

Meeting Agenda

Division: Department of Health and Human Services, Iowa Medicaid

Meeting Topic: REACH Implementation Team

Facilitator: Jenny Erdman, HHS

Date: 09/10/2025

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
- Will Linder
- Addie Kimber
- Kim Cronkleton
- Kevin Carroll
- Richard Whitaker
- Anne Crotty
- Jamie Edwards
- Laura Larkin
- Daron Harris
- Amy Berg-Theisen
- Kristie Oliver
- Tawny Schafbuch
- Nicki Enderle

Agenda Topic and Items

- Subcommittee Updates
 - Iowa HHS provided updates on the progress of each of the subcommittees and their upcoming discussion topics, which are outlined in the slides
- Existing peer support services in Iowa
 - Members explored other areas that provide services similar to peer support in Iowa
 - Child health specialty clinics have family navigators who deliver similar services to family peer support specialists
 - Parent cafes allow parents to make connections and provide child care
 - Members also identified gaps in current peer support services
 - There is a gap in youth peer support services. There is not a training structure for this role in the state yet.
 - Members noted that implementing a youth support specialist program could take a long time to implement. The state would have to create training, establish training and education requirements and upper age limits, and recruit new providers.
 - It would be helpful to add more family peer support groups, which include peer support specialists. MCOs seem to be pulling back on group support services, but they are helpful for families.
 - The state should support families to be involved in this community through providing childcare, food, and transportation
 - Coverage for services is inconsistent across the state. These services should be available everywhere in theory, but in practice it is hard to put these services together.
 - There is variability in how MCOs pay for peer support services, and there is often significant travel time and costs for providers.
 - Members noted that BH-ASOs are currently doing district evaluations to assess gaps in care
- Peer support services in other states
 - Members compared the training requirements for peer support specialists in Washington WISE with the requirements in Iowa
 - Iowa peer support specialists don't currently need certification to provide services. The Iowa certification process is intense, and

Washington's requirements are much greater than what is currently required for providers in Iowa.

- Iowa should not implement extensive training requirements because it may limit the already small network of peer support providers.
- It may be helpful to add crisis training for specialized peers who are working in mobile crisis teams.
- It would also be helpful to add additional time for supervision and mentorship to support peer support providers, but the state would need to pay for this additional time.
- Members noted that there may be situations where the family and youth perspective are in conflict. A peer support should be trained in mediating between these roles.
- Discussion
 - Members discussed the ideal role of peer support specialists in REACH
 - Peers should be a family and client advocate. This is a natural role for them to fill, but the role should still be well-defined so responsibilities are outlined and not assumed.
 - The peer should not be an assistant care coordinator. The state should not replicate the IHH model's roles for care coordinators and peer supports.
 - Members noted that individuals under 18 cannot be employed as youth peer support providers since they cannot be held responsible for HIPPA
 - Members recommended that the state connect with the [Youth Leadership Academy with Disability Council](#) to inform the creation of youth peer supports
 - Members noted that the state should ensure family and youth peer support services are evidence-based and effective before including them in REACH.
 - Members felt that family peer support services are more important to include than youth peer support services, and that these roles should be implemented separately if they are both included in REACH.
 - Members noted that we need to have future discussions about payment systems, including whether peer supports would be part of a bundled service or be billed separately. Future discussions should also focus on the specific training and standards required for peer specialists.
- Public comment
 - None