



LINN COUNTY COMMUNITY SERVICES BOARD

Tuesday, April 14th, 12:00 P.M.

Hybrid meeting

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | LCCS Board Chair |
| II. | Minutes from March Meeting – Action Item | LCCS Board Chair |
| III. | Financial Report through March – Action Item | Vickie Kindle |
| IV. | Program Presentation – Options of Linn County | Lisa Mills/Ryan Kriner |
| 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. Juvenile Diversion and Detention | William Wright |
| VI. | Executive Director Updates | David Thielen |
| VII. | New Business/Public Comments | LCCS Board Chair |
| | a. Next Board Meeting – | |
| | i. May 12 th | |
| | ii. June 9th | |
| VIII. | 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.



LINN COUNTY COMMUNITY SERVICES BOARD

Tuesday, March 10th, 12:00 P.M.

Hybrid meeting

Minutes

PRESENT: Melissa Dean Andrew Elam Mike Hines
Katy Lee Theresa Lewis Erin Koehn
Laura Martin Sami Scheetz Jody Weigel

STAFF: Jen Campen Erin Foster Vicki Kindl Stacey Lietz David Thielen

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

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

III. **Financial Report through February** – Action Item Vicki Kindl
Vicki presented the budget through February . Options bills one month behind but reflects on track. The DAP is reimbursed by the DAP organization, but expenses reflect slightly high. Revenues are received in advance of each quarter. The MHAC reflects as slightly behind for revenues and expenses. Revenues are typically 1-2 months behind. SUD is at 50%. SUD committals are unpredictable in the flow. A large percentage of previously billed expenses were reimbursed through a different county. Department 34 overall reflect in line with expenses and revenues. Admin is right at 68% for expenses. Revenues are from the DAP contract. CYD is in line with expectations. Funded agencies reflect 1-2 months behind. Grant expenses and revenues are in line with expectations. GA expenses are in line with budget expectations. Revenues are highly unpredictable due to SSA. GA halted applications earlier in February but has resumed. Home Health is in line with expectations. Revenues are falsely inflated due to the full expenditure of the grant. Ryan White revenues trend 1-2 months behind. Department 35 expenditures are lagging due to staffing vacancies. Revenues are low at the Detention due to timing on the state grant. Shelter subsidy was reduced for next year but is currently at about 50%.
The monthly budget report was approved. MSC: Lee/Weigel (9-0)

IV. **Program Presentation – JDDS** Jen Campen
Jen presented information regarding Juvenile Detention & Diversion Services. She provided a chart illustrating the continuum of care within the JDDS programs from most to least secure.

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JDDS provide secure detention as well as community-based diversion services. The detention facility is a 28 bed facility staffed for 21 beds. Average stay is 12 days. Youth housed at the facility has been accused of committing a crime and have been deemed a risk to themselves or the community. Jen provided an overview of the staff breakdown and noted the ongoing staffing challenges at the facilities. She noted specific challenges at the facility, such as an increased number of residents with an increased length of stay. The current census is 15. Jen noted that with seasonality she expects numbers to trend upward. The most common charges are persons ineligible to carry a weapon, theft, looting, and harassment. She shared that there has been an uptick in sexual harassment charges. She noted that the increased severity of charges has contributed to the increased detention time. Changes at the legislative level several years ago mean that youth being charged in adult court are held at Detention instead of in jail. Jen also provided the context of the decreased number of beds in mental health facilities resulting in longer waits at Detention. They have had youth waiting for beds in different states including a youth currently waiting for a bed in Pennsylvania.

Jen shared information about the detention screening & tracking tool. This tool is run at the time of arrival at the facility to determine the appropriate action. They are scored on a number of factors, including severity of charges, number of different placements, whether they are on probation, etc. The juvenile court can override the decision at their discretion.

