

VILLAGE OF LOMBARD
REQUEST FOR BOARD OF TRUSTEES ACTION
For Inclusion on Board Agenda

Resolution or Ordinance (Blue) _____ *Waiver of First Requested*
X Recommendations of Boards, Commissions & Committees (Green)
Other Business (Pink)

TO: PRESIDENT AND BOARD OF TRUSTEES

FROM: David A. Hulseberg, Village Manager *D.A.H.*

DATE: December 8, 2010 (B of T) Date: December 16, 2010

TITLE: Social Services Position

SUBMITTED BY: Department of Community Development

BACKGROUND/POLICY IMPLICATIONS:

The Community Relations Committee submits for consideration a request to provide funding in an amount not to exceed \$28,000 to contract with a social services agency to perform the tasks and services outlined in staff's report.

The Community Relations Committee recommended approval of this request.

Please place this item on the December 16, 2010 Board of Trustees agenda.

Fiscal Impact/Funding Source:

Review (as necessary):

Village Attorney X _____ Date _____
Finance Director X _____ Date _____
Village Manager X *D.A.H.* _____ Date 12/8/10

NOTE: All materials must be submitted to and approved by the Village Manager's Office by 12:00 noon, Wednesday, prior to the Agenda Distribution.



TO: David Hulseberg
Village Manager

FROM: Joelyn Kott *JWK*
Communications Coordinator

DATE: November 17, 2010

RE: Community Relations Committee Recommendation

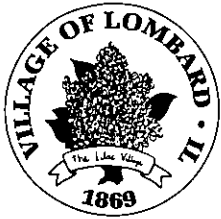
The Community Relations Committee respectfully submits the attached information to be considered by the Village Board in regard to social services for Village residents and employees.

After more than three years of research and analysis, the Community Relations Committee recommends funding no more than \$28,000 to contract with a social services agency to perform the tasks and services as outlined in the attached report.

Please place this item on the consent agenda for consideration and approval at the December 16, 2010 Board of Trustees meeting. If you have any questions, please feel free to contact me.

Thank you.

Attachment



TO: Trustee Laura Fitzpatrick
Community Relations Chair

FROM: Joelyn Kott 
Communications Coordinator,
Community Relations Staff Liaison

DATE: November 17, 2010

RE: Social Services Position

The following is information that could be used as a guideline for a future social services position to provide social services to Village residents.

The Community Relations Committee is recommending a part-time, 20 hour per week position that would be included under the Village Manager's office. This position may be one individual or a contract agreement with a firm that would provide the same services as delivered by employees of the firm.

REQUESTED SERVICES

The services to Village residents (clients) that would be required of the social services position could include the following:

- 24/7 availability crisis counseling
- 15 minute response time for crisis calls
- 24 hour appointment window for new clients
- Counseling services including, but not limited to:
 - Suicide counseling
 - Domestic abuse referral/counseling
 - Alcohol counseling
 - Substance abuse counseling
 - Stress reduction counseling
 - Family/individual/group counseling
 - Committals
- 24/7 availability of a clinical counselor
- Office hours on location at Village Hall or other municipal location as defined for drop in clients, questions or other available services.
- Provide quarterly reports of activity
- Case worker service matching client to outside resources.
- Provide one contact source for other governmental bodies.

BENEFITS

By adding a centralized social services position or contract position to the Village Manager's office, potential benefits include:

- Police officers would have access to provide referrals of the appropriate social services to residents via this position, allowing them to spend less time in this area and more time on the street performing their normal duties.
- Residents would be offered various services that are currently unavailable to them due to lack of education or information.
- The Lombard community and families would be strengthened through the services received.
- The social services may also be offered to employees in need, thus having a positive affect on morale, productivity and/or the employee's overall health. This could replace the Village's Employee Assistance Program, if appropriate. (See Exhibit A.)
- Fire Department personnel would have access to provide referrals of appropriate social services to residents that they come in contact with or are made aware of those who need special assistance not currently offered by the Village.

