OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application of Rockford Sexual Assault Counseling Ogle County, Illinois

Ogle County Sheriff's Office
Oregon, Illinois
May 2, 2019

Testimony of Witnesses
Produced and
Examined on this 2nd day
of May, 2019,
before the Ogle County
Community Mental Health Board

BOARD MEMBERS PRESENT:

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William Sigler
Amy Stephenitch
Renee Barnhart
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Nick Head, Chairman

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MR. HEAD: As with Brion's case, Maureen forwarded some information to respond to those questions that I raised, and here is what she gave to the Board, so that everybody is on the same page. We need one for Marcella there.

What I said as kind of a preamble to Brion's presentation was that it wasn't my intention to make additional requirements for the application. That's not my place to do that, nor would it be appropriate for me to just have information that I somehow hold myself, without it going to the whole Board.

The intention, as I just kind of explained to Maureen, was that there's some difference between the questions that have to get answered for the HEW committee and the questions that you answer for the application. So what I was hoping for was to get some kind of a bridge between the two for you to understand what the next writer is going to be faced with in terms of trying to sync the two.

MS. MOSTACCI: Sure.

MR. HEAD: So without further ado -- let's see, we got enough of these? All right.

Without further ado, Maureen, do you want to bring us up to speed?

MS. MOSTACCI: Okay. Thank you. Again, I'm Maureen Mostacci. I'm executive director. I apologize for my voice. Nasty cold is catching up with me.

This is Michelle Pauley, who is the full-time therapist who is in the office here in Oregon.

I know we have got some new people, so just kind of quickly, you know, what our staff does at Rockford Sexual Assault is gives comprehensive services for survivors of sexual assault and abuse. It's really kind of twofold. One is, we want to provide intervention services for those people who have been a victim or survivor of sexual violence. The second is that prevention piece. Because while the total responsibility falls with the perpetrator, there are things that we can do and teach people to try to help them reduce their risk of being a victim of crime.

Our services, I know it's called Rockford Sexual Assault Counseling, but we really have

comprehensive and an array of services. Under our advocacy services, medical, that's the 24-hour response to the hospital 24/7, for survivors who present in the emergency room. So our advocate will stay with them anywhere from 45 minutes to the longest has probably been about six hours, while they go through the evidence collection and then the actual physical exam, and then we make sure that they have information regarding our services, we make sure they have a safe place to return to, and a ride to get there.

The majority of those are trained volunteers who have to go through a very specific 40-hour training, and that is because rape crisis centers have a special level of confidentiality that only three states in the country have. It's called absolute privilege, which means that it's a little bit higher than the Mental Health Code and it's higher than the -- it's equivalent to, like, an attorney-client privilege.

Really what that does is, that provides a lot of safety for survivors when they come in,

if they know that their records and what they say within the counseling session will be kept private.

We have crisis intervention. That's the medical, but that's also a hotline. It's also 24/7. We have trained volunteers that do that. Questions that come in, people that are talking for the first time. And a lot of times when we make that contact through crisis intervention, that will bring them into the services. When they find out that our advocates and our staff are trained to be very -- you know, we're nonjudgmental. We don't take a stand. We're not with the police, we're not with the hospital. We are just there for that survivor.

So sometimes that first call will come through our hotline, and then we can either give them the resources they need, or if they need our services, they can come into our services.

Individual and institutional advocacy. So if we're working with a client, we help them access other things that we need. And institutionally, we work with police. We do training for the police to help them understand

trauma and what that looks like. We also work with state's attorneys' offices for the same reason. You know, someone that has been traumatized, whether it's sexual violence or something else, is going to present a little differently.

So we want them to know that when this has happened, if someone comes back a few days later and has a few more details, it's not about the fact that they're making things up or changing their story. It's about the fact that during the time of a trauma, especially a sexual assault, their mind is on survival. It's recording things that are going, but what's happening is, they want to get out of there alive. That's just what trauma is about, is you want to get out of that place.

So when they get into a safe place, oftentimes other information will start to come back. So we want them to understand that so that it looks -- when they present it in the courtroom, that we get some convictions.

The counseling, we do individual, family, and group is probably one of our largest

programs. We do that at all our locations. We do it in office, as well as out in the community and schools. We do a lot of counseling in the schools in all of our three-county area, so Winnebago, Boone, and Ogle. It's for survivors three and up, as well as their significant others. That can be parents, siblings, spouses. Sexual violence is a crime against one person, but it affects that system that they're involved in.

And a lot of times when we bring parents in, they have their own issues they want to deal with, and that can better support the survivor in that particular case.

For education, we do a lot of school-based prevention. I think last year in total we were -- we reached 52,000 students, and that's going to be closer to 70,000 this year. And there are some numbers later for specifically Ogle County.

The community, we'll go and talk to anybody who will let us come in and talk. We do a lot of parent seminars. We want them to understand safety and cyber safety. That's a

huge one. You know, I have been doing this a lot of years, and that didn't exist when I first started, and now it's a whole other area that we do specific training and teaching on regarding safety. Because anything -- you know, it's a wonderful resource but it's also -- somebody finds a way to kind of twist it.

And then professional training, that's going to -- anybody that is going to interface with survivors and give them some information on sexual violence, as well as some skills to manage disclosure. So that's teachers, that is police, and state's attorneys, and other social service providers. So, again, we want that same understanding, and that's a good opportunity, because we work a lot with the other social service agencies in the communities that we're in.

Some of the things that are unique, all of our services are free to survivors and their families. You know, we don't take insurance; we're grant-funded. One of our primary funders is the Victim of Crime Act and the other one is Violence Against Women Act, who mandates that

victims of crime and that these services be provided free of charge. That's about accessibility.

It's really good, because even with people having insurance, we may have two children and that adult come in. It's not uncommon to have a family of three or four come in. Even with a co-pay, it may not be accessible to them if they had to pay for each one of those sessions for each person.

The 24-hour crisis intervention for sexual assault survivors, the legal advocacy for adults, the children are done through the advocacy center in all of -- actually, all of our counties, and then that additional confidentiality under the law, and I think that is really -- that's a really good one.

We did a survey a few years back. For the kids, it was like 99 percent that was important to them; kids being up to 17. For the parents, it was a hundred percent. Because they don't want that information unnecessarily out there.

Anybody can choose to sign a release at any time, but just to be able to get it pulled

in to maybe a court case that has nothing to do with that, get pulled into a divorce case or a child custody case, we have seen things like that. So that's a very strong protection.

Community need, you know, 2016, that's the State Police's last time -- last full year that they have stats available, 238 assaults in Winnebago, Boone, and Ogle. I think in Ogle the reported number was four, but trust me, there aren't just four assaults in all of Ogle County. That's the reporting issue. That's getting people to step up and feeling safe to step up.

Each year the agency services over 950 clients, and last fiscal year it was 74 Ogle County clients, and we're on pace to go a little bit higher than that. Three-quarters of the year we are at 62 clients, and that's advocacy and counseling.

And then DCFS reports -- and again, those -- I don't know why those numbers are so lag, but that's the last year we were able to get numbers. So, again, the children are out there. The calls are coming in, and when they're indicated calls, we can see the child --

or it doesn't have to be indicated. If there's a disclosure, we can see the child. But we know that these are the ones, again, that are reported.

What we also know, which is just an incredible statistic to me, as long as I have done this, is the average child abuser has a hundred victims before they're caught.

So the lists themselves, those are great. I encourage people to use that, but it's not an end-all. Those are only just convicted, and there's a small percentage, unfortunately, that are convicted.

So we collaborate with the schools, we do prevention, education, and counseling right in the school setting. Michelle works very closely, has a good relationship with those social workers there.

Rochelle Community Hospital is our response for emergency medical advocacy. The police departments, we have networking agreements with all the police departments. We come out and do training. Some are open, some doors aren't quite as wide open as we'd like,

but we keep working at it. The state's attorney's office, and then other social service providers.

So looking at last year, just demographically, about 62 percent of the clients we see are children. And that's really a good thing, because to me when a child is disclosing, that's prevention for the future. There are a lot of long-term effects of sexual abuse.

And when I first started working here, many of the people I saw were, you know, late 40s and 50s and that was their first disclosure, and many had a lot of other things that had happened. They tried to cope on their own with alcohol or with -- you know, be it depression, eating disorders, all those things are very highly correlated with a history of sexual violence.

So if something does -- we'd like to prevent it from happening to a child, but if something does happen, for them to be able to get in and do the work at this point and make a huge difference as they're moving forward, especially developmentally.

Then 6 percent in 18 to 29, about 24 percent in that 30 to 49, and it's not a huge percent, but a growing population is 50 and over and the last two years 60 and over.

You know, in the past we would have parents -- grandparents come in and significant others, because maybe they were now taking care of their grandchildren if they had been put in placement. Now we have people that are coming in, men and women, who are coming in for their own issues and they're 60, they're 65, I think our oldest client was 80, and they're getting the help they need now.

I think a lot of it has been how much has been in the press, the Me Too movement. There's just a lot of information and triggers out there, and people are responding and they're coming and getting the services that they didn't have many years ago.

Still the majority of our clients are female, but we do know that boys are abused at about the same rate. They say one out of six. I think it's probably a little bit higher. And we do have males that are also victims of

assault. Because, again, we're not talking about relationship things; mainly we're talking about power and control. So you do see that play out in all different circumstances.

What we have also seen in our community is that there's been a rise in the awareness around domestic violence, and 40 to 50 percent of people who access services for domestic violence also have a history of sexual violence oftentimes within that same relationship, even though that may not be disclosed right away.

Obviously the bruises and things like that are more physically apparent, and they may seek that service because they want to get out and they need those basics, you know, a safe place to stay. But if it's escalated, if they have been in it for long enough, about half of it will escalate to sexual violence.

So we do work closely, as far as the clients, with Hope. And maybe seeing people, these other issues may come up, and Michelle has actually done some things at their center.

Service hours, advocacy, again, we're on pace. That was last year and the first nine

months of this year.

We're ahead with community education, and we're still out there finishing up some schools. Some of the school years have been extended. We had -- I think we had, like, a six-month winter this year, so we have been trying to play catch-up there.

Then with counseling, again, that's probably the service that we do the most of as far as, you know, hours.

Our funding sources, our primary funding source is the Illinois Coalition Against Sexual Assault. That's about 88. That's a combination of general revenue, which our State funds, plus the federal fund, that's the Victim of Crime Act, Violence Against Women. There actually is one small fund called SAS for, which is Sexual Assault Services Program. So that all gets channelled through our coalition.

Our coalition has -- there are 34 -- it just increased a couple -- 34 rape crisis centers around the state that are similar to our staff. We are actually considered an Illinois Coalition Against Sexual Assault Certified Rape

Crisis Center. That's what allows us to get the federal funding. We have to meet some pretty stringent requirements in order to do that as far as our training, as far as our fiscal oversight, as far as our programmatic oversight.

The Attorney General, we have one grant from the Attorney General. 708, United Way, some contributions of fundraising, and then just some other kind of miscellaneous funding.

At this point, you know, 708 is about 1 percent of our budget, and in terms of numbers, the residents are about 8 percent. So I think -- and really, our cost of service at 11.78, considering most of those hours are counseling hours, and buying those hours on the private market is a whole lot more expensive than that.

So I think we have tried to be as effective as we can, as accessible. We have a half-time -- a part-time person who will come out who is Spanish-speaking. She will, you know, come out here and either see significant others or those clients that are Spanish-speaking or their clients.

We go out to a lot of the schools, and I'll have Michelle talk just a little bit about that, because that's, again, about getting people to counseling will be difficult, especially when you're talking about teenagers, they have got their schedules going, parents are working. We want to make sure that people can get to us. So we're going, in many cases, out to them.

The individual advocacy, you know, just a little bit -- quickly some of the outcomes. We do this every October. We want to get feedback from our clients. We have used that feedback actually to change programming, when we saw that to be appropriate.

So for information, it was 3.7 out of 4, they were asked to rank. And these are people that have used the hotline and also the medical advocacy. The medical advocacy, those are clients that have come into our agency. We don't ask them while we're on that crisis call or at the hospital. We wait, and if they come in, this is their feedback.

Then getting support was 3.6. Again,

that's the two main things for our advocates, education and support while they're there in the emergency room or when they're calling in through our crisis line.

For our counseling, you know, our main goal, overriding goal, is that it improves the quality of life. That's what we're looking for. And when our client -- when they fill out these things, we split out those that were one or two sessions, who were early on in their counseling, versus those who have been there a little bit longer. We're seeing those improvements. You know, healthy improvement in their intimate relationships, improvement in setting boundaries and their sense of safety. That was a really big one.

Healthy coping skills. You know, people can cope. Especially when you're working with adolescents, you know, ask them how they cope. We always put that term "healthy" in front because they have got all kinds of ideas.

Identifying triggers. Really what that is, is identifying those things that bring up anxiety for people. Because that often will

happen with adults in the workplace. So by helping them identify what that is and find some ways to manage that, that allows them to stay.

We have had clients that were on Social Security Disability that after going through treatment are off disability. They're working now, they're paying taxes. So this improvement, it can and it does happen.

I think what I like about the services where I'm working right now is, we don't have a time limit. People can come in. We're talking about people anywhere from a one-time incident to years of abuse, and to say you have 12 sessions to get better is not realistic.

So we'll see people for what they need to be seen. It's not uncommon to have them come in and then come back in maybe a few years later. Or with children, developmentally, when they're very young they might be in for counseling. Then they kind of get to puberty and to adolescence and they have questions and concerns, they might come back in for a few sessions.

That's not an uncommon pattern. That's a

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healthy pattern. We don't keep them any longer -- them coming any longer than, you know, they need to be, but we also give people the time that they need just to build that, again, safety and that relationship with the therapist.

Then with our youth, again, they're identifying things that they think are better. We don't ask their parents. It might be interesting to see if their parents are agreeing with some of this. But, you know, that they're making progress, that their life is better. The one I really like is that they would recommend it to a friend, because what that says to me is, they're feeling safe, they're feeling that they're getting something worthwhile.

We do get people bringing friends in or referring friends to the counselors to refer to Michelle. That's the way that some people get to our services.

Looking for healthy support people. You know, for some of the kids we work with, they have got great family support. Other kids don't. So how do you find that adult, whether it's a teacher or another relative or a coach or

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somebody that can kind of be that mentor?

What we know about, you know, resilience in children is, if they can connect with one person for even a short period of time -- I read a study, it was just fascinating. They were reviewing, like, 17 or 18 other studies. They were trying to find what helps resilience, makes kids resilient. The only common factor was having that one-on-one connection with somebody, and it could be a parent. That's great if it's happening within the household. But if not, it could be somebody outside. It doesn't have to be over the course of their childhood. It could be for a short period of time. So that was the one thing.

That's also the one thing, when I was talking about prevention, that we do some strong Self Plus groups here in Ogle County and at the other counties also. What that is, that's a -- goes through the course of the school year, meets once a week for an hour. It's girls -- right now it's girls -- we just started in Rockford two boys groups -- that are referred by their counselor.

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So if they have things that are going on at home, they might -- we do an anonymous sort of survey in the beginning. So some of the girls have a history of sexual violence, some don't, but most of them have a lot of things going on in their life, a lot of chaos in their life.

They meet and they build that relationship with that facilitator, who is a therapist. That's the one thing that's unique about the Strong Self Plus Group is that we have a therapist. We discovered that early on that we had girls with suicidal ideations, girls that did make disclosure during group and were able to get services, girls that had self-harming behaviors.

So we wanted to make sure that when we were dealing with a population that had a lot going on, that we were able to deal with that and connect them to other people.

Michelle, want to tell them a little bit about a typical day for you?

MS. PAULEY: Depends which day. So as you can see, my numbers are -- for this year are

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projected to be higher than last year, and I feel that.

Depends on, you know, any given day what school I'm at. Mondays I'm in Rochelle all day, and then I come back to my office and have appointments for -- you know, after-school appointments or after-work appointments for adults.

Tuesdays I'm -- where am I at Tuesdays? Stillman. Thursdays -- Wednesdays I'm up in Rockford and Byron. Oregon I'm in, too. I go to DLR. So I'm kind of driving all over the place.

Like Maureen said, a lot of what I do is school-based counseling. So I have developed really great working relationships with the school social workers and counselors so that I, you know, have a conference room Mondays, you know, at Rochelle from this time to this time, seeing all five of my clients, you know.

And I -- Byron High School jokes with me that they should give me their own office there.

But, you know, so that's, like, an any given day kind of thing. I'm all over the place

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in Ogle County. And then at my office after school time, and typically I work, you know, 8 to 5:15, 5:30, with a little break in between.

MS. MOSTACCI: During April Michelle was out at a couple of the schools doing info tables. One of our things is to let people know we're here, particularly adolescents.

I had mentioned, you know, our increase from FY '16 to '18, our calls that came into our crisis line went up 63 percent, and right now we're up 4 percent this year over this time last year. So people again are calling in for information. They're sometimes calling for their friend, but, you know, they can get that information.

And that's the same thing, that exposure at the school to say, Hey, we're here, here's our number. We have got some little things. We have pens, these purple pens they love, that's very discreet that has a phone number.

Because especially with our adolescents, they're pretty well aware that, you know, they can have up to eight sessions without parental consent. Because ideally, you know, if we can

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work with the whole family, that's great. But some kids, they don't want to for whatever reason or are afraid to, but they still have access. That's not just our services, that's any mental health services. We want them to be able to access the help they need and not be afraid to do it.

After that point, they either have to have parental consent or sometimes some just move back. But at least what we have been able to do is give them a good experience with counseling to give them a good start. If they want to continue, we can work with them, then how do we get the rest of the family onboard, how do we get that parent or guardian onboard?

MS. PAULEY: And I will say, at the info tables that I have done just this past April now, I was telling Maureen yesterday that at Rochelle High School -- so I, you know, had my brochures out and whatnot, and I had a girl come up and, like, start bawling hysterically. I -- you know, there was a bunch of other people around; I'm not going to have a counseling session right then and there, but it was so

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important to give her my information, tell her, Hey, I do individual counseling here, here's my information.

Two other kiddos at the high school in Rochelle came up, shook my hand and said, Thank you for doing what you do. Your services are so needed. So that felt good.

But they're telling me that they need us here, right? DLR kids were -- like, they wiped me out of all my -- I didn't tell you that, but they wiped me out of all the stuff that I had, all of my brochures.

MS. BROOKS: What's DLR?

MS. PAULEY: David L. Rhan in Mt. Morris. It's Oregon junior high.

MS. BROOKS: Sorry.

MS. PAULEY: Yeah, they were. And I had a couple kids come up to me and ask me questions about sexual assault in particular. So that was really awesome, just getting that information out there and actually having adolescents, like, interact. That was really good too. Because they're really so hesitant, so yeah.

MS. MOSTACCI: Is there questions for me?

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MR. SIGLER: You mentioned that you work closely with Hope. Just give me an example so I can understand when you say you work with Hope.

MS. MOSTACCI: Sure. So we're two separate agencies. One is domestic violence, and we do the sexual violence.

So some of the things you do over there.

MS. PAULEY: Sure. So we -- part of what's going to be new and up and coming this summer, we're planning, all three agencies, so Shining Star, Hope and us, are going to be doing police trainings all together. So we're partnering up with that.

And then I -- sometimes when adults or children don't have the means for transportation or, you know, it's hard to get to my office and they're part of Hope, I will see somebody at Hope. So I have done that a few times. The Hispanic therapist has seen somebody there as well. And so we work closely with them for referrals and things like that too. And just a building to see people at to make our services more accessible.

MS. MOSTACCI: In the past, too, we have

also done some prevention presentations there. Sexual assault prevention and our RAD self-defense class we actually did at the Hope facility for the women that were living there at that time.

MR. SIGLER: Well, thank you.

MS. MOSTACCI: Sure.

MS. HAUSHAHN: What's the ages that starts with the children?

MS. MOSTACCI: Three.

MS. HAUSHAHN: Three, okay.

MS. BROOKS: When you said you're going to do police training, what does that mean? You're going to be a police officer?

MS. PAULEY: No. Oh, my gosh.

It's in the works right now. So what we're doing right now is, we're calling each agency, you know, police agency, Mt. Morris Police, you know, Oregon PD, things like that, seeing if they'd like us -- all three of us to come in to do a police training for a half hour during their switches.

MS. BROOKS: You train them, you mean?

MS. PAULEY: Uh-huh.

MS. MOSTACCI: Yeah.

MS. PAULEY: So our piece would be, you know, how to -- I'm drawing a blank.

MS. MOSTACCI: Make a referral.

MS. PAULEY: Make a referral, thank you.

How to make a referral, how to write a police report to have it be better -- beneficial for the victim. Because we see that a lot being an issue in the court system, is, you know, how police reports are written.

You know, Hope wants to do the strangulation kind of training within that time frame, and Shining Star wants to talk about a referral process too. So we -- you know, it's kind of hard getting into police departments. So we're kind of partnering together and saying, Hey, here's all three of us, let us in.

MS. MOSTACCI: And that referral piece is so important, because the police are first responders. So are our hospitals, but it's easier to get in -- again, a lot of times it will be during that switchover. It's like, this is who we are, this is how you contact us. Just give them the number. You know, give them the

call so they have that information.

Really what we know too, with the first responder, whether it's the police or the medical personnel, when they get a good, nonjudgmental response from those individuals, they're more willing to go through that legal process and they're more willing to go through their own healing process.

I have seen the opposite. I have seen where people have not been -- didn't feel like they were treated well and they totally backed out, and they may not come back for years. And that's really just unfortunate, because it shouldn't be that way.

I understand that, you know, those systems are flooded too, but it's a matter about how to be trauma-informed and how you just take the time as needed with the people that are coming there.

MS. PAULEY: Also a huge part of that police training would be referring for rape kits as well, which are free to victims of crime. Not a lot of police officers, I have found, know that or understand that or are educated about

that.

MS. BROOKS: How long is -- I just read something recently, I can't remember who it was, but I didn't realize, what -- how long are rape kits, the results, kept? Because, like, somebody was raped in this one state, and they found out in six months it was destroyed. So if they didn't press charges within the six months, they can never go back.

MS. MOSTACCI: They're supposed to process every kit and then they have the DNA information, but that's been a big issue around the country where they stick them in rooms and they were not being kept the way they were supposed to be kept, they were backlogged.

MS. BARNHART: There's a ten-year backlog in some states, correct?

MS. MOSTACCI: Yeah. We have a crime lab in Rockford, but it will still take, like, six months. So once that kit is done --

MS. BROOKS: But is it kept indefinitely?

MS. MOSTACCI: I believe it's kept -- I believe the information is kept. Because people will sometimes ask for their -- like, they might

want some of the clothing back, not often but occasionally, and we have to let them know that, first of all, it's going to be a long time. Once it's processed they can have it back, but they may cut out a part of it too. I mean, they're going to do what they need to do to find the evidence.

MS. BROOKS: To hang on to the evidence.

MS. MOSTACCI: I think the ones you were talking about is ones that were never processed, they didn't bother to send them anywhere, which is their choice basically.

MS. PAULEY: It also depends a lot on the advocacy part of it, you know, how -- how gung-ho a police department is about pressing charges or, you know, the State's Attorney says, This is a great case, you know, let's push that rape kit through the system. So it has a lot to do with that too.

MS. BROOKS: My other question, you said -- what's the earliest age, and you said three. Is that for counseling or is that for -- you know, these numbers just continue to shock me. I mean, you know, I know that you're in one of

those businesses, Oh, it's great, all these high school kids were coming up. You know, it's like, Oh, that's not -- that breaks my heart. But I understand what you're saying.

So at what age do you start teaching prevention?

MS. MOSTACCI: Pre-K.

MS. BROOKS: Really?

MS. MOSTACCI: We have gone in -- we have been called to a lot of Head Start programs, pre-K programs.

Erin's Law is a law that mandates -- it's an unfunded mandate for education, and I understand they have a lot of those, but it's sexual abuse prevention education. So we were in, and we will be this year, every school in the Rockford district, basically every school -- I was just asking, every school here in Ogle County, and also in Boone County. And it's every year.

You know, we teach fire safety every year --

MS. BROOKS: So start at pre-K and then do every --

MS. MOSTACCI: It's age appropriate.

MS. STEPHENITCH: Pre-K through 12 in every school?

MS. MOSTACCI: Yeah.

MS. PAULEY: And the education looks different for each grade level.

MS. MOSTACCI: But, yeah, I think about doing it repetitively, because it used to be we'll do it once. I was a teacher, we used to go to the fire station every year and learn stop, drop, and roll. But when it comes to personal touch or boundaries, you know, teach it once and forget about it.

MS. BROOKS: I don't know if you would have this, but are there any stats on since that's been being taught, have numbers gone down?

MS. MOSTACCI: What I have seen -- well, numbers of people coming in have gone up, but the age that people come in has gone down.

I have been here 25 years. When I first started, age 18 to 24 we barely had anybody. You know, and I know we had adult survivors because I was seeing them as a counselor. Now

those numbers are high, which means, you know, that, again, those reports are being made, or when people leave a situation that feels dangerous, they're seeking out counseling.

Because the highest risk for females is 18 to 26. Going to college, moving to their own apartment, going out more, more -- going out to parties more. And, again, I always make the point, alcohol does not mean it's okay for someone to be assaulted or doesn't make it okay for someone to assault. But statistically when there's alcohol in the picture, risk goes up.

You know, so we talk about risks. Because like I said earlier, 100 percent of the responsibility for an assault is with that perpetrator. Regardless of the situation, no one has a right. And I think we forget sometimes that it is a violent crime. It's classified as a violent crime, like, you know, some of the others.

But, yeah, we start there. We're excited about doing that. I think that's why, why we're getting those little ones. Like I said, it's hard to think it's happened to a little one, but

the first time it happens, they're running in and telling somebody.

You know, those 4-year-olds are great. We have a fully-equipped playroom. They just go through their thing, they go through their feelings if we help the parents. And I know they are going to have a better future because they have had that intervention.

MS. HAUSHAHN: I have a question about the advocacy you have. How much -- what percentage are you using to train volunteers?

MS. MOSTACCI: They do the medical advocacy, so they're on call -- we have, like, 27 now that are active, and we actually have three or four males. So the women are on the calendar, because they'll be the first response. If we have a male that presents in the hospital, then we call one of our males.

So they'll do, like, 15,000 hours a year of volunteer time.

MS. HAUSHAHN: Wow.

MS. MOSTACCI: So anything outside of office hours is basically covered by the volunteers.

(Whereupon, Amy Stephenitch left the hearing.)

MS. MOSTACCI: Then the ones that have the 40-hour training will also help at some of the fairs and the booths. Like, we will be out at the Boone County Fair for a whole week, or we have been to the school fairs they have out this way or the festival, Heritage Festival.

So they come out there, and we make sure that those volunteers have 40-hour training that are going to have any contact. Because if someone does make a disclosure, which does happen, even in public places, we want to make sure it's covered by that confidentiality.

On occasion they'll come in and answer phones, because we can't turn our phones over to a service during the day -- or we can't leave our phones to an automated during the day because it's the crisis line. When it flips at night, it goes to a service. So every call is responded to.

MS. HAUSHAHN: What kind of people step up -- what kind of qualifications do they have? Just 40 hours seems like -- it may seem like a

lot, but I don't know how much a lot is. So what kind of backgrounds do people have to be these advocates?

MS. MOSTACCI: You know, people come from all -- really all different backgrounds. Because, again, we break it down to support and education. So much of it is about just being there with that person, and we can -- and make sure they have our information.

You know, I have responded a lot to the hospital, and many times survivors don't want to call somebody they know. There's feelings of guilt or shame or, you know, I was here and I shouldn't have been or whatever. And so instead of them being alone for that process -- and survivors.

So we do teach them about basic crisis counseling skills. And the nurse is generally there doing that whole process also. And the nurses, I know, have received additional training also. The nurses are very, very good.

So we're just basically kind of there to be -- just to be present, you know. So, yeah, we have had people who have social service

backgrounds, we have had teachers, we have had people that work in business. It's really just about that nighttime availability, because most of your calls -- we try to have gatherings for our volunteers, because, you know, you don't ever see them. They're on call from 4:30 in the afternoon until 9 o'clock in the morning.

MS. HAUSHAHN: Oh, they are?

MS. MOSTACCI: Yeah. Because most of those calls, staff will take it during the day if staff is not occupied. But at night it's pretty much our volunteers that will do those hospital response.

MS. HAUSHAHN: I would be concerned that they would say the wrong thing, you know what I mean?

MS. MOSTACCI: Yeah, well, basically what we tell them is, you know, they don't give any kind of legal advice or anything like that. Because really most of the time when they're in the ER, they have just come from when it's happened. So they're not -- it's not a place to have a conversation anyways.

So it's really about the basics. I

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believe you. You know, we're not -- we don't work for the hospital, we don't work for the police. You know, I'm sorry this happened to you. You know, I have -- you didn't -- because a lot of times they'll say, Well, I did this, this, and this. And I can just say, Hey, you know, you see it that way; I see it like this. That person had no right to do that. You did not give them permission, consent.

And you're just being that safe person that's not -- because they're going to get judged. They're judging themselves, basically, is what's happening first, and then sometimes other people are judging them also.

MS. HAUSHAHN: Some people tie volunteer hours -- some organizations -- to money. Did you predict as to how much those 15,000 hours a year would be in money?

MS. MOSTACCI: Wow, I haven't done that.

MS. HAUSHAHN: I have seen a lot of agencies do that, where they'll say, This is how many volunteer hours and this is how much it saved us from having to have somebody do it.

MS. MOSTACCI: It would take -- what did I

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figure out one time? It's like 13 and a half full-time staff just to cover those hours. That would be an interesting thing I should do, to project that out. Because it is a lot -- we couldn't do it. I mean, I couldn't expect our staff to be nontraumatized if they're constantly on call.

We do split our hotline two different ways. And this may be part of your question too. If it's the hospital, then our volunteers will get that call, or if it's a brand-new caller, generally that's a question. If it's a current client, then that will go to the therapist, and our therapists -- we have ten therapists within our office.

MS. HAUSHAHN: Okay.

MS. MOSTACCI: So those go there. Yeah, those tend to be maybe the more complicated clients.

MS. HAUSHAHN: I was going to say, 40 hours, okay.

MS. MOSTACCI: Those are all Master level counselors that work through our agency.

MR. HEAD: I'm just going to ask a -- and

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you have kind of answered this, but what kind of case review and supervision is there for the work that you do? And are all cases reviewed for any kind of mental health indicators?

MS. PAULEY: I text my supervisor constantly. We're always -- for my license, because I do have a license, so I'm required every other week to sit down with my supervisor for an hour. So we do -- we do that. And for ICASA, our coalition, we're required to do that as well. Then we have weekly group staffing --

MS. MOSTACCI: Consults, yeah.

MS. PAULEY: -- consults. So that's where I am up in Rockford, I'm doing, you know, my supervision, my clinical meetings. And then, you know, there's also been times where I have randomly called Maureen, Hey, I need help with this, or I'm hysterically crying, get me through this. You know, just constant, constant.

MR. HEAD: Right. Thank you.

MS. MOSTACCI: Because that secondary traumatization is very real. So we do a lot -- I hate to say this, we eat a lot, you know, we love potlucks, and we'll do retreats a couple of

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times a year. And really these group meetings, I think, probably allow people to talk about some of their own frustrations, you know, because sometimes it's system frustrations, and also let everybody know so when we get that hotline call I know that, you know, Jane has been struggling and I need to -- I'm a little bit aware of what that situation is so that we can -- and, again, we can help each other.

And we have therapists that range from people that have been there -- well, Paula in Boone County has been there 23 years, down to people that are new. So there's a wide range, and they come from a wide variety of backgrounds, which has been a wonderful resource.

We really do have an open door policy, and we try to convince new people that asking questions is good, talking to people is good. It's not about, I don't know this. Because sometimes new people come and they don't want to act like they don't know things, but I would rather you ask the question and do it the right way, you know, get the information, than not.

MS. PAULEY: And that's why our agency has had people there for 23 years.
MR. HEAD: Yeah, sure. That says a lot right there.
MS. BARNHART: I have a question. You're talking about this possible training with Hope and Shining Star with the law enforcement. Is one piece that you're really going to be working with them on is being trauma informed and recognizing sexual assault and that sort of thing?
MS. MOSTACCI: Yes. We're definitely going to get as much of that in, because that's a process, but you're absolutely right. If we get the short amount of time, we'll start with roll calls. Be nice to get a little bit longer time, but that's the way their shifts run and their training schedules. But that's certainly what we will talk about, because everybody needs to know that.
MS. PAULEY: At this point it is a foot-in-the-door kind of initiative. So, you know, half hour for all three. If they find it beneficial, next year give us 45 minutes. You

know, so it's kind of like a foot in the door, kind of.
MS. MOSTACCI: There are a lot of police departments out here. So we're going to meet some of them.
MS. BARNHART: My other question was, I just saw on the news this morning how there was an initiative, especially with it being prom season, about meeting with schools and having talks with the male students in the schools about consent, and the girls were then met with previously.
Is that something that you guys are doing?
MS. MOSTACCI: We're not doing that specific thing, but that whole process of consent and talking, we have always talked to the males and the females, because I think we're beginning to get a realization that this is not a woman's issue. You know, the majority of perpetration are coming from males. It's about respect. It's about consent and defining.
Now, Illinois just passed a law starting next year that they're actually going to teach the definition of consent in education classes,

sex education classes, K through six, so there's a consistent definition, because people are saying they don't understand what that means, and so that's going to be consistent.
I don't know if we have enough time to do that this year, but that's a great idea, Michelle. We may be out there next year getting those audiences.
Everybody needs to hear it. Again, if you're down to the core feature, it's about respect. It's respect and boundaries.
I think the other thing that we're seeing a little bit more of, we're seeing men stepping up and checking each other on some of the things that go on, some of the jokes, some of the talk. The majority of men are good men. And in the past, I think there's maybe not been an issue because it's been perceived as a woman's issue. Now what we're saying is, Hey, everybody needs to do something, and you're modeling for young men what mascu- -- you know, what being a man looks like, and it's not about being abusive and whatever. It's about being respectful.
So I think that's great, and we're moving

that way. We have done a little bit of that at the colleges, but we haven't done that specifically at the high school level.
MS. PAULEY: I think also the Erin's Law presentations do touch on healthy relationships and consent. But depending on how the school, you know, wants it to go, sometimes they're in the health classes with both, you know, boys and girls, sometimes they are assembly-style with, you know, all the kids, you know, so it depends. But that consent is being talked about with Erin's Law presentations.
MS. BARNHART: The one I saw this morning was -- and I was kind of shocked with this. They said actually the girls have been -- had an assembly just by themselves, but it was conducted in the fall. The boys' program was recently. It was on the local news this morning.
MS. MOSTACCI: I wonder if that was someone's idea only because sexual assault awareness month just ended, and "I ask" was actually the theme of it, which was actually about consent. Maybe it sparked it, because I

think you're right, I think they should both be -- that's what we were talking about also, you know, those info tables, we're going to see if we can have that same info table one day in the fall, let people know at the beginning of the school year. Because we're getting to the end of the school year now, and so we can do it again in April because of month, but that's more time, more time for people to know about us, and that makes sense.

MS. BROOKS: I just wanted to go back to a question. When Nick asked the question about mental illness, you know, one of the things we try to identify when we do these, you know, since this is 708 Board, are these services going towards mental health services? And I'm glad you answered it the way you did, because obviously your own mental health is important too.

You know, I could -- I don't know how people can do that that many years. I mean, that would be very difficult, just compassion, fatigue. I mean, that would be hard.

MS. BARNHART: Carries trauma.

MS. BROOKS: So great that you take care of yourselves.

But I wondered if you meant for the individuals, because that's what I was thinking.

My understanding, like I'm looking at your number on Page 6 where you talk about, you know, help improve the qualify of life, the ability to concentrate, identifying triggers. And I just know individuals that sexual violence can create a mental health problem.

