion about the bakery?

9 MS. BOWERS: I do. Where did you get the

10 money to buy the building and do the remodeling?

11 MR. BROOKS: Remember last year when we

12 had \$1.5 million in cash?

13 MS. BOWERS: Yes.

14 MR. BROOKS: Well, we don't have \$1.5

15 million anymore.

16 MS. BOWERS: Okay.

17 MR. BROOKS: We had that last year, and

18 it's about \$800,000 now.

19 MR. HEAD: That's your foundation money?

20 MR. BROOKS: No. That's Village of

21 Progress reserves.

22 MS. BOWERS: But you did put a new roof on

23 it.

24 MR. BROOKS: I'm sure we did, because

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1 after 20 years -- yes, we did put a new roof on

2 part of our building at some point.

3 MS. BOWERS: Did you use any of the 708

4 Mental Health Board money to build the bakery?

5 MR. BROOKS: No.

6 MS. BOWERS: That's all I have about the

7 bakery.

8 MR. HEAD: Any other questions about the

9 bakery?

10 MS. BROOKS: Congratulations. So excited

11 for you.

12 MR. BROOKS: So the other thing I wanted

13 to talk about is, other programs that we are

14 expanding is the music therapy program. We

15 tried kind of -- I mean, to be honest with you,

16 kind of on a lark someone suggested music

17 therapy. We said, Why not? We will give it a

18 try for a while. And all the thoughts we have

19 are anecdotal. They are. We are not doing any

20 kind of statistical analysis here. But it is

21 pretty incredible to see the results we have

22 had.

23 So music therapy is actually a board

24 certified program. It's not just -- it's not

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1 just aroma therapy or a massage. It's actually

2 using musical instruments and rhythms to elicit

3 certain development in people, in their thinking

4 and brain function. We tried it with a group of

5 six or so people; the people that are most cut

6 off from others, most into their own shell. And

7 it is interesting.

8 There is one young man, if you say he to

9 him, he will barely look at you usually. And

10 after about six months -- well, six months or so

11 of music therapy, you say hi, and he will wave

12 back and acknowledge you. It's a small thing,

13 but it's a thing.

14 We had another woman, we would try to get

15 her to write her name, and it had been -- every

16 letter you had to tell her, Okay, write an A,

17 write a B, whatever, she writes it. And now one

18 of her volunteers said she will write two or

19 three letters at a time and then have to be

20 prompted for more. One woman who would say no

21 to everything -- you say, You want to do this?

22 No. -- she is now one of the first ones in line

23 to walk into music therapy.

24 Are these earth shattering things? No.

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1 But for people with really severe disabilities,
 2 these are things that just improve their world a
 3 little bit.
 4 That is one of the things we are asking
 5 for, a little funding to help us expand that
 6 program. We expanded the program to two groups.
 7 Each group meets twice a month. What we would
 8 like to be able to do is have each group meet
 9 every week or expand into a third group. But
 10 that would cost another -- about another \$4,800
 11 to do. That's why we asked for \$4,800, to do
 12 that.
 13 It's contracted out. It's a group called
 14 Music Speaks that provides the music therapist.
 15 They come in and use our facilities to do it,
 16 but after their session is over, they leave.
 17 Questions about that.
 18 MR. HEAD: Yeah. It just seems like a
 19 perfect opportunity to get your staff together
 20 and do some sort of a baseline behavioral
 21 analysis of, you know, what are we seeing? So
 22 far, based on the people we are working with,
 23 what's changed? And create a scale of some kind
 24 so you have some before and after, you know, at
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1 30, 90 -- you know, six months.
 2 What you are talking about, it really is
 3 very significant and profound. And I think if
 4 there were some way to capture that, now is the
 5 time. And that will speak to people in a big
 6 way, I think.
 7 MR. BROOKS: You know, as you were saying
 8 that, I wish I was smart enough to figure out
 9 how to do that. NIU, for some of their graduate
 10 students, to do some of their programs, we could
 11 reach out to NIU and have a graduate student
 12 make it a semester or one-year project.
 13 MR. HEAD: Sure.
 14 MR. BROOKS: We did videograph sessions
 15 for the first several months. So there is a
 16 baseline of interaction there. That would be
 17 interesting to do, if possible.
 18 MR. HEAD: And your staff will tell you
 19 off the top of their head what they are excited
 20 about in terms of behavior changes they have
 21 seen. And I would be amazed if it wasn't really
 22 significant over the course of a year.
 23 MR. HARP: So that's an interesting idea.
 24 There are probably, for some, off-the-shelf
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1 measure. I'm sure Amy could point you toward
 2 something like that.
 3 MS. STEPHENITCH: Even the music
 4 therapists themselves are taking their own data
 5 about what am I looking for.
 6 MR. HEAD: You might even tap some
 7 reliable observer in their home environment
 8 terms of filling out the same scale. What are
 9 you seeing?
 10 MS. BROOKS: Would it be cheaper to go
 11 with -- or do you have to use somebody like the
 12 music therapist? Is there any way cheaper to do
 13 it than what you are doing now and have all that
 14 money? Because I know it's expensive to hire
 15 them.
 16 MR. BROOKS: It is. I don't know enough
 17 about music therapy to know. I know it sounds
 18 condescending. We have people who will come in
 19 and play instruments for sing-alongs, but it's a
 20 lot more than that.
 21 MS. DETER: I understand that. I know
 22 that.
 23 MR. BROOKS: I don't know if there is
 24 somebody out there that does it cheaper.
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1 MS. DETER: NIU, their music students --
 2 my daughters has her master's. It is different,
 3 but they do have that program there. I could
 4 check into it. I know my daughter had to do
 5 something for it.
 6 MR. HEAD: Well, on the flip side, I can
 7 see the value of having somebody who is
 8 certified, because they will have gone through
 9 some sort of graduate program, and they will be
 10 knowing what to look at and really come alive in
 11 that. Whereas, someone who is a music teacher
 12 will still enjoy and support and reinforce the
 13 students as they are learning, but a music
 14 therapist being able to integrate into an
 15 overall treatment plan or make what's available
 16 to their doctor and know to do that in a way
 17 that's universally acceptable.
 18 MR. BROOKS: Yeah. There are only a
 19 handful of schools in the United States that
 20 offer music therapy, board-certified programs
 21 they will have doctors sitting in.
 22 MS. BOWERS: Yeah. Or, you know, you can
 23 still have the music therapist, but maybe have a
 24 student that's comes in.
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1 MR. SCHIER: How long have you been doing
 2 the music therapy?
 3 MR. BROOKS: We are -- it's only a year
 4 out.
 5 One thing to touch on real quick. It's a
 6 program we continue to support, which is that
 7 fundraising bike ride which Sheri started last
 8 year. All the proceeds and profits from that go
 9 into the attendance grant program. The proceeds
 10 we get from the Rotary Foundation Ball, we share
 11 along with Serenity, that all goes into its
 12 grant program, and then our golf outing. The
 13 profits from that go into it. It's a grant
 14 program. My goal from that -- it's not
 15 708-funded. My goal in that is to get the
 16 foundation to build up -- because an endowment
 17 or a board-created endowment, if it gets large
 18 enough, it can start having that pay for its
 19 grants instead of having to pay out for
 20 everything we are doing. It's supporting about
 21 12 people right now.
 22 One of the individuals, the first
 23 individual that we gave the grant to and the one
 24 that created -- caused me to think of the idea,
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1 will soon be going into community housing,
 2 residential housing, and he will be receiving
 3 State funding after that. So he won't have to
 4 be on the grant. That's exactly what we hope.
 5 So we can keep them involved in the Village and
 6 involved in the community until the State pops
 7 in and provides funding.
 8 COURT REPORTER: I just need to plug in.
 9 So I don't want to interrupt, but I don't want
 10 to miss anything you are saying.
 11 MR. BROOKS: So the one kind of a storm
 12 cloud on the horizon is State funding, which
 13 should come as no surprise. I made a big point
 14 of the fact that since 2009 -- I just want to
 15 tell you something. It gets a little -- gets
 16 into a lead here, but it's important to
 17 understand.
 18 The State requires that day training
 19 facilities offer 240 days of service per year.
 20 Okay. And the State pays for 220 days of
 21 services per year. The reason why they do that
 22 extra 20 days is attendance rates on people with
 23 disabilities isn't perfect, just like it is with
 24 everybody else, right, and what they're thinking
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1 is, if you pay for 220, and you're open for 240,
 2 someone could miss 20 days of work and still
 3 receive full funding from the standpoint of
 4 client, right?
 5 Day training facilities have long since --
 6 when this came out, have said that's just not
 7 fair. If your requirement is to provide 240
 8 days of funding, you should say pay for 240 days
 9 of funding. I was really disappointed to find
 10 out a week or two ago that the Department of
 11 Disabilities Services is proposing a rule change
 12 in which they said, Okay, you want 240 days of
 13 funding? We will give you 240. But what we are
 14 doing is taking the \$10.39 an hour that we pay
 15 out 220 days, and we are going to divide that
 16 and pay out only over 240 days. So now \$10.39
 17 will get you \$9.50 an hour for 240 days.
 18 Right now, if someone at the Village of
 19 Progress is gone for 10 days, we still get
 20 \$10.39 an hour times 220. That's about \$13,268
 21 a year. Under the new proposal, if they are
 22 gone for 10 days, multiply that by 90
 23 individuals. That's a \$45,000 decrease in
 24 funding by the State under the guise of being
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1 fair. It is just such a -- I don't have the
 2 words for it.
 3 MS. WILSON: Weasel?
 4 MR. BROOKS: Yeah, weasel is a good word
 5 for it, I guess.
 6 I was really hoping that the Department of
 7 Disability Services -- of all the groups in the
 8 State, that DDS would be the one that would go
 9 to bat for people with disabilities, and instead
 10 they try to cut the rug out from under us. It
 11 just -- it makes me sick.
 12 It hasn't happened yet. They asked for
 13 public comment, and virtually every comment they
 14 had was against it. And now they are proposing
 15 it. It's kind of a "let them eat cake," you
 16 know, kind of attitude.
 17 The long and the short of it, our funding
 18 does not change. We receive \$10.39 an hour. We
 19 pay our DSP, we pay our supervisors at least
 20 that much for every hour they provide services.
 21 So when you were asking about funding from
 22 708, the funding we get from the State does
 23 that, keeps our doors open. Without funding
 24 like we get from 708 or other donations from
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1 other profit centers like the Village, we could
 2 not work. I mean, we could pay our people, but
 3 we would have no place to put them. We could
 4 pay for the building, but we would have nothing
 5 to pay our people. And now, to think that they
 6 are going to cut funding further is just
 7 disheartening.

8 So I just wanted to bring that up. It's
 9 something that's being discussed as a
 10 possibility at the State level and a lot of
 11 agencies, and who knows what's going to become
 12 of it.

13 The other thing I wanted to mention to you
 14 is the wind of change as they blow from
 15 Washington towards the states and outward is to
 16 create more integrated settings. The old
 17 classic idea of a shelter workshop is beginning
 18 to decrease. There is a lot more pressures to
 19 create integrated working environments, which is
 20 partly why we created the bakery and partly what
 21 we offer with the Village Cleaning Service. And
 22 now we are even thinking about exploring ways we
 23 can make your workshop -- bringing people
 24 without disabilities, doing some work alongside

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1 people with disabilities. And to keep in mind
 2 is, a lot of people that contract for our
 3 services do it because our services are fairly
 4 cheap because we are allowed to pay people
 5 minimum wage, and if we start insisting on
 6 paying everyone minimum wage, our rates will go
 7 up and we will lose contracts. I don't know.

8 We are going to do a real small approach,
 9 but I really think the folks at the Village
 10 would benefit from a more integrated work
 11 environment. Give us a lot more flexibility.

12 So that's one thing we are thinking about
 13 in the future. I told the staff, in the last
 14 two and a half years I have created so much
 15 change, we just have to sit back for a year and
 16 figure out the level of how to imagine it all
 17 before we start looking at a new project,
 18 because I have got a dozen of them.

19 That's my presentation, I guess, in a
 20 nutshell, a large nutshell. Other questions?

21 I asked for 2.5 percent increase. I
 22 thought that seemed appropriate. But I
 23 understand you guys have lots of people that are
 24 asking for funding.

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1 MS. BROOKS: I don't have any questions,
 2 but I just want to say kudos for the bakery.
 3 You really inspire me. I like to see people
 4 with a vision that follow it through, and you
 5 have got a lot of great ideas.

6 MR. BROOKS: You know, we talk about
 7 affordable housing, one of the things is to
 8 build duplexes or buy duplexes, and one side of
 9 the duplex would be two or three people with
 10 developmental disabilities sharing that duplex.
 11 They wouldn't be roommates; they would be
 12 housemates. And the other side of the duplex
 13 would be an individual or a couple, and they
 14 would just be regular rent payers. The only
 15 application would be to be a good neighbor to
 16 the people next door.

17 And I'll spare you the details, but with
 18 technology being the way it is, it's very
 19 possible that someone like my daughter and a
 20 couple other young women to share a duplex and
 21 have them be fairly safe and well attended to,
 22 yet have a level of independence where they can
 23 live in the community.

24 But again, I promise, no new projects in a
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1 year or two. But it's on the dashboard.

2 MS. BROOKS: I have a question. How do
 3 you fund any of your clients that aren't Ogle
 4 County residents?

5 MR. BROOKS: We don't.

6 MS. BROOKS: You have all Ogle County?

7 MR. BROOKS: Hundred percent.

8 MS. BROOKS: Because I thought there were
 9 a couple of students from a co-op that went
 10 there?

11 MR. BROOKS: Co-op is Ogle County.

12 MS. BROOKS: Yeah, but not children -- not
 13 all children are, right?

14 MS. EGAN: And we have a very limited
 15 number of students, like Hiawatha, but those
 16 students are not actually a part of the Village
 17 of Progress.

18 MR. BROOKS: You can look at the roster if
 19 you want. I guarantee you a hundred percent.

20 MS. BROOKS: I just know that one of them
 21 was last year. She is not in the program
 22 anymore. That's what I -- I just know.

23 MR. BROOKS: But as far as I know, our
 24 mission says Ogle County.

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1 MS. BROOKS: Yeah. But I just know of
 2 someone who is no longer in the special-ed
 3 program that was from a different, and she did
 4 go to Village of Progress.
 5 MR. BROOKS: We have had a couple people
 6 move into Ogle County because they have wanted
 7 to attend the Village of Progress.
 8 MR. SIGLER: You know, when I think of
 9 your son, ma'am, I could just envision him in
 10 the bakery handing out samples. That's what
 11 it's meant to be, or what we should be looking
 12 at.
 13 MS. STEPHENITCH: Actually, my son, he has
 14 moved beyond that. He actually found a job and
 15 worked for two years, and actually just recently
 16 left the house.
 17 MR. BROOKS: He was looking for a safe
 18 place to transition.
 19 MS. STEPHENITCH: But there was a
 20 period -- and I do two different support groups
 21 for families with mental health issues. And
 22 there is a period where they get well, but they
 23 get well, but they are just not ready to go out,
 24 you know, and there is so many that are just,
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1 you know, like you were saying, lounging around
 2 on their own, nothing to do. And that's not
 3 good for them, either, not getting -- and we
 4 were fortunate. I had him go for a job when he
 5 was -- at that point, I had him go to a staffing
 6 agency. I said, Instead of going out and having
 7 to go to a face-to-face interview, just let them
 8 place you anywhere. And actually, that worked
 9 for him very well. They put him in a job, and
 10 it worked. It was -- he did very, very well.
 11 So that gave him the confidence back that he
 12 needed and got him going.
 13 But you were talking about integrated, you
 14 know, workforces. We need so many more
 15 employers that are willing to do that with
 16 mentally ill and developmentally, because there
 17 just -- there is a need for that.
 18 And the place where he was working, it was
 19 kind of sad. One day he came home and said,
 20 This new kid started and they had to call the
 21 ambulance last night. They thought he was
 22 having a heart attack or something. Well, he
 23 was having an anxiety attack. And apparently,
 24 he suffered from depression and was trying to
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1 get out there. And he came in the next day, it
 2 happened again, and they fired him. And I said,
 3 Now, they could have just waited or had someone
 4 go with him and explain the situation he was in.
 5 He is going to be overly anxious a couple days,
 6 but to just give him a chance.
 7 MR. BROOKS: Well, the bakery manager has
 8 DSP. It's a certification to provide services
 9 to people with disabilities. And her assistant
 10 manager will have that soon.
 11 One thing we noticed is, one young woman
 12 that works at the bakery -- I call her a
 13 perpetual 13-year-old when she is at the Village
 14 of Progress. She is just kind of happy-go-
 15 lucky. And she started working for me. In the
 16 open house she was serving ice cream, scooping
 17 up ice cream. And one of the people I know who
 18 doesn't know anybody that works behind the
 19 counter said, Who is that tall, skinny girl?
 20 And I said who it was. And he said, She just
 21 has a really great personality. It's just an
 22 outgoing personality. And I did say to him --
 23 because he is someone that helped us with the
 24 bakery, I said, That's who I wanted for the
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1 Village of Progress.
 2 And what is cool is to see that change.
 3 When she is put in an integrated environment,
 4 she becomes -- she goes out of grade school and
 5 junior high, and she goes into the workforce.
 6 MS. BROOKS: Looks very professional.
 7 MR. BROOKS: It's just cool to see that.
 8 You wouldn't have known to give her a chance.
 9 I'll shut up after one more thing. There
 10 is a nonprofit bakery in New York City, and they
 11 make brownies, right? They hire people that are
 12 homeless or coming off addictions, and their
 13 whole goal is to provide that transition, right?
 14 And their slogan -- I thought it was just such a
 15 great slogan: We don't hire more people so we
 16 can make more profits. We sell more brownies so
 17 we can hire more people.
 18 And I mean, that's why I like the bakery.
 19 Anything else for us? I'm sorry.
 20 MR. SIGLER: I do. Justify your request
 21 for your increase. I'm serious. You are asking
 22 for additional funding from us for this
 23 additional year?
 24 MR. BROOKS: I asked for \$4,800 more for
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1 the music expansion. If you don't give it to
 2 us, we probably either won't expand the program.
 3 We probably will have to find different donors
 4 to help us.
 5 I asked for a 2 percent increase in
 6 funding. The funding level has essentially
 7 stayed the same since at least 2013. I thought
 8 two and a half percent increase would basically
 9 account for the rate of inflation over the last
 10 couple years. You saw my chart about the
 11 inflation rate, that we received effectively
 12 about \$400,000 less in funding because the State
 13 hasn't increased. But our staff expects raises
 14 and our food providers that provide food for
 15 lunches, they don't want to charge 2002 levels
 16 for food. ComEd isn't interested in charging us
 17 at 2002 levels, nor is the gas company. So
 18 every year the price goes up, but yet our income
 19 level is at least at the State level.
 20 And I'm not bashing 708. You guys are
 21 really generous to us. We could not stay open,
 22 at least at the level we are, without 708
 23 funding. But it has not increased since I've
 24 been director. I don't think it's increased
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1 since at least 2013. So I think a 2.5 percent
 2 increase is not unreasonable.
 3 MR. SIGLER: Did you look at the CPI when
 4 you put this together?
 5 MR. BROOKS: Yes. If you look at the
 6 graph on my cover letter, the last page of my
 7 cover letter, that top graph states Support.
 8 That's based on a CPI calculations. There is
 9 actually a calculator. You put in what it was
 10 back in 2003, and it calculates what the
 11 equivalent is in 2016. And that's a government
 12 database. It's not some, you know, pro
 13 nonprofit, woe-is-me database. It's strictly
 14 government inflation figures.
 15 MR. SIGLER: Counsel, I get aggressive
 16 with you, but what I do for a living is a labor
 17 law judge, and I'm afraid that the only place I
 18 can't be that is at the Village of Progress.
 19 And what one of the people said to me, he said,
 20 Bill, you are one of us. And it brought tears
 21 to my eyes. Because you made the comment about
 22 you want to make them one of us. I was so
 23 blessed when they said, Bill, you are one of us.
 24 Sit with us, be one of us.
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1 That's what the Village is all about. And
 2 I wish we would all go there, and I wish
 3 everybody would go there and see what's taking
 4 place. It's changed me. The best decision I
 5 wrote was on a police officer 19 and a half
 6 years. I don't split the baby at the cost of
 7 19 and a half years of employment because he
 8 violated State and local law.
 9 But when I go here, I see the other side
 10 of the coin, and I see love and I see caring.
 11 You are the best thing that ever happened to the
 12 Village of Progress.
 13 MR. BROOKS: Time will tell.
 14 MR. SIGLER: But I don't want to get down
 15 on our County. I go to various sister counties.
 16 The sister county right south of us here, 708 --
 17 what's a 708 board? We have no interest in
 18 that. We have no interest. The local agencies
 19 within the county may contribute funding to the
 20 various agencies, but other than that they have
 21 no interest in it. Our county does, and our
 22 county, I believe, is very fair in just in what
 23 they do here to us as a 708 board. I would like
 24 nothing better than to see that amount increase,
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1 and I would like nothing better.
 2 MR. BROOKS: 708 is a life raft for a lot
 3 of agencies.
 4 MR. SIGLER: Yes, sir.
 5 MR. BROOKS: And as the State creates
 6 stormier weather, there is more agencies that
 7 want to scramble on the life raft, and the
 8 agencies already there need more security. So
 9 I'm very much guessing that's my request for a
 10 two and a half percent increase is probably not
 11 out of line, as a lot of other agencies. I'm
 12 also guessing that you guys have the unfortunate
 13 decision of who gets a life raft and who doesn't
 14 and how to allocate the resources.
 15 I don't want to be in your shoes, but I am
 16 saying, from our standpoint I think -- I don't
 17 think a two and a half percent increase is out
 18 of line.
 19 MR. SIGLER: I would agree with you.
 20 Now, strictly the CPI, that would --
 21 looking at the feds and what they are putting
 22 out. One last comment about your doughnuts. I
 23 call it doughnut shop. Here is a lady, for 15
 24 years she had nothing nice to say to me. I
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1 would say, Hi, and she would say, Ah. She was
 2 there and she was handing out cookies and stuff.
 3 I was afraid to go over to her. She was smiling
 4 from here to here, and she said, Thank you,
 5 Bill. Hi. And that's 15 years, and you did it
 6 in one bakery.
 7 MR. BROOKS: And half a million dollars.
 8 Could have been the music therapy too.
 9 MR. SIGLER: It could have been.
 10 MR. HEAD: Brion, under Existing Programs
 11 and Services, I think it's this fifth page in,
 12 you talk about needs for service and the future
 13 applicants being put on a waiting list for new
 14 enrollees, and that's what is detailed. And
 15 second, 13 individuals previously funded under
 16 the State's prior blocks grant did not qualify
 17 for various reasons and no longer receive any
 18 funding.
 19 So there is a couple of places there where
 20 you have got a shortfall to cover some of your
 21 existing clients' needs, is what I'm gathering.
 22 Is this -- do you see a situation where people
 23 are going to be coming to their local, you know,
 24 municipal and county funding resources more and
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1 more because of the State's, you know, chaos?
 2 MR. BROOKS: Inaction?
 3 MR. HEAD: Yes.
 4 MR. BROOKS: I think it's going to put
 5 more strain on county agencies. I think mental
 6 health issues will start to go up if people
 7 aren't receiving services. Developmental
 8 disability and mental health go hand in hand.
 9 There have been studies, and when they are shut
 10 off, the shut-ins, their mental health issues
 11 skyrocket.
 12 I think the University of California Davis
 13 did a study, and I think the same things would
 14 happen. People with disabilities, they don't
 15 socialize much. Communication skills are
 16 limited. Usually they have no transportation
 17 abilities, and the more you shut them off from
 18 society, the more you are increasing the
 19 likelihood of mental health issues arising.
 20 It's kind of like an infection. If you don't
 21 treat the wound -- I'm not trying to be an
 22 alarmist, but it wouldn't surprise me at all if
 23 some people, after five or ten years of living
 24 in a house by themselves because they don't have
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1 funding to get out in a community setting, you
 2 know, you are going to start seeing mental
 3 health issues coming out from it.
 4 MR. HEAD: Yeah. And I think Patrick said
 5 something to the effect that the Medicaid
 6 expansion in Illinois has really made a
 7 difference for a lot of their clients, and they
 8 are seeing clients that might have not otherwise
 9 been served. And that's impacting you -- the
 10 State's organization or funding or structure,
 11 whatever you want to call it, is impacting you
 12 as well, because you are having to scramble to
 13 do more with less, and you can only scramble so
 14 far.
 15 I thought it was an excellent proposal, by
 16 the way. The only thing I would ask would be
 17 that you put page numbers --
 18 MR. BROOKS: Yeah, I just saw it when you
 19 said the fifth page.
 20 MR. HEAD: -- 1 through 78 or whatever,
 21 but I thought it was very well done.
 22 MR. BROOKS: Thank you.
 23 MR. HEAD: Any other questions?
 24 MS. WILSON: I just want to make a
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1 comment. I was up at 10:00 last night. I've
 2 been reading a really interesting book, and I
 3 finished it. And I picked this up, and I was up
 4 until 11:00 reading it.
 5 MR. BROOKS: It's a real page-turner.
 6 MS. WILSON: It is. It is. I enjoyed
 7 reading it. I'm inspired reading it. I will
 8 say it again, one of the reasons I moved to the
 9 city of Oregon is because of the Village of
 10 Progress.
 11 MR. HARP: I have a few. I have a few
 12 questions. You have answered a lot of them. So
 13 you may have to bear with me.
 14 Do you have any estimate of how many
 15 people in the county would be eligible for your
 16 program? Not just the ones who have applied to
 17 get in. What proportion are you actually
 18 serving?
 19 MR. BROOKS: 57. So, DHS keeps records of
 20 the number of people that receive funding for
 21 services in the county and the number that are
 22 on the waiting list in the county to receive
 23 funding for services. So they have applied,
 24 they arguably would meet the criteria, but the
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1 State doesn't have the funding to do it yet.
 2 A couple years ago I looked, and I think
 3 the number in Ogle County was 60 on the waiting
 4 list.
 5 MR. HARP: 60?
 6 MR. BROOKS: Now, that does not mean that
 7 all 60 of them would necessarily qualify. It
 8 doesn't mean that all 60 necessarily want to go
 9 to the Village of Progress. But there were at
 10 one point, 2014 or so, 2015, there were 60
 11 people in Ogle County that were on the waiting
 12 list to receive funding.
 13 MR. HARP: As opposed to -- what's your
 14 client numbers right now?
 15 MR. BROOKS: Well, we have got 90 people
 16 who attend the Village of Progress right now.
 17 90 to 95 people.
 18 MR. HARP: So that's a pretty big percent?
 19 MR. BROOKS: So two-thirds more.
 20 MR. HARP: And I'm sure I asked you this
 21 last year, but I can't remember. What's the
 22 difference between the two, IDP and DSP?
 23 MR. BROOKS: So DSP is the basic level of
 24 training to assist people with developmental
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1 disabilities either in a residential setting or
 2 a day-training setting, a Designated Service
 3 Provider.
 4 A QIDP, let's put it this way, it's a
 5 higher level of training. And what the humans,
 6 as we call them, have to do is they provide all
 7 the documentation for the services each year.
 8 So every year we meet with every
 9 individual that attends the Village of Progress,
 10 we meet with them and their guardians or parents
 11 to go over the past year, right? We track
 12 levels of productivity, we track what they like
 13 to do and what they don't like to do, levels of
 14 attendance. Those reports -- kind of like IEPs
 15 in the schools -- these are called ISP,
 16 Individual Service Plans. The QIDP puts
 17 together -- like Lutherans put together IDPs,
 18 they put together the service plans.
 19 MR. HARP: And then what proportions are
 20 -- it's in there, I bet.
 21 MR. BROOKS: We have three or four
 22 requests, and we have the rest of the staff is
 23 our DSP.
 24 MR. HARP: And we are talking about
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1 measures? Criteria of effectiveness? Can you
 2 give us any more details about that? You listed
 3 the kinds of things you do, administrative staff
 4 yearly reviews by State agencies, annual
 5 satisfaction surveys. Have any data for us?
 6 MR. BROOKS: I'm not sure the kind of data
 7 you are looking for.
 8 MR. HARP: Like, when you survey your
 9 consumers, you know.
 10 MR. BROOKS: Oh, yes. The satisfaction
 11 survey -- I'm going off the top of my head now.
 12 -- they usually come in at 90, 95 percent
 13 satisfaction. The DHS audits us every year.
 14 They give us hundred percent ratings for as long
 15 as I've been there, and I think before that.
 16 They often comment that they see a lot of day-
 17 training facilities that have a lot of paperwork
 18 in a row, but their relations with their clients
 19 are atrocious. They see people that have great
 20 relationships with clients but their paperwork
 21 is atrocious. But they say we have got the
 22 whole package.
 23 It's interesting, professionals come into
 24 the Village of Progress, they notice a real
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1 change in atmosphere from a lot of day-training
 2 facilities. There is nobody guarding the doors.
 3 MR. HARP: It would be helpful in future
 4 applications if we could have some of that
 5 stuff.
 6 MS. BROOKS: I'll make a note of that.
 7 MR. HARP: It's just nice to have that to
 8 be able to document.
 9 MR. BROOKS: I am a real analytical
 10 person, so I'll try to do that.
 11 MS. STEPHENITCH: But there are
 12 assessments on work production. So, I mean,
 13 even that to me is a piece of it. Like, what
 14 are the consumers learning? What productivity
 15 rate is there? And you do have those kinds of
 16 things, as I understand it, so that's kind of a
 17 little bit of maybe -- I don't know if that's
 18 exactly what you are thinking of, but could be a
 19 part of what you're thinking of.
 20 MR. HARP: We are all onboard with the
 21 touchy-feely stuff. We are all with you on
 22 that, and this one's probably more important to
 23 us, but the data just helps to give us --
 24 MR. BROOKS: It authenticates it. I
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1 agree.

2 MR. HARP: Let's see. What else have I

3 got here? All right. Here is a question I

4 wrote down. I can't remember what it means.

5 Let's see. This is in Section 6, Grant

6 Foundation. What is the grant foundation?

7 Maybe you can help me out why I wanted to know

8 what that was.

9 MR. BROOKS: That could be the attendance

10 grant.

11 MR. HARP: Oh, okay.

12 MR. BROOKS: And that's all foundation

13 funded. I included it. I didn't know if I

14 should or not, but it's all foundation funded,

15 but it benefits the Village of Progress.

16 MR. HARP: And that's what you call a

17 quasi-endowment?

18 MR. BROOKS: Quasi-endowment.

19 MR. HARP: Quasi-endowment, because it's

20 not separate.

21 MR. BROOKS: Well, you -- real quick, an

22 outside group, if they want to donate a million

23 dollars to a college, fund a professorship, they

24 could say, I'm donating a million dollars to
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1 Hope College. You can't use more than 5 percent

2 per year of that amount. That's a true

3 endowment. The raise, as it's called the IES,

4 the body, can't be taken out of it, but the

5 interest can be. I cannot, the foundation

6 cannot, create its own endowment, because

7 whatever the board creates, the board can

8 uncreate, right?

9 So it's called a quasi-endowment. The

10 intent is to create a pot of money that we only

11 take the interest out of every year. But it's

12 not a true endowment because we are not legally

13 bound to not touch the body of it. Like the

14 County, it can change its own rules whenever it

15 wants to.

16 MS. BOWERS: It does, too.

17 MR. BROOKS: That's a shock. That's a

18 shock.

19 MS. BOWERS: I didn't say that, John, did

20 I?

21 MR. BROOKS: Any other questions?

22 MS. STEPHENITCH: Real quick comment and

23 question. So I sent you all an email because I

24 monitor our Facebook page, and I couldn't
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1 believe it. We were, like, 10,000 views on the

2 bakery, and today we were at, like, 26,900 views

3 on the bakery. It is huge. I have never seen

4 anything like that with our small level of

5 cooperation.

6 What sort of things have you done?

7 MS. STEPHENITCH: A high view would be,

8 say, 1,300 for maybe a job opening, something

9 like that where people are sharing that.

10 MR. BROOKS: We are happy to help.

11 MS. STEPHENITCH: I was like, this is so

12 awesome for the community. I am so excited.

13 But that is awesome.

14 My question is related to the training

15 opportunities at the Village, and especially the

16 clothing sales with Serenity. I was just

17 wondering how often -- it looks like you take

18 thousand-pound bales and then you add it up to

19 40,000 and then it gets shipped out. How often

20 do you get to that level? I guess I'm looking

21 at, how often could you ship?

22 MR. BROOKS: Per year, one to two

23 semi-loads.

24 MS. EGAN: Per year, we increased some
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1 involvement with another -- with a uniform

2 company that also does some linens, and so we

3 have been kind of looking at a linen operation

4 and a clothing operation, because you have to

5 keep those bales separate. But I want to say

6 1.5 -- 1.5 loads per year. It's under \$10,000

7 per year. And we split that with Serenity and

8 then ration the linens. We get a fraction of

9 the price.

10 MS. EGAN: But as Serenity increases the

11 number of thrift shops that they have around --

12 MS. STEPHENITCH: Right. The number of

13 things -- recycling those things through to you.

14 But I'm just thinking of opportunities there day

15 to day.

16 MR. BROOKS: Yeah. We offer that too with

17 Hope down in Rochelle. We have what's called

18 the Hope Chest.

19 MS. STEPHENITCH: Yes.

20 MR. BROOKS: But they use a different

21 agency for their recyclables.

22 MS. STEPHENITCH: Thank you.

23 MS. EGAN: We have reached out to some of

24 the nursing homes and made sure that everybody
In Totidem Verbis, LLC (ITV)

1 is knowledgeable about it. I mean, Serenity
2 always goes through all of the clothing, you
3 know, that's available and sorts through to make
4 sure that it's not ripped or torn or soiled in
5 any way.

6 MR. HEAD: Okay. Thank you.

7 I would like to wrap this up. And if
8 anybody has any questions in the interim, we
9 will just, you know, forward them to you in the
10 interim and pull them together when we sit down
11 and discuss the actual funding decisions.

12 So what I would like to do is to propose a
13 five-minute break at this point. So we will
14 come back at 25 till and speak to our next
15 people.

16 Thank you so much.

17 (The meeting was recessed at
18 8:37 a.m.)
19
20
21
22
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24

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1 OGLE COUNTY
2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)

4 of)

5 Village of Progress, Inc.)

Funding Application for Fiscal)

6 Year 2018)

) Ogle County

7 Ogle County, Illinois.) Sheriff's Office

) Oregon, Illinois

8) May 4, 2017
9

10 I, Camille S. Connell, hereby certify that
11 I am a Certified Shorthand Reporter of the State of
12 Illinois; that I am the one who, by order and at the
13 direction of the Chairman, Nick Head, reported in
14 shorthand the proceedings had or required to be kept
15 in the above-entitled case; and that the above and
16 foregoing is a full, true and complete transcript of
17 my said shorthand notes so taken.

18 Dated at Dixon, Illinois, this 8th day of
19 May, 2017.
20
21

22 Camille S. Connell
23 Certified Shorthand Reporter
24 Registered Professional Reporter
IL License No. 084-004830
P.O. Box 381
Dixon, Illinois 61021
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Page 1

1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)
 4 of)
 5 Rockford Sexual Assault) Ogle County
 Counseling) Sheriff's Office
 6 Ogle County, Illinois) Oregon, Illinois
 7 May 4, 2017

8

9 Testimony of Witnesses
 Produced and
 10 Examined on this 5th day
 of May, 2017,
 11 before the Ogle County
 Community Mental Health Board

12

13

14

15 BOARD MEMBERS PRESENT:

16 Nick Head, Chairman
 William Sigler
 17 David Schier
 Vicki Deter
 18 Lowell Harp
 Tracy Brooks
 19 Amy Stephenitch
 Nick Head
 20 Dorothy Bowers
 Kathleen Wilson

21

22 Cecilia Zimmerman, Recording Secretary
 Reporter: Camille S. Connell

23

24

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1 (Proceedings resumed at
 2 8:34 a.m.)

3 MR. HEAD: Well, let's welcome our guests,
 4 and perhaps you can introduce yourself, and we
 5 go around really quickly.

6 MS. MOSTACCI: Good morning. My name is
 7 Maureen Mostacci of Rockford Sexual Assault
 8 Counseling.

9 MS. PAULEY: I'm Michelle Pauley, an Ogle
 10 County therapist.

11 MR. HEAD: I'm Nick Head, Mental Health
 12 Board.

13 MR. HARP: Lowell Harp.

14 MS. BOWERS: Dorothy Bowers, I'm liaison
 15 for the County Board Vice President.

16 MS. DETER: I'm Vicki Deter, board member.

17 MR. SIGLER: Bill Sigler,
 18 Secretary/Treasurer.

19 MS. WILSON: Kathleen Wilson.

20 MS. STEPHENITCH: Amy Stephenitch.

21 MS. BROOKS: Tracy Brooks.

22 MR. SCHIER: Dave Schier, board member.

23 MS. ZIMMERMAN: Cecilia Zimmerman,
 24 Recording Secretary.

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1 MR. HEAD: Good morning. If you would
 2 like to start, it's your show. If you have got
 3 a handout, then great. However you would like
 4 to proceed.

5 MS. MOSTACCI: I would like to take a few
 6 minutes to tell you a little bit about the
 7 agency, Rockford Sexual Assault Counseling. Our
 8 mission is to provide comprehensive services for
 9 survivors of sexual assault and abuse. This is
 10 ages three through adult. And the counties we
 11 serve are Winnebago, Boone, and Ogle County.

12 Our services are really kind of broken
 13 down into three areas. One is advocacy
 14 services, and that includes individual advocacy,
 15 institutional, medical, legal, and crisis
 16 intervention. We maintain a 24-hour hotline
 17 that is after hours. We have volunteers that go
 18 through a special 40-hour training in order to
 19 maintain the confidentiality that is required by
 20 the State.

21 Centers like ours actually have a higher
 22 level of confidentiality than the general health
 23 code. It's referred to as absolute privacy. So
 24 our volunteers will respond to calls that come

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<p style="text-align: right;">Page 5</p> <p>1 into the hotline, but they also respond directly 2 to the hospital when somebody presents in an 3 emergency room after a sexual assault. They 4 will stay with that person, they will provide 5 clothing -- clothing is often taken as part of 6 the evidence, they will let them know about our 7 services, and then make sure that they have 8 transportation home and a safe place to return 9 to. The individual advocacy is often when we 10 are dealing with clients. We will help them 11 access other services that they need or are 12 available in the area.</p> <p>13 Our counseling, we do individual, family, 14 and group counseling, and again, this is ages 15 three through adult. Our services are provided 16 in-office as well as on an outreach basis. We 17 do a lot of work in the schools. Transportation 18 is an issue. People are working jobs; it's hard 19 oftentimes to get kids into the counseling 20 center. So that's a lot of the work of what 21 Michelle does in the community.</p> <p>22 For education, we have a variety of 23 educational programs. You know, we go out into 24 the schools. And again, I've been to the <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 7</p> <p>1 the literature. Eating disorders, depression, 2 relationship issues, substance abuse are all -- 3 suicide, are all very closely tied to the 4 untreated trauma.</p> <p>5 We also do a particular program called 6 Strong Self Plus, and they are in the local 7 middle school/high school, where girls -- 8 counselors suggest girls who might be 9 interested, we talk to them. They become part 10 of this group. They meet once a week for the 11 school year, and a lot of these girls -- we do 12 sort of an assessment at the beginning so we 13 have an idea. They have a lot of issues. You 14 know, they may not be in a home where they are 15 directly being abused, because we certainly, as 16 mandated reporters, would call that in. But 17 there is a lot of chaos in their homes, and a 18 lot of experiences that they have had that are 19 happening within the family unit.</p> <p>20 And so this group gives them time to 21 really build trust with each other and the 22 facilitator. And we talk a lot of safety. We 23 talk a lot about healthy coping as opposed to 24 drugs and alcohol or other ways that are not <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>
<p style="text-align: right;">Page 6</p> <p>1 schools. A couple years ago, they passed what 2 is called Erin's Law, and the origin of the law 3 was, there was a woman named Erin. She is now 4 probably 22, 23, but she was being sexually 5 abused within her home for many years. When she 6 was in eighth grade, she was finally able to 7 disclose and get the help that she needed to 8 make the abuse stop happening. But she has 9 since made it her mission to pass Erin's Law in 10 every state, and I think she is at about 13 11 right now.</p> <p>12 But what this does is, it mandates 13 prevention education from grade school all the 14 way up, and it's really age-appropriate 15 education to let kids know about personal 16 boundaries, about touch, about safety, who they 17 can talk to if they have something that occurs. 18 And, you know, we do prevention and 19 intervention, but a lot of times that prevention 20 work is intervention. You know, when kids are 21 disclosing -- something happens to them at a 22 young age, they are getting the help they need 23 or avoiding a lot of long-term effects of 24 trauma. And we have seen that. It's all over <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 8</p> <p>1 safe. And these groups we have found to be 2 very, very successful, and then the girl 3 actually become a support system for themselves 4 and for other girls in the school.</p> <p>5 We have actually had girls who have 6 suggested other girls they thought would be good 7 for the group. So they kind of know the 8 situation they are in and what they are needing, 9 and they are often pretty accurate when they do 10 that.</p> <p>11 And then we also do, you know, information 12 and referral and professional training. We go 13 out and we talk to social service agencies. We 14 talk a lot to teachers. You know, we are doing 15 Erin's Law. We are doing the presentations, and 16 children often build a lot of trust in their 17 teacher, and often that is the first person they 18 make a disclosure to. So we want them to know 19 how to access services and what their next step 20 should be -- really how to be supportive to that 21 child and make the child feel good about having 22 stepped forward. And I say that because I've 23 worked with a lot of adult clients, and years 24 ago, even before it, there was DCFS-mandated <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>

<p style="text-align: right;">Page 9</p> <p>1 reporting, who made disclosures as children and 2 nobody responded or they were blamed, and they 3 didn't talk again for 30, 40, sometimes 50 4 years. Now, it's that devastating. So that 5 first response to a disclosure is so very, very 6 important.</p> <p>7 Some of the things on Page 2 that are 8 unique to our sect- -- all of our services are 9 free of charge. We are State and 10 federally-funded. Fundraising. We have 24-hour 11 crisis intervention to the hospitals as well as 12 the hotline. We provide legal advocacy for 13 adult rape survivors. We have a legal advocate 14 who will go into court, if necessary, for what's 15 called status hearings. A case can take 16 anywhere from three to four years in the court 17 system, and instead of that survivor having to 18 go in court every single time, what they can do 19 is the advocate will go, she will get the 20 information, and then she will bring that back 21 to the client, because it's very destabilizing 22 to have to go and look at the alleged 23 perpetrator again and again.</p> <p>24 The other thing that they can assist with In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 11</p> <p>1 A first-year therapist will come in -- 2 first of all, they need 40 hours of training to 3 maintain the confidentiality. Then for the 4 first year, they will need 120 additional hours 5 of training in sexual assault, abuse, and trauma 6 in order to meet the standards to provide 7 services to children and to adults, and then 8 there is continuing education every year so we 9 can keep up on changes that are happening in the 10 field.</p> <p>11 Just to kind of look at community need, 12 2015 -- this is from Illinois Crime in Illinois, 13 which is Illinois State Police. There were 200 14 sexual assaults in Winnebago and Ogle. Last 15 year was a little bit higher. Boone, I think, 16 is changing their system, so their numbers 17 weren't in as far as their service area. We 18 provide assistance to between 900 and 950 19 clients per year. That direct service, either 20 counseling service or advocacy or education, we 21 get in front of about 20,000 children per year, 22 and that's been a big mission goal for us. In 23 2015, the DCFS annual report, 109 -- well, there 24 are 359 reports, 109 were indicated. That was In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 10</p> <p>1 is when they are working with the State's 2 Attorney and they need to get ready to testify. 3 And this is particularly important with our 4 children. You think about yourself going into 5 court as an adult. Well, going into court and 6 having to testify, then we think about the 7 children, you know, sometimes 4, 5, 6 years old 8 who are testifying often against a parent or 9 step-parent who is present in a courtroom. So 10 we want to work with them to get as comfortable 11 as possible and provide a safe place. It is 12 just a very, very terrifying experience for many 13 kids.</p> <p>14 And then the additional, confidentiality 15 under the law. And when I mention centers like 16 ours, Rockford Sexual Assault is a member of the 17 Illinois Coalition Against Sexual Assault. 18 There are 28 centers around the State, and 19 that's also whose membership standards we 20 follow. It's not an accreditation, but it's a 21 standard that, in order to be a part of the 22 coalition, you need to meet. And really, this 23 includes, as far as the training -- and that's 24 one thing, we really specialize in what we do. In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 12</p> <p>1 actually an 18 percent increase from the year 2 before. And what we also know, particularly 3 with young children, the report not being 4 indicated does not mean that the report didn't 5 happen. That's what we have to keep in mind, 6 that -- because that's a very intimidating 7 situation for a child, particularly if it's 8 within the family system.</p> <p>9 So as far as collaboration, we work with 10 the schools for counseling and education. We 11 work with the hospital, police department, 12 State's Attorney's office, and the social 13 service providers. We do refer back and forth. 14 We work very closely with HOPE. We have two 15 different populations, but there is a segment 16 that crosses over, so you know, we are able to 17 help them out, and they are a wonderful referral 18 source for some of our clients who are currently 19 in an abusive situation. But the demographics 20 of our clients, about 65 percent are children.</p> <p>21 MR. HEAD: Can you repeat that? 22 MS. MOSTACCI: Currently about 65 percent 23 of our clients are children. 24 Right now about 86 percent are females, In Totidem Verbis, LLC (ITV)</p>

<p style="text-align: right;">Page 13</p> <p>1 14 percent males. But we see males, adults and 2 boys, and those numbers stayed pretty consistent 3 over the year. We are looking at the Hispanic 4 population -- now, back just for a second. 5 Michelle is full-time therapist in Ogle 6 County. We have been able to bring in a 7 part-time Spanish-speaking therapist. We had a 8 Spanish-speaking therapist about a year and a 9 half ago, and what we saw in our office is that 10 numbers went up. And she resigned, and again, 11 even though we will provide interpretation, it's 12 just not the same, and our numbers went down. 13 What we often come across, we have families and 14 children may do the therapy in English, but 15 their bilingual parents are not comfortable in 16 English or they don't speak English at all. 17 So when we are looking at population in 18 Ogle County, there is about 5,000 individuals, 19 9.8 percent of the population. Of those, for 20 about 2,900, Spanish is the primary language or 21 Spanish is spoken in the home. And about 22 8.5 percent, or around 800 students, have 23 Spanish as their first language. And that 24 relates to what we are doing in terms of when we <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 15</p> <p>1 comes through there. 2 Up until about two years ago, our State 3 was receiving about \$197,000 in general revenue, 4 and that's our most flexible as far as giving, 5 you know, Michelle the ability to see children 6 by funding part of her salary through that. The 7 cost of operations, travel, the outreach that we 8 do in the county. Last fiscal year, the 16th, 9 they cut that by 6- -- we got 62 percent of 10 that. So we received about 130, despite a 11 contract that's what we have with the State or 12 the Coalition had with the State. 13 This year to date, we have received 14 \$57,000, and there is still a question as to 15 whether the State will have any type of a budget 16 by the end of fiscal year, which is the end of 17 June. And they support the United Way, the 18 Attorney General, a small grant there, 19 contributions and fundraising. We have done 20 what we can with fundraising, but we don't have 21 a set fund developer. All of our personnel are 22 direct service personnel. 23 So as far as expansion, we would like to 24 increase the time that the Spanish-speaking <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>
<p style="text-align: right;">Page 14</p> <p>1 go out and do our education programs. We talked 2 about the prevention intervention -- we want to 3 reach kids and make sure the message we are 4 putting out about safety and disclosure and 5 people and helpers is getting picked up by all 6 children. 7 Some of the service hours -- the advocacy 8 column on the left was the last fiscal year, and 9 then we are nine months into this fiscal year. 10 So we are pretty close on advocacy. We exceeded 11 what we did in education -- we had a pretty good 12 response from the schools, and counseling was 13 pretty much on track to be where we were last 14 year for counseling hours. 15 Our funding sources -- our primary funder 16 is the Illinois Coalition Against Sexual 17 Assault. This includes what is called -- what 18 is known as VOCA funds, Victim of Crime, which 19 are non-tax funds which are -- they are very 20 restricted in what we can do with those. We can 21 do personnel, but if someone was a hundred 22 percent VOCA, it cannot be children 13 and up. 23 Then there is VAW funds, which is -- it always 24 sounds like bow-wow, and then our State money <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 16</p> <p>1 therapist can be in the county, increase 2 awareness of the fact that there are now 3 services available in Spanish, expand our Strong 4 Self Plus group. We would like to do a group 5 with Spanish as the first language so those 6 girls are getting the same opportunities. And 7 then, some of our educational programs that we 8 are doing, if there are classrooms or 9 individuals again who would better understand 10 the message in their first language, we would 11 like to be able to present those programs. 12 And Marilyn, who is the Spanish-speaking 13 therapist, she has experience in counseling. 14 She has been doing that in doing the education 15 pieces. So we are very pleased to have her. 16 It's made a big difference just in the short 17 time. She's been -- she's only been here since 18 January. 19 And just quickly, some of the outcomes. 20 Our crisis intervention -- our two goals is 21 information and support, that's whether it's the 22 hospital or the hotline. We ask people -- 23 basically it's from our counseling clients -- we 24 don't ask people in a crisis -- but from on a <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>

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1 scale of 4, it was 3.9. So they felt like they
 2 were getting what they needed at that point.
 3 The advocacy, these are clients that we assisted
 4 in getting access to other services, whether it
 5 be medical, help within the court system,
 6 criminal justice or other social services,
 7 school-based services, or linked to a new
 8 service that their family or an individual could
 9 benefit from.

10 For counseling, we -- every October --
 11 these are from this current year. Every October
 12 we do an evaluation with our clients and people.
 13 The overriding goal is that it improves the
 14 quality of life and, you know, have significant
 15 relationships improved. For a significant
 16 majority they have -- their mood is better, they
 17 have healthy coping skills. They feel they have
 18 made progress on goals. We work together with
 19 the clients to address what they want to work on
 20 and they feel they are making progress, and
 21 about 89 percent feel that their life has
 22 improved because of the counseling.

23 And particularly when we look at our
 24 adults, some of those improvements that are not
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1 included on there are so important. You know,
 2 we have adults that really struggle with anger.
 3 If you can't manage anger, you are going to have
 4 a difficult time working, you are going to have
 5 a difficult time parenting. So I think that's
 6 key, that people get stable and then learn new
 7 skills if they used to have some unhealthy ones
 8 in the past.

9 For adolescents, these are their
 10 responses. Again, relationships to family,
 11 mood, they feel that grades have gotten better,
 12 they are using healthy coping skills, finding
 13 health support people, and the purpose of
 14 adolescents -- I put in the word "healthy peer."
 15 Yeah, I can cope. And it wasn't exactly what we
 16 are doing to find healthy support people.
 17 Adolescence, you know, is such a hard time, and
 18 we want to help them find peers that can be
 19 supportive to them, or if the family is not
 20 available emotionally, can they find other
 21 adults -- someone they can talk to. And again,
 22 they felt they were making progress, and that
 23 they felt they were getting better for them.

24 And again, this ties to behavior and
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1 performance in school. But we know how
 2 important it is to get at least a high school
 3 education and be able to finish and maintain.
 4 And, you know, when stuff is going on at home,
 5 it's hard for some of these kids to focus on
 6 school. It just does not rise to the top.

7 Okay. I've kind of given you a lot in a
 8 short time. I'm not sure what questions you may
 9 have.

10 MR. HEAD: Let's just go around, starting
 11 with you, Dave.

12 MR. SCHIER: I think I read in your
 13 application that you get pretty much zero in
 14 donations. I think it was on the Roman Numeral
 15 II, Page 2.

16 MS. MOSTACCI: I know that some of our
 17 volunteers do, but as far as things, we get some
 18 things, but we don't get a lot of that.
 19 Probably the things that we receive the most are
 20 clothing. When we go into the hospital, we
 21 bring new clothing, like sweat suits and shoes,
 22 underclothing and things. That's often donated,
 23 and sometimes art supplies and things for our
 24 therapy room.

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1 MR. SCHIER: Do you have a tendency at all
 2 to work with Easter Seals or HOPE on some of
 3 that? In other words, do you work with other
 4 agencies a little bit on some of this?

5 MS. MOSTACCI: Yeah, we definitely try to.
 6 I think we are fortunate that there is a social
 7 service climate that is very collaborative. So
 8 we have done some joint project services as well
 9 as some things on the outside, and we certainly
 10 want to maintain that.

11 MR. SCHIER: That's all I have,
 12 Mr. President.

13 MS. BROOKS: You are asking for \$3,000,
 14 and if I understand correctly, it's for program
 15 expansion. Is that for the Spanish-speaking,
 16 the three that you had listed here?

17 MS. MOSTACCI: Yes.

18 MS. BROOKS: So is that basically, then,
 19 paying for a salary for somebody to be here more
 20 hours?

21 MS. MOSTACCI: The salary -- it partly
 22 might be salary. We are looking at additional
 23 supplies. And when we translate things into
 24 Spanish that are more appropriate to the groups
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<p style="text-align: right;">Page 21</p> <p>1 we are going to be working with, probably part 2 of that is outreach. There is so many -- I wish 3 I could be more definitive on some of the other 4 things, but the State has such an effect on what 5 we are doing and how that's going to shake out. 6 That definitely would go towards a 7 Spanish-speaking person. That's our goal with 8 this grant. 9 MS. BROOKS: And so another one is 10 prevention education. Are those programs you 11 would be doing in schools, then, or -- 12 MS. MOSTACCI: Yes. And you know, looking 13 to identify kids that may be beginning levels of 14 learning English, and then those kids would be 15 present with the same programming as the other 16 kids get, but in their native language as 17 opposed to English. So we can cover the topics 18 and make sure they have an understanding. 19 MS. BROOKS: Have you talked to any of the 20 teachers in Rochelle yet, or -- one of our grade 21 schools, they are doing -- before they were just 22 a bilingual school. They would have a teacher 23 and that's where Spanish kids would go. But now 24 they are doing both. English-speaking students <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 23</p> <p>1 intervention calls, last year -- I think we had 2 about 82 total. At the end of eight months this 3 year, we had over a hundred. So calls are 4 coming in. 5 MS. WILSON: So you are saying non-crisis 6 intervention -- 7 MS. MOSTACCI: We call it non-crisis where 8 somebody calls in and they are looking -- it's 9 actually non-client. Non-client cold call comes 10 in and there is a particular situation they are 11 talking about. That differentiates from 12 information referral. Someone might call in and 13 say, My friend's husband is hurting her. Where 14 could she go? That would be categorized 15 separate. 16 And I think sometimes when they take the 17 call, they don't generally ask the county, 18 depending on what type of call is coming in. So 19 I think there have been some, as you can see, 20 it's not reflected in here. 21 MS. WILSON: Okay. Thank you. So the 22 hotline is available for Ogle County? 23 MS. MOSTACCI: Definitely, yes. And I 24 love your healing story. Sometimes we get <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>
<p style="text-align: right;">Page 22</p> <p>1 are in bilingual classes too so that they can 2 learn Spanish, and vice versa. It's really an 3 interesting program. That might be something -- 4 I can't remember the principal's name, but it's 5 Central School, and it might be someone who can 6 help you or be a resource for you. 7 So that's all I have. 8 MS. WILSON: Hi. Let's see. I did have a 9 question. You have a hotline for Ogle County. 10 It says that zero hours served, zero contacts. 11 Nobody's from Oregon. Is it because they don't 12 call the Oregon satellite, or nobody from Oregon 13 has called you? 14 MS. MOSTACCI: Is that the non-client? 15 Those are calls -- mostly what goes under 16 non-client are calls that will come in during 17 the day. Somebody will call on the HUD 18 information and need to talk right there, and 19 oftentimes those calls are directed to the main 20 officer, because our two satellite therapists 21 are often out in the community, and so they 22 don't identify that they are from Ogle County. 23 It's actually put into the other database. 24 As far as the total non-crisis <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 24</p> <p>1 healing stories from some of the other agencies, 2 and they are really specific, and this is more 3 nebulous, and I can see why. But I appreciate 4 that you put it in there in your presentation. 5 I did have a question, Page 4 -- 5, you 6 talk about doing presentations to 7 schoolchildren, and that you wanted to expand 8 that or have already done it in Spanish. Would 9 that be, like, two speakers, one person would 10 speak English, one in Spanish? Would you 11 separate the children, or -- 12 MS. MOSTACCI: I think we would work with 13 the schools to see what sort of solution would 14 be better for that, depending on the level of 15 language skills that the kids have. And also, 16 as far as getting out to and speaking with 17 adults -- because a lot of the speaking we do 18 are parents, we want them to understand sort of 19 the same concepts and be responsive to their 20 child. 21 MS. WILSON: Do you get feedback? 22 MS. MOSTACCI: Yeah. We work with schools 23 to get their feedback, and you do have that. 24 MS. WILSON: Is that part of your FOOB 5 <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>

