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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) Ogle County
6 Counseling) Sheriff's Office
7 Ogle County, Illinois.) Oregon, Illinois
8) May 3, 2018

9 Testimony of Witnesses
10 Produced and
11 Examined on this 3rd day
12 of May, 2018,
13 before the Ogle County
14 Community Mental Health Board

15 BOARD MEMBERS PRESENT:

16 Kathleen Wilson
17 William Sigler
18 Amy Stephenitch
19 Lowell Harp
20 Tracy Brooks
21 Nick Head, Chairman

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

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3 Rockford Sexual Assault Counseling 3

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20 End. 44

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1 MR. HEAD: Let's call the meeting back to
2 order and come back from recess.
3 Maureen, thank you for being with us
4 today.
5 And, I'm sorry, your name is?
6 MS. PAULEY: Michelle.
7 MR. HEAD: Michelle, thank you for being
8 here today.
9 Well, this is your opportunity. I'm sure
10 we'll have a few questions, not a lot, but why
11 don't you jump in and tell us whatever you would
12 like to tell us.
13 MS. MOSTACCI: I did present to everybody
14 just a PowerPoint printout, some basic
15 information.
16 And, again, thanks for the opportunity.
17 We like to talk about our program.
18 Again, this is Michelle Pauley. She is
19 the full-time therapist that is in the Ogle
20 County office. Then, in addition, we have a
21 part-time person, Marilyn, who is Spanish
22 speaking, who comes out and will meet with those
23 who require Spanish speaking or also will meet
24 with the significant others. We don't like the
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1 same therapist meeting with either husband or
2 wife or child and the parent because --
3 especially with the adolescents there's that
4 concern about confidentiality. And really, as a
5 therapist, it's hard to keep what you hear
6 separate.
7 I do apologize, I did not have the
8 additional -- the top page.
9 MR. HEAD: You're not asking for money
10 this year, are you?
11 MS. MOSTACCI: Yeah, we are. Our request
12 is the same thing as last year, it's \$3,000.
13 Obviously that depends on what the County does.
14 MR. HEAD: Why aren't you asking for more?
15 MS. MOSTACCI: Pardon?
16 MR. HEAD: Why aren't you asking for more?
17 MS. MOSTACCI: That will kind of come out.
18 Basically we provide comprehensive
19 services for survivors of sexual assault and
20 abuse in Winnebago, Boone, and Ogle Counties.
21 And our mission is twofold. One is
22 intervention. We do a lot of counseling,
23 probably one of our bigger programs for those
24 who have experienced sexual assault or
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1 harassment. And then the other piece is the
 2 prevention program, prevention education,
 3 community education, and that is, we want to
 4 help people reduce the risk.
 5 And I say that, and that's part of our
 6 mission statement, because the reality is
 7 perpetrators are the ones who perpetrate people,
 8 you know. What we can do is give children and
 9 adults some additional skills and awareness so
 10 they can reduce their risks of being one of
 11 those statistics. So, again, throw it out
 12 there, just keep in mind that we have to
 13 remember who's responsible for what's happening.
 14 And our services come in three main
 15 categories. One is advocacy. So we do
 16 individual advocacy. That's for anybody who
 17 calls in to us, who asks questions, who needs
 18 help either accessing our services or somebody
 19 else's services. Institutional advocacy is
 20 working with the bigger systems that survivors
 21 interact with, and that includes the medical
 22 system, you know, the hospitals, and the law
 23 enforcement and State's Attorney's Office.
 24 You know, if someone's case is going
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1 through -- decides to go through that process,
 2 it can be a very long process. We have had
 3 cases that go up to four years, and that's why
 4 we have --
 5 MR. SIGLER: How many years?
 6 MS. MOSTACCI: Four years.
 7 MR. SIGLER: Four years.
 8 MS. MOSTACCI: I think that's sometimes a
 9 strategy. You know, you're keeping people --
 10 you're keeping that wound sort of raw for a long
 11 time.
 12 So our legal advocate -- and I know she
 13 works with, there's a victim witness in the Ogle
 14 County office who works with survivors -- can be
 15 a resource. She can go into court and get the
 16 status of it and then report that back. So that
 17 the survivor does not have to go in every month
 18 or every two months in order -- and face that
 19 perpetrator -- alleged perpetrator.
 20 So we work with those systems, let them
 21 understand what trauma is, how trauma works. I
 22 mean, that really is a big issue. It's becoming
 23 much more of a public issue with trauma.
 24 Informed people are realizing that when someone
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1 has experienced a trauma, you know, there are
 2 certain characteristics and certain ways to
 3 behave or certain ways that memory works. That,
 4 you know, if I tell you something today and a
 5 couple days later I tell you slightly different,
 6 it's not about me being a liar, it's about the
 7 way people respond.
 8 I have never worked with a sexual assault
 9 survivor who did not feel at some point their
 10 life was threatened. So when you experience
 11 that kind of trauma, your body goes on
 12 automatic. Your first thing is, you're going to
 13 survive.
 14 So you're recording a lot of information,
 15 but a lot of the questioning happens at the
 16 hospital immediately after an assault. Someone
 17 is usually in physical and emotional shock. So,
 18 you know, we want to make sure that they're
 19 getting information then, and then we're also
 20 getting information that comes up later and that
 21 we're believing. It's not about changing
 22 stories and it's not about it being different.
 23 I mean, it helps to alleviate some of the
 24 myths around sexual violence, because sexual
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1 violence is a trauma, regardless of the
 2 situation, whether it's childhood abuse or a
 3 one-time incident as an adult or as a child. So
 4 that's a big piece of what we do with the
 5 education with the medical, law enforcement.
 6 What we're actually working on, one of the
 7 things that we're very pleased to be -- have
 8 started, April was sexual assault awareness
 9 month. We were working with Winnebago but we
 10 take feedback from survivors in any of our
 11 counties, is a system where online there's a
 12 form that they can anonymously give us
 13 information, or they can call us and we'll fill
 14 out the form with them, about situations they
 15 have experienced.
 16 Because we're looking for what are these
 17 gaps, what are the things that survivors are
 18 running into that's discouraging them from
 19 coming forward?
 20 So we did an initial push, and we got
 21 about 55 surveys. But that's going to be an
 22 ongoing process. And within that we also -- you
 23 know, we let people know that our services are
 24 available. Because it's very hard sometimes for
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<p style="text-align: right;">Page 9</p> <p>1 people to talk about things. So we have had 2 people that have had recent things happen that 3 have filled out the form, as well as people that 4 had experienced things a number of years back. 5 So that is good feedback that we can then 6 take as part of our institutional advocacy and 7 say, Hey, we're seeing this pattern. We're 8 seeing this pattern when a survivor comes 9 forward or we're seeing this pattern in the 10 court. 11 And one of the continuances was one of the 12 things that came up. These cases seem to go on 13 and on and, you know, we have got the issues of 14 people's rights, but how do we work with that? 15 How do we make it a little more survivor 16 friendly? 17 The legal advocacy, we have one person who 18 does that primarily, and she just follows those 19 cases through the courts. She works with 20 survivors while they're waiting to see whether 21 someone has been arrested or not. She works 22 with a lot of parents in that perspective. I 23 know our child advocacy centers do that also, 24 but Paula will also talk with parents. Because In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 11</p> <p>1 in the media. You could see our numbers in 2 reporting go like this (gesturing), you know, 3 because there was that victim-blaming sort of 4 perspective. 5 Now what we're seeing is that survivors 6 are being supported. When you support, you 7 bring that safety in, we're going to continue to 8 get disclosures. I don't see that stopping for 9 a while, as long as there's still sort of 10 attention around the fact that this is going on. 11 Then the medical advocacy is our response 12 to the hospitals. We respond to Rochelle 13 Community Hospital if a survivor comes in, spend 14 time with them while that process -- that can 15 take two to three hours if they're doing the 16 full evidence collection and the medical part. 17 The advocate will let them -- those are 18 trained volunteers -- will let them know what's 19 available through the agency, that our services 20 are available. All of our services are free of 21 charge and we make them as accessible as 22 possible, whether that be physically accessible 23 or whether we go out -- Michelle goes out to a 24 lot of the schools and alleviates some of the In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 10</p> <p>1 it's hard, they know someone has hurt their 2 child, they're calling, they want information, 3 and they need someone to talk to. So we can 4 also see them on the counseling end, or 5 sometimes Paula will work with them, keep them 6 informed as to what is going on with that 7 particular case. 8 Crisis intervention, those are just what 9 we call non-client crisis intervention. Those 10 are things that come through our hotline, which 11 is 24 hours. From 2016 to last year we had a 40 12 percent increase in our hotline calls. In 2018 13 we're ahead of that pace right now. There's a 14 lot of stuff in the media. There's a lot of 15 stuff on social media. It's out there. 16 I think what's different maybe this year 17 than some other years is that survivors are 18 getting support. In the past we had some 19 situations where people would come out and talk. 20 The ones that stick out in my mind -- I have 21 been doing this a long time, so it might be a 22 little bit dated -- is when major athletes would 23 come out, and the woman would be the one who 24 would just get, for lack of better word, trashed In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 12</p> <p>1 transportation issues. The kids will get linked 2 up to their counselors and they'll provide a 3 confidential space, and she'll go out and meet 4 with them there so they can get the counseling 5 that they need. 6 Counseling, we do individual, family, and 7 groups. That's probably, again, one of our 8 biggest services. 9 And education, the school-based 10 prevention, we are in most of the schools in the 11 three counties. 12 Erin's Law, I may have referenced before, 13 is mandated in Illinois. And educators will 14 tell you it's an unfunded mandate, like a lot of 15 them. But mandates that kids get sexual abuse 16 prevention/education from kindergarten through 17 high school. And the schools have sort of 18 picked up on that. So we are out there every 19 year talking about body safety and what do you 20 do and what's okay. It's all age appropriate 21 and it gets graduated as it goes up. 22 And I think that's really, really 23 important. And, again, the background, the 24 story about that, Erin was a -- she's now, like, In Totidem Verbis, LLC (ITV)</p>

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1 about 28, I think. She had been abused.
 2 Finally in eighth grade she disclosed. She had
 3 been abused by a brother, so this was happening
 4 in her home.
 5 She had made it her mission to get Erin's
 6 Law in all 50 states. I know it's been -- it's
 7 double digit. I don't know how many states now
 8 have that law. But she had said, had she been
 9 given the safety and the permission to make that
 10 disclosure that she probably would have made
 11 that disclosure earlier. So, again, that's
 12 become her goal.
 13 We do get kids in to disclose. And to me,
 14 that early disclosure, if something had
 15 happened, that's -- they get intervention for
 16 what has happened, but that's prevention.
 17 If you follow the train of, you know,
 18 sexual abuse trauma and the link to eating
 19 disorders and substance abuse and suicide and
 20 depression, you can deal with it down here, kids
 21 get that backing, they're very, very resilient,
 22 you know, and they know, I have been believed,
 23 it's good, I'm okay. They can hopefully avoid
 24 some of the things that happen here.
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1 You know, I think we can both attest to
 2 some of our adult clients who never disclosed,
 3 who just have layers and layers of ways that
 4 they have tried to cope. And, you know, again,
 5 if you're coping with things that are healthy
 6 -- anything to excess is too much. I know
 7 people that have spotless houses. Sometimes I
 8 think it's a little bit of trying to cope.
 9 That's not as dangerous or bad as having
 10 substance abuse as your coping. You know, it
 11 depends on the person.
 12 Then we also do professional training. We
 13 go out and talk to teachers. You can assume,
 14 with numbers, one out of three -- excuse me, one
 15 out of four females, one out of six males before
 16 the age of 18, you can assume that anytime
 17 you're working with the public you're working
 18 with survivors, and you probably don't know it
 19 unless you're in the business like ours. People
 20 just don't share that information. But, you
 21 know, it's just, I think, important to know that
 22 that's in the back of their head, that that is
 23 there.
 24 So some of our unique services, all our
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1 services are free to survivors and their
 2 families. We see significant others. We'll
 3 even see a significant other if that survivor is
 4 not ready to come in, because they need support
 5 also, whether it's their child or spouse, their
 6 adult child. We have seen a lot more of that,
 7 adults disclosing childhood abuse and their
 8 parents coming in to seek services, trying to
 9 understand the dynamics of when they were
 10 children.
 11 24-hour crisis intervention, that's the
 12 hospital and our hotline. We have about 32
 13 volunteers that will cover between 4:30 and 8:30
 14 a.m. So our volunteering is sort of a unique
 15 sort of opportunity. So we try to gather, we
 16 get them together. A very dedicated group.
 17 They'll go out and they'll respond in the middle
 18 of the night and work with the survivors in
 19 those settings.
 20 We have a legal advocacy for the adult
 21 rape survivors and then additional
 22 confidentiality under the law.
 23 There are three states that have what are
 24 called absolute privilege. That's the
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1 equivalent of attorney-client privilege. Now,
 2 if Michelle and I worked in a traditional mental
 3 health center and the Court demanded, subpoenaed
 4 our records, we would either turn them over or
 5 go to jail. I mean, we could make an argument,
 6 but we would. With absolute privilege, if there
 7 is not a release in the client's file, they
 8 cannot be compelled to ever turn over those
 9 records.
 10 And Illinois was really on top of things.
 11 It was in the early '80s, and that's why there's
 12 only three states, because the perpetrators'
 13 attorneys don't tend to like that law. And the
 14 reason, I think that what provoked it, is they
 15 would pull stuff out and say, Oh, he had
 16 depression. You know, you're depressed. Are
 17 you sure you weren't just sort of making this
 18 up? Or, you know, target things that were
 19 totally irrelevant and pulling that into the
 20 situation. And so that's why that went into
 21 effect.
 22 And I think California and Pennsylvania, I
 23 believe, are the other two states that have
 24 that. Actually, Illinois has one of the most
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1 probably progressive sexual assault statutes.
 2 It's a whole book about this thick (gesturing).
 3 I always joke, it's great insomnia material if
 4 you're ever not able to sleep. But they have
 5 really looked at things and broken it down.
 6 In Illinois, criminal sexual abuse and
 7 assault is not age related. I think we tend to
 8 think of abuse as being children. But criminal
 9 sexual abuse, no matter what age, are
 10 non-touching offenses. So that can be
 11 voyeurism, that can be touching above the
 12 clothing. Non-penetration, is what I should
 13 say. So an adult can actually have a charge of
 14 abuse.
 15 Then there's criminal sexual assault,
 16 which includes penetration. And the law then
 17 goes to define, you know, much more specifically
 18 what that entails.
 19 So there's actually two categories, and
 20 that all falls under the umbrella of sexual
 21 assault.
 22 Our community need, in 2015 there were 200
 23 assaults in Winnebago and Ogle. I want to say
 24 reported in Ogle it was, like, eight to ten,
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1 which I think we can say is way underreported.
 2 It's one of the most -- I mean, any sexual
 3 violence is one of the most underreported crime.
 4 I think sometimes in smaller towns there's
 5 a perception that it's not as confidential, and
 6 people are less likely to maybe present. They
 7 may present in a bigger hospital or bigger town.
 8 That's not unique to our area.
 9 We provide services to about 900 to 950
 10 clients a year. That's direct service. Last
 11 year in education we got in front of about
 12 37,000 children. This year it will probably be
 13 close to a hundred thousand, because we're going
 14 to be in every one of District 205 schools and
 15 then most of the schools in the two satellite
 16 counties.
 17 Then DCFS, 359 reports of child sexual
 18 abuse. So Ogle County, there were 31 reports,
 19 13 indicated. And, again, I think that's far
 20 below what's actually happening.
 21 We do collaborate, again, with the schools
 22 for education and counseling. The hospitals,
 23 they call our advocates. The police
 24 departments, we have networking, State's
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1 Attorney's Office, and also many of the social
 2 service providers.
 3 We do a lot of work with HOPE. Again,
 4 about 40 to 45 percent of domestic violence
 5 survivors, it's also escalated to sexual
 6 assault. It's like the circle here, the circle,
 7 and there's about 40 percent that have both
 8 sexual assault and domestic violence.
 9 MR. SIGLER: How do you work with HOPE?
 10 What's your relationship?
 11 MS. PAULEY: Well, referrals.
 12 Communicating back and forth. I talk a lot
 13 about -- because they help with OOPs, as well,
 14 so orders of protection. Because a lot of my
 15 clients need that service too because, like
 16 Maureen said, 40 percent is overlapping.
 17 MR. SIGLER: So you would direct them to a
 18 location like HOPE?
 19 MS. PAULEY: Yes. I refer a lot to them
 20 and vice versa to help kind of have them get
 21 more services.
 22 MR. SIGLER: I'm sorry for breaking that
 23 up, but thank you.
 24 MS. MOSTACCI: That's fine. Ask anytime.
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1 So we have also done some presentations
 2 out there, we have some self-defense classes out
 3 there for people that are in the facility and
 4 their staff.
 5 MS. PAULEY: Yeah.
 6 MS. WILSON: I'm sorry. I have to leave.
 7 Much respect.
 8 MS. MOSTACCI: So for service hours, it
 9 kind of breaks down, advocacy and counseling.
 10 Seventeen in the first 19 months of this fiscal
 11 year.
 12 And again, looking at demographics, about
 13 54 percent are children, zero to 17, and then
 14 the other portion of our clients are adults.
 15 Probably the growing population is the 50
 16 and above and actually 60 and above. It used to
 17 be that we would get clients -- it would not be
 18 uncommon to get a grandparent as a significant
 19 other who is now raising a grandchild because of
 20 abuse in the home or domestic violence in the
 21 home.
 22 What we're seeing now are individuals
 23 stepping forward to look at their own abuse
 24 histories, and they may not come in, again,
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<p style="text-align: right;">Page 21</p> <p>1 until 60, some 70, and I think probably our 2 oldest client is in her early 80s, and they're 3 kind of doing that work.</p> <p>4 So these individuals have always been out 5 there, but we are talking about the safety and 6 support to come out and disclose.</p> <p>7 Then our funding sources, our primary 8 funder, our money is channeled with the Illinois 9 Coalition Against Sexual Assault. That is State 10 money, general revenue, as well as VOCA, which 11 is Victim of Crime Act. That's a big portion of 12 our dollars. And then what we call VAWA, which 13 is Violence Against Women Act. That funds our 14 satellites. It also funds our prevention 15 program. It's actually three different grants.</p> <p>16 We do get support from the Rockford United 17 Way in Boone County, Ogle County United Way, 18 small percentages. Contributions and 19 fundraising. Then sort of miscellaneous 20 revenue.</p> <p>21 Now I included, on the third page, this 22 next slide, the State this year, if we look in 23 FY15, our staff received \$188,000 of State 24 money. In FY16, that was reduced. In FY17, In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 23</p> <p>1 this fiscal year, is 197,000. That's actually a 2 combination of two funds. Straight general 3 revenue was probably about 187-. So just a 4 little under what we were back in -- basically 5 we're catching up to where we were three years 6 ago.</p> <p>7 And the reason I bring that up is that 8 when you look at our budgeting, we did get an 9 influx of some federal money this year, but that 10 federal money requires matches. That's where we 11 get into a match.</p> <p>12 When we look at our total sexual assault 13 budget, we have to have a 10 percent match, and 14 we're allowed to use our State funds to meet 15 that match. The federal grants require -- 16 that's the VOCA and the VAWA, which is the 17 majority of our dollars, requires a 20 percent 18 match, and you cannot use the State money to 19 meet that match.</p> <p>20 So it's kind of two different formulas. 21 So local money is still extremely important to 22 our programs. We're able to access about a half 23 million dollars when our local communities can 24 contribute to what we're doing. In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 22</p> <p>1 this is while that budget crisis was going on, 2 we received \$57,000 during the fiscal year. 3 They did give us some other money, but we didn't 4 get that money until after the fiscal year 5 ended.</p> <p>6 And the reason I bring that up is because 7 we had staff that were resigning, that were 8 moving, that we did not replace. Or when we 9 tried to replace staff, and we still are 10 struggling -- because first of all, when that 11 staff leaves, they are leaving with hundreds of 12 hours, most of them, of training. And when we 13 try to hire, people are looking closely about 14 what is the State going to do?</p> <p>15 So it has had an effect. They brought 16 back our contract. I don't know that they're 17 paying it right now at the rate they should be 18 paying it, but they are paying something. But 19 that's the effect that I don't think the State 20 understood. You know, it's not like a switch. 21 You let somebody go and, you know, six months 22 later they're just waiting to come back. They 23 have moved on, they need to move on.</p> <p>24 So what we have been told, if we look at In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 24</p> <p>1 As far as outcomes, so actually what we 2 have done this year -- to go back for a second. 3 We are starting to bring back on some staff. So 4 we have hired two staff that had not been 5 replaced previously. We still have a need, we 6 still have a waiting list, so we're hoping to 7 continue to expand services.</p> <p>8 Like I said, when we look at the calls 9 that have been coming in -- because there's a 10 good portion of those crisis calls that become 11 counseling, which is a good thing. That, again, 12 is keeping us pretty steady on the demand for 13 services in all of our offices.</p> <p>14 Then the demands for education has just 15 gone sky high also, which is that jump from what 16 we were seeing last year, you know, looking at 17 the law and deciding that this really is 18 important. It has gone up. Like I said, 19 probably close to a hundred thousand kids that 20 we will have been in front of on this next -- 21 this current year.</p> <p>22 Outcomes, every basically October we get 23 feedback from our counseling clients. And from 24 those counseling clients, we do ask questions if In Totidem Verbis, LLC (ITV)</p>

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1 anyone has used our hospital services. We don't
 2 ask at that point of crisis, but in the
 3 aftermath. And we get feedback regarding the
 4 telephone hotline, as well as the hospital
 5 response.
 6 And these are some of the responses from
 7 the counseling. You know, people are showing --
 8 they indicate to us that they're seeing
 9 improvements, what they felt have improved.
 10 And then we also do this for three levels.
 11 So there's also some adolescent responses. Then
 12 with the children, that's a little bit smaller
 13 sample. We have the parent or guardians, we ask
 14 them to fill out. Kids that are in foster care,
 15 they sometimes do, sometimes don't, that's why I
 16 think we don't quite get as many responses,
 17 based on what they're able to do.
 18 And then with crisis intervention, I think
 19 there's good feedback, people, you know, feeling
 20 3.7 out of 4, that they're getting information
 21 through these resources, and then 3.6 that
 22 they're getting support for whatever that call
 23 is at that time or the hospital response.
 24 Then the individual advocacy, that's just
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1 different areas. This is really just a
 2 reflection of what we're helping our clients
 3 also access. Medical, that's usually medical
 4 outside of the hospital, that initial call.
 5 That's medical, working with their doctors,
 6 working with their psychiatrist, for seeing
 7 issues with medication. Criminal justice,
 8 social service, other things that they're linked
 9 with. School is a big one because we do a lot
 10 of the in-school services and the counselors are
 11 a good portion.
 12 And then those are linked to a new
 13 service, that we actually kind of help them get
 14 something else that they need so they can move
 15 through that process.
 16 That's all I have on here. I don't know
 17 what questions you may have.
 18 MS. STEPHENITCH: Can you tell us
 19 specifically in Ogle County which school
 20 districts and grade levels that you're in for
 21 the Erin's Law?
 22 MS. MOSTACCI: I'm trying to think.
 23 MS. STEPHENITCH: Is that the prevention
 24 educators?
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1 MS. PAULEY: Yes.
 2 MS. STEPHENITCH: There's two of them I
 3 saw.
 4 MS. PAULEY: Sam is helping.
 5 MS. MOSTACCI: We have a therapist who's
 6 also an educator, that's Jimmy. Annelise is an
 7 educator, she's got long, red hair. Then Sam
 8 has got dark hair. She's one of our educators.
 9 So we have three that work part-time so that we
 10 can cover. So I'm not sure who -- I know they
 11 have been.
 12 MS. PAULEY: I know that they are
 13 expanding, definitely. Byron contacted me, so
 14 they're -- I know that they're in Byron. They
 15 have done the presentation in Chana recently. I
 16 know that -- I'm pretty sure Oregon has been on
 17 their list for a while.
 18 Yeah, I -- they pretty much do that.
 19 Unless I get a referral through myself, I really
 20 don't know, like, which schools they're at.
 21 MS. STEPHENITCH: Because you would be
 22 doing the therapy?
 23 MS. PAULEY: Yeah, I'm doing the therapy.
 24 MS. STEPHENITCH: I do believe one of your
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1 reps came out and did an education portion for
 2 our 18- to 21-year-olds with developmental
 3 disabilities, modified, so I appreciate that.
 4 Okay. I was just curious which school
 5 districts, so.
 6 MS. MOSTACCI: Michelle does do what's
 7 called the Strong Self Plus Group, and that's a
 8 year-long group. Counselors select girls who
 9 they think need a little bit of assistance.
 10 They have either had some trauma in their past
 11 or their families have experienced it. We just
 12 do that through an anonymous risk assessment.
 13 MS. PAULEY: This year was kind of funky
 14 because I had a baby, so there was a huge gap in
 15 that for myself. But I know next year I have
 16 Byron High School and Middle School lined up for
 17 group, which they haven't done in previous
 18 years, Rochelle High School and Oregon High
 19 School and DLR.
 20 MS. STEPHENITCH: For the strong girls
 21 group?
 22 MS. PAULEY: For the girls groups, yeah.
 23 MS. STEPHENITCH: Is there a chance maybe
 24 you can send the Erin's Law stuff from your
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1 educators which Ogle County school districts are
 2 involved with the Erin's Law and what grade
 3 levels?
 4 MS. PAULEY: Uh-huh.
 5 MS. STEPHENITCH: That would be helpful.
 6 Thank you for all you do.
 7 MS. PAULEY: Thank you.
 8 MR. HEAD: I don't really have any
 9 questions about your services or your funding
 10 request. So it's basically continuing what you
 11 have done this last year, with the same level of
 12 support -- in fact, doing more with the same
 13 level of support, especially in terms of
 14 education and prevention services.
 15 MS. MOSTACCI: Yeah. There was --
 16 somebody had touched on the other dollars. So
 17 we were just not wanting to over -- you know,
 18 overextend. I know there's a lot of need.
 19 But we do -- we have been doing also a
 20 Hispanic awareness campaign, and that's been a
 21 Podcast. That was a one-time grant through a
 22 federal that allowed us to do what they call
 23 awareness. We have got some billboards, we have
 24 got some advertising on a very popular Podcast
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1 and some newspaper advertising just in general
 2 about our services and the fact that we offer
 3 them. We do have a Spanish-speaking therapist.
 4 MR. HEAD: I guess I have a general
 5 question. It doesn't pertain just specifically
 6 to your agency, but are there any anticipated
 7 consequences related to the new tax law and
 8 people's ability to deduct charitable
 9 deductions, contributions.
 10 MS. MOSTACCI: I think it may have an
 11 effect, but most of our -- we do mostly smaller
 12 -- we get mostly smaller contributions from a
 13 larger number of people. I don't think we'll
 14 see as much of an impact from some other places
 15 that have a lot of public support.
 16 MR. HEAD: Okay.
 17 MS. MOSTACCI: Yeah, it's unfortunate
 18 though because -- it just is.
 19 MR. SIGLER: Three brief questions. I'm
 20 here for the duration.
 21 Ma'am, what is your position? What
 22 services do you perform?
 23 MS. PAULEY: I am -- my official title is
 24 therapist for Ogle County. So my primary goal
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1 is to provide counseling services. So that's
 2 the main thing that I do, is provide counseling
 3 services at my office in Oregon, which is right
 4 by Chile Pepper, as well as providing counseling
 5 in schools.
 6 MR. SIGLER: Do you also go -- follow an
 7 individual who is going through the court
 8 system?
 9 MS. PAULEY: I do, yes.
 10 MR. SIGLER: You do that also, okay.
 11 MS. PAULEY: If a -- I was just explaining
 12 to Maureen that I have to go up to Kenosha
 13 because one of my clients, her trial is coming
 14 up in Kenosha, and she would like me to be her
 15 support person. I do follow people through that
 16 if they would like me to.
 17 MR. SIGLER: The reason I stare, I'm a
 18 retired federal labor law judge and State
 19 currently, and you had my attention. That's why
 20 my eyes started to go like this.
 21 Just two very brief questions. I'm
 22 looking at Page Number 2. Do you meet all
 23 existing licensing requirements? And on the
 24 bottom of that Paragraph 4 it says, a
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1 programatic site visit is scheduled for April
 2 the 12th, 2018. How did you make out?
 3 MS. MOSTACCI: We did well. We just got
 4 the -- we passed everything. They had one
 5 question on numbers as far as counseling hours,
 6 and the response to that is that we were not --
 7 we did not hire everybody that we had thought,
 8 and we also did have a leave -- Michelle -- and
 9 then one other hiring didn't happen -- she was
 10 actually an intern. The actual hiring didn't
 11 happen until later in the year.
 12 Those are now going to be -- they used to
 13 be every third year, and they're now going to be
 14 every other year. That's a change in the
 15 federal something.
 16 MR. SIGLER: Because of the feds?
 17 MS. MOSTACCI: Yeah.
 18 MR. SIGLER: Okay. I have a comment here,
 19 and I have got to be cautious here because I say
 20 this as treasurer for this organization, like I
 21 do for the fire department. You have not
 22 submitted a federal request for funding with us.
 23 Take a close look at that request. Don't choke
 24 a golden goose, but make sure there's assistance
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1 being rendered to you by this 708 Board also
 2 that is necessary for continuing your functions.
 3 MR. HEAD: Yeah, we need that face sheet.
 4 MS. MOSTACCI: Yes.
 5 MR. HEAD: That's -- it's not going to be
 6 complicated, but we do need it.
 7 MR. SIGLER: We do need it, and look at it
 8 closely.
 9 MS. MOSTACCI: Okay.
 10 MR. SIGLER: I went home and told my wife
 11 about you, anyhow. I don't do that with a lot
 12 of people. Thank you.
 13 MR. HEAD: Lowell? Tracy?
 14 MR. HARP: I have got -- you said you're
 15 going to request \$3,000. That probably doesn't
 16 cover the total expenses of providing services
 17 in Ogle County.
 18 MS. MOSTACCI: No, it doesn't.
 19 MR. HARP: How much, you know, are we --
 20 how much help are we giving you? What
 21 percentage-wise?
 22 MS. MOSTACCI: It's very small, yeah.
 23 MR. HARP: And you're here how many days?
 24 MS. PAULEY: Providing services?
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1 MR. HARP: Yes.
 2 MS. PAULEY: Full-time.
 3 MR. HARP: Five days.
 4 MS. PAULEY: Uh-huh, five days. I do some
 5 Saturdays as well.
 6 MR. HEAD: When you say small, are we
 7 talking about less than 5 percent?
 8 MS. MOSTACCI: I would say yeah, because
 9 it's -- yeah, I think it's definitely less than
 10 5 percent.
 11 MR. SIGLER: You made a forceful
 12 presentation and one that I have accepted as an
 13 individual. Look at your request for funding
 14 and make sure that that funding request meets
 15 your requirements and needs and necessities for
 16 servicing our county. I'm a resident here.
 17 It's my county also, for Ogle County.
 18 MR. HARP: I think I picked up you --
 19 correct me if I am wrong -- sometimes you get
 20 matching funds. Are we in that?
 21 MS. MOSTACCI: Well, we don't receive
 22 matching funds. We have to match the funds that
 23 we get from the federal --
 24 MR. HARP: Oh, okay. So we're not helping
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1 with that?
 2 MS. MOSTACCI: That helps with our match.
 3 I mean, because we have one specific grant that
 4 comes out here that's, like, 47,000, and we have
 5 to match that. We have to match all of our VAWA
 6 and VOCA funds at 20 percent.
 7 MR. HARP: So it does help getting other
 8 funds too?
 9 MS. MOSTACCI: Yes.
 10 MR. HARP: So we're planting a seed.
 11 MR. HEAD: And our County Board, I think,
 12 understands that --
 13 MS. MOSTACCI: Okay.
 14 MR. HEAD: -- that we don't always make a
 15 big financial impact, but the impact that we
 16 make is very, very important.
 17 MR. SIGLER: Yes, sir.
 18 MR. HEAD: Like matching funds. Yeah, so
 19 we're all aware of that.
 20 MR. HARP: And regarding your surveys that
 21 you do, is that a survey that you develop
 22 yourself or is it off the shelf?
 23 MS. MOSTACCI: It is -- a statewide
 24 organization did -- they hired somebody a few
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1 years back to do a three-year survey. So they
 2 developed the questions. We have adjusted a few
 3 of them afterward. That was done by UIC here in
 4 Rockford, you know, did that initial survey, and
 5 then we have just adjusted a few of the
 6 questions for additional information that we
 7 wanted.
 8 And unlike a lot of people, I really like
 9 the research part of it. And so we actually
 10 look at it, and we have done program changes
 11 based on that. We have also done them with
 12 Strong Plus. We have done a lot of changes
 13 based on the feedback from the participants in
 14 the program and what they have experienced and
 15 what they're needing.
 16 MR. HARP: Can you think of an example of
 17 changes that you have made.
 18 MS. MOSTACCI: I know with Strong Self
 19 Place, on our risk assessment we have added
 20 questions because we found we had a lot of kids
 21 whose parents have been incarcerated, we had a
 22 number of kids whose parents have died through
 23 gang violence, we had more kids that were -- so
 24 those are two changes. Those are questions that
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1 were added in our risk assessment.
 2 Because the thing with Strong Self Plus,
 3 it is a prevention program but it's done by a
 4 therapist. Because we're pulling kids that most
 5 of them -- a lot of them are not in a DCFS
 6 system. They are surviving in homes that are
 7 just very, very chaotic. So that's what's
 8 changed.
 9 With our counseling, what we have
 10 validated for ourselves is that we're doing
 11 coping skills very well with the clients,
 12 because a lot of our clients come in and they
 13 don't have adapted coping skills. You can't do
 14 trauma work unless there's safety in that
 15 ability. So that allows us to judge.
 16 And when we have our clients coming back,
 17 you know, in the 80 to a hundred range, saying,
 18 Yes, we're getting coping skills, we're seeing
 19 an improvement, that's validating that we're
 20 doing that part of the work, instead of jumping.
 21 Because I think sometimes people just want to
 22 jump -- especially if you're time limited,
 23 you've got to jump right into trauma, and all
 24 you do is send people off into their unhealthy
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1 coping instead of teaching them skills first.
 2 It takes longer, but it's really a safer way to
 3 do it.
 4 MR. HEAD: What coping skills do you teach
 5 people?
 6 MS. PAULEY: It's based off of the person,
 7 their hobbies, their interests, what they like
 8 to do. I like to just ask them, you know, What
 9 do you like to do for fun? What do you do in
 10 your day already to kind of help yourself? And
 11 label that as a coping skill for them because,
 12 you know, happy people aren't happy because they
 13 don't do coping skills. We're constantly doing
 14 our coping skills. And so labeling it as things
 15 that you do throughout the day already maybe,
 16 you know, like doodling in class, or playing
 17 with your pen, or things like that, those are
 18 coping skills.
 19 So it really just depends on the person,
 20 too, and what they like to do for fun.
 21 MS. MOSTACCI: We have had the opportunity
 22 this year with, again, one-time funding to have
 23 some of our clients involved in yoga/meditation.
 24 That's been really good for the clients. I know
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1 that's really popular with the kids. We're
 2 going to try to do a summer one. It's hard to
 3 do with the kids through the school year.
 4 The other thing we have been able to be
 5 involved with is equine therapy, and that's been
 6 incredible for a couple of our clients that --
 7 just working with the horse. I don't totally
 8 understand it, but it's about the relationship
 9 and building confidence. We help them define
 10 goals, and then the therapist out there defines
 11 goals.
 12 MS. PAULEY: And that's at Braveheart.
 13 MS. MOSTACCI: Braveheart is who we're
 14 working with right now. That's in Poplar Grove.
 15 I know there's other places out there. That's
 16 something we definitely want to continue
 17 because, again, I can't exactly explain it, but
 18 it's very powerful work for clients.
 19 MR. HARP: I'm curious, too, about the
 20 percentages. Does that represent the percentage
 21 of people that reported improvement or how
 22 many --
 23 MS. MOSTACCI: Is that percentage of
 24 sample. For, like, the adults, I think we had
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1 80 surveys. So that's the number that selected
 2 that that was an improvement for them out of the
 3 80.
 4 MR. HARP: Okay. Good. I think that kind
 5 of covers it for me.
 6 I guess I would like to repeat that I
 7 certainly would be open to hearing your request
 8 for more than 3,000.
 9 MR. HEAD: I don't think I'd have any
 10 trouble making a case for that. Whether we get
 11 it, I don't --
 12 MR. SIGLER: That's another thing.
 13 MR. HEAD: But, yeah.
 14 Thank you so much for the good work you do
 15 and for being with us today.
 16 MS. MOSTACCI: Thank you.
 17 MS. PAULEY: Thank you.
 18 MS. BROOKS: I just had one question, just
 19 out of curiosity. Are you seeing any victims of
 20 human sex trafficking?
 21 MS. MOSTACCI: In the Rockford office we
 22 have.
 23 MS. PAULEY: I don't personally. I have
 24 been here for four years, and I don't believe
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1 so.

2 MS. MOSTACCI: Now, I'm also -- the last

3 year and a half I have been on the Board of the

4 Rockford Alliance Against Sexual Exploitation.

5 So I work with -- we are setting up victim

6 services.

7 Again, I started as an advocate. It's

8 interesting, because when I think back over the

9 years, I know I have responded to the hospital

10 for people that were being trafficked. I didn't

11 recognize it at that point. It's one of those

12 things, when you sort of learn some of the

13 stuff, you can't unsee or know what you know.

14 And I know there's a lot of work being

15 done around -- well, actually Strong Self Plus

16 groups, interestingly enough, look a lot like

17 the curriculums they're developing for young

18 girls now. That's what it was based on

19 originally, keeping girls from ending up on the

20 street or girls that ran from ending up in

21 prostitution.

22 Weren't really thinking trafficking or

23 using the term trafficking at the time, but it's

24 the same thing. It's giving girls skills,

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1 keeping them engaged. And these are the kind of

2 girls that are not going to be able to leave

3 their home. That's why they're running. Once

4 they get on the street, it's within 48 hours

5 most of these girls are approached.

6 MS. BROOKS: I just recently -- I mean, I

7 have heard about it and stuff, but I had no idea

8 the numbers just how -- and how close to home

9 it's happening.

10 MS. PAULEY: With the highways and

11 everything that are so close, it's very --

12 MS. MOSTACCI: Yeah, Chicago is a real

13 point, with all the transportation.

14 MS. PAULEY: And so is Rockford.

15 MR. HEAD: Thank you so much.

16 MS. MOSTACCI: Thank you.

17 MR. HEAD: Thank you very much. I think

18 we are finished. Can I have a motion to

19 adjourn?

20 MS. ZIMMERMAN: You just want to recess.

21 MR. HEAD: We're going to go into a recess

22 until next week. We have to play hard on

23 recess.

24

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1 (The hearing was recessed at

2 9:23 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) Ogle County

6) Sheriff's Office

Ogle County, Illinois.) Oregon, Illinois

7) May 3, 2018

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 5th day of

18 May, 2018.

19

20

21 Callie S. Bodmer

Certified Shorthand Reporter

22 Registered Professional Reporter

IL License No. 084-004489

23 IA License No. 1361

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 Village of Progress) Ogle County
 6 Ogle County, Illinois) Sheriff's Office
) Oregon, Illinois
) May 3, 2018

7
 8
 9 Testimony of Witnesses
 10 Produced and
 11 Examined on this 3rd day
 12 of May, 2018,
 13 before the Ogle County
 14 Community Mental Health Board

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

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 20 End 52
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 24 In Totidem Verbis, LLC (ITV)

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1 MR. HEAD: Welcome.
 2 MR. BROOKS: Thanks.
 3 For the sake of the court reporter, this
 4 is Sherri, S-H-E-R-R-I, Egan, E-G-A-N. She's
 5 the development coordinator.
 6 MS. EGAN: Hi.
 7 MR. HEAD: Okay. Brion, would you like to
 8 make a short presentation and give us a quick
 9 overview?
 10 MR. BROOKS: Yeah. Maybe not very short,
 11 you know me, but I'll give a presentation. But
 12 I would really like to entertain questions that
 13 you folks may have.
 14 Most of you know a little bit of my story.
 15 My daughter, Rachel, has developmental
 16 disabilities. She's 32 years old now and lives
 17 at our house still. And the impact that she has
 18 had on my way of thinking about the value of
 19 people.
 20 It was easy for me to go along with the
 21 flow and think that people are of more value
 22 because of what they could offer to the
 23 community. And when you have a child with
 24 developmental disabilities, you start to rethink
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1 that, and you realize that people are valued
 2 because they are valuable.
 3 It really made a big shift in my thinking
 4 over the last 20 years or so, and I think it was
 5 a large part on how I ended up going to the
 6 director of the Village of Progress. When I
 7 came to the Village, my belief was that it's not
 8 just a matter of trying to approve the lot of
 9 the people of the Village of Progress by working
 10 on them, it's also a matter of trying to improve
 11 the lot of the community by getting to the point
 12 where they're more apt to welcome people with
 13 disabilities.
 14 Bitty and Beau's is a little coffee shop
 15 in Virginia, and the owner of it, she started it
 16 because she had two children with Down Syndrome
 17 and she wanted a coffee shop where she could
 18 have her kids employed. And she won last year's
 19 CNN Hero of the Year award. And in her
 20 presentation, her thank you, she said to her
 21 daughter, she said, I would not change you for
 22 the world but I would change the world for you.
 23 And that struck me, because I think that
 24 is where places like the Village of Progress
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<p style="text-align: right;">Page 5</p> <p>1 have evolved toward. It's not so much a matter 2 that our people aren't ready for the world, it's 3 more a matter that the world isn't ready for our 4 people. 5 And so one of my underlying themes since 6 becoming the director of Village is what I call 7 bringing the Village to the community and 8 bringing the community to the Village. And a 9 lot of the projects that we have started in the 10 last four years or so and continued on from 11 before that have that designed in mind. 12 Under our current activities, existing 13 programs, I listed some of the things that we do 14 right now, Pegasus Special Riders, swimming at 15 Nash, bowling at Town and Country Lanes, crafts 16 at Oregon Living Center, a walking club, pen 17 pals, story times at the Byron Elementary -- at 18 the Byron Library, regular scheduled activities 19 with volunteers, Special Olympics, and music 20 therapy. These are all ways to help boost the 21 ability of the community and the Village to 22 interact. 23 That's why I'm so proud of the fact that 24 we have created the Village Bakery. It is a <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 7</p> <p>1 we value people. And we work from the 2 assumption that the public values people too. 3 It is important for me to make sure that 4 my daughter and your daughter and the sons and 5 daughters of everyone else that attends the 6 Village are able for at least seven or eight 7 hours a day to come to a place where they're 8 respected, where they have a sense that they are 9 doing something that is productive and 10 worthwhile, and where they can interact with 11 other people, whether it's inside the Village or 12 outside the Village. 13 Part of the reason why we ended up asking 14 for this mini grant this past year for the 15 side-by-side tandems isn't just to give our 16 people exercise or, quote, something to do 17 during the day. We now have volunteers from 18 outside from the community who are going to be 19 coming and riding along with people on these 20 tandems. 21 There is nothing else to do when you're on 22 a tandem with somebody except talk to them, 23 right? It is a chance for our people to get to 24 know people in the community and for people in <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>
<p style="text-align: right;">Page 6</p> <p>1 place where people can interact with people with 2 disabilities in a nonthreatening, welcoming 3 environment, which was important to us. 4 And that's why we sunk so much money into 5 that building. We didn't want it to be a blank 6 hallway with three card tables and a cooler. We 7 wanted it to be something where people would 8 come in and say, This looks like people who know 9 what they're doing. I feel comfortable here. 10 And the fact that there might be some with 11 developmental disabilities, some with a limp or 12 a lisp, isn't as threatening to them as it might 13 have been under other circumstances. 14 So a large part of the thrust of the 15 report this year is talking about the value that 16 we place on the people that we serve, because 17 they have innate value. And I cannot say to 18 you, I have not said to you, that if you invest 19 X thousand dollars in the Village of Progress 20 you will receive this economic return on 21 investment, because that's not the nature of the 22 work that we do. It's not the nature of the 23 work necessarily that the women's center, Hope, 24 in Ogle County does. We care for people because <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 8</p> <p>1 the community to get to know our people just a 2 little bit better, to put a name there instead 3 of a diagnosis. 4 We got -- how many now are interested? 5 MS. EGAN: We have 20 folks from the 6 Village that are interested and riding bikes, 7 and we have about 10 pretty hardcore cyclists 8 that are ready to ride with them. 9 We did our first trial yesterday and it 10 was a lot of fun, a lot of fun. 11 MR. BROOKS: So in keeping with that, even 12 our fundraisers, we try to incorporate our folks 13 from the Village at our fundraisers. When we do 14 the TOSOC, we try to have people up from the 15 Village to help as volunteers for the TOSOC. 16 The golf outing, we always try to have at least 17 one foursome, three of whom have disabilities. 18 Although, I found that on the golf course 19 disabilities tend to disappear; everybody has a 20 disability on the golf course. 21 So just activities like that, I'd love -- 22 if it was my Angel Ball, I'd love to have two or 23 three people -- two or three of our people 24 attend the Angel Ball. But it's not ours, it's <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>

