



McHenry County
Public Health & Community Services - Public
Meeting
MINUTES

March 27, 2025, 9:30 AM
County Board Conference Room
Administration Building, 667 Ware Rd., Woodstock, IL 60098

Members Present: Tracie Von Bergen, Pamela Althoff, Eric Hendricks, Deena Krieger, Mike Shorten, Patrick Sullivan, Gloria Van Hof

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1. **CALL TO ORDER**

Meeting called to order at: 8:30 A.M.

Also present: Peter Austin, County Administrator; Scott Hartman, Deputy County Administrator; Adam Wallen, Director of Planning & Development (Teams); Leonetta Rizzi, Mental Health Board Executive Director; Sarah Ponitz, Community Development Administrator; Alex Wall, County Admin Intern.

Mover: Althoff

Second: Sullivan

To allow the remote attendance of Mr. Shorten.

Aye (6): Von Bergen, Althoff, Hendricks, Krieger, Sullivan, and Van Hof

Abstain (1): Shorten

Recommended (6 to 0)

2. **MINUTES APPROVAL**

Mover: Althoff

Second: Hendricks

Approve previous minutes of the February 27, 2025 meeting.

Aye (7): Von Bergen, Althoff, Hendricks, Krieger, Shorten, Sullivan, and Van Hof

Recommended (7 to 0)

3. PUBLIC COMMENT

None.

4. MEMBERS' COMMENTS

Pamela Althoff drew attention to a memo sent the previous evening by Melissa Adamson, the Director of Public Health. She explained that the State of Illinois had notified them that some federal grant dollars, which are funneled through the state to local public health departments, were at risk of being pulled. A preliminary review suggested that this would likely not impact their budget, as no staff had been hired specifically to administer the grants in question. However, she noted that they had not yet received the full list of potentially affected funds and were awaiting more information. In response to a question, she confirmed that the funding typically flows from the federal government to the state, which then allocates it to local departments, and that there was already a specific amount designated for their jurisdiction.

5. NEW BUSINESS

5.1 8:30 - Jessica Reed - Lake in the Hills Sanitary District

5.2 8:40 - Maureen Huff - Lake in the Hills Sanitary District

Ms. Huff did not meet the residency requirements for the opening term of the Lake in the Hills Sanitary District. As a result, she was not interviewed.

5.3 Deliberation and Selection for the Lake in the Hills Sanitary District

Mover: Althoff

Seconded: Hendricks

To recommend the appointment of Jessica Reed to the County Board Chairman for the Lake in the Hills Sanitary District with a term to begin on April 30, 2025, and expire on April 30, 2028.

Aye (7): Von Bergen, Althoff, Hendricks, Krieger, Shorten, Sullivan, and Van Hof

Recommended (7 to 0)

6. ROUTINE CONSENT AGENDA

6.1 Resolution Extending the Term of the Temporary Community Development Specialist Position through FY25 (10)

Adam Wallen, Director of Planning and Development (remote), and Sarah Ponitz, Community Development Administrator, joined the committee to discuss the resolution.

Ms. Ponitz explained that the situation began in March 2021, when Joe Davis was brought on as a temporary employee. In April 2022, Mr. Davis transitioned to an independent contractor role for nearly a year. However, in February 2023, Human Resources intervened, noting that the arrangement did not meet the criteria for independent contracting, as his hours were being set and other employer-employee dynamics were present. At that point, he was officially hired as a full-time employee, though with a defined term, which is set to expire on April 18 of this year.

Mr. Davis had primarily been responsible for HMIS (Homeless Management Information System) migration, which occurred in January. Over time, he also took on additional duties, including responsibilities related to the Continuum of Care, compiling data for the Consolidated Plan (a HUD requirement), and completing the Analysis of Impediments to Fair Housing. Given his contributions, staff were requesting to extend his current temporary role through November 30. They also plan to eventually

make him a full-time employee under a modified version of the unfilled Senior CD Specialist position (Grade 11E), which would be adjusted to an appropriate Grade 8 classification to accommodate him.

