



MPA Steering Committee

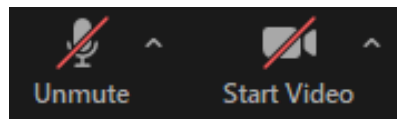
MEETING 3: SUBCOMMITTEE RECOMMENDATIONS

Iowa Solutions for Aging with Independence and Longevity (IA SAIL): Multisector Plan for Aging, Including Aging with Disabilities (MPA)

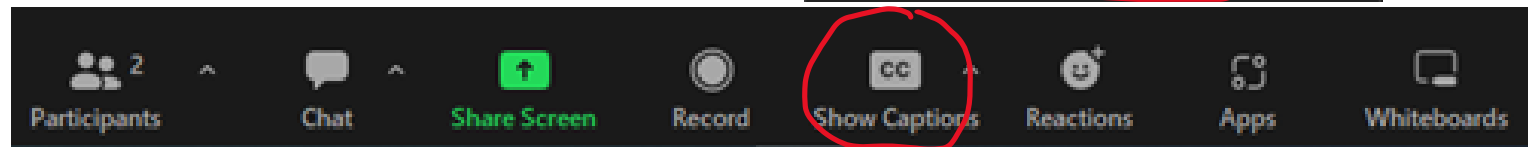
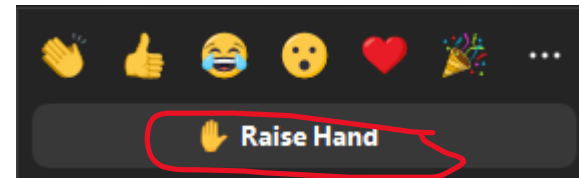
June 26, 2024

Meeting Logistics: Zoom Navigation

Please ensure your mic is muted when you are not speaking during the meeting. This can be found in the **far-left corner** of your screen.



To ask a question, please hit the **“raise hand”** button under the **“Reactions”** button



Chat button can be found here.

Click the **“CC’ button”** for closed captioning.

Meeting Logistics



Meeting materials will be sent out to the group after the meeting.

Materials will also be posted online once a webpage is built for the project.



Please stay on mute if you are not speaking.
If able, please turn your camera on while speaking.



While you can submit your input through the Zoom chat, the MPA team will provide opportunities for discussion throughout the meeting.



To submit feedback after this meeting, please email **eugenia.kendall@hhs.iowa.gov**.

Agenda



Welcome and Introductions

Steering Committee Members

- **Aimee Barritt**, Iowa State Association of Counties
- **Brad Anderson**, American Association of Retired Persons (AARP) Iowa
- **Dr. Brian Kaskie**, University of Iowa – Health Management and Policy
- **Caitlin Owens**, Iowa’s University Center for Excellence in Developmental Disabilities (UCEDD)
- **Cecilia Martinez**, Onelowa
- **Daniel Garrett**, Iowa Housing Partnership
- **Di Findley**, Iowa CareGivers
- **Doug Bickford**, Alzheimer’s Association – Iowa Chapter
- **Erin Ulrich**, Iowa Rural Health Association
- **Dr. Harleah Buck**, Csomay Center for Gerontological Excellence
- **Greg Fier**, Olmstead Consumer Task Force
- **Jeanne Fitzgerald**, Iowa Association of Councils of Government
- **Karen Mackey**, Tribal Representative, Human Rights, City of Sioux City
- **Katherine Riley Harrington**, Iowa Community Action Association
- **Kay Fisk**, Older Iowans Legislature
- **Linda Hildreth**, Iowa Area Agency on Aging Association
- **Mylene Wanatee**, Meskwaki Nation Representative
- **Nichole Moore**, Iowa Association of Councils of Government
- **Paige Yontz**, AARP Iowa

