

# REACH Communications Subcommittee

March 2026



# Activities

- **Plaintiff's Council meetings**
  - Continue to meet requirements in court agreement
- **Managed Care Organization (MCO) Meetings**
  - Informed MCOs of REACH project updates in late March
- **SIYAC work**
  - March 30 – Youth Advocacy Day
  - April 16 – Strengthening Youth Voices Webinar
  - May/June - Sharing potential communication strategies



# Activities

- **Medicaid Policy Team**

- Refining REACH eligibility requirements beyond just a Serious Emotional Disturbance (SED) diagnosis and Child and Adolescent Needs and Strengths (CANS) assessment to ensure eligibility criteria reflect a youth's need for highly intensive REACH services. Additional considerations include but are not limited to social determinants of health, hospitalization, and/or judicial involvement.

- **Iowa Commission of Deaf Services**

- Seeking information about REACH and looking to address barriers related to mental health support and crisis services.

# Youth Advocacy Day

Monday, March 30<sup>th</sup>



# Youth Input

**Purpose:** Capture Youth Perspective- An Iowa REACH Design Session with members from all the Iowa HHS' Youth Advisory Councils to learn what services they find important for youth

We used their insight to identify where current services fall short — especially in access, continuity, and cultural fit — to guide REACH design.

# Key Themes

- Access
- Services
- Schools
- Youth-Centered Models
- Environment
- Technology





# Access

- **Increase outreach** - Youth-facing campaigns via schools, social media, and community partners.
- **Expand entry points** (in-person, school, online) In-person, school-based, and online referral pathways... not just provider offices.

# Services

”I had three different coordinators in one year.”



