

# Iowa REACH Initiative

Responsive and Excellent Care for Healthy Youth  
Initiative

# Iowa REACH Overview

Iowa REACH is a new Iowa Medicaid initiative focused on developing, improving, and strengthening intensive home and community-based behavioral health services for children and adolescents with serious emotional disturbance in Iowa.

# Background of Iowa REACH

- ▶ In 2023, plaintiffs representing Medicaid-eligible children with serious emotional disturbance brought a class action lawsuit against the State of Iowa (C.A. v. Garcia, case number 4:23-cv-00009-SHL-HCA, United States District Court for the Southern District of Iowa).
- ▶ The lawsuit focused on access to mental and behavioral health services, such as Intensive Care Coordination, Intensive In-home Therapeutic Services and Crisis Response.
- ▶ Several organizations represented the plaintiffs including Disability Rights Iowa, Children's Rights, the National Health Law Program, and Ropes & Gray
- ▶ In October 2023, the State of Iowa and the plaintiffs agreed to an Interim Settlement Agreement,
- ▶ Throughout 2024, Iowa HHS staff worked collaboratively with the Plaintiffs and engaged subject matter experts to develop an Implementation Plan and negotiate the Final Settlement Agreement.

# Who will Iowa REACH serve?

Medicaid-eligible children in the State of Iowa under the age of twenty-one,

- ▶ who have been determined by a licensed practitioner of the healing arts as having a serious emotional disturbance, not attributable to an intellectual or developmental disability, and
- ▶ for whom there is an assessment that intensive home and community-based services are needed to correct or ameliorate their condition

# Implementation Plan

The Implementation Plan serves as a single, integrated plan that outlines the approach Iowa will take to improve the delivery of intensive home and community based mental health services.

- ▶ Goal 1: Develop, improve and strengthen the Relevant Services for the Defined Class to effectively meet their needs and maximize their success and development in the least restrictive setting.
- ▶ Goal 2: Develop a quality management and accountability structure that ensures ongoing quality assurance and systems improvement for the Defined Class.

# Governance Structure

## ▶ Implementation Team

- Communications subcommittee
- Assessment Tool subcommittee
- Care Coordination subcommittee
- Service Development and Provider Capacity subcommittee
- Quality Improvement and Accountability subcommittee

## ▶ Consumer Steering Committee

# Implementation Team Charter

## Guiding Principles

The Implementation Team, Consumer Steering Committee and Subcommittees will conduct its work in alignment with the child and family-centered values and principles outlined in the Interim Settlement Agreement:

- **Child centered and family driven** during all phases of engagement including planning, delivery, transition and evaluation of services and the system.
- **Team-based and collaborative** to ensure services and supports planned and delivered through multi-agency, multi-disciplinary teams and systems.
- **Natural supports** recognizing the importance of strengthening and drawing on the natural supports available to youth and their families.
- **Home and community-based** allowing youth and their families to receive supports in the most inclusive, most integrated, most responsive, most accessible and least restrictive or most family-like setting.
- **Individualized, strengths-based and culturally relevant** leveraging the capabilities, knowledge, skills and assets of the child and family to meet the unique needs of each youth and their family.
- **Outcome-based and unconditional care** through persistent and flexible supports focused on identified measures of success for youth and families and the system overall.

# Implementation Team Charter

## **Responsibilities - Implementation Team, Consumer Steering Committee and Subcommittees**

The overarching responsibilities of the Implementation Team, the Consumer Steering Committee the Implementation Team Subcommittees are to:

1. Sustain a shared commitment to the vision and goals of the REACH Initiative
2. Facilitate and support the adherence to the Implementation Plan objectives and activities and regularly review progress toward goals and objectives
3. Provide coordinated review and recommendations to ensure success of the REACH Initiative
4. Create a forum for stakeholder communication and collaboration
5. Meaningfully engage with youth, families, providers and child serving organizations



# Implementation Team Charter

## **Responsibilities – Health and Human Services Team**

The overarching responsibilities of the state entities involved in the Iowa REACH initiative are to:

1. Sustain a shared commitment to the vision and goals of the REACH Initiative
2. Support the Implementation Team and Subcommittees
3. Provide information and insights that will inform the work of the Implementation Team and Subcommittees
4. Receive recommendations and decide what actions to take
5. Report on actions taken and not taken

# Implementation Team Charter

## **Authority**

As a collaborative, advisory body, the Implementation Team, the Consumer Steering Committee and the Implementation Team Subcommittees are not empowered or authorized to mandate state actions. The Implementation Team, Consumer Steering Committee and the Subcommittees are authorized to make formal recommendations to state entities and child serving organizations in support of the goals, objectives and activities outlined in the Implementation Plan for the Iowa REACH Initiative.

# Implementation Team Charter

## **Facilitation**

Iowa HHS staff will facilitate the meetings of the Implementation Team or Subcommittee, and agendas will be developed collaboratively with members of each Team and Subcommittee.

## **Members**

1. Implementation Team, Consumer Steering Committee and Subcommittee members are expected to participate as collaborative partners sharing their expertise and perspectives with the group and not as advocates for an individual position or entity.
2. Meeting attendance – Members are expected to actively participate in all meetings and notify the Chair if they cannot attend a meeting.
3. Review of agenda and minutes – Members are expected to review agendas and minutes for each meeting.

## **Meetings**

1. The Implementation Team will meet at least monthly.
2. The Consumer Steering Committee and Subcommittees will initially meet at least monthly.
3. Meeting schedules may be modified over time to align with the work of the Implementation Team, Consumer Steering Committee and Subcommittees. Any change in the monthly meeting schedule for the Implementation Team will require approval by Class Action Plaintiffs or an amendment to the Implementation Plan.

# Implementation Team Charter

## **Voting/decision making process**

- a. All voting on formal recommendations from the Subcommittees and the Implementation Team will require:
  - 1. A motion by a member
  - 2. A second by another member
  - 3. Open discussion led by the Facilitator of the meeting
  - 4. A call for a vote by the Facilitator of the meeting
  - 5. A formal vote by the Subcommittee or Implementation Team
- b. A simple majority is required for a recommendation to be accepted.
- c. The vote will be recorded in the minutes from the meeting.

# Quality Improvement and Assurance Subcommittee

## Key Implementation Plan Strategy:

Develop and implement an Iowa REACH Initiative Quality Improvement and Accountability (QIA) framework and plan that establishes the approach and elements of performance the state will monitor to determine the quality of the Relevant Services and evaluate whether the Defined Class are achieving improved outcomes.

## Responsibilities:

- Review and compare quality assurance and accountability approaches and measures among workgroup participants.
- Develop a recommended collaborative QIA Plan** that establishes the approach and expectations for continuous quality improvement and accountability and identifies key performance measures.

# General Discussion

Who else should be at the table with us?

Please email  
[jenny.erdman@hhs.iowa.gov](mailto:jenny.erdman@hhs.iowa.gov) with  
suggestions.

# Public Comment