

WEBVTT

00:05:43.213 --> 00:05:50.213

Okay, welcome everybody. We'll get the meeting started and we'll do that with roll call.

00:05:52.027 --> 00:05:57.027

Susan Fowler. Neil Sharma.

00:05:57.356 --> 00:06:02.356

Kim Fisher. Anne Robin.

00:05:58.333 --> 00:06:00.333

Here.

00:05:59.851 --> 00:06:03.851

Here. Sure.

00:06:00.532 --> 00:06:02.532

Here.

00:06:04.429 --> 00:06:14.429

Here and i guess our first order of business would be to have a motion and second to include Dr. Sharma in our meeting today.

00:06:06.728 --> 00:06:08.728

Vicki Niswander.

00:06:15.074 --> 00:06:21.074

Since he is on Zoom. I'll motion to include him. Okay. Second.

00:06:21.972 --> 00:06:41.972

Any discussion? All right, Dr. Sharma i think we're going to vote you in, but we'll take the vote here in a second. I just want to remind you that We want to hear from you during the meeting. So anything you have to say, questions that you want to ask, please do so, okay?

00:06:26.023 --> 00:06:28.023

Thank you.

00:06:34.595 --> 00:06:36.595

Thank you. I appreciate it.

00:06:43.086 --> 00:06:47.086

I will. Thank you so much. I'm trying to work with my schedulers too.

00:06:47.031 --> 00:06:54.031

Try and clear up. I don't know what the mishap is, honestly. So I'm hopefully going to be attending the meetings in person.

00:06:54.837 --> 00:07:00.837

Yeah, that would be great to have you here. Okay, all those in favor, say hi. Aye. Aye.

00:07:03.669 --> 00:07:13.669

We went off. Okay. Approval of the agenda. I need a motion to approve that on page one and two. I move to approve the agenda.

00:07:13.637 --> 00:07:19.637

Thank you. Second. Thank you. Any changes needed?

00:07:20.884 --> 00:07:24.884

All those in favor say aye. Hi. Bye.

00:07:26.208 --> 00:07:36.208

My Mac is off again. Okay, let's go on to beyond some of the things that are just in the agenda for information only.

00:07:36.345 --> 00:07:42.345

To citizen input and public participation. Do we have anybody who wants to speak to the board?

00:07:42.845 --> 00:07:48.845

This morning. Anybody on Zoom?

00:07:53.520 --> 00:07:57.520

Okay, I'm going to assume not. Do we have anybody on Zoom?

00:07:57.399 --> 00:08:12.399

Okay, very good. Chairperson's comments. I just want to say that This week, I went to a political forum And a protest.

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So I encourage all of you to do the same. It made me feel a little bit better.

00:08:18.043 --> 00:08:37.043

To do that, given the challenges that we're all facing. Mainly because it put me in a group with people who were feeling the same way as I was with all the turmoil that's going on in our political system right now. It was really helpful to me personally

00:08:37.314 --> 00:08:55.314

To be a part of that. But, you know, to sit back and not say anything or do anything except just complain to yourself about things the way they're going, it does help to be with other people. So I encourage you to do that.

00:08:55.636 --> 00:09:08.636

Even if it's just contacting your congressperson or your legislators in the state or writing a letter writing a letter I think it helps.

00:09:10.120 --> 00:09:14.120

My political statement for the day and I'm going to turn it over to Lynn for her comments.

00:09:15.454 --> 00:09:34.454

So I also have comments today. And I have a 34 pages of comments in the board packet, so I'm going to try not to Sorry. And that was those are Okay. Those are shorter than the original version because I had to take out

00:09:35.648 --> 00:09:49.648

Things that people had said that might get them fired. Some people had asked us not to document certain things. I'm glad they told us anyway. So where there wasn't an easy way to cover that. I just took it out.

00:09:49.018 --> 00:10:15.018

There's a lot of discussion in there that relates to the big threat to our work, which is cuts to Medicaid. There's another big threat that's in my notes that we're not going to talk about today that's not been discussed very much in Illinois, but we are finding ourselves in a lot of meetings with others around Illinois talking about Medicaid. Last week, I was in a meeting which was leaders of a whole bunch of trade associations.

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Like, what can we do? To stand against the proposed cuts to Medicaid and you know the information was it won't be news to most of you that the people who really need to hear from us are not answering any calls.

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And they're also not holding town halls. And they have been instructed Not to do that.

00:10:35.712 --> 00:10:46.712

So there's a whole bunch of stuff now that's just beyond our control. I love that You're saying going to a forum and a protest helped you feel better? I think filing witness slips.

00:10:46.771 --> 00:11:04.771

Helps me feel better. I can forward you some opportunities for that. But the big thing, an audience with somebody who could really change the direction isn't possible. And further, the attorneys on this meeting said they're also keeping track of who's making loud public objections

00:11:04.533 --> 00:11:12.533

About Medicaid cuts and planning retaliation and like Well, we're in the space there where I kind of don't care.

00:11:12.530 --> 00:11:31.530

So, you know, so anyway, and that feels good too because This whole system relies on this pieces of Medicaid as they are continuing as they are, specifically the waivers. There's a whole bunch of work being done around the country that's very valuable through waiver programs, not just these

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1915 waivers, but also 1115 waivers. You know, the sentiment of colleagues across the state and country we need to at least keep these waivers.

00:11:42.484 --> 00:11:51.484

And if not make them permanent. So anyway, that's my I wasn't planning to say it, but thank you for opening that up.

00:11:52.064 --> 00:12:00.064

And then I could say it. I was planning to tell you that we don't yet have a lease agreement for moving to new offices.

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The agreement presented to us is actually like it's not more money.

00:12:05.580 --> 00:12:18.580

At first, it appears to be less money There's nothing really... earth-shattering to report. We also don't have a move date We plan to take care of all that next week.

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There are no other current updates to share with you about 2025 funds.

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That's as much as I can really... say, but just that the calculations you'll see later in the packet about what might be affordable of the agency funding requests.

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Those calculations are mostly based on what will be affordable in 2026, not affected by 2025.

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The challenges that I'm... planning round in 2025 don't really impact that amount. So I think we're... Okay, and then the other big fun thing is we've been working with some students from the stats club this year and it's really fun. We've meeting with them once a week and they're

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Giving us all sorts of really cool data presentations. Like our data are very simple, so there's not a lot they can do with them other than make them visually interesting and then they discovered something that Kim Bowdry works on and now they're digging in to that. That memo is in this packet. Like to work with some of those data

00:13:28.620 --> 00:13:44.620

So that was super exciting last week. And then they went on spring break. So it's students You know, we're not paying them anything. So if we don't get a a product like any product at all or not the product we were hoping for, it's okay it's still

00:13:44.992 --> 00:13:48.992

Time well spent. But I think the things they're showing us are very usable.

00:13:50.054 --> 00:13:56.054

Looking forward to, yeah. Anyway, that's enough. Okay. Yes, Susan.

00:13:55.816 --> 00:14:17.816

I just wanted to make comment again. Oops, sorry. Maybe I wasn't aware of it, but in your briefing memo, you note that you're serving as vice president of the NACBH DD, a new member of NACO, And a member of the NACO Healthy Counties Advisory Board, et cetera, et cetera, et cetera.

00:14:18.584 --> 00:14:29.584

Thank you for all of your national service, your state and national service, because it's really remarkable to have someone so much in the center of what's going on. And I know it takes time.

00:14:30.709 --> 00:14:36.709

Much appreciated. Well, thank you. And I've really gotten a lot of a lot out of it for our work.

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The vice presidency of NACBID is related to why I'm on the NACO board. I'm just the vice president of NACBITD always serves as liaison to NACO.

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So it's not a lot more time. I mean, it's really good information to have like what, you know, what we think we're doing in Illinois is connected to what the federal government is willing to do. And for the last several

00:15:03.534 --> 00:15:23.534

Sessions, they haven't been able to do very much. But we keep saying the same things. The simple thing that you'd think would go somewhere is identify a distinct Bureau of Labor and Statistics classification for DSPs because the work they do is completely different from

00:15:23.418 --> 00:15:27.418

Other types of work that are lumped into the current category.

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Like it's got home health aides and all other, you know, just the but the There are an estimated like 26 competencies that DSPs have to have to do the work.

00:15:37.792 --> 00:15:47.792

I better stop because I'm about to slip into the other federal threat to our work that has to do with workforce. And I don't want to take up your time, but thank you.

00:15:49.639 --> 00:15:55.639

Okay, moving on to where are we? Approval of the minutes from last month.

