DeKalb County Community Mental Health Board
2500 N. Annie Glidden Rd., Suite B, DeKalb, Illinois 60115

Executive Committee Meeting Agenda
February 6, 2024
6:00 – 6:30 p.m.
In-Person Meeting – Conference Room West
Join Zoom Meeting
https://us02web.zoom.us/j/83320276275

Meeting ID: 833 2027 6275

1. Call to order
2. Approval of the agenda
3. Approval of Minutes January 16, 2024
4. Office Report
5. Public Comment
6. Old Business
   A. Grant Year 2025 Grant Process
   B. FY2024 Conflict of Interest Forms – For Review
   C. Board Member Vacancy – Interview Process and Schedule
7. New Business
   A. Board Retreat Reschedule – Friday, July 19, 2024, 9:00 – 2:30 p.m.
   B. Annual Policy & Procedure Review
8. One-Year/Three-Year Plan Update
   A. Strategic Review
      i. Young Child Behavioral Healthcare Updates
9. Date of the next meeting: March 5, 2024, at 6:00 p.m.
10. Adjournment
Committee Members Present: Jane Smith, Meghan Cook

Committee Members Not Present:

Staff Present: Deanna Cada, Heaven Allen

Other Persons Present: Marilyn Stromborg (Via Zoom), Perry Maier

1. Call to Order
Ms. Smith called the meeting to order at 6:00 p.m.

2. Agenda

Ms. Cook moved to approve the agenda, seconded by Ms. Smith. The motion passed unanimously.

3. Approval of Minutes

Ms. Cook moved to approve the minutes of the 12/05/24 meeting, seconded by Ms. Smith. The motion passed unanimously.

4. Office Report

Ms. Cada shared that the Board held its Grant Seekers Workshop in December. Ms. Cada stated the workshop went well; Ms. Betsy Hull presented the new Budget template and NFIT form and received good feedback.

Ms. Cada shared that ACMHAI’s winter business meeting was held in December, Ms. Cada attended virtually, and Ms. Heaven Allen attended in person. Ms. Cada shared that Brenda Huber presented at the business meeting and was very informative about Children’s Mental Health and how to utilize the public health model to achieve a system of care.

Ms. Cada shared she attended a City of DeKalb meeting that discussed handling the migrant population that has started arriving in towns outside of Chicago. Ms. Cada discussed what the DeKalb plans to do if buses arrive here.

Ms. Smith Appointment Perry Maier to the Executive Committee from January 2024 until April 2024.

5. Public Comment
There was no public comment.

6. Old Business

A. DCCMHB Office Staff Succession Plan Development – Action Needed

Ms. Cook moved to forward the DCCMHB Office Staff Succession Plan to the full board, seconded by Mr. Maier. The motion passed unanimously.
7. New Business
   A. Grant Year 2025 Grant Application & Process
      i. Draft timeline Ms. Cada presented the Grant Process Timeline to the committee for review. Ms. Cada discussed that the “Special” Meeting for Grant Hearings is already included on the schedule.
      
   B. FY2024 Conflict of Interest Forms- Ms. Cada distributed the Conflict-of-Interest forms to the committee members to complete. Ms. Cada announced the form will also be provided to the full board, and a digital copy has also been sent out.
   
   C. Board Member Vacancy – Ms. Cada announced that the Mental Health Board would have a vacancy. Ms. Kirsten Quinn accepted a position with Opportunity House and has stepped down from the board. Ms. Cada shared that the office staff will be posting a recruitment notice in the upcoming week.
   
   D. Executive Director 2024 Vacation Schedule – Ms. Cada shared a copy of the Executive Director Vacation Schedule
   
   E. Spring 2024 Public Health Intern – Ms. Cada shared with the committee that the office will have a new public health intern; Ms. Cada discussed that she will be in contact with her within the week.

8. One-Year/Three-Year Plan update
   A. For the whole Board review

9. Date of Next Executive Committee Meeting: February 6, 2024, at 6:00 p.m.

10. Adjournment
    The meeting was adjourned at 6:18 p.m.

    Ms. Cook moved for adjournment, seconded by Ms. Smith. The motion passed unanimously.