<p style="text-align: right;">Page 9</p> <p>1 Rotary's.</p> <p>2 But you see what I'm saying is, I really</p> <p>3 feel that there is a place for our people in the</p> <p>4 community.</p> <p>5 I remember when I was a kid and my mom and</p> <p>6 dad had close friends and they had a son, and I</p> <p>7 think back now, he probably had Down Syndrome.</p> <p>8 He was probably in his 40s. They never took him</p> <p>9 out of the house, because you didn't do that</p> <p>10 back then, back in the '60s and '50s. You</p> <p>11 warehoused them.</p> <p>12 And that's not what I want the Village to</p> <p>13 be about. The care of people with disabilities</p> <p>14 has evolved quite a bit over the last 40 or 50</p> <p>15 years, from State mental hospitals or State</p> <p>16 hospitals where people were just kind of placed</p> <p>17 there, to every kid was in a self-contained</p> <p>18 classroom back when I was a kid.</p> <p>19 I still remember the green metal door.</p> <p>20 You know, our old junior high had all wooden</p> <p>21 doors, but down there was a green painted metal</p> <p>22 door. That's where those kids went. They came</p> <p>23 in on their special bus, they came in through</p> <p>24 their entrance, they stayed there all day, and</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 11</p> <p>1 brought his administrative staff up two months</p> <p>2 ago to say, What's the deal with the Bakery and</p> <p>3 how is it going and what's the reason behind it?</p> <p>4 And he was really impressed.</p> <p>5 And he asked me if I would consider</p> <p>6 offering a presentation for the Illinois</p> <p>7 Association of Rehabilitation Facilities at</p> <p>8 their annual conference this fall. Now, I don't</p> <p>9 know whether I will or not; it's not my call.</p> <p>10 But it's gotten to the point where other</p> <p>11 facilities are looking at this type of thing and</p> <p>12 saying, This is different.</p> <p>13 Most of the time bakeries and places like</p> <p>14 that that are created for people with</p> <p>15 disabilities, 90 percent of the people that work</p> <p>16 there have disabilities and the 10 percent that</p> <p>17 don't are the managers. And I created something</p> <p>18 distinctly -- we created something distinctly</p> <p>19 different at the Village, where a quarter of the</p> <p>20 people there have disabilities, 75 percent, the</p> <p>21 vast majority, don't. Why? Because that's the</p> <p>22 real world. The real world isn't you go out and</p> <p>23 get a job at the company where everyone has a</p> <p>24 disability, where seven out of ten people have</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 10</p> <p>1 then they mysteriously disappeared after the day</p> <p>2 was over.</p> <p>3 So much of what we have been trying to do,</p> <p>4 especially in the last four or five years, have</p> <p>5 been finding ways to integrate our people more</p> <p>6 in the community, and just as important, to</p> <p>7 integrate the community into the lives of our</p> <p>8 people.</p> <p>9 The Bakery, as I freely noted in my note</p> <p>10 to you on the financial condition of the</p> <p>11 Village, we're still financially strong but the</p> <p>12 Bakery doesn't make money. You know, we lose</p> <p>13 money every month. We're not losing as much now</p> <p>14 as we were when we started, but I figured it</p> <p>15 would be a year to two years before we get to a</p> <p>16 break-even point. It looks like it will be.</p> <p>17 We're doing better, but we haven't gotten there</p> <p>18 yet.</p> <p>19 I will say a couple more things about the</p> <p>20 Bakery, to the risk of beating a horse too much.</p> <p>21 You know, we have received a couple of</p> <p>22 recognitions now because of our work at the</p> <p>23 Bakery. Jeff Stoddard down at Kreider Services,</p> <p>24 which is ten times our size, in Dixon, he</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 12</p> <p>1 Down Syndrome just like you. The real world is</p> <p>2 you have got to navigate in an environment where</p> <p>3 most people don't have or feel like they don't</p> <p>4 have disabilities. You have got to know what</p> <p>5 their expectations are.</p> <p>6 It's just a unique thing, as far as I can</p> <p>7 tell, in the United States to have this kind of</p> <p>8 a business.</p> <p>9 We had a group of middle school -- I think</p> <p>10 I put this in the report. We had a group of</p> <p>11 middle school students from the Rockford Public</p> <p>12 Schools come down, special-ed students,</p> <p>13 self-contained classroom. Eighteen of them came</p> <p>14 down and they wanted to take a tour of the</p> <p>15 Village. So we gave them a tour. We had three</p> <p>16 of our folks with disabilities talk to them</p> <p>17 about the kinds of work they do.</p> <p>18 And when we started out the talk, I asked</p> <p>19 the kids, So what do you think you could do at a</p> <p>20 bakery? Bake. Bake. All of them said bake.</p> <p>21 And by the time they were done, they realized</p> <p>22 that there's cookie dough, there's fillings,</p> <p>23 there's other things to scoop, there's dishes to</p> <p>24 wash, there's people to serve, there's items</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>

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1 that have to be restocked, there's things that
 2 have to be put in the freezers. They had such a
 3 more expansive view of what the Bakery is.
 4 And they were talking to three of our
 5 folks who do all that stuff, because we don't
 6 relegate people with disabilities in
 7 stereotypical jobs of doing dishes, wiping
 8 counters and hauling trash. All of them have
 9 the chance to do everything in the Bakery, maybe
 10 with the exception of working the ovens, for a
 11 good reason.
 12 But by the time they left, by the time
 13 they were getting ready to leave, these kids
 14 were saying, How old do I have to be before I
 15 can start working here? And then the one kid --
 16 as they're leaving out the door and I am saying
 17 thank you to them, the one kid turns to me and
 18 says, You keep this place open. Which
 19 simultaneously made my day and just about broke
 20 my heart. Because as the teacher told me when
 21 she brought them there, I want to give them a
 22 sense of hope that there is opportunity for them
 23 after they get out of high school.
 24 I don't necessarily know if there's an
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1 economic value that I can place on that, return
 2 investment for you guys, but I got to believe
 3 there is a value to the community in people that
 4 have hope when they didn't have hope before.
 5 Like the woman that I talked about who
 6 passed the food handler certificate, right?
 7 That was a success story I used. She now has a
 8 sense that, I can do this stuff. And now her
 9 parents have the sense, Hey, maybe she can do
 10 this stuff. We never knew it before. We know
 11 it now. So that sort of power that hope and
 12 confidence can bring has to have some kind of
 13 value to it.
 14 So that's where we are right now. I
 15 figure I'll give the Bakery another year or two
 16 and then I'll try another harebrained idea. I'd
 17 like to start looking at some creative housing
 18 opportunities to integrate people with
 19 disabilities and people without disabilities
 20 into, like, duplexes or triplexes. Don't know
 21 if that will work or not. We'll see.
 22 But there's a few different ideas that are
 23 out there, but they all are, again, with this
 24 idea of greater integration.
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1 Financially, you know, financially we lost
 2 money this year. A large part of that was the
 3 construction of the Bakery. We completed that.
 4 Startup costs, but --
 5 MS. WILSON: Flood.
 6 MR. BROOKS: Sorry?
 7 MS. WILSON: The flood.
 8 MR. BROOKS: The flood was a bit of an
 9 issue, yeah.
 10 But in any event, I think for your
 11 financial sheets the flood doesn't really show
 12 up because of our year-end on June 30th, which
 13 was about two weeks after the flood.
 14 But in any event, that's kind of where we
 15 are. Financially, we're about as large as we
 16 were before. I think the Village Bakery will
 17 bring about probably \$400,000 in income and
 18 probably about \$450,000 in expenses.
 19 But there's -- I don't have a lot more
 20 prepared, unless you have questions for me.
 21 MR. SIGLER: Thank you.
 22 MR. HEAD: Well, you're asking for a
 23 slight increase, and I also read that you're
 24 anticipating some funding challenges this next
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1 year. And in terms of the increase, I'm not
 2 sure exactly what that increase is for. I mean,
 3 you can say it's for cost of living, I have no
 4 problem accepting that or understanding that,
 5 But I'm just wondering.
 6 MR. BROOKS: Okay.
 7 MR. HEAD: Would you talk about that?
 8 MR. BROOKS: So, yeah, every year in the
 9 past I have asked for -- I have tried to justify
 10 a higher increase -- 10 percent, 15 percent --
 11 saying that the level has been stagnant while
 12 the cost of living continues to go up over the
 13 last 20 years, and every year you guys at 708
 14 are very sympathetic. Then it goes up to
 15 County, and it always gets cut down to what it
 16 was the year before, give or take a few
 17 percentage points.
 18 So, you know, if you take a fish and you
 19 put them in the aquarium, they hit the wall a
 20 few times, they learn not to try to bump up
 21 against the wall anymore. So I just asked for
 22 what I think was a fairly modest 2.5 percent
 23 increase, which is just basically the cost-of-
 24 living adjustment for this coming year, you
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1 know.

2 It doesn't get any cheaper to order food

3 and to pay our people and pay electricity. It

4 seems to me that it would be nice to have a

5 slight adjustment in the -- in funding.

6 MR. SIGLER: In support of you, GOA says

7 it's going to be 3-plus percent this next year.

8 So you're coming in under that.

9 MR. BROOKS: Yeah. But, I mean, that's

10 pretty much -- maybe I'm being too ungarnished

11 when I say it, but that's pretty why. I just

12 don't expect, despite the best intentions of

13 708, that our funding laws are going to increase

14 six months from now in terms of 708 funding.

15 MR. HEAD: What are the funding challenges

16 you're anticipating this year?

17 MR. BROOKS: Well, I did outline a few of

18 those to you guys. The Bakery continues to, you

19 know, lose money, and I think that will decrease

20 some, but it will still be there. I think also

21 the fact that contract work -- we do assembly

22 work for Wahl Clipper, and the idea behind the

23 assembly work for Wahl Clipper is, we do it

24 because it provides services, it allows our

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1 people to have something productive to do. The

2 reality of it is, Wahl Clipper, over the past

3 year or two, has made their kits more

4 complicated to assemble. So what we could bid

5 out at one price years ago almost costs us

6 double to do now. Yet Wahl, like most

7 businesses, is very reluctant to increase what

8 they want to pay their subcontractors to do

9 work.

10 So there's three scenarios that might

11 happen. We're working with Wahl to try to

12 increase our bid. They might say yes, even

13 though they haven't so far in negotiations.

14 They might offer something that's less than what

15 we want to break even or need to break even but

16 would still be acceptable. Or they might say no

17 and take their work elsewhere, which would,

18 ironically for the Village, financially be

19 helpful, because we're losing about a hundred

20 thousand dollars a year on the Wahl work because

21 basically we're writing them a check to do the

22 work, right?

23 But in terms of our mission, it would just

24 be a bad blow to the mission of the Village,

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1 because what we're there for is to provide

2 people with gainful work. We would have to find

3 something else to replace that money.

4 So Wahl Clipper right now continues to be

5 a challenge in terms of finances, and the Bakery

6 continues to be a challenge, and then just,

7 again, the increased work of services continues

8 to be a challenge. I don't see us with any

9 other significant income streams this year that

10 help offset that.

11 MR. HEAD: No changes --

12 MR. BROOKS: State funding is not going to

13 increase.

14 MR. HEAD: Okay. Will it decrease?

15 MR. BROOKS: I don't think it will

16 decrease. United Way is decreasing their

17 funding too because of less business in Ogle

18 County. They provide funding for our

19 transportation, about 20,000 a year.

20 MS. EGAN: Yeah.

21 MR. BROOKS: And they don't know how much

22 they're going to cut that by, but I think most

23 agencies are going to be cut.

24 MR. HEAD: And that's because they're

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1 taking in less?

2 MR. BROOKS: Yeah.

3 MS. EGAN: And all agencies received a

4 notice expressing that.

5 MR. BROOKS: Yeah, the State last year

6 provided a 75-cent-per-hour increase to

7 developmental services professionals, DSPs, but

8 the mandate was that every penny of that

9 75-cents-an-hour increase had to go to pay them

10 increase wages, and that didn't apply to anybody

11 outside of direct care staff. So administrative

12 staff, janitors, all the rest didn't receive any

13 bit of that. Or for overhead, didn't receive

14 any bit of that either.

15 And because of the tight bidding market,

16 we're finding the amount that we could pay some

17 of our -- like, our janitors or janitorial

18 staff, that doesn't cut it anymore. We have had

19 an ad in the paper for three weeks now trying to

20 get janitorial help. People aren't interested

21 because they can go to McDonald's or Subway or

22 something like that and get paid more for the

23 same kind of work.

24 In any event, those are basic income

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1 stream issues that we have got.
 2 MR. HEAD: Okay. Anyone have any other
 3 questions?
 4 MR. SIGLER: Oh, boy. Yes, I do.
 5 I read the presentations word for word.
 6 Yesterday afternoon, when I got home from the
 7 Village, my back was hurting, but I went
 8 upstairs in the bedroom, locked the door, and I
 9 started at Page 1, and I made all kinds of
 10 comparisons. What's the impact? What are you
 11 getting for a dollar's worth of services? I
 12 came to the same conclusion you did: I don't
 13 give a crap. So I folded all that up.
 14 I had one concern though, and that was --
 15 my glasses are in the -- as I'm preparing for
 16 work in the morning, I go and I read the Portals
 17 of Prayer. And I think, if I'm reading this
 18 right, thereabout -- what page am I on? Help me
 19 right there.
 20 MS. ZIMMERMAN: Give him your glasses.
 21 MS. WILSON: Not mine.
 22 MR. SIGLER: I'm blind as a bat.
 23 MS. WILSON: This is the IDHS letter to
 24 Brion. It says: Therefore, your developmental
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1 training certificate is extended through March
 2 31st, 2018.
 3 MR. BROOKS: Yeah.
 4 MR. SIGLER: Do we have a new one? That's
 5 my question.
 6 MR. BROOKS: Yes.
 7 MR. SIGLER: That indicates we don't.
 8 MR. BROOKS: So the new one -- yes, we
 9 have --
 10 MR. SIGLER: I think we have a
 11 responsibility to make sure we're up to date on
 12 this, sir.
 13 MR. BROOKS: So every two years the
 14 Department of Labor gives us a certificate, it's
 15 called a 14C, which allows us to pay lower than
 16 minimum wage, and every year we have to respond
 17 in March. They review it and they come back
 18 with the decision, usually by mid-April, even
 19 though the certificate ends in April, April 1.
 20 And the 14C certificate says, this certificate
 21 carries on, the application for extension is
 22 pending.
 23 So the 14C that we're under is currently a
 24 valid certificate. And we just received word, I
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1 got a phone call from the Department of Labor
 2 person who was reviewing our case, and said
 3 everything looks fine. We'll send it out in the
 4 mail last week or this week.
 5 So every day I go, expecting the
 6 certificate will come. DHS follows the same
 7 suit as DOL. So this is not atypical. If you
 8 look at our previous applications, it's probably
 9 the same thing.
 10 MR. SIGLER: Okay.
 11 MR. BROOKS: So to directly answer your
 12 question, we have no inclination that we are out
 13 of compliance in any way whatsoever.
 14 MR. SIGLER: Because I looked early on,
 15 you indicated you are in compliance with all
 16 statutes.
 17 MR. BROOKS: We are. Does it surprise you
 18 the State might be a little behind schedule?
 19 MR. SIGLER: I'm still waiting on a
 20 payment for an arbitration case.
 21 This is mainly meant for my Board, but I
 22 say it through you, on Tuesdays and Friday I
 23 have my granddaughter come to my house because
 24 her mom and dad work, and the biggest thing in
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1 her life is going in that bathroom, getting on
 2 her uniform for the Bakery. Her life is the
 3 Bakery and she loves the Bakery. I don't care
 4 if you lose a hundred thousand. How can I
 5 convince this Board, and then subsequently the
 6 County Board, to give you another hundred
 7 thousand dollars? We put too much emphasis on
 8 the return monetarily as we do for the
 9 individual.
 10 Tammy Rae, my daughter, has now been
 11 diagnosed with Alzheimer's also. She's still,
 12 thank goodness, up to this day still working up
 13 at the nuclear reactors. If she was manager,
 14 she's going to turn your power off. Her life is
 15 going up to ComEd.
 16 I think the services we provide -- now I'm
 17 starting to sound -- putting it in the first
 18 person. I am not part of this agency -- that
 19 they provide are so important to those within
 20 our community who have developmental
 21 disabilities that we cannot consider anything
 22 less -- my opinion now -- than what is being
 23 requested.
 24 And I think the Village does an
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1 outstanding job. I still go there -- I'm not on
 2 the schedule anymore, but when Donna calls, I
 3 show up and we have a good time singing and
 4 dancing and so on.
 5 But here I'm very serious. Folks, what
 6 they're offering is something that cannot be
 7 duplicated by any other agency within this
 8 county or within this state.
 9 I used to travel around on additional
 10 negotiations for these facilities. This is
 11 something in and of itself.
 12 Thank you. Bless you for what you do.
 13 MR. BROOKS: One point regarding the --
 14 Page 8 of Section 2, Existing Programs and
 15 Services. I think this was new this year,
 16 asking for unduplicated clients and then 708
 17 dollars per hour of service. I think that was
 18 new.
 19 MS. WILSON: It's not --
 20 MS. EGAN: Different way of asking.
 21 MS. WILSON: Right.
 22 MR. BROOKS: So I went back to the 1980s,
 23 when I had reports from the 1980s when you had
 24 asked us before. It's interesting, our 708
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1 dollars per hour of service is within 20 cents
 2 or 50 cents of what it was back then. So it
 3 really has not, over the course of the last 30
 4 years or so, changed much. It certainly hasn't
 5 changed much with the cost of living.
 6 But in any event, just kind of -- you
 7 mentioned this part of it, and I think that's a
 8 valid question to ask. Certainly a valid
 9 question to ask. But it's interesting. I just
 10 denote that.
 11 MR. HARP: Can you address -- I think you
 12 heard our discussion before, the problem we had
 13 with that spreadsheet. Were you here then?
 14 MR. BROOKS: I wasn't -- I was kind of
 15 reviewing this. I was kind of listening with
 16 one ear.
 17 MR. HARP: I'm sure you had better things
 18 to think about.
 19 But the wording on the application form
 20 asks for the last calendar year -- data on the
 21 last calendar year. The spreadsheet seems to be
 22 making you give a projected figure on the first
 23 column, and then the second column year to date.
 24 MR. BROOKS: Yeah.
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1 MR. HARP: So I just need to ask you and
 2 everyone else how you interpreted that, if you
 3 can recall, or what it meant for you.
 4 MR. BROOKS: I know they worked with Dave
 5 Bakener, who is our accountant inhouse, and he
 6 went through the numbers. You know, we go from
 7 July 1 to June 30, fiscal year. So it requires
 8 a certain amount of tearing things apart and
 9 rebuilding it to get to calendar year figures.
 10 I think really what he just kind of did
 11 was, he looked at whether there were any
 12 significant changes coming up that we could
 13 think of back when we did this in, was it March,
 14 and to the extent that we had any significant
 15 figure changes, we incorporated those in. But I
 16 don't think they were very large.
 17 MR. HARP: So you kind of interpreted
 18 March to March?
 19 MR. BROOKS: We kind of interpreted for --
 20 I'd have to look at the question again, but I
 21 thought we looked at the second half of the
 22 year. Did it ask for the next six months or
 23 next year?
 24 MR. SIGLER: That was open.
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1 MR. HARP: There's a problem there.
 2 MS. STEPHENITCH: Year to date and
 3 services for calendar year.
 4 MR. HARP: We realize the wording is very
 5 confusing, so we wouldn't blame you if you were
 6 confused.
 7 MR. BROOKS: I will say this, that whether
 8 you're doing calendar year or whether you're
 9 doing fiscal year, for any given agency, if it's
 10 stable, is probably not going to make a big
 11 difference.
 12 If we had interpreted it one way, the
 13 changes probably wouldn't have been much
 14 different than if we interpreted it the other
 15 way. Does that make sense?
 16 MR. HARP: Yeah.
 17 MR. BROOKS: It would be nice to do fiscal
 18 year, and whether fiscal year goes from May 1 to
 19 April 30, 31st for Serenity, and June -- July 1
 20 to June 31, and a calendar year for somebody
 21 else, for us I don't think really it makes a
 22 difference.
 23 MS. EGAN: You're just saying you would
 24 like to disregard the year to date because some
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1 people may have done three months, some
 2 people may have done six months, some people --
 3 that extra chunk, not the full.
 4 MR. BROOKS: Yeah, I think we interpreted
 5 it as a full year, and year to date being three
 6 months into the calendar year.
 7 Sorry. That's why I brought Sherri along.
 8 I told Sherri, I said, I can answer what I think
 9 they're asking and you can do what they're
 10 really asking.
 11 MR. HEAD: Other questions or comments?
 12 MR. SIGLER: You asked, is the community
 13 ready for us? I was called to the Village last
 14 week because there was an accident on the bus
 15 and it involved my daughter on the bus, and when
 16 I got there the fire department was there. We
 17 had a tanker truck there -- a rescue truck, I'm
 18 sorry, and we also had ambulances.
 19 And one of the firemen came up to me and
 20 he said, I didn't make the connection, Bill.
 21 That's your daughter, isn't it? And he seemed
 22 like he wanted to treat her differently now
 23 because I'm the treasurer/trustee for the fire
 24 department district. And I didn't get mad at
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1 him, but I said, you know, You treat all of my
 2 friends -- you treat everybody this way when you
 3 come out, if you're going to the Village or
 4 you're going to the County building. I expect
 5 our services to be performed in a professional
 6 manner that reaches to everybody in this
 7 community.
 8 I subsequently met up with our new fire
 9 chief and I have informed him to make sure he
 10 makes contact with the Village. I want to see
 11 fire trucks there. I want to see a visit from
 12 these firemen who will spend time -- they're
 13 going to your schools. Why wouldn't we go to
 14 the Village of Progress? I expect them to be at
 15 the Village of Progress also and to take time
 16 and explain to them, what is a fire truck? What
 17 does a fireman do?
 18 And I guarantee you, they will be out
 19 there before the summer is over. Yes, they will
 20 be.
 21 It's a point you made, are we ready to
 22 accept them? They're ready to accept us. Why
 23 wouldn't we be ready to accept them?
 24 MR. BROOKS: If I didn't think that the
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1 community could change, I wouldn't have this
 2 job. What's the point, right? Just like if we
 3 didn't think kids could learn, why would you
 4 teach, right?
 5 I have seen and heard stories from lots of
 6 people who have gone to the Village Bakery, for
 7 example, just to choose that point again, of
 8 breakthrough moments, I guess I might call it,
 9 and their perception of people with
 10 disabilities. How can you not interact with a
 11 kid like Luke at the Village Bakery and not come
 12 away with a warmer perception of people with
 13 disabilities than you did before?
 14 So, yes, I think -- I don't know if --
 15 ready? Who knows? It depends on the context.
 16 It depends on the people. I think there is more
 17 of an openness now than there was when I was a
 18 kid and growing up with my prejudices against
 19 people with disabilities.
 20 I remember when I was a kid in fifth
 21 grade, I was a smart student, and there was a
 22 girl that -- she had disabilities. Maybe they
 23 were trying to mainstream her, I don't know.
 24 She was frumpy and she was heavysset, and we
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1 would touch her and say, Cooties, and then we
 2 would run away before she could touch us. She
 3 thought I'm sure it was all fun, because she was
 4 laughing.
 5 But, I mean, every time I go to a Good
 6 Friday service and the crowd -- in the liturgy
 7 the crowd says, Crucify, crucify. I think,
 8 Cooties, cooties.
 9 And I think we have come a long way from
 10 that kind of attitude back in the '50s and '60s
 11 than where we are now. I think there's a lot of
 12 people that are still afraid of people with
 13 disabilities. I think they see them as unclean
 14 in a religious context.
 15 But I think the work that you guys do with
 16 mental health, it's the same thing. Why don't
 17 we talk about mental health or sexual abuse
 18 more? Because everybody who has it thinks
 19 they're the only one that has it, and it's
 20 unclean and they just don't feel like they could
 21 talk about it.
 22 So the work that we do is a microcosm of
 23 the work that you guys do and all the other
 24 agencies are doing, which is trying to say, This
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1 is just the reality that people have in their
 2 lives. Don't run away from it as a community.
 3 Accept it. You know, work with it. Embrace it.
 4 MS. EGAN: And maybe just so the other
 5 folks know, we -- I mean, last week, a couple
 6 weeks ago, we were rear-ended by another car. I
 7 mean, it wasn't the Village's fault or anything
 8 like that. But the driver fell asleep at the
 9 wheel and we were rear-ended.
 10 Several of the passengers on the bus from
 11 the Village were their own guardians and several
 12 passengers were not their own guardians. And so
 13 while the fire department responded to the scene
 14 and gave everybody absolutely appropriate care
 15 and most folks were, you know, I'm fine, I'm
 16 fine. Everybody said, I'm fine. I don't need
 17 anything. It's just our bus was stopped and the
 18 other car ran into the back of it.
 19 Then came the question after they got back
 20 to the Village, does a person that is not their
 21 own guardian have the right and ability to
 22 refuse care, especially in, like, Bill's
 23 daughter's situation, when she's suffering
 24 Alzheimer's?
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1 So then they came back to the Village and
 2 we did a little bit more assessment of some
 3 folks and contacted family members, and it was
 4 decided that you should maybe go on for a little
 5 further assessment. Everybody checked out fine.
 6 Nobody was injured.
 7 But that was for people that didn't know
 8 the back story and stuff.
 9 MR. SIGLER: Our fire department performed
 10 in an outstanding manner. I just took exception
 11 to the inference of a statement made to me by --
 12 and it wasn't meant to be harmful, to be a smart
 13 guy or anything, but I think it as an old
 14 pushback. You know, I love you but don't get
 15 too close to me.
 16 I see it in church with my daughter.
 17 Whoa, we love you, Tammy, but don't get too --
 18 so what do I do? I load up the bus from
 19 Stouffer House. We're all going to church on
 20 Sunday. Where do we go? To my church. Now you
 21 got a whole bunch of us here.
 22 It's not that they're afraid -- I think
 23 they're afraid. It's not that they don't want
 24 to interact with them, but they're afraid.
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1 They're afraid. And why should we be afraid?
 2 I'm more afraid of some jerk running down the
 3 street that wants to rob me than I should ever
 4 be afraid of somebody with a mental disability
 5 or an emotional disability.
 6 I'm carrying on. I sound like the
 7 Village. I don't mean to be, but that's where
 8 my heart is. I think everybody knows that.
 9 MR. HARP: I guess I do have a couple more
 10 questions. And you and everybody here should be
 11 happy to know that I prepared for the wrong
 12 agency today, otherwise I would have a lot more
 13 questions.
 14 In fact, Cecilia, can I have a new
 15 schedule? I could have sworn it was going to be
 16 Rockford Sexual Assault.
 17 MS. ZIMMERMAN: It is, after this.
 18 MR. HARP: Somehow you guys didn't get in
 19 my calendar.
 20 MR. BROOKS: Your Venn diagram is like
 21 this, not like this (gesturing).
 22 MR. HARP: Thank you.
 23 Well, two things -- a couple things that
 24 are really important to me are -- if you could
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1 address them, maybe you did in your application,
 2 but I'm also concerned about retention rates of
 3 staff and how that ties in, and also how your
 4 evaluation -- your program effectiveness.
 5 So if there's anything you can add to
 6 what's already been done, that would be helpful.
 7 MR. BROOKS: Average retention rates for
 8 DSPs and people in that type of position is
 9 about nine months. I haven't looked at it
 10 recently, but the vast majority of the people
 11 who work at the Village have been there at least
 12 two decades.
 13 I'm the newcomer. Sherri is the newcomer.
 14 Dave Bakener was hired on as an accountant when
 15 I was. But I think we were the last hires. Tim
 16 Taylor, who is our Village Cleaning Service
 17 manager --
 18 MS. EGAN: But everybody that has been
 19 hired has been a result of a retirement.
 20 MR. BROOKS: Yeah, that's what I was
 21 getting at.
 22 We haven't had anybody -- in the last
 23 couple years we had one person quit, but not
 24 because of she didn't like the job. She ended
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1 up moving to Arizona. We -- one person simply
 2 retired. So the retention rate is
 3 extraordinarily high.
 4 When I was talking to Jeff Stoddard with
 5 Kreider, they're looking at 36 DSP positions
 6 right now. 36. They're looking for more DSPs
 7 than we have.
 8 And at the Village Bakery, as well, the
 9 retention rate is very high. The cleaning
 10 service, who would think that you would be able
 11 to keep people for decades working as janitors
 12 at a cleaning service paying them less than 10
 13 bucks an hour? But we have been. People aren't
 14 quitting. We have got more work. We have to
 15 hire more people. But we don't have, by and
 16 large, people leaving.
 17 MS. EGAN: Once they come to the Village,
 18 they stay. Sometimes the cleaning service, it's
 19 just getting -- you know, having those folks --
 20 we have had a whole bunch of new contracts
 21 coming in probably because it's difficult for
 22 those companies also to find the folks to do the
 23 cleaning. So we're looking for a few folks, but
 24 once we have them they stay.
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1 And that was why -- you know, when Brion
 2 was talking about the increase that we received
 3 recently, it was kind of the State's response to
 4 so many agencies needing so many DSPs, you know,
 5 that that's why there was that mandate that you
 6 can go through.
 7 MS. BROOKS: What's DSP?
 8 MR. BROOKS: I'm sorry. DSP is a
 9 developmental services professional. It's
 10 someone that's gone through a certain level of
 11 training to serve people with disabilities.
 12 MS EGAN: And you still get paid very
 13 poorly.
 14 MS. BROOKS: I'm sure.
 15 MS. STEPHENITCH: What is the starting
 16 rate for a DSP?
 17 MR. BROOKS: Well, in some cases it's
 18 under \$11 an hour. We start at \$11 an hour.
 19 MS. STEPHENITCH: Okay.
 20 MS. EGAN: But it was 75 cents less prior
 21 to that.
 22 MR. BROOKS: And I'll get -- I know you
 23 had a question too, Tracy, but the question
 24 about how we measure our performance, I kind of
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1 went into that. And, again, it may not have
 2 been the metrics that you guys might want that
 3 gives number results, but I think one of the
 4 ways we measure our performance is how well
 5 we're integrating our people into the community.
 6 One of the measures is how are our audits
 7 when we're audited by DHS and by a couple other
 8 agencies, how are we doing on those? Our audits
 9 routinely are 99 to a hundred percent.
 10 We get audited on the transportation
 11 system, how we handle the maintenance and work
 12 on the buses, and that's routinely 99 to a
 13 hundred percent.
 14 I think staff retention is a measure of
 15 our performance too, to be honest with you.
 16 MR. HARP: Yeah. Yeah. That's pretty
 17 amazing, really.
 18 MR. BROOKS: I know.
 19 MR. HARP: As you said, I can't think of
 20 another agency that holds onto people that long.
 21 MR. BROOKS: Tracy, do you have a
 22 question?
 23 MS. BROOKS: Just some comments. Were you
 24 done?
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1 MR. HARP: I'm done.
 2 MS. BROOKS: You're done.
 3 The janitors that you're looking for, I
 4 know an individual who he's on disability, he
 5 only has one arm is his only disability, which
 6 really isn't that big of a disability. He can
 7 do a lot of things.
 8 But so could they work -- because I think
 9 when people get Social Security Disability they
 10 can earn a certain amount of money, right?
 11 MR. BROOKS: SSDI is not dependent upon
 12 income like SSI is. You can earn -- you can
 13 serve a certain -- you can have a certain level
 14 of work. Whether you're paid a hundred thousand
 15 a year or 20,000 a year, you can have a certain
 16 level of work. Above that, you would lose your
 17 SSDI.
 18 If we wanted to apply, certainly we could
 19 see if -- we can show him the types of work to
 20 be done and he can make a determination.
 21 MS. BROOKS: I was trying to encourage
 22 him, because it's kind of like -- he doesn't
 23 have a lot of confidence in himself, you know.
 24 But, I mean, he went to school with my son, and
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1 he was on the basketball team. You know, he can
 2 dribble and shoot just as good as anyone else,
 3 but he just needs to get over that and get
 4 himself out there.
 5 So, and I guess I just want to say also, I
 6 agree with you, you know, everything you said.
 7 It's not the individuals that need to change.
 8 We need to change the world to accept everybody
 9 who is considered a little different or whatever
 10 than the norm.
 11 I was thinking about this this morning,
 12 you know, that we refer to people like this as
 13 developmentally disabled or something, and I
 14 don't -- you know, technically that's how God
 15 made them. That's how they are. That's who
 16 they are, you know. The world needs to change
 17 to accept people like that.
 18 It would be wonderful, I think, if all
 19 companies and agencies would hire a certain
 20 number. You know, maybe they wouldn't be able
 21 to have a full staff, but one or two people
 22 that, you know, could do a job in their
 23 organization, just have somebody kind of mentor
 24 them, or you know what I mean? Keep an eye on
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1 them.
 2 MR. BROOKS: That's one area that I wanted
 3 to do with the Bakery, was that it could be a
 4 good place where they can get a reference, they
 5 get some confidence. And I failed in that
 6 regard with the Bakery, because the people that
 7 are working there part-time are not leaving.
 8 MS. BROOKS: That was my other question,
 9 because I remember you saying that, that they
 10 wouldn't stay there, they would prepare for jobs
 11 elsewhere.
 12 MR. BROOKS: But at the same time, we have
 13 six or seven interns from OCEC. And those are
 14 people that will be going out. They're not
 15 full-time employees or part-time employees at
 16 the Bakery.
 17 MS. BROOKS: They're just getting --
 18 MS. STEPHENITCH: Work experience.
 19 MR. BROOKS: So they will be getting work
 20 experience, which I hope will be valuable.
 21 And that will be an interesting metric for
 22 us to look at the next year or two, is to see
 23 how many of your people that are leaving the
 24 special-ed program are able to find some kind of
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1 employment outside. Hopefully that number bumps
 2 so I have got a metric for Lowell to be able to
 3 show the good there.
 4 MS. STEPHENITCH: Transferable skills and
 5 gaining employment, that would be a goal.
 6 MR. BROOKS: And I think they take some
 7 pride in being there.
 8 MS. EGAN: And one of our folks at the
 9 Bakery not only works at the Bakery, but when --
 10 she actually is from the Rochelle area, but has
 11 a job at Anytime Fitness too. So you do see
 12 some of our folks, you know, doing multiple
 13 things, thinking this is not -- you know, I have
 14 some evenings or weekends available, I can do
 15 something else and having the confidence to go
 16 out.
 17 MR. BROOKS: That was cute, because she
 18 was one of the people that presented for the
 19 Rockford Public Schools classroom, and she says,
 20 I have got two other jobs. And, I mean, the
 21 kids are like, You have got other jobs too? It
 22 was really funny to watch them. Cleaning
 23 equipment at one place, and I do something else.
 24 It was just so funny to watch them like, We
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1 really can get employed when we get out of here.
 2 MS. STEPHENITCH: And thinking about even
 3 the student interns, if the placement -- if
 4 Bakery isn't maybe appropriate, I can think of
 5 one, then how can the Village fill that need?
 6 And so we're working on that too, so potentially
 7 going into the vocational end of it or training.
 8 MR. BROOKS: That has been a hurdle for
 9 the Village. It's not directly a financial
 10 hurdle, but indirectly it is. The federal
 11 government over the last couple years has
 12 changed the policy by which people can go into a
 13 day training center. It used to be if you
 14 graduated from the special-ed program, at the
 15 age of 22 you get handed off to DHS, and then
 16 DHS provides funding that should go into a place
 17 like Kreider or the Village of Progress. And
 18 the federal government has stepped in and said,
 19 No, you have to spend two years first proving
 20 that you're unemployable before you can come to
 21 the Village of Progress. So you can't come in
 22 until you're 24.
 23 I get that. I mean, I get the fact that
 24 they want to push them into the work world and
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1 make them try. But do you know how humiliating
 2 it is to have to spend two years of rejection so
 3 the State can say, Okay, we can't find real work
 4 for you, so we'll send you to a day training
 5 center?
 6 MS. BROOKS: We want you to fail numerous
 7 times first so you can really feel bad about
 8 yourself.
 9 MR. BROOKS: So we can document the
 10 failures.
 11 MS. BROOKS: Yeah.
 12 MR. BROOKS: So it is a two-year lag
 13 before they come out of OCEC and before they can
 14 come into the Village. And it creates, again,
 15 our population ages, and that doesn't do
 16 anything to bring new people into the mix.
 17 MS. STEPHENITCH: It's interesting because
 18 unless they have that failure --
 19 MR. BROOKS: Yeah, Department of
 20 Rehabilitation Services says you're
 21 unemployable.
 22 MS. STEPHENITCH: Yeah.
 23 MR. SIGLER: Just a criteria they use
 24 that's objectionable to me as an individual. I
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1 think any time you make a person sit and say,
 2 You're worthless, what do you do to that person?
 3 You destroy them.
 4 And just as you were asking, is there a
 5 possibility of getting someone in with a
 6 disability for housecleaning? My daughter loves
 7 cleaning toilet bowls, and it gives her a great
 8 feeling of self worth. I wish we had a hundred
 9 more toilet bowls she could clean.
 10 The only threat I got at home to clean up
 11 the house is, You're not going to work tonight,
 12 Tammy Rae.
 13 This is the point I guess I try and make
 14 and make, you tell -- I was coming down from my
 15 son-in-law's house. There's a young lady coming
 16 down the -- I'm going up and she's coming down.
 17 I said, I haven't seen you at the Village
 18 recently. She says, Well, I have -- what do
 19 they call that -- aged out.
 20 MS. EGAN: She turned 22.
 21 MR. SIGLER: Yes, ma'am.
 22 I said, What are you doing? She says, I
 23 sit at home now. I'm with my grandfather during
 24 the day because my mom and dad are working, so I
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1 stay at home now. I said, Well, what do you do?
 2 I stay with my grandfather.
 3 You want to destroy a person's self-worth
 4 doing that to them? I can't believe we set
 5 systems in this government that does that to an
 6 individual.
 7 I'm a retired federal arbitrator and a
 8 civil state arbitrator. I run into trash that
 9 don't want to work. How do you like that for
 10 English, huh? And I usually sustain their
 11 discharges.
 12 I make the point over and over again, we
 13 have got people who want to work. Give them a
 14 chance. Let them try. Let them work.
 15 MR. BROOKS: Maybe I shouldn't say it, but
 16 when I hear 708 call itself the Mental Health
 17 Board, it does bother me a little bit because
 18 then that stigma is perpetuated. Well, we're
 19 not a disability to the Mental Health Board,
 20 we're just the Mental Health Board.
 21 That's my issue. I'm not asking you guys
 22 to change the title. But it's -- I feel it, as
 23 representing somebody that has disabilities.
 24 Like, it makes them into second class because
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1 they can't be cured like some of the mental
 2 health might be able to be, so we're not going
 3 to pay quite as much attention to them.
 4 MR. HEAD: I appreciate your saying that.
 5 MR. BROOKS: Maybe I shouldn't have, but I
 6 did.
 7 MS. ZIMMERMAN: It's okay.
 8 MS. BROOKS: But on the other hand, where
 9 are the ones with mental health getting help
 10 right now?
 11 MR. BROOKS: I'm not discounting the need
 12 for the mental health now. It's just the title
 13 of the board --
 14 MS. ZIMMERMAN: It's a federal government
 15 title.
 16 MR. BROOKS: Yeah. In any event, I don't
 17 have anything else.
 18 MR. SIGLER: In the last four years,
 19 listening to you specifically, and what we
 20 should be really attuned to also.
 21 You know, my whole priority has been my
 22 daughter and my granddaughter. Mental
 23 retardation. There's so much more out there.
 24 MS. BROOKS: Oh, yeah.
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1 MR. SIGLER: You have a son that all he
 2 wants to do again -- and he's successful at it
 3 right now.
 4 MS. BROOKS: Yes.
 5 MR. SIGLER: -- is work. He wants to be
 6 an adult contributor to the society. Give him a
 7 break, that's all.
 8 MS. WILSON: I have got a question. I
 9 haven't heard you talk about PUNS recently. Is
 10 that still going on?
 11 MR. BROOKS: Oh, yeah, PUNS is alive and
 12 well. The State is definitely planning to fund
 13 all the people that should be going to --
 14 MS. WILSON: So they don't even get into
 15 the pool for two years, and then they're put at
 16 the bottom of the list?
 17 MR. BROOKS: I'm not sure whether they can
 18 be in the pool, but -- the lottery, but they
 19 wouldn't be eligible to be pulled from it until
 20 they're 24 or until the Department of
 21 Rehabilitation Services says they're
 22 unemployable.
 23 MS. WILSON: And PUNS, I don't know if all
 24 of you know about it, is like a pool of people
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1 that are qualified to be at day training but are
 2 not funded, and there's a lot of them.
 3 MR. SIGLER: Absolutely.
 4 MS. WILSON: And they pick out how many,
 5 one or two people a year?
 6 MS. EGAN: You have to -- so somebody
 7 would have to die or go off the PUNS list for
 8 somebody else to be pulled.
 9 MS. WILSON: Oh, my gosh.
 10 MR. BROOKS: It's a statewide list. So if
 11 someone goes off the PUNS list in Ogle County,
 12 somebody could be pulled from the PUNS list in
 13 Cook County. It's just a statewide list. I
 14 think the backlog is getting better, but better
 15 as in from 25,000 to 18,000, something like
 16 that.
 17 MR. SIGLER: 18- now? Wow. I can
 18 remember when it was at 30- a long time ago when
 19 I lived in Chicago. I mean, it's just, throw
 20 them in. They can stay home. Sooner or later
 21 we'll select them, maybe.
 22 MR. BROOKS: That's why we started the
 23 Attendance Grant Program a few years ago, too.
 24 The foundation runs that, but the foundation
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1 helps provide for the cost of services.
 2 MS. WILSON: So that's a program that lets
 3 people who maybe don't -- are qualified but
 4 don't get funded to have, like, at least partial
 5 services at the Village?
 6 MR. BROOKS: Right. The tricky part
 7 now -- I'm sorry to go too far with this.
 8 Because of the change with statute, we could
 9 have them come to the Village if they are under
 10 24 through the Attendance Grant Program, but we
 11 wouldn't be able to give them any jobs unless we
 12 paid them at least minimum wage, which our
 13 business model isn't set up for. So they would
 14 have to be there only for a social elective.
 15 MS. ZIMMERMAN: But that's better than
 16 sitting at home.
 17 MR. BROOKS: Yeah, absolutely.
 18 MS. WILSON: Better than sitting at home.
 19 Thank you for clearing that up.
 20 MR. HEAD: Thank you, Brion. Thank you,
 21 Sherri. Much appreciated. Let's go into a
 22 five-minute recess.
 23 (The hearing was recessed at
 24 8:30 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 Village of Progress)
 6 Ogle County, Illinois.) Ogle County
 7) Sheriff's Office
 8) Oregon, Illinois
 9) May 3, 2018
 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 5th day of
 19 May, 2018.
 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
 In Totidem Verbis, LLC (ITV)

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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) Sheriff's Office
 7 Ogle County, Illinois.) Oregon, Illinois
) May 8, 2018

8
 9 Testimony of Witnesses
 10 Produced and
 11 Examined on this 8th day
 12 of May, 2018,
 13 before the Ogle County
 14 Community Mental Health Board