There are five living units with three used. Each unit has a common area and seven individual bedrooms. Youth spend the majority of time in the common area when they're not in class, in the gym, or at meals, and youth are kept on a schedule. There are levels and tokens that allow youth privileges. Jen provided information about different privilege levels and noted that the highest privilege level has to be applied for and actively maintained. Grant Wood AEA provides three teachers during the school year. There is online education in the morning, and there is a gym class featuring different sports and the history of the given sport. Youth are being taught keyboarding and computer skills. There is a group Aggression Reduction Training to teach coping skills. During summer school there is a combination of educational and fun activities, such as trauma informed yoga, tending the community garden, and educational credit recovery and hi-set prep. There is also a collaboration with Tanager Place to provide counseling services. This is voluntary for the youth but provides access to mental health services. Sami asked what percentage of the youth utilize the service. Jen noted that it is rare for a youth to refuse it. Each youth has a reserved spot at least once a week but can go more frequently. The counselor is also able to provide assessments for suicide risk and suicide watch. Mike asked about the out of state youth and if they are returning home or if they are locations for specialized treatment. These are youth that have exhausted possibilities in Iowa or have been denied, so some are more specialized such as a facility in Hawaii that focuses on youth who have been victims of human trafficking. She also noted that HHS has more access to mental health beds than JCS, she provided that some of the context is jurisdiction as well as funding. Mike also asked about the cap at Eldora and other facilities. Jen noted that this is largely driven by funding and staffing and that there is no equivalent of the State Training School for girls. Mike asked what the current census of adult court youth is, which is about 1/3 of the population. Jen shared that there is a contract for Johnson to provide beds, but they have also had Clinton and Scott County kids.

The second level of care is the Alternative Detention Initiative (ADI). This alleviates the daily

census in Detention. This is only Linn County youth. There are two full time staff with 7 day-a-week coverage. This is intensive in-home detainment. If not for ADI these youth would be held at detention. There are a maximum census of 10 at a time. The youth wear ankle monitors and must be court ordered into the program. There is a standing court order that they be returned to detention if they violate the terms. Youth start on house arrest and earn additional privileges as they progress through the levels. Clients are seen every-other-day and clients are monitored until the case reaches disposition.

The third level of care is Tracking. Tracking is done in Linn, Johnson, Iowa & Benton counties. Linn youth can go from ADI to tracking. There are levels within this system as well with contact as frequent as once a day and infrequent as once a month depending on level. Workers often provide transportation from detention to placement. Trackers will also provide home visits over weekends or taken to appointments. Youth are connected to services and restitution. Andrew asked if this is pre- or post-disposition, and this can be both, depending on severity. Jen noted that tracking was revamped last year to add the level system and increase the level of contact for high-risk cases.

The SOLO program is the fourth level of care, with workers in Johnson and Iowa/Benton/Tama counties. This is curriculum based around cognitive restructuring. This is focused on emotional regulation and there are series of workbooks and are tailored to the youth. Youth are assessed to see where they struggle and treatment is focused on those areas. This might include anger management, peer relationships, or substance abuse. The goal is to keep the youth out of placement.

Jen noted the benefit of providing both detention and diversion services, such as the continuity and collaboration of care. Katy asked why SOLO is not available in Linn. Jen shared that Linn has the Success program through Four Oaks, which meets the same need in the community. Katy asked if the data is compared between the two programs, but they don't have access to the data. Mike shared that this was an RFP from JCS. Andrew asked about their recidivism metrics and how recidivism is defined. Jen noted that there are frequent fliers but a significant proportion are one and done, particularly in the diversion space. She also noted that the youth in Tracking & SOLO do not have to go into Detention first and the majority have not. David provided information about how this is tracked.

V. **Program Updates**

a. General Assistance/Outreach

LCCS Directors

Ashley Balias

David shared Ashley's update. GA is still experiencing high demand. They stopped accepting applications in February. They opened up briefly but will halt again.

The winter weather shelter is winding down with the last day of operations March 30.

