



Village of Rantoul
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**VILLAGE OF RANTOUL
CITIZEN'S ADVISORY COMMITTEE
APPROVED MINUTES
February 22, 2018**

Members Present: Pam Cheek, & Cynthia Rouse
Members Absent: Sherry Johnson & Marcia Jackson
Staff Present: Ken Turner and Brenda Runyon
Others Present: Randall Krue and Rosanna McCain of Family Service Center, Carol Bradford of Rosecrance, Stephanie Record of Crisis Nursery, Jonathan Westfield of Youth Assessment Center and Nancy Greenwalt of Promise Healthcare

Meeting was called to order by at 6:00 p.m. Ken Turner made a statement for the record as to the purpose of tonight's meeting which is to hear from each of the public service grantees applying for money from the 2018 Community Development Block Grant which the Village of Rantoul receives on an annual basis from the US Department of Housing and Urban Development. There will be no allocations determined for each of the grants presented this evening as the Village has not received word of what the 2018 CDBG allocation will be yet. Tonight's meeting is strictly to hear from each of the grantees about their grant application and to ask any questions that the members may have. Mr. Turner advised that the grantees that we also don't have a quorum of members tonight but the presentations will continue as stated.

Rosecrance/Prairie Center

Carol Bradford, Clinical Coordinator for outpatient and intensive outpatient adult and adolescent substance abuse services for Rosecrance, (formerly Prairie Center – merged with Rosecrance on January 1, 2018). The actual application states Prairie Center but Prairie Center is now a part of Rosecrance. Rosecrance/Prairie Center has provided services in Rantoul for the past sixteen (16) years. Addictions counselor, Paula Barickman, comes to Rantoul on Mondays and Tuesdays to provide individual and group substance abuse treatment services for Rantoul residents. Ms. Barickman also does screenings and substance abuse assessments for those residents. In addition to Ms. Barickman's services, Rosecrance also has a case manager that provides case management services for the residents in the form of transportation to and from the group sessions and takes them back home. Also provides transportation for non-substance abuse treatment needs – anything that may get in the way or present as a barrier to that person getting their substance abuse treatment as well as maintain their sobriety. This non-substance abuse treatment need could be anything from helping the individual get health insurance, helping them navigate the ACA website and getting an MCO set up, taking the individual to Champaign-Urbana to some of the social service agencies there such as the Social Security Office, the Work

Net center, etc. The case manager does a Case Management Services needs assessment with each client when their open to determine what are those things that could play a factor in whether or not this person is going to be able to actually participate in treatment and get the best quality treatment that they can possibly get. There are many factors that can interfere with a person being able to be in treatment, do the treatment services they need to do and maintain sobriety. Anything from employment, to issues with utilities such as paying utility bills, to homelessness. The Case Manager will assist the client dealing with homelessness get connected with centralized intake and get them on the list to be reviewed to see if there is any support for housing for the client. Rosecrance would like to continue to have the Case Manager provide these services for and on behalf of the client. Another valuable service that the Case Manager provides is drug testing. The drug testing has to be received by a same sex clinician. Since the clinician is female, what she does is transports the males to Rosecrance's Urbana location so that they can receive the drug testing. Often the drug testing is a requirement of the client's probation, parole or by court order. If the client doesn't have transportation and misses a scheduled drop, the client can be sanctioned or pulled back into court and suffer the consequences. There is no regular around the clock transportation between Rantoul and Urbana so this is a really valuable service for the clients to have. In addition, Rosecrance would also like to reach out more to the Hispanic population in the community. Rosecrance does have a Hispanic speaking counselor at their site, they also have language services available and they know that there is a need in the Hispanic community so they also have clinical documentation and application materials are available in Spanish. They also have an interpreter come during group and interpret for Hispanic clients but they have only been using her in Urbana. They would like to have that available in Rantoul as well. Since Prairie Center has merged with Rosecrance, Ms. Bradford indicated that she has had a chance to meet with the powers that be who has assured her that they would still like to have this program in Rantoul and still providing this valuable service to the Rantoul community. They have also stated that they would like to see the program grow and expand in Rantoul. Ms. Bradford indicated that there is definitely more they can do with more resources. Ms. Bradford asks the members present if they have any questions. Mrs. Cheek asked the number of clients that is normally served in a year. In a year, they can serve up to 75. At any given time, there could be anywhere from 15 to 20. There are times when the numbers drop down pretty low but they are for reasons that are out of Rosecrance's control such as if the client relocates or ends up being incarcerated. They do have clients come in to get an assessment done but then end up leaving the community so it just depends on what is going on. For the most part, the average – because the counselor works part-time (2 ½ days) typically she has about a half of a case load which is about 15 clients. There were no other questions.

