BEHEOPC-25-201

Behavioral Health Administrative Services Organizations (BH-ASOs)

The following is the proposal from Iowa Primary Care Association, the Apparent Successful Bidder for this Request for Proposal.

This proposal does not constitute a contract between the two parties. A final contract will be posted soon.

Kyle Welander

Division of Compliance

Iowa Department of Health and Human Services

321 E 12th Street, Des Moines, IA 50319

Phone: 515-369-2803

kyle.welander@hhs.iowa.gov

October 18, 2024

Kyle Welander
Iowa Department of Human Services (HHS)
1305 E. Walnut St.
Des Moines, IA 50319-0114
Phone: (515) 369-2803
RFP BEHEOPC-25-201

RE: Iowa Department of Human Services, Request for Proposal (RFP) - Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7. BEHEOPC-25-201

Dear Mr. Welander,

On behalf of the Iowa Primary Care Association (Iowa PCA), I am excited to submit our response to the Iowa HHS RFP for Behavioral Health Administrative Services Organizations. Our organization believes that we are uniquely positioned to affect the positive changes to Iowa's behavioral health system envisioned in Governor Kim Reynolds' proposal that was ultimately enacted via House File 2673.

The Iowa PCA is a nonprofit membership association that supports the 14 community health centers and their nearly 100 delivery sites across Iowa through training and technical assistance, health information technology consulting and supports, and other shared services. Our network of community health centers constitutes a critical safety net system of care that employs an integrated model of care that includes behavioral health services as a core service line.

I believe our long history of leadership, innovation, collaborative partnerships, and strong organizational management make us the ideal candidate to act as Administrative Services Organization (ASO) in all seven Districts. We believe the redesign of the behavioral health system in Iowa is a once-in-a-generation chance to rethink how our state delivers, supports, and administers critical services for families and communities in Iowa. Our team is excited for the opportunity to serve Iowans throughout the state, and we are committed to meaningfully engaging with providers, partners, and patients to ensure success.

Sincerely,

Aaron L. Todd
Chief Executive Officer
Iowa Primary Care Association

Section 1: Transmittal Letter

3.2.1 Executive Summary

Since 1988, the Iowa Primary Care Association (Iowa PCA) has supported Iowa's community health centers (CHCs) in their mission to provide quality, affordable primary care, behavioral health, oral care, and pharmacy services to meet community needs. The Iowa PCA is a nonprofit membership association that supports the 14 CHC members throughout the state. Our CHC members are critical safety net resources in both rural and urban communities, serving nearly 250,000 Iowans each year through nearly 900,000 patient visits at nearly 100 delivery sites across the state. The Iowa PCA members play an important role in Iowa's existing behavioral health and substance use disorder system. CHCs conduct more than 120,000 in-clinic and virtual behavioral health-related patient visits each year for more than 32,000 Iowans and have experienced over 440% growth in behavioral health patient visits in the past nine years.

> *"My mental health affects my kids, so I think part of being healthy is being open and honest about your struggles, staying on top of your healthcare and reaching out to your providers." Current CHC Patient*

Iowa's CHCs and the Iowa PCA have proactively, incrementally, and purposefully built a supportive ecosystem for CHCs. This infrastructure has included staffing resources with expertise that mirrors the services lines and subject matter experts, such as clinical expertise, change management, revenue cycle, data informatics, and many others. We have developed data, analytics, and reporting infrastructure to meet the data-informed needs of providers, business decisions, and partners, and do so in a cost-effective manner. We have developed shared services, such as our recruitment center, so that CHCs can cost effectively tackle challenges collectively. And we have developed robust central partnerships, especially where there is a need to bring solutions to scale, such as our value-based care contracting with managed care organizations. This ecosystem evolves to meet the needs of CHCs and is intentionally nimble so that we can adapt to the dynamic healthcare system. We have built the necessary corporate structures through INConcertCare (INCC), our health information technology nonprofit, and IowaHealth+, a limited liability company owned by CHCs and the Iowa PCA focused on value-based care contracting.

With over 35 years of experience supporting health care services for Iowans, the Iowa PCA views the 2024 redesign of Iowa's behavioral health system as an historic opportunity. As an organization with deep roots in Iowa and a long history of collaboration with diverse stakeholders, the Iowa PCA is uniquely positioned to serve as the statewide ASO. Our longstanding role as a convener across all types of health care and community-focused organizations, our trusted partnerships with state and federal agencies, and our track record of working effectively with Iowa's managed care organizations (MCOs) make us the ideal candidate for this role. The supportive ecosystem that has been built for CHCs can be adapted and scaled to support Iowa's behavioral health system. Not only will the behavioral health system improve, Iowa will also develop a more cohesive and collaborative safety net provider system.

The Iowa PCA is uniquely positioned to seamlessly integrate physical and behavioral health services, leading to improved health outcomes, more efficient resource allocation, and a more cohesive, effective healthcare delivery system across the state. With our 14 members' nearly 100 physical locations across the state, we have established relationships in communities in each of the seven Behavioral Health System Service (BHSS) Districts and are ready to build

upon our existing partnerships across the state. Our local CHCs overwhelmingly support this response and have committed to leveraging their physical locations to support ASO operations.

> *"I believe the Iowa PCA is fully prepared and well positioned to execute the BH-ASO with a great level of success. Their collaborative approach, existing systems, mission, and values are a solid foundation for supporting community health and integrated care models. The Iowa PCA and our local community health center have consistently demonstrated a collaborative and innovative approach to health care. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa." Brandy Wallar, President and CEO, New Visions Homeless Services*

The Iowa PCA is committed to our vision of health equity for all. This vision drove our decision to respond in all seven Districts to this request for proposal. The Iowa PCA and our member CHCs have a demonstrated record of delivering on the promise that all Iowans deserve access to high quality health services regardless of their income or where they choose to live, work, and raise their families. While our team recognizes that each District has unique needs and challenges based on a variety of factors, including their population health, urbanicity, and socioeconomics, the Iowa PCA believes that having one statewide ASO will ensure consistent services for all Iowans, reduce administrative costs and duplication from seven separate District ASOs, and streamline coordination with state partners. This approach will enable focused and efficient resource allocation, and provide seamless, uniform visibility to state partners across the entire system. Our approach will be locally informed while ensuring that our state truly has a single BH-SUD system that works for every Iowan.

> *"Through our partnerships over the years, I have directly observed the Iowa PCA's experience and skills in partnership and support in delivering new and expanded services, and the ability to build data and shared services infrastructure that enable the network to act as a coordinated system of care for the most vulnerable Iowans. They have demonstrated skill in achieving improvements in quality metrics, expanding services for unmet needs, and are leaders in integrated care models, population health, and addressing social determinants of health." Jennifer Vermeer, Plan President, Molina Healthcare of Iowa*

A Recognized Statewide Convenor

At the Iowa PCA, our team is guided by a deep commitment to our mission, vision, and values. While each of our values is foundational to our work, it is no coincidence that collaboration stands as our first. We believe that the future success of all health care in Iowa, especially the redesigned BHSS system, depends on collaboration, not competition.

This principle is the foundation of how we engage with the state, stakeholders, providers in our daily work. Recently, the Iowa PCA completed a six-year project in partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from the Substance Abuse and Mental Health Services Administration Center (SAMHSA). Known as Iowa's Integration Project, this pilot project sought to improve primary and behavioral health outcomes for individuals with substance use disorders (SUD) through improved care coordination and integration. Utilizing a care coordination model, team-based care was provided through co-located team members between the three participating CHCs and their community partner for behavioral health services. This successful pilot engaged state and local stakeholders to leverage data, break down traditional silos of care, and collaboratively develop a more wholistic model of support for Iowans struggling with SUD. The lessons learned from our

work with the PIPBHC grant will be invaluable as we look to achieve similar integration and system coordination success on a statewide basis.

The Iowa PCA was also the lead partner in a Robert Wood Johnson Foundation funded initiative called the Delta Center for a Thriving Safety Net. We worked with the Iowa Association of Community Providers (IACP) and Iowa Behavioral Health Association (IBHA) to identify collaboration opportunities to better align our efforts. Since that effort ended a couple of years ago, the Iowa PCA has invited and hosted the Missouri Behavioral Health Council and Missouri Primary Care Association to Iowa to engage with IACP and IBHA, along with Iowa HSS leaders, to better understand how Missouri CHCs and behavioral health providers have succeeded in advancing collaborative opportunities, including establishing and co-locating to a shared center of excellence, building mutual data systems capacity, and engaging in value-based care payor partnerships. These multidisciplinary system integration efforts can serve as a valuable guide for Iowa to learn from the Missouri experience and develop a model that best fits the needs of Iowans.

> *"Iowa Total Care and the Iowa PCA have developed a strong and strategic partnership over many years. Through these efforts, it has been made clear that the Iowa PCA has the expertise, infrastructure, relationships, organizational culture, and operations to partner with the State, behavioral health providers, the Medicaid MCOs, and other partners to improve and better align the traditional healthcare safety net with the behavioral health safety net system." Mitch Wasden, Plan President, Iowa Total Care.*

The Iowa PCA will bring our proven and successful approach to engagement and collaboration to each BHSS District. We will leverage existing relationships and build new connections with behavioral health leaders, local government officials, existing providers, law enforcement agencies, hospitals, courts, school districts, and other stakeholders to inform the assessment and identification of needs and guide our approach to district-level system coordination. Our staff are trained in advanced facilitation and engagement approaches and expected to utilize these skills in our work, and these approaches will be applied in our ASO initiatives. At the core of the approach is the concept that the persons we are working with have the knowledge, resources, and tools to identify the core issues and associated solutions or can identify if any of the necessary ingredients are missing. Our job is to create an environment and process that is conducive to eliciting productive communication, collaboration, and progress.

> *"Iowa PCA is well positioned to successfully execute the BH-ASO. Their existing systems and collaborative approach are a solid foundation for supporting community health and integrated care models. The Iowa PCA and our local community health center have consistently demonstrated a commitment to collaboration and innovation. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa." Ashley Flater Executive Director Micah House*

We will collaborate with local partners to support programs and services that produce evidence-based outcomes. In preparing this proposal, the Iowa PCA completed an initial assessment for each BHSS District, informed by outreach meetings with key local stakeholders. These discussions have helped identify local needs, opportunities, and further partnerships. For example, local stakeholders report that crisis response programs vary significantly within most Districts and across the state. Programs that work in urban areas may not be appropriate for rural communities and efforts to spread evidence-based best practices have been limited. Local partners provide critical perspective on the programs that will be successful in their unique

communities. We understand this collaboration will be vital to the success of our work as the statewide ASO.

> *"The Iowa PCA's approach to collaborating with MCOs and other partners on systems-level solutions is a strong foundation that we can leverage together for the benefit of Iowa's behavioral health system and system integration." Teresa Hursey, Plan President, Wellpoint.*

In each District across Iowa, it was noted that accessibility to comprehensive children's behavioral health services remains a significant challenge across the full spectrum of care. Child therapists are in short supply, making it difficult for families to access timely and specialized mental health care for their children. Additionally, there are very few crisis providers specifically for children, which limits immediate care options during emergencies. These gaps in care create barriers for children who require intensive support, leaving many without appropriate placement or timely intervention. Addressing these challenges is critical to ensuring that children across Districts have access to the services they need for their mental health and well-being.

Thrive Iowa and the Science of Hope

Through our work with CHCs, the Iowa PCA understands the need for a "no wrong door" approach to Iowa's BHSS system. For years, we have worked to help Iowa's safety net population locate and navigate resources like Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB with varied levels of success. Countless faith-based and nonprofit organizations stand ready to provide support for Iowans in need. Yet too often, those who need immediate assistance do not know where to turn for help. Without a way to more easily connect them to the resources they need, they can easily fall through the cracks. Additionally, too many Iowans only access state and community-based organization services and supports when they are already in crisis. Opportunities for early intervention pass and the result is Iowans in crisis.

> *"PHC trusts the Iowa PCA to provide consultative support, strategic advice, and to help our network of health centers in navigating the ever-evolving healthcare landscape. The Iowa PCA has supported health centers in developing strategies to improve system navigation services to better support our patients and has advised on how to build and enhance local delivery systems. The operational and health information technology best practices have helped PHC to improve clinical and financial outcomes and have supported our organization in having tools and workflows for better patient engagement, coordination of care, and communications with collaborating partners. PHC seeks to do its work through partnerships and collaboration and the Iowa PCA shares these values as it works with national, state, and local partners to improve the health and well-being of Iowans." Kelly Huntsman, MHA, Chief Executive Officer Primary Care, Inc.*

Thrive Iowa will be an important centralized access point for Iowans who are both in subacute need and in crisis, and the Iowa PCA is committed to the successful implementation of this program. As the statewide ASO, we can support Thrive Iowa in several critical ways. While Thrive Iowa will assist Iowans with a single point for state services, it is vital that community-based organizations also step forward to offer their programs and services via the Thrive Iowa platform. Building upon our long history with the existing systems and supportive service providers, the Iowa PCA will work collaboratively with state partners to ensure that each District has a wide-ranging directory of community-based organizations that are local to the District and have the capacity to provide support. Use of a single platform, such as Thrive Iowa which will

function as a closed loop referral system, will connect all Iowans with community resources and ensure they receive the services they need.

We also understand that Iowans need to know about Thrive Iowa for it to be successful. The Iowa PCA will coordinate with state partners and local stakeholders to identify key channels and mediums to effectively educate Iowans on the role of Thrive Iowa and ways to access these services and supports. As part of our community engagement efforts in each BHSS District, we will actively promote Thrive Iowa and help to build community capacity in support of the new system. We have experience with successful statewide public awareness campaigns that have far exceeded industry benchmarks such as our recent campaigns promoting routine vaccinations (Donut Wait. Vaccinate.) and routine screenings (Donut Stress. Just Test.).

The Iowa PCA firmly believes in the Science of Hope and looks forward to supporting its implementation in Iowa. We have seen that in states like Oklahoma and Florida, the Science of Hope has the power to dramatically change both organizational and individual dynamics. The Iowa PCA ASO is committed to becoming a Hope-centered organization. Every public-facing ASO staff member will receive Hope awareness training to help develop the skills to best support the individuals we serve. The Iowa PCA will also implement cohesive Hope-based language for all stakeholders. This approach will foster a more empathetic and collaborative approach to our ASO work. It will also ensure that the ASO team is communicating in concert with the State's Hope Navigators.

As the statewide ASO, we look forward to collaborating with state partners to bring this initiative to every corner of the state. While we stand ready to support all Science of Hope initiatives, we believe one of the first should include facilitating Science of Hope training for all stakeholders and groups that interact with Iowa's Behavioral Health Service System, including providers, law enforcement agencies, hospitals, courts, school districts, and other key thought leaders and stakeholders. The Iowa PCA believes that as leaders learn more about the transformative power of the Science of Hope, it will improve outcomes for many of those engaged with the BHSS system and improve the lives of thousands of Iowans.

A Fresh Perspective, Focused on Integration and Capacity Building

The Iowa PCA brings a new vision for Iowa's redesigned behavioral health system. Built on a framework of strong local engagement and sensitivity to the financial and personal investments so many have made in building the existing systems, we will deploy our advanced data informatics and system analysis capabilities to critically evaluate every aspect of the current administrative and service delivery systems. This approach will ensure local stakeholders are working in conjunction with Agency officials to make data-informed decisions that identify capacity gaps, strategically deploy resources, leverage technology to expand services, and replicate successful evidence-based practices statewide. We believe that our organization has the expertise, relationships, culture, and values to assess the system as it exists today and forge productive partnerships and collaborations to efficiently build a future-facing system that improves behavioral health outcomes for all Iowans.

While our organization and members have provided behavioral health and substance use disorder services for decades, we view this system redesign as a once in a generation chance to enhance service integration across the behavioral health system and the broader care delivery system. We will bring this focus on community and systems-level integration to our work as the statewide ASO. The Iowa PCA will work to streamline services and enhance coordination among various stakeholders within the behavioral health system. This integration will foster improved communication and collaboration between providers, ensuring that

resources are used efficiently to fill gaps in care, enhance access to services, and ultimately improve patient outcomes. As a result, the Iowa PCA will not only improve access to existing services but also facilitate the development of new and much-needed programs across the state. The Iowa PCA is committed to the development of specialized programs such as mobile crisis and crisis stabilization services, which address critical needs for Iowans facing mental health challenges. By aligning these efforts, the Iowa PCA is enabling a more responsive and cohesive behavioral health system that can adapt to local demands and ensure that vital services reach under-resourced populations.

> *"I can see that they value provider input and engagement and will provide better support to the districts related to assessment and planning as well as operationalizing a better coordinated, aligned, and cohesive system of care. Family Resources has provided innovative programming to youth, in partnership with law enforcement and other providers, and if we could build a more sustainable system and resources, we know we can do more to expand access to services and supports that reach our residents before they are in an acute or crisis situation. Nicole Cisne Durbin, CEO, Family Resources*

The Iowa PCA is committed to enhancing the behavioral health system across the state through strategic initiatives that focus on building capacity. By fostering new partnerships and leveraging evidence-based and promising practices, the Iowa PCA promotes statewide collaboration among community stakeholders. A key element of this effort is the effective use of improvement collaboratives, which will be based on the successful outcomes from our Transformation Collaborative. The concept at a high level is in-person learning focused on key improvement capacity or improvement building concepts via didactic learning, followed by peer learning, and rounded out with focused implementation planning. This agenda ensures that the process is grounded in shared understanding and evidence-based models, providing learning opportunities from those with direct experience, and safeguards time to strategize for immediate application upon return to the home clinic environment. The Iowa PCA is also adept at developing robust partnerships that drive better outcomes and sustainable services, such as our value-based care partnerships with the three Medicaid managed care organizations, pilot projects with SafeNetRx focused on affordable prescription drugs, and our centralized Epic electronic health record partnership with OCHIN. Our relationships, willingness to engage with others in pursuit of mutual value, and spirit of innovation will be advantageous to the BHSS.

> *"Graceland University has partnered with our local community health center (Infinity Health) on a variety of project to include onsite provision of student health services, COVID preparation and response, and mental health counseling evaluation and services for our students. Infinity Health has been a trusted safety net provider for our community, and they are strongly supported by the Iowa PCA in their efforts. Both organizations are responsive, collaborative, and deeply invested in the healthcare of communities and state." Julie Neas, Executive Director, Graceland University Trio Program*

Efficient Organizational Management and Successful Program Administration

The Iowa PCA has invested significant resources in organizational development and management. Each member of our leadership team has over ten years of experience in the healthcare, behavioral health, or public health sectors. We employ robust performance management processes, invest in professional development and training, and strive to create a rewarding and inclusive work environment. The Iowa PCA utilizes sophisticated tools for strategic planning and project management, leadership development, and administrative processes.

The Iowa PCA has extensive experience managing state and federal funding, including numerous grant-funded and contracted projects for the Agency and federal partners. As an example, the Iowa PCA has partnered with the Agency to improve adolescent healthcare outcomes. Through consultation with CHCs providing comprehensive, integrated models of care, including behavioral health, this project seeks to positively influence adolescent health care outcomes through long-term practice changes.

Through our sister organization IowaHealth+, we negotiate and enter into value-based contracts in the Medicaid and Medicare programs, facilitating quality improvement, risk-based contracting, and revenue cycle management support. We take our fiscal responsibilities seriously and will ensure transparent and efficient management of BHSS resources.

A Leader in Healthcare Data and Analytics

We understand the importance of data collection and interoperability to the overall health care system. It is critical for the state to securely obtain timely and accurate data from the Districts to effectively identify system outcomes, trends, and gaps. The collection and sharing of appropriate behavioral health data is currently an opportunity for improvement in Iowa.

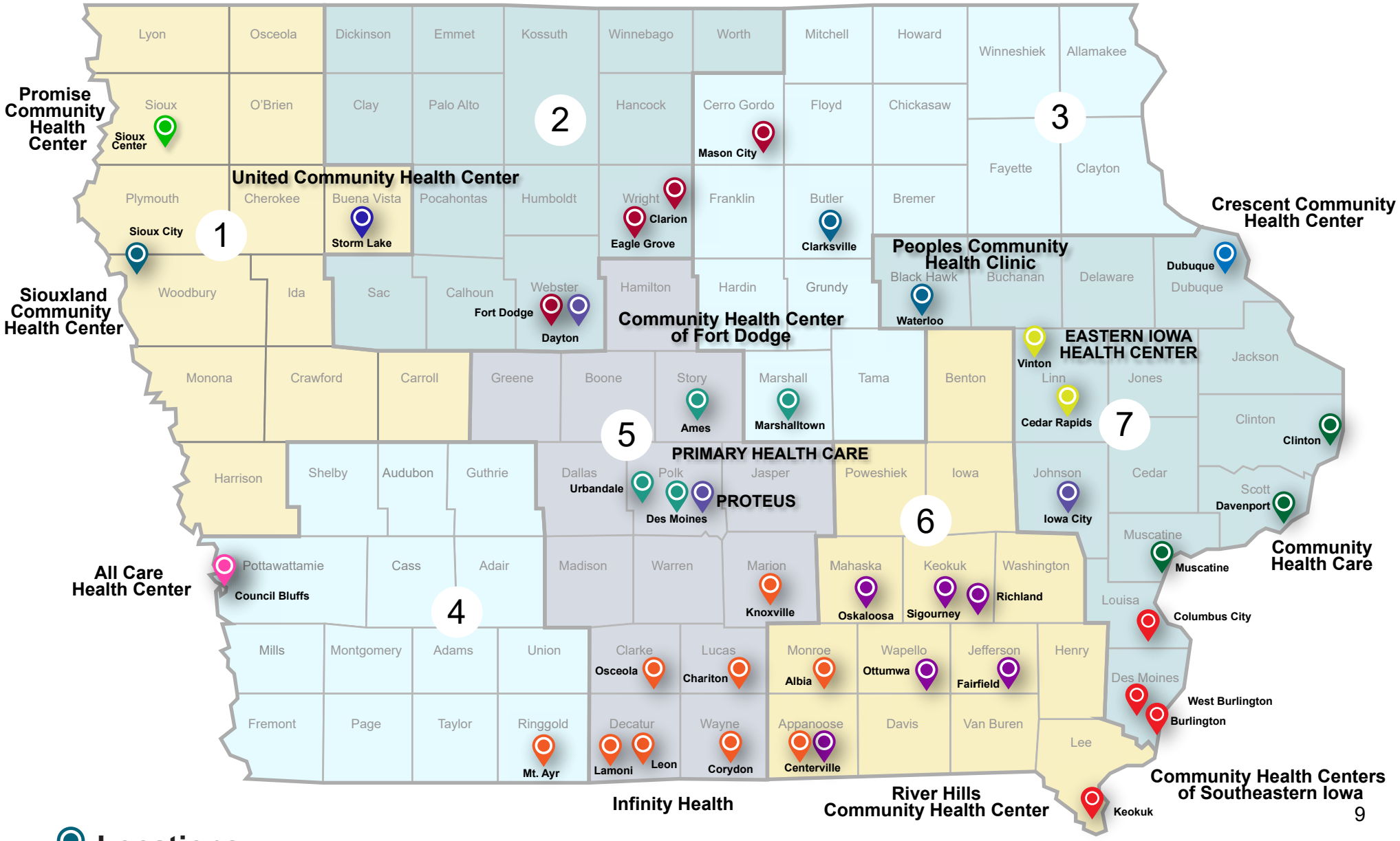
The Iowa PCA is a national leader in leveraging data to improve outcomes. The Iowa PCA and our sister organization, INCC – a health information technology and data analytics-focused nonprofit entity – have extensive experience with data infrastructure. We have the experience, technical expertise, and resources to make Iowa a national leader in operationalizing behavioral health data.

In conclusion, we believe the Iowa PCA is best suited to implement the changes the State is desiring to accomplish System Navigation, Community Needs Assessment and Planning, Local Service Provision, Community Engagement and Education, Collaboration and Partnership Building, and Funding and Resource Management, engage meaningfully with behavioral health and other partners across the state to ensure success, and consult with the state in the development of the necessary infrastructure to monitor and evaluate progress. The enclosed proposal provides greater detail about our plans, and we are excited to collaborate with the state on this visionary and once-in-a-generation opportunity.

