

Quality Improvement and Assurance Subcommittee Meeting

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September 24th, 2025



Health and
Human Services



Agenda

- ▶ Subcommittee Updates
- ▶ Assessment Tool
- ▶ Discussion
- ▶ Public Comment

Subcommittee Updates

Goals for Quality Subcommittee

- ▶ The REACH Initiative will improve access to effective, child-centered and family-driven mental health services for Iowa youth
- ▶ The Quality Subcommittee will provide recommendations to
 - Ensure REACH services are effective and
 - Identify potential remaining gaps after services are implemented

Goals for Quality Subcommittee (cont.)

- ▶ The Quality Subcommittee will help enhance care by delivering a memo which recommends:
 - An approach to quality improvement and accountability for REACH
 - Key performance metrics
- ▶ An initial memo will be delivered to HHS by the end of the year

Subcommittee Updates

- ▶ Intensive Care Coordination Subcommittee has considered coordination services and care pathways
- ▶ Services and Providers Subcommittee has more clearly defined recommendations for services and peer supports
- ▶ Uniform Assessment Tool Subcommittee has submitted a recommendation

Assessment Tool- Summary

Assessment Tool

- ▶ The Assessment Tool Subcommittee has recommended the Child and Adolescent Needs and Strengths (CANS)
 - Strength-based assessment tool that considers both a person's strengths and needs
 - Uses input from child/youth, family, and other people involved in the person's life.
 - Rates strengths and needs on a scale from 0 – 3.

Rating Scales

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

Core Domains in CANS

- ▶ Strengths Domain
- ▶ Life Functioning Domain
- ▶ Cultural Factors Domain
- ▶ Caregiver Resources & Needs
- ▶ Behavioral/Emotional Needs Domain
- ▶ Risk Behaviors Domain

Family Functioning Example

- ▶ 0: No evidence of any needs; no need for action.
- ▶ 1: Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
- ▶ 2: Action required to ensure that the identified need is addressed; need is interfering with functioning.
- ▶ 3: Need is dangerous or disabling; requires immediate and/or intensive action.

Family Strengths Example (cont.)

- ▶ 0: Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- ▶ 1: Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- ▶ 2: Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- ▶ 3: An area in which no current strengths is identified; efforts may be recommended to develop a strength in this area.

Assessment Tool- Reporting in Other States

CANS Reporting in WA WISE

	WASHINGTON ALL WISE SERVICES	
	Intake	6 Mos.
Number of WISE Clients	11,198	
Total Counts of Needs and Strengths		
Average # of actionable treatment needs	14	10
Average # of identified strengths	7	8
Needs: Behavioral/Emotional		
Emotional control problems	79%	57%
Attention/impulse problems	69%	59%
Mood disturbance problems	67%	47%
Anxiety	64%	51%
Adjustment to trauma	62%	47%
Needs: Risk Factors		
Decision-making problems	57%	42%
Danger to others	40%	22%
Suicide risk	30%	14%
Non-suicidal self-injury	29%	13%
Intended misbehavior	28%	20%

CANS Reporting in WA WISE (cont.)

Needs: Life Domain Functioning		
Family problems	76%	55%
Interpersonal problems	61%	44%
Living situation problems	56%	37%
School achievement problems	50%	38%
School behavior problems	46%	28%
Needs: Other Domains		
Family stress problems	69%	54%
TA youth deficits in educational goals/progress	38%	33%
TA youth deficits in independent living skills	35%	37%
Caregiver mental health problems	27%	26%
TA youth financial resource problems	26%	26%
Strengths		
Relationship permanence	61%	67%
Educational system strengths	58%	69%
Optimism	50%	58%
Resilience	44%	54%
Community connection	36%	43%