Steering Committee Members

- **Anne Crotty**, Office of Health Equity
- **Brooke Lovelace**, Iowa Developmental Disabilities Council
- **Emma Simmons**, Iowa Transportation Coordination Council
- **Dr. Robert Kruse**, Iowa HHS – Division of Public Health
- **Jeff Berckes**, Office of the Chief Information Officer (OCIO)
- **Jill Lange**, Iowa HHS – Division of Community Access
- **Jill Myeres-Gadelmann**, Iowa HHS Division of Public Health
- **Jonn Durbin**, HHS – Division of Administration
- **Julie Johnson**, Iowa Department of Transportation
- **Kasey Lee**, Iowa Department of Transportation
- **Kathleen Meradith-Eyers**, Iowa Department of Transportation
- **Kimberley Walford**, Department for the Blind
- **Kevin Gabbert**, Iowa HHS – Division of Behavioral Health
- **Latisha McGuire**, Iowa HHS – Iowa Medicaid
- **Melissa Gillett**, Iowa Department of Transportation
- **Sally Kreamer**, Department of Corrections
- **Sara Bath**, Department of Workforce Development
- **Sonya Streit**, Iowa HHS – Division of Strategic Operations
- **Commandant Todd Jacobus**, Iowa Department of Veteran Affairs
- **Trisha Gowin**, Iowa HHS – Division of Family Well-Being & Protection
- **Zach Rhein**, Iowa HHS – Division of Aging and Disability Services

Steering Committee Support

- **Eugenia Kendall**, Iowa Health and Human Services (HHS) – Division of Aging & Disability Services MPA Project Manager
- **Emily Eppens**, Iowa Health and Human Services (HHS) – Communications Manager
- **Marisa Luera**, Sellers Dorsey, Director
- **Meredith Wurden**, Sellers Dorsey, Senior Strategic Advisor
- **Jennie Costilow**, Sellers Dorsey, Associate Director
- **Nina Ramiah**, Sellers Dorsey, Senior Consultant

Work Completed to Date

MPA Steering Committee & Subcommittee Timeline

Steering Committee Kick-Off Meeting

Objectives: Review roles & responsibilities and confirm MPA Domains

Feb

Subcommittees convene

Objectives: Collaborate and identify efforts, areas for improvement, and develop recommendations

March

April–June

June-August

Steering Committee Meeting 2

Objectives: Identify subcommittees and subcommittee members

Steering Committee Reconvenes

Objectives: Review subcommittee recommendations and submit recommendations to Iowa ADS

MPA Updates



Communication and Engagement

Launched website: [IA SAIL](#)
Informational Letter to Providers
Community Partner Presentations
Social Media Outreach



Community Survey

Survey open until July 15th
AARP Promotional Efforts



Focus Groups and Agency Interviews



Town Halls

Subcommittees

Aging in Place

- Healthcare
- Coordination of Services and Person-Centered Services
- Access to Home and Community-Based Services (HCBS)
- Transportation and Vehicle Modifications

Aging with Economic Security

- Affordable and Accessible Housing
- Paying for Long-term Care
- Paying for In-Home Services
- Healthcare Coverage
- Paying for Medications

Living Better Longer

- Nutrition and Food Security
- Behavioral Health
- Health Equity
- Exercise and Physical Activity
- Safety and Emergency Preparedness

Supporting Caregivers

- Direct Care Professionals
- Workforce Shortages
- Informal Caregiver Support
- Dementia Supports
- Respite Care

Social Engagement

- Companionship
- Access to the Internet
- Transportation
- Multi-generational Social Engagement

Subcommittee Activities

Subcommittees were asked to:

- Identify and discuss MPA goals and recommendations.
- Propose strategies and initiatives under each recommendation.
- Select measures of success.
- Capture recommendations and submit recommendations to the full Steering Committee for the MPA.

Activities from April – June:

- A total of 21 subcommittee discussions were held.