MS. PAULEY: Yes.

MS. BROOKS: It can be -- you know, will show up in all kinds of different areas.

MS. PAULEY: I have a particular client who came in because she was raped, and she got on depression and anxiety medication, and now she's off of them. So --

MS. BROOKS: Right.

MS. PAULEY: -- it improved.

MS. BROOKS: It created that, but she was able to work through it and get the treatment that she needed.

MS. MOSTACCI: That's always screened for when a new client comes in or as you're going.

We don't have a psychiatrist on site, but we certainly make referrals to the local mental health centers or private practitioners if they have access.

MS. BROOKS: You have counselors that can provide the treatment as well, you know.

MR. HEAD: And conversely, you know, I think that what you do a good job of is presenting that therapy and healing is not just about individual counseling. It's about creating a safe environment, it's about creating the awareness to ask, it's about somebody not feeling alone so that you don't have to do all this yourself. I'll be there in your corner as you're trying to negotiate all this.

That -- you can make an argument that that's all part of the therapy process.

MS. PAULEY: It's the first and foremost.

MS. MOSTACCI: It definitely is.

You know, despite the numbers, you know one out of three before age 18, one out of five in their lifetime for females, and for men I think it's one out of six for childhood, a lot of people are out there, but there's still that

sense of isolation because people don't want to talk about it. And that's what we're starting to break.

It's one of the good things, I think, the internet has done, is break some of that silence around and that we're out here. There's a lot of us, we're out here, and there's safety. There's been more support in people speaking out in the last couple years than there has been in the past.

You know, it's a scary process. In the past I know, especially with some of the more big names, you know, out in the news, treatment was not good. You know, the attack was on the survivor and not on the perpetrator, and we're seeing a turn on that.

MS. BOWERS: I have a couple comments.

In your application you did a broad spectrum of all the counties that you serve. Your next application, I want more Ogle County. I understand that you do a lot of things in all the counties. Break it down to Ogle County. What are Ogle County's assets? What are your expenses? What schools do you go to? You know,

things like that.
Your story, your client story, is that an Ogle County resident?
MS. MOSTACCI: Yes, it is.
MS. BOWERS: Okay. She was commenting on another one where they got off the drugs for depression, and I think that would have been a better story to be putting in here.
MS. PAULEY: That just happened.
MS. MOSTACCI: Okay.
MS. PAULEY: Literally like a couple days ago I found that out.
MS. BOWERS: Okay. But do Ogle County. Break it down.
One other comment.
MR. HEAD: Yeah.
MS. BOWERS: I'd like you to change your application to $10,500.
MS. MOSTACCI: Okay.
MR. HEAD: Any other questions? Comments?
(No verbal response.)
MR. HEAD: All right. We're going to chat just a little bit. Thank you so much.
MS. PAULEY: Thank you.

MS. MOSTACCI: Thank you for the opportunity.
MR. HEAD: Appreciate it. Good luck.
(Whereupon, Maureen Mostacci and Michelle Pauley left the hearing.)
MR. HEAD: All right. Discussion. First of all, are there any concerns about their application, the appropriateness of what they're requesting, their eligibility, what they're asking for, any of that?
MS. HAUSHAHN: That almost hit home now, when I realized the amount of hours, mainly because I'm a volunteer technically at other places and that's where I came from, a lot of places do calculate how much money they would have to pay. Volunteers are volunteers, they can leave at any time they want. So that kind of says that puts a burden on the budget or your bottom dollar.
If you lose -- especially 15,000 a year, that's a lot of volunteers, if they had to kind of pay for some of that.
MR. HEAD: You bet.

MS. HAUSHAHN: So that's kind of -- now just shows me that we are giving this amount of money, we have to understand that part of their agency is running a lot of volunteers. And because of that -- if anything ever happened to -- I know something terrible wouldn't happen, but if it still did, they actually -- that's kind of a hard -- yeah, that would be hard on them.
MR. HEAD: Yeah, absolutely. Good point.
MS. HAUSHAHN: 15,000, yeah.
MR. HEAD: Any other observations or comments or questions? Any hesitation about going forward with their application?
MR. SIGLER: Absolutely not.
MR. HEAD: You know --
MR. SIGLER: I'm just amazed at the small amount she's asking for.
MS. BROOKS: Well, yeah, that's what I was thinking. We only provide 1 percent or something?
MS. HAUSHAHN: Probably because it's a federal program and there's more --
MS. BROOKS: Well, they get 88 percent

from the --
MS. HAUSHAHN: Yeah, that -- to me, because that's --
MR. HEAD: I think the amount matters. I think also the fact that they have got local support is huge, really, really big. When they go to some of the other agencies, that's what they look for.
One of the things that stands out for me is the whole issue of trauma-based services. So that there's a clear precipitant or injury or condition that leads to the need for services. And that, in my mind, helps me to stay clear about what our role is as an agency. It's not to meet every need in the community, because those are endless and they're not all appropriate for mental funding.
However, to the extent that they're doing something that's therapeutic -- and it doesn't have to be individual counseling. But to the extent that they're doing things therapeutic, absolutely.
I worked in adolescent mental health inpatient for several years, and one of their --

their main treatment modalities was middle youth therapy, which is, they created an environment that was conducive to people sharing and opening up and healing.

Now, you're not going to see that somewhere, you know, in a funding application, but that's clearly middle youth therapy. You look at what Hope does. That's very clearly a middle youth therapy that they're providing.

So that's the only comment I really had.

Anything else before we call it a day?

MS. BROOKS: When you were talking about the trauma-informed care, I know the mental health they have started -- they said the difference -- what that is, is instead of saying, What's wrong with you? What happened to you?

MR. HEAD: Bingo. Bingo.

MR. SIGLER: Yes, ma'am.

MR. HEAD: I like that.

All right. I think with that, let's bring today's meeting to a close and we'll see you next week.

(The hearing was recessed at

9:35 a.m.)

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
)
of)
)
Rockford Sexual Assault)
Counseling)
) Ogle County
Ogle County, Illinois.) Sheriff's Office
) Oregon, Illinois
) May 2, 2019

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

Dated at Dixon, Illinois, this 5th day of May, 2019.

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

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application of Village of Progress Ogle County, Illinois

Ogle County Sheriff's Office
Oregon, Illinois
May 2, 2019

Testimony of Witnesses
Produced and
Examined on this 2nd day
of May, 2019,
before the Ogle County
Community Mental Health Board

BOARD MEMBERS PRESENT:

Marcella Haushahn
William Sigler
Amy Stephenitch
Renee Barnhart
Dorothy Bowers
Tracy Brooks
Nick Head, Chairman

Justine Messenger, Secretary
Reporter: Callie S. Bodmer

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MR. HEAD: Brion, if you will, please.

MR. BROOKS: Yeah, first of all, I appreciate the conversation about the funding increase and how that should be approached. That did cause a fair amount of anxiety in me --

MR. HEAD: Yeah.

MR. BROOKS: -- over the last month, because all of the sudden I had the impression, Here's your funding package, now go back to the drawing board and give us something different. And then I started thinking, is it probably going to be, like, a one-year lag between the time the County might approve all of the increases, the time the actual funds come? And I thought, I could come up with a million different ideas.

MR. HEAD: Right.

MR. BROOKS: They would all be, at this point, haphazard and not real thought out --

MR. HEAD: Right.

MR. BROOKS: -- probably like most other agencies. And I thought, what does that do for 708's reputation to say to HEW, We have got a million bucks' worth of ideas --

MR. HEAD: Yeah.

MR. BROOKS: -- and the ideas, but none of them have really been thought out, just give us money --

MR. HEAD: Yeah.

MR. BROOKS: -- and trust us?

So I appreciate the idea of maybe perhaps going more slowly.

MR. HEAD: And I apologize for my part in creating that confusion.

MR. BROOKS: So, no, it wasn't -- it was just such potential good news so quick. It's like finding out you've got an inheritance that you didn't know you were going to have.

MR. HEAD: From an aunt you don't remember.

MR. BROOKS: Having said that, I thank you for sharing a lot of what I said to you and Cecilia.

I will say this, the constant headwind that every agency faces, including Village of Progress, is a stagnation in income from State and local sources but no stagnation in our expenses. Our employees expect raises, our

contractors who do services for us expect to be paid even if their rates increase. It's a constant struggle to try to find those efficiencies to be able to meet that gap that continues to widen.

As I have mentioned, it is -- 2009 to 2017, the State gave us no increase whatsoever in State funding, and in the last two years they have given us rate increases with the proviso that every penny of the rate increase has to go to frontline care workers. In other words, I have an administrative secretary who can't receive a penny of that rate increase and a bookkeeper and accountant and janitor, all of them can't receive any of it. So it's a mixed blessing to be able to get those rate increases.

The -- on a more positive note, we have done, I think, a lot of creative things in the past several years to, as I mentioned in my letter, both challenge our people to be more involved in the community and challenged the community to see people with disabilities in a more productive light.

I had someone say to me just the other

day, The idea of a disability is something that we, our able-bodied, created. The fact that someone requires extra assistance to get across the street isn't necessarily that person's problem; it's a problem that society has placed upon them by the way it constructs its curbs or its crossings. And you can do that, you know, ad infinitum.

So what we're trying to do is not just serve our people but serve the community. And I think we have done that by way of increasing different ways that we have our folks involved in the community. We started the bike club, which you guys helped us out with kind of the grant to get that going. It now goes all summer, five days a week. Probably about, what, ten or so individuals per day go out on bike rides.

MS. EGAN: Yeah, actually, at least probably 10, 15.

MR. BROOKS: We had one individual that we have found since he started out last week -- he comes in the morning, he's very aggressive, talks about his stomach hurting, just out of

sorts in the morning. Since we started doing the bike rides these last couple weeks, last week or so, he comes in and he's happy. You know, that relationship is important.

We also have done some things that I think help with the community. The Village Bakery does different programs now, cookie decorating, things like that, through the Nash Rec Center. They put the word out. They handle the registration. We always try to have, as a manager, one of our folks with a disability helping out in the class.

The cookie decorating isn't the point. The point is that these kids who are preschool and early el are now seeing a person with a disability in a position of helping them instead of the usual thought, which is, we have got to help the person with the disability.

The Village of Progress has also started a couple different programs, again with the help of Nash, where young kids and their parents come into the Village and do different craft projects. So last fall we built scarecrows together. We had eight or ten students from the

schools who came in with a parent or guardian, and they built scarecrows, along with a half a dozen of our people with disabilities.

And one of our guys, who is basically quadriplegic, he has some use of his hands, he was holding the shredded paper that was used for the stuffing for the scarecrows, and people were coming up to him to get the shredded paper.

Great experience for him, because now he's useful, he's the center of attention instead of being off in a corner someplace. And, number two, you have got these kids who are seeing him as someone that provides help and service.

So these are just ways we're starting to play around with the idea that's a two-way street, which I think is so radical from where we have been over the decades in the past where it's always been considered a one-way street.

I think if you look at the annual report that we have back in the financial section, it gives -- the annual report really gives a nice summary of insight of the Village at play in the community and the Village at work in the community and how many different areas we're

involved in getting our folks into the community. It just -- it's a lot of fun to see it be a part of it. That's it with that.

The Village Bakery has about six Village of Progress folks that work there on a part-time basis. It also has, I think, about 10 to 15 interns from Ogle County Educational Cooperative that are working there. We're looking at hiring another person in the community with a disability.

I actually called that person's mom the other day that lives up in Byron, and she said her daughter has just been asking if she could apply to work at the bakery. And here I'm calling her, saying, Would she like to apply at the bakery? 18-year-old girl involved in a special-ed program in Byron.

The Attendance Grant Program, which is primarily run through our Village of Progress Foundation but also very much integrated with the Village of Progress, provides bridge funding for people from the time they graduate --

(Brief interruption.)

MS. MESSENGER: Sorry. Rookie here --

MS. ZIMMERMAN: It's okay. She doesn't need it.

MR. BROOKS: That's okay.

-- it provides bridge funding for the time a person no longer needs special-ed services, at the age of 22, until the age of 24, which is the earliest age that they could come to the Village of Progress as a full-time attendee.

We have about 12 different individuals that are receiving those services now to build that gap in State funding, because the State chooses not to fund until the age of 24.

We have recently had three or four different families that have toured the Village of Progress with the intent of having their son or daughter enrolled and start receiving services. A couple of them have moved into the county, and I am not sure how big a part the Village of Progress was in their decision to move into the county, but they were certainly pleased and relieved that the Village of Progress is there to provide services to their child.

It's funny, you get the chart, Excel

spreadsheet, about 708 dollars per hour of service or whatever, and I looked at the numbers, I do every year when our treasurer -- or bookkeeper -- accountant does the numbers, and I compared it with about 20 years ago. We are within a couple pennies, I think, if I remember correctly, or a couple dimes of the dollar per service that we were 20 years ago of where we are now. And it was just kind of astounding to think that it has stayed that consistent for that period of time.

In terms of new programs, I mentioned that we don't have any new programs at presentment. We just completed our five-year strategic plan, and one of the top objectives that the Board has identified is housing solutions. Time and time again, as parents age and they find they can no longer care for their adult son or daughter, they approach us, say, What housing solutions are there for us?

We had one family, they have looked at half a dozen different places to move to out of the state so they can get housing for their son or daughter when they, quote-unquote, retire

from it. But they love the Village of Progress and the services we provide, and they keep coming to us, saying, What do you have for us? And we basically have to say, Well, DD Homes provides a 16-bed ICF/DD, and they provide an eight-bed CILA, which are, you know, residential housing units. And unless there's an opening there, there's nothing that's State funded that you can really go to and receive the supports.

This is happening more and more, and what we are starting to look at now is different creative ways that we can provide housing to people with disabilities. And I don't want to go too far into the weeds with it, but I will tell you this, the traditional answer to housing for people with disabilities is there is the supports that you need that the State pays for, and there's the housing that you get.

So the typical way to do it is 24/7 care. You go to a house, you live with a bunch of other people, probably share a bedroom with them, and the person that provides the house also provides the services. They have a supervisor on staff 24/7 to help.

What we're looking at is decoupling, so a person with a disability doesn't have to say, If I choose this house, I also have to choose that service provider. They will be able to say, I want to live here but I want to choose my own service provider. I want this agency, not that agency to help me. And they can contract for the house, and they can contract with the service provider; two separate things.

We also like the idea, even possibly, of exploring ways that people with disabilities could own their own house. There's a project just finished up in Arizona where about a dozen or so small thousand-foot -- square-foot houses were built in a community on, like, a two-acre area with all -- all facing towards a communal pool and rec building, community building. Each of those houses are designed for people with disabilities, and there's an actual full-time support person whose job is to kind of oversee the people in those houses who would also receive their own services.

That would be a cool project. I mean, could you imagine in Mt. Morris or Byron or

Rochelle, Oregon having a community that is intended for people with disabilities but not exclusive to them?

There's all sorts of variations on that theme that are out there. The problem is, the Village doesn't have the expertise in building housing units. So we would probably partner with other -- another agency or two in the area to help bring that about in Ogle County.

That's just one idea. Another idea that we have talked about a lot is some kind of a transportation system for people with disabilities and even for mental health patients. Kind of a nonprofit Uber. You have LOTS, which runs Monday through Friday, 6 to 5, but a lot of people need to go places after 5 o'clock or on Saturdays and Sundays. If we can start to coordinate some kind of a nonprofit Uber system in Ogle County, that would be huge.

It is -- every time I talk to mental health workers, every time I talk to Ruth Carter, every time I talk to other directors in our line of work, transportation is the issue. 95 percent of our people don't drive, and the

other 5 percent don't like to outside of the area that they know. So what do you do when someone has to have a tooth extracted and they have to go into Schaumburg, you know, for the doctor on that who takes Medicaid to do it?

It's another possible expansion of the program. It's outside our area of expertise. Of course, the bakery was outside of our expertise too, but we tried it.

MS. BOWERS: And see how that went.

MR. BROOKS: So far.

So these are just some other areas that we're kicking around.

And then finally, I'll just note that financially we did take a hit last year. It takes a couple years for a business like the bakery to start becoming self-sustaining. The bakery probably lost, I'm guessing, probably about $70,000 last year, maybe a little bit more at the beginning than at the end. And I'm happy to report that last month we came this close to breaking even for the month of March for the bakery.

I joke with Sherri, we had an unusual

expense at the bakery, we expanded our seating, which required some additional equipment. If you took that additional equipment away, we would have made our first $50 in profit for the bakery. So it's the cost of success, I guess.

MS. BROOKS: How long has it been open now?

MR. BROOKS: Two years.

MS. BROOKS: Wow, that's good.

MR. BROOKS: Will be two years just this spring.

In any event, I don't want to monopolize, but those are some of the highlights from the report that I wanted to share with you.

MR. HEAD: Questions for Brion?

MS. HAUSHAHN: I have a few. Do you just ask them all at once? This is my first time.

MR. HEAD: You can just ask them all at once.

MR. BROOKS: One at a time would be nice.

MS. HAUSHAHN: Who was involved in formulating your new mission statement?

MR. BROOKS: So the new mission statement, we started with the board retreat two years ago,

and that came up with the idea of starting a new mission statement.

We were looking at reformulating our mission statement, our values statement, and our vision statement. So the mission is, what do we want to do? The value statement is, what will the world look like if we successfully did it? And the value statement is, what do we value in doing what we do?

So the Board started taking a stab at that. They worked in small groups, came back together in the retreat, came up with some ideas on how to change it.

Then what we did was, as we started doing the strategic plan, the mission statement was the first part of that. So we did a Survey Monkey with our staff and we said, Here's the existing mission statement and here's the proposed values and vision statements. What do you like and what don't you like about the existing mission statement? And they gave us their comments. And then we worked with that input and then we came up with the mission statement.

MS. HAUSHAHN: Did you have input from any parents or any people who --

MR. BROOKS: Yes.

MS. HAUSHAHN: -- actually are your clients?

MR. BROOKS: The broader question is the entire five-year plan, which has the mission statement changes in it. The five-year plan was a committee of Sherri, the assistant director, myself, and a board member, and we did small group meetings with stakeholders. We did stake group meetings with major donors and volunteers. We did one with -- we did two small meetings with parents and guardians of people that attend the Village. We did a couple small group meetings with other agencies that interact with our agency, and we did small group meetings with some of our staff.

So a lot of different input was received.

MS. HAUSHAHN: You have a waiting list. How long is the waiting list?

MR. BROOKS: It really varies. What happens is, when someone comes into crisis, they are put immediately into care. If someone is

not in crisis, it can be five to ten years.

MS. HAUSHAHN: Oh, wow.

MR. BROOKS: Our daughter has been attending the Village of Progress for nine years. We just received word this past fall that she's been approved for State funding for housing. She was grandfathered into State funding for services at the Village, but now she's eligible for housing.

But there's -- I think the last I checked, there were, like, 20,000 people in the state that were on the waiting list for services. About 50 or 60 people in Ogle County.

MS. HAUSHAHN: That's a lot.

MS. BARNHART: What is the average wait time?

MR. BROOKS: There is no -- it's a lottery system. It's not a first come, first serve. So when one person dies or moves out of the state, the State pulls a name out of their -- out of the pot, says, Congratulations, come on down.

MS. HAUSHAHN: They really do that?

MR. BROOKS: It's a lottery system, yes.

MS. HAUSHAHN: Wow. Okay.

MR. SIGLER: When my daughter was approved, we wanted to give the money back to the Village, you know, at that time and let the Village assign who would receive this benefit, and we were told, Absolutely not.

MR. BROOKS: Doesn't work that way.

MR. SIGLER: It doesn't work that way. They will pick somebody else on the lottery and they will give that money to them. There's no rhyme or reason to it.

MS. HAUSHAHN: I just have one more, kind of. You answered it too, this is the one about transportation, that you just had issues with that I noticed.

Then something that I -- I did this not all at once, but what age do they graduate? There's something in here about --

MR. BROOKS: They finish special-ed services at the age of 22. So they approach their 22nd birthday, special-ed services in Illinois is gone. State services for, like, the Village of Progress doesn't start until the age of 24. It's a gap that's been created by Illinois. Michigan you receive special-ed

services until the age of 24, so it's seamless.
MS. HAUSHAHN: Is that the day they turn 22?
MR. BROOKS: Yes.
MS. HAUSHAHN: It stops that day, no matter what they're doing?
MR. BROOKS: Yes, that day. Amy can talk to that.
MS. HAUSHAHN: Thank you. That's all I have.
MR. BROOKS: I will say, part of what we do, too, in our services is, at the invitation of the OCEC or the Byron special-ed department, we start coming to IEPs, individualized educational plan committees, a couple years before the son or daughter turns 22, saying, Here's the services that we can provide, but you've got to start acting now. You can't wait until they turn 22 to start getting that stuff.
MS. HAUSHAHN: You answered all mine. Thank you very much.
MS. BROOKS: I just had a question about housing. You said your daughter had been approved for housing. So you're saying, like,

if housing were available, they would pay for that --
MR. BROOKS: Yes.
MS. BROOKS: -- for her to live outside your home?
MR. BROOKS: Yes. Yeah.
MS. HAUSHAHN: Is it reasonable enough to actually -- is it -- I guess not reasonable. Is it really enough, I guess I'll say?
MR. BROOKS: For lack of a longer conversation, yes.
MS. HAUSHAHN: Okay.
MS. BROOKS: That's -- you know, that's one of the things that I hear the most from families that have an individual with a mental illness, you know, the small percentage of people that have a severe mental illness, like schizophrenic, I mean, some people are never going to recover to the point where they can live completely independently, but -- and parent -- that's the parents' biggest thing is, who is going to take care of them when I'm not here anymore?
Because you were talking about maybe

collaborating with other -- and I can see that being a good, you know --
MR. BROOKS: And a lot of them don't see 24/7 care.
MS. BROOKS: Right, right.
MR. BROOKS: A couples hours a day, touching bases.
MS. BROOKS: Exactly, yeah.
MR. BROOKS: What's really cool is with technology the way it is now, there's so many more opportunities for people to live independently than there was just before the invention of the iPhone. I mean, you have stoves that will turn themselves off if they're not intended to for a certain amount of time.
You carry a fob with you --
MS. BROOKS: Security cameras.
MR. BROOKS: -- and the security knows when you have left the house, it will lock the door for you. It knows when you're coming back, it will unlock the door for you.
There's security alerts that you can have if your son or daughter goes outside the defined area. The guardian can get a security alert

texted to them saying, they're outside the confined area, you might just want to check in on them.
MS. BROOKS: Wow.
MR. BROOKS: And not to go too far into it, but there's even a program now, if you live in a city that has public transit, there's an iPad app that you can carry with you, it will tell you when the number two bus arrives, it's time to get on. It will tell you when to pull the bell to have the number two bus drop you off. It will tell you block by block which way you should turn or whether you should go straight to get to where you want to go.
MS. STEPHENITCH: I could use that.
MS. BROOKS: Do you have to have a chip in your brain for all of this or something?
MR. BROOKS: So anyway, it is crazy how many different -- how much technology has helped people live more independently than they ever could. Skype, right? You know, that even seems antiquated now.
But there's just a lot of opportunities that I feel like we are not yet taking advantage

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of the opportunities that are there.
When my daughter was young, we had the Lions Club, I think it was, give us $2,000 to buy an augmented keyboard system, which was this huge processor the size of an accordion, and it was so clumsy and awkward. No kid in their right mind would want to be seen with it.
Nowadays, you know, you have got these speech synthesizers and all these things out there that anticipate what you want to say. It's really interesting.
MS. BARNHART: As far as the housing, you know, my situation, my brother works at the Village, and our mother passed away in February, and he's always lived with Mom. 56 years old, always lived with Mom. So we were faced with this exact situation of, what are we going to do with him now? There's no reason he can't live independently, and he couldn't stay in our family home, so -- by himself, because it's just -- it wasn't a good situation.
So I worked with Marla at the Village, and we got him housed. Five weeks after Mom passed we got him housed, and he's doing phenomenal.

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So I do see this gap in services for people immensely that's a huge thing.
MS. BROOKS: In the county were you able to find --
MS. BARNHART: Uh-huh. He was housed with the Ogle County Housing Authority, because he's disabled. So he has his first apartment ever, so he's just -- he's flourishing.
MR. BROOKS: You know, it's funny, a lot of the folks that we serve, parents like myself, think, Oh, Lord, can my daughter really live on her own? Can she -- you know, she's always lived with us, she's always had us do her laundry.
Then you find that when you take someone and you start giving them some supportive independence, they will do things you never thought they could do before.
I had a guy whose daughter works at the bakery, he said, We never knew she could add or subtract, and now she's working the cash register. You know, she counts money.
So it is amazing what people -- people think developmental disabilities, they'll never

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change. Well, they can change if they get a little bit of encouragement, a little challenge, and a little support. They really can change.
MR. SIGLER: You make me smile. I like individual stories.
MR. BROOKS: Good.
MR. SIGLER: I have to tell you, we had on Easter Sunday two bus loads come from (inaudible) Terrace and from Stouffer House to the church. I'm an elder there. And they were warmly welcomed. They have been there before.
They started at least four weeks ago, before Easter, saying, Bill, go to church? Go to church? Go to church?
And they have special meals prepared for them. A couple of my dear friends are now on -- everything has to be pureed, so they brought in their own equipment, and the ladies helped out in the kitchen. And it was so nice, so nice.
And I think when things like this are done for -- this is one of the reasons -- I'm on the advisory for both of these houses. I keep mentioning the Village, the Village, the Village. That tie-in has got to remain. They

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would have nothing else to do sitting in those homes all day long with something substandard to what they do and receive.
Please, keep doing -- all I say is, keep doing what you're doing, please.
MR. HEAD: Does it make sense to have a full-time housing developer for the Village of Progress, a paid position who is familiar with all the best practices around, identifying and developing houses?
MR. BROOKS: For 50 years the Village's mission has been to provide day training services, not residential services.
MR. HEAD: Right.
MR. BROOKS: If we are going to, ourselves, go into residential services, it would be a huge commitment. So I'm not going to say no. I think the answer would be, if we're going to do it, probably hiring somebody as a full-time housing specialist would be required.
MR. HEAD: Right.
Are there such individuals working for the disabled population in other parts of the country or other parts of the state?

MR. BROOKS: Oh, yeah.
MR. HEAD: Okay.
MR. BROOKS: The seminary that I attended -- I don't know if I told you this story before -- they developed the Friendship House when I was in seminary. It's a dorm, and each unit in the dorm has a master bedroom and two bedrooms with a shared bath. The master bedroom is occupied by a person with a developmental disability. The other two bedrooms in that unit are seminary students who are upperclassmen who are living at the college next door, graduating nursing or social services, like MSWs.
And there is a resident director who is full-time on the first floor, and the idea is to create integrated housing, where the two students don't necessarily provide services to the friend but they are there to provide assistance as needed. And the students come and go, and the friend is there, you know, all the time.
It just -- it's really cool, because each of these friends, as they're called, have lived

full-time with their parents, and now they have a place of their own and they're hosting other people in their apartments.
But, yeah, there's a full-time resident director that's in charge of that program.
MR. HEAD: That residential director can meet the need once they're there, but I'm thinking of someone who goes out and develops housing in the community --
MR. BROOKS: Oh, yeah, I'm sorry.
MR. HEAD: -- who knows the requirements and is used to working with community members to say, Well, you know, you have got quite the little treasure here, and I know there are a lot of people that would be able to benefit from this.
MR. BROOKS: There's an agency in Chicago called CHS that is very big on creative housing solutions.
MR. HEAD: Okay.
MR. BROOKS: I think it is CHS, Creative Housing Solutions.
MS. BOWERS: Yeah, there you go.
MR. BROOKS: I attended, like, a three- or

four-day workshop back in 2015 in Springfield. We looked at different ideas, and we put together a business plan.
And I could talk with them, but I know that they are very -- every week I get an email from them saying, Creative housing questions? You know, we could be your -- so they're obviously a resource to tap into.
MR. HEAD: Well, it may not be just a Village of Progress initiative. It could be a consortium initiative where many agencies have a need for the same kind of program or services, but how do you launch something like that? What kind of -- is it a three-year commitment to get it operational, or five-year?
MR. BROOKS: Yeah, right now it's still just a dream.
MR. HEAD: Yeah.
MR. BROOKS: I mean, one of the -- so I'll be talking to -- I want to talk to Pine Crest to see if Pine Crest, who has had a lot of experience building facilities for people with disabilities -- because once you get to a certain age, whether your disability was

developmental or not, there's really not an issue anymore.
But see if there's something that they might be able to help us collaborate on.
MR. HEAD: There's got to be stories out there.
MR. BROOKS: Different -- you know, LSSI or Sinnissippi, the idea of supportive housing for people with certain mental health issues, you know, if they're not -- if they're not a threat to others, why not integrate that in with and make it integrated-integrated housing?
MR. HEAD: Sure.
MR. BROOKS: I could integrate age. It's all cross-cultural.
MR. HEAD: Right, right, right.
MS. BROOKS: When you talk about collaborating with others, one area that we keep talking about that we think is untapped is our churches.
MR. BROOKS: Oh, yeah.
MS. BROOKS: You know, getting them involved. I think that would be --
MR. BROOKS: Well, I mentioned I'm

attending a seminar at the end of the month on disability and theology. Hope College and Western Seminary are holding it. They hold it every year. I'm going to it this year. It will be interesting, yeah.

MR. HEAD: The other question I wanted to raise had to do with your grant process, your scholarship process. How large could you make that in the county and still be able to support it as an agency?

MR. BROOKS: So you want my dream? You have to promise not to laugh.

MR. HEAD: Well, I start my day laughing, Brion, so.

MR. BROOKS: My dream is to grow the foundation fund for the scholarship, the Attendance Grant Program, so large that we would be self-sustaining. That would require multiple millions of dollars.

But what we do -- and again, I don't want to talk too much about the foundation, but what the foundation has decided to do is, when it has extra income, it's created a board discretionary account, board restricted account, and that

money goes into that account, and then the funds are pulled from that account to create the attendance grants.

And we just had a farmer who died last fall, and we received a hundred and something -- 140,000. We were 1/12th of the distributees from the sale of the farm. She chose eight different nonprofit and four family members. 1/12th and we got over $120,000.

So that fund is starting to grow. Once we reach a million dollars, we could pull off, you know, $50,000 a year just for attendance grants, if we wanted to, and not touch the rest, not touch the body of it.

MR. HEAD: What I was thinking is, if there is additional money available to the agencies, why not expand your grant program so that you have got another 10 or 15 people? And if you did that, what would that look like? Would they get two half days of service or three half days of service or whatever so that they could at least not be so alone and isolated and feel like they're part of a community? Is that conceivable?

MR. BROOKS: That's our goal with the Attendance Grant Program, is we find people who receive services through OCEC, they turn 22, they go home, they live in the basement, you know, and play video games for three years, and by the time they come back to the Village, they have regressed so far socially and mental health-wise, there's a lot of work.

So in some sense, it's -- you can note that laugh when I say this -- it's selfish on our part, because by continuing services, by paying for it, there's less regression to have to deal with.

MS. BROOKS: Makes your job easier, is that what you're saying?

MR. BROOKS: Yeah, exactly.

MS. BROOKS: And it's easier on the individual.

MR. BROOKS: It's a lot less shock.

MR. HEAD: So what would be conceivable? And is this the kind of thing that the 708 Board could help with, would be the grant application process to extend the amount of services delivered?

MR. BROOKS: For -- are you talking about for the Attendance Grants? Are you talking about for --

MR. HEAD: The Attendance Grants.

MR. BROOKS: Certainly could be. I mean, we haven't asked for that in the past because it's been more of a foundation type of program, but it certainly could be.

I will be perfectly transparent with you. We are the only agency in Northern Illinois -- day training center in Northern Illinois that does this.

MR. HEAD: Right.

MR. BROOKS: And I think one of the problems that people have come up with is, they go to a funding source, the funding source says, Well, it's not self-sustaining. You're just asking us to give money to people. And that has been a problem for some grantors. It doesn't have to be a problem, but it has been.

MR. HEAD: Okay.

MR. BROOKS: Not trying to talk myself out of --

MS. EGAN: Well, and the other thing that

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you just have to consider is, you're completely changing a person's life by offering them that.
MR. HEAD: Yeah.
MS. EGAN: But you would also change their life in a way if you took it away.
MR. HEAD: Yeah.
MS. EGAN: So it -- you know, when you start a commitment like that, you can't take it lightly.
MR. HEAD: Right.
MR. BROOKS: Give it for two years and then say, Sorry, no longer have the funding for it. So we're trying to grow it considerably.
MR. HEAD: If you had a level of support that was stepped up over time such that we want to see you extend the services to other Ogle County residents, we could only do five this year, but we could look at an additional five next year. So the expectation would be that there is some gradual increase in funding to meet the need for services, but it doesn't come in one big hit and then go away.
MR. BROOKS: Well, another possibility, just thinking out loud, is in addition to an

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Attendance Grant Program, you can do a Housing Grant Program. So the person doesn't yet have the funding from the State to receive supported housing, so the Housing Grant Program comes along and says, We'll provide a portion of that funding for you for the next couple years. And the expectation -- and the State will get its act together and provide that housing.
Don't have any idea what that would look like --
MR. HEAD: Yeah.
MR. BROOKS: -- but it's a possibility.
MS. BROOKS: This is kind of -- sorry.
MR. HEAD: I just had those two questions. I don't have anything else.
MS. BROOKS: This is kind of off the topic, but have you read a book called Thirst?
MR. BROOKS: No, but I will be.
MS. BROOKS: It was this young man, he used to be, like, a partier in New York. He, like, promoted clubs and that sort of thing, you know, drank and everything, and then he had had a religious upbringing, and one day he said, I can't live this life anymore, and he just

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basically walked away from it and said he was going to give a year of his life doing service for others. He signed up with an organization called Mercy Ships.
MR. BROOKS: Oh, yeah, I had a friend that was on Mercy Ships.
MS. BROOKS: So he did that for a year. But basically after his year, what he discovered was there was a lot of communities in Africa and these third-world countries that really their only problem was they didn't have clean drinking water. He had no money, he had nothing.
I won't tell you -- the book is so inspirational, it's amazing, but he created millions and millions of dollars and has built so many wells around the world.
But an interesting thing he did, some of his early fundraising, that was one of the complaints he got, people would say, This isn't sustainable the way you're doing this. You have to keep redoing it every year.
And just read the book, because he came up with some very creative ways to make it sustainable. And one of the things he did is he

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connected some of his donors to an actual individual.
MR. BROOKS: Oh, sure.
MS. BROOKS: Then he would show them videos.
MS. STEPHENITCH: To follow.
MS. BROOKS: And one of them, You didn't just give this woman drinking water. Look, she can shower every day and shower her kids. She can put on makeup, she feels beautiful.
And just he added benefits that came from their money. So every year when they would have their annual fundraising dinner -- like, one year he had everybody have an iPad in front of them, and they were able to connect them to that individual, wherever they were in the world.
MR. BROOKS: Sure. That's cool.
MS. BROOKS: It's a really good -- it's a great read. It's a true story. It's very, very interesting, but anyway.
MR. HEAD: As a point of order, we talked about organizing these presentations and the time allowed in such a way that we would have a little bit of time to talk about what you have

presented after you have presented. So to do that, and I think to give us a two-minute potty break before the next presenter --

MS. BOWERS: I have some questions to ask first.

MR. HEAD: Oh, good. You snooze, you lose.

MS. BOWERS: Okay. On Page 18 of the IDHS, it says a fire clearance has not been received on the DT site listed below, which is your address.

MR. BROOKS: Yes.

MS. BOWERS: You're not --

MR. BROOKS: The reason why is because the State Fire Marshal is so far behind in doing site visits.

MS. BOWERS: Oh, okay.

MR. BROOKS: It's a perpetual problem. We keep saying, We're ready. And we're always approved. And they keep, Well, we're not -- we don't have time yet. So that's why DHS keeps extending that, because they realize it's beyond our control.