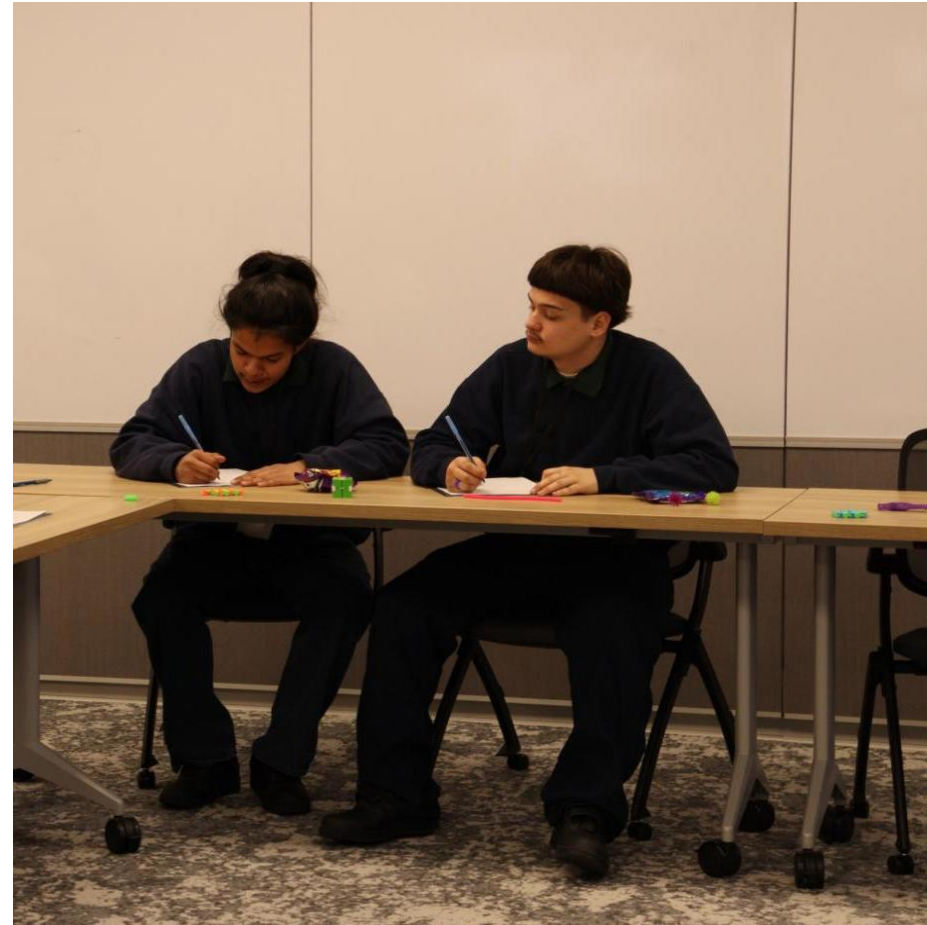


# Services (cont.)

- Strengthen care coordination-Single point of contact who knows the youth's full history — not multiple coordinators.
- Peer supports & counseling access-Youth peer support specialists embedded in school settings.
- Go beyond talk therapy and offer different types of therapy like art, music, activity, recreational therapies. Youth want to learn how to cope with their mental health in ways that make sense to them- don't always want to sit down and talk it through.

# Schools

- Behavioral supports integrated in schools-REACH services coordinated with school mental health staff and IEP teams.
- Availability of providers in schools all the time.





# Youth-Centered Models

- **24/7 access centers:** Round-the-clock crisis and walk-in support — not just business-hours availability.
- **“One-stop” service locations:** Co-located behavioral health, medical, and peer support under one roof.
- **Co-located care** (therapy, medical, meds): Therapy, primary care, and medication management in the same visit/location.
- **Transportation support:** Getting to care is a barrier — transportation must be part of the solution.

# Technology

“I’m already on my phone all the time, if I could get help there instead of having to talk with someone, I might use it.”





# Technology (cont.)

- **Virtual therapy options:** Telehealth must be a full alternative for youth who prefer it or lack transportation... not just to be used as a backup.
- **Online platforms:** Scheduling, care plan access, and communication tools that youth can use independently.
- **Digital engagement tools:** Apps and text-based check-ins that fit youth communication habits between sessions.



# Environment

- **Safe, welcoming spaces:** Environments that feel approachable — not clinical, institutional, or intimidating.
- **Activity-based engagement:** Programming built around interests, not just sitting in an office to talk.
- **Youth-friendly design:** Input from youth in physical and program design — not just adult assumptions.
- **Social media outreach:** Meeting youth where they already are for awareness, info, and destigmatization.

THEME	WHAT YOUTH SAID	REACH DESIGN RESPONSE
<b>Access</b>	Awareness & entry point gaps	Intensive Care Coordination (ICC) outreach; multiple referral pathways
<b>Services</b>	Fragmented coordination; no continuity	ICC as single point of accountability
<b>Schools</b>	Need help where they spend their day	BST, IHFT, FPS deliverable in-school
<b>Youth-Centered Models</b>	One-stop, co-located care	Care Planning Team; co-location encouraged
<b>Environment</b>	Safe, welcoming, activity-based	Home and Community-based Services (HCBS) Settings Rule compliance required
<b>Technology</b>	Telehealth as first choice, not last	Telehealth permitted across REACH services



# Next Steps

- ▶ Map each youth recommendation to a specific REACH service definition, provider standard, or policy requirement.
- ▶ Present youth recommendations to provider workgroups, county partners, and family advocacy organizations for feedback.
- ▶ Survey provider readiness to meet youth-centered design standards — telehealth, co-location, school-based delivery.



# Discussion

- ▶ Youth should be actively involved throughout the entire REACH implementation process. Based on our group discussion with SIYAC, which topics would you like them to explore in greater depth?
  - Access
  - Services
  - Schools
  - Youth-Centered Models
  - Environment
  - Technology



# Discussion

- ▶ What recommendations do you have to strengthen youth and family voices?
- ▶ How can we engage school-based service providers?

An aerial photograph of a rural farm at sunset. The sun is low on the horizon, casting a warm glow over the landscape. In the foreground, there are several large silos and a red barn. A dirt road runs through the center of the farm. The background shows a small town or village with various buildings and more fields.

# Public Comment



Health and  
Human Services