

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

MINUTES OF MEETING

May 16, 2011

Approved

Board Members Present: Cynthia Luxton, Ken Ritchie, Donna Schoenfeld, Jeff Whelan,
Gary Lothson, Eileen Dubin, Jane Dargatz, Dr. Kirts, John Rogalin

Board Members -Excused Absence:

Board Members - Absent:

Other Persons Present: Ben Gordon Center

Office Staff Present: Kathy Ostdick

1. CALL TO ORDER

The meeting was called to order by the President, Cynthia Luxton, at 6:31 p.m.

2. AGENDA

Mr. Whelan moved to approve the amended agenda; seconded by Rev. Ritchie. The motion passed unanimously on a voice vote.

3. INTRODUCTIONS

Introductions were made between the board members and the guests.

4. MINUTES

Mr. Whelan moved to approve the minutes of the April 2011 Board meeting; seconded by Dr. Kirts. The motion passed unanimously on a voice vote.

5. COMMUNITY INPUT

The Ben Gordon Center presentation was made by Michael Flora, staff and board members. Notes are attached.

6. CORRESPONDENCE AND ANNOUNCEMENTS

The board reviewed several items in the binder.

7. FINANCE REPORTS

Rev. Ritchie moved to approve the May 2011 agency claims in the amount of \$134,810.26; seconded by Mr. Lothson. The motion passed unanimously on a roll call vote.

Rev. Ritchie moved to approve the May 2011 office claims in the amount of \$36,727.33; seconded by Mr. Rogalin. The motion passed unanimously on a roll call vote.

8. BOARD MEMBER ISSUES

A. Strategic plan - chart summary - tabled

9. OFFICE REPORT

Ms. Luxton discussed the office report. The 2010 Annual Report is finished and a copy is included. Ms. Cara Witkowski of the Epilepsy Foundation has retired due to a death in the family and Ms. Luxton suggested that the board recognize her in some way. The board came to the consensus to let Ms. Luxton decide what should be done. The CACDC received a grant from the Community Foundation for a new computer and a file cabinet.

Ms. Luxton and Ms. Ostdick attended a symposium at the Naperville NIU campus by NGOLD discussing community leadership. NGOLD has a bachelors degree program fostering this concept. This program focuses on non-profit advancement practices. Tom Matea was a speaker and Ms. Luxton suggested that he present this concept to the Mental Health Board to keep us informed because they may be working with the agencies that the board funds. If Mr. Matea is available the day of our retreat, it would be a good idea to hear his presentation at that time.

Ms. Luxton reported that a letter has been sent to the Gordon Center to discuss their renovation project more in-depth, possibly in August or September.

10. COMMITTEE REPORTS

Executive Committee:

Ms. Luxton reported that most of the topics at the committee meeting are also on the board meeting agenda this evening. Ms. Luxton also said that Ms. Dubin, on the board's behalf, is exploring the idea of establishing a taskforce to respond to the need for inpatient psychiatry and is meeting with local leaders to gather information.

Finance Committee:

Mr. Rogalin reported that the committee discussed the grant applications for this evening's discussion. Also, Mr. Rogalin has drafted a revision to the Individual Care Grant application and process and this will be discussed at a future finance committee meeting.

The presentation follow-up letters for the DeKalb County Drug Court and the DeKalb County Sheriff's Office were reviewed and finalized.

Mr. Whelan moved to approve the presentation follow-up letters for the DeKalb County Drug Court and the DeKalb County Sheriff's Department; seconded by Ms. Dubin. The motion passed unanimously on a voice vote.

Outcomes Committee:

Dr. Kirts reported that the committee reviewed outcomes for the first three quarters of GY11 for each agency. Most of the agencies did not utilize the new form and will be asked to do so starting with GY12. A follow-up training by Sharon Mills has been suggested in another committee meeting and the Outcomes committee agrees with the idea. Another suggestion from this committee is that the agencies used to submit data monthly through GY10. For GY11 they were told they did not need to submit that information, but the Outcomes committee is going to recommend that the process be restarted with the data being submitted quarterly instead of monthly.

