

Meeting Notes

Division: Department of Health and Human Services, Iowa Medicaid

Meeting Topic: REACH Implementation Team: Consumer Steering Committee

Facilitator: Dex Walker, HHS

Date: 09/11/2025

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

- Dex Walker
- Will Linder
- Addie Kimber
- Anne Crotty
- Ryan Adams
- Kelsey Poulsen

Agenda Topic and Items

- Existing peer support services in Iowa
 - The subcommittee identified additional areas where peer support services are delivered in Iowa, including:
 - Family resource centers which help families navigate child welfare networks
 - The parent partners program
 - Together Families
 - Child health specialty clinics family navigator programs

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- The subcommittee noted that there are still gaps in existing peer support services, such as:
 - Difficulty accessing community-level peer support since these grassroots programs have difficulty accessing state funds. Additional technical support to navigate contract requirements could be useful.
 - A lack of youth peer support in the state. Most programs offer support for parents and families.
 - A low number of peer support providers due to low compensation
 - The future of peer support services in Iowa
 - The subcommittee discussed the ideal role of peer support services in REACH
 - Peer support specialists should primarily be a support and advocate for the family unit and teach families how to advocate for themselves.
 - Family peer support is essential. If both a family and youth peer support specialist are included as separate provider within REACH, they should have a defined relationship structure to ensure they are working together and are not siloed.
 - Peer support specialists should not be tokenized in care planning meetings, and there should be systems to ensure their input is taken seriously and not imbalanced by other medical providers.
 - The roles of peer support specialists should be clearly defined to avoid inconsistency across the state. Families and providers can then make changes as the process continues.
 - Another role for peer support specialists could be to attend meetings with schools and courts to empower the client and provide support and comfort.
 - The subcommittee also recommended ways to improve peer support services for REACH
 - There is an interest in establishing a transition aged youth peer support program, such as the program available through Washington WISE, to help youth engaged with REACH learn skills and identify career opportunities
 - Through the transition aged youth peer support program and other avenues, it would be helpful to have a pathway to recruit current REACH enrollees to be future peer support specialists. This would help address the gap in providers.
 - The subcommittee noted that the state should engage with current peer support providers to understand opportunities for growth in REACH.

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- Providers could help identify whether increased training would be helpful or harmful. The subcommittee felt that increased training requirements or opportunities could make providers feel more confident in their work, but providers should be paid in alignment with increased requirements. They also noted that the state should be careful to make training and job requirements manageable for peer providers.
 - The program [Together Families](#) has been especially successful, and may be able to give insight into what is currently working and not working in peer support services
 - Participants outlined several guiding principles for the delivery of peer support services, including that services should be provided from a perspective of hope ([link](#) shared by members) and that peers should be empowered to bring families to the forefront of their own care planning process.