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, March 10th, 12:00 P.M.
Hybrid meeting

AGENDA

I.	**Call to Order**	LCCS Board Chair
II.	**Minutes from February Meeting** – Action Item	LCCS Board Chair
III.	**Financial Report through February** – Action Item	Vickie Kindle
IV.	**Program Presentation –** Detention and Diversion	William Wright/Jen Campen
V.	**Program Updates:**	
	a. General Assistance/Outreach	Ashley Balius
	b. Child and Family Services	Gloria Witzberger
	c. Access Center	Erin Foster
	d. Home Health	Stacey Lietz
	e. Early Childhood Iowa/DECAT	Amy Grunewaldt
	f. Ryan White	Nichole Baker-Jones
	g. Disability Access Point Program	Jody Bridgewater
	h. Options of Linn County	David Thielen
VI.	**Executive Director Updates**	David Thielen
VII.	**New Business/Public Comments**	LCCS Board Chair
	a. Next Board Meeting –	
	i. April 14th	
	ii. May 12th	
VIII.	**Adjourn**	

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Tuesday, February 10th, 12:00 P.M.
Hybrid meeting

Minutes

PRESENT:	Melissa Dean	Andrew Elam	Mike Hines
	Katy Lee	Theresa Lewis	Sami Scheetz
STAFF:	Nichole Baker-Jones	Ashley Balius	
	Erin Foster	Vicki Kindl	Stacey Lietz
	David Thielen	Gloria Witzberger	Will Wright

I. **Call to Order** — LCCS Board Chair
The meeting called to order at 12:02 p.m..

II. **Minutes from January** – Action Item — LCCS Board Chair
The minutes of the January meeting were approved MSC: Dean/Elam (6-0).

III. **Financial Report through January** – Action Item — Vicki Kindl
Vicki presented the budget through January. January is approximately 58% of the budget. Department 33 is overall slightly below expectations. Options reflects approximately one month behind in revenues. DAP revenues are received quarterly and will be reconciled at the end of the year. MHAC is on target. SUD expenses reflect low but are highly variable. The MHA is reimbursed through the ASO. Department 34 is in line with expectations. Core/Admin is slightly above expectations due to timing on an annual expenses. CYD is in line with expectations. Funded agencies trend a month behind due to timings. Grants are within expectations. GA is in line with expectations but are pulling applications through February. Hoe Health reflects that the grant has been fully expended for the year. Ryan White program revenues are in line with budget expectations, through revenues lag due to reimbursement timelines. Department 35 revenues reflect a pending state payment at the end of the year, expenses appear low due to staffing. Shelter subsidy has been lowered for next year due to changes in numbers of available beds.
The monthly budget report was approved MSC: Elam/Dean (6-0).

IV. **Program Presentation – Ryan White** — Nichole Baker-Jones
Nichole presented an overview of the Ryan White program. There are nine Ryan White agencies in the State providing case management to individuals living with HIV. Nichole noted the background agencies involved in the program. Program eligibility an individual must be HIV positive, an Iowa resident, and be at or below 500% FPL. The purpose is to help clients living with HIV to achieve Viral Suppression. They connect clients with HIV meds, insurance, and specialty doctors. They keep clients engaged in care and help reduce barriers to have

more positive health outcomes. Case management helps clients to attain viral suppression and those enrolled in Iowa programs have a higher rate of achieving viral suppression. Iowa is number one in the nation for viral suppression overall and number one in achieving it within one month. Nichole discussed the number of steps involved in achieving success. The nine Ryan White agencies have 83% of their clients served virally suppressed. Those in the Linn County program are 93% suppressed and 97% retained in care. The federal standard is set at 90% as a goal. Nichole shared that the Linn County program is typically in the top three in the State and Iowa as a whole is number one in the nation. Nichole shared the mission and vision statements.