11. OLD BUSINESS

A. Ben Gordon Center HVAC:

Mr. Rogalin reported that the partial payment to DeKalb Mechanical has been submitted. Ms. Ostdick also reported that the new HVAC units will be installed May 23, 2011.

B. Grant application review and approval of grants:

The board reviewed the spreadsheet of suggested grant amounts. The Ben Gordon Center requests and presentation was discussed. After a focused discussion, the following grants will be voted on:

Summary of All Programs Funded and approved for GY12			
Agency	Program		GY12 Total
			Payment
<u>Line Item 8201 Contributions to Agencies</u>			
Adventure Works	Adventure therapy for at-risk youth		79,000
Ben Gordon Center	Emergency/Crisis & Screening Program		81,600
	Mental Health Services - Adult		173,500
	Mental Health Service-Child & Adolescent		146,500
	Child & Adol Psychiatry Salary Support		27,200
	Alcohol & Substance Abuse - Adult		101,600
	Alcohol & Sub Abuse-Child & Adolescent		4,100
	Community Education		8,150
	Response Line		17,300
	Prevention Services		13,300
	Community Employment Service - CEPS		31,700
	Assertive Community Treatment - ACT		39,300
	Advanced Practice Nurse salary support - up to		90,000
	Staff position support (3-Pos) - up to		50,000
	Psychiatry salary support/Dr. Mahmood - up to		80,000
	Total		864,250
CACDC	Community Education, Community Ed, Special Needs Awards		15,000
Children's Home + Aid	Home visit: mental health screenings & support services		8,595
DeKalb Co. Sheriff's Dept	Jail Based Services		34,700
DeKalb Co. Youth Service Bureau	Early Intervention		57,050
	Youth Project		20,800
	Alternative to Suspension program		10,000
	Youth and Family Counseling		27,000
	Total		114,850
Elder Care Service	Care Coordination program		33,000
	Elder abuse, neglect, and exploit program		7,350
	Older adult self-neglect program		7,350
			47,700
Epilepsy Foundation of N/C Ill	Epilepsy Services		22,500
Family Service Agency	Senior Mental Health Services		48,650
	General Counseling Scholarship		11,400
	Children's Advocacy Ctr		24,500
	Children's Advocacy Ctr: Child abuse trauma therapy		47,500
	Total FSA Grant & Purchase of Care		132,050
Hope Haven	Case manager - Dresser Ct.		13,400
	Case manager - Emergency shelter		10,600

	(1) 40 hr + (1) 16 hr counselor/security position		37,100
	Case manager - new Emergency shelter full-time		15,700
	Psychiatric services on site		20,000
			96,800
Agency	Program		GY12 Total
			Payment
Open Door	Regular Work		33,600
	Developmental Training		11,200
	Total		44,800
Opportunity House	Regular Work		25,300
	Developmental Training		95,900
	Supported Employment		22,300
	Total		143,500
Safe Passage	Residential/Shelter		25,600
	Crisis Intervention		18,600
	Abuser Service		49,600
	Sexual Assault Services		25,900
	Total		119,700
Voluntary Action	Transportation		19,500
Center	Nutrition		6,800
	Total		26,300
Sub-Total	Sub-total		1,749,745
Purchase of Care			
	1) Psych Evals & Med Monitoring		50,000
	2) Underserved Purchase of Care		10,000
	3) Ind. Care Grant Purchase of Care		5,000
	4) Medication grant (new GY11)		20,000
	Sub-Total		85,000
Sub-Total: Line item 8201			1,834,745
Line Item 8205			
Hinckley Big-Rock	Parent University program		4,000
Children's Com Theatre	NIU - Penguin Project		3,000
Sub-Total: 8205			7,000
TOTAL: Line Items 8201 & 8205			1,841,745

Mr. Lothson moved to approve the above list of GY12 grant requests; seconded by Mr. Whalen. The motion passed unanimously on a roll call vote.

C. Bob Keller consultation services:

Mr. Keller will be having a conference call with Ms. Luxton and Ms. Ostdick on 5/31/11 regarding his review of our office procedures and his work with the Youth Service Bureau and Adventure Works. Mr. Keller is also available to speak at the retreat.

D. By-laws review:

The by-laws have been reviewed and no changes are suggested at this time.

