

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

MINUTES OF MEETING

April 16, 2012

Approved

Board Members Present: Cynthia Luxton, Eileen Dubin, Gary Lothson, Jeff Whelan,
Jane Dargatz, Cheryl Brauer, Thomas Kirts

Board Members -Excused Absence: Donna Schoenfeld, Ken Ritchie

Board Members - Absent:

Other Persons Present: Dave Miller, Tynisha Clegg, Rose Treml, Lesly Wicks, Steve Douglas

Office Staff Present: Donna Moulton, Kathy Ostdick

1. CALL TO ORDER

The meeting was called to order by the President, Cynthia Luxton, at 6:07 p.m.

2. AGENDA

Mr. Whalen moved to approve the amended agenda; seconded by Ms. Dubin. The motion passed unanimously on a voice vote.

3. INTRODUCTIONS

Introductions were made.

4. MINUTES

Mr. Whelan moved to approve the minutes of the March 2012 Board meeting; seconded by Dr. Kirts. The motion passed unanimously on a voice vote.

5. CORRESPONDENCE AND ANNOUNCEMENTS

Included in the binder are announcements for a Safe Passage fundraiser and for the Hands Around the Courthouse event.

6. FINANCE REPORTS

Ms. Dubin moved to approve the April 2012 agency claims in the amount of \$147,080.44; seconded by Dr. Kirts. The motion passed unanimously on a roll call vote.

Ms. Dubin moved to approve the April 2012 office claims in the amount of \$515.71; seconded by Mr. Whelan. The motion passed unanimously on a roll call vote.

7. BOARD MEMBER ISSUES

A. Strategic plan – chart summary

The strategic plan will be reviewed this summer at the board retreat.

8. OFFICE REPORT

Ms. Moulton reported that she has been doing a lot of follow-up with agencies to provide the board with needed information before making funding decisions. Ms. Moulton will be going to Springfield on Wednesday for the ACMHAI quarterly meeting. Ms. Moulton and Ms. Ostdick toured the jail last week and observed that the jail is overcrowded and in need of rehabilitation. Ms. Luxton asked about the overcrowded situation and Ms. Moulton said that cells have had to have extra beds added and rooms have had to be repurposed such as booking rooms that have been turned into mental health rooms. Lt. Klein also shared the plan for the new jail which looks very exciting.

Ms. Moulton is compiling information about potential facilitators for the retreat. Ms. Moulton and Ms. Ostdick are working on the annual report which should be completed in May. Ms. Moulton is also gathering information about a state program called the Behavioral Health Integration Project which includes efforts to implement coordination of care.

9. COMMITTEE REPORTS

Executive Committee:

Ms. Luxton reported that the Executive Committee met and discussed the items for review at the board meeting.

Finance Committee:

Ms. Luxton reported that the Finance Committee met and devoted their meeting to discussing GY13 Grant application requests.

Outcomes Committee:

Ms. Luxton reported that the Outcomes Committee did not meet this month.

10. COMMUNITY INPUT

A. Family Service Agency presentation – 3 Year Review:

The Family Service Agency presentation was made by Dave Miller, Executive Director, Tynisha Clegg, Director of Finances, and Rose Treml, FSA Board Chair. Notes are attached.

B. GY13 Grant Hearing:

Family Service Agency: Dave Miller, Executive Director, and Tynisha Clegg, Director of Finances presented at a hearing regarding their GY13 grant request. Mr. Miller said they were only asking for a minor increase in the Senior MH services. They are asking for a larger increase in General Counseling due to an increase in clients each year. As far as new programs, FSA had gotten a call from the Veteran's Commission to join a meeting regarding returning veterans. At this meeting, there seemed to emerge a need for counseling for vets and their families. FSA designed a program to provide some of this counseling.

Another new program is for court ordered assessments. A meeting had been set-up with county judges to discuss supervised visitations and exchange services for children of divorce. While FSA was at this meeting, one of the judges said the court has court-ordered assessments that can not be accomplished in a timely fashion because the facilities doing the assessments hold up the assessment until all the fees are paid. The judges said if they could find someone who could provide these assessments on a timely basis, it would be a big help to the judicial system.

Mr. Whelan said he had heard that the city may close one of the senior centers due to the need for the property. Mr. Miller responded that he heard the same thing but that it would not be for 5-6 years down the road.

Regarding the psychiatric services program, Mr. Miller said FSA is requesting money to provide psychiatry services to their clients that prefer to stay with FSA for all services. A psychiatrist that would work with FSA would invoice FSA and then FSA would in-turn invoice the Mental Health Board.