The need was identified after the flood of 2008. This was run through the American Red Cross prior to that date, and the ADRC applied for the IDPH grant with services beginning in 2009. They had 20 clients, one staff, and very limited services. Currently the program provides numerous support services, with significant changes in medication standards. The program emphasizes treating the whole person and addresses barriers to care. There are frequent client contacts such as attending of medical appointments and working with providers and pharmacies. Nichole provided clarity around the medication changes with the move toward an injection based treatment for clients that fit the profile and discussed the barriers to potential easier access. Katy asked about the history statewide and if the progress is specific to Linn County. Nichole shared that she highlighted the Linn County specific history but that other programs have different barriers and advantages. She noted that they are unique due to not being in a clinical setting and so are able to leave to provide direct support. Katy asked if other programs are duplicating Nichole's success or if she is working to advocate her best practices. The programs across the state have unique ways of meeting their clients needs and some are highly bound by clinical rules.

Nichole shared her FTE with five case managers, one field benefits specialist, and intake technician, and a supervisor, with a case load of 55 per case manager. They served 260 clients in 2025 with 30-40 intakes per year.

Case managers do extensive client education, such as using jars with colored beads and simplifies the language for those with low health literacy.

She shared examples of what the case managers do, including but not limited to attaining health insurance, applying for other programs/resources such as SSI, SNAP, finding help with substance use, finding mental health resources, etc. Grant funded services include food assistance, short-term rent and utility assistance, transportation to medical appointments, emergency financial assistance, mental health services, SUD services, etc. Food banks were the heaviest utilized service in 2025 followed by medical transportation.

They have performance measures through HHS and provide continuous feedback as well as an annual site visit. They also do regular audits. The 2026 quality indicator project is examining viral suppression rates correlating to housing status. They also do trainingts through the state such as trauma informed care trainings. They do annual client surveys and a consumer needs assessment every 3-5 years. They typically receive a 4.9/5 rating.

Nichole shared client stories and quotes.

Sami complimented the work being done. David asked how many individuals are enrolled statewide. There are 3036 individuals in case management with a diagnosis. Sami asked about case load and if theirs is typical. Nichole shared that they have about 55 per case

manager, which is slightly higher, and that they have a holistic, team centered approach to case management. Nichole shared that their approach has led to a high retention rate of employees.

V. **Program Updates** LCCS Directors

a. General Assistance/Outreach Ashley Balius

Ashley provided the update for GA/Outreach. She shared that they had a significant uptick in requests in January and so they have paused for the next two weeks to help correct for the overage and recoup budget. They are still accepting burial assistance. Ashley also provided an update for the winter weather shelter. There are 248 unduplicated individuals served with an average census of 64. The highest census this year is 86. They have successfully housed 11 people with 5 individuals admitted to SUD treatment and 14 moved to more permanent shelter. Lt Omar shared that calls for service have been halved year over year. The installation of lockers has helped reduce conflict and the building renovation has benefited clients.

b. Juvenile Detention & Diversion Services Will Wright

Will provided the update for JDDS. They have their licensing update next week and he provided a brief overview of the process. He was able to submit documentation early to make the process more efficient. Their PREA audit is upcoming with a May site visit. The counselor with Tanager position with 40 hours a week at detention will be filled and will be providing group sessions with the youth.

c. Child & Family Services Gloria Witzberger

Gloria provided the update for CYD. She applied for the Shared Vision grant. She changed the request from 16 to 24 slots given the potential for change in funding at the State level. They have been undergoing Healthy Families America training for FTS. They are preparing to submit documentation for the Family Support Credential. They are working to adapt manuals to match language. They have two vacant positions. She also shared that Covid, Influenza, and RSV have caused a large number of sick kids at daycare.

d. MHAC Erin Foster

Erin provided the update for the MHAC. The spring increase has hit sooner than earlier. Walk-ins have increased and stabilization program broke their prior January records. They had good conversations with other programs in the community to better serve different groups of individuals. Erin shared that she has been speaking about mental health at the Capitol regarding prior authorizations. She shared that there are House and Senate bills covering subacute services and that there were points of contention with the Wellpoint lobbyist in a subcommittee meeting.

e. Home Health Stacey Lietz

Stacey provided the update for Home Health. The budget was approved for FY27 with the run out of the tiered reduction. The program is fully funded for next year. They are examining if there will need to be policy and procedural changes due to the final run out of the grant. They have been working toward changing operating procedures.

f. Disability Access Point Jody Bridgewater

Jody was unable to attend the meeting. David shared that DAP will be transitioning out

of payroll of record as of July 1. They will be under Central Iowa payroll. They are going to stay in the building so a rental agreement will be arranged.

