LINN COUNTY COMMUNITY SERVICES
COMMUNITY SERVICES BUILDING
1240 26TH AVE. COURT SW
CEDAR RAPIDS, IA 52404
PH: 319-892-5600 | FAX: 319-892-5619

LinnCounty.org

LINN COUNTY COMMUNITY SERVICES BOARD

Tuesday, January 13th, 12:00 P.M.
Hybrid meeting

AGENDA

I.	**Call to Order**	LCCS Board Chair
II.	**Minutes from November Meeting** – Action Item	LCCS Board Chair
III.	**Financial Report through December** – Action Item	David Thielen
IV.	**FY27 Budget Presentation** – Action Item	David Thielen
V.	**New Business/Public Comments**	LCCS Board Chair

a. Next Board Meeting –
   i. February 10th
   ii. March 10th
   iii. April 14th

VI. Adjourn

MISSION: Linn County Community Services addresses local health and human service needs by providing direct services, community planning, and administration of local, state, and federal funds in ways that promote service availability, access, cost-effectiveness, and quality.

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LINN COUNTY COMMUNITY SERVICES BOARD

Tuesday, November 18th, 12:00 P.M.
Hybrid meeting

Minutes

PRESENT:	Melissa Dean	Andrew Elam	Mike Hines
	Erin Koehn	Katy Lee	Theresa Lewis
	Laura Martin	Sami Scheetz	Jody Weigel
STAFF:	Nichole Baker-Jones	Jody Bridgewater	Stacey Lietz
	Amy Grunewaldt	Gloria Witzberger	Will Wright

I. **Call to Order** — LCCS Board Chair
The meeting called to order at 12:01 p.m..

II. **Minutes from October 14th** – Action Item — LCCS Board Chair
The minutes of the October meeting were approved MSC: Dean/Elam (9-0).

III. **Financial Report through October** – Action Item — David Thielen
David presented the financial report through October. Expenses for Options are at 30% due to retirements. Revenue is on pace. DAP was not budgeted due to being budgeted for the ECR, and all expenses are reimbursed. The MHAC is billed through the ASO, billings and revenues are often 1-2 months behind. SUD services are expenses related to county commitals, this is below average for the year. The MH advocate is independently billed through the ASO. Department 34 overall is in line with expenses and revenues. Admin is slightly over expenses but this is due to the Netsmart payment made in August. CYD is in line with expectations, reflecting slightly below due to staff openings. Funded agencies typically lag behind due to timings, grant expenditures and revneus are in line with expectations. GA expenses are in line with expectations. Revenue from Interim Assistance is unpredictable and is currently at 9%. Home Health is in line with expectations. The grant is billed first and creates a falsely inflated revenue at 70%. The Ryan White program is in line with expectations, revenues trail by 1-2 months. Department 35 overall reflects slight lag with ome openings, and the revenues trail due to the large state allocation later in the year. Detention and diversion expenses are in line with expectations. Shelter subsidy is lagging bhine due to the decrease in emergency shelter beds. Overall, LCCS is in line with expectations and revenue will increase with regular billings and the large state allocation for Detention. The monthly budget report was approved. MSC: Dean/Elam (9-0).

IV. **CACFP Report** – Action Item — David Thielen

David presented information about the CACFP report. He noted that July and August are typically slower months but increase with the start of the school year in September. There are standards for meals and snacks and anything outside those standards are non-reimbursable. He noted the seasonality in attendance trends. Numbers through September are on track for S&B but with actual food costs lower than expected. The revenues received are at 25%. The CACFP report was approved MSC: Dean/Elam (9-0).

V. **Program Highlight – Home Health** Stacey Lietz

Stacey presented information about the Home Health program. She shared an overview of the mission and program goals, highlighting the importance of keeping individuals independent and out of institutionalization. The program was established in 1986 and initially served as an umbrella for several different programs including some in Public Health. The program historically operated under a grant from Public Health but began taking Medicaid reimbursements in 2017. David noted that the grant has continually diminished but that they have increased their Medicaid eligible clients. Stacey shared information about the tiered reduction in funding from HHS and the transition to Medicaid and assisting clients in applying for Medicaid waivers. Andrew asked about the waitlist for the Elderly waiver. Stacey shared that there is not a waitlist but there is for the Health and Disability waiver. Stacey shared that they have a sliding fee scale available but they refer out for any who could afford to pay.
Stacey shared that program made a transition to digital record keeping in 2019 with Electronic Visit Verification (EVV) as required by the State for homemaker services. She noted that this has also increased efficiencies within the program.
Home Health has a voluntary advisory board and they have a site visit every three years for compliance. Stacey shared further information about compliance within the different MCOs. Mike asked if the MCOs audit as well.
Stacey shared information about the services offered, such as light housekeeping, errands, laundry, etc. She noted that they sunsetted transportation of clients in 2019, but the pandemic increased the acceptability of online ordering of prescriptions or groceries. They also provide stand-by for safety for bathing. Staff do not provide hands-on bathing or transfer assistance but are present for safety purposes so if a client were to fall they can call for assistance.
Staff are assigned to a caseload of clients and develop relationships with their clients. This allows them to assess client wellbeing and physical environment. Staff also coordinate with case managers or other agencies if a client were to need a higher level of care. Mike asked what the client ratio is. Stacey noted that this is situational and that some clients require a higher number of visits. They typically provide either one or two visits per week. Staff typically have three two hour appointment slots.
Stacey shared that they have six FTE of home care aids with either a Certified Nursing Aide. They have a 30 hour secretary and a FTE of team lead. The team lead has additional education requirements and assists with the administrative burden. In FY25 staff provided over 10,000 hours of in-home care.
Intake includes a comprehensive assessment of the living situation, examining if it is safe for clients and staff. Stacey noted that post-derecho there have been other challenges with living conditions being safe for clients and staff. They ask questions about need for care but also

receive detailed information through the MCOs. They reassess every six months where Stacey or the team lead evaluates the level of care and if a clients needs are being met, with more frequent assessments made as needed. They also frequently make community referrals for other services, such as LiHEAP applications.
Sami asked about the contrast between staffing and demand. Stacey shared that they cannot meet the demand for service. At the end of the prior there were 157 individuals on the waitlist and they have a client list of a 72. They take referrals from MCO case managers and previously hospital social workers and Heritage would refer. Stacey noted that there are self-referrals and that individuals living at a senior living facility or other low-income apartments reach out inquiring about service. She shared that there were nearly 1000 community referrals for clients alone.
Melissa asked about client duration in the program. Stacey shared that individuals encounter difficult client situations and that clients move to higher levels of care or have passed away, and they focus on aide wellbeing as well in these often difficult interactions.

VI. Program Updates

a. JDDS — Will Wright
Will shared that the Detention Center is fully on the new camera system as of last week. They have been working with IT and the vendor to work out any bugs, but this has been a significant upgrade. Staffing continues to be a challenge but Will is working with HR and Communications to advertise and recruit talent. Andrew asked about internships; Will has worked with UIowa and is working on building relationships with the local colleges and universities. He noted that providing tours usually results in one or two internships. Will shared that he is working with a committee to look at the services and training at Detention and develop more robust practices.

b. MHAC — Erin Foster
Erin was unable to attend the meeting

c. East Central Region/Disability Access Point — Jody Bridgewater
Jody provided the update for ECR/DAP. They continue to get clarification from HHS regarding program guidelines.

d. ECI/Decat — Amy Grunewaldt
Amy shared that they've been doing site visits for ECI and Decat. She also shared that the State has not determined if ECI will district. Sami asked for clarification, and Amy shared that there is significant push and pull between the legislation and HHS.

e. Child & Youth Development — Gloria Witzberger
Gloria provided the update for CYD. She shared that they will have two staff openings in the Family Support programs due to retirements. The Family Transformation program is at a weeklong training this week due to change in standards. The Child Development Center is seeing an increase in challenging behaviors. There continue to be questions about funding as well as an increase in need.

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f. Ryan White — Nichole Baker-Jones
Nichole shared the update for Ryan White. They are in the middle of open enrollment and ensuring that clients have insurance coverage. They are working to sign clients up for Medicare Part D. Clients have to come in and do the paperwork, and they have a high number of clients for whom English is not their primary language. They also have additional options for those who do not qualify for Medicare for a variety of reasons. They are also working on ensuring Dental care, which can be challenging due to low reimbursement rates. They also distributed food cards for clients reliant on SNAP.

g. General Assistance/Outreach — David Thielen
David provided Ashley's update. GA is status quo but the was an uptick in requests due to the delay in SNAP benefits. Ashely is currently working on the food systems report. He shared that she has done extensive community meetings about this. She has also worked to get the Winter Weather Shelter ready for this season. The facility is not open but is expected to open within days.

h. Options of Linn County — David Thielen
David shared that there was a Halloween celebration and they are planning holiday parties including a caroling event.