00:15:56.810 --> 00:16:02.810

I skim my motion to approve and think that I am included in the minutes.

00:16:02.186 --> 00:16:09.186

Thank you for that. I'm glad you're included as well. And seconds.

00:16:09.955 --> 00:16:13.955

Any other conversation on this. Okay, all those in favor say aye. Aye.

00:16:18.370 --> 00:16:25.370

We've got some extra. And it's like, I just need to look at them. Let's just have you like a press conference over here. Okay.

00:16:27.440 --> 00:16:37.440

No, it just goes off by itself. Okay, vendor invoice lists. We need to accept those as well.

00:16:37.566 --> 00:16:42.566

Move to accept. Thank you. Thank you.

00:16:43.549 --> 00:16:50.549

Any changes oh my gosh okay all right All those in favor say aye. Aye. Any opposed?

00:16:51.998 --> 00:16:58.998

Okay, let's move on to staff report. Yeah, we did the vendor invoice list. Staff reports.

00:16:59.827 --> 00:17:04.827

Linz is the only one in there. I hope you all had a chance to read it, but my gosh.

00:17:05.538 --> 00:17:11.538

That was depressing. Sorry. So, um.

00:17:11.237 --> 00:17:23.237

I guess all the national and all the national state organizations are in as much turmoil as we are. So I guess it helps to all be in the same boat, maybe. I don't know.

00:17:26.929 --> 00:17:31.929

Okay, I have a comment. Words have meaning.

00:17:31.172 --> 00:17:38.172

And yet the words that we are hearing have very different meanings than they used to have.

00:17:39.115 --> 00:17:42.115

And very different meanings than we might think that they have.

00:17:42.589 --> 00:17:55.589

So when you're listening to when you're listening to officials or officials whoever politicians talking, you need to pay attention not just to their words and the sentence structure.

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But what's the background meaning? Of them. So on page 10, Darcy Johnson, who's a newly appointed And I'm thinking, oh, newly appointed, what does that mean? Well.

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With the new administration. And I'm reading the report And... Words like new initiative with radical accountability.

00:18:20.788 --> 00:18:27.788

What does that mean? You know, we need to pay really close attention to what people mean by that.

00:18:28.152 --> 00:18:43.152

And... there's something about the healthcare system failing you know i I'm part of the healthcare system, and I've been complaining about it for decades. And I have ideas about things that could be improving.

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But tearing the whole thing down to the ground in order to improve it or rebuild it seems to be part of the philosophy. Chronic disease skyrocketing, that's nothing new. We've had chronic disease for a long time.

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Skyrocketing is not really a good word to use for chronic disease.

00:19:03.725 --> 00:19:24.725

And to say that the symptom treats The system treats symptoms rather than disease is a really crude and uninformed way of describing the system that we have, which is a patchwork system that doesn't always meet everyone's needs, but is way beyond treating

00:19:39.406 --> 00:19:49.406

Symptoms. So this statement chills my blood in some ways, but in other ways I'm like, okay, we just

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This is poison. This is pure poison. And I will go on the public record for that and go ahead.

00:20:10.441 --> 00:20:16.441

Go at me, attorneys. I'm 74 years old and I'm retired so

00:20:13.133 --> 00:20:23.133

I second that. I completely agree. There's a lot that we need to change about the healthcare system, but this is an absurd extremist approach to it.

00:20:24.871 --> 00:20:42.871

Go, of course. So this was, you'll notice this was the first thing that happened. It was eight o'clock in the morning the first day of the conferences and it really did feel like a gut punch. I want to celebrate some good news. You said we're sharing the suffering. Yes.

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That was really a relief. But also, both of these conferences were more well attended than they've ever been.

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And the staff who support the conferences told me this is because people are saying they need to know what's going on.

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I felt like I was in really good company. I also want to celebrate that it seems to me like county elected officials across the country have a much better understanding of the realities of healthcare and Medicaid and what it does.

00:21:12.320 --> 00:21:29.320

They didn't a few years ago, but they get it now and that open and keynote, like she ran out of the room and said, I'll be available outside if anyone wants to talk to me but we had work to do. We had a number of sessions to complete on these topics that matter so much to us.

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And when we got to the part I was supposed to facilitate, my group said.

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We can't do this after what just happened to us this morning. So I said, well, let's change the assignment.

00:21:41.327 --> 00:21:55.327

And we made a list of the a wish list of the things that our communities need from the federal government instead of answering the the very detailed policy questions that we were supposed to address. We were like, if there's no Medicaid.

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Why are you asking us? To figure this out.

00:22:00.186 --> 00:22:07.186

So thank you. It really did shade that first day in a pretty terrible way. And then there was something similar on the third day.

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So did she just dip in, put you in the gut, and then leave?

00:22:12.569 --> 00:22:19.569

Say I'll be available, but she wasn't really available and she didn't listen to any of the rest of it. No listening involved.

00:22:19.785 --> 00:22:39.785

Okay, that's what I thought. But I'm sure that there were also officials in the room who understood and believed some of the values that the Make America Healthy again initiative wants to promote. It's just they didn't even have a chance to talk to her like no one did. So it was a

00:22:40.150 --> 00:22:54.150

It was, you know, good and bad. Like I'm in very good company there but also Federal officials didn't want to talk to us for the most part. Many declined to come and talk to us at all. So that was other big news.

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You know who came to talk to us? Ambassadors from Canada.

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I'm not kidding. And then we went to we went to a reception at the embassy and they said all the same things again but But as opposed to big federal stars Anyway, okay.

00:23:16.004 --> 00:23:31.004

Yeah, just to... pile on here. I went to this conference or meeting with a couple of legislators from the Chicago area, statewide legislators and i learned that if Medicaid gets cut.

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Illinois Medicaid will automatically get cut it's in the law now. There's There is a piece of legislation to fix that.

00:23:45.912 --> 00:23:48.912

Well, let's hope they do it quick. We're strongly supporting it.

00:23:48.480 --> 00:23:58.480

All right. Moving on. We are at new business evaluation capacity building project.

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For what? She's going to tell us about it.

00:24:11.751 --> 00:24:17.751

Report. Good morning. Good morning.

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So... The evaluation project has been going on for two years. We're very excited about the work that we have done.

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And we're up for renewal for the next few years. And I think that Lynn will talk a little bit more about what the motion is and the continuation of our great work.

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And the great work of the agencies. Any questions?

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Yeah, let's do the motion. What page is that on? Pretty good.

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Okay, so the motion, I'll do this. The motion is to authorize the executive director to enter into a 24-month extension to the contract with the Family Resiliency Center for the support as proposed.

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With a start date of May 1st, 2025, end date of April 30th, 2027, and total cost of \$271,686.

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Pending approval by the CCMHB. So we need, that's the motion. We need a second for that.

00:25:28.066 --> 00:25:33.066

Second, thank you. Discussion.

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Susan, because... I'm a relatively new board member. I wasn't here when the contract was first funded.

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And I do remember the other evaluation project, and I'm just asking for some affirmation that the agencies feel that their needs are being served.

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Through this evaluation and it would be helpful just to ensure that given the amount of money we're spending, it's considered to be very useful by the agencies who have been struggling, I know, to report outcomes.

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Mm-hmm. So who has provided that assurance?

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Anyone? We have a survey results are in this. Where did... Where is that?

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45 and 46. So there's a 45 In the memo there's a sort of like a summary of what they've done for the first two years And... links, links, so that you can see that.

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Cool videos. Okay. And then... Where is our, oh, here we go.

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The survey responses that we launched a survey in January, it was just three weeks And then the responses are summarized here.

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People are interested in learning more about how to organize data, use a logic model.

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They wanted more technical assistance and how to define meaningful and measurable outcomes for special populations.

00:27:11.381 --> 00:27:20.381

For example, adults with DD. Or for unique services, and this is a mental health board funded question.

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Peer support and mentoring because there are a number of peer support contracts.

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And then we also, we grabbed a couple concerns that people expressed that actually were things we had done as staff like we decide which programs we think should be the target.

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Programs that's in the that has traditionally been in the decision memo that you're looking at in May as a contract provision So you're also blessing that idea. But if an agency doesn't want to do it or doesn't have the capacity to do it.

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We're not pushing it. It's best if we ask them beforehand And that's a... I think people didn't understand how you got chosen to be a target. I wanted to make sure we take responsibility for that and then the then this idea of what's an appropriate outcome measure and method

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This has to do with the quality of funding applications and we really This is not something that we should be We shouldn't be telling people how to have a competitive advantage in an application.