Subcommittee Recommendations

Plan for Discussion

Each subcommittee lead will lay out subcommittee recommendations to be incorporated into Steering Committee Recommendation Package



Consider the following as applicable:

Gaps and overlap in recommendations

Conflicting recommendations

Complementary recommendations



Discussion to follow



Today's Subcommittee Recommendations:

Social Engagement

Living Better Longer

Supporting Caregivers

Social Engagement – Goal 1

Goal #1	Recommendation	Strategy/Initiative
Accessible (e.g. culturally and linguistic diverse) opportunities for social engagement for older adults and people with disabilities.	<ul style="list-style-type: none"> • Provide accessible transportation 	<ul style="list-style-type: none"> • Develop robust targeted supportive networks (ex. caregivers, individuals with lived experience): <ul style="list-style-type: none"> ○ Explore partnerships with accessible transportation
	<ul style="list-style-type: none"> • Access to digital skills training • Opportunities for virtual social engagement 	<ul style="list-style-type: none"> ○ Skills training, access to digital device, classes on use of devices, education on security and safety, possible other expansion
	<ul style="list-style-type: none"> • Promote opportunities for volunteerism 	<ul style="list-style-type: none"> ○ Explore partnerships with volunteer Iowa and/or other volunteer organizations to promote volunteer opportunities for Iowans (Ex. home delivered meals, community organizations, non-profit organizations).

Social Engagement – Goal 2

Goal #2	Recommendation	Strategy/Initiative
Accessible opportunities for employment for older adults and people with disabilities.	<ul style="list-style-type: none"> • Ensure available and accessible transportation 	<ul style="list-style-type: none"> • Support for older adults and people with disabilities to have a greater voice regarding transportation access. • Evaluate the types of transportation to meet the need of individuals and communities (e.g. paratransit, fixed route, walkable communities, disability inclusion)
	<ul style="list-style-type: none"> • Connect with business leaders and facilitate connections to open positions 	<ul style="list-style-type: none"> • Address implicit bias in workforce • Develop education and communication strategies on a variety of platforms to reduce stigma and raise awareness • Educate workforce and organizations on ADA requirements • Market skillset of people with disabilities and older adults to support/enhance workforce. Match to appropriate, available jobs including job carving

Social Engagement – Goal 2

Goal #2	Recommendation	Strategy/Initiative
Accessible opportunities for employment for older adults and people with disabilities.	<ul style="list-style-type: none">• Decrease direct care workforce shortage	<ul style="list-style-type: none">• People with disabilities provide direct care services• Promote Age Friendly Employers Initiative<ul style="list-style-type: none">○ Engage to integrate disability with this initiative○ Evaluate how to build disability and age equality index

Social Engagement – Goal 3

Goal #3	Recommendation	Strategy/Initiative
<p>Prepare/Plan for social engagement.</p>	<ul style="list-style-type: none"> • Transitions through life (Ex. peer group to peer group, workplace to workplace, workplace to retirement, etc.) • Geographical transitions 	<ul style="list-style-type: none"> • Work with employers to create a culture more inclusive of maintaining volunteer and social opportunities for departing and retiring employees <ul style="list-style-type: none"> ○ Encourage employers to provide or maintain resources to help retiring or departing employees plan for purpose and social engagement • Work with entities to plan for transitions from one type of engagement to another. Plan transitions through life (ex. Senior Centers offering programming on planning for social engagement, non-profits that offer senior resources) • Engagement of city governments, spiritual organizations, and other community organizations on what is available (ex. websites with program and services in community, tip-sheets on recreational programs, tip-sheets on hosting inclusive meetings etc.)

Living Better Longer – Goal 1

Goal # 1	Recommendation	Strategy/Initiative
<p>Iowans will have opportunities to live well as they age and/or experience disability across the lifespan.</p>	<ul style="list-style-type: none"> Promote programs and policies that improve resilience, connectivity, and holistic wellbeing for individuals and communities. 	<ul style="list-style-type: none"> Develop and/or promote both professional and peer led support groups to improve connectivity and reduce isolation with both general and specialized focus areas (e.g. stroke, traumatic brain injury, caregivers, older adults, acquired disability, intellectual disability, etc.) Develop and/or support professional education and support groups to enhance collaboration and understanding especially with regard to targeted populations (e.g. caregiver support, traumatic brain injury, intellectual disability, older adults, etc). Identify and share resiliency factors; identify effective planning steps to support healthy living and aging. Develop, expand, and promote self-advocacy training programs targeted to people with intellectual disabilities and caregivers, with people with disabilities as co-instructors. This could include self-advocacy (general), health self-advocacy, or sexual health self-advocacy.