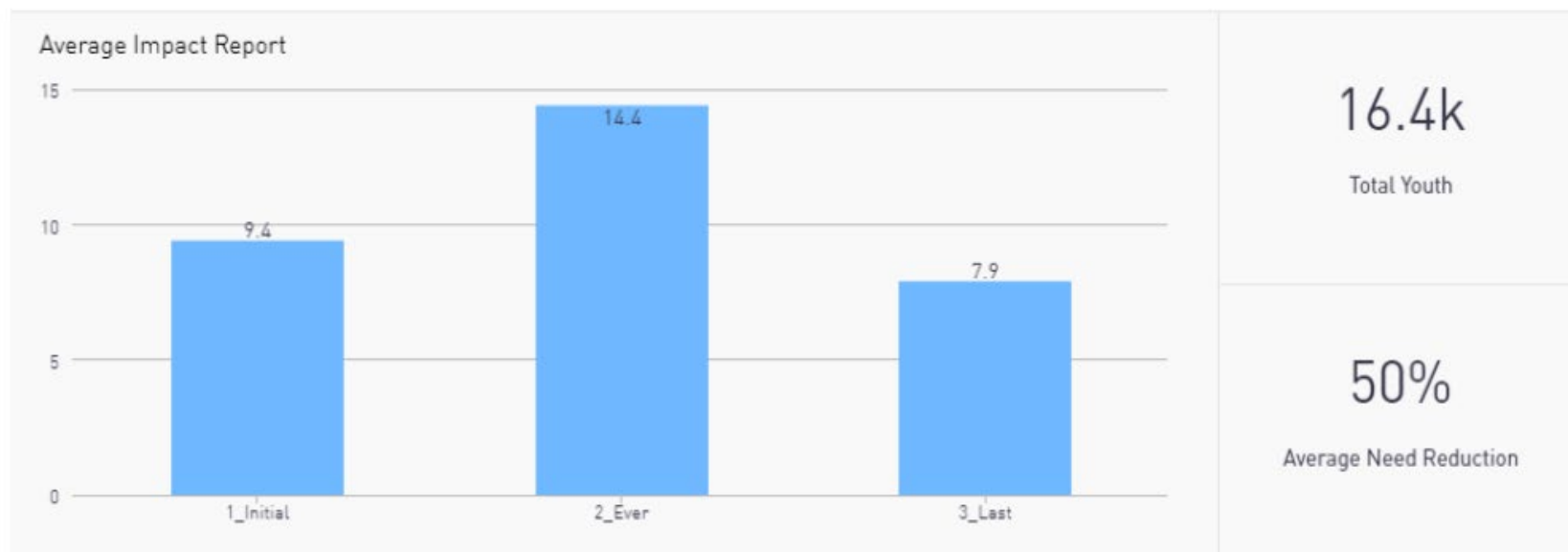
CANS Reporting in ID YES

Average Impact

Purpose: This chart provides an overview of need reduction over time and can be used to assess the average impact the system of care is having on the individuals it serves.

