IOWA | Health and Human Services

MEETING MINUTES			
DIVISION	Department of Health and Human Services, Iowa Medicaid		
MEETING TITLE	REACH Implementation Team		
FACILITATOR	Jenny Erdman		
DATE	03/12/2022	TIME	4 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.

MEETING PARTICIPANTS

- Will Linder
- Anne Crotty
- Catherine Turvey
- Dree LaToure
- Gretchen Hammer
- Kevin Carroll
- Laura Larkin
- Amy Berg-Theisen
- Tori Reicherts
- Jen Royer
- Kristie Oliver

AGENDA TOPICS	KEY DISCUSSION POINTS
REACH Initiative Update	• All the teams/committees have been meeting regularly. • The assessment tool subcommittee is discussing three assessment tool options • Other subcommittees are learning about other states that have responded to similar. legal actions or have taken innovate approaches to developing services for youth with serious emotional disturbance.
Peer State Review	• Mathematica has been providing research support to Iowa and presented examples of initiatives from Illinois and Washington who responded to similar legal actions. • Mathematica presented an overview of the Illinois Pathway to Success.

	○ IL's model leans heavily on the Medicaid managed care model ○ They used incentives in their managed care contracts to incentivize care in home and community-based setting. ○ They also developed new care coordination and support organizations that provide intensive care coordination. ○ IL provides quarterly updates on engagement in Pathways to Success services and supports. • Mathematica presented Washington's WISE initiative. ○ WA is further along in implementation (their implementation plan was approved in 2014) ○ The model is anchored within the community behavioral health system in WA. Community behavioral health centers contract to participate in WISe and providers become certified WISe providers. ○ The implementation plan specified a package of services called Wraparound Intensive Services ○ Youth engagement and governance is statewide (similar to the statewide governance body in IL)
General Discussion	• Participants commented on the two examples and their applicability in Iowa • **Organizational structure** ○ One participant noted that the WA plan seems to have similarities with CCBHC. They expressed that CCBHCs do not always have specialized experience in children's mental health. ○ One participant noted that in conversations with leaders in other states, they learned that the organizations that have been most successful are the community based mental health orgs that have many years of experience working in children's mental health. ○ One participant expressed that aligning the governance with the current work happening with behavioral health ASOs could help 'capitalize on moment.' • **Fidelity and evidence-based practices** ○ Participants discussed that though "high fidelity" can sound ideal clinically, cost in an administrative concern. ○ Participants discussed the importance of evidence-based practices but noted that expense and unreimbursed costs can be a barrier.

	○ Participants noted that staff turnover creates repeated costs in training staff in a modality. You need to build in retraining costs to get fidelity. ○ A participant noted that high fidelity models using evidence-based practices can help prevent staff burnout because they are effective. • **Workforce** ○ Participants noted a need to consider adapting evidence-based practices to rural areas (with consideration of workforce shortages) • **Caseload** ○ Participants noted that IL had different caseloads for different tiers. ○ IA will have to determine manageable caseloads. • **Modality** ○ Participants noted that WA offers some virtual care options that help with rurality and provider shortages. • **Systems navigation** ○ Participants discussed the importance of having 'no wrong door' for accessing services. Systems navigation work can help support accessing services. • **Setting** ○ One participant noted the importance of having services in multiple settings (community and in-home) and with multiple types of supports (clinicians, peer supports, etc.) • **Transportation** ○ A participant noted that transportation is a common barrier. Some agencies can help consumers with transportation, such as by having a van pick them up. • **Financing** ○ Participants would like to consider lessons learned from what has not worked well in IA in the past. A participant expressed that in-home services through the waiver had a lower reimbursement rate than office care, which did not work. ○ In WA, they started with a bundled rate for providers and moved to a blended rate (braided Medicaid and non-Medicaid). • Participants noted that it would be helpful to have more info about outcomes in other states.
Public Comment	None

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