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1 that's RAD, that defense program?
 2 MS. MOSTACCI: Yes. RAD is Rape
 3 Aggression Defense. RAD is a self-defense
 4 program for females 13 and up. We do a lot of
 5 that out in the community. And then there is
 6 RAD Kids, which is for boys and girls 5 to 11,
 7 and it's a full-fledged safety program. I think
 8 what makes it unique is they also teach hands-on
 9 self-defense skills, and we work with three
 10 police officers who have been trained, and they
 11 dress up in big suits. You see big, red
 12 man-suits, and then kids or the adults,
 13 depending on the program, actually go through.
 14 They go through some scenarios, and they get to
 15 practice what they have learned, and it's a lot
 16 of fun.
 17 I'm a certified RAD and RAD Kids
 18 instructor, and I love doing the programming.
 19 And we talk about all kinds of safety, but if
 20 you think about personal safety for kids -- I
 21 used to be a teacher, elementary age. Every
 22 year we went to the fire department, and every
 23 year we learned stop, drop, and roll, and all
 24 these safety things with fire. But I think so
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1 often with personal safety, you talk about it
 2 one time and we don't want to go back to it.
 3 And I think that's part of what Erin's Law does;
 4 it mandates that yearly you hear one more thing
 5 about safety. It's not "this thing out here
 6 that we can't talk about." You have fire safety
 7 and pool safety, gun safety, and you have
 8 personal safety. So it's to normalize that, and
 9 make sure that kids are getting it
 10 developmentally again and again. A few of us
 11 learn things the first time we are told.
 12 MS. WILSON: So you do offer that in Ogle
 13 County?
 14 MS. MOSTACCI: Yes, we do.
 15 MR. SIGLER: Ma'am, I would like to look
 16 at you, if I may.
 17 MS. PAULEY: Of course.
 18 MR. SIGLER: Where are your offices at?
 19 MS. PAULEY: I am right by Chili Pepper.
 20 I was originally in Rochelle, and then in the
 21 beginning of March we moved to Oregon, more
 22 centrally located in the county.
 23 MR. SIGLER: Please tell me a little bit
 24 about -- I'm not familiar with you. I want to
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1 find out what you do, why you do it. And there
 2 are no wrong answers. I'm not going to bite
 3 you.
 4 MS. PAULEY: You don't seem like the type.
 5 Why I do what I do?
 6 MR. SIGLER: What services do you perform?
 7 And I would like to be upfront. One of the
 8 concerns is the unification of services between
 9 your agency and Ogle County agencies, and are we
 10 paying for the same service twice by different
 11 agencies. I have a concern there. And see now,
 12 I'm familiar with HOPE because I've been down
 13 there five, six times to talk -- to talk and
 14 listen. Well, not talk, but mainly listen. And
 15 I'm seeing legal advocacy -- excuse me --
 16 medical prevention, education, and I hear those
 17 same words being used when I go down to HOPE.
 18 Maybe that's more appropriate to -- can
 19 you respond to that?
 20 MS. MOSTACCI: HOPE provides services for
 21 domestic violence, and that shelter has
 22 full-fledged support, and they do counseling.
 23 We provide services for sexual assault. Now,
 24 there is going to be some overlap where there
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1 are some -- domestic violence, if it goes on
 2 long enough, will escalate eventually to sexual
 3 violence. There is a lot of domestic violence,
 4 particularly in teenagers when it first started,
 5 that's not involved in any kind of sexual
 6 assault or abuse. There are people who have
 7 issues only around sexual assault or abuse by
 8 their partner. Some are not assaulted by a
 9 stranger -- well, probably more likely by an
 10 acquaintance; 85 percent. But they are not in a
 11 relationship or not moving in a direction where
 12 they are going to be in a domestically-violent
 13 relationship.
 14 So while, again, you do have crossover --
 15 and that's why we try to work together, so
 16 people are getting housing if they are coming
 17 out of a relationship, plus some of the housing
 18 they need. But for some of those other two
 19 other segments -- and we are dividing it on the
 20 sexual assaults.
 21 MR. SIGLER: All right, ma'am. This is a
 22 compliment to you, that we are attempting to
 23 address communities of interest that are not the
 24 white, Anglo-Saxon Americans. I come out of
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1 South Chicago and the steel mills. I was the
 2 only one who spoke English. There were Croats,
 3 there were Czechs, a lot of Spanish, and they
 4 said all kinds of things to me, and I didn't
 5 understand a word they were saying. I thought
 6 they were trying to bump me off. And I think we
 7 have the same responsibilities in our
 8 communities, to make sure we have services for
 9 these individuals.
 10 Do you speak Spanish?
 11 MS. PAULEY: I do not.
 12 MR. SIGLER: How do you communicate with
 13 these people? Because you are looking for a
 14 grant now for someone who will additionally
 15 speak Spanish. Would you work in collaboration
 16 with this other individual?
 17 MS. PAULEY: I already do. When there is
 18 a Spanish-speaking parent, I refer the parent to
 19 Marilyn. So that is how it works right now.
 20 Unfortunately, I am not able to see a client who
 21 is primarily Spanish-speaking. That is what
 22 Marilyn would be doing and does currently.
 23 Currently, she already is part-time in my
 24 county, but she would just be furthering the
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1 education/prevention part of it.
 2 MR. SIGLER: And this is a comment, and
 3 it's on your community, Institutional Group
 4 Services. Again, coming out of South Chicago,
 5 dealing with a lot of Spanish-speaking folks,
 6 they are kind enough to deal with me.
 7 I see clergy -- I'm looking at Page 205 --
 8 and it's zeros all across the board. And I do
 9 know this: When they finally started to accept
 10 me as one of theirs, we went to church. We went
 11 to church functions. And I don't see any
 12 contact whatsoever. Are part of your
 13 intentions, if you receive this grant, to reach
 14 out to those areas also?
 15 And I do realize there is a fine line
 16 between agencies who are advocating, but you are
 17 going to deal with the Spanish -- I guarantee
 18 you, South Chicago, we had to go to the
 19 churches.
 20 MS. MOSTACCI: We do reach out with
 21 churches. We send letters. Some invite us in.
 22 I think what's happened and what's being
 23 reflected here is, we are down staff. Over the
 24 last two years we have lost staff. Our numbers
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1 have gone up, our direct service numbers. So
 2 tying that -- Michelle may have had to make --
 3 that direct contact isn't there because the
 4 needs for clients and kids in the schools.
 5 So -- and I wholeheartedly agree with what
 6 you are saying in terms of the church community.
 7 They are a wonderful resource. And so I can see
 8 we will definitely make that a priority. But I
 9 think that's what pushed those things down a
 10 little bit on our institutional.
 11 MR. SIGLER: If you smile, it makes it a
 12 lot easier. I have spent my entire life in a
 13 board room, so I know it's difficult to talk in
 14 front of a group.
 15 MS. DETER: He answered -- he asked
 16 questions that I had questions about, but I do
 17 have a couple questions.
 18 If you are coming to Ogle County, it says,
 19 Rockford Sexual Assault. Could you put "and
 20 Ogle County" or something? Because it looks
 21 like we are funding something in Rockford. I
 22 want to see something that shows Ogle County.
 23 And your board is all people from
 24 Rockford. It's not telling me where they are.
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1 They all look like they are -- you know,
 2 Rockford people is Page 3.
 3 MS. MOSTACCI: Recently we did have
 4 somebody on the board that was from Ogle County.
 5 About three months ago they resigned because of
 6 job obligations.
 7 MS. DETER: Yeah. I mean, you have to
 8 look at what the law says and what the mental
 9 health community -- Mental Health Act was, and
 10 it's supposed to be providing Ogle. Well, this
 11 says Rockford. That's just my little quirk.
 12 That's all.
 13 MS. BOWERS: Hi, Michelle.
 14 MS. PAULEY: Hi, how are you?
 15 MS. STEPHENITCH: On your numbers for your
 16 budget on Section II.1(A), that is all Ogle
 17 County money?
 18 MS. MOSTACCI: You are looking at the --
 19 MS. STEPHENITCH: Budget of \$43,685.
 20 MS. MOSTACCI: Yes.
 21 MS. STEPHENITCH: You have current Ogle
 22 County programming, so I'm going to assume
 23 that's Ogle County money?
 24 MS. MOSTACCI: That's Ogle County -- from
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1 CASA, there is a satellite grant that we have, a
 2 United Way that we have. And then the other --
 3 it's all money that's being spent in Ogle County
 4 in terms of personnel and office space.
 5 MS. STEPHENITCH: So this is all spent in
 6 Ogle County for Ogle County recipients?
 7 MS. MOSTACCI: Yes.
 8 MS. STEPHENITCH: Okay. And then if you
 9 go to Exhibit II.4, you got a lot of numbers
 10 there, and it says, Ogle County Satellites. Are
 11 these numbers all Ogle County? Because you have
 12 41 victims, significant others. Are you in the
 13 one -- are those all Ogle County?
 14 MS. MOSTACCI: Yes. The way the date is
 15 coded, the Infonet database, and it's -- but the
 16 criminal justice authorities that has the VOCA
 17 money, that's the database they maintain. We
 18 have a separate database for Ogle County.
 19 Winnebago County is the second one, and then
 20 Boone County is the third. So the numbers you
 21 are seeing reflected on this report are Ogle
 22 County individuals.
 23 MS. BOWERS: It just seems like there is
 24 an awful lot of clients for just Ogle County
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1 with just Michelle doing the services.
 2 MS. MOSTACCI: Well, the legal -- the
 3 hospital response -- well, Paula Peterson is
 4 housed in Winnebago, but she works in Ogle
 5 County when the need arises, and Paula will do
 6 what's called civil no-contact orders. If there
 7 is violence between two people and they are
 8 related or in a relationship, that's an order of
 9 protection. What they were finding in sexual
 10 assault is, often if it wasn't a family member
 11 or it wasn't a dating situation, that there were
 12 no protections. So the civil no-contact order
 13 was created. Paula will come down and work with
 14 clients in order to access that.
 15 The education needs is not Michelle
 16 directly doing education right now. Those are
 17 educators that are coming out into the
 18 community. We have one of the therapist
 19 educators, and the other one is a part-time
 20 therapist educator that comes out and does the
 21 schools. That would reflect on the education
 22 numbers. So it's not the one person doing it.
 23 But the counseling and the groups --
 24 MS. PAULEY: I do the Strong Girl Plus
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1 groups.
 2 MS. BOWERS: I like seeing all these
 3 figures, but if an application is made next
 4 year, I would like you to limit it most to Ogle
 5 County so that we know this is specific for Ogle
 6 County.
 7 MS. MOSTACCI: Okay.
 8 MS. BOWERS: Okay. That's it. Good
 9 application, by the way.
 10 MR. SIGLER: How long have you actually
 11 been in Ogle County then?
 12 MS. MOSTACCI: Since 1995.
 13 MR. SIGLER: And all that time you've been
 14 in Rochelle until just recently?
 15 MS. MOSTACCI: Actually, originally we
 16 were in Oregon, and then the building -- I think
 17 it was the John Deere office down there, and
 18 then they took over the rest of the building,
 19 and we couldn't at the time find an office space
 20 that was small enough for our needs. That's
 21 when we moved to Rochelle, and then we have just
 22 moved back.
 23 MR. HARP: Yeah. Could you tell us a
 24 little bit more about the Excelsior Award, and
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1 just what that's precisely for?
 2 MS. MOSTACCI: We are very pleased. The
 3 Excelsior Award is given out by the Rockford
 4 Register Star every year, and agencies are
 5 nominated by people in the community, and then
 6 they take it down to five finalists. And it's
 7 really about the services you are providing, the
 8 effect that you are having on the community.
 9 And we were very thrilled this year because they
 10 bring you all down there that day, they don't
 11 actually tell you until the dinner.
 12 And so we were awarded the Excelsior. And
 13 like I say it's an honor, and I think it
 14 reflects -- I've been fortunate. I've been in
 15 this job 23 years, and we have incredible staff.
 16 I think that showed, and I think what that award
 17 showed also is that survivors in our community
 18 are very important. You know, it's a hard
 19 topic, and when you are looking at one in three
 20 females and one in six males, most of us,
 21 whether we know it or not, we know survivors,
 22 and if we can help them step up and just to
 23 talk.
 24 A lot don't get services because they
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1 don't want to tell anybody, and once they can
 2 get services, it's like any other difficulty or
 3 any other stressor that somebody is having. If
 4 they can get some help with that, they can get
 5 beyond it.
 6 So it recognizes the agency, and I think
 7 it also --
 8 MR. HARP: So the Register Star did some
 9 kind of survey to pick out who to award it to,
 10 or when they --
 11 MS. MOSTACCI: There were -- we had
 12 somebody in the community who nominated our
 13 agency, and I'm really pleased that we had 15
 14 supporting letters, and that included judges and
 15 social service providers and then individuals
 16 and clients who had received services. And so
 17 they take all the information that's submitted
 18 to them and they make their decision.
 19 So they take input from all over. And I
 20 can tell you, we really do have some widespread
 21 support. We want to be able to provide what
 22 survivors need, whether it's the kids or the
 23 adults.
 24 MR. HARP: Congratulations.
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1 MS. MOSTACCI: Thank you.
 2 MR. HARP: What are your hours in your
 3 Oregon office?
 4 MS. PAULEY: That is depending on the need
 5 of the clients. So I start when I need to
 6 start, and I finish when I need to finish,
 7 essentially. I'm supposed to be working --
 8 through the grants, I get a certain number of
 9 hours per week, and I exceed that a lot of the
 10 time, and so -- yeah. It's whenever I have a
 11 client in need. So, and then my summer hours
 12 adjust as well. My school hours go around the
 13 school time and then after school. So I'm a lot
 14 more flexible within the summertime to do other
 15 things and really -- yeah, I have a set
 16 schedule, but I'm kind of all over the place.
 17 MR. HEAD: You serve Ogle County
 18 exclusively though?
 19 MS. PAULEY: Yes, I do.
 20 MR. HEAD: Well, I'm going through some
 21 questions you have already answered for us here.
 22 I guess I would like a little more information
 23 about the type of therapy you provide, your
 24 philosophy, or how you approach it.
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1 MS. PAULEY: Me particularly, or the
 2 agency as a whole?
 3 MR. HEAD: Well, both, I guess.
 4 MS. PAULEY: Well, the agency as a whole
 5 does client-centered. So it's really about the
 6 clients and what their needs are and what their
 7 goals are. And for children, it's primarily
 8 play therapy. So in my office, I have a
 9 sandbox, I have a lot of art materials, I have
 10 toys, and so it really is what the child plays
 11 with to tell me about their abuse and their
 12 history and things like that.
 13 We do education as well, a lot of
 14 education with both adults and children. So
 15 this is kind of the education piece that we do,
 16 the prevention education. And the schools, I
 17 bring into the individual therapy as well. So
 18 safe touch, boundaries, a lot of what the adult
 19 clients, I do about healthy relationships,
 20 coping skills, things like that.
 21 MS. MOSTACCI: Play therapy is so
 22 powerful. That's their way of communicating.
 23 MS. PAULEY: I love play therapy.
 24 MS. MOSTACCI: Many children, and, you
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1 know, like four years old, they go right at it,
 2 and so they are processing and working out and
 3 building that trust.
 4 MR. HEAD: How about for your older
 5 clients? What's the approach with them?
 6 MS. PAULEY: Primarily talk therapy. So
 7 we will sit one-on-one and we do service plans.
 8 So kind of going through what their highest
 9 needs are on a zero to 10 scale, and then we
 10 will kind of narrow down what particulars they
 11 need to work on, and then we will focus on those
 12 things. So if they have anger issues, then I
 13 will find anger activities to help them cope
 14 with anger. Kind of things like that. So it's
 15 more specific for adult clients, whereas
 16 children, we just let them tell us through their
 17 play.
 18 MR. HEAD: Do you have limits on the
 19 number of sessions, or how does that work?
 20 MS. MOSTACCI: We are able to let people
 21 be in that therapy as long as they need to be,
 22 and the pattern we sometimes see is that people
 23 will come for a little while, and then they are
 24 ready to kind of go out and do their life,
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1 basically. And then if something happens, or
 2 children, sometimes when they hit a different
 3 developmental age, they may come back in for a
 4 few sessions. So they are able to access what
 5 they need.
 6 Some of the clients we see have literally
 7 years of very traumatic abuse, and to put a
 8 timeline on that would be very, very difficult.
 9 And I know sometimes that has to happen, but we
 10 are very fortunate to be able to do what they
 11 need to do. To build trust with some clients
 12 takes a long time in itself. So as far as
 13 clients are concerned, it's really about
 14 empowering the clients. People can be pretty
 15 disempowered from our system.
 16 MR. HEAD: So some people can be with you
 17 for quite a bit of time?
 18 MS. PAULEY: Sometimes it can be years
 19 even. I'm still seeing some clients that the
 20 previous therapist had given to me, so -- and
 21 they had been seeing her for years before that.
 22 MR. HEAD: Do you refer out sometimes?
 23 MS. PAULEY: Yes. Yes, mental health. I
 24 refer to Sinnissippi, definitely.
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1 MR. HARP: I don't know if I want to get
 2 into this or not, because I'm probably all
 3 messed about up about it.
 4 Sections 2, 3, and 4. Number 3 is
 5 supposed to be the number of clients serviced
 6 last year, but it says, NA. I was a little
 7 confused about that. Am I misreading something,
 8 or -- okay. I guess it would be in the exhibit.
 9 Where am I?
 10 MS. BROOKS: Exhibit B on Page 5? Is that
 11 what you are talking about?
 12 MR. HARP: Probably. I'm lost right now.
 13 MS. BROOKS: It says, Those programs in
 14 whole or in part of the 708 Board with the help
 15 of funding, is what that says.
 16 MS. MOSTACCI: We don't have 708. That's
 17 why we are currently not funded.
 18 MR. HARP: Oh, okay. And then for Item 4,
 19 it asked for projection of services for the
 20 first six months of the current year. But the
 21 exhibit sheet states for July through December
 22 of last year. Am I mistaken about that too?
 23 MR. HEAD: Yeah. It says for 7/1/2016
 24 through 12/31/2016.
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1 MS. MOSTACCI: Our fiscal year is a July
 2 fiscal year. So that actually is that July
 3 2017, and this will go through June 30th. And
 4 that will run through. Everybody runs on a
 5 different year.
 6 MR. HARP: Every time you talk about
 7 numbers, my head starts spinning. So these are
 8 your projections?
 9 MS. MOSTACCI: These are actual numbers
 10 for the first six months. What was in the other
 11 presentation is closer to nine months.
 12 MR. HARP: Yeah. Well, I enforce asking
 13 you to project into the current fiscal year.
 14 You know, I think I should stop and review this
 15 myself.
 16 MS. BROOKS: It says, Please report or
 17 project for the first six months.
 18 MS. MOSTACCI: That is one thing with our
 19 info now, you can pull information out. That is
 20 nice.
 21 MR. HARP: I like the data you were
 22 preparing, even though I wasn't actually
 23 following through the sheet about the fiscal
 24 results of your surveys and so forth. I would
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1 appreciate it if we could receive it beforehand,
 2 either in the application or as an attachment to
 3 kind of help me to form more intelligent
 4 questions about it.
 5 And finally, you are asking for \$3,000 to
 6 add to your budget of \$53,165. That would be
 7 only a 5.6 percent increase. I guess I'm
 8 asking, have you thought about asking for more?
 9 MS. MOSTACCI: Well, coming into a new
 10 grant, I really wasn't sure of the range that
 11 would give us -- that would be a start, that
 12 would give us some hours that were funded, and
 13 we would be able to bring results that happen
 14 satisfactorily. We certainly could use more
 15 money, but --
 16 MR. HARP: Okay. Thank you. All right.
 17 MR. HEAD: Thank you. Just as a point of
 18 clarification, under General Agency Information,
 19 Number 3, Paragraph 2, it says, FY16 met with 67
 20 survivors and their significant other. Is that
 21 for the agency overall, or just for Ogle County?
 22 MS. MOSTACCI: Ogle County.
 23 MR. HEAD: And likewise, for the balance
 24 of that information, so 10 Ogle County events
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<p>1 that you attended. What would those be?</p> <p>2 MS. MOSTACCI: Fairs. There is -- a lot</p> <p>3 of the schools are having health fairs for</p> <p>4 parents and kids. Those are the types of events</p> <p>5 where we can get our information out in front of</p> <p>6 people.</p> <p>7 MR. HEAD: And do you use volunteers in</p> <p>8 Ogle County ever?</p> <p>9 MS. MOSTACCI: Yes, we do.</p> <p>10 MR. HEAD: And about how many?</p> <p>11 MS. MOSTACCI: We actually have one or two</p> <p>12 that do primarily hospital response. They are</p> <p>13 from the county. We bring volunteers from our</p> <p>14 other pool in for some of our other events.</p> <p>15 Also, people get trained, and when there is not</p> <p>16 a lot of calls, they kind of fall off.</p> <p>17 MR. HEAD: Sure.</p> <p>18 MS. MOSTACCI: So, but volunteers are</p> <p>19 really the coverage of the hotline. It's really</p> <p>20 the equivalent of 13 different staff to do a</p> <p>21 24/7 hotline.</p> <p>22 MR. HEAD: At some point you may wish to</p> <p>23 tally those hours and project the value of your</p> <p>24 volunteer hours as sort of an anticipatory</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p>1 but now our group credit, but it doesn't count</p> <p>2 two hours. So it's a matter of what set you are</p> <p>3 looking, but it definitely would be in a</p> <p>4 different form.</p> <p>5 MR. HEAD: Yeah. I just found it</p> <p>6 confusing, because I had a hard time knowing</p> <p>7 what the tallies -- how they related to the</p> <p>8 items being totaled up, because it looks like</p> <p>9 more or less. It was hard for me to get from</p> <p>10 this information to asking \$3,000. I agree with</p> <p>11 Lowell, that's not a lot of money, but it's hard</p> <p>12 for me to have a cross-line understanding of how</p> <p>13 that \$3,000 is spent on providing services. I'm</p> <p>14 convinced -- I'm convinced of the value of your</p> <p>15 program and your agency, but it's just hard for</p> <p>16 me to get my head around hours and service</p> <p>17 hours, and you know, cost of service hours and</p> <p>18 that sort of thing. I don't know what to do</p> <p>19 about it.</p> <p>20 MR. HARP: I am glad you brought it up,</p> <p>21 because I was so confused when I read this, and</p> <p>22 I was embarrassed to bring it up here because I</p> <p>23 thought it was me.</p> <p>24 MR. HEAD: I had a hard time here just</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>
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<p>1 funding.</p> <p>2 I found this report, Exhibit II.4, kind of</p> <p>3 hard to read. I got very confused. For</p> <p>4 example, under the first one, Page 1 of 5,</p> <p>5 advocacy subtotal is 23, and we have got</p> <p>6 11 hours -- or 11 victims of criminal justice,</p> <p>7 one medical, 19 other, and the subtotal is 23.</p> <p>8 Do you have people who qualify for more than one</p> <p>9 type of service? I don't understand how you got</p> <p>10 to that 23 number.</p> <p>11 MS. MOSTACCI: This is from a funding -- I</p> <p>12 agree that this was hard to understand. This</p> <p>13 was pulled -- please understand I wasn't able to</p> <p>14 get it into a better form.</p> <p>15 There are subcategories, there are people</p> <p>16 who get multiple services. The computer will</p> <p>17 count people one time. Actually, there is a</p> <p>18 couple sets of numbers. But basically, when</p> <p>19 they are totaling them out, they are totaling</p> <p>20 out non-duplicated clients. So the number --</p> <p>21 and it's the same thing when you look at group</p> <p>22 services. That's even more complicated because</p> <p>23 in the computer an individual will get an --</p> <p>24 under their number will get an hour of credit,</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p>1 understanding how you got the totals from the</p> <p>2 different line items in the table, you know, and</p> <p>3 then there is one, Page 3 of 5, Media Activities</p> <p>4 -- Internet 28, 2,980. What was that? Media</p> <p>5 and internet, 2,980.</p> <p>6 MS. MOSTACCI: To be honest, that was</p> <p>7 probably an error in entry. There are a number</p> <p>8 of segments that are put out in social media</p> <p>9 that's tracked, and when the end part of this</p> <p>10 was done I was on vacation, and so they pulled</p> <p>11 it directly off --</p> <p>12 MR. HEAD: I can understand how your staff</p> <p>13 does the work that you do on media for advocacy,</p> <p>14 but it was hard to understand that --</p> <p>15 MS. MOSTACCI: I agree.</p> <p>16 MR. HEAD: -- So I would rather not use</p> <p>17 that. Again, the bottom line is, I see the</p> <p>18 value of what you are doing, and thank you so</p> <p>19 much for doing it. It's just so hard to get a</p> <p>20 direct correlation between the money you are</p> <p>21 asking for and the services you provide. If you</p> <p>22 are, in fact, providing as many services as you</p> <p>23 are, you may be undervaluing somewhat what you</p> <p>24 are giving Ogle County. So, that's a thought.</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>

1 I have nothing else. Thank you. Thank
 2 you for hanging in too. It's a long time.
 3 Any other questions? Any other business?
 4 All right. Meeting adjourned. Can I get
 5 a motion?
 6 MS. BROOKS: I so move.
 7 MR. HEAD: To be continued. Thank you
 8 very much.
 9 (The meeting was recessed at
 10 9:35 a.m.)
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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In the Matter of the Application)
 4 of)
 5 Rockford Sexual Assault)
 Counseling)
 6) Ogle County
 Ogle County, Illinois.) Sheriff's Office
 7) Oregon, Illinois
) May 4, 2017
 8

9 I, Camille S. Connell, hereby certify that
 10 I am a Certified Shorthand Reporter of the State of
 11 Illinois; that I am the one who, by order and at the
 12 direction of the Chairman, Nick Head, reported in
 13 shorthand the proceedings had or required to be kept
 14 in the above-entitled case; and that the above and
 15 foregoing is a full, true and complete transcript of
 16 my said shorthand notes so taken.

17 Dated at Dixon, Illinois, this 8th day of
 18 May, 2017.
 19
 20

21 Camille S. Connell
 Certified Shorthand Reporter
 Registered Professional Reporter
 22 IL License No. 084-004830
 P.O. Box 381
 23 Dixon, Illinois 61021
 24

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1 OGLE COUNTY.
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In the Matter of the Application)
 4 of)
 5 HOPE of Ogle County) Ogle County
 6 Ogle County, Illinois) Sheriff's Office
) Oregon, Illinois
) May 9, 2017

7
 8
 9 Testimony of Witnesses
 10 Produced and
 11 Examined on this 9th day
 12 of May, 2017,
 13 before the Ogle County
 14 Community Mental Health Board

15 BOARD MEMBERS PRESENT:
 16 Kathleen Wilson
 17 William Sigler
 18 David Schier
 19 Vicki Deter
 20 Lowell Harp
 21 Tracy Brooks
 22 Dorothy Bowers
 23 Nick Head, Chairman
 24 Cecilia Zimmerman, Secretary
 Reporter: Callie S. Bodmer

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1 MR. HEAD: I was mentioning to Lowell,
 2 fellow Board members, I would like to, if we
 3 can, have five minutes, at least, at the end of
 4 this presentation, kind of debrief our process
 5 and look at how we did today. So that's a
 6 druther. If we can, let's see if we can do
 7 that.
 8 Ruth, it's your show.
 9 MS. CARTER: Okay. Thank you for having
 10 us here today, and thank you from the very
 11 beginning for the years of funding and support
 12 you have given HOPE of Ogle County. Right now
 13 it's probably the most meaningful year for
 14 County funding that we have ever had.
 15 I thought I'd start out talking a little
 16 bit about a client matter that we had that came
 17 through this year that's not a success story,
 18 but it's an additional story about what our
 19 staff at HOPE of Ogle County does and provides
 20 for our clients who reach out for our services.
 21 Over the years of being in Ogle County, we
 22 have developed strong relationships with
 23 different entities in the judicial system, the
 24 probation department, and through other social
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1 service providers, just by really getting to
 2 know all the other entities involved and trying
 3 to help the clients that we serve.
 4 We had a lady come through to us this year
 5 through the probation department in Rochelle.
 6 She didn't speak any English, and -- but she had
 7 to go through probation for some of her own past
 8 charges. She had a situation where her
 9 ex-partner was taking advantage of manipulating,
 10 controlling, and abusing her because she was in
 11 a situation where it allowed him to: she didn't
 12 have the resources, she didn't have the
 13 knowledge of what her rights were as far as
 14 stepping out and talking about what's going on
 15 in her ex-relationship, and this ex-partner
 16 continuing to stalk her and harass her.
 17 So the probation officer in Rochelle who
 18 we had a formed relationship with in the past
 19 had reached out to us and said, you know, I
 20 think she needs help. We need to hook her up
 21 with you.
 22 So our staff worked together to bring her
 23 through our doors in a way that allowed her to
 24 feel comfortable to talk to us and be able to
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<p style="text-align: right;">Page 5</p> <p>1 share her story in Spanish with staff, to find 2 out if she qualified for an order of protection 3 in Ogle County. First off, to see if she needed 4 that protection, if that's what she wanted. 5 Oftentimes, when we have referrals through 6 law enforcement or any other entity, whether 7 it's family or friends, their best intentions 8 are, Go to HOPE and get the order of protection. 9 Go to HOPE and get the order of protection. So 10 we always start at the point of what the client 11 really wants when they come through the doors. 12 Because that may not be what they really want, 13 but that's where they are being told to go and 14 seek help. 15 So we work with them and find out what 16 their angle is and what they want to do to 17 protect themselves, and also listen to their 18 story. 19 What we do at HOPE of Ogle County is 20 immediate. So when they contact our agency, 21 they can come to our door 24/7, whether that's 22 in the middle of the night, the weekend. We 23 don't put holds on communicating with us because 24 of the safety issues involved in domestic abuse, <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 7</p> <p>1 time the serving of the order of protection and 2 knowing where she's at, whether she's at work or 3 whether she's at home and safety in her own 4 home. It's as simple as the locks on her door 5 and the windows and the neighborhood and the 6 friends and family that she has are aware that's 7 going on. So we work on the safety plan with 8 our clients as they come through the doors from 9 the very beginning and to the end. 10 So she did, she went to the Ogle County 11 Courthouse with Kelly and Marisol and got the 12 order of protection. In this case, even though 13 there might have been some obstacles for her 14 because she was on probation and she had some 15 past criminal history, the judge really saw what 16 was going on, listened to her story, saw what 17 was going on, and realized that this ex-partner 18 of hers stalking her was taking advantage of the 19 situation and feeling he could get away with it 20 because she had limited resources and because 21 she had this criminal history in the past and 22 because of her limited English. 23 So that process not only started 24 counseling for her over at HOPE, but it also <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>
<p style="text-align: right;">Page 6</p> <p>1 and because we feel that's client-centered. We 2 feel that when somebody contacts our agency, 3 whether it's through our hotline or law 4 enforcement brings them to our door, that it's 5 an immediate response. We're there for them, 6 and we're listening to their story and what it 7 is they want, what it is they would like to do, 8 whether it's just talking about the situation or 9 whether that's taking action. 10 So she came through our doors. Marisol 11 Martinez, one of our staff that runs our support 12 groups that speaks Spanish, she worked with her 13 to be able to figure out what it is that she -- 14 you know, what her angle was in terms of what 15 she wanted to do, and told her about our 16 services and told her about the order of 17 protection process. And then worked with Kelly, 18 our court advocate, to be able to assist her 19 when she said, Yeah, I think I need to try an 20 order of protection. 21 So in between all of that, we're providing 22 safety training. So we're providing, is it safe 23 for you and how do we do this in the safest way 24 possible to get the order of protection and also <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 8</p> <p>1 gave her that courage. She came back to HOPE a 2 week after she got the order of protection 3 extended from the judge for two years. So 4 there's a second court date where it's extended, 5 and oftentimes it's not allowed for two years. 6 In this case it was given for two years. She 7 just thanked us. She said, you know what -- she 8 wasn't expecting it to go that well for her. 9 She had a lot of hard knocks. She had 10 been keeping the situation private to a certain 11 level because she didn't really feel like there 12 was much she could do about it. Then she 13 realized she had all these rights and that there 14 were services in Ogle County and there was an 15 order of protection process, and she had the 16 right to be safe and not be harassed and 17 stalked. 18 So it really turned out to be a wonderful 19 scenario, and it reminded us of those 20 relationships that you build over the years in 21 providing services in Ogle County, and that that 22 really does count. People knowing that, you 23 know, HOPE is going to help you, you go there 24 and they're going to act, they're going to be <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>

<p style="text-align: right;">Page 9</p> <p>1 able to give you what options you have for you. 2 So I thought I would share that to start 3 out with. 4 This year has been challenging. Like I 5 mentioned earlier, the past two years for most 6 social services agencies has been. This year 7 for us particularly, though, compared to last 8 year, in that we were attached to the Stopgap 9 Budget, even though we have contracts with the 10 State of Illinois. That was an admitted error. 11 Whether that was or not, we really don't know, 12 but that was an admitted error by the State of 13 Illinois to leave us off. 14 So all of the State revenue funding that 15 we are contracted to receive has not come as of 16 yet. We're working really diligently with our 17 legislators and the State and our coalition to 18 get our funding released with separate bills. 19 We're hoping that it will move through the House 20 and Senate and to our State leaders to bring it 21 to the floor. We have got enough votes and 22 enough legislators signed on, now the next step 23 is getting those State leaders to actually 24 release it to the State to get a vote and then <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 11</p> <p>1 are needing shelter or other forms of services. 2 We do refer everybody out who wants an 3 order of protection to the county that they live 4 in. You know, just the way that the law is 5 written and the way that the protection of the 6 law is written, it's better for them to receive 7 an order of protection in their own county. 8 So our court advocacy is all Ogle County 9 residents for our service, but the rest of our 10 service is mainly shelter. We do allow others 11 to come from outside the county. 12 Reminder on that though is that when they 13 come from out of county, oftentimes they're 14 coming to Ogle County because they have friends 15 or family in Ogle County. They have resources 16 in Ogle County, friends, family, reasons why 17 they want to come this direction. Once in a 18 great while we will have someone come because 19 they have to flee and they have to be far away 20 from the abuser in the state or the county that 21 they live in. Most of the clients that we serve 22 are from the surrounding areas and have family 23 and friends in this area that are not Ogle 24 County residents. <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>
<p style="text-align: right;">Page 10</p> <p>1 go to the governor's office. So learned a lot 2 about politics this year; some I wish I didn't 3 know. 4 We have been working all together, as a 5 team, at HOPE of Ogle County, and our board 6 members and friends and families and supporters 7 are trying to get that to happen and move 8 forward. 9 The services you all know that we offer 10 for our Ogle County clients, and there are Staff 11 Reports throughout. We based our statistics 12 numbers for the Ogle County clients that we 13 serve on our 2.3 chart on the six-month 2017 14 figures that we already had. Our fiscal year 15 runs July 1 through -- to June 30th. So we were 16 able to take the July 1 through December 30th 17 stats and factor in our numbers for the Ogle 18 County clients. So that's what you see on the 19 2.3 chart. 20 The other pieces that I think are 21 important to mention about HOPE of Ogle County 22 in serving the clients that we do is, we're not 23 going to refuse anybody when they're in an 24 abusive situation and they come to our door and <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 12</p> <p>1 The majority of our clients that we serve 2 for our counseling services and our court 3 advocacy services are Ogle County services. 4 That's shown in the statistics. 5 That is an easier service to -- you know, 6 people know that come to our counseling services 7 that they can come to the Oregon office for 8 appointments or the Rochelle office. We offer 9 that counseling office in Oregon to make it 10 easier for those who live in Polo, Mount Morris, 11 to be able to have a short drive for their 12 counseling as opposed to driving to Rochelle. 13 And that's by appointment only. We don't have 14 24/7 staff there in our Oregon office. 15 Our shelter in our main facility is 24/7. 16 24/7 hotline. As I mentioned earlier, they can 17 call any time of the day and night and receive 18 services and help. Oftentimes that's listening. 19 Having somebody to immediately pick up the 20 phone, there's no voicemail, there's no leaving 21 messages, and you get somebody right there to be 22 able to talk to about their situation. Which 23 also helps in sometimes when you have working 24 parents who have to call after hours and they <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>

<p style="text-align: right;">Page 13</p> <p>1 can only call after hours to schedule an 2 appointment. That's nice as well. So all of 3 our staff are trained to do that. 4 As mentioned in here, all of our staff are 5 40-hour trained. Domestic violence services are 6 specific to the training that we receive. So 7 every person, volunteer or staff, has to be 8 40-hour trained who work in any capacity with 9 the clients. So even Diana. 10 MS. JOHNSON: Even if you don't work with 11 clients. 12 MS. CARTER: Answering the door, you know, 13 just simple picking up the phone, you have to be 14 able to be 40-hour trained to be able to know 15 how to respond. 16 That gives you a general idea of what HOPE 17 of Ogle County does. And a lot of it is in the 18 application itself, so I don't want to overdo 19 what we have already talked about. 20 What you know, and what hopefully is 21 evident by what we put in the application, is 22 that domestic abuse and trauma are hand in hand. 23 It's common sense to me, but sometimes people 24 need to hear that. Some statistics in the grant <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 15</p> <p>1 So it's important that we have those 2 connections with Sinnissippi and our medical 3 facility's able to provide those referrals. 4 I am finished with my presentation. And 5 Diana is here to be able to answer some of the 6 financial questions as well. 7 MR. HEAD: Very good. Thank you. 8 Lowell, can we start with you? 9 MR. HARP: Took me by surprise. 10 Well, let's see, you mentioned in Section 11 I longer stays in shelter and an increase in 12 mental health issues related to. Could you 13 clarify that a little bit? 14 MS. CARTER: Sure. Yeah, that's no 15 problem. 16 Not just this past year, but the past 17 several years we have seen an increase of the 18 clients that we serve that are suffering from 19 any form of mental health issue, from depression 20 and anxiety. We have an increase in clients the 21 past couple years that have had more severe 22 mental health diagnoses. So, for example, the 23 schizophrenic realm of the diagnosis. We have 24 had a few more of the clients that have come <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>
<p style="text-align: right;">Page 14</p> <p>1 application do show that, that trauma, post 2 traumatic stress disorder, depression, anxiety, 3 all are related very closely to people 4 experiencing trauma. 5 Domestic violence, obviously, is a form of 6 trauma. It may be from a physical assault or 7 sexual assault in a relationship, but it can 8 also be from the extensive mental abuse that 9 goes on in a relationship. They have studies 10 that show that PTSD, people who experience 11 ongoing emotional assault in the home -- so 12 yelling, screaming, threatening, all of those 13 things going on in a period of time are highly 14 connected to PTSD responses you see in soldiers, 15 because you're living day to day in a situation 16 where you don't know what's going to happen. 17 So the psychological effects that has on 18 our clients is huge. We work with Sinnissippi 19 to make those -- all of our clients that feel as 20 though their anxiety levels are up here 21 (indicating) and they can't function, or they're 22 feeling symptoms of depression, or they have had 23 brain trauma from the assaults, we also refer 24 out to medical treatment as well. <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 16</p> <p>1 through the doors that are -- some that are not 2 working with mental health services and some 3 are. So we make those connections. 4 Probably most of the cases is severe 5 trauma. So when we have a person come through 6 our doors who have experienced trauma, 7 especially if they have experienced trauma in 8 childhood that have moved into their adult 9 relationships, they are more likely to suffer 10 PTSD and depression and anxiety than any of our 11 other clients, and so it takes longer. You 12 know, we can't say, you know, When you come in 13 our doors and you're working through all these 14 different emotions and we don't have the mental 15 health services set up with you yet, that we 16 don't expect they're going to be capable of 17 picking up the phone and searching for housing 18 and employment and child care when they have 19 gone through all that and they're suffering from 20 that. 21 So 45 days to stay in a domestic violence 22 shelter is a short period of time when you think 23 about coming through the door and dealing with 24 the mental health effects and then also all the <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>

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1 other things that you need to complete. To find
 2 your own safe, affordable housing in Ogle County
 3 is a challenge.
 4 MR. HARP: Do you have any idea why that's
 5 happening, why you're seeing more of that kind
 6 of client?
 7 MS. CARTER: Well, you know, I think it's
 8 a combination of things. I think that,
 9 unfortunately, there's been an increase of
 10 prescription drug abuse over the years. That's
 11 one reason. Where it's been handed out too
 12 easily in the past, where it causes problems
 13 when you have someone who's really suffering
 14 from a mental health diagnosis and they're
 15 self-medicating. You have got individuals that
 16 have managed that for years, trying to figure
 17 out how to manage their anxiety and figure out
 18 how to move to the next level with some form of
 19 substance that may not be the best process for
 20 them. So if they come in the doors for those
 21 reasons and part of those reasons, it takes
 22 longer for us to assist them. So that's one.
 23 I think the other is just the awareness.
 24 MS. JOHNSON: That's huge.
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1 MS. CARTER: People are more aware of
 2 where we are at now compared to five years ago
 3 and what we do, and they know we'll help whether
 4 they are suffering with multiple issues or just
 5 one.
 6 MR. HARP: That kind of leads into my
 7 next, actually, where you said there's been an
 8 increase in orders of protection and crisis
 9 calls. So part of that is just better PR,
 10 better getting the word out there?
 11 MS. JOHNSON: Better awareness. Just
 12 within the last few months what's happened in
 13 our county, I mean, with the domestic violence
 14 is just unbelievable. That makes people more
 15 aware.
 16 MS. CARTER: It's an unfortunate way to
 17 become aware, when you have big stories out
 18 there of families that are affected by violence,
 19 but it is a way for individuals to hear on the
 20 news what is available to them. It's exciting
 21 for us, who have been providing services since
 22 '83, to see the results of people becoming more
 23 aware of where they can go.
 24 And then family members and individuals
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1 and law enforcement talking more about it. So
 2 when you talk more about it and it's not such an
 3 issue, you're able to have people feel more
 4 comfortable to come through your doors.
 5 MR. HARP: In Section 2 you talk about the
 6 number of hours -- clients and hours provided.
 7 So I did some math, and I came up with, for
 8 counseling and advocacy, about 6 hours and
 9 40 minutes per client. Does that seem about
 10 right, you know, off the top of your head?
 11 MS. CARTER: Yeah, I mean, you know, we
 12 have some clients that come through our doors
 13 very briefly and some who come a lot, the family
 14 and individual come through maybe once or twice
 15 a week, and then we have others once a month
 16 they'll come through for counseling and they get
 17 services, or people, others, who reach out only
 18 when they're in crisis. They, you know, aren't
 19 ready yet to really dive into the full realm of
 20 the counseling services and support.
 21 So we -- yeah, so it's hard to say.
 22 There's some that are very small hours and we
 23 have some that have a larger amount of hours.
 24 MR. HARP: Then I came up with 51 hours
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1 per client for the shelter. I'm wondering,
 2 specifically what do those hours include?
 3 MS. CARTER: That's a good question. So
 4 when individuals are in the shelter, we have
 5 staff, and we have staff 24/7. So we have a
 6 shelter advocate that works during the day,
 7 Ashley, and she provides resources in, like,
 8 budgeting and resumé writing skills, works with
 9 them on the computer, helping them with those
 10 types of tasks, along with our shelter
 11 coordinator as well.
 12 So during the day hours, they're getting
 13 not just the stay of the shelter, but they're
 14 getting that case management that provides them
 15 with how to hook up with the resources:
 16 housing, child care, transportation --
 17 MS. JOHNSON: Employment.
 18 MS. CARTER: -- employment.
 19 So that is where a lot of the hours are
 20 for the adults that are in our emergency
 21 shelter. Then there's also support they receive
 22 in the evening. So Rebecca is our evening staff
 23 member, and Ashley, they provide additional
 24 support.
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1 So the client's back in the shelter, and
 2 they want to talk a little bit about how they're
 3 feeling or some of the challenges that they're
 4 going through, some of their sleeping issues,
 5 some of the questions that they have around just
 6 living in a shelter facility. They're there to
 7 be able to answer all of those questions.
 8 Our overnight staff and our weekend staff
 9 do the same, but I would say probably Rebecca,
 10 Cindy on the weekends, and our daytime staff on
 11 Sunday do a lot of that additional support and
 12 reassurance and some of the resources as far as
 13 referrals as well.
 14 MR. HARP: How do you record that as well?
 15 MS. CARTER: All of our documents -- so
 16 any time you have discussion conversations with
 17 a client at HOPE of Ogle County, our staff has
 18 to document it. So if they're just letting them
 19 in the door, they're back in the shelter and
 20 they're not talking, we don't document that.
 21 But when they're actually having a reasonable
 22 conversation with someone in the shelter,
 23 whether it's children or adults, they have to
 24 document it.

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1 There's a form that they have to fill out
 2 that provides the amount of time. That time
 3 gets entered into Infonet, our data entry
 4 system, under each client contact number. So
 5 that's added up through Rhonda (phonetic), who
 6 is our data entry staff. She adds all those
 7 figures up.
 8 And by putting that into Infonet, it spits
 9 out all these wonderful reports that we use for
 10 our grants and for our quarterly reports, for
 11 monitoring how staff are doing and if they're
 12 providing services that are needed as well. So
 13 it's a good tool for us.
 14 MR. HARP: Good tool, royal pain in the
 15 butt.
 16 MS. CARTER: Yeah, it's -- you know, we
 17 have gotten used to it over the years. It's
 18 been the same.
 19 MS. JOHNSON: But it's helpful too,
 20 because when the next staff come in, they read
 21 the book because the documentation is put in the
 22 book. So they know what happened with the
 23 client that night. So everybody is aware of the
 24 whole situation, which is helpful.

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1 MS. CARTER: That's the key issue, being
 2 able to communicate what's going on with each
 3 person, specifically for our shelter clients.
 4 For our walk-in clients that receive counseling
 5 services and Latino advocacy and court advocacy
 6 that are not sheltered, we keep them in separate
 7 files so staff can go and look and see what the
 8 progress is or where they left off.
 9 MR. HARP: Let's talk about your outcome
 10 measures. Just briefly, can you tell me -- you
 11 know, there are a bunch of them here: Short
 12 Outcome Measure Survey, Two Question Children's
 13 Outcome Measure, blah, blah, blah. Can you just
 14 briefly describe what the format is and what
 15 kind of results you get from that, the
 16 statistics?
 17 MS. CARTER: Yeah. The State of Illinois
 18 and our coalition state -- oh, I don't know how
 19 many years ago it is now, maybe six years ago or
 20 seven, came up with outcome measures for
 21 domestic violence through the state. And part
 22 of that was to educate them and give them
 23 results, because that's what they want when
 24 they're looking at how our services are doing in

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1 the state and the funding and all those.
 2 So what they are, they are short, brief
 3 surveys that a client fills out on their own
 4 that says how they feel about whether or not
 5 they received the service, or if they feel
 6 better about their situation, or if they feel
 7 like they have learned more about their safety,
 8 and then another question is if they learned
 9 more about their resources, if they know more
 10 about their resources.
 11 The children's questions are learning --
 12 and that's more filled out by the children's
 13 counselor. The children don't fill out their
 14 own. But the children's questions are, do you
 15 feel like the abuse is not your fault? And do
 16 you know at least two ways to remain safe in
 17 your home? So those are the -- some of the
 18 questions that Delphine will ask kids as they go
 19 through, but in a child form, of course; not an
 20 outcome measure sense. But to see if they
 21 understand what they're learning from counseling
 22 and to also see if they're gauging that they
 23 understand that they're not controlled by what
 24 happens at home and it's not their fault,

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1 because often children believe that it is. So
 2 that's an example of a children's form.
 3 There's five adult outcome measures: one
 4 for support counseling, one for individual
 5 appointment counseling, one for shelter
 6 services, one for court advocacy, and then also
 7 one for general advocacy, which our Latino
 8 advocates use in Spanish, English and use for
 9 people that maybe come through the door that
 10 don't receive any of our other services, that
 11 just wanted somebody to talk to.
 12 If they can remember to do that, because
 13 there's times that there's a crisis and you're
 14 not, Here's an outcome measure. Yeah, we always
 15 struggle getting enough of what we need with the
 16 green sheet, is what we call it.
 17 So yeah, all of those services are --
 18 clients are able to give their opinions on
 19 whether they feel like they have received good
 20 services or enough education and information as
 21 they have gone through, which helps us.
 22 MR. HARP: Just for future reference, it
 23 will be helpful for us to have some of those.
 24 Because we're like the legislature, and we like
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1 to see numbers.
 2 MS. CARTER: They also are entered into
 3 Infonet, so that's an easy statistic to pull for
 4 you.
 5 MR. HARP: I guess I have got one more
 6 question. I saw on your operating budget that
 7 you managed to show \$11,159 revenue over
 8 expenses. How is that possible, given the
 9 problems with State funding? How did you do
 10 that?
 11 MS. CARTER: Which page are you on?
 12 MR. HARP: That would be Page 28.
 13 MS. JOHNSON: That is probably because of
 14 the signed contract that we have from the State,
 15 and we are guaranteed the money, it's just when
 16 is the money going to come in?
 17 MR. HARP: Check is in the mail.
 18 MS. CARTER: We hope.
 19 MS. JOHNSON: Right now we have been
 20 relying on our Hope Chest a lot, our resale
 21 store.
 22 MS. CARTER: Our reserve funding from Hope
 23 Chest and our CDs that we have had sitting in
 24 the bank slowly gaining interest are what we
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1 have for reserves. So that's what we have been
 2 utilizing to keep our services in place. Then
 3 come towards the end of mid-June is where we
 4 need to take out a line of credit if we don't
 5 receive the funds from the State.
 6 So we have our property, we have our Hope
 7 Chest property, our traditional property and our
 8 main facility, they're all owned by HOPE. So
 9 we're able to take out that line of credit if
 10 needed. We're just really hoping that we don't
 11 need to get to that point.
 12 But, yeah, the State revenue, since it's a
 13 contract, we're guaranteed to receive it; it's
 14 just when. So we put it in the budget as though
 15 we're going to get it, and all of our grants
 16 that we applied for, the full amounts that they
 17 contracted with us.
 18 MR. HARP: I have some other questions,
 19 but I'm going to stop for now. I have asked the
 20 most important ones. If we have time, by some
 21 miracle, at the end, I'll ask them.
 22 MS. WILSON: I really don't have any
 23 questions. I appreciate what you do. And I
 24 know that there are people that I have, you
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1 know, said, Did you know you don't have to go
 2 through that? You can go to HOPE. And they're
 3 very happy to know about you.
 4 MS. JOHNSON: Thank you.
 5 MS. BROOKS: I had some of the same
 6 questions that Lowell did in terms of outcome
 7 and seeing some numbers.
 8 Just off the top of your head or in a
 9 nutshell, would you say that HOPE is able to
 10 meet the needs of the community and have good
 11 success rates with the majority of the people
 12 that come through, the clients that you serve?
 13 MS. CARTER: Most definitely, yeah. The
 14 court advocacy services and the counseling
 15 services in the outcome measure reports are
 16 always very high. And the Latino advocacy,
 17 always very high. And that, I believe, stems
 18 from just the quality of work that our staff are
 19 providing and the counseling services that are
 20 child- and life-centered. So they're set in a
 21 way to be able to be about them and what they
 22 want to work on and want to focus on.
 23 The shelter outcome measures are still
 24 very high. Although, we do have every so often
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1 someone mark off "unsatisfactory," and those are
 2 usually the cases where we have to ask that they
 3 leave. And often that's because they have
 4 surpassed their time in the shelter by far and
 5 haven't worked on any goals and chosen not to do
 6 that, with repeated support around the topic.
 7 So every once in a while you'll get a
 8 negative report on the shelter outcome measures.
 9 But, actually, our stats for outcome measures
 10 are high, which is nice to see.
 11 MS. BROOKS: So with the lack of funding
 12 from the State, you're still --
 13 MS. CARTER: Yeah. What we found out --
 14 MS. BROOKS: You haven't had to cut back?
 15 MS. CARTER: Not as of yet. We didn't
 16 rehire a part-time children's counselor position
 17 who found a different job. In February she
 18 left. We have our shelter coordinator who is
 19 taking Fridays off for a while to be able to
 20 help with the budget, and that helps with our
 21 situation at home. So it actually worked out
 22 fairly well.
 23 But we figured -- we found out pretty
 24 quickly when we were projecting doing 30 percent
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1 cutbacks with all the services, that it was
 2 impossible because we have too many grants, to
 3 support them, and then we also have a contract
 4 with the State that says that they have to
 5 provide them, ironically.
 6 MS. JOHNSON: If you can't provide them,
 7 you don't get the grant money.
 8 MS. CARTER: You can't bill them if you
 9 don't have enough time to charge a bill.
 10 So we found that it was a pickle. You're
 11 stuck in between the Catch-22 of what do you do?
 12 We knew that the other most important thing is
 13 we knew we had really quality staff. We don't
 14 want to lose them. It takes a long time to
 15 build a quality staff and a group and a team.
 16 And to have to cut back on certain services
 17 would mean we would have to cut back on their
 18 hours, and they would probably be looking for
 19 additional work at that point. They don't make
 20 a lot of money to begin with, and so it's not as
 21 though they can afford to take a chunk out of
 22 their salaries --
 23 MS. JOHNSON: No.
 24 MS. CARTER: -- and their income.
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1 So, yeah, we knew we have some great
 2 staff. We have got, you know, an amazing
 3 children's counselor. Ashley Peck is our
 4 part-time court advocate, and she's a newer
 5 staff. There is -- you know, one drives all the
 6 way from a different area. Another one has a
 7 child and family she's supporting. We're like,
 8 no, it's too risky. They are providing these
 9 wonderful services for clients. Children have
 10 gotten used to Delphine and meeting with her.
 11 Switching staff in the middle of that
 12 makes it very difficult for those clients to
 13 come back later because there's a changeover,
 14 and your child just got used to talking with
 15 this children's counselor and now they have to
 16 switch again. Same with our adult clients and
 17 our adult counselor and teen advocate.
 18 We really know the value of keeping good
 19 staff on. So that was another reason too. You
 20 know, line of credit is a better way to go.
 21 We're guaranteed the money at some point. We
 22 just need to bill the State.
 23 I think I answered your question.
 24 MS. BROOKS: Yes. I kind of knew the
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1 answer any way, but thank you. HOPE is a
 2 wonderful service to have available in our
 3 community. I know it's very well respected and
 4 well run and highly regarded. So thank you.
 5 MS. CARTER: Thank you.
 6 MS. JOHNSON: Thank you.
 7 MS. BOWERS: How many Spanish-speaking
 8 people do you have employed?
 9 MS. CARTER: We have three. Three
 10 Spanish-speaking staff. And also, when they are
 11 not there -- so Rebecca is our evening
 12 Spanish-speaking staff during the weekdays, and
 13 then Marisol is during the day five days a week,
 14 and then Louisa is our Latino advocate who is
 15 there two or three days a week. She's
 16 part-time. If they are not there during a time
 17 that somebody contacts our agency, we utilize
 18 Language Line and/or this hotline. They also
 19 provide options for Spanish-speaking clients.
 20 That way they can receive the services right
 21 away. And then if we have an emergency to where
 22 we really need to be able to talk right now in
 23 more detail, then we'll have our Spanish-
 24 speaking staff come in.
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1 It really helps to have three in balancing
 2 it out as much as we possibly can throughout,
 3 you know, the week is ideal. So we are always
 4 looking for the next available -- when that time
 5 comes, the next available Spanish-speaking staff
 6 that is there and can provide services.
 7 MS. BOWERS: I'm going to go to Page 26.
 8 The Rotary, is that included in the fundraiser
 9 and other revenue? You did get money from the
 10 Rotary, correct, from the calendar sales?
 11 MS. CARTER: From the calendar sales, yes.
 12 From the Heart.
 13 MS. JOHNSON: That's From the Heart, yeah.
 14 MS. CARTER: From the Heart event is
 15 Rotary -- technically a Rotary one. It's all of
 16 us. It's all the different agencies that help
 17 out that are really running it, but Rotary is
 18 the one that headed it up.
 19 Calendar sales, though, a larger portion
 20 goes to them, to Rotary, and then the other
 21 portions go to the agencies.
 22 MS. JOHNSON: But, yeah, it is part of the
 23 fundraiser.
 24 MS. BOWERS: It is part of it?
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1 MS. JOHNSON: Yes.
 2 MS. BOWERS: Also on that page, you have
 3 Ogle County Community Health Board, \$80,000. Do
 4 you mean the Mental Health Board?
 5 MS. CARTER: Oh, yeah. I'm sorry. Sorry
 6 about that.
 7 MS. BOWERS: That's okay.
 8 MS. CARTER: Sometimes when you have
 9 brackets and you try to fit them all in -- I get
 10 it all lined up, yeah.
 11 MS. BOWERS: That's all I have.
 12 MR. SIGLER: Thank you for your working
 13 with the Hispanic community. I think that's so
 14 important. There's another Hispanic community
 15 located in Sterling, Illinois, and these folks
 16 need the services just as we require them.
 17 Question now that I want to go on the
 18 record, is in putting this document together,
 19 did you use the electronic version?
 20 MS. CARTER: Yeah.
 21 MR. SIGLER: You did use it. If you have
 22 questions on it or comments, not necessarily
 23 here, maybe get ahold of Kathe and Lowell. They
 24 were instrumental. I served the coffee. I'm
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1 serious here. They did a wonderful job. Give
 2 us a call. Because we're going to be going
 3 through this again this fall for updating and so
 4 on. And I think if it serves the community
 5 well, then it serves us well.
 6 Oh, here. This year HOPE had to replace a
 7 depleted roof. Do you remember my comments from
 8 a couple of years ago? The roof is leaking on
 9 my daughter. Be careful. I say that as a joke.
 10 MS. CARTER: We had some good success with
 11 that. We fundraised and got half the cost of
 12 the roof from community members and businesses.
 13 MR. SIGLER: There's a pop quiz, that I do
 14 read each page of this. If you turn to Page 24,
 15 you'll see Autumn on. What are you missing?
 16 Parade. Parade.
 17 MS. CARTER: Yeah. You know, they had the
 18 parade on -- actually, what day did they have
 19 the parade, Saturday or Sunday? Sunday. Then
 20 they have activities Saturday and Sunday. So
 21 it's like, what do you call it? It's not just a
 22 parade but it's a whole event.
 23 MR. SIGLER: Back to some serious
 24 business. I see your request is for an
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1 additional \$5,000 for this coming fiscal year.
 2 I note that's less than 1 percent. I further
 3 note -- well, I went back to BLS, Bureau of
 4 National Labor Statistics, and the CPI for this
 5 past year, year to date, is 2.4 percent, to be
 6 very accurate with you. That's considerably
 7 less than what we're seeing as far as the
 8 consumer price index.
 9 Why am I seeing only \$5,000?
 10 MS. CARTER: You know, I think that by
 11 attending the meetings here and doing the
 12 monthly meetings through 708, we know that
 13 there's only so much that our County Board is
 14 probably going to be willing to increase.
 15 MS. BOWERS: Don't look at me.
 16 MR. HEAD: Look at her. Look right at
 17 her.
 18 MS. CARTER: And honestly, you know, all
 19 the agencies that currently are receiving
 20 funding from 708 do an amazing job. So we're
 21 asking for what we feel is reasonable to ask.
 22 MS. BOWERS: Can I make a comment to that,
 23 Bill?
 24 MR. SIGLER: Absolutely.
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1 MS. BOWERS: In the years past, except for
 2 '16 and '17, they had gotten almost \$500 -- a
 3 little bit more than \$500 less than that. So I
 4 feel that they're only asking for \$500.
 5 MS. CARTER: Yeah, I know we had some
 6 cutbacks a couple years there.
 7 MR. SIGLER: That's very responsible
 8 management that you have there, that you're able
 9 to live within your means without any State
 10 funding and putting it together with your resale
 11 shop, that my wife goes to constantly now.
 12 She's a major contributor to your operation.
 13 MS. JOHNSON: Tell her thank you.
 14 MR. SIGLER: Now, back to serious -- I
 15 learn by -- numbers drive me crazy. I know you
 16 guys like numbers. They drive me -- what
 17 equates to me is personal -- as an arbitrator, a
 18 labor law judge, I sit and I listen all day
 19 long, and I call it baffling BS. They come in
 20 and they've got documents and documents and
 21 percentages of this and this. I say, Just tell
 22 me what the basis of your story is.
 23 In your particular case, from a person --
 24 and certain things we don't talk about in my
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1 family. My wife is an American Indian. An
 2 order of protection is a waste of time. When he
 3 kicks in the door and knocks the hell out of me
 4 -- and I don't know if it's my wife or some
 5 member of her family, because she won't tell
 6 me -- she says it's a waste of time.
 7 Secondly, where does this poor woman go
 8 with her children when you release her after 45
 9 days, 60 days, 70 days? She ends up going back
 10 to that no-good S- -- and that's one of the
 11 things that I agree with one of the County Board
 12 members on, because there was a question about
 13 his objection to me, and we agreed on this
 14 totally: take him out back and kick the
 15 you-know-what out of him. But that's not
 16 proper.
 17 MS. BROOKS: But it's on the record now.
 18 MR. SIGLER: What's the most -- I look at
 19 things in steps. What's the most difficult
 20 step? I perceive it to be that poor woman,
 21 you're saying goodbye, what does she do? What's
 22 the most difficult step you go through with
 23 working with somebody who is sexually or
 24 physically abused by their significant other --
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1 I don't like that term -- their other?
 2 MS. CARTER: Their other.
 3 MR. SIGLER: Yes, ma'am.
 4 MS. CARTER: Well, to answer kind of the
 5 first part about the order of protection piece,
 6 because I think that's important, because people
 7 do -- we hear that statement on and off
 8 throughout the years -- say, Really what's an
 9 order of protection going to do if that person
 10 is determined to harm you?
 11 And actually, that statement isn't
 12 inaccurate. It is a piece of paper that they're
 13 served, but there's a whole process to it. What
 14 we know about abusive personalities is that the
 15 reason for them continuing to be abusive, to a
 16 certain level, is a lack of accountability that
 17 they receive throughout their life, whether that
 18 started in childhood and moved forward or that
 19 was in adulthood in their first relationships.
 20 An order of protection isn't necessarily
 21 an arrest, but it is a piece of paper that is
 22 served by the Ogle County Sheriff's Department
 23 to their home or to their workplace and says, as
 24 it's being read by the sheriff's department,
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1 that this is what you cannot do. And it's on
 2 paper in a legal form document for that abusive
 3 person to read and to have with them, and very
 4 strongly pointed out that an arrest will be made
 5 if they have contact with this person who
 6 obtained the order of protection, who was
 7 granted the order by a judge. They do an
 8 excellent job explaining that to our abusive
 9 personalities.
 10 Now, I would say 80 percent -- 75 to 80
 11 percent of the abusive personalities that are
 12 served an order of protection through our
 13 services in Ogle County are more likely to
 14 follow that order of protection. They might try
 15 to skirt around it. So skirting around it is
 16 the phone calls from family members and friends
 17 and maybe the roses on the doorstep and those
 18 kinds of things.
 19 But they are not as likely to react
 20 violently as what people think after they
 21 receive that order of protection. Because it's
 22 accountability, because people know what that
 23 person is doing, and the majority of the abusive
 24 personalities do not want the outside public to
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1 know what they have done at home.
 2 Now, there's another 20 percent of
 3 abusive personalities that do not care. They do
 4 not care who knows. They do not care if they're
 5 abusive in front of other adults and other
 6 people. They have gotten away with their
 7 behavior and they're going to pretty much do
 8 what they want. And that's where that amplified
 9 safety planning comes into play. And we might
 10 not even suggest an order of protection in cases
 11 where you have that personality after doing the
 12 risk assessment and the intake and learning more
 13 about this relationship, because sometimes it
 14 can make it more dangerous for an individual
 15 that comes through for that 20 percent of
 16 abusive personalities. And they know. We
 17 listen to them. They know, you know, he is not
 18 going to stop or she is not going to stop. This
 19 will not end and it will get worse for me or my
 20 children. That's one of the pieces we're
 21 looking at, not just for an adult but also their
 22 children at home.
 23 So yeah, it can be an accurate statement.
 24 And in some people's situations, yeah, they know
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1 that it would just be a piece of paper. So
 2 we're looking at it from the very time they walk
 3 through the door and we're doing that risk
 4 assessment, and we're learning about the pattern
 5 of abuse from the very beginning.
 6 We don't necessarily make a
 7 recommendation, but we definitely stress the
 8 education. So if they're sharing a level of
 9 danger that is higher than our average client,
 10 and the abusive personality we think is capable
 11 of killing them or never stopping, then we're
 12 talking to them about those things. This is
 13 what you shared with us, this is where this
 14 person lands as far as your risk, and we're
 15 educating them so that they can make a decision.
 16 MR. SIGLER: I'm going to go home and
 17 relay this to my wife.
 18 MS. JOHNSON: Also, I think it gives a
 19 woman or a man who's been abused, it gives them
 20 a little bit of their own power back. Like, I
 21 am finally standing up for myself, I have the
 22 right to be safe, is the way I look at it. You
 23 know, I mean, if they're in a position where
 24 they should get an order of protection, they're
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1 finally getting a little bit of their own
 2 security back, which is huge.
 3 MS. CARTER: It is huge. We talk with
 4 them and educate them, even beyond the order of
 5 protection, about the importance of contacting
 6 law enforcement if there's a violation of the
 7 order. Because if they don't, it's no good. If
 8 they don't have -- if they can't see the next
 9 step of the order, there's no reason to have it,
 10 because that person will learn how to walk
 11 around it, get by it very quickly.
 12 So yeah, the -- now I'm forgetting what
 13 the second part of your question was.
 14 MR. SIGLER: The transition, where does
 15 she go?
 16 MS. CARTER: And what's --
 17 MR. SIGLER: She ends up back with that
 18 same SOB who's knocking the you-know-what out of
 19 her because she has nowhere else to go
 20 financially, and I know you asked -- let me
 21 answer it for you. I know you offer excellent
 22 services in transition back to temporary
 23 housing, apartment rentals, job assistance. I
 24 might suggest to you -- and I learned this from
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1 another board member -- instead of setting the
 2 poor lady out on her own -- I want to interview
 3 for this job or that job -- what if they go to
 4 an agency that does this? Puts her name on
 5 Unity? You might have greater success, at least
 6 I'm led to believe that.
 7 MS. CARTER: And we do. We refer them to
 8 them. We actually go with, if the client is
 9 feeling, like, very uncomfortable, having
 10 anxiety around their first steps to putting in
 11 an application, to going to the interview,
 12 making sure that that's successful to them. So
 13 we work very closely with a couple other
 14 agencies to give them their independence.
 15 You know, probably the most difficult
 16 situation isn't necessarily the client that
 17 comes in 60 or 90 days, because we have already
 18 worked with them on lots of options, we have
 19 worked with them pretty closely and given them
 20 all the resources and connections. And usually
 21 they do have another place to go. If there's
 22 still danger, another domestic violence shelter,
 23 or whether there's maybe no danger and there
 24 really isn't as much need, maybe to a homeless
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1 shelter, we make sure that we're giving those
 2 referrals.
 3 That's more so maybe the client that
 4 hasn't chosen to leave yet and isn't in that
 5 danger that is probably the most frustrating, I
 6 would say, or scary or anxiety-producing for us,
 7 because that is a dangerous time. And then on
 8 top of it, we worry about what's going on at
 9 home until they make that move.
 10 MR. SIGLER: It's not a question. I want
 11 to read this into the record: Every person has
 12 dignity and worth, has the right to freedom,
 13 respect and a life without abuse, that
 14 relationship violence exists in all religious,
 15 racial, cultural or socioeconomic groups, and a
 16 victim is never the cause of another person's
 17 abusive behaviors.
 18 Boy, do I agree with that. You have my
 19 total support.
 20 MS. CARTER: Thank you.
 21 MR. SIGLER: Total support.
 22 MS. DETER: Are you done?
 23 MR. SIGLER: Yes, ma'am.
 24 MS. DETER: I didn't mean it to come out
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1 that way.
 2 I only have kind of really two weird
 3 questions. What about men? I just don't know
 4 why, but I was thinking today, what do you do
 5 with men?
 6 MS. CARTER: Well, we provide all the same
 7 services to male clients in Ogle County and
 8 those outside of the county, if needed. So the
 9 counseling services, support services are all
 10 blended together.
 11 MR. HEAD: Shelter?
 12 MS. DETER: Shelter?
 13 MS. CARTER: Yeah, shelter, we currently
 14 shelter at a local hotel. Same amount of days
 15 as needed. So we can't cut back on the days
 16 just because we're in the hotel. We have to
 17 provide all those same services. But we're
 18 looking at that transition from the hotel in
 19 this upcoming year, because we have an
 20 opportunity.
 21 Our transitional house that we have
 22 next-door to our shelter, the HUD funding
 23 process has changed, and they are getting away
 24 from funding transitional altogether over time.
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1 So we're moving in our continuum of care funds
 2 from our HUD grant, which was for specifically
 3 transitional, to ESG funds, which are shelter
 4 emergency funds. We can't provide transitional
 5 with them. We can provide an extension to our
 6 emergency shelter, but, like, extended service.
 7 So we can shelter a little bit longer in the
 8 house. It's considered emergency shelter, but
 9 we can't call it transitional, is really what it
 10 comes down to.
 11 So we thought, why not take that
 12 opportunity to shelter men in the transitional
 13 home as opposed to having them -- it's not a
 14 long distance from the hotel. It's a pretty
 15 short distance. We drive, we pick them up and
 16 provide transportation if they need it. But the
 17 transitional house is right next door, and we
 18 could -- they could easily walk over and come
 19 eat meals, and they get a lot more universal as
 20 far as services we offer.
 21 You know, what we know and what we have
 22 learned from different shelters -- they have
 23 different facilities, they have different
 24 floors, they have men on one, women on
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1 another -- is that it really does work well.
 2 If you truly have a man who is a victim or
 3 a survivor of abuse, they have a lot of the same
 4 dynamics and actually support each other real
 5 well in a shelter.
 6 MS. DETER: Do you provide or do you have
 7 to contract out for sexual assault services?
 8 MS. CARTER: Not necessarily. If the
 9 person is being sexually abused or is being
 10 sexually abused by their ex-partner or partner,
 11 family member where they can come through our
 12 doors, our counselor is equipped to be able to
 13 help them with some of that. But if their
 14 sexual assault trauma is at a level where the
 15 adult counselor/teen advocate feels like they
 16 need more, you know, they're going to need more,
 17 Rockford Sexual Assault Counseling is where we
 18 refer when they're really trying to deal with
 19 and manage that trauma.
 20 The funding streams for sexual assault and
 21 DV are different. So Rockford Sexual Assault,
 22 even though they're located in Rockford, covers
 23 Ogle County. Because we don't receive any of
 24 the sexual assault funds. So Rockford Sexual
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1 Assault is who we refer to for the sexual
 2 assault services.
 3 So, yeah, we will refer out to them just
 4 like we refer out to Sinnissippi for specialized
 5 services for mental health.
 6 MS. DETER: Thank you very much.
 7 MS. CARTER: Yeah, no problem.
 8 MR. SCHIER: Hi, Ruth. Security measures
 9 at your shelters, have you ever had any
 10 altercations by abusers?
 11 MS. CARTER: Try to get in?
 12 MR. SCHIER: Yeah, break in.
 13 MS. CARTER: That's a great question.
 14 MR. SCHIER: Do you have any security
 15 guards or special deals on the doors?
 16 MS. CARTER: I wish we could have dogs.
 17 Too many allergies.
 18 Yeah, that's a great question. Actually,
 19 I would say probably, I don't know, 70 percent
 20 of the new staff we hire or volunteers that we
 21 have on ask that question. Because it is, it's
 22 a question of, What level will these abusive
 23 personalities go to?
 24 What we know about abusive personalities
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1 is, that 80 percent that I mentioned earlier
 2 fall into the guidelines of they don't want
 3 people to know what they're doing. They don't
 4 want their ex-partner, their partner to be
 5 right. They don't other people to believe what
 6 she is saying.
 7 They know that it's monitored. If you're
 8 going to be harassing in nature, you know when
 9 you're going to get away with it and you know
 10 when you're not. Since we're 24/7 staff, we
 11 have security cameras around the building, and
 12 we also have a direct link to the Rochelle
 13 Police Department.
 14 It's really hard to get away with your
 15 behavior. We also -- staff is trained to keep
 16 an eye out for that, to any suspicious cars that
 17 are parked down the street or watching, and we
 18 will call law enforcement right away.
 19 MS. JOHNSON: We're on lockdown 24/7. You
 20 can't just walk in. You have to ring a bell,
 21 you have to be let in, and you have to get
 22 through the first set of doors before you can
 23 get through the second set of doors.
 24 MS. CARTER: So it's set up in a way that
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1 doesn't make it feel like people can just walk
 2 right in. But also, you know, our staff are
 3 trained to really look at the safety planning of
 4 each client that we're serving.
 5 So when we have a heightened, dangerous
 6 situation, we put pictures up and makes and
 7 models of the vehicles.
 8 MS. JOHNSON: We just had that last week.
 9 I went out for lunch, and I saw one of the
 10 abuser's vehicles. I'm calling back in, I'm
 11 like, Okay.
 12 MS. CARTER: But most of the time they
 13 don't want accountability. They know we'll call
 14 police. They may not think their victim is
 15 going to call law enforcement, but we will. So
 16 that's the accountability. When an abuser knows
 17 they are going to be held accountable, they're
 18 less likely to act out, at least in that moment.
 19 In the privacy of their home, they might.
 20 MR. SCHIER: This last question is kind of
 21 for my own knowledge, but what percentage of
 22 your victims have had prior arrests?
 23 MS. CARTER: I'm trying to think if we --
 24 I don't think we actually keep that statistic.
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1 Although we know, because they share with us and
 2 we're aware of it, and that puts limits usually
 3 on the other services that we serve in the
 4 county.
 5 MR. SCHIER: So you do know, though?
 6 MS. CARTER: We know. We ask the
 7 question, at least for all of our shelter
 8 clients, before they come in the door, because
 9 there's a little more safety concern with
 10 someone coming in the shelter compared to
 11 someone coming for counseling. It's a small
 12 percentage, but we definitely know whether it's
 13 there.
 14 MR. SCHIER: Thank you.
 15 MR. HEAD: Thank you for numbering the
 16 pages.
 17 MS. CARTER: It's good for us too.
 18 MR. HEAD: You have clients that have
 19 mental health needs. It would be helpful for me
 20 to know, just in a table format, what
 21 percentage. How many anxiety? depression? PTSD?
 22 You don't have to go through the whole DSM, but
 23 if you have got 50 percent or 75 percent, just
 24 how does that break out?
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1 If you have a -- do you have a medical
 2 provider or doctor on staff or anything?
 3 MS. CARTER: Not on staff.
 4 MR. HEAD: A medical provider might be
 5 able to help you with that. That might be
 6 something that Sinnissippi can help you track.
 7 It doesn't have to be big numbers, but it would
 8 be helpful to track that.
 9 You do an excellent job with narratives.
 10 You tell a lot of stories and you tell them very
 11 well. I'm talking to myself as much as to you.
 12 The other half of the story is the numbers. And
 13 any time you -- I went through here in the very
 14 beginning, and I said, How many? How many? How
 15 many? How many? So how many appointments were
 16 given? How many of the community presentations
 17 did you do? How many hours? How many people
 18 attended?
 19 I know you had some baseline data, because
 20 you said it was an increase of 28 percent.
 21 That's just going to strengthen your hand, and
 22 it will strengthen it in some cases as much or
 23 more than the story.
 24 And, Lowell, I appreciated, you know, your
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1 calculating what the per-client figures are in
 2 terms of hours and visits. That's an important
 3 part. You know, if somebody looks over our
 4 shoulder and says, How did you justify this?
 5 They may be more numbers-oriented even than we
 6 are.
 7 When you -- I'm looking here on Page 2,
 8 last paragraph. 11 percent increase of Ogle
 9 residents who received services, totalling 263
 10 adults and 129 child clients. Is that -- do
 11 those numbers refer to baseline, or do those
 12 numbers -- do they reflect the increase?
 13 MS. CARTER: This is the fiscal year of
 14 2016.
 15 MR. HEAD: Okay. So those numbers reflect
 16 an 11 percent increase?
 17 MS. CARTER: Yes. It's just being more
 18 specific, that that is an increase compared to
 19 last year. So that's not an increase in clients
 20 from last year, it's --
 21 MR. HEAD: I'm just pulling these out of
 22 there as a "for-example."
 23 The length of the -- 17 percent increase
 24 in shelter days. I don't know how many shelter
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1 days were provided. And they went to how many
 2 clients?
 3 On Page 3, you said, at the top, HOPE
 4 provide 10,708 days of shelter the previous
 5 three fiscal years. So that's FY '16, '15, '14?
 6 And 11 percent increase of hotline calls.
 7 That raises questions for me. Okay. Well, how
 8 many hotline calls were there? I found myself
 9 asking, are hotline calls also counted as crisis
 10 intervention? There's -- necessarily you're
 11 going to check more than one service type
 12 provided, but it would be helpful for me to
 13 break that out.
 14 It isn't like you need justification
 15 necessarily, but it helps tell your story in a
 16 stronger way.
 17 MS. CARTER: Our objectives talk about
 18 some of that, so I think -- in my mind, I think
 19 I'm repeating, putting it here. But in reality,
 20 I would rather have it here too.
 21 MR. HEAD: Yeah, it's okay to repeat.
 22 Page 4, second paragraph. 4174 crisis
 23 calls, which is a 30 percent increase. So how
 24 many individuals? Were those all telephone
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1 calls? How many of those may be counted for
 2 another service unit, like, a phone call or an
 3 intervention or repeats? I know it's very hard
 4 to quantify.
 5 MS. CARTER: Yeah, we don't take that
 6 stat, so that's going to be a hard one.
 7 MR. HEAD: The people that you see are
 8 touched by a lot of different agencies, and part
 9 of what's overwhelming is that things break down
 10 everywhere in their life and not just in one
 11 area. But I think you could paint that picture
 12 a little bit more with numbers.
 13 MR. SCHIER: Could I just add to that?
 14 This is very fixable, Ruth. You got it
 15 here. It just kind of messed me up a little
 16 bit. If you could touch base with somebody like
 17 Brion Brooks or Lynn. But this is fixable.
 18 MS. CARTER: Okay.
 19 MR. HEAD: I think so too. What's here,
 20 it doesn't raise questions about whether you
 21 provide services or provide them well, but I
 22 think you could tell a little bit more of your
 23 story and tell it in a compelling way.
 24 It may be useful for us to get permission
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1 from one of our funded agencies to use -- send
 2 out their application as a model and maybe have
 3 a model for, you know, these are agencies funded
 4 under 10,000, you know, 20 to 50, over a hundred
 5 thousand, so they could see the level of detail
 6 that others provided and how they did that.
 7 To Bill's point earlier, I think you might
 8 be served by a process map of some kind that
 9 shows us, from the point where somebody calls
 10 you, if they use all your services, in what
 11 order and where do they use them? Do you know
 12 what I'm talking about? So if people come
 13 through and they use different services, what
 14 might a client use? You're going to have some
 15 that use everything and still leave something,
 16 and you're going to have others that maybe just
 17 use one or two. So a decision tree or a process
 18 map, something like that.
 19 MS. CARTER: Okay.
 20 MR. HEAD: Other than that, excellent
 21 work.
 22 You know, I wrote down staff burnout.
 23 These are burnout kind of jobs.
 24 MS. CARTER: Amen.
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1 MR. HEAD: And people are there because
 2 they care, your staff, and they can be prone to
 3 caring too much and not being able to put it
 4 down at the end of the day. I'm just curious,
 5 how do you prevent burnout?
 6 MS. CARTER: Multiple ways. The majority
 7 of what we do to prevent burnout is, each week
 8 we have our staffings. So each Tuesday we have
 9 client staffings, as well as a staff meeting
 10 every two weeks. Then we have a shelter case
 11 management staffing for shelter clients
 12 specifically on that Tuesday morning. So
 13 Tuesday morning and Tuesday afternoon.
 14 That allows staff to be able to talk about
 15 communicating with each other about the cases
 16 that we are providing. But probably even more
 17 importantly than that is that when we have a
 18 really chaotic case, all of our staff know they
 19 can come together in the break room and talk
 20 about it and share and be able to process what
 21 they just heard or be able to provide as far as
 22 a service.
 23 Then, also we encourage them to be able to
 24 -- throughout just supervision, I mean, provide
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1 them with ideas how to take care of themselves.
 2 So Marisol, myself, Jane: What do you do? You
 3 know, Do you need time off? What do you do at
 4 home? Do you leave it at work? You know, How
 5 do you leave it at work? There's strategies.
 6 Everybody's self-care is a little bit different,
 7 so it's how you take care of yourself.
 8 MR. HEAD: Okay.
 9 MS. CARTER: Yeah, it's an important piece
 10 though, because we have burnout over the years.
 11 MR. HEAD: I thank you and your staff and
 12 your Board for the work you do. You do an
 13 outstanding job. And you -- I think to somebody
 14 else's point, maybe Bill's, you might be
 15 undervaluing your services a little bit.
 16 MR. HARP: Nick, could I ask one more
 17 question? In the words of Columbo, "One more
 18 question."
 19 I'm just a little unclear about how you
 20 avoid any problems with redundancy and
 21 competition with Sinnissippi's program. Can you
 22 kind of explain that?
 23 MS. CARTER: Sinnissippi and ourselves,
 24 and Rochelle's Sinnissippi office more in
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1 particular, have a pretty strong working
 2 relationship in that we know -- they know when
 3 they need to be referring their clients who are
 4 in abusive situations and/or have some trauma
 5 and impacts from an abusive relationships, they
 6 need to make referrals over to us, and we know
 7 when we need to make referrals over to them.
 8 The way we look at it, and I hope the way
 9 Sinnissippi looks at it, is there's no problem
 10 with them receiving the mental health care that
 11 they need or want from Sinnissippi and also
 12 coming and learning how to be safe in
 13 relationships in our doors and how to recognize
 14 the warning signs and how to be able to trust
 15 their instincts and be able to form healthy
 16 relationships through our doors, because that's
 17 what we specialize in and that's what we're all
 18 trained for.
 19 MR. HARP: So would the distinction be
 20 with Sinnissippi, Which is the bigger problem,
 21 mental health or domestic violence? And they're
 22 more on the mental health side? Is that how
 23 that works?
 24 MS. CARTER: Not necessarily. We know
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1 that Sinnissippi understands too that trauma
 2 when you have gone through any abusive
 3 situation, whether that's sexual assault,
 4 domestic violence, any other form of crime,
 5 really, but specifically intimate relationships,
 6 that you're going to have side effects most
 7 likely.