> *“I checked myself into the Access Center because I was feeling like I didn’t want to exist anymore. I stayed there for a few days and got with a counselor and on a good medicine regimen. The Access Center is amazing. I would recommend it to anybody that is feeling that way. If they weren’t there, there would be a lot of people in the ER not getting the help that they need. It’s a very valuable service to the community.” Current CHC Patient*

Behavioral Health Districts

Community health centers (CHCs) provide primary medical, behavioral health, oral health, and pharmacy services at 42 full-service sites and an additional 51 sites that include School Based Health Centers, homeless shelters, mobile units, and other locations where under-resourced populations receive healthcare services. In total, Iowans can receive healthcare services at 93 access points statewide.



Locations

Section 2. Table of Contents

Section 3: Bidder's Ability to Execute BH-ASO Responsibilities

3.2.3.1.1.1 Assessment and Planning

a. Participate in state health and human services system planning processes.

The Iowa Primary Care Association (Iowa PCA) has a strong history of working closely with state, local, and federal partners to complete both targeted and statewide needs assessments and collaboratively develop solutions to address identified priority needs and emerging issues. For over 35 years, the Iowa PCA has supported the expansion, integration and excellence of community health centers (CHCs) in the state. This work includes assessment of community health needs, identification of gaps in availability of primary care, and the creation of strategies to provide integrated health services to all Iowans, regardless of their ability to pay. We also bring an equity lens to our work, ensuring that strategies for access to health services, and health outcomes are equitable and meet populations where they live, work, and thrive.

i. Prior Relevant Experience

The Iowa PCA leadership meets regularly with Agency leadership, including the Agency Director and Medicaid Director, and meets regularly with the three Plan Presidents for the Managed Care Organizations (MCOs) that administer Iowa's Medicaid program. Our Integrated Health Team also meets regularly with Agency and MCO staff, in addition to ad hoc collaboration with state and stakeholder staff on an ongoing basis. These engagement opportunities are structured to identify gaps and opportunities in our delivery system and help the Iowa PCA provide proactive training and technical assistance (T/TA) to our CHCs, in alignment with the goals and priorities identified by the State. The following are additional examples of Agency-initiated state health and human services system planning advisory groups the Iowa PCA participates in:

1. Medical Assistance Advisory Council
2. Certified Community Behavioral Health Clinic (CCBHC) Stakeholder Engagement Committee
3. Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) Sustainability Planning Group
4. State Alzheimer's Disease & Related Dementias Advisory Committee and Coalition
5. Iowa Governor's Healthcare Visioning and Innovation Roundtable

Our current collaborative efforts include a partnership with the Agency, MCOs, and other key stakeholders to identify, document, monitor, and assess referrals and utilization of social drivers of health (SDOH) interventions based upon screenings. This experience of leveraging health information technology to help medically under-resourced communities navigate resources such as Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB, has provided us an invaluable depth of knowledge regarding the current SDOH systems and challenges in Iowa. This expertise, coupled with the Iowa PCA's extended history of supporting screening and referral best practices, will serve as a strong foundation to assist the Agency in further assessing local referral models within each District and standing up Thrive Iowa to help close critical gaps in the current community services referral and service delivery system.

The Iowa PCA is also currently collaborating with the state Medicaid policy team, which has convened a workgroup also involving the Iowa Department of Education. This workgroup is

focused on optimizing and expanding the use of school-based health centers (SBHCs) within the Medicaid program. The Iowa PCA has convened some of our CHCs that currently offer SBHC services with the state agency workgroup members over the past year, and we will be facilitating an upcoming meeting between these state agency partners focused on exploring best practice models for SBHC from other states. To further develop these efforts, we have engaged with a national T/TA partner – the School-Based Health Alliance – to enhance the Iowa PCA's ability to support our CHCs with developing their SBHC services.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will partner with the Agency to participate in all state health and human services system planning processes necessary for the success of Iowa's BHSS system. This will include participation in State Health Assessment and State Health Improvement Plan (Healthy Iowans), Statewide Behavioral Health Service System Plan, and Community level assessment and planning. This will also include conducting and participating in the assessment of community needs to identify Behavioral Health Service System strengths, gaps, and emerging issues as well as developing and implementing plans that prioritize activities and allocate funding.

For more than 15 years, the Iowa PCA has served as a member of the Steering Committee for the Healthy Iowans Partnership. Facilitated by the Agency, this advisory group works to address the priorities outlined in the State Health Assessment and State Health Improvement Plan (Healthy Iowans). Collaborating with other statewide leaders including representatives of business, healthcare, faith-based organizations, elected officials, and other community leaders, this group helps inform and develop strategies toward achieving the goals outlined by the Agency.

At the county level, the Iowa PCA frequently refers to the county-based CHNA-HIPs and uses this information to drive planning and T/TA to the CHCs. Additionally, all CHCs participate in their local CHNA-HIP process which are typically led by public health agencies or hospitals. Each CHC must also complete a community level assessment as part of the Federal Health Resources & Services Administration's (HRSA) Service Area Competition application process. We also conducted a needs assessment as part of our Advancing Health Equity and Addressing Disparities (AHEAD) work to understand the perspectives of patients, community partners, CHC leaders and managers on health equity-related issues.

The Iowa PCA will take a collaborative and patient-centered approach to assessment and planning of the Iowa Behavioral Health Services System (BHSS). Our approach of creating an in-depth and community-focused understanding of current strengths, gaps, and emerging issues within the BHSS will lead to actionable plans to address needs and close gaps. It will be implemented to prioritize activities and allocate resources to create system efficiencies and support the extension of best practices across the state.

b. Complete district level assessments to inform system level efforts.

i. Prior Relevant Experience

For more than 35 years, the Iowa PCA has supported CHCs serving every corner of our state and always with a lens to broader delivery system improvement and patient outcomes. The Iowa PCA has established two sister organizations, which further support the work of the CHCs – INConcertCare, a health IT nonprofit, and IowaHealth+, clinically integrated network owned by eleven Iowa CHCs and the Iowa PCA focused on value-based care. We have management service agreements in place with both entities, which allows us to leverage the staff and technical expertise of all three organizations to meet the needs of the local CHCs. In our role as

a statewide behavioral health Administrative Services Organization (ASO), the Iowa PCA will similarly be able to tap into the expertise of these sister organizations to support district level assessments and system designs.

The Iowa PCA provides T/TA to local CHC staff and leadership to support their ongoing commitment to provide quality, affordable, and equitable primary and preventive healthcare services. To inform and help guide these efforts, the Iowa PCA annually conducts a comprehensive local needs assessment. This assessment helps identify and prioritize T/TA needs from every level within each CHC. Each year, the Iowa PCA reviews and revises the assessment to ensure any new or emerging needs are captured, including new state-identified priorities, while ensuring sufficient consistency to allow for gathering longitudinal trend data. The assessment is disseminated to CHC leadership and staff every fall, and promoted through scheduled events, committees, work groups, newsletters, and other communication methods. Several of the needs identified in recent years align with the goals of the BHSS redesign efforts.

Assessment responses are shared internally with Iowa PCA staff to help identify needs they can address within their respective areas of expertise. The assessment results are also incorporated into committee meetings, workgroup meetings, and other internal resource planning groups.

We have adopted evidence-based methodologies for embedding continuous improvement throughout our organization to foster effective communication and team dynamics, and to develop our staffs' skills in facilitation, program management, and use of technology to provide high quality T/TA in response to the needs identified in these annual assessments. We have also invested in enhanced infrastructure and tools to ensure our work with the CHCs to support the Quintuple Aim—improved healthcare quality, staff and patient satisfaction, reductions in cost, and ensuring health equity.

The Iowa PCA also works annually with our health IT and data analytics sister organization INCC to compile, aggregate, and trend patient demographic, clinical, utilization, and outcomes data from our individual CHCs. This data analysis informs our work and allows us to be a stronger state and federal partner.

Our internal data expertise is a recognized asset, with the Centers for Medicare & Medicaid Services (CMS) annually tapping the Iowa PCA to help host data trainings for CHCs throughout the Midwest CMS Region VII. This strong federal partnership and established network with our surrounding states will further enhance the BHSS redesign efforts in our state, as the Iowa PCA is able to draw upon this network of professionals to help inform our district level assessment and planning efforts in conjunction with the Agency.

The patient and their family are at the heart of everything we do at the Iowa PCA and our approach to assessing the existing BHSS system has been conducted through this lens. Patient and community input informs our work in many ways, including through focus groups and facilitated conversations we host and through engagement with the CHC Patient Advisory Councils. We conducted patient focus groups at all CHCs about access to care, and we also facilitated community and patient conversations as part of our Advancing Health Equity & Addressing Disparities (AHEAD) needs assessment process.

Recently, we completed the first year of implementation for a bold, unified plan to advance health equity and address disparities through our AHEAD initiative. This statewide, multi-year implementation plan is informed by a robust qualitative needs assessment, and quantitative analysis of existing outcomes disparities, referred to as our AHEAD Disparities Landscape

Assessment. The Iowa PCA and our CHCs have committed to implementing 13 strategies to meaningfully reduce or eliminate disparities and transform community health. This plan is helping to ensure accountability by creating a collective focus and framework to guide the prioritization, planning, and execution of our collective work in alignment with the Iowa PCA's vision of health equity for all.

The Iowa PCA facilitates an annual strategic agility session, bringing together representatives of local CHCs to support and inform our organization and the CHCs in being nimble, responsive organizations. The goal of our full-day strategic agility sessions is to foster intentional dialogue around the changes happening in healthcare and how we can best position ourselves to achieve our shared mission and vision. We aim to align both local and statewide strategic priorities, acknowledging the increasingly interconnected work of local CHCs and the broader care delivery system in Iowa. In this ever-evolving healthcare landscape, these annual sessions provide us with the opportunity to anticipate changes, leverage collective resources and impact, and ensure that the needs of our patients are prioritized and understood.

ii. Fulfillment of Relevant Responsibilities

Along with our 14 local CHCs, the Iowa PCA has strong established relationships across the state and within local communities. These relationships have proven invaluable as we completed an initial assessment of each BHSS District and prepared for submission of our plan to assist the Agency in establishing the new BHSS system. Additional district level assessment work will follow a similar model, building upon our existing relationships and our long history of convening and engaging stakeholders on a local, statewide, and national basis.

The Iowa PCA will complete a formal district level assessment for each awarded District to help inform system level efforts. These district level assessments will include, at a minimum, a summary of needs, opportunities, and partnerships; an overview of Behavioral Health Services throughout the District; an inventory of Behavioral Health Safety Net Service Providers and Behavioral Health Safety Net Services available in each county in the District; an inventory of strengths and challenges within the current District Behavioral Health Safety Net Service Provider network; and a gap analysis that identifies unmet needs and critical gaps to be addressed within the District.

The Iowa PCA brings a fresh perspective to the current Mental Health and Disability Services (MHDS) Regions, substance use and problem gambling safety net service areas, and tobacco community partnerships. This unique position allows us to conduct accurate and comprehensive assessments for each BHSS District, free from bias or preconceived notions. In our initial outreach and assessment efforts, we have approached these discussions with an open mind, unencumbered by historical dynamics that could hinder a fair evaluation of the existing systems or limit receptiveness to necessary changes.

State and local agencies have invested significant funds and more than a decade of work to move Iowa's behavioral health services into a regional service planning and delivery model. While considerable progress has been made to improve the breadth of behavioral health services available to Iowans, there remains ample opportunity to strengthen this regionalized model and bring greater consistency throughout individual Districts and statewide. To ensure an efficient use of resources and human capital, efforts to build new district level systems must start with an accurate and complete inventory of existing behavioral health providers, services, systems, resources, and population needs. Equally important, these assessments will include robust engagement and input from those who have been involved in regional development and delivery efforts over the past years.

Our formal district level assessments will critically evaluate every aspect of the existing administrative and service delivery systems. Remaining sensitive to the financial and personal investments so many have made in building existing systems, we will question whether systems are achieving desired results, whether this is being done in the most efficient and effective means possible, and whether there are opportunities to improve system functionality. Our goal will be to leverage existing resources and elevate best practices, while maximizing system efficiency and reimaging District administration in a model that brings greater consistency both within the individual Districts and statewide. We will examine all facets of the current delivery model, respectfully questioning local assumptions and deploying the same strategic assessment skills we utilize with our local CHCs to critically evaluate all elements of the existing systems.

The Iowa PCA is committed to honoring all local service contracts within the current regions for a minimum six-month transition period. This commitment has been well received during our initial outreach discussions with local stakeholders, and we believe will be critical to building a level of trust to allow stakeholders to more fully and honestly engage in the formal assessment and District plan development work.

Our initial assessments of the existing BHSS delivery framework uncovered numerous strengths, ample opportunity, and several potential partnerships that will be helpful in launching in-depth formal district level assessments upon contract award. Throughout our initial assessments, several consistent themes emerged. As with the State's assessments, local stakeholders report inconsistent service delivery throughout existing regions. Local stakeholders also outlined examples of existing regions that purport to offer a broader array of services than are truly available, resulting in an increased utilization of Emergency Departments and increased levels of substance use relapse among patients who are unable to access stable, timely and accessible services.

There are limited service provider options in many communities, which further complicate access issues if a single provider refuses to continue to see an individual due to past disruptive behavior or a worsening in the complexity of their behavioral health diagnosis. In many instances, persistent workforce shortages have led to capacity limitations within the few provider organizations that do exist in an individual area. Individuals are increasingly waiting longer to receive services locally, being transported longer distances to receive services in another region, or simply going without services due to these limitations.

Our initial assessments also revealed current regions maintaining varying levels of administrative capacity and technical expertise, with staff often serving in multiple roles, out of necessity to ensure continued regional operations. Equally important, these discussions confirmed the passion and commitment of local leaders and service providers to meet the challenges of providing the necessary services to help those in their community who need services and support.

As part of our district level assessments, the Iowa PCA will deploy a similar model to our AHEAD initiative, in alignment with the design and rollout of Thrive Iowa, to ensure our district level planning efforts are integrating efforts to reduce disparities amongst the individuals served within each BHSS District. We have reviewed the County Snapshots published by the Agency earlier this year to ensure we are addressing the identified needs. You will see the snapshot data aggregated by each new District in the District sections as we have started to leverage this important data into our initial assessment work.

Beyond our initial assessments, the Iowa PCA will also conduct dedicated district-level needs assessments each year. These assessments are crucial to understanding local priorities, and they engage stakeholders across all levels—not just board members and leadership, but also patients, families, and other key partners. By tapping into the unique skills and resources these partners bring, we strengthen the local behavioral health system. These district assessments are essential for the success of the newly established Behavioral Health Service System (BHSS) Districts. As seen with our comprehensive annual needs assessments at local CHCs, this process engages a broad range of stakeholders and encourages fresh ideas. Over time, it also enables us to track trend data that can inform long-term operations and strategy.

In addition to the annual needs assessments, the Iowa PCA will bring together representatives from the seven BHSS Districts and Agency staff for annual strategic agility sessions. These sessions will evaluate the evolving nature of the new system and collaboratively develop future-focused solutions. Designed in collaboration with the Agency and aligned with the Statewide BHSS Plan, these gatherings will offer Districts the chance to share best practices and learn from one another.

c. Develop a District Behavioral Health Service System Plan in accordance with the Statewide Behavioral Health Service System Plan and follow District Plan development standards.

i. Prior Relevant Experience

Due to the integrated nature of the CHC service delivery model, our local leadership are well versed in convening behavioral and physical health providers, SDOH service providers, and community leaders such as law enforcement and educators, to wholistically meet the needs of the individuals, families and communities served.

The Iowa PCA employs nearly 50 individuals with diverse experience and expertise in areas such as strategic planning, change management, and clinical quality improvement. Together with the network development and management expertise we developed through our sister organization IowaHealth+ and the data management and analytics expertise through our sister organization INConcertCare, Inc., the Iowa PCA has developed a wide range of internal expertise and capacity to provide ongoing T/TA. This has allowed our local CHCs to undertake the planning and execution of transformative care delivery work and allowed us to scale projects statewide, drawing upon best practices in one corner of the state to help communities large and small improve the quality of care being delivered.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will partner with the Agency to develop a District Behavioral Health Service System Plan in accordance with the Statewide Behavioral Health Service System Plan and follow District Plan development standards. These development efforts will include collaboration with stakeholders including, at a minimum, persons with lived experience and BHSS partners including the District Behavioral Health Advisory Councils, educators, law enforcement, courts, hospitals and healthcare providers, county supervisors and other local elected officials, experienced BHSS providers, and other organizations that represent populations served by the Behavioral Health Service System.

The Iowa PCA will develop a District BHSS Plan for each awarded District. As a provider-led safety net organization that has successfully navigated the complexities and nuances of

statewide and regional variation, the Iowa PCA is uniquely positioned to lead development of distinct and impactful District plans that meet the needs of each of the seven BHSS Districts, while also bringing a greater level of consistency across the state.

The Iowa PCA's rich experience in strategic planning and assessment with our local CHCs, as well as our seasoned professional facilitators, ensure a productive approach that acknowledges the past and current efforts of so many district partners while recognizing that BHSS redesign provides an opportunity to reimagine past conceptions and truly start fresh with a new administrative partner. Working in collaboration with the National Alliance for Mental Illness (NAMI) Iowa and other key statewide and local partners, as well as Agency staff, we will effectively engage the partners to craft District BHSS Plans that ensure the voices of individuals with lived behavioral health experience, family members, law enforcement, local and county government, and the healthcare community are all represented. Utilizing centralized staff to handle administrative functionality, we will deploy subject matter experts and trained facilitators, paired with District Liaisons who are embedded at local CHCs within each District, to help complete district level assessments, develop district level plans, and support ongoing district operations.

Successful development of District BHSS Plans and subsequent system transformation efforts will ultimately only be successful with true buy-in and commitment from local leaders and providers. Within 90 days of contract award, the Iowa PCA will assemble all District Behavioral Health Advisory Councils, ensuring they are representative of the areas they serve, comprised of solutions-oriented community leaders versed in the delivery of BHSS services, and include some representatives of the boards and advisory committees of the former MHDS Regions who served each new District. The District Advisory Councils will be supported by the embedded Iowa PCA ASO District Teams who will be responsible for establishing and maintaining strong working relationships with the key stakeholders in that District. Working with the leadership from our local health leaders and other key stakeholders, the Iowa PCA has already identified several candidates for serving on the advisory council in their respective districts.

d. Identify District-level strategies.

i. Prior Relevant Experience

Throughout our previous initiatives, we have successfully engaged local stakeholders to foster buy-in for healthcare programs, ensuring that community needs and perspectives are identified and respected. Utilizing established frameworks for collaboration, we have implemented inclusive decision-making processes that empower stakeholders, including healthcare providers, community organizations, and residents, to actively participate in shaping program objectives and strategies. This collaborative effort has not only enhanced trust and transparency but also facilitated the alignment of our healthcare initiatives with the unique values and priorities of the community, ultimately leading to more effective and sustainable outcomes. As an example, the Iowa PCA recently supported one of our CHCs with a federal application to open a new clinical location in an under-resourced community without current CHC access. The Iowa PCA supported identification and engagement of local stakeholders, provided localized data to show unmet needs, and facilitated discussions to better understand the unique needs of the local stakeholders.

By systematically collecting and analyzing demographic, socioeconomic, and health-related data, we help local CHCs identify specific risk factors and trends within vulnerable communities. This targeted focus allows us to tailor our interventions to meet the unique challenges faced by

these populations, ultimately enhancing the effectiveness of the services provided. Utilizing data not only ensures that we allocate resources where they are most needed, but it also helps us measure outcomes and adapt our strategies over time, fostering continuous improvement and ultimately contributing to better health equity and improved outcomes for those at greatest risk.

There have been several instances where the Iowa PCA has successfully implemented a framework centered around the patient voice, which significantly enhanced our messaging and activities. By actively engaging patients through surveys, focus groups, and community forums, we gathered valuable insights that informed us of our approach and allowed us to tailor our interventions to meet their needs. This experience enabled us to develop clear, relatable messaging that resonated with our target audience, fostering a sense of ownership and collaboration among participants. The incorporation of patient feedback not only improved the effectiveness of our activities but also built trust within the community, ensuring that our initiatives were both impactful and aligned with the lived experiences of those we aimed to serve.

The Iowa PCA has developed a health equity plan that was co-created from engagement with 14 CHCs across the state and included feedback from interviews of samples of the patients they serve. A piece of our health equity plan worth highlighting that directly relates to this RFP and our experience is that our equity plan includes activities around providing training and incorporating CLAS (Culturally and Linguistically Appropriate Services) into the work to improve quality and help eliminate disparities.

Our experience, supporting 14 separate and distinct CHCs located in communities of varying sizes and demographics across the state, has equipped our organization to serve as a convenor with strong internal capacity to help facilitate collaboratively designed solutions. Recognizing the need to think differently about workforce challenges and leverage collective opportunities, the Iowa PCA has implemented two apprenticeship programs and is currently developing a network Workforce Innovation Plan. Additionally, operating as a truly integrated network with advanced data analysis capabilities, we provide T/TA that allows individual CHCs to adopt new technology and utilize data to drive the development and design of service delivery. We will also leverage our Transformation Collaborative model currently deployed by the Iowa PCA to bring didactic, facilitative, and action-oriented continuous improvement sessions to our CHCs.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will identify district level strategies to meet all state BHSS goals and ensure that all Districts have the resources they need to ensure the full continuum of BHSS services are equitably available throughout the Districts we serve. In recent years, the current MHDS Regions have made meaningful progress in expanding access to BHSS Core Services in their respective areas. Despite this work, equitable access to behavioral health services remains elusive in several regions. Our outreach discussions with local stakeholders and initial assessment of the new BHSS Districts has made clear that filling these gaps in care will be one of the greatest challenges for standing up a successful new BHSS system.

Stakeholder Engagement

Delivery of behavioral health services has historically been a hyper-local model in Iowa. Transitioning from a county-based model to a regional approach brought with it new opportunities; however, local stakeholders continue to voice concerns regarding decision-making being further removed with each evolution of the regional and now district models of administration and care delivery.

As the Iowa PCA develops district level strategies for each of the seven BHSS Districts, we will seek to engage key local partners, including behavioral and physical health providers, SDOH service providers, patients and families, law enforcement, judicial system representatives, and educators. Individuals with lived experience with behavioral health needs will be integral to these efforts to ensure an effective, equity-driven lens to the development of services, activities and messages. Stakeholder feedback regarding the current regional model highlighted the strength of ensuring that each District has representatives from all corners of the District, representatives from across these diverse stakeholder categories, and distinct advisory groups dedicated to pediatric behavioral health services.

Recognizing the strength of the existing advisory model, the Iowa PCA will seek to replicate this format with each new BHSS District Advisory Council, looking to balance input from the various stakeholder entities and between the adult and children's behavioral health systems. We will work to break down barriers amongst traditionally siloed local stakeholders and intentionally create spaces for shared development and district-level strategy design. The Iowa PCA will also seek to leverage our status as a statewide ASO to regularly convene stakeholders across districts to create a shared learning community, able to transfer effective strategies among Districts and create more consistent district level strategies, where appropriate.

Utilizing the steps and guiding principles of SAMHSA's Strategic Prevention Framework (SPF), our prevention strategies will incorporate strategies across the spectrum of Indicated, Selective and Universal Prevention. In addition to resources from SAMHSA, all prevention strategies will be informed by best practice recommendations from trusted federal (e.g., NIH, ASAM, US HHS), state and local entities with research and data on reducing and mitigating BH conditions. Given our focus on primary and preventative care services, the Iowa PCA is keenly aware that early intervention is an important tool for recovery, and we know that intervening before more serious symptoms emerge can improve long-term outcomes, minimize the risk of secondary complications, ultimately helping to reduce healthcare costs and save lives.