SKILL SET

- Experienced counselor with local contacts
- Licensed clinical Social Worker
- Extensive, complete and thorough knowledge of DuPage and Illinois social services agencies

COST SAVING ANALYSIS

Hiring a part-time staff position as opposed to a professional firm has both advantages and disadvantages. One prime benefit of hiring a firm is the overall knowledge, experience and greater availability of a counselor when necessary. The issue of liability would also have to be addressed for a part-time staff position as opposed to a professional company who would have its own insurance.

Some current areas that are addressed in the various departments that could be addressed under this program include:

COMMUNITY DEVELOPMENT—Code Enforcement Referrals

According to Joan Rogers, Code Enforcement currently refers people to Senior Services when it seems they need assistance in property maintenance, primarily for litter and weeds. "If we had a staff liaison, we would refer more. Often we are discouraged because those who need the most help refuse services from the county representatives. A more local person might be able to have more frequent contacts and eventually get the person to accept help. Currently we refer three or four per year."

FIRE DEPARTMENT—Invalid Assists

As prior information distributed to the Committee regarding invalid assists indicated, the Fire Department is called repeatedly to the same few households for help that may not be required of a firefighter/paramedic. It has been discussed that perhaps some of these calls could be referred to social service agencies and residents could be getting some other type of help to assist them where needed, not necessarily from a firefighter/paramedic.

The chart below indicates the number of and type of citizen assist responses the Fire Department logged in 2009.

Citizen Assist Responses

Responses	Information
54	55 y/o Resident with Multiple Sclerosis
27	49 y/o Resident with Multiple Sclerosis
16	76 y/o Resident with knee problems, spouse unable to lift
11	40 y/o Resident with Multiple Sclerosis
6	83 y/o Resident with Parkinson's, spouse unable to lift
6	82 y/o Resident with multiple medical problems, spouse unable to lift
6	84 y/o Resident with emphysema and dementia, spouse unable to lift
5	87 y/o Resident with no medical history, lives alone
5	Retirement Homes in town, assist staff with patient
4	79 y/o Resident with Arthritis, lives alone
4	92 y/o Resident with stroke history, spouse unable to assist
4	78 y/o Resident with hip surgery
3	75 y/o Resident, obese, spouse unable to lift
3	69 y/o Resident with Multiple Sclerosis, lives alone
3	92 y/o Resident with diabetes, hypertension and cardiac history
3	40 y/o Resident with Multiple Sclerosis

POLICE DEPARTMENT—See attached.

The Police Department proposed a similar program/position in 2000. Attached is the job description and additional information from that proposal.

Initial budget request will be \$28,000.

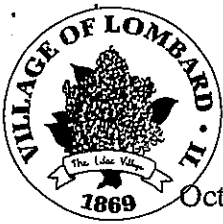
REFERENCE INFORMATION

During the research process, the Community Relations Committee gathered a great deal of information on agencies offering these types of services and municipalities already benefitting from providing these services to its residents. Two agencies offering social services with municipal experience are attached for your information. David Hahn & Associates (see **Exhibit B**) and Association for Individual Development, Victim Services (see **Exhibit C**) are two such examples.

RECOMMENDATION

The Community Relations Committee would like to recommend to the Village Board to budget no more than \$28,000 to contract with a social services agency to perform the tasks and services as outlined in this report.

Attachments



October 26, 2010

TO: **Trustee Laura Fitzpatrick**
Community Relations Chair

FROM: **Joelyn M. Kott**
Communications Coordinator
Staff Liaison

RE: **EAP Program Costs**

Today I spoke with Kathleen Dunne, the Village's Human Resources Administrator, about the employee EAP program and its costs, as requested by the Community Relations Committee.

