



CICS

Supporting Individuals. Strengthening Communities.

CICS Adult Regional Advisory Committee Meeting Minutes

September 10, 2024

Story County CICS Office

Board Members Present: Ellen Rasmussen, Jennifer Ellis, Julie Smith, Heidi Metz, Rachel Fletcher. **Members Absent:** Deb Williams, Sharon Swope, Kathy Hanzek, Beth Colby Plautz, Breon Gardner.

Motion to approve the September 10, 2024 agenda. Motion by Rasmussen, second by Deambra. All ayes, motion carried.

Motion to approve the June 11, 2024 minutes. Motion by Ellis, second by Metz. All ayes, motion carried.

Ellen attended last meeting and updated that Russell and Leadership team are planning how to respond to the RFPs. There will be ASOs for districts as well as the disability access points. Discussion about whether the Gov Bd needs to approve or if approval is not required, the board gave Russell the go ahead to submit the proposals for three districts without prior approval. Mostly there is a lot of planning going on right now. Julie agreed that Russell and the leadership team are doing a good job of staying on top of the changes. There's been a lot of conversation around collaboration with other leaders around the state but this seems fluid.

43 N Iowa just opened their crisis stabilization unit a couple of weeks ago. There are 5 beds with the ability to add a 6th if needed. They are working with CIJDC for transportation. Mobile Crisis and ER staff are able to initiate this transportation.

Next big thing coming up in October is a project that CICS collaborated with Broadlawns and Polk County for 23 hour observation and urgent care; these services are ran by Broadlawns. The same facility will also have a sobering center, but that is not funded by CICS. We will be connecting our SCs with the facility so when there are residents from CICS there, they can reach out to us for service coordination.

Around the same time, the IRSH homes should be opening Fort Dodge, Newton, Marshalltown, and Indianola. All are 4 bed sites with Elevate. Sites are in the finishing touches and are working on getting staffed and Leadership. This will make 24 beds region wide once they are open including 43 and Optimae IRSHs.

FY25 projects – we have had several requests. We are waiting on our encumbrance approval before we can move forward with new projects as we are unsure how much we can spend until we get our encumbrance back.

Central Iowa Recovery's Executive Director, Tim Bedford, teaches IPR in different parts of the country and almost all IPR providers in Iowa by either auditing or training. If you were in an IPR, you would work with a practitioner in cohorts that promote recovery, so the groups support each other. It is an 18-24 month program, and peers typically continue to

engage with each other once the program has ended. IPR is designed to dare people to dream about where they would like to be in the future (3-5 years). Covers Work, Living, Education, and Social environments. Does not talk about problems and issues, but it's all focused on hope and where do you want to be. It inspires people to learn about who they are as a person, not just a person with a mental illness, and what they would like their life to look like. It helps to identify barriers and how to overcome them. Can apply IPR process to all decisions in life based on values.

The engagement of practitioners and clients are really what is helping the clients get to their goals and maintain recovery. It's all about what the client wants, not what people tell them they want. There are high rates of success. The IPR model is so impactful and powerful that can help anyone to make life changing decisions.

43 North Iowa's staff, Dillon Meek, works in the IRSH. Opened Jan. 10th. He joined John to talk about what happens in the home that may be different than a lower level of care site. Staff perspective is very different than RCF and hab site. The challenges clients face may be more difficult. There was a lot of frustration at the start. However, there was a lot of conversations and support. Dillon was impressed with the approach that they were able to receive more training during the time that the client was gone. The difference between this and other programs is that there is more fluidity movement and adaption. Management is present in the environment with staff. Involvement and communication has been huge. Staff are able to go to management and this has been helpful. There is continuous education to help staff.

Biggest thing that works is the relationships that staff are building with clients and that is where people are stabilizing more. Trauma Informed Care has been a huge eye opener for Dillon.

John noted that Trauma Informed Care is not only important for the staff to work with clients, but also to use this same approach with management to support staff.

No comments made for agency updates or information sharing.

Topics for next meeting include: Access Center Network and OASIS, ASO situation and how that is progressing. Drop-in centers – Julie will ask staff to speak about Drop Ins., Breon will have someone come speak about their Wellness Center, and tips and tricks for supervisors to help their staff work with individuals with mental health and disabilities.

Next Meeting is **December 10, 2024 at 1:30 pm**

Meeting adjourned.

