

# Iowa REACH Consumer Steering Committee

June 2025



Health and  
Human Services

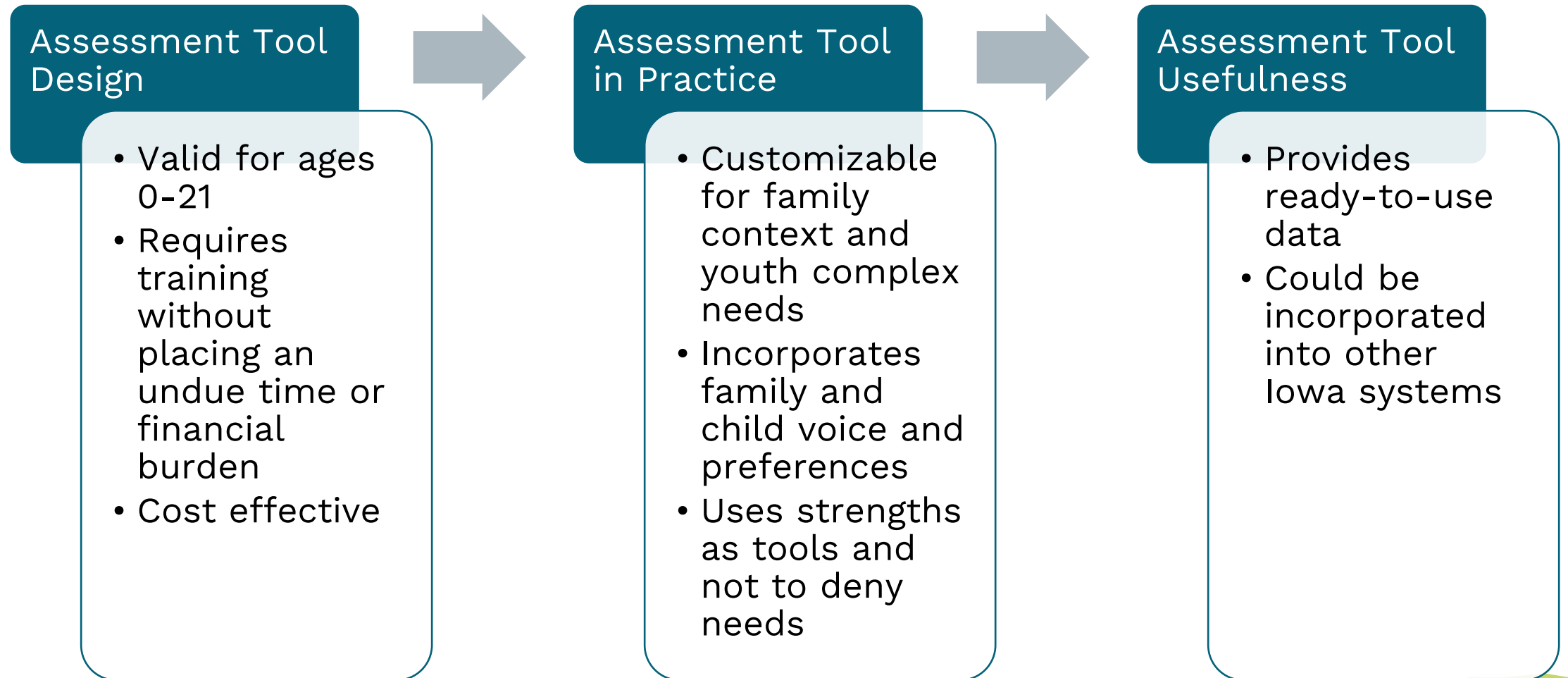
# Today's Discussion

- ▶ The Assessment Tool Subcommittee is working to evaluate and recommend an assessment tool for the Iowa REACH Initiative
- ▶ Youth and family experience with assessments
- ▶ Youth and family experience with multiple care coordinators

# Assessment Tool Review Process

- ▶ Reviewed the CANS, CAFAS, and CALLOCUS-CASII
  - **CANS:** Rates level of strength/need across core items, with family input
  - **CALOCUS-CASII:** Scores need across domains and sums them to determine service intensity
  - **CAFAS:** Trained assessor evaluates "degree of impairment" across domains
- ▶ Reviewed how these tools have been implemented across states
  - CANS is widely used

# Important Considerations for Assessment Tool



# Assessment Tool Comparisons

## ► Common Elements Among Tools

- All tools take 1 hour or less to complete
- No tools require a Masters to administer

# Section 5: Recommendation

- ▶ CANS is **recommended** as the only tool that is
  - Holistically strengths-based
  - Collaborative with families to understand their goals
- ▶ CALOCUS-CASII is **not recommended** as it
  - Prescribes a level of care and care setting, which may prevent care in the home and community
  - Has greater training and assessment costs than other tools
- ▶ CAFAS is **recommended against** because it is
  - Not customizable, which may prevent accurate scoring

# Discussion - Assessments

- ▶ What is the youth and family experience with assessments?
- ▶ We have heard from families that they feel "over assessed" and that the assessments can be a burden. How might we mitigate these challenges and concerns?
- ▶ What else is important for us to think about as we research and decide on the assessment tool and implementation processes?

# Intensive Care Coordination

- ▶ During the Intensive Care Coordination subcommittee conversations, the issue of multiple care coordinators for a youth and their family has come up.
- ▶ There are care coordinators within clinical settings like a community mental health center or providers office, care coordinators at the MCOs, and if a child is served by other systems such as child welfare, there may be additional care coordinators.



# Discussion - Care Coordination

- ▶ What is the youth and family experience with multiple care coordinators?
- ▶ What works best to "coordinate" the care coordinators?
- ▶ What else is important for us to think about as we think about adding a more intensive approach to care coordination for children and youth with serious emotional disturbance?

# Public Comment