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If the whole public doesn't have access to that information. Which is why everything they develop, we're making publicly available and putting it into our website.

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So according to the information you have here, you provided three agencies with a fourth added the second year in the next two years, will there be ongoing effort with those same agencies? Are you going to want to work with new agencies at that point?

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So a couple of points. So for that, that really depends on the board staff and the board to inform that process.

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I think there's a way in which agencies should be graduating from technical assistance if they're no longer needing it, and then that leaves space for new agencies to then come into the fold.

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So we're open to both continuing with those who continue to need the assistance and also to add in to move on to new agencies that might need assistance that haven't been getting it before.

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So I would say it's a both and, and it depends on their needs identified by agencies themselves identified by the board and the board staff. Okay, thank you. And I do have, so I can let you know, we haven't written up our report for year two because it's in April that we'll be sending it, but we actually sent out a survey to those that we are

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Providing technical assistance to as well at the same time that the board was giving out their survey.

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And I can say that they strongly agreed that we've been responsive to their needs, that we have been flexible.

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That we have been meeting their expectations, that they have grown in their knowledge of logic models and qualitative and quantitative data analysis and a whole list of different things that we ask them.

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And all that information will be in our report in year two. So from what we know from working with the agencies that we worked with very closely for the technical assistance.

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That there has been value added in what we have done. And we also did a survey after our workshop on outcomes.

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And 96% of the participants said it was very effective or somewhat effective.

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25 different participants were part of that training as well as our most recent. So we've been trying to collect some data along the way and also to find out things that we might need to improve, including what was specified in terms of trying to find specific measures and specific for some of the agencies for which measures don't currently exist. So that's been on our radar.

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Yeah, I have a question that's kind of a comment, actually.

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It looks like what you're doing is preparing for the future when you're not immediately available by doing these micro learnings and these online trainings.

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And workshops, because one of the biggest criticisms that we had of this kind of service was that there's so much staff turnover.

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That some staff would get trained and then they would leave and then new staff would come in and they'd have to get trained. So is that part of your your thinking is that going to the future, we would have these resources that people could use that would be

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Continue to be valuable. Absolutely. So our center and our approach, and I also think that the board in thinking about this was to create long-term sustainable resources.

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And that also can be utilized at any moment by anybody. And so we're also thinking about how can we take some of the learnings that we have from the agencies that we worked with with technical assistance And making micro learnings of things that they found useful, such as creating different forms or instruments that they can do on their own and can teach them how to do that and put it into an asynchronous micro learning.

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So that then others can benefit from that as well. And one other thing, I don't know if it came out and what we were saying is also thinking about making ourselves open to what we call like office hours so that those who are not receiving technical assistance immediately could also ask us a question here or there that they might have about evaluation.

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So that it's more real time, but they don't have to be in the they can still receive support even though they might not be receiving technical assistance as defined by those agencies. Yes.

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So, you know, I do like very much the fact that you're trying to create a resource library that can be accessed by agencies.

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Do you have any information yet? And I know your video micro learning videos are still relatively new, but on how often or how many agencies have have accessed the web to look at those.

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So I think that's a two-part question. One is the measures repository. And so we did collect information when we had our workshop about how many people knew about it from what was created before.

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And how many people have accessed it. So we do know that. And I would say that it had been underutilized and under a lot of people didn't have awareness of it that now they do have awareness of it. So I think it's being utilized a bit more. In terms of our micro learnings, we can track

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Metadata, how many people have come to access it. And we did have an upsurge in, especially when applications were being done in January, which is also when our logic model ones went live.

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So I think they are being utilized and we are open to agencies and others also suggesting other topic areas that they want in the future. And we've talked about with this board as well.

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And the Mental Health Board about reporting. And so we are working on those to be done this summer and later this spring.

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Absolutely. Any other questions? Dr. Sharma, I can't see you, but if you have anything, please speak up.

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Oh, no, no, I'm just... I'm just so picking it in.

00:34:26.889 --> 00:34:30.889

All right. Then I guess we're at a point then that will do the vote.

00:34:31.260 --> 00:34:38.260

Is this just a voice vote? It's money.

00:34:37.995 --> 00:34:43.995

Roll call. Susan Fowler.

00:34:43.054 --> 00:34:45.054

Yeah, okay. It's money.

00:34:44.626 --> 00:34:49.626

Neil sharma. Kim Fisher.

00:34:47.863 --> 00:34:49.863

Approve.

00:34:49.308 --> 00:34:53.308

Yes. Yes.

00:34:50.183 --> 00:34:54.183

Anne Robin. Vicki Niswander.

00:34:50.685 --> 00:34:52.685

Approved.

00:34:53.366 --> 00:35:00.366

Yes. Okay. Motion carries. Moving on. Thank you very much. Thank you for your support.

00:35:00.439 --> 00:35:09.439

Okay, two, activity data just presented for information only. Any conversation on that?

00:35:12.401 --> 00:35:33.401

This is Kim. I just thank you so much for this um report Kim. It's really helpful to see One of the things I was kind of noticed, well, I guess I wanted to kind of mention, I know that we had discussed a little bit about

00:35:34.411 --> 00:35:55.411

The federal government's executive order on DEI and targeting people that we Targeting programs. So I know that we had discussed potentially Maybe not collecting or just on the side worried about data that we do collect that might target people

00:35:55.901 --> 00:36:00.901  
Is there any... movement on that.

00:36:01.898 --> 00:36:06.898  
That we would maybe want to change what we're doing. Or, yeah, yeah.

00:36:08.257 --> 00:36:20.257  
Well, interesting question. And I would say We do not do self-censorship. If we are instructed that we have to do something that we totally disagree with.

00:36:19.432 --> 00:36:26.432  
Because that's the current law, then we will combine with the law. But we do not censor ourselves.

00:36:26.801 --> 00:36:47.801  
And we continue to do good practice which is been time honored for decades and decades, which includes demographic information. So I would It's interesting that you raise that question, but I would say on public record, absolutely not. We continue to do what

00:36:51.848 --> 00:36:54.848  
We've been doing, which is best practice.

00:36:54.731 --> 00:37:00.731  
Anything else? I just wanted to comment that.

00:37:03.037 --> 00:37:15.037  
I wanted to comment that the data are very impressive and I appreciated it. And I did read through it. I just you know, wanted to be sure that it wasn't creating an extra burden for the agencies.

00:37:14.928 --> 00:37:20.928  
To input the data. And that the payoff is worth the burden if it is.

00:37:22.501 --> 00:37:43.501  
You're welcome. I don't want to speak on behalf of the agencies, but what I will say is that This request was... made by board members historically to collect this level of data so they could look at something and see.

00:37:44.262 --> 00:37:53.262  
What the fund was doing for people So this is the, since I started in 2017, this was implemented.

00:37:52.398 --> 00:38:01.398  
We have been doing it since then and in prior to doing prior It's in here, 2020, I think, prior to 2021.

00:38:02.145 --> 00:38:11.145

We changed it to try to be less burdensome. On the agencies. I won't say that it's not still more of a burden for them.

00:38:13.663 --> 00:38:19.663

Doing, I mean, I think unless you guys want to not collect this level of information.

00:38:19.569 --> 00:38:37.569

We have tried to make it less burdensome. I just wanted reassurance. Thank you. There's an expert in the room, so you could ask them. I'll go back to the bathroom if you want. Go ahead, Kelly. Tell them the truth. I mean, this is..

00:38:37.493 --> 00:38:53.493

I appreciate. Thank you, Kim, for taking that. We really did have to stop at the during, I think it was the first year of data like it was amazing but it was also too much for people and they were real honest with us. This is too much and even gave us a

00:38:53.500 --> 00:38:56.500

Report of how many hours it took to do the reporting.

00:38:57.193 --> 00:39:02.193

So at that point, Kim narrowed the categories down.

00:39:01.816 --> 00:39:07.816

And that was a cause of some relief, but I think that is a fair question to ask others.

00:39:07.692 --> 00:39:31.692

And we also were in the beginning claims were entered as quarter hours and now they're entered as full hours and we're hopeful that that, you know, instead of logging something every 15 minutes that doing an hour is less burdensome, but my feelings won't be heard if Kelly wants to come up and

00:39:32.271 --> 00:39:42.271

I mean, Angela's in the room too. Becca's on zoom so My feelings will not be heard if they want to tell you exactly how they feel.

00:39:43.831 --> 00:39:59.831

If we have, you know, five minutes, I think it's worth it. I think... we could make space. The other option would be folks could email Lynn or me and we could pass that information on to the rest of the

00:39:59.885 --> 00:40:09.885

The board but we because honestly, we want to make this work specifically for people with disabilities, but the only way that we can do that.