Ms. Luxton asked if FSA was looking into applying to be a Medicaid or Medicare provider. Mr. Miller replied that probably not Medicaid, but that he has thought about Medicare. Ms. Brauer said it was her understanding that there needs to be a physician on staff to be Medicaid eligible but that for Medicare you only need a qualified therapist on staff. Mr. Miller said FSA is discussing the issue.

Mr. Lothson asked about the FSA no-show rate. Mr. Miller said that is one of the things they are tracking and he would send Ms. Moulton the numbers.

Hope Haven: Lesly Wicks, Executive Director, and Steve Douglas, Life Skills Coordinator, presented at a hearing regarding their GY13 grant request. Discussed in-depth was the new Life Skills Training Program. This program is designed to assist currently homeless, at-risk of being homeless and previously homeless people. Both Ms. Wicks and Mr. Douglas described the different aspects of the structured program that have been developed including multiple class curriculums, case management, SSI and SSDI application assistance, general healthcare, psychiatry, drop-in services, breakfast and lunch, a legal clinic, housing vouchers, and Housing Authority access. The classes have been designed to return clients to and maintain independent living. Several classes offer instruction for developing coping mechanisms, daily living skills, money management, anger management, etc. Ms. Wicks said that early intervention can prevent hospitalization. She believes that if Hope Haven can provide meaningful activities during the day, that engage clients on levels that they want and need, they will be less likely to engage in behaviors that could result in arrests. Ms. Wicks said that there are no administration costs in the grant request other than staff costs and related expenses. Meals are not included in the grant request. Ms. Wicks added that this program will provide a place to go, things to do, and add value and meaning to people's lives.

11. OLD BUSINESS

A. Open Meetings Act training:

Some of the board members have completed their Open Meetings Act certification and Ms. Luxton reminded the remaining members to let the office know when they have completed the training.

B. GY13 Grant Application – review & schedule:

Grant applications for GY13 were reviewed. Ms. Moulton distributed a document containing talking points that she developed by reviewing, researching, and obtaining additional information from each agency. The board suggested several changes to the dollar recommendations being reviewed. The office will bring these suggestions forward to the Finance Committee at their next meeting.

12. NEW BUSINESS

There was no new business this month.

14. ADJOURNMENT - Next Board meeting date: 5/21/12

The meeting was adjourned at 9:50 p.m.

Respectfully submitted,

Cynthia Luxton, President

Kathy Ostdick, Recording Secretary

Family Service Agency presentation to CMHB 4/16/12

Mr. Dave Miller, Executive Director, Ms. Tynisha Clegg, Director of Operations, and Ms. Rose Treml, FSA Board Chair presented. Mr. Miller thanked the board for their support. Ms. Treml told the CMHB of her experience on a large number of other boards in DeKalb County. She said she is most proud of hiring Mr. Miller as Executive Director. Ms. Treml reported that Family Service Agency (FSA) has gone through some rough patches but is in a good place now and believes that FSA is viewed by the community as a valuable social service agency, more than at any other time in the past. Ms. Treml said that she and the FSA board believe that they are a leader in the community and attribute that to Mr. Miller and his staff.

Dr. Kirts asked what happened to the FSA Foundation. Ms. Treml and Mr. Miller said about four years ago that it was disbanded.

Mr. Miller presented a PowerPoint that began with the FSA mission and a list of the four distinct programs offered at FSA; the Center for Counseling, the Children's Advocacy Center, Senior Services, and Big Brother Big Sisters.

The Center for Counseling offers general counseling which is seeing an increase in stress, anxiety, adjustments disorders and job loss. The Center offers Trauma Therapy which is similar to general counseling but for longer term counseling and deeper levels of trauma. The Center also offers Senior Mental Health which consists primarily of Caucasian women. On a smaller scale, the Center also offers bilingual services, divorce mediation, Kids First program, and group work.

The Children's Advocacy Center deals with children and abuse. The staff does forensic interviews, crisis intervention, case coordination, and community education. The staff has been doing 100+ forensic interviews per year and has reported an increase in physical abuse cases and more long term abuse vs. isolated incidents.

Senior Services focuses on keeping seniors independent through mental, physical, and social wellbeing. Services included under the umbrella of Senior Services are five senior centers, phone buddies, intergenerational programs, a senior expo, and community events and services.

Big Brothers Big Sisters provides positive role models for children who are facing challenges. This program is community based One to One and school based from elementary through high school. Referrals are made to and from counseling programs.

Tynisha Clegg discussed FSA finances. The annual budget is developed by FSA department directors in conjunction with management. Each department budgets direct program expenses.

