

Iowa REACH Implementation Team Meeting

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Policy

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Agenda

- ▶ Subcommittee updates
- ▶ Principles of care
- ▶ Crisis plan requirements
- ▶ Public comment

Subcommittee Updates

Meeting	January Topics	February Topics
Implementation Team	<ul style="list-style-type: none"> • Healthy Hometowns • HOME Public Comment Period 	<ul style="list-style-type: none"> • Principles of care • Crisis plan requirements
Consumer Steering Committee	Cancelled due to conflicts with HOME Public Comment Information Session	<ul style="list-style-type: none"> • Principles of care
Intensive Care Coordination and Services and Providers Subcommittee	<ul style="list-style-type: none"> • Principles of care • Healthy Hometowns • HOME Public Comment Period 	<ul style="list-style-type: none"> • Strategies to address workforce concerns
Quality Subcommittee	<ul style="list-style-type: none"> • REACH service system design • Healthy Hometowns • HOME Public Comment Period 	<ul style="list-style-type: none"> • No meeting scheduled
Communications Subcommittee	<ul style="list-style-type: none"> • Cancelled 	<ul style="list-style-type: none"> • Cancelled



Principles of Care



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Principles of Care

- ▶ The settlement agreement describes child and family-centered values and principles which have guided our work
- ▶ We have received feedback from the subcommittees throughout the year about how to infuse key principles into REACH
- ▶ Today, we want to highlight a few key principles and consider how we can ensure they are upheld through implementation

Family Voice and Choice

Description of Principle

- ▶ Family and youth perspectives are gathered and prioritized throughout engagement
- ▶ Care planning is grounded in members' perspectives
- ▶ Options provided by the care planning team reflect family values

Subcommittee Feedback

- ▶ Uniform assessment focuses on a family's self-identified needs and goals
- ▶ Assessors and care coordinators should be trained to collaborate with the family and center their values
- ▶ Coordinators will present service options aligned with family goals
- ▶ Families collaborate in building and have final decision power over their care plan
- ▶ Transition out of services is based on whether the child and family's goals are met

Strengths-Based

Description of Principle

- ▶ The care plan will identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members

Subcommittee Feedback

- ▶ Uniform assessment is strengths-based
- ▶ Strengths identified in assessment will be incorporated in the care plan
- ▶ The care plan should reflect, utilize, and bolster members' strengths

Team-based

Description of Principle

- ▶ The care team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships

Subcommittee Feedback

- ▶ Coordinators will assemble a care planning team with unique roles
 - Outlined in the Intensive Care Coordination Recommendation
- ▶ Members of the care planning team will be continuously engaged to assess member progress and update the care plan
- ▶ Members may provide updates individually to protect the time of families and providers
- ▶ Services and supports will be provided in settings relevant to the family and child that draw on supports

Discussion

- ▶ What can the state do to ensure care plans build family strengths in addition to addressing needs?
- ▶ How can we ensure that the whole care team is engaged throughout service delivery?
- ▶ Are there any specific trainings we should implement to ensure these values are upheld?
- ▶ Are there additional things we should consider during implementation to make sure REACH reflects these values?