g. ECI/Decat — Amy Grunewaldt
David provided the update for ECI/Decat. HHS has proposed that ECI/Decat/CPPC go in-house under HHS. This would eliminate the Linn County jobs and Amy has been working with lobbyists, legislators, and ECI directors to advocate for the program. HHS has stated that it will be put in appropriations if it doesn't pass through legislation and could impact local control of funding. David noted that ECI/Decat is largely preventative and keeping families out of the system and this would disincentivize families from seeking assistance. She is also highlighting the potentially negative funding changes. Mike noted that this impacts a lot of providers and that he has staff in Des Moines currently.

h. Options of Linn County — David Thielen
Options is doing Valentines Day events. They have tied in the Olympics for events and outings.

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

David shared that the budget was accepted by the Board. The vehicle request was approved at 2 of the 3 requested. The offer for 10 hours for the DAP fiscal agent position was approved as well.

Mike shared that they are taking referrals for the Bright Horizons program for children 3-5 that are struggling in a traditional daycare setting. A flyer will be sent to the LCCS Board. They are still completing licensing pending construction of an outdoor playground.

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

VII. Adjourn

The meeting adjourned at 12:59 p.m.

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FY26 February Budget Summary

Vickie Kindl
Financial Management Director

LCCS Department Groupings

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

February Budget Target: 67%

Department 33 – Mental Health & Disability Services

Department 33 Totals				
	Actual	**Budget**	**%**	**Variance**
Total Expense	2,840,404	4,915,312	58%	2,074,908
Total Income/Revenue	2,553,269	4,281,270	60%	1,728,001
Total Net	(287,135)	(634,042)		(346,907)

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

Department 33 – Options

Options				
	Actual	**Budget**	**%**	**Variance**
Expense	1,273,562	2,191,179	58%	917,617
Income/Revenue	1,208,119	2,191,179	55%	983,060
Net	(65,444)	-		65,444

Revenue is often one month behind (Medicaid billing). The last payroll is yet to be posted, therefore expenses are lagging as well.

Department 33 – Disability Access Point

Disability Access Point				
	Actual	**Budget**	**%**	**Variance**
Expense	439,436	610,577	72%	171,141
Income/Revenue	528,364	610,577	87%	82,213
Net	88,927	-		(88,927)

The Disability Access Point Program includes staff previously covered by the East Central Region and is reimbursed by the Disability Access Point organization. Revenue is received in advance of each quarter.

Department 33 – Mental Health Access Center

Linn County Mental Health Access Center				
Access Center - MH	**Actual**	**Budget**	**%**	**Variance**
Expense	791,992	1,372,071	58%	580,079
Income/Revenue	752,394	1,372,071	55%	619,677
Net	(39,598)	-		39,598
Access Center - SUD				
Expense	262,001	524,042	50%	262,041

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 point in the fiscal year.

Department 33 – Substance Use Disorder

Substance Use Disorder				
	Actual	**Budget**	**%**	**Variance**
Expense	3,324	110,000	3%	106,676
Income/Revenue	-	-		-
Net	(3,324)	(110,000)	3%	(106,676)

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	70,088	107,443	65%	37,355
Income/Revenue	64,393	107,443	60%	43,050
Net	(5,695)	-		5,695

The Mental Health Advocate is reimbursed through the BH-ASO. Reimbursements are lagging 1 month.

Department 34 – Community Services

Department 34 Totals				
	Actual	**Budget**	**%**	**Variance**
Total Expense	5,292,631	8,608,663	61%	3,316,032
Total Income/Revenue	1,765,355	2,892,648	61%	1,127,293
Total Net	(3,527,276)	(5,716,015)		(2,188,739)

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

Department 34 – Administration

Administration				
Administration	**Actual**	**Budget**	**%**	**Variance**
Expense	749,321	1,108,676	68%	359,355
Income/Revenue	12,630	38,000		25,370
Net	(736,691)	(1,070,676)		(333,985)

LCCS Administration expenditures are in line with expectation. Evolv maintenance is paid in August for the full year. Revenue is from the fiscal agent contract with DAP.

