Iowa REACH Implementation Team Meeting

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October 8th, 2025

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Agenda

▶ Subcommittee Updates

▶ Quality Reporting from Assessment

▶ Communicating on REACH Timelines

▶ Public Comment

Subcommittee Updates

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Services and Providers Subcommittee

September 9 Meeting	October 14 Meeting
• REACH services	• Provider training and supports

Consumer Steering Committee

September 11 Meeting	October 14 Meeting
• Peer support services	• Quality in assessment • REACH services through BHIS • REACH timelines

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Communications Subcommittee

September 16 Meeting	October 21 Meeting
• Subcommittee updates • REACH timelines	• Communication updates • Feedback on materials

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Intensive Care Coordination Subcommittee

September 17 Meeting	October 15 Meeting
• Care pathways for assessment	• Care pathways for other services

Quality Improvement & Assurance Subcommittee

September 24 Meeting	October 29 Meeting
• Subcommittee updates • Quality in assessment	• Quality in services • Ensuring continuous improvement and accountability

Quality in Assessment

Assessment Tool

► The Assessment Tool Subcommittee has recommended the Child and Adolescent Needs and Strengths (CANS)

   o Strength-based assessment tool that considers both a person's strengths and needs by rating items on a scale from 0 – 3.

   o Uses input from child/youth, family, and other people involved in the person's life.
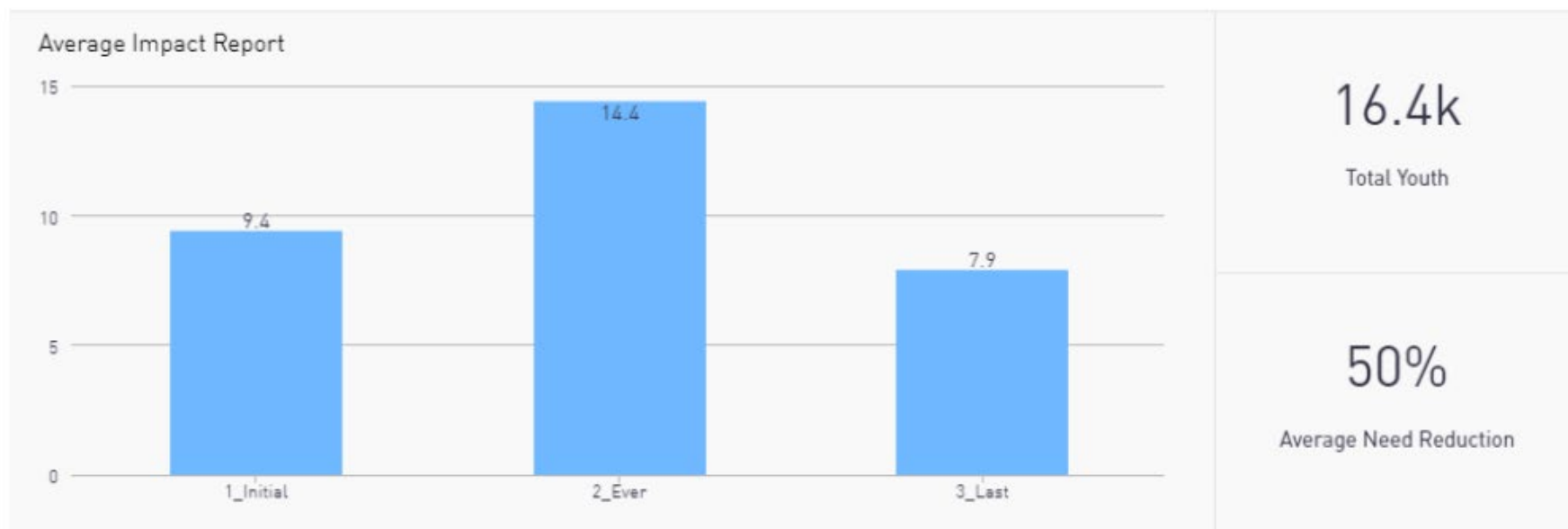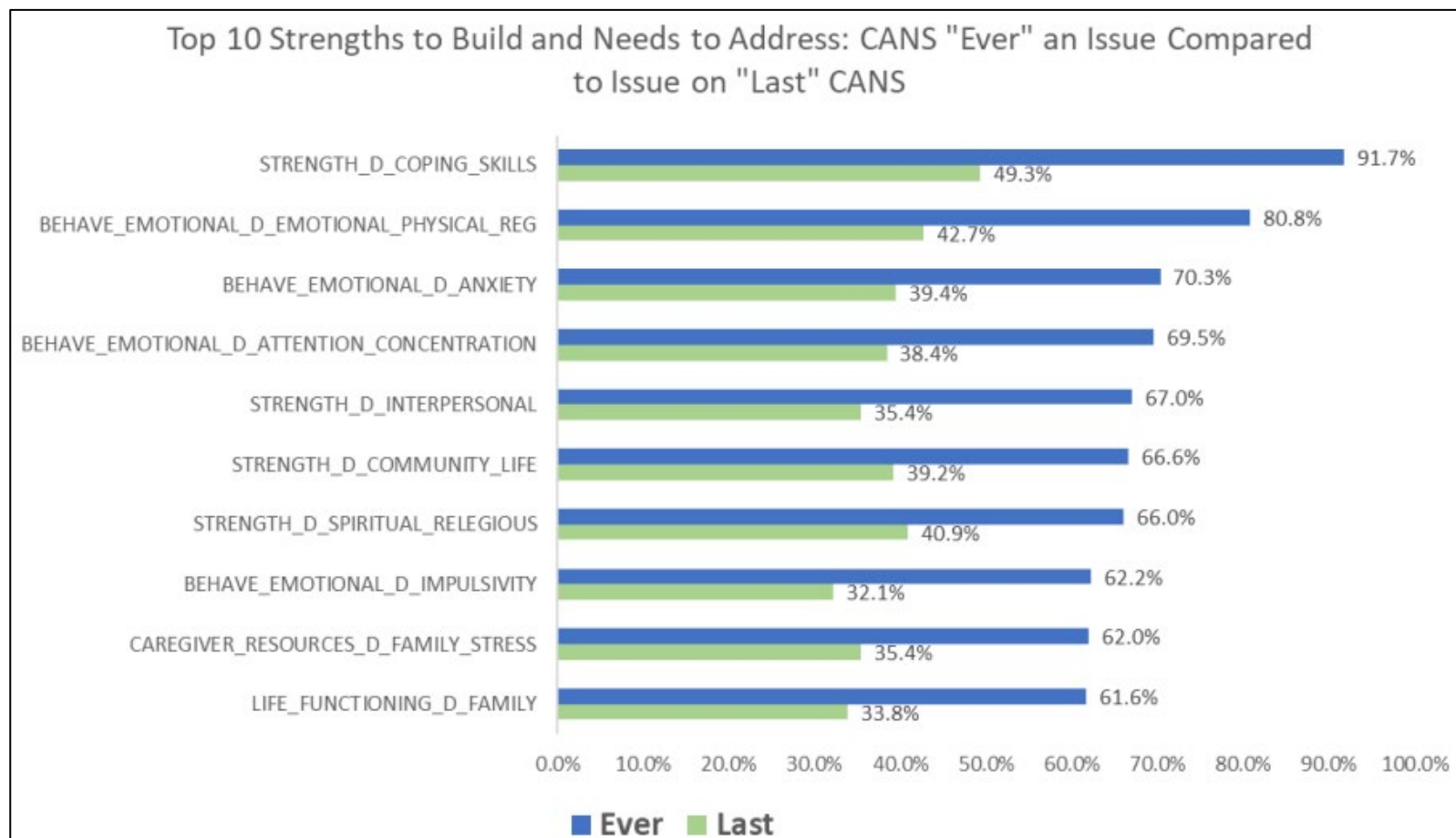
CANS Reporting in ID YES