MS. BOWERS: Then on Page 24, it talks

about the clients that you have and more hours. You have less clients now but you're using more hours?

MR. BROOKS: Yes, because of the Attendance Grants.

MS. BOWERS: Because of the Attendance Grants.

MR. BROOKS: Yeah.

MS. BOWERS: Okay. And then on Page 10, in the financial statements way in the back, what are doubtful accounts? Is that something that you will never be paid for?

MR. BROOKS: Yes.

MS. BOWERS: Okay.

MR. BROOKS: Of which we don't have very many.

MS. BOWERS: Then I have one other thing. I would like you to increase your grant request to 397,000.

MR. BROOKS: I suppose I can do that.

MS. BOWERS: Okay.

MR. BROOKS: Thank you.

MS. BOWERS: Okay. Everybody, 397.

MR. HEAD: Why is that?

MS. BOWERS: To show an increase. It's only -- in 2017, their grant was 375, and this is going to show us minimal increase to the Village of Progress.

MR. HEAD: Okay. All right.

MR. BROOKS: I appreciate that, Dorothy.

MS. HAUSHAHN: What was it going to be?

MS. BOWERS: 397.

MR. HEAD: Anybody want to raise that?

MS. BROOKS: Do I hear 400?

MR. SIGLER: Dorothy, in this case I totally agree with you. One of the things you run into -- because my wife volunteers at the Village -- we're changing people, we're cleaning them. It happens to my daughter now with the Alzheimer's. You have got to clean them after they go to the restroom. If they try and clean themselves, they are given a complete wash down.

We have an aging population at the Village, and it is no longer just you're in for six hours or five and a half hours. Now that you're with us, we have to maintain, and I see that happening. I see it happening at these houses now too.

MS. BOWERS: I know some of the nurses that work down at the Village and the aides.

MR. SIGLER: Oh, is that right? Yes, ma'am, it's happening, and my wife happily does it.

MR. BROOKS: Any other questions? I want to be respectful of your time.

MR. HEAD: Does anybody else have questions?

MS. STEPHENITCH: One more for community-based service. If somebody was interested in that service, what would they need to do?

MR. BROOKS: Contact us. And with the Village of Progress, the Village Cleaning Service, they wouldn't have to be enrolled at the Village. We can provide job opportunities without that.

MS. STEPHENITCH: If they're truly community-based.

MR. BROOKS: Yeah.

MS. STEPHENITCH: Okay. Thank you.

MR. HEAD: All right. Anything else? Thank you, Brion.

MR. BROOKS: Thank you. Thanks for your time and your interest.
MS. BROOKS: Thank you, Sherri.
(Whereupon, Brion Brooks and Sherri Egan left the meeting.)
MR. HEAD: Well, let's run down the clock for another eight minutes and take a two-minute break, and then we'll have our next presenter here.
So any open discussion at this point? Any concerns, any -- about meeting the request as it's been made? Okay.
MR. SIGLER: Come and visit these various agencies. I have made a point every year to visit every agency that we give grant money to. See what they're doing. Not the presentation here that has a lot of fluff maybe, but go out there and see that woman who is scared because she spent her time down at Hope and now she's going to have to go back. Where is she going? That same son of a gun who knocked the you-know-what out of her.
Visit these agencies and see what these people are up against, these individuals. It's

heartbreaking to me.
I was over, I think he's a lieutenant now, with the Lee County Sheriff's Office. He's also an elder like I am. And we visited this one new agent -- not -- this one new home they opened up in Lee County, transitional home. So impressed. They would have nowhere else to go. They would be living on the streets.
But here is a group of men -- that's why I was pressing at our last meeting, I want to see the same thing for females also.
MS. BROOKS: Is that the sober house, you mean, the halfway house?
MR. SIGLER: Yeah. We have the same problems as females do. And just to isolate -- well, now I'm getting on a negative. I don't want to be.
They have done a wonderful job down there with that. They are maintaining the number of enrollees who are going through this program. It's not a case where, well, we solved another bill of goods, let's drop it now and come out with another new program. They are sustaining it, and it is impressive to see.

Thank you.
MR. HEAD: Okay.
MS. BROOKS: And actually, I don't know if you knew this, kind of off the topic, but NAMI, we are collaborating with Sinnissippi to actually start fundraising and hopefully get built a 10-bed inpatient facility for mental health.
MS. STEPHENITCH: At -- locally?
MS. BROOKS: Well, it will probably -- right now the best location would probably -- Sinnissippi owns some land where they're at out on Route 2, kind of closer to the river. So we're going to have an architect look at that, you know. Financially, that would be the least expensive place to put it, but it would serve the four-county, you know, area.
Because, like, right now people have to go into the suburbs practically --
MS. BOWERS: They do.
MS. BROOKS: -- to get somebody into an inpatient treatment.
I just had an email -- or it was a Facebook post to our NAMI page saying there's an

individual at one of the hospitals in Rockford, he's a 14-year-old, he has autism but he also has some mental health issues, and he's highly agitated, and he's been in the emergency for five days, for them trying to find a bed for him in the state.
MS. STEPHENITCH: They have more students on the waiting list for residential -- I was telling Cecilia this -- than I have ever seen.
MS. HAUSHAHN: They have no place to go? There's no hospitals in Rockford to take him?
MS. BROOKS: They have contacted Rosecrance, they have called over the state.
MS. STEPHENITCH: Swedish American --
MS. BROOKS: They took him out of the bed because he was chewing on the side of the bed and they said, We can't have him ruining our bed. So he's laying on the floor with a blanket over him.
MS. HAUSHAHN: What about -- doesn't KSB have anything?
MS. BROOKS: No, they don't have a bed available.
MS. HAUSHAHN: They don't have one

available, but they do see it? So it's lack of availability?

MS. BROOKS: Right. The hospital very much wants -- whichever one he's in Rockford, they are trying very hard to give find him one. There just isn't one open, because there aren't enough of them.

MS. BOWERS: There aren't enough.

MS. STEPHENITCH: We're looking out of state for some students at this point.

But even for Village, my own comment, I mean, I have had a very good experience. I do know that they have a challenge with handling more, you know, people with complexities, like medical complexities. I have had students who turn into adulthood and they -- so, for example, tube feeding or they need nursing, and that's a challenge.

MS. BROOKS: For them to go to the center, yeah.

MS. STEPHENITCH: Yeah, because the Village doesn't have, you know, the staffing support to be able to handle, I guess to that magnitude.

But I think the vision about the nonprofit Uber is amazing, and that's a definite need.

MS. BROOKS: And the housing.

MS. STEPHENITCH: Yeah, for children, adolescents, and adults. And the housing, uh-huh. Definitely a good vision.

MS. BROOKS: Well, it sounds like Brion continues to do, you know, research in all, you know, housing and technology, and oh, my gosh.

MR. SIGLER: One of the locations would be Sinnissippi's facility in Rochelle. Get a chance, stop down there. They have the actual treatment facility, and right behind it they have the apartments, and I was impressed. I can't just walk in. They have to accept you.

MS. BROOKS: Right.

MR. SIGLER: I was able to meet two gentlemen. One of them works at Menards -- not Menards. The different hardware -- oh, Ace or whatever it is, Red Hat. He works there, and he does stocking and he's so proud of it. He lives there on his own. I say "on his own," there is supervision there. But he walks across the highway and he works there during the week.

Now, I have great compassion for people who are willing to pull themselves up by their boot straps, but I have no compassion -- I'll be down at a county probably about a hundred miles south of here on the 23rd. None whatsoever. These people knew what they have done to themselves. They were fully cognisant of what was taking place. And I will be hearing that as an arbitrator -- not as an advisor, but an arbitrator -- and they are already worried about it. They want to meet with me and see if they can settle prior to the hearing.

I'm just saying, that's the difference as I see it. I have loving compassion for people like yourselves and people at this table who want to help those folks, but I have very little compassion for people -- no compassion. I shouldn't say very little. I'm being very blunt. They selected me, now they're stuck with me, yes. But enough said.

I think I'm very pleased with what I see at the Village, maybe because of my daughter. My daughter, Tammy, who has been attending there for at least, if I include the break in service,

probably over 20-some years, close to 30 years, and I think they do an outstanding job.

MR. HEAD: Let's take a bathroom break.

(The hearing was recessed at 8:32 a.m.)

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
)
of)
)
Village of Progress)
) Ogle County
Ogle County, Illinois.) Sheriff's Office
) Oregon, Illinois
) May 2, 2019

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

Dated at Dixon, Illinois, this 5th day of May, 2019.

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

In Totidem Verbis, LLC (ITV)

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
of)
) Ogle County
Easter Seals Children's) Sheriff's Office
Development Center) Oregon, Illinois
) May 9, 2019
Ogle County, Illinois.)

Testimony of Witnesses
Produced and
Examined on this 9th day
of May, 2019,
before the Ogle County
Community Mental Health Board

BOARD MEMBERS PRESENT:

Kathleen Wilson
William Sigler
Amy Stephenitch
Tracy Brooks
Renee Barnhart
Dorothy Bowers
Marcella Haushahn
Margaret Tyne
Nick Head, Chairman

Cecilia Zimmerman, Secretary
Reporter: Callie S. Bodmer

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MR. HEAD: Let's go ahead and get started.

Patti, would you like to lead off today? Okay. Can you introduce yourself and then jump in and start?

MS. MOOK: Okay. Hi, I'm Patti Mook, family support specialist at Easter Seals.

MS. KURTZ: I'm Kathleen Kurtz, program manager at Easter Seals for family support.

MS. CURTIS: And I'm Amy Curtis. I'm in the accounting department at Easter Seals.

MR. HEAD: Okay. What would you like to tell us?

MS. KURTZ: Well, I was going through McDonald's this morning and somebody bought my coffee in front of me, and that's never happened. So you all live in a very, very nice community. So I wanted you to know that this morning. I know it's not part of what we're doing today, but wanted to tell you that. It's never happened.

Patti is the family support specialist, and she does most of the talking because she is the person who keeps this program together. She works very hard and does an excellent job

providing services to the families in Ogle County.

And I know I have said this before, but we have really made a concerted effort -- it's probably been about four years now -- to really increase the numbers in Ogle County. There's a lot of need in your community for services to families who have children with disabilities, and we have really targeted this area because of that. And she continues to get a lot of calls from Ogle County and has really done a lot of outreach.

So that's what she's going to talk about this morning.

MS. MOOK: So I wanted to start off by -- because we have got three new people here that haven't probably really heard everything about what my program does offer.

So I think the biggest thing that we offer for families is our respite program, and respite is a care from -- is a break from your caregiving duties. A lot of families just really need that break. They're experiencing a lot of different things that other families

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don't deal with, whether it be medical issues. The divorce rate for families that have kids with special needs is significantly higher.

They are doing studies now that show that moms that have children on the autism spectrum disorder show very similar symptoms as PTSD people do, which is very significant. And if you don't have the ability to be in the right frame of mind to do the things that you need to do for you child and make sure that they're developing and, you know, meeting their goals and milestones, it's just, you know -- it's very difficult for families.

So I think, you know, with the addition of that family that we were able to add last year -- and I put two letters in there from two families from Ogle County that, I mean, reading their letters, you can see significantly that it has impacted the state of their marriages. So that, to me, says a lot.

I wanted to go back to my cost of services, but I can't find it.

MS CURTIS: If you're looking at the detail, Patti, it's Page 8.

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MS. MOOK: Page 8, okay.

So I just kind of wanted -- well, I guess I can go through this. So the other thing that we provide to families, too, is parent training. Again, we want to make sure that families have the information. You know, it's very challenging when you're dealing with school districts, with medical doctors, with other professionals related to your child, and if you don't have the information to be able to advocate for your child, you know, you're just in a constant state of stress.

And so we want to make sure that people have accurate and good information, whether it's about special education law, about futures planning. That's one of the things that keeps parents up at night, is what's going to happen to my child when I'm not here? And so we don't just look at it from the aspect of financial, which, of course, is huge, but how is that child going to live? Where is that child going to live? Who is going to take care of my child? Will this person, you know, make sure that the wishes that I have made up for my child will be

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carried out?

So that is a big -- I'll use the word that some parents use, which is a nightmare, you know, when they have to think about that kind of stuff.

Last year we supported the Rochelle Parents Group. We have done -- they like to go bowling. It's a way for the kids to work on their social skills, large motor function, but the one significant part about it is, it gives the families a chance to just sit together and relax and talk. I think our parents are our -- each other's best resources, and being able to network with other families is huge.

Our family activities. So we do several throughout the year. We support siblings. A siblings workshop is a way for us to just work with brothers and sisters of the kids with disabilities. And we offer, you know, games for them, crafts, we do lunch. But in between that we're kind of weaving in, talking with them, and how do they handle, you know, the stress of having a brother or a sister with a disability. And we want to make sure that they understand

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and remember that they are an important part of their family as well.

We do one big activity a year for the siblings. And I know that some families call and when they're registering they're like, Oh, we want to register our whole family. And I have to say, Oh, I'm sorry, you know, we can't. This is just for their siblings. Because they don't get that one-on-one time with their mom and dad like they really want.

You know, many, many years ago we had a focus group with some older teenagers, and we asked them, what's the one thing that they miss the most, and they said spending time with their parents alone. So out of that was born our siblings night, and we have done that, I believe it's been close to 17 years now. And the time that the kids get to spend with their parents --

And we have parents that come back and say, Thank you so much for doing this. We didn't realize how much we're missing out, you know, being with our other kids.

We do a holiday party. Again, I know some of this sometimes sounds like, oh, it's just a

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party or this and that, but, you know, we're really giving families an opportunity to be in a safe space and a comfortable space so that they're able to talk about, you know, those real deep dark issues that they might be experiencing, that they never would in any other situation.

And also, again, you know, parents like to have that holiday memento, that photo of them, you know, with their child with Santa Claus. They just don't get the opportunity to do that. You know, they're out at the mall, they might want to go and see Santa Claus and, you know, their child just isn't able to, you know, deal with that because of all the sensory stuff going on, so they always have to leave. So we offer that safe space for them to be able to do that.

Our mom's retreat weekend. We just had Galena this past week, so I'm still kind of recovering from that. But, again, you know, the moms are dealing with a lot of issues. I mean, it's not just having a child with a disability, but they're dealing with divorce, they're dealing with the death of a spouse. We have got

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a lot of families that their kids are coming in with cancer now, you know, and it's just kind of -- you know, it's like, wow, you know, what's going on here?

So, again, the support that these moms make during these weekends is just incredible. And they don't have the opportunity to talk with other moms or other people that really understand what they're going through. And so, you know, everybody is, you know, coming together and supporting the moms.

You know, we're trying to figure out a way to support dads too. So we hope that we can find maybe a couple of dads that might step up and kind of take ownership of that. I have told the moms, I don't want to do that because I don't know what a man wants. I mean, so we want to make sure that men, you know, have their input into that as well too.

We do a lot of information and referrals. So a lot of times I'm the first point of contact for somebody, whether they're new to the community or they just don't know where to turn. And so I will find resources for families. And

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it might not be that they even have a child with a disability. It might be, you know, for senior services, or, where would I go for child care, how do I find transportation? And, you know, we do parent linkages. So if there's a parent that, you know, really does kind of struggle and I might think, oh, you know, I know the perfect person, and can talk to that parent and kind of be a mentor to them, I'm going ahead and linking families up that way as well too.

One of the ways that we're able to keep our costs down is, I have been collaborating a lot with Florissa lately -- well, over the past couple of years, but that collaboration has been wonderful. So, you know, we're doing parent trainings in the area, we do family events.

Last summer we did an event with Special Rec out of the Kishwaukee Special Rec Services. And, actually, that was an inclusive event. So we invited the entire community to come out and have some fun and get to know each other in Rochelle.

So I -- what am I missing? Anything you can think of?

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But, I mean, just, you know, the -- I think the respite, you know, is huge for families. That's what's keeping families together.

And as the State of Illinois continues to shrink its budgets, you know, it's critical that we keep these services in place. It's critical that we continue to do what, you know, maybe some people just look at as a social situation. It's not to these families. It's their lifeline. It's what helps keep them connected. It keeps them grounded. It's safe. It's comfortable for them.

MS. KURTZ: And keeps kids out of --

MS. MOOK: Keeps kids out of residential facilities, you know.

MS. STEPHENITCH: Would you have a brochure that we could share with our Ogle County parents for students with disabilities?

MS. MOOK: Oh, absolutely.

MS. STEPHENITCH: You know how to find me. Thank you.

MR. HEAD: Other questions?

MS. HAUSHAHN: How involved do you get in

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planning for the future for a parent?
MS. MOOK: Well, that's on an individual basis, but usually we like to do, you know, like, the training every couple of years for families. So I have an attorney, that's all he does, is special needs trusts and wills and guardianship.
And, again, it's -- every family is different. So, you know, I'll work with families depending on what their needs are and helping them to find resources, helping them to kind of think, oh, you know, who would be my successor guardian? What are ways that we could generate money and, you know, to keep our child, you know, happy and in a family home, and so it's very individualized.
It depends on the parents to how much support they need. Some families need more support than others. You know, we have got a lot of families that, you know, they're real go-getters, their parents -- you know, they call once, you give them the information, and I might not hear from them again for -- until another need comes up. Some families, we have to hold

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their hands.
MS. HAUSHAHN: What kind of opportunities are there? Can you give me some examples? You see that a lot because the child -- the parent, upon their death there's a child left. So how is that limited as far as family members to take over? Who takes over?
MS. MOOK: Well, then it would be probably a CILA or a smaller residential facility. There is a support network -- or I should say, a safety net in place, which is the PUNS, which is the Prioritization of Unmet Needs Survey, which is basically a wait list for the State of Illinois. There's over 23,000 people with disabilities on that wait list.
MS. HAUSHAHN: I'm confused -- I'm not confused. I'm not sure about that. That means they're waiting for --
MS. MOOK: They're waiting for services.
But the point of that is, if your child is on that wait list, if a parent has passed away and there's no plan in place, then that's the safety net for that. Because they're the gateway to a residential facility. So I would

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be talking with parents, Make sure your child is on that PUNS list.
MS. HAUSHAHN: Okay.
MS. MOOK: Make sure that you have got, you know, that in place. Make sure that you have talked with your family members so that if they chose to leave something to your child, that it's done to the trust. Because if it comes just directly to the child, then that's counted as an asset and then it bumps them out of government benefits.
So we're teaching them about the ins and outs of how you keep your government benefits for your child while still enjoying and having another pot of money over here. And we like to call that -- that's what puts a smile on your kid's face. Your government funding should be used for, you know, everyday expenses, things like that.
MS. HAUSHAHN: How early can they put their child on that fund? Right away, or do they have to wait until a certain age?
MS. MOOK: I'm sorry, say again.
MS. HAUSHAHN: How early can they put

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their child on that? Is it a certain age?
MS. MOOK: On the PUNS?
MS. HAUSHAHN: Yes.
MS. MOOK: It's supposed to be three and over.
We're talking with families. Like I always say to them, I know your child is only three or four or five, but you know what, life happens and you just don't know.
MR. SIGLER: What you run into also, if indeed the parents haven't taken these actions -- I'm moving away from PUNS. PUNS is purely a lottery.
MS. MOOK: Yeah.
MR. SIGLER: Unless you're old like my wife and I are, and then we go to the head. And we did, and Tammy is on it now.
But with respect to, if you don't take action and you don't set up who is going to care for this child afterwards, if both of you die in close succession, even distant, that child could end up in southern Illinois in a home --
MS. MOOK: Exactly.
MR. SIGLER: -- in Chicago in a home.

So many of the parents I know and what they have done is they put their child into care earlier, while they were still alive. And we have two facilities here in Oregon that are -- because I'm on the advisory board for them, they're super what they do for these folks.

Getting back to the functioning that parents worry about, is what's going to happen to my child? I mean, I had -- my daughter, Gwendolyn -- Tammy, that's her older sister -- and we have -- our whole life has been one of -- I think we took one vacation in our entire life, and everything has gone to a special needs trust for my daughter. Now, do I trust my daughter, Gwennie? Yeah. But what if something happens? So then I have to have a backup.

So I have been out to what I consider -- not the second -- yeah, the second best choice where I can place my daughter, and that would be up at Pine Crest. Because Tammy now has Alzheimer's also. And I'm looking for a place that will give her the care that I think she's entitled to for the remainder of her life.

MS. MOOK: Right.

MR. SIGLER: And you better be doing this early on, because if you're not, that child of yours is going to end up somewhere maybe where you don't want them. I shouldn't say maybe. Definitely.

Yeah, they have openings in East St. Louis all the time, yeah, and that's a fact and that that's where your child could end up.

MS. MOOK: And a lot of parents say, you know, my hope is and what I pray for is that I live one more day than my child.

MR. SIGLER: I want to hold her hand.

MR. HEAD: Margaret, do you have a question?

MS. HAUSHAHN: Yeah.

MR. HEAD: Excuse me, Bill.

MS. TYNE: Do you just deal with children?

MS. MOOK: Well, our age range is birth through 21, but I never turn a family away. So once a child -- you know, I still have families that call me that, you know, their kids are, you know, in their 20s and 30s because they were young when I first started at Easter Seals 19 years ago.

So for respite, we do have to have parameters for it, you know, eligibility. But any of our other events, it doesn't matter the age of the child.

Does that answer your question sufficiently?

MS. TYNE: [Nods head.]

MR. SIGLER: As you were saying also, you better find a very competent attorney who is familiar with establishing various trusts or the federal government will be taking their -- they're going to take a chunk of it now to destroy this child's life.

A child. My daughter is 57; she's still my child though. And I don't want the government to get one penny.

MS. MOOK: Like, over the weekend, you know, at the retreat, we had moms write down questions on a Post-It board and we answered those for them. You know, one of them was, you know, can you tell me about ABLE accounts? And so I was able to tell me them that, let them know this is not a replacement for a special needs trust. Because the one thing is, is --

and people don't realize this, whatever money is in that ABLE account belongs to the government when your child passes, and they're not telling people that. When they set those up at the banks, they're not telling them.

MR. SIGLER: I have no other questions other than to say to please continue what you're doing. If it wasn't for folks like your services, where would these people turn?

That's all. Thank you.

MS. WILSON: Could we maybe go around the table rather than just doing a popup thing?

MR. HEAD: Yeah. Kathe, would you like to start?

MS. WILSON: Okay. Thank you so much for breaking this all out. You know, seeing exactly what services are offered and how much the 708 money goes to that is just -- that's fabulous. I appreciate it so much, and the way you handled it is right on.

MS. MOOK: Thank you.

MS. WILSON: On Page 27, raising awareness, okay, marketing fairs throughout Ogle County. You had one at Rochelle -- you had one

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at Sauk Valley College. I wanted to let you know that people in Ogle County, especially in Oregon, different parts of Ogle County -- Oregon is a special case. We are considered in the district of Sauk Valley College, Highland College, Rock River --

MS. MOOK: Rock Valley.

MS. WILSON: -- Rock Valley College, and Kish. So if you went to those, you would be finding people from Ogle County. Ogle County is divided up among those four because we don't have one.

MS. MOOK: Right.

MS. KURTZ: Okay.

MS. MOOK: That's good to know.

MS. WILSON: So if you could go there.

MS. KURTZ: Yeah.

MS. WILSON: The other thing, I really like it when you have the helpful tips for families, but I have not seen it recently in the Ogle County Life at all.

MS. MOOK: So -- well, I have written my articles, and I emailed the editor and I said, Hey, I have not seen my articles. And he said,

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We have been getting so many submissions, he's like, I have to put things in that are time-related. So that's what my issue has been with them. I'm like, I have got to get this stuff in.

MS. WILSON: Is it possible that either you or possibly through us can put a small ad in?

MS. MOOK: Okay. Yeah, and actually, I had to pull my article for them, the fair that we're having this week, because we literally -- we put the flier out Wednesday. By Monday we were full. We had to up our lunch numbers to 150. I mean, it's going to be incredible this weekend. But -- so I had to pull -- I couldn't put that in the newspaper because we were full literally within three days.

So -- and my plan is to go ahead and put something together, another article, and really plead my case with the editor and say, please, please, I need this in.

MR. HEAD: As a point of information, our court reporter, Callie, is going to leave at 9 o'clock. So if you have something you want to

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get in our record, that's the opportunity I think we have got.

MS. WILSON: On Page 30, I see that at the top it says request includes program expansion, but you did not have anything about program expansion in Section 4. That just does not apply?

MS. MOOK: We added on after this was submitted.

MR. HEAD: After, yes.

MS. KURTZ: Based on --

MS. MOOK: What Dorothy had said was, after talking with --

MS. KURTZ: You had gone to a meeting after this was submitted.

MS. MOOK: Well, Dorothy had mentioned that after our last 708, that if we wanted to add extra, that she felt confident. So I added the yoga program, which is something that we have been kind of doing a pilot program with Florissa and the Oregon Public Library. We have been doing it for about -- well, since last September. We have had some decent turnout for it.

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And, again, you know, the health benefits of yoga, especially for a child with a disability, you know, it helps center them and helps keep them focused. Parents have reported when they have gone home their child has gone to sleep better. So if a child can rest better at night and function better, so yeah, we did put in for an expansion of yoga.

(Whereupon, Dorothy Bowers left the hearing.)

MS. MOOK: I thought it would be helpful for us to purchase yoga mats so the child with a disability can have a yoga mat to purchase at home, a book for them to use at home, and then we would like to start paying our yoga instructor a stipend, because she's doing this on a volunteer basis. Which happens to be Cecilia's daughter, Jessica. And so she's been wonderful for doing that.

But I think, you know, going forward, you know, our hope is that we're going to grow this program, that, you know, we want to make sure that we keep her, because she's so good with the kids.

MS. WILSON: Thank you.
MS. BARNHART: I just have a quick question. As far as the Rochelle Parents Group, do you have people from other parts of the county that go to Rochelle, or are you looking to expand it?
MS. MOOK: We do.
MS. BARNHART: Expand it to other locations in the county?
MS. MOOK: We do, and right now our -- that's kind of in flux right now, quite honestly, because we lost our parent leaders. We have to have a parent leader directing them.
So we've put it out on Facebook that, you know, if somebody would like to step into that role, you know, we would be more than happy to support you.
But, yeah, everyone is welcome to come. It's just we call it the Rochelle Parents Group because that's where it originated at. So, I mean, you know, be open to a name change, even to Ogle County Parents Group. We would be up for that.
MS. BARNHART: That's all I have.

MR. HEAD: How many parents in Ogle County could use respite if it was available to them?
MS. MOOK: Oh, a lot. I can't give you a specific number, because --
MR. HEAD: More than ten?
MS. MOOK: More than ten, yeah. Oh, yeah.
MR. HEAD: More than 20?
MS. MOOK: Yeah.
MR. HEAD: More than 50?
MS. MOOK: Very possibly.
MR. HEAD: Okay. Probably at least that.
So when parents get respite care, do they just get some respite care each month? How is that divvied out?
MS. MOOK: So it's 20 hours. We have got one family that because they have twins they're using 25 hours.
MR. HEAD: Okay.
MS. MOOK: But typically it's 20 hours, and that coincides with DHS's respite a month.
MR. HEAD: Is that 20 total or 20 per month?
MS. MOOK: 20 per month, yes.
MR. HEAD: Okay. How do you decide who

gets respite?
MS. MOOK: Well, when we first started the program back in 2008, it was first come, first serve. I do have a wait list. And so with that expansion from last year, I was able to pull somebody off the Ogle County waiting list, which was Terry Cunningham, and she wrote the letter.
Yeah, I mean, there are a lot of families -- you know, obviously because we all know that Ogle is rural, you know, for the most part. So, you know, you have got families that, you know, are isolated, and I think respite could tremendously impact their families.
So I -- you know, and we don't put the huge eligibility criteria on it that DHS does, you know. So there's a lot of families that have kids with autism that are going without respite because they might not fit DHS's eligibility criteria.
MR. HEAD: Okay. That's all I have got. Marcie?
MS. HAUSHAHN: No, I asked mine.
MR. HEAD: Bill?
MR. SIGLER: No, sir.

MR. HEAD: Dorothy, our Secret Santa, has left. So I don't know what to tell you about a final amount. We're still in flux with this process. We have talked with other people about still making additions to their proposal.
For your information, HEW Committee does not make their final determinations until August.
MS. MOOK: Right.
MR. HEAD: Now, we typically go into recess during the summer, but I think that there's still some room to modify your application.
MS. WILSON: And add.
MR. HEAD: What I would look for is respite, because it's so concrete. And even if you didn't give everybody 20 hours a month, if they got 20 hours every other month or got the -- you know, the parents' weekend version of respite or something like that --
MS. BROOKS: Add more.
MR. HEAD: -- to add, beef up the capability to spread that service more, and the worst you could do and that could happen for you

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is for us to say no. But I wouldn't start from there. I wouldn't start from, We're not going to get funded.

MS. MOOK: Okay.

MR. SIGLER: Now, Dorothy is going to join us again for some close future meetings. Maybe if I were in your shoes, I would ask her, What's your thoughts about Easter Seals? And then maybe give these ladies a call and say, This is a suggestion. Only a suggestion. And it comes from one of the board members. That's all.

MR. HEAD: Okay.

MS. MOOK: And just from a program standpoint, I understand what you're saying about maybe doing every other month. You know, the respite workers become employees of Easter Seals.

MR. HEAD: Sure.

MS. MOOK: So I would want to do it on a regular basis.

MR. HEAD: Yeah.

MS. MOOK: I think a family is better well-served by having 20 hours every month.

MR. HEAD: Yeah, sure.

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MS. MOOK: It's more consistent.

MR. HEAD: I trust your judgment on that.

MS. MOOK: So, you know, from that standpoint, I wouldn't do every other month. I wouldn't even do less than 20.

MR. HEAD: Yeah.

MS. HAUSHAHN: What's the average cost for that 20 hours for the year for one person?

MS. MOOK: Per person, it's in there.

MS. HAUSHAHN: Okay.

MS. KURTZ: The respite providers start at $11 an hour.

MS. MOOK: So take 11 times 240.

MR. HEAD: 2400, 2500 bucks.

MS. MOOK: But it is broken down in that cost of services.

MS. HAUSHAHN: You might even see how many more you can add to it.

MS. MOOK: Yeah, on Page 8 is your cost of services for that. You know, and not only is it just -- you know, it's also my time too. I get families that call me and say, Hey, this is going on with my respite provider. So I'll problem solve with them. Because, you know,

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ultimately we want to keep that relationship. I mean, sometimes there are just -- there's no going back from maybe something that has happened, the trust is gone between the provider and the family. Then, you know, we know, whatever I'm going to say to you to try to fix that situation, I wouldn't put the family through that either from that standpoint. But if it's little communication issues, you know, I might give them some tips and their respite providers some tips.

So, you know, it's also -- you know, I'm on consult for that, you know. Our providers have to do trainings, that's required by Easter Seals. So I'm making sure that they're doing those trainings. You know, because once they become an employee of Easter Seals, they're mandated reporters now, so, which is very important. If the child is over 18, you know, then it goes to the Office of Inspector General if there's any suspect of neglect and abuse.

So we need to make sure that our providers are very well-versed on that and so that they have a background in training so they know what

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to be looking for as well too.

MS. HAUSHAHN: Thank you.

MS. MOOK: You know, it's -- yeah, it's more than just that. So we do try to preserve that relationship.

MR. HEAD: Tracy?

MS. BROOKS: I was just going to ask if you can send me a copy -- email me a copy of your brochure as well and the name of the special needs attorney.

MS. MOOK: Sure.

MS. BROOKS: I keep an ongoing list.

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

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
)
of)
)
Easter Seals Children's)
Development Center) Ogle County
) Sheriff's Office
Ogle County, Illinois.) Oregon, Illinois
) May 9, 2019

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

Dated at Dixon, Illinois, this 12th day of May, 2019.

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

In Totidem Verbis, LLC (ITV)

OGLE COUNTY.
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
of)
) Ogle County
HOPE) Sheriff's Office
) Oregon, Illinois
) May 7, 2019
Ogle County, Illinois.)

Testimony of Witnesses
Produced and
Examined on this 7th day
of May, 2019,
before the Ogle County
Community Mental Health Board

BOARD MEMBERS PRESENT:

Kathleen Wilson
William Sigler
Amy Stephenitch
Renee Barnhart
Tracy Brooks
Dorothy Bowers
Marcella Haushahn
Nick Head, Chairman

Cecilia Zimmerman, Secretary
Reporter: Callie S. Bodmer

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MR. HEAD: Good morning.
MS. JOHNSON: Good morning.
MS. CARTER: Good morning.
MR. HEAD: It's your show.
MS. CARTER: All right.
MR. HEAD: So let's get rolling.
MS. CARTER: How would you like us to begin?
MR. HEAD: Any way --
MS. CARTER: Do you have a structure?
MR. HEAD: Any way that you want to.
MS. CARTER: Okay. Wonderful.
Well, first, my name is Ruth Carter. I'm the executive director of Hope of Ogle County.
MS. JOHNSON: I'm Diana Johnson. I'm the business coordinator of Hope of Ogle County.
MS. CARTER: Thank you for having us here again this year. We appreciate it.
We did pass out an addendum. I believe Dorothy had mentioned that if we would like to look at requesting additional funding, to bring that to the funding hearing today.
I believe in the past, 708 Board -- excuse me. I have a cold. So if I get quiet, just let

me know, because I can't tell because my ear is blocked up. I could be speaking really loud and I have no idea.
So at the last 708 Board meeting we talked about maybe the possibility of prevention. Although, in going back to the office, realized that with working with the school systems, you have to know what you're going to do ahead of time. So the timing of when we received the funding from the County Board, I thought that probably wasn't the most wise thing to additionally apply for because of the timing.
We are currently working with the Rochelle school system to see if we can get in to do a Safe Dates Program there, and we have got some really positive feedback. So we should be hearing shortly about getting into the school system next year to do a weekly group with the teens at the school system, which we're excited about.
So I'd like to start out with explaining about Hope services. Most of you know about what we do. There is a few new board members, so this is a good time to talk about our

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comprehensive services and kind of what's in the application as well.

So we have -- the way that traditionally the 708 Board has asked us to divide out services is kind of look at different programs. But I'd like to clarify that all of our -- when you look at the chart on the attachment exhibit, Exhibit 11.3, we traditionally put that and separate walk-in services, which is the counseling and court advocacy, from shelter, just to give you a view of the two different services.

That's how we have done it throughout the years, but our agency is a comprehensive program. So we work all together. So when somebody comes in to our emergency shelter, we also are providing them with the counseling services, the court advocacy. It all blends together. Our court advocates work with our counselors, as well as our domestic violence advocates that work in the shelter work with everybody else.

We all provide case management on the clients that we serve weekly and work together

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to try to wrap around each individual person going through an abusive situation and help them through.

So we have been providing services now for 35 years. We started out fairly small and have grown to be a 21-bed domestic violence shelter. We also have a house next door that we now call our extended emergency shelter home. It allows one family at a time to get additional time to secure safe, permanent housing in Ogle County.

So what that does, it gives them an additional three months to find the resources that they need. That might be additional income from employment or that might be an appropriate child care option, it might be that they are just really having to save some funds in order to get into their own place.

And then we have our court advocacy component, and that is -- we have two domestic violence court advocates that go into the Ogle County Courthouse and help each person that is interested in obtaining an order of protection with the paperwork process, and also supporting and guiding them, and probably most important is

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providing the support and safety planning for each person that is interested in obtaining an order of protection. Because that is the most dangerous time for most of the clients that we serve.

So safety planning from the very beginning and all the way through the process. And that can be multiple court dates. So when you see on the statistics that we helped 92 or 97 victims access an order of protection, that's not one time. But multiple times that our court advocates will go to multiple court dates to be there as a support person for that person and their family.

MS. BROOKS: For the same individual, they'll go many times?

MS. JOHNSON: Yes.