To support the behavioral health of children, the Iowa PCA will utilize lessons learned from Iowa HHS's programs focused on child and adolescent health, such as Project LAUNCH and the Home Visitation Program through MIECHV. Additionally, the Iowa PCA will explore evidence-based and evidence-informed practices from resources such as the Administration for Children and Families (ACF), Youth.gov, and the Center for Child and Human Development to ensure current evidence is used to inform services offered by providers in the Districts. Planning and assessment for the provision of Early Intervention and Treatment of adults will be guided by ASAM, SAMHSA, US HHS and academic journals producing research on the best practice for the early intervention and treatment of mental health and substance use that meet the needs of populations in the Districts.

For those individuals who have mental health and/or substance use disorder challenges, offering comprehensive recovery support and services that facilitate recovery, wellness, and connection to others is essential for healing and recovery. As noted in the SPF, there are many risk and protective factors that influence behavioral health recovery and connection to supportive relationships is a critical protective factor. Therefore, the Iowa PCA will prioritize assessing and understanding current collaboration between service providers in the Districts and will prioritize building relationships between the Iowa PCA and providers and encouraging collaborative relationships between service providers. Enhancing relationships between provider agencies can have a positive influence on referrals, care coordination and continuity of services, which can improve the connection between individuals in recovery and their service providers to support their recovery and enhance their quality of life.

The Iowa PCA has been exploring the Collaborative Care (CoCM) model, a model developed to treat common behavioral health challenges in primary care settings. CoCM is recognized as an evidence-based model of integrated care and as a best-practice resource for effective treatment of SMI by SAMHSA. The Iowa PCA will explore how this model, or similar models for collaborative care that support recovery in those who are not yet in need of intensive services, can be utilized by providers in the Districts in an effort to keep people out of higher, and more expensive, levels of care.

When planning and assessing for Crisis Services, the Iowa PCA will utilize resources for the best practices that focus on reducing the escalation of crisis situations, relieving the immediate distress of individuals experiencing a crisis, and reducing the risk that individuals in a crisis harm themselves. One resource to be explored will include SAMHSA's National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. Additionally, opportunities to expand behavioral health crisis response teams through local police departments, like the Dallas County Co-Responder Model, will be explored. Crisis Intervention Teams (CIT) that include trained peers and behavioral health providers can also help keep people with mental illness out of jail and in treatment, on the road to recovery.

Ensuring that District access is equitable and spans the full continuum of Behavioral Health Services, we aim to conduct a comprehensive inventory of all programs and services as required across each District to identify existing initiatives to consider opportunities to scale and avoid duplication. Our goal is to not only address what are obvious opportunities such as telehealth expansion, but to also explore the innovative and transformative options to challenges we heard during our initial District assessments and stakeholder outreach. This includes more innovative approaches to gaps in the system continuum include exploring utilizing Community Health Workers (CHWs) who can provide essential services to bridge gaps in care, or attempting to increase the number of available, reimbursable behavioral health providers by advocating for licensure of and/or payment for bachelor's level providers to conduct prescreening, screening, and assessment services for mental health and substance use disorder services. We recognize that each District has unique needs and challenges; however, we are also committed to examining resources from a broader perspective to ensure that our initiatives serve the greater good. By balancing localized strategies with a macro-level approach, we aim to create scalable solutions that can effectively address the diverse requirements of various Districts while fostering overall improvement and collaboration across the board.

The Iowa PCA will apply a model to help each of the seven BHSS Districts to develop strategies to drive innovation in service delivery and maximize the effectiveness of existing resources. Working with local service delivery partners, we will seek to continue the successful community-based efforts already underway. As an ASO for all seven BHSS Districts, the Iowa PCA will also be able to take a statewide view of the behavioral health system, leveraging technology to connect stakeholders across District lines to expand capacity and maximize the existing provider workforce in Iowa.

We will seek to scale partnerships across Districts, such as with Classroom Clinic, providers of school-based tele-behavioral health services, to move the needle on the persistent pediatric access issues reported by so many local stakeholders across the state. By leveraging Classroom Clinic's growing network of behavioral health providers and making additional services available in a school-based setting, we can backfill gaps in the current BHSS delivery system and better coordinate care to deliver improved health outcomes.

Administration of the 11 MHDS Regions, 19 substance use and problem gambling safety net service areas, and 28 tobacco community partnerships are currently dispersed across the state. Provider contracting, claims processing, and other administrative functions are spread across districts, with stakeholders reporting frequent churn in some of these key positions. As part of our District-level efficiency strategies, the Iowa PCA will leverage its statewide ASO status to consolidate many of these administrative functions and stand up a single, centralized team of dedicated administrative staff.

At the same time, we will maintain dedicated District-specific ASO teams, embedded in the communities they serve, to function as liaisons between the statewide ASO and their district. These individuals will help to facilitate district-level collaboration, quality improvement, and capacity building work that will prove critical for successful BHSS operation. This hybrid approach to maintaining district-level T/TA staff while consolidating back-office administrative functions will allow the Iowa PCA to reduce administrative expenses and increase the amount of funding going toward direct service provision, care coordination, capacity building, quality improvement initiatives, and system transformation efforts.

The Iowa PCA Recruitment Center provides staff recruiting services to CHCs and has successfully placed administrative and clinical positions across the state. We also leverage evidence-based tools such as Predictive Index in hiring and retention efforts for our centralized and embedded ASO staffing. Drawing upon existing staff within the regions, our highly successful recruiting efforts, the Iowa PCA Recruitment Center, and Predictive Index, we are confident we will be able to quickly fill key positions to ensure seamless transition planning and minimal system disruption as we transition to the new BHSS model.

3.2.3.1.1.2 District-Level System Coordination

The Iowa PCA's District-level strategy builds on the substantial groundwork laid by the Agency, advocacy groups, trade associations, consumers, families, and providers. As the statewide ASO, the Iowa PCA will lead BHSS Districts in the development of behavioral health programs that deliver highly coordinated and integrated care to all Iowans in need of support. Our approach emphasizes community-based services that allow Iowans to receive care in settings where they can live, work, and thrive.

Through extensive consultations with over 50 BHSS stakeholders across the state, the Iowa PCA has identified critical challenges in the areas of care integration and service access. To address these gaps, we are implementing a District-based strategy that enables Iowans to navigate the full continuum of Behavioral Health Services. This strategy prioritizes prevention, early intervention, evidence-based treatment, recovery, and resilience, all within safe, supportive environments chosen by the individual. Key components of this strategy include:

- **Collaborative Development of Responsive Services:** Working with the Agency, Certified Community Behavioral Health Clinics (CCBHCs), Aging and Disability Resource Centers (ADRCs), and local safety net providers to design services that are responsive to identified unmet needs, with a focus on evidence-based practices.
- **Enhanced Access to Comprehensive Services:** Ensuring that individuals, regardless of condition, necessity, or location, can access a full range of behavioral health services in a timely manner.
- **Data-Driven Integration:** Collaborating with providers and key stakeholders to integrate care through interoperable, secure data sharing, reporting and analysis, and specialized

support for adults and children with complex behavioral health needs, including those in out-of-home placements.

At the Iowa PCA, we recognize the essential role that behavioral health plays in overall well-being. Our commitment to mental health parity is steadfast, and we have implemented a multifaceted approach to ensure that behavioral health services are fully integrated into the broader healthcare system. Key initiatives will include:

1. **Community needs assessment and planning:** Actively expanding the network of behavioral health providers to meet the diverse needs of Iowa's population.
2. **Care Integration:** Seamlessly integrating mental health and SUD services with primary and specialty care to provide comprehensive, whole-person care plans.
3. **Evidence-Based Treatment Protocols:** Ensuring the use of evidence-based treatment protocols that deliver high-quality care and optimal outcomes.
4. **Eliminating Disparities:** Proactively identifying, addressing, and removing barriers to equitable behavioral health services across the state.
5. **Robust Communication:** Engaging Iowans with clear, accessible information about available behavioral health benefits and services, ensuring closed-loop communication to guide individuals toward the resources they need.
6. **Continuous Quality Improvement:** Regularly evaluating and improving the quality of behavioral health services through local partnerships and presence, ensuring we meet the evolving needs of Iowans.

a. Adhere to all state and federal mandates and prohibitions applicable to an instrumentality of the state.

i. Prior Relevant Experience

The Iowa PCA is fully committed to adhering to all state and federal mandates and prohibitions applicable to an instrumentality of the state. As an established and trusted organization, the Iowa PCA maintains rigorous compliance with legal and regulatory requirements, including but not limited to those related to healthcare operations, financial management, reporting, and governance. We follow all applicable guidelines issued by state and federal agencies, ensuring that our programs, partnerships, and services operate within the framework of the law. The Iowa PCA's robust internal controls, policies, and oversight mechanisms ensure accountability and transparency in all aspects of our operations, safeguarding our mission to serve Iowa's communities while upholding the highest standards of legal and ethical conduct.

The Iowa PCA has a strong track record of operating within state and federal requirements and guidelines, ensuring compliance with all applicable mandates. In addition to our own internal policies and controls, we also provide consultation and at times oversight to Iowa CHCs regarding state and federal policy compliance, licensure and accreditation, grants and fiscal management, and risk mitigation, such as cybersecurity. We have a long history of subcontracting funds to CHCs and other nonprofits throughout the state upon award of federal, state, and philanthropic funds, and have a robust process for ensuring subcontractor compliance.

More specifically, the Iowa PCA holds or recently concluded several multi-year, federally funded contracts with the State of Iowa focused on substance use and primary care integration, cancer screenings, cardiovascular health, and routine screenings. Each of these initiatives requires an understanding of federal, state, CHC, and other healthcare mandates, prohibitions, and regulatory requirements; the Iowa PCA has always remained in compliance with these contracts

and their required regulatory obligations. We also directly hold federal contracts with HRSA and through our management services agreement with IowaHealth+, our sister company, our team has vast experience adhering to healthcare payor requirements which involve myriad distinct federal, state, and other requirements.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will adhere to all applicable state and federal mandates and prohibitions applicable to an instrumentality of the state. We understand the above requirements and will fulfill the responsibilities utilizing our prior experience, current resources, skills and infrastructure described above.

b. Coordinate the administration and implementation of the District Behavioral Health Service System Plan, with federal, state, and local resources, in order to develop a comprehensive and coordinated local behavioral health service system.

i. Prior Relevant Experience

The Iowa PCA will approach coordination of the administration and implementation of the District Behavioral Health Service Plan (BHSSP) using our best practice approaches and previous experience managing large, multi-year systems change initiatives within our network and within the state's Medicaid program. The Iowa PCA has supported the CHCs through Medicaid expansion, the implementation of managed care in the Medicaid program two years later, and multiple changes in the MCOs operating in the state, while internally implementing multi-year health information technology, value-based care, and health equity strategic roadmaps, all of which involve significant disruption and change. By embedding our best practice stakeholder engagement, change management, continuous improvement, and strategic communications into the implementation of the BHSSP, we believe we can engage all stakeholders in a process that over time will lead to a more comprehensive and coordinated system.

A full continuum of Behavioral Health Services will be developed within each District according to the strategies identified in each District's plan. The Iowa PCA and the CHCs have strong experience providing and/or partnering with other organizations to ensure patients have access to preventive, treatment, and recovery supports and services. We have worked to coordinate system navigation in many ways, and to work toward equitable access to a broad range of services.

The Iowa PCA's strategic growth planning process is used to quantify medical, behavioral and oral care needs across Iowa. We then engage community members and organizations in the communities exhibiting unmet need to understand existing resources and to start a dialogue about how CHCs can add resources and collaborate with existing organizations to enhance services and access. We will use this approach and engagement process, informed by data that seeks to understand the needs overlaid with the current resources that exist, followed by a dialogue to identify gaps and opportunities for improvement and enhancement, to develop an intentional plan for each District plan.

We have collaborated with CHCs to develop a supportive ecosystem to thrive. This has included centralized services to support workforce recruitment, shared technology investments and centralized IT staffing support, and joint contracting for value-based care in alignment with integrated models of care, among other services. These centralized efforts allow participating CHCs to share risk and lower per unit costs, accelerate advancement to more mature models of

care, recruit and retain the brightest, support each other in performance and quality improvement, and attract additional investment in their work. As an ASO partner, we will extend this collaborative approach to the broader behavioral health community as we partner to expand BHSS services in alignment with the District and State BHSS plans.

ii. Fulfillment of Relevant Responsibilities

Prevention Services
The Iowa PCA keenly understands that prevention is the cornerstone of behavioral health care and can reduce the incidence of behavioral health conditions and mitigate their impact. Effective prevention efforts must encompass a wide range of strategies designed to address different levels of risk within communities. The Iowa PCA is familiar with SAMHSA's Strategic Prevention Framework and will embed the assessment, capacity, planning, implementation, and evaluation lifecycle into our approach to prevention services. We are also highly aligned with the framework's cross-cutting principles of cultural competence and sustainability with an overarching North Star of equity.

Indicated Prevention:

i. **Targeted Screening Programs**: Implementation of regular screenings in schools, workplaces, and community centers and utilization of tools such as the PHQ-9, SBIRT (Screening, Brief Intervention, and Referral to Treatment), and other identified tools is imperative to identify early signs of mental health or substance use concerns. The Iowa PCA has experience supporting the CHCs in implementation of the PHQ-9, SBIRT, as well as other behavioral health, oral health, and SDOH screenings.

ii. **Intervention Programs**: Offer personalized interventions for individuals identified as being at risk, such as utilization of motivational interviewing and empathic inquiry, stress management workshops, cognitive behavioral techniques for early anxiety or depression, and support groups for adults and children experiencing trauma or family disruption. We would further support implementation of the SBIRT model by providing Motivational Interviewing training to BHSS providers.

Selective Prevention:

iii. **School-Based Interventions**: Build upon and expand on existing school-based healthcare partnerships to provide behavioral health education, anti-bullying campaigns, and stress management workshops. Early intervention for children identified as having behavioral issues or experiencing adverse childhood experiences (ACEs) can reduce long-term risks.

iv. **Substance Use Education**: Deliver targeted substance use prevention programs in areas with high rates of opioid misuse, alcohol abuse, or other substance use disorders. Partner with local organizations to deliver targeted substance use prevention programs that include information on the dangers of substance use and offer support resources. The Iowa PCA has staff experienced in delivering education, facilitating lunch and learn sessions and partnering with other subject matter experts to provide education and interventions.

Universal Prevention:

v. **Public Health Campaigns**: Launch broad public health initiatives that raise awareness of behavioral health issues, promote healthy lifestyles, and reduce stigma around mental illness and substance use. These campaigns may include media outreach, social media engagement, and in-person events, in coordination with the Agency. The Iowa PCA has experience developing and disseminating statewide public health campaigns with our most recent example being our "Donut Wait. Vaccinate." campaign, which was nationally recognized.

- **Workplace Wellness Programs:** Partner with the Iowa Healthiest State, NAMI Iowa, and other human resources-focused organizations to encourage employers to adopt behavioral health wellness programs that offer stress management resources, employee assistance programs (EAPs), and workshops on resilience and well-being.

Evidence-Based and Evidence-Informed Early Intervention and Treatment Services
Early intervention and treatment services are essential for addressing behavioral health issues once they have emerged. These services should be accessible, timely, and tailored to the individual's needs. The Iowa PCA and the CHCs have long supported the provision of interventions and services to identify emerging issues and prevent escalation. The integrated CHC model of care is designed to support the identification of needs regardless of provider type, and to support access to high quality, evidence-based care.

Evidence-Based Early Intervention Programs:

- **Mobile Crisis Teams:** Deploy mobile crisis units to provide immediate intervention for individuals experiencing behavioral health crises. These teams can assess the situation, provide de-escalation, and connect individuals to appropriate services.

vi. **Telehealth Services:** Expand telehealth services, particularly in rural and underserved areas, to address workforce shortages. Ensure service coordination with local providers and work with state leaders to overcome broadband limitations.

Evidence-Based Treatment Approaches:

- **Trauma-Informed Care:** Leverage evidence-based, trauma-informed care frameworks across all levels of service delivery to ensure that providers understand and respond to the effects of trauma. The Iowa PCA has extensive experience teaching trauma-informed care models to providers in Iowa.
- **Medication-Assisted Treatment (MAT):** The Iowa PCA helped support CHCs in the implementation of MAT programs. We managed a MAT-focused Project ECHO model to engage CHC and other Iowa behavioral health providers from across Iowa in adopting these programs and will look to leverage this model to spur further service expansion.

Comprehensive Recovery Supports and Services
Recovery supports are a vital component of the continuum, offering individuals the resources and connections they need to maintain recovery, improve their quality of life, and sustain their wellness. Recovery is an ongoing process, and these services help individuals rebuild their lives after treatment by fostering community, resilience, and empowerment. The Iowa PCA and the CHCs have strong experience in providing comprehensive supports and services for patients, including peer support, addressing social needs, and integration of physical and behavioral health.

Peer Support Programs:

vii. **Peer Recovery Coaches:** The Iowa PCA will partner with the Iowa Peer Workforce Collaborative and NAMI Iowa to expand the utilization of peer support programs where individuals in recovery guide and support others going through similar experiences. Peer coaches can offer mentorship, practical advice, and emotional support, helping others navigate the recovery process. The Iowa PCA will ensure individuals with lived experience help inform development of meaningful peer support programs.

- **Peer-Led Community Support Groups:** Promote and expand peer-led recovery groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) and engage the Iowa Harm Reduction Coalition to explore extension of their peer support and patient navigation services.

Housing and Employment Assistance:

- **Supportive Housing Programs with a focus on Permanent Supportive housing:** Support the connection to safe and stable housing options for individuals in recovery, particularly those with co-occurring disorders or who are homeless. These programs can include transitional housing, permanent supportive housing, or rental assistance. The Iowa PCA will engage with local housing partners to explore how housing and healthcare funding can be braided to increase access to and sustainability of housing solutions.

viii. **Individual Placement and Support (IPS):** Build upon existing programs and expand access to and utilization of this evidence-based supported employment model for people with serious mental illness, helping them to secure and succeed in jobs of their choosing.

Ongoing Behavioral Health and Wellness Support:

ix. **Physical and Behavioral Health Integration:** Ensure that individuals in recovery have access to integrated care that also addresses their physical health needs, recognizing that physical well-being is closely linked to behavioral and emotional health. Work with providers that have adopted integrated models of care such as CCBHCs, CHCs, and others and leverage their expertise to expand these models across the state.

- **Family and Community Engagement:** Involve families and communities in the recovery process by offering family therapy, community education programs, and outreach initiatives that reduce stigma and support protective factors for behavioral well-being.

System Navigation

The Iowa PCA will deliver localized and responsive System Navigation based on the needs of Iowans. Collaborating closely with system partners such as the MCOs, local providers, and community-based organizations, the Iowa PCA will elevate local coordination of services and supports. To realize this objective, the Iowa PCA is dedicated to piloting the co-location of System Navigation services as well as delegating this activity to strong local partners statewide. This innovative approach will provide Iowans with localized support and improved coordination of essential non-Medicaid services, ensuring seamless access to community services and improving overall health outcomes.

The Iowa PCA's System Navigation Program will include core elements to ensure systems navigation and client support in each District.

1. Assessment and Identification of Need

- **Staff Training**: The Iowa PCA will train all systems navigation staff on evidence-based assessment protocols to ensure consistency and accuracy in identifying needs. Training will cover areas such as trauma-informed care, substance abuse, and crisis intervention.
- **Needs Prioritization**: The Iowa PCA will implement a system for prioritizing identified needs, such as crisis stabilization, ongoing therapy, or support services, based on severity and urgency.

2. Information and Referral

- **Thrive Iowa**: The Iowa PCA will work with the Agency and partners in the Districts to create a comprehensive, up-to-date database of BHSS providers, community services, and social support agencies. Development and utilization of this closed loop referral system will connect Iowans with the Agency and supportive resources available in their communities.

- **Community Education**: Conduct outreach and education campaigns to inform the community about the availability of behavioral health services and how to access them through the Districts and Thrive Iowa.

3. Coordination of Services

- **Interdisciplinary Care Teams**: Create interdisciplinary teams that include case managers, social workers, behavioral health professionals, substance use counselors, and other relevant service providers. These teams will collaborate to develop individualized service plans for individuals based on the assessment of their needs.
- **Integrated Care Plans**: Utilize shared care plans that outline the roles and responsibilities of each provider involved in the individual's care. Ensure that communication protocols are established to allow for seamless sharing of patient information (with consent) across agencies.

4. Monitoring and Follow-Up

- **Case Manager Involvement**: Assign a dedicated system navigator to each engaged individual to monitor their progress, coordinate with other entities and address any barriers to accessing services. The system navigator will conduct follow-up check-ins to ensure they remain engaged with services and that their needs are being met.
- **Ongoing Monitoring Protocols**: The Iowa PCA will implement a system for regular monitoring of individual's progress, including the use of validated outcome measures to track improvements in behavioral health, substance use, and overall well-being.

5. Utilization of Agency Mandated Technology Tools

- **Mandated Case Management Software**: We will ensure that all system navigation staff are trained in the use of agency-mandated case management software. This software will be used to document assessments, track service delivery, monitor client progress, and ensure accountability in care coordination.
- **Referral Platforms**: Implement the required referral platforms that allow for seamless tracking of referrals and outcomes. These platforms will integrate with the case management software to ensure all client data is centrally located and easily accessible by authorized staff.
- **Eligibility Tools**: Use eligibility determination tools mandated by the agency to assess individuals' eligibility for various services, such as Medicaid, housing support, and social benefits. Ensure that staff are trained in using these tools efficiently to minimize delays in service access.

Coordinated Crisis Transition

The System Navigation Program is designed to streamline the coordination of care for individuals experiencing behavioral health crisis, ensuring timely access to appropriate services and seamless transitions between different care levels. The program functions as a centralized hub in each District, where key stakeholders—such as law enforcement, healthcare providers, crisis service teams, courts, and emergency responders—collaborate to deliver efficient, person-centered crisis management.

At the core of this approach is the development of a Crisis Coordination Hub, which serves as the central point of contact for all involved parties. The crisis hub is the virtual center of a functional crisis system that keeps all the other components functioning collaboratively and effectively. This hub facilitates real-time communication between law enforcement, 911 and 988 emergency services, hospitals, crisis stabilization units, psychiatric facilities, and other service providers. By establishing a dedicated team of system navigators, the hub ensures that there is always someone available to manage the flow of information, track bed availability in treatment centers, and coordinate placements in the most appropriate facility based on the individual's needs.

Formal partnerships with stakeholders, such as law enforcement and healthcare providers, are essential. These relationships are solidified through MOUs, clearly defining roles and responsibilities for each partner in the crisis response system. Regular coordination meetings are held to review ongoing cases, improve communication, and adjust protocols, as necessary. These formal agreements ensure that all parties are on the same page, enhancing collaboration and reducing care delays.

During a crisis, an essential element of the process is the crisis triage and screening protocol. This protocol allows first responders, law enforcement, and emergency healthcare providers to assess the severity of the individual's behavioral health crisis using standardized tools, such as the SBIRT. The system navigators play a pivotal role in this process, ensuring that the right level of care—whether it be crisis stabilization, sub-acute care, or inpatient treatment—is identified and arranged quickly. By working closely with 911 and 988 responders, navigators can ensure that the transition from crisis to care is smooth and well-coordinated.

Another key feature of this program is its focus on coordinating care transitions. Once the individual is assessed, system navigators work to secure placement in the appropriate facility, be it a crisis stabilization unit, psychiatric hospital, residential treatment center, or a Psychiatric Medical Institution for Children (PMIC). Navigators manage real-time databases that track the availability of beds in these facilities and facilitate rapid referrals to reduce the likelihood of wait times. This ensures that individuals receive the right level of care when they need it most. Transportation logistics are also handled to guarantee that individuals can reach the designated facility safely.

After the immediate crisis is stabilized, the program emphasizes post-crisis coordination and monitoring. System navigators maintain communication with treatment providers, law enforcement, courts (if applicable), and the individual's family to ensure the individual continues receiving the necessary care. Regular check-ins allow the care plan to evolve based on the person's changing needs, and ongoing coordination helps ensure continuity of care across services.