The average overnight census is around 60 individuals. The highest was 86. There were challenges with the new provider but are looking at improvements for next year. There are plans with LCC for the shelter closure and working to help with individuals who utilize the campgrounds.

b. Child & Family Services

Gloria Witzberger

Gloria was unable to attend the meeting.

c. MHAC

Erin Foster

Erin shared the update for the MHAC. The Center celebrated its 5th anniversary and

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there will be communications on social media about this. She will be in Des Moines this week. Erin shared that they are getting referrals for withdraw management but that they have been referred to a higher level of care. Sami asked about the sub-acute bills. The bill passed the House, and the Senate bill has an amendment to match the house bill. There will likely be debate about the 45 day proposal in the Senate.

d. ECI/Decat

Amy Grunewaldt

David shared the update for ECI/Decat. Amy is in Des Moines meeting with HHS. Amy is optimistic regarding making productive changes and common goals. Sami asked about the proposed defunding of Decat, and David noted that Amy will be advocating for local, evidence-based programs that should continue to be funded.

e. Options of Linn County

David Thielen

David shared the update for Options. They are part of the Iowa Association of Community Partners. The lobbyist for this organization is working for a regular review of Medicaid rates for services. David reminded the board that Options is not County funded and all expenses must be covered by the Medicaid rates. Sami also noted that there is work at the State to codify the privatization of Medicaid which may continue to impact Options.

VI. New Business/Public Comments

LCCS Board Chair

a. Next Board Meeting –

i. April 14th

VII. Adjourn

The meeting adjourned at

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February 2026

Monthly Data Review

Mental Health Access Center



Presented to
Presented by

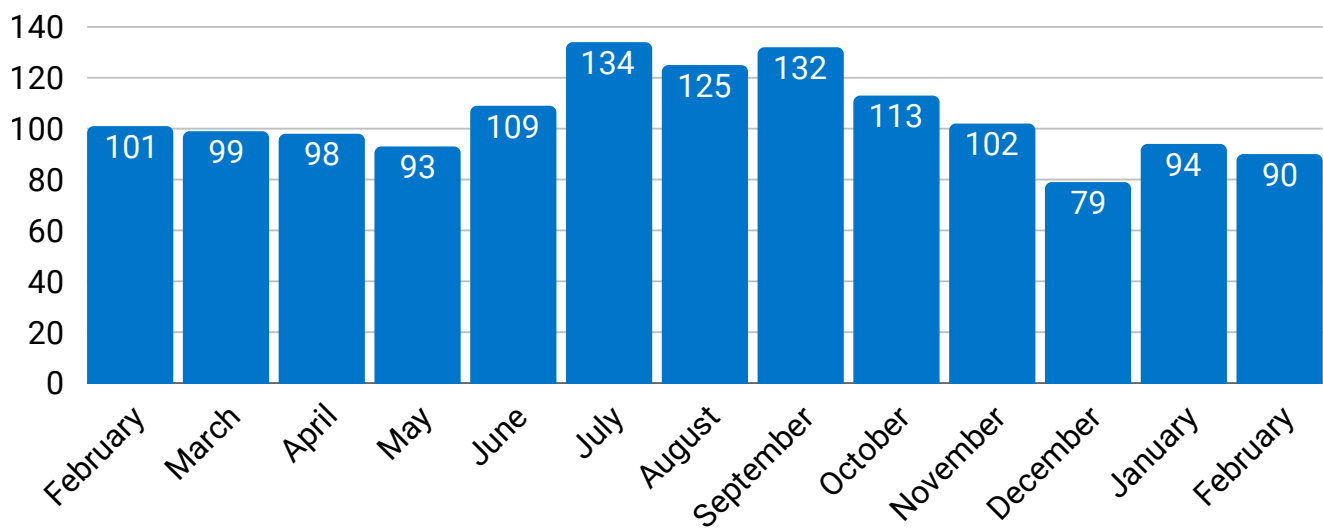
MHAC Advisory Board
MHAC Director
Erin Foster