8 I think some -- I think there was a
 9 question I didn't answer earlier, and that just
 10 made me think of it, but I would say probably of
 11 our sheltered clients, 80 to 90 percent are
 12 experiencing domestic abuse and some form of
 13 mental health issue as well. With our walk-in
 14 clients, our counseling and our support group,
 15 our teen advocacy, it's more like 50, 60 of some
 16 form. It doesn't need to be medicated
 17 necessarily, but some form of anxiety or level
 18 of depression.

19 We know with the level of depression --
 20 and we're trained for that as well -- if it gets
 21 to the point when we can't function, you can't
 22 get out of bed, you can't think about how you're
 23 going to make the next step in your life, then
 24 it doesn't help to just have only HOPE services.

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1 We know we need to send them to the experts on
 2 that.

3 But we do have a lot of clients that don't
 4 want mental health services. That's another
 5 piece as well. They don't want to go to a
 6 mental health facility. That's uncomfortable
 7 for them, or they feel that they can manage it
 8 on their own; and some can. Some can get past
 9 the trauma and get past the initial stage of
 10 crisis to move forward without necessarily
 11 having to go to Sinnissippi. So we respect that
 12 decision on their part. We're not going to
 13 force them.

14 So there are two separate -- distinctly
 15 separate services, in that we provide ongoing
 16 safety planning at every stage. Our services
 17 are 24/7 and 24/7 accessible. There's no pause
 18 on hold. So when they need to contact us, they
 19 can. That's a huge difference between most
 20 domestic violence agencies and other counseling
 21 services in the county, is that we are there
 22 24/7 for their concerns. Questions they have,
 23 if their abusive person is contacting them,
 24 don't know what to do, linkages with law

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1 enforcement, all those things are 24/7 provided
 2 in our agency. So it is a big difference.

3 MR. HARP: Is there a difference in how
 4 referrals come about too?

5 MS. CARTER: Most of our referrals are law
 6 enforcement, and then the second in line are
 7 social service agencies and family members and
 8 friends.

9 MR. HARP: And for them, for Sinnissippi,
 10 would be from -- how do they get --

11 MS. CARTER: You know, I don't know.

12 MR. HARP: I'll ask them.

13 MS. CARTER: I would assume that they are
 14 more so family members, friends, insurance
 15 companies. Since our services are only
 16 not-for-profit, we don't have any -- we can't
 17 charge for any of our services for HOPE by law.
 18 In our services, we don't have that insurance
 19 connection. You know, we don't have that
 20 medical connection to insurance companies, that
 21 kind of thing. So that is a difference with us,
 22 that it's all referral based and other agency
 23 based referrals or law enforcement agencies.

24 MR. HARP: Okay. Thank you.

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1 MR. HEAD: I would assume, correct me if I
 2 am wrong, that the referral and the overlap has
 3 to do with who the client feels most comfortable
 4 with. If you're their primary client and they
 5 bond with you, they may not want to go and tell
 6 their story to somebody else, so you may use
 7 that other source as a consult or collaborative?

8 MS. CARTER: Yeah.

9 MR. HEAD: But they're yours, and their
 10 counselor or whatever that person is, works for
 11 you, and that just keeps it a lot simpler for
 12 them as they go forward.

13 MS. CARTER: It's not easy to make
 14 referrals out to Rockford Sexual Assault or
 15 Sinnissippi, because once you -- there's a
 16 unique connection to when you're in crisis and
 17 when you reach out for help. And when that
 18 takes place, you provide services and care, you
 19 develop a level of trust that I think is a
 20 little more difficult to do through a set-up
 21 appointment counseling that you're going to have
 22 a couple weeks from now with another agency. It
 23 just is. So we recognize that.

24 But we also recognize when we really need

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1 to encourage that they reach out for more
 2 services, because we want them to get stronger
 3 and we want them to have the care. You know,
 4 that singly looking at it isn't necessarily
 5 always going to help the individual or the
 6 family. You have to branch out and realize that
 7 there are some services out there that really
 8 can be a great benefit.
 9 But, yeah, you're right, it's an immediate
 10 connection and a bond, and most people don't
 11 want to have three counselors. They would
 12 rather just stick with one.
 13 MR. HEAD: Any other questions?
 14 Ruth, thank you so much. We're going to
 15 take a few minutes to debrief, and then we're
 16 going to call it a day.
 17 MS. CARTER: Thank you so much.
 18 MR. HEAD: Thank you for coming and
 19 telling your story.
 20 I think that as we go to a discussion
 21 about how we're doing, if we could go into
 22 recess and not have that be part of their
 23 record.
 24

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1 (The hearing was concluded at
 2 9:18 a.m.)
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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In the Matter of the Application)
 4 of)
 5 HOPE of Ogle County)
 6 Ogle County, Illinois.) Ogle County
 7) Sheriff's Office
 8) Oregon, Illinois
 9) May 9, 2017
 10 I, Callie S. Bodmer, hereby certify that I
 11 am a Certified Shorthand Reporter of the State of
 12 Illinois; that I am the one who, by order and at the
 13 direction of the Chairman, Nick Head, reported in
 14 shorthand the proceedings had or required to be kept
 15 in the above-entitled case; and that the above and
 16 foregoing is a full, true and complete transcript of
 17 my said shorthand notes so taken.
 18 Dated at Dixon, Illinois, this 9th day of
 19 May, 2017.
 20
 21 *Callie S Bodmer*
 22 Callie S. Bodmer
 23 Certified Shorthand Reporter
 24 Registered Professional Reporter
 IL License No. 084-004489
 IA License No. 1361
 P.O. Box 381
 Dixon, Illinois 61021

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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In the Matter of the Application)
 4 of)
 5 Serenity Hospice and Home) Ogle County
 6 Ogle County, Illinois) Sheriff's Office
) Oregon, Illinois
) May 9, 2017

7
 8
 9 Testimony of Witnesses
 10 Produced and
 11 Examined on this 9th day
 12 of May, 2017,
 13 before the Ogle County
 14 Community Mental Health Board

15 BOARD MEMBERS PRESENT:
 16 Kathleen Wilson
 17 William Sigler
 18 David Schier
 19 Vicki Deter
 20 Lowell Harp
 21 Tracy Brooks
 22 Dorothy Bowers
 23 Nick Head, Chairman
 24 Cecilia Zimmerman, Secretary
 Reporter: Callie S. Bodmer

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1 MR. HEAD: Let's go ahead and get started,
 2 if we can.
 3 Cecilia, can you take roll call, please.
 4 (Roll call was taken.)
 5 MR. HEAD: Before we get into the Serenity
 6 House application, let me talk to you about
 7 where we are with the service directory. I went
 8 back to the printer and asked them what the cost
 9 would be if we went to a bright yellow paper
 10 stock. It almost doubles the cost, because of
 11 the paper. For whatever reason, card stock in
 12 bright yellow is very, very pricey.
 13 So I said, Well, you know, what
 14 alternatives do we have? And he said, You could
 15 go to a four-color printing process for another
 16 150, 200 and add that to your cost, and that
 17 would be very reasonable. I said, We don't have
 18 a four-color copy, you know, original prototype
 19 to hand out. He said, Well, we have someone on
 20 staff that does that kind of thing and can do
 21 it. You know, maybe we can make it very
 22 affordable for you. So I said, you know, Take a
 23 look and give us some numbers.
 24 So what I sent to him was the draft of the
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1 service directory as I handed it out, also a
 2 copy of one of our documents with our 708 logo
 3 on it, and a copy of our newsletter that goes
 4 out to the County Board. And I said, Working
 5 from this, see what you can do. So we may -- it
 6 may be worth our while to go with something
 7 that's along the same lines as our newsletter,
 8 using the same colors and graphics and things
 9 like that so we have some continuity of image.
 10 I talked with him yesterday. I expect
 11 I'll talk with him today. And this has turned
 12 into a, kind of, as-you-go process, as you can
 13 see. So I will bring back more information at
 14 our next meeting.
 15 Any questions or concerns you want to
 16 raise with me? Go ahead, Kathe.
 17 MS. WILSON: I just wanted to make sure
 18 that the whole thing about having such small
 19 print and such big margins was addressed so it
 20 could maybe be less margin and more print.
 21 MR. HEAD: Yeah.
 22 (Whereupon, Dorothy Bowers is now
 23 present.)
 24 MR. HEAD: Good morning.
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1 The problem with the margins -- and there
 2 might be something that can be done with that.
 3 But those two little things at the top for local
 4 customers, or for postal customers, and then the
 5 -- what they call an indicia that tells you that
 6 is standard mail, those have to be positioned at
 7 a certain point with respect to the margins. So
 8 I'll work with them and see if we can fiddle
 9 around and honor those parameters up above.

10 MS. WILSON: If they're looking into
 11 colors anyway, maybe do that. Okay. Thank you.

12 MR. HEAD: Yeah, I think they can be
 13 creative with that, and let's see if we can get
 14 that in there too.

15 Anything else?

16 MR. SIGLER: Other than I support you
 17 totally on this. I think it's going to be a
 18 really -- I think it's a wonderful idea.

19 MR. HEAD: You know, I'm excited about it.
 20 I think it will surprise people pleasantly. And
 21 the -- we're talking about the service
 22 directory, and the cost of a color paper would
 23 almost double the cost.

24 MS. BOWERS: Oh, really.
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1 MR. HEAD: It's so pricey. But what we
 2 can do is, for a couple hundred dollars more is
 3 we can get a color -- four-color printing
 4 process and add color to the brochure itself and
 5 do something like our newsletter that goes out
 6 with the same kind of color and logos and
 7 graphics, et cetera. So we're in the process
 8 with that, and I will bring that back, Dorothy,
 9 as it firms up.

10 Any other questions or comments about
 11 that?

12 All right. Anything else before we move
 13 on to the Serenity application?

14 All right. Lynn, your show.

15 MS. KNODLE: Good morning, everyone. I'm
 16 going to start with a quick recap. I don't want
 17 to just reread everything that is in the
 18 presentation. I'm sure you have all already
 19 done that.

20 But it was a busy year last year, starting
 21 out with the Joint Commission Accreditation.
 22 And we did spend a significant amount of time
 23 working on that and achieving that in July.
 24 And, in fact, now, a year later, we have to
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1 respond to all of the standards again and submit
 2 that to the Joint Commission to maintain our
 3 certification, even though we are only actually
 4 on-site surveyed every three years.

5 So we did a lot of work last year that
 6 helps this process, but it is a lot of
 7 paperwork. So for the next couple of months,
 8 we're working through all the paperwork to
 9 maintain our accreditation.

10 We were really, really pleased with our
 11 open house, for our administrative office to see
 12 so many of you guys there and also the County
 13 Board. We had invited the County Board as well
 14 and had a really great representation, and the
 15 mayor stopped in. So we're just pleased as
 16 Punch with the new space. We're much more
 17 productive. We're out of the way of our
 18 patients and families, and it's worked out
 19 really, really well for us.

20 If you have been there, you can see we
 21 have some landscaping and things to do and
 22 burying of drainage tubes. Not in our budget
 23 for this year, but hopefully we'll be able to do
 24 that sometime in the near future.
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1 The Serenity Shed continues to do really,
 2 really well. We have a lot of programs that
 3 take place there. We're bringing in bereaved
 4 that we didn't serve on a daily basis. It's
 5 kind of interesting, some of the people that
 6 walk through the door, as we learn their
 7 stories, we're like, How did you learn about us?
 8 Well, Hospice of the Rock Valley recommended
 9 you. You know, and they're required to have
 10 their own bereavement program. So we look at
 11 that as a form of flattery. But, you know, we
 12 hear those kind of things quite often.

13 We were even contacted -- and this isn't
 14 the first time that this has happened, but Dixon
 15 prison had asked our bereavement coordinator to
 16 come in and do hospice training, because they
 17 actually have their own hospice volunteers that
 18 are inmates. It's almost a prestigious thing,
 19 because they have a great number of inmates that
 20 request to be in the program but they only
 21 choose, like, three. And then Cathy goes in and
 22 does training.

23 We did a great article for the Ogle County
 24 Life on that, and it ran in the Rochelle
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1 Newsleader and whatnot. Well, it got picked up
 2 by the syndicated press, and it's been in some
 3 of our national magazines. Then we got
 4 contacted by a gentleman from Aurora who did a
 5 document on hospice in prisons, and he has
 6 offered -- it was actually nominated for an
 7 Oscar. He's offered to come out free of charge
 8 and show that to our community.

9 So we're in the process of getting that
 10 set up in July. We're trying to figure out what
 11 the best venue is, and then get the marketing
 12 and stuff out for that.

13 So we have really made some great
 14 connections with some of the things that we're
 15 able to do.

16 Our resale shop, Angel Treasures, again,
 17 continues to exceed our expectations, making a
 18 significant amount of money for our foundation.
 19 And because of that, you know, we opened the
 20 second one in Winnebago. It's not doing as
 21 well. It's holding its own. But what it is
 22 doing is -- the primary reason that I opened the
 23 store was that I wanted to build awareness in
 24 that area of Winnebago County about our
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1 services. And so from January until September
 2 of 2016, we served two people in Winnebago
 3 County. We opened the store in October, and
 4 from October to February we had already served
 5 five. So we feel like the awareness is there.
 6 We're in the community.

7 Our main sales associate is a member of
 8 the Dixon Chamber. We're participating in some
 9 of their business functions. So we're seeing
 10 that awareness happen. So we're hoping the
 11 summer months will bring the sales up for us as
 12 well.

13 We were able to -- we submitted a grant
 14 and were able to receive funds from the Woodward
 15 Foundation in Rockford for a bariatric bed for
 16 one of our rooms. That was one of the things
 17 that we showed at our open house. But what was
 18 nice about that -- it's for our larger patients.
 19 And in the past, we always had to take down the
 20 bed that was in the room, lease a bed. Then
 21 when we no longer needed it, take -- then it
 22 went back to where we leased it and we would put
 23 the other bed back up. It was, like, \$10 a day
 24 for us to lease that bed. It was just really
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1 nice.

2 In addition to the bed, we had a couple of
 3 donors come forward and gave funds to buy a
 4 really large chair for the room, we have large
 5 towels, and so the whole room is really geared
 6 for -- what we found is, a lot of times when you
 7 have a large patient, you have large family
 8 members as well. So we have made the room
 9 comfortable for the entire family.

10 MR. HEAD: Lynn, can I ask a question?
 11 What is a bariatric bed? I don't --

12 MS. KNODLE: It really is just a larger
 13 bed.

14 MR. HEAD: Okay.

15 MS. KNODLE: It's just a larger bed. So
 16 it's longer and it's wider. So it's just more
 17 comfortable for the patient.

18 MR. HEAD: Okay. Thank you.

19 MS. KNODLE: Another thing that we're
 20 really proud of in the last year is, we received
 21 a grant from the Rochelle Area Community
 22 Foundation for us to promote hospice awareness
 23 to the Latino population. So we did a lot of
 24 things last year with that grant. We were able
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1 to purchase what's called a Novella, which is
 2 kind of the story about hospice almost in a
 3 comic book form, and it's in Spanish. It's just
 4 a way that the Latino population likes to read
 5 things.

6 We did some of our brochures in Spanish.
 7 We now have a translation service called
 8 Certified Language Interpreters, that we can
 9 just call and get a three-way conference going.
 10 Actually, we can speak 22 different languages
 11 through using this interpretive service, but we
 12 have only used it so far for our Latino
 13 population.

14 We have done some advertising in Spanish
 15 using also kind of that Novella, almost comic
 16 feature, and have been able to reach them.

17 And one interesting story was that Angie,
 18 our marketing -- or our community liaison
 19 person, set up an appointment with a pastor from
 20 the Catholic church, because many of the Latinos
 21 go there. And she was explaining about our
 22 program, and he kind of walked away and he came
 23 back and showed her our ad and he goes, This is
 24 what we need. This is one of the -- one of our
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1 parishioners came in here and said, They get us.
 2 They get us. Angie was like, That's us. So he
 3 became much more friendly and open then. It was
 4 just a great connection she made.
 5 It was -- this year we submitted a second
 6 grant to the Rochelle Area Community Foundation
 7 to continue that awareness. We wanted to do
 8 diversity and cultural training for our staff.
 9 We want to get some of our bereavement materials
 10 translated to Spanish and purchase some Spanish
 11 books. And we just received notification last
 12 week that we did receive that grant for a
 13 thousand dollars. So we were happy to be able
 14 to continue down that path as well.
 15 Is there anything else here that I wanted
 16 to touch on?
 17 I thought one of the -- we did our annual
 18 training for our staff, and we always have a
 19 segment on bereavement in the annual training
 20 that Cathy Lauren (phonetic) actually does, and
 21 she chose this year just to talk about all the
 22 different things that the program does, because
 23 she said she had a couple of even our own staff
 24 members come up to her and say, Well, what do
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1 you do now? Do you just do crafts all day? And
 2 she's like, No. So she went through all the
 3 mailings, all the telephone calls, all the
 4 private visits, all the different groups that go
 5 on there.
 6 And we found that -- you know, we're
 7 hopeful that if our own staff members were
 8 unsure, that the community is not seeing us that
 9 way but seeing that the Shed is actually just
 10 one more ancillary service that we provide.
 11 It's certainly not the only thing we do. It's
 12 an add-on.
 13 So we did list in our grant all the
 14 different things that do happen in our
 15 bereavement program.
 16 We do still receive our \$4,000 grant from
 17 Lee County for some of our Lee County residents.
 18 That just goes towards all the different
 19 bereavement programs that we offer. And we do
 20 receive funds from United Way as well.
 21 So I guess at this point I will open it up
 22 for questions.
 23 MR. HEAD: Okay. Let's go around the
 24 table, and we'll start with Dave this time.
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1 MR. SCHIER: Thank you, Mr. President.
 2 MR. HEAD: Stop that.
 3 MS. DETER: I made him go first.
 4 MR. SCHIER: You and Mr. Brooks do such
 5 neat applications. And I was really impressed
 6 with the red letter. What a cool idea. It's
 7 like the New Testament.
 8 You're such a good manager and director,
 9 you know, and you're doing so much, bringing so
 10 much money in and stuff. I can't question your
 11 profession.
 12 MS. KNODLE: Thank you.
 13 MR. SCHIER: Keep up the good work.
 14 MS. KNODLE: Thank you. I appreciate
 15 that. And I appreciate being put in the same
 16 category as Mr. Brooks, because I am so
 17 impressed with what he is doing as well. I
 18 said, I'm kind of jealous. He's doing such a
 19 great job.
 20 MS. DETER: My turn? Are you done?
 21 MR. SCHIER: Yup.
 22 MS. DETER: That was fast and quick.
 23 I just have just a couple things. It's on
 24 that -- it would be Exhibit 4 point maybe 3 --
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1 or 2. Maybe 2. I liked how you did the
 2 funding, where it says bereavement and how much
 3 and how much -- 708 services, \$2.33 cents. That
 4 was cool. I like that.
 5 Only question -- I have just a couple.
 6 When you have somebody that's not from Lee or
 7 Ogle County bereavement and they're over here,
 8 because I know you do have some -- how is that
 9 paid for? It's not out of our --
 10 MS. KNODLE: It is not. You know, we have
 11 the United Way funds, we have the Lee County
 12 funds, we have funds that we get from
 13 reimbursement that are above and beyond what our
 14 costs are, so we --
 15 MS. DETER: I figured that, but I didn't
 16 really see it in here, you know, that it was --
 17 because I know you have people from all over now
 18 that come.
 19 MS. KNODLE: We do.
 20 MS. DETER: And so that's -- bereavement
 21 that we're paying for is, like, the -- just the
 22 counseling, right? We're not paying for, like,
 23 cards and we're not paying for -- we're paying
 24 for them to come in and --
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1 MS. KNODLE: That's not a hundred percent
 2 true. The funds do just go into the
 3 bereavement, sort of, ledger code and get spread
 4 out amongst the salaries for the counseling, the
 5 materials for the letters that go out and
 6 whatnot. So we don't just break it apart for
 7 just the counseling.
 8 MS. DETER: Okay. Well, I just had
 9 questions on that, because I just feel like it
 10 should be for counseling, because that's what
 11 our bylaws say.
 12 MS. KNODLE: It's difficult to do that
 13 because so many of the things are intermixed.
 14 The program itself is all of those things.
 15 Especially, like, if somebody walks into the
 16 Shed and they're working on a project and things
 17 like that, it's all happening simultaneously.
 18 The counseling is part of that.
 19 MS. DETER: Okay. That's all I had. Your
 20 turn.
 21 MR. SIGLER: Yes, ma'am.
 22 You have \$5,000 for program expansion.
 23 Just briefly touch on that.
 24 MS. KNODLE: Right. So that's partially
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1 more of the Latino population expansion. The
 2 \$1,000 doesn't cover all of the different things
 3 that we're going to do. And programs, bringing
 4 people into the Shed and things like that.
 5 MR. SIGLER: And, again, I mentioned to
 6 you, I very seldom -- as a federal commissioner,
 7 excellent, excellent presentation. I really was
 8 impressed with this.
 9 I notice that your increase that you're
 10 asking for above last fiscal year is less than
 11 1 percent.
 12 MS. KNODLE: We have not -- this is
 13 something that we have been talking about in our
 14 leadership group, but I feel like our admissions
 15 have kind of stabilized. They -- in fact, the
 16 last couple of years, the admissions have gone
 17 down. Not significantly. Maybe, like, by 10.
 18 But our lengths of stay have been a little bit
 19 longer. So our average daily census has
 20 continued to go up, but our admissions have gone
 21 down a little or stayed the same.
 22 So we are looking at, as a leadership
 23 team, what do we need to do differently to
 24 attract additional people into our hospice? So
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1 one of the things that we know is, that we have
 2 statistics that show that we're serving
 3 75 percent of individuals who choose hospice in
 4 Ogle County. And we do know then that there are
 5 a small percentage of individuals in Ogle County
 6 that choose a different hospice, and so we have
 7 that percentage as well. Then we also have the
 8 percentage of individuals who died a, sort of,
 9 hospice death, where they would have benefitted
 10 from hospice but did not, for whatever reason,
 11 weren't referred, chose not to, whatever it is,
 12 chose no hospice at all. Then we have the
 13 statistics that's just sudden death, like stroke
 14 or heart attack or something or car accident,
 15 where no matter what they wouldn't have chosen
 16 hospice.
 17 So it's like, how do we reach that next
 18 level of individual -- what do we need to do
 19 differently awareness-wise to continue to grow
 20 and not just stay here at our 60, which is twice
 21 what it was four years ago, but what do we need
 22 to do to go beyond that?
 23 MR. SIGLER: I see. Just a couple more
 24 questions. I think are comments mainly.
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1 You focused when you first spoke about the
 2 Joint Commission. I think as a committee we
 3 should understand how important that is to a
 4 health organization. Without that
 5 certification, their chance of really stepping
 6 up a level to the next -- well, I was over at --
 7 MS. BOWERS: Pinecrest.
 8 MR. SIGLER: -- Pinecrest.
 9 Thank you very much, ma'am. That's very
 10 helpful to me.
 11 I not only saw the certification on the
 12 wall, but I saw a special notice on the wall
 13 recognizing their excellence in what they were
 14 doing, even beyond the basic certification. But
 15 I do know that there are hospitals in the United
 16 States, hundreds of hospitals, that are waiting
 17 in line to be certified so they can fully
 18 participate in CMS funding.
 19 What you have done is, I think,
 20 outstanding, ma'am. Just outstanding.
 21 MS. KNODLE: Thank you. I appreciate
 22 that.
 23 Hospices are -- we're in the process of
 24 becoming publicly reported, the same as nursing
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1 homes are. So you can go online now and choose
 2 an area and see the scores that all of those
 3 nursing homes in that area got in all the
 4 different categories.
 5 We have been providing information back to
 6 CMS, the Centers for Medicaid and Medicare, on a
 7 lot of different things that we do, just like
 8 every other hospice. In fact, we can't send it
 9 directly. We have to send it to a third-party
 10 vendor, just our name and a dump of the
 11 information, and then they prepare it and send
 12 it to CMS so they know we haven't played with
 13 the numbers.
 14 That information is scheduled to become
 15 publicly reported sometime in the next year. So
 16 it's very important to us to have things like
 17 accreditation, very high patient satisfaction
 18 scores, very high core measures and whatnot,
 19 because we will be set right next to our peers,
 20 and we want to be the hospice of choice.
 21 We know we're the best, and we'll have an
 22 opportunity to prove it, just like with
 23 Pinecrest, with their five stars, is able to
 24 show that they excel beyond what the other area
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1 nursing homes are able to do.
 2 MR. SIGLER: Just two, maybe, questions or
 3 comments. One by my colleague was raised about
 4 printed documents. Two, three years ago I was
 5 standing in line over at the pharmacy, and a
 6 gentleman that used to be my neighbor told me,
 7 Stop cutting on my side of the lawn. He had
 8 just lost his wife. Very good friend though.
 9 Very, very good friend.
 10 And he was there with his daughter. And I
 11 hadn't realized he lost his wife. We talked in
 12 line for a while. He's a very manly man. And
 13 he started crying. So we said a prayer
 14 together. And his daughter stopped me and said,
 15 Bill, what can you do for him? I said, I don't
 16 have the slightest idea. Where I went was to
 17 see you folks, and you gave me a document that
 18 far exceeds anything I have from my church as
 19 far as grieving, and it so impressed me, and
 20 that's why I --
 21 MS. KNODLE: Is it the one, "When I Stop
 22 Hurting"?
 23 MR. SIGLER: You betcha.
 24 MS. KNODLE: They all speak to what's
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1 going on in that person's life at that time.
 2 You know, we send cards on anniversaries and
 3 holidays, and books and different things to help
 4 them where they're at in their grief at that
 5 point.
 6 MR. SIGLER: See, I see that as all part
 7 of the process of counseling with the
 8 individual --
 9 MS. KNODLE: Right.
 10 MR. SIGLER: -- who's lost a loved one.
 11 MS. KNODLE: That's what we feel as well.
 12 MR. SIGLER: Yes, ma'am. That's all my
 13 questions, comments. Thank you.
 14 MS. KNODLE: Thank you.
 15 MS. BOWERS: The funding request, and I
 16 just want to clarify this, will all be used for
 17 Ogle County residents?
 18 MS. KNODLE: Yes.
 19 MS. BOWERS: It will not be a crossover --
 20 MS. KNODLE: That's correct.
 21 MS. BOWERS: -- for anything?
 22 And at present time you do not have anyone
 23 who speaks Spanish?
 24 MS. KNODLE: We do have -- our nurse, Pat,
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1 speaks Spanish, and we have one CNA who speaks
 2 Spanish.
 3 MS. BOWERS: I thought you did.
 4 MS. KNODLE: We do. Yeah, we do.
 5 MS. BOWERS: But you just still use --
 6 MS. KNODLE: The interpretive service. It
 7 depends on who is there at the time. Like, our
 8 social worker was there and so she used it. She
 9 said the family member actually did speak
 10 English but the patient didn't. So she chose to
 11 use the service, and she said you could just see
 12 that -- how important it was to them to be able
 13 to speak in their native language and not have
 14 to internally translate and whatnot.
 15 But yes, we do have one -- and we would
 16 hope that if we could grow that population,
 17 especially in Rochelle, that we would hire
 18 another Spanish-speaking nurse and CNA, would be
 19 our goal.
 20 MS. BOWERS: It's my understanding there's
 21 no charge for that service. Am I correct?
 22 MS. KNODLE: It's like a dollar, 60 a
 23 minute. We had to pay a \$500 subscription fee
 24 one time. It was a one-time deal, so I
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1 shouldn't even say subscription fee. Then it's
 2 like \$1.60 a minute, but it's not, like, a
 3 monthly fee, which is what I like, because I
 4 didn't know how often we would be using it. So
 5 we really only do get charged when we use it.
 6 MS. BOWERS: That's all the questions I
 7 have.
 8 MS. BROOKS: I don't have any questions
 9 either. Your report and presentation are very
 10 complete and precise. Like everybody else said,
 11 keep up the good work.
 12 MS. WILSON: Hi.
 13 MS. KNODLE: Hi, Kathe.
 14 MS. WILSON: I didn't get this top sheet.
 15 MS. BOWERS: It came later.
 16 MR. SIGLER: Yes, ma'am.
 17 MS. WILSON: Okay. Let's see, just a
 18 couple of questions.
 19 MS. KNODLE: Okay. Sure.
 20 MS. WILSON: On Page 11, bereavement
 21 services are mandated in all hospice programs by
 22 the Illinois Department of Public Health and
 23 Medicare, but it is not funded?
 24 MS. KNODLE: That's correct.
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1 MS. GROENHAGEN: That's correct. It's not
 2 the only item that they mandate and don't fund.
 3 MS. KNODLE: Right. We also have to pay
 4 the passthroughs on room and board for nursing
 5 homes. So when we have a patient that is in a
 6 nursing home, we are actually responsible for
 7 the room and board, and then we get reimbursed
 8 for that room and board and we pay it back to
 9 the nursing homes, only they only reimburse us
 10 at 95 percent. So the extra 5 percent has to
 11 come out of hospice, even though it has nothing
 12 to do with the care we provide and they would
 13 have paid the full amount without our care.
 14 It makes no sense, but it's just another
 15 way for Medicare to pay less for our service.
 16 MS. GROENHAGEN: The certified language
 17 services, the 22 languages, well, we
 18 predominately use Spanish and only need Spanish
 19 in this area. Well, we have to provide 22
 20 languages --
 21 MS. KNODLE: No, 222.
 22 MS. GROENHAGEN: 222 languages.
 23 -- without funding.
 24 MS. DETER: They must think you're
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1 Chicago, huh?
 2 MS. KNODLE: Yeah.
 3 MS. WILSON: Way back in the back, last
 4 few pages, the Statement of Income, I just had a
 5 question. Nonoperating Income, Bereavement
 6 Program, \$2,000, I have no idea what that means.
 7 MS. KNODLE: What page are you on?
 8 MS. WILSON: I'm on the Statement of
 9 Income.
 10 MS. BROOKS: Second-to-last page.
 11 MS. WILSON: Second-to-last,
 12 third-to-last. It's after Exhibit 7.5.
 13 MS. KNODLE: Okay.
 14 MS. WILSON: Down at the bottom,
 15 Nonoperating Income.
 16 MS. GROENHAGEN: That would be the net of
 17 the fundraisers.
 18 MS. WILSON: Okay.
 19 MS. GROENHAGEN: Of the -- for the
 20 bereavement programs, like the --
 21 MS. KNODLE: The butterfly release.
 22 MS. GROENHAGEN: -- the butterfly release,
 23 the --
 24 MS. KNODLE: Memorial service.
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1 MS. GROENHAGEN: Thank you.
 2 MS. KNODLE: Which we don't actually like
 3 to say is a fundraiser. We do the annual
 4 memorial service at Ebenezer, but we do get a
 5 donation from many of the area funeral homes for
 6 helping offset the costs of doing that memorial
 7 service, and that is above and beyond what it
 8 costs. And it's volunteer, yeah, obviously.
 9 MS. WILSON: That's all the questions I
 10 have. Thank you for your wonderful service.
 11 There are many people that I know that have
 12 lost, you know, spouses mostly, and I don't know
 13 how you do what you do.
 14 MS. KNODLE: Thank you.
 15 MR. HARP: Well, like everybody else, I'm
 16 tremendously impressed with your program,
 17 especially how comprehensive it is and the
 18 duration, how you stick with it for the whole
 19 year. I think that's really important.
 20 I guess I'll follow up a little bit on one
 21 of Kathe's questions regarding the bereavement
 22 program. My math says you get about 16 percent
 23 of the budget from the bereavement program from
 24 us. Is that about right?
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1 MS. KNODLE: (Nods head.)
 2 MR. HARP: If that were not available to
 3 you, what would happen to that program?
 4 MS. KNODLE: We would have to close the
 5 Shed, because that's one of -- that's an expense
 6 that last year we were able -- and you could see
 7 from here -- offset the entire expense through
 8 sales of items. We're running behind this year,
 9 but we're running behind in a lot of things this
 10 year. We're just starting to breathe again.
 11 It was a very scary beginning of the year.
 12 In the beginning of February, we lost 15
 13 patients, like, in seven days. So we went from
 14 a census of, like, 60 down to a census of 45,
 15 and we're staffing for 60. The interesting
 16 thing was, it wasn't just us. I had a
 17 meeting -- actually Beloit Regional Hospice came
 18 out, because they were very interested in some
 19 of the programs that we have, the Shed and
 20 things that we're doing. So we toured them and
 21 showed the different things. They had lost 12
 22 patients in the same amount of time. We had
 23 heard that Northern Illinois Hospice was laying
 24 off that Friday because their census was low.
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1 Heartland was saying they were low. Hospitals
 2 and nursing homes were low. We're, like, we
 3 felt like the Second Coming came and we got left
 4 behind. We had no idea what was going on.
 5 And it's not -- I mean, 15, although it
 6 may not seem like a big number, for us it really
 7 was. And it's not something that you're just
 8 going to do 15 admissions in a day. It had
 9 taken up until -- well, we're not quite there
 10 yet. Every day -- like last Friday, we had five
 11 admissions, which doesn't happen very often and
 12 really causes chaos. But we're starting to work
 13 our way back. But we'll admit one, lose one,
 14 add two, lose three. We have a lot of really
 15 short lengths of stay right now.
 16 Cathy just went to the National Hospital
 17 and Palliative Care Convention, and she's
 18 hearing that from other hospices kind of across
 19 the board. What we're hearing is now that so
 20 many hospices and hospitals are doing what's
 21 called palliative care, which is basically
 22 offering hospice-like services to those who are
 23 not quite at end of life, people aren't
 24 necessarily transitioning over to hospice care.
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1 They're kind of staying on this unfunded
 2 palliative care.
 3 Because there really is no reimbursement
 4 model for it, other than hospice is doing it
 5 with hope that they're going to eventually
 6 transition that patient into hospice and get the
 7 opportunity to serve them that way and they can
 8 build their physician meetings and that's about
 9 it.
 10 So it's almost kind of turned the hospice
 11 world upside down. It's not happening so much
 12 to us, because there's not a lot of palliative
 13 care going on in Ogle County, but it is a lot in
 14 Rockford. So it's kind of just a lot of
 15 different things happening in the industry.
 16 MR. HARP: Then the chart on your
 17 Community Guide and Annual Report shows an
 18 increase in both revenue and expenses last year.
 19 MS. KNODLE: Last year was a really good
 20 year. This year is not going to look like last
 21 year, but we're hoping to recover.
 22 MR. HARP: That was going to be my next
 23 question. What do you anticipate? What's, you
 24 know, going to happen?
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1 MS. KNODLE: Yeah, well, we have been
 2 operating at a loss for a couple of months.
 3 Like I said, I think that's -- the one thing
 4 that was the shining star that saved us in the
 5 month of March is, we were extremely busy in the
 6 Serenity Home. We had several days where we
 7 were completely full and actually had a waiting
 8 list. Then there were -- when we did lose a
 9 couple of patients, we maintained six. We had
 10 some patients there at the higher level of care.
 11 So we actually had more patient days at the
 12 Serenity Home in March than we had ever had.
 13 So normally, where Community carries the
 14 Serenity Home, we always lose and know we're
 15 going to lose in Serenity Home and Community is
 16 going to cover it, actually it was the other way
 17 in March.
 18 So we have still maintained average daily
 19 census of three to four through April, which
 20 doesn't quite cover expenses, but it's a lot
 21 closer than when we have those days with just
 22 one or two patients.
 23 So it's too early for us to tell if what
 24 happened at the beginning of the year was a
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1 complete anomaly and it was just was one of
 2 those things that happens in healthcare or
 3 whether it's going to carry through. We're
 4 hoping it's not, just because we're starting to
 5 see the increase.
 6 So when I looked yesterday at our average
 7 daily census, it was 54. And so we're getting
 8 closer to that 60 number again. And we can
 9 survive on 54 without having to lay off staff.
 10 Because that's the thing I didn't want to have
 11 to do: I didn't want to overreact and lay off
 12 really good, trained hospice staff and then need
 13 them back again two or three months later.
 14 So that is one of the things when we talk
 15 about retained earnings and how important it is.
 16 For us this year, it's been tremendously
 17 important, because it's been -- it's allowed us
 18 to maintain, although staff isn't working any
 19 overtime and we're allowing them to take days
 20 off with no pay and things like that. That
 21 really helped us a lot as we're starting to gain
 22 our momentum again.
 23 MS. BOWERS: Lynn, would you clarify
 24 something? You mentioned "shining star." Would
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1 you elaborate that it's not the same Shining
 2 Star that's out of Dixon.
 3 MS. KNODLE: Yes. It is not.
 4 MS. BOWERS: Thank you. Thank you.
 5 MR. HARP: What you just said brings to
 6 mind something that's quite irrelevant right
 7 now.
 8 MS. KNODLE: Throw it out there anyway.
 9 MR. HARP: Just makes me think, you know,
 10 you're working through kind of a -- if you want
 11 to call it the rat in the boa constrictor right
 12 now. My generation, you know, at some point
 13 we're all going to be gone. So I don't know how
 14 long it is, 20 years in the future, that's going
 15 to be interesting to see what --
 16 MS. KNODLE: It's changing all the time.
 17 It will be very interesting.
 18 You know, with the just recent potential
 19 changes in the Affordable Care Act, how does
 20 that or does that impact us at all? You know,
 21 are they going to keep on the quality measures?
 22 I'm assuming that they are. I have to think
 23 that they're not going to touch things that are
 24 working and try to fix things that aren't. But
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1 it's really hard to tell at this point in time
 2 what's going to happen.
 3 MR. HARP: Where am I? I'm lost.
 4 Oh, yeah. I'll go back to measures of
 5 effectiveness in the criteria and so forth. And
 6 I remember we talked last year on the CAHPS.
 7 That's your consumer assessment and so forth.
 8 They were always in the high 90s. There was one
 9 area that was challenging for you and for
 10 everybody else, which was training of
 11 caregivers.
 12 MS. KNODLE: Yes.
 13 MR. HARP: I know that's one of the things
 14 that for you was kind of a goal.
 15 MS. KNODLE: It's really close. The
 16 national benchmark is 75.6 and we're at, like, a
 17 75.3. So we're -- we're not happy with it yet.
 18 It's still -- yeah.
 19 Again, the thing that's interesting is
 20 that the national benchmark is 75.6. I mean,
 21 that's pretty -- to me, pretty low, which means
 22 it's not the greatest question. Because we do
 23 the training all of the time, and we have
 24 actually sent a nurse out to meet with families
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1 to find out what their interpretation of
 2 training is, just trying to figure out how do
 3 we -- we used the word "training," we recreated
 4 our caregiver guide. We recreated all kinds of
 5 things and continue to do so, which I think is
 6 part of the reason why our number is rising.
 7 What she was learning is somebody's
 8 interpretation of training is, if you have
 9 somebody go in and do, like, formalized
 10 presentation-type training; not you're showing
 11 them, as you're doing it, how to turn a person,
 12 how to transfer a person and things like that.
 13 So we're still trying to work around what
 14 kind of terminology and how we change that
 15 perception of, Are you receiving training?
 16 We even do -- we have retired nurses who
 17 do what we call tuck-in calls, but every Friday
 18 they call our families, and they have a list of
 19 questions that they ask. And one of the
 20 questions is, you know, Is there anything else
 21 we can do? Is there any more training we can
 22 provide? You know, just to make sure that we're
 23 providing the level of care to their
 24 expectations. And they always say yes. Then
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1 you get the survey back and you get a
 2 "somewhat."
 3 That's the other thing with CAHPS, the
 4 only thing that matters is the answer "always."
 5 A lot of people don't answer "always." If you
 6 have got a choice between "most of the time,"
 7 "somewhat," and "always," a lot of times people
 8 are going to say "most of the time" instead of
 9 "always." But "most of the time" doesn't count.
 10 That's considered a no. The answers have to be
 11 "always" a hundred percent across the board.
 12 So that's a challenge. It's also a
 13 challenge for hospices because we're the only
 14 organization that does that type of survey to
 15 the family and not the actual patient. So it
 16 goes out three months after the patient died,
 17 where the family is still grieving and then they
 18 have to remember how they felt about 80
 19 different categories of things. So it's a
 20 different animal for us.
 21 MS. GROENHAGEN: We have all talked as a
 22 staff. I mean, who honestly, even myself, would
 23 say that I had everything I needed and all the
 24 training possible to care for my loved one? No
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1 way.
 2 MS. KNODLE: When you're not a clinician,
 3 you're not --
 4 MS. GROENHAGEN: No.
 5 MS. WILSON: And they still died.
 6 MS. KNODLE: Right, and they still died,
 7 and you think, What could I have done
 8 differently?
 9 So I think that plays into that number.
 10 But it's rising, and we're going to get it
 11 there.
 12 MS. GROENHAGEN: As Lynn says, we can at
 13 least do better than the benchmark.
 14 MS. KNODLE: That's what I say. That's
 15 what I tell the team, is that it's a hard
 16 question, but every hospice has the same
 17 question, and so if other hospices can get it to
 18 this level, we should at least, at the very
 19 least, be able to do that, even if it's not the
 20 question.
 21 MR. HARP: Thank you.
 22 MS. KNODLE: You're welcome.
 23 MR. HEAD: I want to be a little bit more
 24 pointed and critical.
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1 MS. KNODLE: Okay.
 2 MR. HEAD: To Lowell's question, if the
 3 Shed would have to close because our 16 percent
 4 contribution to bereavement funds were not, in
 5 fact, forthcoming, how much of what we do -- if
 6 we're paying that much for the Shed, how --
 7 MS. KNODLE: You're not paying that much
 8 for the Shed. But what would happen is, the
 9 Shed would operate at a loss enough that that
 10 would be one area that we could still provide
 11 all of the regular services that we do -- our
 12 phone calls, our letters, our onsite visits,
 13 et cetera, we would still be able to do that
 14 through funds like through Angel Treasures and
 15 things like that.
 16 But when you're losing money, you have to
 17 figure out what piece you -- would cause the
 18 least impact to those that you're serving, and
 19 that would, to me, be the point that would be
 20 the least impact to be able to preserve the
 21 program as the program was before we opened the
 22 Shed.
 23 MR. HEAD: Okay.
 24 MS. WILSON: But the Shed is not mandated,
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1 right?
 2 MS. KNODLE: No.
 3 MS. WILSON: And everything else is?
 4 MS. KNODLE: Everything else is.
 5 MS. WILSON: Okay.
 6 MR. HEAD: Well, again, kind of following
 7 up on Lowell's comments, you know, organizations
 8 have a life cycle, and you have been going
 9 through an expansive phase and everything is
 10 coming up clover, but it could also very quickly
 11 go into some sort of a contraction, you know,
 12 given political change, changes in service
 13 models, et cetera, et cetera. So you may have
 14 some kind of a contraction that you can't
 15 possibly anticipate, but I wonder if the
 16 transition services, palliative care in the
 17 hospitals aren't -- the things that the
 18 hospitals provide aren't some harbinger of where
 19 the field is going. You know, it's kind of the
 20 shape of things to come. Do you think that's
 21 the case?
 22 MS. KNODLE: I think that palliative care
 23 has been on the horizon for many, many, many
 24 years, and there are many hospitals and hospices
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1 that are doing palliative care. It is one of
 2 our strategic goals, to assess whether or not
 3 palliative care is something that would benefit
 4 our region.
 5 But we have two obstacles, and one of them
 6 being we already have one loss leader, and it's
 7 the Serenity Home. And we feel like that's our
 8 mission, is to be able to provide that level of
 9 service that other hospices can't. It's really
 10 hard for me to go out with two loss leaders; to
 11 have the palliative care and the Serenity House.
 12 So I have to preserve hospice, and by
 13 extending ourselves further than what we are
 14 able to do, that might not be the best -- best
 15 way to do that.
 16 We are working very hand-in-hand with KSB
 17 Hospital. Our medical director,
 18 Dr. Appenheimer, is also the medical director of
 19 their acute care, palliative care that they have
 20 just really started to get off the ground within
 21 the last six months. And they're starting with
 22 particular diagnoses and trying to train their
 23 physicians and whatnot.
 24 Their whole goal is to prevent
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1 readmissions into the hospital, because they
 2 don't get reimbursed for readmissions that
 3 happen for certain diagnoses within a 30-day
 4 span. So it is of no benefit for them to treat
 5 somebody, have them go home and a week later
 6 show back up at the hospital, because they don't
 7 get paid for it.
 8 So if they can treat that person in the
 9 home with palliative care visits, which they
 10 have hired an NP to do, to keep them -- making
 11 sure that they're going to their regular
 12 outpatient visits and they're staying -- they're
 13 taking the medications that they got at
 14 discharge and whatnot, it's to their benefit to
 15 do that.
 16 MR. HARP: If I may interject?
 17 MS. KNODLE: Yes.
 18 MR. HARP: I'm feeling a need to define
 19 "palliative care" and distinguish it from what
 20 you do.
 21 MS. KNODLE: Palliative care is -- it is a
 22 chronic care management for individuals that are
 23 not in the last six months of their life. So it
 24 does sort of use the same methodologies that
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1 hospice care does, but just kind of a
 2 watered-down version.
 3 So an individual may get a visit from
 4 their physician in the home, a visit from a
 5 social worker, and maybe a phone call to see how
 6 things are going, but they don't get their aide
 7 visits, they don't get their nursing visits,
 8 they don't get them on a regular basis. It
 9 might be once a week to start with; and then as
 10 things start to stabilize, I'll give you a phone
 11 call month to month. If things get out of
 12 control, I'll send a physician and make sure
 13 that you're taking your medicines as you should.
 14 It's not the ongoing symptom management --
 15 the concentrated symptom management that an
 16 individual gets at end of life. And there's no
 17 reimbursement for it. So those -- many of those
 18 visits that take place -- other than the
 19 physician visit is billable.
 20 And you have to -- it's also all done
 21 under Medicare Part B, whereas hospice is
 22 Medicare Part A. So it's a different -- it all
 23 works -- we're actually looking at getting a
 24 Medicare Part B license to be able to do those
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1 physician visits. But, again, if all the other
 2 services aren't reimbursable and everybody is
 3 doing it at a loss, can we have another loss
 4 leader?
 5 So where I was going with Nick is, KSB is
 6 willing to sort of be our palliative care
 7 branch. You know, we have an informal
 8 partnership with them where we're kind of their
 9 informal hospice. They would be our informal
 10 palliative care.
 11 So if we have patients that we go out and
 12 do an assessment on and we say, You're right,
 13 he's very ill, but he's not necessarily going to
 14 die in six months, he's not eligible for
 15 hospice, we could recommend him to the KSB
 16 palliative care program, and then they would
 17 follow him until that point where he reached a
 18 six-month eligibility. Then if there was an
 19 interest in transitioning to a hospice, we would
 20 be there -- although they could select any
 21 hospice, we would be there to take that
 22 opportunity.
 23 So we're looking at -- there is changes in
 24 the industry, and we're looking at how do we
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1 adopt those changes in a way that is
 2 sustainable. For us, like I said, to go out and
 3 build our own palliative care program might not
 4 be sustainable for us. We're pretty small.
 5 You know, but there are other
 6 opportunities. Northern Illinois Hospice in
 7 Rockford; pretty small, has the same struggles.
 8 So if the industry changed significantly, do we
 9 look at mergers and things like that? We are
 10 very committed to being independent, just as
 11 Northern and just as Hospice of the Rock River
 12 Valley, but there are changes in the industry
 13 and we have to react to them.
 14 So we're just trying to stay as strong as
 15 we can and provide the services that we can for
 16 as long as we can. So far we have been able to
 17 do well, as you can see from the trends in the
 18 past years.
 19 MR. HEAD: I think your organization does
 20 very well, and that's a real tribute to your
 21 staff and to your Board and to you, as the
 22 manager, that it's doing as well as it has. I
 23 mean, it's very hard to find anything to ding,
 24 and you folks do it all very well.
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1 MS. KNODLE: Thank you.
 2 MR. HEAD: I know how important the JCAH
 3 accreditation is, because once you start to do
 4 model programs and you're doing model programs,
 5 then that comes into the conversation fairly
 6 quickly, your JCAH accreditation. So kudos to
 7 you folks for getting that.
 8 MS. KNODLE: Thank you. To that end --
 9 were you just going to say?
 10 MS. GROENHAGEN: Go for it.
 11 MS. KNODLE: We just last month received
 12 within the same week three contracts for
 13 Medicare Advantage Plans asking us to be a part
 14 of our plan. Now, normally we're having to go
 15 out and solicit people to allow us to be part of
 16 their plan.
 17 So our assumption is that they have gotten
 18 notification that we are now JCAH accredited,
 19 and they're coming to us because they want to
 20 provide that level of care.
 21 MR. HEAD: When you reach that threshold
 22 of professionalism, all of the sudden things
 23 flip.
 24 MS. KNODLE: They open up.
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1 MR. HEAD: Now you start to have people
 2 seeking you out and trying to get some of your
 3 time. That's a nice place to be.
 4 MS. KNODLE: That's huge.
 5 MR. HEAD: You know, the whole issue of
 6 Medicare, Medicaid, bereavement services, I'd
 7 sure like to see six people's versions or
 8 definitions of what bereavement are as opposed
 9 to grief counseling. And, you know, if you have
 10 got a clinical director, a medical director, I
 11 would like to see what the professional
 12 acceptable, you know, definitions or, you know,
 13 what they use. It's an important part of what
 14 you do, and I would certainly like to see it
 15 defined a little bit more and carved out.
 16 We're just a very small part of your
 17 budget, but I want to make sure that we stay
 18 focused on our mission. And I think your
 19 organization is deserving of our support, but
 20 when do you get from the normal process of
 21 grieving as something that needs attention to a
 22 complicated grieving that's diagnosable?
 23 MS. KNODLE: Well, when we do get to a
 24 complicated grief that is diagnosable, we refer
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1 those individuals to a licensed practitioner.
 2 MR. HEAD: Okay.
 3 MS. KNODLE: So whether it's Sinnissippi,
 4 or when Northern used to have their grief
 5 center, which they no longer have, we would send
 6 them there. So we are not licensed to do
 7 complicated grief.
 8 MR. HEAD: See, I'd like to see those
 9 numbers. Because I think when most people think
 10 of bereavement, they think of grief counseling.
 11 And if, in fact, you're saying, We don't do
 12 grief counseling --
 13 MS. KNODLE: No, we do do grief
 14 counseling. We don't do -- if they get --
 15 MR. HEAD: Complications of grief?
 16 MS. KNODLE: Right.
 17 If they get to a point where they're
 18 suicidal or just talking through their grief and
 19 the programs and whatnot that we offer are not
 20 working, then they would be referred to a higher
 21 authority to do that.
 22 MR. HEAD: Right. Right.
 23 MS. KNODLE: So --
 24 MR. HEAD: I'm probably going to be going
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1 along with this --

2 MS. KNODLE: I mean, I can send you the

3 COPs on grief, what we are required to provide.

4 MR. HEAD: Right. When some agency or

5 government agency or funding source pays for

6 bereavement or --

7 MS. KNODLE: But they're not.

8 MR. HEAD: Nobody is?

9 MS. KNODLE: No. It's not funded by CMF

10 or Medicare or Medicaid.