Crisis Plan Requirements



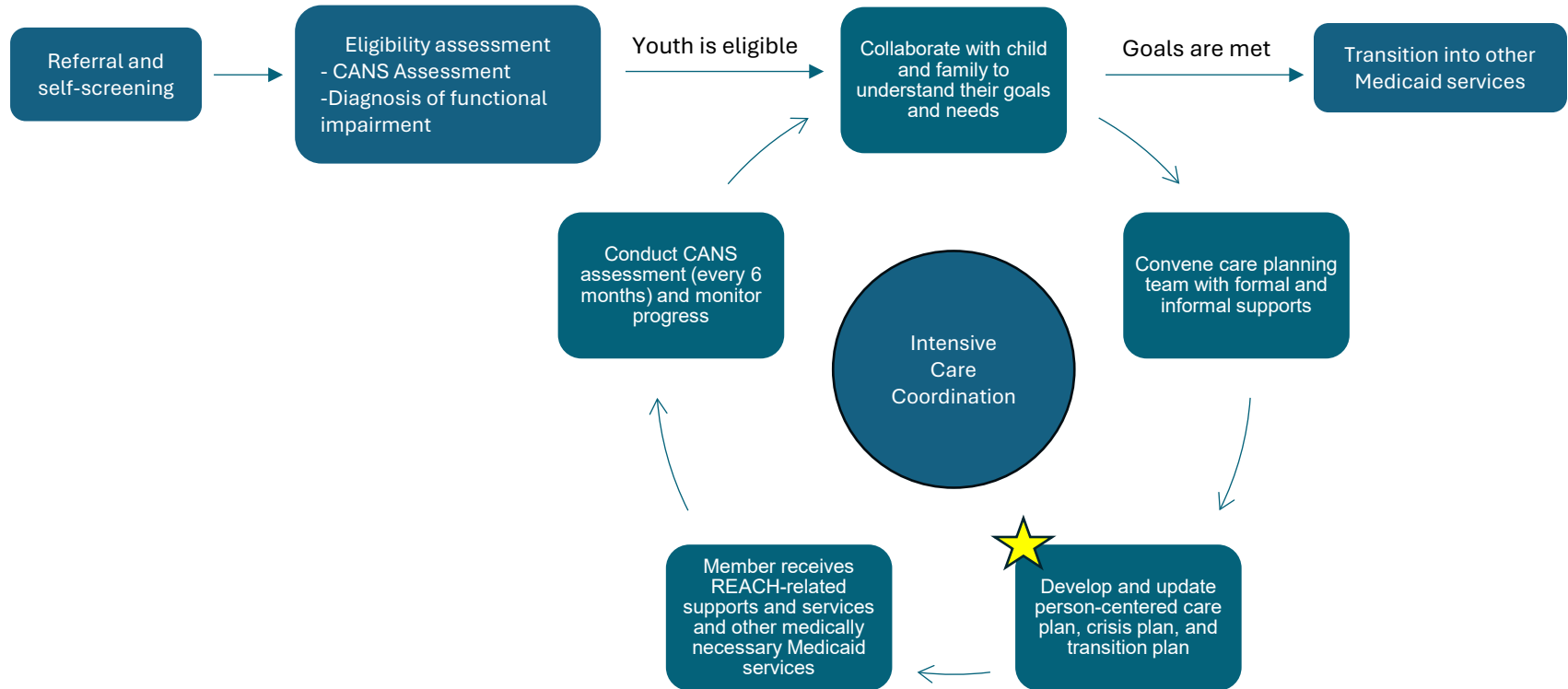
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Context of Crisis Services

- ▶ 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
- ▶ In order to ensure this new system meets the needs of youth with SED and the [Settlement Agreement](#), we have met with subcommittee members and the HHS crisis team

REACH Service System Diagram (DRAFT)



Mobile Crisis Intervention and Stabilization Services (MCIS) can be received at any time, and coordinators will conduct post-crisis evaluation.

Quality council creates reports, monitors performance, and supports system-wide improvements.

Crisis Planning in WISe

Define what crisis means to the family and youth

- Types of crisis
- Benchmarks for progress and changes in the meaning of crisis

Prevent crisis

- Crisis identification and prevention steps
- Care planning team's roles in crisis prevention

Understand what to do in a crisis

- Plan for who to contact for different types of crisis, including the care planning team or mobile crisis response providers
- Information to assess safety risks

Additional information on page 29 of the [WISe Handbook](#)



Crisis Follow-up in WISe

- ▶ The crisis plan also describes a process for post-crisis evaluation
- ▶ The care planning team must meet within 3 days of the crisis to review and update the crisis plan
- ▶ The crisis provider and care planning team will coordinate on follow-up services
 - Note: Mobile crisis response teams in Iowa don't currently participate in follow-up, but could under this new system
- ▶ This may include evaluation of available post-crisis support

Discussion

- ▶ What should be included in crisis plans for members of REACH? Should anything be adapted from WISe?
- ▶ What are the best practices for the care planning team and care coordinator to stay engaged in crisis plan development, monitoring, and follow-up? What parts of crisis management should the care team be responsible for?
- ▶ What is the most effective way to connect REACH families and children to appropriate centers during a crisis?



Public Comment



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