1. **Roll Call**

   Stephanie Barisch  
   Matt Stinson  
   Ellie Feldmann  
   Carmen Gonzalez-Djangi  
   Cris Mugrage  
   Chelsea Mueller  
   Kathryn Bangs  
   Carlie Kasten  
   Daphne Bogenschneider  
   Michelle Zambrano  
   Rebecca Horwitz  
   Laura Kuever  
   Eileen Niccolai  
   Virginia Rossi

   Center for Youth and Family Solutions  
   University of Illinois School of Social Work  
   JCFS  
   Metropolitan Family Services  
   Sinnissippi Centers  
   Heritage Behavioral Health  
   Egyptian Public Health Department  
   Community Resource Center  
   The Helen Wheeler Center  
   Will County Health Department  
   Kenneth Young Centers  
   Catholic Charities  
   Thresholds  
   Thresholds

   A quorum was established with all members present.

2. **Approval of Minutes**

   a. Workgroup members indicated they did not have time to review the Minutes from the February 9, 2022 meeting. Vote on minutes was deferred to March 9, 2022 meeting.

3. **Rule 140 Frequently Asked Questions Document**

   a. HFS posted an FAQ document to the HFS Website. HFS will continue to update the document to incorporate additional questions.

4. **Voting on Documentation Time Recommendation**


5. **Tool Updates Conversation**

   a. The Workgroup began discussing the updates needed to be made to the IM+CANS Tool. It was decided that addressing the tool by section might provide the best structure to the conversation.

   b. The Workgroup started discussions with the demographics section.

      i. The Name/Gender options available in the demographics do not provide a culturally competent response for the LGBTQ+ population.

      ii. The group identified adding: Pronouns, Preferred Name/Alias, and Gender Identity to make the section more culturally competent.
c. Several workgroup members pointed out that they are still required to do DMH registration and items need to align.

d. The workgroup also discussed the race/ethnicity portions, indicating that many customers struggle with this section. HFS indicated that the section should reflect how the customers identifies for their race/ethnic identity.

e. The Workgroup also discussed the items in Living Arrangement, and how it can be difficult for individuals who live in non-traditional environments, such as individuals who live alone but not with family, or youth who are in kinship foster placements.
   i. HFS will review the reporting requirements of DMH for this section and adjust if possible.

f. The Members of Family Constellation section was reviewed, with many workgroup members saying this can be difficult to complete with clients during initial engagement, and that clinicians need to navigate through the tool with clients in a way that builds trust and update later as more information is disclosed.
   i. HFS stated that the section should be completed with relevant information, or as much information is disclosed by the client. It may not be able to be fully completed (i.e. names of children who live in the home) but should be completed with what is available at the time.

g. The Workgroup began discussions on the ACEs section of the IM+CANS.
   i. The Workgroup indicated that clinicians struggle with selecting “no” on the traumatic experiences, believe “no” means the trauma did not happen versus that the client did not disclose the trauma occurring.
   ii. The Group explored ways of updating the section to address this concern – potentially adding an “unknown” item, or modifying the definition of no in the section.

h. The Workgroup members indicated that going section by section through the tool may not be the most efficient way to go through the tool bucket.
   i. It was recommended that the Group revisit the items originally identified in the Tool Bucket prior to resuming going through the tool.
   ii. The purpose of going through the tool is to identify if the tool is gathering the information needed, if it meets the needs of different populations, or if the tool is too long what needs to be removed.
   i. It was suggested to rename the ACEs section to Potentially Traumatic Experiences, as the section is focused on childhood trauma, and not trauma that can be experienced throughout the lifetime.

6. Public Comments
   a. Michelle Churchey-Mims from the Community Behavioral Healthcare Association (CBHA) asked if there were any updates on the recommendations voted on at previous meetings.
   b. HFS did not have an update/feedback.

7. Next Steps
8. Adjournment