VII. **New Business/Public Comments** — LCCS Board Chair

a. Next Board Meeting –
   i. December 9th – 12 pm – Hybrid
   ii. January 13th – 12 pm – Hybrid
   This meeting will be the budget report.

VIII. Adjourn

The meeting adjourned at 12:59 p.m.

MISSION: Linn County Community Services addresses local health and human service needs by providing direct services, community planning, and administration of local, state, and federal funds in ways that promote service availability, access, cost-effectiveness, and quality.

FY26 December Budget Summary

Vickie Kindl
Financial Management Director

LINN COUNTY

LCCS Department Groupings

- 33 – Mental Health & Disability Services
- 34 – Community Services
- 35 – Youth Services

December Budget Target: 50%

Department 33 – Mental Health & Disability Services

Department 33 Totals				
	Actual	**Budget**	**%**	**Variance**
Total Expense	2,155,359	4,915,312	44%	2,759,953
Total Income/Revenue	1,750,154	4,173,827	42%	2,423,673
Total Net	(405,205)	(741,485)		(336,280)

The department expenditures and income are slightly below the budget expectation.

Department 33 – Options

Options				
	Actual	**Budget**	**%**	**Variance**
Expense	964,609	2,191,179	44%	1,226,570
Income/Revenue	883,089	2,191,179	40%	1,308,090
Net	(81,520)	-		81,520

Options management regularly monitors expense and program attendance to ensure ongoing sustainability. Revenue is often one month behind.

Department 33 – Disability Access Point

Disability Access Point				
	Actual	**Budget**	**%**	**Variance**
Expense	334,933	610,577	55%	275,644
Income/Revenue	433,611	610,577	71%	176,966
Net	98,678	-		(98,678)

The Disability Access Point Program includes staff previously covered by the East Central Region and is reimbursed by the Disability Access Point organization.

Department 33 – Mental Health Access Center

Linn County Mental Health Access Center				
Access Center - MH	**Actual**	**Budget**	**%**	**Variance**
Expense	583,967	1,372,071	43%	788,104
Income/Revenue	433,454	1,372,071	32%	938,617
Net	(150,513)	-		150,513
Access Center - SUD				
Expense	191,767	524,042	37%	332,275

The Access Center budget is split between mental health and substance use disorder services.

MHAC operations are now billed through the BH-ASO. Revenue is 1-2 months behind

Substance use disorder expenditures are as expected for this early in the fiscal year.

Department 33 – Substance Use Disorder

Substance Use Disorder				
	Actual	**Budget**	**%**	**Variance**
Expense	26,942	110,000	24%	83,058
Income/Revenue	-	-		-
Net	(26,942)	(110,000)	24%	(83,058)

Substance use disorder services are expenses related to county committals. The inflow of claims for these services varies throughout the year.

Department 33 – Mental Health Advocate

Mental Health Advocate				
	Actual	**Budget**	**%**	**Variance**
Expense	53,142	107,443	49%	54,301
Income/Revenue	-	-		-
Net	(53,142)	(107,443)	49%	(54,301)

The Mental Health Advocate was previously included with MH/DS budgets and reimbursed through the East Central Region.

Under the new platform, costs associated with the advocate will be reimbursed through the BH-ASO.

Department 34 – Community Services

Department 34 Totals				
	Actual	**Budget**	**%**	**Variance**
Total Expense	4,045,721	8,608,663	47%	4,562,942
Total Income/Revenue	1,131,701	2,854,648	40%	1,722,947
Total Net	(2,914,020)	(5,754,015)		(2,839,995)

Department expenditures and revenues are in line with our expectation for this early in the fiscal year.

Department 34 – Administration

Administration				
Administration	**Actual**	**Budget**	**%**	**Variance**
Expense	599,799	1,108,676	54%	508,877
Income/Revenue	-	-		-
Net	(599,799)	(1,108,676)		(508,877)

LCCS Administration expenditures are in line with expectation. Evolv maintenance is paid in August for the full year.

Department 34 – Child & Youth Development

Child & Youth Development				
	Actual	**Budget**	**%**	**Variance**
Expense	1,559,919	3,421,007	46%	1,861,088
Income/Revenue	473,219	1,019,098	46%	545,879
Net	(1,086,700)	(2,401,909)		(1,315,209)

Child & Youth Development is in line with our expectations for December.

Department 34 – Funded Agencies & Grants

Funded Agencies & Grants				
Funded Agencies	**Actual**	**Budget**	**%**	**Variance**
Expense	162,176	398,404	41%	236,228
Grants				
Expense	125,962	369,115	34%	243,153
Income/Revenue	121,606	369,115	33%	247,509
Net	(4,356)	-		4,356

Funded Agency expenditures are generally behind by a month and therefore in line with our expectation.

Grant expenditures and revenue are where we expect at this time.

Department 34 – General Assistance

General Assistance				
	Actual	**Budget**	**%**	**Variance**
Expense	666,795	1,361,411	49%	694,616
Income/Revenue	12,030	130,000	9%	117,970
Net	(654,765)	(1,231,411)		(576,646)

GA expenditures are in line with the budget expectation.

Revenue from Interim Assistance is unpredictable and occurs when Social Security Administration makes a benefit determination on a client that we assisted.

Department 34 – Home Health

Home Health				
	Actual	**Budget**	**%**	**Variance**
Expense	364,381	744,620	49%	380,239
Income/Revenue	153,650	206,745	74%	53,095
Net	(210,731)	(537,875)		(327,144)

Home Health revenues and expenditures are in line with our expectation.

Department 34 – Ryan White

Ryan White				
	Actual	Budget	%	Variance
Expense	566,690	1,205,430	47%	638,740
Income/Revenue	371,197	1,129,690	33%	758,493
Net	(195,493)	(75,740)		119,753

The Ryan White program revenues and expenditures are in line with the budget expectation. As it is a reimbursable grant, revenue is generally 1-2 months delayed.

Department 35 – Youth Services

Department 35 Totals				
	Actual	**Budget**	**%**	**Variance**
Total Expense	2,329,146	5,317,495	44%	2,988,349
Total Income/Revenue	460,836	2,097,317	22%	1,636,481
Total Net	(1,868,310)	(3,220,178)		(1,351,868)

Youth Services expenditures are in line with our expectation for December.

Department 35 – Detention & Diversion Services

Detention & Diversion Services				
Detention	**Actual**	**Budget**	**%**	**Variance**
Expense	1,866,732	4,122,126	45%	2,255,394
Income/Revenue	252,857	1,184,192	21%	931,335
Net	(1,613,875)	(2,937,934)		(1,324,059)
Diversion	**Actual**	**Budget**	**%**	**Variance**
Expense	438,066	1,093,369	40%	655,303
Income/Revenue	207,979	913,125	23%	705,146
Net	(230,087)	(180,244)		49,843

Detention and Diversion are both where we would expect them at this point in the fiscal year.

About half of the budgeted Detention revenue is the payment from the State of Iowa that is generally received after the end of the fiscal year.

Department 35 – Shelter Subsidy

Shelter Subsidy				
	Actual	Budget	%	Variance
Expense	24,348	102,000	24%	77,652

Shelter Subsidy is below the budget expectation. The state formula for this has changed and the amount owed by counties was lowered. This is in addition to the decrease in emergency shelter beds available in the community.

LCCS Totals

LCCS Totals				
	Actual	Budget	%	Variance
Total Expense	8,530,226	18,841,470	45%	10,311,244
Total Income/Revenue	3,342,691	9,125,792	37%	5,783,101
Total Net	(5,187,534)	(9,715,678)		(4,528,144)

Overall, LCCS is where we expect it to be at this point in the year. Expenditures are in line with expectations. Revenue will increase as we continue through the year with regular monthly billings.