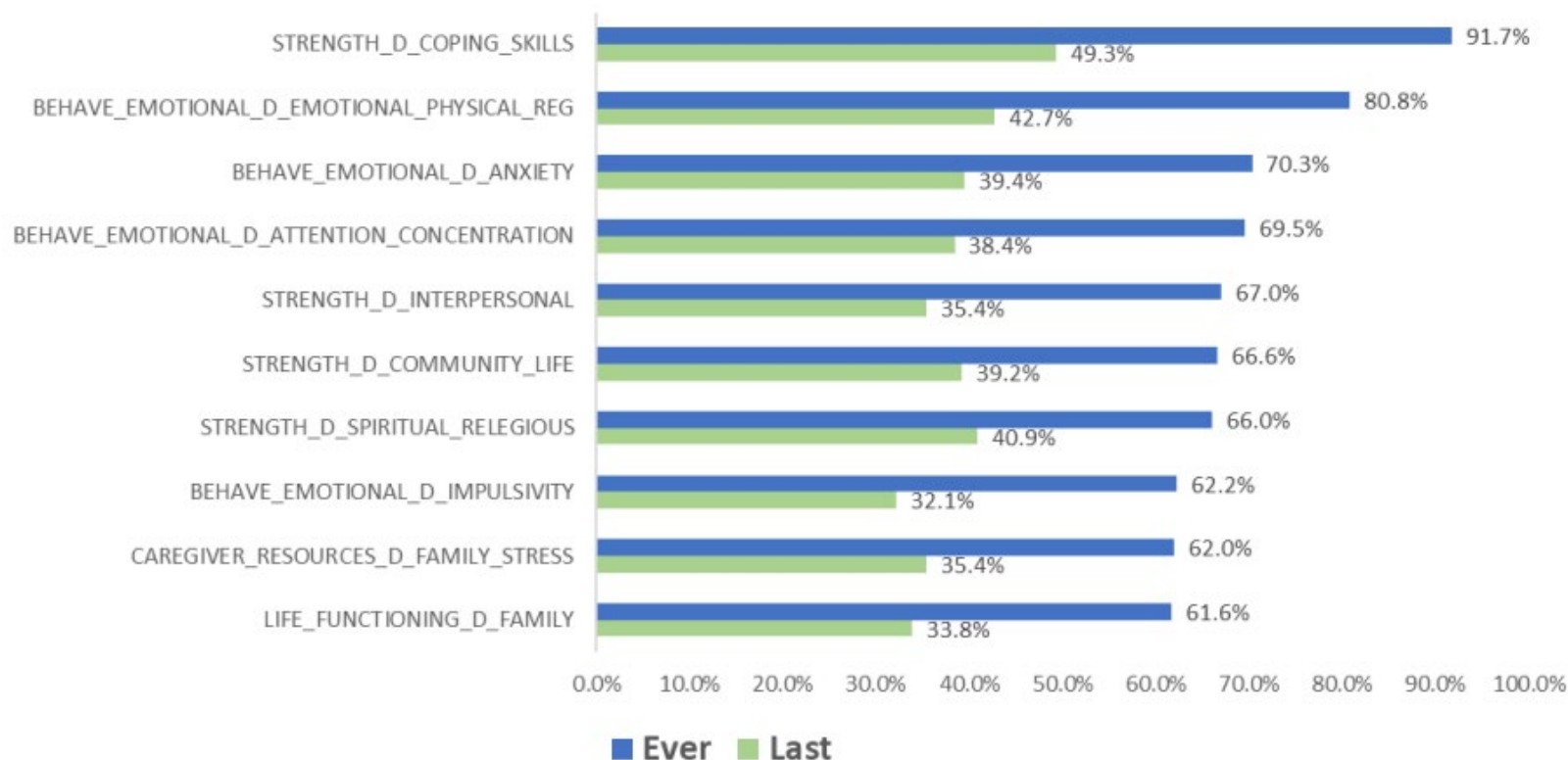
Data Notes:

- This chart only includes individuals that had a first CANS any time on or after 18 months prior to the end of the current reporting quarter. In addition, Individuals on this chart must have received at least 3 CANS and the time difference between the first and last CANS must be greater than 90 days.
- The Average Need Reduction is calculated based on Ever to Last using the formula: $(\text{Ever} - \text{Last}) / \text{Ever}$.
- This chart only includes the Behavioral, Caregiver, Culture, Life Functioning and Risk Behaviors domains.



CANS Reporting in ID YES

Top 10 Strengths to Build and Needs to Address: CANS "Ever" an Issue Compared to Issue on "Last" CANS



CANS Reporting in ID YES

- ▶ Reports can include domain subtopics such as:
 - Behavioral and emotional needs
 - Anxiety, anger control, and depression
 - Functional needs
 - School achievement
 - Family functioning
 - Sleep
 - Strengths development
 - Talents and interests
 - Community life
 - Natural supports

CANS Reporting in ID YES

► State monitoring includes reports on:

- How many enrollees have selected needs and strengths over time
- The percent of enrollees with improved or worsened scores since initial assessment

► ID YES also includes internal reports on:

- The total intensity of support needs for individual clinicians, as a sum of client's needs scores
- Progress reports for each enrollee with a given clinician
- Individual progress reports for enrollees across domains

Discussion

Discussion

- ▶ What makes an assessment process high quality?
- ▶ How can we measure whether assessments are delivered in a uniform, person-centered way?
- ▶ What data are you interested in seeing from REACH assessment? Do any of the examples from other states stand out to you?
- ▶ Are there any other quality metrics we should consider?