Mr. Lothson moved to accept the by-laws as is; seconded by Mr. Whelan. The motion passed unanimously on a voice vote.

E. Retreat and meeting schedule:

The new meeting schedule was discussed.

12. NEW BUSINESS

A. Nominations committee:

The nominations committee met and discussed a new slate of officers. Dr. Kirts nominated Ms. Luxton for President, Rev. Ritchie for Vice President, and Ms. Dubin for Secretary. Dr. Kirts asked for any further nominations from the floor. No further nominations were brought forward.

Dr. Kirts moved that nominations be closed and the new slate of officers as of 7/1/11 will be Ms. Luxton as President, Rev. Ritchie as Vice President, and Ms. Dubin as Secretary; seconded by Mr. Rogalin. The motion passed unanimously on a voice vote.

13. CLOSED SESSION

Mr. Rogalin moved to go into Closed session at 9:17 p.m.; seconded by Rev. Ritchie. The motion passed unanimously on a voice vote.

Mr. Rogalin moved to go into Open session at 9:38 p.m.; seconded by Mr. Lothson. The motion passed unanimously on a voice vote.

Mr. Lothson moved to compensate the Administrative Assistant \$200 per month for the time that she is acting solely on the same basis as she was previously compensated for acting solely which was \$200 per month; seconded by Mr. Rogalin. The motion passed unanimously on a roll call vote.

Ms. Dubin moved to schedule a special closed meeting of the board for the purpose of discussing personnel on June 2nd, 2011 at 6:00 p.m. or June 1st at 6:00 p.m.; seconded by Mr. Rogalin. The motion passed unanimously on a voice vote.

14. ADJOURNMENT - Next Board meeting date: 7/18/11

The meeting was adjourned at 9:45 p.m.

Respectfully submitted,

Cynthia Luxton, President

Kathy Ostdick, Recording Secretary

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

**To: Cindy Luxton, John Rogalin, Donna Schoenfeld, Eileen Dubin,
Thomas Kirts, Ken Ritchie, Jane Dargatz, Gary Lothson, Jeff Whelan**

From: Kathy Ostdick

Date: May 18, 2011

Re: Notes from the Ben Gordon Center presentation to the CMHB on 5/16/11
to be included in the 5/16/11 Board meeting minutes
(taken and typed by Kathy Ostdick)

Ben Gordon Center presentation to CMHB 5/16/11

(I had a hard time hearing the BGC employees and board members sitting along the wall as I was listening to the tape)

Present from the Ben Gordon Center was Michael Flora, Jerry Strachen, Shannon Underwood, Dr. Greg Tierney, Kathy Hicks, Mary Keys, and Diane Hammon.

Michael Flora thanked the board for the opportunity to meet and stated that the mission of the Gordon Center is to provide behavioral health care services in a timely and affordable manner to the people we serve in order to assist them in creating the highest quality of life possible.

Mr. Flora distributed a handout that was a copy of the power point presentation he was utilizing. Mr. Flora went through the slides and read each of them. A copy of that handout is included with the board meeting minutes.

Mr. Flora stated that the BGC philosophy to care management is customer and family centered. It is a recovery philosophy with an attention to quality. Incorporation of evidenced based best practices, both clinical and management, are followed. BGC is outcome focused and performance based.

Shannon Underwood discussed child and adolescent services. Ms. Underwood discussed the Building Change program. She said that BGC is trending very high in the area of family therapy. Adolescent group therapy has shown an increase and BGC has developed 20 groups in the last year. By increasing the number of groups, BGC is able to provide more therapy to people who are coming with less resources from the community or family. The Building Change program is an intensive group therapy program. BGC has seen 80 clients so far that are at risk for hospitalization or are post-hospitalization. There are 4 tracks to this program, the parent track, the child track, (and 2 additional tracks not spoken about).

Mr. Flora described the position of FRD (family resource developer), who has gone through the system herself and knows how to navigate through the paperwork, is a peer, asks clients how the system can help, and helps put programs in place.

Dr. Greg Tierney discussed adult mental health. As in Ms. Underwood's programs, BGC is focusing on increasing the number of therapy groups for adults, with more specialization. Adult therapy groups include women's issues, depression, anxiety, anger, relationship problems, ADD, eating disorders, etc. Before entering a therapy group, clients need to have a psychiatric evaluation, and psychological testing.