Technology use will play a critical role in the program's success. Working with the Agency to identify a solution that leverages secure, HIPAA-compliant communication platforms to facilitate the sharing of health records, psychiatric evaluations, and legal documentation among all stakeholders. This could help to ensure that critical information is available to the right people at the right time, allowing for coordinated and informed decision-making. Providers and partners are trained to use these platforms, ensuring smooth communication that adheres to privacy regulations, such as HIPAA, 42 CFR Part 2, and other relevant laws.

The program also prioritizes community engagement and education. Outreach efforts educate the public, caregivers, and community organizations about how and when to access crisis services through identified resources such as Your Life Iowa, 911 or 988. These efforts help raise awareness about the system's capacity to respond to behavioral health emergencies and inform communities about the various services available.

System navigators will work closely with justice-involved individuals to navigate the legal system. We will work closely with jails, courts, and legal representatives to ensure that individuals experiencing behavioral health crises who are also involved with the criminal justice system, receive the appropriate behavioral health interventions. Where appropriate, the program will divert individuals from jail to treatment facilities. Communication between legal

systems and providers ensures that both legal and treatment needs are addressed concurrently. One example of a successful program is the Mental Health Court in the Burlington area. One of the CHCs, Community Health Centers of Southeastern Iowa, has engaged with them and noted it would be beneficial to expand these programs across the state. The Iowa City Mental Health Court was also recently in the news for the positive outcomes it has achieved.

Coordinated Diversion from Incarceration and Long-Term Institutionalization
The System Navigation Program for Diversion from Incarceration and Long-Term Institutionalization provides a comprehensive approach to prevent unnecessary incarceration or prolonged institutionalization for individuals in behavioral health crises. It ensures timely access to emergency services, coordinates seamless transitions to long-term care, and offers ongoing support to keep individuals engaged in community-based services, avoiding a return to the criminal justice system or institutional settings.

Central to the program is the rapid involvement of system navigators during encounters with law enforcement or emergency responders, directing individuals to appropriate BHSS services like crisis stabilization units instead of jail. Strong partnerships with law enforcement, courts, and healthcare providers formalize clear protocols for diverting individuals into treatment.

The program emphasizes warm hand-offs from crisis care to long-term support, working closely with community providers to ensure continuous care. It also facilitates access to Long-Term Services and Supports (LTSS) for those with complex needs, preventing recurrent crises and reducing the likelihood of re-hospitalization or criminal justice involvement.

The program also focuses on community education, training police officers and first responders to recognize behavioral health crises and use diversion pathways effectively. By prioritizing treatment and long-term stability, the program reduces the burden on the criminal justice system while improving outcomes for individuals in crisis.

Availability and Accessibility of Crisis Services
The Iowa PCA is committed to ensuring that behavioral health crisis services are equitably available and accessible to individuals across the state, regardless of their age, location, or ability to pay. By collaborating with dozens of other stakeholder types across the state, we aim to create an equitable and responsive crisis care system that reaches every corner of Iowa.

A specific focus on children and youth is central to the Iowa PCA's approach. There is a critical need to expand crisis services tailored to children, as many areas lack appropriate interventions and care settings for young people in behavioral health crises. The Iowa PCA will conduct a comprehensive needs assessment that includes a focus on children and youth to identify gaps in the current system and develop strategies for closing those gaps among this population. This may include creating mobile crisis teams trained to work with children and families, expanding access to Psychiatric Medical Institutions for Children (PMICs), and partnering with schools and statewide partners like Classroom Clinic to ensure that crisis response protocols are in place for students experiencing mental health emergencies.

The Iowa PCA's approach will be data-driven, using information gathered from CCBHCs, CMHCs, and other providers to assess the effectiveness of crisis services and guide future expansion. By tracking service utilization, response times, and outcomes, the Iowa PCA will be able to identify areas for improvement and ensure that resources are directed to where they are needed most. Geospatial mapping will help highlight districts where services are underutilized or unavailable, allowing the Iowa PCA to proactively address gaps in care. Continuous monitoring

and evaluation will ensure that crisis services remain responsive to the changing needs of Iowa's population, particularly as the demand for behavioral health care continues to grow.

c. Develop a Comprehensive Service Provider Network

i. Prior Relevant Experience

The Iowa PCA led network development efforts to form and operationalize our clinically integrated network, IowaHealth+, in partnership with CHC leaders and clinicians over a decade ago. The Iowa PCA approached the development of this network through intentional phases engaging local stakeholders across the state. The concept of value-based care was new, and we engaged with a national subject matter expert and legal and regulatory experts to first provide education about value-based care to our CHCs. We then worked to define the unique value proposition our network brought to value-based care and evaluated the pros and cons of a safety net, primary care-led clinical integrated network in comparison to partnering with a hospital or health system-led Accountable Care Organization.

Most of our CHCs are located in communities with hospitals from the major health systems in the state; we collaborate with all health systems in order to best care for and ensure access to care for our patients. After defining our value proposition and determining the importance of remaining in collaborative relationships with our hospital partners, eleven of Iowa's CHCs elected to join the IowaHealth+ clinically integrated network. To get to this decision, the Iowa PCA supported the CHC CEOs in educating their local, patient-led board of directors, local stakeholders, and staff in the value of IowaHealth+ and the outcomes we could achieve working together as a network of CHCs. Then the Iowa PCA team worked with our subject matter experts to develop operational and participation agreements that define and guide the roles and responsibilities of IowaHealth+ and the owner CHCs. All of this work has provided us with a strong foundation as we have continued to expand the value-based care contracts we hold within the Medicaid and Medicare programs.

ii. Fulfillment of Relevant Responsibilities

As part of the formal district level assessments outlined in section 3.2.3.1.1, our provider assessments will ensure that the provider network in each district is aligned with the strategic goals and objectives of the District Plan. By understanding the specific services required to meet community needs, service providers can be recruited, expanded, or optimized to fill gaps in care and identify any barriers and solutions. We will conduct data-driven assessments to identify service gaps, unmet needs, and areas where new services are needed to fulfill the District Plan strategies. We will engage stakeholders, such as local health departments, community organizations, and existing BHSS providers, to gather input on the current state of services and areas that require additional capacity or specialization. We will use population health data, including demographic information, incidence of BHSS conditions, and social drivers of health, to inform decisions on where services should be expanded or enhanced. We will engage with behavioral health providers to fully assess the resources needed to ensure providers are equipped for smooth and effective system expansion.

Once the provider needs are identified, it is essential to build strong relationships with service providers who can deliver the necessary care. These partnerships are critical for creating a collaborative and integrated network that serves individuals effectively and efficiently. Localized staffing at the District levels will help to ensure true partnership throughout the network to ensure collaboration. We will reach out to existing providers such as hospitals, CHCs, behavioral health agencies, and specialty service providers to build engagement and align them

with the District's goals. We will engage new providers who can help fill service gaps or offer specialized care that is not currently available within the network. This will involve recruiting telehealth providers, mobile health units, and specialized outpatient services, in addition to helping existing providers expand their service array. We will ensure the provider network has the necessary supports and explore alternative payment arrangements to ensure access to a wide range of services and specialties to address the comprehensive needs of the population, including primary care, behavioral health, crisis services, long-term care, and supportive services. We will regularly communicate with providers to understand their needs, challenges, and capacity. This ensures that relationships are responsive to changing needs within the district. We will establish or expand Community Collaboratives where providers can share resources and best practices, receive updates on policy changes, and contribute to the ongoing evolution of the provider network.

Once service providers are identified and engaged, formal contracts will be established to ensure they are aligned with the District Plan's goals, objectives, and service delivery expectations. These contracts outline the terms under which services will be provided, quality standards, payment structures, and accountability measures. We will negotiate contracts with each provider that clearly define the scope of services to be provided, reimbursement rates, performance expectations, and reporting requirements. We will ensure contracts align with the District Plan's strategies and goals, such as expanding access to crisis services, improving care coordination, or reducing health disparities in underserved populations. We will establish and implement payment models that incentivize high-quality care and outcome-based performance, ensuring providers are compensated fairly while also promoting efficiency and accountability. We will regularly review and update contracts as the network evolves to address emerging needs, new service providers, or changes in the District Plan's priorities.

The final step in building and maintaining a comprehensive provider network is ongoing oversight and monitoring to ensure that providers meet the standards of care and service delivery outlined in their contracts. This includes monitoring compliance, quality of care, and performance outcomes to ensure the network is delivering high-quality, effective services. We will develop a performance monitoring system that tracks key metrics such as service utilization, patient outcomes, provider performance, and patient satisfaction. These metrics can help identify areas for improvement or where additional support may be needed. We will conduct regular audits and reviews to ensure providers are meeting regulatory requirements, adhering to quality standards, and complying with their contracts. We will implement quality improvement initiatives with providers to address performance gaps, improve care delivery, and enhance patient outcomes. This may include provider T/TA or collaborative improvement projects. We will engage in continuous communication with providers to discuss performance data, incentivize outcomes, address challenges, and promote shared learning opportunities across the network.

d. Administer and manage funds to ensure the sustainability of a comprehensive District Behavioral Health Service System and the efficient use of available federal, state, and local resources.

i. Prior Relevant Experience

To ensure the sustainability of a comprehensive District Behavioral Health Service System and the efficient use of available federal, state, and local resources, the Iowa PCA will employ a robust financial management framework. This framework ensures compliance with all regulatory requirements, efficient allocation of resources, validity and accounting of payments, and

transparency in fund utilization, while also promoting long-term sustainability for the Behavioral Health Service System.

The Iowa PCA has extensive experience managing a diverse range of funding sources, which include state and federal grants, member fees, foundation awards, and other revenue streams. Federal grants, such as those from the U.S. Department of Health and Human Services (HHS), HRSA, and the Bureau of Primary Health Care, make up 40% of the organization's capital. As a subrecipient of federal funding administered through the Agency, the Iowa PCA is well-versed in handling complex funding arrangements.

The Iowa PCA uses a grant tracking and segregation system that creates distinct departments within its accounting structure for each grant and contract. Each grant is meticulously tracked by a general ledger account, funding source, and program, ensuring no co-mingling of funds. This allows for accurate income statements, expense tracking, and budget monitoring for each grant. Furthermore, the Iowa PCA's accounting system categorizes funding by governmental agency, pass-through entity, and detailed award information such as CFDA numbers, award numbers, and funding periods. This rigorous approach ensures that all funds are utilized in full compliance with the terms and conditions set by the respective funding agencies, further solidifying the Iowa PCA's capability in managing diverse financial streams.

The Iowa PCA has a strong track record of ensuring full compliance with federal rules and regulations, particularly those outlined in 45 CFR Part 75, which governs the administration of federal awards. The organization maintains updated written accounting policies and procedures that align with these federal requirements, ensuring the responsible management of federal funds. Additionally, the Iowa PCA has a robust Subrecipient Management and Monitoring Policy which provides regular oversight of subrecipients to guarantee adherence to federal funding protocols.

Through our sister organization IowaHealth+, we have furthered our fiduciary experience, managing a clinically integrated network of 11 CHCs, facilitating risk-based contracting and revenue cycle support with the state’s Medicaid MCOs and Medicare.

To further ensure financial transparency and compliance, we undergo an annual independent audit. The audit for the Iowa PCA and our two sister companies for the fiscal year ending June 30, 2023, resulted in a clean opinion with no findings of discrepancies, reinforcing the organization’s commitment to sound financial management and accountability.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will oversee the contracting necessary to ensure that funds are used efficiently within the BHSS:

- **Contract Development:** The Iowa PCA will contract with providers, vendors, and partners to ensure all services under the District Plan are delivered effectively. These contracts will be designed to align with the strategic goals of the BHSS, ensuring that funds are directed toward priority programs that maximize impact and align with federal and state requirements.
- **Payment Models and Budget Adherence**: The Iowa PCA will implement payment models that encourage the efficient use of resources while ensuring providers are compensated fairly for their services. Regular budget reviews and contract monitoring will ensure that spending is in line with budget forecasts and federal limitations.

The Iowa PCA will maintain ongoing oversight of the use of funds and program performance to ensure long-term sustainability of the BHSS:

- **Performance Outcome Monitoring**: The Iowa PCA will track key performance indicators (KPIs), and quality outcomes related to the services provided through the BHSS. This will include financial performance metrics to ensure that funds are being used efficiently and program performance metrics to ensure that the goals of the BHSS are being met.
- **Continuous Financial Review and Adjustments**: The Iowa PCA's finance team will conduct regular reviews of budget performance and resource utilization to identify opportunities for cost savings or reallocation of funds. This continuous review ensures that resources are being used optimally and that any adjustments are made in a timely manner to prevent budget overruns or shortfalls.

The Iowa PCA's approach to managing and administering funds for the BHSS emphasizes financial transparency, regulatory compliance, and efficient resource allocation. By leveraging federal, state, and local resources, and implementing financial controls to include robust accounting and payment validity, the Iowa PCA will ensure that the BHSS remains sustainable and capable of delivering high-quality behavioral health services across the state.

e. Oversee and monitor service provision compliance by those entities that provide Behavioral Health Services and activities in accordance with the District Plan.

i. Relevant Experience

The Iowa PCA, through our management services agreement with IH+, has extensive experience overseeing and monitoring service provision compliance by the CHCs that provide services and activities in support of our value-based care contracts with healthcare payors. All five of our VBC contracts include various requirements the Iowa PCA ensures are met including federal, state, and those unique to each payor. These requirements range from access to care, patient engagement and choice, and many nuanced healthcare and managed care regulations. The Iowa PCA has worked to operationalize these requirements through implementation plans customized for each of our VBC contracts and payor partners and through our overarching IH+ compliance program.

The Iowa PCA has a designated Compliance Officer, and our compliance program consists of a series of processes to promote compliance with all applicable legal requirements and obligations and to prevent, detect, and correct non-compliance. The following provide the foundation of our compliance program: compliance training, reports of possible compliance and fraud, waste and abuse problems, compliance risk assessment, work plan, and monitoring and auditing. We provide required annual trainings for our staff and CHC staff, engage with our healthcare payor partners, and leverage a wide range of subject matter experts to ensure our oversight and monitoring processes evolve and change with new requirements over time.

The Iowa PCA team provides support and consultation to the IH+ Board, which is ultimately responsible for setting policies, developing and implementing a model of care, establishing best practices, setting, and monitoring quality goals, assessing participant performance, and addressing identified deficiencies.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA follows stringent state and federal procedures for the management and oversight of behavioral health service providers. This includes the thorough enforcement of compliance

with the terms outlined in provider contracts, as well as adherence to relevant state and federal laws, rules, and regulations governing the delivery of behavioral health services.

- **Contract Compliance**: The Iowa PCA develops and oversees contracts with behavioral health providers, ensuring that they meet all expectations regarding service provision, quality, and accessibility. These contracts are aligned with state and federal regulations to ensure consistency in service delivery, billing practices, and patient care standards.
- **Regulatory Adherence**: The Iowa PCA ensures that providers fully comply with key regulations such as HIPAA, 42 CFR Part 2 (confidentiality of substance use treatment records), and the provisions of federal behavioral health funding programs. Regular compliance reviews are conducted to ensure that providers remain up to date with any changes in state or federal regulations, and we provide ongoing support to providers to help them navigate regulatory challenges.

Maintaining program integrity is essential to ensuring the responsible use of public funds and the efficient delivery of services. The Iowa PCA implements a range of program integrity activities to safeguard against fraud, abuse, and non-compliance within the Behavioral Health Service System.

- **Claim Auditing Functions**: The Iowa PCA will conduct audits to verify the accuracy and legitimacy of billing practices among behavioral health providers. These audits ensure that providers are adhering to proper billing codes and reimbursement structures, and that services rendered match the services billed. Any discrepancies identified through claim audits are addressed promptly to ensure that providers are in compliance with state and federal funding requirements.
- **Prevention of Fraud and Abuse**: The Iowa PCA enforces policies and procedures to detect and prevent fraudulent claims, billing errors, and misallocation of funds. Through rigorous audits and continuous monitoring, we ensure that resources are used appropriately, protecting the integrity of the behavioral health system, and ensuring that services reach those who need them most. Additionally, the Iowa PCA has the required mechanisms in place to periodically check for fraud, waste and abuse and to allow for reporting of suspected issues.

Continuous monitoring of service quality and performance is a core component of the Iowa PCA's approach to overseeing the Behavioral Health Service System. This involves assessing both consumer satisfaction and provider performance to ensure that services are effective, accessible, and of high quality. The Iowa PCA employs a range of methods to assess consumer satisfaction and the performance of behavioral health providers.

- **Surveys and Feedback Mechanisms**: Regular consumer satisfaction surveys are distributed to individuals who receive services from behavioral health providers, allowing The Iowa PCA to gather feedback on the quality of care, timeliness of services, and overall patient experience. These insights are used to identify areas for improvement and ensure that consumer needs are being met.
- **Performance Reviews**: The Iowa PCA conducts performance evaluations for providers, examining key metrics such as service delivery times, clinical outcomes, adherence to treatment guidelines, and patient engagement. This comprehensive evaluation ensures that providers are delivering high-quality care that aligns with the goals of the BHSS.

When issues in service provision are identified, the Iowa PCA takes immediate steps to remediate those problems. The goal is to ensure that any gaps in service quality or compliance are addressed promptly, ensuring that consumers continue to receive the care they need.

- **Corrective Action Plans**: If a provider fails to meet contractual obligations or regulatory requirements, the Iowa PCA works with them to develop a Corrective Action Plan (CAP).

The CAP outlines the specific areas of non-compliance or underperformance and provides a structured plan for addressing these issues. Providers are given clear timelines and expectations for improvement, and the Iowa PCA offers support and resources to help them meet these goals.

- **Ongoing Support and Monitoring**: Throughout the remediation process, the Iowa PCA provides ongoing monitoring and support to ensure that providers make progress toward resolving service provision issues. If necessary, further audits or evaluations are conducted to ensure that the corrective actions have been successfully implemented.

The Iowa PCA is committed to ensuring that all consumers within the Behavioral Health Service System have access to care that meets or exceeds Minimum Access Standards. These standards include timely access to services, geographic availability, and the capacity of providers to meet the needs of diverse populations.

- **Geographic and Timeliness Assessments**: The Iowa PCA will regularly assess the geographic coverage of behavioral health services, ensuring that all Iowans, regardless of zip code, have access to care. Additionally, wait time data will be collected to evaluate whether consumers can access services within acceptable timeframes, particularly for urgent or crisis care.
- **Capacity Building**: As gaps in access are identified, the Iowa PCA will work to build provider capacity. This will involve helping existing providers expand capacity, recruiting new providers, supporting telehealth expansion, and enhancing mobile crisis services.
- **Regular Compliance Reviews**: Minimum Access Standards will be monitored continuously via dashboard to ensure that providers are meeting required thresholds for service delivery. The Iowa PCA will work closely with providers to address any areas where access standards are not being met and to develop strategies for improvement.

f. Coordinate or provide training and technical assistance to Behavioral Health Services System providers and partners as listed in 1.3.1.1.c.a.ii.

i. Prior Relevant Experience

The Iowa PCA has grown from a small team supporting four CHCs to an organization with nearly 50 team members providing T/TA, HIT and analytic support, and other shared services to all 14 CHCs across the state. Recognized at both the state and national levels as a trusted voice on healthcare, rural, and community health, the Iowa PCA is known for its leadership in continuous improvement, health information technology, and value-based care.

Serving 250,000 patients, our network ensures access to comprehensive, integrated primary care services, and we are often a key advocate for collaboration among healthcare, social services, and governmental organizations. Our values—Accountable, Collaborative, Deliberate, Proactive, Respectful, and Transformative—drive our commitment to improving healthcare for underserved communities, and our diverse, mission-aligned staff works to elevate the voices of patients and communities across Iowa.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA is committed to expanding access to comprehensive behavioral health education and support across the state with partnerships such as NAMI Iowa and the Iowa Center of Excellence for Behavioral Health. Through these partnerships, the Iowa PCA will bring critical training and education programs to Districts throughout Iowa, ensuring that individuals, families, caregivers, and providers receive the necessary tools to address BHSS challenges. Training content will be aligned with the evidence-based and emerging practices identified in the State

BHSS Plan, in addition to required compliance activities. NAMI Iowa's well-established programs, such as Family-to-Family, Peer-to-Peer, Mental Health First Aid, and Ending the Silence, will help reduce stigma, promote early intervention, and foster stronger community support networks. These programs will be tailored to meet the unique needs of different populations, including youth, caregivers, and underserved communities, ensuring that all Iowans have access to behavioral health resources.

The Iowa PCA will also collaborate closely with the District Advisory Councils and other stakeholders to ensure a coordinated and community-driven approach to behavioral health care. Engaging with these entities will enhance the integration of BHSS services with other critical community resources, ensuring that the system is comprehensive, accessible, and responsive to the needs of the populations it serves. The Iowa PCA will also partner with individuals and organizations to provide population and culturally specific trainings to meet the unique needs of each District as identified in the District needs assessment.

In addition to NAMI's programs, the Iowa PCA will partner with the Iowa Center of Excellence for Behavioral Health to offer specialized training focused on key areas such as Assertive Community Treatment (ACT), Individual Placement and Support (IPS), Permanent Supportive Housing (PSH), and suicide prevention. These evidence-based services are crucial for supporting individuals with serious mental illness, integrating employment into recovery, providing stable housing for vulnerable populations, and reducing suicide rates across the state. By working closely with key stakeholders such as law enforcement, courts, healthcare providers, and behavioral health experts, we will ensure that these specialized trainings are delivered effectively and available to service providers across the network to meet the unique needs of each behavioral health district.

The Iowa PCA will leverage our existing infrastructure and expertise to share resources, facilitate connection among providers, and support effective and impactful communication. This coordinated approach will strengthen Iowa's behavioral health infrastructure, improve service delivery, and foster long-term community resilience. Continuous collaboration, outcome tracking, and shared commitments will help sustain these essential programs.

The Iowa PCA is dedicated to implementing comprehensive performance management and continuous quality improvement (CQI) activities to ensure that the BHSS System achieves its goals and delivers high-quality care. Through these efforts, we will work collaboratively with the Agency to identify and implement performance improvement (PI) activities, monitor District Plan outcomes, and provide regular reports on achievements and challenges.

The Iowa PCA will establish a robust CQI framework that is centered on data-driven decision-making, stakeholder engagement, and continuous feedback loops. By systematically measuring and evaluating service delivery processes, outcomes, and patient satisfaction, the Iowa PCA will ensure that BHSS services are effective, equitable, and aligned with best practices.

The Iowa PCA will work closely with the Agency to identify key areas for performance improvement within each District. This will include analyzing service utilization data, patient outcomes, provider performance metrics, and feedback from individuals receiving care. Based on these insights, we will develop targeted PI activities – in collaboration with the Agency – designed to address specific challenges or gaps in service delivery, such as reducing wait times for behavioral health services, increasing access to specialized care, or improving care coordination between providers and community resources.

The Iowa PCA will develop and implement a monitoring system to track the progress of District Plan activities and evaluate key outcomes related to behavioral health services. This will include monitoring the implementation of specific initiatives, such as the expansion of crisis services, the integration of mental health and substance use disorder care, and the development of community partnerships.

Key monitoring activities will include:

- Tracking service utilization and access to evaluate if individuals in all districts of the District are receiving the care they need in a timely manner.
- Evaluating clinical outcomes, based on information on the central data repository outlined in 3.2.3.1.1.3 parts c and e.
- Assessing the effectiveness of partnerships with local law enforcement, courts, healthcare providers, and other stakeholders to ensure coordinated care and service delivery.
- Regular data reviews will be conducted to identify trends, assess the impact of interventions, and make real-time adjustments to ensure that the District Plan remains on track to achieve its goals.

The Iowa PCA will establish a reporting process in collaboration with the Agency to provide regular updates on the achievements and challenges of the District Plan. These reports will follow the processes and guidelines defined by the Agency and will include detailed information on performance metrics, progress toward goals, and any barriers encountered during implementation.

Reports will be structured to highlight:

- Successes, such as increased service access, improved patient outcomes, or successful implementation of new programs such as targeted offerings for children or individuals with co-occurring disorders.
- Challenges and barriers, such as provider shortages, funding limitations, or delays in service implementation.
- Recommendations for improvement, based on ongoing data monitoring and feedback from stakeholders.

