

REACH Implementation Team

December 10th, 2025



Health and
Human Services

Agenda

- ▶ Subcommittee updates
- ▶ Review of subcommittee progress and recommendations
- ▶ Next steps
- ▶ Public comment

Subcommittee Updates

Meeting	November Topics	December Topics
Implementation Team	Care pathways	Review subcommittee recommendations
Consumer Steering Committee	Services and provider training; crisis services	Review subcommittee recommendations
Intensive Care Coordination Subcommittee	Provider training and supports	Review draft recommendation memo
Quality Subcommittee	Cancelled due to holiday	Review draft recommendation memo
Services and Providers Subcommittee	Provider training and supports; crisis services	Review draft recommendation memo
Communications Subcommittee	Care pathways	Assessment communications examples

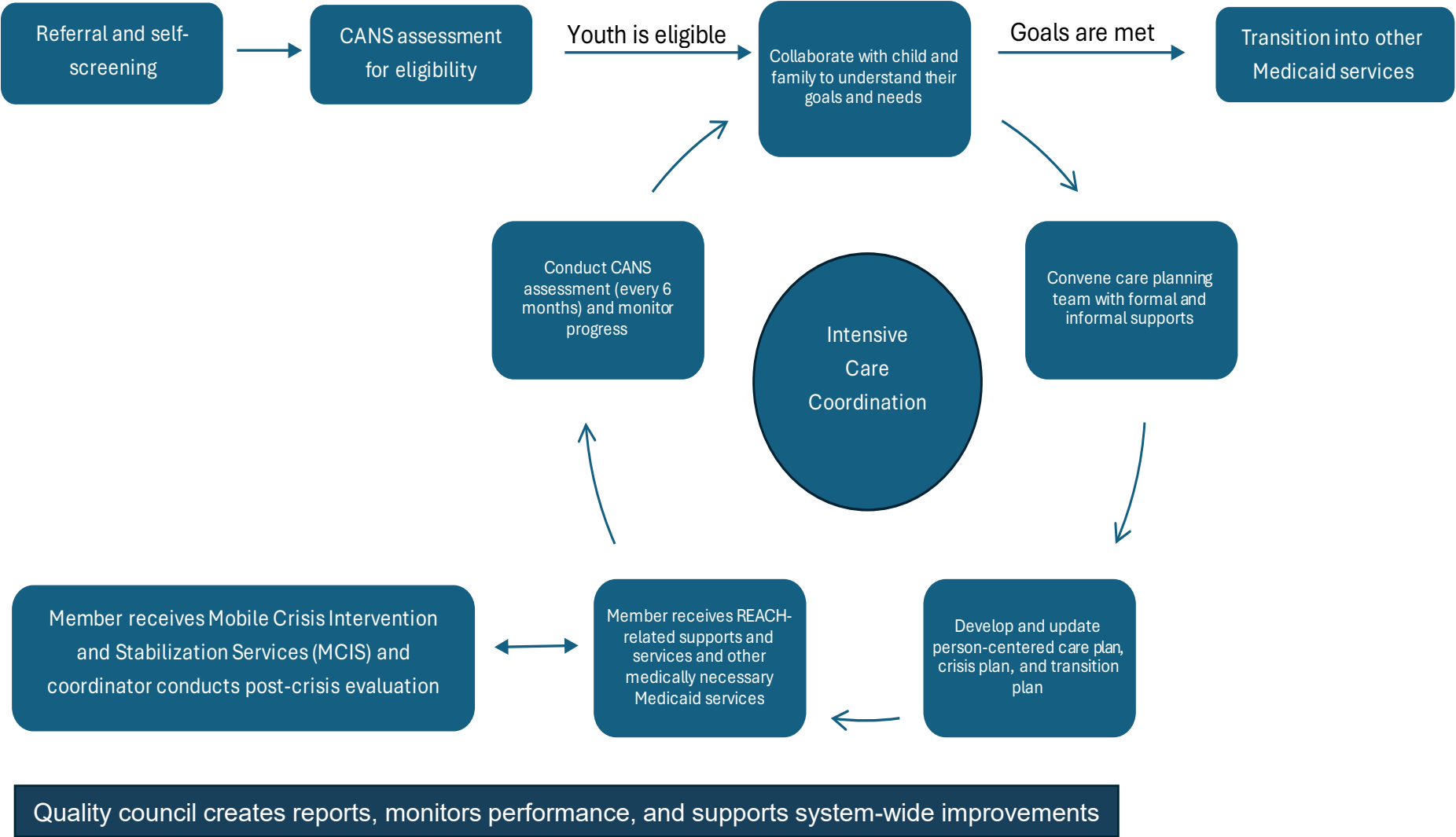


Subcommittee Recommendations



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Draft REACH Service System Diagram



Key Principles

Each subcommittee developed key principles to guide their recommendation, informed by the Settlement Agreement and their knowledge of Iowa's system

Assessment	Services	Coordination	Quality
<ul style="list-style-type: none">• Strengths-based• Customizable• Incorporates youth and family voice• Secure, accessible data storage	<ul style="list-style-type: none">• Child and family centered and led• Reflects and builds provider capacity• Aligns the behavioral health system	<ul style="list-style-type: none">• Fosters strong provider-family relationships• Enhances cross-system coordination• Clear provider roles	<ul style="list-style-type: none">• Child and family centered• Fosters accountability for HHS and providers• Accessible and relevant to a variety of audiences

Family and youth engagement and system alignment is central to each recommendation

Uniform Assessment Tool

- ▶ Considered three potential uniform assessment tools
- ▶ Ultimately recommended the Child and Adolescent Needs Assessment (CANS)
 - Incorporation of the child and family voice
 - Emphasis on using and bolstering strengths
 - Cost-effectiveness
 - Potential to build a centralized data management system

Intensive Care Coordination

- ▶ Conceptualized a care pathway directed by intensive care coordination
- ▶ Emphasized the importance of cross-system coordination including:
 - System-wide referral processes
 - Care planning teams inclusive of formal and informal supports
 - Shared uniform assessment portal
 - Connections to resources for health-related social needs