Community Services FY27 Budget Review

David Thielen, MA
Executive Director

Vickie Kindl
Financial Management Director

LINN COUNTY

Linn County Community Services
Organizational Chart FY26

Linn County Board of Supervisors

Linn County Community Services Board

Linn County Community Services
DAVID THIELEN—EXECUTIVE DIRECTOR Employees (161 persons, FTE's 146.5)

Administrative Support Services
- Payables/Receivables
- Grant monitoring
- Medicaid billing
- Payroll

LCCS Finance Dept. (3.5)
VICKIE KINDL - DIRECTOR

Comm. Outreach & Asst. (1)
ASHLEY BALIUS—DIRECTOR

Administrative Assistant. (1)
LEAH COFFMAN

Cust. Support Analyst (1)
LORI PARKS

Direct Service Provision
- Program Monitoring
- Program Evaluation
- Mandated Services
- Grant Management
- Service Provisions

Ryan White Program (7)
NICHOLE BAKER JONES—SUPERVISOR

Home Health (8.75)
STACY LEITZ—SUPERVISOR

General Assistance (3)
ASHLEY BALIUS—DIRECTOR

Access Center (1)
ERIN FOSTER—DIRECTOR

Child & Youth Develop Services (4)
GLORIA WITZBERGER—DIRECTOR

Mental Health Advocate (1)
DAVID THIELEN—SUPERVISOR

Options of Linn County—Day Hab (22.3)
LISA MILLS/RYAN KRINER—SUPERVISORS

LINN COUNTY MENTAL HEALTH/ECR (5)
JODY BRIDGEWATER - SUPERVISOR

ECI/ DECAT/ CPPC (3)
AMY GRUNEWALDT—DIRECTOR

Juvenile Detention & Diversion Services
WILL WRIGHT—DIRECTOR

Family Transform Service (7)
KELLY NELSON—SUPERVISOR

Family Visitation Services
Safe Exchange Program
Promote Safe/Stable Family (PSSF)
Nurturing Parenting Program (NPP)

Family Support Services (6)
TERRI GODWIN– SUPERVISOR

Children's Mental Health
Peer Group Services
Home to School Services
Reaching Families Services

Child Development Center (21)
COLLETTE STOCKS—SUPERVISOR

Head Start Program
Early Headstart Program
Voluntary Preschool Program

Juvenile Detention (40.4)
JEN CAMPEN-ASST. DIR.

DIVERSION SERVICES
ADI (2)
SOLO (2)
Tracking (7.2)

Community Planning
- Cooperative/Collaborative Planning
- Proposal/Emergency Preparation
- Planning Studies/Assessments
- New Program Development
- Financial Management

- Local Homeless Coordinating Board & Continuum of Care Council
- Child Welfare Decat Board
- HACAP Steering Committee of the Board
- HACAP Board of Directors
- Children's Mental Health Advisory Cmte
- UW Financial & RFP Solutions Teams
- LAP-AID Emergency Planning Board
- Refugee Alliance/Concerns
- Food Reservoir Advisory Council
- PATCH Committee
- Transportation Advisory Group
- VA—Five Seasons Stand Down
- Community Resource Sheets
- Emergency Food Shelter Grant (EFSP)
- Heritage Agency on Aging Board
- CPPC Advisory Board
- Housing Fund for Linn County Board
- Eastern Iowa Health Board of Directors
- SET Task Force Policy Board
- City of CR Afford Housing Commission
- Blairs Ferry Housing & Midway Board
- Innovation Grant Committee
- Cedar Rapids GAP Committee
- NACo Human Servs & Educ. Subcommittee
- National Assoc. of Cnty Human Servs Board
- Federal Legislative Review Committee
- ECICOG Passenger Transport. Committee
- Linn County Funders Resource Group
- LC Opioid Settlement Committee
- LC Diversity Committee
- Stepping Up Committee
- Alliance for Equitable Housing
- My Care Community Coalition
- Public Health CHA/CHIP and Data Committees

Community Funding
- Financial Management
- Program Evaluation
- Program Monitoring
- Financial Support

Emergency Services
- Domestic Violence Program (Waypoint)
- Emergency Winter Overflow Shelter

Elderly Services
- Meals on Wheels (Horizons, Central City)
- Aging Services (Heritage Agency on Aging)

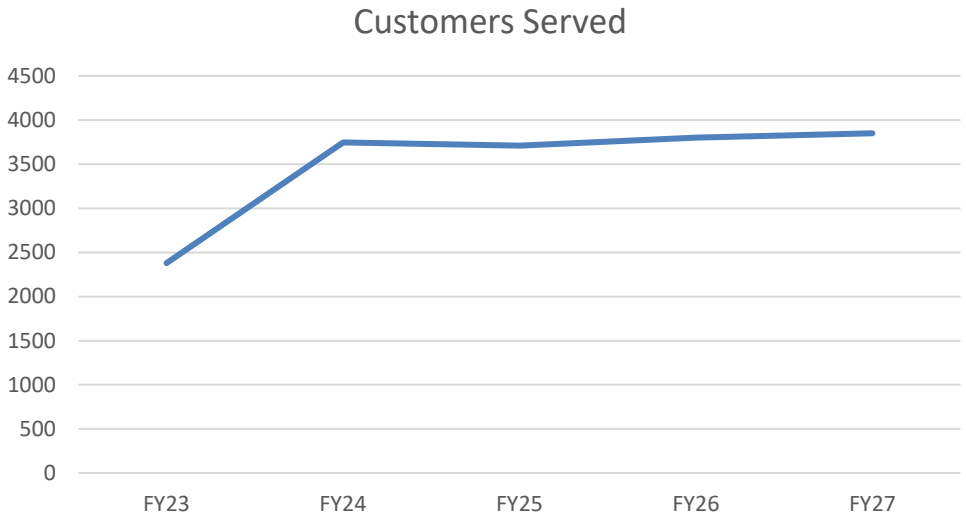
Outreach Services
- Springville Community Self-Help (SANSI)
- Lisbon Community Center (SELCC)
- Recidivism Services (RISE)

Community Services Mission Statement

To address local health and human service needs by providing direct services, community planning and administration of local, state and federal funds in ways that promote service availability, access, cost effectiveness and quality.

Community Services KPI – Access & Availability

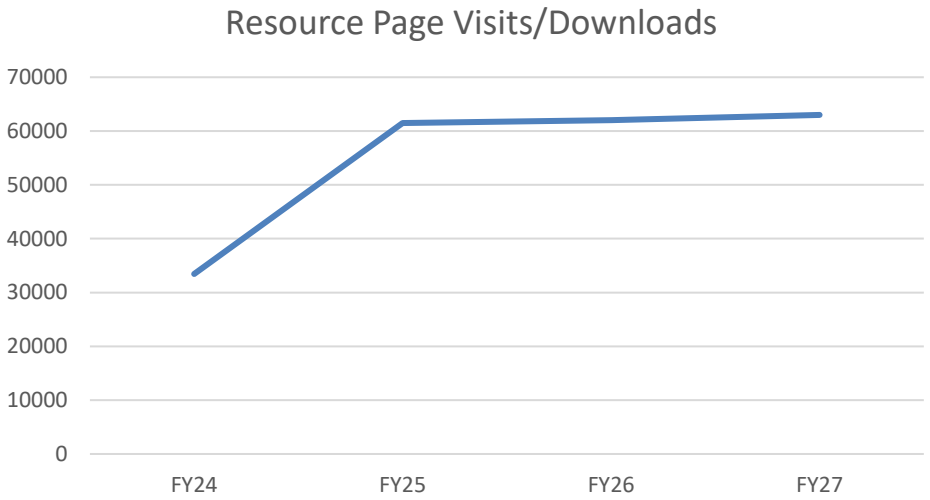
Number of customers served up 38% in past 3 years