Respectfully submitted,

________________________________________  __________________________________________
Jane Smith, Board President                  Heaven Allen, Recording Secretary
DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD
Board Member/Officer/Committee Member Annual Conflict of Interest Statement

Name: Deanna Cada
Date: January 30, 2024

Position – Are you

- A voting Board Member? Yes ( ) No ( )
- An Officer? Yes ( ) No ( ) Position: Executive Director,
- Staff Member
- Committee member? Yes ( ) No ( )

I affirm the following:

a. I have received a copy of the DCCMHB Conflict of Interest Policy. DLC (Initial)
b. I have read and understand the policy. DLC (Initial)
c. I agree to comply with the policy. DLC (Initial)

Disclosures:

a. Do you or any of your close family members have a financial interest (current or potential), including compensation arrangement, as defined in the Conflict-of-Interest Policy with the CMHB (i.e., receiving pay for any type of service?)

   Yes ( ) No ( )

   If yes, please describe it: Bri Cada, daughter, is employed part-time at Youth Outlook as the DeKalb Program staff. This program receives funding from the DCCMHB. She is an unpaid intern with the Family Service Agency of DeKalb County through May 2024. This agency receives funding from the DCCMHB.

b. Do you or any of your close family members have an ownership, investment, or decision-making interest in any entity with which the CMHB has a transaction or arrangement, or compensation that could potentially be construed as affecting your votes or actions on this board (i.e., owner, part owner, employed by, on the board of, or volunteering (affiliation) for any CMHB funded agencies or vendors)? Yes ( ) No ( )

   If yes, please describe it: See Above.

I attest that all potential conflicts of interest have been disclosed, as provided in the Conflicts of Interest Policy and described herein.

[Signature]
Date: 1/30/2024

Signature of Board Member/Officer/Committee Member

Date reviewed by Executive Committee

J/Policies and Procedures/Conflict of Interest Statement 2015
Name: Marilyn Stromberg

Position - Are you
A voting Board Member? Yes ☑ No ☐ Position
An Officer? Yes ☑ No ☐ Position
Committee member? Yes ☑ No ☐ Position

I affirm the following:
  a. I have received a copy of the DCCMHB Conflict of Interest Policy. ☑ (initial)
  b. I have read and understand the policy. ☑ (initial)
  c. I agree to comply with the policy. ☑ (initial)

Disclosures:
  a. Do you or any of your close family members have a financial interest (current or potential), including compensation arrangement, as defined in the Conflict-of-Interest Policy with the CMHB (i.e., receiving pay for any type of service?)
     Yes ☐ No ☑ If yes, please describe it:
  b. Do you or any of your close family members have an ownership, investment, or decision-making interest in any entity with which the CMHB has a transaction or arrangement, or compensation that could potentially be construed as affecting your votes or actions on this board (i.e., owner, part owner, employed by, on the board of, or volunteering (affiliation) for any CMHB funded agencies or vendors)?
     Yes ☐ No ☑ If yes, please describe it:

I attest that all potential conflicts of interest have been disclosed, as provided in the Conflicts of Interest Policy and described herein.

[Signature]  1-24-2024
Signature of Board Member/Officer/Committee Member  Date

Date reviewed by Executive Committee

J/Policies and Procedures/Conflict of Interest Statement 2015
DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD
Board Member/Officer/Committee Member Annual Conflict of Interest Statement

Name: Susan Plote 
Date: 1/26/2024

Position – Are you
A voting Board Member? Yes ☑ No ☐ Position
An Officer? Yes ☐ No ☑
Committee member? Yes ☑ No ☐

I affirm the following:

a. I have received a copy of the DCCMHB Conflict of Interest Policy. sp(initial)
b. I have read and understand the policy. sp(initial)
c. I agree to comply with the policy. sp(initial)

Disclosures:

a. Do you or any of your close family members have a financial interest (current or potential), including compensation arrangement, as defined in the Conflict-of-Interest Policy with the CMHB (i.e., receiving pay for any type of service?)
   Yes ☐ No ☑
   If yes, please describe it:

b. Do you or any of your close family members have an ownership, investment, or decision-making interest in any entity with which the CMHB has a transaction or arrangement, or compensation that could potentially be construed as affecting your votes or actions on this board (i.e., owner, part owner, employed by, on the board of, or volunteering (affiliation) for any CMHB funded agencies or vendors)?
   Yes ☐ No ☑
   If yes, please describe it:

I attest that all potential conflicts of interest have been disclosed, as provided in the Conflicts of Interest Policy and described herein.

