

Adult advisory meeting 4/24/24

June discussed MHDS commission and how commissions will be realigning with the sunset of MHDS regions.

Brittany shared the EPI call center and how that is rolling out, it all depends on the needs of the home if they have staff over night or not. It isn't replacing staff at home if it isn't needed, they have call buttons that clients can utilize to contact staff virtually for assistance. They can support clients before they could possibly go to the hospital or crisis center. Homes have sensors that alert staff to needs on sites. Clients are aware where the cameras are in their homes and ask questions. Clients' bedrooms and bathrooms are blacked out for privacy. Have received good feedback from individuals served with the virtual option.

Laura with Inspiring Lives IRSH: been open 2 months have 2 individuals at the home currently. Looking to hire more staff. Primary goal is mental health stabilization, some group work but a lot of individual work with the individuals served.

Paige with Elevate IRSH – 4 individuals in the IRSH home, approved for 5. Fully staffed currently. Group programming starts in May. Operations are going well with the home. Working on coping skills with clients and being integrated into the community. Elevate has plans to open homes in other MHDS regions.

ACT: Inspiring Lives – 7 individuals currently. Goal is to get to 21 by the end of the year. IL hired a housing specialist; this seems to be the largest area of struggle for individuals served. Designed for individuals where traditional services have not been successful.

ACT: RHD – Heather shared some restructuring Waterloo/Cedar Rapids is combined with no changes in staff with Waterloo team. Housing is the largest barrier for clients. The combined team's goal is to serve 95 clients total. Medicaid being active is a barrier. Serious and persistent mental illness is the qualifying diagnosis, possible co-occurring substance abuse. Assist with accessing community resources and transportation for appointments.

Staffing issues and impact on services: Laura with IL 24 open positions hard balance to meet quality of care for individuals. Sara G suggestion of reaching out to college campus, possibly taking interns to see if that could foster employees. IL has a lot of DSP positions open, Laura said ECR has a collaboration with NIACC could that be a possibility for CSS. RHD barrier is with hiring licensed therapist. Paige shared the possible stigma of DSP, working on trying to create a better culture to entice people.

Brittany shared clients are falling off Medicaid due to post pandemic Medicaid rules returning. Had to discharge some clients as they no longer qualify for services. Other providers are seeing this as well. RHD had about 50% of people be denied for services, they're assisting clients with reapplying for Medicaid. The COLA for SSA has put some people over income for Medicaid which restricts people from qualifying for LTSS.

Mary updated on behavioral health bill. MHDS regions will be sunset and ASO's will be implemented. Transition plan will be out by 7/1/24. Behavioral health and disability & aging will both be transitioned to ASO's. The map is scheduled to be out 8/1/24, currently in draft form. The

beginning of 2025 will be a transition period. Iowa applied to be a demonstration state with CCBHC's.

Annual budget and service plan – Balanced budget this coming year. Budgeted for additional IRSH and working on 23-hour observation. Kris shared CSS investing in services to enhance services in the region. Can only carry over 5% from this budget year. Letter to providers to send invoices by 8/1/25 for fiscal year 24 expenditures.

Any recommendations: Peer support resources are available statewide, virtually. Abbe Center and NAMI. Todd Lange will send out an email with resources.

Next meeting 8/28/24