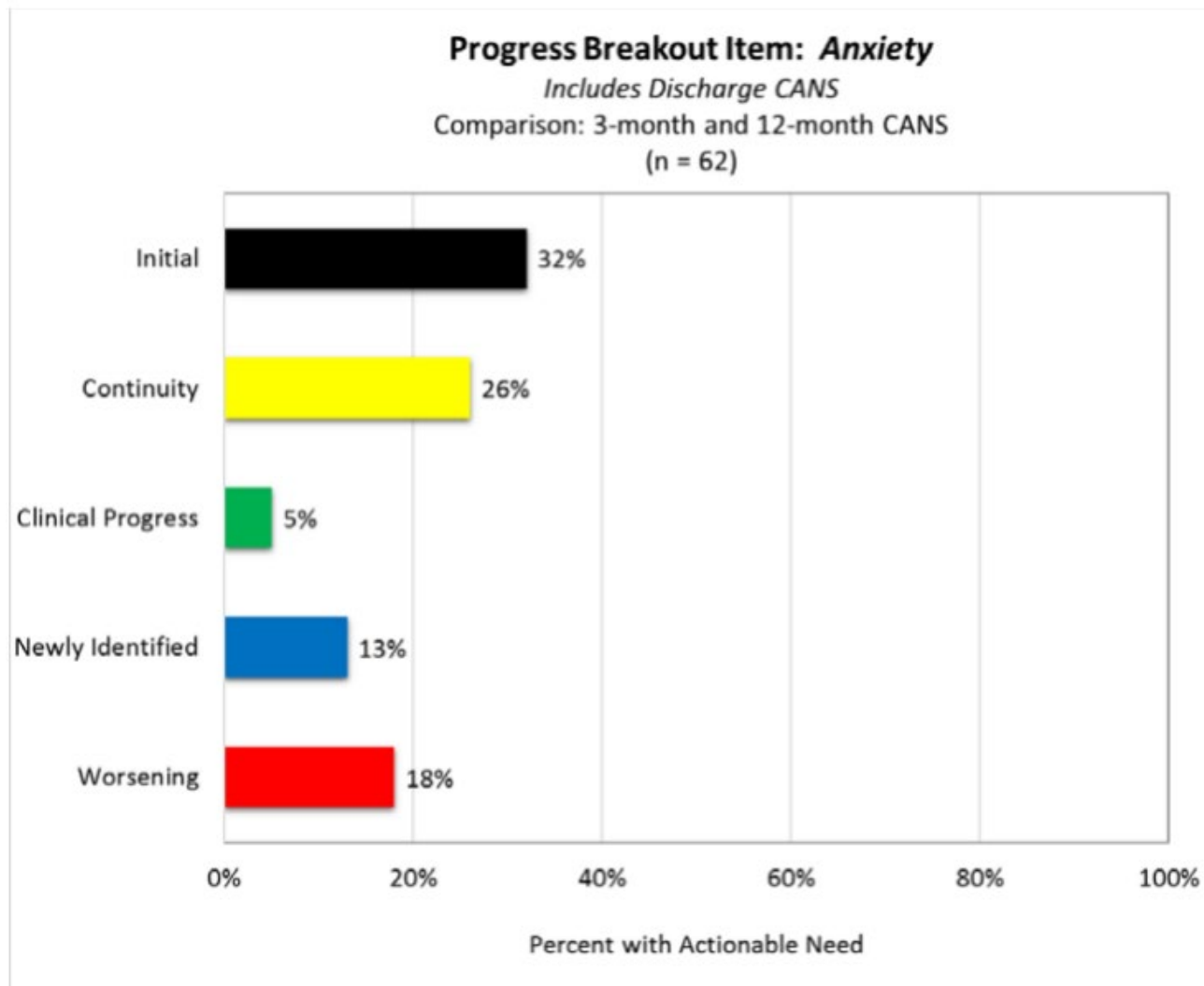
Public Comment



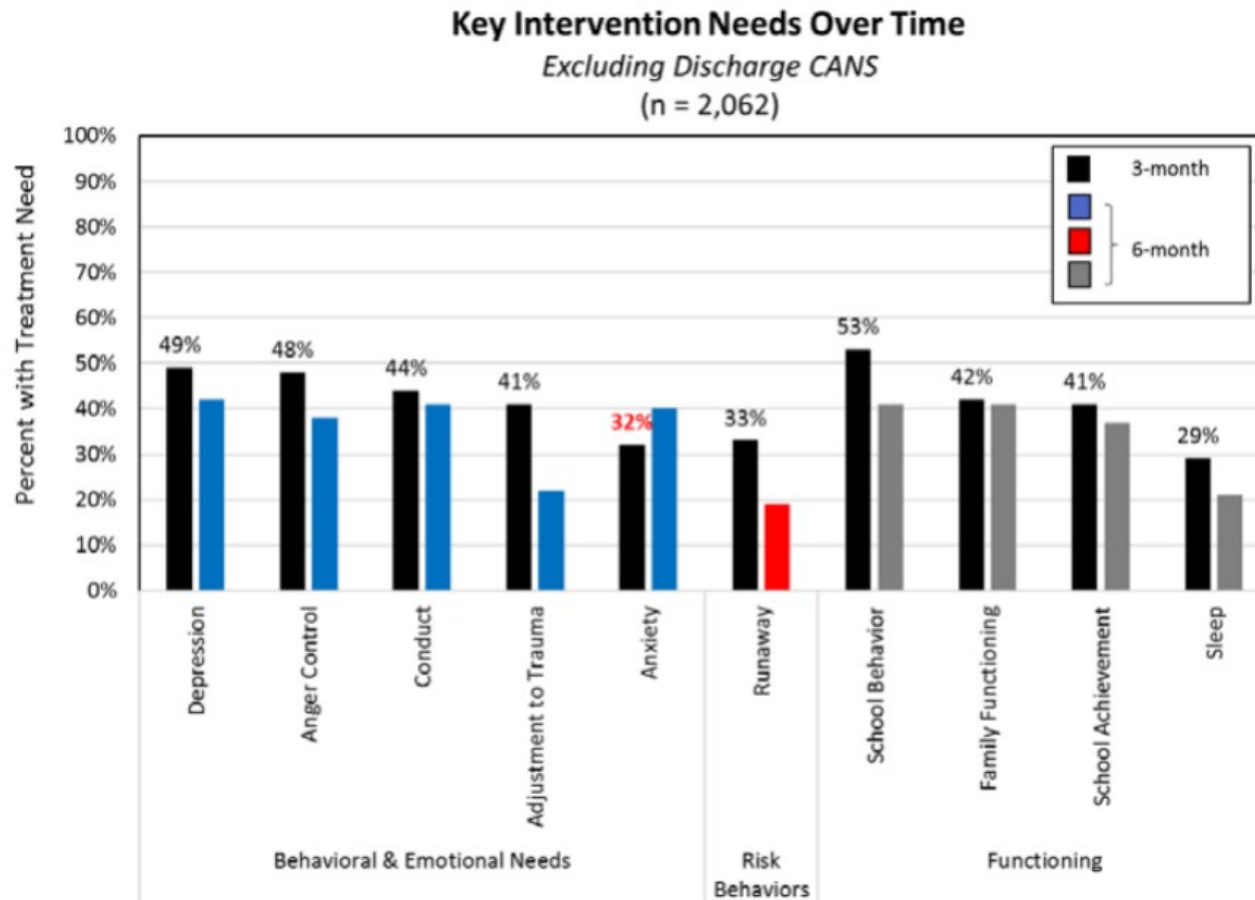
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Supplemental Slides

CANS Reporting in ID YES



CANS Reporting in ID YES



CANS Reporting in ID YES