Susan Plote ___________________________________________ 1/26/2024
Signature of Board Member/Officer/Committee Member Date

Date reviewed by Executive Committee __________________________

J/Policies and Procedures/Conflict of Interest Statement 2015
DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD
Board Member/Officer/Committee Member Annual Conflict of Interest Statement

Name: Laurie Emmer Date: 22 Jan 24

Position — Are you
A voting Board Member? Yes ☑ No ☐ Position: __________
An Officer? Yes ☐ No ☑
Committee member? Yes ☑ No ☐

I affirm the following:

a. I have received a copy of the DCCMHB Conflict of Interest Policy. ☑ (initial)
b. I have read and understand the policy. ☑ (initial)
c. I agree to comply with the policy. ☑ (initial)

Disclosures:

a. Do you or any of your close family members have a financial interest (current or potential), including compensation arrangement, as defined in the Conflict of Interest Policy with the CMHB (i.e. receiving pay for any type of service?)
   Yes ☐ No ☑ If yes, please describe it:

b. Do you or any of your close family members have an ownership, investment or decision-making interest in any entity with which the CMHB has a transaction or arrangement, or a compensation that could potentially be construed as affecting your votes or actions on this board (i.e. owner, part owner, employed by, on the board of, or volunteering (affiliation) for any CMHB funded agencies or vendors)?
   Yes ☐ No ☑ If yes please describe it:

I attest that all potential conflicts of interest have been disclosed, as provided in the Conflicts of Interest Policy and, described herein.

Signature of Board Member/Officer/Committee Member Date

Date reviewed by Executive Committee

J/Policies and Procedures/Conflict of Interest Statement 2015
DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD
Board Member/Officer/Committee Member Annual Conflict of Interest Statement

Name: Jane E. Smith
Date: 1/22/2024

Position – Are you
A voting Board Member? Yes[ ] No[ ] Position: President
An Officer? Yes[ ] No[ ]
Committee member? Yes[ ] No[ ]

I affirm the following:
   a. I have received a copy of the DCCMHb Conflict of Interest Policy.
   b. I have read and understand the policy.
   c. I agree to comply with the policy.

Disclosures:
   a. Do you or any of your close family members have a financial interest (current or potential), including compensation arrangement, as defined in the Conflict of Interest Policy with the CMHB (i.e. receiving pay for any type of service?)
      Yes[ ] No[ ] If yes, please describe it:

   b. Do you or any of your close family members have an ownership, investment or decision-making interest in any entity with which the CMHB has a transaction or arrangement, or a compensation that could potentially be construed as affecting your votes or actions on this board (i.e. owner, part owner, employed by, on the board of, or volunteering (affiliation) for any CMHB funded agencies or vendors)?
      Yes[ ] No[ ] If yes please describe it:

I attest that all potential conflicts of interest have been disclosed, as provided in the Conflicts of Interest Policy and described herein.

Signature of Board Member/Officer/Committee Member
Date

Date reviewed by Executive Committee

J/Policies and Procedures/Conflict of Interest Statement 2015
DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD
Board Member/Officer/Committee Member Annual Conflict of Interest Statement

Name: RUBERT J. COOK Date: 1/22/24

Position – Are you
- A voting Board Member? Yes ☑ No ☐ Position: ____________________
- An Officer? Yes ☑ No ☐
- Committee member? Yes ☑ No ☐

I affirm the following:
- a. I have received a copy of the DCCMHB Conflict of Interest Policy. (initial)
- b. I have read and understand the policy. (initial)
- c. I agree to comply with the policy. (initial)

Disclosures:
- a. Do you or any of your close family members have a financial interest (current or potential), including compensation arrangement, as defined in the Conflict of Interest Policy with the CMHB (i.e. receiving pay for any type of service?)
  Yes ☐ No ☑ If yes, please describe it:

- b. Do you or any of your close family members have an ownership, investment or decision-making interest in any entity with which the CMHB has a transaction or arrangement, or a compensation that could potentially be construed as affecting your votes or actions on this board (i.e. owner, part owner, employed by, on the board of, or volunteering (affiliation) for any CMHB funded agencies or vendors)?
  Yes ☐ No ☑ If yes please describe it:

I attest that all potential conflicts of interest have been disclosed, as provided in the Conflicts of Interest Policy and described herein.