Living Better Longer – Goal 1

Goal # 1	Recommendation	Strategy/Initiative
<p>lowans will have opportunities to live well as they age and/or experience disability across the lifespan.</p>	<ul style="list-style-type: none"> • All lowans, including people with disabilities and complex health care needs, will have access to high quality health care, including preventative care, in the communities of their choice 	<ul style="list-style-type: none"> • Develop and offer training opportunities to health care providers to ensure competent, person-centered care for people with disabilities and complex health care needs across the lifespan. (e.g. disability etiquette, specific disabilities, community integration, aging, assistive technology, etc) • Develop toolkits/resources/training to help providers ensure their facilities and materials are accessible; could include small grants to help with the cost of accessible equipment, training, or facilities improvements • Develop innovative programs that address the shortage of health care providers in rural areas including partnerships with larger medical centers, improved options for telehealth, and incentives for providers to practice in rural areas. • Explore medical/legal partnerships to address denial of care and other related issues • Explore use of standardized behavioral health screenings in available settings • Expand use of validated screening tolls to identify social isolation, food insecurity, and malnutrition risk

Living Better Longer – Goal 1

Goal # 1	Recommendation	Strategy/Initiative
Iowans will have opportunities to live well as they age and/or experience disability across the lifespan.	<ul style="list-style-type: none">• Ensure awareness of preventative health care, mental health services, recovery resources, and essential support services to promote healthy aging for all, regardless of disability status.	<ul style="list-style-type: none">• Support education of DHHS, MCO, ADRC and other patient advocacy and disability services providers to the concepts, practices, efficacy, and delivery of self management strategies for Iowans with disabilities including a degree of specialization for key groups such as those with stroke, traumatic brain injury, and other chronic health conditions• Provide goals or targets for Iowa Medicaid Managed Care Organizations to reduce secondary disabilities, negative health outcomes, and other higher risk outcomes for Iowans with disabilities.

Living Better Longer – Goal 2

Goal # 2	Recommendation(s)
lowans have equitable access to person-centered, high-quality systems and supports.	<ul style="list-style-type: none"><li data-bbox="432 386 1821 701">• Improve access, affordability, and availability of key rehabilitation therapies (PT, OT, speech, and cognitive) after initial onset of disability.<li data-bbox="432 701 1821 1012">• Increase access, availability, and affordability of assistive technology, home and vehicle modifications, and other adaptation/ accommodations aids that improve independence and wellness.

Living Better Longer – Goal 2

Goal # 2	Recommendation	Strategy/Initiative
lowans have equitable access to person-centered, high-quality systems and supports.	<ul style="list-style-type: none">• Reduce barriers to mental care and health disparities caused by stigma.	<ul style="list-style-type: none">• Develop and execute public education campaigns focused on different stakeholders (e.g. health care providers, policy makers, individuals/families, etc) using photo voices model or similar strategy to humanize and normalize needs and experiences that are often stigmatized or overlooked in aging and disabled populations (e.g. behavioral health, preventative care, weight stigma, etc).• Deploy a comprehensive Iowa awareness campaign to increase knowledge and change attitudes, specifically challenging assumptions that people inherently have poorer health/quality of life due to disability and aging.

Living Better Longer – Goal 2

Goal # 2	Recommendation	Strategy/Initiative
Iowans have equitable access to person-centered, high-quality systems and supports.	<ul style="list-style-type: none">• Improve access to services and supports by addressing Iowa's critical shortage of direct support and other human service professionals.	<ul style="list-style-type: none">• Identify factors contributing to provider shortage and widely disseminate findings.• Include / engage Iowa Voc. Rehab to support inclusive workplace practices training, knowledge of accommodations, and recruitment of persons with disabilities.