11 MR. HEAD: Nobody pays for bereavement

12 counseling, although you provided the services?

13 MS. KNODLE: They do not.

14 There is a formula that goes into the

15 reimbursement rate that we get for our patients,

16 which includes a percentage for nurses, a

17 percentage for CNAs, social work, PT, OT --

18 because we also have to provide physical

19 therapy, occupational therapy, speech therapy,

20 language therapy. All of those things are

21 things that we have to -- even though we don't

22 have a licensed practitioner, like a physical

23 therapist, we have contracts with KSB or

24 whatever. All of those things they take a

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1 percentage of to come up with what the number is

2 for reimbursement, and bereavement is not in

3 there. There is no bereavement counseling in

4 there.

5 MR. HEAD: This is a slippery one, and I

6 may keep coming back to this, looking for

7 clarification, you know, even going forward and

8 into the future, because it is something that we

9 try to pay you for and see as a service that we

10 provide and yet it still kind of is slippery to

11 me.

12 I think that the fact that you're doing

13 the Hispanic services is really good. I was

14 wondering, is there some way to break down

15 service hours and clients served that would tell

16 us how many people got how many service hours

17 over the course of a year? That's a numbers

18 issue. And what percentage of those were Ogle

19 County?

20 MS. WILSON: Isn't that what 2.3 is?

21 MR. HEAD: There was a thousand, 80, then

22 there was, I think, 10,000 --

23 MS. GROENHAGEN: Do you want them by

24 individuals?

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1 MR. HEAD: Yeah, kind of the, you know,

2 average by individual or the -- yeah, number of

3 individuals and then, you know, the hours of

4 services delivered to individuals or families.

5 MS. WILSON: Is that what 2.3 is?

6 MR. HEAD: 2.3?

7 MS. KNODLE: Yeah. It shows unduplicated

8 clients at 1059 and hours of services.

9 MR. HEAD: I was just wondering if there's

10 any way you can break those numbers down? I saw

11 those numbers and it's -- they're big numbers.

12 They're obviously important. But what -- is

13 there something that we could learn from those

14 numbers that we aren't learning? Is there

15 something behind those big numbers that might be

16 useful to us to understand the services

17 delivered? Just a point.

18 MS. KNODLE: Okay.

19 MR. HEAD: I really like what you're doing

20 with Hispanic services. It's a little fuzzy in

21 my mind what the \$5,000 expansion is going to go

22 to and whether, in fact, that's for bereavement

23 services, which would be -- there are things

24 that were funded to channel through and there

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1 are things that are kind of outside the bounds

2 of what this Board authorizes or encourages,

3 advocates for.

4 So I'm a little bit shady about what the

5 Hispanic services, \$5,000, is for. I have heard

6 materials and I have heard advertising, but I'm

7 not clear beyond that what that \$5,000 goes for.

8 MR. KNODLE: It's really for servicing

9 those individuals the same as we are anybody

10 else. So bringing those numbers into the

11 program.

12 MR. HEAD: I think that would be great. I

13 think if you had some sort of baseline where you

14 are now, how many of your clients have language

15 issues, and whether you anticipate that number

16 going forward. Being real picky here.

17 MS. KNODLE: No, that's fine. That's your

18 job.

19 MR. HEAD: What level of services are

20 those people needing? And you projected that --

21 you said there's a 1 -- you're providing

22 Hispanic services to, I think, 1 percent. I

23 wasn't clear -- this is on Page 13. Last year

24 Serenity served less than 1 percent of Hispanic

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1 patients. I don't know if that's 1 percent of
 2 Serenity's patients were Hispanic or 1 percent
 3 of the Ogle County's population was Hispanic.
 4 MS. KNODLE: It was Serenity's.
 5 MR. HEAD: It was Serenity. So those are
 6 Serenity patients?
 7 MS. KNODLE: Right.
 8 MR. HEAD: But you don't know what the
 9 target is in terms of could use the services but
 10 aren't being served?
 11 MS. KNODLE: Right.
 12 MR. HEAD: Okay.
 13 MS. KNODLE: No, we do know what the
 14 target is but -- no, that's true. We don't know
 15 how many -- we know what the percentage is of
 16 the population. We don't know how many of them
 17 are ill.
 18 MR. HEAD: If you've got, you know,
 19 16 percent, that's a sixth, you're probably
 20 looking at -- a sixth of 50,000 is probably
 21 about 8,000 --
 22 MS. KNODLE: Right.
 23 MR. HEAD: -- Hispanic people out there.
 24 What -- you know, ballpark, what percentage of
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1 those might benefit from your services that are
 2 not getting served now? I'm sure it's there.
 3 I'm sure these numbers exist. They might be
 4 hard to find.
 5 With respect to the Hispanic services, I'm
 6 wondering if we shouldn't take our services
 7 directory and create a Spanish version of that,
 8 even if it's in black and white --
 9 MS. KNODLE: That's a good idea.
 10 MR. HEAD: -- so that that could be handed
 11 out, maybe with an asterix by which of the
 12 agencies have Hispanic services.
 13 Now, we might be getting ahead to next
 14 year in terms of which agencies provide what.
 15 But I think, at a minimum, to have a translated
 16 directory.
 17 And you have -- you threw out a lot of
 18 statistics about unmet need, and I wondered
 19 where you get these mortality rates and -- do
 20 you get them from the county coroners or the CMS
 21 numbers in terms of --
 22 MS. KNODLE: We get them from the county
 23 coroner.
 24 MR. HEAD: From the county coroner?
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1 MS. KNODLE: Yes, we do.
 2 MR. HEAD: Okay. Just for my own
 3 thoughts, you know, I may want to get a side
 4 conversation with you at some point as to how
 5 you do that and what the protocol is for getting
 6 these statistics. Because I think at some point
 7 it may bear on some of what we do, is to know
 8 what mortality rates are and based on what.
 9 The Public Health Department did an
 10 analysis and report, and they looked at the
 11 conditions -- medical conditions that
 12 contributed to people dying in this county, and
 13 there were several related to alcohol and
 14 depression and suicide that were, I think,
 15 elevated in this county. And those are kind of
 16 diseases of despair, is what they're called.
 17 And I would like to get a better handle on that.
 18 If it was the county coroner that could help
 19 me --
 20 MS. KNODLE: Yeah, we don't get that level
 21 of information. We created a form that they
 22 fill out at the county coroner's office for us,
 23 and it just contains the physician name; the
 24 diagnosis; if they used hospice, which hospice
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1 they used; where they were from, I mean, if they
 2 were in a nursing home or if they were in their
 3 home. So there are just different fields on
 4 there. And they do -- I don't want to say out
 5 of the kindness of their heart, but they're not
 6 required to do it. They just do it for us.
 7 MR. HEAD: Well, I'm going to see if
 8 they're willing to be kind to us too.
 9 MS. KNODLE: I just wanted to make a point
 10 of, I can't go on the internet and find reports
 11 that they created. They are actually just doing
 12 it for us.
 13 MR. HEAD: It's hard to find some of these
 14 things, so I appreciate that you took that step.
 15 MS. KNODLE: It allows us to see what our
 16 market share is and where our competition might
 17 be coming in and things like that.
 18 We have not been able to get Lee County to
 19 do the same for us, or Whiteside.
 20 MR. HEAD: Well, I heard there's a new
 21 bakery in town. Maybe you need to visit there
 22 when you have to go down to Lee County.
 23 I have nothing else. You do a great job.
 24 MR. HARP: Nick, I just want to make a
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1 real quick comment.
 2 I'm wondering if some of your earlier
 3 comments might go to the distinction between
 4 prevention and treatment.
 5 MR. HEAD: Yeah, I believe in prevention.
 6 And unfortunately, we have a medical model in
 7 this country that doesn't pay as much for
 8 prevention. You have to develop a tumor or
 9 something and wind up in the hospital and pay 50
 10 times what you would for prevention. So I'm all
 11 for that. I'm a little fuzzy about how we
 12 wrestle with that issue --
 13 MR. HARP: Exactly.
 14 MR. HEAD: -- at our charge, but yeah, it
 15 is.
 16 Great job. Thank you so much.
 17 MS. BOWERS: I have a comment too. No, go
 18 ahead.
 19 MR. SIGLER: The Hispanic community -- I
 20 came out of the military with a wife and
 21 handicapped child. I was the minority. They
 22 were all Spanish. They took me, they trained
 23 me, they cared for me. I didn't get killed when
 24 I was there. I had some serious injuries. And
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1 then the good Lord directed me to labor
 2 relations.
 3 We have a Hispanic community here in
 4 Rochelle that is growing tenfold. And unless
 5 we're responsive to them, they're going to go
 6 elsewhere.
 7 MS. KNODLE: They're very appreciate that
 8 we are trying to be responsive to them. I have
 9 gotten interviewed, and they have put some --
 10 they have written some articles. So we're --
 11 MR. SIGLER: One comment to me I would
 12 make to you, and it's very positive, look to the
 13 church. Hispanic communities are very closely
 14 tied to the church. I would get the Monsignor
 15 to come out and see you before discharging them
 16 and say, Can you give them a break?
 17 Yes, they're tied very, very close to it.
 18 If you want to open doors, get the Father or the
 19 Monsignor on your side.
 20 MS. KNODLE: Absolutely.
 21 MR. HEAD: Dorothy?
 22 MS. BOWERS: Lynn made the comment that
 23 only 75 percent of the people in Ogle County use
 24 Serenity Hospice. I wish that number were
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1 100 percent. You have no idea what it's
 2 dealing -- how it is dealing with these other
 3 hospice associations. It's terrible.
 4 MR. SIGLER: I would like to hear about
 5 that some day.
 6 MS. BOWERS: If you call them, they
 7 respond immediately. If we have someone with a
 8 different hospice that passes away, it may be
 9 three, four, five, or never show up to help us
 10 with these. And Serenity is always right there
 11 when you call them. If we have any issues, with
 12 family or the resident, they're immediately
 13 there or have an answer for us right away.
 14 MR. HEAD: Very good. My hat's off to you
 15 and, again, your staff and your Board. You have
 16 got -- you are doing big stuff.
 17 MS. KNODLE: Thank you.
 18 MR. HEAD: Thank you.
 19 MS. GROENHAGEN: There's going to be a lot
 20 of changes in healthcare, as you mentioned. A
 21 lot of shakeups in the future.
 22 MR. HEAD: Yeah, it's moving. Thank you.
 23 MS. KNODLE: Thank you.
 24 MS. BOWERS: Tell your nurses Happy
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1 Nurses' Week.
 2 MS. DETER: That's right.
 3 MR. HEAD: Let's take a five-minute break
 4 before we get to HOPE's presentation.
 5 (A recess was taken at 8:05 a.m.)
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1 OGLE COUNTY
2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)

4 of)

5 Serenity Hospice and Home)

6 Ogle County, Illinois.) Ogle County
7) Sheriff's Office

8) Oregon, Illinois

9) May 9, 2017

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

18 Dated at Dixon, Illinois, this 9th day of
19 May, 2017.

20 *Callie S. Bodmer*

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

In Totidem Verbis, LLC (ITV)

Page 1

1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)
 4 of)
 5 Easter Seals Metropolitan) Ogle County
 Chicago-Rockford Region) Sheriff's Office
 6 Ogle County, Illinois) Oregon, Illinois
) May 11, 2017
 7)
 8)
 9 Testimony of Witnesses
 Produced and
 10 Examined on this 11th day
 of May, 2017,
 11 before the Ogle County
 Community Mental Health Board
 12)
 13)
 14)

15 BOARD MEMBERS PRESENT:

16 Kathleen Wilson
 William Sigler
 17 David Schier
 Lowell Harp
 18 Tracy Brooks
 Dorothy Bowers
 19 Nick Head, Chairman

20 Cecilia Zimmerman, Secretary
 21 Reporter: Callie S. Bodmer
 22)
 23)
 24)

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1 INDEX
 2 Page
 3 Easter Seals Metropolitan. 4
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 20 End. 26
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Page 3

1 MR. HEAD: If we can come back to our
 2 business, please.
 3 Let's go around and introduce ourselves
 4 for the benefit of the Easter Seals group, and
 5 if you could introduce yourselves as we get to
 6 your corner of the room.
 7 My name is Nick Head, and I am the
 8 President of the Mental Health Board.
 9 MS. BOWERS: Dorothy Bowers, Vice
 10 President and the County Board liaison.
 11 MR. SCHIER: Dave Schier, Board member.
 12 MR. HARP: Lowell Harp, Board member.
 13 MR. SIGLER: Bill Sigler, secretary/
 14 treasurer.
 15 MS. WILSON: Kathe Wilson, Board member.
 16 MS. BROOKS: Tracy Brooks, Board member.
 17 MS. ZIMMERMAN: Cecilia, recorder.
 18 COURT REPORTER: Callie. I'm the court
 19 reporter.
 20 MS. CURTIS: I'm Amy Curtis. I'm the
 21 chief financial officer for Easter Seals.
 22 MS. KURTZ: I'm Kathleen Kurtz. I'm the
 23 program manager for the Family Support Program.
 24 MS. MOOK: And I'm Patti Mook, family
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1 support specialist.
 2 MR. HEAD: It's your show. If you would
 3 like to start, wherever you would like to.
 4 MS. MOOK: Oh, okay. We were just --
 5 Kathleen and I were talking this morning on the
 6 way down, now, we don't remember how they do
 7 that. Do they ask us questions?
 8 So I guess I'll just go ahead and give you
 9 an overview.
 10 So Family Support Services works with
 11 families that have children with developmental
 12 disabilities. We do a lot of information and
 13 referral.
 14 I'm usually the first contact for people
 15 when they're wondering what they should be doing
 16 with their child or they just don't know where
 17 to go for services or community resources. So I
 18 will help them do that. And based upon our
 19 phone interview, I can, you know, figure out,
 20 you, know what other community resources we
 21 should be referring them to.
 22 We have our group trainings. So we do
 23 those throughout Winnebago, Boone and Ogle
 24 Counties. We do trainings with a couple of
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<p style="text-align: right;">Page 5</p> <p>1 other agencies, and that's in an effort -- you 2 know, everybody has to collaborate these days in 3 an effort to keep our costs down. So we do a 4 lot with autism support services, we co-host, 5 and we have been doing a lot more with Florissa, 6 which is the developmental center down in Dixon 7 that also serves Ogle County. Florissa is a 8 collaboration between KSB and Sinnissippi, and 9 so that's how they all got started.</p> <p>10 We do social activities. It's really 11 important for families that have children with 12 developmental disabilities to be able to get 13 out, meet other families. That's usually where 14 they find their best resources, but it's also a 15 great way for children with developmental 16 disabilities to work on their social skills and 17 developments.</p> <p>18 We also have parent mentors that are 19 available at the social events. So it's a 20 really great way -- again, like I said, the 21 networking is so important for our families.</p> <p>22 The Rochelle parent group meets down in 23 Rochelle, and they do -- their trainings are 24 geared more towards, you know, helping to reduce In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 7</p> <p>1 that. And in return, what we're going to be 2 doing is training staff, volunteer staff, at the 3 churches on how to work with children with 4 special needs.</p> <p>5 Because we want to make sure that families 6 have the ability to go and worship as well. And 7 a lot of times, families with children with 8 disabilities feel very isolated and they don't 9 feel welcome. Even though church is one of the 10 places where people should feel welcome 11 everywhere, unfortunately that doesn't happen.</p> <p>12 So we just want to make sure that those 13 volunteers are trained so they can welcome 14 children with open arms so that they have, you 15 know, another outlet for them to go to.</p> <p>16 We have our Respite program, and Respite 17 is probably our number one most-needed service. 18 Families with children with developmental 19 disabilities feel -- a lot of burnout goes on. 20 So what Respite is, is it's a break from your 21 caregiving duties. We want to make sure that 22 families have the ability to just take a break, 23 whether it's to just go for a walk. You know, 24 some of these parents haven't been on a date in In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 6</p> <p>1 stress. We do -- they haven't done so much of 2 the special-ed law trainings, because we have 3 doing most of that, but it's a nice -- it's on 4 Monday evenings, and they have child care 5 available. So that's been a great resource for 6 families in the area.</p> <p>7 Let's see. Just kind of wanted to go back 8 to that Family Engagement Committee. I don't 9 know if I have talked about that yet or not. 10 But that is a subcommittee that was out of the 11 Children's Care Collaborative, and the 12 Children's Care Collaborative is the combining 13 of the Community That Cares and the Rural Health 14 Network. So there's staff from Florissa, staff 15 from the Regional Office of Education. And what 16 we're working on is trying to figure out how we 17 can get families more engaged in Ogle County.</p> <p>18 And we're going to be -- a couple of the 19 other committee members have reached out to 20 churches, because we're like, Okay, what's 21 already going on? And so we're thinking about 22 partnering with those churches that already have 23 community meals, and then coming in and doing 24 some sort of a parent-child activity along with In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 8</p> <p>1 years. So we want to make sure that they can 2 get out and go do that. It might be that they 3 have a project that they need to work on at 4 home. Even just to exercise.</p> <p>5 You know, a lot of these kids need very 6 intensive, you know, one-on-one, where they 7 can't be left at all. So a lot of, you know, 8 families don't get the chance to do just the 9 things that, you know, we, you know, get to do.</p> <p>10 So we use all of our Respite hours every 11 month. There are 20 Respite hours that we allot 12 for with the families. You know, we would like 13 to increase that, because, as we all know, the 14 State is really cracking back and they're 15 really -- Milestone, which used to provide 16 Respite vouchers for families in Winnebago, 17 Boone and Ogle County, they're no longer, 18 because that portion that they received their 19 Respite dollars from the State has been 20 eliminated.</p> <p>21 So we are really experiencing -- we're 22 seeing, you know, how that -- those funding cuts 23 are really trickling down now. And I think that 24 this year is going to probably be the worst year In Totidem Verbis, LLC (ITV)</p>

<p style="text-align: right;">Page 9</p> <p>1 for everybody.</p> <p>2 So Respite is a very much-needed service.</p> <p>3 As you'll see, we have asked for an increase so</p> <p>4 we could at least add one more family to our</p> <p>5 roster here in Ogle County.</p> <p>6 And then we -- our Moms' Retreat weekends</p> <p>7 are a big part of our program. We actually just</p> <p>8 had our Galena last weekend, and we had eight</p> <p>9 moms from Ogle County attend. So last year we</p> <p>10 had four, so we have doubled that. So we're</p> <p>11 really increasing our efforts in terms of</p> <p>12 getting out there. You know, I'm sure you saw</p> <p>13 in the report too that we have increased our</p> <p>14 numbers just in terms of, you know, individual</p> <p>15 families that we serve as well too. So we are</p> <p>16 really making an effort to get our name out here</p> <p>17 in the community and making sure that, you know,</p> <p>18 families know where they can come to for</p> <p>19 resources.</p> <p>20 And, again, the retreat is just -- it's a</p> <p>21 great weekend. This last weekend it was so</p> <p>22 awesome to hear the moms just sitting and</p> <p>23 talking about the problems that they're</p> <p>24 experiencing, and everybody problem-solving and</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 11</p> <p>1 I don't know, that's all I got.</p> <p>2 MS. KURTZ: Yeah, you covered a lot.</p> <p>3 MS. MOOK: That's pretty much it in a</p> <p>4 nutshell.</p> <p>5 MR. HEAD: Let's go around. We're each</p> <p>6 going to ask a question or two, and then go</p> <p>7 around a second time if we need to.</p> <p>8 So let's start with you, Dorothy, this</p> <p>9 time.</p> <p>10 MS. BOWERS: I really don't have any</p> <p>11 questions.</p> <p>12 My son has received services from Easter</p> <p>13 Seals in the recent past, and we get to adopt a</p> <p>14 foster child with special needs on Wednesday.</p> <p>15 MS. MOOK: That's awesome.</p> <p>16 Congratulations.</p> <p>17 MR. HEAD: Congratulations, yeah.</p> <p>18 MS. BOWERS: I'm so excited.</p> <p>19 MS. MOOK: Wonderful.</p> <p>20 MR. SCHIER: My turn?</p> <p>21 MR. HEAD: Yeah.</p> <p>22 MR. SCHIER: I don't have a problem with</p> <p>23 the 3484 on the expansion -- program expansion</p> <p>24 of Respite.</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 10</p> <p>1 saying, Hey, have you tried this? Have you</p> <p>2 tried that? And just the support that they</p> <p>3 receive is really phenomenal.</p> <p>4 And then, you know, we always have that</p> <p>5 component of an educational or an inspirational</p> <p>6 speaker. At our Rockford retreat, because we</p> <p>7 are in one location, we're able to add, you</p> <p>8 know, an exercise class, a healthy cooking</p> <p>9 class, we're able to have a chiropractor come in</p> <p>10 and we do meditation. So it's all that kind of</p> <p>11 stuff that leads to good mental health and to</p> <p>12 prevent the families from, you know, breaking</p> <p>13 down, which is what happens.</p> <p>14 You know, and the six keys to mental</p> <p>15 health are social connections, being active,</p> <p>16 managing stress, a healthy diet, quality of</p> <p>17 sleep, and meaning and purpose of life. And,</p> <p>18 you know, I really feel that's -- you know, our</p> <p>19 retreats touch on all of those.</p> <p>20 I mean, and sometimes we don't even see,</p> <p>21 you know, a couple of the moms because all they</p> <p>22 do is they come and sleep because they're so</p> <p>23 sleep deprived, you know, that they're on, you</p> <p>24 know, 24/7.</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 12</p> <p>1 I love the pictures that matched the Board</p> <p>2 members. I don't know if anybody else is doing</p> <p>3 that. Your application's come along super.</p> <p>4 And I understand that the 15,770, Ogle</p> <p>5 County United Way, that's still pending?</p> <p>6 MS. KURTZ: Correct.</p> <p>7 MR. SCHIER: I have no questions.</p> <p>8 MR. HARP: I have a question about Exhibit</p> <p>9 2, Item 2. Winnebago gets almost \$70,000 from</p> <p>10 federal funds, it says, but Ogle and Boone get</p> <p>11 none. I just need to understand what that's all</p> <p>12 about.</p> <p>13 MS. MOOK: What page is that, Lowell?</p> <p>14 MR. HARP: It's Page --</p> <p>15 MS. WILSON: At the bottom of 26.</p> <p>16 MR. HARP: Yeah, I didn't number the pages</p> <p>17 like I usually do. It's Exhibit 2, 2.</p> <p>18 MS. KURTZ: That's the amount that we get</p> <p>19 from DHS, the federal -- a grant that comes in.</p> <p>20 And that's basically the amount that we use</p> <p>21 overall from the program to pay the salaries.</p> <p>22 We don't use that amount to pay the salaries for</p> <p>23 this program -- we don't use the amount that you</p> <p>24 all give us to pay the salaries for this</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>

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1 program; we use it for direct services.
 2 So the 69,740 that we get from DHS is used
 3 for all the other things that support the
 4 program. So that's the salaries, that's our
 5 rent, that's our copiers, that's all the other
 6 things.
 7 MR. HARP: So we are kind of benefitting
 8 from that funding?
 9 MS. KURTZ: Oh, absolutely.
 10 MS. MOOK: Absolutely.
 11 MS. KURTZ: Right.
 12 MS. MOOK: That keeps me. Yes. Yes.
 13 MS. KURTZ: That's all those other things,
 14 fringe benefits and things like that.
 15 MS. MOOK: And, you know, we're utilizing
 16 our technology, you know, a lot more as well
 17 too. So, I mean, that's part of the cost, is
 18 our technology costs. You know, we have even
 19 started -- like, with Florissa, we have started
 20 doing some teleconferences as well too. So we
 21 might not necessarily have a presenter on site,
 22 but we have presented -- we had a wonderful
 23 wandering -- you know, a lot of children with
 24 autism are wanderers. So we had somebody from
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1 out east who was a phenomenal speaker, and she
 2 was able to present and show -- you know, talk
 3 about how you prevent that and what do you do
 4 when you do do it, and they have some amazing
 5 resources.
 6 I believe it's called the Big Red Box, and
 7 it's a kit that families can actually get to --
 8 and has a ton of resources in it.
 9 So, you know, as we go further, you know,
 10 we'll be starting to utilize those types of
 11 resources, the technology like that, which does
 12 come at a cost.
 13 MR. HARP: Okay. That's good to know.
 14 Thank you.
 15 MR. SIGLER: Have you -- and I was using
 16 somebody else's glasses.
 17 Have you been recertified? On Page Number
 18 6, you note that you were awaiting
 19 certification, and I assume that's critical for
 20 your operations during the month of May. Have
 21 you received that yet?
 22 MS. CURTIS: Yes, we have.
 23 MR. SIGLER: You have been recertified?
 24 MS. CURTIS: Yes.
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1 MR. SIGLER: I guess if I have a
 2 criticism, and it's a very positive criticism,
 3 if you turn back to your success story -- I read
 4 it. I don't like numbers, but then I flip back
 5 to numbers. And I saw that you wanted to add
 6 one more family. Why only one? And I'm serious
 7 now. Why only one? If this is a success story,
 8 and I don't doubt what you have written here is
 9 a fact, you saved a life. And now we look at
 10 only increasing your request to us by one
 11 family. Why?
 12 MS. MOOK: Well, this came from our
 13 retreat.
 14 MR. SIGLER: Yes, ma'am.
 15 MS. MOOK: Yes. So in terms of the
 16 Respite, why are we only asking for one?
 17 MR. SIGLER: Only one, yes, ma'am. That's
 18 just as important.
 19 MS. MOOK: Oh, absolutely. I mean, we
 20 would love to maybe add five more.
 21 MR. SIGLER: For 55 years my daughter and
 22 I and my wife, we go everywhere together because
 23 there is no Respite. Now it's a case of, You
 24 don't get us without Tammy. But it's -- this is
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1 important.
 2 MS. MOOK: Okay. Can we ask for more
 3 then?
 4 MR. SIGLER: Yes.
 5 MS. CURTIS: We forgot a zero on the end.
 6 MS. BROOKS: There you go, just add zeros.
 7 MR. SIGLER: I understand the concept of
 8 Respite. We have been blessed because of family
 9 members like my daughter, my son, who have taken
 10 Tammy on the weekends that we can get away, but
 11 there are many families that don't have this
 12 ability.
 13 MS. MOOK: Right.
 14 MR. SIGLER: And you provide it.
 15 MS. MOOK: Yes.
 16 MR. SIGLER: Is it actually a mental
 17 health issue?
 18 MS. MOOK: Uh-huh.
 19 MR. SIGLER: It is. In fact, I believe
 20 it -- not believe. It is.
 21 MS. MOOK: It is.
 22 MR. SIGLER: And I see what you have got
 23 here, and I fully support it. That's all the
 24 questions I've got. I fully support you. It's
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1 nice to see you again too.
 2 MS. MOOK: Thanks. You too.
 3 MR. HEAD: So if I can paraphrase what
 4 you're asking, Bill, you're asking, what's the
 5 unmet need that might be served with additional
 6 funding?
 7 MR. SIGLER: Absolutely.
 8 MS. MOOK: Of course we would welcome more
 9 funds so that we could expand even more. I
 10 guess we are just kind of thinking about, you
 11 know, there's other agencies, don't want to be
 12 greedy. But, you know, sure, if we can have
 13 more money, we'll welcome it.
 14 MR. SIGLER: I'm hearing that from other
 15 agencies too.
 16 MS. BROOKS: Last year you had a waiting
 17 list. Do you still have a waiting list for Ogle
 18 County?
 19 MS. MOOK: We have had a waiting list
 20 since this program opened in 2009. The reason
 21 is, we will have some families that do drop off
 22 because it's kind of -- when we very first
 23 started it, it was kind of to catch those
 24 families that were maybe waiting for the
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1 Department of Rehabilitation services to kick
 2 in. Once they got that, you can't double dip.
 3 You can't do both, you know, right?
 4 But we're finding with the Department of
 5 Rehabilitation Services, they're very -- they're
 6 narrowing their criteria for eligibility. So a
 7 lot of those kids don't fall -- because they're
 8 really also looking at the component of a
 9 physical disability and an intellectual
 10 disability combined. Kids with autism don't
 11 fall into that. So that's really where we're
 12 picking up, are a lot of the families that don't
 13 meet the criteria for DORS anymore. Like I
 14 said, Milestone is no longer an option.
 15 MS. BROOKS: Do you know how long the
 16 waiting list is for Ogle County?
 17 MS. MOOK: I can't really tell you how --
 18 MS. BROOKS: Less than ten? More than
 19 ten?
 20 MS. MOOK: Are you asking me how many
 21 people are on it?
 22 MS. BROOKS: Yeah, how many people.
 23 MS. MOOK: Right now I have two from Ogle
 24 County.
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1 MR. HEAD: Do you think there's more than
 2 that?
 3 MS. MOOK: Oh, there's a lot more out
 4 there.
 5 MR. HEAD: How do you identify the need
 6 for more families that would be served by
 7 Respite?
 8 MS. MOOK: You know, it's through talking
 9 with other providers. I know that Amy that's on
 10 the 708 Board, she's identified a couple
 11 families to me that could benefit from it. So,
 12 you know, it's really just making sure that we
 13 get that information out there. But we would be
 14 able to identify families, especially the
 15 families that are, you know, rural. I think
 16 that they're the ones that really need, you
 17 know, the help, because, you know, they're even
 18 more isolated. It's not so much because of
 19 where they live, you know, in addition to, you
 20 know, having a child with a disability and not
 21 getting out and about.
 22 MR. HEAD: I don't think our charter is to
 23 look for ways to spend money. On the other
 24 hand, you -- I really found your breakout, on
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1 21, of paying for services really helpful, and
 2 it looks like we're getting a tremendous deal,
 3 you know, for what you provide.
 4 MS. MOOK: Right.
 5 MR. HEAD: And if -- I believe in Respite
 6 services. My mom had dementia before she died,
 7 and my wife and I tried to take care of her.
 8 Boy, that lasted about two weeks.
 9 MS. CURTIS: It's hard.
 10 MR. HEAD: It's significant. So if you
 11 have some reasonable way to identify unmet
 12 needs, let us know that.
 13 MS. MOOK: Okay.
 14 MR. HEAD: I'm speaking for myself
 15 personally, not the Board overall.
 16 MS. MOOK: Right.
 17 MR. HEAD: It would be helpful if -- I
 18 don't know, I love little tabs. I'm probably
 19 one of the biggest supporters of OfficeMax and
 20 Office Depot around, but it would be helpful if
 21 you had a table of contents of some kind.
 22 MS. MOOK: Oh, okay.
 23 MR. HEAD: Even broad categories. So if I
 24 wanted to hone in on services provided, services
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1 needed, funds asked for, I could do that.
 2 MS. MOOK: Okay.
 3 MR. HEAD: The other thing is, we look at
 4 effectiveness of providing those services. You
 5 know, you have got all the certifications and
 6 quality standards and documentation, I think, to
 7 establish that, so well done.
 8 MS. MOOK: Thank you.
 9 MR. HEAD: I don't have any other comments
 10 or questions.
 11 Oh, I'm sorry, Kathe. I apologize. We
 12 blew right by you.
 13 MS. BROOKS: That was my fault. I jumped
 14 in.
 15 MS. WILSON: I'm really confused. I'm
 16 trying to do math. Okay. So I just -- I just
 17 doubled, you know, the number of program
 18 expansion. It still comes out to under
 19 1 percent, I think.
 20 So anyway, yes, I agree that the Respite
 21 service does definitely need to be expanded, and
 22 I'm in favor of it.
 23 I think you put down the cost of -- and
 24 the average is 240 hours per family, which is
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1 under five hours per week. And if I only had
 2 five hours per week to myself, I don't know if I
 3 can handle it. I'm spoiled.
 4 MS. MOOK: A little bit of my time is put
 5 into that, and the reason for that is -- and I
 6 forgot to speak to this. You know, sometimes
 7 there are issues that come up between a Respite
 8 provider and a family, and it's usually a family
 9 that's identifying it like, Well, I feel like my
 10 Respite provider doesn't want to work anymore or
 11 whatever, or can I get this? Can my son do
 12 Respite? And so I'll actually be that kind of
 13 go-between person so that, you know, I can open
 14 up those lines of communication and figure out,
 15 What's the real issue that's going on here?
 16 Most of the time it is purely a lack of
 17 communication.
 18 You know, and in the past too I have spent
 19 a lot of time with, you know, one family that
 20 had DCFS involvement, and so we wanted to make
 21 sure that our Respite provider was safe and
 22 protected. We want to make sure that we keep
 23 the current Respite providers in place because
 24 then there's a continuity of care, but then it
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1 also reduces our costs. Because if you have a
 2 revolving door for Respite providers, I mean,
 3 that comes with costs, because we do -- you
 4 know, we drug screen, we fingerprint, and that
 5 all comes with costs.
 6 Once we get somebody in there, of course
 7 if it's a child with high needs, we always want
 8 there to be an extra provider so that, you know,
 9 they can't, you know, not use their hours, but
 10 we want to make sure that the current people
 11 that are in employment stay in employment. You
 12 know, it's just better for the family and for us
 13 fiscally.
 14 MR. HEAD: Your agency and Village of
 15 Progress both serve people with special
 16 developmental needs. Where do you overlap?
 17 What's similar? What's different?
 18 MS. MOOK: We don't. They're more of an
 19 adult provider facility, and we're -- my program
 20 is basically looking at birth through 21.
 21 MR. HEAD: Gotcha.
 22 MS. MOOK: Okay. We do -- you know,
 23 again, we're doing trainings and, you know, the
 24 Village doesn't necessarily do community
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1 trainings. But we did partner with them, and
 2 they opened up their building and we had a
 3 futures planning. And I imagine that, you know,
 4 I'll be asking them to use their building more
 5 in the future. I'll also be asking them when it
 6 comes, like, to the Mom's Retreat to bring us
 7 some baked goods, you know, and using their new
 8 bakery and things like that. So we don't at
 9 all. We don't overlap --
 10 MR. HEAD: Okay.
 11 MS. MOOK: -- at all, actually. Yeah,
 12 there is no duplication.
 13 MS. WILSON: On Page 25 there was nothing
 14 under Program. I'm assuming that's Family
 15 Support Services?
 16 MS. MOOK: I'm sorry, Kathe, what was your
 17 question?
 18 MS. WILSON: On Page 25, under Program,
 19 there's nothing there. I'm assuming the numbers
 20 you gave --
 21 MS. MOOK: That's my program.
 22 MS. WILSON: And your program is called?
 23 MS. MOOK: Family Support Services.
 24 MS. WILSON: Thank you. All right.
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1 That's all I've got. Thank you.
 2 MR. HEAD: Do we have any other questions?
 3 MS. ZIMMERMAN: Just because you're alone,
 4 Tracy, doesn't mean you can't --
 5 MS. BROOKS: No, I already threw mine out
 6 there.
 7 MR. HEAD: Got your gloves on, you're
 8 ready to go.
 9 MS. BROOKS: It's freezing in here.
 10 MR. HEAD: Thank you so much for being
 11 with us. We look forward to working with you
 12 next year.
 13 MS. MOOK: Okay. Great. Thank you.
 14 (A discussion was held off
 15 the record.)
 16 MR. HEAD: Let's recess.
 17 (The hearing was concluded at
 18 8:56 a.m.)
 19
 20
 21
 22
 23
 24

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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In the Matter of the Application)
 4 of)
 5 Easter Seals Metropolitan)
 Chicago-Rockford Region) Ogle County
 6) Sheriff's Office
 Ogle County, Illinois.) Oregon, Illinois
 7) May 11, 2017
 8
 9 I, Callie S. Bodmer, hereby certify that I
 10 am a Certified Shorthand Reporter of the State of
 11 Illinois; that I am the one who, by order and at the
 12 direction of the Chairman, Nick Head, reported in
 13 shorthand the proceedings had or required to be kept
 14 in the above-entitled case; and that the above and
 15 foregoing is a full, true and complete transcript of
 16 my said shorthand notes so taken.
 17 Dated at Dixon, Illinois, this 14th day of
 18 May, 2017.

Callie S. Bodmer

20
 21 Callie S. Bodmer
 Certified Shorthand Reporter
 Registered Professional Reporter
 22 IL License No. 084-004489
 IA License No. 1361
 23 P.O. Box 381
 Dixon, Illinois 61021

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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In the Matter of the Application)
 4 of)
 5 Sinnissippi Center, Inc.) Ogle County
 6 Ogle County, Illinois) Sheriff's Office
) Oregon, Illinois
) May 11, 2017

7
 8
 9 Testimony of Witnesses
 10 Produced and
 11 Examined on this 11th day
 12 of May, 2017,
 13 before the Ogle County
 14 Community Mental Health Board

15 BOARD MEMBERS PRESENT:
 16 Kathleen Wilson
 17 William Sigler
 18 David Schier
 19 Lowell Harp
 20 Tracy Brooks
 21 Amy Stephenitch
 22 Dorothy Bowers
 23 Nick Head, Chairman
 24 Cecilia Zimmerman, Secretary
 Reporter: Callie S. Bodmer

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 20 End. 62
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1 MR. HEAD: Will you do roll call, please.
 2 (Roll call was taken.)
 3 MR. HEAD: All right. Well, let's quick
 4 go around, just to introduce ourselves. And I'm
 5 Nick Head, President of the Mental Health Board.
 6 And go to you.
 7 MS. BOWERS: Dorothy Bowers, Vice
 8 President of the Mental Health Board and Ogle
 9 County Board liaison.
 10 MR. SCHIER: Dave Schier, 708 Board
 11 member.
 12 MR. HARP: Lowell Harp, member.
 13 MR. SIGLER: Bill Sigler, and I am the
 14 secretary/treasurer of the 708 Board.
 15 MS. WILSON: Kathe Wilson, member.
 16 MS. BROOKS: Tracy Brooks, member.
 17 MS. STEPHENITCH: Amy Stephenitch, member.
 18 MS. ZIMMERMAN: And recorder.
 19 MR. HEAD: And we have a court reporter
 20 here with us today.
 21 COURT REPORTER: Callie Bodmer. I am the
 22 court reporter.
 23 MR. HEAD: And could you introduce
 24 yourselves?
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1 MR. PHALEN: Patrick Phalen, President. I
 2 know you get to see me all the time, but these
 3 special occasions I bring friends.
 4 MS. KEMP: I'm Stacie Kemp. I'm the chief
 5 clinical officer.
 6 MS. WHITE: I'm DeAnne White, chief
 7 operations officer.
 8 MS. DEEN: Shannon Deen, associate
 9 director of child and adolescent services.
 10 MR. PHALEN: Shannon's role is -- if you
 11 remember Shannon from a few years ago, Shannon
 12 was a supervisor of the Oregon office, then we
 13 promoted her, moving up the ranks, and now she's
 14 -- part of her job is being back in charge of
 15 the Oregon office. So it comes full circle.
 16 Used to be her full-time job, now it's just
 17 part-time.
 18 MS. BOWERS: She likes Oregon.
 19 MS. DEEN: I know. Can't get enough of
 20 it, so.
 21 MR. HEAD: Well, before we jump into
 22 considering your application for Sinnissippi,
 23 Dave and I were talking a little bit before.
 24 Could you kind of sum up what we were talking
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1 about?

2 MR. SCHIER: I forgot what we were talking

3 about. Give me a hint.

4 MR. HEAD: We were talking about when it

5 comes time to make decisions.

6 MR. SCHIER: Oh. Yeah, if maybe three or

7 four Board members have the amounts of money

8 broke down and can make copies. I'm not going

9 to do it, but if -- so that we -- and so we can

10 all look at maybe three different copies of how

11 you would -- different members would break it

12 down according to, you know, what you would

13 think about giving to each agency. Because

14 they're going to all three be different. And so

15 we can look at them and discuss that before we

16 start making motions and stuff.

17 MR. HEAD: So instead of just having one

18 copy that you prepare a draft for as kind of a

19 strong (inaudible), we kick it around a little

20 bit so just make it an up/down vote on a

21 particular budget that comes -- you know, kind

22 of have a richer conversation before we make

23 decisions.

24 I would like to proceed that way. I know
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1 we try to make these decisions under time

2 pressures, but they're important decisions, and

3 I think a little conversation at the front end

4 would be good.

5 Anybody else have thoughts about that?

6 MS. BOWERS: Cecilia, are you going to do

7 the sheets like we have done them in the past?

8 MS. ZIMMERMAN: (Nods head.)

9 MS. BOWERS: Thank you.

10 MR. HEAD: Can you remind me what that is;

11 the sheets?

12 MS. BOWERS: She does a breakdown of what

13 they have gotten in the years past and what

14 they're requesting this year, and then over on

15 the right-hand side is a comments section about

16 how much we actually approve for them.

17 MR. HEAD: Okay. And if there's room on

18 the right-hand side, maybe even to make some --

19 our own notes.

20 MS. BOWERS: Sure.

21 MS. ZIMMERMAN: That's what it's for.

22 MS. BOWERS: That's what it's for.

23 MR. HEAD: Yeah. Okay. Any other points

24 before we proceed to Sinnissippi's application?
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1 All right. Patrick, it's your show.

2 MR. PHALEN: All right. Thank you. Well,

3 thank you, as always, for having us. You know,

4 because I don't do it enough, I always like to

5 take this opportunity to thank you all for your

6 dedication and service to this Board. I know

7 the paychecks are huge and a big motivator,

8 but -- no, you give a lot of time. And it's not

9 just coming here to these meetings, you know,

10 once a month. It's -- you know, this group

11 really has been dedicated to making services

12 better in our community. So thank you very

13 much.

14 So as you look at this year's

15 application -- and I won't go into a lot of

16 detail on a lot of this, because essentially the

17 continuing funding looks a lot like the last few

18 years. You know, we're asking for very similar

19 amounts to support our outpatient mental health

20 and substance abuses, our crisis services, our

21 myriad of kids' services, you know, with the --

22 whether that's the Healthy Family Program that

23 serves at-risk or first-time moms and their kids

24 to, again, outpatient services, family services
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1 for kids, you know, our system of care-building

2 work that we're doing all across the spectrum.

3 Of course, our residential services. I was

4 going to say crisis -- crisis I already

5 mentioned. And then psychiatric services, which

6 is a point I'll talk a little bit more here in a

7 couple minutes.

8 The new piece in this year's application

9 that I did want to spend a few minutes talking

10 about is this concept of Recovery Home. So I

11 don't know if you have heard this term before.

12 It's a not a term that a lot of folks use. It's

13 a State of Illinois term actually. So what you

14 might hear is a sober home or halfway house or

15 terms like that. But this is a residence that

16 we are looking to establish to support

17 individuals who are coming out of inpatient and

18 substance abuse treatment. So they go off to

19 Rockford or Bloomington or Chicago for 30 days

20 of inpatient treatment, come back to the

21 community, where they're here homeless many

22 times, crashing on a family member's couch,

23 crashing on a friend's house, or they have got a

24 home to go back to but it's a home where
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1 everybody else is getting high or drinking or
 2 whatever that is, and they need a sober
 3 environment.
 4 So DASA, the Department of Alcoholism and
 5 Substance Abuse, supports these recovery homes
 6 to a certain extent. So when we first had our
 7 phone call with DASA a couple months ago and
 8 said -- well, what we said was, We've got a lot
 9 of needs in the community and we want to address
 10 the substance abuse treatment and Recovery Home
 11 and detox. They said, Whoa, whoa, slow down.
 12 You know, let's take one thing at a time.
 13 They were able to say that they would
 14 dedicate some additional funds to pay a per diem
 15 rate for these individuals that stay in this
 16 Recovery Home. However, that per diem rate is
 17 very low. And they said, you know, This doesn't
 18 cover the cost of doing this. You're going to
 19 have to go out and find other dollars to support
 20 this.
 21 So at the end of the day, depending on
 22 which version of the budget you look at, 75,
 23 80,000 that we knew we needed to recoup from
 24 other services. So we're looking at the 708
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1 Board, to the 553, to the United Way to help us
 2 pick up that last little bit.
 3 So the services at the Recovery Home,
 4 essentially somebody comes in for a -- somewhere
 5 between a three- to nine-month stay. There's a
 6 little bit of variability there, depending on
 7 what their need is. They have intensive
 8 services, both in the Recovery Home and then
 9 back at the Sinnissippi office. So they're in
 10 an existing intensive outpatient group where
 11 they come for 15 hours a week. They might go to
 12 that Sinnissippi office to get that. But the
 13 24-hour-a-day staff at the Recovery Home will
 14 also provide intensive support throughout the
 15 rest of that day, with the idea that by the time
 16 that they leave us, we're going to have stable
 17 housing for them; if they needed a job, we're
 18 going to have them on their way to a job; if one
 19 of the challenges is they need their driver's
 20 license back because they lost that, we're going
 21 to be assisting with those kinds of things; and
 22 then transitioning them back out in the
 23 community.
 24 I think there's a lot of need for this in
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1 our communities. And with some of the efforts
 2 that are going on, like our Safe Passages
 3 efforts, where we're moving people around the
 4 juvenile justice system and right into
 5 treatment, we find that one of the interesting
 6 side effects is that the services are less for
 7 them, because they're not being arrested,
 8 they're not going to jail, they're not mandated
 9 by probation to go to treatment. And so one of
 10 the side effects is, we need some more things in
 11 place for these folks. So that's where the
 12 Recovery Home comes in.
 13 So that's the very brief version.
 14 We are, at the moment, looking at
 15 buildings. I believe we have got one we may be
 16 able to lease, which would be a perfect solution
 17 for us to try this out for the next couple of
 18 years and see what our volume is going to be and
 19 writing policies and so forth. So we're looking
 20 at somewhere between third and fourth quarter of
 21 this calendar year to get this thing started.
 22 So that's the Recovery Home. That's the
 23 added piece that you see.
 24 You know, we always talk a little bit -- I
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1 never want to make it a sob story, but, you
 2 know, it's, of course, been another interesting
 3 year in the state of Illinois. One of the
 4 things that we're still smarting from is the
 5 loss of two big grants at the beginning of not
 6 this fiscal year but last fiscal year, where we
 7 lost \$350,000 to support psychiatry and then
 8 \$225,000 to support services for individuals
 9 without any kind of insurance coverage, Medicaid
 10 or anything.
 11 Of course, we're still challenged with
 12 lack of payments. You know, we had our CFO
 13 checking last night, and we try to keep up on
 14 this number. People ask all the time. If
 15 there's no further appropriation, we have got
 16 about \$820,000 worth of grant funding by June
 17 30th that there's no -- the State has no means
 18 to pay us, and so we just -- we don't know. You
 19 know, we continue to hope and watch what's going
 20 on in Springfield, but it's a little bit
 21 disheartening most days.
 22 MS. STEPHENITCH: Did you say 820?
 23 MR. PHALEN: About 820. So that's what it
 24 will be. You know, that's just grant funding.
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1 That's not our Medicaid fees for service funding
 2 and things. That's what we know there's no
 3 State appropriation to pay us right now.
 4 So we have got those challenges certainly.
 5 We also -- I think the bigger challenges have
 6 been side effects of the situation. Talk about
 7 psychiatry, and we are, in August, losing our
 8 mid-level provider who's full-time. We lost a
 9 mid-level provider last year. We had to go to
 10 telepsychiatry services. And the challenge with
 11 this is, the telepsychiatry is not ideal, but
 12 because there's such a shortage of providers,
 13 and then when there's a shortage of providers,
 14 the tele-site companies step in and say, We can
 15 offer you the services.
 16 Then the providers say, Well, I would like
 17 to sit around in my pajamas and -- now, they're
 18 wearing a tie on top. I don't know if they're
 19 wearing pajamas pants or wearing whatever -- but
 20 I would like to sit in my home and drink my
 21 coffee and pet my cat and do my work. And
 22 they're able to do this, and for pretty good
 23 compensation.
 24 The challenge is not only is it not ideal
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1 for agencies like ours, but it also -- I mean,
 2 the cost can be as much as twice as having
 3 somebody on-site as a full-time physician.
 4 You know, out here in the rural areas, we
 5 have been recruiting for how many months,
 6 DeAnne? 15, maybe?
 7 MS. WHITE: Almost two years.
 8 MR. PHALEN: Longer than 15. I lose
 9 track.
 10 -- but have no viable candidates. There's
 11 jobs in Chicago, there's jobs in wherever, and
 12 there's such need that, you know, why move to
 13 Oregon, Illinois? I tell people, Because it's
 14 wonderful out here. But, you know, that's hard
 15 to impress upon them.
 16 You know, the other challenge that we
 17 already really have been struggling with is --
 18 you know, is retaining staff throughout these
 19 challenges. People are scared about what the
 20 future means. You know, people are leaving the
 21 field. People are leaving the state. And we
 22 are -- as a community mental health center, we
 23 meet with community mental health centers across
 24 the state that are at a significant disadvantage
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1 to other providers.
 2 So it's wonderful that the prison in Dixon
 3 has started significant mental health
 4 programming in their prison. Wexford Health,
 5 who has the State contract there, is able to pay
 6 their clients twice what we are. You know, so
 7 it's becoming another struggle.
 8 So we're going to be looking very
 9 seriously in the next -- say, the next year or
 10 the next couple weeks, How do we try to put in
 11 some additional benefits to try to retain folks?
 12 Because we know for every clinician we lose, it
 13 costs us 40 to \$50,000 in lost revenue in
 14 training somebody else.
 15 So that's the sad news. Enough of the sad
 16 news. But over the next year, just a couple of
 17 highlights, that Recovery Home is a big one for
 18 us. You know, a lot of what we're doing right
 19 now is trying to expand out in the community
 20 with more locations and primary health. We've
 21 formed more locations in the schools, which has
 22 been received just wonderfully. The schools are
 23 lining up too, and, you know, now we have to
 24 figure out staff to send into the schools to
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1 serve them.
 2 We have got a program with Crest Foods
 3 where we have got somebody on site out there to
 4 serve their employees. I think the future of
 5 mental health services, especially in addictions
 6 as well, is not somebody sitting in an office,
 7 waiting for folks to get to them. It's getting
 8 out to where people are, getting out to the
 9 natural environment, getting away from some of
 10 the stigma that's associated with coming to
 11 Sinnissippi.
 12 One of the big things -- we had a great
 13 forum last night in Dixon. And Nick and I and
 14 others talked about, How do we do some education
 15 and advocacy in Ogle County as well? I mean,
 16 that's -- we not only serve individuals and
 17 families, but our communities. And that's one
 18 of the things that we want to focus on a lot in
 19 the coming year, coming decade, is that.
 20 Then lastly, I just wanted to mention our
 21 Trauma Informed Care initiatives. We talked
 22 about this a little bit. But we all had this
 23 training -- and by "all," all of our staff:
 24 maintenance staff, clerical staff, everybody --
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1 had a training on Trauma Informed Care and what
 2 that means.
 3 Trauma Informed Care means that noting
 4 that everybody -- not everybody -- the vast
 5 majority of the folks that we serve have had
 6 traumas in their lives, traumatic events, and
 7 that impacts how they view the world and how
 8 they view treatment. And so not only does that
 9 mean doing treatment differently, but it means
 10 changing all of our policies and procedures.
 11 You know, there were things that we did in
 12 the past that -- you know, we'd get a look at
 13 things for trauma informed plans and we didn't
 14 like very much; the policies around, you know,
 15 whether it be fees or termination of treatment.
 16 You know, we got, at some point, a bad
 17 representation in the community for turning
 18 folks away for treatment. We are now correcting
 19 all of the sources with that.
 20 You know, people come in and in their
 21 barrier to applying for services and applying --
 22 I don't like that word, but that's the word
 23 people have been abusing -- it's not that they
 24 don't want the help; it's that they have
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1 symptoms that they come to us with, they're the
 2 exact reason they're coming to us, and we want
 3 to make sure we're doing a better job of gauging
 4 them and, you know, not putting limits on them.
 5 So the Trauma Informed Care initiative has
 6 just been -- I thought I got it. I thought, I
 7 understand this stuff. But it's opened my eyes
 8 to a lot of things.
 9 So scary next year, exciting next year.
 10 And with that, you know, I know you folks will
 11 have questions, and hopefully we will be able to
 12 give you good answers to all of them. But
 13 that's where we're at, and we'll look back at
 14 the last year and we'll look forward.
 15 MR. HEAD: Thank you, Patrick. I think
 16 that as a Board we decided last time that what
 17 we're going to do is, we're going to go around
 18 and each of us ask a couple questions, and you
 19 know, one by one. So that puts a notice on us
 20 to think about what our most important two
 21 questions are and limit ourselves to two
 22 questions, and then come back. We want to make
 23 sure this is a complete and inclusive decision.
 24 So, Amy, with that forewarning, put the
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1 light on you. I think you have a couple of
 2 questions you want to ask the panel.
 3 MS. STEPHENITCH: Well, I take a
 4 particular interest in the mental health in the
 5 schools, and you -- you know, in particular, we
 6 always welcome and we love to see the
 7 initiatives that are, in particular, talking
 8 about trauma.
 9 You mentioned staffing and that may be
 10 being a challenge. Is that still -- is it the
 11 case, getting therapists available to come into
 12 the schools, or there are barriers that kind of
 13 lead them into that direction?
 14 MR. PHALEN: I'll probably let DeAnne talk
 15 to this ad nauseam, but it always is a barrier
 16 for us to do everything we want. So, you know,
 17 I think when it comes to things like working in
 18 the schools, some of those kids we might have
 19 seen in our office, but it opens up a whole new
 20 group of individuals, of kids and families, that
 21 we wouldn't have seen otherwise. So it does
 22 take additional manpower.
 23 And so we're sort of doing that one by
 24 one. You know, we started with -- we have had
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1 some existing -- you know, something we called
 2 student assistance programs -- they are a little
 3 bit different -- in, boy, Oregon --
 4 MS. DEEN: Oregon High School, DLR,
 5 Rochelle. Those are the ones in Ogle County.
 6 MR. PHALEN: Amboy in Lee.
 7 MS. DEEN: Yeah.
 8 MR. PHALEN: Then we moved into Dixon High
 9 School and Reagan Middle School, Challand over
 10 in Sterling, and now Chana is next on the list.
 11 So it is -- we are slowly, you know, getting
 12 into the -- and really trying to talk to the
 13 schools. Yeah, please, you know, we want you
 14 there. Then we'll convince the rest of them
 15 later on.
 16 MS. DEEN: I was a part of the discussion
 17 going to Chana, and the level of enthusiasm was
 18 great. Like, it's really exciting to consider
 19 getting in there, because those youths are also
 20 the ones that tend to be the higher utilizers of
 21 our in-office services and the youth that have
 22 the more significant need within our, you know,
 23 county.
 24 MS. STEPHENITCH: Thank you.
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1 MS. BROOKS: I don't have any questions
 2 yet. One might pop up when they're talking.
 3 MR. PHALEN: Sure.
 4 MS. WILSON: Hi. I really don't have a
 5 lot of questions. I'm just -- when I saw that
 6 Recovery Home in Oregon, I'm like, Yeah. It
 7 doesn't say in Oregon, but Recovery Home
 8 for Ogle County.
 9 MS. BROOKS: That was a question I did
 10 have. Will that be in Oregon?
 11 MR. PHALEN: I have got a good lead on a
 12 building that happens to be in Dixon. Now, we,
 13 of course, will take individuals from all over
 14 the four-county area, but yes.
 15 MS. WILSON: I'm just really glad to see
 16 that. I think that the time has been coming for
 17 a long time and probably been here for a while,
 18 and I appreciate that you're doing that.
 19 I was glad to see in your financial
 20 statement, Page 46, that internal control has no
 21 weaknesses or deficiencies. I know that that
 22 was an issue at one point, and I'm glad to see
 23 that that has been rectified.
 24 Congratulations on all that you do and on
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1 a nice presentation.
 2 MR. PHALEN: Thank you. I appreciate you
 3 mentioning the internal controls issue. You
 4 know, we had what we always call the Rita
 5 Crundwell Funding. Because of that and other
 6 situations that have happened, smaller
 7 organizations that aren't -- that can't afford
 8 to have a lot of folks in their accounting
 9 departments come under scrutiny because, you
 10 know, Teresa, our CFO, for example, has a lot of
 11 authority over a lot of things.
 12 So over the course of the last four years,
 13 since I have been here, I came in, I said, We're
 14 getting rid of it. It's been here for four
 15 years or whatever it is. We're getting rid of
 16 it. And this is the first year it's gone.
 17 It took putting 30-some-odd new policies
 18 and procedures and processes in place to do it.
 19 It means that I review every journal entry that
 20 our CFO makes in the accounting system, and that
 21 takes hours, but it's gone.
 22 So thank you for mentioning that.
 23 MS. KEMP: I appreciate your comment about
 24 the Recovery Home as well, because that's
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1 certainly something that we're excited about
 2 also. Because we know that individuals in the
 3 community that are doing outpatient services
 4 need to have a healthy living environment, and
 5 that's what we continue to hear. We lose people
 6 between when they get discharged from the jail
 7 or from the hospital. We're losing them between
 8 that and the time they come to our door
 9 sometimes the next day or two days later. So we
 10 know that returning to that living environment
 11 is not a safe place for them to be while they're
 12 doing outpatient services.
 13 I was look at symmetricics recently where,
 14 specifically to Ogle County, in the last three
 15 years we had 150 individuals that had an opiate
 16 diagnosis. So we know that it isn't solely for
 17 opioid users, but we know that's certainly a
 18 problem in our four-county area. So I
 19 appreciate you mentioning that.
 20 MR. PHALEN: If I haven't mentioned, we
 21 just finished a grant -- I don't know if we have
 22 met since them -- but a juvenile justice and
 23 mental -- or not juvenile justice -- a justice
 24 and mental health grant that's aimed at folks
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1 coming out -- and this is mental health, but
 2 it's also going to address some of those
 3 co-occurring disorders. Because what we know
 4 is, people with substance abuse disorders quite
 5 frequently have mental health concerns. It
 6 includes Ogle County, and would be enhanced
 7 services at the jail for Ogle County, starting
 8 up some of the community efforts like Safe
 9 Passages and our crisis prevention team that we
 10 have started in Lee and Whiteside, and then a
 11 team of folks who provide very intensive
 12 services to people who are making those
 13 transitions through the legal system; you know,
 14 moving out of jail, you know, are on probation.
 15 You know, really trying to serve them in the
 16 community so they're not in a more restrictive
 17 environment.
 18 So cross your fingers on that one. I hope
 19 that one comes through, a federal grant that
 20 would be wonderful.
 21 MR. SIGLER: My Board will be happy, I
 22 lost my glasses. So it's only what I remember,
 23 and that's very limited.
 24 But I do want to thank you (gesturing). I
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1 deal with people on the basis of what they do
 2 for others. And I remember when you were in
 3 Oregon, and I remember Peggy, a dear friend of
 4 mine, same Sunday school class with me, and how
 5 you reached out not only for her but for others.
 6 I thank you personally.
 7 MS. DEEN: Thank you.
 8 MR. SIGLER: One of the things that --
 9 when I was first appointed to this Board, I
 10 drove down and I met with Jim. There was a lot
 11 of discussion about duplication of services,
 12 like with help and others, and then also how do
 13 we know that all the money we are giving to
 14 Sinnissippi is staying within the county of --
 15 or, you know, Ogle County and not being perhaps
 16 an overlap into Whiteside or Lee or one of the
 17 other counties.
 18 I walked out of there some three hours
 19 later thoroughly confused. I said, Are you
 20 telling me that you're keeping all the money in
 21 Ogle? He says, Yes, we are. I said -- final
 22 question was, being an arbitrator, Can you prove
 23 it? He said, We can, but it would be a major
 24 task, because we're not currently equipped to
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1 just push a program and pull it out from our
 2 sources on the thing.
 3 My question -- I still have a concern, and
 4 I'm not doubting you. I'm not doubting your
 5 predecessor. But if somebody walked in and
 6 said, Prove it, can you do it?
 7 MR. PHALEN: You know, part of the
 8 challenge still exists in that -- so the first
 9 answer is yes, we are.
 10 MR. SIGLER: Okay. Good.
 11 MR. PHALEN: The second -- the second part
 12 of the answer is, you know, when you look at our
 13 accounting system, from a higher-level budgeting
 14 perspective you can see, yes, we're dedicating
 15 these dollars to these services in Ogle County.
 16 When you look at day to day what gets
 17 spent on a service, they're done by program and
 18 not location. You know, and so that's where I
 19 think from -- I think the disconnect that you
 20 saw was. You know, so, you know, we allocate
 21 those. We know what the gap in services is,
 22 what -- or not the gap in services, but the gap
 23 in between the cost and the revenue for Ogle
 24 County, and we know that we can put those
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1 dollars in and that fills a good portion of that
 2 gap. Not all of it for us, but a good portion
 3 of that gap.
 4 So we can break our costs down by
 5 location, you know, by looking at what staff are
 6 allocated here, what's the rent, what's the --
 7 and say, Okay, here's our revenue from that
 8 location and here's the difference, and so we're
 9 going to insert these dollars. The challenge, I
 10 think, comes in saying -- tracking that
 11 individual dollar across the system, you know,
 12 and how do we know this is this dollar and not
 13 this dollar?
 14 But, you know, we can definitely show that
 15 we have got this much revenue, this much cost,
 16 we're inserting these dollars in to fill that
 17 gap.
 18 MR. SIGLER: See, I don't like numbers.
 19 What I like to hear about is you taking someone
 20 in, caring for them, getting them off drugs and
 21 getting them off alcohol, but the other part is
 22 just as important.
 23 MR. PHALEN: Sure.
 24 MR. SIGLER: And it's definitely
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1 justified. Thank you.
 2 MS. KEMP: Not the same as your direct
 3 question, but over the last couple years since I
 4 have been here, approximately a fourth of our
 5 total service hour provisions have been in Ogle
 6 County the last -- since I have been here, the
 7 last two years. So that's been pretty
 8 consistent as well.
 9 We keep track of that because we want to
 10 make sure we're giving all of our counties equal
 11 attention, equal service provisions. So that's
 12 been consistent the last couple years as well.
 13 MR. PHALEN: And the nice thing -- one of
 14 the things that we do like to say -- I know this
 15 also doesn't answer your question completely,
 16 but it is the one county where we have two
 17 full-time offices. And really because of the
 18 geographic diversity in the county, we felt like
 19 that was necessary, you know, from the start, to
 20 have an office in Oregon, to have an office in
 21 Rochelle, you know, of course, with the
 22 residential programming.
 23 So that also produces a level of services
 24 and with two different sides to the level of
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1 cost that's different from what we experience in
 2 other counties.
 3 MR. SIGLER: Thank you again.
 4 MR. HARP: Well, I'm going to compliment
 5 you for your -- how thorough your outcome
 6 measures are for therapeutic prevention.
 7 I just have one question, which is -- I
 8 was a little confused about on-track outcomes.
 9 Is that based on the GLA, Locust, Columbia and
 10 Ohio? Or is that something totally different?
 11 MS. KEMP: It's something totally
 12 different. The GLA, Columbia, Locust and Ohio,
 13 those are all standardized tools that are
 14 required by the State that we use for our
 15 clients. The on-track outcome is something that
 16 we chose to do on our own. It's an online
 17 outcomes database that's used nationwide by
 18 similar providers. Folks complete a survey
 19 every time that they come in, and it gauges
 20 their self-reported -- their self-reported
 21 progress, their reception progress and also
 22 their engagement with their clinician. Because
 23 we know with clinicians, it helps if they can
 24 hear the positive outcomes as well.
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1 So it's free. It's really
 2 self-sufficient. It spits out reports to our
 3 clinicians. So when they're sitting at their
 4 desk -- we fax the forms to the providers, the
 5 on-track outcomes, and they actually do all the
 6 data entry. Then when the clinician pulls up
 7 any particular client, they can sit with the
 8 client -- they can show the client while they're
 9 sitting there a graph of what their progress is.
 10 And the fact that it's free and that
 11 they're really handling all the, kind of manual
 12 piece of that, seems like a -- although it is
 13 additional work for our clients and our staff,
 14 but it's nothing that we have to maintain
 15 either.
 16 So it can show clients, we know that by --
 17 they always make fun of me because I say this
 18 all the time, but by putting data in front of
 19 people, that effects change. You know, just
 20 people seeing that. And so we know if we can
 21 have regular conversations with our clients
 22 about, you know, how they're doing and that
 23 we're re-evaluating on a more regular basis,
 24 Okay, this wasn't working, what do we need to do
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1 instead, that we owe that to our ourself, to our
 2 clients and to our funders to have regular
 3 conversations so that we can modify services
 4 when needed.
 5 So it is additional work for our clients
 6 and for our staff, but the fact that it's no
 7 cost and it's really self-sufficient seemed like
 8 a no-brainer for us to be able to have that as
 9 another tool.
 10 MR. HARP: You don't know how good that
 11 makes me feel to hear you say that I think
 12 collecting data improves performance, because
 13 that was a big deal when I was a school
 14 psychologist with reading measures, you know,
 15 frequent measures, and just the kid knowing how
 16 he's doing every week improves.
 17 MS. KEMP: Thank you for that.
 18 MR. PHALEN: She's got that tattooed on
 19 her arm.
 20 MS. KEMP: I was just waiting for them to
 21 laugh at me. Reviewing the data alone effects
 22 change.
 23 MR. PHALEN: It's one of her mantras.
 24 MS. KEMP: I appreciate that.
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1 MR. HARP: I was really impressed with
 2 your effect size you get out of that, so it must
 3 mean you do a great job.
 4 MS. KEMP: Right. And, again, they do all
 5 that for us. So it's not like we have to have a
 6 statistician calculating that. It comes to us.
 7 And we can have regular reports that we share in
 8 an aggregate form as well.
 9 MR. HARP: Sometimes the simplest thing is
 10 the best.
 11 MS. KEMP: Yes.
 12 MR. PHALEN: It also measures a rating
 13 between the clinician and the client, which is
 14 another interesting factor on that. So, you
 15 know, you can track that against outcomes, but
 16 it also is a relationship -- you know, what is
 17 it that I could have been providing? You know,
 18 what's the gap? What are we missing? How can I
 19 help that?
 20 MR. HARP: All right. Thank you.
 21 MR. SCHIER: I want to compliment you on
 22 the application. It's much improved. It's
 23 getting better and better all the time.
 24 My question, one is -- I don't know how to
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1 say this. You -- some of your people, some of
 2 your clients get legalized drugs to help them
 3 off of other issues; is that true?
 4 MR. PHALEN: Are you talking about for
 5 opioid abuse, so a heroin user?
 6 MR. SCHIER: Yes.
 7 MR. PHALEN: Yes. So we use Vivitrol,
 8 which is -- there's --
 9 MR. SCHIER: Well, my question is per
 10 capita -- you know, because I know your clients
 11 go up and down. But per client capita, over the
 12 years would you say legalized drug use to get
 13 them off has gone up or down, on the average?
 14 MS. KEMP: It's probably gone up, but our
 15 numbers are still extremely low.
 16 MR. SCHIER: Okay.
 17 MS. KEMP: So we -- it's not for everyone,
 18 because they have to be -- I mean, it's for
 19 somebody that is having immediate cravings for
 20 the drug, somebody -- it has to be somebody that
 21 is committed to doing outpatient treatment or we
 22 wouldn't provide it for them, because it would
 23 be very dangerous if they're not staying clean.
 24 So there's some very specific criteria. They
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1 have to have tried other alternative means and
 2 they have not been successful, so we know that
 3 this is really necessary.
 4 So at any given moment in time, we might
 5 have two out of our whole organization, out of
 6 all four counties. I'm not aware of any right
 7 now that we have that are on Vivitrol. So it's
 8 nice that we're able to offer it, because it is
 9 right for some people.
 10 MR. SCHIER: Oh, I understand that. I was
 11 just wondering if you're getting more clients
 12 like that, you know, per client capita, I guess.
 13 MS. KEMP: I would -- because I would say
 14 yes, but it's still such a small number. It's
 15 not something -- it's only something that we
 16 have offered in the last couple years because of
 17 the need, in particular, with opioids. And
 18 sometimes we have people on for alcohol as well.
 19 So we use Vivitrol for alcohol as well, alcohol
 20 dependence.
 21 But -- so I would say certainly have more
 22 people on it than we had five years ago, but
 23 it's only right for such a very specific
 24 population that it's never that many at a given
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1 time.
 2 MR. SCHIER: Okay. Thank you. And the --
 3 I guess it's the acronym, the LGBTQ --
 4 MR. PHALEN: Q.
 5 MR. SCHIER: Yes. Are you getting hit
 6 with a lot of that?
 7 MR. PHALEN: I would say -- as Stacie is
 8 taking a drink, I would say that yes, we do have
 9 more individuals who would identify as your gay
 10 or lesbian or questioning transsexual as well,
 11 so I think --
 12 MR. SCHIER: Not sure which restroom to
 13 use or what -- you know.
 14 MR. PHALEN: You know, we haven't ran into
 15 that personally in our facilities.
 16 MR. SCHIER: Okay. It's more in the
 17 bigger cities probably.
 18 MS. BOWERS: It's not really though,
 19 because it's in Ogle County. I mean, the
 20 sheriff's office had to go through training to
 21 define --
 22 MS. STEPHENITCH: We have seen it in
 23 schools locally.
 24 MS. DEEN: I would say we -- I supervise a
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1 lot of child or adolescent programming, and we
 2 have seen a significant increase in the last
 3 several years of even as young as junior high
 4 that self identify as being somewhere along that
 5 spectrum.
 6 So one of the things that's really nice
 7 is, as our whole agency has become trauma-
 8 informed, we're better able to meet their needs
 9 and serve them and help them through that
 10 process of self-exploration.
 11 MR. SCHIER: Thank you. My two questions
 12 are up.
 13 MS. BOWERS: I have a question and then a
 14 couple comments.
 15 Your Recovery Home that you anticipate,
 16 will that be all inpatient or will there be
 17 outpatient services also related to that?
 18 MR. PHALEN: So the answer to both
 19 questions is yes. So these will all be
 20 individuals who live there 24/7 for a limited
 21 period of time. But they will also then maybe
 22 join a group, you know, of -- like, those
 23 intensive outpatient groups in one of our
 24 outpatient settings.
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1 So it's an interesting mixture of they're
 2 living there, they're getting services by the
 3 full-time staff that are there, but also some of
 4 those services back in our offices. And then
 5 obviously, as they transition out of there,
 6 continuing to follow up with them with
 7 outpatient services.