 - Warm handoffs to other state systems once members have met their care goals

Services and Providers

- ▶ Evaluated required services in REACH and proposed additional complimentary services for state consideration
- ▶ Emphasized the importance of aligning services and provider training with existing systems in Iowa
- ▶ Recommended strategies to build a supportive provider network including provider mentorship

Quality Improvement and Accountability

- ▶ Proposed 9 new key performance indicators to ensure high-quality care, focusing on
 - Member engagement with services
 - Improvements in outcomes measured by the CANS
 - Service availability in less restrictive settings

- ▶ Suggested reports to improve engagement with quality metrics, including
 - County-level reports
 - Quality scorecards
 - Personal conversations with families related to their care goals

Discussion

- ▶ Members have suggested REACH should align with other systems in Iowa. As we're building out the REACH services system, what other services or system should the state connect with?
- ▶ One of the guiding principles we've heard is that families should be engaged. How should families be involved in the future design of REACH services?



Next Steps



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REACH Timeline



2025: Iowa HHS worked with 7 Subcommittees including providers and community members to recommend what an ideal REACH system would look like for youth and families.



2026: Iowa HHS will continue to engage Subcommittee members and the public as they design and prepare to implement REACH services.



2027: REACH services will be implemented among early adopter providers.



2028 and Beyond: REACH services will be implemented statewide by July 1, 2028.

HHS Next Steps

- ▶ Over the next year, the state will
 - Evaluate subcommittee recommendations given budgetary, policy, and capacity constraints
 - Develop business processes, technology, protocols, and training to implement the uniform assessment tool, ICHSTS, and ICC
 - Launch a Quality Improvement and Accountability Plan
 - Continue to engage subcommittees on implementation decisions

Subcommittee Next Steps

- As HHS enters the REACH implementation phase, we plan to strategically engage subcommittees as listed below

Subcommittee	Cadence
Implementation Team	Monthly
Combined Services and Providers+ ICC Subcommittee	Monthly
Consumer Steering Committee	Bimonthly
Quality Subcommittee	Bimonthly
Communications	As-needed



Public Comment



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