Family Service Senior Resource Center

Rosanna McClain, Director of Senior Resource Center of Family Service. There are two grant applications for Family Service this year as they have had in previous years and they are asking for funding for these two programs again this year. The first application is for Home Care which is a non-medical in home service to any senior who qualifies. The largest part of this program is called Community Care Program which is a state sponsored program that pays Family Service to go into the homes for people who meet the asset limits and the level of determination (need). A very small part of the program is private pay. Both parts of the program are not separated when

providing service. Family Service maintains the private pay services at the State reimbursement rate so that they can hit all those people who don't qualify for all of the assistance programs but yet can't pay for services at a rate that is generally charged in the public by private services. What they provide for the people is based on care plan. It is help with any non-medical service such as grooming, dressing, shopping, errands, housework, reminding them to take their medication, providing them a bath, making meals for them. All those needs for the person to be able to stay in their own home. Whether they are private pay or CCP, it doesn't matter for what they do for the individuals. As far as the CCP program, even though in the grant application for this grant, the goal is 15 for Rantoul residents, they never turn anyone away.

The other program they are applying for funding for, is Counseling and Advocacy. This program provides two distinct type of services. One is advocacy – helping people access benefits and services in their home by helping them find their bank statements, helping them find their social security card, whatever it is that they need, helping them fill out applications, then help to take the individual to whatever office they need to go to in order to help them put that application in. They stay with the individual until such time as services are in place. The second part of this program is supportive counseling. This is not a therapeutic counseling but staff is trained on providing supportive listening, dealing with grief and loss, doing family interventions when there is conflict in the family. They can stay with a person for however long they need to stay with them. Some people call in with a question or they want a simple beam application for their license plate discount and then they are done. Other people they keep for years because their needs are complex or their needs change over time. They serve not only those individuals who are age 62 and older but also serve people who suffer from potential abuse, neglect and exploitation. They serve families of seniors, grandparents raising grandchildren and not that it applies to this grant, but they also serve adults 18 to 59 with disabilities. All those people get the same services both advocacy and supportive counseling. Family Service also provides education in healthy aging. It may be chronic disease self-management, it may be diabetes self-management, it may be falls prevention, etc. These services are available throughout Champaign County. They have classes wherever they find an audience that is interested so those services are also available in Rantoul through the counseling and advocacy program. CAC member Rouse asks Ms. McCain how the clients come to Family Service. Is it by referral or how do they identify them? Majority of the clients come by word of mouth – neighbor, pastor of Church they attend or a family member reaches out on behalf of another family member. They also get referrals from other social service agencies – social security, public aid, mental health services, transportation services, etc. They get referrals from well over 50 different programs a year. Sometimes it happens when they go out to do a community event such as a health fair. No further questions from the members.

Crisis Nursery

Stephanie Record, Executive Director at Crisis Nursery, presents their application. Their services are to serve primarily children age's birth through 6 whose families are experiencing a crisis and they are available to provide care for those children if their families are experiencing parental stress, domestic violence, homelessness, lots of different reasons that families go to them. Mainly it is to provide a safe place for those children to stay so that they are not put into situations that could lead to abuse and neglect. The average length of stay for kids in their

services is eight hours but they can stay up to three days. They are open 24/7, they never close so they are there the entire time. The funding they are requesting is to help support those services for Rantoul families that utilize them. Last year Crisis Nursery had over 5700 admissions to the nursery and over 400 of those were from Rantoul families. That's about 55 separate children in about 30 to 35 families. There were families that needed their services multiple times throughout the year. They continue to see an increase in need for those services to provide a safe place for those children and they are trying to be there as often as possible. They have been very full even though they have expanded recently and still have to turn families away quite a bit because their spots are all full but this money does help them say yes to more families and to provide more services to those families. Once families start using their nursery services (but is not part of this funding application) they have their Strong Families Program that links up with families if their interested in home visiting or parent/child interaction groups, parent support groups and once they utilize the Safe Children's Program and have their children at the nursery, they are opening doors to use those other programs at the nursery as well where they receive funding from other sources for. All of those resources are available to those families and they are doing everything they can to be sure those children are safe. Ms. Rouse asked how many families the nursery can accommodate at one time. They are licensed to serve up to 24 children at one time. Their goal was to get up to 18 but staffing wise they are usually able to take between 14 and 15 children at a time. That is up from originally having 12 at a time before the expansion. Mrs. Cheek asked if staff are all volunteers. Ms. Record answered stating that they have about 30 staff members at the nursery and about 20 full-time equivalent. There is a lot of part-time staff that is there. There is always two paid staff in the building anytime a child is in their care and they supplement that care with volunteers. They have about 100 to 150 volunteers a week that volunteer for two hour shifts so that they can serve as many children as possible. Their ratio is one adult to three children. The more volunteers they have the more children they can serve. They see decreases in numbers served during breaks when students are gone – during Christmas break or Spring break, summer break. They have a lot of community volunteers but they can't fill those student gaps. No further questions from the members.

