

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



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# 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?



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# Crisis Plan Requirements

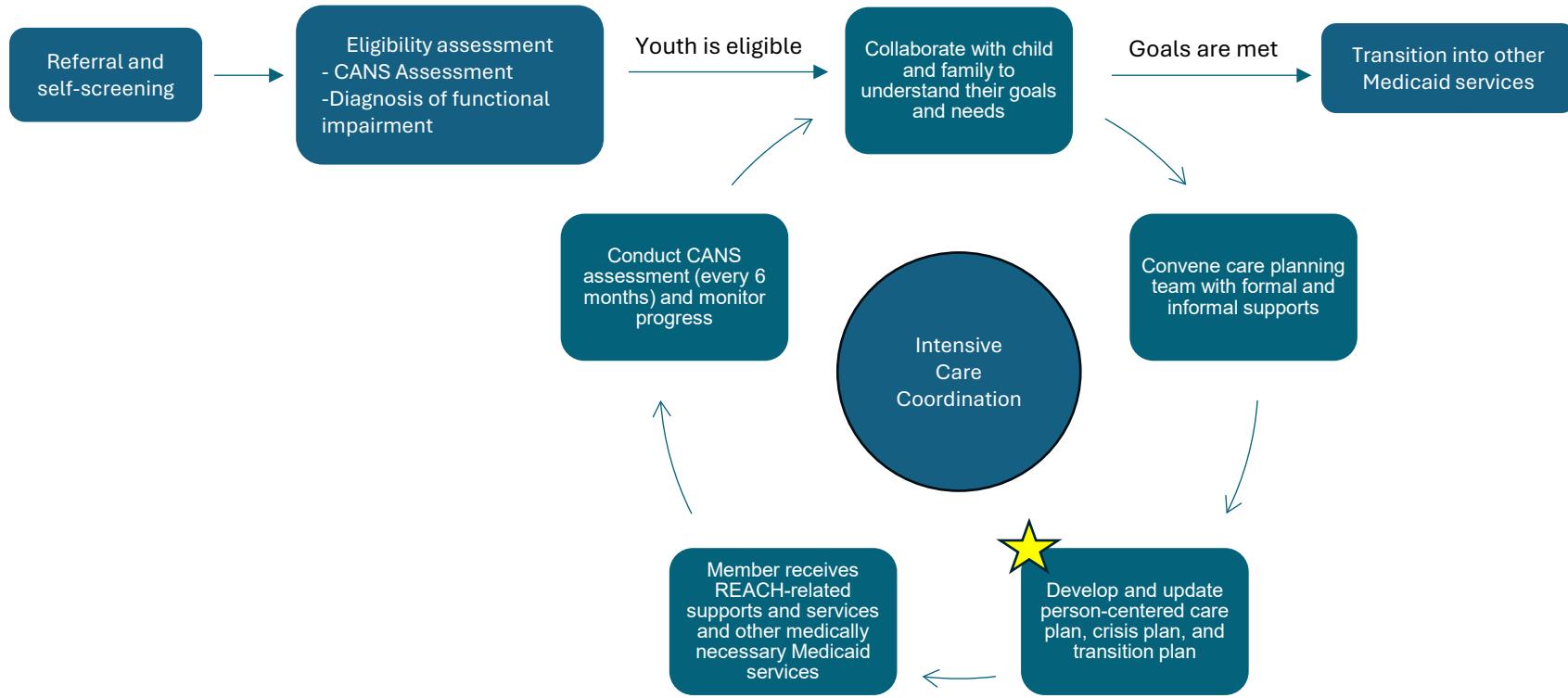
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# Context of Crisis Services

- ▶ 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?



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# Public Comment

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