These reports will serve as a critical tool for maintaining transparency and accountability within the BHSS, while also informing the Agency of any areas where additional support or resources may be needed to address emerging challenges.

By conducting thorough performance management and CQI activities, the Iowa PCA will ensure that the District Plan is continually optimized to meet the needs of individuals and communities throughout Iowa. Through close collaboration with the Agency and key stakeholders, the Iowa PCA will promote the delivery of high-quality, accessible, and sustainable behavioral health services across the state.

3.2.3.1.1.3. Data Collection, Use, Reporting, and Sharing

Establishment of the Behavioral Health Service System (BHSS) and implementation of HF 2673 marks an exciting new chapter in the evolution of Iowa's behavioral health system. Implementation of the state's first centralized BHSS data repository will provide for the most comprehensive view to date of service availability and utilization and will be used to inform the activities outlined to achieve District-Level System Coordination. Through the development of robust, consistent reporting streams, the Agency, and the Iowa PCA as the statewide ASO will

be able to collaboratively identify emerging service needs and utilization trends, eliminate fragmentation across the BHSS Districts, and above all else improve patient outcomes.

The Iowa PCA has a long history of supporting technology and data within the safety net system. Our technology strategy to support clinical, operational, and financial data collection pared with our advanced analytics infrastructure provides the backbone to improving data maturity across the network of CHCs in Iowa. This, paired with our team of technologists and data scientists can create staffing and technology needed for data collection, use, reporting and sharing across the BHSS.

a. Provide input, to assist the Agency in the implementation and maintenance of the statewide central data repository.

i. Prior Relevant Experience

The Iowa PCA and our sister organization INConcertCare, Inc. (INCC) – a health information technology (HIT) and data analytics-focused nonprofit entity – have extensive experience with data infrastructure. We are committed to leveraging our Data and Technology Team and the expertise we have developed in supporting Iowa's 14 CHCs to assist the Agency in the implementation and maintenance of a statewide centralized BHSS data repository.

As a condition of their status as federally qualified health centers, all CHCs are required to report standardized data to the HRSA through the Uniform Data System (UDS), which includes data on patient populations, clinical quality measures, and financial performance. The Iowa PCA Data and Technology Team helps facilitate this reporting, building the data infrastructure necessary for centers to submit their UDS reports, testing linkages, and providing T/TA to maintain ongoing operations.

UDS data and data from our analytics systems are used to track and report on clinical quality improvements, regulatory compliance, and performance, and to measure the impact of activities at the state and local levels. Quantitative and qualitative measures have been identified to allow the Iowa PCA to monitor progress toward quality improvement and strategic goals. Multiple teams at the Iowa PCA will be leveraged to implement the statewide data repository and support monitoring, performance management, and evaluation activities for the BHSS system. The Iowa PCA Data and Technology Team is led by the Senior Director of Data & Technology. The Senior Director of this team has broad experience in program assessment, monitoring, and evaluation, and has led evaluation projects within government, non-profit, and corporate settings, and across public health, clinical health care, and social science disciplines. The Iowa PCA Reporting and Analytics Team has expertise in data management, Structured Query Language (SQL) programming, epidemiology, data visualization, and dashboard development. This team of data scientists supports reporting and analytics across all CHCs in Iowa, has specific expertise in integrated health record systems, and provides advanced report development across many topic areas.

The Iowa PCA Electronic Health Record (EHR) Support Team provides support for all of Iowa's CHCs on the Epic EHR platform through our technology vendor OCHIN. This team has broad experience in EHR implementation and support, particularly in ambulatory settings, which the Iowa PCA will leverage to assist BHSS District service providers with integration to the statewide centralized BHSS data repository. This support includes T/TA, informatics, quality improvement, and workflow support. They have a strong understanding of the system and serve as a front-line resource for CHCs to improve efficiency and effectiveness of the system for

clinical care, revenue cycle, and documentation. The team also has a thorough understanding of Iowa's health technology environment and the opportunities for interoperability and systems connections throughout Iowa. We have extensive experience in data governance and data sharing and are continually working to develop new connections to securely and appropriately share data to improve patient outcomes.

The Iowa PCA Information Technology (IT) Team supports a replicated Clarity Database and Microsoft Power BI infrastructure that allows for advanced reporting and analytics using integrated health record data in a secure environment. They also manage a SharePoint implementation for secure access to data and resources among Iowa PCA and CHC staff.

Leveraging this existing infrastructure and expertise, the Iowa PCA will be able to provide substantive assistance to the Agency in implementing and maintaining an efficient and effective structure to support the statewide centralized BHSS data repository.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will provide input to assist the Agency in the implementation and maintenance of the statewide central data repository.

b. Follow all Agency procedures for the collection, utilization, and maintenance of data to be shared with the Agency and subsequently stored in the central data repository. This includes following Agency directives regarding informed consent and data sharing procedures.

i. Prior Relevant Experience

The Iowa PCA has robust experience in supporting data collection and documentation, and our team is adept at working with provider organizations at various levels of technical sophistication and capacity. T/TA are provided to CHCs to ensure efficient and effective workflows for documentation that result in reliable and valid data capture. We also utilize multiple data sources, including EHR, claims and attribution data to improve care quality and patient outcomes. These data are housed in a centralized integrated system and governed through network-level data use, access and management standards that are Health Insurance Portability and Accountability Act (HIPAA) compliant and aligned with privacy and security best practices. These practices promote data use to support patient care, safety, and outcomes, and ensure that data are only accessed by appropriate users for appropriate purposes.

The Iowa PCA provides T/TA for CHCs to ensure appropriate and regulatory-compliant (e.g., HIPAA, 42 CFR 2) informed consent. This informed consent includes ways that data may be shared among providers for clinical care and how it can be reported to public health authorities for required reporting. The Iowa PCA maintains HIPAA-compliant Business Associates Agreements (BAAs) with all CHCs, as well as other partners to ensure appropriate data governance and use. Technology and administrative controls are in place to ensure removal of protected data, such as mental health, substance use and family planning information. Policies and training procedures are reviewed annually for security and privacy compliance.

The Iowa PCA has a robust governance structure for data use and sharing review and approval. Our Data Governance Committee is a multi-disciplinary stakeholder group with representation from all Iowa CHCs. This group reviews and has the authority to approve data sharing requests.

The Iowa PCA will work with the Agency to ensure that all Agency directives regarding informed consent and data sharing procedures are implemented and followed. We will also coordinate with the Agency to implement a comprehensive governance structure that ensures data are protected and used appropriately.

The Iowa PCA has illustrated our commitment to appropriate informed consent and data sharing through our T/TA provided to CHCs to ensure fidelity to Title X data privacy requirements during the implementation of the Epic EHR. The Iowa PCA partnered with CHC Title X providers, our EHR vendor OCHIN, and national experts in data privacy to ensure that workflows, consents, and data access supported regulatory requirements. This included evaluating data availability and access within patient portals, EHR system use and documentation to ensure data confidentiality, legal guidance regarding guardianship, data protections, and patient safety considerations.

An example of sharing data for focused quality improvement is dashboards developed for CHCs and the Iowa PCA to support the integration of oral health into other services for pregnant women, infants and children at high risk for oral disease. These dashboards are used to facilitate T/TA, and support federal reporting, and are reviewed by the Iowa PCA and CHC teams at least monthly as part of the larger work plan processes. At a state level, the Iowa PCA regularly convenes participating CHCs in a statewide learning collaborative to complete the quality improvement activities laid out in the project work plan. As part of this work, project improvement strategies were identified, including a method to track progress and advancement.

Through this project, data is collected within the Epic EHR system using consistent workflows and informatics guidelines. To ensure accurate and timely collection of data, the Iowa PCA subject matter experts and our EHR Support Team have trained CHC staff on documentation workflows, provided ongoing informatics support, and ensured that screenings and referrals are consistently documented. This includes consistent provider note personalization, shared clinical content, and standard alerts across all participating centers. To help manage operational processes required for this work, in-system reports have also been developed. These include population health management patient lists, referral follow-up lists, and provider-specific quality measures on workflow fidelity and patient engagement.

The Iowa PCA's in-depth technical expertise, gained through these and other targeted data quality improvement projects, has prepared our organization to be a strong partner as the Agency looks to establish procedures for the collection, utilization, and maintenance of data in support of the BHSS system. We will seek to leverage our existing data infrastructure to support BHSS District participants, integrating as appropriate with existing systems including the Community Services Network (CSN) and the Iowa Behavioral Health Reporting System (IBHRS), to facilitate timely and efficient reporting to the statewide centralized BHSS data repository.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA Data and Technology Team is prepared to develop and implement a plan for operationalizing and determining the governance for data collection, utilization, and maintenance of data. Our plan will follow all Agency procedures for the collection, utilization, and maintenance of data to be shared with the Agency and subsequently stored in the statewide centralized BHSS data repository. This will include following Agency directives regarding informed consent and data sharing procedures.

c. Report all data required to be maintained in the central data repository to the Agency, as required by the Agency.

i. Prior Relevant Experience

The Iowa PCA will work with the Agency to facilitate all data reporting requirements and provide T/TA to applicable District stakeholders to ensure timely and accurate data collection. The Iowa PCA Reporting and Analytics Team, which has expertise in SQL and data visualization, will be assigned to work with the Agency and BHSS District teams to develop and manage the data infrastructure, data feeds, workflows, and resources necessary to implement the central BHSS data repository. The Iowa PCA oversees an analytics infrastructure built in an Azure cloud environment and managed and segmented through Microsoft Fabric to create Power BI dashboards that can be securely accessed by approved users. This infrastructure can be extended to support the BHSS central data repository, where data can be ingested into our Power BI platform to create dashboards for accurate and timely reporting of process and outcome metrics. Access to data will be governed through a standard process to ensure data security and patient privacy.

As noted, the Iowa PCA has extensive experience facilitating CHC reporting of standardized data to government agencies, including UDS data to HRSA, which includes data on patient populations, clinical quality measures, and financial performance. This standard data reporting includes medical, dental, and behavioral health data. The Iowa PCA also helps to facilitate targeted data reporting such the previously discussed HRSA project to improve oral health care for pregnant women, infants, and children at high risk for oral disease.

The Iowa PCA's T/TA efforts include facilitating CHC reporting to several state databases. This includes working with the Agency and individual CHCs to facilitate immunization reporting to Iowa's Immunization Registry Information System (IRIS). The Iowa PCA Reporting and Analytics Team, working with our Epic vendor OCHIN, helped to build, test, and maintain an integration between centers' EHR systems and the IRIS database. This interoperability automation helped to ensure timely and accurate data submissions, while improving efficiency and clinical workflow.

Currently, four CHCs have obtained state licensure to provide substance use disorder (SUD) and problem gambling treatment services. As part of this enhanced service line, these centers utilize the IBHRS to facilitate licensure and data reporting functionality with the Agency. As part of our ongoing T/TA to CHCs, the Iowa PCA helped these four centers prepare the workflows and systems necessary for utilizing IBHRS. This included an examination of the technical specifications of the IBHRS to determine whether to build a similar EHR integration to the IBHRS as has been done with IRIS. While this integration was delayed until more providers obtained licensure, our technical experts have developed a familiarity with the system to allow for rapid integration between our existing data warehouse and the IBHRS upon contract award.

We have also partnered with our state's health information exchange (HIE), to facilitate timely data integration. The state HIE provides secure access to health information via a web-based portal. It enables clinicians to query the longitudinal health records for near real-time patient information, regardless of where patients seek care, enhancing their workflows to deliver safe, effective, high-quality care. The clinical portal is also connected to eHealth exchange, the largest query-based, health information network in the country. Our integration with the state HIE also provides admit, discharge, and transfer (ADT) data using a partner product called CMT

and Unite Us to provide a social drivers of health referral system connecting healthcare providers, patients, and social services providers together.

In partnership with our sister organization INCC, we have a long history of strong engagement with HIE activities in the state and have formed a strong working relationship with the current HIE provider, CyncHealth Iowa. Through IowaHealth+, our integrated health network, we ensure that all participating CHCs are connected to and utilizing the HIE. Our Reporting and Analytics Team worked with our CHCs to create and test interoperability between their EHR and the HIE, and we work closely with CyncHealth Iowa to provide T/TA to CHC staff.

ii. Fulfillment of Relevant Responsibilities
The Iowa PCA will report all data required to be maintained in the central data repository to the Agency, as required by the Agency.

d. Utilize data labeling, definitions, coding, and nomenclature required by the Agency.

i. Prior Relevant Experience
The Iowa PCA Reporting and Analytics Team is comprised of data scientists with extensive experience in data collection, maintenance, analysis, and reporting. This experience has prepared us to fully comply with all data labeling, definitions, coding, and nomenclature requirements established by the department. Through our work across the Iowa PCA, IowaHealth+ and INCC, we have reported directly or through our CHCs to many state, federal, payer, and other databases. Each database utilizes its own data standards and coding parameters. Our team of data scientists and T/TA staff work closely with CHC staff to ensure compliance with the unique criteria for each database to ensure full compliance with all technical standards. For example, as part of our IowaHealth+ work, we create supplemental files for each Medicaid Managed Care Organization (MCO) to support our value-based care contracts. Each MCO has unique requirements for these files, including data coding, labeling, nomenclature, and calculations.

As the statewide ASO for the seven BHSS districts, the Iowa PCA will play a similar role with the numerous service providers and other required users in each district. We are aware that many BHSS providers in the state have limited internal capacity and expertise for data reporting. Key to the successful implementation of the statewide centralized BHSS data repository will be extensive T/TA to help users comply with Agency standards for coding and reporting. Drawing upon our extensive experience supporting the work of our 14 CHCs, the Iowa PCA will develop standardized workflows and seek to develop system automations where feasible to ease the administrative burden on service providers.

Additionally, within our analytics infrastructure, we have the ability to build data marts that transform raw data into the required fields, calculations, coding and structure needed for various reporting requirements. These data marts can allow easier access to transformed data and ensure accurate alignment with reporting requirements across related use cases.
The data lake house structure that is created through Microsoft Fabric can ingest disparate forms of data and transform them to standard fields and formats required by the State. This will allow not only standard reporting, but also comparable analytics across data sources.

ii. Fulfillment of Relevant Responsibilities
The Iowa PCA will utilize all data labeling, definitions, coding, and nomenclature required by the Agency.

e. Submit data in the form and format required by the Agency.

i. Prior Relevant Experience

The Iowa PCA will provide comprehensive and accurate information regarding the BHSS in each District for which we are awarded a contract. We have extensive experience in collecting, analyzing, and submitting demographic, financial, utilization, clinical, and satisfaction data in the form and format required by stakeholders, including payors, state and federal agencies, and funders. We will comply with all data requirements including reporting of the following District level data:

- **Demographic Information:** We will report the age, gender, race, ethnicity, and geographic location of individuals receiving services, as well as any other measures identified by the Agency. The Iowa PCA currently supports our CHCs in the collection and reporting of similar data to HRSA as a condition of their designation as federally qualified health centers. Such information has proven helpful in better understanding the populations being served and identifying gaps in service needs such as additional translation services in some of our CHCs. It also allows for measure disaggregation to understand disparities and inequities in health outcomes.
- **Expenditure Information:** Detailed financial reporting will be provided, outlining the costs associated with the delivery of behavioral health services, including program-specific expenses, resource allocation, and other state metrics. As a statewide ASO, the Iowa PCA will utilize this data to compare spending across Districts and identify opportunities for improved efficiencies and system savings. We currently collect similar financial performance and revenue cycle data from our CHCs and provide similar T/TA to help each CHC achieve greater financial efficiencies.
- **Utilization, Clinical, and Client Data:** We will collect and report data on service utilization, including the types and frequencies of services accessed, clinical outcomes, and system capacity. As part of the risk-based contracts of our integrated health network IowaHealth+, the Iowa PCA facilitates bidirectional reporting of similar data with the state's three Medicaid MCOs and Medicare. This information has proven helpful in supporting the evaluation of service effectiveness and overall system performance.
- **Provider Satisfaction Data:** Feedback will be gathered and reported regarding patient and provider satisfaction, ensuring insights into the quality of the current services being delivered within each region. The provider satisfaction data being collected by our CHCs today has proven to be a key tool in identifying areas for potential improvement within the system.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will submit data in the form and format required by the Agency. This will include reporting to the Agency, in a manner specified by the Agency, information regarding services, supports, and other activities concerning the BHSS, provided in the District, including at a minimum, demographic information, expenditure information, utilization, clinical and client data, and provider satisfaction data.

f. Collect, monitor, and utilize data and information as directed by the Agency.

i. Prior Relevant Experience

The Iowa PCA currently provides these services for the local CHCs that comprise our organization. We have collectively invested in statewide infrastructure to benefit behavioral, physical, and oral health service provision, as well as enhance quality and services integration

over time. Eleven of Iowa's 14 CHCs have implemented a shared, centralized EHR system through our non-profit technology vendor, OCHIN. Through this partnership, based on a shared commitment to community health, CHCs utilize the Epic integrated EHR system that includes behavioral, medical, and oral health record customized specifically for ambulatory safety net providers to empower integrated models of care.

We host a replicated HIPAA-compliant Clarity Database and Microsoft Power BI implementation leveraging Microsoft Fabric data management and security functionality that allows for advanced reporting and analytics of all integrated health record data in a secure environment. Through our deployment of Microsoft Fabric, an end-to-end, unified data analytics platform, the Iowa PCA Reporting and Analytics Team is further able to break down extensive raw clinic data and individual patient records to access system utilization and utilization trends. This tool allows our data scientists to build targeted dashboards focusing on shared reporting needs, which allow clinical and programmatic teams at clinic sites with limited data expertise to monitor system utilization and make data-informed decisions.

We also use an analytics platform called Arcadia to provide advanced analysis for value-based care decision-making and population health management. Our use of Arcadia software allows Iowa PCA staff and CHC staff to identify and elevate health insights to assist in risk and quality gap closure at the point of care. This platform integrates data from multiple EHRs and claims and attribution data from multiple payors to provide robust analysis for value-based care cost and quality management.

To support the collection, monitoring, and utilization of BHSS data, the Iowa PCA Reporting and Analytics Team will work with Agency staff to build dashboards and other analyses for each BHSS district, as well as aggregated statewide dashboards. These dashboards will allow District providers, District administrators, and Agency staff to monitor timely system data in a way that ensures appropriate access based on user role. The Iowa PCA will also conduct additional targeted data analysis and reporting as directed by the Agency. Such analysis will include monitoring compliance, quality, and performance outcomes as outlined in section 3.2.3.1.1.2.

The Iowa PCA, in conjunction with 11 of our CHCs, jointly founded our sister organization IowaHealth+, a clinically integrated health network. Through IowaHealth+, we have entered into shared savings value-based care contracts with each of Iowa's three Medicaid MCOs, as well as Medicare and Medicare Advantage payers. As part of this work, our Iowa PCA staff conduct ongoing data analysis to monitor service utilization, financial forecasting, and progress toward established quality metrics. This experience equips our team to provide similar services for the providers in each of Iowa's seven BHSS Districts.

Through our involvement with the HRSA-funded Midwest Network for Oral Health Integration, the Iowa PCA conducts extensive data analysis regarding the effectiveness of oral health surveillance enhancements implemented during the project. This includes comparison of baseline and annual project data to determine the statistical significance of outcome changes throughout the life of the project. Data is compared to peer CHCs that have not implemented enhanced surveillance strategies to determine if there are statistically significant differences between implementation and control groups. Data is also disaggregated to understand disparities among groups, and how these disparities changed over time, with particular attention paid to the impact of quality improvement strategies.

Detailed results of this work are regularly shared with the participating CHCs through project-specific data dashboards. Data is visualized to highlight trends over time and population disparities, and allow for comparison to baseline, and across CHCs. These visualizations are designed to easily identify longitudinal progress and challenges, differences among populations, and areas of success that may be applied more broadly.

Based on this data, quality improvement strategies are implemented. Timely data is available to track the impact of these strategies. These dashboards are available to Iowa PCA staff providing monthly T/TA, and to CHC staff who provide quality improvement support at the local level, allowing for transparency, and for consistent use and understanding of data across multiple stakeholders. In Year 3 of the project, additional data factors impacting behavioral health and Social Drivers of Health (SDOH) were added to evaluation and quality improvement efforts. These data include PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) and behavioral health screenings, which are documented in Epic and easily integrated into dashboards and analyses. Preventive oral health measures are also integrated into dashboards and analyses and reviewed with participating CHCs on a quarterly basis.

For Iowa CHCs that are also using the OCHIN Epic platform, workflow documentation, referral best practices, and screening tools are shared across CHCs in addition to the evaluation results. This information is in turn shared back with OCHIN and distributed as best practice across their national network of providers.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will collect, monitor, and utilize data and information as directed by the Agency. This will include, at a minimum, maintenance of BHSS patient records data for the purpose of paying claims, and ensure this information can be shared with the Agency and provided to the Agency upon request, as well as when appropriate, utilizing data to help the District and the Agency understand emerging needs, and to deploy information, resources, and technical assistance in response.

g. Meet privacy and security requirements for data covered by the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, for substance use data, mental health data, and other sensitive information.

i. Prior Relevant Experience

Currently, all Iowa PCA and CHC staff that have access to Personally Identifiable Information (PII) are provided necessary and appropriate HIPAA and required trainings. All staff with access to PII also receive training on policies and procedures related to information technology best practices to ensure privacy and data protection. Trainings are documented by the individual's respective employer and refresher training is provided at least annually to all employees with access to PII.

The Iowa PCA, individual CHCs, and our Epic EHR vendor OCHIN conduct ongoing audits to ensure completion of all necessary trainings. Training completion is monitored at time of hire and annually thereafter. Each CHC follows their federally compliant data breach protocol for notification of individuals and regulatory entities, and remediation procedures. They also follow their standard HIPAA notification process to receive consumers' authorization before gaining access to PII. The Iowa PCA collects CHCs' training and breach response plans at least annually to assess regulatory compliance to all data and privacy standards.

Cybersecurity is also integral to safeguarding patient data, protecting healthcare operations, and ensuring the delivery of safe and effective patient care. Technology security risks have become increasingly common and severe. These attacks disrupt patient care, compromise critical systems, and result in data theft. The protection of data is essential to patient, partner, and public trust. A secure technology infrastructure is an essential backbone to all our work. The Iowa PCA follows the National Institute of Standards and Technology (NIST) Cybersecurity Framework to operationalize cybersecurity risk management through core functions to govern, identify, detect, prevent, respond, and recover.

Govern: The Iowa PCA has established policies, expectations, and strategy to define roles, responsibilities, and appropriate activities to ensure cybersecurity and minimize risk. This governance is incorporated into organizational activities, training, and support, and defines both technology and administrative controls that are in place to protect data.

Identify and Detect: The Iowa PCA currently has Microsoft Defender for EndPoints and Microsoft Sentinel for servers installed on all laptops and servers. We have Logic Monitor installed on all physical devices. We have a firewall installed and configured on our network. These tools have been configured to automatically add threats when they are identified by Microsoft and to block specific malicious actions from taking place. We have engaged with a 3rd party vendor to have 24/7 security analysts monitoring the events from these products and we have identified escalation paths when events are identified by the products and/or the analysts. The Security Officer receives Cybersecurity and Infrastructure Security Agency (CISA) updates and monitors any identified threats and vulnerabilities. We maintain an inventory of applications and conduct an annual cybersecurity risk assessment and penetration testing.

Prevent: We have enabled multi-factor authentication on our virtual private network (VPN) as well as our M365 accounts. We have prohibited out-of-country access to our M365 tenant as well as our VPN. We patch our workstations and servers weekly. Physical networking devices are updated when specific vulnerabilities are identified by CISA. We have an email security tool layered in our M365 environment that quarantines suspicious email before it is delivered to the end users. We conduct annual cyber security training and bi-weekly phishing training. We also participated in an incident response table-top event and provided the opportunity for CHCs to participate in a table-top event as part of the 2023 Iowa Community Health Conference. We host Technology Collaboratives for CHC IT Directors and staff for collaborative learning and provide T/TA to CHCs to support their cybersecurity work.