Department 34 – Child & Youth Development

Child & Youth Development				
	Actual	**Budget**	**%**	**Variance**
Expense	2,021,323	3,421,007	59%	1,399,684
Income/Revenue	743,098	1,019,098	73%	276,000
Net	(1,278,224)	(2,401,909)		(1,123,685)

Child & Youth Development is in line with our expectations thru February.

Department 34 – Funded Agencies & Grants

Funded Agencies & Grants				
Funded Agencies	**Actual**	**Budget**	**%**	**Variance**
Expense	223,053	398,404	56%	175,351
Grants				
Expense	177,165	369,115	48%	191,950
Income/Revenue	178,374	369,115	48%	190,741
Net	1,209	-		(1,209)

Funded Agency expenditures are generally behind by at least one 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	902,463	1,361,411	66%	458,948
Income/Revenue	13,555	130,000	10%	116,445
Net	(888,908)	(1,231,411)		(342,503)

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	478,685	744,620	64%	265,935
Income/Revenue	184,702	206,745	89%	22,043
Net	(293,983)	(537,875)		(243,892)

Home Health revenues and expenditures are in line with our expectation. Revenue reflects the full usage of the Public Health grant (106k) plus Medicaid reimbursements to date.

Department 34 – Ryan White

Ryan White				
	Actual	Budget	%	Variance
Expense	740,622	1,205,430	61%	464,808
Income/Revenue	632,997	1,129,690	56%	496,693
Net	(107,625)	(75,740)		31,885

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

Department 35 – Youth Services

Department 35 Totals				
	Actual	**Budget**	**%**	**Variance**
Total Expense	3,072,288	5,317,495	58%	2,245,207
Total Income/Revenue	977,091	2,097,317	47%	1,120,226
Total Net	(2,095,197)	(3,220,178)		(1,124,981)

Youth Services expenditures are lagging due to high vacancy rates for open positions. Revenue from State is expected at the end of the fiscal year (650k).

Department 35 – Detention & Diversion Services

Detention & Diversion Services				
Detention	**Actual**	**Budget**	**%**	**Variance**
Expense	2,421,341	4,122,126	59%	1,700,785
Income/Revenue	412,965	1,184,192	35%	771,227
Net	(2,008,376)	(2,937,934)		(929,558)
Diversion	**Actual**	**Budget**	**%**	**Variance**
Expense	603,745	1,093,369	55%	489,624
Income/Revenue	564,126	913,125	62%	348,999
Net	(39,619)	(180,244)		(140,625)

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. Expenses are due to previously mentioned vacancies openings.

Department 35 – Shelter Subsidy

Shelter Subsidy				
	Actual	Budget	%	Variance
Expense	47,202	102,000	46%	54,798

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. This line item was decreased by $51k next year.

LCCS Totals

LCCS Totals				
	Actual	**Budget**	**%**	**Variance**
Total Expense	11,205,323	18,841,470	59%	7,636,147
Total Income/Revenue	5,295,715	9,271,235	57%	3,975,520
Total Net	(5,909,608)	(9,570,235)		(3,660,627)

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.

Linn County Mental Health Advisory Committee Meeting

February 12, 2026

1:00-2:00

Attendance: Emily Windt, Kelly Zepeda, Liz Engelhardt, Katy Lee, Kerry Kilker, Andrew Elam, Josh Pruitt, Kurt Rogahn, Erin Schaller, Michelle Omar, Gage Miskimen, Rob Lancaster, Kyle Tyler, Ambre Bernards, Jeremy Mask, & Erin Foster