MS. CARTER: Yeah, because the way the order of protection works in Ogle County is, the judges will sometimes issue an emergency order of protection, but it's up to the judge. It's the judge's decision. Or they might say, you know, we don't know if there's enough to get the emergency, but set it for a preliminary court

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date or an extended court date. That court date then may follow with attorneys becoming present. And if that's the case, then court dates can be extended again.

So it, unfortunately -- it's ideal, if it's an emergency order of protection, that they are granted that emergency order, and then they have one following court date. That's not usually the case. It's usually multiple following court dates.

So the court advocate's job is to support the survivors that are attending those court dates at each court date. They're also there -- Ashley Peck, one of our court advocates, attends Wednesday court, which is domestic violence court dates for criminal charges. She'll be there to support any of our clients that are going through the criminal process, having to be there, or at least be aware of what's going on in the court system if their abusive partner is being -- is going through the criminal process and filed charges against.

So she is there for them in that case. She is also there just to be an ear for them.

They may not want to attend any court dates. Most of them don't want to be in the courthouse, and reasonably so, and have to see their abusive ex-partner each time.

So she will be there to be the eyes and ears of what goes on in those domestic violence court dates as well, and also there to be -- so that if there's somebody that is not a client of ours that doesn't know about Hope's services, she's the face there in the courtroom on that day, on Wednesdays.

So that's a little bit about what our court advocates do.

Our counselors, we have two adult counselors and two children's counselors, and they provide services for our clients, not just during the day but also into the early evening during the weekdays, which has been a real asset for our clients that work throughout the day or whose children may have an after-school activity that can't get into an appointment before 5 o'clock. That really does help those parents that are really trying to make ends meet and trying to have a life and a single parent and,

you know, take care of their children to get into those appointments that are so important for those kids to be able to actually have a person that they can talk to that is neutral and that is interested more about keeping that environment comfortable and safe, and provide some play and therapeutic activities so that the child is sharing when they ready to share.

All of that is such an important piece for not just the children, but also parents, to be able to have a place for their child to counteract some of what they have seen and witnessed at home, so -- and maybe experienced themselves.

Then for adult counseling, the appointments are made on a weekly basis typically, but they can be more than once a week if that person is going through a lot of trauma and is experiencing a lot of effects from the abusive situation.

So it -- or it can be once a month. If they have been coming through for a while, they're recognizing that they're making strides, they can then kind of tailor for those

appointments to be not as often over time.

Those are meant -- every appointment -- every service that we provide is client centered and trauma informed, which really means that the client guides their own process. So our survivors really are the ones that guide where they want to go, what they want to do. We're not there to tell them what they have to do or -- how would I say it -- assess them in their needs. It's really about each individual's experiences, where they're at and meeting them where they're at.

So that really does mean that we're supporting them whether they are choosing to decide if they want to work on their relationship or not. We are giving them safety tips on how to handle that if they make a decision to work on their relationship, what factors there may be they need to look at to increase the safety in their lives. And then continue those services, whether they have chosen to reside with their abusive partner or not.

We do refer over to Sinnissippi Centers

for the DVIP program, which is the Domestic Violence Intervention Program, for any partner that is abusive in relationships. We don't serve the abusive partner. That is a six-month group that Sinnissippi offers. And it's the only program we will refer over for counseling for an abusive person, for multiple reasons.

It is guided by the State. It's accredited.

MS. BROOKS: I'm sorry, what was that program?

MS. CARTER: It's DVIP, Domestic Violence Intervention Program, through Sinnissippi. So it's a six-month program. It's accountability based and it is other -- in the large group, it's a men's group, so other men holding accountable the others that are in the group, as well as the counselors. And so it's not a therapeutic group, but it's an educational group. So it's meant to be about accountability and learning about how to change those behaviors.

Now, we know that there are multiple people that may go through that may not make

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that decision to change themselves, but usually if a person completes the entire six months, they come over with at least being more safe in that relationship, right? May not change the whole, entire being in six months, but it does provide a lot of accountability for being a safe person.

So it is the only program that we refer to for the abusive side.

The counseling component really is where the change happens. It is where our clients share with either the individual sessions with the counselor or the support group setting. We have two support groups during the week. We have one at 5:30 on Thursdays and now one on Mondays at 1 o'clock. It's two different times set.

And then children's group runs at the same time. So kids can come and we provide those services to all age of kids. So if they have a newborn, we'll make sure that we are taking care of the newborn. If they have a 16-year-old child, we'll figure out how to incorporate that 16-year-old child and make them feel comfortable

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even though we may have a lot of young kids at the same time.

So those counseling services really are the key to somebody moving forward and changing.

And then we have our Latina advocate. She provides the counseling services for our Spanish-speaking clients, but she also provides additional resources and education for them as well.

So if they are contending with not having their immigration status here in the United States and their abusive partner is holding that over their head and finding a way to abuse them even further because of the fact they know they don't have the same rights in our country, there are certain laws throughout our state and the United States that allow somebody who is going through an abusive situation to be able to get their temporary residence, and that's the UVs and the TVs options here in the United States.

So Louisa helps them to access through attorneys in Rockford and is a support to help guide them through that process. They're looking at, how do I remain safe filing for

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these things in my situation and my relationship. So she does a wonderful job.

She also -- she also provides the support for our clients who are Spanish-speaking who are interested in an order of protection. So she will be there at the order of protection process, alongside our court advocates, so that she can provide that translation service as well and support.

Let's see. The shelter component, to reiterate, is a 24-hour shelter. We provide -- there's also one -- at least one staff member at the shelter at all times to answer the 24/7, 365-day-a-week hotline. And then we have dual shift coverage in the evening Monday through Friday, and then some dual shift coverage on Sundays to be able to get some of the things done, like the grocery shopping, and always having somebody actually on the premises to provide all of those supportive services that we offer.

I really see that as a huge asset to our agency, is that we are the person who answers the phone. We don't have voicemail. We don't

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have an answering service. We are there 24/7. So each person that we have that works for Hope or any volunteer that works for Hope, they are all 40-hour trained, and then in addition to that additional trainings that we're required to go through throughout the year.

In-services, like, we'll invite Tri-County over to do an in-service at our staff meetings. We'll invite Sinnissippi over or Prairie State Legal Services. We're going to have Ramp in the DeKalb area provide some education on disabilities and how to better serve that population coming up here in the future. So those types of in-services are also offered throughout the year by our staff on Tuesdays.

I think I have covered all of our services.

Then we have our administrative side of it. So that is myself and Diana. We also have Eddie Chattic here at Hope now with us, and she does data entry that Rhonda used to do. Rhonda retired, and she's becoming more of an administrative person. Just the three of us, it tends to be a little overwhelming at times.

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MS. JOHNSON: Yes, overwhelming at times.
MS. CARTER: You know, with paperwork for grants, and financial responsibilities, trainings.
MS. JOHNSON: Reports.
MS. CARTER: Yeah. So we end up covering most of those administrative duties.
Then what we did attach was -- since you didn't really have a chance to look at that report before today, what we did, how do we know what we need for additional funding to pay for the services that we provide to our clients? And what is the best way to kind of show where we were at in 2015 for funding? And then with the County Board cuts throughout the year, mainly between '15 and '16, and not having the funding to ask for in the past years and now having this potential opportunity to ask for more, we're like, okay, let's really look at what our staff are being paid now compared to 2015 and where the percentage is that the 708 Board has offered funding before in the past.
So it's just kind of a way to show some additional dollars that would tremendously help

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our agency provide the services that we offer now that we provide dual ship coverage in the evenings Monday through Friday, and we also have an additional adult counselor and that additional children's counselor compared to a couple years ago. Really having the additional funding to support those additional services would be amazing.
MS. STEPHENITCH: Ruth, I had a couple questions.
What are the credentials of the counselors?
MS. CARTER: So they have to have their bachelor's degree at least to be able to serve. We have a few staff throughout Hope that have their Master's degree, but most of our staff have their bachelor's degree.
The bulk of it though is the training that goes along with -- the 40-hour training and the ongoing trainings that our State funder and our coalition offers throughout the year. So there's ongoing training pieces.
And then we just -- Hope of Ogle County also seeks out additional training for our

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staff. So it's not just what the State offers or what the coalition offers. We're constantly looking for ideal types of trainings that our staff can go to, to really learn more about how to be able to work the best with survivors of abuse, but also trainings like vicarious trauma trainings and, you know, self care, because those are huge pieces to our staff being able to stay and actually getting those types of trainings.
Shining Star just recently had a presenter last month that came in and talked about self care and trauma and how that impacts you throughout the years of working with survivors of any type of social service issue, and particularly violence and crisis.
MS. STEPHENITCH: Then you mentioned quite a bit about people with a mental health diagnosis, women in particular, are 2.7 times more likely to be a victim of violence, and that you have seen an increase of clients, you know, in the shelter with mental health. Is that -- are mental health diagnoses tracked by Hope? So do you track that with clients, or not

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necessarily?
MS. CARTER: There is an intake process. Our intake asks multiple questions, lots of questions, that if they reveal to us that they have a mental health diagnosis, that is tracked.
And then if it's something that eventually the person shares with us, we document everything. So there's a specific diagnosis that will be documented.
We don't make that assessment. So we refer to Sinnissippi Centers for any type of situation where we feel like the mental health challenges that we might be dealing with are more than what we counsel.
It's very common, obviously, for a lot of our clients to suffer from depression and post-traumatic stress syndrome. Those are very common, very common, in clients that we serve just in general.
But anything that is really -- the client shares with us that is kind of interfering with them, we send those clients also to Sinnissippi -- well, while continuing our services as well.

MS. STEPHENITCH: Would you have a percent of -- do you know what percent of clients have mental health diagnoses that see you, or no?

MS. CARTER: You know, I don't have an accurate percentage right now here at the table, but from doing the work for so many years, I would say that in our shelter basis, the mental health diagnosis is little bit higher. That makes sense in the sense of, when you have more limitations it's harder for you to actually access the resources, right, and then also harder to follow through. And then if you have less resources, it's harder to get back on your feet. So it's kind of a ripple effect.

So our shelter clients have -- probably, I would say, 50 to 60 percent of the shelter clients that we serve have some form of mental health diagnosis.

Our walk-in clients for appointment counseling and court advocacy, that is a little harder to track because we may not have as much opportunities -- because we're at the shelter with our clients 24/7 -- to be able to observe and work with them on those mental health, you

know, issues that they might have. Unless they share that with us, of course, in our counseling sessions or court dates.

MS. STEPHENITCH: And my last question would be, what criteria for an order of protection would a judge look for? What are the key criteria?

MS. CARTER: The key criteria that the judges in Ogle County look for is that there's a current threat of harm or physical harm. And current is subjective.

MS. STEPHENITCH: Yeah.

MS. CARTER: Our job is to work with our clients that are interested in the order of protection, and pointing out that we encourage them to write down and to share everything with us. And then when it comes to the paperwork that is given to the judge, that paragraph, they have to kind of tailor that down. It can't be ten pages of information.

So sometimes we put -- we allow the ten pages of information if we feel that's going to impact. But we'll encourage them too, say, Okay, make sure you keep the most current pieces

in there, what's happening now, and then what's happened in the past that is serious and that is threatening in nature so that the judge can see a pattern too in the paperwork. And then the judge may ultimately make that decision based on those major criteria.

MS. STEPHENITCH: Thank you.

MS. BROOKS: I have nothing right now.

MS. BARNHART: In some of the training -- you say you're constantly training -- but is all of your staff volunteers, interns, trauma informed?

MS. CARTER: Yeah.

MS. BARNHART: You have all gone through that training?

MS. CARTER: The 40-hour training, so our thrift store volunteers do not have to go through the 40-hour training because they do not work directly with clients. We have a thrift store in downtown Rochelle. We have volunteers who will volunteer every so often there at the store as well.

But no, any person that works directly with clients has to be 40-hour trained. Even

Diana, who does the administrative, each person has to have the 40-hour trauma training. So that's a really important piece.

MS. BARNHART: And you have talked about the counseling for children and that sort of thing on Page 6. My question is, what is the prevention piece? You have a prevention piece for children so they don't become victims or abusers themselves, and do you have any statistics on it?

MS. CARTER: Our prevention currently that we do now is, I would say, fairly limited due to not having a prevention staff person. That's me.

So, but I do go into the high school and provide domestic violence, dating violence education, and healthy relationship education to the health class every year. So that catches every student in Rochelle. I have done assemblies in Oregon to catch the different grade levels, two different assemblies. This year I was not there to do the assembly, but in the past two years I was.

But the exciting piece is that through

VOCA, our -- which is through our coalition, they're offering3. For us to apply right now, we're in the grant process, for a VOCA grant to apply for underserved populations. Really the heart of what that underserved population is, is outreach. And then also some additional possible funds for providing groups to students after school and high school.

So we have been working with the high school now about the Safe Dates Program. We do the after-school groups once a week, which is Safe Dates is an opportunity to do some counseling services but also do some prevention at the same time. So what it is, is not just students that are going through or have been through an abusive relationship, but also students who haven't. So that you have a wider group of people supporting each other and some advocacy taking place there. So we're excited about that. That's one.

The other one is to reach out to our Latina population a little bit more, through this VOCA grant, not just Latina, but all younger students. We are working currently

right now with Amy Hayden to see if we can get into the Hub project next year and do Monday through Thursday program, which would be the Head Start program.

If you haven't heard about Head Start, it's a prevention program to work with young students to give them that sense of how to generate --

MS. BROOKS: Pre-kinder ages?

MS. CARTER: Yeah, pre-K through five. And then Safe Dates, as well, combined for the junior high ages at the after-school Hub Program. After-school program in Rochelle is really a way to capture as many students as you possibly can that parents might be struggling, for whatever reason. Maybe it's just finances or maybe there's some things going on at home. It gives those students opportunities to stay after school and work with other students on other things. It gives parents, particularly single parents, an opportunity to have their children in school but longer, so they can finish full days of work, which is amazing for our single parents that we work with at Hope.

So it catches more of our Latino young students, as well as all different races and ethnic groups. So it's exciting. We're hoping we get the grant. If we do, then we'll have an additional person that can go into the schools and provide that prevention. It's huge.

Because prevention is where it's at, right? I agree, it's like you can do all this crisis work, but if you're not doing prevention, you're only really ultimately putting on these wonderful Band-Aids, but they're all Band-Aids, right? You have to do prevention in order to actually change the scope of things.

Then our outreach is part of our prevention too. So that's the stuff that we do to provide resource information out in the community. It's also a key part, letting people know that we're here.

MS. BARNHART: So you will be branching out -- if you get this grant, you will be branching out to other schools as well?

MS. CARTER: Start with the after-school program. Then with the prevention, if we get that funding, then we will be branching out to

more of the rural areas throughout the county.

Excuse me. I think I brought a water in here.

The other part to the VOCA, with reaching out to the rural populations, is the rural survivor section, which we're also applying for. And our hope is that we will be able to have an office in the Polo area, have a little out-post office. We have David Ditzler on it now, because he's from the Housing Authority, and they have an office out there that they use, but our own office so that survivors can reach out to us on that side of the county a lot easier.

Even though we have an office in Oregon, that drive from Polo to Oregon sometimes is not even feasible. And we don't really have a presence in Polo. That would give, you know, our survivors a little bit less of a drive. They would have three places that they can go to for counseling services and outreach.

MS. BARNHART: That brings up my next question. Being that you're based in Rochelle but I know you have the Oregon office, what amount of clients do you see in Oregon and for

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the rest of the county versus Rochelle? What is the breakdown?

MS. CARTER: I would say that for Ogle County residents that -- let's see if we have got a chart. I can give more of an accurate picture if I am actually looking at it.

So out of 323 clients that we saw for counseling and court advocacy -- so clients that are in shelter, those are separate clients -- I would say that probably we see about 80 individuals in the Oregon -- or, you know, in the Oregon office for appointment counseling. So it's not where all of our services are located. It is our individual counseling that we have there and family counseling for adults and children. So our counselors will travel there.

MS. BARNHART: Okay. That's all I have. Thank you.

MS. WILSON: Really appreciate the work that you do. It's unduplicated in this county. It's so necessary to keep people safe in the county, not just to keep them safe but to keep them feeling safe.

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I mean, nobody is going to be completely safe wherever you are. You can always get in a car accident. But to be safe in your home, feel that when you go home, you know, it's a safe place to be is so important.

On your Page 8, you talk about Prairie State Legal Services being involved. How often do Hope clients get involved with Prairie State Legal, that you know about?

MS. CARTER: Prairie State Legal Services, they cover Winnebago County and Ogle County, I believe Boone as well. Their main office is in Rockford, and so then they have attorneys that cover Ogle. And those services, even though they have increased over the past years, there's still not as much as we would love for them to be able to help out our clients.

So they pick up cases where we refer them over where there's been current domestic violence and cases where there's more risk factors at play, so there's more physical violence or possibly there's sexual abuse, things like that, that make it -- you know, this case is one where, you know, we want to get

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involved and help out.

So they have increased their attorneys over the past couple years, which has been wonderful. So we had them follow our cases in more longer-term ways than they have in the past. In the past it used to be, well, maybe just help with an order of protection. And that's actual developed into helping with some family cases.

(Whereupon Amy Stephenitch left the hearing.)

MS. CARTER: So divorce and cases where the situation warrants having that protection -- attorney protection.

MS. WILSON: Would you say, like, five a year? Ten a year? Thirty a year?

MS. CARTER: I would say for our clients at Hope, yeah, I would say it's a good -- about 30 a year will be -- I'd say at least a hundred are referred over, but I would say what they can represent is about 30 a year. That's a good number.

MS. WILSON: Thank you.

Page 16, you're talking about distributing

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fliers to area stores and businesses in Rochelle. Do the -- do you have flier coverage for the rest of Ogle County? And can the 708 Board help you with that?

MS. CARTER: Yes, yes, and yes. We -- it's easier, you know, obviously for us to be able to distribute in Oregon and Rochelle because that's where we're located out of. But we really need a better distribution -- we have done it -- I think the last time we actually distributed our current fliers to all of Ogle County was four years ago to get into all the other towns. That's a long time.

Even though not much has changed in our brochures, we don't know if everything is still standing, we don't know if everything is taken. We just don't have the manpower to do that at this time. Most of our staff are providing direct services most of the time.

So, yes, we would love the help to distribute the fliers in the areas that you reside and that you go to and that you frequent.

Businesses in the communities are a lot more supportive of getting our information out

there than they have been in the past, which has been wonderful to see. And the discussion of domestic abuse in the home is a lot more prevalent now, and I think that more people have at least a little better understanding of what it really is. So, yeah, definitely.

MS. WILSON: And it also says that you have a yearly newsletter and you send out -- you send out a newsletter through email. Is that email you send more often than yearly?

MS. CARTER: That's just the one -- the same one that we send out through the mail we put through email.

MS. WILSON: Any possibility of that being increased to, like, twice a year?

MS. CARTER: We could, yeah.

MS. WILSON: I think that that would be -- a lot of times it seems like if you keep things in front of them, they're more likely to remember them. If you see it once a year, it's just like, okay, yeah, I remember that.

MS. CARTER: The email doesn't cost as much to do.

MS. WILSON: Right. And, of course, you

won't have an envelope with that.

MS. CARTER: We can attach our link to our website if people want to donate online and then our address, yeah.

MS. WILSON: I think that would be very helpful.

Let's see. Now, I'm having a little trouble putting together things in your Exhibit 3.2. 17, 18 through Page 19.

MS. CARTER: Yes.

MS. WILSON: I am -- okay. I'm hearing -- I'm seeing different things on different pages. On Page 14 you're talking about hours, and it talks about total amount of service hours provided to all clients, 7688.5 hours. But do I understand that some of that is outside of Ogle County, so we're getting a total here for --

MS. CARTER: So yeah, so the Question 5, is that what you're -- on Page 14?

MS. WILSON: Yes, the third paragraph.

MS. CARTER: Yeah, so the -- yes, because they had -- children had ties to the Ogle County area. So this is a little section, because we don't report out on any other numbers than Ogle

County residents, my section of being able to show you what we do overall. Which I think is important, because it's really hard with the way that we track our clients through our -- what we call our Info Net system.

What we do is, when we intake, if they're from out of county, that's all at the very beginning, that gets put into the computer and that's where they're from and that stays that way. But a good portion of the people that contact us through the surrounding area are coming to our area because they do have family or friends and ties to Ogle County. But they're still not from the area when they call.

So, you know, there's not a way to separate that, the way we do our Info Net system. So this is our way of kind of putting that in there and this is what we serve overall.

MS. WILSON: You also are talking about, in that same paragraph, 412 clients who did not receive shelter-provided counseling service, court, and other safety advocacy. So that would also be --

MS. CARTER: All.

MS. WILSON: -- for all?

MS. CARTER: All clients, yeah.

MS. WILSON: Then we come to the hotline calls. Okay. I don't imagine that you're able to break out who's calling from where, unless you have some kind of marker on your phone?

MS. CARTER: We don't have -- we have a sheet that our client -- our staff tallies the calls that come through, and it doesn't ask where. That's something we get from our funders to track our calls.

Our Info Net system doesn't clock that information in the system of where they're located from. Although, I don't know if necessarily it would be very difficult to add a line on our actual sheet they report it on to say, Which area are you calling from? It wouldn't hurt for us. I don't think any would have a problem tracking that on their own. We could do a separate spreadsheet, too, if that's important.

MS. WILSON: Well, I was just thinking that your cost of services, 18.46 for the shelter and $18.39 for the counseling, if you're

including some of these things like the hotline, student education, education of professionals, that, of course, would go down a lot, because it's showing the amount of work you're actually doing rather than the amount of work that your system lets you report.

So I would kind of -- maybe not for this year, but in future years report that. Education of professionals is important. That the student education is your prevention, and I don't see that reported in here at all. So I'm imagining probably all your student education is done in Ogle County?

MS. CARTER: Yeah.

MS. WILSON: Okay. So that's 372 clients that are not reported on the spreadsheet.

So that -- you know, that adds, you know, at least 37- -- if you only do one hour per student, that adds 372 hours to this hours of service.

MS. CARTER: That's really exciting to know that you guys would like that information, because I would love to provide it. It's another component of what we do and that we

reach. And then that hotline service is one that -- fire departments, you've got to be able to answer all the hotlines, right? You have to have a staff to answer those hotlines.

If we can track Ogle County residents from those hotlines and report that back to you, yeah, we can definitely do that.

MS. WILSON: I personally would be very interested in seeing that.

Also, on the next page after the 2.3 spreadsheet, I see a counseling service call -- and this is Ogle County resident service hour breakdown. Okay. So in 2018 I see a total, off to the right there, of 2898.5, and I don't see that anywhere on here.

MS. CARTER: On the chart?

MS. WILSON: On the chart.

MS. CARTER: So I broke this out by service components here, which is counseling, order of protection, resource, and advocacy. So reaching out to other agencies, like Tri-County, and working with them and making these referral service our clients, and case management, working with them, talking about the clients

that we serve with the staff to help better their situation in a case, and order of protection numbers.

So on the chart, it's just two major categories. It is the counseling component and the court advocacy, which is the bottom portion, and then the shelter on top. Our advocates are actually part of that shelter component too.

So it's not -- those numbers are -- what did I say -- not just counseling. It's also court advocacy.

MS. WILSON: Well, it does say order of protection, safety, services, and safety planning on that next -- that next paragraph there, and the total of 626, and I'm not seeing that -- any number approaching that on the spreadsheet.

MS. JOHNSON: Because you didn't add the advocates in there. It was just the counselors and -- on these numbers, it was just the counselors and the court advocates.

MS. WILSON: So I'm a little bit confused about that.

MS. CARTER: This was done awhile ago.

I'm just going to read my narrative part.

MS. WILSON: And you're saying that these are both -- on the spreadsheet are both for 12 months?

MS. CARTER: Yeah, it's the same time period. So I'm trying to figure out how I divided out the services in those time periods. Family counseling support group. Telephone counseling.

MS. WILSON: So what I'm seeing is that on your spreadsheet you are reporting certain things, but there could be more on there that would qualify for our funding, and I'm glad you're asking for more money.

MS. CARTER: Yeah, so these numbers come from our Info Net. So what we do is, we take out the service categories, and it tallies it for you and shows you the total hours. I'm trying to figure out why --

MS. WILSON: So on the chart one, is that the Info Net one?

MS. CARTER: Uh-huh.

MS. JOHNSON: Yeah.

MS. WILSON: So if you're getting that

information, maybe some of it could be moved on to the spreadsheet. Okay.
MS. CARTER: I think I just -- it just clicked. Sorry.
So the services that are offered on chart one, the services are a combination of the shelter clients and our walk-in clients. So all the counseling for shelter and walk-in --
MS. WILSON: I see.
MS. CARTER: -- all the court advocacy.
MS. WILSON: So if we add them together, we would come up --
MS. CARTER: Yeah, so that way you could see the service categories divided out for all clients, whether they're shelter or they're walk-in.
MS. WILSON: That makes more sense.
Then a little bit further back you have your organization chart, which is lovely. We do not ask for personal names, and perhaps it is not a good idea to put that in, for just an FYI.
MS. CARTER: Oh, on the staff. I'm like, I provided a client name?
MS. WILSON: Staff.

MS. CARTER: Okay. So that's good to --
MS. WILSON: I think it actually says in here.
MS. CARTER: That you don't need to -- yeah, I think I just attached that as an addendum so you know just kind of who worked with what. But if you don't need names, I don't need to put names.
MS. WILSON: Good. That would be good.
Again, with that flier thing, if you can just provide us when you come to these meetings with some fliers and just ask if we would like to distribute these, that might be a good use of our facilities, some of your resources.
MS. CARTER: Okay.
MS. WILSON: Thank you. That's all I have.
MR. SIGLER: Two questions. There used to be a lady that preceded you.
MS. JOHNSON: Marilyn.
MR. SIGLER: Is she still with us?
MS. CARTER: She retired.
MR. SIGLER: She retired, but she's still with us?

MS. CARTER: Oh, yes.
MS. JOHNSON: Yes.
MR. SIGLER: She was phenomenal. Taking nothing away from you.
I really enjoyed, especially when it came to the accounting portions. Thank you for that.
Really I think I'll cut right through it. What I'm looking for, I've never observed you in the courthouse requesting action on the part of our judiciary to protect the individuals who, as I see it -- this is your primary function, as I see it. That's why I've only got a few teeth. I used to have a few teeth. I had an elder brother who knew how to take care of problems like that.
I would like an opportunity -- I wouldn't speak to anybody, but just maybe one when you're going over there for a protection order, you know, one of your people are there, to give me a call. Maybe we can work something out. I'd like to observe the process, if I am allowed to it. It's in open court? I assume it is.
MS. CARTER: The order of protection court cases, unless there's a child situation, they're

open court.
MR. SIGLER: Perhaps if you would grant me that. I have been over at your facility on a number of occasions, but I have never observed your folks do what your job is over there.
Maybe one of the local ladies can give me a call and say, I have got a case coming up on this date, this time. I would like to join them.
MS. CARTER: The only thing about that is confidentiality. So we have to work on -- but I would say that --
MR. SIGLER: And at an appropriate time -- I'm still a State labor law judge. If you said leave the room, there's no problem whatsoever leaving the room.
MS. BROOKS: It's open court. Isn't that open to everybody?
MS. CARTER: What I'm saying, confidentiality, I meant our confidentiality. So I don't know if we can update you when we're going to court with a client. That's what I'm -- because if that's our client, that's confidential. So -- but observing it is not.

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MR. SIGLER: That's all I'm asking to do, is observe, not participate.
MS. JOHNSON: Wednesdays.
MS. CARTER: Wednesday is a criminal court date process, but that features mostly criminal. I would say that good times for -- to observe an order of protection proceeding in the courthouse would be Monday afternoons are a good time, usually not Monday mornings because it takes a while to get to the courthouse and do what they need to do. Tuesday mornings are also a good time.
MR. SIGLER: You're saying what time now?
MS. CARTER: Mondays afternoons and Tuesday mornings. So if something happens over the weekend, it takes a little bit of time to get into the courthouse and ask for an order of protection.
MS. WILSON: So Monday afternoon, Tuesday morning?
MS. CARTER: Tuesday mornings, by the later morning usually.
MR. SIGLER: That way you're not divulging anything to me, if I just walk in and sat in the

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back.
MS. CARTER: It is interesting to observe. And it is one of those things where, when you're working with any kind of judge in the court system, no matter what a situation, you have to be really careful about how we educate, I guess you can say. There's a whole process the judges have to go through as far as everyone being educated and trained.
So our coalition does reach out to our judges and throughout the state and offer trainings.
MR. SIGLER: Over the years you have been very helpful to me in educating me about your functions and your organization, but I have never seen that portion of it. I would appreciate it. Thank you very much.
MS. HAUSHAHN: One question.
How big an issue -- on Page 12, how big an issue is your Info Net system? Are you looking to try to replace it?
MS. CARTER: No, unfortunately. There's days.
MS. JOHNSON: I would like to replace it.

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MS. CARTER: Our coalition funding, our local funding and then our DHS State funding, requires that we use the Info Net system to report out our numbers. So until they decide how we're going to revamp our system, we don't have much say so.
They did just revamp it to a different computerized process. Then they're saying that they want to change it in the upcoming future, so we're able to give suggestions. So if you have some suggestions of what else you would like it to tally, I'm down for letting her know.
MS. HAUSHAHN: Would it be any cost to you for any replacements they do or anything to change?
MS. CARTER: No. The State funders and the federal funders, they provide -- how would you say? It's a State grant actually, I think, with Info Net that they have to get to update and change things. But our funders, yeah, none of that is cost.
MS. JOHNSON: Our funders go in there monthly and check on reports and check our numbers. We have to go in and change the

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funding in there, like each staff person has different grants that they work under, so many hours per week. If those hours change, we have to go into Info Net and change that so it matches our monthly reports and everything. It's a whole system.
MS. HAUSHAHN: Thank you.
MS. BOWERS: Go ahead.
MR. HEAD: Coming back to Page 14, it says we serve 96 clients in emergency shelter and 16 in extended emergency shelter. So I'm looking at those two numbers, and then I'm looking at the number of clients that you shelter on Exhibit 2, 3, which says you had 45 clients that you have sheltered.
MS. CARTER: That's that paragraph that -- you know, next year what I can do is put a title and say all clients.
That's our total clients for our entire agency. The chart is Ogle County. So that's what the number difference is.
MR. HEAD: So 45 for Ogle County?
MS. CARTER: Yeah, Ogle County residents, yeah.

MR. HEAD: And the -- would people be in both emergency shelter and extended emergency shelter at the same time?
MS. CARTER: No.
MR. HEAD: So the total number of shelter clients was 112 for the year?
MS. CARTER: Are you saying -- oh, no. So 96 of the emergency shelter clients, it says in this paragraph?
MR. HEAD: Yes.
MS. CARTER: 16 of those came from emergency shelter. Because they have to --
MR. HEAD: 16 of the 96?
MS. CARTER: Uh-huh.
MR. HEAD: Okay.
MS. CARTER: They have to have resided in the emergency shelter before they can go into the extended emergency shelter program.
MR. HEAD: Okay. All right. Looking at Exhibit 2, 3, the spreadsheet, counseling and court advocacy, can you break out how many counseling hours were delivered versus court advocacy hours?
MS. CARTER: Uh-huh, yeah. Actually, if

you look at Page -- Chart 1, you'll see the hours provided for adults and children for court advocacy totals there for 2018. That's broken out there for you compared to the counseling services above.
MR. HEAD: Okay. So --
MS. CARTER: Because the hours put in towards providing what we call legal advocacy types of hours, which are when they are not providing counseling, for example, but it's all about the legal process and the order of protection process and the safety.
MR. HEAD: So the court advocacy could be for some of the same clients that you provide counseling services to?
MS. CARTER: The hours are not duplicated. The client numbers -- so this is all hours on this sheet, but the numbers of clients that you see on the chart for the numbers of clients served, you could receive -- yeah, you can receive counseling -- the counseling court advocacy line item, that -- those 323 clients could receive counseling services and court advocacy services.

MR. HEAD: Okay. Would there be any of the counseling clients who wouldn't receive court advocacy services?
MS. CARTER: Yes.
MR. HEAD: And would there be any court advocacy clients that wouldn't receive counseling services?
MS. CARTER: That's a little more unlikely, because we include telephone counseling in there. So that would have to be strictly all about the order of protection process and legal process only. Usually they would be receiving some kind of counseling services, either telephone or crisis counseling, and getting some original crisis counseling.
MR. HEAD: Under counseling, do you have any kind of a breakdown in terms of how much individual counseling, how much group counseling, how much family counseling there is?
MS. CARTER: We can do that.
MR. HEAD: So if -- and you mentioned several groups. I would be interested in the number of individual counseling hours versus the number of group counseling hours.

And do you know how many referrals you make to Sinnissippi?
MS. CARTER: The referral process is not an accurate statistic through Info Net, but I can say, just from working and watching and communicating with case management we refer over to different services, say, for our shelter clients it's probably a good 60 percent.
MR. HEAD: 60.
MS. CARTER: And then our walk-in clients, I would say about 20 to 30 just in other situations.
MR. HEAD: Yeah, I would be interested in seeing that.
It's a little confusing to me to have counseling and court advocacy kind of glommed together. I think I would like to see it broken out a little bit more.
MS. CARTER: Can I ask, just for next year, just so I know what we need to put down on this chart, do you want the counseling to be broken out -- I guess what I would say I would prefer to do, if it's okay with you all, is to break out the service categories in this without

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dividing out shelter from it.
The old standard way of doing it years ago was, tell us about your shelter clients, tell us about your walk-in. And I would rather do it based on service, to be honest with you, so you could see how many of our clients receive counseling, how many of our clients receive court advocacy services, how many of our clients receive other resource and advocacy services.
Like our hour sheet that we have here, we could break that down and could also do hotline -- like you mentioned, hotline calls and prevention as well.
MR. HEAD: If we could get that. My general philosophy is the more detail the better.
MS. CARTER: If you guys are comfortable with that, that's easy for us to do.
MR. HEAD: Yeah, I think in terms of numbers, I think that would be good. It's whatever the Board recommends in terms of next year.
So half of the moneys that we gave you supported shelter?

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MS. CARTER: Uh-huh.
MR. HEAD: Okay. Do we have any other agencies or programs where we fund housing?
MS. BOWERS: I don't think so.
MR. HEAD: Okay. I don't think so either. So we could do that? We can fund housing? So we could fund housing for mental health clients?
MS. BOWERS: Yes.
MR. HEAD: Okay.
MS. BOWERS: And Sinnissippi talked about opening up a shelter.
MR. HEAD: Yeah. I thought that was really great.
I don't have any other questions for you. You do an incredible job with not a great deal of money. So thank you for your presentation.
MS. CARTER: Thank you.
MS. JOHNSON: Thank you.
MS. BOWERS: My turn.
MR. HEAD: You have a question?
MS. BOWERS: A couple.
MR. HEAD: Okay.
MS. BOWERS: Go ahead.
MS. MESSENGER: I'm just curious, on your

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chart that you got for the Ogle County residents, our breakdown, it appears that it's gone up significantly. And I was curious if that's because there is more of a need because you're getting out the word that it exists, or you have got the staff to back it currently?
MS. CARTER: Combination, I would say. So we have a dual shift coverage in the evening, which allows for one of our staff to be able to answer the door when people are coming, going from the shelter and the hotline, where the other staff person is back in the shelter area providing some of those direct services and support. So that is probably the largest number of hour increases that you'll see for hours.
But also the additional counselor, adult counselor, additional children's counselor, will provide those counseling services, and that creates those hours.
MS. MESSENGER: So would this be safe to say this percentage would probably be a trend moving forward?
MS. CARTER: Yeah, and especially if we do get some additional dollars to provide that

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outreach that we're talking about. If we're in the Hub after-school program and providing the Safe Dates Program in the schools, it's going to bring more people to us to our services as we -- our faces are more in the actual entities of the community.
MR. HEAD: I actually do have one more question or request.
Of those who use counseling services, there are going to be some that don't use a whole lot and then you've got some who are there for counseling 24/7. So I'd like to see some distribution chart of how much counseling, you know, people get as they go through their program. So there may be an average, there may be a low user end --
MS. CARTER: Oh, I see what you're saying.
MR. HEAD: -- and a high user end. That would help me to have a picture of the needs of the people that come through.
Thank you.
MS. BOWERS: Do you have a tally for your Cinco de Mayo?
MS. CARTER: For how many people attended?