FY23	FY24	FY25	FY26*	FY27**
2379	3745	3710	3800	3850

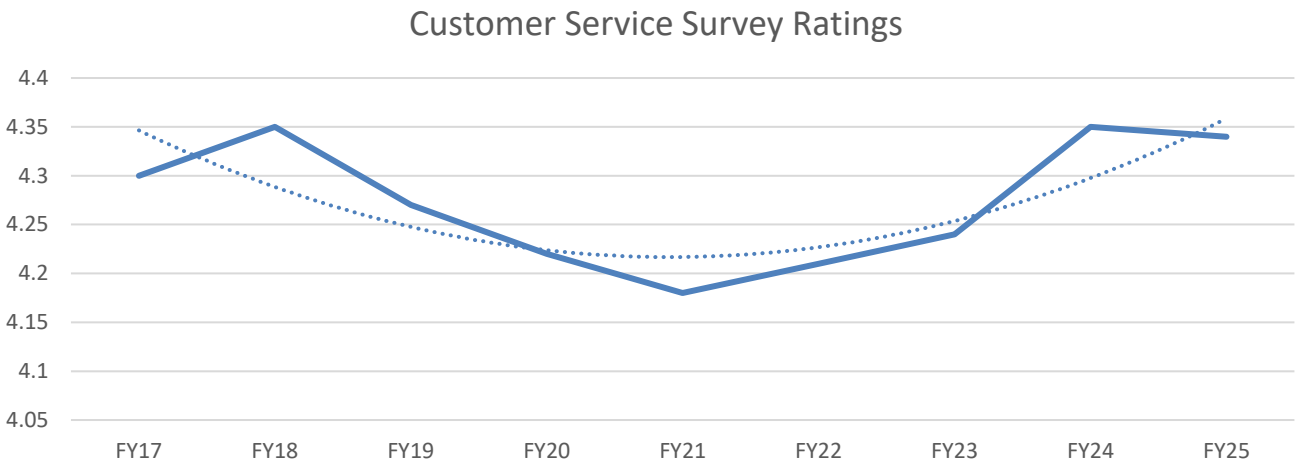
Community Services KPI – Cost Effective/Access

Visits/downloads to our new interactive resource website up 89%



Community Services KPI –Quality

Customer Satisfaction has increase 3.7% since Covid Shutdowns



FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
4.3	4.35	4.27	4.22	4.18	4.21	4.24	4.35	4.34

Community Services Department Community Planning

Community Services Leadership participated in many community, state, and federal initiatives

- Ashley Balius
  - Alliance for Equitable Housing
  - Homeless Systems Strategy and Support Committee
  - Linn Area Partners Active in Disaster (LAP AID)
  - Emergency Rental Assistance (ERAP)
  - Food Systems Council Strategic Planning
  - Housing Fund for Linn County Board of Directors
- Erin Foster
  - CRUSH of Iowa Board of Directors
  - District 7 Behavioral Health Advisory Committee Chair
  - Linn County Make It Ok Committee Chair
  - Cedar Rapids Fire Department Care Team
  - NAMI Iowa Advocacy Committee
  - Linn County Harm Reduction Committee & Substance Misuse Committee – Erin Foster
  - State of Iowa Access Center Committee – Erin Foster

Community Services Department Community Planning

Community Services Leadership participated in many community, state, and federal initiatives

- David Thielen
  - NACo Human Service & Education Subcommittee
  - National Association of County Human Services Administrative Board
  - Hawkeye Area Community Action Program (HACAP) Board of Directors
  - Heritage Area Agency on Aging Board of Directors
  - Holden Comprehensive Cancer Center Family and Patient Advisory Committee
  - Holden Comprehensive Cancer Center Community Advisory Board
  - Member, Iowa Cancer Consortium and Rural Cancer Workgroup
  - Homeless Systems Oversight Board of Directors
- Amy Grunewaldt
  - President for Association of Early Childhood Iowa Boards and Advocates
  - State of Iowa Early Childhood Iowa Design Team
  - Eastern Iowa Health Center Board of Directors
- Will Wright
  - Iowa Detention Coalition

Key Performance Indicators – Funded Agencies

8 Community Partners

- Individuals and Families served – 5172
- 92% maintained housing after 6 months (HACAP)
- Helped pay for meals served or delivered – 290,916 Linn County residents
- Recidivism Rate – 8.4% (RISE)
- 95% clients helped them stay in their home (Horizons)
- Funding support of programs ranges from 2.3% to 77% (average of 6.0%)

Community Services monitors key performance indicators for all programs and funded agencies

- The evaluation process is data intensive and considers quantitative and qualitative factors related to the mission and strategic plan for 16 Community Service performance areas and 8 Funded Agencies/ Community Partners

Community Planning/Outreach

Strategic Planning Initiative – FY25-FY27
Funded Agencies
Sustain and improve community outreach efforts

- Alliance for Equitable Housing
- Food Systems Council Strategic Planning
- Active and effective leadership on local boards

Quality Improvement/Programming

Licensing (JDDS, Childcare, MHAC, Options)
Accrediations (JDDS, Childcare, Options, Family Services)
Audit Reviews (JDDS, Ryan White)
GAP-M
Customer Service Surveys

Community Services Department Mission Highlights

- Opening Withdrawal Management Program opening in January 2026 (MHAC)
- Erin Foster, MHAC Director, chosen to present at the National Crisis Conference, CrisisCon in September in Indianapolis
- Over 10,000 hours of direct service provided in FY25 by Home Health Aides, preventing 82 individuals from inappropriate institutionalization.
- Options of Linn County – CARF Accredited for 3 years (2026-2028)

Community Services Department Mission Highlights

- Landlord and Tenant Success Initiative
  - 44 enrolled/37 housed
  - 1 successful graduated – meaning they have maintained housing post assistance
  - 57 Landlords have expressed a desire to work with the program
- Through funding provided by DECAT, Family Support Services started to offer Strengthening Families, a seven-week parenting series for parents and youth ages 10-14.
- Our parenting program is now Healthy Families Nurturing Parenting Program as we became affiliated with Healthy Families America (evidence-based model) in March of 2025.

Key Performance Indicators

Mental Health Access Center (MHAC):

- 31% of all LE referrals to the MHAC would have gone to jail during 2025.
- 55% of all LE/EMS referrals to the MHAC would have gone to the ED in 2025.
- 45% of those who were placed into crisis stabilization beds would have taken themselves to the ED if not for coming to MHAC in 2025.
- 36% of those who were placed in crisis stabilization beds would not have sought any services if not for coming to the MHAC in 2025.
- Total served 1412 – up 1.8% from FY24

Ryan White:

- Ryan White Program served 261 individuals living with HIV. 92% achieved viral suppression in Linn County program. (Iowa top in nation at 82%, National Avg. 65%). Iowa is one of two states above 80%.
- 6.7% increase in continuing clients from FY24 to FY25
- Clients served whose primary language is other than English – 25% up 11% from FY24
- Clients retained in care – 91% up from 89%

Key Performance Indicators

Child and Family Services:

- Children's Mental Health Assistance
  - 81% of surveyed parents reported that Children's Mental Health Assistance funding has improved their child's behavior, attitude, family relationships, and/or school experience. 93.5% of kids receiving services were stabilized at home and/or school.
  - 77% of children stabilized in home and/or school.
- Peer Group Services
  - 100% of surveyed parents agree that activities are age-appropriate, enjoyable and sensitive to their child's needs and they are satisfied with the services their child receives.
  - 1004 units of service (Unit = 1 youth in 1 group activity), 30% increase from FY24
- Reaching Families Services
  - 100% of surveyed parents report that Reaching Families staff help them to identify resources and obtain support, so they can manage their mental health issues more effectively.
  - 5.4% increase in service units for treatment of depression
  - 32.2% increase in in-home service units
- School to Home Program
  - 86% of youth participating in School to Home have improved behaviors at school and home.
- Childcare
  - Serving diverse populations - 10 special needs, 6 immigrant families, 11 kids in foster/kinship care.

Key Performance Indicators

General Assistance

- Provides critical burial assistance, the only provider of this assistance in the county, that allows low-income families to put their loved ones to rest without a significant financial burden.
- 13% increase in individuals served in FY25 (643 to 736)
- Average percentage of rent paid by assistance 93% (up 1% from FY24)
- Average percentage of utility obligation paid by assistance 90% (up 2% from FY24)

Juvenile Detention and Diversion Services (JDDS)

- 23% increase in Detention admissions in FY25 (290)
- 13% increase in units of service provided (Unit = 1 youth for 1 day), 5734 to 6581
  - 9% increase in Linn County Units in FY25
  - LC cost per unit increased from $.83 to $.84
- 19% increase in average daily population - Detention (18.08)
- 900 direct service from Tanager Therapist serving 142 kids (27%)
- Alternative Detention Initiative Ave. Daily population increased 3.8% (6.23 to 6.47)
- Average length of stay has increase 7 days over the past 5 years.

Home Health

- 89% of clients live alone
- 19% increase in cases served

Community Services Impact that can't be measured

Home Health

- Allows seniors to stay at home and not be institutionalized.

Childcare

- Trusted, quality care so parents can continue to work and go to school while educating some of the most challenged kiddos.

General Assistance

- Helps those in need stay in their homes and pay their bills during some of the most challenging times.

