



REACH Communications Subcommittee

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December 16, 2025



Health and
Human Services

Agenda

- ▶ 2026 Priorities
- ▶ Audience Mapping
- ▶ CANS Assessment + Communication Materials
- ▶ Public Comment

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.

2026 Communication Goals

January – April

- ▶ Work with Monitor alongside HHS staff and external partners
 - Ryan Adams of the Consumer Steering Committee
 - Kayla Powell – HHS
 - Other HHS Divisions (Behavioral Health, Family Well-Being and Protection)
- ▶ Legislative Session
 - Working to engage legislators with Medicaid litigation work (HOME, REACH)
- ▶ Audience Mapping
 - Will share more with subcommittee in early 2026

Audience Mapping

Audience Mapping

Intended Audiences

Who must you reach to achieve your objective?
(Example: providers, clients, frontline employees etc.)

Core Concerns

What existing belief or value can you tap into to engage and resonate with the audience?

Message

What key points do you want to make with each target audience?

Messengers

Who will best connect with the audience? Who is their reference group on your issue?

Proposed Member Materials

- ▶ Basic resource webpage with FAQ
- ▶ One-pager
- ▶ Infographics
- ▶ Fliers/brochures
- ▶ Rack cards / post cards
- ▶ In-person / virtual town halls / listening sessions / road shows w/ Director
- ▶ Informational videos
- ▶ Special trainings

Testing Materials

- ▶ Health literacy insights for audience testing
- ▶ Usability testing across member and stakeholder audiences
- ▶ Accessible, user-friendly materials

CANS Assessment Materials



Health and
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Texas CANS website

Child Protective Services

CHILDREN & FAMILIES

- ▶ Child Safety
- ▶ Family Support

CHILDREN IN OUR CARE

- Overview
- ▶ About State Care
- ▶ Foster Care
- ▶ Kinship Care
- ▶ Adoption and Permanency
- ▶ Medical Services
 - STAR Health
 - 3-Day Medical Exam
 - 3-in-30
 - Behavioral Health
 - CANS Assessment
 - Health Passport
 - Medical Assistance and Resources
 - Medical Consent
 - Medical Consenter
 - Medical Providers
 - Prescriptions
 - Psychotropic Medications
 - Texas Health Steps
 - Well-being Specialists
- ▶ Youth & Young Adults

MORE INFORMATION

- Attorney's Guide
- Embryo Donation
- Family First Act
- Practice Model
- Rainbow Rooms
- Interagency CRCGs

What is CANS?

The Child and Adolescent Needs and Strengths (CANS) assessment is a comprehensive trauma-informed behavioral health evaluation and communication tool. It is intended to prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions. CANS assessments help decision-making, drive service planning, facilitate quality improvement, and allow for outcomes monitoring.

DFPS uses CANS to gather information about the strengths and needs of a child to plan for services that will help the child and family reach their goals. For children receiving services under [Texas Child Centered Care \(T3C\)](#), the CANS will also help identify the selection of service packages to be provided by a caregiver.

The Texas version of CANS was developed for children in DFPS conservatorship. A CANS-certified assessor administers the assessment.

Who receives a CANS Assessment?

All youth in DFPS conservatorship ages 3-17 years old who entered DFPS care on or after September 1, 2016, are eligible to receive a CANS. In addition, young adults in extended foster care under T3C may receive a CANS.

Why do we need CANS?

To put it simply, the CANS assessment provides all those involved in a child's care a thorough understanding of a child's behavioral health needs and makes recommendations for the supports and services. In conjunction with a [Texas Health Steps medical checkup](#), we can see a full picture of a child's strengths and needs to create the best plan of service.

Six Key Components of CANS

- **The CANS rating items were chosen because they are each relevant to service planning.**

- [What is CANS?](#)
- [Who receives a CANS Assessment?](#)
- [Why do we need CANS?](#)
- [Six Key Components of CANS](#)
- [Background of CANS at DFPS](#)
- [Questions](#)

CANS Resources

- [What is CANS? \(youth video\)](#)
- [What is CANS? \(young children video\)](#)
- [What is CANS? \(young adults\)](#)
- [How to Read the eCANS Report](#)
- [What is CANS? \(caregiver video\)](#) | [Spanish](#)
- [Caring for Children in Foster Care in the First 30 Days](#)
- [CANS Manual 3.0](#)
- [CANS 3.0 Rating Sheet](#)
- [Suicide Safety Planning Intervention Sheet](#)
- [CANS certification](#)
- [John Praed Foundation](#)
- [Presentation by Dr. John Lyons](#)
- [Find a CANS-certified STAR Health clinician](#)

More Information

- [3-Day Medical Exam](#)
- [3-in-30](#)
- [Health Passport](#)

What is the ?

Young Adults Edition



[Introducing the CANs \(Child and Adolescent Needs & Strengths\)](#)

[What is the CANs? | Young Adults Edition - YouTube](#)

Next Steps

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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