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MS. BOWERS: How many people attended and what the --

MS. CARTER: Yeah, we -- well, we don't have a tally on how much we raised right now. We haven't had our follow-up meeting. But we had 72 people attend the race on Saturday, so, which is better than last year. It's slowly growing.

We're hoping to next year, and I just briefly talked to Jessica Friday over at Shining Star about this, but maybe going in on a timer system together so that the cost is not as much for both of our agencies.

Once you go in on a timer, official timer system, then you can really advertise the race in a lot of different ways, and you get more of those people that are avid runners who are there to time themselves.

MS. BROOKS: We do that with our 5k. We used Shazam, and it made a huge difference.

MS. CARTER: Did it?

MS. BROOKS: Yeah, it did. Because you get a lot of the serious runners and -- yeah, we are expecting some -- every year we have almost

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doubled the amount of income we have made from the race.

MS. CARTER: That's wonderful.

MS. WILSON: That's for NAMI?

MS. BROOKS: Yes.

MS. CARTER: That's great to hear. Because that's kind of what Jessica and I were thinking. We have a timer, but we borrow it from the high school.

MS. JOHNSON: And it's not an official timer.

MS. CARTER: And it's not an official timer, and it's a little wonky. So to have an actual timing pad and to have the race bibs would be really ideal.

It was a wonderful turnout. The really cool thing about it is it's attached to the Cinco de Mayo festivities. So it was in the same location this year. So people who ran the race or jogged the race or walked the race could just mosey right into the festival, which was really nice.

And then you get more of a presence with our Hispanic and Latino population in Rochelle,

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which is like 23 percent. So really want to make sure our faces -- probably higher by now. I think the last census was, like, 23.5, but I'm sure it's grown since then.

MS. BOWERS: I have asked each one of the agencies to increase their funding request, and I'm really torn with Hope. Would you increase your funding request to $105,000?

MS. CARTER: Would I increase my funding request?

MS. BOWERS: The funding request, you're asking for 90,000. I'm asking you to increase it to $105,000.

MS. CARTER: Yes, we would definitely do that. We can do that.

Yeah, we were looking at how do you share -- like, based on percentage, how much we have been funded and what looks fair. But, well, you all know, and probably other agencies have talked about this as well, so the minimum wage increase is moving up.

MS. BOWERS: That's going to hurt a lot of people.

MS. JOHNSON: Yeah, it is.

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MS. CARTER: And social services, until your state matches that, you're struggling.

So the domestic violence line item in the state right now is remaining stagnant. So doesn't mean they're increasing it, this budget that's currently out there. They're not diminishing it, which is great, but they're not increasing it.

Then there's that wage increase. So we have to compensate for that. How do we pay our staff enough to stay, right? Because if you can work in a job that doesn't have as much stress somewhere else that is almost comparable, you might do that.

So we really want to make sure that --

MS. JOHNSON: And don't have to go through training. Because the 40-hour training, when you hire someone on and they have to go through -- it's a huge deal to get that training done, and it's a cost to get that training done too, so.

And the people that are employed now are amazing. I mean, we don't want to lose them.

MS. CARTER: So, yeah, that is one factor

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that we have been looking at for all of our grants, is how much do we apply for with this wage increase coming up and making sure we're committed. So yes.

MS. BOWERS: I'd like to see more of a presence in Polo and the Forreston area.

MS. BARNHART: Absolutely.

MS. CARTER: That's our hopeful goal here. We're probably still going to do the Safe Dates for sure, because that's one we have been working on getting into the high school to do that.

And if we can figure out how to still do the rural-based program even if we don't get that funding, we can definitely do -- even if it means working with David and using their office, you know.

MS. BROOKS: Have you been to the high school -- does the high school that you went to do any programs there in Rochelle?

MS. CARTER: So the Rochelle High School?

MS. BROOKS: Rochelle High School.

MS. CARTER: The Safe Dates Program is what we're talking about right now. We're

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waiting to hear back from the principal on --

MS. BROOKS: When you were talking earlier, you said about presenting it to their health classes. Because I called about doing some mental health programs that NAMI has geared at high school kids, and they told me that the high school kids don't have a health class anymore.

MS. CARTER: Oh, they do. At Rochelle?

MS. BROOKS: In Rochelle.

MS. JOHNSON: Yeah.

MS. CARTER: Mrs. Sweitzer is her name. It took me a while to get in there.

MS. BROOKS: Yeah.

MS. CARTER: I'm going to be honest, there was some dry years there we were trying to get into the health class. They switched the way they did things. And then just kind of keep on trying, and we came in for one presentation --

MS. BROOKS: To the board?

MS. CARTER: Yeah.

-- for Ms. Sweitzer to say, you know what, let's come in every semester and make sure you get every student.

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MS. JOHNSON: Health is one of the classes they do in the summer too. So you might want to get into the summer program, because kids do take health class during summer. I remember my kids both took summer class.

As far as I know, I'm pretty sure they have to have health class. Isn't that a state requirement?

MS. CARTER: I'll throw NAMI's name out there to Ms. Sweitzer.

MS. BARNHART: If I can make a comment. Being a social worker for Tri-County, I know the western part of the county is very underserved for social service organizations. They just don't know where to begin to search for services. And it's very hard to keep getting out there and out there and out there.

But I was just telling Tracy that yesterday at the Ogle County Care's coalition meeting, we talked about, as a coalition and all the agencies that are members of that coalition, being a part of the local events, community events, within each of those smaller communities. So we have got Polo Town and

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Country Days, we have got Leaf River Days, we have got Byron Fest, the Ogle County Fair, Autumn on Parade, all these different communities, and basically having a smaller committee from the coalition set up of about four or five organizations that have an information table at all of these events with all of these membership organizations, information available.

I know Rockford Sexual Assault Counseling and LSSI does that at the Ogle County Fair.

So basically this is a way to branch out for all of these organizations to get their information out at these community events. So that is something we're hoping to be able to implement. Probably not going to make it in June -- May and June, but maybe later on in the summer towards early fall.

So we're really kind of excited about that. You know, that's kind of a way of spreading the word for -- that they wouldn't normally have information tables -- all of these organizations have information tables at these events.

MS. CARTER: We have found, too, that the more fun you make an activity around social service -- so if you have face painting or if you have something fun that you're doing -- people want to come to that booth or whatever it is, they're more likely to actually grab the information if you have something fun attached to it.

MR. HEAD: Are there any more questions or comments for Ruth?

(No verbal response.)

MR. HEAD: All right. Thank you so much.

MS. CARTER: You're welcome. Thanks for having us and thanks for advocating for us. We appreciate it.

MR. HEAD: Enjoy the rest of the day.

MS. CARTER: Do you have another one?

MR. HEAD: Not today.

Let's stick around, as a Board, for a few minutes.

(Whereupon, Ruth Carter and Diana Johnson left the hearing.)

MR. HEAD: Dorothy?

MS. BOWERS: What?

MR. HEAD: What are we doing where you're coming in and tagging money kind of unilaterally?

MS. BOWERS: Because I want to increase what the nuclear plant is going to be paying next year, because they had decreased their funding to Ogle County.

MR. HEAD: It would be helpful for me to know what you're doing, because you're kind of unilaterally tagging some money on. Which they all need money --

MS. BOWERS: They do.

MR. HEAD: -- and they're all good programs, but it was confusing to me and it kind of telegraphs, I think, you're going to be approved, that you are approved. Now, they're all going to get approved, but it -- it would help if you're going to do something like that to kind of involve us in the conversation a little bit.

MS. BOWERS: Okay. Next week you're going to have to do it on your own, because I am only here for an hour on Tuesday.

MR. HEAD: So you will be here --

MS. BOWERS: For the first part.

MR. HEAD: -- for Sinnissippi's?

MS. BOWERS: And I will throw you some numbers before then.

MR. HEAD: Let's see them.

MS. BROOKS: So I guess I just get the sense then that everything has already been pre-approved, if you're asking them to increase it. So why are we even going through this?

MS. BOWERS: I'm asking them to increase it to show the need for Ogle County. I have to present this to the finance committee, and part of the finance committee approached me about increasing funding for mental health. And I want to make sure that they're asking for the money to show that there's a need for the increase.

MS. BROOKS: Not that you are confident they're going to get the increase?

MS. BOWERS: I'm going to fight for the increase, and two members of the finance committee are backing me.

MS. BROOKS: Supporting.

MS. BOWERS: Supporting.

MS. WILSON: And we certainly need to show due diligence.

MS. BOWERS: Absolutely.

MS. WILSON: Yeah.

MS. BOWERS: And that's what I'm trying to do.

MS. HAUSHAHN: I kind of took it, being new to the Board and not understanding all the nuances about it, that it kind of showed that the -- somebody from the County Board especially is really interested in making them ask for what they really need. You know what I mean? That's how I took it.

I'm new. I didn't probably have any procedures, and I don't know how you follow things, but that's how I took it, that it was kind of like, we really see that you have a need. That's kind -- that's the way I took it.

MS. BOWERS: There's always been a conflict between the 708 Board and the County Board. That's been there for years. The County Board at one time felt that each one of the agencies could become self-sufficient without any funding from the County. But then when

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they -- the nuclear plant starting paying extra money for mental health services, then they showed that there wasn't -- they weren't going to be self-sufficient. Some of these organizations, like Hope and the bereavement program, some of those will never become self-sufficient. And we need to show that there is a need.

MR. HEAD: Well, I don't know about Hope, but Serenity looks pretty much self-sufficient now.

MS. BOWERS: They do as far as their other funding goes, but not for the bereavement program. Like Lynn said today, they're not funded through anything.

MR. HEAD: Okay.

MS. BOWERS: Most of their income comes from donations and the 708 Board for the bereavement program.

MR. HEAD: Okay.

MS. BOWERS: We're not funding anything else.

MR. HEAD: So the first that I have heard about something's different with Exelon is

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that -- do they have funds earmarked for mental health?

MS. BOWERS: That's where the money comes from for mental health, from Exelon.

MR. HEAD: From the tariff?

MS. BOWERS: Uh-huh.

MR. HEAD: What about all the other taxpayers in Ogle County?

MS. BOWERS: 99 percent of it comes from the Exelon plant.

MS. WILSON: Really?

MS. BOWERS: Uh-huh.

MS. BROOKS: It's on everybody's real estate taxes.

MS. BOWERS: It's on everybody's real estate tax bill.

MR. HEAD: Somehow I missed that.

MS. WILSON: But that line item on our tax bill is 1 percent of mental health funding.

MS. BOWERS: It's not even 1 percent.

MS. BROOKS: It's 0.5.

MS. BOWERS: Yeah, something like that.

MS. WILSON: No, no, no. So the amount of money that is given for mental health is on our

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tax bill as 708, and the amount that is collected from each citizen, not corporation, but each citizen --

MS. BOWERS: Is 1 percent.

MS. WILSON: -- is 1 percent, and the other 99 percent coming from Exelon?

MR. BOWERS: Yes.

MS. WILSON: I didn't know that.

MS. BOWERS: I think when John Coffman was the treasurer, he would come in and speak to us. Because I was trying to explain to everybody how this money comes in for the 708 Board, and John Coffman presented several times about how this money comes in for mental health.

MS. WILSON: Well, I just heard, you know, depends on -- I never heard the 99 percent.

MS. BOWERS: Yeah, 99 percent is from Exelon. That's where that money first started coming from in 1969.

MS. WILSON: I'll be darn.

MR. HEAD: That's good to know. Go ahead.

MS. MESSENGER: You say John used to come in. Do you know how long it's been since someone came in and stated that then?

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MS. BOWERS: I don't remember the last time John was in here.

MS. MESSENGER: Maybe somebody should push to have that done again.

MR. HEAD: I don't think since I have been here, unless it was done when I was ill or something.

MR. SIGLER: John was very helpful to me. Because you talk about the friction between the Board and the 708 Board, it was very difficult to get information. I would call John and say, Do you mind if I come over to your office? And he would spend hours with me as to what the reserves were and why these reserves were where they're at. And he's a loss -- he's a loss in this county.

MS. BOWERS: A terrific loss to the county.

MR. SIGLER: Yes, ma'am. I greatly respect him.

MR. HEAD: I don't have any other thoughts or questions or whatever.

Thank you. My paradigm has shifted a little bit this morning.

We ought to have someone from Exelon on the Board.

MS. BOWERS: Amen to that.

(The hearing was concluded at 9:15 a.m.)

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
)
of)
)
HOPE)
) Ogle County
) Sheriff's Office
Ogle County, Illinois.) Oregon, Illinois
) May 7, 2019

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

Dated at Dixon, Illinois, this 11th day of May, 2019.

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

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application of Rockford Sexual Assault Counseling Ogle County, Illinois

Ogle County Sheriff's Office
Oregon, Illinois
May 2, 2019

Testimony of Witnesses
Produced and
Examined on this 2nd day
of May, 2019,
before the Ogle County
Community Mental Health Board

BOARD MEMBERS PRESENT:

Marcella Haushahn
William Sigler
Amy Stephenitch
Renee Barnhart
Dorothy Bowers
Tracy Brooks
Nick Head, Chairman

Justine Messenger, Secretary
Reporter: Callie S. Bodmer

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MR. HEAD: As with Brion's case, Maureen forwarded some information to respond to those questions that I raised, and here is what she gave to the Board, so that everybody is on the same page. We need one for Marcella there.

What I said as kind of a preamble to Brion's presentation was that it wasn't my intention to make additional requirements for the application. That's not my place to do that, nor would it be appropriate for me to just have information that I somehow hold myself, without it going to the whole Board.

The intention, as I just kind of explained to Maureen, was that there's some difference between the questions that have to get answered for the HEW committee and the questions that you answer for the application. So what I was hoping for was to get some kind of a bridge between the two for you to understand what the next writer is going to be faced with in terms of trying to sync the two.

MS. MOSTACCI: Sure.

MR. HEAD: So without further ado -- let's see, we got enough of these? All right.

Without further ado, Maureen, do you want to bring us up to speed?

MS. MOSTACCI: Okay. Thank you. Again, I'm Maureen Mostacci. I'm executive director. I apologize for my voice. Nasty cold is catching up with me.

This is Michelle Pauley, who is the full-time therapist who is in the office here in Oregon.

I know we have got some new people, so just kind of quickly, you know, what our staff does at Rockford Sexual Assault is gives comprehensive services for survivors of sexual assault and abuse. It's really kind of twofold. One is, we want to provide intervention services for those people who have been a victim or survivor of sexual violence. The second is that prevention piece. Because while the total responsibility falls with the perpetrator, there are things that we can do and teach people to try to help them reduce their risk of being a victim of crime.

Our services, I know it's called Rockford Sexual Assault Counseling, but we really have

comprehensive and an array of services. Under our advocacy services, medical, that's the 24-hour response to the hospital 24/7, for survivors who present in the emergency room. So our advocate will stay with them anywhere from 45 minutes to the longest has probably been about six hours, while they go through the evidence collection and then the actual physical exam, and then we make sure that they have information regarding our services, we make sure they have a safe place to return to, and a ride to get there.

The majority of those are trained volunteers who have to go through a very specific 40-hour training, and that is because rape crisis centers have a special level of confidentiality that only three states in the country have. It's called absolute privilege, which means that it's a little bit higher than the Mental Health Code and it's higher than the -- it's equivalent to, like, an attorney-client privilege.

Really what that does is, that provides a lot of safety for survivors when they come in,

if they know that their records and what they say within the counseling session will be kept private.

We have crisis intervention. That's the medical, but that's also a hotline. It's also 24/7. We have trained volunteers that do that. Questions that come in, people that are talking for the first time. And a lot of times when we make that contact through crisis intervention, that will bring them into the services. When they find out that our advocates and our staff are trained to be very -- you know, we're nonjudgmental. We don't take a stand. We're not with the police, we're not with the hospital. We are just there for that survivor.

So sometimes that first call will come through our hotline, and then we can either give them the resources they need, or if they need our services, they can come into our services.

Individual and institutional advocacy. So if we're working with a client, we help them access other things that we need. And institutionally, we work with police. We do training for the police to help them understand

trauma and what that looks like. We also work with state's attorneys' offices for the same reason. You know, someone that has been traumatized, whether it's sexual violence or something else, is going to present a little differently.

So we want them to know that when this has happened, if someone comes back a few days later and has a few more details, it's not about the fact that they're making things up or changing their story. It's about the fact that during the time of a trauma, especially a sexual assault, their mind is on survival. It's recording things that are going, but what's happening is, they want to get out of there alive. That's just what trauma is about, is you want to get out of that place.

So when they get into a safe place, oftentimes other information will start to come back. So we want them to understand that so that it looks -- when they present it in the courtroom, that we get some convictions.

The counseling, we do individual, family, and group is probably one of our largest

programs. We do that at all our locations. We do it in office, as well as out in the community and schools. We do a lot of counseling in the schools in all of our three-county area, so Winnebago, Boone, and Ogle. It's for survivors three and up, as well as their significant others. That can be parents, siblings, spouses. Sexual violence is a crime against one person, but it affects that system that they're involved in.

And a lot of times when we bring parents in, they have their own issues they want to deal with, and that can better support the survivor in that particular case.

For education, we do a lot of school-based prevention. I think last year in total we were -- we reached 52,000 students, and that's going to be closer to 70,000 this year. And there are some numbers later for specifically Ogle County.

The community, we'll go and talk to anybody who will let us come in and talk. We do a lot of parent seminars. We want them to understand safety and cyber safety. That's a

huge one. You know, I have been doing this a lot of years, and that didn't exist when I first started, and now it's a whole other area that we do specific training and teaching on regarding safety. Because anything -- you know, it's a wonderful resource but it's also -- somebody finds a way to kind of twist it.

And then professional training, that's going to -- anybody that is going to interface with survivors and give them some information on sexual violence, as well as some skills to manage disclosure. So that's teachers, that is police, and state's attorneys, and other social service providers. So, again, we want that same understanding, and that's a good opportunity, because we work a lot with the other social service agencies in the communities that we're in.

Some of the things that are unique, all of our services are free to survivors and their families. You know, we don't take insurance; we're grant-funded. One of our primary funders is the Victim of Crime Act and the other one is Violence Against Women Act, who mandates that

victims of crime and that these services be provided free of charge. That's about accessibility.

It's really good, because even with people having insurance, we may have two children and that adult come in. It's not uncommon to have a family of three or four come in. Even with a co-pay, it may not be accessible to them if they had to pay for each one of those sessions for each person.

The 24-hour crisis intervention for sexual assault survivors, the legal advocacy for adults, the children are done through the advocacy center in all of -- actually, all of our counties, and then that additional confidentiality under the law, and I think that is really -- that's a really good one.

We did a survey a few years back. For the kids, it was like 99 percent that was important to them; kids being up to 17. For the parents, it was a hundred percent. Because they don't want that information unnecessarily out there.

Anybody can choose to sign a release at any time, but just to be able to get it pulled

in to maybe a court case that has nothing to do with that, get pulled into a divorce case or a child custody case, we have seen things like that. So that's a very strong protection.

Community need, you know, 2016, that's the State Police's last time -- last full year that they have stats available, 238 assaults in Winnebago, Boone, and Ogle. I think in Ogle the reported number was four, but trust me, there aren't just four assaults in all of Ogle County. That's the reporting issue. That's getting people to step up and feeling safe to step up.

Each year the agency services over 950 clients, and last fiscal year it was 74 Ogle County clients, and we're on pace to go a little bit higher than that. Three-quarters of the year we are at 62 clients, and that's advocacy and counseling.

And then DCFS reports -- and again, those -- I don't know why those numbers are so lag, but that's the last year we were able to get numbers. So, again, the children are out there. The calls are coming in, and when they're indicated calls, we can see the child --

or it doesn't have to be indicated. If there's a disclosure, we can see the child. But we know that these are the ones, again, that are reported.

What we also know, which is just an incredible statistic to me, as long as I have done this, is the average child abuser has a hundred victims before they're caught.

So the lists themselves, those are great. I encourage people to use that, but it's not an end-all. Those are only just convicted, and there's a small percentage, unfortunately, that are convicted.

So we collaborate with the schools, we do prevention, education, and counseling right in the school setting. Michelle works very closely, has a good relationship with those social workers there.

Rochelle Community Hospital is our response for emergency medical advocacy. The police departments, we have networking agreements with all the police departments. We come out and do training. Some are open, some doors aren't quite as wide open as we'd like,

but we keep working at it. The state's attorney's office, and then other social service providers.

So looking at last year, just demographically, about 62 percent of the clients we see are children. And that's really a good thing, because to me when a child is disclosing, that's prevention for the future. There are a lot of long-term effects of sexual abuse.

And when I first started working here, many of the people I saw were, you know, late 40s and 50s and that was their first disclosure, and many had a lot of other things that had happened. They tried to cope on their own with alcohol or with -- you know, be it depression, eating disorders, all those things are very highly correlated with a history of sexual violence.

So if something does -- we'd like to prevent it from happening to a child, but if something does happen, for them to be able to get in and do the work at this point and make a huge difference as they're moving forward, especially developmentally.

Then 6 percent in 18 to 29, about 24 percent in that 30 to 49, and it's not a huge percent, but a growing population is 50 and over and the last two years 60 and over.

You know, in the past we would have parents -- grandparents come in and significant others, because maybe they were now taking care of their grandchildren if they had been put in placement. Now we have people that are coming in, men and women, who are coming in for their own issues and they're 60, they're 65, I think our oldest client was 80, and they're getting the help they need now.

I think a lot of it has been how much has been in the press, the Me Too movement. There's just a lot of information and triggers out there, and people are responding and they're coming and getting the services that they didn't have many years ago.

Still the majority of our clients are female, but we do know that boys are abused at about the same rate. They say one out of six. I think it's probably a little bit higher. And we do have males that are also victims of

assault. Because, again, we're not talking about relationship things; mainly we're talking about power and control. So you do see that play out in all different circumstances.

What we have also seen in our community is that there's been a rise in the awareness around domestic violence, and 40 to 50 percent of people who access services for domestic violence also have a history of sexual violence oftentimes within that same relationship, even though that may not be disclosed right away.

Obviously the bruises and things like that are more physically apparent, and they may seek that service because they want to get out and they need those basics, you know, a safe place to stay. But if it's escalated, if they have been in it for long enough, about half of it will escalate to sexual violence.

So we do work closely, as far as the clients, with Hope. And maybe seeing people, these other issues may come up, and Michelle has actually done some things at their center.

Service hours, advocacy, again, we're on pace. That was last year and the first nine

months of this year.

We're ahead with community education, and we're still out there finishing up some schools. Some of the school years have been extended. We had -- I think we had, like, a six-month winter this year, so we have been trying to play catch-up there.

Then with counseling, again, that's probably the service that we do the most of as far as, you know, hours.

Our funding sources, our primary funding source is the Illinois Coalition Against Sexual Assault. That's about 88. That's a combination of general revenue, which our State funds, plus the federal fund, that's the Victim of Crime Act, Violence Against Women. There actually is one small fund called SAS for, which is Sexual Assault Services Program. So that all gets channelled through our coalition.

Our coalition has -- there are 34 -- it just increased a couple -- 34 rape crisis centers around the state that are similar to our staff. We are actually considered an Illinois Coalition Against Sexual Assault Certified Rape

Crisis Center. That's what allows us to get the federal funding. We have to meet some pretty stringent requirements in order to do that as far as our training, as far as our fiscal oversight, as far as our programmatic oversight.

The Attorney General, we have one grant from the Attorney General. 708, United Way, some contributions of fundraising, and then just some other kind of miscellaneous funding.

At this point, you know, 708 is about 1 percent of our budget, and in terms of numbers, the residents are about 8 percent. So I think -- and really, our cost of service at 11.78, considering most of those hours are counseling hours, and buying those hours on the private market is a whole lot more expensive than that.

So I think we have tried to be as effective as we can, as accessible. We have a half-time -- a part-time person who will come out who is Spanish-speaking. She will, you know, come out here and either see significant others or those clients that are Spanish-speaking or their clients.

We go out to a lot of the schools, and I'll have Michelle talk just a little bit about that, because that's, again, about getting people to counseling will be difficult, especially when you're talking about teenagers, they have got their schedules going, parents are working. We want to make sure that people can get to us. So we're going, in many cases, out to them.

The individual advocacy, you know, just a little bit -- quickly some of the outcomes. We do this every October. We want to get feedback from our clients. We have used that feedback actually to change programming, when we saw that to be appropriate.

So for information, it was 3.7 out of 4, they were asked to rank. And these are people that have used the hotline and also the medical advocacy. The medical advocacy, those are clients that have come into our agency. We don't ask them while we're on that crisis call or at the hospital. We wait, and if they come in, this is their feedback.

Then getting support was 3.6. Again,

that's the two main things for our advocates, education and support while they're there in the emergency room or when they're calling in through our crisis line.

For our counseling, you know, our main goal, overriding goal, is that it improves the quality of life. That's what we're looking for. And when our client -- when they fill out these things, we split out those that were one or two sessions, who were early on in their counseling, versus those who have been there a little bit longer. We're seeing those improvements. You know, healthy improvement in their intimate relationships, improvement in setting boundaries and their sense of safety. That was a really big one.

Healthy coping skills. You know, people can cope. Especially when you're working with adolescents, you know, ask them how they cope. We always put that term "healthy" in front because they have got all kinds of ideas.

Identifying triggers. Really what that is, is identifying those things that bring up anxiety for people. Because that often will

happen with adults in the workplace. So by helping them identify what that is and find some ways to manage that, that allows them to stay.

We have had clients that were on Social Security Disability that after going through treatment are off disability. They're working now, they're paying taxes. So this improvement, it can and it does happen.

I think what I like about the services where I'm working right now is, we don't have a time limit. People can come in. We're talking about people anywhere from a one-time incident to years of abuse, and to say you have 12 sessions to get better is not realistic.

So we'll see people for what they need to be seen. It's not uncommon to have them come in and then come back in maybe a few years later. Or with children, developmentally, when they're very young they might be in for counseling. Then they kind of get to puberty and to adolescence and they have questions and concerns, they might come back in for a few sessions.

That's not an uncommon pattern. That's a

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healthy pattern. We don't keep them any longer -- them coming any longer than, you know, they need to be, but we also give people the time that they need just to build that, again, safety and that relationship with the therapist.

Then with our youth, again, they're identifying things that they think are better. We don't ask their parents. It might be interesting to see if their parents are agreeing with some of this. But, you know, that they're making progress, that their life is better. The one I really like is that they would recommend it to a friend, because what that says to me is, they're feeling safe, they're feeling that they're getting something worthwhile.

We do get people bringing friends in or referring friends to the counselors to refer to Michelle. That's the way that some people get to our services.

Looking for healthy support people. You know, for some of the kids we work with, they have got great family support. Other kids don't. So how do you find that adult, whether it's a teacher or another relative or a coach or

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somebody that can kind of be that mentor?

What we know about, you know, resilience in children is, if they can connect with one person for even a short period of time -- I read a study, it was just fascinating. They were reviewing, like, 17 or 18 other studies. They were trying to find what helps resilience, makes kids resilient. The only common factor was having that one-on-one connection with somebody, and it could be a parent. That's great if it's happening within the household. But if not, it could be somebody outside. It doesn't have to be over the course of their childhood. It could be for a short period of time. So that was the one thing.

That's also the one thing, when I was talking about prevention, that we do some strong Self Plus groups here in Ogle County and at the other counties also. What that is, that's a -- goes through the course of the school year, meets once a week for an hour. It's girls -- right now it's girls -- we just started in Rockford two boys groups -- that are referred by their counselor.

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So if they have things that are going on at home, they might -- we do an anonymous sort of survey in the beginning. So some of the girls have a history of sexual violence, some don't, but most of them have a lot of things going on in their life, a lot of chaos in their life.

They meet and they build that relationship with that facilitator, who is a therapist. That's the one thing that's unique about the Strong Self Plus Group is that we have a therapist. We discovered that early on that we had girls with suicidal ideations, girls that did make disclosure during group and were able to get services, girls that had self-harming behaviors.

So we wanted to make sure that when we were dealing with a population that had a lot going on, that we were able to deal with that and connect them to other people.

Michelle, want to tell them a little bit about a typical day for you?

MS. PAULEY: Depends which day. So as you can see, my numbers are -- for this year are

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projected to be higher than last year, and I feel that.

Depends on, you know, any given day what school I'm at. Mondays I'm in Rochelle all day, and then I come back to my office and have appointments for -- you know, after-school appointments or after-work appointments for adults.

Tuesdays I'm -- where am I at Tuesdays? Stillman. Thursdays -- Wednesdays I'm up in Rockford and Byron. Oregon I'm in, too. I go to DLR. So I'm kind of driving all over the place.

Like Maureen said, a lot of what I do is school-based counseling. So I have developed really great working relationships with the school social workers and counselors so that I, you know, have a conference room Mondays, you know, at Rochelle from this time to this time, seeing all five of my clients, you know.

And I -- Byron High School jokes with me that they should give me their own office there.

But, you know, so that's, like, an any given day kind of thing. I'm all over the place

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in Ogle County. And then at my office after school time, and typically I work, you know, 8 to 5:15, 5:30, with a little break in between.

MS. MOSTACCI: During April Michelle was out at a couple of the schools doing info tables. One of our things is to let people know we're here, particularly adolescents.

I had mentioned, you know, our increase from FY '16 to '18, our calls that came into our crisis line went up 63 percent, and right now we're up 4 percent this year over this time last year. So people again are calling in for information. They're sometimes calling for their friend, but, you know, they can get that information.

And that's the same thing, that exposure at the school to say, Hey, we're here, here's our number. We have got some little things. We have pens, these purple pens they love, that's very discreet that has a phone number.

Because especially with our adolescents, they're pretty well aware that, you know, they can have up to eight sessions without parental consent. Because ideally, you know, if we can

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work with the whole family, that's great. But some kids, they don't want to for whatever reason or are afraid to, but they still have access. That's not just our services, that's any mental health services. We want them to be able to access the help they need and not be afraid to do it.

After that point, they either have to have parental consent or sometimes some just move back. But at least what we have been able to do is give them a good experience with counseling to give them a good start. If they want to continue, we can work with them, then how do we get the rest of the family onboard, how do we get that parent or guardian onboard?

MS. PAULEY: And I will say, at the info tables that I have done just this past April now, I was telling Maureen yesterday that at Rochelle High School -- so I, you know, had my brochures out and whatnot, and I had a girl come up and, like, start bawling hysterically. I -- you know, there was a bunch of other people around; I'm not going to have a counseling session right then and there, but it was so

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important to give her my information, tell her, Hey, I do individual counseling here, here's my information.

Two other kiddos at the high school in Rochelle came up, shook my hand and said, Thank you for doing what you do. Your services are so needed. So that felt good.

But they're telling me that they need us here, right? DLR kids were -- like, they wiped me out of all my -- I didn't tell you that, but they wiped me out of all the stuff that I had, all of my brochures.

MS. BROOKS: What's DLR?

MS. PAULEY: David L. Rhan in Mt. Morris. It's Oregon junior high.

MS. BROOKS: Sorry.

MS. PAULEY: Yeah, they were. And I had a couple kids come up to me and ask me questions about sexual assault in particular. So that was really awesome, just getting that information out there and actually having adolescents, like, interact. That was really good too. Because they're really so hesitant, so yeah.

MS. MOSTACCI: Is there questions for me?

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MR. SIGLER: You mentioned that you work closely with Hope. Just give me an example so I can understand when you say you work with Hope.

MS. MOSTACCI: Sure. So we're two separate agencies. One is domestic violence, and we do the sexual violence.

So some of the things you do over there.

MS. PAULEY: Sure. So we -- part of what's going to be new and up and coming this summer, we're planning, all three agencies, so Shining Star, Hope and us, are going to be doing police trainings all together. So we're partnering up with that.

And then I -- sometimes when adults or children don't have the means for transportation or, you know, it's hard to get to my office and they're part of Hope, I will see somebody at Hope. So I have done that a few times. The Hispanic therapist has seen somebody there as well. And so we work closely with them for referrals and things like that too. And just a building to see people at to make our services more accessible.

MS. MOSTACCI: In the past, too, we have

also done some prevention presentations there. Sexual assault prevention and our RAD self-defense class we actually did at the Hope facility for the women that were living there at that time.

MR. SIGLER: Well, thank you.

MS. MOSTACCI: Sure.

MS. HAUSHAHN: What's the ages that starts with the children?

MS. MOSTACCI: Three.

MS. HAUSHAHN: Three, okay.

MS. BROOKS: When you said you're going to do police training, what does that mean? You're going to be a police officer?

MS. PAULEY: No. Oh, my gosh.

It's in the works right now. So what we're doing right now is, we're calling each agency, you know, police agency, Mt. Morris Police, you know, Oregon PD, things like that, seeing if they'd like us -- all three of us to come in to do a police training for a half hour during their switches.

MS. BROOKS: You train them, you mean?

MS. PAULEY: Uh-huh.

MS. MOSTACCI: Yeah.

MS. PAULEY: So our piece would be, you know, how to -- I'm drawing a blank.

MS. MOSTACCI: Make a referral.

MS. PAULEY: Make a referral, thank you.

How to make a referral, how to write a police report to have it be better -- beneficial for the victim. Because we see that a lot being an issue in the court system, is, you know, how police reports are written.

You know, Hope wants to do the strangulation kind of training within that time frame, and Shining Star wants to talk about a referral process too. So we -- you know, it's kind of hard getting into police departments. So we're kind of partnering together and saying, Hey, here's all three of us, let us in.

MS. MOSTACCI: And that referral piece is so important, because the police are first responders. So are our hospitals, but it's easier to get in -- again, a lot of times it will be during that switchover. It's like, this is who we are, this is how you contact us. Just give them the number. You know, give them the

call so they have that information.

Really what we know too, with the first responder, whether it's the police or the medical personnel, when they get a good, nonjudgmental response from those individuals, they're more willing to go through that legal process and they're more willing to go through their own healing process.

I have seen the opposite. I have seen where people have not been -- didn't feel like they were treated well and they totally backed out, and they may not come back for years. And that's really just unfortunate, because it shouldn't be that way.

I understand that, you know, those systems are flooded too, but it's a matter about how to be trauma-informed and how you just take the time as needed with the people that are coming there.

MS. PAULEY: Also a huge part of that police training would be referring for rape kits as well, which are free to victims of crime. Not a lot of police officers, I have found, know that or understand that or are educated about

that.

MS. BROOKS: How long is -- I just read something recently, I can't remember who it was, but I didn't realize, what -- how long are rape kits, the results, kept? Because, like, somebody was raped in this one state, and they found out in six months it was destroyed. So if they didn't press charges within the six months, they can never go back.

MS. MOSTACCI: They're supposed to process every kit and then they have the DNA information, but that's been a big issue around the country where they stick them in rooms and they were not being kept the way they were supposed to be kept, they were backlogged.

MS. BARNHART: There's a ten-year backlog in some states, correct?

MS. MOSTACCI: Yeah. We have a crime lab in Rockford, but it will still take, like, six months. So once that kit is done --

MS. BROOKS: But is it kept indefinitely?

MS. MOSTACCI: I believe it's kept -- I believe the information is kept. Because people will sometimes ask for their -- like, they might

want some of the clothing back, not often but occasionally, and we have to let them know that, first of all, it's going to be a long time. Once it's processed they can have it back, but they may cut out a part of it too. I mean, they're going to do what they need to do to find the evidence.

MS. BROOKS: To hang on to the evidence.

MS. MOSTACCI: I think the ones you were talking about is ones that were never processed, they didn't bother to send them anywhere, which is their choice basically.