Living Better Longer – Goal 2

Goal # 2	Recommendation	Strategy/Initiative
<p>Iowans have equitable access to person-centered, high-quality systems and supports.</p>	<ul style="list-style-type: none"> • Ensure adequate insurance coverage of needed services, especially behavioral health services (including Medicaid and private insurance). 	<ul style="list-style-type: none"> • Gather data that tells the story of denials of necessary services • Support administrative rule, policies, and legislation that promotes inclusion and accessibility • Address low Medicaid reimbursement rates that contribute to shortage of community providers, particularly for behavioral health and dental care • Address barriers to behavioral health service access resulting from Medicare coverage limitations. This includes limited provider panels and inability to access secondary insurance if the provider is not Medicare eligible • Expand telehealth access for Medicare beneficiaries and explore a tablet program to increase service delivery.

Living Better Longer – Goal 3

Goal # 3	Recommendation	Strategy/Initiative
Living well is affordable	<ul style="list-style-type: none">• Address rural and urban communities that have poor or no access to healthy, nutritious and affordable foods.	<ul style="list-style-type: none">• Identify opportunities for public/private partnerships and innovative solutions to improve access and affordability of fresh nutritionally appropriate and culturally relevant foods• Increase awareness and participation in programs and supports (e.g. SNAP) through public education and messaging campaigns.

Living Better Longer – Goal 4

Goal # 4	Recommendation	Strategy/Initiative
<p>All Iowans have opportunities to recreate in their communities and destinations across the state.</p>	<ul style="list-style-type: none"> Public spaces including parks, downtown districts, and other recreation spaces will be designed to encourage people of all ages and abilities to safely navigate and engage with their amenities 	<ul style="list-style-type: none"> Create toolkits and checklists for how to make spaces and programming accessible. One example is the Community Health Inclusion Index Tool. Highlight entities around the state that are exhibiting best practices or using innovative strategies to create accessible spaces and programs. Promote funding sources, grants, and technical assistance available to help address accessibility issues. Monitor and promote National Resources Commission survey/recommendations to improve state park accessibility (HF 2364).

Living Better Longer – Goal 5

Goal # 5	Recommendation	Strategy/Initiative
Older Iowans and people with disabilities are intentionally included in disaster preparation and response planning efforts.	<ul style="list-style-type: none">• All communities in Iowa are prepared to serve people with disabilities and older adults in the event of a natural disaster or other emergency.	<ul style="list-style-type: none">• Local emergency managers and public health departments receive training to audit the current accessibility of emergency plans, shelters, and communication strategies, and support to make improvements where necessary.• Provide training for first responders to respond to specific needs of those with disabilities (including mental health).• Utilize/promote widely voluntary registries such as Smart911 to identify individuals who may require special assistance during emergencies.

Living Better Longer – Goal 6

Goal # 6	Recommendation	Strategy/Initiative
<p>All Iowans will be free from abuse, neglect, and exploitation.</p>	<ul style="list-style-type: none"> • Ensure all Iowa communities are aware of and know how to prevent abuse, neglect or exploitations or know how to provide assistance when it occurs to promote healthy aging for all, regardless of disability status. 	<ul style="list-style-type: none"> • Ensure all entities at HHS that work within abuse and neglect are connected and share plans, measures, strategies. • Public awareness campaign and provider/consumer education about alternatives to guardianship and what it means to have supported decision making. • Identify prevalence and barriers to support for survivors of sexual violence with disabilities, including ID/DD. • Provide targeted education to sexual assault response providers on working with older adults and people with disabilities who experience sexual violence.

