



Iowa REACH - Consumer Steering Committee Meeting

October 9, 2025



Health and
Human Services

Agenda

- ▶ Quality Reporting from Assessment
- ▶ REACH Delivery System
- ▶ Communication on REACH Timelines
- ▶ Public Comment



Quality in Assessment



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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 by rating items on a scale from 0 – 3.
 - Uses input from child/youth, family, and other people involved in the person's life.

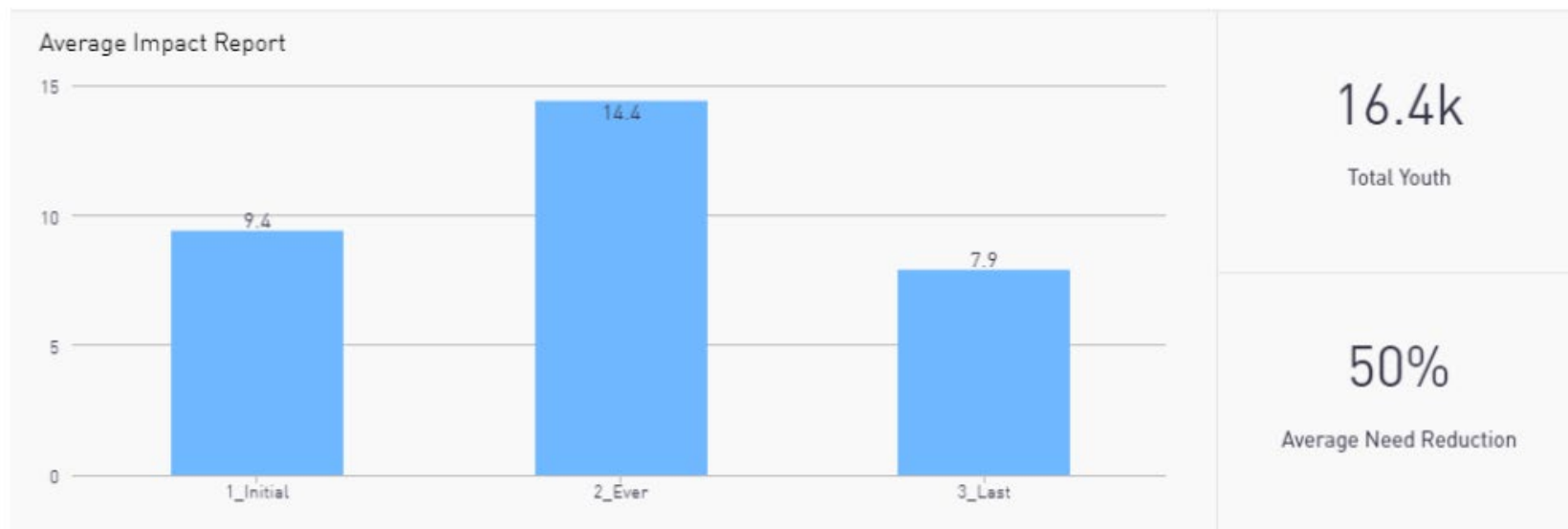
CANS Reporting in ID YES

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.