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

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 20 End 51
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1 MR. HEAD: Welcome, everybody. We're back
 2 and recess is over, so let's get started.
 3 And, Lynn, Kathy, it's --
 4 MS. ZIMMERMAN: Excuse me. We have a new
 5 member.
 6 MR. HEAD: I'm sorry, Margaret. We have a
 7 new Board member that's with us today.
 8 MS. KNODLE: Glad to meet you.
 9 MR. HEAD: So, Margaret, I think at some
 10 point -- just can you introduce yourself, maybe
 11 take a minute or two, and we'll go around and do
 12 the same.
 13 MS. TYNE: Thank you.
 14 MR. HEAD: I'm the Mental Health Board
 15 President, Nick Head. I came on a couple years
 16 ago, and my background is in mental health and
 17 counseling and nonprofit management and that
 18 sort of thing. I'm glad to be on the Board.
 19 I'll be on the Board for another couple years.
 20 So welcome.
 21 Can you introduce yourself?
 22 MS. BROOKS: My name is Tracy Brooks.
 23 I've been on the Mental Health Board, I don't
 24 know, two or three years almost now. All I got.
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1 MR. HEAD: Okay.
 2 MS. BROOKS: Oh, wait. I know what I
 3 wanted to say. If we're not done at 8:30, I
 4 have to leave. So if I get up and walk out,
 5 it's not anything anybody said.
 6 MS. KNODLE: If we're not done by 8:30,
 7 I'll probably get up and leave.
 8 MR. HARP: My name is Lowell Harp, and I
 9 have been on the Board for probably three and a
 10 half years, I think, if I'm keeping track
 11 properly. I'm a former school psychologist. I
 12 think that's how I got drafted.
 13 MS. BOWERS: Got drafted.
 14 I know you, Margaret. How are you?
 15 MR. SIGLER: I'm Bill Sigler, and I'm a
 16 retired federal commissioner and currently a
 17 State arbitrator, and I have been on the Board,
 18 what, four years, three years? It's been a long
 19 time.
 20 MS. TYNE: What kind of commissioner?
 21 MR. SIGLER: Pardon me, ma'am?
 22 MS. TYNE: What kind of commissioner?
 23 MR. SIGLER: Commissioner of mediation,
 24 labor law.
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1 MR. HEAD: Amy, why don't we go back to
 2 you and then we'll come back to Kathe.
 3 MS. STEPHENITCH: I'm Amy Stephenitch.
 4 I'm a licensed clinical social worker, but I'm
 5 employed as assistant director at Ogle County
 6 Education. Good to meet you. I have two lovely
 7 boys at home.
 8 MS. WILSON: I'm Kathe Wilson. I have
 9 been on the Board for about nine years. And
 10 just retired as -- from the library.
 11 MR. HEAD: Margaret?
 12 MS. TYNE: Thank you, all. My name is
 13 Margaret Tyne, and my interest in mental health
 14 is from several different areas. I have a law
 15 degree and a pharmacy degree. Most of my
 16 practice in law dealt with disadvantaged people
 17 or disabled people. I worked for the
 18 Guardianship and Advocacy Commission under
 19 Illinois State of -- I worked for the Office of
 20 State Guardian.
 21 I also, when I lived in Dixon, was on the
 22 Lee County Board for quite a while, and I was on
 23 the finance committee, I was vice chair. I have
 24 dealt with mental -- with the Mental Health Code
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1 as far as courts and that type of thing are
 2 concerned for quite a while. I also have a
 3 former family member who is mentally -- he still
 4 is mentally ill. That's my interest.
 5 MR. HEAD: Thank you.
 6 MS. ZIMMERMAN: I'm Cecilia, the recording
 7 secretary.
 8 MR. HEAD: I think most everybody on the
 9 Board has been touched by the issues we deal
 10 with one way or another in our lives. So you're
 11 very welcome, and certainly appreciate the
 12 background you bring to our Board.
 13 Okay. Would you like to introduce
 14 yourself?
 15 COURT REPORTER: My name is Callie Bodmer.
 16 I'm the court reporter.
 17 MS. GROENHAGEN: I'm Kathy Groenhagen.
 18 I'm the chief financial officer for Serenity
 19 Hospice and Home. I have been with the
 20 organization, it will be 11 years this summer.
 21 MS. KNODLE: I'm Lynn Knodle. I'm the
 22 executive director at Serenity Hospice and Home
 23 and have been there for almost eight years.
 24 MR. HEAD: Well, Lynn, Kathy, it's your
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1 show. Why don't you start out, just provide us
 2 whatever overview you would like to at this
 3 point.
 4 MS. KNODLE: Okay. Sound great.
 5 Thank you for the opportunity to present
 6 again to the 708 Board. We're always very
 7 honored to be able to talk about our programs
 8 and receive funds from the 708 Board.
 9 So as far as some of the differences maybe
 10 from last year, prior years, we have continued
 11 to do the normal bereavement groups that we have
 12 done for several years with our luncheons and
 13 our Hugs Group and the Shed and all the
 14 different activities that happen at the Shed.
 15 One of the new things that you are all
 16 aware of that really had a profound impact on
 17 the community was our virtual dementia tour. So
 18 we had seven clinicians trained for virtual
 19 dementia tours. And we have taken that show on
 20 the road over and over again to all of -- many
 21 of the area facilities. Many of them have had
 22 us come back several times. We have been to
 23 libraries. We have had open houses even at
 24 Serenity to provide that particular service. So
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1 we are very proud.
 2 We know that over 50 percent of caregivers
 3 have abused a loved one that has dementia just
 4 out of frustration. So this has really helped
 5 them understand what that individual might be
 6 going through, and so that's been very
 7 beneficial.
 8 We have also recently made the decision to
 9 hire a complimentary therapist. So we have
 10 offered complimentary therapies in the past. We
 11 have contracted massage therapists, music
 12 therapists. What we found, especially with the
 13 massage therapists, is that most of them had
 14 other full-time employment, so it was difficult
 15 to get them to our patients when our patients
 16 needed them.
 17 So our foundation -- we talked to our
 18 foundation board and presented the need to them,
 19 and they agreed to fund for us a full-time
 20 massage therapist, which we're also having her
 21 do other types of therapy, so aromatherapy,
 22 reflexologies, those types of things. So she
 23 can see our patients wherever they are. She
 24 goes to homes, she goes to facilities, she takes
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<p style="text-align: right;">Page 9</p> <p>1 care of patients in Serenity Home. She can also 2 provide massage to caregivers that are just 3 really stressed under their situation. 4 So she started with us a week ago and is 5 in training, but she already has done several 6 visits. 7 We actually made the decision before we 8 hired her -- although she came to us highly 9 recommended from Ruth Carter, who you all know. 10 She saw our ad or our Facebook post and sent an 11 email to us saying how phenomenal this person 12 would be. But we learned, in hiring our 13 volunteer coordinator, that people don't always 14 understand what hospice is all about. We had a 15 volunteer coordinator that lasted for about 16 three weeks and couldn't come back. She just 17 didn't -- couldn't deal with the death part of 18 it. She thought she could when we interviewed 19 her, but then she wouldn't even stay for the two 20 weeks to, like, train the new one. It was a 21 really difficult transition for us. 22 So this time we decided that we would 23 contract her for a couple weeks and have her do 24 visits and make sure. And she came back after <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 11</p> <p>1 and we didn't know why, and we were saying that 2 other hospices were having the same thing. This 3 year our census is up by 15 to 20, and so we -- 4 we're not struggling, but we're kind of capped 5 in our -- you know, in some of our services. So 6 we are looking to hire another CNA. 7 And then also, and we have mentioned this 8 several times, the house remains full or, you 9 know, six and seven. Where, in years past, one 10 and two, three and four we were happy with. For 11 the last eight months we have been running with, 12 like, six to seven patients. I believe we have 13 seven now. So we're looking to hire a clinical 14 manager for our Serenity Home, because our 15 director of nursing, who is trying to run 16 Community and Serenity and keep scheduling and 17 keep all shifts covered and stuff, is really 18 being stretched at this point. 19 We're stepping out in faith that these 20 numbers will continue for us, but we need to do 21 something because we're kind of getting to a 22 breaking point, which is a good problem to have. 23 I really feel that some of our spike in 24 census is due to our virtual dementia tours and <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>
<p style="text-align: right;">Page 10</p> <p>1 the second, third visit just more energized and 2 more sure that's what she wanted to do. So we 3 feel better about making that particular choice. 4 We also have started offering caregiver 5 classes, and we're offering those in Serenity 6 Home. We have offered to do them in facilities 7 if they deem it necessary. But just teaching 8 caregivers how to do the basics, like 9 transferring patients, bed baths, whatever it is 10 they need to learn. And our education 11 coordinator focuses on different things at each 12 session. 13 And our first session was completely full, 14 and so we were happy to see that it really 15 did -- is a service that is needed in the 16 community, that people are dealing with loved 17 ones that have chronic illnesses and really 18 don't know how to provide the care that they 19 need. So that was another thing that we had 20 just recently started doing the last two months. 21 Unexpectedly our census has actually risen 22 in the last couple of months. Where last year I 23 think when we were sitting here we were very 24 concerned that we had a sudden drop in census <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>	<p style="text-align: right;">Page 12</p> <p>1 just the education that we're providing and 2 people seeing us in the communities and 3 referring to us. Don't know that for a fact, 4 but we're just -- we don't know necessarily what 5 to tie it to. 6 We continue to work to be best in class. 7 We're -- our patient satisfaction scores are way 8 above benchmark. We are publicly recorded now, 9 so you can see that information online if you so 10 choose and compare us to other hospices. 11 Our -- we were again a 2018 Hospice Honor 12 recipient from Healthcare First, which means 13 that we are in the top of the nation again in 14 our satisfaction scores, which we're really 15 proud of. Then we're maintaining our Joint 16 Credit Commission, and we submit our intracycle 17 monitoring in July for this year. So we won't 18 have an onsite survey again until next year. 19 Then the last thing towards -- that speaks 20 to our quality is that we had our recent IPH 21 survey and had zero deficiencies in Serenity 22 Home for the sixth year in a row, which we're 23 very, very proud of. 24 One of the things, again, that we're <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p></p>

Page 13	<p>1 looking to do next year is, we had a lot of</p> <p>2 success with our ten-week bereavement program</p> <p>3 that has a beginning and an end. Some people</p> <p>4 feel more comfortable thinking they're going to</p> <p>5 a class and that the class is a ten-week class</p> <p>6 and I'm going to work my way through and be done</p> <p>7 at the end. We weren't really sure how it was</p> <p>8 going to go. The first one was so successful</p> <p>9 that we're now doing -- kind of taking that show</p> <p>10 on the road as well and doing one in Rochelle</p> <p>11 and hoping to do one in Dixon. So we're going</p> <p>12 to continue that program because it has been</p> <p>13 very successful for us.</p> <p>14 Another one that we have just recently</p> <p>15 started is yoga for grief. We're working for a</p> <p>16 local yoga instructor to teach breathing</p> <p>17 techniques to those that are grieving.</p> <p>18 MS. GROENHAGEN: You know when you get in</p> <p>19 these panic situations, sometimes just breathing</p> <p>20 helps immensely.</p> <p>21 MS. KNODLE: So that -- I guess that's the</p> <p>22 gist of where we have kind of been last year and</p> <p>23 where we're headed for the remainder of this</p> <p>24 year. The rest of the information is the</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	Page 15	<p>1 I'm not necessarily -- there's some headphones</p> <p>2 that go on that make a noise that runs through</p> <p>3 your head all the time, which is something that</p> <p>4 happens to somebody with dementia.</p> <p>5 And then we give the individual, like,</p> <p>6 five tasks to do. Go set the table. When</p> <p>7 you're done setting the table, go set the clock</p> <p>8 to 4 o'clock. So we tell them different things</p> <p>9 to do. And when they get in there and all of</p> <p>10 the stimulation is going on, they forget the</p> <p>11 different things that -- they might remember one</p> <p>12 or part of one.</p> <p>13 And so it just shows that oftentimes,</p> <p>14 like, somebody with dementia may be eating off</p> <p>15 of somebody else's plate, when they have a full</p> <p>16 plate in front of them, and it's because they</p> <p>17 don't see their own food but they can see the</p> <p>18 food next to them. Well, the person next to</p> <p>19 them doesn't understand. They think they're</p> <p>20 just being annoying, and they get frustrated</p> <p>21 with them.</p> <p>22 So it really shows why some of the</p> <p>23 behaviors happen the way that they do based on</p> <p>24 the different things that are going on in the</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>
Page 14	<p>1 financial and the numbers.</p> <p>2 So I guess I would open it to you guys for</p> <p>3 questions.</p> <p>4 MR. HEAD: Let's go around this way.</p> <p>5 Tracy?</p> <p>6 MS. BROOKS: I do not have any questions.</p> <p>7 MR. HARP: You know, I'm really intrigued</p> <p>8 by your virtual dementia tour. I have never</p> <p>9 really figured out exactly what it is.</p> <p>10 Evidently it's not actual virtual reality.</p> <p>11 MS. KNODLE: Let me explain a little bit.</p> <p>12 MS. GROENHAGEN: In a little way. Go</p> <p>13 ahead.</p> <p>14 MS. KNODLE: Basically you simulate a lot</p> <p>15 of the things that an individual with dementia</p> <p>16 would go through. So there are glasses that you</p> <p>17 put on that impede your vision. Because people</p> <p>18 with dementia typically have tunnel vision, so</p> <p>19 they're not seeing peripheral. We also have,</p> <p>20 like, inserts that go in shoes so it's kind of</p> <p>21 -- your feet are prickly, it puts your gait off</p> <p>22 a little bit. There's gloves that are kind of</p> <p>23 webbed, and you have to do certain tasks with</p> <p>24 these things on. And there's more things that</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	Page 16	<p>1 body.</p> <p>2 MR. HARP: I liked your example in the</p> <p>3 success story, whatever you call it, where the</p> <p>4 lady was pushing away from the table all the</p> <p>5 time.</p> <p>6 MS. KNODLE: Yes. Yup.</p> <p>7 MR. HARP: The caregiver didn't understand</p> <p>8 why she was doing that.</p> <p>9 I see you have 62 staff. How many of</p> <p>10 those are part-time?</p> <p>11 MS. KNODLE: I would say about 20 percent.</p> <p>12 MR. HARP: Okay. I want to compliment</p> <p>13 your efforts at stress relief, too, for the</p> <p>14 staff. What do we call them, complimentary</p> <p>15 therapist idea? I think public service people</p> <p>16 need to have that kind of support.</p> <p>17 MS. KNODLE: They go through a lot.</p> <p>18 MR. HARP: You said our funding goes for</p> <p>19 the bereavement program, and I guess I was</p> <p>20 wondering, is that -- what page was that on?</p> <p>21 Page 4. And then you have several things above</p> <p>22 there identified as bereavement. Does it cover</p> <p>23 all of those, we're funding them? Like, you</p> <p>24 know, the Serenity Shed, butterfly release?</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>

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1 MS. KNODLE: Butterfly release doesn't
 2 need to be funded because that actually ends up
 3 being a fundraiser in itself, although it's not
 4 designed to be that. We purchase the
 5 butterflies and sell them. So we sell the
 6 butterflies for, like, \$25 apiece, when they may
 7 cost us a little less. So we usually end up
 8 making \$3,000 off of the butterfly release. It
 9 doesn't have to be funded.

10 MR. HARP: Which ones does our money go to
 11 then exactly?

12 MS. KNODLE: Any of the bereavement
 13 groups, any of the bereavement materials, the
 14 bereavement workbooks, staffing salaries. We
 15 have two bereavement coordinators.

16 MR. HARP: Serenity Shed too?

17 MS. KNODLE: Serenity Shed, not
 18 necessarily. Maybe -- I -- that -- you're not
 19 covering the overhead costs of the Serenity
 20 Shed. Serenity is paying for that. You are
 21 just paying more for the programs.

22 MR. HARP: Okay.

23 MS. KNODLE: Serenity Shed the first year
 24 covered all of its own expenses in its sales.
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1 Last year I think it was short by about \$1300 by
 2 the end of the year. And we're talking all
 3 materials that are used, all of the overhead
 4 costs.

5 This year we're running a little bit more
 6 of an expense at the Serenity Shed, but when we
 7 started the year they were putting in new
 8 windows. There was construction that went on
 9 for at least the first -- or the last two
 10 months. So we're expecting to pick some of that
 11 up. I still believe we'll end up at a loss at
 12 the end of the year, but it is a program.

13 I talked to the foundation board, that I
 14 would expect it not to be able to break -- I
 15 would love it if it could, but I think it's
 16 unrealistic for us to think -- I mean, people
 17 might have all the wood signs that they want at
 18 this point.

19 But, I mean, it's still -- I just want to
 20 tell another quick story, because Kathy came in
 21 and told us, to our board, last night, that it
 22 just provides such a community service.

23 So during the Chocolate Walk a lady walked
 24 in. It was the first time that she had ever
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1 been there, and she learned what goes on in
 2 there. Her husband is in the early stages of
 3 dementia. She asked if there would be something
 4 there that he could do, and Kathy said, Yeah,
 5 bring him on Mondays. I have got a group of
 6 ladies who come every Monday and we work on
 7 different projects.

8 So she brought him the following Monday,
 9 and they just give him a piece of wood and he
 10 sat with the ladies and he just sanded this
 11 piece of wood the entire time and felt like he
 12 was really contributing. They visited -- they
 13 loved him. Visited with him.

14 And since -- and the wife was able to go
 15 off, do some chores, have some time by herself,
 16 and now this has become an every-Monday. She
 17 drops off her husband, and he spends time with
 18 the ladies and he sands a piece of wood. It is
 19 just fabulous.

20 MS. GROENHAGEN: The great part was, when
 21 he came back and he saw the finished signs, he
 22 looked up and he goes, I sanded that piece of
 23 wood. So he knew that he had contributed to
 24 that. And we all want to feel like we have
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1 contributed. So it was fantastic story.

2 MR. HARP: So just for the sake of
 3 being -- trying to be a hardcore accountant
 4 here, what I'm paying for --

5 MS. GROENHAGEN: I'll tell you what you're
 6 paying for. You're paying for bereavement
 7 coordinator salaries, because Medicare does not
 8 cover that. That is an expense the organization
 9 has to incur outside of the normal per diem.
 10 You're covering workbooks and bereavement books.

11 I will tell you that with the increased
 12 census, the necessity to purchase bereavement
 13 books has definitely increased. Kathy is
 14 fantastic at picking the right material for a
 15 person at the stage they're in, and we never
 16 expect those books back. We would never ask
 17 somebody to return something that's that -- it
 18 becomes very personal for them.

19 And postage, you're helping to cover
 20 postage, and the mailings and the cards and the
 21 support for the outreaches to the people to
 22 remind them that we're here if you need us. We
 23 send birthday cards. We send anniversary cards.
 24 We send different letters at each stage of the
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1 grief process.
 2 So you're covering those administrative
 3 expenses. Not necessarily any of the other
 4 program things.
 5 MR. HARP: Okay. And then your
 6 effectiveness measures, I just have one
 7 question. You talk about, we also measure
 8 success for our program by attendance. I wasn't
 9 quite sure what you meant by attendance.
 10 MS. KNODLE: By the number of individuals
 11 that come to the grief groups.
 12 MR. HARP: That come to the grief groups.
 13 MS. KNODLE: Yeah, to our grief groups.
 14 If our grief groups were not stable or growing,
 15 then obviously we're not doing something right.
 16 Because people would not come back.
 17 MR. HARP: But they are stable and
 18 growing?
 19 MS. GROENHAGEN: Oh, yes. We're adding
 20 grief groups all the time.
 21 MR. HARP: Under sales, you listed Rada
 22 sales. I couldn't quite figure out what that
 23 was.
 24 MS. KNODLE: Rada sales. It's a company
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1 that sells kitchen knives, those types of
 2 things. Our volunteers sell those. We have
 3 done that -- since I started, you guys have done
 4 that.
 5 MS. GROENHAGEN: Oh, we have done that
 6 forever.
 7 MS. KNODLE: They are really good, quality
 8 products.
 9 MS. GROENHAGEN: They are super knives.
 10 MS. KNODLE: Our staff probably buys more
 11 than anybody.
 12 MS. GROENHAGEN: The staff is like, When
 13 are you placing a Rada order? We need some
 14 Rada.
 15 MS. KNODLE: So it's not a huge thing.
 16 MS. GROENHAGEN: No. It's only a few
 17 hundred dollars every year, but it's a
 18 well-loved fundraiser.
 19 MR. HARP: Okay. Thank you.
 20 MS. KNODLE: Thank you.
 21 MS. BOWERS: I don't have any questions
 22 for you. But, Lynn, you know I deal with many
 23 hospice in the area, and you are a cut above all
 24 of them.
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1 MS. KNODLE: Thank you.
 2 MS. BOWERS: I really appreciate what you
 3 do for the residents of Ogle County.
 4 MS. KNODLE: Thank you. That means a lot
 5 to me. I appreciate that.
 6 MR. SIGLER: I have a lot of questions,
 7 personal ones though. Maybe I can talk to you
 8 after the meeting.
 9 But my daughter is now, most people know,
 10 diagnosed with Alzheimer's, and it's a long
 11 progression. It's slow, but it's happening.
 12 What about pre-grief? I have so much grief
 13 right now. My life is to follow up with my
 14 daughter. All this is sedentary. The fire
 15 department is sedentary. And what do you offer
 16 for a family like this?
 17 MS. KNODLE: You should go talk to Kathy.
 18 MR. SIGLER: What, ma'am?
 19 MS. KNODLE: Go talk to Kathy Warren at
 20 the Shed.
 21 MR. SIGLER: That was my question, if my
 22 wife made an appointment for us, can we come by
 23 and talk --
 24 MS. KNODLE: Absolutely. That's what
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1 we're there for. We serve as many patients
 2 pre-grief as we do after loved ones die and
 3 oftentimes just people who are grieving about --
 4 I mean, it could be somebody who's just going
 5 through a divorce and grieves. I mean, we cover
 6 grief on so many different levels. It doesn't
 7 have to be because we lost a loved one.
 8 MR. SIGLER: You have here listed yoga
 9 also. Now, it was recommended through the Down
 10 Syndrome Clinic in Chicago that we look into
 11 yoga for our daughter, Tammy, but Tammy already
 12 has Down Syndrome. Please believe me, she
 13 fights this. We talk, we exchange, but it's
 14 starting to slip now.
 15 Is there anything appropriate for her that
 16 might -- we might consider or you might consider
 17 her for?
 18 MS. GROENHAGEN: I don't see why she --
 19 MS. KNODLE: I don't know why she couldn't
 20 go to the yoga group.
 21 MR. SIGLER: Okay. Good.
 22 MS. KNODLE: Yeah, talk to Kathy, find
 23 out.
 24 MR. SIGLER: Okay.
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1 MS. KNODLE: Because I know that this
 2 started. Find out the details of when they meet
 3 and at least let her try.
 4 MR. SIGLER: Because when you take things
 5 away from a handicapped person -- and I have
 6 been doing this for -- Tammy is 57 now -- 56
 7 years.
 8 It's just like going up to the nuclear
 9 reactor. Tammy does housecleaning up there.
 10 There was some discussion whether they have to
 11 take her off. She's forgetting things. And I
 12 met with Brian and some of the staff. So they
 13 have a staff assigned to her to work alongside
 14 her. If they had taken that away, that would
 15 have been a terrible, terrible loss. You can't
 16 do that.
 17 I keep using my daughter, but, you know, I
 18 deal with the homes here in town. I visit there
 19 at least once, twice a week. When somebody
 20 says -- they use the term retired, and it's
 21 heartbreaking to those individuals.
 22 So I want to make sure that we offer the
 23 best we can, not only for them --
 24 MS. KNODLE: Just like the gentleman --
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1 MR. SIGLER: -- Jimmy and Tom and all the
 2 rest of them.
 3 MS. KNODLE: -- that's sanding the piece
 4 of wood. He just needs to have a purpose.
 5 MR. SIGLER: Absolutely, ma'am. That
 6 impressed me when you talked about that. Yes,
 7 it did. We want to push back on these things.
 8 I have been over there as department
 9 staff. I went over there as an elder from my
 10 church. I visit various nursing homes. And one
 11 of the things that so impressed me about them
 12 was the amount of loving care that you give to
 13 these individuals when they're there. Not
 14 thrown in the bed. Not turn your back on them.
 15 Not force feed them. But people who really
 16 care.
 17 Ma'am, I really love what you do. And I
 18 always feel good whenever I go down to the
 19 hospital there. I'm talking about KSB. Not
 20 that I love KSB, but I see your picture on the
 21 wall and it catches my eye.
 22 I thank you very much for what you do for
 23 our community and what you do for the families.
 24 MS. KNODLE: I appreciate that very much.
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1 MR. SIGLER: Oh, and one other thing. I
 2 was talking to a cop. Excuse my, I should say
 3 smart officer. He's a sergeant on the Lee
 4 County, I guess the task force, where they go
 5 after the bad people. And he's familiar -- you
 6 were talking about Shining Star, was it?
 7 MS. BOWERS: Uh-huh.
 8 MR. SIGLER: He is so impressed with it.
 9 This one officer's view of it, his comments to
 10 me were, Bill, so we don't -- I want to use some
 11 of his language -- we don't screw things up too
 12 bad, we'll have someone with us to assist us in
 13 the interviewing process so we're not scaring
 14 that person, we're not demeaning the person, and
 15 we're getting the maximum amount of information
 16 we need to prosecute the case for investigation
 17 purposes.
 18 But he was really -- he's a nice, young
 19 man. He used to be -- I thought of your
 20 daughter. He used to be a guard over at Lee
 21 County.
 22 MS. BOWERS: Oh.
 23 MR. SIGLER: Then he progressed to a road
 24 deputy. Now he's an investigator, is what it's
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1 called. He was so impressed with Shining Star.
 2 You might pass it around.
 3 MS. BOWERS: I will.
 4 MR. SIGLER: We talked for about an hour
 5 once we got started.
 6 MS. BOWERS: It's a really fantastic
 7 group.
 8 MR. SIGLER: Yes, ma'am.
 9 Ladies, thank you all. I have no further
 10 questions.
 11 MS. STEPHENITCH: I was just more
 12 clarifying, there's two almost sets of grief
 13 groups; is that true? The monthly and then
 14 the --
 15 MS. KNODLE: That's actually just another
 16 type of -- yes, so there are monthly groups.
 17 And you're right, that is just another type of
 18 group that we have.
 19 MS. STEPHENITCH: Okay. And then it looks
 20 like 55 clients -- or 20 clients served with
 21 that particular group and 52 served with the
 22 monthly?
 23 MS. KNODLE: Yes.
 24 MS. STEPHENITCH: Okay. And then I was
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1 wondering, was that a one-time --
 2 MS. KNODLE: Yeah, so we did --
 3 MS. STEPHENITCH: How did that turn out?
 4 It looked like it was really good.
 5 MS. KNODLE: It was almost too good. The
 6 only reason I say that is, we did it the year
 7 before and we did it at one of the area churches
 8 in Oregon, and it was well attended, probably
 9 more than I remembered.
 10 So when we got our training room at
 11 Serenity, because we did all -- I held it there
 12 and we didn't -- oh, my gosh. So we got
 13 everybody in, but it was super hot because there
 14 just wasn't a good air flow. We had one person
 15 almost pass out. She's like, I have to leave.
 16 So he did a fabulous job and it was well
 17 attended, but I should have done it at a
 18 different venue. We try to have as much at
 19 Serenity as can because we want to get people in
 20 to see the facility and it's a beautiful new
 21 room. But it was well attended. We cooked
 22 people.
 23 MS. STEPHENITCH: Thank you.
 24 MS. KNODLE: Thank you.
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1 MS. WILSON: Hi.
 2 MS. KNODLE: Hi, Kathe.
 3 MS. WILSON: Let's see. I just -- I love
 4 your -- whatever this is.
 5 MS. KNODLE: The community guide. Yeah,
 6 we tried to focus more on stories this time to
 7 relate really what we're all about.
 8 MS. WILSON: That was great.
 9 Looking at the funding report exhibit, we
 10 contribute \$4.84 per person served?
 11 MS. KNODLE: Yes.
 12 MS. WILSON: We can certainly -- that's --
 13 I mean, that's an affordable amount for the
 14 amount of people served.
 15 I did notice you had the butterfly release
 16 in there, which we don't actually serve, right?
 17 MS. KNODLE: Right. You do not have to --
 18 that's just listed as one of our programs.
 19 MS. WILSON: Right, right.
 20 MS. KNODLE: Yes, and --
 21 MS. WILSON: Okay.
 22 MS. KNODLE: -- how many people come to
 23 that, how many patients come to -- or family
 24 members come to that.
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1 MS. WILSON: I just wanted to compliment
 2 you on your services.
 3 MS. KNODLE: Thank you.
 4 MS. WILSON: It certainly is needed.
 5 Bereavement is just so important, so often not
 6 discussed, and I think it's so important that
 7 you have that. Thank you.
 8 MS. TYNE: Do you -- when you have a
 9 patient who is either mentally ill or
 10 developmentally disabled, do you have certain
 11 services that you tailor to that person or --
 12 MS. KNODLE: We do. We always tailor
 13 whatever type of service we're providing to the
 14 individual that we're providing it to. And in
 15 one case, our bereavement coordinator works with
 16 Sinnissippi and their substance abuse, I want to
 17 say, class, but she will go speak to them,
 18 because oftentimes substance abuse is brought on
 19 more because of some grief situation that has
 20 happened. And so she goes in and talks about
 21 that to the individuals in the group that have
 22 suffered some kind of loss.
 23 So she takes different information to
 24 whatever the particular situation is. We don't
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1 have a lot of developmentally disabled that we
 2 have served, but we certainly do. We have
 3 worked with the Village. We have -- and she's
 4 gone and spent time with individuals when we've
 5 lost a client from the Village, and she spent
 6 time with the other clients at the Village,
 7 providing services to them as well.
 8 MR. SIGLER: Superb services, superb.
 9 MS. GROENHAGEN: Kreider in Dixon, too, as
 10 well.
 11 MS. KNODLE: Yeah, Kreider too.
 12 MR. SIGLER: I used to be a volunteer at
 13 the Village, and boy, oh boy, what was lent
 14 and -- you know, she came in to work with the
 15 individuals, superb.
 16 MS. KNODLE: Thank you.
 17 MR. SIGLER: Yes, ma'am.
 18 MS. TYNE: If you have somebody that's
 19 dying that is developmentally disabled, does
 20 that present any certain opportunities in how
 21 you deal with that person?
 22 MS. KNODLE: We deal uniquely with every
 23 single patient that we have, and so we would
 24 tailor our treatment to whatever their
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1 particular needs are. That's really what
 2 hospice is all about, is individual care plans
 3 and meeting the individual needs of every single
 4 patient. We have social workers, we have
 5 bereavement coordinators, we have volunteers,
 6 CNAs, nurses, et cetera.

7 I mean, we have cared for patients from
 8 Kreider, patients from the Village, and in
 9 Serenity Home. We have cared for them in
 10 assisted living or wherever they live. But we,
 11 again, tailor our care to the needs of the
 12 individual always.

13 MS. TYNE: When you have a fundraiser, is
 14 it, like -- do you propose a certain amount
 15 of -- you know, what would differentiate a major
 16 fundraiser from something like your butterfly
 17 release?

18 MS. KNODLE: We have -- we have four major
 19 fundraisers a year that are designed to bring in
 20 proceeds into the organization. The butterfly
 21 release is designed to be a memorial service.
 22 That's why I say it's not really a fundraiser.
 23 It's just a phenomenal experience that people go
 24 through where we honor those that have gone
 In Totidem Verbis, LLC (ITV)

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1 before us.

2 But when we do something like -- we have a
 3 garden luncheon, which we just had this past
 4 Saturday, it's designed specifically to create
 5 funds for the organization. The golf outing.
 6 Our memorial walk run, and then we work with the
 7 Oregon Rotary for the Angel Ball that is an
 8 annual event that those are designed to bring in
 9 funds to the organization for the mission.

10 MS. TYNE: Are there any other funds that
 11 help pay for the bereavement services?

12 MS. KNODLE: We get some funds from United
 13 Way. We get about \$10,000 a year from United
 14 Way. We have to reapply for that, too.

15 MS. TYNE: Thanks.

16 MR. HEAD: On your grief groups, I was
 17 trying to make a correlation with some numbers
 18 here. So there's 52 unduplicated clients and
 19 1248 hours of service. That would be about 24
 20 hours per client. Is that typical? Do you have
 21 any -- very often these things fluctuate, but do
 22 you have any typical numbers?

23 MS. KNODLE: It so depends on the
 24 individual that, like, starts coming to a group.
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1 They may -- we have one individual that has come
 2 for, like, the last seven years, and we may have
 3 an individual that comes for three or four times
 4 and feels healed.

5 That one individual that's come the last
 6 seven years has met somebody in our grief group
 7 and they're engaged. So I'm expecting them not
 8 to keep coming anymore.

9 MR. HEAD: They're ready to graduate.

10 MS. KNODLE: They're ready to graduate.
 11 I'm so happy for him. He's been so lonely and
 12 he's -- so yeah, he's been in several of our
 13 grief groups and helped a lot at the Shed, but
 14 he has met someone now from at the Shed. So
 15 that's fabulous. We love it when we have those
 16 stories.

17 But it is, again, so individualized.
 18 People experience grief at different levels.

19 MR. HEAD: Right, right.

20 Carl Jung -- and I was -- I just
 21 actually -- I wasn't just being impolite here.
 22 The psychiatrist, Carl Jung, said that very
 23 often mental illness is the result of stuck
 24 grief stuck in the grieving process.
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1 Do you make that connection at all in your
 2 work with the -- finding kind of a stalled
 3 grieving process and the connection to mental
 4 health? I know that Sinnissippi has all -- has
 5 kind of a new orientation that's doing a lot of
 6 therapy that's trauma driven.

7 MS. KNODLE: Yes.

8 MR. HEAD: What connections do you make
 9 around that?

10 MS. KNODLE: So if we have somebody
 11 experiencing complex grief beyond what we are
 12 able to provide for them, we will refer them on
 13 to Sinnissippi or somewhere else.

14 We actually -- Sinnissippi has been
 15 looking for somebody that does the -- I'm
 16 trying, it's E-D something.

17 MS. GROENHAGEN: Yeah.

18 MS. KNODLE: But our social work -- one of
 19 the social workers that are now on our board
 20 works at Glenwood, and she does a lot of that.
 21 She has spoken to our organization a lot on
 22 that. We don't offer that service and she
 23 doesn't offer that for us as a volunteer, but
 24 it's something.
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1 MS. GROENHAGEN: It's a light stimulation.
 2 You -- I don't know if you put on glasses.
 3 MS. KNODLE: No, no, no, no, we're talking
 4 about two different things.
 5 MS. GROENHAGEN: Oh, okay.
 6 MS. KNODLE: It's more like watching
 7 movement.
 8 MR. HEAD: Oh, EMDR.
 9 MS. KNODLE: Yeah, EMDR. That's exactly
 10 what I was trying to figure out.
 11 MR. HEAD: Eye movement deregulation (sic)
 12 and reprocessing.
 13 MS. KNODLE: Yeah. Elise, on our board,
 14 is very -- she provides that service to her
 15 clients. We have connected her now with
 16 Sinnissippi, because they are looking for
 17 somebody who does that and they would love to
 18 train some of their individuals on that.
 19 But to your point, we don't have
 20 psychologists on staff. So if we have somebody
 21 that has more complex grief, is not graduating
 22 -- the individual that came for seven years was
 23 lonely, and he was getting something by coming.
 24 MR. HEAD: Sure. Yeah, yeah.
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1 MS. KNODLE: But he wasn't, you know, not
 2 eating and not necessarily stagnant in life.
 3 MR. HEAD: Right, right.
 4 MS. KNODLE: So we were a good fit for
 5 him. We're not a good fit for everybody, and we
 6 recognize that.
 7 MR. HEAD: I can appreciate that.
 8 So you have lots of people coming for lots
 9 of different things.
 10 MS. KNODLE: Yes.
 11 MR. HEAD: And you try to honor that and
 12 work from that.
 13 How about alcoholism, do you look at
 14 treating grief of family members and its
 15 relationship to alcoholism, that sometimes the
 16 family members have a drinking issue that maybe
 17 complicates their grieving process?
 18 MS. KNODLE: Right. We would never turn
 19 that away. We don't, you know, like, advertise
 20 it. If you're, you know, grieving because of
 21 alcohol, we have services for you.
 22 We serve so many different people that
 23 come in the Shed with different backgrounds that
 24 we never imagined that we would. But I
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1 certainly see what you're saying.
 2 And we see that, you know, even in
 3 Serenity Home, where the family members come and
 4 they have been drinking and whatnot. We offer
 5 our services. We obviously can't make them take
 6 them.
 7 MR. HEAD: Do you screen for that in
 8 family members?
 9 MS. KNODLE: We do not. We do not.
 10 Because we're treating the patient --
 11 MR. HEAD: Sure.
 12 MS. KNODLE: -- primarily and then
 13 offering bereavement services to the families,
 14 but we don't offer substance abuse type of --
 15 MR. HEAD: Not providing service, but
 16 maybe screening for referral purposes or just to
 17 be cognizant of that as part of the treatment
 18 planning process?
 19 MS. KNODLE: Well, yeah, definitely our
 20 social worker gets involved in that on many
 21 different ways. She gets involved in elder
 22 abuse situations where the loved one is not
 23 being taken care of and there's nobody in the
 24 home, those kinds of things. So they definitely
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1 make referrals out for those things.
 2 We just had a divergent situation where
 3 every time we would go the medications were less
 4 than what they should be, and we had to get the
 5 police department involved. So we definitely do
 6 refer out in those unique situations.
 7 MR. HEAD: Very good.
 8 On your dementia classes, do you have
 9 any -- your virtual dementia, do you have any
 10 numbers in terms of classes and number of
 11 participant hours?
 12 MS. KNODLE: I could get that. I did not
 13 include that, and I don't have it with me, but I
 14 certainly could send that. We definitely would
 15 know what that is.
 16 MR. HEAD: I would like to see it. It's a
 17 very small intervention, but it sounds like it
 18 has a lot of impact.
 19 MS. WILSON: Underneath the spreadsheet.
 20 MS. KNODLE: Oh, it does have the 210.
 21 That's right. It is under our programs.
 22 MR. HEAD: Okay.
 23 MS. KNODLE: And they do last about an
 24 hour apiece, which is why the hours of services
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1 is the same.
 2 MR. HEAD: Thank you, Kathy. So about 210
 3 people have been through that?
 4 MS. WILSON: Uh-huh.
 5 MR. HEAD: And how long is that tour?
 6 MS. KNODLE: The tour takes 15 minutes,
 7 but we only let two people in the room at a
 8 time. And sometimes we have a couple of rooms
 9 going, it just depends on how much space we have
 10 at the facility that we're at.
 11 So they go through the tour, then we bring
 12 everybody back together again at the end and we
 13 discuss everything. So it takes -- the whole
 14 thing takes about an hour.
 15 MR. HEAD: Okay. Okay. I'm just thinking
 16 of it in terms of, well, Rotary and having some
 17 sort of an experience that would benefit the
 18 Rotarians.
 19 MS. KNODLE: Oh, that would be awesome.
 20 MR. HEAD: That's a little more than what
 21 they're usually pulling up to the table for, but
 22 I think there would be some who would appreciate
 23 it a great deal.
 24 MS. GROENHAGEN: I offered it to Chris
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1 when I --
 2 MS. KNODLE: Did you?
 3 MS. GROENHAGEN: -- was giving my options.
 4 MR. HEAD: I think that would be great,
 5 Kathy. Excellent.
 6 MS. GROENHAGEN: I will tell you, when I
 7 went through the virtual tour -- and if you
 8 haven't had a chance to go, you need to go --
 9 thankfully I was just going, you know, as an
 10 abated tester when we first started training.
 11 It made me nauseous. I was sick for the rest of
 12 the day.
 13 MR. HEAD: Wow, uh-huh.
 14 MS. GROENHAGEN: I will never look at it
 15 the same way again.
 16 MS. KNODLE: One of the board members, who
 17 is pretty high functioning, worked at Exelon,
 18 said she just sat down in the middle of the room
 19 and just gave up. I didn't have that personal
 20 experience. I was able to get through every
 21 task. The only thing I didn't do right is, I
 22 set the clock at the wrong time. Everybody is a
 23 little different.
 24 MS. GROENHAGEN: I only got through four
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1 of the five tasks.
 2 MR. HEAD: My wife has a chronic vertigo
 3 condition.
 4 MS. GROENHAGEN: Yeah, don't do it.
 5 MS. KNODLE: It tells you right on there,
 6 because there are some flashing lights, if you
 7 have migraines. I didn't do it for a long time
 8 because I have migraines, but I finally did it
 9 because I was too curious.
 10 MS. GROENHAGEN: It's really a great
 11 experience.
 12 MR. HEAD: I want to commend you for your
 13 decision to provide for employee education. I
 14 think that's huge. I think it's -- I think it
 15 creates a culture of learning, and has a lot to
 16 do with people's commitment to the work and how
 17 they share and how everybody gets kind of into a
 18 continuing learning mode. That's very powerful.
 19 So hats off to you on that.
 20 MS. KNODLE: Thank you.
 21 MR. HEAD: I'm not sure I have any other
 22 questions here.
 23 Do you have any questions? comments?
 24 MS. ZIMMERMAN: Me?
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1 MS. KNODLE: Yeah, you.
 2 MS. STEPHENITCH: I do have one more
 3 question. Just to verify, if a resident of Ogle
 4 County was referred or needed bereavement
 5 services, the fee for that individual?
 6 MS. KNODLE: There's no fee.
 7 MS. STEPHENITCH: I thought that was the
 8 case but wanted to make sure.
 9 MS. GROENHAGEN: Lynn didn't expound on
 10 it, but we do -- I'm sure everybody's aware that
 11 the sudden deaths in the county have kind of
 12 increased lately. We serve those individuals or
 13 relations of those too. Not -- you do not have
 14 to be a hospice patient or a family member of a
 15 hospice patient to receive our services. We
 16 have a lot of people walk in off the street with
 17 sudden death situations, so please -- or, you
 18 know -- yeah, that's all I needed to say.
 19 MR. HEAD: Do you ever go out to the
 20 workplace or work with intact work groups that
 21 maybe -- that what they're about is not mental
 22 health services or bereavement, but they do have
 23 a sudden death in the workplace?
 24 MS. KNODLE: Oh, absolutely. We have gone
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1 into schools.
 2 MS. GROENHAGEN: Schools.
 3 MS. KNODLE: Yes, we'll go wherever
 4 needed.
 5 MR. HEAD: Businesses?
 6 MS. KNODLE: Yes. If they ask us to, we
 7 definitely would do that. Kathy goes wherever
 8 she is needed. She does personal visits. She
 9 does go to prisons. She goes to the Dixon
 10 prison.
 11 MR. HEAD: Tell me about the prisons and
 12 -- jails, do you go to the jail?
 13 MS. KNODLE: Yes. Yes. Well, just the
 14 prison in Dixon. They're the only one that
 15 has -- we would go to the jail if there was a
 16 bereavement situation that they asked us to go
 17 to. But she actually trains volunteers in
 18 prison.
 19 MR. HEAD: They have a prison bereavement
 20 program?
 21 MS. KNODLE: Yeah, they do in Dixon.
 22 They're one of the only ones in Illinois that
 23 does.
 24 MR. HEAD: Would it be appropriate to do
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1 bereavement situations with someone that is in
 2 the jail?
 3 MS. KNODLE: Oh, absolutely.
 4 MR. HEAD: Do you see that?
 5 MS. GROENHAGEN: Yeah. If they ask, we're
 6 there.
 7 MR. HARP: Back to the virtual dementia
 8 tour, when is the next one available to the
 9 general public?
 10 MS. KNODLE: I will send you an email,
 11 because I don't have the schedule. But I will
 12 let you know when the next tour is available.
 13 MR. SIGLER: I would like to know too.
 14 MS. WILSON: Send it to Cecilia and she
 15 will let us all know.
 16 MS. KNODLE: Would you guys be interested
 17 in having us set one up just for the Board?
 18 MR. HARP: Can we bring our spouses?
 19 MS. KNODLE: Yes, any family members or
 20 anything. So what time is best for you?
 21 MR. HEAD: Not 7 a.m.
 22 MS. KNODLE: A weekday? Weeknight?
 23 Weekend?
 24 MR. HEAD: Probably, I don't know. How
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1 many people actually are employed here? Two.
 2 We've got two people employed. So I think
 3 probably late afternoon would be good or mid to
 4 late.
 5 MS. KNODLE: Or lunchtime?
 6 MR. HEAD: Or lunchtime.
 7 MS. KNODLE: Okay. That's a great idea.
 8 MS. BOWERS: Lynn, I'm glad you told me
 9 there's no charge for your services, because
 10 Dr. Appenheimer has been charging me for
 11 everything I do for him.
 12 MS. KNODLE: Has he done any of his little
 13 chats at Pine Crest yet?
 14 MS. BOWERS: No, he hasn't.
 15 MS. KNODLE: He does, like, chats with
 16 CNAs, and he'll just talk about different things
 17 related to end of life. He's very much into
 18 education. He is fabulous.
 19 MS. BOWERS: He is fabulous.
 20 MS. KNODLE: He tries to -- he knows if
 21 they understand more, they'll provide better
 22 care.
 23 MR. HEAD: Great. You just do a super job
 24 at everything you touch.
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1 MS. KNODLE: Thank you.
 2 MR. HEAD: We're very appreciative.
 3 MS. KNODLE: We're appreciative of the
 4 Board and all that you do for all of the mental
 5 health agencies.
 6 MR. HEAD: There was something else that
 7 you said that you were going to start providing
 8 without a view towards compensation.
 9 MS. KNODLE: We talked about the caregiver
 10 class, the grief yoga. Was there another?
 11 MR. HEAD: Maybe it was the grief yoga.
 12 MS. KNODLE: I think it was the grief
 13 yoga.
 14 MR. HEAD: Yeah, yeah, because it's --
 15 because it's untested in some people's minds, or
 16 just because you're so generous, or, you know,
 17 why aren't you looking to get compensated for
 18 that?
 19 MS. KNODLE: Well, we are asking them to
 20 pay -- the individual to pay a portion, \$7, and
 21 then we're picking up the remaining \$3, our
 22 organization does.
 23 MR. HEAD: Okay.
 24 MS. TYNE: I did have one more question
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1 about your complimentary therapist.
 2 MS. KNODLE: Yes.
 3 MS. TYNE: So you have got a massage
 4 therapist that's coming trained in these other
 5 areas?
 6 MS. KNODLE: She has some training in
 7 those other areas, but we also have an
 8 individual on staff who is certified in
 9 wholistic healing. So she does the aroma
 10 therapies and whatnot. So she can learn also
 11 from her and be able to take some of those
 12 things into the home as well.
 13 MS. TYNE: Okay.
 14 MS. KNODLE: And we still have -- our
 15 music therapist is separate, and those are still
 16 contracted.
 17 MR. HEAD: I have nothing else really. So
 18 thank you so much for being here.
 19 MS. KNODLE: Thank you.
 20 MS. GROENHAGEN: Thank you.
 21 MS. KNODLE: It's not even 8:30.
 22 MR. HEAD: It's not even 8.
 23 MS. KNODLE: You guys have a wonderful
 24 day. Thank you.
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1 MR. HEAD: Thank you.
 2 (The hearing was recessed at
 3 7:53 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
 7) Sheriff's Office
 8 Ogle County, Illinois.) Oregon, Illinois
 9) May 8, 2018
 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 11th day of
 19 May, 2018.
 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
 In Totidem Verbis, LLC (ITV)

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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)

3 In the Matter of the Application)
 4 of)
 5 HOPE) Ogle County
 6) Sheriff's Office
 7 Ogle County, Illinois.) Oregon, Illinois
) May 8, 2018

8
 9 Testimony of Witnesses
 10 Produced and
 11 Examined on this 8th day
 12 of May, 2018,
 13 before the Ogle County
 14 Community Mental Health Board

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

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 24

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Page 3

1 MR. HEAD: Why don't we just start out,
 2 welcome, and why don't you give us some overview
 3 of your --
 4 MS. ZIMMERMAN: And introduce.
 5 MR. HEAD: I am sorry. Would you
 6 introduce yourself to Margaret, please?
 7 MS. CARTER: Hi, Margaret. My name is
 8 Ruth Carter. I'm the executive director at HOPE
 9 of Ogle County.
 10 MS. JOHNSON: I'm Diana Johnson. I'm the
 11 business coordinator.
 12 MR. HEAD: And Margaret Tyne.
 13 MS. TYNE: I'm Margaret Tyne.
 14 MR. HEAD: The newest Board member.
 15 MS. TYNE: I live close to Polo.
 16 MS. CARTER: Oh, wonderful.
 17 Okay. Well, we'll -- do you want us to
 18 just kind of give you a little overview of HOPE
 19 first?
 20 MR. HEAD: Yeah, some overview of what's
 21 different and, you know, how -- what kind of
 22 year it's been for you financially, because
 23 there were challenges, if you could maybe spell
 24 that out a little bit more.
 In Totidem Verbis, LLC (ITV)

