

# REACH Consumer Steering Committee Meeting

November 13, 2025



Health and  
Human Services

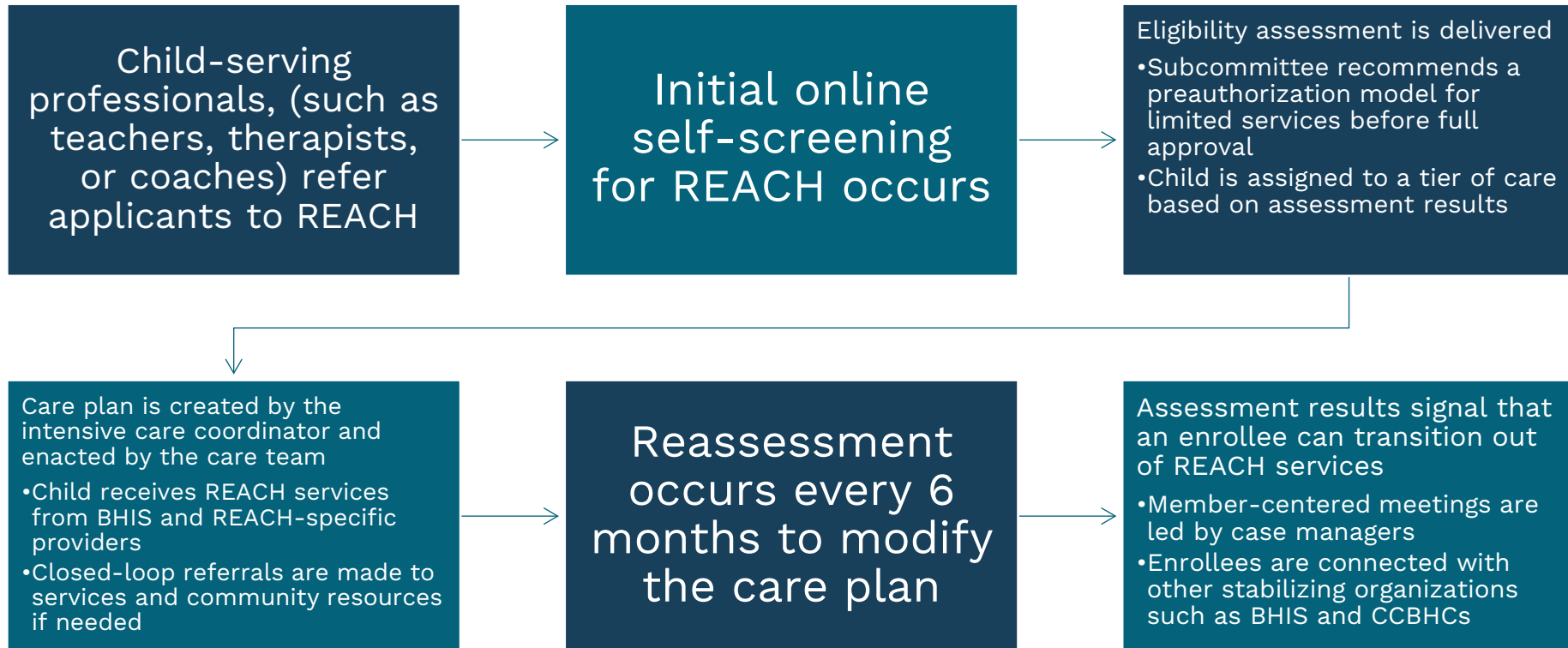


# Agenda

- ▶ Included Services and Provider Training
- ▶ Crisis Services
- ▶ Public Comment

# Included Services and Provider Training

# Pathway to Care



**Based on your experience, do you see any challenges with this proposed pathway to care?**

# Services Required in Settlement Agreement

- ▶ Family education
- ▶ Behavior management
- ▶ Individual and family therapy
- ▶ Evidence-based services such as
  - Family Functional Therapy (FFT)
  - Multisystemic Therapy
  - Trauma Focused Cognitive Behavioral Therapy
- ▶ Subcommittee has also suggested
  - Family peer supports
  - Home-based family therapy

# Gaps in Existing BHIS Services

- ▶ Services and Providers Subcommittee members shared that many required services are provided through BHIS, but that:
  - Services are offered in too small of a dose to be effective
  - Services are not standardized across the state, meaning that children and families cannot always access their preferred service
  - Providers are limited
  - Training requirements for evidence-based services may further limit the provider pool
  - Children with intensive needs can face challenges accessing tailored care that engages them

# Principles for Effective Care

- ▶ The Subcommittee has proposed key principles for effective care including that services should be:
  - Tiered to allow smooth transitions out of care
  - Tailored to a child and family's wants and needs
    - Including acknowledging that the child and family are experts in their needs
  - Offered concurrently and not sequentially
  - Available through pre-authorization in limited capacity

# Provider Supports

- ▶ Washington WISe offers online and in-person training and learning content on topics such as:
  - Bridging The Gap To Culturally Specific Practices
  - Meeting the mental health needs of people with intellectual disabilities
  
- ▶ Subcommittee members have also noted additional trainings and supports to improve care delivery, including:
  - Coaching and provider support networks
  - Assessor training on person-centered assessments



# Discussion

- ▶ What is your general experience with receiving the outlined services in Iowa today? Are they working well?
  - Family education
  - Behavior management
  - Individual and family therapy, including in-home family therapy
  - Evidence-based services like family functional and multisystemic therapy
  - Family and youth peer supports
  
- ▶ What are the key challenges you have seen youth experience when receiving services?
  