Below is the information that was provided by Human Resources in regard to the services offered by the EAP:

Employee Assistance Programs

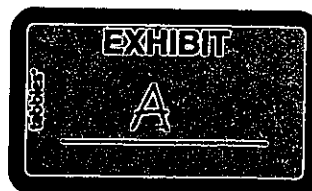
Confidential Help for Personal and Family Issues

Personal problems can interfere with an employee's job performance. The Employee Assistance Program provides a confidential way for employers to help their employees with problems related to personal or family issues, workplace issues, mental health concerns or chemical dependency/substance abuse. Employers contract directly with the Behavioral Health Services of Central DuPage Hospital on a per-capita or per-use basis.

EAP Services

- Counseling to address personal and family issues
- Support and treatment for chemical dependency including alcohol abuse
- Intervention services for individuals in crisis
- Employer/employee consultation on work performance
- Stress management
- Staff training and development seminars
- Conflict resolution
- Stress debriefing after a critical incident

Assistance is available 24 hours a day.



Here is the cost to the Village for the program:

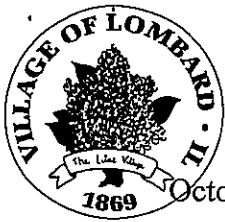
\$13/person for all full-time employees
266 employees receive this benefit

TOTAL COST: \$3,458

The above cost also includes two seminars per year for Village employees and participation in the Village's employee Wellness Fair.

Please let me know if there is any other information that you would like regarding this program.

C: Kathleen Dunne, Human Resources Administrator



October 28, 2010

TO: Trustee Laura Fitzpatrick
Community Relations Chair

FROM: Joelyn M. Kott
Communications Coordinator
Staff Liaison

RE: David Hahn Information

Today I spoke with David Hahn of David Hahn & Associates to get the follow-up information requested by the Community Relations Committee. The following is a summary of what he offered in response to the information requested:

NUMBER OF ASSOCIATES

Mr. Hahn indicated that there are four associates, including him, who are all at the Master's degree education level. There is one secretary and occasionally an intern in the spring, who is either a Bachelor's Degree or Master's Degree level. He also contracts with a psychiatrist who specializes in adult and adolescents and uses this service as needed.

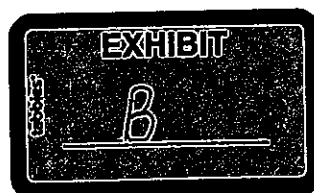
There is one staff member on call at all times and a back-up on call person. He indicated that this system worked for him for 20 years when he had Chicago as a client, with a much larger population base.

SAMPLE REPORT

A sample report is attached for your review.

Please let me know if there is any other information that you would like regarding this portion of the Social Services report.

Attachment



November 1, 2010

Village of Lombard

I have enclosed an intake form used for everyone seen, except in crisis intervention. The report is a monthly form given to the Chief.

Anything further, please contact me.

Thank you,

A handwritten signature in black ink, appearing to read "DBH", with a long horizontal stroke extending to the right.

David B. Hahn.

Client Name: _____
Last First
 Authorization #: _____ Date: _____

Listed below are a number of categories in which people commonly find some difficulties. Please indicate how you are affected by each by circling the appropriate number. Please circle one number for every item.