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1 MS. CARTER: Yeah, okay. So HOPE of Ogle
 2 County, especially since we have a new member
 3 here, I'll just go over a brief of what we do.
 4 We are a domestic violence agency and shelter
 5 for Ogle County, and we serve a small portion of
 6 northeast Lee County as well. Because our main
 7 site is in Rochelle, which is very close to
 8 Ashton, Franklin Grove, and other towns close to
 9 us that are in Lee County.
 10 So we have been providing services at HOPE
 11 since 1983, when the -- there was -- the
 12 domestic violence law was passed in '83 and
 13 really started to get initiated in '84, which
 14 allowed for domestic abuse services to be funded
 15 federally and by the State, and then also
 16 provided the order of protection services for
 17 survivors of abuse when they were in situations
 18 that warranted getting additional protection by
 19 the law against their abuser.
 20 So that really initiated a domestic
 21 violence movement. And we started out as a
 22 hotline, 24-hour hotline on-call, then moved to
 23 providing an office service for people to come
 24 in and also get those order of protection
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<p style="text-align: right;">Page 5</p> <p>1 services, and that quickly moved into then a 2 location -- our old location, which was a 3 one- -- two-bedroom, I want to say five-bed 4 facility, at the time. And then in 1998 we 5 moved to our current site, the main site, which 6 is a 21-bed facility. So 21-bed facility and 7 shelter. 8 But most importantly, what other 9 organizations don't know as much about, which is 10 important for us to talk about, is our other 11 services. In conjunction with shelter services, 12 we have counseling services, so for adults, 13 teens, and children. We have a Latina advocacy 14 for our Spanish-speaking clients. Our Latina 15 advocate supplies family counseling, as well as 16 individual counseling. 17 Our family counseling is for the 18 non-abusive parent and our client and their 19 children or for the guardians of the children. 20 So she provides a wealth of the same 21 services and will go to court for the order of 22 protection process with our court advocate when 23 we have Spanish-speaking clients that need 24 orders of protections as well. <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p> </p>	<p style="text-align: right;">Page 7</p> <p>1 contact that they have with their clients. They 2 just do an amazing job. 3 So they are with them through the entire 4 process of the order of protection. So it's not 5 just that emergency order of protection stage. 6 It's also any subsequent court dates after that. 7 So it's the internal orders, it's the 8 preliminary orders, it's being with them at 9 times when there's criminal charges against 10 their abusers so that they have some support so 11 they're not alone in the courtroom. If they 12 don't have a family member or friend support, 13 sometimes it's really important to have that 14 additional person with them. 15 The court advocates work really closely 16 with the staff over at the courthouse. The 17 victim advocate over there at the courthouse 18 helps with all the legal ins and outs of 19 criminal charges. 20 So let's see, what else can I tell you? 21 So we are expanding our services. We -- well, 22 I'll start with the funding issues previously 23 and then I'll move into the expansion. So in 24 2000- -- FY '17 and FY '16 we struggled with <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p> </p>
<p style="text-align: right;">Page 6</p> <p>1 She also helps with immigration hook-up. 2 The (inaudible) laws allow options to help 3 victims of domestic violence who have been 4 marginalized additionally through abusive 5 relationships that the abuser has a little more 6 control if they're not a legal citizen at that 7 time. So basically she helps them with all the 8 services. She's Spanish-speaking and has that 9 background. She's also a local of Rochelle, has 10 been in the community a long time. 11 So the counseling services are available 12 in Rochelle and in Oregon. We have an outpost 13 office in Oregon at Washington Corner. So our 14 adult counselors and children's counselors will 15 set up appointments there to meet with the 16 clients on a regular basis, but it's not 24/7. 17 It's just by appointment. 18 Then the court advocates or legal 19 advocates have an office in the Ogle County 20 Courthouse and will meet with clients there to 21 work over the paperwork of the orders of 22 protection, do safety planning, and also provide 23 those services that are necessary to help 24 encourage them to follow through, that personal <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p> </p>	<p style="text-align: right;">Page 8</p> <p>1 funding from the State to come through, like 2 most agencies, social service agencies. We did 3 a really good job cutting back on our 4 services -- well, not our services, cutting back 5 on the additional things, like the lawn care and 6 ways to maintain our shelter, the food, asking 7 for more donations, our Hope Chest really beefed 8 up and brought in additional funds to keep it 9 moving. 10 We were very close to trying to figure out 11 how to do staff cuts and maybe taking out a 12 loan, and the funding finally broke with the 13 budget impasse for Illinois. So we're starting 14 getting our funds in the end of FY '17 and -- 15 MS. JOHNSON: We actually got them in 16 FY '18. The beginning of FY '18. 17 MS. CARTER: Was it July? 18 MS. JOHNSON: Uh-huh. 19 MS. CARTER: July that came through. 20 So we're thankful. Our board played a 21 large part in that as well, keeping it to move 22 forward and keeping our services in place. So 23 we didn't have to let go of counselors, we 24 didn't have to -- <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p> </p>

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1 MR. HEAD: Excuse me. Ruth, your voice is
 2 dropping a little bit.
 3 MS. CARTER: Sorry. I never can tell if I
 4 am being overly loud. So thank you.
 5 So we were just -- right now we have been
 6 blessed. The funds have been coming through
 7 from the State. There's been a couple of, you
 8 know, funds that took a little bit longer.
 9 MS. JOHNSON: We just starting getting the
 10 ESG funds in last month.
 11 MS. CARTER: For this fiscal year. So
 12 that's -- ESG funds help pay for a portion of
 13 the shelter services for HOPE.
 14 So this past year we increased staff, we
 15 increased shelter staff. So it wasn't really
 16 necessarily an expansion of services, it was
 17 more of an addition of staff to be able to help
 18 run our agencies smoother.
 19 So what we did was, VOCA funds opened up
 20 for us to be able to hire additional staff.
 21 MS. WILSON: VOCA is?
 22 MS. CARTER: Victims of Crime Act funds.
 23 So they are federal funds that opened up. We
 24 are currently already receiving them. Then
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1 they -- the federal government allowed -- where
 2 it comes from is white collar crime in the
 3 United States -- I used the wrong term when we
 4 were talking to our board -- white collar crime,
 5 and then it's reserve funds. So it's funds that
 6 are ready in reserve. And they finally started
 7 to release them to go to where they're supposed
 8 to go.
 9 So we were lucky enough in the state of
 10 Illinois to get those funds, additional funds,
 11 all domestic violence agencies who applied.
 12 And that allowed us to provide dual
 13 coverage in the evening. Before that we had one
 14 domestic violence advocate who ran the hotline,
 15 the doors, shelter clients all at the same time.
 16 In the evenings, especially if you have
 17 children and they're coming home from school and
 18 they have activities, dinner, and all those
 19 things that you do in a regular home, then you
 20 have to answer the hotline, the door, it was a
 21 bit much.
 22 So now we have dual coverage in the
 23 evenings Monday through Friday and some
 24 additional coverage on Sundays. So that really
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1 helps.
 2 But we are a 24/7 shelter and 24/7
 3 hotline. So there's always there somebody there
 4 at the main site and there's always somebody
 5 there to directly answer our hotline.
 6 MS. JOHNSON: And the counseling services.
 7 MS. CARTER: Yeah, not 24/7, but, yeah,
 8 the counseling services are there Monday through
 9 Friday, and then we have some counselors that
 10 will come in on the weekend and accommodate some
 11 of the clients.
 12 So the counseling services are unique in
 13 so many ways in that all of our staff, every
 14 single one that has contact with clients, has to
 15 have 40 hours of domestic abuse training. But
 16 from there there's ongoing services, ongoing
 17 conferences that they have to attend.
 18 And the unique piece to it is that the
 19 HOPE staff are able to not only answer the
 20 hotline, work with crisis counseling, provide
 21 referrals, provide immediate safety planning,
 22 and then ongoing safety training, but all of the
 23 staff members are able to do all of those things
 24 to be able to provide safety for survivors of
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1 abuse.
 2 So no matter where they come from, whether
 3 they're calling from their appointment, whether
 4 they're calling from another state, or whether
 5 they're calling from the other side of the
 6 county, like Polo, how do we help you to be able
 7 to access the services to keep you safe?
 8 There are times that right now we will do
 9 telephone counseling, because for the victim or
 10 survivor they're still in the situation and
 11 getting to Oregon or Rochelle is not really
 12 feasible. So we'll also do that as well.
 13 So we accommodate to try to keep people
 14 safe, and then also give them options to allow
 15 them to make their choices when they're ready.
 16 Because we all know that making --
 17 shoving somebody or pushing somebody in a
 18 direction of choice making before they're ready
 19 usually backfires. So we work with them to be
 20 safe in the meantime.
 21 And then we have regular clients that come
 22 through to see our counselor on a weekly basis
 23 in Oregon and Rochelle and follow through for
 24 that maintenance, to work for the trauma that
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<p style="text-align: right;">Page 13</p> <p>1 they have experienced, to be able to learn a 2 little bit more about abusive personalities and 3 what to look out for in the future, how to be 4 able to work with their children, the trauma 5 that they have experienced, understand where 6 their children are coming from, how to be able 7 to navigate. 8 But probably most importantly is how do 9 you navigate an abusive ex-partner who is still 10 going to be in your life, especially if you have 11 children. So they're still going to have visits 12 in most cases, and what kinds of things can you 13 learn to work with your children so that they 14 are learning healthy and respect and kindness 15 towards others so that they can grow up to be 16 functional. So when our clients follow through, 17 that is really the focus. 18 In the success story or the survivor story 19 that's in the packet that we provided, it gave a 20 really good example of what our staff will do 21 from beginning to end and how we're not just 22 navigating the emotional trauma, we're also 23 looking at some of the physical. We're looking 24 at trying to keep them healthy and making the In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 15</p> <p>1 likely. But the blood flow, the lack of oxygen 2 to the brain, is where the largest physical 3 consequence is, and it happens very quickly. 4 There's a timeline that we developed for the 5 trainings that we do, and that is about a minute 6 and a half of what it takes -- what happens to 7 the body, what happens to the brain, in a minute 8 and a half. At a minute and a half there's 9 brain death or death. Defecation, urination, 10 and the very high probability that there is 11 internal injury to the carotid artery if there's 12 enough pressure put on. And those small 13 tearings in the artery is really what 14 researchers and the training institute that we 15 get training at got the medical research that 16 shows that those small tearings develop clots, 17 and those clots can loosen up at any time, and 18 that can be immediate or that can be years 19 later. 20 So the risk of stroke is a lot higher for 21 anyone that's been strangled and especially our 22 clients that have been repeatedly strangled. 23 Surprisingly our clients that have come through 24 the door and have talked to us about In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 14</p> <p>1 referrals to medical so that they can take care 2 of their internal injuries, as well as their 3 external injuries. 4 So in that safety planning process 5 staff -- I discussed with you all at meetings 6 about the strangulation piece, and all of our 7 staff are getting a lot more training on 8 strangulation and the consequences of that 9 physically and then, of course, the trauma that 10 goes along with it as well. 11 So I'll open it up for questions, I guess, 12 and you can ask me what you would like to. 13 MR. HEAD: What are the consequences of 14 strangulation? 15 MS. CARTER: Well, the most important and 16 foremost is that usually there's not any 17 external visible injuries with strangulation. 18 So law enforcement and emergency responders may 19 not see actual bruising or marks around the 20 neck. In some cases there are, in more severe 21 cases. 22 But so, again, strangulation occurs, 23 you're cutting off the blood flow from both the 24 arteries, as well as their passageway most In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 16</p> <p>1 strangulation have been strangled more than 2 once. It's not a one-time thing. 3 So we're working with them now to be able 4 to understand the medical, physical kind of 5 consequences of strangulation so that they can 6 get checked out, so they can get a CT scan so 7 that you can see the possible internal injuries 8 from previous strangulations. 9 We want to hopefully get into the hospital 10 here soon, the ER in Rochelle, and training 11 their emergency staff on what those are and why 12 are we referring people over to their doctor or 13 emergency room right away. 14 MR. HEAD: Strangulation is kind of like 15 being killed. 16 MS. CARTER: What our clients share with 17 us is that for somebody you care about and love, 18 are supposed to love and care about you, looking 19 in their eyes while they're sucking the life out 20 of you literally is traumatic to a different 21 level. 22 MR. HEAD: Sure. 23 MS. CARTER: And so that trauma that comes 24 with that is -- there's also memory loss though, In Totidem Verbis, LLC (ITV)</p>

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1 which is interesting. So when you shut off that
 2 process of oxygen to the brain long enough, the
 3 hippocampus doesn't record memories like it
 4 would from other types of abuse, like hitting,
 5 punching, that type of thing.
 6 Some of our clients, they can't remember.
 7 So law enforcement gets there, and they can't
 8 remember. They're blurry and they're lost and
 9 it looks a little bit like either they're being
 10 difficult or substance abuse or things like
 11 that. In many cases that's not the case.
 12 MR. HEAD: Going to your numbers, so it
 13 looked like you had about -- you're about on
 14 target for the number of clients that you
 15 anticipate, but there's maybe more services
 16 provided and that's -- I think that's, in
 17 particular, in court advocacy. Can you kind
 18 of -- what's your impression about that?
 19 MS. CARTER: So our court advocacy
 20 services have remained steady and increased to a
 21 certain extent over the past couple of years.
 22 The theory of that is, is that more people are
 23 becoming aware of their options and that more
 24 education is out there in the public about what
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1 there is. Law enforcement are far more trained
 2 than they used to be on making those referrals.
 3 Sometimes those referrals are more forceful at
 4 times and saying, You have to get an order of
 5 protection. Let me explain: It's not a
 6 have-to; it's a choice.
 7 But they're doing so much better and I
 8 think they're a little more aware of our
 9 services than they were. I think it's more
 10 acceptable in our society now to follow through
 11 and protect yourself from an abusive partner
 12 than it was five years ago, ten years ago.
 13 It has to do with our court advocacy as
 14 well. Kelly Kemp and Ashley Peck are court
 15 advocates, and they do a great job. They will
 16 be with them all the way through the process.
 17 So it's that immediate -- and then our
 18 clients make referrals. So they know somebody.
 19 They move on, they provide a referral, they say,
 20 Call HOPE.
 21 MR. HEAD: Sure. Do you use volunteers?
 22 MS. CARTER: We use volunteers at our Hope
 23 Chest store, then we also have one or two
 24 interns a year through different colleges. So
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1 NIU, Aurora University are the two main. We
 2 have had some other universities as well. So
 3 yeah, they volunteer their time. Then, of
 4 course, our board all volunteers. They provide
 5 their volunteer services at Hope Chest as well.
 6 MR. HEAD: On Page 11, you got number of
 7 children served, number of adults served, number
 8 of the orders of protection. I would like to
 9 see 2016, 2017 --
 10 MS. CARTER: Sure.
 11 MR. HEAD: -- for those numbers, how they
 12 compare.
 13 MS. CARTER: Do you want 2015 calendar
 14 year, 2016 calendar year?
 15 MR. HEAD: No, I think just 2016, 2017,
 16 2018. And if you could break out, you know,
 17 kind of numbers of service hours, like kids,
 18 adults, and orders of protection for those
 19 years.
 20 And it looks like you're only going for a
 21 \$3,000 bump, and that's just about the rate of
 22 inflation. You're not asking for a whole lot
 23 more money. Why is that?
 24 MS. CARTER: I think we're trying to be a
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1 little realistic in the sense of looking at the
 2 last several years for Ogle County what really
 3 they've offered, and then, you know, for us to
 4 ask for an absorbent amount, didn't feel like
 5 that was probably wise.
 6 But obviously if, for whatever reason,
 7 some kind of large increase happens in Ogle
 8 County, we can always use more, yeah.
 9 MR. HEAD: Right, right, right.
 10 And I think you had some numbers -- did
 11 you have numbers for the whose bucket you filled
 12 today in terms of number of hours and number of
 13 students? Is that on a particular page?
 14 MS. JOHNSON: Oh, the fill a bucket?
 15 MS. CARTER: Yeah, I didn't think to
 16 include what we put in the application for fill
 17 a bucket, but in the application it does say how
 18 many students. That's exactly how many students
 19 we provide books to. So it wasn't an estimate,
 20 that was an actual count.
 21 MR. HEAD: That's great.
 22 MS. CARTER: So the books were all
 23 distributed to the Rochelle schools. So it's
 24 pre-K through first grade, and so that's
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1 Rochelle elementary schools, the Rochelle
 2 Childcare Center, and HOPE of Ogle County as
 3 well. So pre-K as well. So at least a couple
 4 different pre-K. There's Head Start and then
 5 there's a pre-K through Lincoln Elementary in
 6 Rochelle as well.
 7 MR. HEAD: Do you think you have the
 8 evidence to look to an expansion of that program
 9 to other areas?
 10 MS. CARTER: The rest of the outcome
 11 measures will be coming in probably at the end
 12 of the school year. So we asked the teachers to
 13 fill out three outcome measures, one just to see
 14 the likelihood of how much they'll use the book
 15 in the classroom with additional activity, and
 16 the second two were more kind of what's your
 17 experience, do you believe that would be helpful
 18 types of questions. So the last one will be
 19 towards the end of the school year to see what's
 20 been successful for the classrooms.
 21 So far we have had positive feedback
 22 from -- not every teacher has said, which I
 23 expected. It's not something they were required
 24 to do. They were all provided a binder with the
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1 materials. But several have -- have good
 2 feedback from the teachers.
 3 MR. HEAD: Expansion to other towns, to
 4 other communities?
 5 MS. CARTER: Potentially, yeah. The only
 6 probably drawback is time.
 7 MR. HEAD: Sure.
 8 MS. CARTER: It's having the time to
 9 distribute and monitor administratively more so
 10 than anything.
 11 MR. HEAD: Well, you know I'm very fond of
 12 that program and appreciate your creativity and
 13 willingness to step out with that. That's all I
 14 have.
 15 Tracy?
 16 MS. BROOKS: What percentage of your
 17 clients are Hispanic?
 18 MS. CARTER: We have about, I want to say
 19 this past fiscal year -- I just did this for
 20 another grant -- I believe it was 14 percent
 21 this past fiscal year. But in previous years
 22 it's been 18 and 19. It slowed down this past
 23 fiscal year, but some of our other services did
 24 too.
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1 So I think how many people were coming
 2 through the door, that was partly, I think, from
 3 the struggle from the knowledge that people
 4 thought, you know, all the services weren't
 5 available in '17. And it was, you know. So
 6 we're picking that back up again.
 7 MS. BROOKS: Do you feel that your agency
 8 is meeting the needs of the community?
 9 MS. CARTER: Yeah, I believe so. I think
 10 that our name is out there, a lot more exposure
 11 than we used to. Started as, you know, the
 12 philosophy, I guess, 10 years ago that we're so
 13 confidential with our services, and not many
 14 people knew of our services. And we changed the
 15 philosophy somewhat in saying, we're
 16 confidential services but we need people to know
 17 we're here.
 18 So we do the fundraisers like Cinco K and
 19 getting out, doing presentations to different
 20 groups more so than we have in the past and
 21 different events.
 22 So yeah, I believe so. I would like to be
 23 able to provide more access for more counseling
 24 services, and I think that's tough. How do you
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1 reach those who are isolated in a way that you
 2 could still -- short of being on television, you
 3 know, for those who are so isolated in their
 4 abusive relationships to reach out and get help
 5 and to call. So part of it is spreading the
 6 word and people being aware. It's still an
 7 ongoing challenge.
 8 I think there's still more avenues to look
 9 at, how do we get our materials out there
 10 better?
 11 MS. BROOKS: I was thinking in terms of,
 12 do you ever have to turn people away because you
 13 don't have enough beds?
 14 MS. CARTER: You know, that hasn't
 15 happened for about a year, thank goodness.
 16 So -- but, yeah, there is -- when we're full,
 17 what we do is we make referrals to the nearest
 18 domestic violence shelter. So there's Remedies
 19 in Rockford, there's DeKalb, there's YWCA in
 20 Sterling, and then kind of further to the
 21 suburbs usually, because that's a shorter
 22 distance.
 23 So we work with our clients. If we're
 24 full, we'll work with them and say, Let's make
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1 some calls.
 2 MS. BROOKS: That's all I have.
 3 MR. HARP: Well, I like your chart on Page
 4 12. It just helps me visualize, you know, what
 5 you do.
 6 MS. JOHNSON: The pie chart.
 7 MS. CARTER: That was a challenge for me.
 8 Yeah, I like visuals too. At the last funding
 9 hearing I think someone had mentioned it would
 10 be nice to see it broken out differently. It
 11 was a little bit visually challenging, what we
 12 had last year.
 13 MR. HARP: I also think that what you guys
 14 do is just extremely important, and difficult, I
 15 would think. It must be really incredibly
 16 stressful at times. I'm wondering if you have
 17 anything in place to kind of help staff deal
 18 with that and try to get away from burnout and
 19 how you approach that?
 20 MS. CARTER: Yeah, it's very important.
 21 Self care is kind of like the hallmark of making
 22 sure that your counseling services and other
 23 services remain in place and your staff don't
 24 get burnout.
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1 So a couple different things that we do.
 2 Every Tuesday we have a case management, and
 3 that allows staff to be able to talk together
 4 about clients that --
 5 MS. JOHNSON: Talk louder.
 6 MS. CARTER: Sorry.
 7 Every Tuesday we have case management. So
 8 that means staff come together during the day
 9 and talk about each case, new case, as well as
 10 the shelter client cases. Then every Thursday
 11 we have shelter case management review with just
 12 mainly the counselors, those who are working
 13 directly with the shelter clients, during the
 14 day.
 15 We do a note so that all of our evening
 16 staff and weekend staff review what we have
 17 talked about and sign off on that and understand
 18 anything that we have talked about in our staff
 19 meetings, which are twice a month.
 20 Our shelter coordinator works with our
 21 shelter staff in the evening and weekends to
 22 provide support for them and supervise them,
 23 because they're not there during the day with
 24 the rest of us.
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1 Let's see, we do a good job with doing
 2 additional things like birthday parties and dip
 3 days.
 4 MS. JOHNSON: Dip day, and just morale
 5 boosters. And we're all pretty -- we're close
 6 knit. I mean, if somebody's having a hard time,
 7 they don't hesitate talking about it. I mean,
 8 they need to vent too.
 9 Or you get a client that calls and you
 10 worry so much and then they don't call back, and
 11 you can't call them. That's probably the
 12 hardest for some of them, because they sit there
 13 and they worry about this individual, you know.
 14 MS. CARTER: Yeah, it's providing -- we
 15 have a good combination of newer staff and staff
 16 that have been there a lot longer, and some of
 17 us old-time staff provide that kind of support
 18 and knowledge of if this person doesn't call
 19 back, they will later. You have given them the
 20 tools, you have given them the information, you
 21 have given them some safety plans, you have
 22 given them some knowledge.
 23 So trying to encourage our new staff to be
 24 able to say this eventually will come full
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1 circle for a lot of our clients, it's just not
 2 always on our time.
 3 MR. HARP: So you do have a lot of
 4 long-time staff. How is your retention rate?
 5 MS. CARTER: We do a good job. I guess
 6 I'm surprised always with our shelter staff
 7 because they're working different hours, like
 8 second shift and third shift and fill-in hours
 9 filling in when other staff is taking off, and
 10 that isn't always easy, those odd hours, and
 11 overnights are challenging for anybody who does
 12 the work.
 13 So, you know, it's -- I think a lot of our
 14 staff that are continually there it's -- I feel
 15 like once you have the knowledge and begin to
 16 get the experience and you know how to be able
 17 to support somebody in these types of
 18 situations, it's kind of a mission. You really
 19 take it in as something that is kind of your
 20 calling. So we have been lucky with that.
 21 I think, you know, the hiring process has
 22 gotten much better too. You know, you're really
 23 looking for certain personality types. Certain
 24 people are looking to do this type of work.
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1 MR. HARP: I can imagine you kind of
 2 develop an inkling for that.
 3 MS. CARTER: Over time, yeah, you do.
 4 You're looking for what -- it's not just a small
 5 steppingstone to get to the next job. This is
 6 something that I want to do type of work.
 7 MR. HARP: Let's see, on the part of
 8 funding, RACF, I didn't know who that was.
 9 MS. JOHNSON: Rochelle Area Community
 10 Foundation.
 11 MS. CARTER: Did I not spell that one out?
 12 Sorry about that. Usually I try to do a good
 13 job of putting that in parentheses.
 14 Yeah, that's Rochelle Area Community
 15 Foundation.
 16 MR. HARP: Foundation, okay.
 17 MS. CARTER: They provide -- we apply
 18 every year for different grants. So this year
 19 they were the ones that provided us a grant for
 20 the Strangulation Institute to be able to come
 21 to Illinois -- strangulation prevention.
 22 MR. HARP: Was there a particular reason
 23 why strangulation has become, like, an issue
 24 right now?
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1 MS. CARTER: I think what really happened,
 2 the big change was in 2000- -- oh, shoot, '16 or
 3 '15 the law changed. Maybe it was '14. Time is
 4 flying. The law changed in Illinois for
 5 strangulation to become a felony. Before that
 6 it was not a felony, which is hard to believe,
 7 but it wasn't. It was a misdemeanor charge.
 8 From there is where we provide -- we
 9 started to provide small trainings on
 10 strangulation with law enforcement, and we
 11 brought in a trainer when the law passed at that
 12 time, and she talked about strangulation with
 13 law enforcement, social service providers at the
 14 time, and it kind of built from there.
 15 When we had the opportunity through the
 16 VOCA funds to go to an actual training from the
 17 professionals who have been working at this for
 18 so long, that's when we took advantage of that
 19 and went to Texas for the four-day advanced
 20 course. We learned so much more than, you know,
 21 we thought was out there to learn about it. It
 22 provided us not just the training but how to
 23 bring it back and train others and also how to
 24 become, in a sense, experts in that area.
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1 So if the State's Attorney's Office would
 2 need an expert witness, we can come in and
 3 provide that type of service, if the person is
 4 not our client, so -- which is a little bit of a
 5 struggle. But we can go to other counties and
 6 provide that service as well.
 7 MR. HARP: The part about effectiveness --
 8 let's see, read my own writing here. Oh, yeah,
 9 so you have a short outcome measures survey,
 10 very high percentages on that. I'm curious how
 11 that was developed or if it was something off
 12 the shelf or did you develop it yourself?
 13 MS. CARTER: No, it was off the shelf.
 14 It's our State outcome measure as well as our
 15 coalition outcome measure. So the State of
 16 Illinois, our funders, as well as the Illinois
 17 Coalition Against Domestic Violence, came up
 18 with those outcome measures for all agencies
 19 that are funded throughout Illinois. We're
 20 required to administer those outcome measures.
 21 So what we do is, the counseling staff,
 22 the shelter staff, as well as the court
 23 advocates and our Latina advocate, and then
 24 support groups, we all have a different outcome
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1 measure. And our children's services has an
 2 outcome. The only one that's done differently
 3 is our children's. The counselors ask the
 4 questions to be able to get the responses.
 5 All the adults do them, and we have to
 6 tally them up and put them into the format
 7 system. Our data entry staff does that.
 8 So, yeah, they're questions, twofold, to
 9 see how our services -- to really monitor where
 10 our services are doing well, where we can get
 11 better, but also to be able to provide knowledge
 12 to our funders, to our representatives in the
 13 state to see what we can do.
 14 MR. HARP: Are you surprised to get such
 15 high percentages?
 16 MS. CARTER: Not with the questions that
 17 are asked. The questions that we're asking of
 18 them are stuff that we are doing. Where we see
 19 some of the negative responses sometimes is the
 20 shelter clients who we have to exit for various
 21 reasons. Usually that's because they have done
 22 something that is either unsafe or they have not
 23 worked on any goals while they're at shelter
 24 and, you know, with staff motivation, and we
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1 have to ask them to leave and to move on. So
 2 sometimes we'll get a negative response.
 3 MR. HARP: Are they yes/no questions or
 4 rate on a scale?
 5 MS. CARTER: Yes, they are yes/no.
 6 MR. HARP: So the two question children's
 7 outcome measure is also a State device?
 8 MS. CARTER: Yes.
 9 MR. HARP: Okay. And, let's see, the Age
 10 and Stages Questionnaire for parents and
 11 children, can you describe how that was
 12 developed?
 13 MS. CARTER: Well, Ages and Stages is a
 14 questionnaire that any social service agency can
 15 do. So our children counselors adopted that.
 16 We're required to do it, actually. Delphine,
 17 our children's counselor, had already been doing
 18 that at the other agency she had worked at.
 19 It's really to gauge if there's learning
 20 deficiencies, developmental deficiencies that
 21 maybe need to be referred on to other services
 22 as well, so that we're catching it at those
 23 young ages so they can get the referrals from
 24 the start and not find out that five years ago
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1 this child has a delay. So that's Ages and
 2 Stages.
 3 The trauma assessment is one that our
 4 coalition developed for all domestic violence
 5 agencies to administer with our children that we
 6 serve.
 7 MR. HARP: So is it a measure of progress
 8 or is it more of a screening device for further
 9 services?
 10 MS. CARTER: Screenings. Yeah, the trauma
 11 can be for referrals, but it's also to measure
 12 kind of where they're at with trauma. So it
 13 helps our children's counselors to be able to
 14 better serve.
 15 MR. HARP: So you have a pretest and
 16 post-test?
 17 MS. CARTER: No, I don't believe there's a
 18 post-test for the trauma. That might be
 19 something that they'll thinking about down the
 20 road, because that makes a lot of sense.
 21 The Ages and Stages is more -- you can
 22 do -- I believe the Ages and Stages you can do
 23 with that, to be able to see where they're at.
 24 Because there's children who come through that
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1 are so traumatized that they are not necessarily
 2 delayed, it's because they have been so
 3 traumatized, and they need that help and support
 4 to be able to work through it, and then -- so I
 5 believe you administer that again.
 6 But mainly it's to be able to say, Okay,
 7 we're catching something from the beginning so
 8 we can make referrals to the right agencies and
 9 get some additional screening.
 10 MR. HARP: Thank you. I'm done.
 11 MS. BOWERS: On your budget on Page 20 you
 12 have bank service charges, \$1500. What are they
 13 charging you for?
 14 MS. JOHNSON: This is for our thrift
 15 store. When they use the credit card, you know,
 16 this is what they charge. Like, for one month
 17 it's 200-and-some dollars. Every time somebody
 18 uses this and they deposit funds into our
 19 checking account, they charge you.
 20 MS. BOWERS: They charge you that much?
 21 MS. JOHNSON: They charge us a lot.
 22 MS. CARTER: That's why sometimes when
 23 you'll go into a small store, a local store,
 24 they'll encourage you to use cash.
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1 MS. JOHNSON: Alfano's Pizza, I mean, they
 2 charge you less if you use cash. They really
 3 do. Because they charge so much for those -- I
 4 believe it's 3 percent or higher that they
 5 charge for that.
 6 MS. BOWERS: Huh.
 7 MS. JOHNSON: Yeah, it's not fun.
 8 MS. BOWERS: You'd think in this day and
 9 age of using credit cards and debit cards they
 10 wouldn't charge you that much.
 11 MS. JOHNSON: Because it goes to a
 12 separate service, and then that service deposits
 13 into the bank.
 14 MR. SIGLER: Talking about the same bank,
 15 I only got 2 percent out of them that I lent
 16 them money. So now when I come back, we're
 17 going to get a lot more serious.
 18 MS. BOWERS: Do you ever see any pitfalls
 19 or lack of communication between your counselors
 20 and the court systems?
 21 MS. CARTER: The counselors don't --
 22 MS. BOWERS: Or advocates.
 23 MS. CARTER: -- really work as directly
 24 with the court systems. Where the lack of
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1 communication can be is with the DCFS system,
 2 the Department of Children and Family Services.
 3 MS. BOWERS: Do they even talk to you?
 4 MS. CARTER: They do. Their requirement
 5 is to contact us, and they will follow through
 6 with those hotline calls. The problem isn't
 7 with the hotline calls in the initial
 8 investigation, it's right after the
 9 investigation what doesn't get communicated, and
 10 there's not an open stream -- there's not an
 11 offering from DCFS for there to be an open
 12 stream of communication. We can, but we can
 13 never get ahold of anybody. So unfortunately,
 14 with some of our serious cases that's been more
 15 of a trouble.
 16 But our State's Attorney's Office and our
 17 victim advocate and Shining Star and all those
 18 other agencies that work with child abuse,
 19 they're amazing. Just sometimes that DCFS
 20 system slows things down or isn't present, and
 21 then our court system needs them to be present
 22 in order to solidify a case.
 23 That's part of their process though. They
 24 say they can't be there in the investigation
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1 stage. They won't go to court. So they'll make
 2 a lot of referrals, saying protect your
 3 children, but then they are not there to back
 4 you up when you get to court.
 5 Does that make sense? That's the way
 6 their system works. It's not an individual case
 7 work, investigator flaw. It's more about what
 8 DCFS doesn't do.
 9 So that would be, I would say, an area
 10 that we would love to see improve. A lot of
 11 that has to do with the accuracy of the system,
 12 not so much the individual agencies.
 13 MS. BOWERS: That's all I have.
 14 MR. SIGLER: I want to compliment you.
 15 You do wonderful work down there. I have been
 16 to visit your facility on more than one
 17 occasion, and sometimes the folks who are living
 18 there on a temporary basis have come out and
 19 said hi. That really impressed me.
 20 And I don't see why you're asking for
 21 money this year. The Sigler/Zimmerman group
 22 showed up down there at your shift store. I
 23 went down there for a brief hearing on
 24 discipline, and my wife and daughter went over
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1 there and the trunk was full.
 2 MS. CARTER: It's amazing what you can
 3 find for cheap.
 4 MR. SIGLER: Oh, she loves shopping there.
 5 On a very serious note, one of the
 6 problems -- we can talk about all those, oh,
 7 follow-ups here, here and here. I judge it -- I
 8 like to keep things very simple. When I say
 9 simplistic, I do this in my hearings also. Give
 10 me a lot of investigation that maybe to some
 11 doctorate is germane, but to me, as a field
 12 arbitrator, is not germane.
 13 You have people and you're reacting to a
 14 situation. Somebody got the you-know-what
 15 knocked out of them, someone is running from
 16 some SOB, as my wife said. Here's the problem:
 17 I've got to go back. I have got nowhere else to
 18 go. She was a child.
 19 What's your recidivism rate? That, to me,
 20 as a judge, is something that is extremely
 21 important. What happens to these women? And
 22 men too? Don't want to forget them.
 23 Because when they go through your system,
 24 which I think very highly of, and then they're
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1 out on the street -- not out on the street --
 2 well, yes, out on the street, and they have got
 3 a choice -- do I go back with him or her and
 4 have to live under those conditions -- what
 5 services do you offer there?
 6 MS. CARTER: So the services that we offer
 7 as far as counseling services are for any of our
 8 clients, whether they go back or not. So we
 9 encourage if they're going to make those choices
 10 to return that they continue services in some
 11 form and get some support, because that holds
 12 their abusive partner accountable and it also
 13 keeps them safe.
 14 Oftentimes it's very difficult to do it.
 15 One of the challenges of domestic abuse is the
 16 abusive personality is so dominating and
 17 controlling and manipulative that they really
 18 truly do -- 24/7 they are thinking about how to
 19 control the situation, and they're really good
 20 at it.
 21 And so what a lot of people don't
 22 understand is they won't be able to recognize
 23 abusive personalities, you know, at a party or
 24 walking down the street. This is a person that
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1 knows how to hide it.
 2 So the men and women who are abusive
 3 really do spend the majority of their time
 4 trying to figure out how to control their
 5 ex-partner or their current partner and previous
 6 partners at the same time. So they're really
 7 good at what they do, and it makes it very
 8 difficult for victims and survivors to stay away
 9 and not return.
 10 The biggest factor in returning is
 11 children. The fear of, when I separate from
 12 this person what's it going to be like for my
 13 children as they go on visits, is probably the
 14 most terrifying piece for our clients. The
 15 legal system process in Illinois is not strong
 16 enough yet to protect children who have been
 17 abused or witnessed domestic abuse.
 18 So that's a terrifying prospect for a lot
 19 of our clients. We work with them on that and
 20 in trying to figure out ways how to keep your
 21 children as safe as possible.
 22 Financial is another one. Financial
 23 resources are available. So when you have
 24 everything investigated into one person
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1 financially, to be able to make it on your own,
 2 no matter who you are with, doesn't matter if
 3 they're abusive or not, is a struggle. But then
 4 you add an abusive personality that has control
 5 on that, that makes it even more of a challenge.
 6 Then housing resources in Ogle County are
 7 not as strong as they need to be. Meaning,
 8 there's not enough affordable housing in Ogle
 9 County for individuals who are single parents to
 10 be able to survive, and that's always going to
 11 be a challenge. We're working on that slowly.
 12 So those are probably the main pockets.
 13 And fear, you know, fear of what is this person
 14 going to be like when I leave here, what they're
 15 going to do.
 16 But going back, as far as recidivism, we
 17 don't keep track of a statistic of recidivism
 18 because we know it's part of the dynamic of
 19 domestic abuse. We do our best to help them to
 20 not, but we also know that it's their choice.
 21 If we're there for them, no matter what, even
 22 what stage they're at, that they always will
 23 feel welcome to come back. So it's really
 24 important to keep that stance of, you can come
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1 back at any time. Call anytime. Doesn't
 2 matter. So that if they make that choice to go
 3 back, then they know --
 4 MR. SIGLER: They do have a safe house, is
 5 what you're saying?
 6 MS. CARTER: And services. Yeah, they can
 7 call anytime, we're there. So that's an
 8 important piece to help this population.
 9 MR. SIGLER: Please don't misunderstand
 10 me. I do not criticize you. I think what you
 11 do down there is outstanding. If the laws
 12 cannot be enforced -- it's just like an order of
 13 protection. My wife, as a small child -- it's
 14 worth the paper it's printed on, nothing, when
 15 mama went home.
 16 MS. CARTER: You know, orders of
 17 protection --
 18 MR. SIGLER: The laws aren't there.
 19 MS. CARTER: Yeah, the orders of
 20 protection are -- there's a myth that -- to a
 21 certain extent there's a myth, I should say.
 22 They're only as good as the follower from law
 23 enforcement and the survivor.
 24 So accountability for abusive
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1 personalities is where our society lacks. If
 2 there was more accountability for abusive
 3 behaviors towards adults and children, we
 4 wouldn't have as much. So with law enforcement
 5 being better trained and responding to the
 6 violations of an order of protection and arrests
 7 being made, we do see changes, we do see
 8 accountability happen.
 9 But it is only as strong as our clients
 10 being able to call police when it's violated, as
 11 well as law enforcement following through with
 12 the actual arrest, and the accountability of the
 13 State's Attorney to hold that person
 14 responsible.
 15 MR. SIGLER: Thank you very much. And I
 16 compliment you on what you do. Thank you.
 17 MS. WILSON: Hi.
 18 MS. CARTER: Hello.
 19 MS. WILSON: Thank you so much for being
 20 here in this county. It's such a needed
 21 service. I'm glad you're here.
 22 I've got a couple of questions on this
 23 county budget, Page 20. The rent of \$7500, is
 24 that Oregon?
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1 MS. JOHNSON: That's the place in Oregon,
 2 and also we have a storage facility that's in
 3 Rochelle that we get donated furniture and
 4 things like that. So when we have a shelter
 5 client that moves out, we can help furnish their
 6 home for them.
 7 MS. WILSON: Okay.
 8 MR. SIGLER: Don't tell my wife that.
 9 She'll never come home.
 10 MS. WILSON: And then under communication,
 11 \$11,000 for communication, what does that mean?
 12 MS. JOHNSON: That is our phone lines, our
 13 internet services for both places, and the cell
 14 phones for the court advocates so we can reach
 15 them. Because they'll be over here in Oregon,
 16 and we'll get a call from somebody that says, We
 17 need to get an OOP right now. So we need to
 18 give them a heads up that somebody is coming.
 19 We're working on getting texting so people
 20 can text, because for some people it's easier to
 21 text.
 22 MS. WILSON: Yeah, it's a lot easier to do
 23 that secretively. You can go to the bathroom
 24 and text where you can't talk and be heard.
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1 MS. JOHNSON: Yeah, we're working on that.
 2 MS. CARTER: Hopefully able to. But our
 3 Illinois Domestic Hotline does have texting
 4 capability. So we are letting our clients know
 5 that. And they will patch us through for
 6 someone who calls to our area.
 7 MS. WILSON: Those were my only questions.
 8 I enjoyed getting the --
 9 MS. CARTER: Our yearly newsletter.
 10 MS. WILSON: Yeah. Very nice. Thank you.
 11 MS. TYNE: What is the average length of
 12 stay for someone in your shelter?
 13 MS. CARTER: So our -- what we say from
 14 the beginning, when our clients call, is our
 15 stay is 1 to 45 days, although if you're working
 16 on a goal and you have housing available
 17 shortly, we can extend that stay. And sometimes
 18 we'll extend that stay three to four months if
 19 needed, if that person comes in with no
 20 resources and it takes a while to build all
 21 their resources and they are working on their
 22 goals.
 23 But I would say the average though from
 24 the clients that do come to the shelter and
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1 leave, I would say about 30 days is the average.
 2 Because you do have some clients that come and
 3 stay for -- just they need safety for the
 4 weekend or they're getting the order of
 5 protection and they're going to go home. That's
 6 ultimately -- if they can do that and afford the
 7 home they're living in, that's the ultimate
 8 goal, is not to be in the shelter, and go back
 9 into your own home.
 10 MS. TYNE: Quite often people may contact
 11 you but really not do anything. They contact
 12 you again and again. How many -- about how many
 13 contacts does it usually take for someone to
 14 actually come in and avail themselves to your
 15 services?
 16 MS. CARTER: For our services, I would say
 17 for contacts to HOPE, we have some clients it's
 18 the very first time they call, follow through
 19 and they do. But most of the time I would say
 20 it's about five or six contacts before they may
 21 have taken a big step, whether that's coming to
 22 the shelter or getting an order of protection or
 23 leaving an abusive situation.
 24 MS. TYNE: Are most of the aggressors
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1 mentally ill?
 2 MS. CARTER: No. No. That's a very good
 3 question. Thank you. Some of the myths with
 4 domestic abuse is that the cause of abusive
 5 behavior is either mental illness or substance
 6 abuse, and you can have both at the same time.
 7 So there's myths out there that the reason
 8 they do it has to be because they drink so much.
 9 It's not. It's a pattern of power and control.
 10 It's an abusive personality. It's something
 11 that's developed usually from teen years on.
 12 Not always. Sometimes developed later. But
 13 most of the time it's a pattern of behavior that
 14 people learn and use, and then it's -- so you
 15 use it again and it continues from there.
 16 Sometimes that can come from what they
 17 have done at home, from watching in the home,
 18 but not always. Statistics are higher if
 19 children grew up in an abusive home that, say,
 20 the children of five in a family, that one or
 21 two might come away with being abusive in their
 22 relationships because they have watched it,
 23 learned things, observed it, but not always.
 24 We have a lot of our people that help law
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1 enforcement or people in the community that have
 2 been through growing up in an abusive home who
 3 watched other role models and they're different
 4 because they didn't want to do what they saw
 5 happen in their home. That's how we know it's
 6 not a cause of effect, it's just more of a
 7 matter of how much trauma really is experienced
 8 growing up in home, where the help was, where
 9 the researchers were, if you had any role models
 10 that you could follow. If you observed one
 11 parent that was not abusive and the other one
 12 was, you know, you have that non-abusive parent
 13 to gravitate towards.

14 But, yeah, it's a good question and a
 15 myth. And unfortunately it's a pattern of
 16 learned behavior that's reinforced.

17 MS. WILSON: I'm sorry.

18 MS. TYNE: Go ahead.

19 MS. WILSON: I know you shared a couple
 20 years ago about a young child, a young man, who
 21 was just five or six and he began abusing his
 22 mother, but you were able to counsel him, get
 23 him to the point where he realized, you know,
 24 that wasn't the thing to do. You know, that

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1 story really touched my heart because, you know,
 2 just to imagine what he could have been like
 3 when he was 15 or 20 and what he's going to be
 4 like now because he has more of this
 5 understanding.

6 I think that's one of the biggest things
 7 that you guys do, is that you change people's
 8 lives from an very early age and on. So I thank
 9 you for that.

10 MS. TYNE: You were talking about the fear
 11 that a parent would have of the child visiting
 12 the abusive parent. I'm thinking this might
 13 have something to do with DCFS. Are supervised
 14 visits used less often than they used to be?

15 MS. CARTER: The court system can
 16 establish supervised visits. Usually they are
 17 only in cases where there's been direct abuse to
 18 children and it's proven and such, DCFS and the
 19 court system.

20 Even then, when there's supervised visits,
 21 there's no professional organization who
 22 professionally supervises visits in Ogle County.
 23 So that's a challenge. That's one of our gaps,
 24 is sometimes it's family members and sometimes

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1 it's family members of the abusive person who's
 2 in the area, who's around, who's available to be
 3 able to set up those visits, which isn't ideal.

4 So yeah, we have a long way to go there
 5 too, as well, and seeing the children being in a
 6 safe and emotionally secure environment.

7 MS. TYNE: Does the length of stay at your
 8 facility track the speed at which the abuse
 9 cases are going through the court system?

10 MS. CARTER: We do a service plan. Our
 11 court advocates fill out a service plan so if
 12 they are working with a client that there is an
 13 OOP at the same time, they will track that case.
 14 But not the cases that that client hasn't come
 15 through our doors and the court advocates
 16 haven't provided services of some sort. So
 17 those cases they will follow and put in our
 18 service plan.

19 You can get a lot of information through
 20 oglecounty.org, through the Circuit Clerk's
 21 Office Tab online to follow a case. So even if
 22 they have had direct contact with a client, they
 23 can look up that data. Not just our court
 24 advocate, but our (inaudible), who used to be a

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1 court advocate, she will look up those pieces of
 2 information.

3 Most go through slowly, like most cases.
 4 It's a slow process. It's important to keep our
 5 clients engaged with the State's Attorney's
 6 Office, with the victim advocate, so that they
 7 feel that connection to follow through. Because
 8 over time we get tired. I don't know if I want
 9 to keep on doing this. I don't know if I want
 10 to go back to court and see what happens today.