8 MS. BOWERS: Okay. I suppose this is
 9 going to be the next question. Have you gone to
 10 the sheriff's departments in the different
 11 counties to see if they have any funds available
 12 to assist you with that? Because that was one
 13 of the issues that Ogle County had, is there
 14 were no follow-up for recovery after people got
 15 out of services and then they relapsed and went
 16 right back into taking drugs.

17 MR. PHALEN: Yeah. You know, we have
 18 certainly talked to Brian VanVickle about the
 19 situation and the Recovery Home.

20 MS. BOWERS: No, this is something that he
 21 wanted. He was very adamant about wanting
 22 something like this.

23 MR. PHALEN: But we haven't made a
 24 specific ask for support of that, but we sure
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1 could.

2 MS. BOWERS: Okay.

3 MR. PHALEN: You know, I think this one is
 4 going to be -- I think we're going to have the
 5 ability to expand. I think there's going -- the
 6 need is going to be greater than we have beds in
 7 this home. I hope that's -- well, I don't
 8 "hope," but I hope we can grow to meet the
 9 needs. So I can -- yeah, I can certainly talk
 10 to him.

11 MS. BOWERS: Okay. Just a couple
 12 comments. I loved your annual report for fiscal
 13 2016. It gave a very good insight as to the
 14 history on mental health in this area.

15 And then the other comment is, you gyped
 16 me on the application. See the page there?

17 MR. PHALEN: What page is that?

18 MS. BOWERS: That's Page 15.

19 MR. SCHIER: 15.

20 MS. BOWERS: Yeah.

21 MS. ZIMMERMAN: Front and back.

22 MR. HEAD: There is no Page 15, Dorothy.

23 MS. BOWERS: All right.

24 MS. ZIMMERMAN: You got a bonus.
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1 MR. PHALEN: That's good stuff too.
 2 That's residential and ways to wellness.
 3 There's some really good things there.
 4 So can we ask for extra money for a new
 5 copier?

6 MS. BOWERS: That's all I have.

7 MR. PHALEN: Sorry about that.

8 MR. HEAD: Well, I think that it's a very
 9 good application in terms of its readability. I
 10 have seen this with most of the applications I
 11 think we're seeing this year. But it's a great
 12 balance of the narrative and the numbers in
 13 terms of telling the story.

14 And I can see that there is reflected in
 15 there kind of an awareness or an attempt to do
 16 programming based on an awareness of what the
 17 needs are in Ogle County as we have tried to
 18 define them, and that's for what it is worth.

19 Questions that I have, not a whole lot. I
 20 think you have actually incorporated some of the
 21 feedback from last year in terms of the kind of
 22 things that the Board -- County Board asked us
 23 to be concerned about in terms of describing the
 24 need, describing what you do to resolve that,
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1 addressing how you're trying to meet efficiency
 2 and quality control sorts of issues. So I think
 3 you do all those things well.

4 There are -- if I would -- I find myself
 5 asking, if I was going to hand the County Board
 6 one page that would describe Sinnissippi around
 7 those lines, what would that look like? And
 8 things like there are 150 individuals in Ogle
 9 County Ogle County that had opioid abuse
 10 disorders would jump out at me. The fact
 11 that -- I'm looking at -- I think this was in
 12 respect to your population. In fiscal year
 13 2016, Sinnissippi served 323 individuals through
 14 intensive outpatient services. Of those,
 15 2 percent were homeless, another 43 percent
 16 lived with a friend or relative, often lacking a
 17 healthy recovery environment, 73 of these
 18 clients had an income of less than \$10,000, and
 19 51 percent were unemployed.

20 That would help paint a picture for the
 21 County Board, which I'm going to try to do next
 22 Tuesday, is to talk about, you know, what I have
 23 seen in the agencies over the course of the last
 24 year, the last couple of years, what I see on
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1 our part as a 708 Board, and where I think there
 2 is an unmet need. And you're pointing toward
 3 that, and you're starting to develop model
 4 programming in that direction.
 5 You asked for \$15,000. I sure think that
 6 that's well spent on just what you have
 7 described. I think you're trying to break new
 8 ground, and it is a legitimate expansion of
 9 services.
 10 I'm going to back up here a little bit and
 11 ask you, What is mental health versus mental
 12 illness?
 13 MR. PHALEN: I'm sorry, what was the
 14 last --
 15 MR. HEAD: What is mental health versus
 16 mental illness?
 17 MR. PHALEN: Okay. So everybody will have
 18 their own take. My take on the difference there
 19 is, the mental illness -- when we talk about
 20 mental illness, we're talking about a disease,
 21 you know, and we're talking about, you know,
 22 that there is a biochemical reason that
 23 somebody -- you know, it's just like diabetes or
 24 heart disease or whatever. There's an illness.
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1 When we talk about mental health, that's a
 2 much more broad topic. Mental health applies to
 3 everybody. You know, we all have some level of
 4 mental health.
 5 MR. HEAD: Absolutely.
 6 MR. PHALEN: You know, and that's a
 7 long -- a continuum. So when we talk about
 8 mental illness, talking about a specific group
 9 of individuals who are suffering a disease.
 10 When we talk about mental health, oftentimes
 11 we're talking about the wellness of a community.
 12 That's my distinction.
 13 MR. HEAD: So if I can repeat that back,
 14 mental illness treatment is kind of disease
 15 treatment or mitigation, and mental health is
 16 what you have got in a larger community when you
 17 don't happen to have that disease or
 18 circumstance?
 19 MR. PHALEN: Sure.
 20 MR. HEAD: Stacie?
 21 MS. KEMP: My experience has been -- when
 22 we were planning the event for last night, for
 23 example, that we had in Dixon, we were talking
 24 about changing the conversation that it was
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1 about mental illness, because my experience has
 2 been that folks struggling with mental illness
 3 feel that we're minimizing their struggle if we
 4 call it mental health.
 5 Because mental health is such a bigger
 6 perspective. It's kind of the general mental
 7 health and mental wellbeing and what plays into
 8 that. So what I have heard from folks
 9 struggling with mental illness is that their
 10 preference is mental illness when we're talking
 11 terminology, because otherwise we are minimizing
 12 what they're experiencing to say it's mental
 13 health.
 14 MR. HEAD: Very good.
 15 MS. WHITE: And I would add that we have
 16 been challenged over the past year to change our
 17 perspective, our lens on how we consider mental
 18 health and mental illness. Take off the word
 19 "mental." What's the difference between health
 20 and illness?
 21 MR. HEAD: Okay. Okay. Very good.
 22 Shannon, do you have any --
 23 MS. DEEN: I agree with everything.
 24 MR. PHALEN: You don't have to, Shannon.
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1 MR. HEAD: And there's still one answer --
 2 part of why I ask that is because -- I think
 3 when I talk to the Board, we take our mental
 4 health for granted. You know, we go back to
 5 when you're functioning well in your job or
 6 vocation or advocacy, whatever it is, and you
 7 also have healthy, loving relationships in your
 8 life, you take those things for granted until
 9 they're not there or you have some condition
 10 that makes all of that very, very hard to
 11 achieve.
 12 So I think it's worth talking about,
 13 because the people on the Board, most of the
 14 public, would like to see themselves as mentally
 15 healthy, but they know that they have stresses
 16 and challenges in certain parts of their life,
 17 and that may be some basis for empathy with
 18 those who are less fortunate.
 19 I also -- to go back to that graphic, I
 20 was thinking about, you know, this issue of how
 21 much of our money is being spent for Ogle County
 22 residents. I know that when you write grants
 23 that local piece is really important, because it
 24 represents local ownership, you know, and
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1 acknowledgment that there is an issue and
 2 there's something to do about it. I think you
 3 could almost break it out in terms of a graph,
 4 in terms of a pie chart, with how many people in
 5 Ogle County get served at what cost, and what's
 6 it cost Ogle County to receive that? So -- or
 7 in terms of, like, a foundation, there's this
 8 one little brick that's Ogle County's 708
 9 funding, but you take that out and a lot of
 10 the -- the wall may fall down.

11 So that -- I think that needs to be made
 12 clear to the Board. I would challenge you, if
 13 you could do it on one page and if you could do
 14 it by Tuesday evening, that would be great.

15 MS. BROOKS: Can I go backwards just a
 16 little bit? I was going to say something when
 17 we were talking about the mental health aspect,
 18 and I agree with DeAnne. You know, we need to
 19 get the "mental" part out of there. When we are
 20 talking about all of us, we all have our
 21 physical health right now. If I were to have a
 22 heart attack or something, you know, you would
 23 say I had poor physical health.

24 As part of my NAMI, I was reading the
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1 other day, and it talked about what was the
 2 difference between mental illness and mental
 3 health, and it was the ability to function -- or
 4 the ability to manage one's life. You know,
 5 like if I had an injury or something that
 6 prevented me from going to work or whatever, I
 7 would have poor physical health.

8 Well, my brain is just another organ in my
 9 body, and am I symptomatic or am I okay? Is
 10 everything okay? Am I managing my life? You
 11 know, it's not -- we have to get away from that,
 12 you know, mental illness thing, you know. And I
 13 personally think we should just -- if we're
 14 going to refer to it as anything: mental
 15 health. I know that that's -- you could argue
 16 this all day.

17 But, you know, it would be wonderful if we
 18 could just get that part of it out of there.
 19 You know, we have cancer centers out there and
 20 kidney dialysis centers, and we need to have
 21 community-based places you can go for the brain.

22 MR. PHALEN: The interesting thing that
 23 Tracy said is, behavior is involved in so many
 24 illnesses. And so if I smoked nine packs of
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1 cigarettes a day and I get lung cancer, that's a
 2 result of some sort of behavior. Behavior is
 3 sometimes the outcome of somebody with a mental
 4 illness. But they're blamed for their behavior
 5 there, and I'm not necessarily blamed for my
 6 behavior for causing my illness over here on
 7 this side.

8 You know, and wellness is definitely timed
 9 behavior. This is what we're trying to convince
 10 the medical community of, and we're getting
 11 there, is that whether it's schizophrenia or
 12 depression or heart disease, changing somebody's
 13 behavior is going to improve the outcomes. If
 14 we can get that person with heart disease to
 15 make it to their doctor's appointment, eat what
 16 they're supposed to, take their medications when
 17 they're supposed to, that's going to improve
 18 outcomes. And, you know, it's the same thing.

19 So, you know, sometimes we say behavioral
 20 health, because what we -- you know, and that's
 21 not a great term either because it makes it
 22 sound like --

23 MS. BROOKS: They can control it.

24 MR. PHALEN: -- it's just behavior.
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1 But if you look at that from the other
 2 side is, part of what we're trying to do is
 3 alter behavior to help people get better.
 4 That's my justification when we use that word.
 5 I don't know if it's a good one or a bad one.

6 MS. BROOKS: And there's arguments for all
 7 of it. It's just we need -- done. I'm done.

8 MR. HEAD: I'm going to ask you to do
 9 something that you're probably not going to get
 10 paid for --

11 MS. WHITE: We're asked to do that every
 12 day.

13 MR. HEAD: -- which is to take the
 14 leadership role in Ogle County to replicate
 15 something like the prison effort down in Dixon,
 16 you know, to get the different partners and
 17 shareholders together over the course of the
 18 next year, but to provide that leadership. I
 19 mean, you do a tremendous job with the resources
 20 that you have. I would really like to see you
 21 provide the leadership in terms of pulling the
 22 resources together for the whole community.

23 Other than that, I think you folks are
 24 doing an incredible job. I'm a big fan.
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1 MR. PHALEN: Thank you. We have got the
 2 foundation for that set now, so I think we're
 3 going to get there.
 4 MR. HEAD: Other questions?
 5 MR. SCHIER: Talking about mental health,
 6 I would like a show of hands here of anybody who
 7 has never had a real, real bad day or said, I
 8 wish I wouldn't have gotten out of bed today,
 9 even though you may have a tough, tough job.
 10 And now we're talking about us, we're not
 11 talking about your clients.
 12 And I said that to a Board member one
 13 time. He's no longer on the Board. Only I used
 14 the word -- and you're not going to like this,
 15 but I said, to a minute and microscopic degree,
 16 we maybe all have a touch of it. And he blew up
 17 on me. But that was coming from the heart. So
 18 I won't say any more.
 19 MS. KEMP: With our Trauma Informed Care
 20 efforts, I mean, we have all been talking a lot
 21 about we have to assume that everyone is
 22 carrying something around, so whether you're at
 23 the grocery store, the parking lot, the coffee
 24 shop, that we -- whether that's as employees or
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1 community members, as human beings we are not
 2 judging others, because we don't know what they
 3 are carrying with them and they might not be
 4 vocal about it.
 5 MR. SCHIER: And you have healthy people,
 6 where this mental illness moves in real slowly
 7 and people don't realize it until they start,
 8 you know, seeing -- maybe they're not experts
 9 like you are, and they -- nobody sees it.
 10 Family members don't see it, you know.
 11 MR. PHALEN: That's why we love this
 12 Mental Health First Aid. You know, we would
 13 love everybody in the world to take this Mental
 14 Health First Aid eight-hour class. It really
 15 does help if you can kind of see the signs and
 16 know what to do with them. Or NAMI Family to
 17 Family Class.
 18 MS. BOWERS: Another thing about that is,
 19 like, my insurance company has a wellness
 20 program, and in that wellness program it states
 21 psychiatric services. Well, I don't need a
 22 psychiatrist. They define it specific like
 23 that. It's not psychiatric services. It's help
 24 with the brain.
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1 MR. PHALEN: It's part of wellness. And,
 2 I mean, I like that --
 3 MS. BOWERS: It's a part of wellness,
 4 exactly.
 5 MR. PHALEN: That's why I was so excited,
 6 like -- we talked about when Crest Foods reached
 7 out and said, you know, Could you come out and
 8 do -- you know, so to see employers like that
 9 say, We want this to be an integral part of our
 10 wellness system. You know, not a "When somebody
 11 gets real sick, we'll send them to a counselor";
 12 it's, "Come out here and help us be better."
 13 MS. BROOKS: I had one other -- my brain
 14 is waking up now.
 15 I don't see it on here. Are there any
 16 services in the community for individuals being
 17 released from prison for reentry into the
 18 communities? I know through the -- I have a
 19 family member, and he's in for the second time.
 20 And when he got out, they put him in a halfway
 21 house, and the next day it was condemned for bed
 22 bugs and they said you have to leave. They
 23 didn't offer him a place to go. They said you
 24 have to leave. That was the end of it. There
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1 was no parole officer follow-up, there was
 2 nothing.
 3 MR. PHALEN: That probably is the biggest
 4 challenge to providing those services, is we
 5 don't ever know where those folks are until
 6 sometimes they come into a crisis situation and
 7 that's where we meet them. Or they get in
 8 trouble with the law again and that's where we
 9 meet them.
 10 You know, we talked -- we have talked with
 11 the prison in Dixon about, you know, is there
 12 anything we can do to help? They said, you
 13 know, We take people from all over the state.
 14 Most of the people that come here aren't leaving
 15 here and staying in your community. They're
 16 going back to wherever.
 17 So when you have folks who are coming from
 18 different prisons from all over the state who
 19 have parole officers with massive case loads
 20 that are sent here, you know, it's to get that
 21 proactive approach, but we need that.
 22 MS. BROOKS: Well, this individual, I
 23 mean, he's bound and determined he's never going
 24 to repeat his mistakes. He said, Everybody
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1 talks about, I don't want to end up back in
 2 here, but nobody's going to give me a job. I
 3 have, you know, this many felonies. That
 4 automatically disqualifies me. I just know I'm
 5 going to end up back in here, because I can't
 6 make it work out there because of mental
 7 illnesses sometimes and just the -- so anyway.
 8 MS. DEEN: A couple of areas that in Ogle
 9 County we're addressing that is, first of all,
 10 being part of the drug court. So individuals
 11 that are on drug court, they get a little bit
 12 more intensive support from both probation and
 13 our service providers.
 14 Also, we have a grant that is the Act for
 15 Transitional Age Youth, youth 18 to 25 with
 16 significant substance abuse disorders. It
 17 allows us to provide more intensive services
 18 like community-based. So if we have a youth
 19 with a significant substance use disorder, and
 20 they may be on probation, they may have legal
 21 involvement, they may have a cooccurring mental
 22 health issue, between 18 and 25, while they're
 23 getting their mental health services, substance
 24 abuse services through Sinnissippi, we also have
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1 more aggressive case management. We can take
 2 them and do job searching, do vocational
 3 training, help them, like, locate housing.
 4 That's something that's unique that we have
 5 started within the last year, so.
 6 MR. HEAD: Any other questions?
 7 MR. SIGLER: Absolutely.
 8 To my fellow Board member, you have to get
 9 to know people, and ma'am, I greatly respect you
 10 for what you're doing.
 11 MS. BROOKS: Oh, thank you.
 12 MR. SIGLER: I mean that.
 13 Why do we stigmatize these people? If I
 14 have got cancer, you're doing to address me,
 15 embrace me and you're going to hug me. But if
 16 the poor gentleman is in the second stage of
 17 Alzheimer's now and his wife doesn't want to
 18 bring him to church anymore because he's an
 19 embarrassment because he drools and the other
 20 members may not congregate around him.
 21 Services like yours have to be in the
 22 forefront and cutting age of changing this idea.
 23 Enough comments. But it's important to me. I
 24 see it. I said, I'll go get him. I'll bring
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1 him to church. He can sit with me. I drool a
 2 little bit too.
 3 But a question concerning duplication of
 4 services. I have only got a double size, full
 5 size bed upstairs, and I lay all this stuff out,
 6 and I've run out of room. But what I'm noting
 7 is in some of the requests for funding that
 8 there are duplication of services where you
 9 overlap with HOPE, I believe you overlap with
 10 our hospice up here too -- or they overlap with
 11 you too. I don't want to put it all in one
 12 direction. But there are what appears to me to
 13 be duplication of services. And that's an
 14 assumption I draw from what I read.
 15 Is it a fact or is it not a fact? Because
 16 if it is, then are we double spending the dollar
 17 that was given to us by the Board to two
 18 different agencies to provide the same service
 19 to an individual?
 20 MR. PHALEN: Kind of depends on which
 21 angle you look at that from. I think you're
 22 probably talking about the fact that hospice,
 23 for example, hired a social worker who's going
 24 to be on site there full-time. In a lot of
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1 ways, it's great and we're collaborating with
 2 them, and that person is coming out to our place
 3 for clinical supervision because they don't
 4 have -- you know, and so if you look at it from
 5 the perspective of, well, there's mental health
 6 services in the community, you know, and
 7 somebody can provide those services, that's
 8 true.
 9 But on the other hand, they're now able to
 10 shape someone whose specialty is going to be
 11 that group who are dealing with that grief and
 12 death and dying. You know, certainly our
 13 clinicians work with those kind of situations.
 14 But to have somebody on site there 24 hours a --
 15 40 hours a week, whatever they're working, you
 16 know, and specializing in that kind of care I
 17 think adds a lot of value.
 18 So, you know, what we always say, there's
 19 always enough need. There's enough need to
 20 quadruple the number of providers that we have
 21 got out there.
 22 So from my perspective, you know, they
 23 could have -- you know, HOPE or hospice could
 24 have said, Hey, Sinnissippi, could you send
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1 somebody over, or they can hire somebody? I'm
 2 just glad that there's that many more people
 3 that are getting the services that they need.
 4 So I don't think we have anywhere come
 5 close to saturating the market of the need. And
 6 that kind of lets me sleep okay with anything
 7 that looks remotely like duplication.
 8 MR. SIGLER: Thank you very much.
 9 MR. HEAD: I think you can talk about it
 10 in terms of primary focus and target of
 11 services. When I think of HOPE, in addition to
 12 the support of counseling that they do, it
 13 provides a safe environment, they help people
 14 with advocacy, they provide a whole range of
 15 services that would really be an enhancement if
 16 Sinnissippi can do it, but they can't.
 17 On the other hand, they have a mental
 18 health need, so they bring in that person and
 19 maybe learn something in the process as one of
 20 their clients gets served with mental health
 21 needs. And typically that's much more
 22 cost-effective, even though it may look like
 23 some duplication of services, because a lot of
 24 the growth and the opportunities to make things
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1 run more smoothly happen at the boundaries of
 2 the agencies where they work together to save
 3 some money.
 4 MR. SIGLER: Well put, but you're singing
 5 to the choir. I agree with this, yes, I do.
 6 And I'm worried that if you stop by Sinnissippi
 7 or your clinician does -- I say Sinnissippi --
 8 stops by over at hospice and assists someone, I
 9 think that's commendable.
 10 MR. PHALEN: And we try to -- and I
 11 appreciate you for kind of mentioning those
 12 boundaries, because it's -- that is what we're
 13 doing, is, you know, we have got a wonderful
 14 system with the resources that we have. And
 15 what we're always trying to do is identify those
 16 gaps and those boundaries.
 17 MR. SCHIER: We want them working as a
 18 team.
 19 MR. HEAD: Yeah, yeah.
 20 MR. SCHIER: What about -- you're talking
 21 about your services and HOPE's services. What
 22 about clients? Maybe you have a client you want
 23 to send to HOPE and they have a client they want
 24 to send to you because that client needs your
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1 help.
 2 MR. PHALEN: Happens all the time.
 3 MR. SCHIER: There's no extra spending
 4 there.
 5 MR. HEAD: And the clients that get shared
 6 very often have multiple problems.
 7 MR. SCHIER: Right.
 8 MR. HEAD: Their life is a train wreck on
 9 all kinds of dimensions. So they -- you have to
 10 have somebody that's primary, and then you have
 11 somebody who also is in a support role because
 12 they provide that special service.
 13 MS. DEEN: And also for the consumers, how
 14 great to have a choice of providers. Because
 15 not everything fits every person.
 16 MR. HEAD: Right.
 17 MR. SIGLER: I have got glasses, I'm good
 18 for another two hours now.
 19 MR. HEAD: Do you have any more questions?
 20 MR. SIGLER: Yes, I do -- no. A comment.
 21 I did note -- and, again, I use as a basis --
 22 anybody on Social Security like I am? Okay.
 23 The basis of your Social Security increase or
 24 anything else funded by the federal government,
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1 that's based on CPI, the consumer price index.
 2 I note that you're coming in at 0.066. Not even
 3 a full percent of funds that you're asking for.
 4 I mean that as a compliment.
 5 It surprises me that you would not be
 6 requesting a greater amount. You don't have to
 7 respond if you don't want to. But remember,
 8 this is less than 1 percent. CPI is 2.4. And I
 9 guarantee you that the employees of Ogle County
 10 are going to come closer to 2.4. Especially if
 11 they have a contract, and especially if it's
 12 FOP, because I do their contracts across the
 13 state. So I compliment you on this.
 14 MR. PHALEN: We have used CPI the past few
 15 years. The reason I didn't come up -- so 5,000
 16 became arbitrary because -- and it was just
 17 short of that, but because we were asking for
 18 the additional funds for the Recovery Home. And
 19 I know that, you know, your total levy is not
 20 going to be dramatically different from what it
 21 has been in previous years.
 22 We were talking about this a little bit at
 23 the forum last night. I honor and respect so
 24 much what all of our partner organizations do.
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1 You know, if you said, We're going to give you
2 all of their money, for half a second I would
3 go, Yeah. Then I would go, Oh, no, no, those
4 guys are doing good work out there.

5 So for me, you know, it's balancing, you
6 know, trying to meet our needs with, you know,
7 also valuing what all those guys are doing.

8 MR. SIGLER: It's responsible management,
9 is what it is. Responsible management. And
10 you're a part of that and your team is a part of
11 it.

12 MR. PHALEN: Thank you.

13 MR. HEAD: Any other questions? Thank you
14 so much.

15 MR. PHALEN: All right. Thank you.

16 If anybody -- because it's a cost savings
17 issue, if anybody does not want to keep their
18 audit for the rest of their lives, I will take
19 them.

20 MR. HEAD: Let's take a five-minute
21 recess.

22 (The hearing was recessed at
23 8:07 a.m.)
24

In Totidem Verbis, LLC (ITV)

1 OGLE COUNTY
2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)

4 of)

5 Sinnissippi Center, Inc.)

6) Ogle County

6 Ogle County, Illinois.) Sheriff's Office

7) Oregon, Illinois

8) May 11, 2017

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

17 Dated at Dixon, Illinois, this 14th day of
18 May, 2017.

19 *Callie S. Bodmer*

20
21 Callie S. Bodmer
22 Certified Shorthand Reporter
23 Registered Professional Reporter
24 IL License No. 084-004489
IA License No. 1361
P.O. Box 381
Dixon, Illinois 61021

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Page 1

1 OGLE COUNTY.
 2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)
 4 of)
 5 Family Counseling Services) Ogle County
 6 of Illinois) Sheriff's Office
 7 Ogle County, Illinois) Oregon, Illinois
) May 16, 2017

8

9 Testimony of Witnesses
 10 Produced and
 11 Examined on this 16th day
 12 of May, 2017,
 13 before the Ogle County
 14 Community Mental Health Board

15 BOARD MEMBERS PRESENT:

16 Kathleen Wilson
 17 William Sigler
 18 David Schier
 19 Vickie Deter
 20 Amy Stephenitch
 21 Lowell Harp
 22 Tracy Brooks
 23 Dorothy Bowers
 24 Nick Head, Chairman

Cecilia Zimmerman, Secretary
 Reporter: Callie S. Bodmer

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1 MR. HEAD: Okay. Cecilia, would you like
 2 to take roll call, please.
 3 (Roll call was taken.)
 4 MR. HEAD: All right. Great. Let's just
 5 go around one more time. I know Eileen has been
 6 with us before, but introduce yourselves.
 7 I'm Nick Head. I'm president of the
 8 Mental Health Board.
 9 MR. SCHIER: David Schier, Board member.
 10 MS. DETE: Vickie Det- -- Deter, whatever
 11 my name is. Vickie Deter, Board member. I'll
 12 get it out.
 13 MR. SIGLER: Bill Sigler, secretary/
 14 treasurer.
 15 MS. BOWERS: Dorothy Bowers, Vice
 16 President, Ogle County Board liaison.
 17 MS. BROOKS: Tracy Brooks, Board member.
 18 MS. STEPHENITCH: Amy Stephenitch, Board
 19 member.
 20 MS. WILSON: Kathe Wilson, Board member.
 21 MS. ZIMMERMAN: Cecilia Zimmerman,
 22 recorder.
 23 COURT REPORTER: And I am Callie Bodmer.
 24 I'm the court reporter.
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1 MR. HEAD: Welcome. The way this works,
 2 and I'm sure you would have liked to have known
 3 this ahead of time, is that we invite you to
 4 make some opening statements, however long you
 5 wish to make, and then we will go around and ask
 6 questions.
 7 MS. LIEZERT: Okay. Well, Family
 8 Counseling Services has been in the area for --
 9 this is our 140th year, and it has been an
 10 agency that has targeted working with
 11 families -- children, families, individuals who
 12 are economically challenged, primarily. That's
 13 the target population.
 14 Our mission is to provide affordable,
 15 accessible services to those who have mental
 16 health and behavioral health needs. And it
 17 seems as though that is -- that's working out,
 18 as far as meeting the mission of serving those
 19 people who are most in need and least able to
 20 afford it.
 21 But in this day and age, when we're
 22 looking at the funding sources that we have to
 23 keep that kind of mission going, it's -- it is
 24 more and more of a challenge in the state for
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<p style="text-align: right;">Page 5</p> <p>1 any nonprofit agency that's trying to provide 2 social services to people.</p> <p>3 But the figures are that one in five 4 persons are suffering from some sort of mental 5 health disorder that will need the attention of 6 a professional at some point in their lives.</p> <p>7 When I look at the statistics for Ogle County, 8 there's 51,000 people that -- plus that are in 9 Ogle County, and while we have services for a -- 10 Sinnissippi covers four counties, including Ogle 11 County. While we have those kinds of services 12 available, the mentally ill are underserved.</p> <p>13 I have run into any number of situations 14 where people have talked about wanting to get 15 services and then going -- having to go some 16 distance in order to get it. In our -- in the 17 case of Family Counseling Services, while we 18 have served Ogle County, driving those 30 miles 19 from somewhere in Ogle County to Rockford to get 20 services does, in fact, present a barrier to 21 them actually being -- having that kind of 22 access.</p> <p>23 So this kind of an initiative is kind of a 24 rural health initiative, that we're looking at In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 7</p> <p>1 Poverty line is at \$12,090, I think, for 2 one individual, and it's something like \$4,000 3 added for every additional individual that is in 4 the family. So there are folks out there that 5 have to make decisions between whether they're 6 going to get something to eat or pay their 7 electrical bill or whatever. So mental health 8 services often are those that are not accessed 9 because of the concern for being able to fund 10 those. And some of the national figures are 11 looking at the billions of dollars that are lost 12 in productivity when you have an individual who 13 could have gotten some services that would have 14 allowed them to be back in the mainstream, back 15 in employment, and providing for themselves and 16 others.</p> <p>17 And so we look at not just the personal 18 cost, but also when we don't have that access 19 for individuals, how it does -- what it does to 20 our communities, that it does drain our 21 resources.</p> <p>22 So this proposal for \$9,000 is that it 23 would provide 300 hours worth of services. It 24 would be \$30 that the 708 Board would be In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 6</p> <p>1 trying to bring the service to the community, 2 and particularly in Rochelle. I live in 3 Rochelle. It's -- I know folks that are in that 4 area would be open to any Ogle County resident, 5 just like Sinnissippi is open to any Ogle County 6 resident.</p> <p>7 But I have lived in Ogle County, and being 8 a mental health professional as a -- all my 9 life, I can see that there are definitely gaps 10 and that there are underserved folks that are in 11 our communities. So this initiative would look 12 at trying to bring the service to them.</p> <p>13 It would be limited in scope, because what 14 we're asking for is that if we take all of -- to 15 get it as least expensive as we possibly can for 16 an individual to be able to use it, it is felt 17 that you ought to have some sort of buy in to 18 your services. Everything can't be free for 19 folks, because sometimes it's not valued. So we 20 have a sliding fee schedule, and those that are 21 able to actually contribute to their services 22 would be on the sliding fee schedule based on 23 the number of people that are in their families 24 and their yearly income.</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 8</p> <p>1 providing toward the cost of providing services, 2 and then whatever the individual is able to add 3 to that if they are on the sliding fee schedule. 4 The lowest cost that we have is \$22, and so 5 theoretically it would be a \$52 cost -- or 6 reimbursement that we could possibly look at 7 receiving. And if we take away everything that 8 we possibly can, it costs about -- it costs 9 about \$65 for individuals who get an hour of 10 service. So we're looking at fundraising and 11 seeking other kinds of funds to supplement that.</p> <p>12 So that's where we are with trying to 13 bring it to Ogle County, and Rochelle in 14 particular.</p> <p>15 MR. HEAD: Tracy, would you like to start 16 with questions?</p> <p>17 MS. BROOKS: Sure.</p> <p>18 I agree with you, Ogle County is 19 underserved, as probably almost all areas.</p> <p>20 Have you been able to secure a location 21 yet, if you know where you would be working out 22 of?</p> <p>23 MS. LIEZERT: Finding an office is the big 24 thing, because then you're paying rent and that In Totidem Verbis, LLC (ITV)</p>

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1 takes away from direct services. So I have
 2 talked to a number of individuals to see -- it
 3 had been -- when we first conceived the idea of
 4 bringing it here, was with Rockford Sexual
 5 Assault, because we have a cooperative agreement
 6 in Belvidere where we -- they have a suite of
 7 offices, and we pay \$50 a month and we bring --
 8 a clinician goes to Belvidere to provide those
 9 services. But then they moved their offices
 10 from Rochelle to Oregon just recently.
 11 So -- and I have talked with a couple of
 12 people, and Tracy, you helped me make that
 13 connection, with Renee Barnhart from Tri-County.
 14 So -- and I have contacted Kim Gouker of the
 15 Ogle County Board to ask if there are any -- I
 16 think at your suggestion, Dorothy, if there was
 17 any room at all in the National Bank Building
 18 that Ogle County purchased.
 19 And it's also -- I attend Faith Lutheran
 20 Church in Rochelle, and there is a house that's
 21 next to the church that would have to go through
 22 Council for approval for us to provide any
 23 services out that facility. But my intention
 24 would be to try to find something that would
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1 be -- this project, if it were funded, wouldn't
 2 start until July 1st. So we would look for what
 3 we could get either in cooperation with another
 4 agency or to try to find some facility that we
 5 could work out of.
 6 MS. BROOKS: On Page 7, you have some
 7 pending grant applications. Like United Way,
 8 15,000, and Rochelle Area Community Foundation,
 9 3,000. So if you were to get those grants, that
 10 would just go towards more hours of service that
 11 you would be able to do in Ogle County.
 12 MS. LIEZERT: Correct. And I did get
 13 confirmation back from the Community Foundation.
 14 I asked for 3,000; we did get a thousand. And I
 15 asked for 15,000 from the United Way Rock River
 16 Valley, and just yesterday we got the letter
 17 that they had awarded us 5,000. So we have
 18 6,000 toward services.
 19 MS. BROOKS: In Ogle County?
 20 MS. LIEZERT: Yes, in Ogle County.
 21 Specifically to Ogle County.
 22 MS. BROOKS: Would that individual be
 23 here, like, during business hours, say, 8 to 5,
 24 or would they come evenings to accommodate
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1 people that couldn't get there during the day?
 2 What type of hours?
 3 MS. LIEZERT: Generally during the summer
 4 months, if it's a family, they sometimes can
 5 make it during the day. The prime hours for
 6 really providing service is from about 3 o'clock
 7 and the last appointment at 7 o'clock. So we
 8 would make sure that -- and if it's available,
 9 if it was more convenient, during the day.
 10 I know I have talked to Connie Doherty at
 11 the Senior Center, and she had indicated that
 12 she would be open to us being able to do some
 13 services for seniors out of an office that they
 14 have, a room that they have, but she really
 15 doesn't want, you know, children and couples
 16 and, you know, other individuals who aren't
 17 seniors there. So -- and that might be during
 18 the day, I can see.
 19 MS. BROOKS: You would be flexible maybe,
 20 depending on the clients' needs?
 21 MS. LIEZERT: Yeah. And I am a clinician,
 22 so I live there.
 23 MS. BROOKS: Would the individual that
 24 comes be prescribing medications?
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1 MS. LIEZERT: No.
 2 MS. BROOKS: So what would they -- would
 3 they refer them -- like, if someone came in and
 4 said they were depressed and needed
 5 antidepressants, would they send them then to
 6 their GP?
 7 MS. LIEZERT: There's a model that is
 8 being looked at really carefully now, because it
 9 seems that over 75 percent of those people who
 10 are on medication are receiving it from their
 11 primary care physician, and primary care
 12 physicians have -- vast majority have not been
 13 engaged in the whole mental health as their,
 14 kind of, specialty. So doctors that I have run
 15 into are looking for the professional --
 16 behavioral health professionals to refer that
 17 person to.
 18 But the model that's being looked at is
 19 called Collaborative Care, and that's bringing a
 20 behavioral health -- mental health specialist in
 21 with primary care physicians, because it's kind
 22 of like, okay, we're not just going to keep
 23 swimming upstream and thinking we're going to be
 24 able to provide the psychiatrist and the
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1 specialist. It hasn't happened yet. So what we
 2 really need to do is be looking at, how is it
 3 that we can blend those services? Of course,
 4 there's all the payments. You go to see the
 5 doctor, and then you see the behaviorist who
 6 gets paid, and that kind of thing. So all those
 7 things that need to be worked out.
 8 But we're at the beginning of those kind
 9 of discussions, and I know that committees that
 10 I serve on, the Rockford Health Council in
 11 particular, has been working with primary care
 12 physicians and what kind of training do they
 13 need.
 14 Now, with me, I just did a very initiative
 15 kind of thing, not very sophisticated, but Nancy
 16 Williams, who is in Rochelle, is my doctor. So
 17 when I saw her a couple months ago, I had my
 18 Family Counseling brochure, and I said, Nancy,
 19 would you mind putting this in -- having this
 20 available for people so that they know that
 21 Family Counseling is available to them? And she
 22 said, Sure. And she put them in all -- she
 23 called her staff and said, Put this in all the
 24 rooms. So I think physicians are open to it,
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1 that they would very much like to have maybe
 2 that collaboration, and I certainly think that
 3 that's something that needs to be done and
 4 probably will be done on a more purposeful -- in
 5 a more purposeful way in the future.
 6 MS. BROOKS: How long would it take to get
 7 an appointment? Say somebody has a teenager
 8 that's getting in all kinds of trouble, their
 9 personality seems to have changed, they have no
 10 idea what's going on and they call your number.
 11 MS. LIEZERT: Right now what the
 12 turnaround is, is within a couple of days. If
 13 they're on the sliding fee schedule, we try to
 14 get them in -- if they have insurance, they come
 15 in, they fill out some paperwork, we determine
 16 what their benefits are, and then an appointment
 17 is made. We let them know what it is, and then
 18 make an appointment for them. And that's
 19 usually -- so that's a day to come in and a day
 20 to -- and we're currently open in Rockford
 21 Monday through Thursday. We don't have -- we're
 22 not there on Friday. But we are open from 9 in
 23 the morning until taking the last appointment at
 24 7.
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1 So on the sliding fee schedule, we talk
 2 over the phone, and we recognize that this is --
 3 we try to get them in as quickly as possible.
 4 MS. BROOKS: All right. That's all I
 5 have.
 6 MR. HEAD: Could we go back to our two
 7 questions per person?
 8 MS. BROOKS: I'm sorry.
 9 MR. HEAD: That's okay. You asked good
 10 questions.
 11 MR. SCHIER: Very good questions.
 12 MR. HEAD: Amy, maybe we could go to you.
 13 MS. STEPHENITCH: You really, I think,
 14 covered a lot of it. I appreciate the level of
 15 the professional staff and also, in particular,
 16 the one individual that's Spanish speaking, they
 17 would be very beneficial for the Rochelle area
 18 if that person is still with you.
 19 Then I was going to follow up and ask
 20 about a connection with the psychiatric clinic.
 21 I see somebody on the Board is from Geiger
 22 Psychiatric Clinic. You know, kind of similar
 23 to you about the prescriptions.
 24 And you described the Collaborative Care.
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1 Which, is that different than the mental health
 2 professional in the office?
 3 MS. LIEZERT: There's a number of names
 4 for it, but yes, it is the behavioral -- it
 5 would be in the same office.
 6 MS. STEPHENITCH: With the primary care
 7 physician?
 8 MS. LIEZERT: The primary care physician,
 9 and there are actually models out there and
 10 states that are doing it in specific areas, and
 11 I do believe that Saint Anthony's has opened a
 12 clinic that's -- where Annie's is -- Edgebrook,
 13 I think. Is that Edgebrook? And because one of
 14 the clinicians that had been on my staff is a
 15 social worker at Saint Anthony's, and when I
 16 talked with him recently, he said that he has
 17 been transferred to that facility and they're
 18 going to -- the hospital is going to try to --
 19 that model.
 20 So I think there are -- and I have
 21 heard -- saw on the TV where there was an
 22 organization that was coming into Swedish
 23 American Hospital, behavioral health. But how
 24 far they are along in doing these kinds of
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1 things, I'm not sure. But they have the money
 2 to do that. Hospitals do have more resources.
 3 MS. STEPHENITCH: Right. But again,
 4 either you would refer to the primary or
 5 possibly a psychiatrist in the Rockford area?
 6 MS. LIEZERT: Correct.
 7 MS. STEPHENITCH: Okay. That's all I
 8 have. Thank you.
 9 MS. LIEZERT: And definitely, I mean,
 10 Sinnissippi is a resource where people also --
 11 that meets their requirements.
 12 MS. STEPHENITCH: Thank you.
 13 MR. HARP: Your financial statement was
 14 published last June, so maybe we could update
 15 that a little bit.
 16 I know you did make a statement about a
 17 default on your mortgage, a settlement agreement
 18 with your bank. Also noted a deficit in the
 19 assets. So if you can kind of update us on that
 20 whole situation.
 21 MS. LIEZERT: Yeah, it's -- in this
 22 climate it has been a challenge for us, because
 23 we billed -- if the cost of a session for us --
 24 and for private practitioners it's upward of
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1 \$140 an hour if you have insurance and that kind
 2 of thing. So we start from a base of \$140, and
 3 then we discount. So somebody who is only at
 4 \$22, then we have resources that come in from,
 5 like, the 708 Board, the United Way grants,
 6 those kind of things, that then actually helps
 7 us make up the difference between what we need
 8 to survive.
 9 We did \$160,000-plus of billing from July
 10 1st to March 31st. So for the first three
 11 quarters of the year we exceeded -- I had
 12 thought we would have, like, \$110,000, but that
 13 was net. That was after all the discounts.
 14 What happened was that, yes, there were many,
 15 many more people that needed to have services
 16 and were poor. The -- on the sliding fee
 17 schedule, when I put all the figures together
 18 and I say, this is the number of people we have
 19 at \$22 and this is the number of people that we
 20 have that are able to pay \$90, the average in
 21 2016 was \$37. So there were some people who
 22 balanced out the scale. By the first
 23 three-quarters of this fiscal year, it was \$31.
 24 So the ability to pay has dropped substantially.
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1 And the actual net from \$160,000 that we
 2 bill was down to \$57,000. So I'm at
 3 three-quarters of the year and I am at just over
 4 half of what I need. So the -- what has to
 5 happen is, we have to write grants, we have to
 6 have fundraisers. We're having a fundraiser May
 7 25th that will bring in probably about \$8,000.
 8 We will have a campaign asking donors from the
 9 past if they will contribute to us.
 10 The other thing is that we are looking at
 11 becoming Medicaid eligible for that population.
 12 The difficulty with that is that the State's
 13 reimbursement to those who are billing for
 14 Medicaid reimbursement is being held. I know
 15 that currently Rosecrance is a million dollars
 16 that the State has not paid them on their
 17 Medicaid bill.
 18 So I'm kind of between a rock and a hard
 19 place which says, okay, if I spend the resources
 20 and moneys to be Medicaid eligible, will that
 21 money actually be reimbursed? And to become
 22 Medicaid eligible, you can do it two ways. And
 23 the way that we're looking at it is to become
 24 Medicaid certified as a practice, as a group
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1 practice, as opposed to an agency site. If you
 2 have an agency site, you have to have -- we have
 3 to have a site in Rochelle, we have to have the
 4 Fire Marshal come in and make sure that it met
 5 State requirements, et cetera. So you had -- so
 6 those are the balancing.
 7 So what we also have done is that we have
 8 cut back on -- you know, limited people's hours
 9 that were staff as far as we combine -- in 2016
 10 we had an office manager and we had a
 11 bookkeeper. The bookkeeper was, like, ten
 12 hours. The office manager was more like 35
 13 hours. We combined those two positions so that
 14 we have somebody who can do QuickBooks and do
 15 accounting along with office management. And we
 16 have two individuals that we have -- that are
 17 receptionists from 9 until 2 and then from 2
 18 until 7 or 2 until 8. So those individuals are
 19 paid minimum. One is a retiree and another is a
 20 student.
 21 The student is good for us, because he
 22 really knows how to use the computer. And when
 23 I say, Okay, I want to know the statistics on
 24 such and such, he's able to pull them back.
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1 So we have cut back as best we can. We
 2 have also looked at now instituting if we don't
 3 have the money that actually can subsidize
 4 people who are at the lowest end of the scale.
 5 We are now rationing those quota. And we just
 6 started that within the last month, saying that
 7 the very -- what we're starting at now is \$38
 8 and saying, you know, Can you pay the \$38 for
 9 the session? We can get you in.
 10 But we are basically working ourselves out
 11 of business. So we have to take those kinds of
 12 cuts. We hate to do that. We absolutely hate
 13 to deny anybody immediate kind of access, but we
 14 don't want to get to the model that says,
 15 Well -- and what's being done in Rosecrance is
 16 that you come in on a -- in the morning at,
 17 like, a 7 or 8 o'clock time and you wait your
 18 turn in line, and if you're lucky enough to get
 19 in to be seen, then you're seen. And I
 20 understand why they do that, is because there is
 21 about -- with those on the sliding fee schedule,
 22 there's about a 35 percent no-show rate, that
 23 people don't show up. And that's one of the
 24 reasons why we try to get people in if they're
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1 on a sliding fee schedule right away, because
 2 they're experiencing that crisis, but if there
 3 is any lag time, then it's like, you know, my
 4 child needs to be able to go on a field trip, or
 5 I need to go to the doctor or, or, or. And even
 6 \$22 becomes -- so I see why mental health
 7 centers do what they do.
 8 But we don't do that. We don't say, Okay,
 9 give you an appointment, but if you don't show
 10 up then -- we don't do that, so.
 11 MR. HARP: Do you feel you're making
 12 progress? Do you think you'll have a better
 13 report in June this year?
 14 MS. LIEZERT: I'm hoping that we break
 15 even. We do have, like, \$25,000 in assets. We
 16 have 19,000 in one bank and 5,000 something in
 17 another bank. So we have enough that we can
 18 cover. We're also looking at -- quite frankly,
 19 we're looking at any kind of collaboration we
 20 can do with another agency, if we can share the
 21 space or if we can share bookkeeping or that
 22 kind of thing. So we're looking at other
 23 agencies to say, Is there any opportunity for us
 24 to have a collaboration with you in some vein
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1 that would help us in our -- in what we're
 2 trying to do?
 3 And many agencies are doing that. Many
 4 non-profits are -- you know, you're looking at
 5 closing your doors, or you're looking at how do
 6 you work with another agency in order to make
 7 your mission go forward.
 8 MR. HARP: Thank you. I have a lot more
 9 questions, but I'll wait until the end if we
 10 have time.
 11 MR. HEAD: Okay. Good.
 12 MS. WILSON: Hi. I'm Kathe, and my voice
 13 is going.
 14 First question, have you talked to the
 15 Health Department in Rochelle about this?
 16 MS. LIEZERT: I go to the System of Care
 17 meeting, and the Health Department has been
 18 there. So I have talked about Family Counseling
 19 wanting to come into Rochelle, and I think those
 20 folks that have been at the meeting have been
 21 receptive to that. But did you mean to talk to
 22 them about sharing space or --
 23 MS. WILSON: (Nods head.)
 24 MS. LIEZERT: That might be a good idea.
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1 MS. BOWERS: But they're going to go into
 2 the bank building too.
 3 MS. WILSON: In Oregon?
 4 MS. BOWERS: No. In Rochelle. They
 5 bought that building and are remodeling that.
 6 That's why I suggested to go to Kim Gouker, see
 7 if they had a space there for her.
 8 MS. WILSON: That place in Rochelle is
 9 scary.
 10 MS. BOWERS: Yeah, it's even scarier after
 11 we bought it.
 12 MS. WILSON: Okay. On Page 6, your
 13 Question 9 about duplication services, I really
 14 liked your answer, that Sinnissippi serves
 15 people with the most severe disorders, and those
 16 individuals with relationship and less severe
 17 disorders are less likely to seek services until
 18 they have come to a critical area, and that you
 19 would offer those people that have the less
 20 severe, the likely-to-escalate people, at an
 21 earlier stage you would offer them services. So
 22 I think that was a good answer.
 23 MS. LIEZERT: Yeah, I think there's a
 24 suggestion that there should be as much coverage
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1 for mental health as there is for fire and
 2 police, and -- because we have that need.
 3 That's our population. I don't know how many
 4 people in -- you know, one in five have mental
 5 illness. I have heard the statistic more like
 6 there may be, in any given area, maybe one in 20
 7 that come in contact with the police department
 8 or the fire department.
 9 So when you look at what are people's
 10 needs, then there's all levels of where they are
 11 at. And if at an earlier stage where they
 12 self-identify -- because I think there is some
 13 feeling that if I go to a mental health
 14 facility, a community mental health, that that's
 15 really -- that's severe. Really, really, really
 16 have to be a problem. Well, people have
 17 problems all along the line where, you know,
 18 adjustment disorder is not out of the realm of
 19 what's happening, and a lot of situations can be
 20 situational. There can be a very hostile
 21 environment for children that they may be living
 22 in at any given time because of stresses that
 23 their parents may be experiencing, and they may
 24 be reacting to that.

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1 And then once you have a family kind of
 2 understanding of what's happening and parents
 3 beginning to accept that perhaps the fighting
 4 that's going on in the home over the finances
 5 that they have or the care of an elderly person
 6 in their home or whatever is contributing to
 7 their child, it isn't the child that's in and of
 8 themselves having mental health disorder, but
 9 the influence of that. But if you let that go,
 10 that will become an adaptive mechanism of that
 11 child to environments. And they perceive their
 12 world through the eyes of the experience that
 13 they have in their home.
 14 MS. WILSON: Good point. Thank you.
 15 MR. HEAD: The first question I have is,
 16 how do you determine the need? You pick this
 17 number of 300 hours of service for Ogle County.
 18 Where are your numbers for clients served for
 19 Ogle County for FY '17, '16, '15, '14?
 20 MS. LIEZERT: Well, those are -- I'd have
 21 to say that -- what happened with Family
 22 Counseling Services, was there was a recognition
 23 for a long time that there has to be something
 24 done financially for the organization to

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1 survive, and so -- and that became extremely
 2 apparent for fiscal year '13, when United Way --
 3 MR. HEAD: Excuse me. Do you have numbers
 4 for Ogle County for --
 5 MS. LIEZERT: No.
 6 MR. HEAD: You don't have numbers?
 7 MR. SCHIER: One in 50?
 8 MR. HEAD: You have got a number for
 9 projected services, but that seems like a number
 10 that's pulled out of the air. We don't know how
 11 many people have already gone to Rockford to use
 12 the services. I don't know how to have
 13 confidence in that number. I think it's a
 14 reasonable proposition to fund them with some
 15 708 funds or some other source of funding, but I
 16 don't know how that number came about.
 17 MS. LIEZERT: I looked at Belvidere and
 18 what we're doing in Belvidere and came up with
 19 the number of hours that we are providing there
 20 on that -- on a similar basis, and that's where
 21 I came up with the 300 hours.
 22 MR. HEAD: How many hours are you
 23 providing there?
 24 MS. LIEZERT: Currently we have -- as of

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1 February, the end of February, we had 27 clients
 2 there, and has provided something like 186
 3 hours.
 4 MR. HEAD: Okay. The second question I
 5 have is, it looks like -- and you have mentioned
 6 that you would start this program July 1. Is
 7 that July 1 of this year?
 8 MS. LIEZERT: Yes.
 9 MR. HEAD: Our funding decisions aren't
 10 made until the fall.
 11 MS. LIEZERT: Oh, okay.
 12 MR. HEAD: So I think you're probably
 13 looking at the calendar year. So if that were
 14 the case, what would that do to your proposal?
 15 MS. LIEZERT: Well, I think what we have
 16 right now, is we have the \$6,000 that we would
 17 start -- when does the funding cycle start for
 18 the 708 Board? 10/1?
 19 MR. HEAD: January 1, I believe.
 20 MS. ZIMMERMAN: December.
 21 MS. LIEZERT: December 1, okay.
 22 MR. HEAD: So July, August, September,
 23 October, November -- we talk about five months
 24 before funding would kick in.