00:40:09.524 --> 00:40:13.524

Is by making it work for the agencies that serve them too.

00:40:15.633 --> 00:40:22.633



Tell us if you've got issues with this stuff. If we have the luxury of time.

00:40:22.701 --> 00:40:38.701

Because the next contract year starts July 1, It's probably fair to put questions like this on the table. And you'll see in the next memo and and information that a lot of people are in a kind of wait and see whether we exist.

00:40:38.656 --> 00:40:46.656

In the coming months. Posture. And so it may be that we have to make some dramatic changes to what we're doing.

00:40:47.221 --> 00:40:51.221

In order to get through a particularly spicy period i don't know.

00:40:50.986 --> 00:41:03.986

But we do have some time. If folks are okay with Vicki's suggestion, I think that's Great. And I know it won't hurt Kim's feelings because it's a It's also a fair amount of work for her. I love it.

00:41:08.048 --> 00:41:10.048

That's not the reason to keep it.

00:41:09.064 --> 00:41:22.064

So anybody want to have a word about this? They didn't prepare their notes in advance so Yeah, yeah, please feel. Okay.

00:41:27.827 --> 00:41:30.827

And you can come up to the microphone. You can be next.

00:41:39.406 --> 00:41:42.406

Who was it, Becca? Becca, yeah. Okay.

00:41:43.811 --> 00:42:04.811

We're asking agencies who are currently funded whether the report of individual claims is a burden more than the reward of it which The reward is well documented that we know how many services people are receiving, how they move through the system, what changes over time.

00:42:04.774 --> 00:42:14.774

We can see collaboration across agencies but the system in which they enter data is actually a little bit tricky and it's a lot of data.

00:42:15.017 --> 00:42:21.017

That they have to enter. So we're asking, and one person is ready to respond to that online.

00:42:33.913 --> 00:42:36.913

She's talking, but Becca, we cannot hear you.

00:42:34.524 --> 00:42:51.524

Is that better? Can you hear me? Okay. Oh, I'm so sorry. I have an extra mute button on my computer. I just would say Kim probably knows

everything that I will say already. I think that the data itself can be valuable and i

00:42:40.768 --> 00:42:42.768

There you are.

00:42:52.094 --> 00:43:00.094

I think internally we've come up with some good systems to make it relatively efficient for our staff. I will say that it's probably not their favorite, but documentation generally is not.

00:43:00.225 --> 00:43:12.225

I think that the biggest barrier or sort of time commitment that I see with it is just sort of the technical aspect of the system, which is extremely temperamental.

00:43:13.218 --> 00:43:20.218

And sometimes makes me feel like I have like, I'm doing the same thing 10 times and I get 10 different results.

00:43:21.164 --> 00:43:30.164

Which can be frustrating. But, you know, I don't know that there's like a great way forward without a very big overhaul.

00:43:29.758 --> 00:43:34.758

That would be my kind of just initial take on it.

00:43:39.502 --> 00:43:47.502

Thanks. Yeah. You know, you guys can just talk. You don't have to raise your hands, okay?

00:43:47.879 --> 00:44:07.879

Sounds good. Thank you, Vicki. Sorry. So I just wanted to share, like, I really enjoyed reading. And I guess I don't remember You probably are like, you get this every year, but so sorry if that's the case, but just really seeing the by program and then by...

00:44:08.450 --> 00:44:35.450

There's a by program and then by clients. Yeah. Story. Is really helpful when we talk with community members about how people in our community are impacted and how agencies are supporting people in our community and that the amount of hours that are being paid for with tax dollars is really helpful, especially as we come under further attack.

00:44:35.664 --> 00:44:59.664

For our local funding. If we were to get an attack. I did have a question about Just to clarify, so the graphs, so bar charts So the top is the DD fund, and then the bottom is the IDD fund. And is that the stuff? Yeah. The top is everything paid for by the DDB.

00:44:59.899 --> 00:45:09.899

The bottom is the bottom three IDD programs funded that the mental health board funds as required.

00:45:10.085 --> 00:45:17.085  
Great. Okay. Thank you. The program data.

00:45:16.723 --> 00:45:33.723  
Very, I guess I'm wondering about the county level Or sorry, the town, the graph that's on page 63, so zip code, excuse me As well as the bar chart on 65.

00:45:33.339 --> 00:45:42.339  
Just how like representative of the population in those areas is the funding being, okay, God.

00:45:42.473 --> 00:45:48.473  
We can do that pretty easily, but it makes the data harder to look at.

00:45:49.285 --> 00:45:54.285  
In this packet, but if you want to see that you know give me a month and I can put it together for next month.

00:45:54.787 --> 00:45:59.787  
General population data are available and we can line them up next to this.

00:45:59.860 --> 00:46:06.860  
You know, there was a lot of controversy over the last census results that Illinois did not get it right?

00:46:07.288 --> 00:46:11.288  
But we just use what we have. Knowing that it's fuzzy.

00:46:11.988 --> 00:46:15.988  
But we can put it side by side with that. It just takes a while to do.

00:46:16.678 --> 00:46:33.678  
Well, and I guess like if i mean You guys are all very busy right now. So if you wanted to make it like a summer thing, you know, or I can just come into the office. We don't have to make it a packet. So if you have it, I just am interested just because, I mean.

00:46:33.813 --> 00:46:47.813  
75% of our funding goes to, you know. White people right Is our county 75%? No, it's okay. I didn't think so. It's greater than that.

00:46:48.063 --> 00:46:57.063  
Oh, it's greater than that. Actually, I found that the, I mean, I don't know. The clerk actually posts census data at the bottom of their homepage.

00:46:56.313 --> 00:47:11.313  
So it's even easier to find than I thought. But we did a Chandra Somerville and I did a similar study for the mental health board over the summer. So I actually have the census data right next to our categories.

00:47:11.750 --> 00:47:15.750

So I could probably find that right now and get back to you. Okay.

00:47:16.130 --> 00:47:21.130

Since you're asking in public, I owe it the answer to the public. But we can do that.

00:47:24.561 --> 00:47:27.561

Okay. Thank you, Lynn.

00:47:25.879 --> 00:47:33.879

Yes. Hi, Kelly Martin with DSC. I was going to respond to the data collection claim system question.

00:47:34.010 --> 00:47:46.010

Much like Becca said, I think that we've figured out at DSC some really good internal processes That help us to upload information in a very efficient way most of the time.

00:47:46.014 --> 00:48:07.014

And we're continuing to tweak that. So I don't think that any of us have real issue with like uploading service hours, claim system hours that people do. Sometimes what seems very cumbersome is all of the demographic information, especially at the start of the fiscal year, because you have to report on

00:48:07.145 --> 00:48:17.145

All your continuing numbers plus your new people. So like for family development, that's like 600 children or something like that. That's a lot of data to make sure that you're getting accurately.

00:48:18.273 --> 00:48:31.273

And my only... thought on that is when I enter someone into the DDB claim system, I put their name, their date of birth, their address, their race, their gender, their ethnicity, everything.

00:48:32.198 --> 00:48:45.198

Is already there. And so I'm wondering, is there some way that that system could just run a report per program Instead of us having to re-enter all of that demographic every single quarter for those people.

00:48:45.952 --> 00:48:54.952

So that just feels like that's a duplication. Well, and it makes sense in regards to privacy of individuals data as well.

00:48:55.178 --> 00:49:21.178

Should that be in a public It's not in a public... I mean, it's... Yeah, it's run by a public agency. So, you know, and websites get hacked all the time so That's true. But yeah, we have some... the site the reporting site is encrypted and HIPAA compliant, but that's not protection against every threat. You're right. But we can work on that suggestion.

00:49:20.924 --> 00:49:27.924

So that's another option is like make it better. But okay thank you. Thank you.

00:49:27.730 --> 00:49:32.730

Thank you. Anybody else want to? Have a word with us about this topic?

00:49:33.739 --> 00:49:41.739

You're still looking for that information? I am determined. I'm going to answer it today. Okay.

00:49:41.385 --> 00:49:47.385

I just have one more comment. I find this information to be very, very valuable.

00:49:47.586 --> 00:50:01.586

And I apologize that it's difficult and time consuming for the for the agencies Obviously, their time needs to be spent more on services and less on documentation of services.

00:50:01.410 --> 00:50:17.410

But I was very, I did a little calculations using my phone calculator as to how much per per hour the services per person, how many people were served, how many hours per person.