11 It's also a strategy of the defense
 12 attorney to slow things down.

13 MR. SIGLER: Yes, it is.

14 MS. TYNE: So most of your clients, are
 15 they adults? You know, like, do you have
 16 children that come in?

17 MS. CARTER: So I think I know what you're
 18 getting at. So our adult clients, they bring
 19 their children in for services, but we don't
 20 have individual children without parents come
 21 through unless it's a teen.

22 So we have teens that are in abusive
 23 relationships, and they can come in for five
 24 appointments. That law has just changed in

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1 Illinois to the longer stretch of time. I want
 2 to say it's an hour and a half now, 90 minutes,
 3 that they can come in for five times without
 4 parent consent to be able to get those services
 5 if they're in an abusive relationship.
 6 But we don't provide just counseling for
 7 children, like a child abuse case, without a
 8 parent first being our client.
 9 So obviously we're going to refer out,
 10 when there's child abuse and there's a parent
 11 that -- for whatever reason, which is very rare,
 12 but for whatever reason, when the abuse is
 13 (inaudible) in that relationship, emotionally or
 14 physically, Sinnissippi Centers is usually the
 15 first referral we make for those types of child
 16 abuse cases where there's not domestic abuse
 17 necessarily to the parent. But we have parents
 18 follow through, too. We do help with orders of
 19 protection at times for parents when there's
 20 been no abuse to them, but it's not as often.
 21 Our main focus is making sure that we're
 22 starting at the top there and working with the
 23 parent and the children.
 24 MS. JOHNSON: And our counselor, we have
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1 one that goes to the high school right now
 2 because the high school reached out to one of
 3 our counselors for one of their students. So
 4 she goes and meets with the student on a weekly
 5 basis at the high school, which is really
 6 awesome that they thought to call us.
 7 MS. CARTER: So for teens that can't get
 8 here, counselors have gone to the Oregon High
 9 School as well in the past.
 10 MS. TYNE: Thank you.
 11 MR. HEAD: I have just a few follow-up
 12 questions, comments. Would it be possible for
 13 you to attach a copy of the survey, your outcome
 14 survey --
 15 MS. CARTER: Sure.
 16 MR. HEAD: -- so we can see that?
 17 And how is that survey administered?
 18 MS. CARTER: Sorry. Just writing it down.
 19 MR. HEAD: Sure.
 20 MS. CARTER: So we -- well, different ways
 21 with different services. So the court
 22 advocates, usually after their first contact,
 23 they complete the order of protection process.
 24 They ask if they mind filling out a survey.
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1 They'll put their name on it, things like that.
 2 It's really meant for us to just gauge our
 3 services. It's only as confidential as, you
 4 know, it can be. We don't have, like, a
 5 secretive box that people can drop them into at
 6 our agency.
 7 MR. HEAD: So they're not mailed in
 8 attention to Ruth or something like that?
 9 MS. CARTER: They don't go to me first.
 10 What they do is, they go through a box where
 11 they're collected through our data entry
 12 specialist, and then they are entered into the
 13 Infomat system.
 14 So we have to have, through our State, so
 15 many of each form. We have to make sure they
 16 get completed. So the shelter forms are done at
 17 the exit of shelter. So when they are exiting
 18 shelter, they do exit paperwork and they fill
 19 out their outcome measure and it gets turned
 20 into the box.
 21 MR. HEAD: Are those filled out in the
 22 presence of someone at the shelter?
 23 MS. CARTER: Not those for shelter, no.
 24 Those are done by themselves and then they turn
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1 them in.
 2 MR. HEAD: Are they asked what's missing
 3 in services or what's missing in terms of issues
 4 that might go --
 5 MS. CARTER: We haven't gotten to that
 6 point yet, but it's coming. We have to -- what
 7 are funders are also saying is, it would be nice
 8 for -- to have something in addition to looking
 9 at where improvements can be made, that kind of
 10 thing.
 11 MR. HEAD: Okay.
 12 MS. CARTER: So feedback and, like you
 13 mentioned, a scale that's kind of that one to
 14 five as opposed to that yes or no answer.
 15 So I think down the road our state is
 16 going to do it, but by the time they figure it
 17 out some of our funders are going to be asking
 18 us to do it.
 19 So, yes, it is important. Feedback is how
 20 you notice where there's glitches and where
 21 there needs to be changes.
 22 MR. HEAD: Right.
 23 In terms of probation and parole, do you
 24 feel like your agency gets adequate notice in
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1 changes in someone's status or release from
 2 prison?
 3 MS. CARTER: There is something called
 4 VINELink, which is a service to anybody, doesn't
 5 have to be just the survivor, victim. It can be
 6 for anybody who wants to monitor to see about a
 7 prisoner's release, either from jail or prison,
 8 and that system notifies you. It's an automated
 9 system.
 10 So our court advocates get on there and
 11 they'll put their information to be notified
 12 when we have serious cases. But we encourage
 13 our clients to do it as well. Phone numbers
 14 change pretty quickly.
 15 MR. HEAD: So there's no issues there in
 16 terms of the timeliness or responses or getting
 17 an adequate response?
 18 MS. CARTER: You know, I don't think with
 19 VINELink, no. I think it's pretty automatic in
 20 Ogle County.
 21 MS. WILSON: How do you spell that?
 22 MS. CARTER: VINELink is V-I-N-E, then
 23 capital L-I-N-K.
 24 MR. HEAD: You know, we were talking about
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1 mental health and offenders, and while they may
 2 not have a primary mental health diagnosis, I
 3 would be surprised if they didn't have
 4 personality disorders or what's called Axis IV
 5 and then, you know, substance use as a
 6 precipitant for an episode.
 7 You know, although my understanding is the
 8 same as yours, I mean, the underlying position
 9 is about power. It's about power and control.
 10 Do you -- do your clients have any
 11 vocational counseling or employment needs?
 12 MS. CARTER: Employment needs, always. If
 13 they're coming to the shelter, there's usually
 14 employment needs. Whether that's they have a
 15 job currently and if it's not paying enough to
 16 survive on or whether they're coming in with no
 17 job.
 18 MR. HEAD: How do you address that?
 19 MS. CARTER: We're looking at different
 20 opportunities in the community. If they don't
 21 have a vehicle for transportation, we're looking
 22 at Rochelle specifically. And if they have
 23 vehicle transportation, looking at how to be
 24 able to afford to drive, what do you need to get
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1 paid, and also working the same hours children
 2 are in school or with childcare availability,
 3 which is always a challenge too.
 4 MR. HEAD: Do you link up with an agency
 5 called Best that provides employment?
 6 MS. CARTER: Best is one of the referrals.
 7 Employment Agency in Rochelle is one of the
 8 referrals.
 9 Temp jobs are challenging in that they're
 10 ideally looking for a permanent job, especially
 11 when you have got children and you have to think
 12 about child care and all that. But sometimes
 13 that's not available. So temp work is at least
 14 something to get them started.
 15 MR. HEAD: Couple things that came up in
 16 your audit, and I think that's only been
 17 provided to me, in terms of segregation of
 18 duties and for purposes of tracking and then
 19 internal control preparation financial
 20 statements. Do you have a response to those two
 21 issues?
 22 MS. CARTER: Yeah.
 23 MR. HEAD: If you could prepare that and
 24 send that to me.
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1 Bill, I would like you to take a look by
 2 all this for me.
 3 MR. SIGLER: I certainly will.
 4 MR. HEAD: Just to see if I am
 5 understanding what's going on.
 6 MR. SIGLER: Yes, sir.
 7 MR. HEAD: Okay.
 8 MS. CARTER: Do you all have the
 9 management letter as well as the audit?
 10 MR. HEAD: If it's --
 11 MS. JOHNSON: It's separate.
 12 MS. ZIMMERMAN: I -- everybody didn't take
 13 them. I think I have several at home.
 14 MS. CARTER: I think we turned --
 15 MR. HEAD: I must have missed that.
 16 MS. CARTER: Either way, the management
 17 letter explains the deficiency piece. It is
 18 something that our auditors explain to our board
 19 every year when they come and do their
 20 presentation to our board.
 21 The way that small agencies work -- so
 22 there's Diana, myself, Lana, who does the mail
 23 and the bank deposits, and Marisol helps with
 24 the mail and bank deposits. Because we're
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<p>1 small, there's only so much that you can do at 2 an agency without having three different 3 financial people. 4 MR. HEAD: Right. 5 MS. CARTER: So what we do to make sure 6 that we're looking at our internal controls, is 7 we separate those duties. So Rhonda takes care 8 of all the deposits and entry to the bank. 9 Marisol will take over if she's gone. Mail is 10 the same, so picking up mail from the post 11 office. And I always look at every piece of 12 mail that comes through before it goes to Diana, 13 and I go through the bank statements. 14 And then a board member goes through the 15 bank statements for Hope Chest, as well as HOPE. 16 Goes through all those. So those are double- 17 check systems well. 18 So, yeah, we do what our auditors say is 19 what we can do. 20 MR. HEAD: Yeah. 21 MS. CARTER: I think their response is in 22 that management letter, if that's helpful. 23 MR. HEAD: That will definitely be helpful 24 to me. I'll try and get it from Cecilia. In Totidem Verbis, LLC (ITV)</p>	<p>1 (The hearing was recessed at 2 9:08 a.m.) 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 In Totidem Verbis, LLC (ITV)</p>
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<p>1 I don't have any further questions. You 2 just do an outstanding job. 3 MS. CARTER: Thank you. 4 MR. HEAD: I don't think we can do too 5 much to support you. 6 MS. CARTER: Well, we really appreciate 7 all that you guys provide us. This is -- again, 8 708 funding is one that we can rely on through 9 all of that State crisis. So local County 10 funding is extremely important. 11 MR. HEAD: You have had some pretty 12 challenging ups and downs over the last couple 13 years. So thank you. Thank you so very much. 14 MS. JOHNSON: Thank you. 15 MS. CARTER: Now, when would you like the 16 answers to some of your questions? 17 MR. HEAD: Just, you know, within the next 18 week or so. 19 MS. CARTER: Sounds good. 20 MS. ZIMMERMAN: Ruth, you'll send it to 21 me? 22 MS. CARTER: Yeah, I'll send it to you. 23 MS. WILSON: Are we in recess now? 24 MR. HEAD: We are recessed. In Totidem Verbis, LLC (ITV)</p>	<p>1 OGLE COUNTY 2 COMMUNITY MENTAL HEALTH BOARD (708) 3 In the Matter of the Application) 4 of) 5 HOPE) 6) Ogle County 7) Sheriff's Office 8 Ogle County, Illinois.) Oregon, Illinois 9) May 8, 2018 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 13th day of 19 May, 2018. 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 In Totidem Verbis, LLC (ITV)</p>

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1 OGLE COUNTY
 2 COMMUNITY MENTAL HEALTH BOARD (708)
 3 In the Matter of the Application)
 4 of)
 5 Sinnissippi Centers, Inc.) Ogle County
 6) Sheriff's Office
 7 Ogle County, Illinois.) Oregon, Illinois
) May 10, 2018

8
 9 Testimony of Witnesses
 10 Produced and
 11 Examined on this 10th day
 12 of May, 2018,
 13 before the Ogle County
 14 Community Mental Health Board

15 BOARD MEMBERS PRESENT:
 16 Kathleen Wilson
 17 William Sigler
 18 Lowell Harp
 19 Tracy Brooks
 20 Dorothy Bowers
 21 Margaret Tyne
 22 Nick Head, Chairman

23 Cecilia Zimmerman, Secretary
 24 Reporter: Callie S. Bodmer

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1 MR. HEAD: Ladies and gentlemen, good
 2 morning. Welcome back from recess.
 3 And can you take roll call?
 4 (Roll call was taken.)
 5 MR. HEAD: All right. Very good.
 6 MS. ZIMMERMAN: You need to introduce --
 7 MR. HEAD: Yes, we have a new Board member
 8 with us, Margaret Tyne, who we're happy to have.
 9 Patrick, perhaps you and your staff can
 10 introduce yourself to Margaret.
 11 MR. PHELAN: Sure. Patrick Phelan. And
 12 Margaret and I have run into each other a couple
 13 times.
 14 MS. TYNE: I think I know them better than
 15 I know these people.
 16 MR. HEAD: Okay.
 17 MR. PHELAN: And especially maybe the lady
 18 next to me.
 19 MS. GOOD: Margaret, I'm Teresa Good. I
 20 saw you just yesterday, not even 24 hours ago,
 21 so. I am the agency's chief financial officer.
 22 MS. KEMP: I'm Stacie Kemp. I'm the chief
 23 clinical officer.
 24 MS. WHITE: And I am DeAnne White. I'm
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1 the chief operations.
 2 MR. HEAD: Thank you for playing through
 3 on that.
 4 All right. Well, we're going to start out
 5 with you making any introductory comments that
 6 you would like to make, and then we'll go
 7 around.
 8 And, Margaret, if it's okay, we'll start
 9 with you this morning to ask questions, or you
 10 can ask Dorothy to start.
 11 MS. TYNE: Well, I have no problem
 12 asking -- going first, as long as I can ask
 13 others if I want to.
 14 MR. HEAD: Absolutely. Absolutely.
 15 Patrick?
 16 MR. PHELAN: I'll keep my introductory
 17 comments brief.
 18 You know, as always, I just want to thank
 19 you. I joked a minute ago about, you know, all
 20 these meetings and that's why you get the big
 21 money. You know, this group puts in a lot of
 22 time and a lot of effort and a lot of their
 23 heart really as a volunteer exercise, and not
 24 just at these meetings, but I know above and
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<p style="text-align: right;">Page 5</p> <p>1 beyond the meetings.</p> <p>2 You know, talking to Nick the other day on</p> <p>3 the phone, you know, we're talking about jails.</p> <p>4 I mean, there's so many things that this group</p> <p>5 is involved in in the community. So I really</p> <p>6 appreciate what you do.</p> <p>7 You have our proposal, and you have had a</p> <p>8 chance to review that. Our dollar figure today</p> <p>9 has not a lot of magic to it. We came up a</p> <p>10 little bit from the funding level from last</p> <p>11 year. And really what we're doing is unique,</p> <p>12 because if you look back to '15, a few years</p> <p>13 ago, we were trimmed back a bit. We're really</p> <p>14 trying to get back in the ballpark where we were</p> <p>15 before.</p> <p>16 So that's really the only theory behind</p> <p>17 that number changing from last year just a</p> <p>18 little bit.</p> <p>19 Last year has been another exciting and</p> <p>20 interesting year at Sinnissippi Centers. We got</p> <p>21 some great new things going. You have got a</p> <p>22 brochure in front of you for Recovery Home that</p> <p>23 finally opens in a couple weeks. We have got</p> <p>24 control of the building. We're furiously</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 7</p> <p>1 enforcement here in Ogle County recently.</p> <p>2 Jennifer Thompson, who is our director of</p> <p>3 adult services, has had multiple meetings over</p> <p>4 the course of the last few weeks with the</p> <p>5 sheriff and Rochelle Police Chief. They're now</p> <p>6 going into schools together to do some safety</p> <p>7 evaluations. It really is all of the sudden</p> <p>8 coming together, a lot of the things that we</p> <p>9 have tried to do for a long time, and I think</p> <p>10 we're getting closer to replicating some of the</p> <p>11 successful programs we have had in the other</p> <p>12 counties.</p> <p>13 As far as the next year goes, you know,</p> <p>14 once again, there's always surprises from the</p> <p>15 State of Illinois. And I hate to, you know,</p> <p>16 always be -- you know, there's that negative</p> <p>17 component. But we're looking at -- as of last</p> <p>18 Friday, we were looking at probably the biggest</p> <p>19 loss in revenue we have experienced ever,</p> <p>20 including those years when we didn't have a</p> <p>21 budget, including some of the most horrific</p> <p>22 years.</p> <p>23 There was some rate add-ons that they gave</p> <p>24 us when they took some grants away a couple</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 6</p> <p>1 painting and doing all kinds of fun things to</p> <p>2 get that going.</p> <p>3 We have got new initiatives around</p> <p>4 providing telehealth, primary care clinics, a</p> <p>5 grant to provide a locked zone, Narcan to</p> <p>6 communities to address heroin overdoses.</p> <p>7 Our services in places like schools have</p> <p>8 just dramatically increased. When I came to</p> <p>9 Sinnissippi Centers, we were at about four</p> <p>10 schools five years ago. In the fall we're</p> <p>11 looking to be in 13, 14, 15, depending on the</p> <p>12 day.</p> <p>13 MS. KEMP: Changes almost daily.</p> <p>14 MR. PHELAN: You know, and one of the</p> <p>15 things that I continually say is, I don't want</p> <p>16 to build more offices. I want to go more to</p> <p>17 where the people are. So it's increasing</p> <p>18 services in schools, you know, making sure that</p> <p>19 we're providing services in the jails, you know,</p> <p>20 and all of those things. So that's been a big</p> <p>21 initiative.</p> <p>22 Continue a lot of our collaborations with</p> <p>23 law enforcement. The good news is, is we have</p> <p>24 had some really productive meetings with law</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 8</p> <p>1 years ago, and those rate add-ons were set to</p> <p>2 expire on June 30th. The great news we got on</p> <p>3 Friday was that they're going to continue the</p> <p>4 rate add-ons through the next fiscal year. So</p> <p>5 that puts our horrible year into just a slightly</p> <p>6 horrible year, not a horrifically horrible year.</p> <p>7 So we're looking at losing maybe \$500,000</p> <p>8 of revenue as opposed to \$900,000 that I was</p> <p>9 predicting last week. So the number is better.</p> <p>10 The number is not good, but the number is</p> <p>11 better.</p> <p>12 If things turn out okay, you know, I mean,</p> <p>13 we have got a lot of other plans on the horizon.</p> <p>14 And we talked about the Recovery Home. We would</p> <p>15 like to do one for ladies. We have talked about</p> <p>16 gaps in the services for those with serious</p> <p>17 mental illness, and we're looking at the</p> <p>18 possibility of a group home and crisis</p> <p>19 residential and some community-based, team-based</p> <p>20 services to really begin to more appropriately</p> <p>21 address the needs of those folks.</p> <p>22 And so, you know, if things settle down</p> <p>23 and funding isn't as horrible as we think it</p> <p>24 might be for next year, we might be able to</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>