Access Center

- Literally saves lives, and helps take the physical and financial strain off key community resources such as the emergency rooms and jail systems.

Children's Mental Health

- Helping parents get care and medication they need for their kiddos, allowing them to have successes.

Diversion programs

- Helps kids have a second chance and not be incarcerated.

Options

- Giving individuals skills to be employed and/or families a quality program for their loved ones to grow while giving them the needed help and respite from everyday care.

Ryan White

- Improving and extending quality of life for so many individuals.

Mental Health Committals, Supervised visitation, Peer Group…….

LINN COUNTY

Challenges in FY27

Access Center

- Contract – Appropriate reimbursement rates that allow for sustainable growth

Home Health

- The changes in funding for Local Public Health Services will impact the program with a continue with zero dollars in FY27. Potential Medicaid changes at the federal level may impact funding as well.
- Eligibility for Medicaid continues to become increasingly stringent, with current Medicaid funded clients seeing a reduction in authorized units as well as some becoming ineligible for Medicaid benefits. This has increased the administrative burden to ensure clients are eligible to receive services.
- The Medicaid waiver redesign will likely impact service delivery, administrative duties, and compliance requirements.
- The program cannot keep up with the demand for services. The population is aging and the need for services among this vulnerable population will only increase. Currently over 150 on waitlist.
- Staffing changes are likely for the program, with 33% of the Home Health staff eligible for retirement at any time.

Challenges in FY27

Family Services -

- Many of our parent education referrals are for English Second Language (ESL) families and we have limited contract labor/interpretation funds available. We anticipate that we will spend all this money in the budget and the support needed for these families will continue to grow as credentialling requirements change.

ECI/Decat –

- Will the State restructure of Early Childhood Iowa, Decat, and CPPC programs? If so, that could affect our Child and Family Services (Shared Visions, Wraparound grants).

Ryan White Program

- Increased case loads and addressing complex needs and barriers to care with limited funding (ESL)

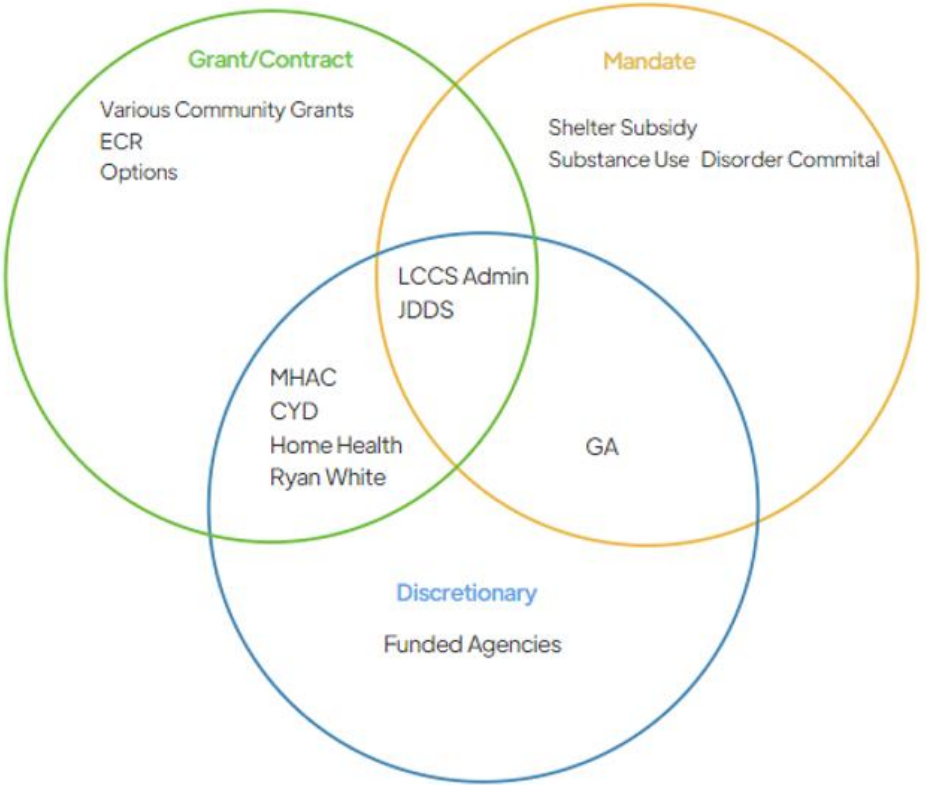
General Assistance

- General Assistance is facing an increases in demand for services since the end of Emergency Rental Assistance funds. Although the need for housing assistance has risen in the community, funding levels are now returning to levels that are essentially equivalent to those before the pandemic with General Assistance being the largest available

Community Services Budget

- We prepare the budget within Linn County guidelines and adjust for justified increases to maintain quality/current service levels.
  - Gas, Food, and Translation Services
- The budgeted staffing levels in all Community Service departments are stable and there are no offers for additional staff.
- The following slides will summarize operational expenditures and any justified increases.

Expenditure Breakout



FTE Year over Year –Dept 33 MHDS

Dept-Activity	Description	FY26	FY27	Change	Note
33-90400	ECR & Mental Health Advocate	7.00	1.00	(6.00)	ECR Dissolving
33-90401	Access Center	1.00	1.00	-	
33-90402	Options	22.21	22.21	-	
	Total	**30.21**	**24.21**	**(6.00)**	

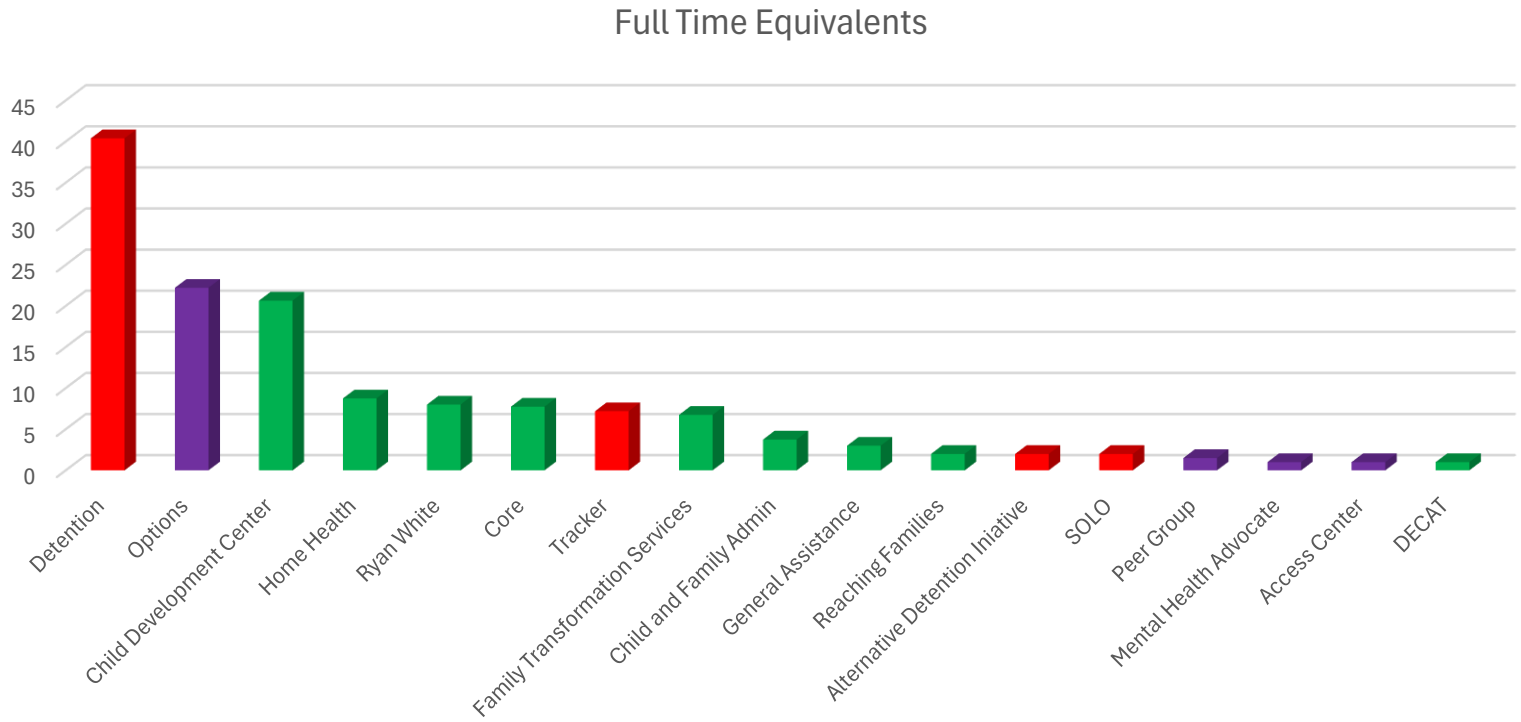
FTE Year over Year – Dept 34 Community Services