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1. Jeremy Mask with Iowa PCA provided an update on realignment information as well as discussion on system navigator's role (See attached document for more information). Iowa PCA and HHS are involved in a statewide assessment of each district. Information will be made public later this spring.
2. Legislative Review: Erin has been watching both HF220 and SF2202 which work to improve accessibility to Subacute services across the state. Both have made it out of HHS committees. HF2094 also has some momentum as that looks to increase the number of inpatient beds a facility can have. (See NAMI's Legislative Review).
3. MHAC Updates
    a. Erin Schaller- Abbe Outpatient Services: Still having success getting inpatient clients into services while on site and receiving more referrals from triage.
    b. Amber Herboldsheimer- Area Ambulance: No updates
    c. Kelly Zepeda-F2: Back to being fully staffed
    d. Emily Windt- Abbe Crisis Inpatient: Did lose some staff this month so working to get back to full staff; still no referrals to Withdrawal Management; broke inpatient record with 65 during the month of January
    e. Erin Foster-MHAC Overview: Outside of Legislative work, lots of focus on outreach; DeNovo's digital campaign will start running in the next few days, let Erin know if you see them! MHAC will celebrate their 5 years anniversary on 3/9- Look for social media coming soon.
4. Advisory Engagement
    a. Kurt Rogahn discussed the importance of creating a MHAC Speakers Bureau to help with outreach and advocacy. If you're interested in joining the bureau, please reach out to Kurt or Erin. Those interested will meet with Erin to learn more about what is needed, receiving training on MHAC information, and have access to upcoming events and materials.
    b. Hannah Riley discussed assistance needed with creating a large resource guide for outreach. She has been creating a spreadsheet of locations but still needs help. If you'd like to assist with Hannah's research or help with contacting organizations with MHAC materials, let Hannah or Erin know!
5. March Meeting:
    a. March's meeting is on 3/12 which is the same day as Access Center Day on the Hill. Please take Erin's doodle poll (sent out on Friday, February 13, 2026) by Wednesday, February 18th so a new date can be picked.