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1 MS. LIEZERT: Well, what we would be doing
 2 is working with the moneys that we currently
 3 have from the 708 -- from the Rochelle Community
 4 Foundation and the United Way Rock River Valley.
 5 MR. HEAD: Okay. Thank you.
 6 MR. SCHIER: You have offices in Rockford
 7 and Belvidere?
 8 MS. LIEZERT: Yes.
 9 MR. SCHIER: And you're looking to put an
 10 office in Rochelle?
 11 MS. LIEZERT: Yes.
 12 MR. SCHIER: And on the audit, on Page 9
 13 it said you had roughly 60 and a half k in
 14 office equipment. Would that be split up
 15 between the two facilities or --
 16 MS. LIEZERT: I'm sorry, on Page 9?
 17 MR. SCHIER: You have the office
 18 equipment. Is that computers or -- on Page 9 on
 19 the audit. Office equipment, is that --
 20 MS. LIEZERT: I must not have the right --
 21 MS. WILSON: It's in the five-year
 22 financial part, towards the back.
 23 MS. LIEZERT: And where are you reading?
 24 I'm sorry.
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1 MR. SCHIER: Here. I'll show you. Right
 2 here. Is that this -- you know, equipment,
 3 60,000, you do have that much equipment?
 4 MS. LIEZERT: I think that would be all
 5 the office chairs -- chairs and tables and
 6 computers.
 7 MR. SCHIER: You don't have medical
 8 equipment?
 9 MS. LIEZERT: No.
 10 MR. SCHIER: I'm going to pass on -- pass
 11 it to Vickie here.
 12 MS. DETER: Okay. Everybody has kind of
 13 answered some of the questions I had. I had
 14 very bad concerns about the mortgage default
 15 thing, but I think that was answered.
 16 I need to know if this \$9,000 that you are
 17 requesting will be used only for patient care,
 18 because according to the thing, it must be
 19 direct services to clients, nothing for -- I
 20 know a few people disagree with me, but the law
 21 says it's supposed to be used for direct care,
 22 not building, equipment, not anything like that.
 23 That's what I need to know.
 24 MS. LIEZERT: Yeah. That subsidizes the
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1 cost of providing. So all of the moneys that
 2 we're asking for from the 708 Board would be
 3 used directly for patient care.
 4 MS. DETER: Okay. That's -- I'll pass it
 5 to you.
 6 MR. SIGLER: One really caught my eyes
 7 about 5 o'clock. Spelling Bee, that's -- you
 8 make a lot of money on that. \$7,600. What is
 9 the Spelling Bee? Am I thinking a traditional
 10 spelling bee?
 11 MS. LIEZERT: It's a cheater spelling bee,
 12 and what it is -- it's a fundraiser. We have it
 13 at the Lombardi Club in Rockford. May 25th, if
 14 you come. You don't have to pay if you're just
 15 an onlooker.
 16 But what happens, is you get a team
 17 together and they -- then there's an MC, and
 18 words are given, and your table -- which can
 19 dress up. Last year we had people dressed up in
 20 patient gear and somebody pulling along an --
 21 MS. DETER: IV stand.
 22 MS. LIEZERT: Yes. And other groups
 23 dressed up as bees and that kind of thing.
 24 But then, like, there are teams already --
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1 there are 11 teams right now that have formed,
 2 and then they try to get folks that they know to
 3 contribute to them via online. We have an
 4 online thing where you give. And so it costs
 5 you, if you want to get a bye, a mulligan, you
 6 can -- it's a hundred dollars. So then this
 7 money comes in from folks that you know to help
 8 your team win. So it's just -- it's a
 9 fundraiser that's a fun event.
 10 MR. SIGLER: Sounds like a lot of fun.
 11 Now I have a question. Maybe -- I don't
 12 want to qualify it. I have a question. I look
 13 at Sinnissippi and am very comfortable with them
 14 because I have dealt with them for the last four
 15 years. I see a comfort level on the services
 16 they deliver in our community. Please convince
 17 me -- I can walk down to the end of this
 18 building and across the street and I go in there
 19 with my wife and my child and seek services.
 20 What are you going to add that's differently
 21 from Sinnissippi Services that will benefit Ogle
 22 County, my county?
 23 MS. LIEZERT: I think that's added.
 24 Sinnissippi provides a fine service, but I do
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1 think that we are underserved for our mental
 2 health needs within Ogle County. And so I think
 3 that it doesn't take anything away from
 4 Sinnissippi, and certainly we would collaborate
 5 with them. Like, Rosecrance, we have Rosecrance
 6 people that have ended up doing their treatment,
 7 substance abuse treatment oftentimes, and there
 8 is comorbid situations with mental health and
 9 they get referred to Family Counseling to finish
 10 up their counseling with us.
 11 So I think it is adding to what's
 12 available for people, not taking anything away.
 13 I would not want to be presumptuous and think
 14 that we're going to do that.
 15 MR. SIGLER: If you offer a better
 16 service, then I'm for you. My question is,
 17 patient services, and are we, as a Board, going
 18 to be paying for your service, Sinnissippi's
 19 service, and there's a melding of the two
 20 services you provide that maybe only one can
 21 provide? That's my concern, and that's what I
 22 have read and reread last night, and I'm still
 23 not convinced in my mind that we need both
 24 services. That's why I asked you that very
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1 pointed question.
 2 I'm not a clinician. I'm a labor judge
 3 for the State and the fed, and I'm trying to
 4 learn. But when I see -- I'm not naive to the
 5 point that if I see a service that I can walk
 6 out that door (gesturing) and receive, do I need
 7 another service that I have to walk out that
 8 door (gesturing)?
 9 That's what my concern is, ma'am. It's
 10 not meant to in any way belittle the services
 11 you want to bring.
 12 As a compliment to you, you have a
 13 Spanish-speaking physician. I come out of south
 14 Chicago. I was a minority. I'm pleased to see,
 15 if you're going to locate it in Rochelle, that
 16 you have Spanish-speaking people.
 17 But still, I'm not convinced. That's why
 18 I ask you the question.
 19 MS. BROOKS: Can I say something to that?
 20 MR. SIGLER: Yes, please.
 21 MS. BROOKS: We need to look at mental
 22 health services the same way we do as physical
 23 services. Like, in Rochelle, we have a clinic
 24 from DeKalb there, we have a clinic from
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1 Rockford. You know, that's like saying that we
 2 don't need two doctors in this town because we
 3 already have one.
 4 Well, like she's been saying, and we know
 5 it to be true, that one in four people do have
 6 the illness. Sinnissippi cannot serve all of
 7 the people. We don't need just one more
 8 provider. In my opinion, we could use even
 9 more. There's -- the need is out there. So
 10 that's how I look at it. You know, we have more
 11 than one doctor, and...
 12 MR. SIGLER: I think, as I said at an
 13 earlier meeting, I think very highly of you.
 14 My concern is, do we duplicate funding?
 15 That's what my concern is. I think mental
 16 health is needed, care is needed.
 17 I take everything to the basics. Two days
 18 ago I was running down in front of the bowling
 19 alley in Mt. Morris by some young man who was
 20 screaming and crying. He was afraid. He was
 21 mad. He almost got hit by a car. I think he
 22 originally came out of OCEC. And it broke my
 23 heart. I could not run, because I am an
 24 asthmatic. I got him on the bus, sat him down.
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1 He sort of spit up on my shoulder, had tears all
 2 the way down. See, I equate to things like
 3 that.
 4 When you're telling me you're looking for
 5 \$9,000 and the services can be duplicated, I
 6 have to ask that question. Is it a hard one?
 7 It's a hard one for me. As my vote to grant you
 8 this money as one individual, I want to make
 9 sure that I'm meeting my -- when you get right
 10 down to it, to share your responsibilities, as a
 11 Board member on this 708 Board, and that's why I
 12 ask that question of you.
 13 And that was a heartbreaker. That was a
 14 heartbreaker. And I'm not mentioning names.
 15 MR. HEAD: Bill, do you have any more
 16 questions?
 17 MR. SIGLER: No, that was my -- well, yes,
 18 I do. Can I get three?
 19 MR. HEAD: Did you get two?
 20 MR. SIGLER: Yeah, I got two, but I got a
 21 tough one coming up.
 22 MR. HEAD: Let's go to Dorothy.
 23 MS. BOWERS: Eileen, I appreciate your
 24 application to the 708 Board, but I want to know
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1 how many people in Ogle County you are currently
 2 serving?
 3 MS. LIEZERT: Currently there are 18
 4 families. Some -- we count them as one.
 5 Regardless of whether it's a parent and child or
 6 three. It's one unit. So there are 18 units
 7 that are being served in Ogle County at the
 8 time. And I think that is through February,
 9 that I'm aware of.
 10 MS. BOWERS: Okay. And you say that you
 11 have money in reserve that will keep you afloat
 12 until if and any 708 mental health funds become
 13 available. Is that money just for Ogle County
 14 or is that the three-county area?
 15 MS. LIEZERT: No, that would be just for
 16 Ogle County. If we -- if for any reason we
 17 would not use either the Community Foundation or
 18 the -- I mean, I have a Board. I have a Board
 19 meeting tonight. So if I have a -- if the Board
 20 looks at situations and says, This is not -- we
 21 can't do this, then that money is returned.
 22 So it's only for the county from which we
 23 get it. And the United Way moneys clearly
 24 identify that as only Ogle County. There's a
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1 great need here, so it wouldn't be used for
 2 anything else.
 3 MR. HEAD: Let's come back around this
 4 way. Do you have a third or fourth question?
 5 And then we'll come back to Bill.
 6 MS. BOWERS: Sure. On Page 7 you talked
 7 about fundraising and development activities.
 8 You have Dancing with the Stars, Brunch on the
 9 Dock, all those areas. How much of this money
 10 comes into Ogle County? Any part of that?
 11 MS. LIEZERT: Yes. Any of those that we
 12 currently are serving -- because we're not
 13 getting any money from Ogle County specifically
 14 at this point. So the moneys that we get in the
 15 venue from our fundraisers or any of those are
 16 spread out over those people that we are seeing.
 17 MS. BOWERS: So all of these areas, part
 18 of that comes into Ogle County?
 19 MS. LIEZERT: Part of that would come into
 20 Ogle County.
 21 MS. BOWERS: Okay.
 22 MR. SIGLER: This is a real tough one.
 23 Please help out an old man. CEUs, what is that?
 24 MS. LIEZERT: CEUs?
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1 MR. SIGLER: What, ma'am?
 2 MS. LIEZERT: Did you say CEUs?
 3 MR. SIGLER: CEUs.
 4 MS. LIEZERT: Continuing education units.
 5 MR. SIGLER: I should know better, coming
 6 from the federal government. I was a federal
 7 mediator, but we used the acronym of FMCS.
 8 Continuing education units.
 9 MS. LIEZERT: Yes.
 10 MR. SIGLER: Thank you. That's all I
 11 have.
 12 Ma'am, I'm still -- I have to be very
 13 candid with you. I appreciate you coming out
 14 here, and I'm going to re-review what I was
 15 looking at at 4 o'clock this morning before I do
 16 anything, and you will be given every
 17 opportunity in my mind as I review it for
 18 consideration for Ogle County funding --
 19 MS. LIEZERT: Yeah. I think --
 20 MR. SIGLER: -- but I have to review it at
 21 this point, ma'am.
 22 MS. LIEZERT: I think what you need to
 23 think about is what motivates people to seek
 24 help. I mean, oftentimes, in your situation you
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1 would feel very comfortable in seeking help.
 2 There are those that help has to be there. And
 3 it's -- you know, it's like you got to have the
 4 water in order for the horse to get to it. So
 5 it's got to be available. And whether people
 6 take advantage of it, it's more likely to take
 7 advantage of it if they're need a body of water
 8 than if they're out in a dessert.
 9 MR. SIGLER: My comments to my fellow
 10 Board members were not meant to try and impress
 11 you with what I do. I'm a volunteer. People
 12 spit on me, they laugh at me, they call me old
 13 man, and I love it. I love it.
 14 But I'm very -- I look and I try and
 15 explain this to all of you since I have sat on
 16 this Board for almost four years now. I look to
 17 what I see in front of me. You tell me about
 18 all your grant plans, grant plans, and I'll tell
 19 you this, one person who comes to me and cries
 20 on my shoulder, and says, Bill, I love you --
 21 other than some attorney who wants something
 22 from me -- and yeah, I listen and I listen very
 23 closely. That's what motivates me, ma'am. And
 24 I guess maybe you should hear the same thing.
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1 But I do look at funding. I have a
 2 fiduciary responsibility in this county, and
 3 it's going to be -- I'm going to make sure I
 4 follow it. But thank you, I appreciate you
 5 coming out.
 6 Ma'am, it's all yours.
 7 MR. HEAD: Dorothy, do you have any
 8 questions?
 9 MS. BOWERS: Vickie.
 10 MR. HEAD: Vickie.
 11 MS. BOWERS: Sure.
 12 MS. DETER: No, I'm just going to zip my
 13 mouth. I have lots of things, but I'm like him,
 14 I have to look at it all.
 15 MR. HEAD: And Dave passes, and I will
 16 pass. Kathe?
 17 MS. WILSON: Okay. I, too, was concerned
 18 about the mortgage. And as of right now, it's
 19 possible you could be out of that building at
 20 any time; is that right?
 21 MS. LIEZERT: Well, we would have 45 days
 22 to vacate the building. And our Board Chair
 23 actually was a banker and worked with mortgages.
 24 And so what had happened was that a significant
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1 -- over a hundred thousand dollars from the
 2 United Way had been -- in fiscal year '13 had
 3 been removed. Most United Ways are having their
 4 challenges nowadays.
 5 So at that time, BMO Harris bank took over
 6 from Amcore. Amcore was very friendly to Family
 7 Counseling, had people on the Board and those
 8 kinds of thing. And when BMO Harris came in, we
 9 had a balloon note, and they said, No, we won't
 10 renegotiate a mortgage. So at that time is when
 11 we had all the building problems. But the Board
 12 has negotiated so that we can walk away and they
 13 can walk away. We'd like it if they would give
 14 us the building. They have until fiscal year
 15 '18. And they could choose to give us, donate
 16 the building to us, or they could sell the
 17 building. So we don't have any financial --
 18 MS. WILSON: You don't have a -- do you
 19 have a plan for if they would repossess?
 20 MS. LIEZERT: Yes. If they were to sell
 21 the building, then -- it's a rather large
 22 building with about nine offices in it and we
 23 don't need that many, so we would find a
 24 different site. And there are any number of
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1 commercial sites in Rockford that are available.
 2 MS. WILSON: I just -- I wanted to commend
 3 you on finding qualified people who are willing
 4 to work for under \$30,000 a year. That's sure
 5 dedication. I appreciate that.
 6 MS. LIEZERT: Yes. I think our people do
 7 it because they believe in the mission. And it
 8 isn't that anybody is saying, Well, I'm going to
 9 make this a -- I'm going to have a lot of extra
 10 money to spend when I work here. But it is a
 11 good group.
 12 MS. WILSON: Thank you. That's all.
 13 MR. HARP: I'd like to talk to you about
 14 your measures of effectiveness. You used a
 15 couple of things. One is the Global Assessment
 16 of Functioning scale, and I wonder if you could
 17 just go into a little more detail about what
 18 that is exactly and how often you actually
 19 obtain your criteria?
 20 MS. LIEZERT: The Global Assessment and
 21 Functioning looks at a person's independence and
 22 their ability to care for themselves. So it
 23 goes at the lowest level of they're really
 24 unable to manage pretty much their daily
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1 activities of life that are required, and at the
 2 higher end then they are -- they are fully
 3 functioning.
 4 So generally people are -- when they have
 5 mental health, behavioral health issues, they
 6 are needing assistance in areas of their lives
 7 and caring for themselves personally and
 8 economically and in living situations.
 9 So the achievement -- and this is
 10 always -- it is -- it's difficult when you're
 11 looking, because you're making a clinical
 12 judgment. You're saying, okay, when the person
 13 came in, this is what they saw. Describe it for
 14 me. This is what I understand they're being
 15 able to do. At the end of treatment, when you
 16 have agreed that this -- that they have achieved
 17 what their goals are, then you look at what
 18 their functioning is. So stabilization
 19 sometimes is achievement, that they haven't --
 20 they haven't decreased in their ability to care
 21 for themselves or contribute.
 22 So there's a pretty high percentage of, if
 23 they stay in treatment, it's usually about six
 24 to eight sessions that an individual would have,
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1 depending on the severity. Then, of course, we
 2 have people who have been with us for a
 3 significantly longer period of time. But their
 4 ability to achieve their goals, and goals are
 5 set with the clients.
 6 MR. HARP: So this is an evaluation the
 7 clinician does?
 8 MS. LIEZERT: Yes, the clinician would do
 9 the Global Assessment and Functioning.
 10 MR. HARP: Are there, like, specific
 11 questions they ask or is it more of an overall?
 12 MS. LIEZERT: Yes, there's a chart, and
 13 there are specific items that they identify.
 14 MR. HARP: So as long as they achieve
 15 stabilization, they don't get any worse, that's
 16 success? And you're looking at 75 percent?
 17 MS. LIEZERT: At least.
 18 MR. HARP: And how are you doing with
 19 that?
 20 MS. LIEZERT: Good. Actually, I think
 21 it's much higher than 75 percent.
 22 MR. HARP: I'm not singling you out at
 23 all. I'm saying, I always like more specific
 24 data. The next time around, if you could do
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1 that, it would help me a lot.
 2 MS. LIEZERT: I can provide you the scale.
 3 MR. HARP: Great.
 4 Then you also do client satisfaction
 5 surveys, and your criteria is 90 percent. What
 6 kind of questions? You know, how often do you
 7 achieve that goal?
 8 MS. LIEZERT: We're at 90 percent -- well,
 9 we were at 89.6 on a recent -- when I looked at
 10 that. And that is a -- after somebody has been
 11 at the agency, then they're given a survey that
 12 asked, Did they feel as though they were
 13 respected? Did they feel that their situation
 14 was addressed? Were their goals achieved? Did
 15 they feel -- so it's looking at, Do you feel as
 16 though the agency listened to you? Do you think
 17 that you came to an agreement on what kind of
 18 goals that you set for yourself? What is your
 19 satisfaction in your having reached those?
 20 It's kind of like a Likert scale, where
 21 it's, you know, I believe that I fully reached
 22 those. So we would consider a four or five to
 23 be a success.
 24 MR. HARP: Is that self-generated, you
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1 made this survey, or did you get it from
 2 somewhere?
 3 MS. LIEZERT: No, it's -- I have seen
 4 similar surveys that have been tested for
 5 validity and reliability, but I think maybe
 6 Family Counseling took it from previous surveys.
 7 MR. HARP: I have other questions, but I
 8 know we're running short on time, so I'll stop
 9 for now. And if you think we have more time,
 10 I'll come back.
 11 MR. HEAD: Thank you. Amy?
 12 MS. STEPHENITCH: I have no further
 13 questions.
 14 MS. BROOKS: I have a question maybe for
 15 you. Do our bylaws state that we can only fund
 16 one provider of a certain service?
 17 MS. BOWERS: No, it does not.
 18 MR. SIGLER: No, it does not.
 19 MS. BROOKS: I don't have anything else.
 20 I just want to say thanks for trying. I know
 21 you have put a lot of work into this. And just
 22 the fact that your organization is on kind of
 23 wobbly feet financially, yet you're still trying
 24 to serve more people, I think is very
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1 commendable.
 2 MS. LIEZERT: A lot of us are on wobbly
 3 feet.
 4 MR. HARP: Okay. I've got to do one more.
 5 I'm curious about your approach -- I'm kind of
 6 conferring from what I have read that there's an
 7 emphasis on cognitive behavioral therapy and
 8 other behavioral approaches. Would that be fair
 9 to say?
 10 MS. LIEZERT: I would -- yeah, that would
 11 be fair to say. You want to know what cognitive
 12 behavioral is?
 13 MR. HARP: I'm a school psychologist, so I
 14 am familiar with it.
 15 MS. LIEZERT: Okay. You know what it is.
 16 MR. HARP: Briefly, for everybody.
 17 MS. LIEZERT: Well, it is how you think.
 18 Influence is how you feel, influence is how you
 19 behave. So it's intervention at those points
 20 about thinking and feeling, that you're hoping
 21 that they -- that your goal would be that
 22 behaviorally there's a more functional, positive
 23 kind of response behaviorally.
 24 Because that's what we see, we see
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1 people's behavior that we don't understand. You
 2 know, for instance, the person that's crying in
 3 the street, that's a behavior. That can be
 4 upsetting. But there's something behind that,
 5 something that caused that person to have that
 6 kind of response. And that's what you're trying
 7 to influence.

8 MR. HARP: And then it also is more of a
 9 brief therapy approach, I gather? You said
 10 something about sessions.

11 MS. LIEZERT: Yeah, solution focused.
 12 What would life look like if it were to your
 13 liking? How would things turn out for you?
 14 What would you be doing?

15 So there is that part of it. Motivational
 16 interviewing is used to help the individual
 17 identify what it is, what the strengths are
 18 within themselves. And oftentimes shame is at
 19 the, kind of, core of what can be mental health
 20 issues, is that something has happened to an
 21 individual that then they -- that then they
 22 integrate into themselves and take on as their
 23 fault. And oftentimes it's a deeper kind of
 24 intervention, a psychotherapeutic kind of
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1 intervention, in trying to pull out what it is
 2 that has happened that causes this individual to
 3 have this kind of behavioral response that
 4 oftentimes is crippling.

5 MR. HARP: Thank you.

6 MR. HEAD: All right. Thank you so much.
 7 We'll be getting back in touch with you.

8 MS. LIEZERT: Thank you.

9 MR. HEAD: Can we take a five-minute
 10 recess, please.

11 (The hearing was recessed at
 12 8:03 a.m.)

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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)
 4 of)
 5 Family Counseling Services)
 of Illinois) Ogle County
 6) Sheriff's Office
 Ogle County, Illinois.) Oregon, Illinois
 7) May 16, 2017
 8
 9 I, Callie S. Bodmer, hereby certify that I
 10 am a Certified Shorthand Reporter of the State of
 11 Illinois; that I am the one who, by order and at the
 12 direction of the Chairman, Nick Head, reported in
 13 shorthand the proceedings had or required to be kept
 14 in the above-entitled case; and that the above and
 15 foregoing is a full, true and complete transcript of
 16 my said shorthand notes so taken.
 17 Dated at Dixon, Illinois, this 20th day of
 18 May, 2017.

19
 20 *Callie S. Bodmer*

21 Callie S. Bodmer
 Certified Shorthand Reporter
 Registered Professional Reporter
 22 IL License No. 084-004489
 IA License No. 1361
 23 P.O. Box 381
 Dixon, Illinois 61021
 24

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1 OGLE COUNTY.
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In the Matter of the Application)
 4 of)
 5 Lutheran Social Services) Ogle County
 of Illinois) Sheriff's Office
 6 Ogle County, Illinois) Oregon, Illinois
 7) May 16, 2017

8
 9 Testimony of Witnesses
 Produced and
 10 Examined on this 16th day
 of May, 2017,
 11 before the Ogle County
 Community Mental Health Board

12
 13
 14
 15 BOARD MEMBERS PRESENT:
 16 Kathleen Wilson
 William Sigler
 17 David Schier
 Vickie Deter
 18 Amy Stephenitch
 Lowell Harp
 19 Tracy Brooks
 Dorothy Bowers
 20 Nick Head, Chairman

21 Cecilia Zimmerman, Secretary
 22 Reporter: Callie S. Bodmer

23
 24

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1 MR. HEAD: Well, let's go around -- and
 2 Kathe will be with us shortly -- and we'll
 3 introduce ourselves.
 4 I'm Nick Head, President of the Mental
 5 Health Board.
 6 MR. SCHIER: David Schier, Board member.
 7 MS. DETER: Vickie Deter, Board member.
 8 MR. SIGLER: Bill Sigler,
 9 Secretary/Treasurer.
 10 MS. BOWERS: Dorothy Bowers, Vice
 11 President, Ogle County Board liaison.
 12 MS. BROOKS: Tracy Brooks, Board member.
 13 MS. STEPHENITCH: Amy Stephenitch, Board
 14 member. I have to leave a little bit early. I
 15 apologize. I have a meeting to get to.
 16 MR. HARP: Lowell Harp, Board member.
 17 MR. HEAD: Kathe, we're going around and
 18 introducing ourselves.
 19 MS. WILSON: Is it my turn?
 20 MR. HEAD: It is.
 21 MS. WILSON: Kathe Wilson, Board member.
 22 COURT REPORTER: I'm Callie Bodmer. I'm
 23 the court reporter.
 24 MS. ZIMMERMAN: Cecilia Zimmerman,
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1 recorder.
 2 MR. HEAD: Let's start -- will you both
 3 introduce yourselves, I guess, for the record?
 4 MS. MILLS: My name is Kris Mills. I'm a
 5 clinical manager out at Nachusa Lutheran Home.
 6 So I directly supervise one of the programs
 7 that's in the application.
 8 MR. HOOKER: I'm Jeremy Hooker, program
 9 director at Lutheran Social Services of
 10 Illinois.
 11 MR. HEAD: All right. Thank you so much.
 12 You kind of know the drill. If you'll just open
 13 up with whatever comments you would kind of like
 14 to make, and then we'll go around and ask
 15 questions.
 16 MR. HOOKER: Sure. Our application is
 17 pretty similar to the previous years. We're
 18 asking for the same funding amount for the two
 19 programs that have been previously funded by the
 20 708 Board: the Comprehensive Community Based
 21 Youth Services and Project Lead of Ogle County.
 22 I'll just give a very brief overview of
 23 the CCBYS, youth services program, for short.
 24 It's the same program that's been around for
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<p style="text-align: right;">Page 5</p> <p>1 over 30 years. It serves Lee, Ogle, Whiteside, 2 and Carroll Counties. It is like the 911 3 service for law enforcement if there's a runaway 4 or lockout youth in the community. So 24 hours 5 a day, seven days a week they can call our 6 hotline number, and we will respond with a 7 counselor in person to try to solve the runaway 8 or lockout case with the youth in the community. 9 That includes immediate counseling to just 10 try to get them back home with their parents 11 that night. If that fails, we can actually take 12 temporary custody of the youth, take that burden 13 off of law enforcement, and we'll place them in 14 foster home in the area or we can place them in 15 our treatment program at Nachusa Lutheran Home. 16 Then the services continue. We keep trying to 17 counsel. We keep trying to get that youth back 18 home. 19 The whole goal of the program is to 20 avoid the very costly system of detaining them 21 in a jail setting or calling DCFS. We're trying 22 to divert those cases away from DCFS and get 23 those families back together as a first 24 response. <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p> </p>	<p style="text-align: right;">Page 7</p> <p>1 community, is most effective at that age. So 2 we, of course, want to make sure that we 3 maintain the fidelity of -- and serve the 4 purpose that it's intended to. So we serve the 5 age group that the curriculum is intended for, 6 which is seventh grade. We go in and do ten 7 sessions of lessons that are aimed at providing 8 youth with the skills they need to be able to 9 say no to drugs and to be able to find the 10 self-esteem that they need to know that there 11 are other ways to get their needs met other than 12 experimenting with substances. They also learn 13 about the harmful effects of a lot of different 14 substances. 15 So they do a pretest and a posttest before 16 and after the curriculum that represents what 17 they learned. We also look to the Illinois 18 Youth Survey, which for those of you who aren't 19 familiar, this is a great resource of youths who 20 report themselves what's going on in their 21 lives. A lot of information about the 22 substances they're experimenting with, a lot of 23 information about bullying. Just a great 24 resource for what youth are reporting themselves <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p> </p>
<p style="text-align: right;">Page 6</p> <p>1 From there, we'll do some other follow-up 2 services perhaps with community partners like 3 Sinnissippi, which we might find some substance 4 abuse issues in the family, we might find other 5 issues, but we'll refer them out to other 6 agencies. So really a first point of contact 7 crisis-based program. 8 The second service of that program is 9 counseling for kids who are just at risk. They 10 haven't been locked out, haven't run away, might 11 be on probation, might have some station 12 adjustments at the police department. We can 13 provide counseling in the community, in their 14 home setting as a discretionary service in 15 addition to those crisis services. 16 So that's kind of the youth services 17 program in a nutshell. 18 MS. MILLS: Project Lead is a disease 19 prevention program aimed at youth ages 11 20 through 18, and there's a special focus on those 21 in the middle school age range, and that's 22 because research has shown that evidence-based 23 curriculum, which is one of the main services 24 that Project Lead provides to youth in the <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p> </p>	<p style="text-align: right;">Page 8</p> <p>1 are happening in their lives. So we use that 2 kind of as our guide to kind of monitor 3 substance use in the area and see the trends and 4 address them and then, of course, look to see 5 what's working. 6 We know from Illinois Youth Survey 7 results, past and the most recent, that there's 8 been a lot of progress in this area and that we 9 are seeing a lot of improvements. 10 And that's pretty much what Project Lead 11 is focused on. It's coalition driven, which is 12 really great, because that means as providers 13 we're not the ones saying this is what Ogle 14 County needs, this is what our community needs. 15 We get a group of community members together and 16 they make the decisions about what the community 17 needs and what they think are best for our 18 youth. 19 An example of that is the Too Good for 20 Drugs curriculum, which is what is used for Ogle 21 County, was chosen by the coalition. And this 22 coalition is just driven towards preventing 23 substance abuse among youth. 24 The other thing that's really unique about <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p> </p>

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1 this program is that it is just for Ogle County.
 2 So that's who it serves. And so we're in two
 3 schools right now, David L. Rahn and Meridian
 4 Junior High, and our hope is to never turn away
 5 any eligible schools in Ogle County that
 6 understand how beneficial this can be to their
 7 students.
 8 MR. HEAD: Okay. Tracy, would you like to
 9 start?
 10 MS. BROOKS: So you said that you're only
 11 in two schools. Those didn't sound familiar.
 12 Are they both in Dixon?
 13 MS. MILLS: No, it's Ogle County. We're
 14 in Meridian, which is Stillman Valley, and David
 15 L. Rahn, which is Mt. Morris. It serves a total
 16 of over 500 students per school year, so the
 17 numbers are certainly there.
 18 MS. BROOKS: Is it offered to all the
 19 schools in Ogle County and those are, like, the
 20 only ones who would participate?
 21 MS. MILLS: Right now those are the two
 22 that are participating. Our goal, again, is to
 23 never turn away anyone. At one point we were at
 24 the Rochelle Hub, the after-school project that
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1 the Rochelle Middle School has, but what
 2 happened is they couldn't get attendance to be
 3 consistent enough in the after-school program to
 4 maintain that fidelity of the model. Because in
 5 order for it to be proven to be effective, they
 6 have to participate in at least 80 percent of
 7 the lessons, and it was too hit and miss about
 8 the participation.
 9 So we're really focusing our efforts more
 10 now on getting in Rochelle Middle School to get
 11 in the classrooms. Usually it's during the
 12 health classes. So that's where a lot of our
 13 recruitment efforts are focused on right now.
 14 MS. BROOKS: That's all I have for right
 15 now.
 16 MS. STEPHENITCH: Just to piggyback on
 17 that, any efforts to try to engage force in
 18 Polo, Ashton -- well, Ashton is Lee County --
 19 but some of the middle schools?
 20 MS. MILLS: Yes.
 21 MS. STEPHENITCH: I know you mentioned
 22 Rochelle Middle School.
 23 MS. MILLS: We mentioned Rochelle because
 24 we kind of had that in with the Hub Project, but
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1 we always make -- and part of our requirement is
 2 really to have a recruitment plan for all of the
 3 schools that are eligible. So we make sure that
 4 we reach out to every single one of them and
 5 kind of gauge their interest level, see what
 6 maybe could help them consider us more, what --
 7 maybe what the issue is. Sometimes it's that
 8 the health teacher just isn't too interested in
 9 having somebody come in. Other times it's they
 10 want to learn a lot more about the curriculum.
 11 So we offer to come to the school and
 12 speak with the principal, counselors, health
 13 teachers, anyone who is interested in going
 14 through the curriculum and learning more about
 15 it. So whatever it is that's kind of holding
 16 them back, we try to make sure we address that
 17 so we can get as many schools participating as
 18 possible. 500-plus is a great number, but I
 19 would love to increase that, and I think we
 20 should make every effort to.
 21 MR. HOOKER: With this program, we only
 22 have one credentialed person teaching all the
 23 students. So one person is reaching almost 500
 24 students. This grant is actually in renewal
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1 this year. So we finished up our application
 2 and resubmitted it. And for Ogle County, we did
 3 request funding to move from one session to two
 4 so we can really up our recruitment plan, try to
 5 get in more schools.
 6 Because we're really at the limit of what
 7 one person can probably do realistically with
 8 the number of schools we're serving. So our new
 9 grant proposal did ask for funding for two.
 10 It also expands service, you know, just
 11 beyond the prevention and education in schools.
 12 There will also be communication campaigns,
 13 public service messages going out through the
 14 schools. So we are looking to expand in that
 15 direction too and really broaden the prevention
 16 number.
 17 MS. MILLS: And the In Plain Sight
 18 exhibit, some of you may have heard about that,
 19 that was in the community and has really went
 20 over well. So we're looking to expand and add
 21 to that and make sure it stays relevant.
 22 Because with something like that, you have to
 23 constantly kind of tweak at it to make sure that
 24 it's keeping up with the trends that are going
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1 on and always doing its job to educate parents
 2 and adult community members.
 3 MS. STEPHENITCH: I can appreciate that.
 4 Thank you.
 5 As far as the State funds, it looks like
 6 that's pretty a significant number. Is that
 7 grant only?
 8 MR. HOOKER: Uh-huh.
 9 MS. STEPHENITCH: This is the grant that
 10 you reapplied for?
 11 MR. HOOKER: Yes. The 125,000 is the
 12 Project Lead grant, but that's actually Lee
 13 County. They're each separate grants that get
 14 combined when they send us payment. So half of
 15 that money is Lee County -- the Project Lead of
 16 Lee County and half of that money is Project
 17 Lead of Ogle County.
 18 So the budget for Ogle County is
 19 technically about \$65,000 total. So that
 20 includes our one prevention specialist,
 21 administration and travel, all those costs.
 22 MS. STEPHENITCH: That's pretty
 23 consistent, the cash flow through the grant?
 24 MR. HOOKER: It has been. This will be
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1 different if this is renewed for the next year
 2 because our proposal is different. We have to
 3 wait on the Department of Human Services, their
 4 application, so they can let us know their
 5 position. They can actually come back,
 6 negotiate numbers with us as well, so that could
 7 change from what's in our application.
 8 MS. MILLS: The other great thing about if
 9 we were approved to get two workers is that then
 10 we have more openings. And sometimes what's
 11 holding schools back is the fact that they're
 12 saying, Well, I'm looking at your schedule and I
 13 see that our school can't really fit into it,
 14 because we only have these small windows of
 15 opportunity now because of, you know, the
 16 500-plus students that are already getting
 17 served.
 18 So this would really open that up and say,
 19 Let us be flexible to serve, you know, your time
 20 frames and your days and what you need, so.
 21 MS. STEPHENITCH: Thank you very much.
 22 MR. HARP: I'm going to ask you to expand
 23 on your Section 2.6, which is your measures of
 24 effectiveness criteria. I'm not singling you
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1 out at all. I wish all of our applicants would
 2 give a little more detail.
 3 MR. HOOKER: Sure.
 4 MR. HARP: It would help us answer all
 5 these questions. I can just read about them.
 6 One of your measures is the internal
 7 quality improvement program, quarterly reviews
 8 and so forth. Kind of, what are you looking for
 9 in there? What kind of results do you get?
 10 MR. HOOKER: So it's quarterly data. It's
 11 a big Excel spreadsheet that tracks a lot of
 12 different things; so a lot of the demographic
 13 information, age of clients, race, primary
 14 language of communication. So it goes through a
 15 demographic section.
 16 These data books are standard for most
 17 LSSI programs. So we tweak them a little bit
 18 individually for each program, but they all
 19 capture demographics. They capture risk
 20 management type things. So it goes through
 21 safety risks, any clients who have indicated a
 22 desire to hurt themselves, hurt someone else.
 23 The outcomes with those. Were they
 24 hospitalized? Were they able to be stabilized
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1 in their placement? It goes through our
 2 maintenance department, how many maintenance
 3 requests. It's a very long spreadsheet that
 4 kind of goes through all the general
 5 information.
 6 For outcomes, we look at satisfaction
 7 data. So we do surveys with clients that have
 8 been discharged. The key question on our
 9 satisfaction surveys, we look at overall client
 10 satisfaction. That's a good indicator of how
 11 things are going. It's individual questions,
 12 were your rights respected, things like that,
 13 where we kind of measure the overall
 14 satisfaction. So we look at the quarterly data
 15 for each quarter and then calculate the
 16 percentage of overall satisfaction.
 17 We also measure outcomes. So for each
 18 program, that's different because there's
 19 different goals for each program. For CCBYS,
 20 the main goal is family -- did the case move on
 21 to DCFS? That would be considered a failure for
 22 us if our system couldn't reconnect the family.
 23 So we track that data.
 24 I believe for the last year we were four
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1 out of five cases, so we were 80 percent for
 2 CCBYS particularly. So that's the main outcome
 3 for CCBYS.
 4 The secondary outcome for CCBYS is
 5 treatment plan process. We do the youth
 6 assessment screening inventory, which is an
 7 online assessment tool, which I'm not fully
 8 trained in, so I can't tell you each of the
 9 sectors. But there's several sectors to measure
 10 overall client functioning. So we can track
 11 projects on that. So that's a secondary measure
 12 we do, is was there overall improvement of
 13 client functioning?
 14 That data is also transmitted to our
 15 stakeholder, DHS, who pays us, and they track
 16 our overall program performance with that.
 17 So what we do is, we take those long
 18 spreadsheets, and then I translate them into a
 19 narrative form each quarter. So that will
 20 summarize key findings that I see in the data.
 21 Then that data is then shared with our team
 22 structure to talk about overall improvement and
 23 programs. At the end of the year, what we do is
 24 a summary, another narrative, that we'll go
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1 over.
 2 So that's kind of the QI process at LSSI
 3 in general.
 4 MR. HARP: Wow. That's a lot of data.
 5 MR. HOOKER: It is a lot of data. It's
 6 why we take spreadsheets and then break them
 7 down into a narrative, so we can kind of
 8 identify key things.
 9 Then all of those reports also go to Des
 10 Plaines, our corporate headquarters, and we have
 11 a big QI team there that looks over our work.
 12 When I do the quarterly report, it has to go to
 13 our executive director locally who oversees
 14 Rockford, Aurora and Nachusa. He signs off on
 15 it, and then it goes to the statewide agency.
 16 So there are a couple checks and balances along
 17 the way besides just me going over it with my
 18 team.
 19 MR. HARP: Just so I'm clear on this, what
 20 you're doing is, like -- therapy or whatever,
 21 it's their sort of evaluation of how the client
 22 is doing and that's entered in?
 23 MR. HOOKER: Yes. For CCBYS -- and each
 24 program will be different. We can talk about
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1 Lead's QI process. But the CCBYS tool is a tool
 2 that's mandated by the grant. It is a very
 3 particular set of questions that we meet with
 4 the client, and it generates a treatment plan.
 5 Then every 30 days, I believe, they go over this
 6 treatment plan and measure improvement areas.
 7 MR. HARP: Do you have a specific target
 8 that you're trying to reach a number of people?
 9 MR. HOOKER: Yes.
 10 MR. HARP: Report those, because that
 11 would help me.
 12 MR. HOOKER: Yeah, we -- I think we did it
 13 in general.
 14 MR. HARP: You did.
 15 MR. HOOKER: Yeah, overall improvement in
 16 functioning was 60 percent for the past year.
 17 But we could break it down. If you wanted to
 18 even see an example of the screening, we could
 19 do that too.
 20 MR. HARP: Sure. All right. Thank you.
 21 MS. WILSON: I don't have too much. So
 22 the new program, the Youth Works is a new
 23 program that's going to be in Ogle County, but
 24 you are not asking for any money for that?
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1 MR. HOOKER: Correct.
 2 MS. WILSON: Okay. Why?
 3 MR. HOOKER: Because the funding for the
 4 grant is at a level where we don't need any
 5 additional funding for that program right now.
 6 With it being -- it was granted to us as an
 7 eight-month program, and we wanted to see what
 8 was going to happen with it and let it get
 9 established. We just started in October.
 10 MS. MILLS: It was late-announced.
 11 MR. HOOKER: It was a late-announced.
 12 Right now, actually, it's funded well enough for
 13 what the program is doing.
 14 MS. MILLS: With it just launching, it's
 15 really right now more about reaching out,
 16 getting people onboard, getting the services in
 17 place. Then from there, we would assess if it's
 18 ongoing and if there was any additional funding
 19 needed.
 20 MS. WILSON: So at the end of eight months
 21 and you do want to continue, you will be asking
 22 for money from us next year?
 23 MR. HOOKER: Not necessarily, if the
 24 funding stayed level and the State pays us our
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1 contract dollars. We have several programs in
 2 Ogle County that we don't ask money for because
 3 they're self-sufficient and they don't need the
 4 extra money to serve them. We have foster care
 5 and adoption, we have Affordable Senior Housing,
 6 we have our IPS program that you have previously
 7 funded but then the State renegotiated their
 8 contract and we got more funding for that
 9 program, so we don't seek funding that for that
 10 anymore.

11 So it really just varies on the need of
 12 the program for what we bring to you. We wanted
 13 to make you aware of it because, one, we're
 14 trying to get awareness up, and it's also
 15 coalition-based, much like Project Lead, so it
 16 needs community member involvement.

17 MS. WILSON: Thank you very much.

18 MR. HEAD: Is the Illinois Youth Services
 19 a survey that's paid for by the schools? Is
 20 that --

21 MS. MILLS: No. It's absolutely free to
 22 schools.

23 MR. HEAD: Why don't they all have it?
 24 Have you talked to the superintendent, Tom
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1 Mahoney?

2 MS. MILLS: Sometimes it's hard to get
 3 schools engaged and wanting to take the survey.
 4 In part, I think, that there -- get a little
 5 scared about the results. Some of the
 6 information is a little bit alarming. Sometimes
 7 we like to keep our blinders on and think that
 8 these types of things don't happen with our
 9 youth. Sometimes they're not familiar with the
 10 process.

11 That's one area that Project Lead has
 12 really stepped up with and tried to help with,
 13 because we will help administer, we will help
 14 the school get set up. We really try to make
 15 sure that whatever it is that's keeping them
 16 from participation, if we can help at all, we
 17 do. Because we understand the importance of it,
 18 and we try to help schools to understand the
 19 importance that a lot of times this is where the
 20 information is gathered so that services can be
 21 obtained from the State so that we can address
 22 that. So it's better to kind of get the
 23 information and figure out a plan to address the
 24 issues rather than turn a blind eye to it.

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1 But we get a lot of different responses as
 2 to why schools are hesitant about participation.

3 MR. HEAD: Have you talked to the
 4 superintendent of schools, Tom Mahoney?

5 MS. MILLS: I believe that Jessie has. I
 6 know she has reached out to every school. It's
 7 similar to the recruitment plan for curriculum
 8 participation. We also have to have a
 9 recruitment plan for the Illinois Youth Survey
 10 as a part of the grant. So these are parts --
 11 and I'm glad you guys are asking these
 12 questions, because these are little components
 13 of the grant that don't get as much attention
 14 because it's not -- you know, it isn't the same
 15 as talking about the curriculum that directly
 16 serves the youth. But these are important
 17 things that Project Lead does do and are very
 18 much involved with.

19 MR. HEAD: The Illinois Youth Survey data
 20 that I saw said that alcohol was a significant
 21 problem in youth, and not that it's out of the
 22 ordinary but that it's a significant problem.
 23 And I'm wondering about specific programming for
 24 youth with alcohol problems.

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1 MS. MILLS: Well, the good thing is, is
 2 that this curriculum is evidence-based to
 3 address alcohol. So when we looked at the
 4 original Illinois Youth Survey and we're looking
 5 at our options for evidence-based curriculums,
 6 knowing that it has been proven to be effective,
 7 this was one that very much stood out to us and
 8 was recommended to us.

9 So I -- if I am remembering correctly,
 10 because I have had to analyze the data recently,
 11 we have had a lot of recent decreases in the
 12 categories of alcohol use. We're still above
 13 the state average. But we also have to remember
 14 that the program is about five years old, and
 15 initially, the first year or so, it was more
 16 about launching the program, getting the
 17 coalition there, and then we started to add
 18 schools.

19 Meridian Junior High School, which is
 20 really the big bulk of our numbers, was just
 21 added two years ago. Those students haven't
 22 gotten to that high school level yet to where
 23 we're even to the point where they're surveyed
 24 yet.

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1 So the Illinois Youth Survey and the fact
 2 that we serve the curriculum and a lot of the
 3 population that Project Lead is focused on,
 4 we're just getting to the point now where we're
 5 starting to see the data from the youth that
 6 have been served come to be of age to where we
 7 can really figure out the effectiveness and the
 8 impact that it has had on our Ogle County youth.
 9 MR. HEAD: Okay. Thank you.
 10 MR. SCHIER: I don't have any questions,
 11 but I'm super impressed with the Project Lead.
 12 It should be -- we need to push the heck out of
 13 this. I just love that.
 14 MS. MILLS: Thank you. I appreciate that.
 15 MR. SCHIER: That's one of them front
 16 lines I was talking about a few months ago,
 17 where we got to be there. You know, it's always
 18 been there, but the drug thing, the alcohol
 19 thing just keeps getting worse. I wish it was a
 20 mandate for all schools for you to be in there.
 21 MS. MILLS: I do too. I think it would be
 22 very beneficial to have that at every school
 23 and, you know, that's still the goal. And I'm
 24 pretty optimistic. I think, especially with
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1 community support, we're going to get there,
 2 because it's the community that puts the
 3 pressures on the schools and say, Hey, this is
 4 here, it's free for you to take advantage of it,
 5 and they are more likely to do that.
 6 MR. SCHIER: Thank you. Thank you people
 7 so much. I really thank you for what you do.
 8 MS. DETER: Mine is not so many questions,
 9 just -- and doesn't really have anything to do
 10 with -- but I loved the insert. It gave me a
 11 lot of good insights of what you do and the
 12 Department for Seniors and everything, which I
 13 did not -- being a nurse, I did not know it
 14 existed.
 15 Are you going to -- are you guys the ones
 16 that are involved with the movie 13 Reasons Why
 17 that's being shown right now, or is that just
 18 something that some of the junior highs are
 19 doing on their own? Because I had the
 20 opportunity to be working and inputting stuff in
 21 the computer at the junior high for Oregon, and
 22 there's controversy with the parents. They do
 23 not -- some of them do not want this shown. I
 24 think it's something that needs to be done. I
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1 think they need to know this. Suicide is
 2 happening. But I didn't know if that was you or
 3 somebody else?
 4 MS. MILLS: No, that is not us. I don't
 5 know which agency -- have you heard which agency
 6 it is?
 7 MS. BROOKS: There's an agency showing
 8 that movie?
 9 MS. DETER: I don't know if it's the
 10 school itself or an agency behind showing the
 11 movie. They're showing it at Mt. Morris.
 12 MR. BOWERS: There's two movies, there's
 13 two of them, and I don't remember who's
 14 sponsoring that or who is doing that.
 15 MS. BROOKS: The only one I'm familiar
 16 with is the Selena Gomez, there's a show, TV
 17 show on the effects or something, 13 reasons,
 18 and it goes through why this girl commits
 19 suicide. It's very controversial, actually --
 20 MS. DETER: Yeah, it is.
 21 MS. BROOKS: -- in the mental health
 22 field. They do not consider it a good source of
 23 information.
 24 MS. DETER: Yeah, I don't know who is
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1 showing that. I just didn't know. I wanted to
 2 ask you that.
 3 One other thing, Section 6, Page 22, I
 4 absolutely loved the fundraising and development
 5 activities. Wow. You're getting a lot of money
 6 from people that have left you estate gifts and
 7 individual gifts. That is impressive that
 8 people are thinking about you that way.
 9 MR. HOOKER: Yeah, we actually have some
 10 renovations going on at Nachusa which is a
 11 result of an estate gift. We are going to have
 12 a little wellness center and have fitness
 13 equipment for the kids in the residential
 14 substance abuse program.
 15 MS. DETER: That's basically all I have.
 16 MR. SIGLER: I have been down to visit you
 17 on a lot of occasions, and I'm coming back as
 18 soon as the gym is finished.
 19 I won't ask a question this time, because
 20 I found it on Page 8 after I originally saw it
 21 on Page 2. LEAD, Leaders Encouraging Abstinence
 22 From Drugs. I told my wife, I said, Find it for
 23 me, dear, because I can't. I keep telling
 24 people in this room, she's a lot -- I look for
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1 acronyms, and she found it for me on Page 9.
 2 Back to serious things though. We talk
 3 about the delivery of services to Ogle County
 4 residents. I read your -- in detail after
 5 church on Sunday, all funding, all moneys
 6 received from 708 Board, that funding remains in
 7 Ogle County. Last year \$15,000 that was granted
 8 to you remains in Ogle County. That's -- I
 9 say -- I'm satisfied with that.
 10 Tell me a little bit about your services.
 11 Now, you talked about services, runaways, you
 12 talked about getting them back in the house.
 13 What type of mental health services specifically
 14 do you provide for your clients? That's what
 15 I'm interested in, and that's what we're charged
 16 with as a Board.
 17 I may look like I don't know what I'm
 18 doing, but it surprises them when they get the
 19 decision back. And I have to really dwell on
 20 this, because they haven't really convinced me.
 21 One other question I had too, was when we
 22 look at your submission -- I looked at your
 23 submission. It's for Lutheran Services. It's
 24 not for Ogle County, when I asked for your
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1 audit. And I can't, in my own mind, break it
 2 down to say, this is what's being applied to
 3 Ogle County, this is what's going in Lee County,
 4 and I find it to be very difficult.
 5 I know we're not going to solve it today,
 6 and if we do, you better find somebody else
 7 other than me. But consider it in the future in
 8 your submissions so I can understand it better.
 9 I would greatly appreciate that.
 10 Back to the mental health services you
 11 provide to residents of Ogle County, please.
 12 MR. HOOKER: Well, with Project Lead,
 13 that's really simple. It's -- the youth
 14 prevention education is the direct service. So
 15 it's evidence-based prevention. It's a specific
 16 curriculum that you can look up online or we can
 17 go over it with you. Too Good For Drugs is the
 18 name of it.
 19 Do you know what company? You probably
 20 know more.
 21 MS. MILLS: I believe Rand, R-A-N-D, is
 22 who researched it and did all the pilot testing
 23 on it years ago to make sure that it is proven
 24 effective with this age group as long as the
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1 criteria are followed. That's why it's really
 2 important to the program to make sure that we do
 3 that and we follow those guidelines they put in
 4 place for us, because that's how we know this is
 5 proven to be effective.
 6 So that's the -- some people ask, Why
 7 don't you go to the high school and do Too Good
 8 For Drugs? Well, it's not evidence-based
 9 effective in the high schools. So the high
 10 school, they say, you need more intervention.
 11 That window of opportunity for prevention, which
 12 is what the focus of Project Lead is, is that
 13 seventh and eighth grade age level. So seventh
 14 grade you get the bulk of the information.
 15 Eighth grade, go back and do booster sessions.
 16 These are reminders of what you have learned and
 17 a little bit more information to go along with
 18 it as you prepare to go on to high school.
 19 Those youth, yeah, they are the ones that
 20 we're focused on in terms of services. We --
 21 I'm sorry.
 22 MR. SIGLER: I used to instruct
 23 communications at the FBI Academy. Obviously,
 24 the communicator, the one that's presenting, is
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1 the one at fault if he doesn't get his point or
 2 her point across.
 3 I'm looking for, so I can say in my mind,
 4 you're servicing our community with mental
 5 health services in what form? You're telling me
 6 you go to the schools and you do this, this and
 7 that, but mine transcends that. Mine is asking
 8 you a question that I don't know how to phrase
 9 it because I'm an old man, if you believe --
 10 well, you believe that. I have told that for 20
 11 years, though.
 12 What mental health services do you provide
 13 for my son, if he needs it and he comes to your
 14 facility, besides housing, besides trying to get
 15 him back in my house? How do you accomplish
 16 that? How do you accomplish that?
 17 MR. HOOKER: We service a specific
 18 population as defined by our grants. So for
 19 Project Lead, it's substance abuse prevention
 20 education.
 21 For CCBYS, a little different. The child
 22 would have to meet criteria. 12 to 17 years
 23 old, and then they would have to be at risk in
 24 the community, which can be defined in a pretty
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1 loose away. So a referral could come from a
 2 teacher who's seen a student who's having
 3 difficulties, it could come from a probation
 4 department, it could come from a police station.
 5 So when that client is referred to us, they
 6 receive mental health services. They're hooked
 7 up to a counselor, they have weekly sessions,
 8 they set goals, they have a treatment plan, they
 9 have a screening to measure it.

10 MR. SIGLER: Now you're talking about what
 11 I'm trying --

12 MR. HOOKER: We use the JASSI Youth
 13 Assessment and Screening Inventory to find those
 14 mental health issues and plug them in.

15 And because we have such a crisis-based
 16 and short-term program, this might qualify what
 17 you heard with mental health first aid training,
 18 those types of things. It is a brief
 19 intervention. They identify issues. If we see
 20 long-term family issues, we'll refer to another
 21 long-term agency who does that type of work, the
 22 weekly sessions for six months or a longer time.

23 MR. SIGLER: You mentioned you refer to
 24 Sinnissippi?

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1 MR. HOOKER: We may. We may refer to
 2 substance abuse treatment within LSSI. We may
 3 refer to mental health treatment at Sinnissippi.
 4 If a client needs medication, this particular
 5 program does not have a psychiatrist. So if
 6 we're seeing behaviors that are so severe that
 7 they need medication, we also rely on the
 8 community partners.

9 So we do not do the traditional what you
 10 would see with mental health services all in
 11 one. This is a specific program with specific
 12 outcomes, measurements and things that it's
 13 required to do per the grant. But they are
 14 mental health in nature certainly and they are
 15 mental health services.

16 MR. SIGLER: I think one of my co-Board
 17 members said earlier, Can we identify people who
 18 have mental health issues as just health issues?
 19 And I think that's pretty close to it.

20 MR. HOOKER: It's rare to find a client
 21 that doesn't have co-occurring issues, that
 22 doesn't have multiple issues. There can be
 23 health issues, there can be mental health
 24 issues, there can be substance abuse treatment

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1 issues. So we really have to look at the whole
 2 person. Some of the programs we're talking
 3 about specifically aren't designed to treat the
 4 whole person, so we need to look at the
 5 community to fill in some of those gaps.

6 MS. MILLS: And some of what we do in the
 7 classroom program, is we think of it in terms of
 8 almost like a group counseling session where
 9 there's educational pieces there but there's a
 10 lot of interaction. And that's a lot of times
 11 how learning takes place.

12 So, you know, you have visited out to the
 13 campus and seen our choices, residential units.
 14 A lot of times that's how they do their groups,
 15 is there's a leader there, there's someone who's
 16 leading the group, conducting the group, but
 17 group members are interacting and learning from
 18 one another why this information is being
 19 presented. It's similar to that, it's just that
 20 it's obviously a different type of intensity and
 21 a different type of setting. But that's what I
 22 would compare it to, is the group counseling.

23 And, of course, we have had students come
 24 up to us afterward and say, you know, You talked

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1 about something today, and I have seen something
 2 with a friend, or I have seen something in my
 3 family. So that's where the referral piece
 4 comes in for Project Lead, is that we're never
 5 going to leave anyone -- and all throughout
 6 LSSI, this is an agency-wide thing. You don't
 7 leave anyone in need without answers, without
 8 unanswered questions. You refer them and let
 9 them know about the services that are in our
 10 area.

11 I mean, that's why our participation in
 12 708 is important. It's why we seek out referral
 13 guides, so that we know and have an awareness
 14 for the services that are in our area to let
 15 other people know who need them. Sometimes it
 16 is other agencies, and that's okay because
 17 that's -- if that's what that person needs, then
 18 it doesn't matter, you know, if it's LSSI, it
 19 doesn't matter if it's Sinnissippi. What
 20 matters is they get what they need.

21 MR. SIGLER: You see me smiling at you. I
 22 can't keep a poker face. I'm pleased with what
 23 I'm hearing. Thank you very much. I have no
 24 further questions.

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1 MS. BOWERS: I have just one question. In
 2 your Section 2, Exhibit 1, your actual clientele
 3 is less than what you're projecting for CCBYS --
 4 did I say that right? Why do you think that is?
 5 MR. HOOKER: I can tell you why our
 6 numbers were low last year. It's because the
 7 State of Illinois didn't pay us for most of the
 8 fiscal year, and then we got our money kind of
 9 in a lump sum finally towards the end of the
 10 year. So we had maternity leaves with staff, we
 11 had to withdraw some of our discretionary
 12 services. We never missed our 24/7 crisis
 13 services. We were always available. We always
 14 had that rotation.
 15 But our numbers were down. A lot of
 16 people were under the impression that LSSI as an
 17 agency closed. There was a lot of
 18 miscommunication. We tried to do our best to
 19 get the word out that we're here, providing
 20 services. So some of those barriers kept our
 21 numbers down.
 22 We are looking to expand, hire another
 23 counselor in CCBYS and really get the word out.
 24 Police departments know we're here, they
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1 never -- they always knew the crisis number. We
 2 still received a lot of support from them.
 3 We want to get the word out to schools so
 4 that when they're seeing kids at risk, we can do
 5 that earlier intervention. So we're really
 6 focused on the prevention, early intervention,
 7 to try to get to the kids earlier in the system.
 8 That's -- our numbers were not stellar
 9 last year as far as the number of clients
 10 served, not where we would like to see them.
 11 MS. BOWERS: I just have a comment. You
 12 have a new girl doing the Project Lead for Ogle
 13 County. What an enthusiast.
 14 MS. MILLS: She's excited.
 15 MS. BOWERS: Just a bubbly personality.
 16 MS. MILLS: And that was very important,
 17 because -- well, as you all know, Jessie was
 18 wonderful.
 19 MS. BOWERS: Yes, she was.
 20 MS. MILLS: And it's hard to replace
 21 people who are wonderful, and so I went through
 22 a lot of interviews, because I think it's really
 23 important to find the right person. And part of
 24 that is finding the right personality, someone
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1 who is passionate about Ogle County, passionate
 2 about prevention, and really excited about doing
 3 the job.
 4 MS. BOWERS: I can't remember her name,
 5 but that's okay. I don't remember.
 6 MS. MILLS: Jackie.
 7 MS. BOWERS: Jackie, yes. Thank you.
 8 Thank you. That's all I have.
 9 MR. HEAD: Anything else, Bill? Vickie?
 10 MS. DETER: No.
 11 MR. HEAD: Dave?
 12 I love Project Lead. And when you look at
 13 those numbers, you know the -- beyond those
 14 numbers, the kids they talk to, the families
 15 that they talk to, they have learned at an early
 16 age that it's okay to talk about difficult
 17 things, and they can model that for other
 18 people. So I don't think you can overstate the
 19 impact of that. I hope that Project Works has a
 20 similar sort of impact.
 21 You cited some data that there was
 22 evidence that youth violence was an issue in
 23 Ogle County. Could you give me some numbers?
 24 MS. MILLS: That was based on the Illinois
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1 Youth Survey. Particularly -- and I cannot
 2 recall the exact numbers. I have my sheet right
 3 on my desk. Sorry, I didn't think to bring
 4 that.
 5 Dating violence was particularly a
 6 problem. A lot of especially sophomores, tenth
 7 graders, reported being hit, slapped,
 8 intimidated and of various forms of dating
 9 violence, is really what stood out to me. It's
 10 what inspired me to pursue this.
 11 We hear the buzz word "bullying" a lot,
 12 and bullying is obviously an issue in a lot of
 13 different areas, including Ogle County, but I
 14 was surprised by the dating violence and very
 15 concerned. And that's one of the main reasons
 16 why we decided to pursue the opportunity to
 17 address that.
 18 MR. HEAD: I'm glad you did. Because, as
 19 with alcohol abuse, it points to other
 20 underlying indicators and family training and
 21 socializing and all kinds of things, and I think
 22 if kids can start to have that conversation
 23 early, that that's great.
 24 I don't think I have any other
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1 questions -- oh, actually, in terms of unmet
 2 need, I guess, if you can get another prevention
 3 specialist, that would be meeting an unmet need.
 4 Are there any other unmet needs that come to
 5 mind when you think of Ogle County?
 6 MR. HOOKER: Nothing is coming to mind.
 7 MR. HEAD: Okay. You do an amazing job.
 8 I believe in youth outreach. I started in youth
 9 outreach in '76. That's where I began my
 10 career. And it makes difference.
 11 Okay. Kathe?
 12 MS. WILSON: I just had a suggestion, or
 13 perhaps you have already done this, presenting
 14 to the County Board on Project Lead, because the
 15 County Board, by mandate, is for all of the
 16 county. So if you want to get the word out to
 17 all over the county, the County Board might be
 18 another venue.
 19 MS. BOWERS: I think Jessie did present to
 20 the County Board.
 21 MS. MILLS: That sounds familiar.
 22 MS. WILSON: On Project Lead?
 23 MS. BOWERS: Yes. I'm almost sure she
 24 did.
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1 MS. WILSON: Again?
 2 MS. BOWERS: Yeah, it's been a couple
 3 months.
 4 MS. MILLS: But thank you for the
 5 suggestion. Maybe doing a follow-up or seeing
 6 if we can do a follow-up would be a good idea.
 7 MR. HARP: Actually, I have a couple of
 8 questions that Amy would like to know. She
 9 can't be here right now. But regarding the QI
 10 outcome on your evaluation regarding Project
 11 Lead, she was curious, what kind of input is
 12 that? Is it client satisfaction? Or how do you
 13 determine that?
 14 MS. MILLS: What we do for Project Lead is
 15 a couple different things actually, because
 16 initially we started off with pre and post
 17 tests, because we thought it was really
 18 important to have the before and after to
 19 compare and to get an idea of how much learning
 20 takes place throughout those ten weeks of
 21 classroom presentations. That was -- we saw
 22 significant increases, which was very promising.
 23 In terms of our LSSI data, we keep track
 24 of the number of participants and some of the
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1 demographics that Jeremy spoke about regarding
 2 the students that do participate. And then they
 3 need to participate in at least 80 percent of
 4 the lessons, because that's how we know it's
 5 effective. If they're not there for those 80
 6 percent, then we lose the fidelity of the model.
 7 So success is to attend at least 80
 8 percent of the lessons presented.
 9 MR. HARP: Pre and post test and
 10 attendance?
 11 MS. MILLS: Yup.
 12 MR. LOWELL: Then I don't know if it was a
 13 suggestion or a question. Have you reached out
 14 to the Chana Education Center in Ogle County for
 15 Project Lead?
 16 MS. MILLS: Not that I'm aware of, we have
 17 not.
 18 MR. HARP: I'm sure they would jump at it.
 19 MS. MILLS: I'm wondering if they -- yeah,
 20 and I'm trying to think if their classrooms are
 21 grouped together with different age groups, and
 22 if so, that would be the challenge. And I --
 23 but we should look into it. It is a good
 24 suggestion, and I'll pass that on to Jackie to
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1 contact them and see what would be possible.
 2 MR. HARP: Okay. Very good.
 3 And then my question is, our contribution
 4 to Project Lead is about 5.7 percent, by my
 5 math, of money that you use. And for CCBYS,
 6 it's like 3.6 percent. Not a huge percentage.
 7 But does that completely cover the shortfall
 8 from IDHS funding then? Does that make it work
 9 for you?
 10 MR. HOOKER: It does. It will actually
 11 balance the budget so we're not in a loss. It's
 12 up to us to design our own budget and present
 13 them to DHS. So that money for that project --
 14 it's a little different for all programs. For
 15 Project Lead, that does push us above being in a
 16 loss for the year. For CCBYS, it's actually
 17 required that we have a match of -- it's about
 18 20 percent total of our funds allowed from DHS.
 19 So your money that's contributed from the 708
 20 Board goes towards that match. If we didn't
 21 have that money, we wouldn't have a program.
 22 They want to see the communities invested in the
 23 programs.
 24 So that's where that is calculated from,
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1 is to go towards to match the portion from Ogle
2 County so we can have the program.

3 MR. HARP: For Project Lead, if you didn't
4 have our money, you would have to cut back on
5 the program?

6 MR. HOOKER: Yeah, we would have to reduce
7 services. We already run -- if you look at that
8 budget specifically, you can see it's a pretty
9 lean program for what we're able to provide.