- ▶ Are there any trainings for providers or principles for care that would address these challenges?

# Crisis Services

# Context of Crisis Services

- ▶ Through the behavioral health system transformation, crisis services are evolving across the state
  - [Behavioral Health Service System Statewide Plan](#)
- ▶ People across the state, including children in REACH, will have access to this new crisis service system
- ▶ Our goal is to ensure that the new crisis service system meets the needs of youth with SED and the requirements of the [Settlement Agreement](#)

# General Requirements for Crisis Services

## Settlement Agreement

- **Improve, develop and strengthen mobile crisis intervention and stabilization** services continuum of care to ensure services are available 24 hours a day, seven days a week, 365 days a year to all children and youth through the state at the location where the crisis is occurring.

## Crisis Service Transformation

Strategy 1: Create and support a comprehensive and integrated, statewide behavioral health crisis system.

- HHS, BH-ASOs, and CBOs will build **multi-disciplinary crisis teams** and coordinate to **strengthen partnerships**
- HHS and BH-ASOs will build a **robust crisis peer workforce**

# Included Crisis Services

## Settlement Agreement

Strengthen and improve current crisis services offered through the implementation of CCBHC model of care and Crisis Response Services including:

- a. Mobile crisis
- b. Crisis evaluation
- c. Crisis stabilization  
community-based services
- d. Crisis stabilization residential  
services

## Crisis Service Transformation

► Strategy 1: Create and support a comprehensive and integrated, statewide behavioral health crisis system.

- A **statewide crisis center** (988) will provide consistent call assessment and triage
- HHS will **centralize dispatch** for mobile response
- HHS, BH-ASOs, and CBOs will develop and assure **comprehensive post-crisis follow-up and coordination**

# Additional Included Crisis Services

## Settlement Agreement

**Crisis services include, but are not limited to:**

- ▶ **Responding** to the immediate crisis and assessing child and family safety, and what kinds of resources are available to address immediate problems.
- ▶ **Stabilization** of functioning by reducing or eliminating immediate stressors and providing counseling to assist in de-escalating behaviors and interactions;
- ▶ **Referral and coordination** with (a) other services and supports necessary to continue stabilization or prevent future crises from reoccurring, and (b) any current providers and team members, including the care coordinator, therapists, family members, primary care practitioners, and school personnel; and
- ▶ **Post-crisis follow-up services** (stabilization services) in compliance with state regulations and timeframes.

## Crisis Service Transformation

**Strategy 3: Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health crisis system.**

- Iowa HHS, BH-ASOs, and CBOs will work together to implement strategies to ensure Iowans have
  - Someone to talk to when in crisis
  - People in place to respond
  - A place to go when in crisis

# Additional Requirements for Crisis Services (cont.)

## Settlement Agreement

*Settings:* During a crisis, MCIS should be provided **at the location where the crisis is occurring**, including the home (biological, foster, relative, or adoptive) or any other setting where the child is naturally located, including schools, recreational settings, child-care centers, and other community settings.

*Availability:* MCIS are available **24 hours a day, seven days a week, 365 days a year.**

## Crisis Service Transformation

Strategy 2: Increase access to behavioral health crisis services.

- Iowa HHS, BH-ASO and CBOs will ensure **consistent access to crisis receiving and stabilization services statewide.**
- All parties will work to establish capacity to **accept all referrals**
- Iowa HHS, BH-ASO and CBOs will establish walk-in and first responder drop off options including development and implementation of **no rejection policies.**

# Provider Requirements for Crisis Services

## Settlement Agreement

*Providers:* **Pre-crisis planning and post-crisis services** are typically provided by qualified providers drawn from **members of the CPT** as part of the provision of ICC and IHTS.

**During the crisis, MCIS are provided by a trained and experienced mobile crisis professional or team.** Sufficient MCIS providers to meet the expected needs of members of the Defined Class should be available. MCIS providers may include paraprofessionals.

## Crisis Service Transformation

**Strategy 4:** Help crisis providers increase their behavioral health knowledge and skills.

- HHS and BH-ASOs will assess workforce and training needs and provide support
- HHS and BH-ASOs will **develop a standardized training curriculum** including bolstered training on
  - Youth and families
  - Suicide prevention
  - Harm reduction
  - Trauma-informed care and more
- First responders and frontline health workers will be trained in crisis de-escalation, trauma-responsive and strengths-based service provision and more



# Discussion (p.2)

- ▶ What have been your experiences engaging with crisis services for youth in Iowa?
- ▶ Is there anything the state needs to consider to make crisis services work well for youth in particular?
- ▶ Have you faced any challenges with using crisis services that are not addressed through the settlement agreement or state crisis service transformation?



# Public Comment

---



Health and  
Human Services