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1 press ahead with some of those projects. If
 2 not, they sort of go on the back burner, like
 3 we've done in a lot of years, and we think about
 4 it down the road.
 5 But those are the big initiatives we're
 6 looking at, and then essentially, you know, just
 7 really continuing to do what we do and to be
 8 able to do what we do right now despite these
 9 budget cuts. Trim where we can and not have to
 10 eliminate services. So that's our major goal at
 11 the moment.
 12 And with that, I would welcome your
 13 questions. I will probably defer many of them
 14 to DeAnne, Stacie, and Teresa, depending on who
 15 is best to answer those.
 16 MR. HEAD: All right. Thank you.
 17 Margaret, questions?
 18 MS. TYNE: Oh, okay. What percentage of
 19 your services are given in Ogle County?
 20 MR. PHELAN: I'll defer that one down to
 21 Stacie.
 22 MS. KEMP: I don't know the metrics
 23 offhand, but we do have a chart on -- what we do
 24 is, we monitor --
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1 MS. WHITE: Stacie is looking at Page 21.
 2 MS. KEMP: -- we monitor -- it is hard to
 3 articulate this -- the percentage of the
 4 population as it compares to the entire
 5 four-county area, and then we monitor how that
 6 compares to the percentage of clients served
 7 across the four-county area. And what I do know
 8 offhand, before I find the metrics, is that it
 9 is very comparable to -- do any of you know
 10 offhand what percentage of Ogle County is of
 11 the --
 12 MR. PHELAN: Total population?
 13 MS. KEMP: Yes.
 14 MR. PHELAN: It's 29 percent or something
 15 like that.
 16 MS. KEMP: So --
 17 MS. TYNE: It is the largest county in
 18 your area.
 19 MR. PHELAN: Yeah.
 20 MS. KEMP: So the percentages are very
 21 comparable, because we look at that across all
 22 four counties to make sure that, you know, we're
 23 giving equal attention to each of the four
 24 counties if -- according to their population.
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1 So I want to say, without finding the
 2 metric offhand, and maybe I can find that while
 3 we're chatting, but it's between, like, 25 and
 4 28. So it's pretty comparable to the total
 5 population of Ogle County as it relates to the
 6 entire four counties, if that makes sense.
 7 MS. TYNE: Thank you.
 8 MR. PHELAN: Interestingly enough, we used
 9 to have all of the four-county information in
 10 the application, and we streamlined that a
 11 couple years ago. So now that's not there.
 12 One of the things that we do talk about
 13 with Ogle County is it's the only county that we
 14 serve where we have two full-time offices. So
 15 because of geography, having an office in
 16 Rochelle and Oregon, we think it's important.
 17 MS. KEMP: I think it's on the back page.
 18 So it is -- sorry. On the back page of the
 19 annual report. Ogle County, 29.5. So a little
 20 higher than what I estimated.
 21 MR. PHELAN: That's right about their
 22 population percentage, so very close.
 23 MS. TYNE: Will this year's funding make a
 24 big difference in one particular program?
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1 MR. PHELAN: That's what we're trying to
 2 figure out. I don't believe so. The funding
 3 cuts that we are experiencing, the big one, is
 4 in relation to kids crisis and in-home services.
 5 It's called the SASS program. It's our kids
 6 crisis program.
 7 Now, 90 percent of the executives I talked
 8 to across the state are saying, We're
 9 eliminating our SASS programs because of this.
 10 I tend to not say things like that, because we
 11 don't want to eliminate our SASS program. The
 12 kids need the services. We have got to find a
 13 way somehow to keep doing it.
 14 You know, and half of those folks will
 15 make good on that threat and half of them won't.
 16 But that is where our -- that's where the danger
 17 is. So we may do some restructuring, thinking
 18 about how we handle that a little bit
 19 differently.
 20 Part of what we have done over the last
 21 couple years is to hire more full-time crisis
 22 evaluators. So we have taken some of that
 23 burden off of our SASS team. So that allows us
 24 to maybe think about SASS a little differently
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1 going into the next year.
 2 With the implementation of the managed
 3 care organization, you know, almost all of our
 4 clients now are under one of the MCOs or they're
 5 Medicaid.
 6 SASS, which used to be a 90-day intensive
 7 program, has already been trimmed back to a
 8 30-day not-so-intensive program. So we needed
 9 to adjust to that.
 10 MS. TYNE: I like -- I'm on the board at
 11 Sauk also, and Dr. Helmold (phonetic) keeps
 12 staying -- you know, we have experienced a lot
 13 of the same monetary situations like you have.
 14 Dr. Helmold says that we're not going to cut
 15 anything, we're going to grow ourselves out of
 16 each problem. And I like your attitude about
 17 that, so thank you.
 18 MR. PHELAN: You're welcome.
 19 MS. BOWERS: I'm going to yell at you.
 20 The only reason I'm saying that is, your budget
 21 that you have in our packet pertains to all four
 22 counties. I know that you have a widespread
 23 area. Is there any way that you can break that
 24 down more to what you pay for rent, what you pay
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1 for the counselors just for Ogle County?
 2 MS. GOOD: I can work on that.
 3 MS. BOWERS: Okay.
 4 MS. WHITE: With regard to staff, one of
 5 the ways that we have maintained our financial
 6 success in these hard times is by being
 7 flexible, and our -- many of our staff might sit
 8 in -- their telephone might be at a desk in Ogle
 9 County, but if the needs shift and they need to
 10 move and provide a service in Carroll or
 11 Whiteside or Lee, then they're able to do that
 12 with our flexibility.
 13 And so we can track where the services are
 14 provided and who they're provided to, but I
 15 didn't want you to think that the staff who are
 16 in Oregon only provide services in Oregon, and
 17 Rochelle the same way. So we really try to
 18 maintain flexibility.
 19 And the SASS, the kids crisis system, is
 20 one that's probably our most flexible, because
 21 those needs shift. Any day of the week, you
 22 know, kids are in crisis in various parts of our
 23 four-county area. So we accommodate that.
 24 MR. PHELAN: And probably even more so the
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1 other way around, because there's a lot of
 2 services provided to Ogle County for folks whose
 3 home base is the Route 2 office in Lee County.
 4 Anyway, that's just a little bit -- it's a
 5 little bit complex, but we can.
 6 MS. BOWERS: I would like to see more of
 7 just Ogle County. I know you have a big budget,
 8 and I know it's probably a little difficult to
 9 separate the different counties, but I would
 10 like to see a little bit more of that.
 11 And your audit, was there any negative
 12 impact with that?
 13 MR. PHELAN: Which with piece?
 14 MS. BOWERS: With your audit. It talks
 15 about internal controls, it went into a
 16 description of it and so forth. What I was
 17 questioning was, it doesn't really say that you
 18 had any negativity in here.
 19 MR. PHELAN: No findings, right.
 20 MS. BOWERS: No findings?
 21 MS. GOOD: Yes.
 22 MS. BOWERS: So your internal controls are
 23 where they should be, in appropriate places?
 24 MS. GOOD: Yes.
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1 MS. BOWERS: All right. That's all I
 2 have.
 3 MR. SIGLER: I just want to compliment you
 4 for what you do for our county, Ogle County.
 5 You deal with those who nobody else wants to
 6 deal with, and I think you do a wonderful job.
 7 I would like to hear some more about the
 8 Recovery Home. I know we have talked about it
 9 in the past. It's up and running now. Is it
 10 meeting your expectations?
 11 MR. PHELAN: So we are -- just to clarify,
 12 we are a couple weeks away from opening.
 13 MR. SIGLER: Oh, you're still -- okay.
 14 MR. PHELAN: We took possession. We are
 15 leasing that building from Kreider Services, and
 16 they had a bit of a nightmare getting their new
 17 house approved by the State, and so it pushed us
 18 back about three months from where we wanted to
 19 be.
 20 MR. SIGLER: That's why I kept thinking,
 21 well, you're up and running.
 22 MS. WHITE: We have had possession for one
 23 week today. We have done a lot in one week.
 24 MR. PHELAN: End of January, I think, was
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1 our target before all their other issues
 2 happened.
 3 But, Stacie, you want to maybe sort of --
 4 it's been your baby, so talk about your baby?
 5 MS. KEMP: So it is a ten-bed -- I said
 6 eight in the application DeAnne pointed out on
 7 the way here. But we have eight people waiting.
 8 It is a ten-bed home for men. It will serve
 9 individuals in any of the four counties.
 10 We will anticipate that the individuals
 11 have some length of sobriety under their belt
 12 already, because it is not residential
 13 treatment. So there has to be some level of
 14 independence and stability. So ideally someone
 15 coming out of residential treatment, where they
 16 have been either in treatment on their own, they
 17 have been court ordered, maybe they're being
 18 placed through one of the Safe Passage programs.
 19 What we were finding was that when they're
 20 coming back to the community, they were only
 21 spending brief amounts of time, whether it was
 22 detox, residential treatments. When they were
 23 in the community, they were returning to those
 24 same living environments and very quickly
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1 relapsing.
 2 So if we can intervene as quickly as
 3 possible and get them to discharge directly from
 4 residential treatment or jail or prison, maybe
 5 detox, depending on their level of stability,
 6 but where they already have some length of
 7 sobriety under their belt and get them right
 8 into the Recovery Home so they're not even
 9 returning back to the unhealthy living
 10 environment.
 11 We anticipate the stay will be anywhere
 12 from, you know, three to nine months. But that
 13 will kind of unfold as we learn more as well.
 14 You know, the challenge is finances, just
 15 with everything else. One of the biggest
 16 challenges is ensuring that this is financially
 17 stable, because the daily rate that pays for
 18 their stay through the State is not sufficient
 19 to cover, by any means. So we not only have to
 20 think about operations and what is best for the
 21 clients, but we also have to have sufficient
 22 programming and building supports to remain
 23 financially stable, otherwise the program can't
 24 exist. And so that's always a challenge.
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1 You know, you just want to go straight
 2 towards, you know, what's the best thing, what's
 3 the program look like, what's the best route for
 4 the clients. But then you also have to consider
 5 the financial model that helps support the
 6 remaining.
 7 MR. SIGLER: The services you're offering.
 8 MS. KEMP: Uh-huh.
 9 MR. PHELAN: We're hopeful it's going to
 10 work. You know, we're already thinking about
 11 the next one.
 12 MR. SIGLER: See, I want to be invited
 13 over to the home once it's open.
 14 MR. PHELAN: We're going to have --
 15 MR. SIGLER: You did that for me over in
 16 Rochelle. And I may be bringing a sheriff's
 17 department officer from the County. He's a
 18 sergeant and I think's command, and he's
 19 expressed a desire to visit that facility also.
 20 MR. PHELAN: We'll have an open house.
 21 We'll get you a notice.
 22 MS. WHITE: We're going to be sending
 23 those notices out in the next week or so. But
 24 the open house is scheduled for the 14th of June
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1 from 3 to 6. It's a Thursday.
 2 MR. PHELAN: And if that doesn't work, we
 3 can always, of course, get you a private visit.
 4 MR. SIGLER: We're both elders at the same
 5 church, this officer and I, and I think it would
 6 be important for -- he's expressed a desire that
 7 he might like to see it also.
 8 MR. PHELAN: And we'll -- you know, law
 9 enforcement, police departments and sheriff's
 10 offices, will also certainly be on our invite
 11 list. So he may get an invite anyway.
 12 MS. KEMP: By then we'll have been open a
 13 couple of weeks, which is exciting. The opening
 14 date is the day after Memorial Day. Like I
 15 said, we do have folks that we have that we're
 16 reaching out to. Circumstances change so much,
 17 especially in the three or four months since we
 18 planned on opening. But we have been actively
 19 working with those individuals that have been
 20 waiting.
 21 MR. SIGLER: Thank you. That's all I
 22 have.
 23 MS. BROOKS: I don't have any real
 24 questions. I have harassed Patrick on a fairly
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1 regular basis of services and stuff. I think
 2 we're very lucky to have Sinnissippi in our
 3 community. You're really almost the only -- a
 4 few others have counselors, but for the most
 5 part, as far as treatment, there isn't much
 6 available in this area.
 7 I'm very excited about the Recovery Home.
 8 I bet you will have a full house all the time
 9 and a waiting list going. That will be very
 10 successful. I'm looking forward to seeing it,
 11 and hopefully some of the initiatives that
 12 Patrick talked about too.
 13 So I don't have any questions.
 14 MR. HARP: I want to compliment you on
 15 your Ogle County At a Glance sheet. I like
 16 that.
 17 MR. SIGLER: Yes.
 18 MR. HARP: You guys have so vast -- seem
 19 to be vast. Sometimes it makes my head spin. I
 20 look at the budget and all the services that you
 21 provide, and I thought I'd just ask you to do a
 22 little philosophizing, and I'm wondering -- you
 23 cover a lot of things that are sometimes
 24 addressed by a more specialized, focused agency,
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1 like domestic violence, substance abuse, school
 2 counseling, things like that. What do you see
 3 are the advantages of having that broad mandate
 4 as opposed to being specialized? And
 5 disadvantages?
 6 MR. PHELAN: Well, there are disadvantages
 7 and advantages. You know, part of it is -- part
 8 of the -- well, I don't know if it's an
 9 advantage, but it's the reason why we do it, is
 10 part of it -- we're largely the only game in
 11 town in a lot of areas, as we talked about. So
 12 when we see a need, we try to find a way to fill
 13 that need. You know, if that need is in the
 14 school or, you know, in law enforcement setting,
 15 substance abuse, mental health.
 16 You know, we have a long history of
 17 traditional substance abuse, mental health,
 18 child welfare services. I mean, we have been
 19 doing all of those things for quite a while.
 20 The great thing about being able to
 21 provide those diverse services is, you bring in
 22 staff and then over time you sort of cross train
 23 them. You know, so we bring in somebody who
 24 is -- I had no background in substance abuse
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1 before I came to Sinnissippi Centers. Not that
 2 I'm providing direct treatment, but that was my
 3 learning curve. I had to learn a lot about
 4 that.
 5 We bring in clinicians all the time who
 6 have a background in mental health. We say,
 7 Okay, now we're going to send you, you're going
 8 to be at the Rochelle office, and we're going to
 9 start you out with people with mental health.
 10 We'd like you to also then begin to shadow the
 11 clinicians who are seeing the people with
 12 substance abuse issues. What do you think about
 13 that? Do you think you can do an evaluation?
 14 You know, we really work people down that
 15 road so we get these people who are cross
 16 training, are generalists, which means we can
 17 see virtually anybody that walks in the door,
 18 you know, no matter what their problem is. So
 19 there's the advantage.
 20 So you get a little bit of the
 21 disadvantage being that, you know, jack of all
 22 trades, master of none, you know, kind of a
 23 thing. You know, a lot of times our staff are a
 24 master in one area and proficient in other
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1 areas, but that's not their -- you know, that's
 2 not their specialty. So that's the sort of
 3 downside of that approach.
 4 We have so many different grants and
 5 programs that the other downside is it takes so
 6 much administrative effort to keep all the
 7 plates spinning.
 8 One of the ways that we keep ourselves
 9 running despite a lot of the cuts that have
 10 happened at the State and federal level over the
 11 course of the years is applying for grants from
 12 State, the feds, private foundations, and, you
 13 know, those that contribute little bits to the
 14 bottom line, as well as providing new services.
 15 But, you know, with 30-some-odd -- 36, 37,
 16 38, something like that, distinct programs, it
 17 is a little bit hard to keep all of the plates
 18 spinning at times. That's why I'm glad that the
 19 lady sitting next to me is so much better with
 20 details than I am. So, yeah, I think that's
 21 the -- you know, the biggest challenge.
 22 Staffing is always one of our big
 23 challenges. DeAnne will tell you that. You
 24 know, when I came from Peoria five years ago
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1 we'd post a clinician position and the next day
 2 we'd have 50 applications.
 3 And I'd say that to DeAnne and she sort
 4 of, yeah, gives me that smile, because she posts
 5 one in 47 different places and goes out on the
 6 street corners and bangs on a pot with a spoon
 7 and eventually three weeks later we have got
 8 somebody coming in that's applying.
 9 There's just -- you know, the workforce is
 10 so depleted, and people are leaving the state,
 11 people are leaving the field. So when you're
 12 looking for people with specialized skills, it
 13 makes it that much harder.
 14 MS. GOOD: Another pro is, clients come in
 15 with more than one issue. So when we offer that
 16 many programs, we can offer what they need under
 17 our roof instead of saying, Well, we can help
 18 you with this but we can't help you with that.
 19 So that is another pro.
 20 MS. KEMP: We know some of these folks --
 21 because they have so many needs, some people
 22 just have so many service providers, and that's
 23 not helpful either, trying to keep track of all
 24 these different appointments at different
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1 places. So that can be stressful as well. So
 2 when we're able to offer in-house -- and several
 3 of the new initiatives have been things that
 4 either we have been approached about or we have
 5 heard some kind of a need. Like, if we don't do
 6 it, who else is going to do it?
 7 So several of the school-based
 8 initiatives, we have been approached, Can you
 9 take this on? This agency can't do this
 10 anymore. We have a need here. We can't afford
 11 the contractual services that you seem to
 12 provide.
 13 With the Recovery Home, we certainly heard
 14 there was a need from the community. So how are
 15 we going to respond to that? The Narcan was a
 16 subcontract that we were approached about.
 17 Oftentimes people come to us. Okay, well,
 18 if we're not going to do it, no one else will,
 19 so how can we make that work?
 20 MR. HARP: I do appreciate the amount of
 21 time you guys spend talking to people like us.
 22 It would be nice if you didn't have to do any of
 23 that.
 24 MR. PHELAN: We sort of like to talk about
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1 what we do though. I mean, the other side of it
 2 is, you know, we're proud. We like to talk
 3 about it.
 4 MS. BROOKS: I did have one question. I
 5 was going to ask about the telepsychiatry, if
 6 you're finding if that is as effective as
 7 meeting with a real person? And are you still
 8 looking for an actual psychologist? I know it's
 9 hard to get people in rural areas.
 10 MR. PHELAN: Good news.
 11 MS. WHITE: Yeah, we spent about three
 12 years recruiting for a person who wanted to be
 13 physically on site at Sinnissippi Centers. On
 14 July 30th we have a nurse practitioner who is
 15 going to be starting with us, and she will be
 16 full-time, providing services on site and then
 17 being supervised by a psychiatrist. So that's
 18 good news.
 19 We have gone almost a year without an
 20 on-site presence. So yes, that was definitely a
 21 gap we knew we wanted to fill.
 22 MS. KEMP: In the interim, people have
 23 responded really well to it. So when we moved
 24 from -- we had two in-person, and then we went
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1 to one tele and one in-person. Some people were
 2 like, No, I don't want the tele. I'd like to
 3 stick with the in-person. They were hesitant.
 4 Then when we lost our second in-person and
 5 everyone went to telepsych and they didn't have
 6 a choice, what we found was it was more about
 7 the relationship and more about the
 8 telepsychiatrist's approach and kind of their
 9 comfort level and their, you know, just
 10 personality than it was -- so while people were
 11 hesitant, we have had a couple really good
 12 telepsychiatrists that people really like and
 13 they feel comfortable with.
 14 So certainly the in-person is a much more
 15 financially better decision, significantly, so
 16 that's the route that we want to go. But people
 17 have responded surprisingly really well to the
 18 telepsychiatry.
 19 MS. WHITE: There are no in-person
 20 psychiatry providers in the entire four-county
 21 area. So it really is a need that extends
 22 beyond Sinnissippi.
 23 MR. PHELAN: KSB Hospital had two. They,
 24 of course, left. They're fully telepsych. CGH
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1 is fully telepsych.
 2 So the other piece, as we said, is the
 3 financial. You know, the market has shifted
 4 such that, you know, we're going to -- I
 5 shouldn't say this, but I will -- we're going to
 6 pay a midlevel provider what five or six years
 7 ago we would have paid an M.D./psychologist,
 8 because that's the way the market has gone.
 9 There's just nobody out there. But it's still
 10 less than half what it costs to do the
 11 telepsychiatry, which is \$425,000 a year,
 12 somewhere in that ballpark, for a full-time
 13 person.
 14 MS. KEMP: Folks have adjusted so well to
 15 it that some of our staff are saying that the
 16 doc that will be no longer with us, the
 17 telepsychiatrist, since we're hiring the
 18 full-time person, some of the staff are saying,
 19 you know, Our clients are going to be sad to see
 20 him go. So they have really kind of just become
 21 accustomed to that's the wave of the future.
 22 So we're definitely glad to have someone
 23 inhouse, but they have adjusted well to the
 24 telepsychiatry.
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1 MR. HARP: Next stop, robot counselors.
 2 MS. KEMP: None of us will be sitting
 3 here. We won't even be needed, right?
 4 MR. HARP: Under your existing programs
 5 and services, I would like you to very briefly
 6 just explain to me, you know, the Reader's
 7 Digest version of how clients are identified and
 8 referred for some of the things you talk about.
 9 Like crisis services, how are these people
 10 located and how are they referred to you?
 11 MS. KEMP: So the crisis services, they
 12 can come through as self-referral, if they call
 13 the office, or they call our toll free number.
 14 Oftentimes when it's after hours they're coming
 15 through, I mean, most often law enforcement or
 16 hospitals.
 17 So if we're going out for an evaluation,
 18 it's because they have been -- either had
 19 contact with law enforcement or maybe they have
 20 been to the hospital on their own or they have
 21 been transferred to the hospital by law
 22 enforcement or a family member. So they would
 23 call us for an evaluation, because we are the
 24 24/7 provider for crisis services.
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1 So even if somebody is getting inhouse
 2 daily services, like therapy, through another
 3 provider, since we are the crisis provider we
 4 would still respond to that situation after
 5 hours.
 6 For youth, it could be hospital, most
 7 often school. We'll get calls from the schools
 8 to do an evaluation on site. You know,
 9 sometimes family members or loved ones, but lots
 10 of times the hospital, law enforcement, school.
 11 MR. HARP: Always volunteer? The person
 12 voluntarily is referred?
 13 MR. PHELAN: For adults, often who are
 14 very mentally ill, in the ER it's the doctor,
 15 the nurse, whomever, calling and saying, We have
 16 got this person here. We need you to come do an
 17 evaluation. Often there's an involuntary
 18 hospitalization that happens as a result of
 19 that.
 20 MR. HARP: Okay.
 21 MR. PHELAN: Of course, the kids, it's the
 22 parents, teachers dragging them, kicking and
 23 screaming, for an evaluation.
 24 MR. HARP: How about, same question for
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1 the SASS program then, how does that happen,
 2 briefly?
 3 MS. KEMP: So that's really a crisis
 4 service for youth. So it would be the same
 5 process. I mean, a lot of times the school is
 6 calling, maybe parents, but a lot of times we're
 7 getting calls from the schools if we need to do
 8 an evaluation.
 9 MR. PHELAN: Part of the streamlining we
 10 did a couple years ago is we used to have two
 11 separate systems; one for SASS and one for adult
 12 crisis. We have really sort of molded those
 13 together into one crisis response system. It
 14 gives us more ability to respond, more people
 15 that are actively responding and, you know, is
 16 efficient.
 17 MS. WHITE: The other improvement we have
 18 made in that area in the past couple years is,
 19 we have a full-time second shift crisis worker
 20 and a full-time third shift crisis worker. So
 21 those two individuals are helping so that our
 22 daytime staff aren't having to keep up with
 23 overnight evaluations while then getting up and
 24 doing their regular job during the day.
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1 MR. PHELAN: Which helps with turnover, as
 2 you can imagine.
 3 MR. HARP: Healthy Families and Early
 4 Childhood Mental Health, again, same question.
 5 MS. KEMP: So Early Childhood Mental
 6 Health is really just mental health services for
 7 very young children. So those often -- I mean,
 8 it would be a referral just like any other
 9 mental health outpatient. So it could be a
 10 self-referral. It could be from, you know,
 11 DCFS. It could be from the school, where
 12 there's an identified need early on.
 13 And then they're really working with the
 14 family, typically in the family setting, because
 15 it's mostly -- you know, we're talking, like,
 16 zero to three, zero to five. It's mostly the
 17 parental action in their encounters.
 18 So it wouldn't operate any differently
 19 than, like, another referral for mental health
 20 services for any particular agent.
 21 The Healthy Families, those referrals
 22 typically come from community organizations. So
 23 we might get from, a lot of times, DCFS or other
 24 partner agencies within the communities --
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1 MR. PHELAN: Health departments?
 2 MS. KEMP: Yes.
 3 -- that are working with children and
 4 families that are working with young mothers
 5 that most often those folks have lots of other
 6 significant needs, and then help them identify,
 7 okay, you have got a little one on the way or
 8 are already in your home and you could use
 9 additional support. So that's how we get
 10 involved.
 11 MS. WHITE: That program has staff that
 12 are actually doula certified. So they are in
 13 the delivery room with those moms that don't
 14 have another support system. So they help them
 15 through delivery.
 16 We also have lactation trained staff that
 17 are helping them develop those healthy habits.
 18 MR. PHELAN: Prenatal to three years old,
 19 it's one of those gems we don't talk about very
 20 much. We talk about outpatient, mental health,
 21 and substance abuse.
 22 What a cool program. A mother who might
 23 have some risk factors, we go in there, make
 24 sure that they're taking good prenatal care,
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1 that they have a successful delivery, that
 2 they're breastfeeding if possible, and then, you
 3 know, doing a good job parenting up until the
 4 age of three. And then sometimes along the way
 5 they have a second child and we get to stay in
 6 there longer. So we get to work with these
 7 families for a long time.
 8 MR. HARP: You know, I want to compliment
 9 you on your -- all your effectiveness measures
 10 we have talked about a lot in the past and
 11 really thorough and diverse. Congratulations on
 12 the results of the joint commission.
 13 I guess I would just ask you one more time
 14 to explain to me, as briefly as you possibly
 15 can, the OnTrack online outcome database,
 16 because that seemed to be important.
 17 MS. KEMP: So the OnTrack is an online
 18 database, and it's intended to be used ideally
 19 every time a client comes in, although we find
 20 that clients don't necessarily like that because
 21 that's a lot.
 22 But it has kind of two components to it.
 23 One speaks to actual progression and treatment
 24 and their self-report of whether or not they
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1 feel like they're making progress.
 2 There's a separate section, a smaller
 3 section, that speaks more to alliance. So
 4 alliance with their particular therapist, their
 5 other service providers, their encounter or
 6 their experience as a whole, because we know
 7 that's one of the most significant contributors
 8 to success in treatment is that they feel
 9 alliance and connection to the person providing
 10 the direct services.
 11 So the system allows the clinicians in
 12 each appointment to pull up online and see the
 13 progression over time. So there are some
 14 significant things that they want to address,
 15 some, like, red flags in terms of their thoughts
 16 of harming oneself or others that are questions
 17 on the top section. But then it tracks kind of
 18 progress over time, both, okay, well, it sounds
 19 like you have been -- it sounds like we have
 20 kind of backtracked here since, you know, six
 21 months ago. What do we need to do differently?
 22 And then the same with the alliance.
 23 So it does give them an opportunity to
 24 evaluate, you know, how that's going. So the
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1 intent is that in realtime we're adjusting
 2 treatment if we need to and we're adjusting
 3 goals and we're adjusting their approach so we
 4 don't say a year from now, Hmm, things aren't
 5 working out. We haven't met our goals. What do
 6 we need to do differently?
 7 So it's intended to be used realtime to
 8 have conversations to adjust our treatments, our
 9 trajectory, our approach through each individual
 10 session.
 11 MR. HARP: I appreciate that. In my
 12 experience as a school psychologist, we need to
 13 have immediate data.
 14 MS. KEMP: Right.
 15 MR. HARP: They complete this on a
 16 computer then privately?
 17 MS. KEMP: They are doing them on paper
 18 right now, but the system -- then it goes
 19 through -- we fax them paper forms and they
 20 actually submit them, kind of
 21 computer-generated, sort of like an SAT or
 22 something like that. So they complete them on
 23 paper and pencil right now, but they do have a
 24 tablet version that we have been kind of toying
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1 with whether or not we would go that route. But
 2 right now it's paper and pencil.
 3 MR. HARP: They do that without the
 4 counselor present?
 5 MS. KEMP: Yeah, they do that in advance,
 6 when they check in.
 7 MR. HARP: Just one more question. Sorry.
 8 I'm just curious about why the current emphasis
 9 on trauma care right now. Does that come from
 10 the State or from --
 11 MR. PHELAN: You know, it's not a mandate
 12 from anybody. You'll hear that it's become a
 13 little bit of a buzz word. You know, people
 14 talk about trauma informed care.
 15 We have known forever that the people that
 16 we serve have multiple traumas in their life. I
 17 mean, we have had -- you look at the scores, I
 18 mean, so many of them -- and when I say "so
 19 many," I'm thinking 90-some percent of the
 20 individuals that we serve have had significant
 21 trauma in their life.
 22 So we have always been attuned to that to
 23 a certain degree in our treatment practices, but
 24 a year ago last -- just November, December we
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1 had a trainer come from the National Council,
 2 our national association, and trained all of our
 3 staff -- clinicians, clerical, maintenance
 4 staff, everybody -- in what becoming a trauma
 5 informed organization looks like.
 6 And becoming a trauma informed
 7 organization is more than, how do you do
 8 treatment? It's how do you involve consumers in
 9 decisionmaking? It's what do your policies and
 10 procedures look like? It's do you have
 11 practices that are unfriendly to -- or
 12 unwelcoming to consumers?
 13 It truly over the last year and a half has
 14 been the most transformative process I have ever
 15 been a part of. Because, you know, you go along
 16 and you think you're doing all the right things
 17 for everybody, and then you look at it through
 18 this different lens and you go, Why are we doing
 19 that? You know, because we have been doing it
 20 for 20 years. Well, let's do it different.
 21 It's just -- it really has been
 22 transformative. You know, we thought it was a
 23 good idea. When we started we didn't know what
 24 to expect. But it's far surpassed my
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1 expectations.
 2 MR. HARP: Thank you.
 3 MS. WILSON: Hi. Thank you so much for
 4 being here for everybody. That's just -- it's
 5 wonderful that you're part of this community.
 6 I have a few questions. All right. On
 7 Page 14, I think I know why you have this but I
 8 am not sure. The organization standard, it's
 9 the next-to-the-last set of bullet points. The
 10 second bullet point, organization standard is
 11 that each clinician has an average of no more
 12 than three findings per chart. What does that
 13 mean?
 14 MS. KEMP: So that means -- a finding
 15 could be anything from something that is
 16 significant that might result in having to
 17 rescind the service because we didn't have the
 18 appropriate documentation to something that
 19 we've decided is important, like maybe a
 20 particular screening tool that we had decided to
 21 use and it isn't in the chart.
 22 So we used to have some standards that
 23 were percentages -- so you needed to have 95 or
 24 above percentage compliance in your chart -- but
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1 we have changed that to kind of a different
 2 approach.
 3 So on average an individual shall not have
 4 more than three findings in any particular --
 5 MR. PHELAN: Now it's two.
 6 MS. KEMP: So we changed that to two,
 7 because what we were finding, I think it's
 8 around, like, 0.57 or something like that on
 9 average. It's around like a half a percent. So
 10 we were actually finding that it wasn't a useful
 11 metric because no one was having three findings
 12 a chart.
 13 So a finding would be something that is
 14 missing a signature, a document, something like
 15 that.
 16 MS. WILSON: So it's three actionable --
 17 MR. PHELAN: It really is maintaining
 18 compliance with Medicaid rules, with joint
 19 commission rules, you know, all of those funders
 20 and accreditors that we have to.
 21 MS. WHITE: And every chart they look at
 22 several hundred items, depending on the services
 23 that were provided.
 24 MS. WILSON: Thank you. I was thinking
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1 three findings, is that like they have three
 2 different diagnoses? So, okay, thank you for
 3 clearing that up.
 4 On Page 16 -- oh, okay. You were talking
 5 about, you eliminated practices that at one
 6 point were intended to ensure clients attended
 7 their appointments but we ultimately decided
 8 they were not trauma informed.
 9 Thank you for changing your practices. I
 10 know how that is. Especially, like you say, we
 11 have been doing it for 20 years. Well, let's
 12 change it. Oh, boy. So thank you.
 13 MR. PHELAN: What we were doing didn't
 14 work. You know, what we thought --
 15 MR. HEAD: Shhhh.
 16 MS. WILSON: Sometimes it's a problem.
 17 MS. WHITE: And we actually tracked to
 18 make sure that the practices we stopped doing
 19 aren't resulting in people not coming to
 20 treatment, because the best indicator of
 21 successful treatment is actually getting it.
 22 MS. WILSON: Getting it, yeah.
 23 MS. WHITE: We found that even though we
 24 aren't, you know, trying to hold people to
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1 attendance contracts and holding them for
 2 no-shows, we're not doing that anymore and their
 3 attendance levels haven't changed. People are
 4 coming because they want to.
 5 MS. KEMP: That's one of kind of the
 6 clearest examples to give that came out of our
 7 trauma informed care efforts. So if people
 8 were -- we had some expectations that if someone
 9 missed, you know, three appointments then they
 10 couldn't come back for a certain amount of time.
 11 And that was really transformational
 12 philosophically to say, Why don't we have
 13 conversations about why aren't they getting
 14 here? How can we help them get here? Can we go
 15 to them if they aren't in a place to get here?
 16 Let's track our metrics and see if they're
 17 changing at all. And, of course, we want to
 18 make sure that we're able to still see people
 19 and still move forward. And then finding that
 20 there was no -- certainly no negative impact on
 21 that and maybe a little bit of a positive
 22 impact, that we're moving in the right
 23 direction.
 24 MS. WILSON: Good. I'm so glad to hear
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1 that.
 2 On the next page, the fundraising and
 3 development, the three broad categories. Oh, my
 4 gosh, that is so informational. I'm going to,
 5 like, tear that page out and keep it.
 6 Continuation funding, that's just like --
 7 yeah. That's what we're doing here, right?
 8 Okay. On Page 21 -- no, that's -- I was
 9 just marking that.
 10 Okay. On Page 24, we had heard from
 11 another -- down towards the bottom there, bank
 12 charges, and we heard from another agency that
 13 they had really high charges. What are those
 14 bank charges for?
 15 MS. GOOD: Actually, just having the
 16 checking account and then -- so the checking
 17 account, then we accept credit cards. So it's
 18 the credit card charges that we put in there.
 19 MS. WILSON: That's what they were saying
 20 too. But they charge you a lot for a checking
 21 account?
 22 MS. GOOD: Yes -- well, it's between those
 23 two things that's in there, yeah.
 24 MS. WILSON: Okay.
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1 MR. PHELAN: You know, those credit card
 2 charges run a percentage of the charge. So
 3 it's -- what is it, 2 percent or is it more than
 4 that?
 5 MS. GOOD: No, I don't -- yeah, about
 6 that.
 7 MR. PHELAN: About 2 percent, yeah.
 8 MS. WILSON: And then above that, in-kind
 9 space, what is that?
 10 MS. GOOD: So we have an organization that
 11 owns our building, and we refer to it as -- it's
 12 called SPF, as I refer to that. And we have
 13 worked with that board, and we do a fair market
 14 value of the rent. We are lucky enough to
 15 have -- we pay 50 percent of fair market value.
 16 So to track the full amount, I have the actual
 17 cash outlay, that's in rent, and then in-kind is
 18 the other 50 percent.
 19 MS. WILSON: Okay. So that's --
 20 MS. GOOD: So if we were paying full rent,
 21 we would add those two lines together.
 22 MS. WILSON: So you're marking that as an
 23 expense even though you're not paying it?
 24 MS. GOOD: Correct. It's an income, so
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1 there's a wash -- there's the line, same line,
 2 same, on the income side. So the bottom line
 3 doesn't change. So I'm not inflating the
 4 expenses because of that, because the income is
 5 on the other side.
 6 MS. WILSON: Okay. Great. Thank you for
 7 clearing that up.
 8 In the financial statement, thank you for
 9 the update. This is nice. The financial
 10 statement, Page 5, statement of activity for '17
 11 and '16, the DHS grant -- let me see if -- DHS
 12 grant versus the DHS expenses.
 13 MS. GOOD: Yes. Oh, you're -- okay. So
 14 you have to put the fee -- the fee and purchase
 15 of services together with the grant revenues,
 16 and the expenses include both of those line
 17 items. So if you're looking at, like, the 1.7
 18 million and then you're looking at 5.8 million
 19 expenses, correct, that looks -- so if you take
 20 the Department of Human Services, the grants,
 21 and then all of those fee for service income up
 22 above, add that together.
 23 MS. WILSON: Oh, okay.
 24 MS. GOOD: So -- yeah. So the expenses
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1 are put all together in one and the income are
 2 broken out in two different types of income.
 3 And then when you look at all the programs in
 4 the back, that gives you all the wonderful
 5 details.
 6 MS. WILSON: Okay. I'll take your word
 7 for it.
 8 MS. WHITE: That's what we say a lot, too.
 9 MS. WILSON: I think that's all the
 10 questions I have.
 11 MR. HEAD: Okay. Well, I'll try to get to
 12 it and stay focused. I'm a curious person, so I
 13 always have lots of questions.
 14 I like the productive meetings with law
 15 enforcement and really want to credit Jennifer
 16 with what a great job she's doing with that.
 17 Revenue loss, biggest loss next year, just
 18 now looking at 500,000. What will Ogle County
 19 lose as a result of that? I'm asking for a
 20 breakout and something that -- I'm going to meet
 21 with the mental -- with the Ogle County Board
 22 June 12th, and I want to be able to speak to
 23 that.
 24 MR. PHELAN: That meeting is June 4th?
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1 MR. HEAD: June 12th.
 2 MR. PHELAN: We'll give you an update a
 3 little closer to that, because we just had --
 4 because of the changes last week, the four of us
 5 meet as an administrative group, we met Tuesday
 6 morning to talk about some possibilities of what
 7 we might do, and so if we can get back to you on
 8 what those choices might be --
 9 MR. HEAD: Right.
 10 MR. PHELAN: -- that would be best.
 11 I can hypothesize, but then we might
 12 change them.
 13 MR. HEAD: That would be great.
 14 Medicaid relocation, Rauner signed off on
 15 something, is that a net plus or minus? Because
 16 once you involve MCOs, a lot of times there are
 17 savings but those come with a reduction of
 18 services. So what are we looking at?
 19 MR. PHELAN: Yes. So with the MCOs, I had
 20 one of the higher-ups in the one of the MCOs
 21 recently say to me, You know how we make money,
 22 right? We make money by not authorizing you to
 23 provide services and denying your claims. Now,
 24 he was trying to make a point by saying that,
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1 but that is truly how -- you know, so the State
 2 has contracted with these MCOs, who then
 3 contract with us.
 4 We have had to put into place processes
 5 for preauthorization services. We essentially
 6 are adding a whole new position in our business
 7 office to try to verify and rectify claims
 8 problems. So there's a lot of administrative
 9 costs in that.
 10 We were very prepared, did a really good
 11 job like we usually do, but I'm still predicting
 12 we might lose about 5 percent of our Medicaid
 13 revenue next year just because they'll give us
 14 enough hoops to jump through to make that
 15 difficult.
 16 MR. HEAD: What percentage of your clients
 17 are Medicaid clients?
 18 MR. PHELAN: Maybe 2. Is that --
 19 MS. GOOD: Well, we have so many non-
 20 Medicaid services, and so when you talk about
 21 just the Medicaid services or the services that
 22 are -- you know, can be Medicaid, it's in the
 23 70s to 80s. If you talk about our agency as a
 24 whole, because we have grants that aren't
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1 Medicaid, it ends up the average is a little
 2 less.
 3 MR. HEAD: 70 to 80 percent?
 4 MR. PHELAN: Yeah, so --
 5 MR. HEAD: That confirms my assumptions,
 6 and you're serving the neediness to the needy.
 7 Is there some stigma attached to that? I mean,
 8 you have got a beautiful facility. Do you have
 9 a hard time getting the walking wounded middle-
 10 class whiners in for treatment?
 11 MR. PHELAN: Absolutely.
 12 MR. HEAD: I'm being kind of irreverent
 13 there, but . . .
 14 MR. PHELAN: And that's something we have
 15 all battled for years. I have talked to
 16 physicians around the community and others who
 17 say, If I tell my patient that walking -- you
 18 know, a person who is generally functioning but
 19 they have got a little depression, Go out to
 20 Sinnissippi and get some help, the response is
 21 inevitably, I'm not crazy. That place is for
 22 crazy people.
 23 But you can go one of two ways with that.
 24 I mean, I think for a long time we have tried to
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1 say, Hey, we can serve everybody. We can help
 2 people who have depression. But the reality is,
 3 you might run into a group of guys in our IOP
 4 program outside smoking, talking about which
 5 jail in the area has the best food, you know,
 6 and that's not, you know, what that person with
 7 a little depression wants to experience.
 8 So I think over time, you know, we say we
 9 just accept that and we say, you know, our
 10 mission is to treat the sickest of the sick and
 11 the neediest of the needy.
 12 MS. KEMP: On the youth side of things,
 13 getting more into the community. So we really
 14 are growing in the school-based services. You
 15 know, that helps as well, because there is that
 16 stigma tied to coming to the building.
 17 So when we're seeing folks at schools --
 18 and I'm super excited to let you know that we
 19 have had some conversations just in the past
 20 couple of days with Rochelle schools. So we're
 21 looking at probably for sure doing one day a
 22 week that's going to be supported under a grant
 23 but potentially several days a week for the next
 24 school year. So that helps.
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1 MR. PHELAN: Between one and five is what
 2 they're saying now.
 3 MR. HEAD: Which Ogle County schools do
 4 you provide school-based services?
 5 MS. KEMP: I have to look at this every
 6 time. I actually had a director do me up a
 7 chart because I'm like, I cannot keep track of
 8 all the schools.
 9 We are -- I have got it under -- I had her
 10 write it up for me. So under the school-based
 11 counseling, Chana. I was going to say Chana. I
 12 wanted to make sure I wasn't missing any others.
 13 So Chana right now, but, like I said, with
 14 Rochelle schools -- it is self-sustaining after
 15 the first year. There are some startup costs
 16 associated to build up caseload. So we have a
 17 grant that's going to support one day in
 18 Rochelle schools, and they're talking about
 19 doing maybe one day in each of the schools. So
 20 that's where Patrick said one to five days. So
 21 that would be our next area of growth in Ogle
 22 County.
 23 MS. WHITE: SAP we're in three different
 24 schools: Mount Morris, Oregon and Rochelle.
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1 MR. HEAD: Which is that?
 2 MS. WHITE: We're at DLR Middle School in
 3 Mount Morris, Oregon High School, and at
 4 Rochelle High School for our student services,
 5 which is probably a prescreening kind of a
 6 service prior to actual counseling.
 7 MS. KEMP: The therapy, yeah.
 8 MR. HEAD: Thank you.
 9 Recovery Home, great idea. How do you
 10 justify that level of service to a handful of
 11 people, relatively speaking? I mean, I agree
 12 you need to do the right thing and sometimes
 13 that means doing a lot.
 14 MR. PHELAN: Well, you know, I mean, these
 15 are people, as Stacie mentioned, who are coming
 16 back to the community either from a couple days
 17 of -- often from a couple days in detox, back
 18 into the environments where, you know, they come
 19 back, they're using.
 20 What we know is that it's this sustained
 21 level of treatment that is going to get them on
 22 the right path.
 23 MR. HEAD: Sure.
 24 MR. PHELAN: So, you know, yes, it's
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1 tough. I mean, you say -- it goes back to what
 2 we said a little bit ago. You know, our mission
 3 truly is to provide what's necessary for the
 4 neediest of the needy. And those people who are
 5 heroin addicts, I mean, count those among the
 6 neediest of the needy.
 7 So, you know, yes, it is a lot of
 8 resources for a handful of folks, but those
 9 people are going to gain sobriety that they
 10 wouldn't have otherwise and, you know, stay out
 11 of trouble with the law and stay out of repeated
 12 incidents of treatment, and in the end it's a
 13 cheaper option than those people going to
 14 \$400-a-day inpatient treatment 30 times.
 15 MR. HEAD: Right, right.
 16 MR. PHELAN: Let's get them the help they
 17 need now.
 18 MS. WILSON: Or even cheaper than sending
 19 them to jail.
 20 MR. PHELAN: Yeah, cheaper than jail, yes.
 21 MR. HEAD: So you're kind of prototyping
 22 at this point and figuring out how can we scale
 23 this up to serve more people?
 24 MR. PHELAN: Right.
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1 MR. HEAD: Okay.
 2 MR. PHELAN: If the need is there, and we
 3 think it is, and the financial model works, then
 4 we'll have more.
 5 MS. KEMP: And there's cost efficiencies
 6 with adding another in terms of leadership,
 7 staffing, security, things like that.
 8 MR. HEAD: I love this one-pager. Can you
 9 send this to me digitally?
 10 MS. KEMP: Yup.
 11 MR. HEAD: And if you could put a --
 12 something more of a header on this one as well?
 13 This, I would like each of our funded agencies
 14 to come up with something like this so I can
 15 staple them together when I present to the
 16 County Board so that they can see, here's what
 17 your impact is.
 18 MR. PHELAN: Nick, on that other document,
 19 is that something you want to pass out? I
 20 thought I was just giving you notes, so I did it
 21 very informally.
 22 MR. HEAD: I think it could be passed out
 23 if you sent it to me.
 24 MR. PHELAN: I can make it look a little
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1 more pass-outable.
 2 MR. HEAD: Pass-outable would be good. I
 3 think it's very good information, and I think it
 4 would be good if all the Board members had it.
 5 I wanted to get your okay to share both of these
 6 with the other funded agencies, because I think
 7 that this kind of thing speaks volumes with just
 8 a very short amount of copying.
 9 On your telepsych, how do you introduce
 10 that to clients? Do you use a little video? Do
 11 you have them watch an example, we're going to
 12 do something different? How do you kind of
 13 orient them to telepsych.
 14 MS. KEMP: Their primary clinician is a
 15 part of that process with them. So when they
 16 come for psychiatric appointments, the clinician
 17 meets with them first, they talk about any
 18 changes since the last appointment. They take
 19 their vitals. They talk about anything
 20 significant that they need to talk about.
 21 Then they're the ones to room them. So
 22 the clinician goes in with them. You know, they
 23 handle equipment, they make sure they're
 24 comfortable. They jump into the conversation as
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1 needed. So I think that helps with comfort
 2 level, and certainly if -- we have tried to kind
 3 of over-comfort the room. So we tried to
 4 overcompensate for the fact that it is
 5 telepsych. So we have got, you know, like nicer
 6 chairs, and we made sure they have bigger
 7 screens so they're not looking at something this
 8 big (indicating).
 9 So certainly if somebody had anxiety, then
 10 we show them ahead of time, because there are
 11 designated rooms for that.
 12 MR. HEAD: Right. I keep, you know, kind
 13 of hammering at the jail issue. I think we're
 14 going to see community-based corrections at some
 15 point as opposed to community jails being
 16 detention facilities. It may take ten years,
 17 but I don't see how it's not going to happen.
 18 So that's why I keep coming back to the jails.
 19 They're the people we love to not like,
 20 and yet they're human beings as well and need
 21 some services. And there's good cost benefit
 22 reasons to providing that service in a timely
 23 manner.
 24 So I'm not sure I'm going to win any
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1 battles in the near future, but I just see it
 2 being as inevitability. So I don't know if you
 3 talk about that, think about that.
 4 I think something analogous to what
 5 happened with the Community Mental Health Act is
 6 going to happen with our jail populations. So,
 7 for what it's worth.
 8 MR. PHELAN: Yeah, absolutely. I mean,
 9 it's diversion, it's transition back to the
 10 community if they are there, how we treat them
 11 while they're there, having them on the right
 12 meds and right treatment while they're in the
 13 jail. There's so many pieces that we need to be
 14 doing better.
 15 MR. HEAD: Yeah, and it's going to involve
 16 a certain amount of thrashing around and trying
 17 to figure out how do you actually do these sorts
 18 of things, but the opportunity is there.
 19 And the County Board, you know, bless
 20 them, they're determined they're going to have
 21 the nicest jail around, but they're really
 22 focused on the physical structure as opposed to
 23 the trusty supervisor relationships in the
 24 jails, and that's where you cut into recidivism
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1 and actually get something like a turnaround, is
 2 if you have got them staffed up right. It's not
 3 the same as video surveillance.
 4 You know, I could go on and on, but I
 5 think that's pretty much it.
 6 I really -- oh, one of the other things I
 7 did was, when you break out things like your
 8 crisis and psychiatric services, I looked at the
 9 Ogle cost and I looked at the 708 funds, and I
 10 created a percentage for each of these large
 11 areas. So Ogle County contributes 16 percent of
 12 what it actually costs to deliver those
 13 services. And then for the child and
 14 adolescent, they actually do that for about 6.6
 15 percent of the cost that is recovered. For
 16 adult mental health, it's about 1.4 percent.
 17 And just a -- substance abuse disorders is about
 18 11 percent.
 19 When you look at funds dedicated and
 20 services provided, you provide about 30,000
 21 hours of services for 10 bucks an hour, as just
 22 a rule of them. What a deal. What a deal. I
 23 have got to keep hammering away at that with the
 24 County Board. Talk about people that are
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1 difficult to talk to, because I have to catch it
 2 in a very short period of time.
 3 MS. BOWERS: Five minutes.
 4 MR. HEAD: Yeah, and no way. I'll
 5 protest. Not going to happen.
 6 I have nothing else. I just want to
 7 commend you for an outstanding application.
 8 It's readable, it's compelling, you know,
 9 informative. So thank you all so much for the
 10 great job you do.
 11 Bill?
 12 MR. SIGLER: I just want to add something.
 13 You're talking about this halfway house, as I
 14 would call it, and are we getting the return for
 15 the money invested? Build another jail. Hire
 16 another 50 guards. Give me a halfway house like
 17 this that I can put somebody back on the streets
 18 and they are a normal contributor to society.
 19 It is worth every penny of it.
 20 Now I sound like one of your
 21 representatives.
 22 MS. WHITE: Are you looking for
 23 employment?
 24 MR. SIGLER: I have heard -- now I sound
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1 like a Democrat -- by various sources that
 2 you're a chaser of funding. You folks are
 3 looking for where the grant money is and you're
 4 after it. I find nothing wrong with it.
 5 But when you get the grant money and then
 6 the grants start to dissolve, are you continuing
 7 to offer these services to the people of our
 8 community?
 9 That's where I come in. And I say to
 10 myself, if you're coming to me and you're
 11 saying, I need this much money to supplement
 12 this grant, and then we give it to you and then
 13 the grant starts to go -- here, excellent
 14 example. A couple years ago I remember Billy,
 15 when he wasn't running around, said, We're going
 16 to give each community, depending on the size,
 17 you can hire 15 extra officers, but I tell you
 18 this, in five years we're going to stop funding
 19 them. What happened to those officers and
 20 delivery of services?
 21 I'm asking you the same question, sir. I
 22 think that, to me, is extremely important.
 23 MR. PHELAN: And a lot of times -- you
 24 know, so some of our kids outreach program and
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1 one of the things that we talked about for a
 2 while was our CDC program. We're now on about
 3 our sixth different grant to support that. You
 4 know, I mean, because, you know, one runs out,
 5 you find another one and you find another one to
 6 replace it.
 7 A lot of times what we need is a grant or
 8 that funding to jump-start a program, because
 9 you have got all those startup costs, you have
 10 got the time until you can really effectively
 11 bill for insurance costs or, you know, Medicaid
 12 or whatever it is.
 13 So the majority of the time the grant
 14 allows us to start up and get us to a place of
 15 sustainability that they're sustainable on their
 16 own. I think that's one of the keys.
 17 MR. SIGLER: I'm not asking for specifics
 18 now, but overall what are your intentions to
 19 maintain that delivery of services if the grant
 20 disappears or is reduced?
 21 MR. PHELAN: In regards to the Recovery
 22 Home specifically?
 23 MR. SIGLER: Well, no, in general.
 24 MR. PHELAN: Our intention, just like we
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1 said earlier with the State budget cuts, you
 2 know, our intention is always to maintain
 3 everything we can. And, you know, now there's
 4 always a breaking point.
 5 So, you know, you can be promised, We'll
 6 do this forever despite whatever happens. No.
 7 But our intention when we open a program is
 8 always to -- we have got a plan for
 9 sustainability in mind, and our plan is to --
 10 MR. SIGLER: So when you're opening a new
 11 program and you're including the grants, you
 12 look beyond just the grant time. You're looking
 13 at, can we maintain that?
 14 And I go right back to this house, which I
 15 feel so highly about. Your intentions are, even
 16 if grant money is reduced or eliminated you will
 17 sustain this program?
 18 MS. KEMP: That's always our intent. You
 19 know, and as funding changes sometimes that
 20 means slight tweaks to the model to ensure that
 21 we're kind of adapting to where the funding is
 22 at. But our intent is always to be able to work
 23 towards, you know, sustainability.
 24 MR. SIGLER: See, if I find it's
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1 different, then I would have a completely
 2 different outlook on your delivery of services
 3 as I have now, which is very positive.
 4 MR. HEAD: I think it was the starfish on
 5 the beach --
 6 MS. KEMP: I was thinking that too.
 7 MR. HEAD: -- analogy. You know, the
 8 lady's picking up starfish on the beach and
 9 somebody says, You're not going to save all the
 10 starfish. And it's, I saved this one.
 11 MR. SIGLER: One. Just one.
 12 MR. HEAD: So you keep doing what you can.
 13 MR. SIGLER: I compliment you on that, and
 14 you were responsive to my question. Thank you.
 15 MR. HEAD: Thank you. Well done.
 16 MS. KEMP: Real quickly --
 17 MS. BOWERS: I do not want to see a
 18 PowerPoint presentation, but our funding hearing
 19 will be August 29th.
 20 MR. PHELAN: Are you sure I can't do a
 21 PowerPoint presentation? Come on. August 29th?
 22 MS. BOWERS: August 29th.
 23 MR. HEAD: Dorothy, if we get these to the
 24 HEW Committee in advance of that meeting, would
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1 they get them? Can you ask them to read that?
 2 MS. BOWERS: Sure.
 3 MR. HEAD: Can you ask them strongly?
 4 MS. BOWERS: I will ask them to read that.
 5 MR. HEAD: Strongly?
 6 MS. BOWERS: Strongly.
 7 MR. HEAD: Thank you.
 8 MR. PHELAN: I'll revise that one we
 9 talked about and get an electronic copy of the
 10 other.
 11 MS. KEMP: Have you seen the copy of our
 12 brochure for the Community Crisis Response Team?
 13 I only brought seven because that's what I had
 14 on my desk when I left last night.
 15 It's referenced a few times throughout the
 16 application, and on the one-pager we do have --
 17 it was part of the care initiative that we have
 18 folks that are trained in responding to a
 19 community crisis. So not responding as first
 20 responders, because they have their own process
 21 if there's a community crisis or critical
 22 incident, but, for example, are responding to a
 23 school.
 24 So if there's a death of a student and
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1 there's school personnel that are impacted,
 2 these folks are trained to provide kind of
 3 debriefing and critical incident response to
 4 those individuals. So it's a service that we
 5 provide at no cost to that community.
 6 And the first one that we responded to
 7 here in Ogle County was very successful. So the
 8 more we can get the word out so if folks do have
 9 -- when people are in a critical incident, they
 10 often aren't thinking clearly. But if we can
 11 get the word out, and then people think of us
 12 when something does happen. We hope that we
 13 never have to respond, but if there is a
 14 critical incident, that we have those services
 15 available.
 16 MR. HEAD: Could you get those to Cecilia
 17 and she'll make copies for all to have, please?
 18 MS. ZIMMERMAN: Just pass those out.
 19 There's seven right there.
 20 MR. HEAD: Make a presentation to the HR
 21 association for Rock River Valley for Sauk
 22 Valley so that every corporate office has them.
 23 MS. KEMP: I actually have eight.
 24 MR. HEAD: Let's take a five-minute
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1 recess.
 2 (The hearing was recessed at
 3 8:12 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 Sinnissippi Centers, Inc.)
 6) Ogle County
 7) Sheriff's Office
 8 Ogle County, Illinois.) Oregon, Illinois
 9) May 10, 2018
 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 14th day of
 19 May, 2018.
 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
 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 Children's) Ogle County
 Development Center) Sheriff's Office
 6) Oregon, Illinois
 Ogle County, Illinois.) May 10, 2018

7
 8
 9 Testimony of Witnesses
 Produced and
 10 Examined on this 10th day
 of May, 2018,
 11 before the Ogle County
 Community Mental Health Board

12
 13
 14 BOARD MEMBERS PRESENT:
 15 Kathleen Wilson
 16 William Sigler
 Lowell Harp
 17 Tracy Brooks
 Dorothy Bowers
 18 Margaret Tyne
 Nick Head, Chairman
 19

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

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 20 End. 29
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1 MR. HEAD: Well, thank you so much. Could
 2 you -- we have a new Board member, Margaret
 3 Tyne. Can you introduce yourselves to Margaret?
 4 MS. KURTZ: I'm Kathleen Kurtz. I'm
 5 program manager for the family support programs
 6 at Easter Seals.
 7 MS. MOOK: And I'm Patti Mook, the family
 8 support specialist.
 9 MR. HEAD: Thank you for being here. I'd
 10 like you to just do a quick overview, and then
 11 we'll go around and ask questions.
 12 I'm going to throw one at you, though,
 13 before we go around. You're only asking for a
 14 thousand dollars. What's going to be different
 15 if we give you another thousand dollars?
 16 MS. MOOK: We asked for a thousand dollars
 17 more than we did last year.
 18 MR. HEAD: I'm being a little bit
 19 difficult and facetious here, because that's not
 20 a lot of money and you have a very important
 21 mission.
 22 MS. MOOK: Well, we are starting to
 23 support the Rochelle Parent Group. We have in
 24 the past, but we're taking on a more active role
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1 this year. And I know that there's some
 2 activities that they would like to do, you know,
 3 in terms of speakers.
 4 They have also kind of thrown around the
 5 idea, would it be possible to do some
 6 scholarships for special recreation programs,
 7 because there is a cost to that. So that's the
 8 reason why.
 9 MR. HEAD: Okay. All right. Thank you.
 10 MS. WILSON: Could I go first?
 11 MR. HEAD: Yeah, please.
 12 MS. WILSON: I do have to leave.
 13 This was an awesome presentation.
 14 MS. MOOK: Thank you.
 15 MS. WILSON: I just so much appreciated
 16 having all the programs broken out and how much,
 17 you know, you spent from us on each program.
 18 That was just, like, so, so valuable to me to
 19 see all of that.
 20 And then on Page 22, where you broke out
 21 the Ogle County only figures and exactly what
 22 was going into each thing, I'm just like, that
 23 was great. It really made it so clear.
 24 And yeah, okay, so let's go to Page 30.
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<p>1 Jumping ahead. Thank you for using only the</p> <p>2 Rockford numbers here too. Let me see. Number</p> <p>3 6 on Page 30, under -- yeah, Number 6, client</p> <p>4 contributions, why will that increase so much?</p> <p>5 MS. KURTZ: That is our Giving Tuesday,</p> <p>6 and that is something that our fundraising</p> <p>7 department has -- is really spearheading, and it</p> <p>8 is a -- it's right after -- is it right before</p> <p>9 Thanksgiving?</p> <p>10 MS. MOOK: It's right after Thanksgiving.</p> <p>11 MS. KURTZ: Right after Thanksgiving. And</p> <p>12 that keeps growing every year. And we have a</p> <p>13 board member who doubles the contributions -- or</p> <p>14 she triples.</p> <p>15 MS. MOOK: Actually, they triple now.</p> <p>16 MS. KURTZ: They triple now. And so every</p> <p>17 year Patti keeps telling friends and family,</p> <p>18 Will you contribute? Will you contribute? And</p> <p>19 it started off, like, at 2,000, and every year</p> <p>20 Patti keeps growing and growing and growing that</p> <p>21 contribution. So we expect it to be much higher</p> <p>22 next year.</p> <p>23 MS. WILSON: Wow.</p> <p>24 MS. KURTZ: Yeah, because of the fact that</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p>1 those costs will be covered by hopefully the</p> <p>2 increase with DFI.</p> <p>3 MS. WILSON: Thank you. Good. Glad to</p> <p>4 hear it.</p> <p>5 And then on Page 31, you gave us some</p> <p>6 examples of other expenses. I mean, it seems</p> <p>7 like under expenditures, that's one of your</p> <p>8 largest line items, is all other expenses. On</p> <p>9 Page 31 then, Line 19 through 31 was</p> <p>10 miscellaneous expenses. But again the Line 31,</p> <p>11 miscellaneous, not otherwise listed, could you</p> <p>12 just give me an example of a miscellaneous</p> <p>13 expense? Because, again, that's, like, the</p> <p>14 largest line item.</p> <p>15 MS. KURTZ: I don't know if I can answer</p> <p>16 that, to be honest. Our financial person got</p> <p>17 stuck in traffic and she was supposed to be</p> <p>18 here. I can call her. I can phone a friend.</p> <p>19 MS. WILSON: No. I was just wondering if</p> <p>20 you just had any --</p> <p>21 MS. KURTZ: Yeah, I am sorry.</p> <p>22 MS. WILSON: Okay.</p> <p>23 MS. KURTZ: But I can send an email.</p> <p>24 MS. WILSON: Yeah, I don't need -- you</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>
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<p>1 it's tripled now.</p> <p>2 MS. WILSON: That makes sense.</p> <p>3 MS. KURTZ: Yeah, our development</p> <p>4 department is really pushing for the programs</p> <p>5 now.</p> <p>6 MS. WILSON: That makes sense.</p> <p>7 Okay. Number 11, under salaries, why are</p> <p>8 the salaries going up? That's a good thing.</p> <p>9 MS. KURTZ: Yeah, and I'll tell you what,</p> <p>10 we have asked for more money from DFI to cover</p> <p>11 salaries because we have not had increases in</p> <p>12 our programs, staff salary increases for a very</p> <p>13 long time. It's been like six years since there</p> <p>14 have been any increases. And so the last two</p> <p>15 years there have been staff salary increases for</p> <p>16 everybody: the respite workers, Patti, and</p> <p>17 actually myself as well.</p> <p>18 So that was a cause of the increase, plus</p> <p>19 we have hired additional respite workers. So</p> <p>20 all the respite workers are full, fully staffed,</p> <p>21 and in addition they're using all their hours.</p> <p>22 So if they're given 20 hours, they're utilizing</p> <p>23 20 hours. So that we expect to -- everybody to</p> <p>24 be utilizing all of their hours fully. And</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>	<p>1 know, I don't know about the rest of you, but I</p> <p>2 don't need to know all of them, but just a few</p> <p>3 things. Because, I mean, \$8,000 for supplies</p> <p>4 and then \$10,000 for miscellaneous, you know,</p> <p>5 seems --</p> <p>6 MS. KURTZ: Yeah, I can certainly ask her</p> <p>7 and I can let you all know. I will do that.</p> <p>8 MS. WILSON: Just email Cecilia.</p> <p>9 MS. KURTZ: I will.</p> <p>10 MS. WILSON: That's all I have. Thank</p> <p>11 you. Thank you so much for the work that you</p> <p>12 do.</p> <p>13 MR. HARP: Well, I want to congratulate</p> <p>14 you on the results of the CARF accreditation.</p> <p>15 MS. KURTZ: Oh, yes.</p> <p>16 MR. HARP: CARF.</p> <p>17 MS. KURTZ: Yeah, CARF. I always forget</p> <p>18 exactly what it stands for. You know how that</p> <p>19 goes. So, definitely. Thank you. Patti works</p> <p>20 very hard on that.</p> <p>21 MS. MOOK: You know, we have a lot of</p> <p>22 ladies that come year after year and they're</p> <p>23 talking about it with their friends, and we have</p> <p>24 even started a Facebook page for the Special</p> <p style="text-align: center;">In Totidem Verbis, LLC (ITV)</p>

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1 Needs Mom Retreat so they're able to connect
 2 through that throughout the year and keep those
 3 connections going, which is so valuable.
 4 And yes, respite, our respite hours are
 5 used every month, and that is such a great way
 6 for parents to be able to take a break that they
 7 so desperately deserve.
 8 MR. HARP: Well, you know, I'm going to
 9 ask for your patience, and again, as briefly as
 10 you can, explain the meaning of the credentials
 11 that you have. The -- is that EI?
 12 MS. KURTZ: Early intervention.
 13 MR. HARP: Early intervention. Touch
 14 points?
 15 MS. KURTZ: Touch points. It's a
 16 Brazelton technique. T. Berry Brazelton was a
 17 pediatrician. Actually, he just passed away. I
 18 think he was probably close to a hundred years
 19 old, if you want to know the truth. And it is a
 20 technique that they use with infants to be
 21 prepared for their next transition, to be able
 22 to understand what they're going through. They
 23 have a level of disorganization before they get
 24 organized. So if you are working with an infant
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1 and they're getting ready to walk, they might
 2 have a period of disorganization and having
 3 trouble.
 4 And I work a lot with teen parents and
 5 trying to get them to understand their baby's
 6 development and what's going on with their baby
 7 at the time. And a lot of teen parents are not
 8 very patient with their babies, and, What's
 9 going on with my baby? My baby is having a hard
 10 time with this. And it's like, okay, let's try
 11 to understand where your baby is at. Your baby
 12 is trying to learn his world and they're having
 13 this period of, you know, What's going on,
 14 Mommy? You try to speak for the baby. I'm
 15 trying to learn my world and I don't know what's
 16 going on.
 17 So they're having this period of
 18 disorganization before they get organized. So
 19 you try to speak for the baby and through the
 20 baby so that the mom understands.
 21 So it's been a little while since I have
 22 gotten the training, but we did all get
 23 certification for that.
 24 And Healthy Families America is a home
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1 visiting credential.
 2 MR. HARP: Pardon?
 3 MS. KURTZ: Healthy Families America is a
 4 credential that I also have. It's an evidence-
 5 based home visiting program. So another program
 6 that I manage has the Healthy Families America
 7 ethics-based program model.
 8 MR. HARP: And that's kind of like a
 9 national organization?
 10 MS. KURTZ: Yup. It's national.
 11 Actually, international.
 12 MR. HARP: Okay.
 13 MS. KURTZ: Uh-huh.
 14 MR. HARP: And same for Parents as
 15 Teachers then?
 16 MS. KURTZ: Yup, uh-huh. It's
 17 international, uh-huh.
 18 MR. HARP: You point out that most primary
 19 caregivers in your population are mothers. I'm
 20 just kind of curious what percentage of your
 21 active clients would you say are men? Are there
 22 men out there?
 23 MS. MOOK: Oh, absolutely.
 24 MS. BOWERS: My son.
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1 MS. MOOK: Absolutely. Yeah, there are a
 2 lot. I'm going to say the percentage
 3 predominately is more female, but there are some
 4 dads that really do step up to the plate. I
 5 have worked with single fathers, you know,
 6 that -- one in particular that, you know, his
 7 wife died during childbirth and that's why their
 8 son has a disability, is because of those
 9 difficulties with that. But, I mean, he's a
 10 single dad, and, you know, we do have several of
 11 them. I can think of over the years we have had
 12 quite a few single dads.
 13 But, you know, unfortunately, again, the
 14 divorce rate among families that have kids with
 15 disabilities is significantly high, and, you
 16 know, a lot of times, I hate to say it, I'm not
 17 bashing men, but they do kind of -- they leave,
 18 you know. It's difficult. They don't form
 19 those support networks like women do, you know,
 20 that can help them through difficult times.
 21 But, you know, I would say -- I'm going to
 22 say -- I mean, I can't really give you a figure
 23 right off the top, but there are -- I mean, when
 24 we do our family events there are a lot of, you
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1 know, both parents that are attending those so
 2 that the families can attend as a unit and have
 3 fun.
 4 MR. HARP: Men don't participate in
 5 respite -- not respite -- the -- what am I
 6 trying to say -- the retreat?
 7 MS. MOOK: They don't. They're probably
 8 at home taking care of the kids.
 9 MR. HARP: Okay. Single dads wouldn't be
 10 a part of that either?
 11 MS. MOOK: Unfortunately not. It is
 12 geared towards women. But I just did -- you
 13 know, over this past weekend we had our Galena
 14 mom's retreat, and I did have some moms that
 15 kind of approached me and said, What can we do
 16 for dads? And so we're going to be taking a
 17 look at that.
 18 I don't know at this point what we can do.
 19 I'm not a man. I don't know what a man needs.
 20 But if I could do, like, a survey, you know, to
 21 identify that it's a need, you know, and then I
 22 would want to make sure that whatever we do is
 23 going to meet the needs of the men.
 24 And I would need a man to step up and lead
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1 that. I certainly would not feel comfortable
 2 leading a man's retreat. I wouldn't know what
 3 activities a man would want to do. You know,
 4 would they want to be doing those inspirational
 5 and educational speaking things or would they
 6 want to come, you know, and chop wood, build a
 7 deck for somebody? I mean, I just don't know.
 8 Shoot pool, darts, you know. But, you know, it
 9 is something that we are going to explore
 10 because of the result of the question that I had
 11 over the weekend.
 12 MR. HARP: I appreciate that. Usually by
 13 far the vast majority of cases the mother is
 14 giving the care --
 15 MS. MOOK: Yes.
 16 MR. HARP: -- but I think about some
 17 single dads, you know. Plus, men aren't always
 18 very talented in the art of caregiving, so it
 19 must be really tough.
 20 MS. MOOK: It is, but, you know, they
 21 reach out. And, I mean, I worked with, you
 22 know, the one gentleman for, you know, many,
 23 many years. So they do reach out.
 24 And what I said to her is, I can't promise
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1 that we would, you know, actually do it, but if
 2 she wanted to do it, I would be absolutely happy
 3 to consult with her and help her to set it up,
 4 so.
 5 MS. KURTZ: A dad's group even.
 6 MS. MOOK: Yes, a dad's group even. Yeah.
 7 MR. HARP: Let's talk about your
 8 evaluation and procedures. Self-report
 9 evaluation, very high percentages. Is that just
 10 an informal kind of survey or is that kind of an
 11 instrument that you're using?
 12 MS. WILSON: What page is that on?
 13 MR. HARP: Page 17.
 14 MS. WILSON: Page 17.
 15 MS. MOOK: We do a respite survey of our
 16 families every year because we want to make sure
 17 that it is, you know, meeting their needs. And,
 18 of course, it always does come back at a hundred
 19 percent that, you know, it has reduced their
 20 stress level.
 21 MR. HARP: And that's like a yes/no format
 22 then?
 23 MS. MOOK: It is. It is. And then it's
 24 also a number. You know, one through five,
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1 where one being low, five being high. We always
 2 do -- after our retreats we always do a survey
 3 as well. And then after each training we do a
 4 survey. And we always ask them, what are two
 5 things that you have learned? And then again,
 6 what was your, you know, level of -- oh, what's
 7 the word I'm trying to use -- of knowledge
 8 before the training and then what was it
 9 afterwards too.
 10 MR. HARP: So I'm real clear about it,
 11 it's not yes or no? It's just a scale that they
 12 use?
 13 MS. MOOK: It's both.
 14 MR. HARP: It's both, okay. So the
 15 percentage --
 16 MS. MOOK: Because we ask, have you
 17 learned anything new? Yes or no. What was your
 18 level of knowledge? One through five. And then
 19 what was your level of knowledge after? One
 20 through five.
 21 MR. HARP: Oh, okay. So they kind of
 22 break it down.
 23 MS. MOOK: Yes, yes, and then we ask them
 24 to break it down even further and what are two
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1 things that you learned from professionals? You
 2 know, what are you going to use and take back?
 3 And then for -- you know, for parents, what are
 4 two things that will help you with your child?
 5 MR. HARP: Have you ever found it useful
 6 in terms of coming up with something that you
 7 need to do differently? Actually, it was such
 8 high percentages, it's kind of hard to do that.
 9 MS. MOOK: You mean like -- I don't know
 10 that I understand your question.
 11 MS. KURTZ: Would you change anything
 12 based on the feedback or have you changed
 13 anything?
 14 MS. MOOK: In terms of what?
 15 MR. HARP: Like, would the answers ever
 16 help you find places where you can improve your
 17 services?
 18 MS. MOOK: Oh, yeah. Yeah. I think, you
 19 know, it -- in looking at our trainings and what
 20 we do, if they are not learning anything, then
 21 maybe we should look at offering different types
 22 of trainings. You know, I would hope that I do
 23 the variety of them, you know, really well.
 24 But when I partner with other agencies,
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1 you know, we kind of collaborate and, you know,
 2 discuss what trainings -- you know, I mean, in
 3 special education law, I mean, there can be a
 4 lot of different trainings geared towards that,
 5 and those can be broken down, you know, by each
 6 section almost even. So we do take a look at
 7 those. And we do kind of take a look back and
 8 make sure that we are not repeating things too
 9 often.
 10 So I don't know if that answers your
 11 question?
 12 MR. HARP: Yeah. I talked with
 13 Sinnissippi, I can remember, in the past about
 14 this whole issue. When you get such high
 15 percentages of approval, the issue becomes how
 16 do you use that instrument so that you can
 17 identify any weaknesses that are there.
 18 MS. MOOK: Gottcha.
 19 MR. HARP: You need to find a way to break
 20 things down. To me that's an important issue.
 21 MS. MOOK: Okay.
 22 MR. HARP: Consumer satisfaction, family
 23 support, Number 6, is that off the shelf or is
 24 that something that you developed yourself?
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1 You're at or near a hundred percent in all those
 2 categories too.
 3 MS. MOOK: Oh, that was the -- this is
 4 from our yearly one.
 5 MS. KURTZ: Yeah, our agency.
 6 MS. MOOK: The agency generates it.
 7 MS. KURTZ: And sends out.
 8 MS. MOOK: Yes. I'm happy to see that,
 9 you know, because this was for my program
 10 specifically. So, you know, in terms of, you
 11 know, I want to make sure that I am meeting
 12 families' needs, and that's -- you know, when I
 13 do consult with somebody, whether it's just, you
 14 know, maybe one time over the phone or that we
 15 establish the long-term relationship, you know,
 16 that even if it was somebody that I maybe just
 17 spoke with for, you know, 15 minutes, 20
 18 minutes, I want to make sure that, you know, I
 19 was respectful with them and met their needs and
 20 everything.
 21 So for me, you know, this is a really good
 22 tool for me because it does say, hey, you are
 23 doing a decent job and keep it up.
 24 MR. HARP: Okay. Well, you know, I don't
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1 want to leave you with the wrong impression.
 2 I'm very impressed with what you do. So thank
 3 you.
 4 MS. MOOK: Thank you.
 5 MS. BROOKS: I don't have any questions.
 6 Lowell covered one of the ones that I had. But
 7 I just want to say, you are doing a great job,
 8 and I was happy to see that you have a strong
 9 presence in Ogle County.
 10 MS. MOOK: We've worked really hard on
 11 that in the past years, really have.
 12 MS. BROOKS: I know those respite programs
 13 are so important for families. I know with
 14 families that I work with through NAMI, just, I
 15 call it they get battle fatigue.
 16 MS. MOOK: Absolutely.
 17 MS. BROOKS: Every day they're having to
 18 face the same challenge, you know.
 19 MS. MOOK: Right. And there have been
 20 studies that have shown that, you know, families
 21 -- I would say probably all different types of
 22 disabilities, but in particular autism -- that
 23 they actually, you know, present as having, you
 24 know, PTSD symptoms. So it really is so
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1 important for them, yeah.

