

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

MINUTES OF MEETING

February 20, 2012

Approved

Board Members Present: Cynthia Luxton, Donna Schoenfeld, Ken Ritchie, Eileen Dubin,
Gary Lothson, Jeff Whelan, Jane Dargatz, Cheryl Brauer

Board Members -Excused Absence: Thomas Kirts

Board Members - Absent:

Other Persons Present: Dani Maculan

Office Staff Present: Donna Moulton, Kathy Ostidick

1. CALL TO ORDER

The meeting was called to order by the President, Cynthia Luxton, at 7:25 p.m.

2. AGENDA

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

3. INTRODUCTIONS

Introductions were made

4. MINUTES

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

5. COMMUNITY INPUT

The Elder Care Services presentation was made by Dani Maculan, Executive Director. Notes are attached.

6. CORRESPONDENCE AND ANNOUNCEMENTS

Several agency announcements were presented.

7. FINANCE REPORTS

Ms. Dubin moved to approve the February 2012 agency claims in the amount of \$147,141.59; seconded by Mr. Lothson. The motion passed unanimously on a roll call vote.

Ms. Dubin moved to approve the February 2012 office claims in the amount of \$11,304.98; seconded by Mr. Whelan. The motion passed unanimously on a roll call vote.

8. BOARD MEMBER ISSUES

A. Strategic plan – chart summary

Ms. Luxton shared that the Executive Committee discussed the 3-year review of the strategic plan which should be addressed at the retreat this summer.

9. OFFICE REPORT

Ms. Moulton attended the IEMA meeting at the Convo Center. The surveys sent to the students involved in the YESS program were received and surveys are going out shortly to parents and teachers. Ms. Moulton shared that she and the Veterans Commission assembled providers and interested parties at a meeting to look into addressing returning veterans mental health issues. Ms. Moulton has met with several funded agencies to discuss the new funding guidelines. Funding guidelines were also discussed in length at the Agency Director's quarterly meeting. Ms. Moulton will be attending an ACMHAI Legislative committee meeting later this week.

10. COMMITTEE REPORTS

Executive Committee:

Ms. Luxton reported that the Executive Committee discussed items from the Director's report and items that are on tonight's agenda. They also had a closed session to discuss the Executive Director's goals. Record keeping and handling of closed session minutes was also reviewed.

Finance Committee:

Rev. Ritchie reported that the Finance Committee discussed feedback from agencies on the funding guidelines. The main items discussed were the preliminary recommendations, CACDC funding, and the grant process timeline.

Outcomes Committee:

The Outcomes Committee did not meet in the past month.

11. OLD BUSINESS

A. Agency review and recommendations:

The Opportunity House recommendation letter was discussed.

Mr. Lothson moved to approve the recommendations for Opportunity House; seconded by Mr. Whelan. The motion passed unanimously on a voice vote.

The Voluntary Action Center recommendation letter was discussed.

Ms. Dargatz moved to approve the recommendations for Voluntary Action Center; seconded by Rev. Ritchie. The motion passed unanimously on a voice vote.

B. Grant application process:

The grant application and allocation process and timeline were discussed.

12. NEW BUSINESS

A. Open meetings act training:

Ms. Luxton shared with the board that they, as board members, are required to be certified on the Open Meetings Act. The link is included in the binder. The members can either take the test at home or may come into the office to do so. Ms. Moulton and Ms. Ostdick have already taken the test.

B. CACDC funding:

The Consumer Advocacy Council of DeKalb County was discussed regarding finances. This request was discussed during the Finance Committee meeting. Ms. Ostdick discussed the large increase in requests for financial help from people with mental illnesses.

Rev. Ritchie moved to grant an additional \$5,000 to the Consumer Advocacy Council of DeKalb County for grant year GY12; seconded by Mr. Lothson. The motion passed unanimously on a voice vote.

13. CLOSED SESSION

Ms. Dargatz moved to go into Closed Session at 8:00 p.m.; seconded by Mr. Whelan. The motion passed unanimously on a voice vote.

Mr. Lothson moved to return to Open Session at 9:15 p.m.; seconded by Mr. Whelan. The motion passes unanimously on a voice vote.

14. ADJOURNMENT - Next Board meeting date: 3/19/12

The meeting was adjourned at 9:16 p.m.