10 MR. SIGLER: Very responsible budgeting
11 and managing.

12 MR. HEAD: Tracy, did you have any other
13 questions?

14 MS. BROOKS: No, I didn't.

15 MR. HEAD: Thank you so very much.

16 MS. MILLS: Thank you.

17 MR. HEAD: Board members, if you could
18 hang around for just a couple of minutes. Let's
19 recess.

20 (The hearing was concluded at
21 8:53 a.m.)
22
23
24

In Totidem Verbis, LLC (ITV)

1 OGLE COUNTY
2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)

4 of)
5)

5 Lutheran Social Services)
of Illinois) Ogle County
6) Sheriff's Office
Ogle County, Illinois.) Oregon, Illinois
7) May 16, 2017
8

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

17 Dated at Dixon, Illinois, this 20th day of
18 May, 2017.

19 *Callie S. Bodmer*

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

24 In Totidem Verbis, LLC (ITV)

Page 1

1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In The Matter Of:)
 4 Village of Progress, Inc.)
 4 Fact-Finding Hearing)
 5) Old Ogle County
 5) Courthouse
 6) Oregon, Illinois
 6) May 30, 2017
 7
 8
 9
 10
 11 Board members present:
 12 Kathleen Wilson
 12 William Sigler
 13 David Schier
 13 Vicki Deter
 14 Lowell Harp
 14 Tracy Brooks
 15 Dorothy Bowers
 15 Nick Head, Chairman
 16 Cecilia Zimmerman, Secretary
 17 Others present:
 18 Brion Brooks
 19
 20
 21 Reporter: Callie S. Bodmer
 22
 23
 24

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 4 Brion Brooks 26
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 19
 20 End. 51
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 23
 24
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1 MR. HEAD: Good morning, everybody.
 2 Hopefully you had a meaningful and pleasant
 3 holiday weekend.
 4 Why don't we take roll call.
 5 (Roll call was taken.)
 6 MR. HEAD: All right. Let me, if I can,
 7 try to briefly state why we're here. It came up
 8 in the course of reviewing the application for
 9 the Village of Progress that there was a rumor
 10 or perception among Board members that the --
 11 MS. WILSON: Wait a minute. Are you
 12 saying County Board members or 708 Board
 13 members?
 14 MR. HEAD: County Board members, some
 15 unnamed County Board members, a perception that,
 16 Why were we funding the Village of Progress the
 17 way we were, given that they just opened a
 18 bakery? And I think part of that was, were
 19 County funds being used to fund the bakery?
 20 And we discussed that and didn't come up
 21 with an answer for ourselves, and decided to
 22 meet and talk to the preparer of the proposal,
 23 the one who knows the most about the Village of
 24 Progress, and that's why Brion is here.
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1 And would anybody add anything to that or
 2 correct any part of that?
 3 MR. SIGLER: I don't understand why we're
 4 here. We have unfounded accusations being made
 5 by an unknown individual, saying that the
 6 Village is in violation of the Act. I read the
 7 Act in detail last night again. I find nothing
 8 in the Act that the Village of Progress had
 9 violated. In fact, the Act is clear, it says
 10 not only services, but property. It's
 11 consistent through the Act.
 12 When we, this County, submitted its
 13 initial request for funding, here's the results,
 14 and I want to read this to you -- I forgot my
 15 glasses. I can't read this to you.
 16 MS. BROOKS: Want me to read it?
 17 MR. SIGLER: Read it, please.
 18 MS. BROOKS: Just the bottom down here?
 19 MR. SIGLER: Yeah. Because it's clear, it
 20 says service and property.
 21 MS. BROOKS: Shall the County of Ogle levy
 22 an annual tax not to exceed 0.1 percent on all
 23 the taxable property in Ogle County at the full
 24 fair cash value thereof as equalized or assessed
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1 by the Department of Revenue to provide funds
 2 for community health facilities and services,
 3 including facilities and services for the
 4 mentally retarded.
 5 MR. SIGLER: I think that is clear.
 6 MS. DETER: But it's not --
 7 MR. SIGLER: Ma'am, here, please, let
 8 me -- I have the floor.
 9 I have done this for years as a federal
 10 labor law judge and as a State labor law judge.
 11 The person making the allegations must prove the
 12 allegations. The burden lies with him or her,
 13 not with the individual who he's alleging has
 14 violated the provisions of this Act. The Act is
 15 clear. I found at least 19 entries in the Act
 16 where it said not only services but property.
 17 Property, property, property.
 18 And if anybody is in violation, I would
 19 say it's us. We did not approve it. You can
 20 say, Well, we didn't have it before us, but we
 21 did not approve it. We are the governing board
 22 in this particular case over the disbursement of
 23 the funds, the actual disbursement. And if we
 24 have to justify this -- see, I was brought in
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1 this same room, this same room, on unfounded
 2 allegations made by an individual. I didn't
 3 know until I got here what the allegations were.
 4 This is no way to run a county. No way to run a
 5 county, and I'll say that to the full County
 6 Board also. It's no way to run a county.
 7 If indeed somebody is going to make an
 8 allegation, let them support that allegation.
 9 And this is the actual law. This is the law
 10 passed by the State of Illinois, and nowhere in
 11 here do I find that.
 12 Enough said on that part for now.
 13 MS. DETER: I just was going to say that I
 14 have read this too, and the way I look at it, is
 15 some of the services we are providing, not --
 16 they're fine -- it should be for mental health
 17 and behavioral disorders. You know, I mean, not
 18 for some of the other stuff we're funding
 19 already, like Hospice which doesn't have -- I
 20 mean, they do -- what do you call it?
 21 MS. BROOKS: Bereavement services.
 22 MS. DETER: Yeah, but that doesn't say
 23 anything in the law.
 24 MR. SIGLER: Ma'am, and I don't take issue
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1 with you there. What I do say is, we're getting
 2 far afield again. The issue before us this
 3 morning is, was the Village of Progress -- now,
 4 as I understand the allegation -- it's never
 5 been clearly written or submitted to me --
 6 improperly using County funds to purchase
 7 property for their use and the use and the
 8 delivery of services to the mentally
 9 handicapped?
 10 I take it a step further. These are not
 11 County funds. These are 708 Board funds.
 12 Again, the law is clear. 708 funds, not County
 13 funds. And believe me, I will take this much
 14 further if I have to, and if I have to go down
 15 to the Appellate division down in Springfield --
 16 and I have worked with those guys for 35
 17 years -- and ask this same question, Why? Why?
 18 Enough said on my part. I'm open to
 19 hearing anything that Brion would have to say.
 20 MR. HEAD: Thank you.
 21 MS. DETER: Yeah, that's --
 22 MR. HEAD: Yeah, Dave.
 23 MR. SCHIER: I would just like to say that
 24 I agree a hundred percent with what Bill just
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1 said --
 2 MS. BROOKS: Uh-huh.
 3 MR. SCHIER: -- totally. And I'm even
 4 going to take it a step further. Let's say he
 5 spent \$500 to -- you know, and of course, this
 6 is the argument we're having right now, but look
 7 at what they're doing. I mean, a couple of
 8 bucks, so what? You know, he's got a whole
 9 other thing going down there and he's got
 10 employees that are -- I mean, who else is doing
 11 that? Nobody, that we know of. I love what
 12 Brion is doing.
 13 MR. HEAD: Thank you. Anybody else?
 14 MS. WILSON: Me.
 15 MR. HEAD: Yeah, Kathe?
 16 MS. WILSON: I agree with Bill a hundred
 17 percent also, but the thing is, is that I don't
 18 think we even have to go there because the
 19 amount of money that we grant to the Village of
 20 Progress, \$3.27 an hour. They can spend that.
 21 They don't have to look for someplace else to
 22 spend that. They can spend that on direct care.
 23 They have spent that on direct care. We can't
 24 say, I'm giving you this dollar, I'm putting my
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1 name on it and you have to spend it on direct
 2 care. We don't have to do that. We can just
 3 say, They have this amount of money. We have
 4 given them \$3.27 an hour.
 5 They're spending it on direct care. They
 6 don't have any extra of our money, of the 708
 7 money, to spend on buildings or anything else.
 8 They don't -- they don't -- we don't give them
 9 that much, so.
 10 MR. SIGLER: Additional point well made.
 11 MS. DETER: Also, that's what we gave them
 12 the money for. He's taking -- you're taking
 13 your people and you're giving them -- you're
 14 teaching them. That's what it is. We're doing
 15 direct care for your people, and then you're
 16 taking them out and you're trying to get them
 17 jobs, you're trying to do that, all that, and
 18 that's what our job is. You're supposed to be
 19 able to -- right?
 20 I mean, that's what the bakery is, is to
 21 provide jobs and give them training so they can
 22 go out in the community, and that's part of what
 23 that is. Ours is for -- including services for
 24 persons with developmental disabilities and
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1 individuals with substance abuse disorders.
 2 MR. SIGLER: You're looking at the other
 3 side. I was looking at the legal side.
 4 MS. DETER: Yeah, and I'm looking --
 5 MR. SIGLER: I agree with you totally.
 6 The federal government is now saying, we want
 7 transition --
 8 MS. DETER: Right.
 9 MR. SIGLER: -- we don't want these
 10 folks -- my daughter will never get out of the
 11 Village. She's in the first stage of
 12 Alzheimer's, but I have to have a place where
 13 she can go and she can feel wanted, she can feel
 14 like she's doing something. You folks at this
 15 table who have that -- second stage, I'm sorry,
 16 who have that -- and I call it, it's a gift from
 17 God to me.
 18 I look at the compassionate side, but then
 19 I look at the law, because that's what I have
 20 done for my whole life, and the law, in my
 21 opinion, is clear. It's absolutely clear. The
 22 compassionate side, what you provide at the
 23 Village, it can't be duplicated anywhere.
 24 When I worked for the government, I was a
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1 senior labor counsel and I also was a senior
 2 union rep. I'd go anywhere. I came here
 3 because of that Village. Yes, I did. And I
 4 won't leave here because of that Village.
 5 They'll bury me here because of that Village.
 6 I'm very serious. This is my baby, the daughter
 7 I love.
 8 And when the Village is now questioned,
 9 Are we spending County funds? The law is clear.
 10 These are 708 funds. We're the taxing body, not
 11 the County.
 12 I will not say anything more.
 13 MR. HARP: I appreciate knowing what's
 14 being said at the County Board, but it sounds
 15 like it is possible to overreact to statements
 16 like that, and maybe it's best for us to wait
 17 for some kind of formal statement from them to
 18 respond to and meanwhile just go about our
 19 business.
 20 MR. SIGLER: I'm not saying respond to
 21 them now. I'm just saying my opinion to you.
 22 MS. WILSON: And it may be that the --
 23 MS. BROOKS: How did we hear about the
 24 708?
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1 MS. DETER: Dorothy.
 2 MS. BOWERS: I was told that the Village
 3 of Progress used County funds to purchase the
 4 building. I totally understand putting a new
 5 roof on the Village of Progress, to go out and
 6 buy a building that not only services our
 7 mentally handicapped but also other people.
 8 It's not part of the administrative law.
 9 If it were the Village of Progress, if
 10 they'd have put the bakery in the front of
 11 there, whatever, remodeled the front of there
 12 for the bakery, it would be a facility for the
 13 Village of Progress. A building uptown is not a
 14 facility for the mentally handicapped.
 15 MR. SIGLER: We can respectfully disagree
 16 on that.
 17 MR. HEAD: Is that your perception,
 18 Dorothy, or is that someone else on the Board's
 19 perception?
 20 MS. BOWERS: It is -- it's not my
 21 perception per se, but I was confronted with
 22 this from someone in the community.
 23 MR. HEAD: Were you confronted with this
 24 by a Board member?
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1 MS. BOWERS: Initially, yes.
 2 MR. HEAD: Okay. Are they maintaining
 3 that position?
 4 MS. BOWERS: Yes.
 5 MR. HEAD: Okay.
 6 MR. BROOKS: Are they willing to put their
 7 name behind that position?
 8 MR. SIGLER: No, that is not your meeting
 9 now.
 10 MR. BROOKS: I'll ask it when my turn
 11 comes.
 12 MR. SIGLER: You're here to answer any
 13 questions that we have.
 14 MR. HEAD: And I'm not looking to, you
 15 know, flush somebody out of the woodwork, but to
 16 Bill's question, would they put their name on
 17 that?
 18 MS. BOWERS: I believe they would.
 19 MR. HEAD: You believe they would, okay.
 20 MS. BOWERS: But I -- where he got his
 21 information from, I don't think that person
 22 would come forth.
 23 MR. HEAD: Okay. Okay.
 24 MS. ZIMMERMAN: I just feel the whole
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1 County Board is going to listen to someone else.
 2 MR. HEAD: Well, and, you know, if --
 3 Dorothy, in fact, is our liaison, and she is
 4 going to have to take whatever we have and use
 5 that as she's comfortable to address concerns
 6 that have surfaced.
 7 Bill, I really appreciate the research
 8 that you did and helping us understand the
 9 services versus property.
 10 As -- I would have to go back, and I'm not
 11 a lawyer, but I understood that we were an
 12 advisory board to the County Board and not "the"
 13 governing board for the 708 funds. That's my
 14 understanding.
 15 MR. SIGLER: Once they approve the funding
 16 to us, then we are the disbursing board.
 17 MR. HEAD: Okay.
 18 MR. SIGLER: And we take control of those
 19 funds. Please believe me, I have read this.
 20 An aside, something came up in an earlier
 21 meeting and I completely changed my opinion of
 22 you. You're quite a lady. I'll say that for
 23 the record. You're quite a lady. May not agree
 24 with you on many things, but you're quite a
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1 lady, and I mean that as a compliment.
 2 But back to the issue at hand, once they
 3 release the funds to us, then we disburse the
 4 funds. The Health and Welfare Committee doesn't
 5 even see -- all they see is a lump sum, which
 6 further bolsters my arguments that we have the
 7 responsibility for disbursing the funds as given
 8 to us by the County Board.
 9 MR. HEAD: The way that the funding
 10 application that I prepare for the Health,
 11 Education, Welfare Committee does ask
 12 specifically about different agencies, and there
 13 are a set of questions that, again, have to do
 14 with, Is there a need? Is there evidence of
 15 need being served? And then effectiveness, is
 16 the agency engaged in efforts to maintain their
 17 effectiveness or increase their effectiveness
 18 over time? Those are the three central
 19 questions.
 20 MR. SIGLER: I wish you would have shared
 21 that with me. I was told over the last four
 22 years, we walk into a Board meeting, we tell
 23 them a total dollar amount, they have no
 24 interest in where the money is going, and if
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1 they don't -- well, if they do -- even if they
 2 do -- let me step back a moment.
 3 Never advised of that, but for sake of
 4 argument, once they approve that, then we can
 5 disburse the funds. Are we held by what the
 6 agencies requested? I don't believe so.
 7 MR. HEAD: Well, we still have to find a
 8 way to address this, because they can approve us
 9 a lump sum, but they could effectively punish
 10 all the agencies because of a beef that somebody
 11 had with the Village of Progress. So, you know,
 12 I think --
 13 MR. SIGLER: If you want to take it to
 14 that level, I'm thoroughly skilled with the
 15 ACLU, I'm thoroughly skilled with dealing with
 16 individuals, and I wish the Republicans would
 17 get smart. The Democrats are so good at this.
 18 You never attack the issue; you attack the
 19 individual. I have done this for a living my
 20 whole life. I'm so sorry, but I hope they're
 21 not going to take that approach.
 22 MR. HEAD: Well, I --
 23 MR. SIGLER: I know how to respond in
 24 kind, is what I'm saying.
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1 MR. HEAD: I don't want to be labeled a
 2 Saul Alinsky sympathizer any more than I do an
 3 Obama sympathizer. Although, for the record, I
 4 am.
 5 To the issues that have been raised, I
 6 mean, we have to prepare Dorothy with the best
 7 information that we have. I will be in the
 8 meeting with the Health, Education, Welfare
 9 Committee to try to provide whatever
 10 clarification I have. So this is for me as
 11 well.
 12 Yes, Kathe?
 13 MS. WILSON: I would like to suggest that
 14 since we have a resource here that we ask our
 15 resource, Were any dollars from the County used
 16 for the bakery?
 17 MR. HEAD: I think we need to do that. I
 18 think we need to ask that question.
 19 To the Serenity House and bereavement
 20 services not being funded, Lynn provided me a
 21 statement that, in fact, bereavement services
 22 are -- do carry a diagnostic --
 23 MS. DETER: Do they?
 24 MR. HEAD: Yeah, they carry a DSM.
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1 MS. DETER: Okay.
 2 MR. HEAD: So whether that's a primary
 3 mental health diagnosis or, you know, an adjunct
 4 one, there is a diagnosis. And I'm sure they
 5 use that diagnosis when they get funding.
 6 MS. DETER: Funding.
 7 MR. HEAD: Yeah.
 8 MS. DETER: See, that's it, and a couple
 9 of our other providers, too, even though we're
 10 here for him.
 11 MS. BROOKS: Well, and I'm sorry to
 12 interrupt, but like she was saying, how do we
 13 know what dollars we give them, which dollars
 14 get designated to bereavement or if it's used
 15 somewhere else? And the letter said anybody can
 16 walk in their doors and receive bereavement
 17 services for as long as they want.
 18 MR. HEAD: Well, I think that's an
 19 excellent point. And in the case of Serenity
 20 House, they are asking for money specifically to
 21 provide additional services to the Hispanic
 22 community and to do that through advocacy and
 23 information sharing and outreach, and is that
 24 direct service? It enables direct service. It
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1 would be naive to think that the Hispanic
 2 community is going to get services that they
 3 don't know about or that they might necessarily,
 4 you know, seek out themselves.
 5 MS. BROOKS: My point is, though, why do
 6 we have to pick apart the Bakery and all of
 7 these other organizations and make them, you
 8 know, prove the dollar?
 9 MR. HEAD: I think that's an important
 10 point.
 11 MS. DETER: That's what I was -- I'm
 12 sorry. That's what I meant. Because, you know,
 13 we have all these other services, and I always
 14 give money. I have talked to them, and I have
 15 wondered sometimes, but he just explained one of
 16 them to me. But yeah, that's true, why are
 17 we -- you know, if I felt that way, I could pick
 18 them all apart because I could find fault with
 19 all of them.
 20 MR. HEAD: I think that's the case as
 21 well. The fact of the matter is that you can't
 22 provide services -- I have worked as a
 23 clinician. Thank goodness I didn't have to work
 24 as a manager of a mental health center and try
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1 to do all the administrative work that they have
 2 to do to get the services, because it wouldn't
 3 happen. I mean, we see in the case of the
 4 Family Counseling Services or the Rockford
 5 Sexual Assault team, we had clinicians come in,
 6 and writing proposals in the county for
 7 administrative services is not their forte;
 8 however, they need to do it to get funding.
 9 They do. So I don't have a problem with that.
 10 The direct -- and that goes to the direct care
 11 versus how the money is spent.
 12 Formally respond, I don't know. You know,
 13 in terms of the -- you know, does the bakery
 14 serve the handicapped and not other people? It
 15 is a very common practice for money to be used
 16 to pay non-clinicians as part of providing
 17 what's called a milieu. You know, in the case
 18 of psychiatric services in a psychiatric
 19 hospital, you're going to have people that are
 20 there as administrators, as office helpers,
 21 you're going to have people that are not
 22 clinically trained, and there's value in those
 23 people who are patients in intermingling with
 24 other people to learn skills, necessary skills,
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1 and to have those people be advocates for the
 2 needs of the disabled.
 3 So you could go in and you could probably
 4 say that about just about any agency. And
 5 whatever services they provide, you're going to
 6 find people on the payroll who are not providing
 7 clinical services and they are part of the
 8 treatment process. That's long established.
 9 Yeah, Dave.
 10 MR. SCHIER: I'd just like to use a
 11 military analogy here. I think what Brion did
 12 with the bakery was like extend -- doing a
 13 flanking maneuver on an existing or new front
 14 line, and it's totally effective. The
 15 effectiveness is going to be there.
 16 That man don't have to defend himself to
 17 me.
 18 MR. HEAD: I know. Or me.
 19 Let me respond to that. I think that to
 20 put that bakery out as an adjunct to the
 21 Village's property would make it the handicapped
 22 bakery, and that's not the point of this. The
 23 point of this is to help the community see that
 24 these folks are employable, to help those people
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1 build skills, but also to take great opportunity
 2 beyond the Village for its clients and open that
 3 up in a brave, new, dramatic way.
 4 On the flip side, you know, it's not like
 5 this community, Oregon, can afford to turn down
 6 a beautiful, high-functioning facility that's
 7 one of the nicest places in town to go and have
 8 a cup of coffee, and it speaks to, you know, the
 9 sophistication of the effort to provide these
 10 services and create community awareness.
 11 So, yeah, if you put it out at the Village
 12 of Progress, they wouldn't have the exposure,
 13 but they wouldn't educate the community, and it
 14 would just be a little Village project out there
 15 where the handicapped go and work as part of
 16 being there. That's -- that's the point.
 17 MR. SIGLER: I want to cut to the point.
 18 I left the Oregon Fire Protection District, I
 19 was over there for a meeting as a trustee, and I
 20 walked up to the bakery. There was Brion
 21 standing on a chair, totally in violation of
 22 OSHA, updating the boards, you know, for the
 23 cost. And who is standing behind him? This is
 24 a young -- I don't like to use my family all the
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1 time. She lost two children. She's mentally
 2 handicapped. Twins, they died. She is always
 3 so unsure of herself. She's like this
 4 (gesturing), Don't come close to me because I
 5 don't know if I can be in the same room with
 6 you. She was standing there watching him. Hi,
 7 Bill. How are you doing? What he's doing?
 8 Well, he's fixing the board, Bill.
 9 I was so pleased. This bakery -- and you
 10 put it in technical terms. I look at it in
 11 personal terms -- is taking these individuals
 12 and raising them up from someone who is afraid
 13 to deal with the outside community. It's just
 14 not that the outside community doesn't want
 15 them; they're afraid of them. They're afraid.
 16 She wasn't afraid. She wasn't afraid. I
 17 thought it was wonderful.
 18 Want to come across the street with me?
 19 There's a little girl over there named Candace
 20 Schmidt. That's my granddaughter. She works
 21 there too. I can use her name because she's my
 22 family member. What a difference in that young
 23 lady. Just what a difference.
 24 I'm so pleased with what has occurred here
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1 with that bakery and what it's doing for our
 2 voting members, voting members within this
 3 county. These folks vote. My daughter votes.
 4 She may not fully understand. A nice person,
 5 Daddy? Nice person, Tammy. But they vote.
 6 These are voting members. They live in this
 7 community.
 8 MS. WILSON: I can attest to that. I'm a
 9 voting judge, and I see them in there regularly.
 10 MR. SIGLER: That's right. They're us.
 11 They're not separate from us; they're us.
 12 MR. HEAD: They're not "some" to them.
 13 MR. SIGLER: That really makes -- yeah, I
 14 use that term occasionally. They're us. And we
 15 should support them in any way we can.
 16 MS. DETER: I like the idea, because I
 17 have seen it on TV where other places have taken
 18 and opened little restaurants and things and
 19 little coffee shops, and it is getting them in
 20 the community.
 21 I don't know if anybody -- this is a
 22 little off of it, but here, Oregon, is one of
 23 the top 15 poorest cities in Illinois, according
 24 to some ranking.
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1 MR. HEAD: Is that right?
 2 MS. DETER: Yeah. It was in the paper one
 3 day, I saw it.
 4 So this is great because it's giving us
 5 jobs, it's giving us -- I never saw -- when you
 6 said something, I can understand, you know,
 7 because I have questions about certain things,
 8 but when I read everything, most of them, that
 9 that's what they provide, is services. As long
 10 as they're providing services, I think they can
 11 do what they want.
 12 MR. HEAD: Well, and one of the most
 13 innovative programs for seniors who need nursing
 14 home care is to offer a free room to a college
 15 student on the condition that they live there.
 16 Now, they're not there as being a clinician.
 17 MS. DETER: No.
 18 MR. HEAD: They're there being a fellow
 19 citizen, neighbor, whatever, and it's a win-win
 20 for everybody. And that's how I think about the
 21 bakery: it's a win-win for everybody, and a big
 22 win for the community. I have no problem with
 23 that. I mean, we have to hold our heads high
 24 that we have something like this.
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1 MR. SIGLER: Point of order. That means
 2 everything stops, and I am knowledgeable on
 3 this. A question was raised by one of our Board
 4 members that she wanted to pose to Brion.
 5 Please, I think she should be allowed to.
 6 MR. HEAD: I absolutely agree. I had to
 7 get some stuff off my chest.
 8 MR. SIGLER: Same thing with me. I can go
 9 on all day about my daughter and my
 10 granddaughter and my friends at the Village, but
 11 no, she had a question.
 12 MR. HEAD: Kathe, you had a great direct
 13 question.
 14 MS. WILSON: Brion, were County funds used
 15 to fund the bakery?
 16 MR. BROOKS: No.
 17 MS. WILSON: Thank you.
 18 MR. HEAD: Now, we can take him at his
 19 word, which I'm inclined to do, or we can bring
 20 in auditors and forensic examiners and whatever
 21 else we need to do to try to challenge every
 22 dime that we move to our agencies. I don't
 23 think that's a good use of County money.
 24 MR. BROOKS: Do you mind if I offer just a
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1 little --
 2 MR. HEAD: Yeah, please do.
 3 MR. BROOKS: Because I appreciate the
 4 position that Dorothy finds herself in.
 5 MR. HEAD: Yeah.
 6 MR. BROOKS: So my understanding is that
 7 usually when a rumor starts, it's for a couple
 8 of reasons. One is, there's an ambiguity,
 9 that's something that somebody sees that just
 10 doesn't seem to make sense with what they have
 11 experienced in the past. Another reason for a
 12 rumor could be jealousy or simply wanting to get
 13 back at somebody.
 14 I don't know the motive behind this rumor.
 15 I'll take it on good faith that it's an
 16 ambiguity that they see and they want it
 17 resolved.
 18 So I'll start out by saying that this
 19 committee, and I think the County Board and law
 20 in general, operates on a presumption of good
 21 faith. If it takes me an hour to get 60 miles,
 22 the law generally presumes I went 60 miles an
 23 hour, not 120 miles and hour for the first half
 24 of the trip and 30 miles an hour for the second
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1 half. If there's a contract, it's usually
 2 presumed the contract has been kept in good
 3 faith or it was broken for good faith and
 4 reasons, not that there was bad faith motives.
 5 I don't have -- when you guys gave me the
 6 money for the funds, you didn't give it to me in
 7 marked bills, and I didn't pay the vendors and
 8 my employees in cash. I paid them in checks.
 9 So that money goes into our general account and
 10 it comes out of our general account.
 11 Now, if someone wants to claim it were in
 12 bad faith, I'm taking some of that money, I'm
 13 putting it into something we shouldn't have done
 14 instead of something we should have done, I
 15 don't know how to counter that. I can't fight
 16 against rumors. It's like being given a bat and
 17 told to hit a pinata, not even knowing if the
 18 pinata is there. I can swing, but I don't know
 19 if it's hitting it.
 20 I would have preferred that this committee
 21 had come forward with specific allegations
 22 instead of saying -- instead of someone, whoever
 23 that nameless person is, saying, Well, boy,
 24 that's a really nice, shiny bakery, I bettcha
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1 County paid for that.
 2 So I'll tell you a couple things. When
 3 Craig Carpenter became the executive director in
 4 2008, by November of that year he had a cash
 5 balance of \$27,000. That's to meet a payroll of
 6 \$80,000. He had \$27,000 cash and cash
 7 equivalents on hand.
 8 He and Bob Glaser, the outgoing director
 9 at the time, my recollection was, had to call
 10 DHS and ask for emergency funding so they could
 11 make payment. At that time DHS was
 12 approximately -- well, not just DHS. We had
 13 accounts receivables of about \$750,000. That
 14 means we had people that owed us that money and
 15 we couldn't collect on that. A large portion of
 16 that had to do with the State. We can't force
 17 the State to do anything, as you guys know.
 18 I think the lesson from Craig was, like
 19 somebody that's gone through the Depression and
 20 survived it, cash is king. And I think Craig's
 21 motivation from there on out was to build up a
 22 cash reserve so that we're not left in the
 23 position of being one paycheck away from having
 24 to close our doors. I thank God that he did it,
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1 given how the State has behaved in the last two
 2 years, where a lot of other agencies have closed
 3 their doors.
 4 Craig built that cash reserve from \$27,000
 5 up to \$1.4 million by the time that I came.
 6 \$1.4 million is a six-month cash reserve for us.
 7 The County itself has a cash reserve policy
 8 claiming that it wants to have at least three
 9 months' cash reserve. And that's a County that
 10 can, by legislative pen, increase its revenues
 11 whenever it wants to. We're an agency that has
 12 no control virtually over what revenues we
 13 receive. We are dictated by the State and by
 14 granting organizations such as yourself.
 15 I would submit that a six-month cash
 16 reserve is not unreasonable, given the State's
 17 economic climate.
 18 There are fund rating organizations out
 19 there that say a one-year cash reserve should be
 20 a minimum. I have had conversations with
 21 non-profits in the area that have said, I'd die
 22 for a six-month cash reserve. I'm trying to get
 23 an eight-month cash reserve. They're trying to
 24 build it up.
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1 So the question becomes -- and I will tell
 2 you that \$500,000 bakery was paid for out of the
 3 cash reserves. When we started with the bakery,
 4 we had a little over \$1.3 million. We now have
 5 about \$800,000 in our cash reserve, which is
 6 about four months of cash reserve right now. We
 7 closed out CDs, we closed out savings accounts,
 8 we closed out checking accounts to pay for that
 9 bakery. It wasn't a trip to Tahiti. It was to
 10 create another program.
 11 I know, Dorothy, that you and I may
 12 disagree on what constitutes program, but it
 13 created another program.
 14 We took liquid assets and we made them
 15 into less-liquid assets, which is that bakery.
 16 For Craig to build up that cash reserve
 17 the way he did, it was not simply a matter of
 18 saying, Oh, we got all this extra cash on hand,
 19 let's just put some into a cash reserve. Like
 20 anybody that wants to save, it takes a lot of
 21 work.
 22 I made a few notes. During the seven or
 23 eight years that Craig was there, from 2008 to
 24 2014, staff positions were reduced from 27
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1 full-time employees to 21 full-time employees.
 2 Six employees, a quarter of our agency, when
 3 they retired or left, they were not replaced.
 4 Karen Kirwood (phonetic) had three people
 5 working above her when she joined the Village of
 6 Progress. Once she became the production
 7 manager, those three positions went vacant. She
 8 was taking the work of three other people,
 9 including the work of production manager.
 10 Full and partial salary freezes were
 11 imposed in 2009, 2010 and 2011. The only salary
 12 increases that were allowed were people making
 13 less than \$30,000 a year.
 14 Two of our insurance programs, long-term
 15 disability and supplemental insurance, were cut
 16 in 2010 and never reinstated.
 17 The Village of Progress's 3 percent
 18 retirement savings match was suspended in 2010
 19 and again in 2011.
 20 Deferred maintenance was rampant over
 21 those several years. The parking lot hadn't
 22 been repaved or chip-sealed to the point where
 23 it was disintegrated into gravel in a lot of
 24 places. Roofs were leaking, and the only fix
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<p style="text-align: right;">Page 33</p> <p>1 was to put a bucket under the leak.</p> <p>2 The portable building which houses some of</p> <p>3 our more severely impaired people during the</p> <p>4 day, it was drafty and it was leaking. It was a</p> <p>5 portable building. It was 20 years old. It</p> <p>6 needed new siding, it needed new windows that</p> <p>7 weren't drafty, it needed a new roof. None of</p> <p>8 that had been done.</p> <p>9 Our IT system at the Village consisted of</p> <p>10 about a half a dozen desktop computers, some of</p> <p>11 which were so old the operating system was no</p> <p>12 longer supported by Windows, which makes it a</p> <p>13 security risk.</p> <p>14 Our file sharing was taking a thumb drive</p> <p>15 and giving it from one person to the other.</p> <p>16 Our email system had one email address,</p> <p>17 and our secretary would receive the emails in</p> <p>18 the morning, print them out, hand them over to</p> <p>19 the recipient, they would write up their</p> <p>20 responses, and she would type them back into the</p> <p>21 computer and send them back out.</p> <p>22 This isn't to disparage Craig. Like I</p> <p>23 said, I think Craig in many ways was like a</p> <p>24 survivor of the Depression. What I am saying is</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 35</p> <p>1 people who do not have disabilities. Community</p> <p>2 means it's open to the community, it's not</p> <p>3 sheltered away from them. And competitive means</p> <p>4 they're paid at least minimum wage.</p> <p>5 I looked at a lot of different</p> <p>6 propositions, and I wanted to choose a business</p> <p>7 that was not going to directly compete with the</p> <p>8 community. Bob Glaser had gone through that</p> <p>9 once before with furniture stripping, and some</p> <p>10 other furniture stripper in town was all bent</p> <p>11 out of shape because this nonprofit was</p> <p>12 competing with his furniture-stripping business.</p> <p>13 So we chose a bakery. It's true, if</p> <p>14 you're going to offer a bakery, you should</p> <p>15 probably offer coffee, and we decided to offer</p> <p>16 ice cream just because it supplements sales in</p> <p>17 the summertime, when bakeries usually are not as</p> <p>18 busy.</p> <p>19 So the question is, how was it paid for?</p> <p>20 The answer: It was paid for out of cash</p> <p>21 reserve, not out of 708 money.</p> <p>22 Craig built up the cash reserve primarily</p> <p>23 from two things. Number one, we have a Village</p> <p>24 of Progress rehab department who provides direct</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 34</p> <p>1 that for him to get to \$1.4 million in cash</p> <p>2 reserve, a six-month cash reserve, required a</p> <p>3 lot of blood, sweat and tears, and a lot of</p> <p>4 sacrifice on a lot of people's parts.</p> <p>5 It was because he built up that cash</p> <p>6 reserve that the third executive director could</p> <p>7 come in, me, who wasn't a survivor of the</p> <p>8 Depression, and start spending some of that</p> <p>9 money, investing it back into the Village.</p> <p>10 So the deferred maintenance issues I</p> <p>11 talked about were addressed. That still left us</p> <p>12 with about \$1.3 million in cash reserve. And I</p> <p>13 had decided it was time to take some of that</p> <p>14 liquid money and not invest it in the stock</p> <p>15 market so we could maximize our return, but</p> <p>16 invest it into programs.</p> <p>17 The reason why I looked at something like</p> <p>18 the Village Bakery was because the winds of</p> <p>19 change in working with people with disabilities</p> <p>20 were blowing such that the federal government</p> <p>21 and the State government was doing everything it</p> <p>22 could to encourage integrated, competitive</p> <p>23 employment. Integrated employment means that</p> <p>24 the person with the disability works among</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 36</p> <p>1 services to people with developmental</p> <p>2 disabilities. We also have a Village cleaning</p> <p>3 service, which is separately allocated,</p> <p>4 separately -- it's a separate set of books. In</p> <p>5 fact, a portion of my salary is allocated</p> <p>6 towards the Village cleaning service. It's not</p> <p>7 a hundred percent to the rehab department. A</p> <p>8 portion of our bookkeeper, a portion of our</p> <p>9 secretary, a portion of our accountant, anybody</p> <p>10 who has contact with the Village cleaning</p> <p>11 service, a portion of their salary and benefits</p> <p>12 gets allocated as an expense to that, not as an</p> <p>13 expense to rehab.</p> <p>14 The Village cleaning service is completely</p> <p>15 self-funded. The only income that comes from</p> <p>16 the Village cleaning service comes from</p> <p>17 contracts that we have with our clients. The</p> <p>18 Village cleaning service receives a surplus of</p> <p>19 revenue. It hires people with developmental</p> <p>20 disabilities; it hires people without.</p> <p>21 They work in the community. That had a</p> <p>22 surplus of revenue over the eight or so years of</p> <p>23 approximately \$800,000. At that same time, our</p> <p>24 accounts receivable went from about 780,000 or</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>

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1 \$800,000 down to about 250- or \$300,000.
 2 Accounts receivable decreased by about \$500,000
 3 because the State started paying up and some
 4 other people starting paying up.
 5 So \$800,000 in surplus from the Village
 6 cleaning service, separate and apart from County
 7 funding or government funding, \$500,000 in
 8 paydown of accounts receivables, is
 9 \$1.3 million.
 10 Now, let's look at the other side of the
 11 equation. The rehab department. Our day
 12 training service, in other words. The part that
 13 you guys help me fund. It costs us about \$1.8
 14 million a year to operate that. I made a note
 15 here too. Hang on.
 16 In the eight years that Craig built up the
 17 cash reserve, the day training program alone,
 18 separate and apart from the Village cleaning
 19 service, cost \$15 million to operate. 15
 20 million.
 21 MS. BROOKS: Over how long was that?
 22 MR. BROOKS: The eight-year period. Until
 23 2014 -- through 2014.
 24 Fees charged to the State, these are DHS
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1 fees that we received from the State during that
 2 same period, want to guess how much we received?
 3 \$6.4 million. Less than half of our expenses,
 4 More like a third, comes from the State. You
 5 guys gave us \$2.8 million. In other words, if
 6 every dime of State funding and every dime of
 7 708 funding went to pay rehab, we would still be
 8 40 percent shy of where rehab would be to keep
 9 its doors open. And every dime did go for that.
 10 The rest of the money that we got from
 11 rehab came from contract fulfillment and from
 12 private donations.
 13 MS. BOWERS: And contract fulfillment not
 14 having anything to do with cleaning services --
 15 MR. HEAD: Dorothy, are you leaving?
 16 MS. BOWERS: I have a meeting at 9.
 17 MR. HEAD: I don't think we can function
 18 if you're not here. I don't think we can
 19 function. This meeting is about your ability to
 20 represent us in our decisions to the Board. If
 21 the Board decides --
 22 MS. BOWERS: Nick, can I stop you?
 23 MR. HEAD: Yes.
 24 MS. BOWERS: Brion is preaching to the
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1 choir. I would give the Village of Progress a
 2 million dollars if the County had it. I have
 3 said that over and over again.
 4 MS. WILSON: Can I make a suggestion?
 5 MR. HEAD: Let me finish what I have got
 6 to say.
 7 If the Board puts us in a Sophie's Choice
 8 position where we either have to cut their funds
 9 or spread the pain among all the agencies
 10 because somebody on the Board is acting in bad
 11 faith and is not willing to take the word, I'm
 12 out of here. I'm done.
 13 MR. SCHIER: Me too.
 14 MR. SIGLER: You don't say that.
 15 MS. BOWERS: Nick, Brion told me where
 16 those funds came.
 17 And if you think it's the County Board
 18 that's saying this about where you're getting
 19 your funding from, you should look at your Board
 20 members. All right.
 21 MR. SCHIER: It's all right here
 22 (indicating). She's got it.
 23 (Whereupon, Dorothy Bowers exited
 24 the room.)
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1 MR. HEAD: Okay. But --
 2 MR. BROOKS: That's just more rumors.
 3 MR. HEAD: I think that an important part
 4 of why we're here today is to be able to provide
 5 Dorothy the information she needs to be our
 6 liaison, and if she, in fact, leaves the
 7 meeting, I think we need to stop the meeting and
 8 hold it again at some point where Dorothy can be
 9 with us.
 10 MS. WILSON: I have another suggestion.
 11 MR. HEAD: I'm head-up, so thank you.
 12 MS. WILSON: What I would say is, let's
 13 continue and let Brion finish what he was saying
 14 and give that portion of Brion's speech, which
 15 is being recorded, to Dorothy to give to that
 16 other person --
 17 MR. HEAD: That's a good proposition.
 18 MS. WILSON: -- and let his words speak.
 19 I don't think she needs all our -- what we
 20 have been saying. But if she can give that to
 21 that other person, and if you can put that out
 22 in the community, maybe that would be a good
 23 thing to put in an article.
 24 MR. SIGLER: No, I don't think --
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1 MS. BROOKS: No.
 2 MS. WILSON: You don't think so?
 3 MR. SCHIER: It's all right here
 4 (indicating). The defense is right here
 5 (indicating).
 6 MR. BROOKS: So just to follow up.
 7 MR. HEAD: Sorry.
 8 MR. BROOKS: That's okay.
 9 I would request that it not be
 10 transcribed. I mean, you guys can transcribe it
 11 if you want, but I have spoke with my Board
 12 about this question. Their overall response
 13 was, this isn't -- again, don't get this wrong.
 14 Say as little as you can, because whatever you
 15 say, somebody is going to try to misconstrue and
 16 tear it apart. My concern is, even with what I
 17 gave you, somebody is going to try to
 18 misconstrue and tear it apart.
 19 I will also -- just to conclude real
 20 quick. So our accountants do a cash flow
 21 analysis over the year when they do our audited
 22 books. In 2016, our cash flow was negative
 23 \$161,000. In 2015, our cash flow was a positive
 24 \$30,000. \$30,800. The last two years that I
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1 have come onboard, the Village has not been
 2 getting rich off of anybody's back.
 3 So I don't know what more to tell you. I
 4 did look -- I'm just like -- just like Bill did,
 5 I looked at the statute; it talks about
 6 facilities and services. I looked at the
 7 referendum; it talks about facilities and
 8 services. I looked at the letter that you guys
 9 send me; it doesn't have any restrictions
 10 whatsoever on it.
 11 MR. SIGLER: That's right.
 12 MR. BROOKS: If, in the future, this
 13 County Mental Health Board would like all of the
 14 agencies to have a separate schedule for the
 15 money that they receive and how they spend it, I
 16 talked with my accountant, I talked with Dave
 17 Bakener, and he's happy to prepare a separate
 18 schedule going forward on how the money comes in
 19 and where it goes out.
 20 But I just -- I think it's unfair to say
 21 the last 20 years or 30 years or however long
 22 708 has operated, We've given you these funds
 23 and we have not expected a separate account, and
 24 now to say, after the fact, We expect one, just
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1 seems to me unfair.
 2 And last thing is -- this would have been
 3 to Dorothy, too, because it was her concern.
 4 The Village Bakery, my intent is to operate the
 5 Village Bakery the same way as the Village
 6 cleaning services, with allocated expenses and
 7 allocated overhead. So the income to the
 8 Village Bakery comes from its sales, and its
 9 expenses are over there. It's a self-standing
 10 bakery. I am not -- I think I can defend it as
 11 a program. But it wasn't my intent to come back
 12 next year and say, I want a certain amount of
 13 this money to go for the Village Bakery,
 14 although I think I would be on solid legal
 15 ground to do so.
 16 MR. HARP: I think, you know, we're
 17 really -- we're dealing with a real simple,
 18 basic issue here as far as our position is
 19 concerned, which is, are we going to say that we
 20 don't need to separate property from services,
 21 which I think is a proper position, or are we
 22 going to say, Well, we can come up with some way
 23 to make it look like we are separating it? And
 24 we can't do both at the same time, I don't
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1 think.
 2 If we were to take this position that I
 3 think we should be taking and then also add in,
 4 Well, and also we're not spending that money on
 5 it, we're watering down our administration, is
 6 what I'm saying. So I think we need to make
 7 that very basic decision, and from there on it
 8 becomes relatively simple.
 9 MR. SIGLER: That's the position of the
 10 Board then, our Board. But I agree with you,
 11 you can't go with both.
 12 I want to say something. Brion, what you
 13 have done for my family and I know another Board
 14 member, what you have done for her family, the
 15 Village, per se, I can't give you every penny I
 16 have, everything I love.
 17 You know, at the Village, on a light note,
 18 I'm a volunteer. What do they tell me? Bill,
 19 you're a good-for-nothing volunteer. This was
 20 said to me by a senior staff member. I said,
 21 Now you hurt my feelings. She said, Well,
 22 you're good, you're for nothing, we don't pay
 23 you a penny, and you're a volunteer. You're a
 24 good-for-nothing volunteer. I love that.
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1 MR. BROOKS: That's not, by the way, the
 2 way we coach our staff.
 3 MR. SIGLER: Tammy comes home now and it's
 4 payday, and she walks through the kitchen and
 5 she turns her back on me and she holds up her
 6 hand like this (indicating). This is what you
 7 get, Daddy. Nothing.
 8 They offer -- forget about -- not forget
 9 about. The thrust we're here for is the
 10 mentally handicapped. They give me life. I
 11 resigned as a federal labor judge. I'm
 12 preparing, as soon as I finish this last case
 13 with the State, to do the same thing. My life
 14 revolves around the Village. I can go home and
 15 sit in the chair and die in six months, I'm 75,
 16 or I can continue to be active. I want to be
 17 active. I want to do something, and I found my
 18 love lies with working with the mentally and
 19 physically handicapped. When they hold my hand,
 20 oh boy.
 21 I'll fight this issue to the end, with or
 22 without you as a Board. Please, you can take a
 23 low-key, and I don't disagree with you, approach
 24 with the County, but if it doesn't work, well,
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1 then I'll take whatever action I have to take.
 2 And I'm very familiar -- I organize
 3 unions. I'm familiar with Saul Alinsky. I'm
 4 familiar with the Appellate division down in
 5 Springfield. I worked with those guys for over
 6 35 years. I think there's still enough of them
 7 alive who know me personally.
 8 But I think the right approach is what
 9 Lowell is saying: let's just keep it low key.
 10 And as a Board, I believe what Brion has
 11 presented to me this morning. I do that as a
 12 labor law judge, I make decisions, and I believe
 13 what he said to me.
 14 MS. BROOKS: I think we are all on the
 15 same page, aren't we, pretty much?
 16 MS. DETER: Yes.
 17 MR. HEAD: I think we are. I think we
 18 basically made the case for you before you
 19 opened your mouth.
 20 MR. SCHIER: The case is made, and that's
 21 what I want to say. We used to have the City
 22 attorney as a vice president here. Big help.
 23 Let's not let this get out of hand. We have got
 24 all the ammunition right here (indicating).
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1 I suggest twofold. You can email the Ogle
 2 County Board and our minutes, place it before
 3 them at their next meeting so that they have got
 4 it twice, the same thing.
 5 MS. DETER: But are all of them involved
 6 in this or is it just -- I mean, is that one
 7 person that's spreading --
 8 MR. HEAD: I -- my -- I don't know. My
 9 guess is that if we push it, they'll probably
 10 close ranks.
 11 MR. SIGLER: You got it.
 12 MS. DETER: Yeah, that's it. See, I don't
 13 think --
 14 MR. HEAD: I don't know if that would be
 15 helpful, to leave everybody with a bad taste in
 16 their mouth.
 17 MS. DETER: It could.
 18 MS. BROOKS: And we're responding to a
 19 rumor.
 20 MS. ZIMMERMAN: Yeah, and we don't need
 21 to.
 22 MS. BROOKS: No, we don't have to do
 23 anything officially or make it available.
 24 MS. ZIMMERMAN: We just need to know what
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1 we're going to say.
 2 MS. BROOKS: We just need to know what
 3 Dorothy is going to say to appease this person,
 4 and if it doesn't appease them, then they need
 5 to formally --
 6 MS. DETER: Come to us.
 7 MR. SIGLER: That's very well put.
 8 MS. DETER: This is the first time -- I
 9 was on the Mental Health Board in Whiteside
 10 County. I don't remember this ever coming up, I
 11 mean, you know.
 12 MR. HEAD: This is peevisness, is what
 13 this is.
 14 MS. BROOKS: It is.
 15 MS. WILSON: The Whiteside County Board,
 16 how many people are on it?
 17 MS. DETER: Oh, County Board, I think we
 18 have more than here. I can't remember.
 19 MR. BROOKS: Different county boards
 20 operate different ways. Some mental health
 21 boards, the entire mental health program is run
 22 through their 708 Mental Health Board.
 23 MS. WILSON: Right, including --
 24 MR. BROOKS: Others are a more limited
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1 function like yours.
 2 MS. WILSON: Facilities that hold halfway
 3 houses, the 708 Board runs halfway houses in
 4 some counties.
 5 MR. BROOKS: Other 708 boards.
 6 MR. SIGLER: If we have to use that, we
 7 can use that at a later date. I was listening
 8 very closely to what Lowell said. He said,
 9 Let's keep it low key. We performed our duties
 10 as a Board. We had a fact-finding hearing. We
 11 brought in the director from the VOP. He has
 12 satisfied us that there's been no
 13 misappropriation of funds from the County to
 14 facilities. And we don't even have to go into
 15 that detail. We are satisfied with what's
 16 presented to us that the Village of Progress has
 17 met the requirements of State law.
 18 MR. HEAD: Okay.
 19 MS. BROOKS: Maybe we should just say that
 20 and not give them anything. Then if there's
 21 still -- you know, then show them, you know,
 22 Brion's --
 23 MS. DETER: I think that's all we need to
 24 do, just let Dorothy know we're all satisfied,
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1 because I thought it was great he opened it up.
 2 I have been there three times.
 3 MS. BROOKS: It's such -- over in
 4 Rochelle, my husband and I came over one day and
 5 there was several people in there from Rochelle.
 6 I mean, a lot of communities, even surrounding
 7 ones, are enjoying it.
 8 MR. BROOKS: Next week I'm meeting with an
 9 organization up in the Rockford area that
 10 provides disability services because they want
 11 to know what our business model is, to start
 12 one.
 13 MR. HEAD: Well, I don't know about
 14 sharing all the record today, because I did say
 15 that I was an Obama sympathizer, and give the
 16 Board an opportunity to fire me.
 17 MR. HARP: We may have to provide a
 18 redacted version.
 19 MR. HEAD: Redacted, okay. Well, okay. I
 20 reserve the right to redact.
 21 MS. ZIMMERMAN: Meeting adjourned, Nick?
 22 MR. HEAD: Okay. We're done.
 23 (The hearing was concluded at
 24 8:59 a.m.)
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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In The Matter Of:)
 4 Village of Progress)
 5 Fact-Finding Hearing)
 6) Old Lee County
 7) Courthouse
 8) Oregon, Illinois
 9) May 30, 2017
 10 I, Callie S. Bodmer, hereby certify that I
 11 am a Certified Shorthand Reporter of the State of
 12 Illinois; that I am the one who, by order and at the
 13 direction of the Chairman, Nick Head, reported in
 14 shorthand the proceedings had or required to be kept
 15 in the above-entitled case; and that the above and
 16 foregoing is a full, true and complete transcript of
 17 my said shorthand notes so taken.
 18 Dated at Dixon, Illinois, this 8th day of
 19 June, 2017.
 20 *Callie S. Bodmer*
 21 Callie S. Bodmer
 22 Certified Shorthand Reporter
 23 Registered Professional Reporter
 24 IL License No. 084-004489
 IA License No. 1361
 P.O. Box 381
 Dixon, Illinois 6102
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Page 1

1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 RE: 708 Funding Hearings)
 4)
 5) Ogle County
 6) Sheriff's Office
 7) Oregon, Illinois
 8) May 23, 2017
 9
 10
 11 Board members present:
 12 Kathleen Wilson
 13 William Sigler
 14 David Schier
 15 Vicki Deter
 16 Lowell Harp
 17 Amy Stephenitch
 18 Tracy Brooks
 19 Dorothy Bowers
 20 Nick Head, Chairman
 21
 22 Cecilia Zimmerman, Secretary
 23
 24 Others present:
 25 Jeremy Hooker
 26 Patrick Phelan
 27 Patti Mook
 28 Maureen Mostacci
 29
 30 Reporter: Callie S. Bodmer
 31

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1 when I got finished with that, I realized that
 2 at the end it's going to kind of come down to
 3 how we feel about each organization, but the
 4 numbers kind of helped inform that a little bit.
 5 It kind of reminds me -- I have been
 6 reading a book called Thinking Fast and Slow
 7 about how our brains deceive us and make us make
 8 bad decisions. They tell a story about this
 9 executive who wanted to invest in the stock
 10 market, and he decided he would invest in Ford
 11 because he really liked their cars. They're a
 12 good company. And they point out in that book
 13 kind of what he did was, he substituted an easy
 14 decision for the harder decision, which was, Is
 15 Ford stock overvalued or not? And that's kind
 16 of the way we all end up doing it, I think.
 17 I'm kind of rambling, but I guess that's
 18 kind of where I am at with this. I kind of feel
 19 overwhelmed by the whole decision, to tell you
 20 the truth. If it were not a finite pie, I would
 21 be inclined to give everybody everything they
 22 want. You know, I just think everybody is
 23 really good, and I would be happy to do that.
 24 But we do have to make some hard choices perhaps
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1 MR. HEAD: Will you do roll call.
 2 (Roll call was taken.)
 3 MR. HEAD: Dorothy said she would be a
 4 half hour late. I told her we would probably be
 5 finished by then.
 6 MS. ZIMMERMAN: Ruth Carter said she had a
 7 meeting -- a board meeting this morning, so she
 8 won't be here.
 9 MR. HEAD: Okay. Good morning, everybody.
 10 In terms of how to get started, I think some of
 11 you -- I think you, Lowell, were working up kind
 12 of a straw map vote, and my thought is to
 13 proceed like we don't have to make a decision in
 14 the first half hour and get the conversation
 15 going, try to touch on as many agencies as we
 16 can, and then come back and see, you know, based
 17 on kind of shared perceptions where we are with
 18 this.
 19 Lowell, would you feel comfortable
 20 starting?
 21 MR. HARP: No, but I'll start.
 22 MR. HEAD: Good enough. Good enough.
 23 MR. HARP: Yeah, you know, I have crunched
 24 a lot of numbers in the last few days, and then
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1 somewhere down the line.
 2 I just did some really quick figuring, and
 3 that's really dangerous because I don't work
 4 well under pressure. I kind of figured out that
 5 if we gave everybody everything they wanted, it
 6 would be a 3 or 4 percent increase over last
 7 year. And that's, I guess, because some people
 8 are asking for quite a bit more, but others are
 9 asking for the same amount they always had.
 10 So somebody can check out my statistics on
 11 that, but that being the case, I wouldn't feel
 12 uncomfortable with granting everybody and
 13 passing that on to the County and seeing how
 14 they respond.
 15 MR. HEAD: All right. Thank you. Thank
 16 you for not making a decision.
 17 MR. HARP: Well, I did make a decision.
 18 MR. HEAD: I am sympathetic to what you're
 19 saying, especially when you look historically
 20 that some of the agencies have actually gone
 21 down and they have continued to provide services
 22 under adverse circumstances, not the least of
 23 which is raising costs over the years. So to
 24 some extent, it feels like we're in the process
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1 of making some of the agencies whole again after
 2 having been stingy with them. So I'm
 3 sympathetic to that point of view.
 4 I actually -- when I looked at some of the
 5 funding proposals, I found myself asking, Did
 6 they offer just a continuation of services or
 7 were they wanting to increase the services? And
 8 where they were providing new programs, where
 9 there was obviously a need or a need had been
 10 established, that was a little more convincing
 11 to me. And I found myself convinced where there
 12 were numbers and I felt like those numbers had
 13 some basis, at least that there was an effort to
 14 examine the need and respond to the established
 15 needs. At the same time, the needs are so great
 16 that for some of these it's a -- whether you can
 17 establish the need by numbers or not, the need
 18 is still there.
 19 In terms of -- okay. I'm just going to
 20 jump in here -- rather than do that, I'm going
 21 to ask somebody else to go, if somebody else
 22 would go.
 23 MR. SIGLER: If you look at the
 24 spreadsheet that was put together -- under your
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1 direction, ma'am, and I compliment you -- we're
 2 well within the CPI as a total. The CPI is 3.4
 3 percent calculated last month for the full year.
 4 We're not exceeding what the CPI is.
 5 And you folks who are retired, your Social
 6 Security is based on that. If you work for the
 7 federal government, including postal, your
 8 general wage increase is based on that.
 9 So these agencies are well living within
 10 what I consider to be very, very tight budgets
 11 just to meet the requirements of the people they
 12 serve.
 13 Now, if we're waiting on Dorothy, fine,
 14 but you have been through this over and over
 15 again. I have reworked these figures, along
 16 with Cecilia. There should be no reason why we
 17 should be questioning these agencies.
 18 The only question I had, if you want to
 19 get into specifics, as I looked down at my
 20 friends from Easter Seals, you do a wonderful
 21 job out there and really in a rough area. And
 22 we're talking \$3487 for one more family. My
 23 goodness, I have got that in the checking
 24 account.
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1 MR. HEAD: Did you bring your checkbook
 2 today?
 3 MR. SIGLER: Yes, I -- no, I feel very
 4 blessed. I retired as a GS -- do you know what
 5 a GS-1410 is? That's what I retired as. 34
 6 years of government service. I have no want for
 7 anything. No need for anything. I live very
 8 comfortably, my daughter and I. But I don't; my
 9 daughter does. My daughter is very wealthy, and
 10 I keep reinforcing that with you folks. I live
 11 on a government pension. My daughter is very,
 12 very wealthy, covered by a plan that the federal
 13 government can't touch.
 14 I'm starting to ramble now. If we're
 15 waiting for Dorothy, let's wait for Dorothy. My
 16 mind has been made up on this the minute I
 17 looked at these figures. I find nothing wrong
 18 with what they're requesting.
 19 Conversely, I would be inclined to make a
 20 motion, make a motion right now, that we accept
 21 the proposals made by these agencies who are
 22 before us today. That's my motion. Now, if you
 23 want to hold for Dorothy, fine, we'll hold for
 24 Dorothy. But other than that, I don't see any
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1 reason why we're reinventing the wheel on this.
 2 MR. HEAD: I would like to continue the
 3 conversation because, in fact, it occurred to me
 4 to actually fund some of the agencies above what
 5 they asked --
 6 MR. SIGLER: 2.4 percent.
 7 MR. HEAD: -- and the Easter Sales was
 8 actually one of those where I thought, Well, if
 9 there's a waiting list and we can provide
 10 respite for \$4,000 for one more family, that
 11 that would be -- I have no trouble being
 12 convinced to do that.
 13 MR. SIGLER: \$3,487 dollars, to be exact,
 14 yes.
 15 MS. ZIMMERMAN: I have a question now.
 16 Are you making a motion?
 17 MR. SIGLER: I made a motion.
 18 MS. ZIMMERMAN: That's going to make a
 19 difference in what we do.
 20 MR. SIGLER: There has to be a second,
 21 though. If there's no second, then we continue
 22 with the conversation.
 23 MS. ZIMMERMAN: Right. You need to make
 24 that before we go on.
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1 MR. HEAD: Is there a second?
 2 MR. SIGLER: Okay.
 3 MR. HEAD: Okay.
 4 MR. SIGLER: Then we continue with the
 5 conversation.
 6 MR. HEAD: I think we continue.
 7 MR. HARP: I don't object to the motion,
 8 but I would just like to hear what everybody
 9 else has to say.
 10 MS. BROOKS: Yeah.
 11 MR. HEAD: I would too. I would also like
 12 to wait for Dorothy.
 13 MR. SIGLER: If that would be the case,
 14 let's wait for Dorothy. I don't have a problem.
 15 MR. HEAD: I know she has some opinions,
 16 and I would like us to hear those.
 17 MR. SIGLER: Usually she makes this motion
 18 and it goes through very quickly. Yes, it does.
 19 MS. DETER: The only thing I'm going to
 20 say is, I had some trouble with just a couple of
 21 them money-wise and where the money goes.
 22 That's my own personal feeling about it. You
 23 know, I mean, I feel I'm more of the layperson
 24 on this Board because most of you have had jobs
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1 in mental health. Yes, I was a school nurse,
 2 and yes, I dealt with some of that, but I just
 3 feel I'm the person that's looking at the money.
 4 I'm not sure -- I would love to give
 5 everybody money. I would love to increase it,
 6 but the Board -- you know, we're from a small
 7 community, a small area. Yes, we have this
 8 money that should be spent, but I have to look
 9 at it as, are they really going to give us this
 10 money? I mean, that's my problem. Are they
 11 really going to give it to us? We can say, This
 12 is great -- and I think it is great -- but are
 13 they really going to give us this money?
 14 MR. HEAD: Well, we won't know until we
 15 ask.
 16 MS. DETER: Right.
 17 MR. HEAD: And the worst they can do is
 18 say no.
 19 MS. DETER: Say no.
 20 MR. HEAD: And I think they're looking to
 21 us for direction. And if they want to say, No,
 22 you're being extravagant. Well, okay, you know,
 23 I don't believe that for a second.
 24 MS. DETER: I'm sorry. I'm bleeding, I
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1 have to go take care of it.
 2 MR. HEAD: Well, please feel better fast.
 3 MR. SIGLER: There I agree with you, Nick.
 4 If we don't ask, we'll never know.
 5 MS. BROOKS: If they say no, then we can
 6 still give them what they asked for.
 7 MR. HEAD: Dave?
 8 MR. SCHIER: I'm onboard with the rest of
 9 you on this and Bill and you and Lowell, but I
 10 have a little bit of concern about the last
 11 agency, Family Counseling, and their financial
 12 stability.
 13 MR. HEAD: I do too. I do too. And I
 14 found myself wondering if what they were
 15 applying for was some sort of a last-ditch
 16 effort to maintain solvency and try to buy
 17 themselves some more time. Their numbers were
 18 just blue sky. They were pulled out of the air.
 19 MR. SCHIER: It also seems like maybe a
 20 shade of overlap, because HOPE and Sinnissippi
 21 and them are --
 22 MR. HEAD: There is, there is. I think
 23 one of the things that -- there is maybe a
 24 little more emphasis on family services.
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1 MR. SCHIER: Right.
 2 MR. HEAD: But I'm not remembering that
 3 there was a family specialist that was going to
 4 be coming to Rochelle, and that -- I wonder
 5 about those services generally, and I wonder
 6 about those generally with Sinnissippi. I know
 7 there's a lot of programming, but I don't know
 8 if there's a family specialist, and I don't know
 9 if there's a demonstrated need. And then
 10 there's the issue of, Would families come to
 11 Sinnissippi in the evening because of the
 12 stigma, unfortunately? If they were Medicaid
 13 and they were desperate and the roof was falling
 14 in, maybe.
 15 But I was most concerned about the
 16 financial stability and the lack of, kind of,
 17 understanding A, B, C, D, why this amount for
 18 this many service hours, and then starting
 19 services now as opposed to getting out of our
 20 funding cycle. There's kind of several leaps of
 21 faith that seem to be operating there.
 22 MR. SCHIER: And it's not like we couldn't
 23 bring them in next year too. You know, there's
 24 always -- but I'm onboard with whatever you guys
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1 want.

2 MS. WILSON: I would like to address

3 that -- and my voice is pretty shot -- but that

4 family counseling service. I did notice that

5 they talked about they have been around for 140

6 years. That, to me, shows that they have some

7 kind of stability. Now, obviously it's not the

8 same people that started it that are running it

9 now. But leaps of faith sometimes are what it

10 takes.

11 And as far as overlap goes, I think we

12 established that there is more than enough need,

13 that people aren't going to be going to them and

14 to Sinnissippi at the same time and, you know,

15 getting our tax dollars to go to both. They

16 probably will go to one, and if they need more

17 help, then they might go to the other. Or if

18 they go to one and their funding or their money

19 runs out, they might go to the other one and get

20 something less expensive. I don't think that

21 there's going to be a -- any kind of overlap. I

22 can't think of a better word.

