

Iowa REACH Implementation Team Meeting

April 2025

Assessment Tool Subcommittee

March and April Meetings

- Reviewed three potential assessment tools and how they are used in other states.
 - Child and Adolescent Needs and Strengths (CANS)
 - Child and Adolescent Functional Assessment Scale (CAFAS)
 - Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII)
- Discussed feedback on the tools, their suitability for REACH, and implementation considerations.
- Identified additional information the subcommittee would like to discuss including cost, payment approach, training requirements, and tool customization.

Services and Providers Subcommittee

March Meeting (No April Meeting)

- Discussed service definition of In-home and Community Based Supportive and Therapeutic Services (IHCSTS) in the Settlement Agreement.
- Discussed how IHCSTS services compare to Behavioral Health Intervention Services (BHIS).
- Reviewed examples of how peer states have approached IHCSTS through similar initiatives (Illinois Pathways to Success, Idaho YES, OhioRISE).
- Discussed which components of the peer state examples could be a good model for IA's new services.
- Identified additional information the group would like to discuss including a briefing on the certified community behavioral health clinic approach in Iowa.

Communications Subcommittee

March Meeting	April Meeting
<ul style="list-style-type: none">• Reviewed an overview of a draft communications plan developed by Iowa HHS.• Provided input on REACH communications goals and audiences.	<ul style="list-style-type: none">• Review and discuss examples of communications materials from other states with similar initiatives

Intensive Care Coordination (ICC) Subcommittee

March Meeting	April Meeting
<ul style="list-style-type: none">• Reviewed the definition of ICC in the Settlement Agreement.• Discussed examples of how other states have approached care coordination (Illinois Pathways to Success, Washington WISE, Idaho YES).• Discussed which components of the peer state examples could be a good model for IA's ICC.	<ul style="list-style-type: none">• Tentative: Discussion about current care coordination models in IA

Quality Improvement & Assurance Subcommittee

March Agenda	April Agenda
<ul style="list-style-type: none">• Reviewed quality improvement plans from states with similar initiatives to REACH, including Washington WISe and Idaho YES.• Discussed key components of the plans including:<ul style="list-style-type: none">○ Quality framework○ Quality improvement infrastructure○ Performance measures○ Feedback, data systems, and monitoring○ Quality improvement action	<p>Tentative: Explore methodologies to develop person-focused outcome measures</p>

Consumer Steering Committee

March Agenda	April Agenda
<ul style="list-style-type: none">• Reviewed topics discussed in other subcommittee meetings:<ul style="list-style-type: none">○ Assessment tools○ IHCSTS definitions and how it compares to BHIS• Discussed the guiding principles of REACH and how to operationalize them.• Reviewed peer state examples of how two states have responded to similar legal actions (Illinois Pathways to Success and Washington WISe).• Discussed components of the peer state examples that could be a good model for IA's new services.	<p>Discuss approaches to intensive care coordination in other states and what makes for high quality care coordination.</p>

General Discussion

Public Comment