Dept-Activity	Description	FY26	FY27	Change	Note
34-31104	General Assistance	3.00	3.00	-	
34-31100	Empowerment (ECI)	1.00	1.00		
34-33004	Peer Group	1.50	1.50	-	
34-33101	Child Development Center	20.65	20.65	-	
34-33118	Decat Allocation	1.00	1.00	-	
34-33124	Reaching Families	2.00	2.00	-	
34-33126	CYD Admin	3.75	3.75	-	
34-33127	FTS	6.75	6.75	-	
34-34001	Home Health	8.75	8.75	-	
34-34007	Ryan White	7.00	8.00	1.00	Case Manager
34-90000	Core	7.75	7.75	-	
	Total	**63.15**	**64.15**	**1.00**	

FTE Year over Year –Dept 35 Youth Services

Dept-Activity	Description	FY26	FY27	Change	Note
35-33001	Detention	38.75	39.30	0.55	addition of .75 nurse, .2 supervisor
35-33017	ADI	2.00	2.00	-	
35-33033	Tracker	7.20	7.20	-	
35-33048	SOLO	2.00	2.00	-	
	Total	**49.95**	**50.50**	**0.55**	

FTE Breakdown



Operating Expenses Dept 33 MHDS

LCCS Unit	FY26	FY27	Change	Note
East Central Region/Advocate	$ 32,034	$ 3,617	$ (28,417)	ECR Program dissolved
MHAC - MH	$ 1,268,518	$ 1,264,889	$ (3,629)	Offset payroll increase, net zero
MHAC - SUD	$ 489,523	$ 489,523	$ -	
Options	$ 76,101	$ 76,176	$ 75	Medical Director contract
Substance Use Disorder	$ 110,000	$ 110,000	$ -	
Total	**$ 1,976,176**	**$ 1,944,205**	**$ (31,971)**	

Operating Expenses Dept 34 Community Services

LCCS Unit	FY26	FY27	Change	Note
Child Development Center	$ 168,712	$ 172,215	$ 3,503	Food, non-food, contract increases
Child & Youth Development Adr	$ 3,800	$ 3,800	$ -	
Family Transformations	$ 72,920	$ 82,920	$ 10,000	Translation Usage Increase
Childrens Mental Health	$ 204,770	$ 209,810	$ 5,040	Contract increases
Peer Group	$ 12,921	$ 13,134	$ 213	Food, fuel costs
Reaching Families	$ 21,780	$ 22,066	$ 286	
General Assistance	$ 1,065,522	$ 1,073,136	$ 7,614	Utility cost increases for clients, contract increase
Home Health	$ 36,410	$ 36,410	$ -	
Ryan White	$ 405,871	$ 413,870	$ 7,999	Grant reimburseables
Admin	$ 153,703	$ 158,303	$ 4,600	Contract increases
Funded Agencies	$ 398,404	$ 398,404	$ -	
Total	**$ 2,544,813**	**$ 2,584,068**	**$ 39,255**	

Operating Expenses Dept 35 Youth Services

LCCS Unit	FY26	FY27	Change	Note
Shelter Subsidy	$ 102,000	$ 51,000	$ (51,000)	Decrease usage/formula
Detention	$ 343,638	$ 321,433	$ (22,205)	No Unity Point Contract, service growth increases 12.9%
Diversion Services	$ 70,718	$ 70,831	$ 113	Fuel, Behavior Supplies
Total	**$ 516,356**	**$ 443,264**	**$ (73,092)**	

Vehicle Requests

Description	Amount
Diversion Services - 3 Traverses	$ 135,000
Total	**$ 135,000**

JDDS currently has 13 vehicles, 6 of which have been “handed down” from other departments (5 from LCSD, 1 from Options of Linn County). Excluding the newer cars from the past 2 years, the average mileage on their remaining 9 cars is 128,814 miles. The highest three mileages are182,486, 158,686; and 139,505. The oldest car is 12 years old, with 2 others being 9 years old. Reliable and safe transportation is needed for staff that are using these vehicles daily in the community for their tracking and In-Home programs. Replacing the older vehicles would be more cost effective than the costly repairs that would be incurred going forward. We have not had any vehicles deemed unsafe yet, but it’s just a matter of time.

JDDS vehicles put on over 100,000 miles last year. Vehicles added between 5,000 and 17,400 miles last year alone.

Questions?

Linn County Mental Health Access Center Advisory Committee Meeting

Meeting Minutes – Virtual (with optional in-person)

December 11, 2025

1:00 - 2:00 p.m.

1240 26th Ave. Ct. SW Cedar Rapids, IA 62404

2nd Floor Conference Room B

Katy Kramer, Beth Malicki, Emily Windt, Gage Miskimen, Rob Lancaster, Kelly Zepeda, Theresa Lewis, Jacqueline Smith-Duggan, Annie Emerson Battien, David Thielen, Chad Neuleib, Ambre Bernards, Michelle Omar, Erin Schaller, Amber Herboldsheimer, Carol Meade, Kurt Roghan, Kyle Taylor, and Erin Foster

1. Welcome

2. Advisory Engagement a. How did you spread the work about MHAC? (All)

A. Kurt- Family to Family MHAC came up

B. Emily Windt – conversations with both hospitals about withdrawal management and crisis services, as well as community- based providers like ASAC about withdrawal management. Met with Four Oaks.

C. Gage – planning to set up some meetings soon.

D. Erin Foster - Many counties are using their opioid settlement dollars on harm reduction efforts. Erin's been working with Dubuque County for the last year and a half about using their settlement dollars. Working with a Polk County opioid prevention/mitigation leader and they're working to create a state group to coordinate efforts around opioid settlement funds. We're continuing to work with DeNovo for a year's worth of digital marketing after we were awarded funds for that – will start in January. Facebook, Instagram and Reddit are the focuses. The second wave of marketing will focus on promoting the withdrawal management program. Tomorrow Erin and Gage are leading Linn-Mar students through MHAC. Finally, MHAC has a decorated tree at the Amana's which is a low-cost way to get the word out about the Access Center.

3. Director Updates- Erin Foster

- Three-year strategic plan is approved and solidified- refer to strategic plan document
    - Discussion about how different groups that work at MHAC track why employees leave
    - Discussion about benchmarks for the strategic plan to measure progress
    - We'll be reviewing a piece of this strategic plan at each monthly meeting
- Grant we were hoping for we are not eligible for. There's potentially another grant opportunity that's Erin's exploring.

4. Program Review & Updates

a. Kelly Zepeda-F2

i. Staffing update: full time vacancies on all shifts, covering gaps with part-timer on third shift.

b. Emily Windt- Abbe Crisis Inpatient

i. Nursing positions are open for withdrawal management – weekends and Thursday overnight.

ii. Feel good: client who's been to MHAC several times is reluctant to receive treatment. When he visited mid-November, he was ready for treatment and got into CFR. He's been there for a bit now and doing great. Success story in connecting someone to SUD residential.

iii. Withdrawal management is set to open January 5th! Slow roll out will include admissions just on Mondays until staffing is more stable. Referrals will be accepted on all days of the week, but admissions are only on Mondays for now with discharge likely Thursday PM. Supporting people with alcohol and opioid misuse needs. Emily is the main contact for this. Accepting referral forms and answering questions directly.

c. Erin Schaller- Abbe Outpatient Services

i. Have been able to get people in quickly if they've been admitted to crisis stabilization. We have a gap with peer support so working to figure that piece out with other peer support folks

d. Amber Herboldsheimer- Area Ambulance

i. Staff training next week for withdrawal management so they can make referrals. EMS side of things.

ii. Sobering unit: slow month. With overflow shelter opening this is expected.

5. Legislative Session 2026 – See attached document.

a. Behavioral Health Priorities

- getting private insurance to cover crisis services.
- Safety net rates (billing mechanism from the state for those who are under insured or no insurance) are 15% below Medicaid rates
- giving providers 30 days warning when Medicaid is about to end

NAMI Iowa is a big advocate state-wide, and its priorities include:

- Including responsible discharge plans for patients with psych hospitalizations. Last year this bill passed the house, but not the senate.
- NAMI also looking at legislation around subacute beds. There is interest from the governor and legislatively here.
- Improving Iowa civil commitment law (same as last year)
- Generally increasing reimbursement rates for mental health services in all settings.