It was clarified that the committee was not voting to reclassify the position at this time. That potential change is contingent on the upcoming budget process, future board approval, and the employee's decision to remain in a more traditional, possibly on-site, role. For now, the request is simply to maintain the current status quo.

Mr. Wallen added that the funding capacity to support this extension exists within the CD side of the budget due to two ongoing vacancies—the Senior CD position and the CD Specialist role. Therefore, the temporary position can be extended through the fiscal year without increasing headcount.

A question was raised about whether the funding source for this position was one of the federal grants currently in jeopardy. Staff confirmed that it was not. They had received guidance indicating that funding through the LEAD program should remain steady for now and to continue submitting expenditures as usual unless informed otherwise.

The final clarification reiterated that the current action was simply to extend a temporary position, not to add new staff. If funding remains stable, the existing open Grade 11 position may be downgraded and filled on a permanent basis, pending future decisions by both the board and the employee.

Mover: Althoff

Second: Van Hof

To extend one (1.0 FTE) Temporary Community Development Position term to November 30, 2025.

Aye (7): Von Bergen, Althoff, Hendricks, Krieger, Shorten, Sullivan, and Van Hof

Recommended (7 to 0)

7. OLD BUSINESS

None.

8. PRESENTATION

8.1 Overview of the Mental Health Board

Leonetta Rizzi, Executive Director of the Mental Health Board, joined the committee for the presentation.

The McHenry County Mental Health Board is comprised of a dedicated 9-member board, including Connee Meschini, Raymond Lapinas, Lindsay Keisman, Adam Carson, Christina Bruhn, Amy Rath, Carolyn Schofield, Linda Hoch, and John Reinert. The Board is supported by a robust staff structure led by Executive Director Leonetta Rizzi. Key staff members include Bridget Geenen as the Building Office and Operations Manager, Melanie Duran as the Fiscal Operations Manager, Karin Frisk as the Compliance and Operations Manager, and Vickie Johansen as the Contract Manager. Training services are provided by Kristen Doherty and Mariel Kindl. The team also includes accounting assistants, a compliance analyst, an administrative assistant, and IT support through an IGA with Joe Pea.

The Mental Health Board's formation was shaped by national mental health reform, specifically the 1963 Mental Health Act signed by President John F. Kennedy. This legislation, influenced by Kennedy's sister Rosemary—who had intellectual developmental disabilities—marked a transition from institutional care to community-based services. McHenry County became the first in Illinois to establish a mental health board following the passage of House Bill 708, earning the designation "708 board." The Board was created by referendum in 1967 and was originally funded through property taxes. In March 2024, this funding transitioned to a sales tax model.

For fiscal year 2025, the Board's budget is \$10.8 million, supporting approximately 30 agencies and 70 programs. The Board also manages an opioid fund distribution agreement through 2038, with \$859,900 allocated for opioid-related services in FY25. In addition to its annual funding cycle and contract allocations, the Board sets aside roughly \$300,000 mid-year for providers who need supplemental funds. Operationally, the Board oversees board and committee meetings, manages contracts and work plans, and conducts compliance and site visits to ensure service delivery. It is part of PARF, an international accreditation network for behavioral health services.

To maintain high standards of care and coordination, the Board organizes Network Council meetings with funded providers, quality management team meetings, intake coordinator meetings under a "No Wrong Door" philosophy, and clinical reviews for complex cases. These operational activities are further supported by a strong training and community outreach component. The Board offers over 50 annual clinical trainings that provide CEUs, free of charge for providers. Major outreach efforts include the annual Community Connection Summit each September, World Trauma Day events in October, and quarterly virtual meetings between schools and behavioral health professionals. Training programs include QPR suicide prevention, Mental Health First Aid, trauma-informed care, and non-violent crisis intervention workshops.

The Board's primary focus areas are mental health, substance use treatment, and intellectual developmental disabilities. With full authority to hire staff, set wages, and manage its own budget, the Board has laid out clear strategic priorities: improving access to services, enhancing the service continuum, increasing community awareness, and providing leadership in the behavioral health space. Its mission is to lead and contract for behavioral health services that serve all McHenry County residents, aiming to support optimal health outcomes and promote integrated care.