January 2026

Monthly Data Review

Mental Health Access Center

Presented to MHAC Advisory Board

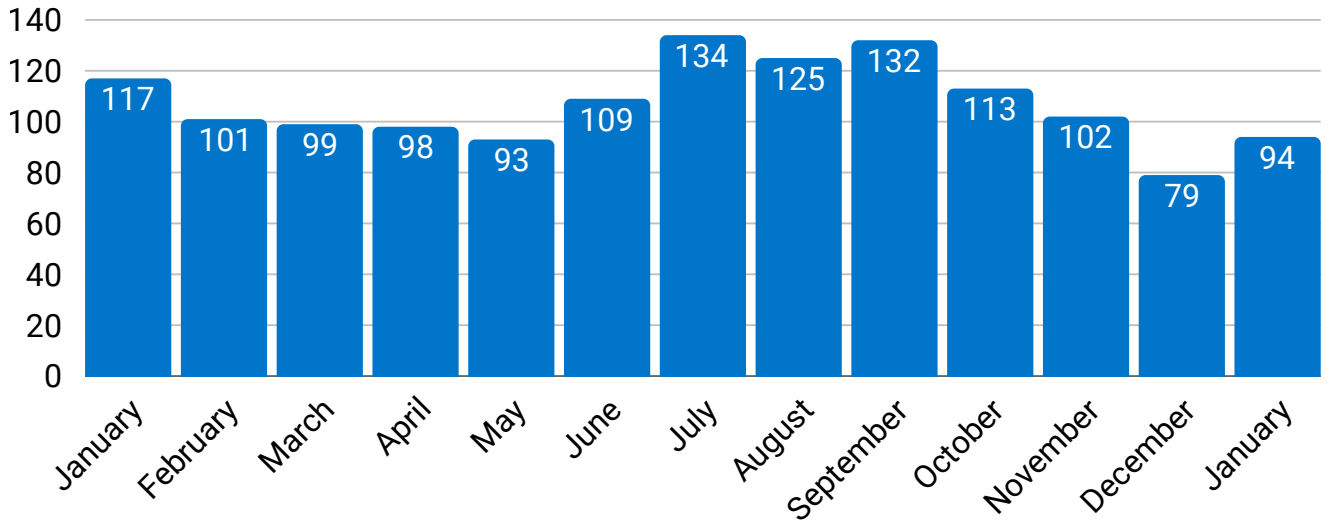
Presented by MHAC Director
Erin Foster

LINN COUNTY

TRIAGE AT A GLANCE

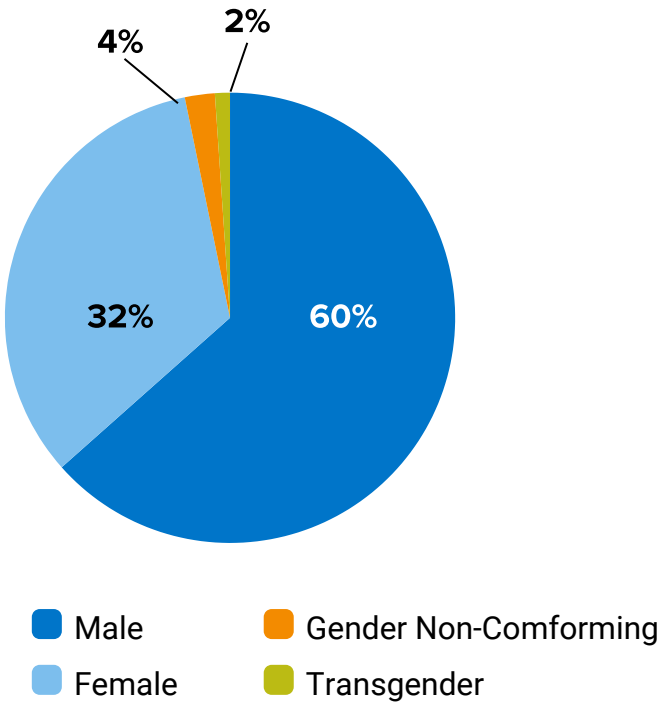
	Previous Month	Current Month	FY26 YTD
Total Walk Ins	79	94	747
Law Enforcement Referrals	10	8	61
EMS Referrals	5	4	43