Review list to see if anyone has relationships with committee members at the state capitol.

b. Day on the Hill Events:

i. NAMI Iowa: March 11th

ii. Access Centers: March 12th

iii. People in Recovery: 3/28

Kurt wrote an OpEd in the Gazette the Sunday after Thanksgiving about some of NAMI's legislative priorities. Opportunity to get that article in front of lawmakers.

January meeting is in person

November 2025

Monthly Data Review

Mental Health Access Center

Presented to MHAC Advisory Board

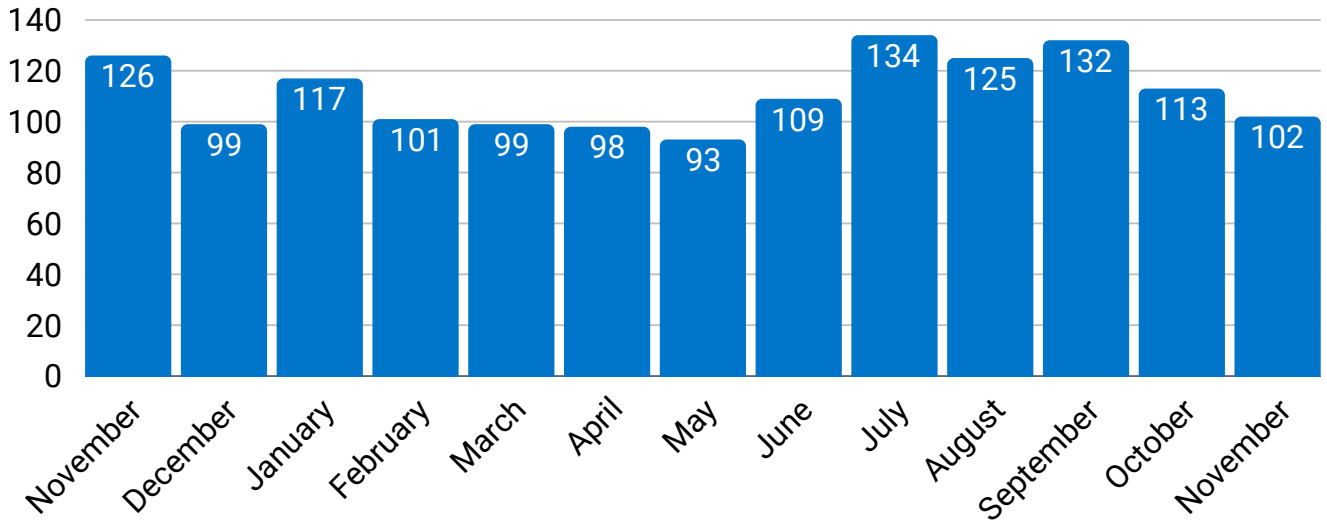
Presented by MHAC Director
Erin Foster

LINN COUNTY

TRIAGE AT A GLANCE

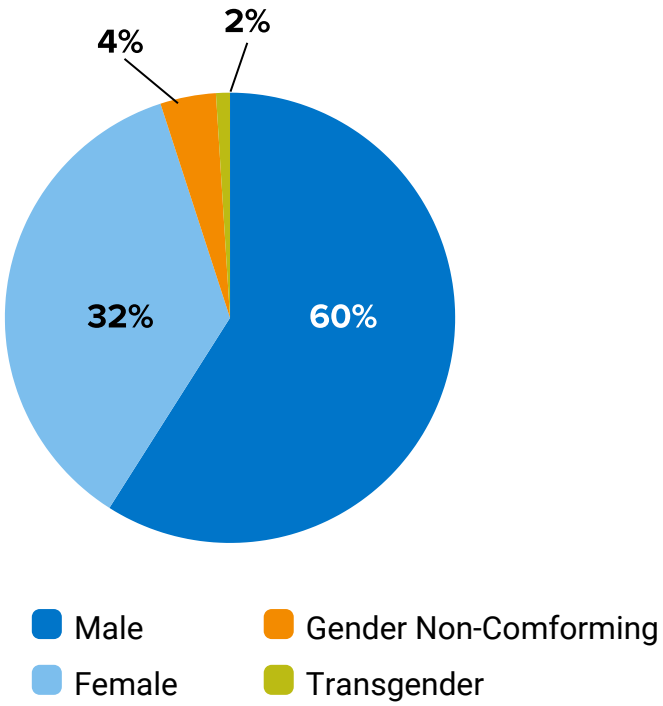
	Previous Month	Current Month	FY26 YTD
Total Walk Ins	111	102	574
Law Enforcement Referrals	10	4	43
EMS Referrals	5	8	34