TRIAGE AT A GLANCE

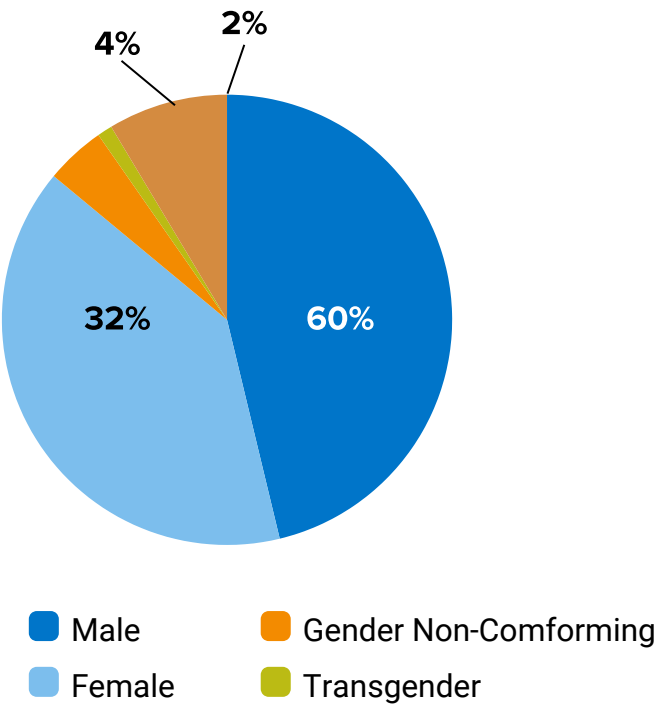
	Previous Month	Current Month	FY26 YTD
Total Walk Ins	79	90	837
Law Enforcement Referrals	10	6	67
EMS Referrals	5	5	48