2 MS. BROOKS: And also I was happy to see

3 that you're taking -- I don't know if you're

4 taking over, but working with the Rochelle

5 Parent Group. I know they have been kind of

6 flailing the last couple years, trying to keep

7 it going. So happy to see that, that they

8 really need that support too.

9 That's all I have.

10 MS. MOOK: Okay. Thank you.

11 MR. SIGLER: I want to join in with Kathe.

12 You have done a beautiful job this year in

13 putting out your presentation to us. In years

14 past, you know, we have raised a question with

15 you, Can you break it out for Ogle County? I

16 think it's phenomenal. I read through this

17 thing so easily, and I was reassured where we're

18 giving our money, sending it, is being used in

19 proper areas.

20 MS. MOOK: Oh, absolutely, yes.

21 MR. SIGLER: And we talk -- I only have

22 one question. I see we're running short on

23 time. We talk about respite. You're asking for

24 about a thousand dollars more. Is that program

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1 stagnant now or still trying to increase the

2 numbers?

3 MS. MOOK: Again, that increase was to

4 kind of help with the Rochelle Parent Group.

5 MR. SIGLER: Yes, ma'am.

6 MS. MOOK: You know, I would think -- we

7 kind of want to have things stable for a while

8 before, again, we go and ask for an increase. I

9 kind of think -- you know, we did ask for the

10 increase for this year, which we received and we

11 were very thankful for.

12 You know, I'm only one person. And so

13 when I kind of look at -- I have to be practical

14 in what we ask for, I think. But I would say

15 probably by next year I'll be wanting to ask for

16 more.

17 MR. SIGLER: I appreciate your

18 conservatism in requesting funding from us.

19 My goodness gracious, you do so much good

20 in respite. Where do these people go? I have a

21 daughter and a son-in-law that live down the

22 block or a little further than that, and Tammy

23 is welcome there anytime. There are times the

24 wife and I just want to be alone or do

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1 something. And these folks maybe don't have

2 that opportunity. Please continue what you're

3 doing in respite.

4 Mine is a comment to you. You don't have

5 to respond to it.

6 Thank you very much.

7 MS. MOOK: Thank you.

8 MS. BOWERS: I also want to thank you for

9 the application this year.

10 And you opened up to my son. He is

11 married. His wife works full-time and he's the

12 stay-at-home mom. And he felt when he first got

13 the disabled child that he couldn't ask for help

14 from anybody, but you guys opened his eyes. He

15 now asked asks us to sit with Adam every once in

16 a while so he can get away. But it took you

17 guys to do that.

18 Thank you.

19 MS. MOOK: Yes, you're welcome.

20 MS. TYNE: I think your services are

21 great, and I like how you're evaluating

22 everything on an ongoing basis. So thank you.

23 MS. MOOK: Thank you.

24 MR. HEAD: I don't have any comments with

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1 respect to content. You guys do an incredible

2 job with not a whole lot of money. You know, I

3 look at your 6.32 an hour, is what it works out

4 to for the services you provide. Oh, my gosh.

5 What a great deal Ogle County gets for what you

6 provide us.

7 One comment about the application. I

8 really like that you put all these little tabs

9 on here. That was very thoughtful of you to do

10 that.

11 MS. BOWERS: How long did that take?

12 MS. MOOK: I know.

13 MR. HEAD: It was very, very user-

14 friendly.

15 The one thing I would suggest is that you

16 have a table of contents.

17 MS. MOOK: You know, you asked for that

18 last year, Nick. Can you explain to me -- give

19 me a little bit more what you're looking for and

20 where you would want it? Because we did look at

21 that comment from last year, and we're not --

22 I'm not quite sure what you mean.

23 MR. HEAD: I would want it before this

24 first orange sheet, and what I would want to

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1 have for each tab is to have one line of what
 2 that section is about. So, for example, on Page
 3 2, one line, general agency information.
 4 MS. MOOK: Okay.
 5 MR. HEAD: Page 2. Then going on, general
 6 agency information, agency compliance, Page 6.
 7 Then general --
 8 MS. WILSON: Hey, Nick, I've got to
 9 disagree with you on that.
 10 MR. HEAD: Do you?
 11 MS. WILSON: Yeah.
 12 MR. HEAD: Okay.
 13 MS. WILSON: Because it behooves us as
 14 Board members to know our application. And I
 15 haven't seen any of the other agencies doing
 16 that. I think it behooves us to know that, you
 17 know, if we go to 1.3 this is what we're going
 18 to find. I think -- I think that's extra
 19 paperwork that they don't need to be doing with
 20 their money.
 21 MR. HEAD: Well, your call. I would find
 22 it useful personally.
 23 MS. MOOK: Would it be helpful, I mean, if
 24 we just listed it here?
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1 MR. HEAD: Yeah, sure.
 2 MS. MOOK: Can I just do that on this
 3 sheet, and just list it here what would be in
 4 each section?
 5 MR. HEAD: I agree with what you say,
 6 Kathe, about knowing the proposal. I read
 7 through the whole thing, but if I forget where
 8 there was an important fact or question that
 9 came up for me --
 10 MS. WILSON: (Indicating.)
 11 MR. HEAD: You added a tab. I think
 12 that's great. I wasn't that creative.
 13 But that would be the purpose of that, is
 14 to simply give us a quick reference if we wanted
 15 to go back after reading it.
 16 MS. MOOK: What I can do is absolutely add
 17 it to each section.
 18 MR. HEAD: Next year. Not now.
 19 The other thing is, we just talked with
 20 Sinnissippi, and they put together a one-page
 21 sheet that describes the impact that they had on
 22 Ogle County. Yours doesn't need to be as much
 23 as what Sinnissippi did. I'm going to give you
 24 a copy of this.
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1 MS. MOOK: Okay.
 2 MS. KURTZ: Okay.
 3 MR. HEAD: I'm going to present to the
 4 County Board on June 12th, and then later I'll
 5 come back to the Health, Education & Welfare
 6 Committee to kind of be able to answer any
 7 questions that they may have. Something like
 8 this would be handy to give them. They read a
 9 lot. They want something that's succinct and to
 10 the point.
 11 Sinnissippi also provided a -- kind of a
 12 Sinnissippi Centers and the Need for Ogle County
 13 708 Funds. It was about one and a half pages.
 14 It doesn't have to be very long. But if you can
 15 have, in a page or two, everything we need to
 16 know in terms of the major facts.
 17 All the facts are in there. The
 18 information is very complete and it's very
 19 useful and compelling. But if you could do that
 20 for me and can we share that with all the board
 21 members, that would be great. I hesitate to add
 22 a lot to your workload, but I think it would
 23 help me to make a case for you.
 24 MS. MOOK: Okay.
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1 MR. SIGLER: A copy of this?
 2 MR. HEAD: Yeah, that's exactly what I'm
 3 talking about. Something akin to this, which is
 4 very helpful.
 5 Anybody have any further questions?
 6 MS. BOWERS: August 29th is our funding
 7 hearings for the HEW Committee.
 8 MS. MOOK: At the courthouse?
 9 MS. BOWERS: At the courthouse.
 10 MS. MOOK: Third floor?
 11 MS. BOWERS: Same place.
 12 MS. MOOK: What time?
 13 MS. ZIMMERMAN: Hopefully 8. 8, 8:30.
 14 Early.
 15 MS. KURTZ: Early.
 16 MS. ZIMMERMAN: Not 7.
 17 MR. HEAD: Thank you again for all you do.
 18 It's very special what you do.
 19 MS. MOOK: Thank you. I appreciate that,
 20 and thank you for the opportunity.
 21 MR. HEAD: Yes, and I think we will go
 22 into recess again. Let's go play.
 23 (The hearing was recessed at
 24 8:47 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 Easter Seals Children's)
Development Center) Ogle County

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

7) May 10, 2018

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, 2018.

19
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

24 In Totidem Verbis, LLC (ITV)

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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 of) Ogle County
6 Illinois) Sheriff's Office
7 Ogle County, Illinois.) Oregon, Illinois
) May 15, 2018

8
9 Testimony of Witnesses
10 Produced and
11 Examined on this 15th day
12 of May, 2018,
13 before the Ogle County
14 Community Mental Health Board

15 BOARD MEMBERS PRESENT:

16 Kathleen Wilson
17 William Sigler
18 Lowell Harp
19 Tracy Brooks
20 Amy Stephenitch
21 Dorothy Bowers
22 Margaret Tyne
23 Nick Head, Chairman

24 Cecilia Zimmerman, Secretary
Reporter: Callie S. Bodmer

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1 MR. HEAD: Amy (sic) and Jeremy, we have a
2 new Board member this morning, Margaret Tyne,
3 from Polo, I believe it is.
4 MS. TYNE: Uh-huh.
5 MR. HEAD: And if you can introduce
6 yourselves to Margaret.
7 MS. MILLS: My name is Chris Mills.
8 MR. HEAD: It's Chris?
9 MS. MILLS: Chris, yes. That's all right.
10 I'm the clinical manager out at Nachusa
11 Lutheran Home, which is a branch of Lutheran
12 Social Services of Illinois.
13 MR. HOOKER: I'm the program director at
14 Nachusa Lutheran Home for LSSI.
15 MR. HEAD: Welcome back from recess, Board
16 members. Nice soggy day out there, if you have
17 any weeds to pull.
18 Would you do roll call, please.
19 (Roll call was taken.)
20 MR. HEAD: All right. Chris and Jeremy,
21 would you like to just make any opening remarks
22 you might have, and then we'll go around and ask
23 any question.
24 MR. HOOKER: Sure. Would you like an
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1 overview of the program?
2 MR. HEAD: Yeah, just -- you're asking for
3 another \$7500 this year. What are we going to
4 get for that?
5 MR. HOOKER: Sure. We're presenting today
6 on three programs, three of our outpatient
7 programs, that serve Ogle County: Comprehensive
8 Community Based Youth Services, or CCBYS,
9 Project Lead, and Youth Works.
10 You have heard us talk actually about all
11 three programs. We talked a little bit about
12 Youth Works last year. But this year we have
13 included it as part of the funding application.
14 So that would be the difference in funding, is
15 we're now talking about three of our programs.
16 CCBYS is a grant-based program that LSSI
17 has had for over 35 years. A big part of that
18 program is a community match. So that's what
19 the 708 money goes towards, is providing that
20 match so we can continue that grant. That grant
21 is up for renewal this year for the first time
22 in, I think, about seven years.
23 So I just submitted the packet. You guys
24 were a part of that packet. We talked about how
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1 communities are invested in this program,
 2 contributing money.
 3 And your money goes directly to the staff.
 4 So there's no question about where that money
 5 goes. It goes to pay for our workers. And when
 6 we submit the budget, it actually shows your
 7 money going to that, workers, to provide
 8 services here in Ogle County.
 9 Project Lead, do you want to talk a little
 10 bit about it?
 11 MS. MILLS: Sure.
 12 Project Lead is our substance abuse
 13 prevention program, and when we wrote this --
 14 it's been about seven years now, how quickly
 15 time goes by -- we wrote it specifically for Lee
 16 County and Ogle County. So Ogle County has its
 17 own designated workers, has its own designated
 18 program actually, even though they have the same
 19 goals.
 20 What that means is, for example, one
 21 difference is the curriculum that Ogle County
 22 uses. The community members of Ogle County
 23 chose a curriculum that's evidence-based. It's
 24 called Too Good For Drugs. Lee County uses a
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1 different one. So it's definitely
 2 individualized towards the needs of the Ogle
 3 County youth.
 4 To piggyback off of Project Lead and its
 5 success, we, about two years ago now, had the
 6 opportunity to write another grant that was
 7 violence prevention. And we really wanted to
 8 take advantage of that opportunity, just because
 9 that's one of the community needs that we often
 10 hear from our interactions with youth, parents,
 11 teachers, is the bullying, whether it's just
 12 right in the school environment or whether it's
 13 over the internet. The cyber bullying is a big,
 14 big thing that's getting reported to us, as well
 15 as dating violence. And that's something that
 16 the Illinois Youth Survey has demonstrated to
 17 us.
 18 For those of you who aren't real familiar,
 19 we get some of our data from the Illinois Youth
 20 Survey because that is the direct reports of
 21 youth. They anonymously report different things
 22 that are going on with their lives, and so it
 23 becomes a really great resource for us when
 24 we're analyzing the needs of a community.
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1 So Youth Works is our violence prevention,
 2 and that's the new one that we added this year.
 3 MR. HOOKER: So why we added Youth Works
 4 this year is, the first two years we had
 5 sporadic funding. The State was not a very
 6 reliable partner. We're funded for partial
 7 years, nine months at a time. This is our third
 8 year going into Youth Works, and this year we
 9 are funded for a full year, and it looks like
 10 they are very committed behind this program.
 11 Right now our staff are a little
 12 stretched.
 13 We are serving how many youth in Ogle
 14 County schools in Project Lead?
 15 MS. MILLS: It is over 500.
 16 MR. HOOKER: So we're in the majority of
 17 the schools. So it's a lot for one worker to
 18 do. So we're looking for adding additional
 19 staff to supplement Youth Works and Project Lead
 20 and to add another staff to help in the
 21 classrooms.
 22 MS. MILLS: Now that Youth Works has
 23 really become -- you know, that first year you
 24 really are launching, you're building, you're
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1 getting word out, you're getting community
 2 members invested in what you're doing. We're
 3 now moving on to a phase where we're becoming
 4 the doers.
 5 Just last week the school in Chana
 6 requested to have a worker in our school one
 7 time per week. So Chana will now have Youth
 8 Works as a supplemental service in their school.
 9 MS. BROOKS: Can you remind me what Youth
 10 Works is?
 11 MS. MILLS: That's the violence
 12 prevention. They're going to go in and offer
 13 educational pieces. They also have the capacity
 14 to do some short-term counseling that would be
 15 directly related to violence prevention,
 16 conflict resolution, some basic emotional
 17 management coping skills.
 18 Really whatever the school says they need,
 19 they have really given us the flexibility to go
 20 in and provide that.
 21 Another big thing that they'll be doing is
 22 providing linkage for if a youth needs longer-
 23 term services, and then they can help and
 24 support with that.
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<p style="text-align: right;">Page 9</p> <p>1 MR. HEAD: Let's go around and do 2 questions. 3 Dorothy, could you start, please? 4 MS. BOWERS: Sure. 5 Okay. On Page 7 of your application it 6 talks about -- Number 2, it talks about dollars 7 that you received during the fiscal year. That 8 all goes to Ogle County? 9 MR. HOOKER: No. That is -- well, I can 10 break it down a little bit for you. Project 11 Lead would be divided by three. That's the 12 grant amount for Lee, Ogle, and Whiteside for 13 Project Lead. 14 MS. BOWERS: Okay. 15 MR. HOOKER: For Youth Works -- 16 MS. MILLS: Divided in half. 17 MR. HOOKER: -- it would be divided in 18 half, because it's for two counties. 19 And for CCBYS, that's four counties. So 20 it would be divided by four. 21 Those are the grant amounts for the entire 22 grant for those programs. 23 MS. BOWERS: For the entire grant? 24 MR. HOOKER: Yes. In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 11</p> <p>1 would be included in those figures. 2 MS. BOWERS: Okay. And then on Page 3 3 towards the back, we have -- it says Page 3 at 4 the bottom -- or 30, I guess it is. Sorry. 5 Can't read that. It has fiscal year, 2018 6 budget. Is this just Ogle County? 7 MR. HOOKER: Which budget are we looking 8 at? I completed the agency budget and then I 9 completed the program budgets. 10 MS. BOWERS: It's on Page 30. 11 MR. HOOKER: 30, that's the agency budget 12 for LSSI, then I also include the program 13 budgets after that. 14 MS. WILSON: For LSSI in Ogle County or 15 LSSI statewide? 16 MR. HOOKER: This is LSSI as an 17 organization. 18 MS. WILSON: So statewide? 19 MR. HOOKER: Yes. You have to add three 20 zeros to the back of each of those numbers. 21 Then I cleared that just because it was a 22 simple way to present what our agency does as a 23 whole. Then after that, you have the three 24 specific program budgets. In Totidem Verbis, LLC (ITV)</p>
<p style="text-align: right;">Page 10</p> <p>1 MS. MILLS: They have us write them 2 separately, but then they combine them to give 3 us the amounts. I'm not sure why they do that, 4 but that's just how the State does that. 5 MR. HOOKER: When we submit the budget for 6 Project Lead, they have us do a budget for Ogle 7 County, a budget for Lee, and a budget for 8 Whiteside, but then we enter it into the DHS 9 system we have combine it into one grant. 10 So it can be divided out, but that's the 11 total grant amount for the programs. 12 MS. BOWERS: I would like to see it 13 divided out. 14 MR. HOOKER: Sure. 15 MS. BOWERS: Then on Page 12, you got over 16 \$3 million in fundraising and development. What 17 part of that goes to Ogle County? 18 MR. HOOKER: I'm not exactly sure. That's 19 for the agency statewide. I can tell you it's 20 not a very large amount of that money. That's 21 the fundraising efforts for the agency as a 22 whole, which is statewide. 23 MS. BOWERS: Okay. So -- 24 MR. HOOKER: For example, the 708 money In Totidem Verbis, LLC (ITV)</p>	<p style="text-align: right;">Page 12</p> <p>1 MS. BOWERS: Divide it out into Ogle 2 County. None of it is divided into Ogle County. 3 MR. HOOKER: The budgets are not 4 specifically divided into Ogle County. They are 5 divided by program. 6 MS. BOWERS: Do you have any way of 7 dividing it out by Ogle County? 8 MR. HOOKER: I may. I can ask our 9 business services department to see. 10 MS. BOWERS: I would like to see -- I know 11 you're a big organization, but I would like to 12 see more information pertaining just to Ogle 13 County. 14 MR. HOOKER: Sure. These numbers actually 15 for Youth Works would actually just be divided 16 by two, three, or four, depending on the 17 program, because our percentages are equal and 18 we have one staff dedicated to each county. So 19 it is actually pretty equal, but I could look 20 into it. 21 I think sometimes when we put in so many 22 in it, it gets a little confusing so I didn't 23 break it down completely. 24 MS. BROOKS: When I was looking at it, by In Totidem Verbis, LLC (ITV)</p>

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1 county basically you have these programs and you
 2 go where you're needed. So if we're helping
 3 fund the program, it's there. So when somebody
 4 in Ogle County uses it, that's where you go,
 5 right?
 6 MR. HOOKER: Well, for Project Lead and
 7 Youth Works, they're actually set in Ogle
 8 County. CCBYS, that's true, we will -- counties
 9 that need more referrals will send -- our
 10 capacity is pretty large. We can handle the
 11 amount of referrals we get. So CCBYS, wherever
 12 there is a referral, we go and we respond.
 13 Project Lead, they're set in Ogle County.
 14 MS. MILLS: Many of you know Jackie or
 15 have met Jackie. Jackie does not -- she will
 16 assist Lee County if they're doing an activity
 17 or something of that nature. But in terms of
 18 the prevention curriculum that she teaches, she
 19 teaches that in Ogle County and only in Ogle
 20 County.
 21 Katie Kalina is our Ogle County worker for
 22 Youth Works. She is currently in Rochelle
 23 Middle School once a week. Now, once the next
 24 school year starts she'll also be in Chana once
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1 a week. She is in Ogle County. She is not
 2 going to any Lee County schools because she is
 3 designated towards your county.
 4 MR. HOOKER: If we added an additional
 5 staff, they will be able to float between
 6 counties. That is our plan. And Ogle County is
 7 one of our biggest need areas --
 8 MS. MILLS: Yes.
 9 MR. HOOKER: -- between the three
 10 counties.
 11 It's good because it's prevention work.
 12 So these are schools that want to engage, they
 13 want the workers, they want to do that
 14 prevention work.
 15 MS. MILLS: And Ogle County is larger.
 16 MS. BROOKS: Yes.
 17 MS. MILLS: I mean, and so right now every
 18 school in Lee County is getting served with the
 19 exception of one. Ogle County, we can't say
 20 that because the schools are so large. We have
 21 the numbers that are just as big in Lee County.
 22 We're serving just as many, if not more,
 23 students, but we want to expand. We want to be
 24 able to offer the service to other schools, but
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1 with only one worker it does make it a little
 2 challenging because it's a time-consuming
 3 process to go and teach their curriculum.
 4 MS. BOWERS: Well, I think your girl can
 5 do all of it, because she is so energetic.
 6 MS. MILLS: She is, isn't she?
 7 MS. BOWERS: She's just a spitfire.
 8 MS. MILLS: Yes, I am blessed with very
 9 good workers, and Ogle County is very, very
 10 lucky to have her. I mean, she's very invested
 11 in Ogle County. That's her home.
 12 MS. BOWERS: That's all the questions I
 13 have.
 14 MR. HEAD: Margaret?
 15 MS. TYNE: If you didn't get \$7500, what
 16 would be -- where would you -- how would you
 17 rank the priority of your cuts?
 18 MR. HOOKER: For the additional this year,
 19 the additional 7500, we haven't hired another
 20 worker yet, we likely wouldn't proceed with
 21 hiring another staff if we didn't receive that
 22 additional funding.
 23 One of the largest priorities of the 708
 24 funding is CCBYS match, because without that we
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1 wouldn't receive the rest of the money from the
 2 State to do the program. So that's probably one
 3 of our highest priorities.
 4 MS. TYNE: And your violence prevention,
 5 what are some of the things that you do?
 6 MS. MILLS: They do a lot of educational
 7 pieces. So they'll come in and do educational
 8 forums both for students and for parents.
 9 They're also going to be providing some
 10 short-term counseling starting next school year.
 11 So that's what we're preparing for right now.
 12 That will be at Chana.
 13 At Rochelle Middle School they're going in
 14 once a week and working with the school to do
 15 different things. It varies week to week based
 16 on what the school says they need. We recognize
 17 that the school probably knows a little bit
 18 better their needs than what we do, especially
 19 those who are very invested in their school.
 20 So we have different teachers and
 21 different staff members at the school that are
 22 very much collaborating with us about what they
 23 feel like needs to be done, because they're
 24 recognizing and observing different problems.
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1 MS. TYNE: Thank you.
 2 MS. BROOKS: I don't have any questions.
 3 Good work.
 4 MS. STEPHENITCH: First of all, I want to
 5 thank you for hiring Katie Kalina. So since I
 6 have been here last time, I have already had
 7 three professional contacts with her. And prior
 8 to you, you know, referring her to me, I wasn't
 9 aware of her. So I was -- the reason I wasn't
 10 at our last meeting was, I was at a thing in
 11 Rockford, and I had our assistant principal say,
 12 Gosh, I just had a student I needed some help
 13 with. There's nobody out there, nothing
 14 available to help her.
 15 So I got into my email and I said, Here,
 16 call Katie Kalina. I just met her. That's why
 17 now she's hooked up with Chana. So I am
 18 thankful. I'm grateful. As well as, I have
 19 already given her name to another school where a
 20 group of eighth grade girls were talking about
 21 self-harm.
 22 So, yeah, I think that's -- I'm really
 23 excited about her. She's had a big impact so
 24 they can go in and not stress families out with
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1 finances, because a lot of times that's our
 2 barrier, is that families don't have the
 3 finances or even wherewithal or willingness to
 4 bring kids in. So thank you.
 5 MS. MILLS: Thank you for getting the word
 6 out, because like I said, it's nice to be in
 7 that phase of strategic planning to where you're
 8 ready to get out there and do it. And you can
 9 feel the excitement with that program. I'm sure
 10 you can feel it with Katie in that.
 11 A lot of you have met Jackie and have
 12 talked about her energy level. Katie is one to
 13 match.
 14 MS. STEPHENITCH: If she needs any help
 15 with names and getting into schools, I will help
 16 her.
 17 MS. MILLS: Thank you. I will pass that
 18 on to her.
 19 MS. STEPHENITCH: That's all I have. I
 20 don't have any questions.
 21 MR. SIGLER: I have one question to begin
 22 with. You already told me you knew the answer.
 23 For the last couple years that I have been going
 24 down to visit you, you have been in the process
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1 of a new facility for the clients. And now, I
 2 don't want to put words in your mouth. Please,
 3 tell me where we stand. I know where we stand.
 4 MR. HOOKER: Sure. Yeah, we operate a
 5 residential substance abuse treatment with 16
 6 beds. The last time you visited we were -- we
 7 have to move out of there -- I don't know if you
 8 have been by Nachusa, but the big, old building,
 9 kind of the signature of our campus, the Fire
 10 Marshal said we had to enclose the staircase all
 11 the way to the top.
 12 So for the past few years we have been in
 13 the process of moving out. We have to move the
 14 kitchen out, the maintenance, and some other
 15 staff. So we have been converting an old
 16 residential unit to have -- there used to be
 17 kids up there, and now there's only 16 beds for
 18 residential. Converting an old unit into a
 19 health and wellness center. So we have a new
 20 kitchen set up and a fitness center are set up,
 21 art room and conference center.
 22 So it just opened as of about two weeks
 23 ago, the kitchen, and some exercise equipment
 24 set up, and things are looking good.
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1 For the United Way project this year, it
 2 sounds like they want to come out and build a
 3 deck off the side for the kids so they can hang
 4 out and play some games and stuff like that.
 5 It's turning out really nice.
 6 MR. SIGLER: I would like to come out and
 7 visit.
 8 MR. HOOKER: Anytime. Any of you are
 9 welcome to stop by anytime for a tour.
 10 MR. SIGLER: I join in my fellow Board
 11 members, I would like to see a more definitive
 12 breakouts for Ogle County. I do read these, and
 13 I get overwhelmed with numbers.
 14 So if you can have a separate section
 15 showing Ogle and how the money is being spent in
 16 Ogle County, I would appreciate that.
 17 MR. HOOKER: Sure. I can email the Ogle
 18 County version for Project Lead. CCBYS is a
 19 little more difficult because the money is all
 20 split up different ways for that program, but I
 21 can show you where the money goes. That's easy,
 22 because all the money is assigned to the
 23 personnel.
 24 MR. SIGLER: That I would like to see.
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1 Last time I was out there you had just
 2 employed two new representatives, two young
 3 ladies. Are they still there? How are they
 4 doing? They seemed very energetic when I went
 5 out to visit.
 6 MR. HOOKER: Good.
 7 MS. MILLS: Yes.
 8 MR. SIGLER: You mentioned you were spread
 9 thin. Are you looking beyond these two support
 10 staff?
 11 MR. HOOKER: We are. We are looking at
 12 having a third person. We have one person
 13 dedicated to each county. We're looking for
 14 someone that can kind of support them and float
 15 between the counties as needed. So that's the
 16 reason for the increase.
 17 They have -- if we have two schools that
 18 they're teaching at, then we would have someone
 19 or -- one is out, then they can cover.
 20 MS. MILLS: The perfect example is, right
 21 now, some of you might know, Jackie is on
 22 maternity leave. So the other two workers are
 23 very busy and they're trying to help fill in,
 24 but they don't really have the time to take on
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1 her full-time responsibilities. So it's made it
 2 very challenging, because you can't just say,
 3 I'm not going to go do the curriculum. Because
 4 then those students aren't able to do it for
 5 their eighth grade year, those follow-up booster
 6 sessions. So it's all dependent on us going in
 7 and getting 100 percent of those seventh graders
 8 those core lessons. So somebody's got to do it.
 9 We have tried to shuffle to find ways to
 10 make it work, because everyone is entitled to a
 11 maternity leave, but it makes it challenging.
 12 These are the times where that extra worker can
 13 come in, because you can't just put it on hold.
 14 It doesn't work that way.
 15 MR. SIGLER: Well, thank you. I'm
 16 impressed with what you do. Thank you very
 17 much. That's all I have.
 18 MS. WILSON: Hi.
 19 MS. MILLS: Hi.
 20 MS. WILSON: I was sitting at a table and
 21 some people were talking about problems that a
 22 relative was having and they're like, We don't
 23 know what to do, our next stop is bringing in
 24 DCFS or the police. I'm like, Have you talked
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1 to LSSI? They're like, Who?
 2 So, you know, I think it's good that
 3 you're there. I'd glad that I know about you
 4 and that I can, you know, say, Try them because
 5 they might be another stop on the way to the
 6 police department, you know, that would really
 7 help you.
 8 On Page 6, under existing program, under
 9 Project Lead, I'm really happy to hear that
 10 there's a dedicated coalition of Ogle County
 11 residents.
 12 Is that the email I keep on getting about
 13 Project Lead? Not one of them, but I hear about
 14 them.
 15 MS. MILLS: Yes.
 16 MS. WILSON: That's great to know that
 17 there are.
 18 Then under CCBYS, at the end it says,
 19 Counselors are available through work in Ogle
 20 County with youth in Ogle County who are at risk
 21 of further involvement with the criminal justice
 22 system.
 23 Who knows that they are available?
 24 MR. HOOKER: We're trying to get the word
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1 out more. So CCBYS serves two populations. One
 2 they call the core population, and that's
 3 activated automatically. That is when law
 4 enforcement calls us because they have a runaway
 5 or a lockout or someone shows up in the county
 6 from out of state. We're the agency that
 7 handles the 24/7, 365.
 8 We have a secondary population called
 9 discretionary, where we can accept if we have
 10 the capacity, which we currently do. So we can
 11 accept those referrals from anywhere for at-risk
 12 youth. So that would be schools we can accept
 13 referrals from, probation offices. Basically
 14 anybody. And those services are free.
 15 So we're trying to get the word out more
 16 and more about the availability to do that, but
 17 we have communicated with schools and certainly
 18 the probation office is aware and the police
 19 departments are aware.
 20 MS. WILSON: So that's for your in-house,
 21 but how about for the counselors? It says the
 22 counselors are available for --
 23 MR. HOOKER: Yeah.
 24 MS. WILSON: Is that --
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1 MR. HOOKER: So the counselors can be
 2 assigned to any youth that we got a referral for
 3 that met the criteria. Then we would carry that
 4 case for probably two to three months, depending
 5 on the circumstances.
 6 MS. WILSON: Okay.
 7 MR. HOOKER: That will actually be more
 8 active now with Youth Works, because the
 9 Department of Human Services asked us to
 10 integrate these programs to some degree. Youth
 11 works will help identify these youth, and CCBYS
 12 can help pick up and identify some of those
 13 services, especially to the at-risk youth who
 14 aren't in need of too many intensive services.
 15 We're talking heavy medication monitoring,
 16 things like that. Those programs aren't
 17 equipped to do that, but we can refer them to
 18 Sinissippi Centers or another provider in the
 19 community.
 20 But that can be a great intervention.
 21 Also can get around some of those barriers, such
 22 as cost and transportation. So we have
 23 flexibility to go out to them, and there is no
 24 cost for the service.
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1 MS. WILSON: Under funding report, Page
 2 15, I see that things are broken out by county.
 3 I'm glad to see that. I, too, would like to see
 4 more -- you said you have it broken out by
 5 county for the grants but then you put it back
 6 together. Don't put it back together for us.
 7 We want to see it separate. We do really want
 8 to know what's going on with Ogle County so we
 9 can more accurately say they need more money or
 10 say that, you know, they're funded at a good
 11 level for us. I know that you're not. But we
 12 need to present a knowledgeable face to the
 13 County Board.
 14 MR. HOOKER: Sure.
 15 MS. WILSON: We can't just say, Well, you
 16 know, we think they're using about this much.
 17 We have to be able to say. So we don't do it
 18 individually per agency, but we need to, you
 19 know, be confident that we know the figures. So
 20 the more you can break it just out by Ogle
 21 County, the more confident we can do that.
 22 MR. HOOKER: Okay.
 23 MS. WILSON: Thank you. That's all I have
 24 got. Thank you for your work.
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1 MS. MILLS: Thank you.
 2 MR. HARP: Well, like everyone else, I'm
 3 impressed with what you do, especially your
 4 CCBYS program. I don't know where we would be
 5 if we didn't have that.
 6 I'm trying to wrap my head around that,
 7 the youth program, you know, and make sure I
 8 really understand it. There's certain criteria
 9 you're supposed to meet, and what kind of
 10 criteria would those be? Give me some examples.
 11 MS. MILLS: Youth Works, just to clarify?
 12 Is that the one you're speaking to?
 13 MR. HARP: Yeah, uh-huh.
 14 MS. MILLS: The only criteria is that
 15 they're in Ogle County and they're within the
 16 age range that it serves. Because it's a
 17 prevention program, the more outreach we can do
 18 to that age group, the better. So anyone who is
 19 in need and would benefit from those services,
 20 as identified by the school or a different
 21 community member, we would be willing to go in
 22 and provide some level of service to, even --
 23 whether it's just screening. Sometime that's
 24 what they need is just -- schools don't know for
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1 sure. So we would come in and do an initial
 2 screening and then link them to the appropriate
 3 service if we can't provide it.
 4 MR. HARP: Okay.
 5 MR. HOOKER: When we say criteria, there's
 6 two separate sets of criteria. For Youth
 7 Services, there's criteria established by the
 8 State for the contract that we have to achieve.
 9 MR. HARP: That's what I was referring to.
 10 MR. HOOKER: Yeah, we had to develop a
 11 plan to meet those, but we have specific goals
 12 that are going to be measured and monitored by
 13 DHS for the county. If you would like to take a
 14 look at that, I can forward it to you.
 15 MR. HARP: Yeah.
 16 MR. HOOKER: The program has very specific
 17 goals and ways that we're going to achieve them
 18 in the county that are planned out. DHS reviews
 19 those, approves the plan, and then monitors the
 20 plan to make sure we're in compliance with the
 21 grant.
 22 MR. HARP: And they monitor that by?
 23 MR. HOOKER: We have a community support
 24 specialist assigned to us. So they monitor
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1 that. I believe we have to submit the reports
 2 on a quarterly basis, and they have an annual
 3 audit where they review us, give us a score as
 4 to whether or not we achieved it, and then they
 5 decide if we're going to be funded the next
 6 year. It's an annual renewal process. We have
 7 to apply every year for this grant.
 8 MS. MILLS: And we're in regular contact
 9 with our representative. I mean, we're on a
 10 first-name basis with him. So that -- just
 11 because we're one of the newer agencies that has
 12 taken on this program, so we come with, I guess,
 13 a fresh perspective and are consulting with him
 14 quite a bit. And he's been very supportive of,
 15 you know, promoting our creativity and trying to
 16 get those goals met.
 17 MR. HARP: Okay. And then, you know,
 18 maybe this isn't a problem at all. In my mind,
 19 schools are the ones who kind of tell you what
 20 they want. Is there any potential for, like --
 21 are there other areas that they may call mission
 22 creep where, you know, schools are asking for
 23 things that are really kind of spread out beyond
 24 what you're supposed to be trying to do? Are
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1 you finding that at all?
 2 MS. MILLS: Not at this point we're not.
 3 When we say we're able to provide what the
 4 schools are -- kind of to address what the
 5 schools are seeing, we go off of that plan. So
 6 we give them options of different things we can
 7 provide that have been approved by the
 8 Department of Human Services.
 9 MR. HARP: So you have control over that?
 10 MS. MILLS: Yes. So they couldn't just
 11 make something up and say, We want you to do
 12 this. We have to say, Oh, sorry. That doesn't
 13 fall within our work plan.
 14 It's that just our work plan has a lot of
 15 options. So we go in with those options and
 16 say, These are the options that are on the table
 17 that we are able to provide.
 18 MR. HARP: Can you say a little bit about
 19 the youth -- these are probably things I have
 20 asked you every year in the past.
 21 MR. HOOKER: That's okay.
 22 MS. MILLS: That's okay.
 23 MR. HARP: Illinois Youth Survey, can you
 24 explain that a little bit?
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1 MS. MILLS: Yes. The Illinois Youth
 2 Survey is not something that's affiliated with
 3 LSSI. This is something that's completely
 4 separate. It's CPRD, which is a research
 5 development-type program -- not even program.
 6 It's something that I believe is even beyond our
 7 state.
 8 But CPRD is a research development. And
 9 what has happened is, Illinois is provided and
 10 has accessibility to this survey, and it's
 11 completely free to the schools, and it's
 12 something that our programs really promote
 13 because it's a great source of information for
 14 us about what's really going on with our youth.
 15 So we're not just dependent on the adults that
 16 we're collaborating with, because adults are
 17 often very quick to tell us what's going on.
 18 Youth has a different perspective, and it's a
 19 very important consideration. And information
 20 we get from that is really important.
 21 So we're always out promoting and offering
 22 to help with any schools who are interested in
 23 participating in Illinois Youth Survey. The
 24 results are absolutely open to the public. If
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1 you just Googled Illinois Youth Survey, Ogle
 2 County, it would give you specific information
 3 about what youth in our county have reported
 4 about what happens when they go home, how they
 5 feel about their school, what types of substance
 6 abuse they have experimented with or abused
 7 even. They also talk about their peer group and
 8 how they feel among their peer group, if they
 9 have ever had suicidal thoughts.
 10 So it's just a really great resource to
 11 gain knowledge about what our youth are
 12 struggling with. It's one of the reasons why we
 13 know that violence prevention was needed. The
 14 Illinois Youth Survey, the youth in Ogle County
 15 were reporting different things that were really
 16 concerning.
 17 I don't know how much awareness the
 18 schools had. I hadn't heard the schools really
 19 reach out a lot. We talked about bullying, but
 20 that's kind of a catchphrase right now too. So
 21 to hear it directly from the youth and to see it
 22 on paper --
 23 MR. HARP: So you pull specific objectives
 24 out of the youth survey then?
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1 MS. MILLS: Yes. I use that a lot of
 2 times. When we're applying for grants, I will
 3 pull that as a reason why it's needed in our
 4 community. So it becomes very important
 5 information because it's very specific. It's
 6 not just the state of Illinois. It's not just
 7 the northern region of Illinois. It certainly
 8 isn't Chicago. It's Ogle County. So it makes
 9 it a really valuable resource.

10 MR. HARP: Okay. And then for Page 7,
 11 CCBYS, the youth assessment and screening
 12 instrument, that's computer developed by DHS.
 13 Who completes that? Is it staff?

14 MR. HOOKER: Yes. So the YASI is a tool
 15 all of our staff have to be trained in. Just
 16 had one. It's a four-day training in Chicago
 17 that they go to.

18 So any case that we open, provide
 19 services, we do a YASI pre-screening. It's an
 20 assessment tool that we do initially to see if
 21 they will qualify for services. We do the full
 22 assessment; the worker does that. It happens
 23 pretty quick. I don't have the time frames with
 24 me, but it's within a week. And from that we
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1 develop the case plan, which is our treatment
 2 plan, our original treatment plan.

3 So that will have specific goals and
 4 objectives for the family they're going to work
 5 on in terms of treatment.

6 MR. HARP: And it's the staff member that
 7 decides whether or not they met the goal,
 8 whatever that is?

9 MR. HOOKER: Yeah. The computer actually
 10 spits out the score on the YASI. It's a
 11 standardized instrument. So there's a bunch of
 12 questions we ask, and it gives us a score on the
 13 sectors which shows us the areas that need work
 14 or attention to build on.

15 MR. HARP: And Project Lead, I know it's
 16 evidenced-based. I don't need you to go into
 17 some big exposition about that, but can you give
 18 me a little bit detail about how the
 19 effectiveness was established and how it's
 20 evidence-based or who did it?

21 MS. MILLS: Offhand I can't remember which
 22 research company. I know when we initially were
 23 looking into the curriculum with the Ogle County
 24 community members that were helping deciding
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1 this -- because again, it wasn't just the worker
 2 who decided; it was the coalition who decided --
 3 we looked into that, and they have right as a
 4 part of their description of the curriculum who
 5 researched it, what types of research was done
 6 on it in order for it to be considered evidence-
 7 based.

8 MR. HOOKER: The Department of Human
 9 Services, along with SAMHSA, gave us a list of
 10 curriculums that had been proven to be
 11 effective, and we can only choose from that
 12 risk. So we brought the list to the families
 13 and they chose one from that list.

14 MR. HARP: And then on Page 9, the chart
 15 at the top about CCBYS, it shows that -- how is
 16 it that three out of five cases showed improved
 17 functioning but all five resulted in the family
 18 unit being preserved? So in some cases there
 19 was no improved functioning but the unit was
 20 preserved?

21 MR. HOOKER: That's possible. Yeah,
 22 that's likely what happened. But the scores on
 23 the YASI -- that's how we determine whether
 24 there was improved functioning, whether those
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1 YASI areas went up. It's possible they didn't
 2 show improvement but the family was able to be
 3 held together, which is the ultimate goal for
 4 the program.

5 So that actually may have been referred
 6 for additional services or needed additional
 7 help, but we did keep that family from going to
 8 DCFS.

