

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

MINUTES OF MEETING

February 18, 2013

Approved

Board Members Present: Cindy Luxton, Gary Lothson, Jane Dargatz, Merlin Wessels, Jeff Whelan, Cheryl Brauer,

Board Members -Excused Absence: Thomas Kirts, Eileen Dubin

Board Members - Absent:

Other Persons Present: Dick Schluter

Office Staff Present: Donna Moulton, Kathy Ostdick

1. CALL TO ORDER

The meeting was called to order by the President, Cynthia Luxton, at 6:30 p.m.

2. AGENDA

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

3. INTRODUCTIONS

Introductions were made.

4. MINUTES

Mr. Lothson moved to approve the minutes of the February 2, 2013 Board meeting; seconded by Mr. Whelan. The motion passed unanimously on a voice vote.

Mr. Whelan moved to approve the minutes of the January 28, 2013 Board meeting; seconded by Mr. Wessels. The motion passed unanimously on a voice vote.

5. COMMUNITY INPUT

Kathy Hicks of Children's Home + Aid gave the Children's Home + Aid 3-year presentation. See notes at the end of the minutes.

6. CORRESPONDENCE AND ANNOUNCEMENTS

The Ben Gordon Center community room remodel update was discussed.

7. FINANCE REPORTS

Mr. Lothson moved to approve the February 2013 agency claims in the amount of \$141,628.97; seconded by Mr. Whelan. The motion passed unanimously on a roll call vote.

Mr. Lothson moved to approve the February 2013 office claims in the amount of \$151.30; seconded by Mr. Whelan. The motion passed unanimously on a roll call vote.

8. BOARD MEMBER ISSUES

Mr. Wessels asked when the monthly fee-for-service spreadsheets will be reviewed for the GY14 grant cycle. Ms. Luxton replied that the spreadsheets will be considered along with the agency's application.

Ms. Luxton reported to the Board that she was contacted by Bob Tanner of the Greater Elgin Family Care Center and was asked to write a letter of support, on behalf of the CMHB, for a grant. He said he is working with the Health Department and Kish Health Systems on this grant to establish an FQHC in our county. The Board agreed that Ms. Luxton can follow-up with the letter.

9. OFFICE REPORT

Ms. Moulton included brief updates on agencies from the Agency Directors Meeting that was held on January 29, 2013 and reminded Board members that Safe Passage is having their open house for their renovated facility this Friday morning.

10. COMMITTEE REPORTS

Executive Committee:

Ms. Luxton reported that the Executive Committee reviewed the Board meeting agenda, the Director's report, and had a closed session to discuss personnel issues.

Finance Committee:

Ms. Dargatz reported that the Finance Committee discussed that several agencies have maxed out or are close to maxing out several line items and that Ms. Moulton has discussed this with each agency. The Committee discussed the scheduled tour of the Living Room project. Also discussed was the YESS funding request which is on the agenda under Old Business.

Outcomes Committee:

The Outcomes Committee did not meet

11. OLD BUSINESS

A. Board membership:

Ms. Luxton welcomed Dick Schluter, our new Board member, and said that he came into the office for an orientation last week.

B. GY14 Grant application:

Ms. Moulton reported that three applications have been received.

C. Funding request:

The Family Service Agency YESS funding request was discussed at the Finance Committee meeting and they are recommending that FSA be allowed to use \$10,000 of their GY13 General and Underserved Scholarship grant for the YESS project. After further discussion, the full Board agreed with the Committee recommendation.

D. Personnel:

Personnel will be discussed in closed session.

12. NEW BUSINESS

A. Closed session minutes review:

Closed session minutes were reviewed.

Mr. Lothson moved that for the closed session Board meeting minutes for 8/6/12, 9/17/12-1, 9/17/12-2, 10/22/12, 1/28/13, all are approved, all will be posted, and all tapes will be destroyed at the appropriate time; seconded by Mr. Whelan. The motion passed unanimously on a voice vote.

13. CLOSED SESSION

Mr. Whelan moved to go into Closed Session at 8:08 p.m.; seconded by Mr. Wessels. The motion passed unanimously on a voice vote.

Mr. Lothson moved to go back into Open Session at 9:27 p.m.; seconded by Mr. Whelan. The motion passed unanimously on a voice vote.

Mr. Whelan moved to increase the salary of the Administrative Assistant by 2%, 1% COLA and 1% merit, retroactive to the anniversary date of December 12, 2012; seconded by Mr. Wessels. The motion passed unanimously on a roll call vote.

Ms. Dargatz moved to give permission to Ms. Luxton to continue negotiations with the Executive Director candidate as discussed in closed session; seconded by Ms. Brauer. The motion passed unanimously on a roll call vote.

