



Action Council Meeting

Council Members present: Ana Guevara, Bob Spatz, Diane Schoenheider, Dot Lambshead Roche, Kanella Maniatis, Kathy Slattery, Shannon Ellison, Vivian Palicki.

Date: February 13, 2024, 1:00pm-3:00pm

Agenda

1. Welcome/Icebreaker.
2. Review Community Agreements/Conversation Considerations.
 - a. Note: The RCM noted that Mental and Behavioral Health can be complex and must be approached with openness, curiosity, and positivity.
 - b. Noted: The RCM informed the Council to take time for themselves when needed to take care of their own mental well-being.
 - i. Question asked: Are there any considerations that need to be added?
 1. No feedback was given.
3. Language.
 - a. Note: The RCM discussed the importance of using appropriate, person-first, affirming, and plain language, which shows respect and care for people.
 1. Examples of person-first language were provided to the Council for various groups.
 - b. Note: The RCM informed the group that the list is provided in Google Drive.
 - i. The Council Members discussed:
 1. The language continuously changes and varies from person to person.
 2. It is best to ask an individual their preferred language.
 3. Based on a person's experience, their wordage may be different or outdated, and practice patience with people.
4. Data literacy: Understanding Data.
 - a. Note: The RCM did an overview with the Council Members of the data types that will be used in our work, the data type, purpose, and the limitations of each.
 - i. Data Types discussed:
 1. Quantitative Data- Assigning a number value to something that is measured. The data can be summarized and interpreted using tables and graphs.

2. Qualitative Data- Information gathered from interviews and focus groups. This data can be grouped into common themes, and quotes or stories can provide context to quantitative data.
5. Limitations of Data.
 - a. Note: The RCM explained to the group the limitations of qualitative and quantitative, which is why the mixed-methods approach is used.
 - b. Limitations included:
 - i. The data information only measures a point in time.
 - ii. Pre-set answers may not line up with the experiences of the person being surveyed.
 - iii. It is time-consuming.
 - iv. The number of people being surveyed must be limited.
 - v. It can be challenging to generalize responses
6. How We Use Data.
 - a. Note: The RCM informed the Action Council how data is used in the work at Birth to Five Illinois.
7. Introduction to Mental and Behavioral Health landscape.
 - a. Note: The RCM provided the participants with the Definitions for Mental & Behavioral Health in children from the Center for Disease Control and Zero to Three.
8. A Parent's Perspective on Children's Mental Illness.
 - a. Note: The RCM informed the Council members to take care of their needs or step away from the meeting while the video played due to the content.
 - b. Note: The RCM discussed the following questions with the group.
 - i. What are you thinking and feeling after watching this video? What were your key takeaways?
 - ii. Why does Liza's story matter?
 - iii. Thoughts on the statistics, pointing out that this video is over ten years old at this point?
 - iv. Thoughts/Feedback on the stigma of Mental and Behavioral Health?
 1. The Action Council discussed their answers to the questions.
9. Warning Signs of Mental Illness in Children.
 - a. Note: The RCM provided the most common mental health diagnoses in children to the group.
10. Examples of Neurodevelopment Differences.
 - a. Note: The RCM provided a list of Neurodevelopment differences. They explained that neurodevelopmental differences are often present from birth and are part of the natural differences that occur in humans.
11. Early Childhood Mental and Behavioral Health Services
 - a. Note: The RCM informed the Action Council of different Mental and Behavioral Health Services and what they provide.
12. Governor's Office of Early Childhood Development: Infant and Early Childhood Mental Health.

- a. Note: The RCM provided the Action Council with the link to the resource discussed.
 - i. <https://oecd.illinois.gov/content/dam/soi/en/web/oecd/documents/resource-s-reference-parents-families-iecmhc-eng.pdf>
 - ii. The Action Council discussed the resources shared.
13. The “Big Questions” / What’s Next.
- a. Note: The RCM stated the goal of Birth to Five between now and May. Which is to examine data related to Mental and Behavioral Health to understand the needs of our Region and develop recommendations.
 - b. Note: The RCM stated the role of Council members is to help interpret the data in the local community context so the state can make better funding and policy decisions.
 - c. Note: The RMC provided the questions that will lead the work of Region 1-B-B.
 - i. Questions are:
 1. What Mental and Behavioral health services and supports exist in our Region?
 2. Where are the entry points for families?
 3. Where are the gaps?
 4. Which priority populations are not being served or are not being served well?
 5. What areas of the Region are not being served or are not being served well?
 6. What changes should be recommended?
 - a. The Action Council discussed the questions, and feedback was recorded.
14. Next Steps.
- a. The next council meeting will be held on Tuesday, February 27th, 2024, from 1:00pm to 3:00pm.
 - b. Materials and the invite will be sent closer to the meeting date.

Before the next meeting...

- Self Care! Review and use the contents of your self-care kit and engage in your self-care routines.