I. **Roll Call**

Stephanie Barisch  Center for Youth and Family Solutions  
Matt Stinson  University of Illinois School of Social Work  
Ellie Feldmann  JCFS  
Cris Mugrage  Sinnisippi Centers  
Chelsea Mueller  Heritage Behavioral Health  
Kathryn Bangs  Egyptian Public Health Department  
Carlie Kasten  Community Resource Center  
Michelle Zambrano  Will County Health Department  
Rebecca Horwitz  Kenneth Young Centers  
Laura Kuever  Catholic Charities  
Eileen Niccolai  Thresholds  
Virginia Rossi  Thresholds

A quorum was established with 12 members present.

II. **Approval of Minutes**

a. Minutes from the March 9 meeting were approved with no edits.

III. **HFS Status Update on Recommendations**

a. All recommendations are currently waiting on review from HFS Administration.

IV. **Tool Updates Breakout Workgroups**

a. Tool Updates Breakout Workgroup membership was assigned. Breakout Workgroups will have public meetings.

b. One meeting each month will be dedicated to the Breakout Workgroup for Section 3, which is the largest section. Other Breakout Workgroups will meet at times convenient to the group, which will be posted on the HFS Website once identified.

c. It was determined that the meeting on April 6th would continue the review of IM+CANS Sections that were identified as being able to be addressed by the whole Workgroup, and the April 20th meeting would be dedicated to the Breakout Group for Section 3.

V. **Tool Updates**

a. The Workgroup began reviewing sections identified that could be addressed in the larger Workgroup, which includes Sections 1, 6, 7 and Sections 9-17.

b. The Workgroup determined that they would not vote on every change recommended, but that HFS would mock-up a document with all recommendations included for the Workgroup to review and vote on.

c. The Workgroup began discussing Section 1, the review if any additional recommendations needed to be made after the original discussion over Section 1.
i. HFS indicated that they have begun mocking up a document that collapsed Section 1 into two sections, based on Workgroup feedback.

ii. The Workgroup members indicated that Section 1 contains duplicative information to what is required for DHS Registration for block grants. The Workgroup asked if the information contained on the IM+CANS is the same as block grant reporting, is it possible to skip the DHS Registration process? HFS stated they could express that interest to DHS, but it’s not for HFS to determine. The Workgroup asked if they could take items off of the IM+CANS if it could not replace the DHS registration process, and HFS indicated it was an option if they had any recommendations.

iii. The Workgroup asked the HFS discuss the duplication of efforts with DHS to determine if the process could be made less duplicative to reduce administrative burdens. HFS indicated that they would speak to DHS about options.

d. The Workgroup discussed Section 6: Placement History. There were no recommendations for changes on Section 6. It was suggested to allow for public comments at the end of each section as the Workgroup proceeded. Comments from the Public are indicated in Section VI of the minutes.

e. Section 7a: Psychiatric Problems: The workgroup indicated they would like to change the wording from Psychiatric Problems to concerns. Additionally, the Workgroup suggested removing the table, and creating a text box with question prompts. The Workgroup also indicated that the section should be expanded to include both outpatient and inpatient mental health services.

f. Section 7c: Mental Status Exam. The Workgroup indicated that the Mental Status Exam is sometimes inconsistent in how clinicians use it. The Workgroup considered adding more descriptive language to some of the MSE prompts (such as long-term or short-term memory) and moving the text box to below the MSE to document additional supporting information regarding the MSE. HFS indicated that they would make mock-up changes for the Workgroup to review.

g. Section 9a: Relevant Family History. There was a question on why current court involvement is included if this is family history – would that be covered by legal involvement? It was indicated that for those who serve the child welfare population, court involvement is often important, as it may not necessarily be the individual assessed who has legal involvement, but the family, and can be used to indicate current status on a DCFS case.

h. Section 9b: Cultural Considerations. It was indicated this section needs to be about the family, not just the client. Additionally, it was proposed that there be a question to ask about the family’s history of behavioral health challenges.

VI. Public Comments
a. A member of the public indicated that they used Section 6: Placement History frequently for adult customers to show chronic homelessness for HUD grants.

VII. Next Steps
a. Workgroup members volunteered to do the scheduling of the Breakout Workgroups, and will supply those times to HFS to schedule and post publicly. The Workgroup will
pick up on the April 6th meeting with Section 10. The April 20th meeting will be dedicated to the Section 3 Breakout Workgroup.

VIII. Adjournment