As the oldest mental health board in Illinois, McHenry County's Board serves as a benchmark for other counties and regularly assists peers with policies and procedures. It is also an active member of the Association of Community Mental Health Authorities of Illinois (ACME). Public awareness campaigns are a vital part of the Board's efforts, including monthly newspaper articles, radio spots, and provider promotions—launched in response to findings that one-third of county residents were previously unaware of available mental health services.

In terms of community resources, the Board promotes the "Make Help" app with a text feature, encourages use of the national 988 crisis line and the 211 information and referral line, and partners with the People in Need forum to further extend access. The Board's funding is carefully distributed, with over 50% going to mental health programs, approximately 20% to intellectual developmental disabilities, 17% to substance use disorders, and the remaining funds supporting services for co-occurring disorders.

Looking ahead, the Board has several upcoming events, including a Finance Committee presentation on May 8 and the Annual Town Hall meeting, which encourages public participation and community engagement. The presentation concluded with Executive Director Rizzi inviting Board members to attend these events and offering to send weekly information sheets to keep them informed.

9. REPORTS

9.1 Consolidation Plan Update

Sarah Ponitz, Community Development Administrator, joined the committee for the report.

The Consolidated Plan outlined the use of federal funding from the Community Development Block Grant (CDBG) and HOME Investment Partnerships (HOME) programs over the five-year period covering 2025–2029. This plan was required to be submitted to the U.S. Department of Housing and Urban Development (HUD) every five years, with the next submission due by August. Its primary goals were to identify local projects for funding based on community needs, conduct a rural market analysis, and ensure the effective use of resources.

The CDBG program provided approximately \$1.4 million in annual entitlement funds to support infrastructure improvements, public facilities, public services, and economic development. Meanwhile, the HOME program averaged \$675,000 annually and supported new housing construction, housing rehabilitation, subsidy buy-downs, and tenant-based rental assistance.

To guide the planning process, a community needs assessment was conducted using stakeholder and public surveys. At the time, 124 community members and 37 stakeholders had completed surveys. Preliminary results identified key priorities, including affordable housing, transportation improvements, public services, support for the homeless population, and child care assistance. The survey remained open through April 30, with continued community participation encouraged.

Municipal engagement was also an important component of the process. In-person meetings were held with representatives from Fox River Grove, Cary, Marengo, McHenry, Lake in the Hills, Woodstock, Harvard, and Johnsburg to gather local insight and feedback.

A detailed market analysis supported the plan by reviewing housing units, housing costs, housing conditions, public and assisted housing availability, homeless facilities, and services for individuals with special needs. This data-driven approach ensured that the plan addressed real conditions and challenges in the community.

In addition, staff worked to identify strategies for increasing entitlement funding, resolving data inconsistencies in the current plan, and cross-referencing multiple data sources to improve accuracy and impact.

At the conclusion of the Consolidated Plan update, Mr. Austin offered a clarification regarding the department's funding. While most of Ms. Ponitz's department was supported through federal grants such as CDBG and HOME, there was one notable exception related to senior service grants. Mr. Austin explained that these grants were funded by a voter-approved levy; however, the state did not permit levy dollars to be used for program administration. As a result, the department received approximately \$20,000 from the general fund to support staff who managed senior services.

10. FUTURE TOPICS

For future topics, it was discussed that federal funding across various areas would be a key focus. Two discussions were held with Tom at Valley High about Medicaid, and it was noted that it would take some time for everything to unfold. This was intended to be a standing agenda item moving forward.

Regarding the federal grants, it was mentioned that approximately \$125 million was expected, but the latest details from Melissa's update had not yet been reviewed. It was noted that the current federal funding cuts would likely not have a significant impact on the board of health budget.

It was stated, however, that there could be some residual effects, especially concerning Medicaid. Valley High served roughly 60% Medicaid residents, and cuts to Medicaid funding impacted the state, which then made decisions on how to distribute those cuts locally.

It was agreed that it would be important to continue monitoring these developments in the future.

11. EXECUTIVE SESSION (AS NECESSARY)

None.

12. ADJOURNMENT

Mover: Althoff

Second: Van Hof

To adjourn the meeting at 9:53 A.M. - TCCazares