Respectfully submitted,

Cynthia Luxton, President

Kathy Ostdick, Recording Secretary

Elder Care Services presentation to CMHB 2/20/12

Ms. Diane (Dani) Maculan, Executive Director, gave a presentation to the board. Dani has been with Elder Care Services for approximately 1 ½ years.

The mission of Elder Care Services (ECS) is to assist seniors to stay in their own home and to provide support to caregivers and family members of seniors.

Elder Care Services provides three state supported programs:

1. **Community Care Coordination Program:** the purpose of this program is to implement services to help seniors remain in their homes and avoid going into nursing homes. ECS provides assessments for seniors 60 and over in DeKalb County in the areas of cognitive, functional, mental health, financial, and other needs. The case manager develops a plan of care and authorizes payment needs. ECS also supplies on-going case management services to make sure the connection between the provider and the senior is solid and needs are addressed. The other part of the Community Care Program is to provide nursing home prescreens. These screenings are for mental health needs and possible diversion from nursing home care to community living.

In 2009 there were 413 clients in the Community Care Coordination Program, in 2010 there were 377, and in 2011 there were 278. This shows a reduction, but Dani indicated this may not be the case. She felt there was an issue with “counting” clients. Duplication of client counts is difficult to pull out because the state reporting system does not provide a monthly report, only on an annual basis. Whenever a client has a change in care, the state counts them again.

In the Nursing Home Screening Program in 2009 there were 726 clients, 2010 there were 1077 clients, and in 2011, there were 833 clients.

As far as the accreditations for the Care Coordination Program, all care coordinators and case managers have at minimum of a bachelor’s degree and are certified by the Department on Aging.

2. **Elder Abuse and Neglect Program** under the authority of the Illinois Elder Abuse and Neglect Act: the purpose of this program is to reduce abuse, neglect and financial exploitation of seniors 60 and over. ECS is the only agency in DeKalb County designated by the Illinois Department on Aging to investigate and intervene on behalf of older people who are reported victims of elder abuse. In all aspects of service delivery, the mentally competent older adult has the right to make their own decisions and is expected to do so by the program.

The Elder Abuse program is designed to build upon existing legal, medical, and social service systems that are in place and respond to needs of elderly victims. These services include a 24-hour hotline, standardized screening, and investigation of all reports received. Victims of substantiated abuse are provided case planning and case management coordination to reduce subsequent risk.

In 2009 in the Elder Abuse and Neglect Program there were 123 clients, in 2010 there were 85, and in 2011 there were 95. Dani said she believed this 2010 number is incorrect due to incorrect counting procedures. Accreditation for this program is designated by the Illinois Department on Aging and each supervisor needs to have a master’s degree and each case manager must have at least a bachelor’s degree and also be certified by the Illinois Department On Aging (IDOA).

3. **Information and Assistance Program:** this program is grant funded by the Title 3 Older Americans Act and provides confidential counseling sessions for seniors and caregivers about health

insurance questions and options. The information specialist may assist clients to apply for benefits at the federal, state, and local level.

In the Information and Assistance Program in 2009, there were 2,122 clients helped with information (3,598 actual contacts which includes some clients receiving several sessions), in 2010 there were 2,021 (3,649 contacts), and in 2011 there were 1,800 clients (3,913 contacts). In 2011, eligibility requirements were changed which reduced the number of clients that qualified for the program. In 2011, even though the number of clients decreased, the number of contacts stayed the same because with the tighter rules and regulations, it took more sessions with some clients to complete their needs.

For actual pharmacy benefit information in this program, in 2009 there were 763 clients helped (1,891 contacts), in 2010 there were 743 clients (1,869 contacts), and in 2011 there were 638 clients (1,565 contacts). There is only one specialist on staff for the pharmacy benefit portion of this program due to the intricate and specific nature of the referrals. The specialist is certified through the Information and Referral System called GAR and the Health Insurance Program called SHIP. SHIP is a Statewide Health Insurance Program which provides certification and is sponsored by the Illinois Department of Insurance.

