

MEETING MINUTES

DIVISION	Department of Health and Human Services, Iowa Medicaid		
MEETING TITLE	REACH Consumer Steering Committee		
FACILITATOR	Dex Walker		
DATE	5/08/25	TIME	4:00 PM CT
LOCATION	Virtual		

MEETING OBJECTIVES

Implementation Team meetings create the opportunity for key stakeholders to facilitate and support the adherence to the Iowa REACH Initiative Implementation Plan objectives and activities and to provide coordinated oversight and recommendations to ensure the success of the Iowa REACH Initiative.

AGENDA TOPICS

KEY DISCUSSION POINTS

Beneficiary Journey

- HHS shared an example of a beneficiary journey that mapped out an ideal pathway for a child experiencing SED symptoms to receive an assessment, develop a care plan, receive services, and adjust the care plan as their needs change.

Provider hiring and training

- Participants highlighted the importance of hiring providers who are diverse, have lived experience, and are professional. People with lived experience come without judgement and allow families to share more openly. Providers also need a high level of competence and professionalism.
- Participants felt that before the beneficiary journey starts, providers must have proper training to reduce biases.
 - Participants shared experiences of providers' bias against families of children with SED, sharing that providers have made families feel like they are not good parents or must not understand their child's needs. This leads to distrust between families and service providers.

	<ul style="list-style-type: none">○ Care coordinators and other providers need to be trained to reduce biases, and show compassion, support, and respect.○ HHS could assess how they provide this training, how many people are taking the training, and how comfortable people feel with their entry into the system.<ul style="list-style-type: none">▪ HHS shared that everyone who performs assessments is required to be appropriately trained, and that use of the assessment must be consistent. HHS can make sure these requirements are met.● Participants expressed that training is also needed to ensure that people in crises are given the appropriate response from providers.<ul style="list-style-type: none">○ Participants discussed a recent experience in which a child experiencing a mental health crisis was met with police presence as opposed to mental health resources, which caused harm. Participants added that there are significant racial disparities in how police respond to individuals in crisis.○ Participants suggested police training on when and how to call an appropriate mental health professional, and how to treat individuals in crisis.○ Participants discussed a need for more education and awareness of mental health help lines, such as Your Life Iowa and 988 among adults.○ Participants suggested collecting data on the number and nature of calls to emergency lines, who is calling, and the outcomes of these calls, if this data is not already being reported.● For training to be effective, participants felt that training should be interactive, rather than a computer module, and that HHS should be intentional about training methods.
Monitoring use and satisfaction	<ul style="list-style-type: none">● Participants suggested HHS monitor access and service use through these measures:<ul style="list-style-type: none">○ Access to psychiatric meds○ Access to therapists○ Time from identified need to treatment○ Whether youth and families are accessing services○ Whether youth and families are accessing services just once, or multiple times

	<ul style="list-style-type: none"> Participants suggested HHS monitor consumer satisfaction of families and support systems through these measures: <ul style="list-style-type: none"> How do they view the services being received? Are they adequate? Did they receive respect and decency? Were the services of high quality and helpful? Participants suggested assessing consumer satisfaction throughout the beneficiary journey: <ul style="list-style-type: none"> At the beginning of the beneficiary journey, providers should assess a family's past experiences, specifically things that have gone wrong, so that, at minimum, they don't repeat these issues. Providers should also ask families for their goals. Along the journey, providers can ask families whether they feel respected, supported, and heard, and whether services are helpful and are meeting their goals. At the end of the journey, providers can ask families to what extent they found the experience helpful or harmful.
Public Comments	None

VOTES				
ITEM #	DESCRIPTION	MOTION	SECOND	VOTE
NA	NA	NA	NA	NA