BGC has a fairly new program for couples which is a 4 week program. A new therapy group is coming on line for people who are struggling with emotional eating, for adults and adolescents.

BGC is increasing their client's success rates by developing a group that is more individually focused, 5 sessions that teaches a client how to understand their issue and how to deal with it.

The substance abuse team is very focused and encourages clients to seek help at AA type groups also.

Mr. Flora discussed that sometimes individuals need a higher level of care from both the adult and adolescent teams. They then will be referred to a residential program. That process is not always easy to accomplish. Finding a suitable facility and one that has an open bed is sometimes difficult. There is one particular young man that the CMHB has agreed to help fund for residential housing, but BGC can not find a facility that will take him or that has an available spot. BGC is trying to give him a large amount of outpatient care until a facility is found. BGC has had to see this patient multiple times per week and he is responding favorably.

Another program that BGC offers is a community support program. Both Shannon Underwood and Greg Tierney co-manage. This program is basically run out of Reality House, offers individual, family, and group therapy, individual case management and day time skills group for people with mental health issues to teach activities for daily living.

Mr. Flora also described a program that includes the Dartmouth model on illness self-management, a 52 week curriculum. This is an evidence-based consumer-orientated program with books and handouts for consumers that are actively engaged with a clinician. It is set up a lot like a college campus where consumers can pick the groups they go to, like a college campus, where if they have wellness issues or anger management issues they can pick those groups.

BGC has walk-in emergency services. The emergency services team has seen a large growth. Dr. Kirts asked if the growth was in screenings or hospitalizations or if everyone screened went into the hospital. Mr. Flora replied that some people are screened and then stabilized within the community, not hospitalized. Ms. Underwood added that once someone is screened, whether they have Medicaid or are unfunded, they are eligible to receive a 90 day emergency Medicaid card. The 90 days starts from the screening and when the person is released from the hospital, typically they are sent back to BGC for follow-up care. After the 90 days, most are then accepted into Medicaid. It is rare that an unfunded client is not accepted.

Kathy Hicks talked about the prevention and education team. There have been a lot of changes. Ms. Hicks came into this job with a well seasoned program in place. She reworked the work plan to address a couple of different areas. They are in the middle of what they call "public policy" assessment as it relates to alcohol and tobacco. Something that has come to light that needs to be addressed is designer drugs. Mr. Flora added that the team has been working with Representative Pritchard on constructing legislation around synthetic cannabinoids. The original legislation only listed a couple street named drugs but did not include all, so some things were legal and some not. As soon as legislation is complete there are new drugs out there and any one can go into a tobacco shop or any place that is selling these and buy them right off the shelf.

Ms. Hicks said that another huge concern is prescription drug misuse. The Sheriff's department has started a drug drop-off program so parents can clean out their medicine cabinets.

Mr. Flora said that access to services is a priority to BGC. Emergency services are available 24/7. Appointments are available same day or on a walk-in basis or can be scheduled as to the individuals choice. Average access to care based on the individuals choice is 11.3 calendar days. Based on current demand for care, BGC is experiencing a 23% increase in demand over the past 8 fiscal years. New cases

continue to increase; BGC has seen a dramatic demand for service, on average 304 new clients being scheduled per month per service. Last year the average was 253, year before that was 230, and before that was 215. Average monthly case load is 2,648 active adults, children, and youths.

Staff wise, right now there are 39 clinical employees. BGC has brought Martha Agorman from NIU who is a registered dietician and nutritionist who is helping with the eating disorder program. BGC has opened up a new site at Kishwaukee College, 2 days a week, providing mental health services to college students.

Mr. Flora reported that cost is not a barrier for anyone coming in for services. Many are zero pay or just pay \$5, or \$2. No one is ever turned away for an inability to pay. If clients had the ability to pay but their situation changes, they can fill out a hardship application and Mr. Strachen reviews and approves them. Staff turnover is one of the lowest in the region. Staff turnover is 1.87% primarily due to career change, or leaving to go to school. 2011 has had zero involuntary turnovers and 1.87% as stated above.