23 I do -- I'm looking at this grid, and it

24 does say that the requested increase was quite

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1 a -- about -- quite a -- much more than it

2 actually was, so the -- the agency total.

3 MS. STEPHENITCH: That percentage

4 increase, is that what you're referencing?

5 MS. WILSON: Yeah. Maybe that's adding up

6 all of these together, but the dollar amount --

7 the dollar amounts don't -- you know, it's

8 certainly not that much more from last year to

9 this year. That would be like \$2 million more,

10 and it's not \$2 million more.

11 That's all I have got right now.

12 MS. ZIMMERMAN: That's the total.

13 MS. STEPHENITCH: Isn't the other agency

14 request for fiscal year '18, that 864.74, that

15 would not account then for any kind of

16 contingency fund for administrative expenses for

17 this Board, correct?

18 MS. ZIMMERMAN: Correct.

19 MS. STEPHENITCH: So it's just something

20 that I was keeping in mind. And can someone

21 remind me about this contingency fund for fiscal

22 year '17, what that 19,500 was?

23 MS. ZIMMERMAN: It's an accident.

24 MS. STEPHENITCH: It was an accident,

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1 okay. Just an oversight, like a budgetary

2 oversight?

3 MS. ZIMMERMAN: (Nods head.)

4 MS. STEPHENITCH: Okay.

5 MR. HEAD: That doesn't mean that we don't

6 continue to ask for accidents and hold onto that

7 money.

8 MS. STEPHENITCH: Have another oops.

9 MR. HEAD: Have some sort of a need

10 identified. I think we have identified using

11 some of that money for --

12 MS. DETER: The printing.

13 MR. HEAD: The printing of the service

14 directory.

15 MR. SIGLER: Absolutely.

16 MS. STEPHENITCH: So if we were to grant

17 the full requests for fiscal year '18, we would

18 have our administrative expenses for our budget?

19 MR. SIGLER: Right. Yes, you would be

20 right, ma'am.

21 MS. ZIMMERMAN: That would just be 6,000

22 more than what's there, Amy.

23 MR. HARP: I don't trust my figures.

24 MS. DETER: Don't look to me.

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1 MS. ZIMMERMAN: 870.

2 MR. HARP: You have, what, 870? Yeah,

3 that's right. Close enough to mine.

4 MS. STEPHENITCH: 870, which what would be

5 roughly a \$61,000 increase from last year.

6 MR. HARP: And last year our total was

7 835,000.

8 MR. HEAD: The -- I fired off some

9 comments over the mail after the meeting with

10 the County Board, and to the effect that we're

11 in the position kind of historically of working

12 reactively in terms of waiting for the funding

13 agencies to identify their perception of needs.

14 I'm not discounting that. But we set aside

15 discussions about our perceptions and needs and

16 how they line up with what the funded agencies

17 then proposed. And if we're going to go to the

18 County Board and ask for more money, it better

19 be earmarked for something concrete and

20 specific, because they're -- you know, they're

21 not just going to line up to raise the levy.

22 I think getting them to put more money

23 into services is going to be a continuing

24 conversation that's going to continue over

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1 years. We don't have to completely change our
 2 position in way of functioning today to all of
 3 the sudden become more proactive. And we're not
 4 going to become a more strategic agency -- I
 5 think that takes time too -- but I would like to
 6 see us move in that direction.

7 If I were to look at this and just say,
 8 Okay, well, what would I like to see based on
 9 what I understand? I would like to see LSSI
 10 have another position and Ogle County to pick up
 11 the towns that are not covered by Lead over in
 12 the far western part of the county, and I'm
 13 thinking of Polo, Forreston, Leaf River, those
 14 areas, and also maybe to share that role with
 15 their Youth Works program with a focus on youth
 16 violence. I would not have any problem paying
 17 for another FTE for LSSI.

18 Now, I don't know what that would cost. I
 19 mean, I don't know what Jessie's salary was. I
 20 don't know if we're talking about 30-, 40,000,
 21 \$50,000 with salary and benefits? But based on
 22 need, that's something I would like to see.

23 MR. SIGLER: If we're going to step into
 24 that arena -- pardon me.

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1 MR. HEAD: Go ahead.

2 MR. SIGLER: -- then we should have our
 3 ducks in a row. We should have met with these
 4 agencies individually to say, You want to add
 5 another person? Tell us, what's the cost, the
 6 total cost, of that? If we're going to become
 7 proactive rather than reactive -- I actually
 8 looked at your document that you sent via email.
 9 I thought, My goodness gracious, Obama is back.
 10 I'll be very candid with you. Yeah, it turned
 11 me off totally on the thing. It turned me off.

12 Because if we're going to pick an area in
 13 looking at these agencies, we can't sit at this
 14 late hour and say now -- just like myself, with
 15 Easter Seals, I would love them to have
 16 another -- one more day --

17 MR. HEAD: Right, right, right.

18 MR. SIGLER: -- one more respite, you
 19 know. Is it possible at this late hour? I
 20 don't think so. Do I agree with them?
 21 Wholeheartedly I do. Wholeheartedly. But we're
 22 a little late right now to be looking at this.
 23 We should be out in the field earlier on and
 24 saying, I would like Lutheran Services to come

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1 in and sit down with us or some committee of us.
 2 Then we're in a position to go back to the
 3 county treasurer and say, If we add this, this
 4 and this.

5 This is where we were sorely lacking --
 6 you did a nice job last week, but that Board
 7 member specifically asked you a question and you
 8 couldn't answer it.

9 MR. HEAD: Exactly. I just pulled it out
 10 of the air.

11 MR. SIGLER: To tell you, it really turned
 12 off a lot of people.

13 MR. HEAD: I'm sure it did.

14 MR. SIGLER: It was a simple matter that
 15 we -- not you alone. We, as a Board, should
 16 have sat down with the county treasurer and
 17 said, What's the impact of a 0.102 percent
 18 increase of the multiplier rate? We didn't do
 19 that, you know, and that hurt us. That hurt us.

20 MR. HEAD: You know, I talked with Don
 21 Griffin afterwards, and he'd actually gone to, I
 22 think it was Greg Sparrow to ask, What would the
 23 cost to the taxpayer be for a hundred thousand
 24 dollars? One penny.

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1 MR. SIGLER: Well, we should have had this
 2 information to say, here's the impact on a
 3 family home of a hundred thousand dollars or
 4 \$50,000, and been able to respond to them right
 5 there --

6 MR. HEAD: I agree.

7 MR. SIGLER: -- instead of letting it
 8 hang.

9 MR. HEAD: I agree.

10 MR. SIGLER: No, you did a fine job. I
 11 was impressed with what you did. The only
 12 question we couldn't answer was financial. And
 13 the naysayers are going to say, Well, they don't
 14 even know what they're asking for. You know, we
 15 have to be on top.

16 MR. SCHIER: Greg Sparrow is the head of
 17 the finance committee, and Don and several
 18 others on the finance committee. I have kind of
 19 met with them just myself in the wintertime,
 20 kind of informally, and was pushing some of that
 21 stuff.

22 MR. HEAD: Yeah.

23 MR. SCHIER: But getting back to what
 24 you're talking about, the LSSI, that's what I

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1 was talking about at a few meetings earlier
 2 about the -- not new front lines, they have
 3 always existed, but that's -- we need to get to
 4 them little kids, you know, and slow what's
 5 happening down. It's like you said before, in
 6 the high schools it's kind of too late. You
 7 know, now it's intervention rather than
 8 prevention.
 9 MR. HEAD: Right, right.
 10 MR. SCHIER: I think it's so important.
 11 Like those two schools we are in, we should be
 12 in all of them.
 13 MR. HEAD: Yeah, I agree.
 14 MR. SCHIER: And that's mental health too.
 15 MR. HEAD: Yeah. Yeah. And to your
 16 point, Bill, I think we need to have some
 17 partnership conversations with our funded
 18 agencies beginning much earlier in our annual
 19 cycle --
 20 MR. SIGLER: Absolutely.
 21 MR. HEAD: -- and say, What about ya da
 22 da? What about ya da da?
 23 MR. SIGLER: And we put together this
 24 information, we visit with the county treasurer,
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1 we say, Here's what we would like to see
 2 increased --
 3 MR. HEAD: Right.
 4 MR. SIGLER: -- as a board. Not as the
 5 agencies. As a board. What's going to be the
 6 impact and the cost upon the people living
 7 within this county in the normal home? Put you
 8 in a much better position when you're addressing
 9 the full County Board.
 10 MR. HEAD: Exactly. Exactly.
 11 MR. SIGLER: Maybe I'm more in-tuned to
 12 this because I look at county board budgets all
 13 the time, all the time, and my question is,
 14 Where did they hide the money? No, I'm not
 15 speaking about ours, but other county boards.
 16 Where is the money at?
 17 MR. HEAD: Okay.
 18 MS. BROOKS: I agreed with -- I liked a
 19 lot of the ideas that you sent out, Nick, but
 20 like Bill said, I think at this stage of the
 21 game it's too late for this year. I think we do
 22 need to have discussions. You put together that
 23 great matrix where there's gaps in service. We
 24 need to be looking at, you know, these mental
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1 health dollars need to be going to the most
 2 crucial mental health services, the ones that
 3 aren't being met, or whatever. I think as -- to
 4 do what we're called to do, that's what we need
 5 to do.
 6 I mean, all of the agencies deserve, you
 7 know, what they're getting and more, but if we
 8 want to start using a different philosophy and
 9 looking at it a different way, we have to
 10 wait -- you know, get through this one and work
 11 on it for next year.
 12 MR. HEAD: Yeah, I think that's absolutely
 13 right.
 14 But I'm going to continue to kind of say
 15 what I thought. You know, I would like to see
 16 -- if we plan this ahead of time, I would like
 17 to see a Spanish specialist in Rochelle. And we
 18 kind of danced around that. I have tried to
 19 imagine what the need is. Now, I think that
 20 18 percent of Rochelle is Spanish-speaking.
 21 MR. SIGLER: It's closer to 20-plus. I
 22 have written there, 21, 22.
 23 MR. HEAD: Closer to 20-plus.
 24 MR. SIGLER: Yeah.
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1 MR. HEAD: It's a younger demographic.
 2 What kind of services actually would they need?
 3 Would they use a mental health specialist
 4 full-time if one was there? And I don't know,
 5 to be honest with you.
 6 MR. SIGLER: I'll respond to you by
 7 saying, yes, I believe they would. I was the
 8 minority working. Everybody was Spanish-
 9 speaking. They all spoke Spanish. I spoke
 10 German. I was the minority.
 11 These folks in Rochelle deserve the
 12 services, just as we look and we say, Now we're
 13 going to take care of Oregon, Byron, Leaf River.
 14 They deserve the same level of service that we
 15 offer the Caucasian, urban American.
 16 MR. HEAD: Right.
 17 MR. SIGLER: And we're not delivering that
 18 service, in my opinion.
 19 MR. HEAD: Right.
 20 MR. SIGLER: And we should be looking to
 21 the agencies who have facilities in Rochelle to
 22 say, Do you have a Spanish-speaking in the --
 23 not somebody who can interpret, but an actual
 24 person who can sit down with these families and
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1 work with them?
 2 I -- you want to talk about meeting early?
 3 I would be happy to sit down with them, and I
 4 would be happy to try and develop something that
 5 we can take to the County Board so we're not
 6 caught shorthanded, as we were at this last
 7 meeting, and say, Here's what the cost is
 8 associated with bringing on this particular type
 9 of individual. Yes, sir.
 10 MR. HEAD: And --
 11 MR. SIGLER: I agree with what you're
 12 talking about.
 13 MR. HEAD: That creates -- you know, might
 14 create some challenges for Patrick, given that
 15 his staff is not overpaid to start with. How do
 16 you compete? And then how do you compete for a
 17 Spanish specialist -- speaking specialist? But
 18 I would like to see us have those kinds of
 19 conversations.
 20 I think that Sinnissippi proposed a
 21 significant new service with their Recovery
 22 House. You know, I applaud that, but what I
 23 wonder about would be a specialist who works
 24 with people coming off of their sentencing,
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1 coming out of prison, coming off of probation.
 2 I wonder about case management services.
 3 Not doing therapy per se, although it becomes
 4 kind of a fuzzy line, but somebody who says,
 5 Nick, you've got to get yourself to that
 6 appointment today, get over there. You're
 7 putting your probation at risk. Somebody who
 8 would do those kinds of things and help people
 9 kind of continue to cross the T's and dot the
 10 I's. I think there's a need for that.
 11 MR. SIGLER: I suggest you're singing to
 12 the choir.
 13 MR. HEAD: I know.
 14 MR. SIGLER: I believe we should have
 15 these folks out there, and they have to take
 16 them by the hand initially --
 17 MR. HEAD: Right, right.
 18 MR. SIGLER: -- and lead them over to the
 19 probation office. That would be excellent. But
 20 right now, where we're at in this process, to
 21 reinvent the wheel and say, Now we want to add
 22 this, this and this, it's not going to fly.
 23 MR. HEAD: Gotcha.
 24 MR. SIGLER: But I think what we should be
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1 doing this fall -- you did a wonderful job when
 2 we had that off-the-record meeting when you
 3 charted where we are lacking in services -- not
 4 lacking. A combination of lacking and what
 5 services should we be providing.
 6 MR. HEAD: Right.
 7 MR. SIGLER: That was excellent.
 8 But the problem is, right now to implement
 9 that with these agencies and then go back to the
 10 full Board, I don't think it's -- not "I don't
 11 think." It won't fly. I deal with it on county
 12 boards in the state of Illinois. You walk in
 13 and you say, Well, now I need this additional
 14 funding. You better -- we better -- not you.
 15 We better.
 16 MR. HEAD: Yeah, I get it. Thank you.
 17 MR. SIGLER: I don't look at you alone for
 18 your presentation. I look at all of this, yes,
 19 sir.
 20 MS. STEPHENITCH: Regarding the comments
 21 about Family Counseling, I had the same concern
 22 about their financial stability. I don't think
 23 it's necessarily -- I don't see it as an overlap
 24 like some do. I think that it's just another
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1 venue that's available for people, and we talked
 2 a little bit about choice.
 3 But my understanding was that they did
 4 have a Spanish-speaking therapist that was --
 5 MR. SIGLER: Yes, they do.
 6 MS. STEPHENITCH: -- on staff, and they
 7 were coming to Rochelle.
 8 MR. HEAD: I heard that too. I wish I had
 9 better numbers, but I heard that too.
 10 MS. WILSON: One thing that we could do
 11 is, if we grant money to, like, the first-time
 12 agency like Family Counseling, we can ask them
 13 for -- that we have some oversight as to their
 14 finances ongoing.
 15 MR. HEAD: Right.
 16 MS. WILSON: Then if there seems to be an
 17 escalating spiral, downward spiral, perhaps we
 18 can withdraw our money. We have done that
 19 before.
 20 MS. BOWERS: Yes, we have.
 21 MR. HEAD: So I'm sorry, I'm not sure I
 22 quite followed that. Can you summarize that
 23 again, Kathe?
 24 MS. WILSON: We could ask Family
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1 Counseling to provide us figures as far as
 2 financial -- their financial position and -- on
 3 an ongoing basis maybe every couple of months or
 4 every quarter. Then if it looks like they're
 5 really spiralling down and there's no pulling
 6 them back out again, we could withdraw the rest
 7 of the money.
 8 MR. HEAD: So we would fund them with that
 9 qualification, it would just be like a quarterly
 10 report that tells us what services were
 11 delivered --
 12 MR. SIGLER: Yes, sir.
 13 MR. HEAD: -- and your funding status
 14 overall.
 15 MS. WILSON: Right.
 16 MS. BOWERS: Give them a stipulation.
 17 MR. HEAD: I would be comfortable with
 18 that.
 19 MS. STEPHENITCH: I like that idea.
 20 MS. DETER: Because they're not going to
 21 get any money from us until December.
 22 MR. HEAD: November, I think.
 23 MS. ZIMMERMAN: December.
 24 MS. DETER: December. That's what I
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1 thought. I can understand that better. I do
 2 like that.
 3 MR. HEAD: That's a long time in their
 4 position.
 5 MS. WILSON: Right.
 6 MR. HEAD: Their back is against the wall.
 7 MR. HARP: One factor that kind of goes
 8 into my thinking about Family Counseling
 9 Services is that it seems rather expensive in
 10 relation to the number of clients they're going
 11 to serve.
 12 MR. HEAD: 130 bucks times 30 clients.
 13 MR. HARP: They project 50 clients, and I
 14 worked out dollars per client, it comes to 180.
 15 MR. HEAD: 180.
 16 MR. HARP: That's a lot more than -- like,
 17 Sinnissippi gives us a lot more bang for the
 18 buck, if you're going to look at it in terms
 19 of --
 20 MR. HEAD: Yeah. There was several
 21 numbers tossed around, and I thought it came
 22 down to, like, 60 bucks an hour, and they were
 23 looking for half of that from us, which is -- if
 24 they could provide 300 hours of therapy time for
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1 30 bucks an hour, that's a pretty good darn
 2 deal. They don't have the overhead of
 3 Sinnissippi, but they will have some overhead.
 4 See, I'm uncomfortable because they
 5 haven't projected what -- the infrastructure
 6 that they're going to need to provide this
 7 service in a way that's transparent, so that
 8 makes me nervous. But I could go along with the
 9 contingency idea.
 10 The -- to try to catch you up, Dorothy,
 11 we -- there's been a couple of proposals to just
 12 fund everybody as proposed, given that -- but
 13 then that does not allow for any contingency
 14 fund or administrative overhead for the Board.
 15 So if we were to add that in as a percentage and
 16 then ask for that, the Board is going to tell us
 17 what they're going to do or not going to do.
 18 I talked a little bit about kind of in the
 19 best of all worlds what I would want to get up
 20 there would be another specialist from LSSI
 21 devoted to Ogle County around the Leads program,
 22 as well as the Alternatives to Violence program.
 23 I think there's need out there on the west end
 24 of the county, but that's my perception. That
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1 hasn't been documented or established.
 2 We talked some about the fact that we
 3 would like to see Easter Seals have another
 4 respite person. That's not very much money,
 5 3500 bucks, and it could make a big difference.
 6 But then, kind of going through and
 7 cherry-picking that, what we come back to is,
 8 you know, approving everybody for everything.
 9 If we do that, then we're letting the Board make
 10 our decisions, some of them, for us, and then we
 11 have to come back and adjust accordingly, in
 12 which case, I mean, we're -- we haven't asked
 13 the Board, What can we have overall?
 14 MS. STEPHENITCH: So given the current
 15 requests and adding in the 6,000, it's an
 16 overall increase in our budget by 35,874? Is
 17 that -- am I correct on that?
 18 MR. SCHIER: Which brings up a good point
 19 here that, I realize it comes down from the top
 20 247 percent, but that's not correct on the
 21 agency totals.
 22 MS. ZIMMERMAN: Just because of the 200 --
 23 MR. SCHIER: So whatever 864 is from 809
 24 is the percent increase, the total percent
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1 increase.
 2 MR. HEAD: So that would be a \$55,000 --
 3 is that a \$55,000 increase?
 4 MR. SIGLER: You're certainly right.
 5 MR. HEAD: So 55,000, 809 is going to be
 6 about 12 percent.
 7 MR. SCHIER: Yeah.
 8 MR. HEAD: And that -- that wouldn't allow
 9 for our contingency fund or our administrative
 10 costs.
 11 MR. SCHIER: So that's why that figure --
 12 okay. And I understand --
 13 MS. WILSON: Straight agency totals, if we
 14 just look at that line, it's a 7 percent
 15 increase. If we look at the total budget, it's
 16 a 4.2 percent increase.
 17 MR. SIGLER: That's correct. We can
 18 adjust as a Board for what we feel we need
 19 administratively. Right now, as I perceive
 20 this, I'm in here today figuring, what should
 21 the agencies receive? Now, if we feel we need
 22 to set aside 20,000 or \$30,000 for mailings,
 23 get- -- I hate to use the term get-together. I
 24 used to use that hatefully with my agency.
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1 Another get-together? No -- a seminar where we
 2 might bring someone in to instruct us further as
 3 a Board. Yeah, we can set money aside from that
 4 and request that from the County Board.
 5 MS. BOWERS: I think you better get rid of
 6 the word contingency, because they depleted that
 7 from all the other departments in the county.
 8 MR. HEAD: Okay.
 9 MS. BOWERS: So don't call it a
 10 contingency.
 11 MS. BROOKS: What word do they like?
 12 MS. BOWERS: They don't like anything that
 13 has the word contingency.
 14 MR. HEAD: Administrative costs.
 15 MS. STEPHENITCH: If we would need to
 16 increase it, we would request it in that line
 17 item, administrative.
 18 MS. WILSON: Did we spend our entire
 19 administrative fund?
 20 MR. HEAD: No.
 21 MS. WILSON: So just carry it over to --
 22 MS. BOWERS: Nope. Can't carry it.
 23 MS. WILSON: Can't carry it?
 24 MS. BOWERS: Cannot carry it.
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1 MS. ZIMMERMAN: Can we put it under
 2 administrative expenses?
 3 MS. BOWERS: Can do that.
 4 MS. ZIMMERMAN: Why can't we just add
 5 20,000 to the 6 and say we need 26,000?
 6 MR. HARP: How specific are we going to be
 7 when we present that proposal to the County?
 8 MS. ZIMMERMAN: They don't know anything
 9 except the amount.
 10 MR. HARP: Total amount?
 11 MR. SIGLER: Yes.
 12 MR. HARP: So a lot of hard decisions will
 13 come after the County makes theirs.
 14 MR. HEAD: Dorothy, in our conversation
 15 you shared some perceptions that the County has
 16 about the Village of Progress.
 17 MS. BOWERS: Yes.
 18 MR. HEAD: And I have gone back through
 19 their proposal, and basically what I see is,
 20 they describe their existing programs.
 21 Basically they were looking for continuity of
 22 funding for their existing programs at the
 23 existing level. But you say there's a whole
 24 other conversation that's going on about, Well,
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1 how can they buy and build Village Bakery? Are
 2 they using County funds to do that?
 3 MS. BOWERS: Yes, they are using County
 4 funds to do that, because they're not -- they're
 5 not designated anywhere in their budget saying,
 6 this money is specifically for building a new
 7 building from whatever source. They didn't
 8 divide that out.
 9 Two years ago they had over a million
 10 dollars in surplus money, and we were told, to
 11 the County Board, that that money was designated
 12 for a new roof. When the question arose this
 13 year; no, that money is now used to buy this
 14 building and to remodel it.
 15 MR. SCHIER: But they got --
 16 MS. ZIMMERMAN: They did put the new roof
 17 on.
 18 MS. BOWERS: No, they did not. They only
 19 did partial.
 20 MR. SIGLER: Partial roof. I agree with
 21 Dorothy on that.
 22 MS. BOWERS: It was a partial roof.
 23 MR. SIGLER: A million-dollar reserve
 24 would pay for 20 roofs. The money was not
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1 properly designated, in my opinion.
 2 MS. BOWERS: Exactly.
 3 MR. SIGLER: Now you have people -- excuse
 4 me -- Board members saying, Well, now you're
 5 using our funds to purchase a bakery.
 6 MR. HEAD: For capital --
 7 MR. SIGLER: I understand their argument.
 8 It would disturb me also if I was sitting on the
 9 Board.
 10 MR. HEAD: So they say that they are
 11 self-funded. I assume that that came from some
 12 reserve that came from the -- their foundation,
 13 that they had money in reserve. I couldn't find
 14 that spelled out specifically.
 15 MS. BOWERS: It's not spelled out, but
 16 that money that they had in reserve was not from
 17 the foundation. None of the money that was paid
 18 for this new building or the remodeling came out
 19 of the foundation.
 20 MR. HEAD: So where did it come from?
 21 MS. BOWERS: From their reserve that they
 22 had, the over-million-dollar reserve.
 23 MR. HEAD: So is this the accumulation of
 24 moneys not spent over a course of time?
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1 MS. BOWERS: They never designated where
 2 it came from. So we give them money every year
 3 for -- through funding through the 708 Board.
 4 And many people in the community -- and I sat in
 5 a meeting and listened to this -- are saying
 6 they're using County money to buy new buildings
 7 for capital improvement.
 8 MS. ZIMMERMAN: So we need to talk to
 9 them.
 10 MR. HEAD: That needs to be answered.
 11 MR. SIGLER: Is it totally, totally coming
 12 out of 708 funds? No, it's not. If you look
 13 closely, the individuals -- my daughter pays for
 14 her services at the Village, my granddaughter
 15 pays for her services at the Village and through
 16 federal funds. Not 708 funds. Through federal
 17 funds. And it's administered by the State of
 18 Illinois, but it's federal funding administered
 19 by the State, because both have been approved to
 20 participate in this program. That money comes
 21 directly from the feds. Not all of it comes
 22 from 708, and that is an important
 23 clarification.
 24 I'm not arguing with Dorothy as to were
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1 funds -- 708 funds used? I don't know that. I
 2 would have to go through the books. I do this
 3 for a living, though, as a federal commissioner,
 4 and I would be happy to look at their books.
 5 But I don't think they have denied this, I don't
 6 think they have.
 7 MR. HEAD: Well, it's a problem --
 8 MR. SIGLER: Yes, it is.
 9 MR. HEAD: -- and --
 10 MR. SIGLER: But to what extent, I don't
 11 know.
 12 MR. HEAD: Well, Dorothy and I talked
 13 about it, and the question is, is this going to
 14 cast a shadow over funding in total and spill
 15 over and impact the other agencies' funding
 16 requests as well?
 17 MS. BOWERS: It used to be Sinnissippi
 18 that they were going after, now it's Village of
 19 Progress.
 20 MR. SIGLER: Yes, that's exactly right.
 21 MR. SCHIER: I think it's going to cast a
 22 shadow over us.
 23 MR. HEAD: It will cast a shadow over us.
 24 I'm a newbie. It will cast a shadow on you, not
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1 me.
 2 MR. SIGLER: But at this point, what we're
 3 presenting to the Health and Welfare Committee
 4 is a total dollar amount. We're not specifying
 5 Village, we're not specifying Sinnissippi. Just
 6 a total dollar amount. What they grant to us is
 7 what we work with and make the final
 8 distribution to the various agencies.
 9 I have done your negotiations here as a
 10 federal commissioner, Dorothy, and the parties
 11 used me because of my impartiality. I'm talking
 12 about both labor and management. I love the
 13 Village, but if indeed moneys have been
 14 misappropriated and not spent properly, well,
 15 then I got to do what I got to do as a Board
 16 member sitting on this board. Breaks my heart,
 17 but I got to do what I got to.
 18 Just as I made a commitment with one of
 19 your Board members, I will not vote on the
 20 Village, and I won't. Do I think that's fair?
 21 No, I don't, but that's an aside point. I made
 22 a commitment.
 23 I guess what has to be done, if it's going
 24 to be done properly, is not just, "Well,
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1 somebody said." The books have got to be
 2 reviewed in detail.
 3 If you remember about a year ago, two
 4 years ago, when we had our sheriff, were they
 5 going to have a complete audit or only a partial
 6 audit? Complete audit turned up something
 7 entirely different than a partial audit.
 8 MR. HEAD: So I think we're --
 9 MR. SIGLER: We're not going to resolve
 10 this here.
 11 MR. HEAD: I think we're trying to make
 12 decisions without enough information.
 13 MR. SIGLER: That's right.
 14 MS. BOWERS: Exactly.
 15 MS. WILSON: I think if we look at the
 16 spreadsheets that we have here, our dollars
 17 provided \$3.37 per hour for services. I don't
 18 think that there's a whole lot of wiggle room
 19 there for it going to anything else. I mean,
 20 \$3.37 an hour.
 21 MR. HEAD: I don't have a problem with the
 22 way they valued their services. It's this
 23 looming question of were these, in fact, 708
 24 funds that were saved and used to fund the
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1 Village and bakery, if I'm understanding that
 2 correctly.
 3 MR. HARP: Can we resolve --
 4 MS. WILSON: Is that our business?
 5 MS. BOWERS: Absolutely, when it comes to
 6 the County Board.
 7 MR. HARP: Can we resolve that issue
 8 between now and when we make a final decision?
 9 MR. HEAD: We have to make a final
 10 decision by -- what's our drop-dead date for
 11 making final decisions?
 12 MS. BOWERS: At least by the end of
 13 September, because we'll have our funding
 14 hearing for everybody towards the end of August.
 15 Where you present -- I'm sorry.
 16 MS. STEPHENITCH: No, that's fine.
 17 I'm back to the contingency fund. Do we
 18 know how much has been spent? How much have we
 19 used of the contingency fund?
 20 MS. ZIMMERMAN: Just the amount that they
 21 needed for the human services directory, which
 22 is about --
 23 MR. HEAD: \$4500, I think.
 24 MS. ZIMMERMAN: Is that all?
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1 MR. HEAD: Yeah, I think it's -- the
 2 mailing, the postage, is the largest amount of
 3 it, and that's about 3500, and then -- it's
 4 actually probably another 1300 for the printing,
 5 but we don't have final figures on that.
 6 MS. ZIMMERMAN: Somewhere around 5.
 7 MS. STEPHENITCH: Right around 5. And are
 8 we -- typically do utilize administrative
 9 expenses of the 6 easily. So I'm almost
 10 entertaining the idea of what Mr. Sigler talked
 11 about earlier when he made that motion about
 12 requesting what the agencies -- going with the
 13 agency's request, but I would propose actually
 14 subtracting 15 out of that contingency fund but
 15 adding 5 to our administrative expenses, putting
 16 that at about 11,000.
 17 MR. HEAD: I like that.
 18 MR. SIGLER: Yes, ma'am.
 19 MR. HEAD: I think if -- we haven't even
 20 talked about it, year two of the services
 21 directory, but I think if we're going to do it,
 22 we're probably going to do it year to year.
 23 Now, they -- when I looked at the routes,
 24 they had to do a route adjustment for Rochelle
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1 because some routes weren't included. But what
 2 we don't have in Rochelle are all the postal
 3 boxes, which means that we're not getting --
 4 we're getting in all the homes, all the
 5 residences, but if somebody doesn't have a
 6 residential address, we don't have that covered
 7 in our funds.
 8 MR. SIGLER: Getting far afield with this.
 9 I still have a newspaper who's courteous enough
 10 to us to say, We'll do this for \$500, and I have
 11 got them out there hanging right now. And they
 12 call me, Have you made a decision yet? No, I'm
 13 sorry, we haven't. It looks like we're going to
 14 be going with a mailing, but as a backup we may
 15 still be using you.
 16 We have a specifically -- or I
 17 specifically, because I'm the one who approached
 18 them. If we're not going to use them, let me go
 19 over there and say, No, we're not going to use
 20 you, or, Yes, we are going to use you but we're
 21 going to make the decision further down the
 22 line.
 23 MR. HEAD: Yeah, I think that's fine.
 24 MR. SIGLER: It's just, like, seven months
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1 I'm putting this brochure together. I mean, we
 2 can't continue to operate on this basis. We
 3 can't. I mean, I can drive over there right
 4 now, if I had the authority of the Board. I'll
 5 tell them no. Nos never hurt me.
 6 MR. HEAD: When they put it in the paper,
 7 you said it was going to be in the center
 8 section with a half on each page?
 9 MR. SIGLER: Absolutely.
 10 MR. HEAD: Will it be actual size or will
 11 it be enlarged?
 12 MR. SIGLER: It's going to be blown up,
 13 because you're talking a full newspaper page.
 14 MR. HEAD: A full page?
 15 MR. SIGLER: Yes, you are, sir.
 16 MR. HEAD: So that's --
 17 MR. SIGLER: I don't have a problem going
 18 either way.
 19 Nick, if this Board says, We're going to
 20 go with it, then let's you and I drive over
 21 there after this meeting -- they're in today and
 22 the editor is in -- and say, Okay, I'm
 23 satisfied, but this is the Board -- 708 Board
 24 president. Please reaffirm what you're willing
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1 to do for us with that \$500. It takes a minute.
 2 The job is done. And if we decide to go, then
 3 we go. If it's a no, tell them no.
 4 MR. HEAD: Well --
 5 MR. SIGLER: You know, again, I --
 6 MR. HEAD: Okay. I would -- I'll make a
 7 motion that we go with including the
 8 advertisement in the paper, but I would like to
 9 project that out into August just before school
 10 starts.
 11 MR. SIGLER: And that gives us time to go
 12 over there and talk to them.
 13 MS. BOWERS: That isn't on the agenda.
 14 MR. HEAD: That can be talked about at the
 15 next meeting.
 16 MR. SIGLER: That isn't on the agenda,
 17 she's right.
 18 MS. BOWERS: Sorry.
 19 MR. HEAD: No, you know I need help in
 20 that area.
 21 MR. SIGLER: Let us, in that intervening
 22 period of time, drive over there. I'll drive
 23 you over there. Let's talk to the editor. It
 24 takes a minute. Then we're all satisfied.
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1 MR. HEAD: Well, I'm happy to talk with
 2 the editor. I don't know -- I hate to have a
 3 conversation about not being resolved with what
 4 we're going to decide. At least in terms of
 5 driving over, I'm happy to call and say, We just
 6 don't know. We have -- here's where we are in
 7 our process: a motion has been made, but it was
 8 made out of order. We need to have another
 9 meeting to complete the motion, and we haven't
 10 had a final vote on it.
 11 MR. SIGLER: That's not a concern of his.
 12 The question is, do we go or don't we? The
 13 question is, are you comfortable as a committee,
 14 as a Board, to say it's a double spread, it's
 15 going to be blown up, as I like to believe, and
 16 it takes a moment to drive over there. Not to
 17 placate them by saying, We couldn't make a
 18 motion. That's not his business.
 19 MR. HEAD: Okay. So handling this
 20 administratively, do we just have this be a
 21 continuing business item, or do we need a -- can
 22 we give any kind of positive indication of where
 23 we are going to vote on this at this point?
 24 MS. BOWERS: You can talk about it all you
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1 want.
 2 MR. HEAD: Okay.
 3 MS. STEPHENITCH: I think you said it's
 4 about \$500?
 5 MR. SIGLER: \$500.
 6 MS. STEPHENITCH: Put it in the budget.
 7 MS. BOWERS: I think it's already in the
 8 budget.
 9 MS. STEPHENITCH: Okay. Then we're good.
 10 MR. SIGLER: There was a motion made at
 11 the last -- a meeting or two back.
 12 MR. HEAD: Would anybody like additional
 13 information in order to be able to vote on this
 14 the next time we meet?
 15 MS. BOWERS: I think it's a fantastic
 16 idea.
 17 MR. HEAD: I do too. I do too.
 18 MS. BOWERS: That's my opinion.
 19 MR. HEAD: I think that may be the best we
 20 can give, Bill.
 21 MR. SIGLER: We're three months in and I'm
 22 dancing with them. That really bothers me.
 23 MR. HEAD: I'll dance with them, if you
 24 want.
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1 MR. SIGLER: They paid me for 35 years to
 2 get things done, not to dance. And dancing, you
 3 lose people's patience with you.
 4 MR. HEAD: Right, I understand.
 5 MR. SIGLER: What I want to do is be able
 6 to go over there and stop in again, I'm going to
 7 reaffirm myself -- Loretta does this to me all
 8 the time, my boss. I come home and I say, I got
 9 a grand idea, dear. And she says, Well, what do
 10 you think about this, this and this? And then I
 11 start all over again. So I'm going to drive by.
 12 If you're not going with me, I'm going to say,
 13 Show me. Get out the newspaper again and show
 14 me what a double-page spread is, because I have
 15 to be satisfied.
 16 MS. STEPHENITCH: I was doing some math.
 17 If we were to take all of the agencies'
 18 requests, add in 11,500 for administrative
 19 costs, we would be requesting 876,284. That's
 20 about 41,000 more than last year.
 21 MR. SIGLER: I'm sorry, ma'am, I didn't
 22 hear you.
 23 MS. ZIMMERMAN: Could you please just say
 24 877-?
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1 MS. STEPHENITCH: Yeah. You want me just
 2 to round it.
 3 MR. SIGLER: You say 870- --
 4 MS. STEPHENITCH: 877-.
 5 MR. SIGLER: 877-.
 6 MS. STEPHENITCH: Would allow all of the
 7 agencies' requests and 11,500 for administrative
 8 costs. It would remove that contingency fund,
 9 but we have added to our administrative costs
 10 for printing and a newspaper and mailing.
 11 MR. HARP: Can we get a percentage
 12 increase, what that would be?
 13 MS. WILSON: Working on it.
 14 MS. STEPHENITCH: Not for me.
 15 MS. WILSON: 4.7, is what I have got.
 16 MS. ZIMMERMAN: 4.7.
 17 MS. WILSON: Approximately.
 18 MS. STEPHENITCH: I would love for someone
 19 to check that math.
 20 MR. HEAD: So what that 4.7 is, is it is a
 21 cost-of-living increase --
 22 MR. SIGLER: Yes, sir.
 23 MR. HEAD: -- plus --
 24 MR. SIGLER: I didn't check this current
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1 month. It could be 4.8 or 4.9. I don't know
 2 that. It was 4.4 when I checked.
 3 MR. HEAD: Plus an effort to pay Rockford
 4 Sexual Assault Counseling for services that
 5 they're already in the process of delivering out
 6 of the goodness of their hearts.
 7 MR. HARP: I, you know, Googled, Okay,
 8 Google, what's the current cost-of-living
 9 increase? I came up with 2.2 percent.
 10 MR. SIGLER: I apologize. I keep saying
 11 4. That's where my wife corrects me all the
 12 time. 2.4 percent.
 13 MR. HARP: So we're kind of doubling.
 14 MR. SIGLER: 2.4 percent. If it was 4, I
 15 would be very happy. My Social Security and my
 16 government pension would make one significant
 17 jump.
 18 MR. HEAD: Would we be comfortable saying
 19 to the Board that -- to allow for an increase
 20 this next year and also we're still in the
 21 process of making them whole for the lack of
 22 increases over the last ten years?
 23 MR. SIGLER: That sounds like we're
 24 accusing them of not doing their job. I would
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1 be very cautious there in using that --
 2 MR. HEAD: Okay.
 3 MR. SIGLER: Nick, I used to instruct at
 4 the FBI Academy for the senior agents, and one
 5 of the things, you never hit people with a
 6 negative. The negative is perceived by saying,
 7 Well, if you were on the Board two years ago,
 8 you didn't do your job, so now we've got to make
 9 up for it. We don't want to do that.
 10 MR. HEAD: No.
 11 MR. HARP: But we can reference the
 12 declining State support, things like that, that
 13 puts extra pressure on us.
 14 MR. HEAD: Yes. They have been painted
 15 into a corner, of no fault of their own.
 16 MR. SIGLER: I would like to --
 17 MS. BOWERS: Can I ask Cecilia some
 18 questions.
 19 MS. ZIMMERMAN: We should make a motion
 20 for the 876,000.
 21 MS. BOWERS: Because that is part of the
 22 agenda.
 23 MS. ZIMMERMAN: Then follow up with the
 24 Village and everything before we do the
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<p>1 dividing, right? 2 MS. BOWERS: Sure. 3 MS. STEPHENITCH: And the stipulations for 4 Family Counseling that we wanted to talk about. 5 MR. SIGLER: Please make a motion, ma'am. 6 MR. HEAD: Amy says... 7 MS. STEPHENITCH: I make a motion to 8 request 876,000 to the County Board. 9 MR. SIGLER: I can't hear you, ma'am. 10 MS. STEPHENITCH: I make a motion to 11 request 876,000. 12 MR. SCHIER: I second. 13 MR. HEAD: Those in favor? 14 MS. ZIMMERMAN: I better -- 15 MR. SIGLER: Do we have to make an 16 individual on this? 17 MS. BOWERS: You do, because it's big 18 money. 19 MR. SIGLER: Yes, ma'am. 20 MS. ZIMMERMAN: Amy? 21 MS. STEPHENITCH: Yes. 22 MS. ZIMMERMAN: David? 23 MR. SCHIER: Yes. 24 MS. ZIMMERMAN: Lowell? In Totidem Verbis, LLC (ITV)</p>	<p>1 instead of going after, what is it, \$30,000 more 2 than we did last year. 3 MS. STEPHENITCH: 41. 4 MS. BOWERS: 41,000 more than we did last 5 year. 6 MR. HEAD: I'm willing to take a chance on 7 that. I don't think it's -- given what we have 8 talked about, given additional services 9 provided, given the state of the economy, I 10 don't think that's too much. Now, they -- I can 11 get that they may not see that at all, but I'd 12 rather hear that from them, I guess. 13 MS. BROOKS: They can say no, but doesn't 14 hurt. 15 MR. SIGLER: Absolutely. 16 MR. HARP: I'm curious what increase you 17 think would be reasonable, maybe 18 percentage-wise. 19 MS. BOWERS: Percentage-wise, I would 20 probably do 850,000. 21 MR. HEAD: And that's how much of an 22 increase over this year? 23 MS. WILSON: 15-. 24 MS. BOWERS: 15-. In Totidem Verbis, LLC (ITV)</p>
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<p>1 MR. HARP: Yes. 2 MS. ZIMMERMAN: Tracy? 3 MS. BROOKS: Yes. 4 MS. ZIMMERMAN: Bill? 5 MR. SIGLER: Yes. 6 MS. ZIMMERMAN: Kathe? 7 MS. WILSON: Yes. 8 MS. ZIMMERMAN: Vickie? 9 MS. DETER: Yes. 10 MS. ZIMMERMAN: Nick? 11 MR. HEAD: Yes. 12 MS. ZIMMERMAN: Dorothy? 13 MS. BOWERS: No. 14 MR. HEAD: Do we need to have a consensus? 15 MS. ZIMMERMAN: No. 16 MS. BOWERS: No. Just majority, 17 three-fourths. You have got three-fourths. 18 MR. HEAD: Can I ask you why? 19 MS. BOWERS: You're asking me to present 20 to the Board more money than we got last year. 21 I think we're asking for too big of a hike. 22 Remember what I said on the phone yesterday. If 23 we do it piece by piece, a little at a time, I 24 don't think there will be as much opposition In Totidem Verbis, LLC (ITV)</p>	<p>1 MR. HEAD: I'd rather be told no. 2 MS. BOWERS: Okay. 3 MS. DETER: Have we been doing individual 4 though to different agencies now or is it -- 5 MR. HEAD: We're not doing that at this 6 time. 7 MS. DETER: At this time, okay. 8 MR. SIGLER: Nick, I feel I have to add 9 this at this point in time. The federal 10 government is now moving towards outplacement of 11 handicapped individuals, mentally and 12 physically. If indeed I followed the thought of 13 the County Board, Ogle County Board, that says, 14 They built a bakery. Well, then do we tear down 15 VOP? Part of that funding comes through this 16 708 Board. 17 MR. HEAD: Sure. 18 MR. SIGLER: So when you tell me we are in 19 error, VOP is in error because they built a 20 bakery so these individuals, my granddaughter, 21 can outplace into the community in time because 22 she has a training center for her, I will argue 23 that argument in any court of law in the state 24 of Illinois or if I have to go federal. It's In Totidem Verbis, LLC (ITV)</p>

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1 ludicrous, the argument is, to me. This says,
 2 well, we can't build new facilities.
 3 MR. HEAD: Well, as I understand the
 4 Community Mental Health Act, we can't make
 5 capital improvements. We cannot fund capital
 6 improvements.
 7 MR. SIGLER: I read it again this weekend.
 8 I agree with you. But now you have to tell me
 9 where the money specifically came from.
 10 MR. HEAD: Absolutely.
 11 MR. SIGLER: That cannot be done unless
 12 there's a complete audit. Whether or not we
 13 send someone in to audit the Village of
 14 Progress -- I say to you again, you know, I have
 15 done your schoolteachers here, I have done the
 16 County. If, indeed, they are in violation of
 17 state law, as a board member I'll do what I have
 18 to do as far as voting, whether it's for or
 19 against VOP. And I find it to be abhorrent that
 20 somebody would even infer that I might have a
 21 conflict of interest.
 22 MR. HEAD: Sure.
 23 MR. SCHIER: We just went before -- you
 24 made a presentation before the Ogle County
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1 Board. We were all there. And you were asking
 2 for an extra hundred thousand. I don't want to
 3 back up to 15,000. It's like, I could have a
 4 T-bone steak but I'll take a cracker. You know,
 5 I mean, I think we need to stand our ground on
 6 this one, keep pushing and, you know, keep
 7 having whatever kind of meetings.
 8 MR. HEAD: And I'm willing to push them to
 9 their comfort zone and then a little bit more.
 10 MR. SCHIER: Yeah.
 11 MR. HEAD: If they push back, they push
 12 back. I think the biggest question is the one
 13 that Bill was just talking about. We have got
 14 to resolve that -- or Brion has to resolve that.
 15 MR. SIGLER: Absolutely. That's not my
 16 responsibility. That's his.
 17 MR. HEAD: No, that's not our
 18 responsibility. But we need to tell him that we
 19 have had a serious discussion that's preventing
 20 us from making a decision on his application.
 21 MS. DETER: Is there any reason he's not
 22 here today?
 23 MR. HEAD: I don't know. I didn't know
 24 any of the agencies were going to be here today.
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1 I thought we were going to have this
 2 conversation in the closet.
 3 MS. DETER: We can go to the bathroom, if
 4 you want.
 5 MS. ZIMMERMAN: It's an open meeting.
 6 MR. HARP: Dorothy, I tried to do it once
 7 again. I think 15,000 would be actually less
 8 than the cost-of-living increase.
 9 MS. BOWERS: The County doesn't look at it
 10 as the cost of living, though.
 11 MR. HEAD: Well, can you tell them that?
 12 MR. HARP: In other words, their attitude
 13 is they want --
 14 MS. BOWERS: Sure, Nick, I can tell them
 15 anything.
 16 MR. HEAD: I would like to actually have a
 17 conversation, Dorothy, about what you will tell
 18 the County when that time comes.
 19 MS. STEPHENITCH: Is that an open meeting?
 20 MS. BOWERS: No. It's between the finance
 21 committee and myself, when I argue with them.
 22 MR. HARP: But basically what you're
 23 telling us that you're reading is that they
 24 don't really want to increase the funding right
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1 now?
 2 MS. ZIMMERMAN: They never do.
 3 MS. BOWERS: You can correct, they never
 4 do. You are right. My argument will be, I
 5 would fund everybody over and above what they
 6 have asked for. And I do that every year, tell
 7 them that this money is needed because of the
 8 State budget impasse, because they're not
 9 getting their grants like they have in the past.
 10 We need more services for mental health. And I
 11 do that every year, tell them the reason that
 12 we're asking for the increases.
 13 MR. HEAD: Do you --
 14 MS. STEPHENITCH: There are some added
 15 services within these applications.
 16 MS. BOWERS: There is, and I will point
 17 that out too.
 18 MR. HEAD: Can you talk about unmet needs
 19 with them?
 20 MS. BOWERS: I can do that.
 21 MR. HEAD: Our Hispanic population is --
 22 does have unmet needs. I don't know if that
 23 creates any exposure for the County Board in
 24 terms of their funding decisions. Would that be
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1 for somebody else to determine?
 2 MR. SIGLER: I believe that Dorothy more
 3 than adequately does her job with the County
 4 Welfare Committee. For us to start dictating to
 5 her what she should say and should not say, then
 6 it becomes something that's artificial.
 7 You do wonderfully every year. I have
 8 been sitting on this Board for four years. I
 9 haven't always liked the decisions from your
 10 Health and Welfare Committee, but there's no
 11 doubt in my mind when you went back you
 12 represented those who cannot speak for
 13 themselves in this county in a very strong
 14 voice.
 15 No, I think when we start telling people,
 16 you do this, this and this -- like I was doing
 17 to you on your presentation before you made it,
 18 do this, this -- no, then it becomes artificial.
 19 It has to come from you.
 20 MR. HEAD: Okay.
 21 MR. SIGLER: Yes, sir. I think Dorothy
 22 will do what's best to represent these people.
 23 MS. BOWERS: Bill, I'll point out
 24 something to you, too. We talked about the
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1 Village of Progress, about your family being
 2 involved in it. I had a sister that went to the
 3 Village of Progress. They put her in a work
 4 job. She is now in her own apartment, takes
 5 care of herself --
 6 MR. SIGLER: Isn't it wonderful?
 7 MS. BOWERS: -- and works every -- almost
 8 every day. To have your family involved, my
 9 family has also been involved in that.
 10 MR. SIGLER: See, I was questioned,
 11 believe it or not, by the unions when I came in
 12 to do your negotiations for this county with the
 13 police, with the County Board, and they said,
 14 Well, how can you be -- how can you -- they've
 15 known me for 20 years. How can you be fair when
 16 you're paying taxes here? I say, I divorce
 17 myself totally from my being a resident, a
 18 taxpayer in this community. Does it meet the
 19 requirements of state statute?
 20 If, indeed, the Village is in violation,
 21 it would break my heart, but I'm going to do
 22 what I have to do, and the statute is clear, it
 23 is clear. I read that over again. I kept
 24 thinking, I'm going to find something new. I
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1 didn't find anything new. The only thing I do
 2 say to you is, we can't use the money for
 3 physical structures, and you're right, capital
 4 improvements, but was that money taken from that
 5 particular source? Well, we don't know that.
 6 MS. BOWERS: We don't know that.
 7 MR. SIGLER: And that makes it very
 8 difficult on us as a Board. But praise the
 9 Lord -- see, now I got sidetracked again.
 10 As I told you, sitting on this committee,
 11 I look at individual cases, like that little boy
 12 running down the street that almost got hit by a
 13 car, your daughter, my granddaughter, your
 14 daughter. That's what I look at. This is what
 15 motivates me as an individual to press forward
 16 and get the maximum I can from the folks --
 17 forget about the County Board -- from your
 18 neighbors to support these individuals, that
 19 they can have a life that they're not in some
 20 institution or they're not sitting on a street
 21 corner.
 22 That's why I have all the confidence in
 23 this lady. I'll be darned if I dictate to her
 24 what she should be saying. Absolutely not.
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1 MR. HEAD: If I can, I would not want to
 2 dictate to you. I don't think I could if I
 3 wanted to.
 4 I am interested in your arguments, if
 5 you're willing to share those as we go along. I
 6 guess I have a -- when I look at the funding as
 7 a percentage of what's possible, if the County
 8 Board is not willing to step up, I think
 9 that's -- that becomes an issue of fairness to
 10 the citizens of the county, and I think that it
 11 becomes an issue of ownership. The County is
 12 allowed to go along at the least possible they
 13 can get away with because of past practice.
 14 I'm not sure exactly how to finesse this,
 15 Dorothy, but I do think it's an issue of
 16 ownership. You get what you pay for. And we
 17 have to be advocates for what's really needed.
 18 So I don't know how else to say that.
 19 MR. SIGLER: Nick, again, I agree with
 20 you, but the County Board has a position too,
 21 and their position is, We're adequately funding
 22 these agencies.
 23 MR. HEAD: Based on what?
 24 MR. SIGLER: Based on their opinion.
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1 They're the ones that makes the final decision;
 2 not you, not me, not anybody in this room. We
 3 recommend. We're an arm of the County Board, of
 4 the Health and Welfare Committee, to be
 5 specific.
 6 MR. SCHIER: But that's not completely
 7 true. Some of the Ogle County -- some of the
 8 Ogle County Board members are onboard with what
 9 Nick asks for, it's just that we don't have
 10 enough of them yet.
 11 MR. SIGLER: You have just fortified my
 12 position. We don't make that decision. The
 13 County Board does. And right now there's enough
 14 County Board members to say comfortably, We feel
 15 we have adequately funded these agencies. And
 16 we counter that by saying, We would like to see
 17 something more. There I'm on this (indicating)
 18 side.
 19 But I'm not for -- I have been a mediator
 20 my whole life. If you're going to condemn the
 21 other side and then hope that they're going to
 22 respond to you in a positive manner, run your
 23 head into that wall a couple times and see what
 24 you think. You can't do that. You can't do
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1 that.
 2 MR. HEAD: I think you're absolutely
 3 right. I don't disagree with that point.
 4 MS. DETER: I have a question for Dorothy.
 5 My concern is, do the board members know what
 6 the 708 Board really does?
 7 MS. BOWERS: No.
 8 MS. DETER: See, that's another thing.
 9 MS. BOWERS: They don't want to know
 10 either.
 11 MS. DETER: Don't they?
 12 MS. BOWERS: No. You have got Board
 13 members that are on the Finance Committee, and
 14 that's all they're concerned about, is the
 15 finances for Ogle County. They don't care what
 16 money goes into the 708 fund, although they say,
 17 We're not going to give them any more money,
 18 they're being funded adequately. You have got
 19 people with the highway department, all they
 20 care about is the highway department.
 21 They don't look at the agencies
 22 individually. That's why it's a lump sum
 23 payment to the 708 Board.
 24 I think -- it's my opinion that with the
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1 new jail being built and them helping with
 2 mental health services to the inmates, I think
 3 that will have a bigger impact on our services
 4 that we provide. I don't know for sure, but I
 5 get that feeling, that they're looking more into
 6 mental health services once the new jail is
 7 built.
 8 MR. HEAD: So who is part of that
 9 conversation that has some position of
 10 advocating for the mental health needs?
 11 MS. BOWERS: The only people that are
 12 involved in that right now is the Finance
 13 Committee.
 14 MR. HEAD: Long-range planning?
 15 MS. BOWERS: Maybe a little. I think
 16 Sheriff Van Vickle has been instrumental in
 17 seeing that there's more mental health services
 18 with the new jail. Is his voice going to be
 19 heard? Hopefully so.
 20 MS. STEPHENITCH: When is the budget
 21 decision made?
 22 MS. ZIMMERMAN: Late August, September.
 23 MS. BOWERS: Our -- right, for here it's
 24 late August.
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1 MS. STEPHENITCH: Okay.
 2 MS. BOWERS: You'll present to the HEW
 3 Committee in August.
 4 MS. ZIMMERMAN: So we should schedule
 5 another meeting before all this.
 6 MR. HEAD: Yeah, I think we need to do
 7 that. And it sounds like, as a next step, Brion
 8 needs to be made aware that there's some
 9 questions. I'm happy to talk with Brion. Is
 10 there anybody that would like to go with me to
 11 talk to Brion?
 12 MS. ZIMMERMAN: I think he should be here
 13 for everybody, don't you?
 14 MR. HEAD: Oh, that's --
 15 MS. ZIMMERMAN: I mean, really.
 16 MR. HEAD: You're right.
 17 MS. BOWERS: Brion is very accommodating,
 18 very much so.
 19 MR. HEAD: You're absolutely right. Thank
 20 you.
 21 MS. STEPHENITCH: He should have a
 22 heads-up.
 23 MS. ZIMMERMAN: Oh, definitely.
 24 MR. HEAD: Yeah.
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1 MS. DETER: I will be out of state working
 2 until mid-August.
 3 MS. ZIMMERMAN: We need it prior.
 4 MR. HEAD: Yeah, we need something. I
 5 would like to have this meeting in the next few
 6 weeks.
 7 MS. DETER: I will be here until June 7th.
 8 MR. SIGLER: I suggest in the next few
 9 days, not next few weeks. And I think we should
 10 confront -- not confront him, but explain to him
 11 the dilemma that we're faced with right now.
 12 And if there's the slightest doubt, I'll
 13 step way back, but you need someone who's going
 14 to be forceful. I think he's very
 15 accommodating. I happen to like the guy,
 16 putting everything else aside, but you need
 17 somebody who's forceful to say, You're going to
 18 have to prove differently or we're going to have
 19 to react in this manner. We're not reinventing
 20 the wheel.
 21 MS. DETER: I have next week free, then I
 22 leave.
 23 MR. HARP: We need to give Brion time to
 24 prepare for this.
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1 MR. HEAD: Don't we have an obligation for
 2 the public calendars and things like that? We
 3 need to publish another meeting.
 4 MS. BOWERS: Just 72 hours.
 5 MR. HEAD: 72 hours.
 6 MS. BOWERS: Three days.
 7 MR. HEAD: Okay.
 8 MS. WILSON: So a June 1st meeting?
 9 MS. DETER: I can do June 1st.
 10 MR. HEAD: Does anybody -- is everybody
 11 available for June 1st?
 12 MS. BROOKS: That's Thursday?
 13 MS. ZIMMERMAN: I am not. I'm leaving to
 14 go on my vacation. That will be when I leave.
 15 MR. HEAD: So what do we do?
 16 MS. ZIMMERMAN: Prior to that, or I don't
 17 get back until the 12th. We should have the
 18 court reporter come too.
 19 MR. SCHIER: We want Cecilia.
 20 MS. DETER: I'll be gone, but you can have
 21 it without me.
 22 MR. SIGLER: We're starting to hesitate.
 23 Is the 12th agreeable to the parties sitting at
 24 this table? If it is, let's mark the 12th down.
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1 MS. BOWERS: The 12th is a Monday.
 2 MR. HEAD: You leave on the -- when do you
 3 leave?
 4 MS. ZIMMERMAN: The 1st, and get back the
 5 12th, so it would be nicer if it was later, like
 6 the 15th.
 7 MS. WILSON: The 15th is a Thursday.
 8 MS. DETER: What time are you meeting? I
 9 won't be here.
 10 MR. SIGLER: The 15th then? Are we
 11 agreeing on the 15th? Then let's do the 15th.
 12 MS. ZIMMERMAN: The 15th at 7:30.
 13 MS. DETER: Just send me an email. Maybe
 14 I can print it out there.
 15 MS. ZIMMERMAN: Do you want the court
 16 reporter here?
 17 MR. HEAD: Well, it's -- I think that that
 18 would be a good idea, because we're talking
 19 about something pretty big here.
 20 So the 15th at 7:30. Do we have any other
 21 business?
 22 MS. ZIMMERMAN: We have to do our election
 23 today.
 24 MR. HEAD: We have to do an election
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1 today.
 2 MR. SIGLER: If this facility is not
 3 available, I would make my home available to the
 4 Board, but you have to take your shoes off.
 5 Tammy Rae won't let you in the house otherwise.
 6 MR. HEAD: I would prefer that for an
 7 official meeting we have it someplace other than
 8 your home. Although, thank you. I would love
 9 to come and visit your home.
 10 MR. SIGLER: I'm being spiteful.
 11 MR. HEAD: You're just beating me up
 12 today, Bill. I'm starting to get sad.
 13 MR. SIGLER: Nick, I support you 100
 14 percent, if you haven't figured it out.
 15 MR. HEAD: Okay. 7:30 on the 15th.
 16 MR. HARP: While we're on the topic of
 17 meeting places, I have brought up to Nick
 18 before, this is probably the least desirable for
 19 me to sit in a room and talk to people in a
 20 windowless room, constant buzzing going on.
 21 MR. SCHIER: The air conditioner up there,
 22 yeah. I guess I can't do anything about it. I
 23 talked to Duffy about it. You would think they
 24 would be able to shut it down.
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1 MS. WILSON: The room would probably be
 2 completely still and we would suffocate in our
 3 own exhalation if it wasn't on low. If
 4 something else is available, I would like to
 5 know about it, and I would vote for some other
 6 place.
 7 MR. SIGLER: We have a meeting room
 8 available that will accommodate all of us, and
 9 it's at the Village Bakery. They lease it out,
 10 they rent it out.
 11 Now, again, I'm being -- I don't think it
 12 would be appropriate to meet at the Village
 13 Bakery.
 14 MR. HEAD: The courthouse, can you check
 15 that out for us?
 16 MS. BOWERS: For June 15th, absolutely.
 17 MS. STEPHENITCH: Old courthouse?
 18 MS. DETER: We want a room with windows.
 19 MR. SCHIER: That's where we used to meet.
 20 MS. STEPHENITCH: So we will have a second
 21 email about the exact location once we get -- is
 22 that --
 23 MS. ZIMMERMAN: Yup.
 24 MS. STEPHENITCH: Okay.
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1 MR. SCHIER: So are we here or --
 2 MS. ZIMMERMAN: We don't know yet.
 3 MR. SCHIER: Waiting for somebody to make
 4 a motion?
 5 MS. ZIMMERMAN: We're waiting for the
 6 election to happen.
 7 MS. BOWERS: I make a motion that Nick
 8 Head continue on as president of the 708 Mental
 9 Health Board.
 10 MS. DETER: I second it.
 11 MS. BROOKS: Done.
 12 MS. ZIMMERMAN: All in favor.
 13 (All those simultaneously
 14 responded.)
 15 MR. HEAD: Thank you.
 16 MS. ZIMMERMAN: All opposed?
 17 (No verbal response.)
 18 MS. ZIMMERMAN: Motion carried.
 19 MS. WILSON: I make a motion that Dorothy
 20 continue as vice president.
 21 MS. STEPHENITCH: I second.
 22 MR. SIGLER: Absolutely.
 23 MR. HEAD: All in favor.
 24 (All those simultaneously
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1 responded.)
 2 MR. HEAD: Opposed?
 3 (No verbal response.)
 4 MS. BOWERS: Thank you.
 5 MS. ZIMMERMAN: How about the treasurer?
 6 MS. DETER: I make a motion that Bill --
 7 Sigler?
 8 MR. SIGLER: Yes, ma'am.
 9 MS. DETER: I never knew.
 10 -- remain as our secretary/treasurer.
 11 MR. SCHIER: I second.
 12 MS. ZIMMERMAN: All in favor.
 13 (All those simultaneously
 14 responded.)
 15 MS. ZIMMERMAN: All opposed?
 16 (No verbal response.)
 17 MS. ZIMMERMAN: Motion carried.
 18 MS. DETER: Do we have to vote you in too?
 19 MS. ZIMMERMAN: Nope. I'm appointed in
 20 January every year.
 21 MS. DETER: Okay.
 22 MR. HEAD: You know, I'm just going to
 23 continue making more work for all of you.
 24 MS. BOWERS: That's the scary part, Nick.
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1 MR. SCHIER: Is that it then?
 2 MS. DETER: But you do a good job.
 3 MS. BOWERS: The thing is, Nick will call
 4 you and say, Do you have a minute? And half an
 5 hour later -- no, I love it.
 6 MR. SCHIER: I make a motion that we meet
 7 at Suite 100 in the Old County --
 8 MS. ZIMMERMAN: She's got to make sure
 9 that it's available.
 10 MR. SCHIER: Oh, that it's available.
 11 MR. HEAD: If it is available, I second.
 12 MS. ZIMMERMAN: If no further business, we
 13 can adjourn.
 14 MR. HEAD: No further business. We are
 15 adjourned.
 16
 17
 18
 19
 20
 21
 22
 23
 24
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1 OGLE COUNTY
2 COMMUNITY MENTAL HEALTH BOARD (708)

3 RE: 708 Funding Hearings)

4)

5)

6) Ogle County
7) Sheriff's Office
8) Oregon, Illinois
9) May 23, 2017

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

18 Dated at Dixon, Illinois, this 1st day of
19 June, 2017.

20 *Callie S. Bodmer*

21 Callie S. Bodmer
22 Certified Shorthand Reporter
23 Registered Professional Reporter
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