MS. PAULEY: It also depends a lot on the advocacy part of it, you know, how -- how gung-ho a police department is about pressing charges or, you know, the State's Attorney says, This is a great case, you know, let's push that rape kit through the system. So it has a lot to do with that too.

MS. BROOKS: My other question, you said -- what's the earliest age, and you said three. Is that for counseling or is that for -- you know, these numbers just continue to shock me. I mean, you know, I know that you're in one of

those businesses, Oh, it's great, all these high school kids were coming up. You know, it's like, Oh, that's not -- that breaks my heart. But I understand what you're saying.

So at what age do you start teaching prevention?

MS. MOSTACCI: Pre-K.

MS. BROOKS: Really?

MS. MOSTACCI: We have gone in -- we have been called to a lot of Head Start programs, pre-K programs.

Erin's Law is a law that mandates -- it's an unfunded mandate for education, and I understand they have a lot of those, but it's sexual abuse prevention education. So we were in, and we will be this year, every school in the Rockford district, basically every school -- I was just asking, every school here in Ogle County, and also in Boone County. And it's every year.

You know, we teach fire safety every year --

MS. BROOKS: So start at pre-K and then do every --

MS. MOSTACCI: It's age appropriate.

MS. STEPHENITCH: Pre-K through 12 in every school?

MS. MOSTACCI: Yeah.

MS. PAULEY: And the education looks different for each grade level.

MS. MOSTACCI: But, yeah, I think about doing it repetitively, because it used to be we'll do it once. I was a teacher, we used to go to the fire station every year and learn stop, drop, and roll. But when it comes to personal touch or boundaries, you know, teach it once and forget about it.

MS. BROOKS: I don't know if you would have this, but are there any stats on since that's been being taught, have numbers gone down?

MS. MOSTACCI: What I have seen -- well, numbers of people coming in have gone up, but the age that people come in has gone down.

I have been here 25 years. When I first started, age 18 to 24 we barely had anybody. You know, and I know we had adult survivors because I was seeing them as a counselor. Now

those numbers are high, which means, you know, that, again, those reports are being made, or when people leave a situation that feels dangerous, they're seeking out counseling.

Because the highest risk for females is 18 to 26. Going to college, moving to their own apartment, going out more, more -- going out to parties more. And, again, I always make the point, alcohol does not mean it's okay for someone to be assaulted or doesn't make it okay for someone to assault. But statistically when there's alcohol in the picture, risk goes up.

You know, so we talk about risks. Because like I said earlier, 100 percent of the responsibility for an assault is with that perpetrator. Regardless of the situation, no one has a right. And I think we forget sometimes that it is a violent crime. It's classified as a violent crime, like, you know, some of the others.

But, yeah, we start there. We're excited about doing that. I think that's why, why we're getting those little ones. Like I said, it's hard to think it's happened to a little one, but

the first time it happens, they're running in and telling somebody.

You know, those 4-year-olds are great. We have a fully-equipped playroom. They just go through their thing, they go through their feelings if we help the parents. And I know they are going to have a better future because they have had that intervention.

MS. HAUSHAHN: I have a question about the advocacy you have. How much -- what percentage are you using to train volunteers?

MS. MOSTACCI: They do the medical advocacy, so they're on call -- we have, like, 27 now that are active, and we actually have three or four males. So the women are on the calendar, because they'll be the first response. If we have a male that presents in the hospital, then we call one of our males.

So they'll do, like, 15,000 hours a year of volunteer time.

MS. HAUSHAHN: Wow.

MS. MOSTACCI: So anything outside of office hours is basically covered by the volunteers.

(Whereupon, Amy Stephenitch left the hearing.)

MS. MOSTACCI: Then the ones that have the 40-hour training will also help at some of the fairs and the booths. Like, we will be out at the Boone County Fair for a whole week, or we have been to the school fairs they have out this way or the festival, Heritage Festival.

So they come out there, and we make sure that those volunteers have 40-hour training that are going to have any contact. Because if someone does make a disclosure, which does happen, even in public places, we want to make sure it's covered by that confidentiality.

On occasion they'll come in and answer phones, because we can't turn our phones over to a service during the day -- or we can't leave our phones to an automated during the day because it's the crisis line. When it flips at night, it goes to a service. So every call is responded to.

MS. HAUSHAHN: What kind of people step up -- what kind of qualifications do they have? Just 40 hours seems like -- it may seem like a

lot, but I don't know how much a lot is. So what kind of backgrounds do people have to be these advocates?

MS. MOSTACCI: You know, people come from all -- really all different backgrounds. Because, again, we break it down to support and education. So much of it is about just being there with that person, and we can -- and make sure they have our information.

You know, I have responded a lot to the hospital, and many times survivors don't want to call somebody they know. There's feelings of guilt or shame or, you know, I was here and I shouldn't have been or whatever. And so instead of them being alone for that process -- and survivors.

So we do teach them about basic crisis counseling skills. And the nurse is generally there doing that whole process also. And the nurses, I know, have received additional training also. The nurses are very, very good.

So we're just basically kind of there to be -- just to be present, you know. So, yeah, we have had people who have social service

backgrounds, we have had teachers, we have had people that work in business. It's really just about that nighttime availability, because most of your calls -- we try to have gatherings for our volunteers, because, you know, you don't ever see them. They're on call from 4:30 in the afternoon until 9 o'clock in the morning.

MS. HAUSHAHN: Oh, they are?

MS. MOSTACCI: Yeah. Because most of those calls, staff will take it during the day if staff is not occupied. But at night it's pretty much our volunteers that will do those hospital response.

MS. HAUSHAHN: I would be concerned that they would say the wrong thing, you know what I mean?

MS. MOSTACCI: Yeah, well, basically what we tell them is, you know, they don't give any kind of legal advice or anything like that. Because really most of the time when they're in the ER, they have just come from when it's happened. So they're not -- it's not a place to have a conversation anyways.

So it's really about the basics. I

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believe you. You know, we're not -- we don't work for the hospital, we don't work for the police. You know, I'm sorry this happened to you. You know, I have -- you didn't -- because a lot of times they'll say, Well, I did this, this, and this. And I can just say, Hey, you know, you see it that way; I see it like this. That person had no right to do that. You did not give them permission, consent.

And you're just being that safe person that's not -- because they're going to get judged. They're judging themselves, basically, is what's happening first, and then sometimes other people are judging them also.

MS. HAUSHAHN: Some people tie volunteer hours -- some organizations -- to money. Did you predict as to how much those 15,000 hours a year would be in money?

MS. MOSTACCI: Wow, I haven't done that.

MS. HAUSHAHN: I have seen a lot of agencies do that, where they'll say, This is how many volunteer hours and this is how much it saved us from having to have somebody do it.

MS. MOSTACCI: It would take -- what did I

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figure out one time? It's like 13 and a half full-time staff just to cover those hours. That would be an interesting thing I should do, to project that out. Because it is a lot -- we couldn't do it. I mean, I couldn't expect our staff to be nontraumatized if they're constantly on call.

We do split our hotline two different ways. And this may be part of your question too. If it's the hospital, then our volunteers will get that call, or if it's a brand-new caller, generally that's a question. If it's a current client, then that will go to the therapist, and our therapists -- we have ten therapists within our office.

MS. HAUSHAHN: Okay.

MS. MOSTACCI: So those go there. Yeah, those tend to be maybe the more complicated clients.

MS. HAUSHAHN: I was going to say, 40 hours, okay.

MS. MOSTACCI: Those are all Master level counselors that work through our agency.

MR. HEAD: I'm just going to ask a -- and

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you have kind of answered this, but what kind of case review and supervision is there for the work that you do? And are all cases reviewed for any kind of mental health indicators?

MS. PAULEY: I text my supervisor constantly. We're always -- for my license, because I do have a license, so I'm required every other week to sit down with my supervisor for an hour. So we do -- we do that. And for ICASA, our coalition, we're required to do that as well. Then we have weekly group staffing --

MS. MOSTACCI: Consults, yeah.

MS. PAULEY: -- consults. So that's where I am up in Rockford, I'm doing, you know, my supervision, my clinical meetings. And then, you know, there's also been times where I have randomly called Maureen, Hey, I need help with this, or I'm hysterically crying, get me through this. You know, just constant, constant.

MR. HEAD: Right. Thank you.

MS. MOSTACCI: Because that secondary traumatization is very real. So we do a lot -- I hate to say this, we eat a lot, you know, we love potlucks, and we'll do retreats a couple of

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times a year. And really these group meetings, I think, probably allow people to talk about some of their own frustrations, you know, because sometimes it's system frustrations, and also let everybody know so when we get that hotline call I know that, you know, Jane has been struggling and I need to -- I'm a little bit aware of what that situation is so that we can -- and, again, we can help each other.

And we have therapists that range from people that have been there -- well, Paula in Boone County has been there 23 years, down to people that are new. So there's a wide range, and they come from a wide variety of backgrounds, which has been a wonderful resource.

We really do have an open door policy, and we try to convince new people that asking questions is good, talking to people is good. It's not about, I don't know this. Because sometimes new people come and they don't want to act like they don't know things, but I would rather you ask the question and do it the right way, you know, get the information, than not.

MS. PAULEY: And that's why our agency has had people there for 23 years.
MR. HEAD: Yeah, sure. That says a lot right there.
MS. BARNHART: I have a question. You're talking about this possible training with Hope and Shining Star with the law enforcement. Is one piece that you're really going to be working with them on is being trauma informed and recognizing sexual assault and that sort of thing?
MS. MOSTACCI: Yes. We're definitely going to get as much of that in, because that's a process, but you're absolutely right. If we get the short amount of time, we'll start with roll calls. Be nice to get a little bit longer time, but that's the way their shifts run and their training schedules. But that's certainly what we will talk about, because everybody needs to know that.
MS. PAULEY: At this point it is a foot-in-the-door kind of initiative. So, you know, half hour for all three. If they find it beneficial, next year give us 45 minutes. You

know, so it's kind of like a foot in the door, kind of.
MS. MOSTACCI: There are a lot of police departments out here. So we're going to meet some of them.
MS. BARNHART: My other question was, I just saw on the news this morning how there was an initiative, especially with it being prom season, about meeting with schools and having talks with the male students in the schools about consent, and the girls were then met with previously.
Is that something that you guys are doing?
MS. MOSTACCI: We're not doing that specific thing, but that whole process of consent and talking, we have always talked to the males and the females, because I think we're beginning to get a realization that this is not a woman's issue. You know, the majority of perpetration are coming from males. It's about respect. It's about consent and defining.
Now, Illinois just passed a law starting next year that they're actually going to teach the definition of consent in education classes,

sex education classes, K through six, so there's a consistent definition, because people are saying they don't understand what that means, and so that's going to be consistent.
I don't know if we have enough time to do that this year, but that's a great idea, Michelle. We may be out there next year getting those audiences.
Everybody needs to hear it. Again, if you're down to the core feature, it's about respect. It's respect and boundaries.
I think the other thing that we're seeing a little bit more of, we're seeing men stepping up and checking each other on some of the things that go on, some of the jokes, some of the talk. The majority of men are good men. And in the past, I think there's maybe not been an issue because it's been perceived as a woman's issue. Now what we're saying is, Hey, everybody needs to do something, and you're modeling for young men what mascu- -- you know, what being a man looks like, and it's not about being abusive and whatever. It's about being respectful.
So I think that's great, and we're moving

that way. We have done a little bit of that at the colleges, but we haven't done that specifically at the high school level.
MS. PAULEY: I think also the Erin's Law presentations do touch on healthy relationships and consent. But depending on how the school, you know, wants it to go, sometimes they're in the health classes with both, you know, boys and girls, sometimes they are assembly-style with, you know, all the kids, you know, so it depends. But that consent is being talked about with Erin's Law presentations.
MS. BARNHART: The one I saw this morning was -- and I was kind of shocked with this. They said actually the girls have been -- had an assembly just by themselves, but it was conducted in the fall. The boys' program was recently. It was on the local news this morning.
MS. MOSTACCI: I wonder if that was someone's idea only because sexual assault awareness month just ended, and "I ask" was actually the theme of it, which was actually about consent. Maybe it sparked it, because I

think you're right, I think they should both be -- that's what we were talking about also, you know, those info tables, we're going to see if we can have that same info table one day in the fall, let people know at the beginning of the school year. Because we're getting to the end of the school year now, and so we can do it again in April because of month, but that's more time, more time for people to know about us, and that makes sense.

MS. BROOKS: I just wanted to go back to a question. When Nick asked the question about mental illness, you know, one of the things we try to identify when we do these, you know, since this is 708 Board, are these services going towards mental health services? And I'm glad you answered it the way you did, because obviously your own mental health is important too.

You know, I could -- I don't know how people can do that that many years. I mean, that would be very difficult, just compassion, fatigue. I mean, that would be hard.

MS. BARNHART: Carries trauma.

MS. BROOKS: So great that you take care of yourselves.

But I wondered if you meant for the individuals, because that's what I was thinking.

My understanding, like I'm looking at your number on Page 6 where you talk about, you know, help improve the qualify of life, the ability to concentrate, identifying triggers. And I just know individuals that sexual violence can create a mental health problem.

MS. PAULEY: Yes.

MS. BROOKS: It can be -- you know, will show up in all kinds of different areas.

MS. PAULEY: I have a particular client who came in because she was raped, and she got on depression and anxiety medication, and now she's off of them. So --

MS. BROOKS: Right.

MS. PAULEY: -- it improved.

MS. BROOKS: It created that, but she was able to work through it and get the treatment that she needed.

MS. MOSTACCI: That's always screened for when a new client comes in or as you're going.

We don't have a psychiatrist on site, but we certainly make referrals to the local mental health centers or private practitioners if they have access.

MS. BROOKS: You have counselors that can provide the treatment as well, you know.

MR. HEAD: And conversely, you know, I think that what you do a good job of is presenting that therapy and healing is not just about individual counseling. It's about creating a safe environment, it's about creating the awareness to ask, it's about somebody not feeling alone so that you don't have to do all this yourself. I'll be there in your corner as you're trying to negotiate all this.

That -- you can make an argument that that's all part of the therapy process.

MS. PAULEY: It's the first and foremost.

MS. MOSTACCI: It definitely is.

You know, despite the numbers, you know one out of three before age 18, one out of five in their lifetime for females, and for men I think it's one out of six for childhood, a lot of people are out there, but there's still that

sense of isolation because people don't want to talk about it. And that's what we're starting to break.

It's one of the good things, I think, the internet has done, is break some of that silence around and that we're out here. There's a lot of us, we're out here, and there's safety. There's been more support in people speaking out in the last couple years than there has been in the past.

You know, it's a scary process. In the past I know, especially with some of the more big names, you know, out in the news, treatment was not good. You know, the attack was on the survivor and not on the perpetrator, and we're seeing a turn on that.

MS. BOWERS: I have a couple comments.

In your application you did a broad spectrum of all the counties that you serve. Your next application, I want more Ogle County. I understand that you do a lot of things in all the counties. Break it down to Ogle County. What are Ogle County's assets? What are your expenses? What schools do you go to? You know,

things like that.
Your story, your client story, is that an Ogle County resident?
MS. MOSTACCI: Yes, it is.
MS. BOWERS: Okay. She was commenting on another one where they got off the drugs for depression, and I think that would have been a better story to be putting in here.
MS. PAULEY: That just happened.
MS. MOSTACCI: Okay.
MS. PAULEY: Literally like a couple days ago I found that out.
MS. BOWERS: Okay. But do Ogle County. Break it down.
One other comment.
MR. HEAD: Yeah.
MS. BOWERS: I'd like you to change your application to $10,500.
MS. MOSTACCI: Okay.
MR. HEAD: Any other questions? Comments?
(No verbal response.)
MR. HEAD: All right. We're going to chat just a little bit. Thank you so much.
MS. PAULEY: Thank you.

MS. MOSTACCI: Thank you for the opportunity.
MR. HEAD: Appreciate it. Good luck.
(Whereupon, Maureen Mostacci and Michelle Pauley left the hearing.)
MR. HEAD: All right. Discussion. First of all, are there any concerns about their application, the appropriateness of what they're requesting, their eligibility, what they're asking for, any of that?
MS. HAUSHAHN: That almost hit home now, when I realized the amount of hours, mainly because I'm a volunteer technically at other places and that's where I came from, a lot of places do calculate how much money they would have to pay. Volunteers are volunteers, they can leave at any time they want. So that kind of says that puts a burden on the budget or your bottom dollar.
If you lose -- especially 15,000 a year, that's a lot of volunteers, if they had to kind of pay for some of that.
MR. HEAD: You bet.

MS. HAUSHAHN: So that's kind of -- now just shows me that we are giving this amount of money, we have to understand that part of their agency is running a lot of volunteers. And because of that -- if anything ever happened to -- I know something terrible wouldn't happen, but if it still did, they actually -- that's kind of a hard -- yeah, that would be hard on them.
MR. HEAD: Yeah, absolutely. Good point.
MS. HAUSHAHN: 15,000, yeah.
MR. HEAD: Any other observations or comments or questions? Any hesitation about going forward with their application?
MR. SIGLER: Absolutely not.
MR. HEAD: You know --
MR. SIGLER: I'm just amazed at the small amount she's asking for.
MS. BROOKS: Well, yeah, that's what I was thinking. We only provide 1 percent or something?
MS. HAUSHAHN: Probably because it's a federal program and there's more --
MS. BROOKS: Well, they get 88 percent

from the --
MS. HAUSHAHN: Yeah, that -- to me, because that's --
MR. HEAD: I think the amount matters. I think also the fact that they have got local support is huge, really, really big. When they go to some of the other agencies, that's what they look for.
One of the things that stands out for me is the whole issue of trauma-based services. So that there's a clear precipitant or injury or condition that leads to the need for services. And that, in my mind, helps me to stay clear about what our role is as an agency. It's not to meet every need in the community, because those are endless and they're not all appropriate for mental funding.
However, to the extent that they're doing something that's therapeutic -- and it doesn't have to be individual counseling. But to the extent that they're doing things therapeutic, absolutely.
I worked in adolescent mental health inpatient for several years, and one of their --

their main treatment modalities was middle youth therapy, which is, they created an environment that was conducive to people sharing and opening up and healing.

Now, you're not going to see that somewhere, you know, in a funding application, but that's clearly middle youth therapy. You look at what Hope does. That's very clearly a middle youth therapy that they're providing.

So that's the only comment I really had.

Anything else before we call it a day?

MS. BROOKS: When you were talking about the trauma-informed care, I know the mental health they have started -- they said the difference -- what that is, is instead of saying, What's wrong with you? What happened to you?

MR. HEAD: Bingo. Bingo.

MR. SIGLER: Yes, ma'am.

MR. HEAD: I like that.

All right. I think with that, let's bring today's meeting to a close and we'll see you next week.

(The hearing was recessed at

9:35 a.m.)

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
)
of)
)
Rockford Sexual Assault)
Counseling)
) Ogle County
Ogle County, Illinois.) Sheriff's Office
) Oregon, Illinois
) May 2, 2019

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

Dated at Dixon, Illinois, this 5th day of May, 2019.

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

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application of Serenity Hospice and Home Ogle County, Illinois. | Ogle County Sheriff's Office Oregon, Illinois May 7, 2019

Testimony of Witnesses
Produced and
Examined on this 7th day
of May, 2019,
before the Ogle County
Community Mental Health Board

BOARD MEMBERS PRESENT:

Kathleen Wilson
William Sigler
Amy Stephenitch
Renee Barnhart
Tracy Brooks
Dorothy Bowers
Marcella Haushahn
Nick Head, Chairman

Cecilia Zimmerman, Secretary
Reporter: Callie S. Bodmer

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MR. HEAD: All right. We're just a minute or two past 7. Let's go ahead and get started. Good morning.

MS. KNODLE: Good morning.

MS. GROENHAGEN: Good morning.

MS. THEISEN: Good morning.

MR. HEAD: This is your show.

MS. KNODLE: Okay.

MR. HEAD: Tell us what you think we need to hear, and then we'll ask questions.

MS. KNODLE: Okay. So I think most of you know me, but there is at least one new face. I'm Lynn Knodle, the executive director from Serenity.

I haven't been able to come to all of the regular meetings. I know Angie has been in attendance representing Serenity. I'm on the board at KSB, and we have a lot of early-morning meetings that have kept me from being there.

But I'm pleased to be here this morning to talk about some of the things that are going on at Serenity. We have really made a push in the past year to try to make more individuals aware of hospice care, even before they have family

members that may need our services.

And so as we have talked about a number of times, we have our virtual dementia tours. And we reached over -- we had over 600 people go through our virtual dementia tours in 2018. But other things that we have been doing are just simply offering free caregiver classes to the community. So those maybe that have individuals in their home with dementia or with some type of chronic illness are learning how to transfer patients successfully and just some of the things that they're going to incur as that disease progresses. And then they start to learn also a little bit more about hospice services that they may need to the future.

We have also done some partnerships with Nash and have done some simple things like teaching sleep classes and some techniques you can use to be able to sleep a little bit more effectively.

We did a memoir, a legacy class most recently, and that's bringing in maybe some younger people that we wouldn't have been able to reach about what we're able to offer. So

we're just looking for different ways.
Hospice is kind of a hard sell for individuals that maybe aren't quite there. The young people don't necessarily want to learn about hospice care until they get a parent that actually needs those services.
We continue to offer new therapies, like through our holistic therapy, our essential oils, our massage, pet therapy. Most recently we have partnered with our national hospice and palliative care organization to offer a program called Pet Peace of Mind. And what that is, is we have learned that individuals that are chronically ill or at end of life, what's really -- one of the things that can be really important is keeping their pet with them. And a lot of times family members may want to remove that pet from the home because it's just one more thing for either the caregiver to take care of or the patient to take care of, you know, cleaning the kitty litter or getting that dog to the vet.
So we have a program where we have volunteers that will make sure that -- go in and

make sure that the pet is cared for, will make sure that the pet gets to the vet and gets all of their shots and things like that. That's the gist of our Pet Peace of Mind program, is to keep that pet with the individual until end of life.
A couple of big places that we are expanding into in 2019 is, if you recall we sort of dipped our toes into palliative care, and we have contracted a nurse practitioner that will see individuals who are chronically ill but not yet hospice appropriate, that may have Parkinson's, may have early dementia, where they need somebody to come into the home, help them manage their medications, manage pain, work with their primary care doctor directly to keep that individual stable, out of the hospital, those types of things.
And we have been contracting through In Home Medical, and our program has been pretty successful. Our numbers are growing. So we have made the decision to hire our own nurse practitioner. And we're extremely fortunate, because we have one of our nurses who is

graduating with her nurse practitioner degree, Maggie White, in June of this year.
And so we are in the process now of working through really building our own processes and procedures. We are -- we are also very fortunate to have one of our board members, Pat Boardman (phonetic), who is working on her doctorate degree, and for her project she's chosen to build a rural palliative care program. So she's tapping into some evidence-based information from all over the nation to help us make sure that we have thought about everything as we venture out into building this program into even a more stronger program.
That's causing us then some additional expenses for our nurse practitioner and our nurse coordinator, who will also be working with that nurse practitioner to do visits.
We will also be offering bereavement care to the individuals that we're offering palliative care to. Because obviously when you learn that you have a chronic illness and your families are learning about the trajectory of that chronic illness, that can cause some great

mental distress. So we're really excited to be able to offer our palliative care services in a more robust way.
We're going to be going into the clinics, into the hospital administrators and selling our program to them so that they will refer their patients to Serenity's palliative care.
The other place that we're branching out in is that -- and this -- it was something that's kind of been near and dear to our hearts but then it's become very obvious to us that there is a huge need, and that is to offer bereavement services more thoroughly to children and to get some further education on that offering.
So we have been, in the last year, contacted by Polo school asking if our bereavement coordinator could lead a bereavement group. And they had, I think, ten kids at the time that really could benefit from services.
She went in and learned very quickly that there was a very broad range of kids that they had in this group, and she said, I can't be effective in that broad range. So they broke it

down into smaller groups, and it's working out very, very well.

She's going to be attending -- if you recall in the past, one of her feathers -- Cathy's feathers in her cap is, she has attended many sessions in Colorado. Dr. Wolfelt, who is very well known in grief counseling, he teaches some classes. And she was able to get her certificate in grief and dying probably five years ago, and she continues to go to his classes. And she has chosen to go to one on children's grief counseling, so she'll be doing that later this year.

We are also working at partnering with Stronghold and offering a day grief camp to children. So we'll be doing a lot more.

We have been contacted now by other schools who have children, and so that is probably -- or not -- that is one of the areas that we will be putting a lot of focus on in the next year.

I think that's the primary things that I wanted to hit, as far as what we have done in 2018 and where we're headed in 2019. So I guess

what I would like to do now is just open it up to questions from you guys.

MR. HEAD: Okay.

MS. BOWERS: I'm going last.

MS. STEPHENITCH: I just wanted to say, I appreciate the school -- reaching out to the schools. Polo is one of the districts I work in, and so I have heard about the group. And I was just in a conference room the other day and they said, Are we going to have the bereavement group next year too? So it's been really positive, so thank you.

MS. KNODLE: Thank you. It's good to hear that.

MS. BROOKS: I don't have any questions.

MS. BARNHART: Not right now.

MS. WILSON: I really had a great time reading yours. It was very enlightening. I learned some things that I didn't know.

This grief camp for kids I think is a fabulous idea. I think kids so get overlooked with that, because, you know, they don't want -- they don't want to be a problem to the people that are left. So they kind of hide, it seems

like. And having them with other children that have done the same thing, you know, grieving, hiding, and being able to let it out I think is going to be fabulous to them.

MS. KNODLE: Thank you.

So one of the areas that I was concerned about, as we talked about sort of branching out into a day camp or even an overnight camp in the future, is the liability with that. So I approached -- when Angie and Kathy were talking about it, I said, you know, we have talked about that in the future, and we have kind of been told there's high liability when you get kids together.

But the good thing about it is, that's what Stronghold does, is day camps. They have the liability insurance. So they have worked through all of those issues for us. So that's one of the great aspects about partnering with somebody who does something very well, is that you don't have to do everything yourself.

So that relieved my mind of all of that and really opened opportunities for us to partner in other ways with Stronghold as well.

MS. WILSON: It ought to be good for Stronghold too.

MS. KNODLE: Yes.

MS. WILSON: Because they're --

MS. KNODLE: Looking for ways to be able to sustain.

MS. WILSON: Well, they're counselors. You know, if they have counselors in with your counselors, they will be able to observe that and recognize some of the signs and stuff.

That's all I have. Thank you.

MR. SIGLER: We use your services, and we are so pleased. Both the wife and I, Loretta and I, we did the --

MS. KNODLE: Oh, the virtual.

MR. SIGLER: It really -- I won't say scared me, but it really highlighted to me what my daughter is going to start going through.

Although, I have to say, there's been a temporary reversal. She's cognizant, she knows what's going on, she's holding conversations with us.

MS. KNODLE: That's wonderful.

MR. SIGLER: Please don't misunderstand.

When the time comes, this goes on, we're going to need your services. And we have already used some of them and we're very pleased with them.

One of the things I'm pleased with also is the spreads now we're looking at with respect to Ogle County, Ogle County funding and Ogle County expenditures, that you're using to provide funds and the services for our county itself. I thank you for that.

Kathy, I'll never forget you because we met out in front of the -- you probably don't remember. I was riding my bicycle through town.

MS. WILSON: I met you in front of --

(Indiscernible crosstalk.)

MR. SIGLER: I don't know why they put that junk on there, but I had to go over to Rod's house and get a special --

MS. GROENHAGEN: I said, We should call NASA because this will hold a shuttle together, whatever was holding that sticker on the window.

MR. SIGLER: On a very serious note, I'm seeing on TV, newspapers, more and more advertisements for the services you provide coming out of Rockford and other areas. What's

the effect, if any, upon the services you're providing here in Ogle County or in the surrounding areas in Ogle County?

MS. KNODLE: Well, we have statistics that we get from the coroner's office for any death that we have in Ogle County that tells us whether or not the person used hospice services, and if they did, what hospice they used. And we're still serving 71.1 percent of all patients in Ogle County who choose hospice. We also know deaths that occurred where an individual could have hospice but didn't.

So that's sort of a market for us, how do we let them know our services are available so we might be able to serve them. That's, of course, a smaller number. Then those individuals who chose a different hospice over Serenity.

And there are two for-profit hospices that are in our area. Unity is one of them and then Heartland. So that's always an area that we just -- what we --

The way we set ourselves apart is that we do what we do very, very well. One of the

things that we have to do is, we have a third-party vendor that we have to send every patient that we serve's caregiver data to and they send a survey to them. Much like if you go to a clinic and you get that survey, we have the exact same thing.

So a survey is going to show up in the mail three months after your loved one dies, and you have to answer -- or you don't have to, but you can choose to answer, like, 50 questions about the services.

Those are benchmarked nationally, they're benchmarked regionally, they're benchmarked by state. Ours are well above the benchmarks and well above any of our competitors. And that is publicly reported on a website called Hospice Compare. So you can go out there, individuals who choose to do that, and see where we excel over the other hospices in the area. But it's just getting people to know that.

So overall, in Ogle County it has not affected us drastically yet. We just feel like if we keep doing what we're doing and we're doing it well -- we are, though, going to start

doing some of our own advertising. We haven't done that since, like, 2014. So we have a new radio ad that's actually started this week playing in Dixon and playing in Rochelle, and we will, in the beginning of 2020, roll that out to the Rockford market as well. So we're letting people know that we are here.

And our new campaign is Ask For Us By Name. Because what we have really learned is that a lot of people think hospice is hospice. You know, they don't realize that there are different hospices, we're not all one big organization franchised out into different areas. You actually have a choice, and a lot of people don't realize that.

So you'll hear our new campaign and you'll hear a little sort of jingle, but a very tasteful jingle, about ask for us by name, make sure you get Serenity.

MR. SIGLER: Thank you very much, ma'am. I have nothing more.

MS. BOWERS: Bill, just to let you know, I work with different hospices in Ogle County, and by far Serenity is the best that there ever was.

It takes us so long to get ahold of a doctor, and all we have to do is call one of their nurses and they call us right back. We sometimes spend 24 to 72 hours trying to get ahold of the doctor with the other hospices. Serenity is fantastic.

MR. SIGLER: See, because we're going to -- there's no doubt in our mind we're going to go through this in the end with Tammy, and it's important that we have the best service available. Thank you. Thank you very much.

MS. GROENHAGEN: That's not acceptable. Nobody should have to wait 72 hours for pain medication. That's wrong.

MS. BOWERS: We have one doctor in Winnebago that just won't get back to us. And, you know, these people need the comfort care.

MS. GROENHAGEN: Yes.

MS. BOWERS: That needs to be provided to them, and we just don't get the answers that we want.

MS. KNODLE: That's heartbreaking.

MS. HAUSHAHN: This is my first year, and mainly what I put is -- you already answered

most of my questions, especially about going into the children's bereavement.

How are you going to use the volunteers for if you have that day camp at Stronghold? It says you were going to use volunteers too.

MS. THEISEN: Yeah, it does. For -- we'll use their counselors. Like, on the parts of the camp where the kids get to swim and do archery and all that stuff, we'll use Stronghold's counselors. For the bereavement part, we would use trained volunteers, not paid people.

So we have our own curriculum for that already. So then teachers are who we are looking to and who are already our volunteers and have gone through our training, just add the additional bereavement training and being there for the kids.

MS. HAUSHAHN: Do you correlate how much the volunteer hours would cost you if you had --

MS. KNODLE: We do. And actually, that's an interesting question, because we actually have to do it by our licensing for CMS. We have to show -- and really there's a breakdown.

So there's certain categories that are

considered direct care. So we're working with -- going into a home and actually sitting with a patient or doing anything that has direct correlation with the patient, we have to match -- 5 percent of our paid hours we have to have in volunteer hours as well.

But we do capture all of our volunteer hours. Some of the bigger places that we have volunteer hours is maybe just helping at Angel Treasures. Direct care is our largest, but we have a lot of people that will bake for or will make meals for our patients that we take in. We have people who sew, we have people that help with fundraisers.

And we calculate the total savings that we get for our volunteers. We use, like, the big check, and we roll that out at our volunteer appreciation and say, That is how much you have actually saved our organization this year.

MS. HAUSHAHN: Also, why -- what survey are you using?

MS. KNODLE: We're using the national -- it's called CAHPS. It's the Consumer Assessment of Healthcare Providers.

MS. HAUSHAHN: Why do they choose three months?

MS. KNODLE: I guess just for the bereavement portion of it. They give people a little bit of a chance to grieve.

One of the things that I think is sort of a detriment to hospice over any other healthcare provider is, we're the only ones that are sending that satisfaction survey to the people who are left behind, and they're sad. But we're still seeing good scores. But for everybody else, the survey goes to the person who received the services. Well, obviously that person is deceased, and so now you're sending a survey to people who are just really sad that they lost their loved one.

In most cases they're very appreciative of the services and the help that they got along the way and at the end, but it is a different paradigm that I don't think a lot of people think about. Because every healthcare entity does -- has to have the Consumer Assessment Healthcare Provider Services survey, but again, it's usually going to the person who received

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the services, not a family member.
MS. HAUSHAHN: I was curious why they picked the three months.
MS. KNODLE: Yeah, I just think it's to give people a chance to grieve before they're answering the questions. If you get that a week after you lost a loved one, you're probably going to throw it in the garbage. So I think three months is probably too long, but that is what they have chosen to do.
MS. BARNHART: If I can make a comment with that. My family -- my mother was just recently with hospice and passed away in the beginning of February. So we're literally at that three-month window. As of yesterday was three months.
Honestly, my brother has been so busy, because he was the executor, filling out paperwork, doing this, that, and the other thing. I think that three-month window is really good.
MS. KNODLE: Getting the death certificates. I hadn't even thought about it that way.

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MS. BARNHART: And so if you would have sent it probably a month ago, he probably would have put it in a pile that he wouldn't have got to right away. So I think that three-month window makes a lot of sense.
MS. HAUSHAHN: The other thing is, I realize last year -- I do volunteer at hospice. But one of the things I noticed is how much you're going out into the community. Recently the Cork and Tap -- not Cork and Tap.
MS. KNODLE: The Hunt Club?
MS. HAUSHAHN: Hunt Club. So I think that's a way you're really going to get a lot of interest -- or not interest, but people realizing and educated.
I went to the memoir class. That was totally fabulous, unbelievable. So I think things like that are really going to also make you above everybody else, because all you want to do is educate people, and that's the way to do it. Good job.
That's all I have.
MS. GROENHAGEN: I wanted to clear up the misconception. We didn't do that. We had

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people that did that for us, which was really nice.
MS. THEISEN: The Hunt Club.
MS. GROENHAGEN: We always get community support.
MS. STEPHENITCH: What happened?
MS. THEISEN: They just had guest bartenders and all the tips went to The Shed. We were at the Cork and Tap, too. Kathy went to that.
MS. HAUSHAHN: That's really great, especially at the Hunt Club. That's really a unique, different thing.
MS. THEISEN: Yeah, they raised $1500.
MS. KNODLE: And our bereavement team helped tremendously with that. And all the money from that event, which was, as Angie just said, $1500, goes to The Shed and the mission of The Shed.
So that's good, because that is a service that we provide and we work very hard to keep a budget neutral, but we lose a little bit every year and we're losing a little more every year. But it's such a great service. There's so many

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great stories that come out of The Shed.
Our board recognizes that, so we don't look at the bottom dollar on that so much. It's just what can we do for our community.
MS. BOWERS: Nick, did you have some questions first before I go into this?
MR. HEAD: Yes, I do.
MS. BOWERS: Thank you.
MR. HEAD: I want to ask a number of questions.
MS. KNODLE: Good.
MR. HEAD: First of all, let me say, I think you do wonderful things at Serenity, and I believe in your need and I believe in what you do.
At the same time, I go back and forth with, is bereavement counseling a mental health treatment or is it an educational program that's of great benefit? So I want to hone in on the bereavement counseling and ask some questions there.
MS. KNODLE: Okay.
MR. HEAD: So one of the things that you say on your Page 1, under General Information,

Serenity helps transition a person comfortably through the end of life, focusing on physical, spiritual, mental health of the patient and their families. Serenity's bereavement program is also designed for families or individuals experiencing any type of loss.