Diane Hammon, BGC board member, stated that the money the CMHB gives to BGC is the best money CMHB gives to anyone. Jerry, Michael, & staff have taken that quarter given and stretched it into a buck and a quarter or a buck and a half. Ms. Hammon said that she is constantly amazed at how much BGC does and that she would not want to do what they do for anything. She also said that BGC staff care so much about everyone.

Mary Keys, BGC board member, said that her concern was how to help and motivate staff when dollars are so short. Ms. Keys said that they decided to do an appreciation and asked the neighborhood bakery if they have leftovers and could they be donated to BGC for a breakfast. Ms. Keys reported that the bakery gave her an entire car full of goods and said they were thankful for BGC because they were users of services and their family members appreciated BGC.

Ms. Luxton thanked the Gordon Center and asked board members if they had any questions.

Ms. Dubin asked where Mr. Flora got his statistics. He replied that he got them from the Department of Mental Health and SAMSHA. Ms. Dubin also asked if BGC has had an increase in staff. Mr. Flora replied that they had added a psychiatrist last year, Dr. Qasi, and has added a child & adolescent clinician today. BGC has also “not” hired for several open positions but at this point they do need to hire more staff because they have a high case load. BGC is also asking to build out the large meeting room into therapy rooms in order to add more staff.

Ms. Luxton asked about collaboration with FSA and the Children’s Advocacy Center. Ms. Flora replied that when it came to abused children they work very closely with all the physicians in town. Ms. Underwood stated that they have to be cautious with very young children and not stepping on the toes of the legal involvement piece and the experts.

Ms. Luxton also said that the CMHB struggles with duplications of services in this area. Mr. Flora said that they are very case specific and the teams work closely together for the child.

Dr. Kirts asked about the statistics and their interpretation. Years ago the goal was the sickest of the sick and the poorest of the poor, BGC was sending 7 or 8 people to Singer for admission per year. Now 60 or 70 are sent there in 6 months. The BGC GAF scores don’t indicate much improvement. Dr. Kirts said that GAF scores are subjective. Dr. Kirts questioned the fact that the quantity of clients is going up but the GAF scores are going down and what is happening there. Mr. Flora said he had just discussed this with his staff that maybe the BGC staff needed some additional GAF training. Ms. Underwood said that GAF scores can be diagnosed differently but that what she sees is that a client comes in with one issue and as they get to know them, other issues arise. She felt that how everyone is assessing GAF is important and needs to be addressed.

Dr. Kirts said that while GAF scores are important, the number of Singer admissions is a real telling measure.

Mr. Rogalin said he had looked at the most recent BGC audit and several past 990's and the application materials and it looks like the average administrative salary is about \$200K per person, some more, some less. Mr. Rogalin said it looked like approximately 26% of total expenses are administrative costs. How does this compare with other people; the Director of DHS with a PhD starts at \$154K, the city manager of Sycamore earns about 60% of BGC average, and the DeKalb County Administrator with a budget about 20 times BGC earns about 75% of BGC average. Mr. Rogalin then asked what makes BGC so unique, what do they do to justify administrative costs being so high?

Rev. Ritchie also added that from the BGC Consolidated financial statement as of June 30, 2010, the administrative expense is 28.9%.

Ms. Hammon said that from the BGC board point of view, they (administrators) have to be on top of everything 24/7, they have to take care of the staff that takes care of the community. These people are on call 24/7, 365 days a year. Jerry Strachen can stretch that .25 into 1.25 or 1.50.

Mr. Rogalin said that the problem is that they are not any different from any other agency around the state that does the same job for less.

Ms. Hammon said she disagreed with that statement and said that BGC has the cream of the crop, she didn't want any other administrators running their agency because others are not as good, and if they got paid what they were worth then they are actually underpaid now. She thought all their people are underpaid.

Mr. Rogalin said that they were not talking about everyone, just top administrators.

Ms. Hammon said that the administrative needs of every agency are basically the same and if an agency has a budget that is higher it makes a difference.