00:50:18.174 --> 00:50:30.174

And I just, I did that for myself and found it very interesting. And this is really incredibly valuable services for a very small amount of money that is being paid.

00:50:29.957 --> 00:50:39.957

And it would be impossible for people to pay that themselves. So the lowest amount per hour was \$33 per hour per person.

00:50:39.797 --> 00:50:48.797

In one program and the highest amount was for clinical services was \$173 per person. I did the same calculations.

00:50:49.175 --> 00:51:13.175

Exactly. But they're nurses, right? They're providing nurses. That was the range. And all of those numbers are very, very low if you look at people buying services for themselves. And we're supporting the infrastructure We have to remember the infrastructure of the agency has to be supported in addition.

00:51:13.103 --> 00:51:27.103

To the direct. Service so i think My calculations for this made me feel really, really good about the value that the county taxpayers are getting for their money.

00:51:28.043 --> 00:51:44.043

I will go on record for that. Okay. Yes So I'm really happy that both of you did that because every couple of years we do that and compare with the state rates and we're usually quite surprised to find that what we're paying is comparable to state rates.

00:51:43.742 --> 00:51:58.742

And yet the state rates are known to be fairly low. I have the demographic information. Do you want to do so you were right the general population proportion of white residents is 71%.

00:51:59.640 --> 00:52:04.640

So are there any other questions? Related to that, because I have it right here.

00:52:05.829 --> 00:52:16.829

Oh, so I guess like there are we there are From this graph, it looks like we're not serving Hispanic or Latino.

00:52:16.523 --> 00:52:33.523

Families. That data point was collected separately until this year. It was a separate category called ethnicity And that was to align with what the state was doing but At some point, I mean, we had not updated these categories for probably 20 years

00:52:33.967 --> 00:52:56.967

So now that is within race. And then I guess my other question was just... count by zip code. So the other Champaign County, just again, like, are there going to be policymakers in the county that might question whether or not the money that's being spent is spent in their communities.

00:52:57.869 --> 00:53:18.869

And this is difficult because a lot of like, so for the mental health services you see more countywide distribution because a lot of, you know, because services can be delivered to people either like they can stay living where they live and come to town for services or get telehealth. But a lot of DD services are

00:53:19.195 --> 00:53:44.195

Location-based because people live in the settings. So we do see we see higher rates in urban because of where people live and we get some feedback from the applications for funding each year that Many people choose to live in the cities so they have better access to the buses. So if those questions were to be raised, which would be fair given that results.

00:53:43.395 --> 00:53:53.395

We can answer given what the agency's tell us in those applications. It's like very very helpful to have those comments from them.

00:53:54.634 --> 00:54:07.634

I just had a comment. I noticed that I put the IDD funded program client race data twice and not the DDB ethnicity i have that, but apparently I dropped the wrong one in.

00:54:10.256 --> 00:54:18.256

Well, just so you know, the students got really excited about this and they have a whole bunch of ideas for how to present this data. So if they work on that.

00:54:19.136 --> 00:54:28.136

I'll give them the general population to list alongside it, and you might have something to look at in the next couple months. It will still be PY24 data.

00:54:27.947 --> 00:54:32.947  
Fun with numbers. Dr. Sharma.

00:54:28.465 --> 00:54:46.465  
Awesome. Oh, so, oh, yeah. So something that came up at the County Board of Health meeting was a new service that is available on the county like website to basically help with some of these epidemiologic like data.

00:54:47.292 --> 00:54:59.292  
Looking at various like socioeconomic factors so you know um hopefully that will be a resource for agencies and also students who are trying to understand health disparities.

00:55:02.777 --> 00:55:24.777  
Sorry, I know. I'm going to just jump in, Vicki. So this is really helpful information. And I think to your point, Lynn, like the reason I'm kind of asking these questions is so that we're armed with factual data that people, why people are getting the services where they are getting. I'm sure like the social opportunities, the employment opportunities, those are all happening more often in

00:55:24.763 --> 00:55:28.763  
Urban area just because that's where more of the stuff is available.

00:55:28.645 --> 00:55:43.645  
So that's super helpful. And I just also just tangentially, like, you know, with the Family Resilience Center, as well as with the student clubs and stuff like the collaboration While the university could collaborate with our community more.

00:55:43.319 --> 00:56:01.319  
For sure. I think highlighting those collaborations is really important because I think sometimes community members can say, oh, the university doesn't really do much or whatever, but they are doing really, they could do more, but that, you know, incentivize um

00:56:02.312 --> 00:56:06.312  
Staff and faculty more at the university level, but that's a really great collaboration.

00:56:08.205 --> 00:56:14.205  
Are we good? All right then. Thank you very much. Anybody else have anything?

00:56:14.454 --> 00:56:22.454  
That they want to say. And like I said, you can always email Lynn or me And share any perspectives that you have.

00:56:22.967 --> 00:56:26.967  
Are what we will welcome them. Shall we say? Go ahead.

00:56:28.316 --> 00:56:46.316

Okay. Hi, this is Dr. Allison Jones, I take care of my sister who's disabled and home. So I think one thing to just keep in mind with this is there are a lot of families in our community that are really taking care of older adults in the home setting.

00:57:18.152 --> 00:57:30.152

So I just want to make sure that there's a consideration for that and efforts that public money is being spent. So there are some needs assessments, especially maybe focused on lack of respite care.

00:57:29.764 --> 00:57:44.764

For aging parents. I mean, I'm a next generation support, so I'm like a leading indicator of what we're going to have in our communities as autistic kids age and other people age that you know we really is real.

00:57:44.790 --> 00:57:58.790

So I think that needs to be considered and a focus because I've never had a survey My mother had never had a survey before I had a came forward, you know, to take over to help when she died.

00:57:59.108 --> 00:58:10.108

And so we're an invisible consumer group and we're present and there's really a Herculean effort, I think, especially on the part of these older parents who are in their 80s trying to do this.

00:58:09.758 --> 00:58:25.758

So that's something to consider. And in regard to the Family Resiliency Center, I'm glad we're reaching out to do some things with them. But historically, and I had went to ask them, are they doing any research or things like this? I mean, two or three years ago to ask because

00:58:25.718 --> 00:58:40.718

A lot of their information online was focused on food availability for lunch programs. And when we really look at the research data and things they were doing, it was And when I asked the head person, she said, well, I don't have a background in that.

00:58:41.127 --> 00:58:58.127

My background is kids. And this other type of stuff. So we don't know how to do that research. And we reached out to ask some we didn't get responses. So just be careful. Really quick. Just sorry. Vicki, so is this discussion, Vicki's talking. Keep going.

00:58:58.146 --> 00:59:21.146

Just really quickly, is this discussion here related to this agenda item that we're discussing not necessarily, but I do want to say to you, there is an organization starting up in Illinois that pretty much targeted directly at gathering those kinds of data and getting those families involved that are totally responsible for their

00:59:20.608 --> 00:59:34.608



Family members with disabilities so we can talk after. If you want to for a moment, I can share that information. Okay. And the other thing about the duplicate data entry where you're having people try to enter it quarterly, that's from a

00:59:35.176 --> 00:59:47.176

Like an information technology standpoint, that should be fixed because it can carry errors or enter errors from a human and data entry standpoint, plus it fatigues the staff. So that's a correct thing to try to address.

00:59:47.225 --> 00:59:56.225

Thank you very much. Okay, moving on to where are we results of agency survey.

00:59:56.723 --> 01:00:08.723

Now, notice that there's a emerging threat survey, but then we had emerging threats under old business too is that separate Separate. Okay. All right.

01:00:10.107 --> 01:00:19.107

This is something we, so we'd never get tired of creating surveys and making people fill them out, knowing that this is an over-surveyed community.

01:00:18.922 --> 01:00:39.922

But it also so so there's a cover memo there and then the We just, Kim's suggestion, we just preserved all of the responses so that you could see them in full. And what I took away from it was Maybe we need to ask again later.

01:00:39.884 --> 01:00:54.884

So, but anyway, because mainly the answer was, I don't know. There was... But you had some observations. I'm going to stop talking, but I just wanted to say that's simply what we were doing just to see what, and the county board has asked us for input about

01:00:54.629 --> 01:01:11.629

How agencies that we fund are being affected and I recently let them know that it may be too soon to tell them that, that You know, everyone's expecting big changes in their funding and it could be really bad, but they don't know yet so anyway

01:01:12.944 --> 01:01:31.944

Okay. I'm going to jump in. When I walked in today, I said to Lynn, like this might have been my most just this packet was so impactful to me. So just thank you to everybody who put it together.