Supporting Caregivers – Goal 1

Goal # 1	Recommendation	Strategy/Initiative
<p>Further develop a diverse and robust direct care worker population across the state through recruitment, training, and retention initiatives.</p>	<ul style="list-style-type: none"> • Understand current status of workforce needs and initiatives across the state. 	<ul style="list-style-type: none"> • Convene stakeholders to evaluate the current workforce needs and workforce initiatives in place or in progress that have a direct impact on the healthcare workforce.
	<ul style="list-style-type: none"> • Develop additional workforce recruitment, training, and retention opportunities. 	<ul style="list-style-type: none"> • Expand upon or replicate current or prior workforce programs such as the Governor’s Apprenticeship Program for Healthcare Professionals, GEAR Program, Broadlawns Teach Tech Programs (<i>more programs included in Capture Tool</i>)
	<ul style="list-style-type: none"> • Understand current status of workplace benefits across the state. 	<ul style="list-style-type: none"> • Conduct survey of institutional providers and healthcare entities to better understand the accessibility and affordability of the following as a part of total compensation

Supporting Caregivers – Goal 1

Goal # 1	Recommendation	Strategy/Initiative
<p>Further develop a diverse and robust direct care worker population across the state through recruitment, training, and retention initiatives.</p>	<ul style="list-style-type: none"> • Address wage disparities in the direct care workforce. 	<ul style="list-style-type: none"> • Implement a competitive minimum wage specific to direct care workers of at least \$17.50 with consideration of Medicaid reimbursement rates allocated specifically for wages for the direct care workforce.
	<ul style="list-style-type: none"> • Develop career ladders for direct care workers. 	<ul style="list-style-type: none"> • Promote and implement new or existing career ladder structures within the direct care profession that allow for upward movement within the profession, improving recruitment and retention on a long-term basis. Promote and implement new or existing career ladder structures within the direct care profession that allow for upward movement within the profession, improving recruitment and retention on a long-term basis.

Supporting Caregivers – Goal 2

Goal # 2	Recommendation	Strategy/Initiative
Assist unpaid caregivers in navigating the complexities of the rehabilitation, finance, legal, and healthcare systems in Iowa.	<ul style="list-style-type: none">• Raise awareness for resources available to unpaid family caregivers.	<ul style="list-style-type: none">• Launch statewide public awareness campaign on the resources available to unpaid family caregivers and when, where, and how to access them.
	<ul style="list-style-type: none">• Centralize statewide caregiving resources.	<ul style="list-style-type: none">• Refresh and promote a singular resource center for key caregiving materials that is maintained and kept up to date (i.e. ADRCs facilitating the compilation of resources based on specific needs).

Supporting Caregivers – Goal 2

Goal # 2	Recommendation	Strategy/Initiative
Assist unpaid caregivers in navigating the complexities of the rehabilitation, finance, legal, and healthcare systems in Iowa.	<ul style="list-style-type: none">• Provide navigation services to unpaid caregivers.	<ul style="list-style-type: none">• Increase funding to the AAAs that would allow for additional counseling for unpaid caregivers to help them assess their needs and where to find the appropriate resources to meet them.• Conduct comprehensive review of the services offered at the DeWolf Innovation Center for Aging and Dementia and look to replicate in several locations across the state based on geographical and community-based needs.• Establish the creation of service specialists (i.e. dementia, brain injury, etc.) in each of the AAAs.

Supporting Caregivers – Goal 3

Goal # 3	Recommendation	Strategy/Initiative
<p>Support the emotional, mental, and physical health of paid and unpaid caregivers.</p>	<ul style="list-style-type: none"> • Address emotional, physical, and mental health concerns of paid caregivers by providing them access to essential training. 	<ul style="list-style-type: none"> • Convene stakeholders to evaluate the available training and supportive resources accessible to paid caregivers at various professional levels (i.e. CNAs, nurses, etc.) and create a centralized system for promoting and facilitating these supports/trainings.
	<ul style="list-style-type: none"> • Address emotional, physical, and mental health concerns of unpaid caregivers by providing them access to peer support groups. 	<ul style="list-style-type: none"> • Convene stakeholders to evaluate the current support group offerings across the state and explore partnership opportunities to allow for expansion, including specific support groups tailored for underserved or underrepresented populations.