MS. KNODLE: Right.

MR. HEAD: So it's not necessarily a loss around the death of a loved one?

MS. KNODLE: That's correct. We also have people that come that have recently gone through a divorce and they're not able to move on. We have people who lost a pet and they're not able to move on.

MR. HEAD: Okay.

MS. KNODLE: It's really any type of grief where somebody is mourning.

MR. HEAD: Yeah. Tracy?

MS. BROOKS: When you use the phrase "they're not able to move on," does that necessarily mean they have a diagnosable mental illness because of it? I mean, grief is a normal process.

MS. KNODLE: Right, it's a normal process.

And some people -- everybody grieves differently. Some people are able to work through that grief and move on to living a happy and successful life much sooner than others.

We have some people that, you know, they stay in the group for three years because they're still receiving benefit from the counseling that they're receiving from the group dynamics and what they're learning.

MR. HEAD: Well, to follow up on that, what I found myself asking myself is, is loss necessarily an injury or an illness such that it would result in an illness? Or is that --

MS. KNODLE: I can tell you that we are often asked to assist Sinnissippi in, like, their substance abuse classes and other types of mental illness, because people got to where they were because they were grieving and they had unresolved grief.

MR. HEAD: Okay.

MS. KNODLE: So they chose to start drinking, they chose to --

MR. HEAD: Sure.

MS. KNODLE: -- start taking drugs. So

once they're able to work through the grief, then they can work through their addiction as well.

MR. HEAD: Okay. If -- how many of those people who come in for bereavement counseling, in fact, involve Sinnissippi or involve a diagnosis at some point, to follow up on --

MS. KNODLE: I don't have the exact number of that.

MR. HEAD: Are those numbers kept?

MS. KNODLE: We don't keep those numbers.

MR. HEAD: Do you have anybody on staff who says, Listen, I think this person's bereavement is more --

MS. KNODLE: Absolutely we refer out if we don't feel like we can.

MR. HEAD: Who is it that makes that determination and --

MS. KNODLE: Kathy, our bereavement counselor.

MR. HEAD: Okay. And her credentials to do bereavement counseling?

MS. KNODLE: She has gone through a lot of education. Like I said, she's gotten her

certificate through Dr. Wolfelt. She doesn't have a degree in social work.

MR. HEAD: So she doesn't have a degree. She got a certificate for the class that she's training --

MS. KNODLE: And she's been doing it for almost 20 years now. Other hospices send their individuals to her because she's so good.

MR. HEAD: I have absolutely no problem believing that.

Of your bereavement counselors, and I guess you have got four, are any of them licensed or certified as a healthcare professional?

MS. KNODLE: No. That's not a requirement of that position through the national -- I mean, through our licensing.

MR. HEAD: Okay. You mentioned licensing for CMS. What is CMS?

MS. KNODLE: Centers for Medicare and Medicaid. That's where we get our reimbursement for the services we provide.

MR. HEAD: Why don't they reimburse bereavement counseling?

MS. KNODLE: They have chosen not to. We we are paid on a per diem. We don't get paid for every service we provide. We are paid a per diem. That per diem is based on how much it would cost per day for the individual services, but it doesn't include bereavement. It includes PT, OT, speech, not a physician that's outside of it, nurse, aide, social worker, chaplain. I think those are the main things that they put together when they come up with that number.

MS. GROENHAGEN: It also is intended to cover medical supplies, pharmacy and durable medical equipment.

And everybody who's ever gotten --

MS. BOWERS: And what they need with their ADLs.

MS. KNODLE: They have also added in that hospices have to provide bereavement services, but that's not one of the services they cover.

MR. HEAD: So there has to be some rationale somewhere. Is it that they don't provide reimbursement for bereavement services because, in fact, it's education and not counseling, not psychotherapy?

MS. KNODLE: I can't answer why they don't cover it. I can give you all of the information that says that they don't cover it, but I can't tell you why it is.

MS. WILSON: But they require it.

MS. KNODLE: But they require it. It's absolutely a hundred percent required by every hospice for your licensing. And I can give you the COPs on that.

MR. HEAD: Do they kind of delineate what bereavement counseling is, is X number of sessions, or has this kind of a start point and this kind of a stop point?

MS. KNODLE: They do not. But it is something, when the surveyor comes in, that she looks at all of our records and everything that we do with bereavement, because it is required.

MR. HEAD: Is there a certain amount --

MS. KNODLE: It's part of -- our EMR has to be all of the sessions that we teach. So we have records on every patient that we have.

MR. HEAD: Is there -- do they look for a certain amount of bereavement counseling?

MS. KNODLE: They do not.

MR. HEAD: Okay.

MS. KNODLE: But they look to see, have you identified whether this person has complex grief, do they have routine grief, what is the care plan for their grief. They're looking at all of those things.

It's not different than they don't tell us how many visits we have to give to a patient by how many times our physician has to be there, how many times our nurse has to be there, how many times our CNA has to be there. We are required by hospice to have a customized care plan for every patient that we see. So we're going to determine, based on that person's needs, how many visits that they need.

MR. HEAD: Right. Right. Right.

So you make the call, but there isn't anything that Medicare requires in terms of how much bereavement counseling, whether it's an hour or 10 hours --

MS. KNODLE: That's correct.

MR. HEAD: -- or 20 hours?

MS. KNODLE: That's correct.

MR. HEAD: Okay. Do you get reimbursement

from any healthcare providers, any -- excuse me, insured -- insurance companies, like Blue Cross Blue Shield.

MS. KNODLE: No. We only get a per diem. We don't turn in individual bills for anything. That's not how hospice works.

MR. HEAD: Okay.

MS. GROENHAGEN: No -- and I can talk to this. The commercial providers or Medicaid, not one of those have bereavement services as a -- as any part of their payment models.

MR. HEAD: Okay. I'm just -- I'm very curious about Medicare and why they wouldn't cover something like that.

MS. GROENHAGEN: We are too.

MR. HEAD: Yeah. And I'll see if I can't find out. And maybe there's just -- we do it because we do.

MS. KNODLE: Well, if you think back to the history of hospice, just in general, it started out as a volunteer effort. There was no payment model for hospice when it very first started. Everything that was done was volunteer.

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They have held on to a lot of that. Even though they have produced a payment model, there are still aspects of hospice. We are required to have volunteers. We are required to have -- well, we're not reimbursed, obviously, for our volunteers either. We're required to have bereavement. We're required to have a lot of services, and that's Medicare's way of keeping costs down.

MR. HEAD: Sure.

MS. KNODLE: That we want you to have 5 percent of volunteers, because if you don't, then I will have to increase your reimbursement because you're going to need more individuals to do the work that you do. It's a way of keeping the costs manageable.

MS. HAUSHAHN: I worked with Medicare a lot. I managed a home health agency in my past, and they always did crazy things -- sorry, I'm not going to use the word crazy -- things that were not reasonable for some things.

Like, one year I could have the nurse go in. They had a lot of diabetics who couldn't see to draw their insulin up. So I would draw

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it up for a week. Then the next year they would say, Nurses can't do that. Nobody can do it. So we kind of went by with the CNA and we did it that way.

So it was kind of -- there was no reason why one year they would say it's okay and for the next year they would say you couldn't do it. And they never gave us a rationale of why we would stop a service after a year and then the next year they wouldn't, then maybe the third year they might.

So just my experience with Medicare, it was that kind of reasoning, and I have no idea --

MR. HEAD: I worked for the federal government for many years. Sometimes you get the bureaucracy and it's just a big wall and you don't know why something is or isn't. But I'm very curious about that.

When I look at your -- this is your chart for your different programs, and the first one is Serenity Hospice Bereavement Program. And the last year's unduplicated clients was 656.

MS. KNODLE: I knew you were going to ask

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that. I can tell you right now, look at the weather we had in January, February, and March. People weren't coming out. People did not come to the services. They couldn't get out. We had a hard time even seeing our patients during the massive storms that we had. So, yeah, our numbers were --

MR. HEAD: I would have been one of those hiding at home.

MS. KNODLE: They come right back up again. But they were down at the very beginning, and that's the only quarter that we had to report.

MR. HEAD: My questions actually had to do with drilling down into those numbers a little bit. So when you said unduplicated clients, are we primarily talking about family members of the person who's passed?

MS. KNODLE: Absolutely.

MR. HEAD: Okay. So would there be friends or relatives?

MS. KNODLE: Absolutely. Whoever comes to us.

MR. HEAD: Whoever comes.

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MS. KNODLE: Whoever comes.

MR. HEAD: Is that differentiated at all in terms of who that client is, besides that they're a client for bereavement? So do we have parents? Do we have other family members? Do we have --

MS. KNODLE: We have all of that information in our EMR, yes. We have every -- every family member that we are -- that we know of that we send -- because we also send mailings to all of those --

MR. HEAD: Sure.

MS. KNODLE: -- bereaved on a regular basis. So those we have.

If somebody just walks through the door in The Shed, we do keep a record of those individuals. They may not be in our EMR, but we do know everybody that we're serving.

MR. HEAD: They might have been one of the unduplicated clients and they may have received a certain amount of services.

MS. KNODLE: Right.

MR. HEAD: Okay. Would those services be recorded?

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MS. THEISEN: If they're not hospice?
MR. HEAD: Right. If they just --
MS. THEISEN: We keep a record.
MR. HEAD: If they're hospice or not? So if they're hospice, you keep a record of that if they have used that service?
MS. THEISEN: And we keep a record if they're not or if they're from another hospice. We have a lot of people from other hospices.
MS. KNODLE: Yeah, we actually have people that come to us from other hospices that do not provide adequate bereavement services.
MS. THEISEN: They refer their patient to our bereavement services.
MR. HEAD: So staying with that number of clients and then the 964 hours of service, that works out to about an average of one and a half hours. I'm trying to form a mental picture of what are the services that people get in that 956 hours.
Is that classes that they have taken?
MS. KNODLE: We have a lot -- we have 12 different groups that we have. So those are --
MR. HEAD: Bereavement groups?

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MS. KNODLE: Yes. Yes. So some of those are classes, the 10-week course with the workbook, that type of thing. But we also -- we have our hugs group, we have our -- there's the lunch group. I didn't bring the whole list.
MS. THEISEN: The walking group.
MS. GROENHAGEN: Movie night.
MS. KNODLE: So we try to cater to the type -- the environment that somebody is looking for to heal.
MR. HEAD: And, again, I think you do an extraordinary job with what you do. I would like to see a little more detail. So, you know, of those 656 clients, how many of them was a one-time contact with one hour of service? How many of them used five groups, you know, over the course of a year? How many people overall used group services versus individual counseling?
MS. KNODLE: You didn't ask for those.
MR. HEAD: I'm giving you a heads up.
MS. THEISEN: That's a lot, a lot of work.
MR. HEAD: Yeah, I think that, speaking personally -- and no one else on the Board may

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be interested in this, but I would like to see the whole bereavement counseling piece fleshed out more. I think that's what you're asking for, for reimbursement with, and it's kind of a -- I'm not going to -- certainly wouldn't say that you don't serve -- provide services, but I'm not sure what the picture is if I wanted to go into a little more detail, just how much of -- how much of education, how of much individual counseling, how much family.
Is your bereavement counselor licensed and certified?
MS. KNODLE: I already answered that question. No.
MR. HEAD: No. Okay. So the person who does the bereavement groups, the 12 different groups, that person is not licensed or certified?
MS. KNODLE: She's not. She is not required to be.
MR. HEAD: Okay. Okay. So last year, you know, it looked like there was an average of about an hour and a half per client. This year, you know, granted it's only a three-month slice,

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you have actually got a little less than an hour per client.
So, again, it would be helpful to me to have a picture of what is that underneath bereavement services.
Let's see if I have any other -- I don't have any other questions. And I'm trying to drill down in bereavement counseling, not because I don't believe that it's needed or provided. Well, I'm coming back to the Mental Health Act.
MS. KNODLE: And we did give you that two years ago when you asked that question. We'll provide it again. It is a diagnosable -- it has an ICD-11 --
MR. HEAD: For bereavement counseling?
MS. BROOKS: I think the question maybe that Nick's asking is, how can we tell if the services we fund are provided to those individuals that have that diagnosable mental illness? Because not all of them do. Some of it is regular bereavement or sadness from a death.
MS. KNODLE: I don't know that that should

matter.
MR. SIGLER: I think it is. I am so overwhelmed with what is happening with my daughter right now, I have a hard time not crying in front of you.
MS. KNODLE: And you don't have a diagnosable mental illness.
MR. SIGLER: No, I don't.
That's just overwhelming to my family. My son flies in on the weekends now from the East Coast just to be with her. We're all suffering from the same thing. Nobody has told me -- well, I have had clients tell me, You have got a mental illness, Bill.
But back to the serious stuff. No, this is overwhelming to us as a family.
And I look to one thing, and I -- you sort of went by it. You also serve the Village of Progress, if I am not mistaken. And I can't go into names, of course, but I was much more active in years past.
And I remember one occasion that Bobby was passing, and he was at the facility. And Donna stopped me, she said, Bill, we've got to get Pam

Hammer over there. I'm told that it's coming to an end quickly. So -- not for me. That's self-serving.
But we loaded her into Donna's car. Don't ask me how we got her in there, because by that time she was really immobilized. And we got over to your facility, and it was wonderful, just wonderful.
Pam is mentally handicapped, she's physically handicapped. So they do provide services outside of people like myself.
MR. HEAD: Right.
MR. SIGLER: And I think it's just wonderful, wonderful.
I remember Pam couldn't reach up high enough to touch Bobby. They brought, like, an orange crate box in, put the wheelchair on top of that, put Pam in the wheelchair, and then Pam could lay her head on his arms to console her. That's mental illness.
MS. KNODLE: It's what we do every day, Bill.
MR. SIGLER: Pardon, ma'am?
MS. KNODLE: That's just what we do every

day.
MS. BROOKS: The point -- all the services you do are wonderful, all of your programs are outstanding. That's not what we're questioning.
MS. KNODLE: I know what you're asking, but that's not what we do. That's not what we profess to do, is to treat mental illness, or we would have to have -- be required to have licensed professionals doing that. That's not what we profess to do.
And if that's what we're required to do, it's not what we do.
MS. BROOKS: That is what we do, is fund mental health services.
MS. WILSON: And the thing is, I think if they were not doing what they were doing, there would be a lot more mental health, there would be more suicide.
MS. STEPHENITCH: Yeah, can we talk about prevention? Because it's prevention.
MS. WILSON: There would be more people, you know, just so depressed that they can't go about their business, they can't shop for themselves, they can't go around.

Now, you're talking about diagnosable mental illness. I'm talking about undiagnosed mental illness. I'm talking about maybe it's not diagnosable because they haven't gone to a mental health professional. This is the professionals that they're seeing.
And being undiagnosable is different from being undiagnosed. You know, it might be diagnosable if they were brought to a mental health professional. But because they're going to hospice, they don't need to go to that mental health professional yet, unless, you know, maybe they see something that they do need to go someplace.
But still, I think, you know, it is very preventative. And it's so preventable, why let people get to the point where they're shooting themselves in the head? Why let people get to that point?
MR. SIGLER: Ma'am, mine is not to be argumentative with you, other than saying, in our family I wouldn't know where else to go. So I go to the source that I believe will provide the service, not only for my wife and my

children, my daughter and my son, but for me. And I don't know where else to go.

Mental illness -- and I understand clearly. This is my fourth year, I think, now sitting on this Board. I have read through the State law very clearly, and I do understand what you're saying, very clearly. I don't necessarily agree with it, but I do understand it. I do understand that we have to have compliance.

I was just mentioning too and commenting too, outside the State law, what a wonderful job they do. And I don't know -- I don't know where else we would secure such a service. Kathe articulated, I thought, very clearly, diagnosed or undiagnosed.

I feel I have a mental illness right now because of what's happening in my family.

MS. BARNHART: Exactly.

MR. SIGLER: I get very aggressive with people. I was talking, about 4:30 this morning, with a group of attorneys out of Peoria, and it wasn't a very pleasant conversation. Normally I wouldn't get that way, but I did because I don't

have the control.

I think we have to look on the broad spectrum, what is diagnosed and what is not diagnosed.

I thank you.

MS. BARNHART: Speaking to, like I say, someone that just went through a whole lot the last -- well, my mother passed away in February, but she had been diagnosed five months before with terminal cancer. So those five months were extremely stressful and everything on my family, my brother, I also have a handicapped brother, and myself; us three siblings. We, of course, don't have a diagnosed mental illness, but it was an extremely mentally stressful situation for all of us.

And I think those services that you're talking about, especially the palliative care part, I think, you know, all of that would have greatly reduced that mental stress on us. But someone that doesn't know where to go for those services, they're really -- like you say, they're more prone, I think, to suicide and different things. Because when you're facing

that kind of life-changing event and you don't have access to services, it's not good.

MR. SIGLER: No.

MS. BARNHART: It's not good.

MR. SIGLER: I'm not disagreeing with Nick. You bring up some excellent points. We still have to operate within the confines of state law.

MR. HEAD: I would want to go to Serenity if I had a need, and I have no doubt about the value of bereavement counseling.

What I'm trying to sort out is, what does that counseling consist of? Which I think we ought to ask ourselves, you know, is it classroom education? That's not necessarily inappropriate. Is it preventative services? Is it palliative care?

I'd just like to get a little more clarity in terms of what's going on in that basket called bereavement counseling that you provide.

Do I think you shouldn't provide it? I absolutely don't believe that.

MS. KNODLE: We have to provide it.

MR. HEAD: And, you know, I think we're

very fortunate to have Serenity here. But I come back to the question of, you know, as a Board member, are we asking the tough questions or are we just -- or we don't want to ask the tough questions because we all like you?

You know, I don't think there's anybody that has done a better job of creating a nonprofit that I'm aware of anywhere around here. You're the best.

And what's our role as providers of funding for mental health services? I don't have an answer.

MS. BOWERS: My turn?

MR. HEAD: Yeah.

MS. BOWERS: Okay. Lynn, I love you guys. You know that.

I really appreciate the care plans that you provide to us for the residents. Being an MDS care plan coordinator, saves a lot of work for me. And you haven't taken any of our nurses or CNAs recently, and I'm very --

MS. KNODLE: Moratorium on that.

MS. BOWERS: -- appreciative of that.

I would like you to increase your funding

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request to $30,000 though.
MR. HEAD: So $30,000 up? Add 30,000?
MS. BOWERS: No. Their request is 27-. I want them to change it to 30,000.
MR. HEAD: Okay. Anything else? Does anybody have any questions?
MS. WILSON: Well, she suggested. Do you accept it?
MS. KNODLE: I do. We have a lot on our plate.
MS. HAUSHAHN: I have a quick question.
MR. HEAD: Yeah.
MS. HAUSHAHN: Maybe I missed it because I looked at those as we first got it.
Actually, from the programming, do you know how much money really bereavement is in your request, dollar-wise?
MS. GROENHAGEN: It's entirely -- bereavement is not -- this $30,000 does -- is just a tip in the bucket of what it costs for us to do bereavement.
MR. HEAD: Sure.
MS. GROENHAGEN: We're paying for two full-time counselors, we're paying -- yeah, this

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is just a portion of the -- the rest of it comes out of our operating funds.
MS. KNODLE: And United Way. United Way supports our bereavement program.
MS. WILSON: And on your spreadsheet, $5.73 an hour.
MR. HEAD: Any other questions?
(No verbal response.)
MR. HEAD: Thank you.
(Whereupon, Kathy Groenhagen, Lynn Knodle, and Angie Theisen left the hearing.)
MR. HEAD: I want to be liked by everybody --
MS. HAUSHAHN: I think it's important, again --
MR. HEAD: -- but I felt like I needed to come back to the question. It's -- it is a bit of a black box.
MS. BOWERS: You have some justifiable questions, you really do.
MS. HAUSHAHN: Right.
MR. HEAD: And I'm not -- I wouldn't recommend that we don't fund them. I just wish

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I had a better detail --
MS. BOWERS: A better picture.
MR. HEAD: -- what does that mean?
Because we fund prevention through the other agencies that we work with, but I'd like to see it spelled out, kind of apportioned a little bit, a Pareto chart, if you will, on the distribution of -- a Pareto chart is like a bell curve of who gets how much services. So if you were to look at the average amount of services, well, we have got a bell curve and we have got a -- you know, 20 percent get 80 percent of the services. I have no objection to that, but I'd certainly like to know a little bit more about that population.
MS. WILSON: I would suggest a visit for you to them to their bereavement coordinator, and I bet that she could provide that information to you.
MR. HEAD: That, and talking with Medicaid or Medicare. Do I believe what she said about there not being reimbursement for that? Yeah, and I think there's more to the story.
MS. BOWERS: There's no rhyme or reason to

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Medicare and Medicaid. There is not.
MS. WILSON: Wait until you get on Medicare, you'll find out.
MR. HEAD: I am on Medicare.
MS. WILSON: Are you? Haven't you found out there's no rhyme or reason?
MR. HEAD: I'm an uncomplicated participant apparently.
(A discussion was held off the record.)
MS. WILSON: Can we take a recess?
MR. HEAD: Let's take a five-minute recess.
(The hearing was recessed at 7:55 a.m.)

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
)
of)
)
Serenity Hospice and Home)
) Ogle County
) Sheriff's Office
Ogle County, Illinois.) Oregon, Illinois
) May 7, 2019

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

Dated at Dixon, Illinois, this 11th day of May, 2019.

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

In Totidem Verbis, LLC (ITV)

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application of Lutheran Social Services of Illinois Ogle County, Illinois.) Ogle County Sheriff's Office Oregon, Illinois May 14, 2019

Testimony of Witnesses Produced and Examined on this 7th day of May, 2019, before the Ogle County Community Mental Health Board

BOARD MEMBERS PRESENT:

Kathleen Wilson
William Sigler
Amy Stephenitch
Renee Barnhart
Tracy Brooks
Margaret Tyne
Dorothy Bowers
Marcella Haushahn
Nick Head, Chairman

Cecilia Zimmerman, Secretary
Reporter: Callie S. Bodmer

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MR. HEAD: The gang is all here. It's 7 o'clock. Let's get started, if you would like to go ahead and start.

MR. HOOKER: Sure.

MR. HEAD: We'll take roll. Thank you.

(Roll call was taken.)

MR. HEAD: Now if you could begin.

MR. HOOKER: Well, I'm Jeremy Hooker, the program director of Lutheran Social Services. This is Chris Mills. She's the clinical manager.

We oversee several programs on the Nachusa Lutheran Home campus, including our residential adolescent substance abuse treatment unit, Choices, and our outpatient programming, which is part of our application.

So that includes Youth Works, Project Lead, CCBYS, and then we have another one, Intensive Placement Stabilization Services, which is a DCFS program and not a part of our application.

So we're seeking support for those three outpatient programs that serve Ogle County. Two of them are very Ogle County-specific. They're

written for Ogle County specifically. They have other components in other communities, but the way the grants are awarded and instructed, we have to write a proposal specifically for Ogle County for our prevention programs, Youth Works and Project Lead.

CCBYS, you guys have heard me talk about it for a very long time. It's one of our oldest programs at LSSI, open 35 years at this point. It serves a network of four counties: Lee, Ogle, Whiteside and Carroll.

Our request is the same as last year financially. We're seeking $22,500 for the three programs.

CCBYS is a little unique, because it requires a community match to operate as part of the grant requirement. So that is one reason we come requesting money for it. We incorporate that match amount into our budget and operate under those -- under that match. To actually receive the award, we have to include that. So we seek funding from the 708 Board and help fill in that gap.

The other two programs, we use the money

to support the staff in the program. This year we were actually able to add another person to Project Lead with the support of the 708 Board. We have so many schools we're providing the evidence-based curriculum in that we actually needed another staff member to reach all those students. So that person this year, between the counties, we were actually able to expand the program.

Other stuff --

MS. MILLS: I can give you a little bit of an overview. Just as a reminder of that prevention program, Project Lead, it's been eight years now, which is amazing. I remember when we first launched it. And that is the substance use prevention program.

And we are serving over 500 students in Ogle County in David L. Rahn and Meridian Junior High, and two of the largest schools in the county.

(Whereupon, Kathleen Wilson now present.)

MS. MILLS: So it gives us the opportunity to provide the ten lessons that are required,

and then we have also added some additional lessons, just because of different trends that are occurring. The opioid crisis has generated an additional lesson that has been added to the original ten-lesson curriculum. The curriculum that we're using is Too Good for Drugs, which is very highly regarded and has been researched by the Mendez Foundation.

So, again, we're in our eighth year and looking to expand to other schools. We have also started having some involvement in the Hub Project at Rochelle. So that's exciting. We're hoping that that opens the door now to provide the curriculum to the students during the school day now that we have an additional worker to help out with that.

Before we got that additional worker -- you guys' support made it possible -- we did not have the time to do that. With the 500 students that we were already currently serving, we needed more staff. So now we're able to expand it and are looking forward to that.

For the Violence Prevention Program, we're in our third year of that, and we're happy to

report that we're getting really good news about the stability of it. It sounds like the State of Illinois is very invested in this program now and is very committed to it. They have even upped the amount of funding and grant awards that they're offering for this next fiscal year, which is really exciting because we know we're hearing from schools all the time about bullying, about dating violence, about the way kids are treating each other and how much that has changed over the years, and there are concerns about it.

So now we can get in there and address that and help to provide a safer community.

MR. HOOKER: Kind of fill in on services for CCBYS, for some of you that may not be as familiar, it's almost like a -- it's an on-call crisis system that is set up for the county. So if a law enforcement officer locates a youth who's run away, lockout, a situation like that, we actually take responsibility for that case 24/7. We'll send out a counselor to work with the family and try to get that youth back to the house.

If we're not able to, we actually take the burden of placing that youth onto our agency and we'll place them either temporarily in foster care or at Nachusa on our campus in our residential program, and we'll continue that counseling service to try to work and get that youth back to their home.

So that's the core function of the CCBYS program, is emergency services. So we operate an on-call system 24 hours a day for that program.

The secondary function of that program is working with youth who are at risk. This year the grant has gotten more specific. They want us to define two specific populations we're going to work with; so youth at risk for delinquency and a separate category of youth at risk for crisis, so youth that may be going to a mental health crisis or have a crisis that leads to their parents not allowing them to come back home.

So this year in our proposal we had to suggest how we're going to address those two populations separately. One of the ways we're

going to do that is using Youth Works. Youth Works is already in the school. Meeting with people, talking to people, so they can help us identify some of those clients before they get to that crisis or before the delinquency gets to a point where the juvenile justice system gets involved.

MS. WILSON: Could you tell me what CCBYS stands for?

MR. HOOKER: Sure. Comprehensive Community Based Youth Services. So oftentimes we'll refer to it as Youth Services for short.

MS. MILLS: It's a mouthful otherwise, isn't it?

MR. HEAD: Questions? Amy, would you like to start?

MS. STEPHENITCH: Sure.

For the Youth Services Program, how often are you having to place kids for the foster system outside of Lee and Ogle County? I know, you know, it's limited what you would do for sheltered care. Or do you find yourself placing kids at Nachusa Luther Home more often than --

MR. HOOKER: A lot of times, given the

situation, we'll actually place them on campus in the program. It gives us more access to work with them, is one reason.

We do have a network of foster homes in the area, and we have used them before. So most of our foster homes are right in this area. So we have never had to place them outside of the county -- outside of the four-county area, I should say.

If we encounter a youth in Ogle, they may get placed in Lee. We're just over the border at Nachusa. But we don't have to place them outside of the shelters.

You hear a lot about youth having to be placed in shelters in Chicago. Most of those are full at this point. So luckily we have our own resources for the program.

MS. STEPHENITCH: That's great.

Also, at Rochelle Middle School, how -- you mentioned doing, I think it was -- was it Youth Works or the Violence Prevention Program maybe within the school day. How does that referral work? Or is it within a health class or certain teachers?

MS. MILLS: It usually is, yes. Usually we team up with the health teacher, and they find that that's the best period of their school day to get the lessons in, because they range from 35 minutes to about 45 minutes. They give a little bit of leeway just to individualize and account for a personal style of teaching. But that's typically.

But we try to work with the school for the time that they define for us. So sometimes they do designate different classes, and we're fine with that. So we just want to partner with them and see where they can fit us in.

MS. STEPHENITCH: And then your work with Youth Works, with Katie over at Chana Education Center, thank you so much. You guys have really made a huge impact to our students there, and she's really catered to what the needs are of those kids. She knows they're some of our most challenging youth in Ogle County.

MS. MILLS: And she truly enjoys those students too.

MS. STEPHENITCH: Good. Very nice partnership.

MS. MILLS: Yeah, we have enjoyed it also.

MS. STEPHENITCH: I don't have any more questions.

MS. BARNHART: I don't have anything at this time.

MS. BROOKS: What is the Hub Project?

MS. MILLS: The Hub Project is Rochelle's after-school.

MS. BROOKS: Oh.

MS. MILLS: So what they do is, they have a really nice program set up to assist kids that don't have anywhere to go after school or who need help with homework or just run into a variety of different circumstances, and so it allows some time to get the homework done and work on educational things. But it also has quite a bit of free time, which is where they brought us in and requested some educational pieces from us.

So they're getting a taste of these curriculums, and we're hoping that that opens the door for us to be able to get in there and actually do the whole curriculum for them, because that's when we know it's most effective.

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That's what it's been researched for and that's how we know it's evidence-based.

So right now we believe strongly in what we're doing, and we know we're filling a need within the school, but it's always nice to get in there and do what has been proven to work.

MS. BROOKS: Do you do that in each school or are the kids all bussed, like, to one location?

MS. MILLS: For the Hub Project?

MS. BROOKS: Yeah. I'm guessing it's after school, like 3 to 5 or something like that?

MS. MILLS: It is. The student after-school just stay there after school.

MS. BROOKS: Oh, okay.

MS. MILLS: It takes place right at the middle school.

MS. BROOKS: Okay. When you were talking about the two groups at risk that you target for, one delinquency and one for mental health, what do you do if you have a youth who is experiencing a mental health crisis? They're maybe getting violent at home, and the parents

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are okay with them staying there but it's really not a good situation, what do you do with those kids?

MR. HOOKER: CCBYS is an early-intervention program. So that youth could come to us one of two ways: the parent is going to lock them out, so then we'll get a phone call and we'll send out a crisis worker to deal with it as a crisis, or we can serve them as what they call a discretionary client. So that would be the parent reaching out for support services or another community provider or a teacher or something.

MS. MILLS: Well, for example, Katie, being in the school, saying, Hey, I'm seeing a student that has a need, saying, Hey, CCBYS, I think this is a good kid for you to try to connect with so that you can diffuse the situation before it becomes a crisis.

MR. HOOKER: So once we connect with that youth, our program can offer counseling and services -- more intensive services, they can go to the house and meet with the youth. We often will utilize other community providers.

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So we're a short-term intervention. So we may be the one that identifies the family. We may provide more intensive services by sending a counselor out to meet with them one to two times a week in their environment, working with the family on skills, but we'll also work with other community partners to service that youth.

They may identify they need mental health services, they need to go to Sinnissippi Centers because they're going to need medication monitoring or some service our program doesn't provide.

But that's how we connect, and the service that the program provides inhouse in addition to the crisis work is counseling.

MS. BROOKS: So I facilitate a family support group for individuals that have a person with mental health living in their home, and I have several families who have a youth. They have been diagnosed, but, you know, when they're 16, 17, they -- it's hard to pin down the diagnosis because there's so many other things going on. Maybe they're also using drugs or drinking. I know a few are smoking pot.

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And their home life is just very tense all the time. You know, sometimes the kids disappear for two days, they don't know where they are at. So is that somebody I can refer to you guys for services?

MR. HOOKER: Absolutely.

MS. BROOKS: If the family has insurance, I usually refer them, I tell them to go to a psychiatrist, just go that route if they have insurance, but they need additional support. They just don't know where to turn.

MR. HOOKER: That would be someone who would probably qualify. Although, I wouldn't say CCBYS is an intense mental health provider, but we can work with the mental health providers who can provide additional reinforcement, coping skills, family skills, things like that.

MS. BROOKS: That's what I was thinking, you know, instead of waiting until there's this huge crisis, an early intervention with some counseling and family counseling.

All right. You might be getting several people sent your way.

MR. HOOKER: And there is no charge for

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CCBYS services to any families that utilize it. The only financial charge is if a parent would lock a child out of their home and we have to place them in Nachusa, they get billed for the stay while they're locked out of their home.

MS. BROOKS: I know a lot of people that would pay a lot for this.

MR. HOOKER: We often don't get paid for that. But other than that, it's a free service.

MS. BROOKS: And then just for kicks, this is just kind of a wish list, has LSSI ever thought about collaborating with another agency to increase, like, inpatient services for youth with a mental health problem or mental health addiction problem?

MR. HOOKER: I don't believe in this community. I think we have moved away from a lot of residential inpatient care. In the Chicago area we have a lot of new and exciting programs in emergency rooms that try to work with families as soon as they come in, and provide those intensive almost residential services in their homes, but not in our area yet.

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MS. BROOKS: Okay. That's all I have.

MS. TYNE: How many years has LSSI been around?

MR. HOOKER: A lot.

MS. TYNE: 75.

MS. ZIMMERMAN: Forever.

MS. MILLS: We had our 150th anniversary.

MS. TYNE: You do a lot of good things. Thank you.

The Project Leads, how many days -- how many days do you go into the schools?

MS. MILLS: At least -- it depends on what the school has set aside for us and the way our agreement is set up, but it's at a minimum one time a week and it can be up to two times a week.

MS. TYNE: Okay. You see 500 kids?

MS. MILLS: Yes, over 500.

MS. TYNE: What would you need to be able to go into the smaller middle schools in Ogle County?

MS. MILLS: At this point we're looking to expand, so we would like to, and we're hoping with this extra person we're going to be seeking

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out other schools and giving them the opportunity to. So no matter what the size, we would be willing to take them on.

And until we feel like we are at capacity and we know longer have the staff to serve, we would be more than happy to, and that's going to be part of our outreach plan.

So really all we need to serve every school in Ogle County is enough staff and the workbooks that are required. Because those are the -- each student gets their own lesson book that has each of the curriculum lessons, and that's theirs to keep. So they take that with them, any reminders they have.

The cost of those booklets are close to a $1.50 apiece. So when you talk about 500 students, that does add up. But with -- if it's our budget to do and with help and support from places like what we get from here, the 708 Board, we haven't run into any problems with that.

So those were the two things that we would need in order to serve every school in Ogle County, which we would hope to do.

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MS. TYNE: Okay. That's all. Thank you.

MS. WILSON: Hi. Glad you're here.

MS. MILLS: Glad we're all here.

MS. TYNE: I do have one more question. I'm sorry.

MS. MILLS: That's okay.

MS. TYNE: With the CCBYS, if it's not the parent requesting and it's not, like, a school, if it's 24 hours, is it just the police?

MR. HOOKER: For the after hours, it can only come through law enforcement. So if they encounter a runaway, a lockout, if they encounter a youth from another state that shows up as a runaway in our state, that's happened here actually a few times, the police will call us, we'll respond.

And if it's someone from out of state, not our local area, we work to get them back to their own community. There's a network of CCBYS providers across the entire state of Illinois. There's full coverage. So we'll identify who is the CCBYS provider in the other area, and then we'll make arrangements to return them to their community.

MS. TYNE: I know that when children are considered homeless that they still have to be taken back to their original school. With this, what happens to these kids?

MR. HOOKER: So if we encounter a homeless youth and they're not from our area, is that what you're asking?

MS. TYNE: No. If they are from this area.