Number of Walk Ins

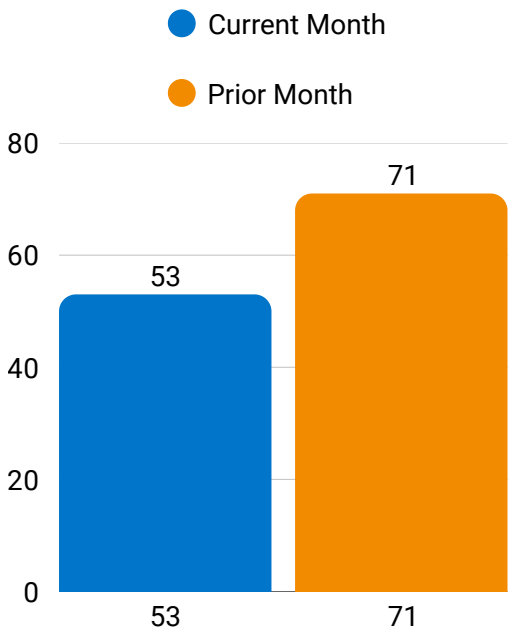


GENERAL INFORMATION

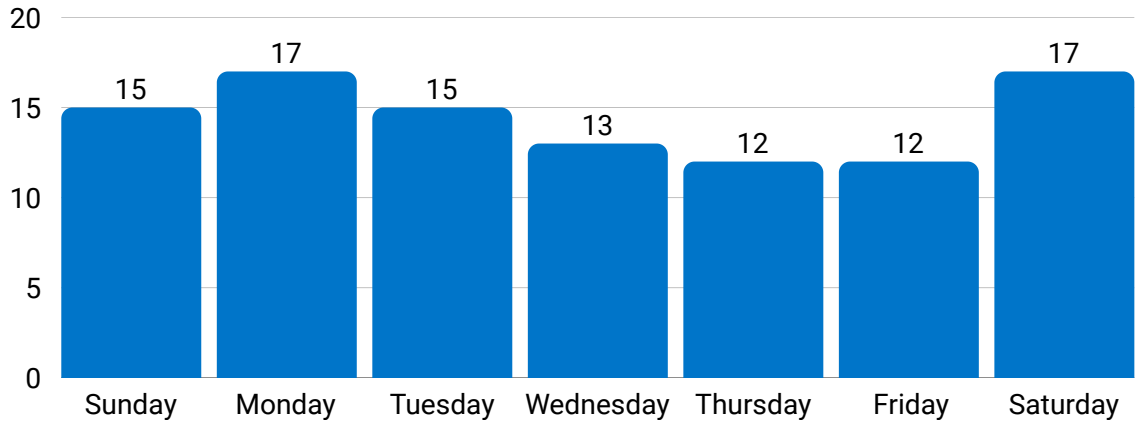
Identified Gender



Average Triage Time in Minutes

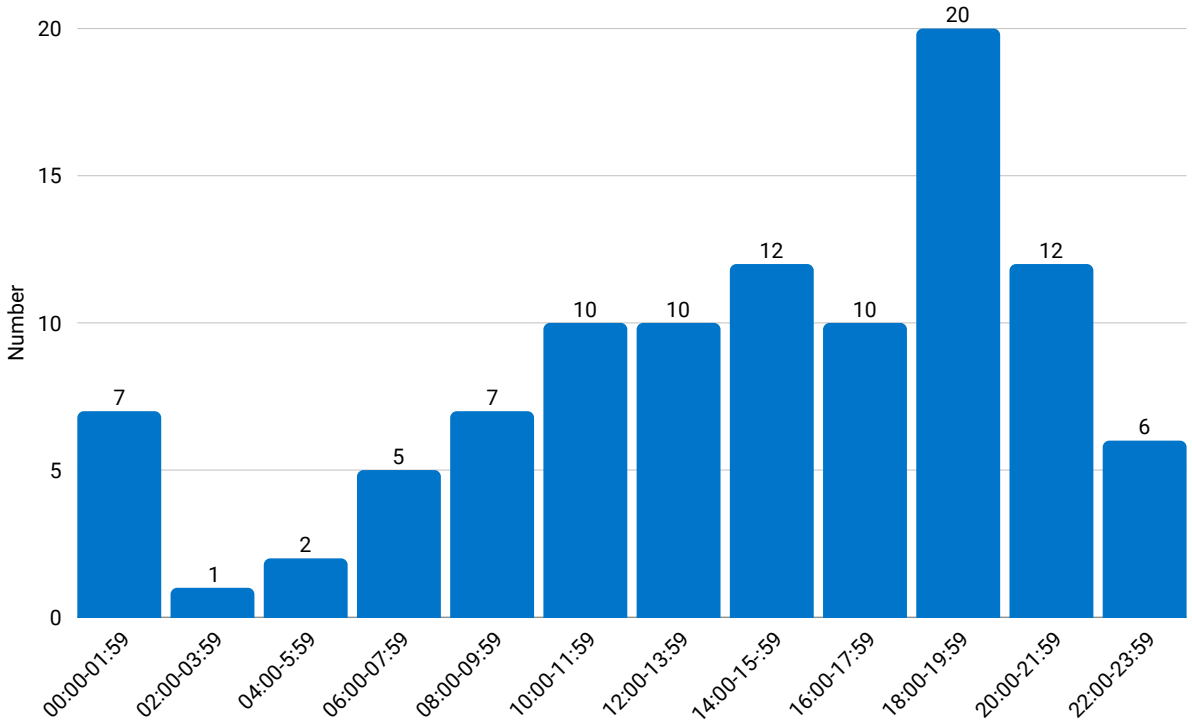


Visits by Day of the Week



GENERAL INFORMATION

Time of Walk Ins



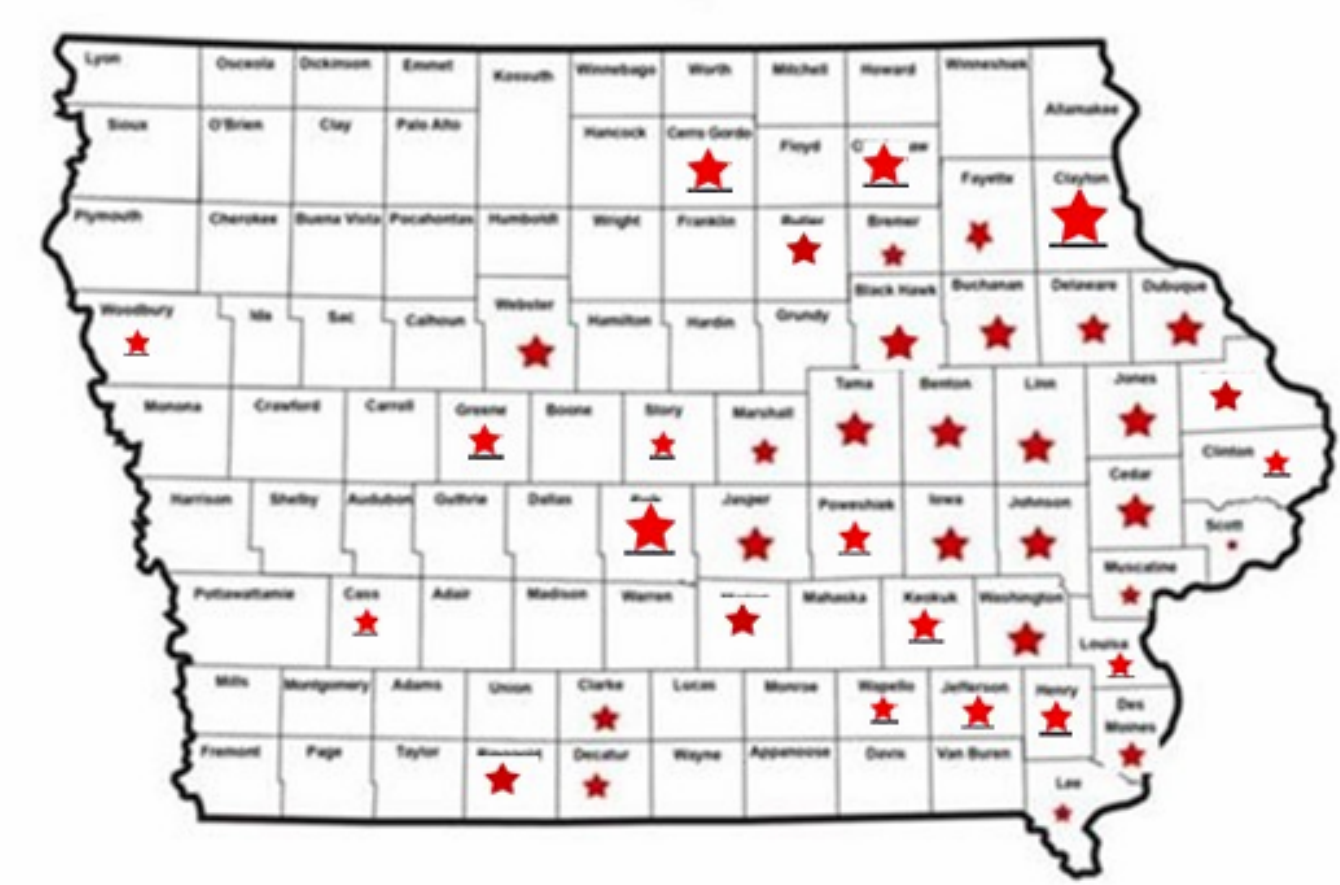
External Services Used with Walk Ins

Community Discharge	Hospital	Guidelink	CSCBS	Other
60	4 (1 Medical, 3 Psych)	0	0	0

GENERAL INFORMATION

Counties of Origin for Current Month

- Linn: 94
- Benton-5
- Black Hawk-3
- Bremer-1
- Dubuque-1
- Johnson-2
- Jones-1
- Cedar-1
- Scott-1



INTERNAL PROGRAM HIGHLIGHTS

CSB, Observation, & Subacute

	CSB Previous Month	CSB Current Month	Observation Previous Month	Observation Current Month	Subacute Previous Month	Subacute Current Month
Total	43	44	1	0	1	0
MHAC Walk In	31	33	0	0	NA	NA
MCO/LEL/ Other Placement	12	11	0	0	NA	NA

Discharge Disposition

Community (Unhoused)	Community/ Home	Hospital	Inpatient/ Treatment	Other
8	31	0	3	2

Abbe Community Mental Health Updates

43 Referrals from Inpatient

- **8** Had services elsewhere
- **16** new Abbe patients were connected while in our care

6 Peer groups offered

Abbe Community Mental Health SUD

Primary Drug of Choice

- Methamphetamine
- Alcohol
- Marijuana

Outcome of Visit

6 Completed ASAMs

- **4** Referrals to Outpatient treatment
- **2** Referrals to Inpatient treatment

Sobering Unit Updates

12 Patients* (1 Individual stayed for 4 days)

5.1 Average CIWA Score

.236 Average BAC

7 7 hours and 29 Minutes– average length of stay

Law Enforcement & EMS

4 Referrals from LE (CRPD & Linn County)

8 Referrals from Area Ambulance

6 Average number of minutes LE spends in MHAC

12% Diverted from jail while engaged with PD

83% Would have gone to the hospital

POST DISCHARGE SURVEYS

General Comments

- “This is a great tool and a safe place to get away and get a game plan to better yourself ·Compared to my past mental health advocates, you guys are the best!”
- ”If I didn't have this place, I'd probably be dead. Love all the staff. And thank y'all for providing a place for mental health. A place to ground and reassess the ongoing situations.”
- “I continue to be incredibly thankful for the services you provide. You never fail to meet me where I am, walking me gently back to my path. I feel safe here and I appreciate all you do!“
- “Rules should apply to all. Hot food is gross. Wish there was more groups.”
- “Thank you for being here anytime I'm in crisis and helping me update my safety plan and calm down when overwhelmed. “