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: (Ever-Last)/Ever.
- This chart only includes the Behavioral, Caregiver, Culture, Life Functioning and Risk Behaviors domains.

Average Impact Report

16.4k
Total Youth

50%
Average Need Reduction

CANS Reporting in ID YES (cont.)

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

Category	Ever	Last
STRENGTH_D_COPING_SKILLS	91.7%	49.3%
BEHAVE_EMOTIONAL_D_EMOTIONAL_PHYSICAL_REG	80.8%	42.7%
BEHAVE_EMOTIONAL_D_ANXIETY	70.3%	39.4%
BEHAVE_EMOTIONAL_D_ATTENTION_CONCENTRATION	69.5%	38.4%
STRENGTH_D_INTERPERSONAL	67.0%	35.4%
STRENGTH_D_COMMUNITY_LIFE	66.6%	39.2%
STRENGTH_D_SPIRITUAL_RELEGIOUS	66.0%	40.9%
BEHAVE_EMOTIONAL_D_IMPULSIVITY	62.2%	32.1%
CAREGIVER_RESOURCES_D_FAMILY_STRESS	62.0%	35.4%
LIFE_FUNCTIONING_D_FAMILY	61.6%	33.8%

■ Ever ■ Last

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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

Subcommittee Feedback

▶ To ensure the CANS is delivered in a uniform, person-centered way
  - o Providers need uniform training
  - o Terms and indicators need to be operationalized
  - o Ratings need to be based on a standard time frame

▶ CANS should be delivered on a 6-month timeframe to track care effectiveness

▶ Participants should have a post-assessment to indicate whether services need to resume

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Discussion

▶ What would you keep or change from this example of CANS reporting?

▶ Is there anything else we should consider to ensure assessment is delivered in a uniform, person-centered way?

▶ Are there any other quality metrics related to assessment that the state should measure and report on?

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REACH Timelines

Subcommittee Timelines

► At this point, subcommittees have recommended a uniform assessment tool

► By the end of the year, subcommittees will recommend:
  o A design for REACH services and providers
  o A design for intensive care coordination
  o An initial approach for quality assurance

► In 2026, subcommittees will continue to meet about:
  o Implementation considerations across subcommittees
  o Fully designing a quality improvement and assurance plan
  o Ensuring clear communications

Implementation Timeline per Settlement Agreement

► HHS will prepare for implementation in 2026-2027, including:
  - o Reviewing subcommittee recommendation memos
  - o Further defining quality metrics
  - o Creating new provider manuals for REACH
  - o Developing provider training
  - o Continuing to solicit subcommittee feedback on implementation

► Early adopters will begin implementation in 2027
  - o Final statewide REACH coverage has a target date of **July 1, 2028**

Subcommittee Feedback

▶ It is important to share timeline information about the timeline for REACH to
- o Be transparent and build trust
- o Reduce confusion and panic around system changes
- o Make sure there is a source of truth

▶ These conversations should also include what is currently available and the new resources that have come online

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Discussion

▶ What is the best approach to engagement given that REACH services are still being designed and will not be available until 2028?

▶ How should the state to continue to communicate about currently available resources?

▶ Do you have any concerns about the state sharing high-level timelines?

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Public Comment

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