Not a Problem 1	A Slight Problem 2	A Moderate Problem 3	A Serious Problem 4	A Severe Problem 5	
I.YOUR PHYSICAL FUNCTIONS		III.YOUR BEHAVIOR		IV.YOUR FEELING & MOODS	
01 Sleep Pattern	1 2 3 4 5	19 Difficulty with Daily Routine	1 2 3 4 5	33 Depression (sadness)	1 2 3 4 5
02 Eating Pattern	1 2 3 4 5	20 Letting Others Take Advantage of You	1 2 3 4 5	34 Euphoria (feeling "high")	1 2 3 4 5
03 Bladder Control	1 2 3 4 5	21 Hyperactivity (can't sit still)	1 2 3 4 5	35 Sudden Changes in Mood for No Apparent reason	1 2 3 4 5
04 Bowel Control	1 2 3 4 5	22 Repeating Certain Acts Again and Again	1 2 3 4 5	36 Anxiety (nervousness)	1 2 3 4 5
05 Seizures or Convulsions	1 2 3 4 5	23 Physically Abusing Others	1 2 3 4 5	37 Lack of Energy	1 2 3 4 5
06 Speech (stuttering or stammering)	1 2 3 4 5	24 Using Alcohol to Cope with Problems	1 2 3 4 5	38 Feeling Angry	1 2 3 4 5
07 Weight Problem	1 2 3 4 5	25 Using Drugs to Cope with Problems	1 2 3 4 5	39 Not Liking Self	1 2 3 4 5
08 Sexual Functioning	1 2 3 4 5	26 Lying	1 2 3 4 5	40 Not Liking Others	1 2 3 4 5
09 Other _____	1 2 3 4 5	27 Stealing	1 2 3 4 5	41 Other _____	1 2 3 4 5
II.YOUR EXPERIENCE AT WORK		V.YOUR INNER THOUGHTS & IDEAS			
10 General Performance	1 2 3 4 5	28 Withdrawal from Others Socially	1 2 3 4 5	42 Thoughts about Hurting Yourself	1 2 3 4 5
11 General Satisfaction	1 2 3 4 5	29 Dependency (relying on others to make your decisions and take care of you)	1 2 3 4 5	43 Having Unwanted Thoughts Again and Again	1 2 3 4 5
12 Lateness	1 2 3 4 5	30 Suspiciousness (questions others people's motives)	1 2 3 4 5	44 Worrying about your Health	1 2 3 4 5
13 Absenteeism	1 2 3 4 5	31 Hostility (feeling angry towards others)	1 2 3 4 5	45 Believing You Are Inferior to others	1 2 3 4 5
14 Negative Feelings about work	1 2 3 4 5	32 Other _____	1 2 3 4 5	46 Believing You Are Better Than others	1 2 3 4 5
15 Relating to Supervisors	1 2 3 4 5			47 Seeing Things without Apparent Cause	1 2 3 4 5
16 Relating to Co-Workers	1 2 3 4 5			48 Hearing Things without Apparent Cause	1 2 3 4 5
17 Relating to Supervisees	1 2 3 4 5			49 Experiencing Confusion	1 2 3 4 5
18 Other _____	1 2 3 4 5			50 Memory	1 2 3 4 5
				51 Other _____	1 2 3 4 5

So that we may coordinate care if needed please provide:
 Name of Health Plan/Insurer: _____
 Group # _____ ID # _____

INDICATE IF YOU ARE CURRENTLY EXPERIENCE ANY OF THE FOLLOWING HEALTH PROBLEMS

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Colitis	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Problems with Muscles, Joints, Bones
<input type="checkbox"/> Backache	<input type="checkbox"/> Cough	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Problems with Skin
<input type="checkbox"/> Changes in Bowel Habits	<input type="checkbox"/> Difficulty Sleeping	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Changes in Menstrual Pattern	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Loss of Sexual interest	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Changes in Urinary Pattern	<input type="checkbox"/> Gastro-Intestinal Problems	<input type="checkbox"/> Loss or Increase in Appetite	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Headache	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Other _____

LIST ANY MEDICATIONS YOU ARE NOW USING, EVEN IF OCCASIONALLY, AND FOR WHAT PURPOSE YOU TAKE THEM _____

PERSONAL PHYSICIAN: _____ ADDRESS: _____
 TELEPHONE: (____) _____ - _____ DATE OF LAST PHYSICAL EXAM: (Month) _____ (Year) _____

IF YOU HAVE EVER HOSPITALIZED COMPLETE THE FOLLOWING:

HOSPITAL	Location	Year	Nature of Problem

DO YOU HAVE ANY OF YOUR RELATIVES

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug Dependency	<input type="checkbox"/> _____
<input type="checkbox"/> Cardiac Problems	<input type="checkbox"/> Mental/Emotional Problems	<input type="checkbox"/> _____
<input type="checkbox"/> Diabetic		

INDICATE THE AMOUNTS OF THE FOLLOWING SUBSTANCES YOU USE ON A DAILY BASIS:

<input type="checkbox"/> Alcohol _____	<input type="checkbox"/> Tea _____	<input type="checkbox"/> Drugs _____
<input type="checkbox"/> Coffee _____	<input type="checkbox"/> Tobacco _____	<input type="checkbox"/> _____

CONSENT TO TREATMENT

I hereby give my consent to my clinician to provide evaluation, treatment and/or other services that we may mutually determine to be appropriate. I understand that HORIZON Behavioral Services may receive records of my evaluation and/or treatment and that HBS Care Managers may review these records with my Clinician as part of its responsibility to manage my care. I further understand that these services are confidential and that information about me will not be discussed or released to any one other than authorized HBS staff without my written consent, with the following exceptions:

1. Information necessary to authorize services for pay claims will be communicated to the insurer/claims payer when required.
2. If I disclose information in the course of evaluation or treatment which indicates clear and present danger to myself or a specific other.
3. As mandated by state law.

I understand that appointments missed or canceled less than 24 hours in advance will count as regular appointments against my benefits. For these appointments, I will be responsible for either the applicable EAP co-payment at the provider's HBS network fee for sessions not covered by the EAP. I understand that I will be financially responsible for all charges not covered by my EAP or Insurance Benefits.

_____(SIGNED)_____ (DATE) _____ (SIGNED)_____ (DATE) _____

(NAME AND AUTHORIZATION # MUST MATCH INFORMATION PROVIDED TO YOU ON TREATMENT AUTHORIZATION FORM)

I. Identifying Information

Primary Client Name: _____
Last First

Authorization #: _____

Phone #: Home: (____) _____

Work: (____) _____

Date of Birth: _____ / _____ / _____

Date of Initial Interview: _____ / _____ / _____

Referral Source: – Self (Employee/Dependent Initialed)
 – Company Referral for Performance Reasons (Assigned by HBS Case Manager)

Employee Name: _____
Last First

Company: _____

Location: _____

Division: _____

Clinician Name: _____
Last First

Clinician SS #: _____

II. Presenting Problems as Seen by Clinician (Check All that Apply)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Addictions | <input type="checkbox"/> Crisis |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Eating | <input type="checkbox"/> Child Abuse |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Smoking | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Amphet. | <input type="checkbox"/> Work/School |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Interpersonal |
| <input type="checkbox"/> Interpersonal | <input type="checkbox"/> PCP | <input type="checkbox"/> Career/Voc. |
| <input type="checkbox"/> Marital | <input type="checkbox"/> Opiates | <input type="checkbox"/> Authority |
| <input type="checkbox"/> Family | <input type="checkbox"/> Sedatives | <input type="checkbox"/> Health |
| <input type="checkbox"/> Child | <input type="checkbox"/> Tranquil | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Relationship | <input type="checkbox"/> Other | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Divorce | | <input type="checkbox"/> Pain |
| | | <input type="checkbox"/> Other |

DSMIV DX: _____

III. Risk Factor Ratings: Rate Client on Items below where

1=None 2=Mid 3=Moderate 4=Serious 5=Severe

	1	2	3	4	5
Overall Severity of Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Potential for Viol. Behav.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hostility Towards Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Level of Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Level of Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check if present:

- _____ History of Homicide Attempts?
- _____ History of Suicide Attempts?
- _____ Prior Inpatient Hospitalization?
 (Admission was for MH__ or SA__)
- _____ Current Psychotropic Medications?