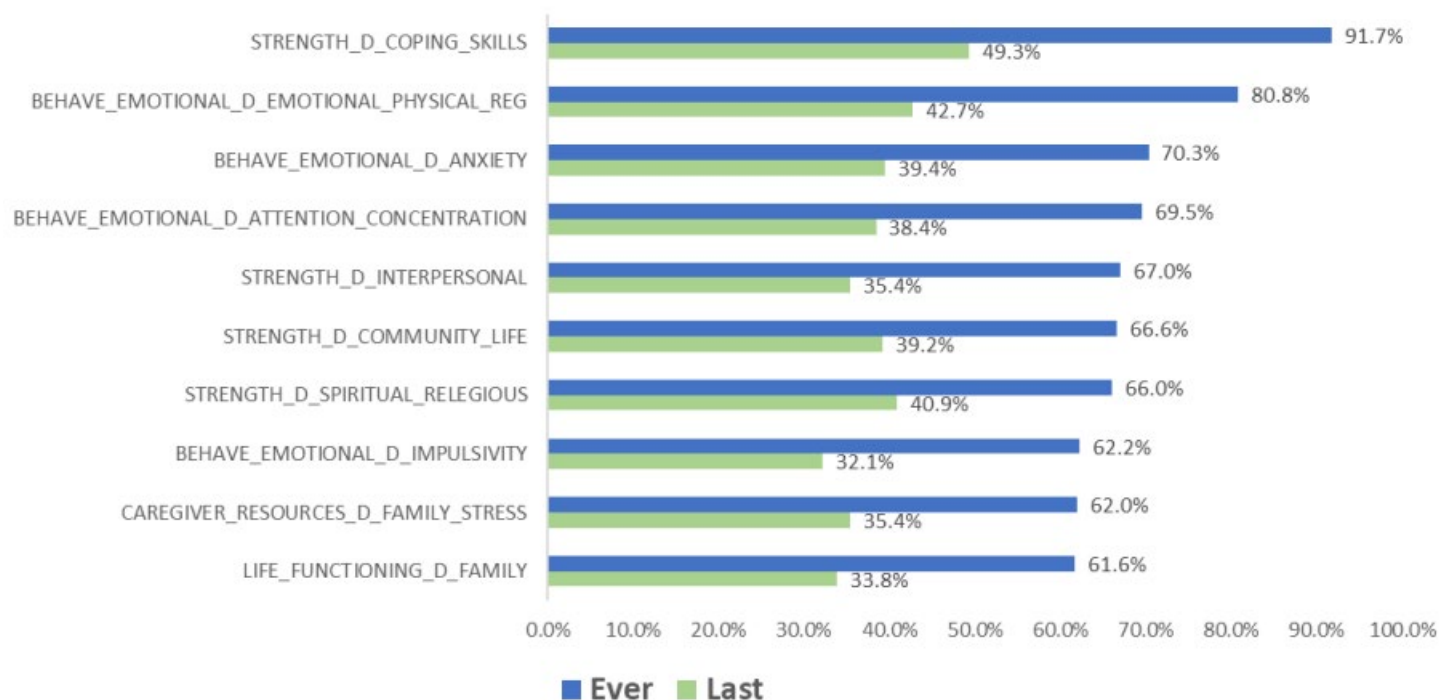
Data Notes:

- 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: $(\text{Ever} - \text{Last}) / \text{Ever}$.
- 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

- ▶ 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
 - Providers need uniform training
 - Terms and indicators need to be operationalized
 - 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

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?



REACH Delivery System



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Services and Providers Subcommittee Discussion

- ▶ Last month, the Services and Providers Subcommittee discussed whether new REACH services should be part of existing BHIS services
- ▶ The Subcommittee felt that...
 - The delivery of services would not change significantly if services were offered through BHIS or a separate program
 - The choice should be made according to what is the least confusing for consumers

Services and Providers

Subcommittee Discussion

- ▶ We discussed options including:
 - Offering REACH as a more intensive tier of care with specific eligibility criteria through BHIS
 - Offering REACH as a fully separate set of services an individual is referred into
 - A middle ground where REACH is a separate array of services and providers that people are referred into through BHIS

Discussion

- ▶ Does it feel more intuitive for REACH services to be delivered as an extension of BHIS, or as a separate system?
- ▶ What might be confusing to consumers under this new model?
- ▶ How can the state best address confusion with what the REACH Initiative is?



REACH Timelines



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Subcommittee Timelines

- ▶ At this point, subcommittees have recommended a uniform assessment tool

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

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

Implementation Timeline per Settlement Agreement

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

- ▶ Early adopters will begin implementation in 2027
 - 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:
 - Be transparent and build trust
 - Reduce confusion and panic around system changes
 - 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

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?
- ▶ What other information do consumers need to know right now?



Public Comment



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