Signature of Board Member/Officer/Committee Member ______________________ Date 1/22/24

Date reviewed by Executive Committee ________________________________

J/Policies and Procedures/Conflict of Interest Statement 2015
DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD
Board Member/Officer/Committee Member Annual Conflict of Interest Statement

Name: Meghan Cook Date: 1/1/24

Position – Are you
A voting Board Member? Yes ☒ No ☐ Position: ☒
An Officer? Yes ☒ No ☐
Committee member? Yes ☒ No ☐

I affirm the following:
  a. I have received a copy of the DCCMHB Conflict of Interest Policy. ☒ (initial)
  b. I have read and understand the policy. ☒ (initial)
  c. I agree to comply with the policy. ☒ (initial)

Disclosures:
  a. Do you or any of your close family members have a financial interest (current or potential), including compensation arrangement, as defined in the Conflict of Interest Policy with the CMHB (i.e. receiving pay for any type of service?)
     Yes ☐ No ☒ If yes, please describe it:

  b. Do you or any of your close family members have an ownership, investment or decision-making interest in any entity with which the CMHB has a transaction or arrangement, or a compensation that could potentially be construed as affecting your votes or actions on this board (i.e. owner, part owner, employed by, on the board of, or volunteering (affiliation) for any CMHB funded agencies or vendors)?
     Yes ☐ No ☒ If yes please describe it:

I attest that all potential conflicts of interest have been disclosed, as provided in the Conflicts of Interest Policy and described herein.

Signature of Board Member/Officer/Committee Member 1/1/24

Date reviewed by Executive Committee

J/Policies and Procedures/Conflict of Interest Statement 2015
DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD
Board Member/Officer/Committee Member Annual Conflict of Interest Statement

Name: Perry Mayer

Position - Are you
A voting Board Member? Yes ☐ No ☐ Position: temp sec ty
An Officer? Yes ☐ No ☐
Committee member? Yes ☐ No ☐

I affirm the following:
  a. I have received a copy of the DCCMHB Conflict of Interest Policy. ☑
  b. I have read and understand the policy. ☑
  c. I agree to comply with the policy. ☑

Disclosures:
  a. Do you or any of your close family members have a financial interest (current or
     potential), including compensation arrangement, as defined in the Conflict of Interest
     Policy with the CMHB (i.e. receiving pay for any type of service?)
     Yes ☐ No ☑ If yes, please describe it:

  b. Do you or any of your close family members have an ownership, investment or
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     votes or actions on this board (i.e. owner, part owner, employed by, on the board of,
     or volunteering (affiliation) for any CMHB funded agencies or vendors)?
     Yes ☐ No ☑ If yes please describe it:

I attest that all potential conflicts of interest have been disclosed, as provided in the Conflicts of
Interest Policy and described herein.

Signature of Board Member/Officer/Committee Member

Date reviewed by Executive Committee

Date

© Policies and Procedures/Conflict of Interest Statement 2015
Letter of Interest for Position on DeKalb County Community Mental Health Board

Lana Haines
8723 River Lane
Kingston IL 60145
815-751-3165
Lhaines802@gmail.com

In 1967, I came to DeKalb to attend NIU where I earned a BS-Ed degree in 1971 and a MS-Ed degree in 1974 for certifications in Elementary and Special Education. I married Michael Haines in 1970 and we have lived in DeKalb County since then and raised our two children here. Throughout my professional career and personal involvements, I have continued to demonstrate my commitment to serving students, their families, and my community.

Professional Experience:
Teacher, Special Education, Waterman School District, 1971-75
Teacher, Special Education, Project Advocate, Aurora, 1976-77
Teacher, Special Education, Clinton-Rosette Middle School, DeKalb, 1978-79
Teacher, Special Education, 11 years; third grade, 12 years, 1980-2002 (Retired)

Community Involvement and Leadership:
*Hand in Hand Community Project, Kingston, since 2002, currently Board President. Established Village Green; editor of quarterly newsletter, Neighbor to Neighbor, mailed to nearly 1000 Kingston residents; established, manager, and coordinator of volunteers for Kingston Community Sharing Library, (supported entirely with donations).
*DeKalb County Community Foundation Board member for 9 years; served on various committees.
*CASA, DeKalb County, completed training and Child Advocate for 2 years.
*Kishwaukee Valley Heritage Society and Museum, Genoa, involved in activities for 20 years; Board member and currently Vice-President and Finance Committee.

