

**Illinois Department of Healthcare and Family Services**  
**IM+CANS Workgroup**  
**Meeting Minutes**  
**February 23, 2022**  
**Held virtually via WebEx**

**1. Roll Call**

Stephanie Barisch	Center for Youth and Family Solutions
Matt Stinson	University of Illinois School of Social Work
Ellie Feldmann	JCFS
Carmen Gonzalez-Djangi	Metropolitan Family Services
Cris Mugrage	Sinnissippi Centers
Chelsea Mueller	Heritage Behavioral Health
Kathryn Bangs	Egyptian Public Health Department
Carlie Kasten	Community Resource Center
Daphne Bogenschneider	The Helen Wheeler 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 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**

- a. The Workgroup voted on the Documentation Time Recommendation. The vote passed unanimously.

**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 to 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**