01:01:31.516 --> 01:01:40.516

And Leanne, this memo, I don't know if he's in the meeting or not, but he is. Okay, thank you. It's just... that second paragraph.

01:01:40.292 --> 01:02:05.292

I mean, I highlighted almost everything that you said or that was written here, which is just reporting Frankly, what is going to happen to... programs, should these executive orders really impact funding or regulations. And it is just horrific. So I think horrific

01:02:05.743 --> 01:02:21.743

This memo is so important because it helps us to communicate with the county board and then with other public entities in our community of how impactful some of these, not just the Medicaid, but there's also the executive orders.

01:02:21.729 --> 01:02:32.729

That'll be impact. So I think like uh really nice message. The survey results, I highlighted a few things that are really good talking points.

01:02:33.071 --> 01:02:51.071

And when I read this, I was thinking. This needs to be communicated in another venue. So not just in these public documents, but maybe as a letter to the editor or in public statement at city council meetings, at county board meetings. And so I wondered what the board thought about

01:02:50.628 --> 01:03:09.628

Taking some of this information that's reported in the packet and putting it in a letter to the editor at the newspaper just to inform other people whether people thought that would be an impactful thing or not, or taking this packet and meeting with Nikki Basinski

01:03:10.212 --> 01:03:27.212

You know, like I saw, I made a note that Danielle and Dalitzo met with Representative Budzinski, as well as many other, I don't know where my post it is, but I listed four or five other representatives and or our senators.

01:03:28.073 --> 01:03:34.073

So just walking them through like these are the impacts. Like one agency said it would cut staff by 50%.

01:03:34.470 --> 01:03:42.470

There's stress that would be nearly impossible to ensure that the basic needs of people with IDD would be covered.

01:03:42.657 --> 01:03:53.657

So I don't know. I just, I'm rambling a little bit because I'm so energized. But anyways, that's my thought. Letter to the editor, bring this packet to Representative Brzezinski.

01:03:53.393 --> 01:04:01.393

Representative Miller, Representative Kelly. Which comes back to my first comment today, which was do something pretty much.

01:04:01.770 --> 01:04:05.770

Do something whatever you can do, whatever makes sense to you.

01:04:10.138 --> 01:04:19.138

I'm so sorry. I have to run. My patient came, so hopefully I'll work out the scheduled thing in the future. I apologize.

01:04:10.694 --> 01:04:14.694  
Don't raise your hand, Susan.

01:04:19.829 --> 01:04:26.829  
Thank you. I would just caution us to have as close to a full data set as we can.

01:04:27.025 --> 01:04:32.025  
So I think talking with a representative is a great idea. Here's some emerging threats.

01:04:31.833 --> 01:04:40.833  
A letter to the editor when we don't have all the agencies responding just opens us up for criticism by others that want to criticize us.

01:04:40.836 --> 01:04:46.836  
Let's be thorough and not be thorough not be half prepared.

01:04:47.154 --> 01:04:57.154  
I think it's great to start looking at emerging threats. But not to write letters to the editor until we really have a representative Summary.

01:04:57.337 --> 01:05:03.337  
And hopefully that won't be too late. Right. Yeah.

01:05:03.657 --> 01:05:11.657  
One thing I can do is just your mic went off. Oh, that's so I need the press conference too.

01:05:11.960 --> 01:05:21.960  
I can absolutely share this with the county board. Just, you know, they wanted initially the question was Would I come and present this? And then I thought, well.

01:05:21.612 --> 01:05:34.612  
You know, now that they couldn't have me this month, so they were talking about late april And by late April, things might be quite different. So I think the opportunity is just to share it with them So they have it. Just...

01:05:37.455 --> 01:05:46.455  
Okay, moving on to a review of applications for fiscal year 2026 funding.

01:05:46.505 --> 01:05:53.505  
I think that everyone probably has dug into some of this already. Is there anything we need to discuss?

01:05:53.683 --> 01:06:15.683  
About it. Well, I just have a couple of comments. One is thank you to Lynn for making the packets that I needed to review available as print copy because I apologize that looking on the computer is difficult for

me. It's hard to write notes on it. And I was able to get through all of them.

01:06:15.458 --> 01:06:30.458

In a fairly timely fashion, because I'm going to be traveling right up to the day before our April meeting. And so that's the question, are we beginning our discussion in the April meeting? So the April meeting is going to be a substantive

01:06:30.705 --> 01:06:36.705

Meeting that probably will last for A while. Some time.

01:06:36.555 --> 01:06:45.555

And I know Dr. Sharma has difficulty with patients being scheduled. I do too. I've got patients in the afternoon.

01:06:45.453 --> 01:06:59.453

So I can't stay longer than noon on that day. And probably a three-hour meeting is about all we can tolerate anyway. There had been some conversation about scheduling an additional meeting or do we have one?

01:06:59.813 --> 01:07:03.813

Already scheduled. That might be needing that.

01:07:05.449 --> 01:07:10.449

Give whatever the it's a week or to later. Okay.

01:07:10.703 --> 01:07:22.703

Yeah. I know Dr. Sharma had to leave, but with email with him Hopefully he will be able to be available at least for that meeting.

01:07:22.695 --> 01:07:46.695

Which would be very, very helpful. Would you? So we do have the April 30th as a backup, but we can, and this is something we will work on with Mrs. Neiswander anyway The order of the agenda Cook, maybe we make sure that the review is first and all the business is later? Yes. Okay. And then if we don't get through the business.

01:07:46.631 --> 01:07:49.631

Because of time, we have a short meeting on the 30th.

01:07:50.315 --> 01:07:55.315

I think that's a really good suggestion. So we just plow into the very, very beginning.

01:07:56.227 --> 01:08:08.227

Yeah. I think you do have to approve the agenda at least, but yeah. We'll develop it. Okay. Sounds good. Yeah, I think that's a good plan.

01:08:08.532 --> 01:08:14.532

All right. Anything else on the funding proposals.

01:08:14.316 --> 01:08:32.316

Moving on to input for people with IDD. Interesting that you selected these three people. I've known Curtis and But both Curtis and Bob have been on my radio program before. I've served on boards with them.

01:08:33.068 --> 01:08:38.068

And I know, I know. What's the third person's name?

01:08:38.590 --> 01:08:57.590

Amy. Yeah, Amy, I know I've known Amy for many years. So I appreciate that. The one thing that I worry about when it comes to interviewing and getting input from people with IDD is that There are many, many, many who don't have the ability to communicate.

01:08:58.169 --> 01:09:02.169

And let's not ignore them. We've got to figure out a way.

01:09:01.863 --> 01:09:09.863

To make their communication valid as well. And that's my only comment on this one.

01:09:16.282 --> 01:09:20.282

Old business, response to emerging threats, again.

01:09:21.127 --> 01:09:28.127

We actually have a video to show you for input from people with DD.

01:09:28.103 --> 01:09:32.103

Do you have the link? You're not on Zoom. So, okay.

01:09:31.801 --> 01:09:36.801

It's going to take me a second to find it because it's because I get, you know.

01:09:36.663 --> 01:09:41.663

Hundreds of emails every day. In an email. Yeah.

01:09:43.001 --> 01:10:07.001

But I'm sorry, I forgot about that. So while you're doing that, I'm wondering to I know that... Our local agencies also sharing, having folks share their yeah yeah Yeah, I had to i mean it's I have to reach out to people to get this done at all. And so I've

01:10:06.508 --> 01:10:24.508

You know, this video could be really, I haven't even seen it yet. This is local I'm very excited and I'm really sorry that I forgot to queue this up for you And I don't know, sometimes the audio settings are tricky.

01:10:30.735 --> 01:10:38.735

All right so i I'm not sure you're going to be able to hear this, but we'll... to the best that we can.

01:10:48.444 --> 01:10:53.444

I wish they could make that full screen but anyway. Let's see that one.

01:10:59.959 --> 01:11:02.959

There you go. Now, just the audio is going to be the big

01:11:10.532 --> 01:11:18.532

Yeah. Okay. I don't have audio. Is anybody else logged into the Zoom.

01:11:19.093 --> 01:11:27.093

Yes, I can help. Guides you through it or you can send it to me and I can... Share it.

01:11:24.666 --> 01:11:26.666

Did you?

01:11:28.897 --> 01:11:34.897

Yeah, that's fine. Just send it to me and I'll prepare it and queue it up and let you know when I'm ready.

01:11:29.666 --> 01:11:33.666

Yeah. And then maybe we come back to this okay

01:11:34.587 --> 01:11:42.587

Thank you, Chandra. Thanks. Okay, then... Let's go ahead to response to emerging threats.