Supporting Caregivers – Goal 3

Goal # 3	Recommendation	Strategy/Initiative
Support the emotional, mental, and physical health of paid and unpaid caregivers.	<ul style="list-style-type: none">• Reduce the stigma associated with asking for help as both a paid and unpaid caregiver.	<ul style="list-style-type: none">• Launch statewide evidence-based public awareness campaign on the importance of supporting caregivers, paid and unpaid, including, but not limited to the following:<ul style="list-style-type: none">○ How to identify caregivers and their various roles, including their diverse backgrounds○ How to support their emotional, mental, and physical health○ How employers can support employees who are also unpaid caregivers○ Where to access resources for help

Supporting Caregivers – Goal 4

Goal # 4	Recommendation	Strategy/Initiative
Financially support unpaid family caregivers.	• Establish an unpaid caregiver tax credit	• Establish an unpaid caregiver tax credit
	• Give unpaid caregivers the ability to receive payment for the care they provide.	• Expand the current consumer choice directed payment waiver opportunities and the IABLE program. • Evaluate the VA family caregiver model and consider opportunities for replication.

Supporting Caregivers – Goal 5

Goal # 5	Recommendation	Strategy/Initiative
<p>Identify gaps in developing a robust network of adult day and respite services across the state</p>	<ul style="list-style-type: none"> • Understand current adult day and respite landscape 	<ul style="list-style-type: none"> • Conduct landscape analysis of adult day and respite services available across the state and their current capacity capabilities, including their current funding mechanisms. • Conduct code, administrative, and regulatory review of language pertaining to adult day and respites services, including definitions (i.e. social vs. medical day services, day habilitation, adult vs. older adult vs. child coverage) and reimbursement rates.
	<ul style="list-style-type: none"> • Provide financial incentives to establishing and providing quality adult day and respite services 	<ul style="list-style-type: none"> • Like other services, establish a regular cadence for adult day/respite HCBS services rebasing within Iowa Medicaid. • Incentivize the conversion of traditional nursing facility or assisted living beds into adult day availabilities. Consider facility regulatory restrictions and needed modifications • Incentivize employers to offer adult day services onsite or as a part of employee benefit packages.



Supporting Caregivers – Goal 6

Goal # 6	Recommendation	Strategy/Initiative
Educate healthcare providers on the intersection between unpaid caregivers and the health system.	<ul style="list-style-type: none">• Enforce and enhance current laws and regulations that support the collaboration between unpaid caregivers and the healthcare system.	<ul style="list-style-type: none">• Convene healthcare system leaders (i.e. Iowa Hospital Association, DHHS, Primary Care association, etc.) to evaluate the implementation of the Iowa CARE Act post enactment in 2019 and the utilization of care-planning codes• Enhance the Iowa CARE Act through additional legislation that would require the following training for healthcare professionals:<ul style="list-style-type: none">○ Identifying caregivers and the roles they play○ Communicating the family caregivers and how to integrate them into the care planning process

Discussion

Consider the following, as applicable:

Gaps and overlap in
recommendations

Conflicting
recommendations

Complimentary
recommendations

Public Comment

Next Steps

Upcoming Meetings

▶ July Steering Committee

- Recommendations from:
 - Aging in Place
 - Aging with Economic Security
- Discussion on Subcommittee Process

▶ Before August Steering Committee Meeting:

- Members will receive a summary of recommendations for review

▶ August Steering Committee

- Vote on recommendation package
- Discuss implementation of MPA

Town Hall Schedule*

Date	Time	Location
July 25, 2024	3:00 – 4:00 PM	Virtual
July 26, 2024**	11:00 – 12:00 PM	New Opportunities, 23751 Hwy 30 E., Carroll, IA
August 1, 2024	1:00 – 2:00 PM	Scott Co. Admin Center, 600 W. 4th St., Davenport, IA
September 5, 2024	12:15 – 1:15 PM	Linn Co. Public Health, 1020 6th St. S.E., Cedar Rapids, IA
September 6, 2024	3:00 – 4:00 PM	Linn Co. Public Health, 1020 6th St. S.E., Cedar Rapids, IA
October 10, 2024	10:00 – 12:00 PM	Virtual
November 1, 2024	3:00 – 4:00 PM	Prairie Ridge Integrated Behavioral Healthcare, 320 N. Eisenhower Ave. Mason City, IA

Questions?

Contact:

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