Dani discussed the financial situation of ECS by reviewing a revenue and expense handout that included the last three years. In the area of government grants, from 2009 to 2010 there was an 18% reduction in funding. In 2011, ECS showed an additional 12% reduction. Fee-for-service programming, which includes the state Community Cares Program (CCP), typically is paid a fee which comes from the DeKalb County Senior Tax Levy and there was a reduction of that fee. Regarding the contributions and donations line, the ECS board has provided private case management as a revenue source. This program managed care for 3 or 4 private pay individuals. This resulted in a reserve balance for ECS. The ECS board discontinued this program in 2011. The ECS Board believed conducting private case management was in violation of our non-profit status. They did not want to risk our current funding from IDOA. Only 4 clients were seen as private pay clients- 2 passed away in early 2011, and the other 2 continued to be served privately by ECS employees that had left the agency. ECS is the only CCP designated provider in the county. Providing case management services for ineligible CCP participants could present difficulties from this point on, in that the state is in the process of restructuring CCP eligibility and payment rates for participants that do not meet state guidelines, but may qualify in other ways. Private providers will be required to charge the state rate, regardless as to eligibility. If this becomes effective in FY 2013, private care coordination will not be as lucrative as well as becoming more burdensome.

Overall, revenues in 2011 were reduced by 31%. Salary and expenses are staying fairly level over the last 3 years. There is a big jump in staff development because at the end of 2010 ECS lost 3 employees. In an agency of 11, 3 is a large amount. The new people hired for those 3 positions had to have very specific training. The agency as a whole has been trying to reduce office expenses, reduce paper, etc. The biggest problem with the ECS budget at this time is that the revenues are going down.

Direct service makes up about 73% of the budget, indirect support is 13% and administrative support is 14%. ECS has never had a waiting list. Even with the staff shortage, there was not a wait list. Periodically there is a wait list in the information and assistance program, due to the fact that the state changes requirements frequently, causing more time per person and training time for the staff.

The Elder Care board and Dani are trying to become advocates for a CCP program redesign. The redesign is still in the initial proposal state, but if it continued the way the proposal states, it would be difficult for ECS to continue to stay afloat in this program. The State of Illinois would take part of the program and move it to NIAAA which basically would leave the case management the only part that ECS would manage. Dani also added that if the state goes to fee-for-service, that would be better for ECS

because they would get paid for what they do, but that also would leave the field open to anyone who did the services to apply and possibly take work away from ECS.

To address reductions in revenue, in FY10 ECS reduced 2 staff and in FY11 reduced ½ FTE staff. This, however, has caused Dani to pick up the clinical supervision and design the clinical approach to what they can manage. ECS did not have a formal process to do clinical supervision. Because there was a fairly good size staff turnover, it was an opportune time for Dani to establish new clinical procedures. Dani is also trying to address staff burnout.

Dani is helping to redesign the state computer system called Framework. One of the things that need to be redesigned is in the area of outcomes and statistics.

The ECS board has suggested that fundraising projects be looked at in the spring.

Dani has been looking at refining a data base to more closely look at time sheets of the workers, what kind of activity they are doing, what referrals were made, what the outcomes of that referral was, and if that client needed a repeat referral. Dani said she has repeatedly heard from the agencies that ECS is referring to that clients do not actually call for appointments. Dani is trying to address the difficulty in the gap between the referral and the actual appointment. ECS clients can be resistant. Dani has been working with the staff to address this issue. Keeping track on a data base will also help tell them who are the most resistant clients. Getting a client to make a connection from the first referral would save ECS staff time down the road from making the same referral over and over again.

Another area that Dani is addressing is to make sure that the ECS counselors are referring to the appropriate service and that they understand that service.

The ECS strategic plan is to make sure people get to the services they need. Dani is always looking at recidivism. Dani is also increasing her staff participation in the service provider network with home care agencies. These are monthly meetings to talk about what is going on, what is expected of home care providers when they go to the client's home, and insuring that they know what they are supposed to be providing. Also, letting the home care providers know what happens if they are reported for elder abuse situations.

Dani is also a part of the Tri-County Elder Abuse Fatality Team. This team just started and had their first ECS case in December. This group looks at deaths to see if there could have been more that an agency or service could have done differently from a clinical perspective.

The ECS board is working on reviewing their by-laws and protocols.

A future challenge that Dani is facing is that she is stretched as far as possible and is hoping that in 2013 she can hire a clinical supervisor that can also help with internal auditing and grant writing functions.

Another future challenge that is huge and facing ECS is that the City of DeKalb may withdraw rental space requiring ECS to have to pay for rent. Dani did not know when this would occur.

Questions:

Jeff Whelan asked if the City of DeKalb follows up on home improvement projects for seniors. Dani did not think so.

Eileen Dubin asked if ECS still has volunteers. Dani said that they did, for money management.