01:11:46.610 --> 01:11:57.610

You guys have, I can't show my screen right now because I'm trying to send this to Chandra. So this is kind of your topic anyway, Kim, you want to take the lead on it.

01:11:57.759 --> 01:12:11.759

Sure, sure. So I know that we have these two articles. Thank you, staff, for putting these together about proposed Medicaid cuts and then the lawsuits filed.

01:12:13.760 --> 01:12:24.760

By 17 states. So we are part, I believe we are part of that lawsuit, which is really great. So Attorney General Kwame Raul put together that lawsuit.

01:12:25.176 --> 01:12:31.176

As far as I know, there hasn't been any movement on the lawsuit, which is just to remind everybody.

01:12:34.282 --> 01:12:42.282

Lawsuit threatening Section 504 of the rehab Act.

01:12:35.465 --> 01:12:37.465

This is...

01:12:42.068 --> 01:12:49.068

Which would totally dismantle protection discriminatory protections for people with disabilities.

01:12:49.029 --> 01:13:06.029

And I'm sorry, I have this wrong. So there are 17 states. We are not part of the lawsuit. I'm just going to clarify there. I'm very tired. I've not had my coffee today. Thank you. Thank you. I appreciate board members for correcting my record.

01:13:05.280 --> 01:13:21.280

So this is grassroots as represented by states. Against this statute which protects disabled people. So there are threats coming from every direction.

01:13:22.702 --> 01:13:31.702

Especially Texas. Mm-hmm. Which I must note, they are 50th out of 50 states on the state of the States, yes.

01:13:31.784 --> 01:13:41.784

That's what I read the most recent report. Yeah. So Texas is complaining and they've got the worst record. Of course, Illinois is not much better.

01:13:41.967 --> 01:13:47.967

But at least we have a governor who's trying. So, you know, there's something.

01:13:48.582 --> 01:13:53.582

Anyway. Where are we with this then?

01:13:55.866 --> 01:14:17.866

I think uncharted territory. We are in uncharted territory. And especially... I think there is some positive outcomes. So I know that some federal workers have been reinstated Based on court proceedings.

01:14:17.629 --> 01:14:27.629

Court decisions. But I think as we found the last um couple of days.

01:14:27.947 --> 01:14:39.947

The whole idea of whether or not the administration is going to listen to federal court decisions is a big question.

01:14:40.477 --> 01:14:55.477

Well, that's true, even though the Supreme Court, so Chief Justice Roberts just did say that we can't impeach federal judges if we don't agree with the decision. So that is a is a positive.

01:14:55.565 --> 01:15:04.565

But yeah, so I guess... Yeah, I think we're in a very... just terrible situation.

01:15:05.275 --> 01:15:20.275

And just, I think I'm not saying anything that none of us in this room that everyone in this room knows that the folks that are going to be harmed the most are people with disabilities, people who are immigrants.

01:15:19.767 --> 01:15:25.767

You know. Community members who need the most.

01:15:25.892 --> 01:15:38.892

Who are people with disabilities, immigrants, people of color, who are also um affected by some of these discriminatory policies.

01:15:39.482 --> 01:15:52.482

The more that we speak up. For those of us that have... power, we need to do that yeah Thanks. Sorry, not very well thought out.

01:15:53.867 --> 01:16:08.867

Okay. I'll just say it is extremely upsetting and overwhelming. Yes. And I will just from an education perspective, because that will affect kids that we're serving now and supporting now in early intervention.

01:16:09.302 --> 01:16:26.302

But once kids leave the school system, you know, they'll be in adult systems. I mean, it is Very scary of whether or not we'll have any special education or Section 504 supports.

01:16:27.459 --> 01:16:34.459

All right, moving on. Yes. Do you have something? You have your video ready? Chandra's ready. Okay, Chandra, we're ready.

01:16:37.903 --> 01:16:39.903

Okay.

01:17:09.526 --> 01:17:17.526

Why are we here, Theodora? We are standing up for disabilities and Take a pledge of inclusion.

01:17:21.702 --> 01:17:25.702

I used to get bullied in high school a lot and so did my oldest son, Andy.

01:17:26.391 --> 01:17:29.391

So I'm glad DSC has something like this to help people.

01:17:29.662 --> 01:17:35.662

Makes me feel really good to be able to stand up for myself and other people.

01:18:01.106 --> 01:18:09.106

Wow, that is really cool. Very cool. Thank you, DSC. Thank you for advocates for being there.

01:18:08.248 --> 01:18:14.248

Presenting that. I love the partnership with the Y, too, in the community. That's excellent.

01:18:15.770 --> 01:18:25.770

Yeah, really great. Thank you so much. All right, moving on to the next item, Engage Illinois is meeting a couple of times a week.

01:18:26.222 --> 01:18:45.222



They are going to be launching their website hopefully by the end of It's either by the end of March or mid-April. I'm not real sure of the date just yet, but the first objective is to gather as many supporters for real systems change

01:18:45.225 --> 01:18:52.225

In Illinois as soon as we can do it. Thousands of people we need, parents, family members.

01:18:53.010 --> 01:19:11.010

People with disabilities, providers, anybody who cares about this issue. Needs to be on the list because that and the website will be the vehicle for doing that. So as soon as I have that QR code, that website information as soon as it starts up, I will be sure to share it with all of you.

01:19:10.270 --> 01:19:16.270

And we've had discussion about bringing somebody from Engage Illinois to present to this group.

01:19:16.702 --> 01:19:21.702

Possibly in the fall so Looking forward to that if we can make that work.

01:19:22.593 --> 01:19:28.593

Disability resource update is in your PEC. The date has been set.

01:19:29.061 --> 01:19:38.061

Which is October 18th, if I'm recalling correctly. October 18th from 11 a.m. To 4 p.m. At Marketplace Mall.

01:19:38.348 --> 01:19:42.348

And I'm sure it'll be as great as it usually is.

01:19:43.414 --> 01:20:03.414

Any other information on that at all? No, just that the posters look really great in the electronic version of the packet, which is posted online and really horrible in your paper packets. And I'm sorry, I didn't notice that happening and it was like nine o'clock at night so okay

01:20:05.121 --> 01:20:16.121

Really. And we'll have the next item on the agenda is successes in other agency information. So anybody who wants to share is welcome to come.

01:20:21.173 --> 01:20:22.173

To the microphone.

01:20:28.910 --> 01:20:54.910

Morning, Sarah Perry, DSC. I wanted to shed a little light on The dismal conversation that we've all been up against lately. And I have a really great success story, a continued success story, which is even better. A couple of years ago, we had a gentleman that I also spoke to you all about that was living in a situation where he didn't have any running water.

01:20:55.024 --> 01:21:15.024

Or heat during the cold winter. So we were able to get emergency shelter at our CU Independence apartment building for him. And he's been living there ever since. He's been working very closely in our community living program, and he's working closely with Angie, a community living specialist.

01:21:14.788 --> 01:21:24.788

That he's really formed a great rapport with. And she discovered that he is 39 years old and has not been to the doctor since high school.

01:21:24.868 --> 01:21:57.868

And she was very concerned with his health. And through several months of advocating for him to go to an appointment with her, he finally did. And it was... kind of eye opening on what he's been going through. So he's had anxiety, depression, not feeling well sometimes to go to work. They discovered after blood work that he had extreme high blood pressure, high cholesterol, his A1c was in double digits.

01:21:57.614 --> 01:22:07.614

Asthma, psoriasis. So he went through several more testing. He was immediately put on glucose monitoring and insulin.

01:22:07.828 --> 01:22:17.828

And so she stuck by him and still is teaching him how to do everything. He was frightened by needles, but they worked it out.

01:22:17.530 --> 01:22:32.530

And sorry, it makes me emotional because it's extreme. And he is now doing his insulin on his own. He texts her when he does it with his blood glucose levels and is very proud of taking care of his health.

01:22:32.900 --> 01:22:40.900

And I just think it's just remarkable that He has just had a 180 from where he's been.

01:22:40.650 --> 01:22:45.650

So just wanted to share that with you all. And Angie is a rock star.

01:22:50.474 --> 01:22:52.474

Thank you, Sarah.

01:23:05.606 --> 01:23:13.606

Hi, Hannah Sheets, Community Choices. Just wanted to share that we had our annual member meeting last week.

01:23:14.142 --> 01:23:33.142

We've grown in membership quite a bit. We typically... I'll have about 12 members per year, but between July and December, we had 24 new members this year, which... We don't know exactly why, but it's been great. But so our membership has grown.