9 MR. HARP: Okay. I think that's all.
 10 Thank you.

11 MR. HOOKER: You're welcome.

12 MR. SIGLER: Before you go, I forgot one.

13 MR. HEAD: Yes, Bill, please.

14 MR. SIGLER: I don't know if you have your
 15 2-18 submission. One of the things I get
 16 concerned with every year, not only you but the
 17 other agencies coming in, they put down
 18 developmental goals. I am not going to play
 19 gottcha, because I believe in disclosure. But
 20 you list a number of things that you have been
 21 trying to work for this past year, and I get
 22 concerned we're going to get a new list and then
 23 we end up next year we're going to get another
 24 new list.
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1 I want to know, are you meeting these
 2 goals, long-term and short-term? I only ask you
 3 one because I know I raised it last year.
 4 Create a greater worker awareness about LSSI's
 5 programs and services in church-related
 6 relations, increase volunteerism, including
 7 Lutheran disaster response.
 8 MR. HOOKER: Is that part of the --
 9 MR. SIGLER: That's your 2-18 submission.
 10 MR. HOOKER: It sounds like it's part of
 11 our fundraising goals. I'm not a hundred
 12 percent sure on that.
 13 We do regular visits to Lutheran churches
 14 to do talks about our programs. We get asked
 15 all the time to volunteer to do those. So I
 16 know there is quite a bit of outreach going on.
 17 Most of that would be through our development
 18 department, so I can't answer too many specifics
 19 about that, but I do know they have a very
 20 active involvement with the churches.
 21 MR. SIGLER: I have been very pleased with
 22 your services, but when you list things,
 23 somebody is going to hold you accountable, more
 24 than likely myself, and when I see this list of
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1 two, four, five -- nine items, long- and
 2 short-term, if you're going to put them down,
 3 say this is our goals, then I want to know if
 4 you have met them.
 5 MR. HOOKER: Sure.
 6 MR. SIGLER: It's just a comment I make.
 7 Next year we'll talk further about that.
 8 MR. HOOKER: Okay.
 9 MR. SIGLER: Thank you very much.
 10 Thank you, Nick.
 11 MR. HEAD: I would like to underscore some
 12 of the things that have been raised, beginning
 13 with what Dorothy raised and then what Bill
 14 raised about seeing the actual dollars of
 15 services provided, together with a head count
 16 for Ogle County. And where there's an
 17 opportunity to provide statistics, I would like
 18 you, as part of completing this application, to
 19 go back and provide those to us. You can do it
 20 in a page or two.
 21 So where -- for example, you know, a
 22 third, a fourth, a half, of Lead, Youth Works,
 23 CCBYS, I can go in and kind of do my work and
 24 say 75,000, 50,000, 50,000, well, that's
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1 175,000. I don't want to have to do that work.
 2 MR. HOOKER: Sure.
 3 MR. HEAD: So I would like to see it
 4 spelled out where there's an opportunity to do
 5 that for Ogle County for anything.
 6 And it's nice information to have what's
 7 going on with the other counties. Our Board is
 8 not going to care about that, our County Board.
 9 And we can look and compare our numbers to the
 10 other counties kind of year by year. We're the
 11 only ones that might care about that. The
 12 County Board is not going to care about that, I
 13 don't think.
 14 So if you can provide us with a follow-up
 15 letter as an addendum to this application, I
 16 would have more of a sense of closure and it --
 17 I'm not going to feel complete. I'm going to
 18 feel like there's some -- you know how they -- I
 19 believe in LSSI, I believe they provide great
 20 services, but I found myself asking a lot of
 21 questions.
 22 And there's a lot of boilerplate, I
 23 understand that, you know, and that's useful,
 24 but my first take within five minutes of looking
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1 at your application is, there's a lot of
 2 boilerplate and they're going to make me work
 3 for the answers a little bit, and I would rather
 4 not be in that position.
 5 This is -- your funding doesn't depend on
 6 it, be my comfort level, and I suspect some
 7 other people's comfort level, with giving you a
 8 big thumbs up, depends on having those kinds of
 9 numbers very succinctly.
 10 We got a very nice one-page summary of
 11 services for Ogle County from Sinnissippi. One
 12 page. And it was very succinct, answered a lot
 13 of questions, told us the kind of services they
 14 provided, to the extent you can very briefly.
 15 And I think we're going to send that out to all
 16 the agencies that we fund so that you can
 17 provide something like that so if I wanted to
 18 share a packet with the Board members, I could
 19 have "like," plus "like," plus "like" so that
 20 they can see there's some consistency of
 21 reporting across the board.
 22 When you talk about adding staff and the
 23 amount of time that staff spent in schools, I'm
 24 still -- I still don't have a clear picture
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1 of is that full-time equivalents that you're
 2 talking about when you talk about adding the
 3 staff? And if you're spending an hour and a
 4 half -- or day and a half in the schools, what
 5 else are they doing?
 6 I don't question that they're creating
 7 value, but I'm curious, what else are they
 8 doing?
 9 You said that based on some of the work
 10 you have done you have identified things that
 11 you can provide, services that you can provide,
 12 and you work with the person served to determine
 13 what they can be provided. I would like to see
 14 a list like that, how you make decisions.
 15 I would like to see some outcome measures
 16 so that if you set goals you're talking about
 17 trying to move the needle, you know, over the
 18 course of the year.
 19 I understand a lot of this is very broad
 20 and nonspecific. I mean, that's the nature of
 21 the beast. If you're doing prevention work,
 22 it's hard to nail it down. But if you have had
 23 a program that's been in existence for a year or
 24 two, you can look back over your shoulder and
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1 say, okay, here's what we did this last year
 2 specifically. We had X number of school visits,
 3 we had X number of youth, you know, involved in
 4 these kinds of services. And I would like to
 5 see that specificity.
 6 So I know that I'm asking a lot, but I
 7 also feel like we're justified in asking for
 8 that.
 9 This is not to ding your services, but I
 10 would ask you to rely less on your statewide
 11 statistics with respect to funding and services
 12 provided and actually knock it down to what's
 13 going on here in Ogle County.
 14 So do I believe you're providing services?
 15 Yes. Do I believe we're getting our money's
 16 worth? Way above and beyond, you know, what we
 17 give you. But help us make that case.
 18 Illinois Youth Survey data, this is kind
 19 of extra, but I would sure like to see what the
 20 survey data says for Ogle County. If there were
 21 three numbers that jumped out at you, and you
 22 said, whoa, that's higher than average, what
 23 were those?
 24 MS. MILLS: Alcohol use, the dating
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1 violence, and marijuana use was also concerning.
 2 MR. HOOKER: Depression was also.
 3 MR. NICK: That gives me a picture. That
 4 jumps off the page at me when you say that. We
 5 have got these numbers, and this is a survey
 6 that we have been doing year after year, we have
 7 got these numbers, they jumped off the page and
 8 we're moving in to provide services for that.
 9 Youth Works served 500 youth in Ogle
 10 County, and you're adding a staff. Is that a
 11 full-time equivalent? Is that part-time? I
 12 don't -- you don't have to have a full-time
 13 person on each one, but when you say we're
 14 adding a staff, you've got a lot of staff. And
 15 I know that you're -- with the services you
 16 provide, a lot of times people have to wear a
 17 lot of different hats, and it's hard to nail
 18 that down and say, We're providing this amount
 19 of service with this amount of employee hours in
 20 Ogle County this year.
 21 What happened with those 500 youth? Did
 22 they go to an assembly?
 23 MS. MILLS: No. The 500 youth is from
 24 Project Lead, and they participated and
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1 successfully completed the curriculum that's
 2 evidenced-based.
 3 MR. HEAD: How many hours is the
 4 curriculum? How many weeks is it run over?
 5 MS. MILLS: It's over 10 sessions, which
 6 is about 40 minutes a class period --
 7 MR. HEAD: Yeah.
 8 MS. MILLS: -- for the seventh graders,
 9 and then for the eighth graders it's booster
 10 sessions of three to four sessions.
 11 MR. HEAD: That's hugely impactful and
 12 it's great work. Tell us that. Tell us about
 13 that. You know, have that in there, a line that
 14 says 400 youth were served with a 10-week
 15 curriculum, including an additional three to
 16 four weeks for middle school students or
 17 whatever, blah, blah.
 18 Are these full-time equivalents when you
 19 talk about adding staff and staff providing
 20 services? Can you tell us what they're doing
 21 besides speak in the classroom, doing the
 22 curriculum?
 23 MR. HOOKER: Project Lead only has one
 24 full-time equivalency work in this county. So
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1 what we're looking at doing is adding one
 2 full-time equivalent to the program as a whole
 3 for the three counties. So it would be
 4 approximately a third of a person that we would
 5 be adding.
 6 As I mentioned before, it's someone that
 7 could float between the counties based on need,
 8 and Ogle County is one of our biggest needs due
 9 to the size and the numbers.
 10 MR. HEAD: And when they're not in the
 11 classroom, what are they doing?
 12 MS. MILLS: They do presentations.
 13 They're very well known for their Hidden in
 14 Plain Sight exhibit, where they go to different
 15 schools and create a mock bedroom.
 16 MR. HEAD: You got good press in the paper
 17 about that. I remember reading the article.
 18 It's great.
 19 MS. MILLS: They also do communication
 20 campaigns. They also run the coalition.
 21 MR. HEAD: Okay. All right. I don't have
 22 any other questions.
 23 You probably are saying to yourself, Well,
 24 that's enough, Nick. Settle down.
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1 You know, you do great work. I just want
 2 to make sure that it's reflected and that we're
 3 very confident and precise in how we present
 4 that to other people.
 5 MR. HOOKER: Sure. We can get that
 6 information that you requested to you.
 7 MR. HEAD: Get it to Cecilia and she'll
 8 copy it out to the Board members.
 9 Anybody else? Any other questions?
 10 MS. WILSON: I just have a little -- on
 11 Page 11, where we ask for either expansion of
 12 existing programs, youth programs, Ogle County
 13 residents, you put both of those were not
 14 applicable. It sounds like you're asking for an
 15 extra \$8,000 for something.
 16 MR. HOOKER: Well, the last two years we
 17 talked about Youth Works. So it isn't new.
 18 It's new to the -- new to asking, but we
 19 actually included it as a -- last year I think
 20 we put this as yes and we described Youth Works.
 21 We didn't ask for any additional funding, so to
 22 us it wasn't new because it's in its third year.
 23 That's why we included it in the other section.
 24 MR. HEAD: Amy?
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1 MS. STEPHENITCH: Is it fair to say that a
 2 referral would be made by calling the number at
 3 Nachusa and then somebody will then do an intake
 4 and basically make the appropriate referral to
 5 the appropriate program?
 6 MR. HOOKER: Correct. And actually, LSSI
 7 is working on a central intake number statewide.
 8 So it's launching soon. Our Nachusa programs
 9 aren't on there yet, but there will be one
 10 number you can call anywhere and they will
 11 listen to what you need, go through the LSSI
 12 programs and link you to an appropriate program.
 13 So that should be launching in the near future.
 14 I would say in the next couple months all the
 15 programs should be live.
 16 MS. MILLS: Those who are more comfortable
 17 calling out to our Nachusa campus are always
 18 welcome to do that, and we will get you
 19 connected with who you need to get connected
 20 with.
 21 MR. HOOKER: It will be a good resource to
 22 those who aren't familiar and maybe out of the
 23 area, because we do reach statewide with other
 24 programs.
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1 MR. HEAD: With all the attention that
 2 school shootings get, there's a lot of issue --
 3 a lot of interest in the school of violence
 4 prevention efforts right now. By the time you
 5 have got an active shooting scenario, the horse
 6 has left the barn and they're over the hill.
 7 What you're doing with Youth Works with violence
 8 prevention is way upstream of that. That's
 9 where the work gets done. That's where the
 10 heavy lifting gets done. And if you have got
 11 people united around that, they're not going to
 12 be as worried about, you know, okay, Johnny has
 13 got a gun. We're panelling that.
 14 So I'm really excited you're doing this
 15 work and appreciate it.
 16 MS. MILLS: We're very committed to it. I
 17 think the first year or -- first year or two,
 18 actually, schools are a little resistant. We
 19 found that with Project Lead too, so we weren't
 20 necessarily concerned. We knew how to handle
 21 it. We knew what to do. We knew it meant a lot
 22 of meetings, a lot of ground work, a lot of
 23 talking and showing our commitment and showing
 24 the residents and the schools that we were going
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1 to be around. We're not just going to go away.
 2 And now we're seeing kind of a shift in
 3 that, and it's really exciting.
 4 MR. HEAD: Great. I'm really looking
 5 forward to what you're going to tell us next
 6 year.
 7 So anything else?
 8 MS. BROOKS: I just have one question.
 9 And I think all of your services, what you guys
 10 do, are great. But this is a mental health
 11 board, so are the people that you're serving --
 12 are -- is it going towards mental illness? I
 13 mean, is bullying a mental illness or social
 14 problem? Or are prevention programs considered
 15 treating a mental illness?
 16 MS. MILLS: I would say they're the
 17 forefront of screening for mental illness, which
 18 is a lot of times connected to a lot of these
 19 acts that we see that we call violence.
 20 A lot of times people are bullying for
 21 underlying reasons that cross over into that
 22 mental health aspect. Substance abuse, same
 23 thing. Co-occurring disorders is what you'll
 24 hear them say a lot of times.
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1 What comes first? Well, we don't really
 2 know. We have to treat them collectively and we
 3 have to treat an individual as a whole. That
 4 means addressing the whole person. There's
 5 probably a reason why they're using substances
 6 and there's probably a reason why they're acting
 7 in a violent way. We need to get to those
 8 underlying issues so that they can get
 9 addressed. So I would say it's the forefront of
 10 that.
 11 MR. HEAD: I don't have anything else.
 12 Thank you so much.
 13 MS. MILLS: Thank you.
 14 MR. HOOKER: Thank you.
 15 MS. MILLS: We appreciate it.
 16 MR. HEAD: Okay. So now we don't go into
 17 recess?
 18 MS. ZIMMERMAN: Yeah, we do.
 19 MR. HEAD: We go into recess now?
 20 MS. ZIMMERMAN: Well, we should talk about
 21 the human services directory.
 22 MR. HEAD: But we don't need a court
 23 reporter for that.
 24 MS. ZIMMERMAN: It's part of the minutes.
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1 MR. HEAD: It's part of the minutes.
 2 Okay. So you want to talk about the human
 3 services directory?
 4 MS. ZIMMERMAN: Did everybody see it and
 5 read it?
 6 MR. HEAD: Yeah, I saw your note and I
 7 looked it over. It's -- a lot of the formatting
 8 has kind of gotten loose and has shifted and
 9 moved around. Things have outlines that are
 10 kind of going in and out, and I'm assuming
 11 that's going to go away.
 12 MS. ZIMMERMAN: Yeah, probably.
 13 MR. SIGLER: It depends on the size of the
 14 computer you're using. I thought it was
 15 wonderful. This is the -- what I printed out.
 16 MS. ZIMMERMAN: There's mine right there.
 17 MR. HEAD: Okay. Great.
 18 MR. SIGLER: Now, if I call it up on my
 19 tablet, it's disjointed.
 20 MR. HEAD: That's my problem.
 21 MS. BROOKS: Because it's not being opened
 22 in a safe program.
 23 MR. SIGLER: I'm not criticizing you,
 24 Nick. I'm just saying, I looked at it, and then
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1 I pulled it up on my computer and the format is
 2 really nicely done.
 3 MR. HEAD: Yeah, it looks great. Thank
 4 you.
 5 MS. ZIMMERMAN: We need to make a motion
 6 to pay for that.
 7 MR. SIGLER: Pardon me, ma'am?
 8 MR. HEAD: Can I have a motion to pay for
 9 the ad in the Ogle Life?
 10 MS. BROOKS: How much?
 11 MS. ZIMMERMAN: It was 500, the same as
 12 last time.
 13 MR. SIGLER: Up to \$500.
 14 MR. HEAD: Up to \$500.
 15 MR. SIGLER: Yes, sir.
 16 MR. HEAD: Can I have a second.
 17 MS. BROOKS: I'll second.
 18 MS. STEPHENITCH: I'll second.
 19 MR. HEAD: All those in favor.
 20 (All those simultaneously
 21 responded.)
 22 MR. SIGLER: May I ask, as long as we're
 23 speaking on this, last year you did the final on
 24 it. Who do I go to see over at the County
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1 building to get a check authorized or how is
 2 that handled?
 3 MS. ZIMMERMAN: I'll take care of it.
 4 MR. SIGLER: So once I go back to them and
 5 give them the direction to proceed and print,
 6 then I give you a call?
 7 MS. ZIMMERMAN: They send me a bill and I
 8 take care of it.
 9 MR. SIGLER: Praise the Lord. You turn me
 10 loose with a check for 500 -- no, no. Okay.
 11 MR. HEAD: You would be one of the first
 12 people I would turn loose with a check for 500.
 13 MR. SIGLER: I sign sometimes up to a
 14 hundred thousand dollars in checks every month
 15 for the fire department.
 16 MR. HEAD: So we'll go into recess and we
 17 will come back and --
 18 MS. ZIMMERMAN: Next month.
 19 MR. HEAD: Next month.
 20 MS. ZIMMERMAN: Next week.
 21 MR. HEAD: And we complete this process.
 22 MS. ZIMMERMAN: (Nods head.)
 23 MR. SIGLER: Do you want me to proceed on
 24 this now or --
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1 MS. ZIMMERMAN: Correct. Well, everybody
 2 is --
 3 MR. SIGLER: I believe we're all in
 4 agreement.
 5 MR. HEAD: Yeah.
 6 MR. SIGLER: Because I'm going to stop by
 7 there on the way home and tell them to proceed
 8 with the printing of the information.
 9 MR. HEAD: Correct.
 10 MR. SIGLER: Yes, sir.
 11 MS. BOWERS: Are you going to do a
 12 worksheet for us like you have done in the past?
 13 MS. ZIMMERMAN: Okay. Let's go into
 14 recess.
 15 MR. HEAD: Okay. Let's go into recess.
 16 MS. ZIMMERMAN: So she can quit typing.
 17 MR. HEAD: That's what I was asking for.
 18 Let's go into recess.
 19 (The hearing was recessed at
 20 7:58 a.m.)
 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 Lutheran Social Services of)
 6 Illinois) Ogle County
 7) Sheriff's Office
 8 Ogle County, Illinois.) Oregon, Illinois
 9) May 15, 2018
 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 16th day of
 19 May, 2018.
 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
 In Totidem Verbis, LLC (ITV)

Page 1

1 OGLE COUNTY
2 COMMUNITY MENTAL HEALTH BOARD (708)

3 RE:)
4 708 Funding Hearings)
5 Ogle County, Illinois) Ogle County
6) Sheriff's Office
7) Oregon, Illinois
8) May 22, 2018

9 Testimony of Witnesses
10 Produced and
11 Examined on this 22nd day
12 of May, 2018,
13 before the Ogle County
14 Community Mental Health Board

15 BOARD MEMBERS PRESENT:

16 Kathleen Wilson
17 William Sigler
18 Margaret Tyne
19 Dorothy Bowers
20 Lowell Harp
21 Tracy Brooks
22 Nick Head, Chairman

23 Cecilia Zimmerman, Secretary
24 Reporter: Callie S. Bodmer

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1 MR. HEAD: All right. It's 7:30. Let's
2 come back out of recess, I guess, if we will.
3 And the order for today is, do you have a
4 discussion about the proposals as presented --
5 do we need to do attendance? Cecilia, would you
6 take attendance, please?
7 (Roll call was taken.)
8 MR. HEAD: All set?
9 MS. WILSON: Would you like me to write on
10 the white board?
11 MR. SIGLER: It was very helpful.
12 MS. ZIMMERMAN: Over there.
13 MS. WILSON: No, no, no, the sheet. Does
14 everybody else have one of these but me?
15 MR. HEAD: I don't think we're -- were the
16 agency representatives provided this sheet?
17 MS. ZIMMERMAN: No. I just got it last
18 night.
19 MR. HEAD: I put the numbers in a
20 worksheet, and let me share that with you and
21 show you so that we're operating off of the same
22 page. There was a little bit of confusion.
23 I'd like to try to make a couple of
24 clarifications. Patrick, on your application's
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1 cover sheet it said you were asking for
2 \$315,000.
3 MR. PHELAN: Correct.
4 MR. HEAD: And that sheet also said that
5 you had -- your -- you had got 315,000 in FY
6 '18.
7 MR. PHELAN: That is incorrect. There was
8 an error there. My apologies.
9 MR. HEAD: It was caught and corrected in
10 the spreadsheet that I just handed out --
11 MR. PHELAN: Yes.
12 MR. HEAD: -- and reflected there.
13 Also, there was -- I see Maureen isn't
14 here. Under Rockford Sexual Assault Counseling,
15 it looked like -- their cover sheet said they
16 were asking for 2886 -- \$2,886, but then they
17 said their existing programs were \$10,000, when,
18 in fact, they had gotten \$2,886 last year. So
19 they were asking for the same amount as last
20 year.
21 Otherwise, this sheet -- let me just walk
22 through the numbers.
23 Easter Seals last year received
24 \$14,414.61. This year you're asking for
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1 \$15,175. The requested increase is \$760.39.
2 That represents a 5.275 percent increase. And
3 tentative recommendation is \$15,175.
4 Now, I put that number in there without
5 any consultation with the Board yet. So that's
6 a proposal from me. We very well can play some
7 catch ball with that.
8 Serenity last year received \$26,936 under
9 FY '18 funding. The request for FY '19 is
10 \$27,000, for a whopping increase of \$4, which I
11 put down as a zero percent increase. Tentative
12 recommendation, 27,000.
13 Village of Progress, FY '18 received
14 \$374,987.60. This year is asking for \$384,375.
15 A requested increase of \$9,388, which is 2.504
16 percent.
17 HOPE received \$81,770 last year. This
18 year is requesting \$85,000. A \$3,230 increase,
19 which is a 3.95 percent requested increase.
20 Sinnissippi last year received \$307,840.
21 They are asking for \$315,000 this year. That's
22 a \$10,154 increase, or a 3.298 percent increase
23 over last year.
24 Lutheran Social Services received \$14,430
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<p>1 last year, is asking for \$22,500 this year, for 2 an increase of \$8,070, a 55.925 increase. 3 And Rockford Sexual Assault Counseling is 4 asking for the same thing this year that they 5 received last year, which should be -- there 6 should be a 2,886 under that, lined up \$10,000 7 in the box. So they're not asking for an 8 increase in funding, just to remain at the same. 9 So the total agency funding last year was 10 \$831,922.21, and this year the total agency 11 request is \$851,936, for a requested increase of 12 \$20,013.79, which is a 2.406 percent increase. 13 We did not have any contingency fund. 14 We're requesting the same increase this 15 year -- we can kick that around -- 7200. 16 So if we look at the total budget increase 17 from last year, it would be \$19,136, for a 2.278 18 percent increase, with a total of requesting 19 \$859,136. 20 Any questions about the sheet as I covered 21 it? 22 (No verbal response.) 23 MR. HEAD: Okay. Amy was not able to be 24 here, so I'm going to read her feedback that she In Totidem Verbis, LLC (ITV)</p>	<p>1 decision. I don't have numbers to share. Where 2 is Lowell? 3 That's all. Off to teach my nonviolent 4 crisis prevention and intervention course. 5 Okay. So let's just open this up for a 6 round robin discussion and jump in. Anyone? 7 Anyone on the Board? 8 MR. SIGLER: Is there a motion on the 9 table? If we're going to discuss this document 10 and these amounts, there should be a motion on 11 the table. 12 MS. BOWERS: Absolutely. 13 MR. SIGLER: We're out of line if we 14 don't. 15 MS. BOWERS: Absolutely. 16 MR. HEAD: I propose that this request be 17 accepted as listed in total -- 18 MR. SIGLER: Thank you very much. 19 MR. HEAD: -- in total, no changes. 20 MS. WILSON: Second. 21 MR. SIGLER: When we held these 22 hearings -- 23 MR. HEAD: Do we need to take a vote? 24 MR. SIGLER: Pardon me, sir? In Totidem Verbis, LLC (ITV)</p>
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<p>1 sent me: 2 Number 1. Overall, I'm okay with the 3 proposal as is. 4 Number 2. The obvious data point is the 5 percent increase to LSSI. That being said, A, 6 they need match funds for their program; and, B, 7 we're impacting the lives of a significant 8 number of local youth. I'm very interesting in 9 seeing what the impact of the new Youth Works 10 program can be given the violence in the country 11 and locally; i.e., DHS active shooter, our 12 neighboring county. Nobody is excluded from the 13 possibility of the pathway to violence. 14 3. If we decide to decrease the total 15 amount requested, might we consider an even 16 increase across the board; i.e., 2 percent all 17 agencies, excluding Serenity, as they didn't 18 request more, and still grant LSSI what they 19 need for the match funds they referred to? 20 Regarding Sinissippi, they receive a 21 significant amount from the County already -- 22 just a thought -- and have access to multiple 23 funding sources. 24 I'm confident in your discussion and In Totidem Verbis, LLC (ITV)</p>	<p>1 MR. HEAD: Do we need to vote on a motion? 2 MR. SIGLER: No. Motion stays. 3 MS. BOWERS: No. 4 MS. WILSON: I seconded it. 5 MR. HEAD: Kathe seconded it. 6 MR. SIGLER: When we met with these 7 various agencies and we heard their 8 presentations, I found no objections whatsoever 9 from any of the Board members. None. Are we 10 now changing our position? Or are we about to 11 change our positions? If we are, then I would 12 take exception -- I know we can do it, but I 13 would take exception, because we met with these 14 folks, they presented our cases to us, and we 15 found no objections with their presentations. 16 If that be the case, the amount that's reflected 17 here is what we have already accepted. 18 MR. HEAD: Yeah, I think so. 19 MR. SIGLER: Then I would call it for a 20 vote. I call this for a vote, and I can do that 21 as a member of this Board. 22 MR. HEAD: Okay. 23 MR. SIGLER: All right, sir. 24 MR. HEAD: Do we need a second on that? In Totidem Verbis, LLC (ITV)</p>

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1 MS. BOWERS: No. He can call for a vote.
 2 MR. HEAD: By voice vote.
 3 MS. BOWERS: You've got to do it
 4 individually.
 5 MR. HEAD: Individually. Okay. Call it
 6 by a vote, and we'll start with you, Bill.
 7 MS. ZIMMERMAN: No, I will start.
 8 MR. HEAD: You will start. Okay. Get
 9 this right.
 10 MS. ZIMMERMAN: Kathe?
 11 MS. WILSON: Yes.
 12 MS. ZIMMERMAN: Bill?
 13 MR. SIGLER: Yes.
 14 MS. ZIMMERMAN: Lowell.
 15 MR. HARP: No.
 16 MS. ZIMMERMAN: Tracy?
 17 MS. BROOKS: Yes.
 18 MS. ZIMMERMAN: Nick?
 19 MR. HEAD: Yes.
 20 MS. ZIMMERMAN: Margaret?
 21 MS. TYNE: Yes.
 22 MS. ZIMMERMAN: Dorothy?
 23 MS. BOWERS: No.
 24 (A voice vote of five ayes, two
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1 nays.)
 2 MS. TYNE: Passed. That's it.
 3 MS. ZIMMERMAN: Pass.
 4 MR. HEAD: It passes.
 5 MR. SIGLER: Yes, it passes.
 6 I'm not trying to play any games with you,
 7 but we went through this.
 8 MS. BOWERS: Yeah, but we have to have --
 9 after they do their presentation, we have to
 10 stop and think about what they presented to us.
 11 That's why we wait a week and go over what their
 12 presentation is.
 13 MR. SIGLER: Yes, ma'am, which I did. And
 14 I have got the statute here with all the papers
 15 in it. I figured let's avoid reinventing the
 16 wheel for something we already accepted.
 17 MS. BOWERS: It's not saying we approve it
 18 when they do their presentation. What we're
 19 saying is, we think about it afterwards.
 20 MR. SIGLER: But we found no objections at
 21 any time. That's the only point I'm making with
 22 you.
 23 MR. HARP: I'm under the same impression
 24 as Dorothy, that we were to withhold any
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1 decisions --
 2 MS. BOWERS: Judgment, exactly.
 3 MR. HARP: -- and evaluate everything we
 4 heard from all agencies.
 5 MR. SIGLER: I would suggest that the
 6 motion has carried.
 7 MR. HEAD: I would like to hear what your
 8 caveats are, why you would vote no.
 9 MR. HARP: I'm thinking realistically we
 10 can't ask for a greater increase than the cost
 11 of living index, which is 2 percent. I know
 12 Dorothy can speak to that better than I can.
 13 But realistically, if we go over that I just
 14 think it's going to be shot down.
 15 MS. BOWERS: I think it will be too.
 16 MR. HARP: So I think we need to make some
 17 hard decisions. That would be my opinion.
 18 MR. SIGLER: I would suggest that the cost
 19 of living from the BLS is 3 -- and I don't
 20 remember the last subsections.
 21 MR. HARP: I just looked it up. It's
 22 2 percent.
 23 MR. SIGLER: If you go for adjustment. If
 24 you're going for the all-household, it's 3-plus.
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1 There's two different BLS reports that come out.
 2 I'm very familiar with it because I'm
 3 doing a case right now with a county and they're
 4 arguing a point that they don't have the money
 5 because the BLS says it's less than that. But
 6 if you look at the consumer's wage index, that's
 7 different than the other one.
 8 That's the only point I'm trying to
 9 make -- that's not all. Not to be
 10 argumentative, but I like to argue. I happen to
 11 like you and I wouldn't run you over if I saw
 12 you.
 13 MR. HARP: I wonder which one the County
 14 is going to look at.
 15 MR. SIGLER: I have no idea what this
 16 County will use. The last time I did this
 17 county out here was 30-some years ago. I use
 18 what I use. I don't care what the County is
 19 going to use, because I am going to rule it when
 20 I was an arbitrator.
 21 MR. HARP: I suspect when we meet again
 22 after the County makes their decision, we're
 23 going to be making some hard choices at that
 24 time.
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1 MS. WILSON: I think we're going to be
 2 making some hard choices no matter what figure
 3 we give. I would like to present one that is a
 4 little higher and give them some room to say,
 5 Oh, no, you can't do that, rather than give them
 6 one a little lower and have them say, Oh, we can
 7 take some more off that. Cynical, I know.
 8 MR. SIGLER: Please, if you want to talk
 9 about it, I can't stop you.
 10 MR. HARP: No, I'm -- I made my point.
 11 MR. SIGLER: All right, sir.
 12 MR. HARP: I'm satisfied, and I'm to
 13 review my former elements.
 14 MR. SIGLER: One of the things I learned a
 15 long time ago in bargaining -- not just
 16 bargaining, but sitting with some committees --
 17 some of the biggest hassles I ever had was with
 18 the FBI and their senior officers -- was, if you
 19 don't carry their position does not mean the
 20 other person is a bad person, it means that you
 21 just didn't carry their position.
 22 MR. HEAD: We're talking about a \$3,000
 23 difference --
 24 MR. SIGLER: Yes, sir.
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1 MR. HEAD: -- between accepting this and
 2 not, and I haven't changed my position.
 3 If the County wants to haggle about \$3,000
 4 and that's the message they want to send us,
 5 fine. We got it. I think it's -- we shouldn't
 6 be -- my personal opinion is, we shouldn't be
 7 arguing about this because there's so little
 8 money involved. If that's the attitude the
 9 County wants to take with the County Mental
 10 Health Board, so be it. Thank you.
 11 MR. SIGLER: If this were 20-, \$30,000,
 12 believe me, I would be going in the other
 13 direction. We're talking a minute amount of
 14 money.
 15 MS. BOWERS: We're talking \$28,328 total
 16 budget.
 17 MR. HEAD: And where do you see that? I'm
 18 looking --
 19 MS. BOWERS: The total amount per request,
 20 plus the administrative cost.
 21 MR. HEAD: Okay. So when I look at the
 22 total budget and the requested increase of
 23 \$19,136, when I divide that by 2.28, that
 24 19,136, I get eight-thousand-something, and when
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1 I multiply that times two I get 16,785. So
 2 we're asking for an increase in the total budget
 3 of 19,000- -- or 3- -- roughly \$3,000.
 4 Now, the agency isn't asking for that.
 5 We're asking that the administrative costs stay
 6 the same. I think that they have made a
 7 reasonable attempt to not just hold it down but
 8 to reel it in. And yeah, there are some
 9 agencies here that relatively have more funding,
 10 but you look at the number of clients that they
 11 serve. And when we're talking about thousands
 12 and thousands of clients, we're going to argue
 13 about \$3 a client? I'm sorry. I can't get with
 14 that. So, for what it's worth. And I will tell
 15 you, that leaves a bad taste in my mouth.
 16 MR. SIGLER: Again, I reiterate to this
 17 Board, the motion has carried. This has been
 18 accepted by this Board, and we should be moving
 19 on.
 20 MR. HARP: Well, when I came into this
 21 meeting, I was assuming that Rockford Sexual
 22 Assault was asking for that \$10,000 that was on
 23 the face sheet. So I was thinking that in
 24 addition to the large increase that LSSI was
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1 asking for, that they were way over budget. So,
 2 you know, I'm content to see what happens with
 3 this.
 4 MR. HEAD: LSSI has been providing
 5 services for two years, and they're just now
 6 coming in on the third year of their Youth Works
 7 asking for some matching funding, and their
 8 match from the County is minuscule compared to
 9 the level of services they provide, and that's
 10 been going on for years and years. So I -- you
 11 know, I think that's a hiccup.
 12 MR. HARP: Oh, I was prepared to give them
 13 a lot more than they was asking for, although
 14 not 10,000.
 15 MR. HEAD: I was prepared to give all of
 16 them more.
 17 MR. SIGLER: On that one, I would be with
 18 you. I thought they were asking for more, but
 19 they were not.
 20 MR. HEAD: So you won't recommend,
 21 Dorothy, this amount to the Health, Education
 22 and Welfare Committee?
 23 MS. BOWERS: Oh, yeah, I'll recommend.
 24 MS. ZIMMERMAN: She has no choice.
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1 MS. BOWERS: I have no choice. I have to
 2 present this amount. But I have to have
 3 agreement of all the other HEW Committee members
 4 for this amount.
 5 MR. HEAD: And so when you argue for this
 6 amount, will you argue for this amount or will
 7 you just say, This is what they are asking and
 8 I'm not with it?
 9 MS. BOWERS: I have to think about the
 10 numbers first. I wasn't in agreement with the
 11 total budget. So we'll start there.
 12 MR. HEAD: And what did you take exception
 13 to?
 14 MS. BOWERS: All of them.
 15 MR. HEAD: All of them?
 16 MS. BOWERS: Yes. The only one I did
 17 not -- or I did not disagree with was Serenity,
 18 because they didn't really increase their budget
 19 that much.
 20 MR. HEAD: Rockford Sexual Assault, you
 21 disagreed with that?
 22 MS. BOWERS: And I was under the
 23 assumption that they were asking for the
 24 \$10,000. So I'll go back on that one too.
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1 MR. SIGLER: I agree, I thought they were
 2 asking for 10- also, and obviously that was my
 3 error.
 4 MS. BOWERS: Yeah, my error too.
 5 MR. HARP: When I added in the large
 6 increase that LSSI was asking for, I had, like,
 7 \$10,000 over a 2 percent increase, and I thought
 8 that was a lot.
 9 MS. BOWERS: I've got to look at the
 10 numbers again.
 11 MR. SIGLER: I would suggest --
 12 MS. BOWERS: Would I argue for this
 13 amount? You're absolutely right I would. But
 14 it's not my total decision, because I'll have to
 15 argue in front of the HEW Committee and then
 16 I'll also have to argue in front of the Finance
 17 Committee and then ultimately the County Board.
 18 MR. HEAD: I would like to be part of that
 19 conversation you have with yourself.
 20 MS. BOWERS: With myself.
 21 MR. HEAD: I'm assuming that's -- that's
 22 what I assumed you were coming here to do today,
 23 was have a conversation that brings up the
 24 reservations that you just expressed and then we
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1 would talk about that.
 2 MS. BOWERS: I'm saying, the County says
 3 they have no money, which you know they're not
 4 going to increase the percentage rate that --
 5 what is it, 0.5 now, something like that, that
 6 we get from the County. I don't know how much
 7 they would increase it, just to start there.
 8 MR. HEAD: So do you believe they don't
 9 have any money?
 10 MS. BOWERS: Nope. I know they have
 11 money.
 12 MR. HEAD: I know they have money.
 13 MS. BOWERS: I do too.
 14 MR. SIGLER: It's what's in --
 15 Mr. Chairman, please. I would expect, Dorothy,
 16 that you present this in, at best, a neutral
 17 fashion to all that you report to.
 18 MS. BOWERS: And that's what I do.
 19 MR. SIGLER: Anything less than that, then
 20 you're not representing this committee as a
 21 whole, and I don't think you need to do that.
 22 MS. BOWERS: Bill, I don't think you need
 23 to tell me how to represent this committee,
 24 because I'm 100 percent --
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1 MR. SIGLER: I'm having doubts in my mind
 2 now.
 3 MS. BOWERS: I am 110 percent for this
 4 committee.
 5 MR. SIGLER: Good.
 6 MS. BOWERS: That's why I'm on it.
 7 MR. SIGLER: Good. Good. That's all I
 8 ask of you.
 9 MS. BOWERS: But it's not just me that
 10 makes the determination.
 11 MR. SIGLER: Oh, I understand that. I go
 12 before boards all the time. And whether I agree
 13 or I disagree, if indeed it's put to me in a
 14 form of a final position, it's presented
 15 forcefully to those boards. So we may disagree,
 16 but that doesn't make it bad.
 17 MS. TYNE: This is my first time on the
 18 Board to see this, and usually the boards that I
 19 serve on we respect the right after the motion
 20 has been made and seconded to have a discussion.
 21 I was very surprised when the vote was
 22 called for without any discussion. It's too
 23 late now.
 24 MR. SIGLER: Yes, it is.
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1 MS. TYNE: But I don't -- I was really
 2 surprised and a little bit disappointed.
 3 MR. SIGLER: I don't think under Robert's
 4 Rules of Order we can be -- we may be
 5 disappointed, but that's rules. I have the
 6 rules with me this morning --
 7 MS. TYNE: I know that.
 8 MR. SIGLER: -- if you would like me to
 9 review them with you.
 10 MS. TYNE: No.
 11 MR. SIGLER: If there's a vote called, the
 12 vote must be taken.
 13 MS. TYNE: Do you respect the opportunity
 14 for the others to express their opinions?
 15 MR. SIGLER: Absolutely.
 16 MS. TYNE: Why did you call for the rule?
 17 MR. SIGLER: We have had that chance. We
 18 have had that chance.
 19 We may disagree, but that doesn't make you
 20 bad or me good or vice versa. We have had that
 21 chance. That's my opinion. You may disagree
 22 with it, but it's my opinion.
 23 MS. TYNE: I think these numbers were
 24 presented, and it was my impression that that
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1 was all that was really --
 2 MR. SIGLER: I gave you my copy so you
 3 have it.
 4 MS. TYNE: You know, sir, I understand
 5 that.
 6 MR. SIGLER: Yes, ma'am. That doesn't
 7 make you bad or me good. See, what you want to
 8 do is make it argumentative, and I won't. I
 9 won't allow that to happen.
 10 MS. TYNE: I was disappointed.
 11 MR. SIGLER: Yes, ma'am. I'm not
 12 disappointed, but that I don't want to get into
 13 because that's my position.
 14 MR. HARP: Without discounting anything
 15 that anybody has said so far, I would like to
 16 express my appreciation for Dorothy and the
 17 position she's in, and a very delicate one, I
 18 think, and I know she wants to walk into that
 19 meeting feeling she has credibility from the
 20 members of the HEW, and that's -- if she comes
 21 in there too far out of what they see as the
 22 real world, she's going to have a hard time
 23 advocating for what she wants.
 24 So, you know, I really appreciate the work
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1 she puts in with this committee, and she must
 2 feel like a ping-pong ball a lot of times going
 3 back and forth between HEW and us and getting
 4 yelled at by us and then by them too.
 5 MS. BOWERS: And the Finance Committee and
 6 then the County Board.
 7 MR. BROOKS: She probably feels more like
 8 a paintball, she gets splattered every time she
 9 goes into something.
 10 MR. SIGLER: All you had to do is reject
 11 my position and we would be discussing it now,
 12 but the majority of this Board chose not to.
 13 The majority of this Board chose not to.
 14 MS. BOWERS: I think we should move on,
 15 Nick.
 16 MR. HEAD: Okay. Moving on to elections,
 17 I guess that's the only other order of business.
 18 MS. BOWERS: I make a motion that we keep
 19 the officers that we currently have in place.
 20 MR. HEAD: I decline to be the president
 21 this next year.
 22 MR. SIGLER: I did not hear the motion.
 23 Would you please restate it?
 24 MS. BOWERS: I made the motion to keep the
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1 current officers that we have in place, and Nick
 2 said he declines being the president.
 3 MR. SIGLER: Thank you, ma'am. We need a
 4 second to that motion, unless someone is
 5 rejecting it.
 6 MS. BOWERS: Nick is rejecting.
 7 MR. SIGLER: Oh, I'm sorry. I didn't hear
 8 that.
 9 MS. BOWERS: You can second the motion but
 10 then --
 11 MR. SIGLER: No, there I'm going to argue
 12 with you. Now is the time to discuss.
 13 I think the Board as it's currently
 14 constituted and the officers of the Board --
 15 meaning you too, Dorothy -- I think have done
 16 one heck of a job in holding this together and
 17 really putting together programs such as this,
 18 and I think changing the officers would be -- it
 19 would be a mistake.
 20 I know you get frustrated. I get
 21 frustrated. Right now I'm involved in EDOC
 22 comments being made by certain -- not here.
 23 Different area. But you still have to live with
 24 it. You got to work with it.
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1 A couple people asked me, Are you going to
 2 resign, Bill? I said, No, no. They're going to
 3 resign. I'm not going to resign.
 4 In this case you have done a wonderful
 5 job.
 6 MR. HEAD: I appreciate it.
 7 MS. BOWERS: I think Nick has done an
 8 outstanding job being president.
 9 MR. SIGLER: Yes, he has.
 10 MR. HEAD: Thank you.
 11 MR. SIGLER: I would stand on the street
 12 corner and yell that.
 13 MR. HEAD: Thank you.
 14 MR. SIGLER: So please reconsider. We're
 15 in the discussion stage, we're not in the
 16 finalization stage.
 17 MR. HARP: Frankly, I don't feel prepared
 18 to consider this issue today. I'm not sure if
 19 we can delay it, but --
 20 MS. ZIMMERMAN: You can't. It has to be
 21 done before July.
 22 MS. BOWERS: It has to be done before
 23 July.
 24 May I ask, why you would reject the
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1 position other than your frustration with the
 2 County?
 3 MR. HEAD: Well, I have asked other people
 4 to consider to be the president of the Board.
 5 MS. BOWERS: Okay.
 6 MR. HEAD: I think that there's -- and I
 7 appreciate the compliments that I'm hearing, but
 8 I think that there's something to be said for
 9 rotating leadership and developing bench
 10 strength. I intend to stay on the Board and
 11 stay very active on the Board and weigh in when
 12 I have got an opinion. I think that, yeah, to
 13 stay with the status quo would be comfortable,
 14 but I do believe very strongly that we have got
 15 other people on this Board that could take the
 16 leadership role and that the Board would be
 17 better for it.
 18 MR. SIGLER: I respectfully disagree with
 19 your analysis, sir. I think the Board would be
 20 better served if you continue to hold your
 21 position as president of this Board. And if you
 22 want me to go into detail, I think I can talk
 23 for half an hour. Your organization, your
 24 working with and showing respect to all the
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1 Board members, even if there was disagreement, I
 2 think that in and of itself would highly
 3 recommend you to continue on as president of
 4 this Board.
 5 It's easy to split the divide of the
 6 Board, say, I don't like what happened,
 7 therefore I disagree with you or you or you, and
 8 you may disagree with me totally but you always
 9 show me the respect that I deserve as being an
 10 appointed Board member. And I think that,
 11 again, in and of itself is enough to justify my
 12 strong recommendation, plus a multitude of other
 13 things, that you should stay as Board president,
 14 sir.
 15 MS. BROOKS: Is there any reason we can't
 16 have another meeting before July?
 17 MS. ZIMMERMAN: What's that going to
 18 accomplish?
 19 MS. BROOKS: Well, like Lowell said, you
 20 know, just considering this on top of everything
 21 else that we have discussed this morning is kind
 22 of a little overwhelming.
 23 MS. BOWERS: Nick, I would like you to
 24 stay on as president --
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1 MR. HEAD: Well, thank you. Thank you.
 2 MS. BOWERS: -- for a couple more years.
 3 MR. HEAD: I appreciate that.
 4 MS. TYNE: Is there a reason that the
 5 representatives from the agencies need to stay
 6 here for this?
 7 MS. ZIMMERMAN: (Shakes head.)
 8 MS. TYNE: So if you want to leave, you
 9 can.
 10 MS. ZIMMERMAN: Yeah.
 11 MR. SIGLER: I'm not saying anything
 12 confidential here in the face of being excluded.
 13 We can go into a separate session, but I don't
 14 see anything that would --
 15 MS. TYNE: Nope.
 16 MR. SIGLER: If there is, please let me
 17 know and we'll go into closed session.
 18 MS. BOWERS: Nick, would you reconsider?
 19 MR. HARP: Keep in mind that the President
 20 of the United States always serves two terms.
 21 MS. BROOKS: Lowell, not a good point.
 22 MR. HARP: Doesn't always, but . . .
 23 MR. HEAD: That gives me a warm, fuzzy
 24 feeling.
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1 Okay. I would like you to hear what I
2 just expressed and I would like for the Board to
3 consider each of the members rotating through
4 the meeting facilitation over the course of the
5 year. You don't have to do that every meeting,
6 but I would like some of you to step up once in
7 a while and facilitate a meeting as a bench
8 strengthening process.
9 MS. WILSON: You'll let us know the month
10 ahead, right?
11 MR. SIGLER: Rotating and chairing the
12 meeting are completely different than chairing
13 as Board president.
14 MR. HEAD: I understand.
15 MR. SIGLER: You have added responsibility
16 and you have added authority. I would disagree
17 with you if you want to relinquish that. If you
18 want to rotate meetings, fine, I'm there.
19 MR. HEAD: There you go. There you go. I
20 think that's an important distinction, and I
21 agree with that distinction.
22 MS. BROOKS: Who's vice president? Do we
23 have a vice president?
24 MR. HEAD: Dorothy.
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1 The other thing is, after doing this, it
2 just -- and, you know, I'll speak personally,
3 kind of bare my soul here, it feels a little bit
4 like an exercise of futility. Like we're
5 arguing about \$3,000 out of \$850,000 for a
6 county of 50,000 where the County is getting
7 millions of dollars of service and we're going
8 to argue about 3 percent, and that's -- and, you
9 know, that's where the Board is coming from and
10 they're not going to examine their assumptions.
11 That -- you know, if I accept, I need you
12 to know that that leaves a bad taste in my
13 mouth, Dorothy. And I don't need to get
14 everything that I want, just most of it.
15 So, I mean, the work of putting together a
16 spreadsheet is not, you know, that difficult,
17 but I'm very frustrated with the County Board
18 right now, and, you know, I guess I need to
19 speak to my representative, Pat, about that.
20 MR. SIGLER: Nick, but you're not a
21 quitter. One of the reasons I got highest
22 presentation, I won in the negotiations
23 nationally, internationally, because I didn't
24 stop. Don't stop. You have got the knowledge.
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1 You have got the ability. You know how to deal
2 with people, to step back and say, Well, I'm
3 displeased with the Board.
4 Steinbrother (phonetic) and I had a
5 shouting match in front of the hotel right
6 across the street from the Washington Monument.
7 I mean, yelling and screaming and swearing. He
8 thought he was rid of me, but you just keep
9 coming back. You come back. And I think that's
10 the kind of man you are, sir.
11 MR. HEAD: You know, I know who I want to
12 do my eulogy now.
13 MR. BROOKS: Oh, thanks a lot, Nick.
14 MR. HEAD: Okay. I will accept, and I'm a
15 little bit embarrassed about making a pushback
16 out of it.
17 MS. BOWERS: I think you always fight for
18 the 708 Board. You don't back down. And that's
19 what we need in leadership.
20 MR. SIGLER: Yes, we do.
21 MR. HEAD: Thank you.
22 MR. SIGLER: Dorothy and I agree. Please
23 mark that down.
24 MS. BOWERS: Be the first time.
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1 MR. SIGLER: No, I remember once four
2 years ago.
3 MR. HEAD: Okay. I accept, and we need to
4 go through another proposal.
5 MS. BROOKS: We just seconded.
6 MR. SIGLER: We need a second.
7 MS. BROOKS: We need a second and a vote.
8 MS. WILSON: I second.
9 MR. HEAD: All those in favor.
10 (All those simultaneously
11 responded.)
12 MR. HEAD: Opposed.
13 (No verbal response.)
14 MR. HEAD: All right. Thank you.
15 All right. That's it, isn't it? We can
16 now adjourn.
17 (The hearing was concluded at
18 8:11 a.m.)
19
20
21
22
23
24
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1 OGLE COUNTY
2 COMMUNITY MENTAL HEALTH BOARD (708)

3 RE:)
4)
4 708 Funding Hearings)
) Ogle County
5 Ogle County, Illinois) Sheriff's Office
) Oregon, Illinois
6) May 22, 2018
7

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

16 Dated at Dixon, Illinois, this 28th day of
17 May, 2018.
18
19

20 Callie S. Bodmer
21 Certified Shorthand Reporter
22 Registered Professional Reporter
23 IL License No. 084-004489
24 IA License No. 1361
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