Mr. Whelan moved to approve the letter of notification to the current Executive Director; seconded by Mr. Lothson. The motion passed unanimously on a roll call vote.

14. ADJOURNMENT - Next Board meeting date: 3/18/13

The meeting was adjourned at 9:34 p.m.

Respectfully submitted,

Cynthia Luxton, President

Kathy Ostdick, Recording Secretary

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

**To: Cindy Luxton, Jane Dargatz, Eileen Dubin, Gary Lothson, Thomas Kirts,
Cheryl Brauer, Jeff Whelan, Merlin Wessels, Dick Schluter**

From: Kathy Ostdick

Date: 2/21/13

Re: Notes from the Children's Home + Aid presentation to the CMHB on 2/18/13
to be included with the 2/18/13 Board meeting minutes
(recorded and typed by Kathy Ostdick)

Children's Home + Aid presentation to CMHB 2/18/13

Kathy Hicks, Executive Director of Children's Home + Aid, presented the 3-Year Review. Children's Home + Aid is the leading child and family service agency in Illinois and provide the Healthy Families Illinois Program. This program provides intensive home visiting services to at-risk parents with the goal of preventing child abuse and neglect.

CH+A goes into homes because one of the largest barrier in DeKalb County is transportation. Having prevention services provided in the home negates the transportation issue. The target population is first time parents. Child abuse and neglect prevention target timeframe is when people are just starting out as parents and are new to the entire experience. CH+A does early intervention and contacts parents prenatally. 5% of their cases are after the child is born. CH+A believes that the maternal instinct connection needs to be nourished during pregnancy.

Most clients are screened and referred to CH+A from the Health Department when clients have scheduled pregnancy tests. The screening looks for factors in the clients life that indicates they would be a good candidate for CH+A. These include mental health issues, substance abuse issues, teen pregnancy (the age of the mother), economic conditions, stable housing, etc. The screening includes social issues as well as medical issues which can affect being a good parent and having the ability of taking care of a child.

Most of their clients come from the Health Department but they do have referrals from all over. CH+A has done a lot of outreach to all of the different social service agencies. What they have just recently discovered is that not all people that are pregnant are going to the Health Department for pregnancy tests and the WIC Program for which they are eligible. Some of the other social service agencies are covering client food needs so they are not going to the Health Department right away. CH+A noticed that they were missing a few moms that could benefit from their services. Luckily they were discovered during the tail end of their pregnancy. Because of this, CH+A worked really hard to make sure that all social services agencies know about their services and make referrals.

Another important factor is that a lot of the pregnancies are unintentional which can be a large factor in the abuse and neglect issue.

Once a client has been identified, they are assigned a family support worker. The family support worker is a para-professional but CH+A actually has two masters-level and one bachelor-level staff member in the mental health field. This family support worker goes to the home and does a very thorough assessment, which is a standardized assessment. After that assessment is done, the staff works on completing an Individual Family Service Plan (IFSP) to look at the needs of the mom/parents and to develop goals that the staff can work on with the mom/parents on an on-going basis.

This program is designed to work with the mom/parents until the child is 3 years old. They receive regular home visits from the IFSP worker to achieve the goals that have been set together. The level of intensity varies depending on where they are in the program, where they are in their life, and if they are really achieving their goals. When the mom/parents are first in the program, they meet once a week for at least six months and then are reevaluated to see where they are at. If things are improving, the sessions may go to every other week, etc.

The Healthy Families Illinois program is based on a national model, Healthy Families America. It is an accredited model. Healthy Families America has 12 critical elements that the DeKalb office needs to address and these elements really help to create a home environment that is highly effective.

In the DeKalb County Social Service sector, there has been a lot of talk about programs addressing change and that programs focus on the client. CH+A is hoping to implement two outcomes factors. One is a protective measures survey that is a pre and a post test. The worker will look at the information on the self evaluation form and work on the IFP goal to increase parenting skills. This is a free, evidence-based outcome model. Another outcome measure just being introduced is the KIPS model, Keys to Interactive Parenting Scale. In the past CH+A has done a lot of evaluation based on the parent/child interaction. This new tool is more of an evidence based outcome. It is a video tape with technical assistance involved. The sessions between mom and child are video taped which allows both mom/parent and workers to see what is going well and what needs more attention. It has been reported that moms love this video taping and copies of the tapes are given to them.

Another thing that CH+A has just implemented is a visit tracker data management system. The DeKalb office received this free from the Bloomington office. They have just finished putting in all the data of their clients and are eager to be able to sort and pull data for funders.

