

Meeting Notes

Division: Department of Health and Human Services, Iowa Medicaid

Meeting Topic: REACH Implementation Team: Intensive Care Coordination Subcommittee

Facilitator: Jenny Erdman

Date: 6/18/2025

Time: 4:00 PM

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

- Jenny Erdman
- William Linder
- Amy Berg-Theisen
- Derek McComas
- Ginger Kozak
- Kim Cronkleton
- Kendra Hunt
- Kati Swanson
- Liam Healy
- Sarah Richardson
- Gretchen Hammer
- Kelsey Ruane

Agenda Topic and Items

1. Access to Intensive Care Coordination Services

- Initial Engagement
 - In the current system, what works best?
 - One participant noted that the current system is good for identifying if there is a mental health diagnosis and any associated legal issues. Referrals can be helpful, but they don't guarantee case management or services as the person has to consent to those services.
 - Another participant had the impression that without youth or family requesting case management, care coordination is only enacted if the child has a mental health waiver. While it was noted that a child can receive mental health services without a waiver, it can be more complicated.
 - What works best to connect a youth and their family to care coordination services?
 - Participants discussed the need for a mechanism for providers to reach the parents. Currently the procedure is a phone call to parent/guardian to describe case management services and ask them if they want to participate in case management. Participants agreed that it can be difficult to fully explain to parents the benefits and needs of each program available.
 - Participants noted that during the phone call, providers should avoid using acronyms, find out the needs and wants of the child and family, and read the referral to tailor the call to services that may benefit the family instead of providing a long list of services.
 - Another participant noted that the HHS/Juvenile court officer should be mindful that voluntary services should be noted as voluntary. Otherwise, perceived power dynamics may make

the services come across as mandatory and potentially threatening.

- What is important to consider to keep youth engaged?
 - Participants noted that care access points and crisis services should be communicated to all entities who may be directly or indirectly involved in care. This includes health care, schools, community behavioral health clinics, and others. Daycares could also be educated to enhance early intervention.
 - Participants also noted that REACH initiatives should be well publicized so that people understand the project and its purpose.
- Ongoing Engagement
 - In the current system, what works best to keep youth and families engaged in services?
 - Participants noted that communication and follow-through are important for families. It is important to develop a consistent relationship with the family. Strong care coordination and teamwork among providers can also help.
 - What are the challenges to keeping youth and families engaged?
 - Participants noted that families only have so much time for paperwork, and it can be difficult to balance their needs with the requirements from lawsuits, funders, codes, and CMS.
 - Participants noted that it can take a long time for members to find a provider, which may discourage families.
 - Participants noted that when HHS has guardianship it can take a long time to get the necessary signatures for care.
 - Participants noted that families may be skeptical of a new program when it rolls out. We should be mindful of the parents' experience with back-and-forth communication and limit the agencies involved.
- Transitions

-
- What is the best process for reassessment and changing tiers/service intensity when needs change?
 - Participants noted that assessments should be needs-based and should occur at least once a year to reflect changing needs. However, we should also be mindful of assessment fatigue when determining frequencies. Assessments should create a clear path with goals and a path out where possible.
 - Participants also noted that we should clearly identify transition areas. We should ensure there are providers to transition to and that there is leniency in matching providers to a certain area.
 - Participants also noted that there should be a process for transitioning children on waivers who are close to becoming an adult. If adult services are needed, they should be in place by the time the child is 18.

New Items

N/A