01:23:33.701 --> 01:23:51.701

So we had about 60 people, which is not our full membership, but a good core group of people that came to our membership meeting And we had breakout tables, four different like breakout areas. But the area that people gravitated towards most was advocacy. You know, we've all been talking about.

01:23:51.219 --> 01:24:01.219

And so we had templates available for folks to contact the representatives about Medicaid, Social Security.

01:24:01.236 --> 01:24:09.236

Dismantling the Department of Ed, 504, all that stuff. And so we ended up mailing about 30 letters for folks.

01:24:09.989 --> 01:24:13.989

And then other people took home the templates to send on their own.

01:24:13.547 --> 01:24:19.547

Really happy that people are engaging in the work of doing that. So I just wanted to share that.

01:24:20.117 --> 01:24:29.117

You have any of these templates shared publicly or is this something? We can, yeah. So we created those and they're on our members only website.

01:24:29.173 --> 01:24:35.173

But that's something that we could share with like the mental health and DD agency group.

01:24:36.180 --> 01:24:39.180

For sure and get it out there and then publicly on our public website probably.

01:24:43.495 --> 01:24:45.495

I think that would be great. Thank you. Cool.

01:24:48.897 --> 01:24:50.897

Anybody else?

01:24:54.145 --> 01:24:56.145

Anybody on Zoom?

01:24:56.006 --> 01:24:58.006

Um...

01:24:57.457 --> 01:25:03.457

Yes. This Sunday

01:25:00.766 --> 01:25:02.766

Yeah.

01:25:03.782 --> 01:25:08.782

I will be attending a

01:25:08.545 --> 01:25:13.545  
A parent group.

01:25:14.480 --> 01:25:19.480  
With Saint Patrick's

01:25:24.021 --> 01:25:26.021  
Church.

01:25:24.148 --> 01:25:28.148  
It's a group

01:25:31.394 --> 01:25:36.394  
Within a church to learn more about

01:25:39.206 --> 01:25:42.206  
disability...

01:25:49.153 --> 01:25:56.153  
That sounds like a great plan. Anything in particular that the group is  
going to be doing?

01:25:55.785 --> 01:25:57.785  
Yeah.

01:26:01.228 --> 01:26:02.228  
Or they're just learning about it.

01:26:02.308 --> 01:26:10.308  
They want - no have a group

01:26:03.104 --> 01:26:05.104  
They want to have a group

01:26:10.434 --> 01:26:18.434  
That is still ongoing

01:26:19.270 --> 01:26:24.270  
Within the Catholic Church

01:26:24.773 --> 01:26:29.773  
about disability things

01:26:34.921 --> 01:26:36.921  
and they want more information about the

01:26:37.956 --> 01:26:43.956  
ABLE Accounts

01:26:44.691 --> 01:26:48.691  
and PACE

01:26:53.323 --> 01:26:55.323  
So

01:26:55.821 --> 01:26:57.821  
Okay.

01:26:56.583 --> 01:27:04.583  
we will be doing that this Sunday, that is some good news.

01:27:10.397 --> 01:27:13.397  
Okay, that sounds very hopeful.

01:27:13.512 --> 01:27:19.512  
Thank you, Paula. Anybody else?

01:27:13.860 --> 01:27:16.860  
Yes, thank you.

01:27:21.339 --> 01:27:27.339  
Okay, then. What do we got next? County board input. She's here. Awesome.

01:27:38.812 --> 01:27:44.812  
On Zoom, I'm assuming. She's trying to do it, but...

01:27:43.617 --> 01:27:55.617  
Oh, there we go. I figured it out. I have nothing to add for county board right now. I did take some notes that I will share at our meeting tomorrow.

01:27:56.056 --> 01:28:00.056  
Appreciate all of you as always and the advocacy you're doing.

01:27:59.932 --> 01:28:03.932  
Especially right now where everything is so uncertain. So thank you.

01:28:04.378 --> 01:28:09.378  
Thank you. All right, mental health board input.

01:28:10.766 --> 01:28:24.766  
No. No. Did you have a question? I was just going to comment to just publicly thank Jenny because I think after our last meeting the next day, you actually shared a lot very specific information to the county board.

01:28:25.155 --> 01:28:32.155  
And that is very much appreciated. So thank you so much for doing that. I don't know that we've had that in the past. So yeah, thank you.

01:28:33.173 --> 01:28:36.173  
I don't think we have. So yes, thank you from all of us.

01:28:38.629 --> 01:28:55.629  
Okay, Mental Health Board. Same as always. They meet tonight and the agenda is very similar to yours. I think... I don't know if there's... I think it's very similar, right?

01:28:55.999 --> 01:29:10.999

We made these board packets so long ago that i can barely remember. But, you know, the evaluation capacity building project If they don't want to continue it, then we would bring you some other proposal next month.

01:29:10.931 --> 01:29:25.931

Because the total cost of it is probably too much for either to carry and it would also change the scope of their work if the mental health board chose not to do it. Otherwise, I don't think there's any business in there that will affect you.

01:29:30.760 --> 01:29:37.760

Okay, very good. Any announcements or input from board members?

01:29:36.574 --> 01:30:01.574

So for the work that I do in preparing educators, I myself and some other faculty where I work have curated a list of executive orders that have directly impacted special education and people with disabilities and then a list of resources and policies or state standards or regulations, federal regulations that

01:30:02.074 --> 01:30:21.074

Require us as professionals to actually not follow those executive orders. And we've been sharing that around. Mostly we've done that to explain this to our pre-service educators or our in-service educators or principals and administrators who are getting services.

01:30:21.634 --> 01:30:32.634

If anybody's interested in, it's mostly focused on education, which, you know, overlaps obviously with this world. Would like that information. I'd be happy to share that.

01:30:32.684 --> 01:30:59.684

Because we found that people didn't really understand, one, the language of the executive orders and then also just have a checklist of resources that actually go in direct contrast to the executive orders. But what I would ask is if anybody, any of the agencies or and or any of the people that we support through our funding would be

01:31:00.074 --> 01:31:16.074

My Medicaid stuff is because it's not my professional expertise, is that is not as expansive. So if anybody could share or reach out to me, I'd love to talk to you about what other additional information I could share and this resource.

01:31:15.203 --> 01:31:23.203

Related to Medicaid. And again, it doesn't have to, you know, school age is more like OT, speech, that kind of thing.

01:31:23.507 --> 01:31:37.507

As we prepare kids to transition into adulthood, I think our educators need to better be educated about how that's impacted. So I'm asking if you wouldn't mind sharing that information or If I could reach out to folks.

01:31:37.385 --> 01:31:45.385

I'll do the work. I'll reach out to you. Reach out to me. Anyway, so...  
Okay, anybody else?

01:31:45.699 --> 01:31:52.699

And Susan? Okay, then I guess we are Adjourned.

01:31:52.590 --> 01:32:01.590

Who had something oh hannah's up. Oh, thank you. I'm so sorry. Could I  
have your permission to add one more success? I'm kicking myself for  
forgetting it.

01:32:01.461 --> 01:32:20.461

So one of our self-advocates shared at the joint session last fall that  
one thing they really wanted to do was get their teeth fixed. They've  
been missing some teeth for three to five years. And they have Medicaid.  
And so Medicaid covers extractions. They don't cover other things, right?

01:32:21.040 --> 01:32:26.040

And so I wanted to share this because I want our record of all these  
agencies working together.

01:32:25.925 --> 01:32:32.925

So I supported her and i supported her completing an application for a  
CCAMR grant.

01:32:32.309 --> 01:32:51.309

For a regional planning grant with with Angela and um and then working  
with, well, working a lot with Angela to communicate them with ccamr We  
were able to get funding to cover over \$5,000 worth of dental care.

01:32:52.066 --> 01:32:59.066

Between CCAMR, Regional planning, and then community choices' Investing  
in Independence Fund is covering the remaining funds.

01:32:58.834 --> 01:33:10.834

So I took her to her first filling appointment yesterday. I've never seen  
somebody so excited to go to the dentist. Very happy. We have second  
filling today and then we need to schedule bridge work.

01:33:11.214 --> 01:33:24.214

And mass card work and things. But yeah, it's just been great. And it's  
so great to see funding come together to meet those needs that are not  
available, you know, the funding is not available otherwise. So thank  
you.

01:33:25.035 --> 01:33:31.035

I'm so glad that it happened for her. On that note.

01:33:31.340 --> 01:33:40.340

That's a positive. The one positive, well, a couple of positive things,  
but the one positive thing to end the meeting. So thank you very much for  
attending. We are adjourned.