Promise Healthcare

Nancy Greenwalt, Executive Director, Promise Healthcare presents their application for the SmileHealthy Dental programs. Their request is to support the Head Start dental in Rantoul. They have a part-time permanent clinic at the Rantoul Head Start location which provides comprehensive dental services for the children first and if a child is receiving dental services through this program, then they provide dental care to the family and caregivers as well. Typical year starts in July when the new kids enroll, they will do a screening in Rantoul and see any kids due for a dental exam. Will put together a treatment plan for the kids and about 25% to 40% of the children they see do need the treatments which could be fillings, extractions, crowns, temporary space maintainers – just about anything they would get from a general dentist. Because they do so much treatment including specialty care, oral surgery, treatment under nitrous and invest so much money in trying to treat the children, this program also includes a lot of investment in education as well. They do fluoride varnish, hygiene in the dental chair and because of the Head Start dental clinic here in Rantoul and the support they receive, they are able to educate the children and families more about their oral health. This program is in every Head Start classroom in the county, once a month providing oral health education. The really big

benefit to this program is they are able to socialize the children and their families to the dentist office. They will see very young children who might not otherwise sit still at a dental office so they will come to the clinic to do social visits, sit in the chair, maybe talk to the hygienist and then go back to the classroom. Another special and unique thing they do is go into the classroom and provide fluoride varnish to any of the children that are eligible. With this program they expect to serve about 200 residents for their dental care. Ken Turner asks question if it is mostly children who are served to which Ms. Greenwalt replied that it is mostly children who they will see first then treat the adults. Ms. Rouse asked if this was strictly children who are already enrolled in the Head Start Program. Ms. Greenwalt replied that for this proposal, it is. They do have other programs that serve Rantoul residents such as a mobile clinic with support from OSF to treat low income adults, programs at Frances Nelson and their SmileHealthy dental clinic in Champaign but this proposal is strictly for Head Start enrolled kids. Ms. Rouse asked if the program went year round to which Ms. Greenwalt replied that it does. No further questions from the members.

CCRPC Youth Assessment Center

Jonathan Westfield, Coordinator with the Youth Assessment Center for the Champaign County Regional Planning Commission. This grant application is for a case manager to work exclusively with Rantoul area clients. The Youth Assessment Center was established to connect youth with the tools to become more resilient or resourceful to resist many of the dangers that got them in trouble. Since 2009, the Youth Assessment Center has partnered with Rantoul in working with this and get 100% of their referrals right now from Rantoul area law enforcement agencies. They utilize balance and restorative justice principles in order to show juveniles how their actions not only affect them but also has residual effects for those around them such as the victim, family members and the community then they work with the juvenile to establish the means so that they can become more resourceful and have a more positive impact on the community at large. This is done through linkage and support services to connect youth with support services in this area. They have utilized Rosecrance, Family Advocacy of Champaign County, Third Millennium and they have worked with Rantoul Community Service Center in order to help Rantoul area youth become more resilient. They work with youth ages 10 to 17 and since the Youth Assessment Center has been in place (since 2013) they have worked with over 3,100 youth between the ages of 10 and 17. How this program works is the Case Manager would come to Rantoul to work families here so that the families aren't required to make a fifteen minute drive to Champaign. The Youth Assessment Center has established a partnership with the Rantoul Community Service Center where they have an office that they can utilize to set up appointments with clients. The juvenile and their family come into the office and the juvenile goes through a screening assessment to find out what their needs are then through this assessment, they work with the juvenile and the family to connect them with services that can best meet the needs that YAC has found a high priority that they need help in. They can range from anger management to life skills to drug screening. They want to be sure to provide the individuals with every option and opportunity in order to keep from repeating the action that brought them to the YAC. YAC also does court diversion services for law enforcement agencies so that the juvenile can atone for the issue(s) that put them in the state of delinquency. But what they are looking to do is expand the program so that they are doing more preventative work with juveniles before they become delinquents. The YAC is in the process now of making operation

agreements so they can work with Rantoul area middle school and high school so they can come into the schools to help the schools with students that the schools might feel like are at risk to go down that path of delinquency to help offset that. Mrs. Cheek asked that if there are services that are in Champaign-Urbana does the YAC provide transportation if needed? Mr. Westfield replied that they do not have the means to do that at this time but that they look at ways in which to connect them to see if services can come to Rantoul. YAC is working with the Village of Rantoul and other areas to find out what services can be brought here so that the youth aren't missing out on something. Ms. Rouse asked what type of statistics or follow does YAC have for students as they age out of the program? Does YAC follow their success or keep track of them after they age out at 17? Mr. Westfield replied that once the youth reaches 18 and is an adult, they do not track them. They do monitor them for a year and they have noticed, especially with Rantoul, they have a very low recidivism rate. They may make contact with a juvenile for one year then they may never see them again. Over 60% of the referrals that come from Rantoul engage in court diversion services and 75% of those referrals are successful in the completion of the program. Since Mr. Westfield's time at YAC, they haven't had any repeat offenders come from Rantoul. No further questions from the members.

Mr. Turner apologized for not allowing the board members to introduce themselves at the beginning of the meeting so he asks them to do so prior to the meeting being adjourned.

With there being no further items, the meeting was adjourned at 6:33 p.m.