Ms. Clegg said FSA does an annual audit and for the last three years has had clean opinions. Due to the size of the agency, auditor's comments have included fraud risk controls and separation of duty issues which have been addressed.

Ms. Clegg described the impact of grant funding for the General and Trauma Counseling. 74% goes to direct costs for counselor's employee costs. 20% goes to indirect costs for reception, billing, occupancy, etc. 6% goes to administration for management. For the General Counseling program, \$12,000 allows FSA to serve 14 clients annually at \$70 per session. Client needs outweigh funding capacity. The Trauma Counseling program is a new program and is still developing and serves clients and their families when more extensive counseling is needed.

Next Ms. Clegg described finances for the Children's Advocacy Center. CMHB funding is allocated for specific services or events; forensic interviews, case reviews, and crisis intervention. CM HB funding is not used for indirect support or administration for this program.

Senior Mental Health finances were described next. Direct costs for this program have been split in two to provide in-home counseling and salary support for the Peer Mentoring program. 74% of funding goes to direct costs for counselor's employee costs. 20% goes to indirect costs for reception, billing, occupancy, etc. 6% goes to administration for management. FSA does have a concern for increasing referrals for this program. They are seeing more clients than funding allows.

Cost saving measures have been addressed. Employee related measures included several vacant positions that have been left unfilled, they do not have a clinical director, they have replaced their Senior Services Director at a lower rate, have adjusted operating hours at Senior Centers, have adjusted the CAC from 1½ FTE to 1 FTE, have reduced support staff hours, reduced main office hours to 4 ½ days per week, and have reduced travel expenses. On the support related side, they have delayed major software purchases and have delayed major repairs to their HVAC. FSA has also reduced costs in marketing.

Some of FSA's current and future financial plans include budgeting conservatively based on prior year actual, hold departments accountable for their finances, evaluate annual cash flow timing, operate like a business, and add programs/staff only when they can generate income. Some other areas that are being looked at are to improve client financial accountability, improve billing procedures, seek additional sustaining funding, and start building an endowment program.

Mr. Miller discussed grant goals for GY11, GY12, and GY13. He reported that FSA is still evolving with outcomes. Their past outcomes were activity based rather than outcome based. For GY12, they are developing and collecting baseline numbers and their staff is learning how to do outcome based planning. In GY13 specific outcomes will be developed and the tracked data will be compared to the GY12 baseline numbers.

Along with the grant goals, Mr. Miller discussed FSA goals. In GY11 they looked at what they were good at, who is responsible for what, and established order. In GY12 they reorganized to improve services and determine unmet needs. They also looked at what other agencies are doing and not doing. For GY13, they will be looking at growth and new services.

FSA's current strategic plan was developed in 2007 which was a time of uncertainty. They feel that the plan was not truly reflective of the agency or community needs and was never fully implemented. In 2012 FSA will be developing a new strategic plan. This plan will be outcomes based, will focus on growth and service to the community, will be responsive to evolving community needs, will have emphasis on developing and improving collaboration, and a key goal will be financial stability.

Mr. Miller discussed what is going well for FSA. He cited that growth in counseling and a great counseling staff are going well along with collaborations with other agencies, a positive change attitude, a stronger agency board, Value Stream thinking, and an improved community image.

Current and future challenges include senior's resistance to counseling, no clinical director, and all fee-for-service counselors. Other current and future challenges include FSA's funding structure, proper marketing, and limited flexibility concerning cost savings measures.

Future opportunities include growth in senior counseling, being proactive rather than reactive, more collaboration, determining growing and changing needs, and discovering unmet needs in the areas of assessments and veterans.

Mr. Miller talked about how FSA deals with unexpected challenges. He stated that FSA has a can-do attitude and they are problem solvers, however, cost savings have somewhat limited their flexibility. Financially FSA is currently as lean as they can be and have a line of credit for short term needs.

Mr. Whelan asked Mr. Miller what problems FSA will have with state cuts. Mr. Miller said that fortunately FSA does not have a lot of state funded mental health programs. They do have a small amount of funding from DCFS that has not had a large cut so far. They have seen some cuts in the Children's Advocacy Center Violent Crimes Victim Assistance fund and that is where FSA is going to cut the 1½ FTE position to 1 FTE.

Ms. Luxton questioned the income statement from the annual report and asked what was included in the direct public support line item. Ms. Clegg said it was from foundations, donor appeal, fund raising events, etc. Mr. Miller said that is money directly from sources in the community. Indirect public support is from United Way, Community Chest, etc.