Respond: We have an incident response policy and action plan. We review the policies and plans annually and update them intermittently as needed. We have 24/7 security analysts who are available to respond to any incident.

Recover: We have a downtime plan and a business continuity plan with system criticality identified. We have enabled a backup tool, and all servers are backed up nightly, with backups being retained for 12 months. All critical systems are in the Azure cloud, so they are not dependent on physical hardware to run.

Not only does the Iowa PCA have robust cybersecurity controls in place for our environments, and appropriate cybersecurity insurance, we also have the experience and expertise to provide consulting support to providers and other organizations.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will meet all privacy and security requirements for data covered by HIPAA, 42 CFR Part 2, for substance use data, mental health data, and other sensitive information.

h. Utilize additional sources of aggregate data and information as provided by the Agency for the purposes of assisting the Agency with understanding Behavioral Health needs of Iowans and outcomes of service provision.

i. Prior Relevant Experience

The Iowa PCA has a wealth of experience using CHC EHR data in conjunction with external state, federal, and payer databases. As part of our IowaHealth+ risk-bearing contracts, we receive additional payer and utilization data from the Medicaid MCOs, as well as Medicare. Through our Epic EHR deployment, we have access to SDOH screening, demographic, clinical and utilization data. Iowa PCA staff also provide data-informed T/TA to CHC staff who in turn deploy targeted interventions to increase system efficiencies and improve patient outcomes. Our staff have experience with a broad array of aggregate data, including UDS data from all CHCs, census data, and public health surveillance systems such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Surveillance System (YBRSS). Our team of data scientists have experience with syndromic surveillance, survey, treatment, call center and prevention data, and will be able to support the Agency's analytic needs to understand the Behavioral Health needs of Iowans and outcomes of service provision.

One example of our use of multiple sources of row-level and aggregate data to create an understanding of health needs, service utilization, and health outcomes disparities is our Advancing Health Equity and Addressing Disparities (AHEAD) Data Landscape Assessment. This assessment leveraged multiple data sources to analyze what health disparities exist within the patient populations served by Iowa's CHCs. Data sources included CHC EHR data, Medicaid value-based care claims data, the Iowa Cancer Registry, and BRFSS. This report then serves as the backbone for discussions and planning sessions across many stakeholders from all of Iowa's 14 CHCs, Iowa's three Medicaid MCOs, and the Iowa Department of Health and Human Services. The goal of this data analysis and these conversations is to identify one to three health outcome disparities that can be meaningfully reduced or eliminated in the coming three to five years following statewide focused action in the pursuit of health equity for all.

We have also used multiple sources of aggregate data and robust analysis in the development of our Statewide Strategic Growth Plan. This plan is intended to identify geographic areas of greatest need for CHC services as defined by HRSA, as well as other factors that indicate need for enhanced access to medical, behavioral, oral, and pharmaceutical services. Examples of data included in our analysis that was then mapped to identify areas of greatest need include change in poverty rates, change in total population, hospital financial performance, ratio of various provider types per total population, and uninsured rates. These maps and the underlying datasets supported robust engagement among CHC leaders regarding opportunities to engage with various communities to develop partnerships to address access challenges throughout Iowa.

We are confident that our experience successfully aggregating data from multiple data sources for data-driven decision-making and collective impact has equipped our team with the skills and experience necessary to facilitate all Agency-directed BHSS data aggregation and analysis efforts.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will work with the Agency to utilize additional sources of aggregate data and information as provided by the Agency for the purposes of assisting the Agency with understanding Behavioral Health needs of Iowans and outcomes of service provision. We understand that these sources may include, but are not limited to, syndromic surveillance data, survey data, behavioral health treatment data, call center data, and behavioral health prevention data. We will fully comply with all Agency requirements for data aggregation and analysis.

i. Identify and collect community level information, metrics, and data to inform the Agency on the performance of the Behavioral Health Service System, availability of providers, provider network, and client outcomes. Ensure this information can be shared with the Agency and provided to the Agency upon request.

i. Prior Relevant Experience

In our current role supporting the work of Iowa's 14 safety net CHCs, we have developed vast expertise in partnering with local providers and stakeholders to identify and use community level information, metrics, and data to inform and improve both targeted and overall system services. This experience has equipped the Iowa PCA to fully comply with all Agency requirements for the identification and collection of specified BHSS information, metrics, and data.

As we have noted, all CHCs are required to report standardized UDS data to HRSA as a condition of their status as federally qualified health centers. This includes:

1. **Patient Demographics:** Information about the age, race, ethnicity, income level, and insurance status of patients served each year.
2. **Clinical Data:** Details on services provided, disease management, and health outcomes. This includes details on mental health services, SUD treatment, and depression screenings provided in each center that year, as well as their behavioral health integration efforts.
3. **Financial Data:** Reports on costs of services, payor mix, and other revenue sources, and the annual financial performance of the CHCs.
4. **Staffing and Utilization**: Data on the number of healthcare providers and staff employed, as well as the number of visits or encounters for medical, dental, behavioral health, and enabling services.
5. **Health Outcomes and Disparities:** Disaggregated quality data and demographics to assess the quality and effectiveness of care among various population groups served by CHCs

Collection of this data, along with targeted and broad-based data collection for other reporting and quality improvement efforts, allows the Iowa PCA Reporting and Analytics Team to perform an annual analysis of system capacity and utilization. This in turn helps inform our overall efforts to expand system capacity, with a focus on targeted and high-need priority service areas. In recent years, this has included a greater prioritization of the provision of SUD treatment services.

In addition to quantitative data collection and use, we have collected qualitative community-level data in multiple projects. Currently, we are conducting focus groups with adolescents to understand their needs and perspectives on their health and healthcare. This Agency-funded

work will inform the improvement of healthcare services that meet the needs and perspectives of youth in marginalized communities.

The Iowa PCA will look to replicate these community level data collection and analysis efforts as the ASO supporting each of Iowa's seven BHSS Districts. As a statewide ASO, we will also be able to create comparisons and connections among Districts to optimize overall system capacity and service quality. Working with Agency staff, the Iowa PCA Reporting and Analytics Team will leverage existing and new data collection tools, workflows, and systems to meet the state and district-identified BHSS capacity and outcome needs. This information will be collected in the form directed by the Agency and at the frequency requested. The Iowa PCA will seek to leverage its data dashboard capabilities to give Agency and District officials access to actionable data and make additional information, analysis, and reports available upon request.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will identify and collect community level information, metrics, and data to inform the Agency on the performance of the BHSS, availability of providers, provider network, and client outcomes. We will ensure this information is shared with the Agency and provided to the Agency upon request.

j. Follow Agency directives to support data-related tasks necessary to maintain continuity of care for clients and the availability of historical record data. This may include working with the Community Services Network (CSN) and the Iowa Behavioral Health Reporting System (IBHRS) to securely gather or transfer current and historical data.

i. Prior Relevant Experience

The Iowa PCA and our local CHCs are acutely aware of the challenges in maintaining continuity of care for patients moving amongst the various providers in our community and across service types. The appropriate flow of data and access to historical records are absolutely critical to ensuring efficient and effective quality care. Currently, patient records and the data necessary to truly forecast comprehensive system capacity and need often reside in isolated systems such as the IBHRS, CSN, and individual EHR systems. In the instance of some smaller providers, some records still exist predominantly in a physical paper format. The Iowa PCA has invested significant resources to help integrate disparate systems within and among our CHCs and build automated interfaces to external databases to help overcome this fragmentation in the care delivery system. These efforts have allowed us to make great progress toward true data integration and more comprehensive data analysis.

As the ASO, we will work with the Agency to define a conceptual model for enhanced data integration, and specifications to ensure that data can be submitted in a format that integrates into the system and can be combined for holistic assessment and evaluation. This will include working with providers using paper-based systems to aggregate and capture data in a standard way that can be used for system analysis. We also commit to working with the Agency to ensure that historical records contained in systems such CSN and IBHRS can be accessed or transferred as appropriate. The Iowa PCA has considerable experience with historic data conversion and use. Prior to moving to the Epic EHR, the Iowa PCA hosted an EHR system for 6 CHCs for many years, including their historic databases. The Iowa PCA's team of data scientists and technology specialists converted data where possible and ensured access to historic data through other avenues when direct conversion was not possible.

The Iowa PCA provides T/TA support for interoperability, integration, and continuity of care. The Iowa PCA's centralized Epic instance facilitates utilization of the state's HIE, and other interoperability tools such as Care Everywhere within Epic, enabling clinicians to query longitudinal health records, regardless of where patients seek care, enhancing clinical workflows to deliver safe, effective, high-quality care. Through our activities in IowaHealth+, we support CHC's use of ADT data to allow for greater care coordination, quality of care and patient management by an individual's care teams.

Our experience with these systems, as well as our portfolio of other data collection and analysis tools, have prepared the Iowa PCA Reporting and Analytics Team to partner with the Agency to develop and deploy a strategic data collection and integration strategy to better coordinate patient care and forecast system needs.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will follow all Agency directives to support data-related tasks necessary to maintain continuity of care for clients and the availability of historical record data. This may include working with the CSN and the IBHRS to securely gather or transfer current and historical data.

3.2.3.1.1.4 Collaboration and Partnership Building

a. Establish and maintain a District Behavioral Health Advisory Council.

i. Prior Relevant Experience

The Iowa PCA has an expansive history of successfully convening stakeholders, providers, and payors to increase collaboration and enhance healthcare service delivery throughout the state to include participating in groups convened by Iowa Code, Iowa Administrative Rule and other Agency requested groups. Our organization is considered an innovative thought leader in integrated, whole person treatment and achieving health equity for all Iowans, and the partnerships that we have developed with similarly focused agencies have been invaluable in achieving meaningful progress in these spaces.

In addition, the Iowa PCA stays connected to communities across the state by directly engaging with our 14 CHCs, their staff, and patients. All CHCs in Iowa have patient-led boards governing their organizations and they are accountable for completing regular community needs assessments inclusive of the patient populations accessing services. The priorities, challenges, and opportunities identified by these patient-led boards is represented in the Iowa PCA strategic planning processes, in our policy work, and in the core services we provide to the CHCs designed to improve care for under-resourced populations.

The Iowa PCA ensures patient and community input informs our strategic priorities through focus groups and facilitated conversations we host and through engagement with the CHC Patient Advisory Councils, which provide more regular input to CHC leaders and staff about patient engagement, access, and other priorities. We have conducted patient focus groups at all CHCs about access to care and we also facilitated community and patient conversations as part of several strategy planning processes.

We recognize the importance of ensuring that each Behavioral Health Service System (BHSS) District is guided by a District Behavioral Health Advisory Council that reflects the needs,

priorities, and perspectives of their area. We welcome the thought leadership and advisement from local elected officials, members including those representing children and adolescents, law enforcement, and individuals experienced in providing core BHSS services. We have met with several key stakeholders who have expressed an interest in serving on the Advisory Council for their new District. Upon contract award we will work quickly to assemble identified candidates for each District Advisory Council. In addition, we will provide the Science of Hope training for all engaged stakeholders to equip and further support the framework the Agency has initiated to increase positive health outcomes using Hope as a predictor of mental well-being.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will establish and maintain a District Behavioral Health Advisory Council in each District for which we are awarded a contract. We will adhere to all requirements in Iowa Code, Iowa Administrative Rule, and any additional Agency requirements or procedures for selection and appointment of District Advisory Council members and convening and conducting District Advisory Council meetings. This will include developing and implementing a process for recruitment of District Advisory Council members to meet District Advisory Council membership requirements outlined in Chapter 225A

Successfully improving the consistency and accessibility of BHSS services in each District will require a combination of statewide and local strategies, guided by local thought leaders who know the needs of their communities. We applaud the legislature for ensuring that each BHSS District is guided by a District Behavioral Health Advisory Council, comprised of individuals from a breadth of perspectives. In compliance with Iowa Code Chapter 225A.5, each District Behavioral Health Advisory Council will be comprised of ten individuals:

- Three county supervisors or other local elected officials,
- Three members who are representative of the populations served in each District including one representing the interested of children and adolescents,
- Three individuals with experience or education related to the core BHSS functions, essential BHSS services, BHSS prevention, BHSS treatment, population based BHSS services, or community-based BHSS initiatives, and
- One representative of law enforcement.

Development of meaningful District BHSS Plans, and subsequent system transformation efforts will ultimately only be successful with true buy-in and commitment from local leaders and providers. Within 90 days of contract award, the Iowa PCA will assemble each District Behavioral Health Advisory Council, ensuring geographically dispersed representatives who are solutions-oriented community leaders, versed in the delivery of BHSS services. We will look to engage experienced BHSS providers, hospitals and other healthcare providers, the courts system, law enforcement, educators, and other organizations that represent populations served by the District to serve on each District Advisory Council.

We will further ensure that the advisory council includes at least one representative from the boards or advisory committees of the MHDS Regions that previously comprised each district, to help provide historical context to further inform our work. The District Advisory Councils will be supported by the embedded Iowa PCA District Teams who will be responsible for establishing and maintaining strong working relationships with the key stakeholders throughout the district. Through our initial assessment and outreach discussions with key local stakeholders, the Iowa PCA has already begun identifying candidates for serving on their district's advisory council.

b. Collaborate with key partners within the state and local HHS system and other systems, including, but not limited to those listed in 1.3.1.1.c.a.ii.

i. Prior Relevant Experience

The Iowa PCA systematically identifies, builds and maintains key partnerships which number over 100 organizations at the national, state, and local levels. These partners ensure we are thinking broadly about the implications of our work, help us to understand the lived experience of diverse populations, and that we fully leverage the limited resources available. We know we are not able to accomplish our strategic goals and objectives if we do not have strong partners working with us at all levels.

Recent collaborations include the Substance Abuse and Mental Health Services Administration Center (SAMHSA). From 2018-2024, the Iowa PCA worked in partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from SAMHSA. This six-year effort, known as Iowa's Integration Project, sought to improve primary and behavioral health outcomes for individuals with substance use disorders. Utilizing a care coordination model, team-based care was provided through co-located team members between the three participating CHCs and their community partner for behavioral health services. This pilot project supported weekly structured professional collaboration across the physical and behavioral health system, recovery peer supports, and supplemental resources to break down traditional care delivery silos and improve patient outcomes. This approach and the local relationships the Iowa PCA helped to strengthen in Sioux City, Des Moines, and the Quad Cities, delivered meaningful results. This will serve as a model and another resource to draw upon as we look to convene local thought leaders throughout each of the seven Districts to develop District BHSS Plans.

The Iowa PCA was also the lead partner in a Robert Wood Johnson Foundation funded initiative in collaboration with John Snow International called the Delta Center for a Thriving Safety Net. We worked with the Iowa Association of Community Providers (IACP) and Iowa Behavioral Health Association (IBHA) to identify policy and collaboration opportunities to better align our efforts. Since that effort ended a couple of years ago, the Iowa PCA has invited and hosted the Missouri Behavioral Health Council and Missouri Primary Care Association to Iowa to engage with IACP and IBHA, along with Iowa HSS leaders, to better understand how Missouri CHCs and behavioral health providers have succeeded in advancing collaborative opportunities, including establishing and co-locating to a shared center of excellence, building mutual data systems capacity, and engaging in value-based care payor partnerships. These multidisciplinary system integration efforts can serve as a valuable guide for Iowa to learn from the Missouri experience and develop a model that best fits the needs of Iowans.

The Iowa PCA also routinely partners with a variety of statewide organizations for screening promotion, health care delivery improvement, and care coordination enhancements including but not limited to Iowa Chronic Care Consortium (now Health Works), Family Planning Council of Iowa, Iowa Healthcare Collaborative, Iowa Cancer Consortium, and the Iowa Public Health Association.

The Iowa PCA's Senior Leadership Team annually completes an evaluation of these key strategic partners and identifies new partners that have strong alignment with our joint strategic plan and can support our vision of health equity for all while achieving outcomes. Our evaluation process helps us ensure our partnerships are healthy, productive, and have clear goals.

The Iowa PCA has a long history of developing and maintaining strong partnerships to strategically achieve goals that benefit the patients and communities we serve. To date, this has included identifying, building, and maintaining partnerships with more than 100 local, state, and national organizations. These partnerships ensure we think broadly about the implications of our work, help us to understand the lived experience of diverse populations, and allow us to leverage limited resources. We know that we would not be able to accomplish our strategic goals and objectives if we did not have strong partners working with us at every level.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will actively build and maintain relationships with all necessary partners to achieve outcomes and ensure continuity of care. This will include Development and implementation of prevention, community engagement, education, and training plans to improve awareness and provide information about the District Behavioral Health Service System and accessing Behavioral Health Safety Net Services.

The Iowa PCA is familiar with SAMHSA's Strategic Prevention Framework and will embed the assessment, capacity, planning, implementation, and evaluation life cycle into our approach to prevention services. We are also highly aligned with the framework's cross-cutting principles of cultural competence and sustainability with an overarching north star of equity.
As part of the formal District level assessments outlined in section 3.2.3.1.1, the Iowa PCA will engage in each District to assess current needs, prevention efforts, and results. Data gathered will address the nature of both substance misuse and mental health problems within the community, including associated harmful behaviors; the identification of risk and protective factors that influence these issues, particularly those of high priority in the community; and an assessment of the community's capacity for prevention and intervention, focusing on readiness and available resources for addressing both substance misuse and mental health challenges.

Once the finalized needs and capacity assessment is completed the findings will be communicated to prevention and community stakeholders. Multiple methods will be utilized to communicate these findings with a focus on the needs of each audience including development of an executive summary and finalized report, town hall meetings, webinars, and presentation of findings at existing forums

Based upon feedback on the assessment, the Iowa PCA will partner with a diverse set of community stakeholders to develop a localized plan for prevention. During this phase as part of the work plan development community readiness will be assessed as well as identification of necessary resources to address key areas to produce change. Workgroup members will be utilized as agents of change in the community and charged with assisting with raising community awareness on issues in a variety of ways including meeting with influential members of their community, sharing information via highly utilized communication channels and hosting localized events to share information and resources.

To develop an effective prevention plan, the work group will prioritize the risk and protective factors associated with the identified substance misuse problems, based on data gathered during the assessment phase. Once these priority factors are determined, the workgroup will select appropriate programs and practices to specifically address each factor. To ensure a comprehensive approach, a combination of programs and practices will be implemented, rather than relying on a single strategy. Additionally, a simplified logic model will be built to share with stakeholders, outlining the plan's goals, strategies, and expected outcomes, ensuring that everyone is aligned and informed throughout the process.

The implementation phase focuses on putting the selected programs, policies, and practices into action to address substance misuse and related behavioral health issues. During this phase, organizations will mobilize resources, engage stakeholders, and provide training and technical assistance to ensure the effective execution of prevention strategies. The Iowa PCA recognizes that it is crucial to maintain fidelity to the selected programs while allowing for necessary adaptations to fit the specific needs of the community. The Iowa PCA will engage in regular monitoring to assess the progress of the implementation efforts, ensuring that activities are on track and adjustments are made as needed. Effective communication with stakeholders and community members who have been involved in the development process is key throughout this phase, this will be done through quarterly or bi-yearly task force meetings.

Once implemented, the evaluation phase involves collecting and analyzing data from the intervention to determine whether the programs, policies, and practices have achieved their intended outcomes, such as reducing substance misuse or improving behavioral health. Evaluation helps identify areas of success, as well as areas requiring improvement or adjustments. It also ensures accountability by measuring progress against the goals and objectives set in earlier phases. The Iowa PCA will engage in ongoing communication of evaluation results to stakeholders and community members to help sustain support and inform future prevention efforts.

The Iowa PCA will provide the public with behavioral health, wellness, and recovery support information through a strategic plan in partnership with Iowa NAMI, Healthiest State Initiative, the Iowa Public Health Association, local schools, and faith-based organizations. This plan will be developed within the first 180 post contract award and is anticipated to include informational resources, public outreach efforts, development of Iowa specific recovery support information in multiple formats, digital outreach and resources, and community engagement.

The HRSA strategic framework mentioned above will be utilized for the assessment, capacity, planning, implementation and evaluation will be utilized to develop and guide the efforts to educate and inform Iowa communities. This will occur in each local District to ensure that the needs of Iowa's culturally distinct rural communities are met and that interventions are specifically tailored for the identified district.

The Iowa PCA has a history of supporting people with temporary or permanent functional needs or access limitations that increase their risk of developing or worsening a behavioral health condition or hinder their ability to access care. The populations served by their CHCs are often at higher risk of developing behavioral health conditions. These populations may include individuals with disabilities, pregnant and parenting women, people with limited English proficiency, those with limited financial resources, lack of transportation access, or individuals without a social support system.

The Iowa PCA will work with both local partners such as SALUD!, who specifically do outreach to at-risk communities. The Iowa PCA will draw upon our experiences partnering with cultural and faith-based organizations like SALUD! – a nonprofit community support program we currently partner with in Storm Lake – to conduct outreach and provide patient navigation services. We will work with local leaders to identify cultural barriers within individual communities in each District in Iowa and collaboratively develop strategies to overcome them. Every Iowa PCA staff member receives cultural competency training, and every public-facing ASO staff member will receive additional training in the Science of Hope. These efforts will equip them with the skills to better partner with the individuals we serve to jointly develop

attainable goals for their behavioral health journey and a pathway to achieve success. Localized partnerships, like the one with SALUD!, will be replicated across the state with a focus on the distinct needs of each District and its at-risk individuals at the forefront.

One of the key elements of enhancing access to BHSS services is ensuring that crisis services are accessible to all individuals, regardless of their ability to pay or their cultural or linguistic background. A fundamental component of CHCs is their commitment to providing services regardless of ability to pay or their cultural or linguistic background. The Iowa PCA has extensive experience in providing financial, clinical, and operational T/TA in this space. The Iowa PCA will collaborate with providers to develop sliding-scale payment options and ensure that no one is turned away from care due to financial constraints. Additionally, efforts will be made to train crisis service providers in delivering culturally and linguistically appropriate care to meet the diverse needs of Iowa's population, including non-English-speaking communities and other underserved groups. Public awareness campaigns will also be implemented to educate communities about the availability of crisis services and how to access them, ensuring that everyone knows where to turn during a mental health or substance use crisis.

The Iowa PCA has provided T/TA to Iowa's CHCs, helping them deliver high-quality, affordable primary, behavioral, oral, pharmaceutical, and preventive care that addresses the specific needs of their communities. Our focus has always been on empowering integrated models of care and community collaborations.

The Iowa PCA has a current team of 44 subject matter experts who provide T/TA, health information technology and analytics, and other shared services to 14 CHCs across the state. Recognized at both the state and national levels as a trusted voice on healthcare, rural, and community health, The Iowa PCA is known for its leadership in continuous improvement, health information technology, and value-based care. Our values—Accountable, Collaborative, Deliberate, Proactive, Respectful, and Transformative—drive our commitment to improving healthcare access and quality for underserved communities.

The Iowa PCA has developed a staffing plan with network and provider development as a priority. Each District team will be supported by subject matter experts and will engage with behavioral health providers to ensure understanding of the District plans and assess the supports they need for successful implementation to ensure providers are equipped with the necessary supports to ensure smooth and effective implementation of services. The Iowa PCA also recognizes that BH providers can learn a lot from their colleagues and will be establishing Community Collaboratives in each District where providers can share resources, best practices, receive updates on policy changes, and contribute to the ongoing evolution of the provider network.

In the BHSS system, the Iowa PCA will apply its proven approach by aligning care management and system navigation between the MCOs and the network of CHCs. The Iowa PCA will work collaboratively with MCOs to map care management systems, identify opportunities for alignment, and leverage shared resources to enhance the delivery of behavioral health services.

The Iowa PCA System Navigation Program is designed to streamline the coordination of care for individuals experiencing behavioral health crises, ensuring timely access to appropriate services and seamless transitions between different care levels. The program functions as a centralized hub in each District, where key stakeholders—such as law enforcement, healthcare providers, crisis service teams, courts, and emergency responders—collaborate to deliver efficient, person-centered crisis management.