Number of Walk Ins

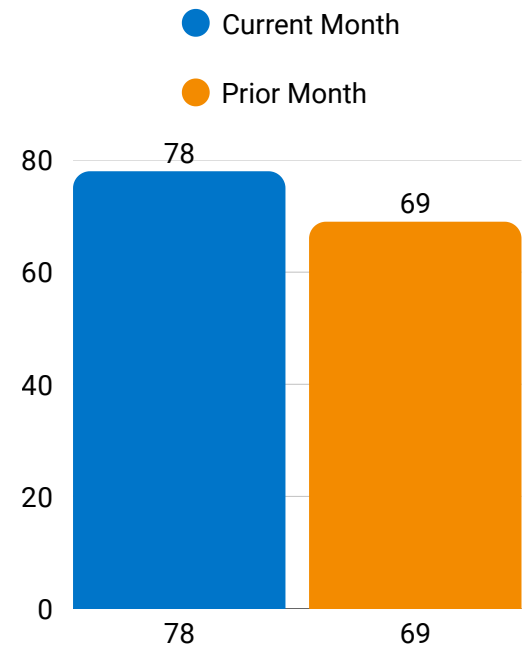


GENERAL INFORMATION

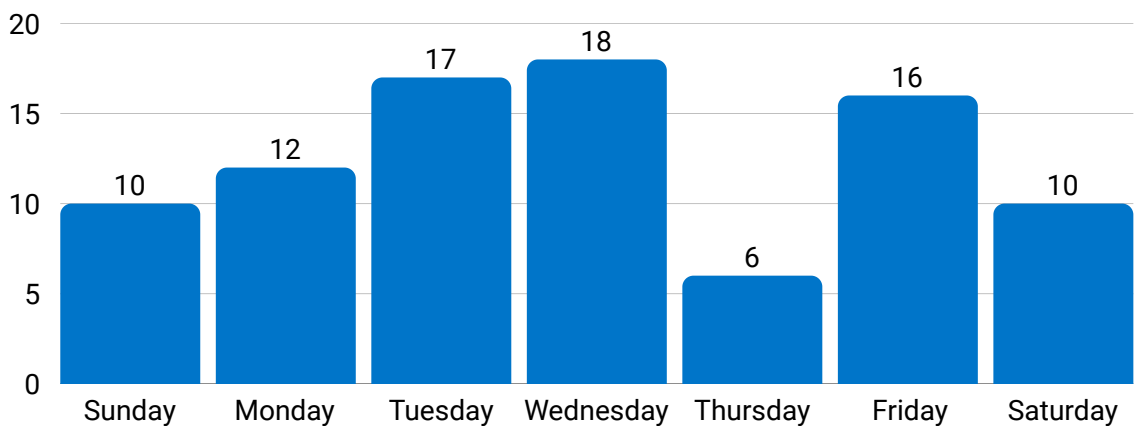
Identified Gender



Average Triage Time in Minutes

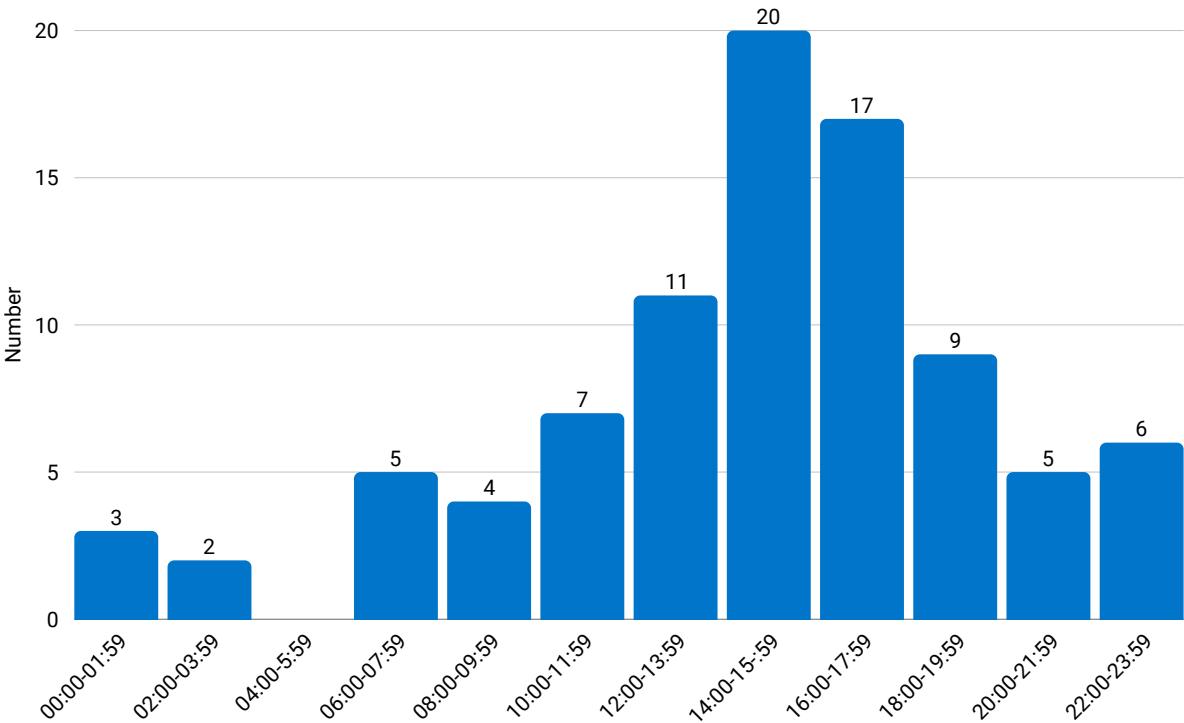


Visits by Day of the Week



GENERAL INFORMATION

Time of Walk Ins



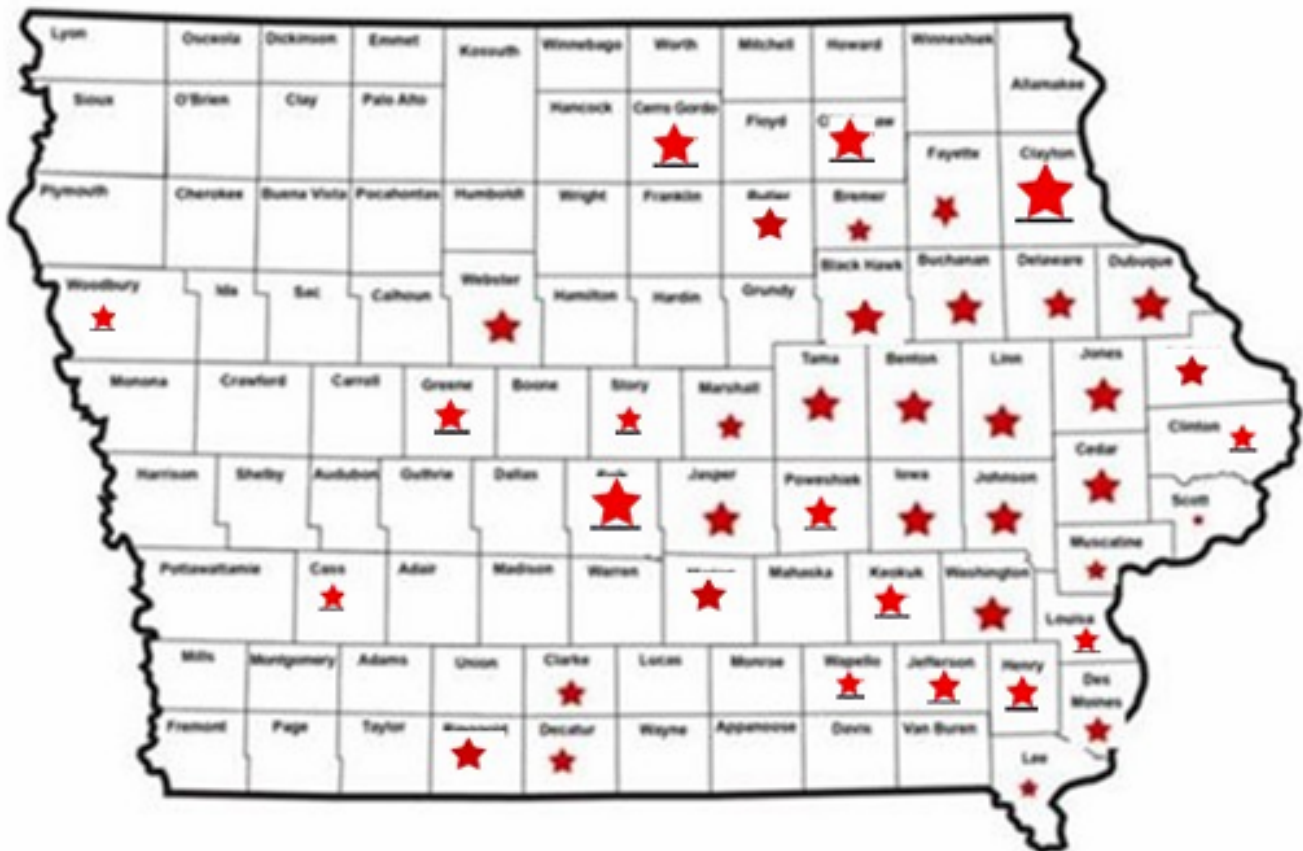
External Services Used with Walk Ins

Community Discharge	Hospital	Guidelink	CSCBS	Other
61	1 (Psych)	1	0	1

GENERAL INFORMATION

Counties of Origin for Current Month

- Linn: 79
- Benton-2
- Jones-1
- Johnson-2
- Polk-2
- Keokuk-2
- Bremer-1
- Delaware-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	65	45	1	0	0	0
MHAC Walk In	43	22	1	0	NA	NA
MCO/LEL/ Other Placement	22	13	0	0	NA	NA

Discharge Disposition

Community (Unhoused)	Community/ Home	Hospital	Inpatient/ Treatment	Other
10	22	0	4	9

Abbe Community Mental Health Updates

45

Referrals from Inpatient

16

were established Patients & seen while in care

11

new Abbe patients were connected while in our care

11

Peer groups offered

Abbe Community Mental Health SUD

Primary Drug of Choice

- Alcohol
- Meth

Outcome of Visit

7

Completed ASAMs

1

Referrals to Outpatient treatment

9

Referrals to Inpatient treatment

Sobering Unit Updates

5

Patients

3

Average CIWA Score

.182

Average BAC

9

9 Hours and 54 Minutes– average length of stay

Law Enforcement & EMS

6

Referrals from LE (CRPD & Marion)

5

Referrals from Area Ambulance

2

Average number of minutes LE spends in MHAC

36%

Diverted from jail while engaged with PD

27%

Would have gone to the hospital

POST DISCHARGE SURVEYS

General Comments

- Thank you for helping me transition from crisis mode to being proactive about a new normal.
- Safest I've felt in a crisis center. I'm very grateful for this program! Thank you.
- Referring a friend or loved one: If you had a 6,000/10 I would do that
- Thank you for helping me find myself.
- Staff was very friendly & caring as soon as I stepped through the doors. Luke was extremely reassuring & listened patiently without judgement, making it much easier for me to follow through with my decision to come.
- I just think it's a calming place. The staff are amazing and I would recommend this to others.

