



Meeting Agenda

Division: Department of Health and Human Services, Iowa Medicaid

Meeting Topic: REACH Implementation Team: Quality Improvement and Assurance Subcommittee

Facilitator: Jenny Erdman, HHS

Date: 10/29/2025

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

- Addie Kimber
 - Jenny Erdman
 - Richard Whitaker
 - Gretchen Hammer
 - Nicole Kilburg
 - Will Linder
 - Aaron Herman
 - Mackenzi McIlhonn
 - Selma Brkic
 - Laura Leise
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Agenda Topic and Items

- Key performance metrics
 - Participants emphasized the need to focus metrics on outcomes for families and children.
 - Discharge from services and the success of REACH should be based on outcomes, and not the volume of services delivered.
 - Measuring youth outcomes ensures that the state is incentivizing the metrics the state wants to see (i.e. improved functioning and engagement). This still indirectly incentivizes good data collection and reporting.
 - It should be noted that providers may want to see additional measures as providers cannot control outcomes in the same way that they can control process measures.
 - Participants noted that the best way to get data on outcomes is from assessment
 - Participants also noted that assessment scores may be more consistent if they are delivered by trained providers
 - A participant suggested adding a metric to look at how many providers are available at each level of care. This would help ensure availability of services in the least-restrictive setting.
 - Currently, there is not a lot of “mid-range” care available, and so children are sent to intensive PMIC care. Medium supports such as in-home family therapy are a very effective and relatively inexpensive form of care, but since no one provides it is not usually offered as a treatment.
 - Participants reviewed metrics included in the [Washington WISe](#) and [Idaho YES](#) quality plans and provided feedback on metrics to include in Iowa’s QIA plan, including:
 - Whether members are screened within a certain time frame from referral

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- Alignment of treatment plans with CANS scores
 - Member engagement with services, such as the number of cancellations and no-shows
 - Participants preferred this over the use of patient satisfaction surveys. Families can have complex relationships with services and may have low satisfaction regardless of care quality if they are required to receive the service.
 - Member engagement with their community and community functioning
 - Participants noted that MST looks at outcomes including law violations, level of family conflict, and if members go to school or work to measure community functioning
 - Ensuring continuous quality improvement and accountability
 - Participants provided feedback on the governing body and framework for quality management
 - Participants agree that the journey map is a good framework for managing quality during REACH implementation
 - There should be a quality council with subcommittees oversees the quality process, but this should be a separate body from the existing HHS Quality Council
 - District advisory councils could be good to involve. These groups could give recommendations on how to improve quality within their district.
 - Participants provided feedback on other ways to ensure quality improvement
 - Participants liked the idea of creating Quality Management Improvement Projects based on quality reporting results
 - If family interviews were implemented, they would have to be very simple in order to get a good response.
 - There should be a technical assistance program to help providers improve quality. Providers want to meet goals, but can struggle if there is not someone to answer questions and provide support.
 - There needs to be public reporting and visibility to encourage growth, including opportunities to engage other entities outside of the HHS

infrastructure. Otherwise, quality reports may end within HHS without making a difference.

- Participants provided feedback on other entities Iowa should collaborate with as the full Quality Improvement and Accountability Plan is developed, including:
 - Iowa Behavioral Health Association
 - Iowa Association of Community Providers
 - Iowa Primary Care Association
 - Peer support organizations
 - Other provider organizations
- Public comment
 - None.