Global Assessment of Functioning (GAF) Score. _____

IV. Estimated Number of Session to Reach Goals: _____

PLEASE COMPLETE REVERSE SIDE OF FORM

Hahn and Associates
P.O. Box 7341
Villa Park, IL 60181
630.279-2791

Date: _____

To: Chief _____

From: Dave Hahn

RE: Social Service Program

Total Cases: _____

Crisis Calls: _____

Employees seen during month: _____

Juvenile Station Adjustment: _____

Evaluation & Referrals: _____

of Hours Clinician In-house: _____

of Hours Clinician used for Crisis Intervention: _____

of Hours in Ride Along/School/Roll Call/Seminars: _____

Problems Observed:

Respectfully Submitted by,

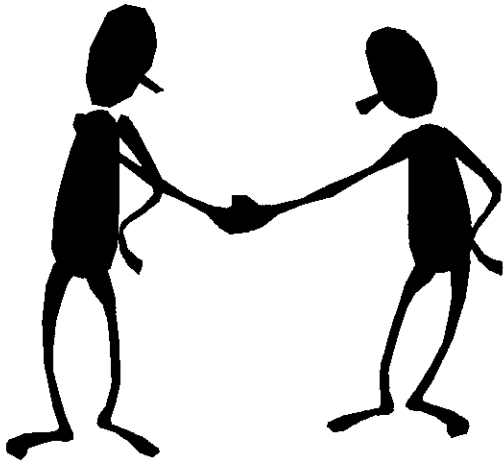
David B. Hahn



Association for
Individual Development

VICTIMS SERVICES

We provide:



- Crisis Intervention
- Emotional Support
- Court Accompaniment
- Referrals for: Counseling
Support Groups
Shelter
Material Goods

- Understanding more about the impact of crime
- Connecting with local victim service providers
- Learning your legal rights and options
- Making a safety plan
- Accessing victim compensation
- Follow up services for fire victims

Assistance is available 24 hours/7 days a week/Bilingual available

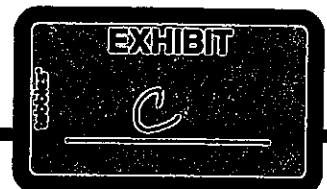
*630/966-9393 *Ask for "Victims Services"*

Questions about the program?

Joanne Furnas/Director

email: jfurnas@the-association.org

630/966-4350



Victims Services Call-Out Scenarios/Services

Purpose of Victims Services: To assist distraught victims which allows Fire Personnel to concentrate on departmental tasks and less on the social/psychological needs of the victim(s).

Fire: Victims Services will respond directly to the scene, contact Red Cross and provide follow-up assistance the family.

Death:

- Accidental- Falls, Fire-Related, Vehicular
- Homicide
- Unexpected- Heart attacks, Medical, SIDS
- Suicide

Death Notification: Victims Services will give death notifications (even when family lives outside the City) and/or accompany the notifier(s) to assist the family in the grief/funeral process.

Serious Injury: Gunshot, Stabbing, Fire, Fall, Industrial Victims, etc.,

- At Home
- At Work
- Vehicular

Trauma: Any case involving trauma where you feel the person(s) could use assistance/advocacy- assaults, robbery (including work setting), etc.,

Debriefings: 1.) Employees 2.) Family Members 3.) Fire and Police Personnel

Case Management- Incidents involving non-life threatening requests.

Who would need Victims Services?

- Who discovered or observed the body?
- Witnessed the incident/accident?
- Is related to the deceased/injured party?
- Was a victim of a traumatic event?
- May be displaced due to fire?

How do I request Victims Services?

Call, or request dispatch to call, the 24-hour Crisis Line **966-9393**

Ask for "Victims Services" which is available 24 hours, 7 days a week.

Questions about the program? Call Joanne Furnas 966-4350

Email: jfurnas@the-association.org

November 8, 2010

Cost Comparison

Social Worker

Cost for ONE employee	Salary	Benefits*	Total Cost
Full-Time Social Worker (40 hrs)	\$73,000+	\$10,950	\$83,950
Part-Time Social Worker (20 hrs)	\$35,000	\$5,250	\$40,250

Victims Services

Cost for FOUR employees	Fee	Benefits**	Total Cost
24hr/7 day a week coverage	\$25,000	N/A	\$25,000

Other Financial Benefits of Victims Services:

- Frees up emergency personnel to respond to other incidents:
 - Assists "frequent" callers, lessening their need to call LPD
 - Family/Social incidents who are not in need of police intervention
 - Transportation of victims, family members
 - Await the arrival of outside agencies, ie., Red Cross
- No Cost Trainings & Critical Incident Stress Defusings/Debriefings:
 - Village of Lombard employees
 - Businesses, Neighborhoods, Religious Groups and Schools

* 15% to include medical, certifications, equipment, insurance etc., (** Responsibility of AID)
 +Social Worker Salary-Dupage (<http://www.indeed.com/salary?q1=Police+Social+Worker&l1=60148>)

**Victims Services Monthly Reporting Form
Batavia Police Department
JULY 2010**

Date Assigned	VS Report #	Incident Type BPD #	Notification By Whom	# Clients	# Resources/ Referrals	Direct Service Hrs. this Month
07-06-2010	570-003-11B	10-50 Car/Pedestrian	BPD Trover	2	1	6
Closed. Both victims contacted and given referrals and 24 hour contact information if follow up services are needed.						
07-07-2010	570-004-11B	Neighbors	BPD Burkitt	3	1	5
Closed. Neighbors are overhearing disputes between elderly couple. Referrals made to Tri City and Family Counseling Services.						
07-15-2010	570-006-11B	Lewd Beh.	BPD LaBarbara	1	1	1
Closed. Charges pending on subject for videotaping women in a washroom. Requested referral source for sexual addiction (Renz).						
7-20-2010	570-007-11B	Domestic	BPD	2	1	2

Closed. Issue between adult mother and grandmother over 11 year old daughter. Referred to Prairie State Legal.						
7-26-2010	570-011-11B	Family 12600	BPD Burkitt	2	-	3
Closed. Thirty year old son with mental health issues doing physical damage to mom's property. Repeated attempts to contact neg.						
7-30-2010	570-013-11B	Suicide 12873	BPD Autenrieth	5	1	18
Closed. Suicide of family member. Referral to Suicide Prevention Services.						
7-31-2010	570-014-11B	Domestic 12993	BPD Langston	3	3	10
Closed. Woman needing emergency housing. Referrals to Mutual Ground, Prairie State and Crisis Line.						
7-31-2010	570-015-11B	Dom/WOW	BPD Langston	2	4	20
Open. Walk-in requesting assistance due to violent boyfriend Determined subjected wanted on warrant out of DuPage County. Assisted with contacting guardian for minor child. Extensive follow up upon subject's release with housing, public aid, etc.,						

Incident:	2008	2009	2010-J	2010-F	2010-M	2010-Ap	2010-May
Assault	1	0					
Bank Robbery	0	0					1
Burglary	2	0					
Child Abuse	0	0					
Death/Traffic Fatality	8	2			1		
Death Threat	1	0					
Domestic/Family Issue	17	30	1	4	3	4	4
Elderly Concern	1	1					
Financial/ID Theft	0	4					
Fire	1	2					
Health Concern/Living Conditions	10	10					1
Kidnapping	0	1					
Lewd Behavior	0	0					
Neighbor Dispute	6	3				1	
Overdose	1	0					
Runaway(s)	0	1					
Sexual Harassment/Abuse	1	4					
Suicide/Suicide Attempt	12	7		1		1	1
Traffic Accident	0	0					
Training/Debriefing	4	3			3	1	1
Tylenol Case Follow Up	0	1					
Injury of Soldier							1
Well-Being			1	2			
	65	69					
Referral Source:							
Batavia Police Dept	54	57	1	6	5	6	4
Batavia Fire Dept	6	6	1	1	1	1	2
Batavia School District	0	2			1		1
City of Batavia	1	0					
Citizen	2	1					1
Crisis Line	1	2					
FBI	0	1					1
Suicide Prevention Services	1	0					
	65	69					

2010-June 2010-July 2010-Aug 2010-Sep 2010-Oct

				1
1				2
6	4	1		2

	1			
	1			
1				

	1			
	1			

1		1		
---	--	---	--	--

8	8	2		5
---	---	---	--	---

1