One thing that has been going strong is the infant mental health partnership. A little over a year ago, the DeKalb office was chosen to be part of the Illinois Infant Mental Health Partnership Initiative. They are working with a consultant to utilize a practice based model on the maternal/infant relationship. This is a new approach, working to strengthen the maternal/child bond. There is a mental health professional that does training for them, comes in to do staffing, and feels very lucky to be participating.

Another piece that is going strong is the parent support group. CH+A started a parent support group in the fall and the results were fantastic. With the new calendar year, they now have a day group and an evening group. There are at least 8-10 moms at each group. CH+A uses the Protected Factors survey pre and post test to look at outcomes after the group is complete. They are also using the Parent Care and Share model, which is a statewide program that has an organized curriculum for support groups. One thing they were able to do with the change in funding is to provide transportation. A lot of moms in the program do not have vehicles. Family Service Agency lets CH+A use their community room to hold these groups.

CH+A is looking forward to doing a cultural review. This will be starting in the next few months. CH+A does not now have any bi-lingual caseworkers. So far, most of the Spanish moms are bi-lingual. CH+A is also working on an advisory board. They have not had one in the past and this board would work with them to look at their practices, help with the cultural competence review, and just generally be a group that knows a lot about the program and can share what the direction of the agency should be.

For the future, CH+A is seeing that for really young moms, the maternal attachment is not there. Quite often these are unintentional pregnancies. Many times a mom that is in this group had thought about not keeping the child, but then does keep it due to reasons beyond their control. These are moms at risk for child abuse and neglect. CH+A is looking at ways to strength this bond, so they work with the parent prenatally. Because of the waiting list and the program set-up, they usually don't start working with the mom until the 3rd trimester of the pregnancy. They would like to start working with the moms sooner in the pregnancy. A lot of moms talk about the trauma of birth, have no support, don't know what to expect, and have a lack of early attachment. These things affect the outcome. A Doula program would affect this issue. A Doula is a support system during the late pregnancy, the birth, and early infancy.

CH+A usually has two to three participants that reside at Hope Haven. They also hear about a lot of moms that are "couch surfing" or living in relatives homes where there are substance abuse issues or mental health issues in other family members living in the home.

Merlin Wessels asked if the transportation was done by the CH+A staff or by VAC and if by staff, do they use CH+A vehicles or personal vehicles. Kathy Hicks replied that CH+A has a protocol set up that allows staff to transport clients.

Merlin asked if fathers were involved. Kathy replied that there are fathers going to the support groups. They have their own IFSP assessment. CH+A has never had a sole father as the client but they are encouraged to be involved. They see a lot of fathers that are only involved until the child is about 4 months of age and then they are no longer in the picture. Merlin asked if the bonding process applied to fathers also. Kathy replied that yes it did. Usually it is the moms participating, but if a dad is involved, they do all the paperwork and an original assessment. They assess both parents who then have separate results. Merlin asked where, other than the Health Department, they get referrals. Kathy replied that they get them from schools and the hospital. Merlin asked if any of the other social service agencies gave them referrals. Kathy replied that other agencies were not usually the ones that see the pregnant moms first. They may work with them later along with CH+A, but the initial referral is from the Health Department or the hospital. CH+A has also reached out to the doctors offices but have not had much luck with that avenue. Kish College did not give referrals either. Cheryl asked if Kishwaukee Medical Associates gave referrals. Kathy said that KMA would send moms to the Community Cares Clinic who would then send the client to the Health Department for the actual pregnancy test. Most of the moms go to the Health Department for their well child immunizations and health care needs. Dick asked how many moms are in the program now. Kathy answered that now they have approximately 55 clients. The goal is 60 clients. There usually is a waiting list but because of some of the changes, it has been low. Last month Kathy went back to the Health Department and retrained them on the screening process to make sure all the appropriate questions, especially about mental health issues, were being asked. This was to make sure that the mental health issue questions were being put forth correctly so that clients could be identified and referred.

CH+A is fully staffed at this time. They also have a graduation ceremony for those clients that reach their 3 year goal. This is a big success. Sometimes, because of the transient population, clients move out of the area. This program is only DeKalb County.

The main office is in Chicago. There are four regions, Rockford, Bloomington, down south, and one more. The only thing that is done out of the Sycamore office is DeKalb County Healthy Families program. They get some funding from DHS and the majority of the balance from the Chicago office.

Merlin asked about adoption services. Kathy said that there is an adoption program in Rockford. The number of moms that use the adoption service are usually between 0 and 4 per year. Early intervention is important but the mom drives the decision.

Merlin asked about ethics training for the staff. The Healthy Families America model requires extensive training. They go through a full week of training on assessment, training for family support workers for the day to day work, and ongoing trainings that are mandated every year, which includes ethics training. There is a list of training topics that they have to be trained on during the first 6 months of work.