This will include focusing on data exchange, interoperability, and strategic planning to ensure that services complement each other rather than duplicate efforts. Regular engagement between Iowa PCA staff and MCO partners will ensure smooth operational approaches, encouraging increased participation in behavioral health case management services. Additionally, the Iowa PCA will support CHCs and behavioral health providers in local asset mapping to identify gaps in behavioral health services and create coordinated care solutions that address the specific needs of Iowans. By fostering these partnerships and ensuring resource efficiency, the Iowa PCA will help build a stronger, more integrated behavioral health system in Iowa.

The Iowa PCA will support a comprehensive network of Behavioral Health crisis response – a critical element to helping serve members in the least restrictive setting possible and ensuring efficient use of limited BHSS resources. Through partnerships with the

Co-Responders Identification and Collaboration
Several of the previous MHDS Regions deployed some form of a Co-Responder model to pair law enforcement and behavioral health providers in responding to crisis situations. Existing models vary considerably and are not widely available in rural areas. Through our initial assessment and stakeholder engagement efforts, the Iowa PCA engaged representatives of the Dallas County Sheriff's Office to discuss their well-regarded Co-Responder Model. We have initiated discussions regarding replication of this evidence-based model statewide through targeted resources and T/TA, in collaboration with Dallas County law enforcement and other key partners. We will work to ensure greater district-wide adoption of this model throughout the Districts we serve.

Emergency and Crisis Dispatch Coordination and Collaboration
The most effective emergency and crisis response systems are well integrated and ensure a seamless transition between physical and behavioral health services. This ensures Iowans in need have access to the right level of services in a timely manner and system resources are most effectively utilized. The Iowa PCA has initiated discussions with Foundation2, one of two state operators for the 988 Suicide and Crisis Lifeline as well as the sole operator of Your Life Iowa, regarding their model of integrated crisis dispatch.

Currently in place in multiple MHDS Regions across the state, this evidence-based approach ensures individuals in crisis are paired with the appropriate level of services and Mobile Crisis Teams are dispatched in a timely manner. As we work to ensure coordination and collaboration between local 911 and statewide 988 Suicide and Crisis Lifeline operations, the Iowa PCA will look to partner with Foundation2 to replicate this successful model statewide.

Awareness and Coordination of Crisis and Local Response Systems
The Iowa PCA will work to form local collaborations and partnerships to ensure awareness and coordination of efforts across crisis and local response systems, including 988, Crisis Response Services, Mobile Crisis Response, Crisis Stabilization, Dispatch, first responders, law enforcement, schools, and healthcare providers. Foundation2 will be a key partner in this work, as will our outreach and engagement partners like NAMI Iowa and IPHA. Utilizing the insights and expertise of our District Advisory Councils, which will include both providers and individuals with lived experience, we will develop materials and public-facing educational efforts that are accessible and meaningful for patients and their families.

The embedded ASO District Teams will serve as a local organizer and convener to bring partners together to help meet the strategies and outcomes outlined in each BHSS District Plan. Utilizing our trained facilitators and dedicated District Liaisons, the Iowa PCA will develop meaningful partnerships with local stakeholders and convene thought leaders on both a District and statewide basis. We will collaboratively develop data-driven plans to achieve the strategic goals outlined in each District Plan.

We will actively collaborate with the Agency, across districts, and other system partners to highlight successes, discuss challenges, and develop results-based solutions to improve the Behavioral Health Service System. When requested by the Agency, the Iowa PCS will serve as a representative on state health assessments, state health planning groups, statewide working groups, or other standing or ad-hoc committees.

c. Conduct community engagement, outreach and activities to raise awareness about Behavioral Health and available Behavioral Health Services within the District.

i. Prior Relevant Experience

The Iowa PCA has consistently demonstrated the ability to successfully conduct community engagement, outreach, and activities necessary to raise awareness regarding health care topics and service availability. Our “Donut Wait. Vaccinate.” social media campaign is just one example in which the organization excelled. In 2023, the Iowa PCA obtained a grant to promote COVID and flu vaccinations. In collaboration with a marketing firm, the organization developed and executed an outreach plan to promote vaccinations that included paid advertising in areas where Iowa CHCs provide access to care. Because of the large number of vulnerable and under-resourced populations served by our members, translation of materials and creative thinking to reach these populations was a focus.

The Iowa PCA delivered comprehensive social media toolkits to each of the CHCs that included social media post templates, digital display ads, out-of-home ads for buses or bus shelters, radio ads, and videos of varying lengths for different platforms. The organization simultaneously utilized these tools to maximize the outreach impact. The results of the community engagement, outreach, and awareness activities were staggering: Google Ads - 24,984,165 impressions statewide; OTT (TV streaming) - 4.8 million impressions; and Audio Go (radio streaming) - 1,017,182 impressions. Similar activities will be employed as part of our Behavioral Health System Service awareness and community engagement strategies.

ii. Fulfillment of Relevant Responsibilities

Community engagement and public awareness is a critical component of successfully transforming Iowa’s behavioral health system and ensuring Iowans in need are able to access supportive services. During our initial assessment and outreach discussions, multiple local stakeholders identified low public awareness of current services as a persistent barrier to care. At the same time, greater community engagement is critical to ensure the level of buy-in necessary to make transformation efforts successful. The Iowa PCA will draw upon its previous community engagement efforts and partner with community-based partner organizations like NAMI Iowa to develop robust and proactive outreach and engagement strategies.

In coordination with the Agency, we will develop public messaging and presence including website, online resources, and printed or published materials to provide members of the public with information about available Behavioral Health Services throughout each District, including access to and eligibility criteria for Behavioral Health Safety Net Services, the locations of

Behavioral Health Safety Net Services within all counties in the District, and the locations of all BH-ASO access points.

As a statewide ASO, the Iowa PCA will help to further reduce fragmentation in the BHSS system, establishing a single website that connects to resources in each BHSS district. This centralized online hub will prove especially valuable as patients currently working with their MHDS Regions seek to navigate the new BHSS District model with reconfigured service areas and newly developed resources and support. This will help to ensure the public is aware that they are able to access Behavioral Health Safety Net Services regardless of what District they reside in.

Through our strategic partnership with Foundation2, the Iowa PCA will seek to replicate their successful, evidence-based Crisis Dispatch model and work to promote awareness of Your Life Iowa and the 988 Suicide & Crisis Lifeline. We will ensure inclusion of these resources in our outreach and community engagement plans for each District and draw upon the insight of groups like NAMI Iowa to meet individuals where they are on their behavioral health journey.

We have engaged the Iowa Public Health Association (IPHA) in initial discussions of strategies and best practices to develop, gather, and disseminate resources and example policies for schools, employers, community organizations and others. Such resources will include Tobacco Free and Nicotine Free resources and policies, Substance-Use, Problem Gambling, and Alcohol Misuse resources and policies, Drug-Free Workplace policies and stigma reduction, behavioral health promotion, and suicide prevention policies. By partnering with IPHA, local public health agencies, current Tobacco Community Partnerships, the current Integrated Provider Network of SUD and problem gambling treatment providers, and other key stakeholders, we will develop better-informed, more holistic prevention resources to support each of the seven BHSS Districts.

d. Ensure the existence of educational programs in communities throughout the District, including for schools, law enforcement and healthcare providers on topics such as crisis intervention, mental health awareness, suicide prevention, substance use prevention, tobacco and nicotine prevention, alcohol misuse prevention, problem gambling prevention, and stigma reduction.

i. Prior Relevant Experience

The Iowa PCA has a rich history of providing educational programming to CHCs, key stakeholders, communities and patients on a variety of topics. Our approach is based on lessons learned from previous transformation and integration initiatives, all of which have required needs assessments, state-level policy and practice change, outreach and education, data, analytics, evaluations, and implementation of evidence-based models of care within CHCs across Iowa. CHCs are currently providing school-based health services in more than 25 school districts across the state. These local partnerships provide a range of services, including integrated behavioral health services in some districts, and often include an educational component for District staff and partners. Our organization is well versed in identifying training needs and responding with T/TA delivery that meets the needs of our CHCs, stakeholders, patients, and communities

The Iowa PCA currently serves on a multidisciplinary workgroup, convened by the State Medicaid policy team, to focus on optimizing and expanding the use of school-based health centers (SBHC) within the Medicaid program. Drawing upon the experiences of our local CHCs,

we are helping to inform statewide strategies to expand not only school-based services, but greater awareness of how to access health services in local communities. To help further these efforts, we have engaged with a new National Training and Technical Assistance Partner – the School-Based Health Alliance – to enhance the Iowa PCA's ability to support our CHCs and inform our collaborative work with the State.

ii. Fulfillment of Relevant Responsibilities

As part of our outreach and community engagement efforts, the Iowa PCA will develop and maintain robust educational programs in communities throughout each BHSS District we serve. This will include resources on topics such as crisis intervention, mental health awareness, suicide prevention, substance use prevention, tobacco and nicotine prevention, alcohol misuse prevention, problem gambling prevention, and stigma reduction. We will engage with trusted local partners including schools, law enforcement, and healthcare providers, as well as statewide partners like IPHA and NAMI Iowa to leverage existing evidence-based content including Mental Health First Aid and ensure more consistent and comprehensive offerings statewide.

e. Provide training and technical assistance to providers and community partners throughout the District including targeted training for Behavioral Health Safety Net Providers.

i. Prior Relevant Experience

For more than 35 years, the Iowa PCA has provided T/TA support to Iowa's CHCs serving every corner of our state. The Iowa PCA has established two sister organizations, which further support the work of these CHCs – INConcertCare, Inc. (INCC), a health information technology (HIT) and data analytics-focused nonprofit entity, and IowaHealth+, a clinically integrated network owned by eleven Iowa CHCs and the Iowa PCA. The Iowa PCA has management services agreements in place with both entities, which allows us to leverage the staff and technical expertise of all three organizations to further meet the T/TA needs of providers and community partners. In addition, our interdisciplinary team has a proven history of supporting T/TA with expertise in health care policy, practice, education, outreach, data, evaluation, CI, and health equity.

One example of the Iowa PCA's strength in development, coordination, and delivery of T/TA is the recent Epic electronic health record system (EHR) implementation project. In 2023, 11 of 14 CHCs transitioned from their previous EHR to OCHIN Epic, and T/TA was a critical component of the project. The Iowa PCA provided a tremendous amount of training in a variety of settings to include virtual, hybrid, onsite, in-person, and listening sessions. The organization created T/TA content and connected CHCs with existing training resources necessary to be successful.

Another example of the Iowa PCA's demonstrated ability to provide high-quality, in-depth T/TA is our AHEAD training opportunities. The organization's Director of Health Equity has been charged with facilitating both internal health equity training and training for our CHCs. The formats for these trainings include virtual, hybrid, onsite, in-person, and train-the-trainer. The Iowa PCA staff have coordinated contractor led trainings, developed content, and delivered T/TA directly, and led training sessions onsite for full CHCs teams. Our organization has also provided access to training materials including print materials and videos, ensuring comprehensive on-demand access to necessary T/TA resources.

ii. Fulfillment of Relevant Responsibilities

The Iowa PCA will provide T/TA to providers and community partners throughout the District including targeted training for Behavioral Health Safety Net Providers. Drawing upon our long history of providing training and technical assistance to Iowa's Physical Health Safety Net Providers, we will replicate successful assessment and support structures to support the BHSS system in each district. This will include the use of district-level annual assessment surveys and an annual strategic agility session to convene leaders from each BHSS District to ensure we are aware of the needs in each District and developing adaptive T/TA offerings to best meet them.

3.2.3.2 Bidder's Ability to Coordinate Behavioral Health Services in Districts 1-7

1. District Proposal Title: District #1 Proposal

2. BH-ASO Locations:

The Iowa Primary Care Association (Iowa PCA) will leverage one of its member community health centers (CHCs) to serve as the Administrative Services Organization (ASO) physical location, housing those staff who will be embedded in the Behavioral Health Services System (BHSS) District. We anticipate utilizing additional CHC locations within each District to support ASO activities. Centralized ASO staff, as indicated in our Personnel Plan listed in 1.3.2.5, will be housed in the Iowa PCA Offices, 500 SW 7th St, Des Moines, IA. Centralized ASO staff will travel to the regions as necessary to support the work of the BHSS District.

Community	Sioux City
Physical Location	Siouxland Community Health Center 1021 Nebraska Street Sioux City, Iowa, 51105

3. District Narrative:

In preparation for bid submission, the Iowa PCA met with local stakeholders in each District to gain a better understanding of the local service delivery system. Their input, along with data from the Agency, the previous Mental Health and Disability Services (MHDS) regions, and other sources helped to inform our initial District analysis and development of proposed strategies to improve the equitable delivery of BHSS services in each District.

a. Explicit detail on how the Bidder will ensure equitable delivery of Behavioral Health Services in the District given the demographics of the population and geography of the District.

District 1 is home to nearly 300,000 Iowans and includes 13 counties spread across West Central and Northwest Iowa. Urban centers for this District include Sioux City and Storm Lake.

Previously, this District was a part of the following MHDS Regions:

- Rolling Hills Community Services (6 Counties)
- Sioux Rivers MHDS (4 Counties)
- Care Connections of Northern Iowa (1 County)
- Southwest Iowa MHDS (2 Counties)

Ensuring equitable delivery of BHSS services across District 1 will require a comprehensive strategy focusing on accessibility, cultural competence, and local stakeholder engagement. Equity will be enhanced through the expansion of telehealth, true system integration, targeted outreach, and robust community-based support systems.

Accessibility
Efforts to improve equitable access to behavioral health services will be built upon a framework of strong partnerships with existing service providers. The Iowa PCA has a long history of working with our local CHCs to jointly establish service expansion and quality improvement initiatives, in alignment with state and federal strategic goals. Working with these local

providers, the Iowa PCA and our network of national subject matter experts provide training and technical assistance (T/TA) to stand up new services and improve system capacity.

In District 1, we propose a similar approach to improve the accessibility of BHSS service through:

- Working with the established Certified Community Behavioral Health Clinics (CCBHCs) to develop sustainability models for long-term operations,
- Supporting current BHSS providers to improve the consistency and quality of the services they provide across the District,
- Working with Assertive Community Treatment (ACT) teams to improve their fidelity scores and the array of services they provide, and
- Better integrating existing providers to improve care coordination and prevent the escalation of behavioral health conditions.

Leveraging our status as the statewide ASO, the Iowa PCA will establish District-wide and statewide learning collaboratives, targeted to specific high-need services such as subacute and pediatric BHSS services, to more efficiently spread best practices and allow peer-to-peer learning.

Maximizing the services of existing providers alone, however, will not be sufficient to overcome the pronounced provider shortages in District 1. A key element of our accessibility strategy for District 1 will be strategic deployment of greater telehealth offerings. Currently, Integrated Telehealth Partners (ITP) and Flowstate Health are providing Crisis Evaluation and other emergency stabilization services and telepsychiatry services in jails throughout much of the District. The Iowa PCA will work with these established partners and others to expand telehealth services to fill unmet needs as appropriate.

The Iowa PCA has also formed a strategic partnership with Classroom Clinic, an Iowa-based organization originally founded in District 1 that provides behavioral health services via telehealth in a school-based setting. Building upon the successful model they piloted with two former MHDS Regions, we will make their pediatric care coordination and tele-behavioral health services available to school districts throughout District 1 on a voluntary basis. Currently, three school districts within District 1 are utilizing these services to provide increased pediatric access to care. Drawing upon our existing data infrastructure and internal expertise, we will ensure system integration between these statewide telehealth partners and local providers in the community, as well as on a District-wide and statewide basis.

Prioritizing technical support to allow existing local BHSS providers to stand up new or expand existing services and backfilling the system with these statewide gap-filling partners, the District 1 ASO will begin to expand access to BHSS services and ensure we are maximizing the effectiveness of the overall system.

Cultural Competency

District 1 includes Woodbury, Buena Vista, and Crawford Counties, all home to large and growing Hispanic communities who often face additional cultural and language barriers to accessing care. While less pronounced throughout the remainder of the District, the Hispanic population is growing in several other counties in the District. These minority communities need additional support to access and navigate an already complex BHSS system. Siouxland Community Health Center and United Community Health Center currently provide a wide array of services to minority populations.

The Iowa PCA and our local CHCs are well versed in working with and supporting diverse patient communities. We know that language translation lines alone are insufficient to providing quality care. We also know that supports are needed to overcome various cultural stigmas around seeking BHSS services and addressing the social drivers of health that impact an individual's success on their behavioral health journey.

As part of our efforts to ensure equitable access to services in District 1, the Iowa PCA will draw upon our experiences partnering with cultural and faith-based organizations like SALUD! – a nonprofit community support program we currently partner with in Storm Lake – to conduct outreach and provide patient navigation services. We will work with local leaders to identify cultural barriers within individual communities in the District and collaboratively develop strategies to overcome them. Every Iowa PCA staff member receives cultural competency training, and every Iowa PCA ASO staff member will receive additional training in the Science of Hope. These efforts will equip them with the skills to better partner with the individuals we serve to jointly develop attainable goals for their behavioral health journey and a pathway to achieve success.

Local Stakeholder Engagement
Successfully improving the consistency and accessibility of BHSS services in District 1 will require a combination of statewide and local strategies, guided by local thought leaders who know the needs of their communities. We applaud the legislature for ensuring that each BHSS District is guided by a District Behavioral Health Advisory Council, comprised of individuals from a breadth of perspectives, including children's mental health providers, patients, and families.

Within 90 days of contract award, the Iowa PCA will assemble the District 1 Behavioral Health Advisory Council, ensuring geographically dispersed representatives who are solutions-oriented community leaders, versed in the delivery of BHSS services. We will further ensure that the advisory council includes at least one representative from the board or an advisory committee from each of the two MHDS Regions that previously comprised the majority of this District, to help provide historical context to further inform our work. These advisory groups will be supported by the embedded Iowa PCA District 1 team who will be responsible for establishing and maintaining strong working relationships with the key stakeholders throughout the District. Working with the leadership from our local health leaders and other key stakeholders, the Iowa PCA has already identified several candidates for serving on the advisory council.

Within 120 days of contract award, the Iowa PCA will convene this advisory council to conduct a SWOT analysis of the current BHSS system in District 1. This analysis, led by our Iowa PCA professional facilitation staff, will help inform our collaboration with the Agency to develop the Statewide BHSS Plan and form the basis for our subsequent District 1 BHSS Plan.

Within six months of contract award, the Iowa PCA will convene the first statewide learning collaborative with representatives from all seven BHSS Districts. The Iowa PCA has long utilized this model, based on didactic, facilitative, and action-orientated content, with our 14 CHCs to support and inform our organization and the CHCs in being nimble, responsive organizations. This forum will further allow the Agency to relay the latest updates on BHSS system implementation and for both the Agency and the individual Districts to discuss the outcomes of their district-level Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis efforts.

b. Demonstration of the Bidder's understanding of the strengths and gaps of the Behavioral Health Service System within the District, including the Bidder's understanding of the priority population needs within the District and how the bidder will prioritize the needs of those populations.

District 1: Data Highlights

County Name	% below poverty	% 2019 uninsured	% of Households Without a Vehicle	# Poor MH days per month	MH Provider Access	Population to one mental health provider	Suicide rate per 100,000	% Binge Drinking
Buena Vista	9.9	8.9	4.3	4.0	Shortage	2453:1	N/A	19.9
Carroll	8.3	2.0	6.5	4.2	Shortage	1008:1	10.8	26.4
Cherokee	12.1	4.1	7.6	4.4	Shortage	749:1	N/A	24.2
Crawford	18.1	8.7	4.7	4.3	Shortage	1529:1	13.7	21.5
Harrison	8.5	3.9	4.3	4.5	Shortage	2342:1	21.8	25.1
Ida	11.9	3.5	4.3	4.3	Shortage	6860:1	N/A	24.2
Lyon	4.5	4.5	3.9	4.1	Shortage	11755:1	N/A	23.5
Monona	13.1	4.9	2.5	4.5	Shortage	1436:1	N/A	34.7
O'Brien	12.5	3.9	7.9	4.1	Shortage	3438:1	N/A	24.1
Osceola	11.5	4.5	3.0	4.4	Shortage	N/A	N/A	23.7
Plymouth	6.4	5.0	3.9	4.1	Shortage	719:1	14.0	32.8
Sioux	5.4	4.2	3.8	3.6	Shortage	830:1	8.1	22.0
Woodbury	1.34	5.7	6.2	4.0	Shortage	452:1	13.4	21.1
District Average	10.4	4.9	4.8	4.2	Full District			24.9
State Average	11.0	4.7	5.6	4.4	N/A	610:1	15.0	24.7

Source: Iowa HHS County Data Profiles, HRSA Mental Health Shortage Area Designation

In recent years, the previous MHDS Regions that comprise District 1 made progress toward developing and strengthening behavioral health services, especially in the provision of additional children's behavioral health services. Significant gaps remain, however, in workforce capacity, access to specialized services, service variability, and children's service offerings. Integration of the substance use and problem gambling safety net service areas, and the tobacco community partnerships will require a greater focus on collaboration between the fragmented systems.

In our review of relevant data for the District, and conversations with District stakeholders, priority populations that have been identified thus far for District 1 include people who are justice-involved, people who use Methamphetamine, and children. The Iowa PCA has a long-established history of assessing and prioritizing the unique needs of patients in each of our CHC's service areas. A recent example of this is the AHEAD Disparity Landscape Assessment, a data analysis to understand disparities in key health outcomes and access indicators in key populations who receive care at Iowa's CHCs. This resource serves as a guidepost for developing and implementing services to meet the priority population(s)'s needs at each CHC. We will employ strategies utilized in the development of the Disparities Landscape Assessment and other population health data analysis to identify the priority populations with the needs assessment we will complete in each District.

Strengths

1. **Telehealth Utilization**
    - Due in part to the workforce challenges facing the District, telehealth utilization has continued to grow throughout much of the District, with partners like Integrated Telehealth Partners and Flowstate Health offering crisis evaluation in nearly every Emergency Department as well as telepsychiatry in most jails throughout the District.
2. **Peer Support and Recovery Programs**
    - District 1 has strong community-based peer support programs and recovery networks, with organizations like Alcoholics Anonymous, Narcotics Anonymous, and faith-based recovery programs playing a vital role in several counties.
3. **ACT Services:**
    - ACT team services are available throughout much of the District, providing more localized access to high-intensity, multidisciplinary support, and reducing the need for inpatient BHSS services.
4. **Woodbury County Service Array**
    - Woodbury County is a regional care hub, with the strongest array of BHSS services in the district, including a regional Access Center and a growing number of behavioral health services tailored to meet the unique needs of children.
5. **Forensic Care and Justice-Involved Services**
    - The former MHDS Regions serving District 1 made notable progress in expanding efforts to better quip law enforcement to respond to crisis situations and better integrate treatment referral and care delivery. Local stakeholders report the Project Compass joint initiative by Siouxland Mental Health Center and the Woodbury County Sheriff's Office is delivering promising results and should be evaluated further for broader replication across the District and statewide.