Ms. Luxton said that her colleagues were bringing up very valid points and encouraged the BGC board members to go back and research the issue. CMHB is recently working with someone at the state level that is looking at all of our funded agencies and who is familiar with the gold standard when talking about MH and social service agencies. An agency the size of BGC should have lower admin costs. Ms. Luxton added that smaller agencies like FSA or Safe Passage have higher administrative costs because they have fewer total employees. BGC is a pretty large agency with more employees and that should reduce the administrative costs. BGC should look around at the community and compare BGC administrative salaries locally as to how salaries compare with Kishwaukee College president's salary, or Kish Health Systems administrators, and also looking at their responsibilities. The CMHB is not trying to put the BGC in a defensive posture, but it is something that our board is struggling with. We have to go to the county board and ask for more money and although it is not brought up at the county board meeting we went to, one-on-one conversations keep going back to the above. So the CMHB is put in the position of defending the BGC board decisions.

Ms. Luxton brought up the subject of how we care for the indigent. BGC has spoke very well this evening that no one is turned away. The CMHB is trying to get a handle on this issue. Ms. Ostidick will start documenting incidents reported to us, so BGC has an opportunity to investigate and get back to our board. Mr. Flora replied that the state will pay for 4 hours of assessment, 5 hours a year of case management and will pay for 4 hours of psychiatric services per year but has stopped offering counseling/psychotherapy as a benefit and the CMHB is the only payer at this time. BGC is seeing more

individuals that need counseling but there is no money. The BGC board has said that they will continue to give these people counseling. Clients can fill out a hardship form to get help from BGC.

Ms. Luxton asked if there are cases where clients are terminated. Mr. Strachen replied that these clients are labeled “no schedule” and that “no ability to pay” and “not willing to pay” are two different things. When clients first come to BGC they have to supply financial information, insurance, Medicaid, whatever. All of this is explained in the client handbook given the first day they arrive at BGC. The client signs an agreement to this also. Mr. Flora also said that there are a few clients that need a higher level of care and it is clinically not appropriate for BGC to see them on an outpatient basis. They need inpatient detox, inpatient psychiatric care, and they refuse to follow through. Once they have completed a higher level of care, BGC is happy to take them back.

Ms. Luxton said that many years ago, BGC would take the highest risk clients and if you had someone who had insurance or the ability to pay, they were not put on the priority list for BGC to take them, because they could go to private practices. How is that handled today? Mr. Flora said that one of the successes of BGC today is that they diversified their payer source and they take all that have the ability to pay along with those that can not pay anything. BGC still sees those at risk and the poorest. Ms. Luxton said that it appears that there is a shift going on as to the private vs. the public providers. The private providers are saying that they are getting more requests from those that are indigent and asking for funding from the CMHB.

Rev. Ritchie asked what the BGC administrators do to make sure that the indigent get the same care as those that pay fully. Mr. Flora said that from a clinician’s standpoint, the care is seamless and blind, they do not know who the payer is. It is up to the staff to reauthorize for more care for a client with their managers not with Michael or Jerry. That way no one knows if it is BC/BS or indigent.

Rev. Ritchie said he had a technical question about the Foundation. What is the purpose of that? Mr. Flora replied that it was to raise funds in the community and to help provide for indigent care and that 100% of funds raised by the Foundation go to care. Rev. Ritchie said he was looking at the June 30, 2010 Foundation audit that says it had an operating revenue of \$65,000 and \$92,000 expensed out, and there is only \$25,000 that went to BGC. The other is overhead. There is a \$36,000 expenditure for contracted service, what is that? Mr. Strachen replied that the amount is for Barb Stegner to do event coordination, correspondence, etc. Mr. Flora replied also that BGC used to have a development director and that position was vacant and that administration took that over. BGC has recently brought in Michelle LaPaige who is now doing this job.

Rev. Ritchie asked if it was correct that if someone gives a donation only about .40 on the dollar went to actual services. Mr. Strachen said that it was probably about correct and that there is overhead in putting on an event. Rev. Ritchie said he wanted to make sure that he was correct in saying that the statement above that 100% of the Foundation fund raiser dollars went to BGC for care is not correct.

Rev. Ritchie also asked how BGC is going to pay for additional clinicians. Mr. Flora said there has been a growth in the Medicaid population and that will pay for additional staff. Also, Medicaid used to be capped but that has been lifted allowing all Medicaid clients to be covered.