

# Meeting Agenda

**Division:** Department of Health and Human Services, Iowa Medicaid

**Meeting Topic:** REACH Implementation Team

**Facilitator:** Jenny Erdman, HHS

**Date:** 10/08/2025

**Time:** 4:00 PM

**Location:** Virtual

## Meeting Objectives

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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

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- Jenny Erdman
- Will Linder
- Addie Kimber
- Daron Harris
- Jen Royer
- Laura Larkin
- Nicki Enderle
- Mary Beth O'Neill
- Kevin Carroll
- Amy Berg-Theisen
- Kim Cronkleton
- Mindy Williams
- Kristie Oliver

## Agenda Topic and Items

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- HHS provided updates on the progress of each of the subcommittees
- Monitoring quality in REACH through assessment
  - HHS provided an overview of the CANS assessment which has been recommended by the Assessment Tool Subcommittee and shared feedback from the quality subcommittee on the data that could be reported from assessment
  - Participants agreed that every 6 months is a good frequency for delivering the CANS and would allow us to see progress. There may need to be additional assessments if there is a a major change or a request for a higher level of care.
  - Participants noted that reporting an “ever” score may not be useful since the assessment is provided every 6 months so there may not be many assessments between initial and final assessment.
  - Participants provided feedback on who should deliver the CANS assessment
    - MCOs should not deliver the CANS, it should be provided by someone who knows the family better. Someone who has at least weekly contact with the client would be ideal.
    - The CANS does not need to be done by a clinician with a Master's degree.
  - Participants provided feedback on a bar chart that the quality subcommittee had recommended Iowa replicate in reporting
    - The chart provides interesting information, and it is nice that it describes system strengths
    - The state should report on school functioning, such as if children are attending school regularly and having passing grades
    - It would also be helpful to see more concrete information, such as whether people are accessing services, what services people are using, if members are completing therapeutic programs, and the outcomes of those therapeutic programs.
    - Some participants felt that the state should not report more data than what is required by the settlement agreement
  - Participants noted that the state should measure engagement with clinical programs. For example, we could look at how many visits someone has over a period of time versus their expected number of visits.
    - If families are not able to consistently attend sessions, they may have other more pressing needs. Looking at this metric could

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signal the need for a different pathway for success, such as connecting families to supportive resources.

- If the family/youth is consistently missing treatment, it could also be a helpful signal for care coordinators to identify who needs resources. For example, future services may need to focus on addressing caregiver burnout or on building youth engagement with their own services.
  - Many programs, such as Family Functional Therapy, also have their own expected outcomes for discharge from the program
- Timelines
    - HHS shared information about expected REACH timelines and solicited feedback on how to share timeline information with the public
    - Participants felt that it is helpful to share timelines to set expectations. The state should share that these new services are coming in 2028 as a top line, and then folks can choose if they want to read more detailed timeline information. Most people will only care about the 2028 deadline, which will feel far away.
    - Participants recommended sharing timeline information with the public every 6 months during this decision-making phase.
      - Notably, participants recommended that HHS should continue to engage with community groups more frequently and keep them involved in decision making. HHS noted that they had socialized REACH with community groups and would continue to share more information including timelines.
    - Participants recommended continuing to educate the public about the new behavioral health systems that are available, such as Your Life Iowa.
  - Public comment
    - None