Number of Walk Ins

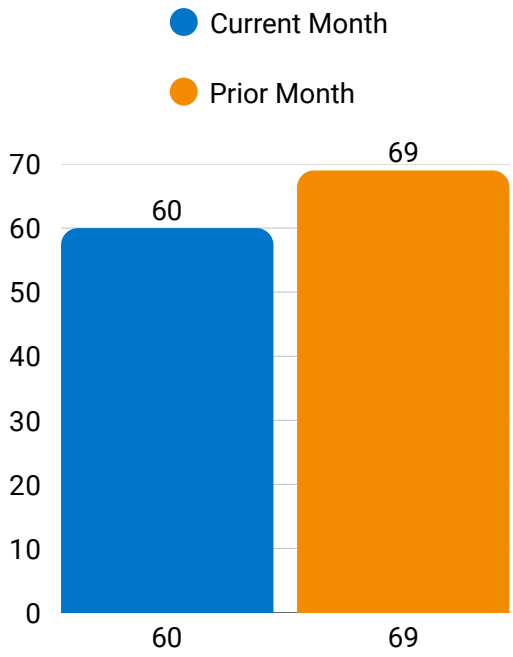


GENERAL INFORMATION

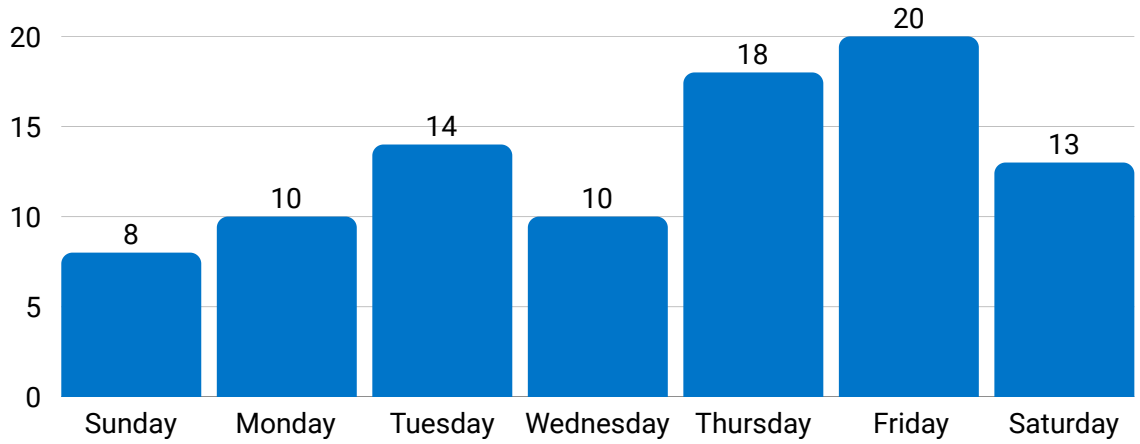
Identified Gender



Average Triage Time in Minutes

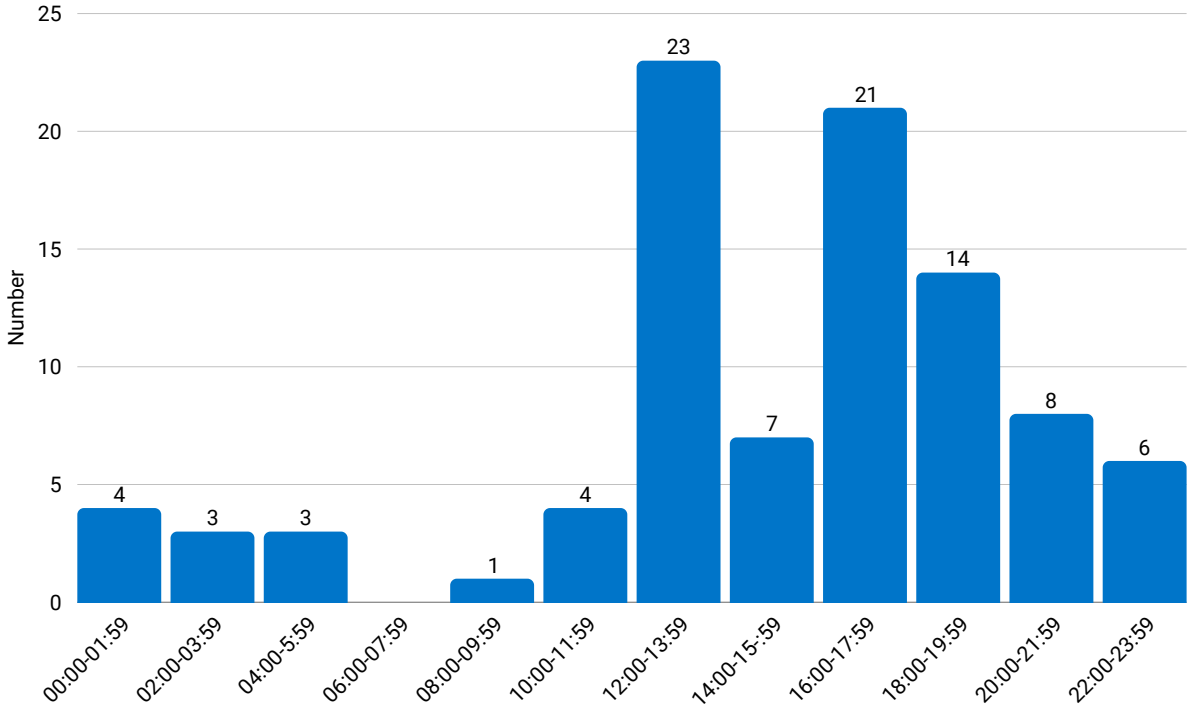


Visits by Day of the Week



GENERAL INFORMATION

Time of Walk Ins



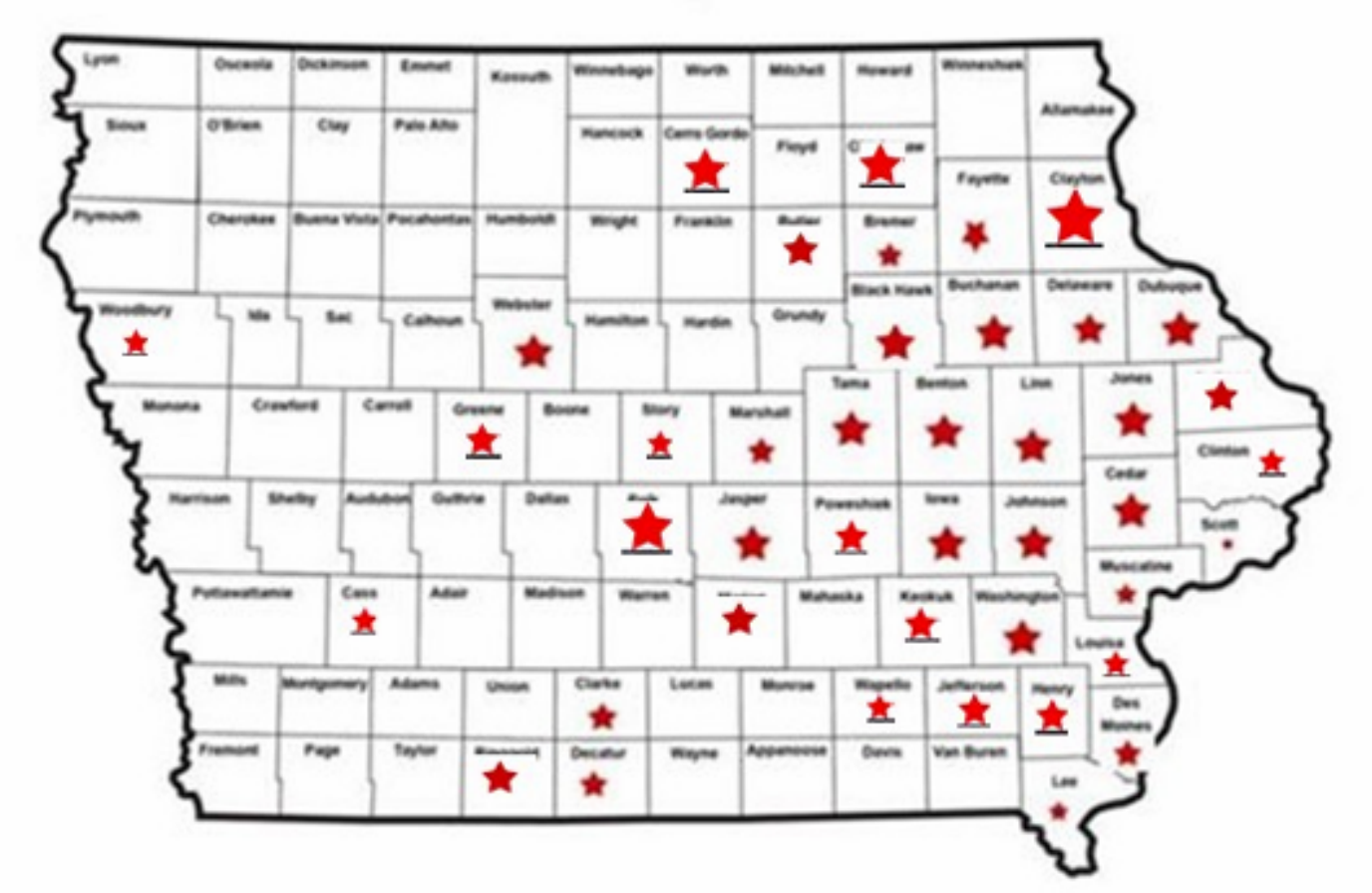
External Services Used with Walk Ins

Community Discharge	Hospital	Guidelink	CSCBS	Other
36	1 (Physical)	1	0	0

GENERAL INFORMATION

Counties of Origin for Current Month

- Linn: 89
- Johnson-2
- Polk-2
- Louisa-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	38	65	0	1	0	0
MHAC Walk In	32	43	0	1	NA	NA
MCO/LEL/ Other Placement	6	22	0	0	NA	NA

Discharge Disposition

Community (Unhoused)	Community/ Home	Hospital	Inpatient/ Treatment	Other
8	32	7	2	11

Abbe Community Mental Health Updates

65 Referrals from Inpatient

- **37** were established Patients & seen while in care
- **28** new Abbe patients were connected while in our care

3 Peer groups offered

Abbe Community Mental Health SUD

Primary Drug of Choice

- Methamphetamine
- Alcohol

Outcome of Visit

5 Completed ASAMs

- **0** Referrals to Outpatient treatment
- **5** Referrals to Inpatient treatment

Sobering Unit Updates

11 Patients

4 Average CIWA Score

.171 Average BAC

3 3 Hours and 34Minutes– average length of stay

Law Enforcement & EMS

8 Referrals from LE (CRPD & Linn County)

4 Referrals from Area Ambulance

3 Average number of minutes LE spends in MHAC

0% Diverted from jail while engaged with PD

33% Would have gone to the hospital

POST DISCHARGE SURVEYS

General Comments

- ·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!
- ·Thank you for being here anytime I'm in crisis and helping me update my safety plan and calm down when overwhelmed.
- ·This is a great tool and a safe place to get away and get a game plan to better yourself