I have consistently volunteered with other local and DeKalb County Organizations: DeKalb County Community Gardens, Voluntary Action Center, DeKalb County Non-Profit Partnership, food pantries, fund raisers, and literacy projects. I am passionate about doing all I can to support and improve the well-being of others and hope that I might provide service as a member of the DCCMH Board. Thank you for your consideration.
Lana Haines
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Young Child Behavioral Healthcare Ad Hoc Committee Agenda  
Wednesday, January 17, 2024, at 4:00 p.m.  
Conference Room West – Community Outreach Building  
2500 N. Annie Glidden Road  
DeKalb IL 60115  

I. Welcome & Introductions – In attendance were Susan Petersen, Nikkita Carrington, Monique Shaw, Hillary Cali, Christine Maxell, Deanna Cada (in-person), Sue Plote, Nancy Mullen, Shaelyn Foy, Mary Ellen Schaid, and Dr. Thomas Pavkov via Zoom.

II. Review of 11.1.2023 Meeting Minutes – Nikkita Carrington noted her name is misspelled. Hillary noted that the Coordinated Intake age group should be birth to 3 years. Deanna gave a quick recap of the history of Young Child Behavioral healthcare.

III. Kane County System of Care Information: [https://www.kanehealth.com/Pages/Childrens-Mental-Health.aspx](https://www.kanehealth.com/Pages/Childrens-Mental-Health.aspx)  
Deanna spoke with Kate McCormack, Manager of Children’s Mental Health Initiatives and Project Director at Kane County System of Care. Kate shared the Kane County process, goals, and progress in their System of Care work. Hillary noted that DeKalb County does some of this work already, but there is little program connection. The programs occur in silos and sectors. The components exist without connection. Kate shared with Deanna that Kane County has a strong administration component that ensures accountability. Committee members suggested inviting Kate to a future meeting. Dr. Pavkov shared that administration and case management are critical to multi-system involved families. Are we philosophically ready to engage with all stakeholders, including parents, and honor their input into the system? The process must be intentional about the work and the stakeholders' voices; this differs from conventional services, where the administrators most often dictate the process and outcomes. It is challenging but incredibly rewarding. Kane County’s timeframe is five to seven years and relies on administrative continuity. It would be helpful to have Kate present and talk about how to get started, what barriers came up, and how they were addressed. The charge for the committee is to share questions and topics to concentrate on during her presentation.

IV. System of Care for DeKalb – Deanna shared slides from a presentation by Brenda Huber, Consultant to the Association of Community Mental Health Authorities of Illinois (ACHMAI). The presentation includes a public health model of care. A possible funding source through the school system is Medicaid. The funding concept is a cap rate for those students who qualify; every case is a flat monthly rate. The funding model is related to mitigating risk within a population. The committee is interested in learning more about this opportunity.

In a general discussion, Deanna asked the new attendees for their thoughts. Mary Ellen shared about clients at Safe Passage, their needs, and the work done by Safe Passage. Nancy shared that she participated in the historical work at Kane County and is interested in how that work relates to the DeKalb County discussion. Shaelyn related how AID interacts in the community. Christine is interested in how Kane County professionals, especially clinicians, create time to connect and work together.
V. Young Child Behavioral Healthcare Programming in DeKalb County, IL – Document Review. Deanna continues to collect information from providers and is working with ROE Birth to Eight to solicit and get that information mapped on the DCCMHB website.

VI. Committee Homework – Committee members are asked to create and share questions for Kate and Brenda. The Committee is asked to answer the questions: who do we need to continue to learn from, what information do we need to know, and what are those areas or questions for people who have been through that process?

VII. Adjourn – Meet every other month on the third Wednesday at 4:00 p.m. March 20 is the next meeting date. It may be spring break for schools. Hilary is interested in learning more about the Kane County IRIS program. Deanna will send out slides and a link to Brenda’s presentation.