MR. HOOKER: If they are from our area, we'll place them in foster care temporarily or at Nachusa, and then we'll work to try to get them back to where their parent is. If that's not an available option, the case does ultimately get referred to DCFS.

MS. TYNE: I'm asking about the school part. If they're placed at Nachusa, do they go to the school at Nachusa?

MR. HOOKER: No. We try to transport them back and forth to their home school to keep that connection. That is the preferred method. There are times that's not viable, but our protocol says even if we place them out of the county, we should be transporting them back to

the school they go to.

MS. TYNE: That's all.

MS. WILSON: Okay. So I'm looking at Section 6, looks like you have taken a horrible hit this past year. Almost $2 million less in fundraising.

What kind of impact has that had on you?

MR. HOOKER: Our local programs, not as much. Those are global funds for LSSI. So our -- most of our programs are -- we have a set budget amount. We apply for the grant amount that we get awarded, and we have a decent idea of what else is incoming.

So it affects us, but it doesn't -- it hasn't had a dramatic impact on the three programs that we're applying for. It has on other programs that are based on support and donations, but for our service area and for Ogle County, it hasn't had as big of an impact. We don't rely on that set of donations to operate those programs. But it has had an impact on our organization.

Rising costs, unfortunately the grant amounts don't go up, they're the same every

year, but the costs of labor do, which causes us to struggle.

MS. WILSON: Okay. On Lutheran Social Services Youth Works budget, annual budget, I notice that on each of their annual budget -- thank you for breaking those out by program. That is wonderful. What does CSO mean?

MR. HOOKER: Central Services Office.

MS. WILSON: And you pay them $15,000 on this program?

MR. HOOKER: That's likely. That would be kind of our overhead that would probably go to, like, my salary, my boss.

MS. WILSON: Okay. But it does list salaries and wages. Page -- I got it on Page 12.

MR. HOOKER: Yeah. Allocation, that's kind of, like, our overhead costs. So not all salaries go into that. The direct service staff wouldn't go into that.

MS. WILSON: Okay.

MR. HOOKER: I can get a breakdown of exactly what that's for.

MS. WILSON: No. I was just curious.

MR. HOOKER: Our business manager is better at that stuff than me.

MS. WILSON: Tell me again what the letters stand for.

MR. HOOKER: CSO, I believe that means Central Service Office. So that's our main office in Des Plaines.

MS. WILSON: And, let's see, back a little further, consolidated statement of financial position, I have Page 3 in your -- about two or three pages before the exhibit.

MR. HOOKER: Okay.

MS. WILSON: Accounts receivable net of allowance for doubtful accounts, which you have got, like, $2 million for one and almost $3 million for the other.

Those are doubtful accounts statewide?

MR. HOOKER: Uh-huh.

MS. WILSON: And that means that you probably won't get paid by them?

MR. HOOKER: Correct.

MS. WILSON: Do you have, like, a general idea of where those monies are supposed to come from? Is that from the State?

MR. HOOKER: Most of our income is State.
MS. WILSON: What about the doubtful accounts?
MR. HOOKER: The doubtful, yeah. I think the State is paying all their bills. There may be some -- that has been a big problem in the past.
MS. BOWERS: Jeremy, no, they're not paying all their bills.
MR. HOOKER: I'm talking in relation to these programs. Several years ago now basically the 708 Board kept us functioning. We went a year without payment, and luckily our organization supported us. But we were getting on-time payments for our grants and still are.
So I don't mean the State in general is paying all their bills, but for purposes of this application, our programs are getting paid in a timely fashion.
MS. WILSON: Okay. So the doubtful accounts, like five and a half million, those are the Illinois State, and you do expect to eventually get them?
MR. HOOKER: I would assume. I honestly

don't know for sure. That's our agency budget. I tried to include the local budget so it would be a little clearer.
I can certainly get an answer on that and get back to you.
MS. WILSON: I was just wondering if that was mostly State funds?
MR. HOOKER: I can think of times in our residential services where we bill for services and we don't get paid for them, for whatever reason.
Managed care is a new thing that's affecting a lot of our organizations. So we may bring a youth in and provide services, but the insurance says no to double treatment. We continue to count what we're doing as revenue, but we are not going to get paid for that.
So I am assuming, and I'm only assuming, that that has something to do with some of our substance use services, including the ones at Nachusa, where we may provide services but for some reason the insurance company is going to reject the claim or say they don't need as much treatment.

But I can get some more clarification on that.
MS. WILSON: Okay. That's all.
MR. HOOKER: Thank you.
MR. SIGLER: I have been out to visit you on a number of occasions, and one of the things that impressed me was the schooling that you provide inhouse. Please speak to that a little further, if you will.
You made a comment, I know we have talked about it in the past, outpatient is the optimum that you're looking at -- not outpatient, but outplacement back to the school they came from. But if that's not possible and you're instructing inhouse, do you have certified instructors?
MR. HOOKER: Yes.
MR. SIGLER: Please elaborate on that for me a little more.
MR. HOOKER: Sure. Nachusa campus school, I can talk a little bit about it. I don't know as much -- because it's actually not part of our organization. It's run by the Lee/Ogle County Regional Office of Education, but it is a

partnership. So they're right there on campus. There's currently 30 to 40 students that attend the school.
The kids in our residential substance abuse program attend school there. They have their own teacher and counselor provided by the ROE. So our kids go to school right there on campus, all the kids in our Choices program attend school there.
But there's also some other education programs there from the community, where they bus kids in to go to school. So all the teachers are certified. A lot of our kids are able to catch up on credits. They contact their home school to get their work, they bring it in, they can catch up on credits while they're there. As our stays have shortened, that's not quite as effective as it used to be, but it is something that we offer.
So, yeah, it is a fully-functioning school. We have got a gym, we have got eight classrooms. It's a really nice, well-run thing by the ROE. We're glad to be partners with them.

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MS. MILLS: And a lot of the alternative programming at the school really opens the doors to those students who didn't want to go to school because they were more of the victims of bullying. They weren't the ones who were being aggressive, but they were the ones who developed a lot of anxiety about going to school because they didn't like the way it felt when they walked through the door, and this was a safe place for them to come. It has very small classroom sizes, among students who were experiencing similar things.

So it really is an opportunity for them to complete their education rather than give up on it because of how they were feeling and trying to avoid the whole educational system because of how other peers were treating them. So it does provide some really neat opportunities for students who otherwise would likely give up on education as a whole.

MR. SIGLER: Whether or not they are meeting State or local requirements, I am so pleased you have the school there as a safe haven for youngsters, where they can go and feel

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safe and still receive an education. Compliment both of you on that.

MR. HOOKER: Thank you.

MS. MILLS: Thank you. We'll pass that on to the ROE too, because the staff out there is amazing.

MR. SIGLER: Is that right?

MS. MILLS: They really are.

MR. SIGLER: I have never been -- I have been in the classroom when there aren't students in there, but not while they were actually instructing them.

I love your campus. I happened to be down visiting a gentleman -- I am an elder at my church -- who had his leg cut off. I'm like, oh, I'm driving by Nachusa. So I made a right-hand turn. You weren't there, nobody -- there was an older gentleman there. Extremely polite, extremely knowledgeable in your operations. He probably spent an hour with me in great detail going over the services that you provide, and I forgot his name.

MR. HOOKER: Bill Franklin.

MR. SIGLER: Would you please tell him

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this old man said hi?

I was so pleased with the way I was treated. Again, I just showed up.

MR. HOOKER: He's my supervisor. He oversees Rockford -- Rockford, Nachusa, and Aurora.

MR. SIGLER: Oh, is that right?

MR. HOOKER: So he's the associate executive director.

MR. SIGLER: Individuals of that caliber, you're going to be successful, oh yes.

Now, on a very, very serious note, a year and a half ago I came out to visit you and there sits a big box, what used to be the dining room, and I said, What's in there? That's a new workout machine. I said, When is it going to be up and running? Oh, closely -- shortly, Bill.

It's a year and a half later, I'm sitting here talking to you. Is it operating?

MR. HOOKER: Yes.

MR. SIGLER: If it isn't, we're going to have a problem.

MR. HOOKER: We have actually a lot more than that now. The area that you looked at that

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was under construction is fully functioning now. So we have got a lot of workout equipment. We had some stuff donated. So this winter, much better than last winter. A lot more options for the kids.

MR. SIGLER: I promised you I was going to ask you that question.

MR. HOOKER: Yup. Stop by for a workout anytime.

MR. SIGLER: Thank you very much. I have nothing further.

MS. HAUSHAHN: You kind of answered this question already, but you were saying the growth of that Project Lead, another additional worker, do you see needing another one and how much more is the growth with numbers?

MS. MILLS: Well, with the -- if we can secure Rochelle Middle School, that will be obviously a huge increase because that is a large school. That would probably eat up that fourth worker's time right there, just because that fourth worker currently gets split between all four of the counties.

So that would put us, once again, in a

position of being full and then seeing what we can do to expand staff again.

So every time we get the opportunity to expand staff, it's really exciting. Then we go out and try to expand the amount of students we serve to match that. So it is a cycle, and that's how we have grown, which is amazing. But we like to come in and prove through our numbers that once we get this additional staff, we're going to show you growth in terms of who we serve.

So I foresee that by next year we'll be having the same kind of difficulties in terms of needing staff, and we'll see what we can do. So, yeah, I think it's definitely a possibility.

MS. HAUSHAHN: Now, in summer nobody works in the school, or do they go to summer school?

MS. MILLS: They actually do partner with -- through some summer schools. This is a new thing, but the more established we have gotten in schools and the more integrated we have become with the staff and the students, the more requests that we're getting, because they see that we also have the flexibility to serve in

different ways.

The curriculum is one of the main tasks that the workers do, but we also -- we also do the Hidden In Plain Sight exhibit, which some of you may have heard about or seen. And what that is, is setting up a mock bedroom of a teenager and planting all these current drug trends that are going on within this mock bedroom, having adults walk through it, see how many they can pinpoint, how many warning signs do you see here, and then go ahead and having the worker explain about different trends that are going on, why this could be a warning sign, why you need to pay attention to what's going on in your teenager's life, in their social media. Just so that they can be more aware and not wait until we have a crisis. I mean, the whole point is to be proactive.

MS. HAUSHAHN: What kind of a quality improvement program have you put in place? You had that -- I don't know the page number, but it's Number 4. How do you measure the effectiveness of your programs?

MS. MILLS: Each program is a little bit

different in terms of what the State requires. So we not only follow our grant guidelines, which are different for each program.

I know for the Substance Use Prevention Program they have what's called a hub, where they are required to go in and put all the information of every task that they do. So every student that they serve gets put into what's called the hub information. So then those people who are part of the Illinois Department of Human Services can get in that hub and see what we're doing and see if we're fulfilling our grant requirements. So our communication campaign, something else we do, they are documented within that hub.

And then LSSI also has their own system, a QI, and you can probably speak to that a little bit.

MR. HOOKER: Quality improvement is really broken into two parts. There's the part that the State does, the monitoring they do, and then there's the monitoring we do internally. We have our own QI program that goes for all LSSI programs, so it's -- a quarterly basis is

generally how it operates. During the quarter we collect a lot of demographic information, and then the program director will take the demographic information and break it down into a narrative summary.

It's up to the directors to give that to the supervisors and the teams and kind of talk about the numbers, what they mean, and then all that information is passed on to our main office, QI department. There's actually quite a big department that handles it.

So quarterly data summaries, quarterly narrative summaries, discussions, and then an annual review.

MS. HAUSHAHN: Is there anything this past year that you have improved through the program that you know of?

MS. MILLS: The success rates for the prevention programs are really good, because the kids get really engaged in the curriculum. And one nice thing about the prevention programs, with using an evidence-based curriculum, it's been researched for us. So we don't have to do the research. It's been researched for this age

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group, it's been known to be effective in rural settings, which is important because of our location.

And so really what our job is, is to go in and fulfill the curriculum and then get to make sure that the students attend enough of the lessons to know that it's effective. They have to be there for at least 80 percent of the lessons. They have to be engaged and participating, otherwise they get considered unsuccessful. Because we know that that's when we no longer know it works.

But we know it does -- and this is what's been researched for -- if you attend at least 80 percent of the sessions and you engage and participate.

MS. HAUSHAHN: There's nothing to make them go to it, right?

MS. MILLS: Well, it is part of their classroom requirement. So that helps, with teacher support.

MR. HOOKER: Then we hope to see these numbers reflected in the Illinois Youth Survey. We hope to see these trend down. And it's not

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only going to be our work, obviously it's going to be community's work. But we want to see those numbers trend down, and it's really important and we want to see all the schools participating in that.

MS. HAUSHAHN: Have you seen any trend down?

MS. MILLS: We have, especially in certain areas where we really honed in on.

But one of the things that is now required with the Substance Use Prevention Program, which I think is really important, is the participation rate of schools has really fluctuated in taking the Illinois Youth Survey, and that has the data kind of all over the place.

So if we can get schools to consistently take the Illinois Youth Survey -- which we would be more than happy to go in and distribute and take care of four schools -- then we get a better picture. It's more accurate. Because the participation rate goes up.

If we only have one or two schools taking the Illinois Youth Survey, it's a good glimpse

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of what's going on, but it certainly doesn't give us the whole picture.

MS. HAUSHAHN: That's where the students give their comments --

MS. MILLS: Yes.

MS. HAUSHAHN: -- on what they do?

MS. MILLS: Yes, and on a variety of issues. It's useful for any social service agency. It's useful really for any parent, anyone who's really concerned about the wellbeing of youth, this -- it captures just a great picture of it. It talks about how they feel about their school environment, it talks about violence, it talks about substance use, it talks about relationships with your teachers, relationships with your peers.

It's a really, really great tool that I think our community could do a better job of really committing to. And part of what Project Lead is now doing is, part of the requirement of getting a linkage agreement with them, is agreeing to allow the Illinois Youth Survey to be distributed.

And like I said, we're more than happy to

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come in and take care of that for them. We don't want extra work for them. We just want them to allow us to do it.

MS. HAUSHAHN: Thank you.

MS. MILLS: You're welcome.

MS. BOWERS: Do you want me to go? I'm going to have to leave.

MR. HEAD: Go ahead, and then I'll go.

MS. BOWERS: Okay. Jeremy, and I don't know the pages here, but we talked about it earlier with the fundraising and development. Tell me how this breaks down to Ogle County. Can you break it down to Ogle County?

MR. HOOKER: I think our advancement department might be able to. We don't do a whole lot of fundraising in Ogle County like we used to.

MS. BOWERS: Okay.

MR. HOOKER: So there's not specific Ogle County fundraisers. Many of those fundraisers now take in the form of mailers that go out and ask for private donations. I think that's what a lot of them are.

MS. BOWERS: So you don't know the

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percentage that Ogle County contributes as far as fundraising goes?
MR. HOOKER: No, I don't, but I could probably get broken out. For these three programs, I don't believe they receive any of those fundraising dollars.
MS. BOWERS: Okay. Then going on to the budgets, what part of this is Ogle County?
MR. HOOKER: It's all -- I think most of these are broken down just for Ogle.
MS. BOWERS: It doesn't say Ogle at the top, that's why I'm asking.
MR. HOOKER: I can tell you by the budget about. So the CYS program, community Youth Services, you would basically divide those numbers by two. That is the program budget.
MS. BOWERS: Okay.
MR. HOOKER: So that is for Lee and Ogle Counties.
CCBYS is hard to divide by county because all the -- it serves the four-county area, but all the workers are on call for -- it's a rotating on-call system. So, I mean, maybe you could say divide that by four, but really it

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takes the entire program to operate. So I think the budget is applicable to Ogle County.
Project Leads budget --
MR. HEAD: So would you divide that by four?
MR. HOOKER: I don't think I would, because you wouldn't have the on-call network if you divided it. I think the program just serves -- I don't know how to break it down by county exactly.
MR. HEAD: Okay.
MR. HOOKER: Because you need the whole infrastructure for the program to operate, but it does serve four counties.
MR. HEAD: Do you have a breakdown of participation for the four counties?
MR. HOOKER: I could get one. Actually, I think the data I included on the spreadsheet is only Ogle, the Excel sheet. So that would be a breakdown.
MR. HEAD: Could you kind of back-end your way into some sort of budget estimate, looking at the data?
MR. HOOKER: I could, but it kind of -- I

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guess I kind of describe it as almost like a 911 system. It might serve multiple counties, but if you took away part of the infrastructure it wouldn't be able to serve the one county. You know what I mean?
MR. HEAD: But you could see what the Ogle County Sheriff, supporting that 911 system, might be --
MR. HOOKER: Of how many calls, yeah.
MR. HEAD: -- based on utilization.
MR. HOOKER: We can certainly talk about utilization.
MR. HEAD: Yeah.
MR. HOOKER: But it is an always-on system, so it is always available whether we're using it or not.
MS. STEPHENITCH: The seven clients for CCBYS were Ogle clients?
MR. HOOKER: Yes.
MS. STEPHENITCH: Yeah, okay.
MR. HOOKER: And the Lead budget is -- would be -- a third of that would be Ogle County.
All the programs for Lead and Works are

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staffed the same. Each county has their own designated workers and staff, so it's an even divide on the budget as far as costs.
So Project Lead serves three counties, so it would be a third of that, you can say, would be for the Ogle County portion.
MS. BOWERS: Jeremy, if I were to ask you to increase your funding request for Ogle County -- or from Ogle County, would it jeopardize any of your grants that you currently receive?
MR. HOOKER: No, it would not.
We did prepare kind of a summary. I know we were told that there may be additional funding. So we did put together kind of a short, little summary of how we could utilize extra dollars if they did become available.
I didn't know if this was the place to provide that or not.
MS. BOWERS: Yes.
MS. MILLS: That's definitely a yes.
MS. BROOKS: What's the oldest age limit that you work with? Is it 17 or 18, or just after 12th grade?

MS. MILLS: For Works, it actually goes into the early 20s, because it has a component that also has to do with gainful employment, which we see is an important aspect of staying out of our law enforcement systems. So we are able to work with young adults and help them with any kind of employment issues or just connecting to the community in healthy ways.

So it doesn't have the same age limit as what Project Lead has, which Project Lead only goes to 18. Youth Works goes into the early 20s. So it helps with that transition area, which can be very difficult.

MS. BROOKS: Yeah, 18 is not a --

MS. MILLS: Yeah, and sometimes it's also about figuring out what types of interests they have in terms of going to, like, community colleges. And that's another component of Youth Works that they can help with, because we know that steers youth away from violent behavior, is having these positive connections, whether it's with employment or college or classes. So we are able to assist with that.

MS. BOWERS: So you're only asking for a

$16,000 increase in your budget request?

MR. HOOKER: Yes.

MS. WILSON: Does anybody else have -- I don't have the cover sheet.

MS. BROOKS: This?

MS. WILSON: Thank you.

MS. BOWERS: I don't have anything further. And I have to go.

(Whereupon, Dorothy Bowers left the hearing.)

MR. HEAD: So what I'm wondering about is -- I want to go back to what Tracy was starting to pursue, which was emergency Youth Services. Have you ever provided psychiatric services on campus?

MR. HOOKER: We do for -- we have a telepsych service. We don't do that for these programs, but we do it for other programs.

MR. HEAD: Okay.

MR. HOOKER: So we do have a contracted psychiatrist that's part of our residential program.

MR. HEAD: Have you ever done inpatient psych?

MR. HOOKER: Inpatient psych? No, not that I'm aware of.

I'm trying to think of our programs more in towards Chicago. We have adult -- we have a facility that does substance abuse treatment that does medically monitor detox at all levels. There's some intensive outpatient programs.

MR. HEAD: Do you have healthcare person on staff 24 hours a day?

MR. HOOKER: Do we at Nachusa? We have a registered nurse.

MR. HEAD: On staff 24 hours a day?

MR. HOOKER: She is not -- well, she's on call. She's just one person. So I don't want to say she's 24/7. She does go on vacation.

We're contracted with KSB. We have a medical director through KSB and an agreement with KSB for emergency medical services.

MR. HEAD: Okay.

MR. HOOKER: So there's an administrator on call 24 hours a day. We have an administrator on call that will serve all of our outpatient programs and who can connect to the registered nurse, and then the registered nurse,

also, people call her directly in addition to the on-call. She's busy.

MR. HEAD: Have you ever operated with a locked unit or a closed unit?

MR. HOOKER: We're not allowed to lock the doors. It's a regulation.

MR. HEAD: Fire Code.

MR. HOOKER: It's not allowed.

MR. HEAD: So not like a psychiatric unit in the hospital?

MR. HOOKER: No. It can't be locked.

MR. HEAD: So if -- so you do have a relationship with KSB for psych. What would it take and do you think LSSI would have any interest in operating a psychiatric unit for kids, for adolescents?

MR. HOOKER: I would have to run that up the chain and talk to some people above me to make that determination. I think it would be a very costly endeavor.

MR. HEAD: Yeah. Oh, yeah, it would.

MR. HOOKER: Do we have infrastructure that could support it? In some ways, yes, we have a few buildings on campus that can be

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repurposed or utilized. We currently have a DCFS licensed unit that's a very similar setup to our substance abuse treatment unit that's empty. We use it now for trainings and other things.

So do we have some infrastructure and some things in place? Yes.

MR. HEAD: Yeah.

MR. HOOKER: Could we have it up and running soon? Not likely.

MR. HEAD: In a year?

MR. HOOKER: I doubt it. I think it would be a pretty big endeavor.

You're talking like a psych hospital?

MR. HEAD: Well, yeah, be something that would not be long-term, but, you know, could be, say, a week to 14 days.

MR. HOOKER: Yeah, it would really depend on what the funding source was, what the goal is.

If you're looking for full medical services, with doctors, staff, I don't think that would be something with a very quick turnaround. If you're talking about an

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intensive residential placement to treat mental health, we're already a Medicaid certified site. A proposal like that could move along quicker. We do have a lot of the infrastructure.

We have previously served youth who were -- basically an alternative detention program, it was called ATD, so those were youth referred by probation departments who are at risk of going to the Department of Corrections. Instead of going to the Department of Corrections, they came to us.

We had to close that program, as the probation departments just didn't have the money to pay for those placements.

MR. HEAD: Right. Right.

MR. HOOKER: But he had -- that was mental-health focused. It was more oppositional-defined behaviors and things that led to criminality. So the focus was more on those types.

But we have experience running those types of units, we have experience running actual full-fledged DCFS residential programs, which were mental health treatment programs.

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MR. HEAD: Okay.

MR. HOOKER: Actually started with LSSI in one of those.

Their whole campus used to be filled with programs like that. So we do have history with these types of program, are aware, and have some infrastructure to support them.

MS. BROOKS: Why did the programs go away?

MR. HOOKER: DCFS moved away a lot from placing kids in residential. There's very few facilities left.

Our last DCFS program was linked to that ATD program I just mentioned. It was a shelter. But, again, we didn't have the volume, and the kids we were receiving were so severe in their behaviors, it became hard to support just having two or three clients at a time.

MS. BROOKS: So where do they go now?

MR. HOOKER: Most of the shelters in Illinois are full. Placing them is extremely challenging. They usually go to Chicago for DCFS.

MS. BARNHART: So do you feel there would be a need and you would be successful if you

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opened this?

MR. HEAD: If the funding were there.

MS. BARNHART: If the funding were there, correct.

MR. HOOKER: I think we can successfully run a program, yes. I think there is a need. Whether or not that's the direction of the organization and which way they want to go, it seems like we're more focused in a direction of trying to treat people in their homes.

MR. HEAD: Sure.

MR. HOOKER: So I can't speak for the whole organization, I guess is what I'm trying to say, and whether that would be something they would be interested in.

I can tell you, we do have some things that could support development, and we have space, we have a lot of the components.

MR. HEAD: Amy, do you have any perspective on that in terms of whether there would be enough need or interest?

MS. STEPHENITCH: Well, I think maybe what Nick is getting at, we -- we occasionally seek residential treatment because of the severity of

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mental health needs of kids in schools, this year more so than I have ever seen in the last 20 years. And so when seeking residential placement, as you know, it's very difficult.

MR. HOOKER: Very, right.

MS. STEPHENITCH: And so I think that's kind of maybe what we're kind of getting at is, for local youth, if we had kids with severe mental health needs that needed long-term residential placement, the family component, the family treatment plans, what could we do? We look at places like Allendale or Northern Illinois Academy or, you know, Baby Fold shut down now in Bloomington.

And there's some places that don't even accept the youth because of how disturbed they may be. We have been having to look out of state. So I think that's why we're kind of wondering.

MR. HEAD: Yeah, I keep hearing about that, hearing about that, and I'm wondering if there's a population that doesn't need long-term residential but they do need crisis stabilization.

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MS. STEPHENITCH: I agree.

MR. HEAD: You know, I don't know if you could put a person with psychotic symptoms into a short-term or whether they would necessarily go to long-term. It kind of depends on the behaviors that they show.

MS. BARNHART: And to get them stable to be able to move them into another program, is what you're trying to say.

MR. HEAD: Right, or stable enough to use the existing system.

MS. STEPHENITCH: Would you say you have the crisis stabilization right now, or no?

MR. HOOKER: Yeah, I think we certainly get youth in crisis, even in our substance abuse program.

Do we have a formal system? No. But we get youth in crisis there regularly.

MS. STEPHENITCH: And formally, right now, like, as you mentioned, the way the referral would come about is either a lockout --

MR. HOOKER: For CCBYS, yes.

MS. STEPHENITCH: Or even parents reaching out to say --

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MR. HOOKER: Two populations: crisis population and discretionary. So any parent, teacher, whoever wants to, can refer a youth to us. I think we can see them up to eight times without doing paperwork or consents right now. Eight 90-minute sessions without parental consent even, if it was a situation where parents didn't want to be involved.

So anybody can refer to CCBYS. They call it discretionary because we serve them based on our capacity, if we're too busy with crisis or other ways to serve them. Right now we haven't had that issue. We do have enough staff to serve those kids.

MS. STEPHENITCH: Also as you mentioned, that's in the home, not necessarily where they would be overnight or --

MR. HOOKER: Yeah, we have flexibility with the program on where we see the kids. We may see them at our office, we may see them at school, or in some cases we may go into the home.

MS. BARNHART: But they're not residentially placed anywhere during that time?

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MR. HOOKER: Only if they're in crisis and we couldn't resolve the crisis. Kind of a worst-case scenario.

MS. STEPHENITCH: Like if they had a lockout?

MR. HOOKER: If we have to place a kid, it didn't work initially. We're going to keep working and try to get them back home.

The whole point of the program is to not have kids go to DCFS, to not have them to get further into the juvenile justice system. It's a very costly system, that once you get in, you're in it for a long time. So we want to divert you. We want to do an early intervention and get them back home.

MR. HEAD: I keep hearing the need for a youth facility, but I'm not clear about what the parameters of that would be and how many of the youth that the schools are having difficulty with would be ineligible to use something like that. Not as a -- you know, some new standalone residential in addition to what's out there, but --

MS. STEPHENITCH: Yeah, maybe some kind of

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a supplemental.
MR. HEAD: Yeah, a supplemental transition center.
MR. HOOKER: We face the same struggles. We identify youth we don't have a place to place them. Our foster care program is quite large and they're always struggling to find placements or shelters.
MR. HEAD: Yeah.
MR. HOOKER: You know, resources are very thin for residential placement.
MR. HEAD: Margaret?
MS. TYNE: Do you have any residential there right now?
MR. HOOKER: Just the Substance Abuse Treatment program. It's licensed by SUPR. It's called SUPR. I have to get used to saying that. But DHS.
MR. HEAD: How long is that program?
MR. HOOKER: It used to be three to four months with managed care, but we're now looking at 30 days or less for all stays. That's been a change in the last year. It's a much shorter term.

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So the goal of the program is going through full treatment and getting them completely ready. So now our focus is on treating kids with severe substance use issues and getting them ready to step down to the next provider to continue their work.
MS. HAUSHAHN: I bet they didn't do any research on longer stays and short, did they?
MR. HOOKER: It's cheaper.
(Multiple indiscernible cross-talk.)
MR. HOOKER: Providers deciding when it was time for that child to move on. But our focus is now much more than linking them. Our focus has changed to before we were really working to make sure everything was ready to go, we did home visits, we get everything set. Our purpose now is to get them ready to go to intensive outpatient to continue their work.
So it is a shift from focus to trying to put kids in a least-restrictive environment, which has been a shift in the state. And that's not all bad. There are certainly good things about that.

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MR. HEAD: Yeah.
MS. STEPHENITCH: That's insurance-based and Medicaid?
MR. HOOKER: Yes, we take all insurance and Medicaid.
MR. HEAD: There might be an opportunity there, and I'm not thinking there's a solution now.
MR. HOOKER: Sure.
MR. HEAD: But we have been kicking this around for as long as I have been on the Mental Health Board, and it sounds like there are people that have different interests in terms of who they are in the community and what kind of stakeholder they are. It would sure be interesting to see if there was some initiative to get that beyond the conversation stage.
I can see you working in conjunction with KSB, you know, in conjunction with Sinnissippi, in conjunction with the Regional Board of Education. Just food for thought. The need doesn't seem to be going away, and I think, as Amy has mentioned, it's gotten worse. There's a lot more depressed and anxious kids out there

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than ever right now, and adults.
I don't have any further questions for you.
MR. HOOKER: Okay.
MR. HEAD: Would it be possible for you to incorporate your discretionary $16,000 into your ask and redo that with --
MR. HOOKER: Yes.
MR. HEAD: -- getting us the information and what the increase is for?
MR. HOOKER: Yes.
MR. HEAD: Okay.
MR. HOOKER: I tried to summarize it in here, but if you would like me to combine the applications, I could.
MR. HEAD: Why don't you give it a try.
MR. HOOKER: Sure, that's no problem.
MR. HEAD: We're not making decisions today. We will be making decisions a week from today. But we have extended that opportunity to some of the other agencies applying for funds.
So you have always come in asking low for services you have already delivered, and it's disheartening to see, because I know how hard

you work to get things going, that you don't ask for reimbursement for a year or two into a project.

I would hate to have to get help for a medical condition if I had them defer reimbursement for a year or two.

So that's all I have. Any other questions or --

MS. WILSON: I just wanted to say, this document that you gave us today really explains exactly what Nick was saying. I mean, like, the grant amount did not allow for $1800 in program costs to be reported for reimbursement. Okay. And, you know, things reduced from, like, $7400 to $500. Like, what? That is complete disconnect.

So thank you very much for working it out that way. It makes it clearer.

MR. HOOKER: The numbers on this sheet are for FY20. This is what we have applied for from the State. So you can see the impact this rising benefit costs and rising labor has on our program. We don't want to reduce staff, and luckily our organization tends to try not to.

But our cost do go up --

MR. HEAD: Yeah.

MR. HOOKER: -- and unfortunately the grant amounts don't.

MR. HEAD: Very unfortunately.

MS. STEPHENITCH: Just a quick clarification. For Youth Works in Ogle, this year-to-date's client is 725?

MS. MILLS: Yes.

MS. STEPHENITCH: And not applicable from last year's unduplicated clients?

MS. MILLS: Right. So -- and part of those numbers is, what you're seeing is, they go out and do outreach to get what's called a referral guide that actually a youth committee for Youth Works puts together.

They get together in a small committee with the worker and talk about, what services do you think that kids your age could use. And then they put together a referral guide that's just honed in for those youth, and then they work to pass it out to youth so that youth can always be aware of what's available to them in their community.

And anymore, with the resources they have on their phone, at their fingertips, they can reach out if they're in a crisis. If they're thinking about suicide, because we know those rates are going up in youth, they have that emergency line right there for them. They can even -- now there's a texting number you can have for if you're having thoughts of hurting yourself.

So it's very geared towards how they think and how they communicate, where I know people even my age group wouldn't think of texting, I'm going to hurt myself, I'm having suicidal thoughts. Young people do. That's really their preferred method of communication. And if that opens the door to them getting the help they need so that they don't hurt themselves, that's important.

Those are different things that are included on the youth referral guide that's passed out to a large number of youth in the county. We go to multiple schools to make sure that youth have access to that. We also have it in public areas, like libraries, it's in the

school office a lot of times, the youth referral guide. So if they lose theirs, they can always stop by, grab another one.

So those numbers are included in that, and that's why you see an extremely large number for that program.

MS. WILSON: Could you bring some of those youth referral guides here?

MS. MILLS: Absolutely.

MS. WILSON: I don't think I have seen them at the Oregon Library, so I would be happy to.

MS. MILLS: I will not only bring you some, then I'll talk to the board about getting them there.

MR. HEAD: So this is for you, and maybe you too, Amy. What's the school's response to bullying behavior? Is it adequate? Does it change anything?

MS. BROOKS: Probably depends on the school.

MR. HEAD: Sure.

MS. MILLS: I know what we're hearing a lot is that they care. They have policies that

are zero tolerance, and that's great, because it shows that they don't want to tolerate, they don't want it to happen. But then it still does and they don't really know what to do.

MR. HEAD: Right.

MS. MILLS: And that's where I think -- I'm hoping that we can pull from more research that's being done about this, because it's really been within recent years that it's become a big issue that has gained nationwide attention.

I think that's where schools are stuck.

MR. HEAD: After-school detention? No.

MS. STEPHENITCH: Really I think it does vary school by school, but the schools are in charge of addressing if there's an incident, and that can look different. It involves, like, the investigation and then the follow-up and ensuring that, you know, if the kids need to be separated, not victimizing the victim, maybe it's modifying a schedule, getting together -- some kids can have a resolution meeting and move forward successfully; others it wouldn't be the healthy thing to do.

So I think it just so varied depending on the dynamic of what happened.

MR. HEAD: Sure. Sure.

MS. MILLS: I think the school cares and the administration cares, school staff care, but if you look at what we do have for Illinois Youth Survey data, students aren't feeling like they care, and that's where the disconnect is. It's important to recognize that.

MR. HEAD: Okay. Very good.

MS. MILLS: Our numbers are extremely high, and not just in Ogle County but throughout our surrounding counties, that they don't feel connected to their school environment. They do feel like they have been bullied. We're looking at close to 50 percent, in some cases, of kids saying that they feel like they have been targeted and it's impacted them.

MS. BROOKS: Do you know, have you ever heard of any schools in the state that are, like, doing a really good job with that, like a program that could be --

MS. MILLS: There are some pilot programs. I don't know if they really have the results for

us to have it as our go-to to pull from and model it.

MS. BROOKS: Gotcha.

MS. MILLS: I think we need to keep our eye on it and keep searching and keep working together as a community to find solutions, because I don't think we're there yet.

MS. HAUSHAHN: I think it's a very hard topic, because when you went to school there was bullying, even when I went to school, and it's been a very long process. It's going to take awhile to get --

MS. MILLS: Yes, and social media has just made it that much worse for our youth. I think all of us, when we were younger, experienced it, look back on it. And I know some people have that thought, Well, yeah, it's just part of going through growing up.

The extent it occurs to now, and 24/7 on those phones some of those kids will harass someone else. I used to walk away from school. Whether there was a bully there or not, I walked home to my safe place, and I didn't have to deal with that bully anymore. Well, now that bully

can get to my classmates, and really myself, 24/7, and that just takes a toll emotionally, I think, on our youth.

MR. HEAD: I was bullied for three years in middle school, unpredictably week after week, and I am still angry about that, I will tell you.

MS. MILLS: It impacts.

MR. HEAD: Yeah, yeah.

All right. I don't have any further questions. Thank you so much.

MS. MILLS: Thank you.

MR. HOOKER: Thank you.

(The hearing was recessed at 8:05 a.m.)

OGLE COUNTY
COMMUNITY MENTAL HEALTH BOARD (708)

In the Matter of the Application)
)
of)
)
Lutheran Social Services of)
Illinois) Ogle County
) Sheriff's Office
Ogle County, Illinois.) Oregon, Illinois
) May 14, 2019

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

Dated at Dixon, Illinois, this 16th day of May, 2019.

Callie S. Bodmer
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