Gaps

1. **System Capacity**
   - **Current Offering**: District 1 includes many rural counties, with limited BHSS system capacity. Woodbury County comprises the vast majority of the in-district services, with residents in the remaining twelve counties often traveling long distances to receive care, especially those with complex conditions.
   - **Gaps**:
     - *Service Availability:* While Woodbury County represents the largest concentration of services in this District, BHSS service availability for these residents is also insufficient in many areas. Utilization of mobile services and greater integration to maximize the capacity of existing providers is underdeveloped and represents an opportunity for improvement.
     - *Telehealth Deployment:* Telehealth crisis evaluations are embedded in several emergency rooms and telepsychiatry services are available in most jails throughout the District, through partnerships with ITP and Flowstate Health. Throughout the district, however, services are inconsistent, and the potential remains for broader telehealth utilization to reach under-resourced populations more effectively.
2. **System Administration & Use of Data**
   - **Current Offering:** Recent leadership changes have led to significant improvements in the administration of the former MHDS Regions that now comprise District 1. Greater data collection and utilization to drive funding and service development efforts have improved the system efficiency.
   - **Gaps:**
     - *Limited Data Capabilities:* Service providers throughout the District have limited data reporting experience and previous system administrators provided only limited data analysis. Significant opportunities exist for greater data analysis and forecasting to assess system capacity and better deploy service development efforts.
     - *Fiscal Management:* In recent years, discrepancies in fiscal management and reporting affected long-term planning and caused service delays. Transparency in budgeting and resource allocation has been improving but represents an opportunity for greater improvement.
3. **ACT Services:**
4. **Current Offerings:** ACT team services are available throughout much of the District; however, availability varies significantly and remains limited even in Woodbury County where the majority of BHSS services are currently available.
   - **Gaps:**
     - *Limited Capacity:* ACT programs across the region suffer from staffing limitations, resulting in waiting lists and lower service capacity. Resource and staffing limitations have forced some programs to cap enrollment and pause service expansion efforts to meet demand.
     - *Fidelity Issues***:** The current ACT programs serving the District, especially those in the eastern half of the District, have struggled with low fidelity scores and meeting all requirements for service offerings. Opportunities exist for additional technical assistance and resource support to ensure existing service providers comply with all Agency requirements for comprehensive ACT team services.

5. **Crisis Services:**
    - **Current Offering**: Crisis services are inconsistently available throughout the District, with Woodbury County offering the most comprehensive services through partners like the Siouxland Mental Health Center. Services throughout the remainder of the District vary significantly, with services in Crawford County being the most underdeveloped.
    - **Gaps**:
        - *Crisis Stabilization:* While Mobile Crisis Response is available in most counties, gaps persist in stabilization and residential services. Sac City, now in neighboring District 2, served as one of the few hubs for Crisis Stabilization Residential services outside of Sioux City. Cross-District collaboration efforts will be critical to maintain the limited crisis stabilization services available to residents in this portion of the District.
        - *Response Times and Outreach*: Regional collaboration has helped to bridge gaps in crisis services; however, stakeholders continue to report significant variability in response times, especially in the eastern half of the District. Greater investment in service development and greater coordination with neighboring Districts is necessary to improve access.
6. **Children's Services:**
    - **Current Offering**: The availability of children's behavioral health services throughout the District remains a significant challenge. The previous MHDS Regions made notable progress in expanding children's services in Woodbury County and throughout the District, efforts to deploy school-based health services are off to a strong start.
    - **Gaps**:
        - *System Capacity:* The availability of pediatric behavioral health services is insufficient to meet the needs of the District. The closure last year of one of the few children's service providers in Woodbury County has worsened the need, especially for children's Crisis Stabilization Residential Services.
        - *School-Based Health Services*: Several school districts in District 1 have in recent years begun partnering with in-person and telehealth providers to offer limited behavioral health services to their students. Service availability varies dramatically across the District, with ample opportunity for expansion of these front-line services.
7. **Family Psychoeducation and Peer Support**
8. **Current Offering:** Peer support services are available throughout much of the District but not widely accessible or consistently implemented, while family psychoeducation services are severely lacking and limited predominately to Woodbury County.
    - **Gaps:**
        - *Family Services*: Family education and supportive services are virtually nonexistent in many rural areas of the District. Psychoeducation programs for families are limited even in Woodbury County; there remains a significant need for greater evidence-based educational and training offering throughout the District.
        - *Peer Support Shortages*: Existing peer support services are offered through regional collaboration arrangements established by the previous MHDS Regions. Existing services are often underfunded and underutilized. Additional training, staffing, and outreach are necessary to improve the availability of these services.
9. **Transitional Living and Justice Involvement:**

- **Current Offering**: Jail diversion and forensic care services are available in many counties throughout the District, with programs like Project Compass in Woodbury County serving as a model for better case management and integration between service providers and law enforcement.
- **Gaps**:
    - *Transitional Living Services:* Significant barriers remain in the provision of Transitional Living Services due to staffing and insufficient placements for justice-involved individuals. Service funding has been inconsistent and further hampered expansion efforts.
    - *Program Awareness*: While jail diversion programs are available in most counties, they are not consistently utilized across the District, especially in rural areas. Many counties lack robust, well-known programs to support the justice-involved population.

10. **Intensive Residential Services (IRS)**
    - **Current Offering**: Intensive Residential Services capacity is insufficient to meet the needs of the District. Residents in the northern portion of the District previously relied upon a Dickinson County IRS provider now located in neighboring District 2 for nearly all services.
    - **Gaps**:
        - *Insufficient Capacity:* The only IRS service provider in the District is located in Woodbury County. This IRS program frequently has lengthy waitlists and struggles with staffing shortages, resulting in delays in care.
        - *Regional Collaboration*: While the Dickinson County IRS provider has recently undertaken efforts to expand their bed capacity and look at establishing a second service location, this development is now occurring in neighboring District 2. It is anticipated the significant demand for these services in its new BHSS District will disrupt the limited services available to residents in the northern portion of District 1. Significant investments are necessary to build IRS capacity within the District.
11. **Substance Use Disorder (SUD) Treatment Services**
12. **Current Offering:** Limited SUD treatment services are available within the District, with the majority of services concentrated in Woodbury County. Limited adolescent SUD services were previously available in Woodbury County but are not currently.
    - **Gaps:**
        - *Transportation Access*: Lack of transportation is a major barrier, particularly in rural areas, preventing access to essential BHSS services. This is resulting in additional challenges with patient adherence to treatment plans, especially those on Medication Assisted Treatment (MAT) therapy, which requires regular provider consultation and MAT administration.
        - *Provider Availability*: Woodbury County has the third highest per capita rate of methamphetamine-related treatment admissions in the state. Timely access to the limited number of SUD providers in the District remains a significant barrier, with residents from much of the District traveling to Sioux City or outside the District to receive care. Mobile SUD services present an opportunity to overcome this barrier.
13. **System Integration and Collaboration**
    - **Current Offering**: Due to its vast rural coverage and limited provider capacity, the former MDHS Regions that comprise the new District 1 have already initiated regional collaboration and service sharing efforts to maximize service availability.
    - **Gaps**:

- *Fragmented Service Delivery*: The current physical and behavioral health service delivery system in this District is fragmented. A lack of care coordination and system integration plagues nearly every stream of service delivery in the District.
- *System Collaboration*: Regional collaboration efforts in recent years have improved crisis service availability and show the promise for greater service expansion in other service areas. The region's reliance on major health systems in neighboring Nebraska and South Dakota, especially for complex BHSS services must be taken into account as we develop greater system integration efforts in District 1.

c. Explanation of why the Bidder is particularly well suited to serve as the BH-ASO in the District, including its strengths.

The Iowa PCA is uniquely well-positioned to serve as the ASO for District 1 due to our statewide reach, experience with integrated care models, focus on under-resourced populations, strong infrastructure for care coordination, and expertise in managing health services. Our commitment to quality improvement, workforce development, and data-driven decision making ensures we can effectively manage and administer a comprehensive behavioral health system that is both equitable and efficient.

Strong Network of Support
Today, the Iowa PCA supports a network of 14 CHCs across the state who are providing comprehensive primary care services including medical, oral, behavioral, pharmacy, vision, and enabling services. We offer training, technical assistance, network management, and data infrastructure to support local providers in both urban and rural settings, providing a solid foundation as we expand to provide similar support services in District 1.

Built on an Integrated Care Models
Foundational to the work of Iowa's CHCs is integration between physical health, behavioral health, and social services. The Iowa PCA is built to support an integrated care model and our experience with our local CHCs has prepared us to provide a similar supporting role as District 1 looks to integrate and expand its fragmented service delivery system. Drawing upon our wealth of experience and internal expertise, we will deploy a holistic approach to addressing both physical and mental health that aligns well with the goals of a comprehensive behavioral health system.

Focus on Under-Resourced and Vulnerable Populations
Born out of the Civil Rights Movement and the War on Poverty in the 1960s, CHCs and the Iowa PCA have a long-standing commitment to health equity and serving medically under-resourced populations, including low-income individuals, individuals without insurance, and rural communities. This focus led to our CHCs becoming early adopters of efforts to address social drivers of health (SDOH). In support of this, the Iowa PCA has worked with our state and national partners to help develop and deploy additional SDOH screening and referral tools, including Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB. This experience has positioned us to be an informed partner as the Agency looks to establish and deploy the statewide Thrive Iowa system.

Established Data Management Infrastructure
The Iowa PCA has built all the core data infrastructure that supports and sustains the care coordination and data informatics efforts for Iowa's CHCs. Our replicated Clarity Database and Microsoft Power BI implementation allow for advanced reporting and analytics of all integrated health record data in a secure environment. Through our deployment of Microsoft Fabric, an end-to-end, unified data management and security platform, the Iowa PCA Analytics and Reporting Team can produce standardized and targeted dashboards to allow center staff to monitor overall system utilization and allow for Iowa PCA to identify targeted T/TA needs. The Iowa PCA will leverage these existing capabilities to build district-level and statewide integrated data systems, which will provide a wholistic view of system capacity and provide all necessary reporting and integration with the Agency's statewide centralized BHSS data repository.

Quality Improvement and Accountability
With a strong track record of successful targeted and statewide quality improvement projects, the Iowa PCA has experience in performance measurement, quality assurance, and continuous improvement processes. Utilizing our suite of advanced data analytic tools, we are able to monitor targeted interventions and make data-driven decisions to improve system performance and patient outcomes. We provide training, technical assistance, data infrastructure, and system collaboration to connect local service providers with both their peers statewide and national subject matter experts. The Iowa PCA will deploy a similar data-driven approach to help ensure the BHSS system is both effective and efficient, with continuous monitoring and reporting on key performance indicators.

Experienced Fiduciary Agent
The Iowa PCA has extensive experience managing state and federal funding, including numerous grant-funded and contracted projects for the Agency and federal partners. Among these is a recent partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from the Substance Abuse and Mental Health Services Administration Center (SAMHSA). This five-year effort, also known as Iowa's Integration Project, sought to improve primary and behavioral health outcomes for individuals with substance use disorders through greater care coordination and system integration. Similar work to the efforts we will undertake as the District 1 ASO. Through our sister organization IowaHealth+, we have furthered our fiduciary experience, managing a clinically integrated network of 11 CHCs, facilitating risk-based contracting and revenue cycle support with the state's Medicaid Managed Care Organizations (MCOs) and Medicare. We take our fiscal responsibilities seriously and will ensure transparent and efficient management of BHSS resources.

d. Demonstration of the Bidder's knowledge of the current resources in the District that span across the continuum of Behavioral Health Services.

District 1: Key Providers

Provider Type	Key District Providers
Community Mental Health Centers	• CHI Health • Plains Area Mental Health • Seasons Center • Siouxland Medical Center
Psychiatric Medical Institutions for Children	• Boys and Girls Home
Crisis Stabilization Community	• Child's Square U.S.A • Heartland Family Services • Plains Area Mental Health • Seasons Center • Siouxland Medical Center
Crisis Stabilization Residential Adult	• Siouxland Medical Center
Crisis Stabilization Residential Child	• N/A
Integrated Provider Network	• Heartland Family Services • Rosecrance Jackson Center
Community Health Centers	• Promise Community Health Center • Siouxland Community Health Center • United Community Health Center
Schools	• Alta Aurelia Community Schools • Council Bluffs Community School District • Sioux Center Community Schools • Sioux City Community Schools • Storm Lake Community School District • Westwood Community Schools
Community-Based & Faith-Based Organizations	• SALUD! • Sioux County Community Health Partners • Siouxland Human Investment Partnership
Mobile Crisis Response	• Heartland Family Services • Plains Area Mental Health • Seasons Center • Siouxland Medical Center
23-hour Observations	• Siouxland Medical Center
Access Center	• Siouxland Medical Center
Tobacco Community Partnership	• Community Health Partners of Sioux County
Subacute	• Siouxland Medical Center
Certified Community Behavioral Health Centers	• Heartland Family Services • Jackson Recovery Centers • Plains Area Mental Health • Seasons Center • Siouxland Mental Health Center

The Iowa PCA has initiated discussions with several of the key BHSS service providers in District 1. Over the coming months, we will continue to meet with providers and other local stakeholders to deepen our understanding of the issues impacting this District and continue to identify key individuals to serve on the District 1 Behavioral Health Advisory Council.

e. *Summary of the Bidder's current partnerships at the District, state, and federal levels that benefit and are relevant to the scope of work defined in this RFP.*

Three Iowa PCA CHCs have four locations in District 1:

- Promise Community Health Center with one location in Sioux Center
- Siouxland Community Health Center with two locations in Sioux City
- United Community Health Center with one location in Storm Lake

Additionally, Promise Community Health Center provides school-based healthcare services for the Sioux Center Community School District and United Community Health Center provides school-based healthcare services for the Storm Lake Community School District and the Alta-Auerila Community School District.

Each of these CHCs has established relationships with providers and other leaders in their communities. These existing local partnerships have proven crucial for building trust locally and helping to facilitate the initial District assessment the Iowa PCA completed in preparation for bid submission.

As a statewide organization and leader in integrated care delivery, the Iowa PCA has strong working relationships with other key provider organizations, including the Iowa Behavioral Health Association, the Iowa Association of Community Providers, the Iowa Hospital Association, the major health systems, and others. We work closely with representatives from the state's Medicaid MCOs, meeting monthly with their plan presidents to discuss systemic issues and collaborative quality improvement efforts. We also hold a board seat on the state HIE and support multi-provider efforts in health data sharing and interoperability.

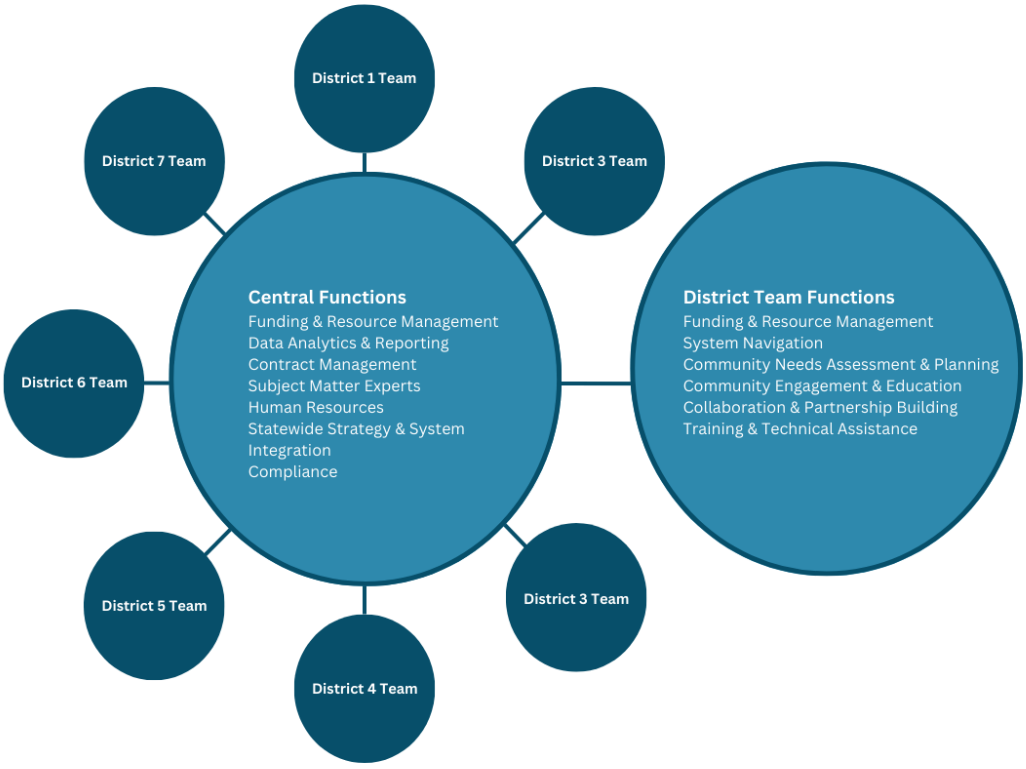
We also have extensive working relationships with state entities, including the Agency. Iowa PCA leadership currently meets monthly with Agency leadership, including the Agency Director and Medicaid Director, and our Integrated Health team meets regularly with Agency and MCO staff to collectively address barriers to care integration. We have also formed new working relationships with statewide providers including Classroom Clinic and Integrated Telehealth Partners to begin developing strategies to expand the deployment of telehealth services as a means of increasing system capacity.

On the federal level, the Iowa PCA has long working relationships with a number of federal agencies, including the Health Resources and Services Administration (HRSA), SAMHSA, and the Centers for Medicare & Medicaid Services (CMS). As a condition of their federal designation, all CHCs are required to annually report standardized data to HRSA through the Uniform Data System (UDS), which includes data on patient populations, clinical quality measures, and financial performance. Our Data and Technology team works closely with our federal partners to help facilitate this data exchange and our Project Management and Integrated Care teams work regularly with our federal partners to facilitate our grant-based and quality improvement initiatives.

As we work to develop and implement the District 1 BHSS administrative infrastructure, we will build upon these strong established local, state, and federal partnerships. The Iowa PCA will convene local stakeholders and service providers to assess the local BHSS system, develop strategies to expand system capacity and equitable access across the District, and improve system integration. On a state level, the Iowa PCA will partner with the Agency to help develop the Statewide BHSS Plan, as well as strategies to improve the consistency of service delivery statewide and roll out the Thrive Iowa infrastructure to support closed loop social service referrals.

f. Explanation of the Bidder's current and anticipated presence within the District's communities.

Utilizing a hub and spoke operational structure, the Iowa PCA will look to embed six ASO staff in District 1. These individuals will be responsible for helping to facilitate system navigation, community needs assessment and planning, local service provision, community engagement and education, and collaboration and partnership building. Supported by a centralized ASO administrative unit located in Des Moines, this team will serve as local representatives for the Iowa PCA statewide ASO. They will work with our legacy Iowa PCA team to leverage our existing subject matter experts, trained facilitators, funding and resource management, data infrastructure and data scientists, network management, and system compliance capabilities.



g. An explanation of opportunities for potential new partnerships within the District and at state and federal levels to achieve outcomes and ensure continuity of care.

As the Iowa PCA builds upon our existing partnerships and brings a fresh perspective to our work as the statewide ASO, we are excited about the opportunities to explore new collaborations and service arrangements to improve the BHSS service array in District 1. A key element to doing so will be our tiered telehealth deployment model. Building upon the current work underway in the District, we will expand the presence of ITP and Classroom Clinic in the District. These gap-filling service providers of adult and pediatric telehealth services will help to quickly build system capacity as we work to develop long-term strategies to further expand the service array to meet statewide goals and locally identified needs.

The Iowa PCA is continuing to examine additional state and national partnerships like these strategic telehealth deployments to bring additional services and resources to support the work of District 1. As we complete our formal assessment of the District upon contract award, we anticipate identifying additional system needs. Working in partnership with District stakeholders and the Agency, we will collaboratively tackle each system need to develop a realistic, data-informed approach to address the issue.

h. The Bidder's experience in gathering data, and leading or participating in assessments at the local level, including work related to local Community Health Assessments and Community Health Improvement Planning (CHA/CHIP).

As a data-driven organization, the Iowa PCA has a long history of data collection and system assessment efforts. The 14 local CHCs that comprise the Iowa PCA also have an extensive history of helping to lead both internal and community level needs assessments. As safety net providers in their communities, each CHC participates in the Community Health Assessments and Community Health Improvement Planning (CHA/CHIP) efforts in the areas they serve.

Through the use of our replicated Clarity Database and advanced data analytic platform, the Iowa PCA Analytics and Reporting Team is able to produce data modeling and forecasting tools to help individual centers understand longitudinal service utilization, system capacity, and emerging service needs. Our data scientists and subject matter experts work to align these identified needs with strategic goals identified on both the state and local levels, and look for additional resources to provide funding, training, and technical assistance to local communities. Drawing upon the work of the Iowa PCA team, each CHC is equipped to help inform community assessment efforts by providing insights into system utilization and the unmet service needs among the local safety net population. These insights, in turn help to inform centers' assessment of their current and future service offerings.

The Iowa PCA is excited to submit this bid to serve as the BHSS ASO for District 1. We are confident we have demonstrated how our unique background with integrated care, T/TA, system innovation, network management, and data infrastructure and management would make us the ideal partner to support the people of West Central and Northwest Iowa.

1. District Proposal Title: District #2 Proposal

2. BH-ASO Locations:

The Iowa Primary Care Association (Iowa PCA) will leverage one of its member community health centers (CHCs) to serve as the Administrative Services Organization (ASO) physical location, housing those staff who will be embedded in the Behavioral Health Services System (BHSS) District. We anticipate utilizing additional CHC locations within each District to support ASO activities. Centralized ASO staff, as indicated in our Personnel Plan listed in 1.3.2.5, will be housed in the Iowa PCA Offices, 500 SW 7th St, Des Moines, IA. Centralized ASO staff will travel to the regions as necessary to support the work of the BHSS District.

Community	Fort Dodge
Physical Location	Community Health Center of Fort Dodge 126 North 10th Street Fort Dodge, Iowa, 50501

3. District Narrative

In preparation for bid submission, the Iowa PCA met with local stakeholders in each District to gain a better understanding of the local service delivery system. Their input, along with data from the Agency, the previous Mental Health and Disability Services (MHDS) regions, and other sources helped to inform our initial District analysis and development of proposed strategies to improve the equitable delivery of BHSS services in each District.

a. Explicit detail on how the Bidder will ensure equitable delivery of Behavioral Health Services in the District given the demographics of the population and geography of the District.

District 2 is home to approximately 180,000 Iowans and includes 14 counties across North Central and Northwest Iowa. Urban centers for this District include Fort Dodge and Spencer.

Previously, this District was a part of the following MHDS Regions:

- Care Connections of Northern Iowa (5 Counties)
- Rolling Hills Community Services (4 Counties)
- Central Iowa Community Services (3 Counties)
- Sioux Rivers MHDS (2 Counties)

Ensuring equitable delivery of BHSS services across District 2 will require a comprehensive strategy focusing on accessibility, cultural competence, and local stakeholder engagement. Equity will be enhanced through the expansion of telehealth, true system integration, targeted outreach, and robust community-based support systems.

Accessibility
Efforts to improve equitable access to behavioral health services will be built upon a framework of strong partnerships with existing service providers. The Iowa PCA has a long history of working with our local CHCs to jointly establish service expansion and quality improvement

initiatives, in alignment with state and federal strategic goals. Working with these local providers, the Iowa PCA and our network of national subject matter experts provide training and technical assistance to stand up new services and improve system capacity.

In District 2, we propose a similar approach to improve the accessibility of BHSS service through:

- Working with the established Certified Community Behavioral Health Clinics (CCBHCs) to develop sustainability models for long-term operations,
- Supporting current BHSS providers to improve the consistency and quality of the services they provide across the District,
- Working with Assertive Community Treatment (ACT) teams to improve their fidelity scores and the array of services they provide, and
- Better integrating existing providers to improve care coordination and prevent the escalation of behavioral health conditions.

Leveraging our status as the statewide ASO, Iowa PCA will establish District-wide and statewide learning collaboratives, targeted to specific high-need services such as subacute and pediatric BHSS services, to more efficiently spread best practices and allow peer-to-peer learning.

Maximizing the services of existing providers alone, however, will not be sufficient to overcome the pronounced provider shortages in District 2. A key element of our accessibility strategy for District 2 will be strategic deployment of greater telehealth offerings. Currently, Integrated Telehealth Partners (ITP) is providing Crisis Evaluation and telepsychiatry services in jails throughout much of the District. Foundation2 is also coordinating crisis dispatch services for portions of the District. The Iowa PCA will work with these established partners and others to expand telehealth services and better coordinate crisis response efforts to fill unmet needs as appropriate. In discussions with Foundation2 and ITP, we have begun to explore options to spread their services more consistently throughout the District and statewide.

The Iowa PCA has also formed a strategic partnership with Classroom Clinic, an Iowa-based organization originally founded in District 2 that provides behavioral health services via telehealth in a school-based setting. Building upon the successful model they piloted with two former MHDS regions, we will make their pediatric care coordination and tele-behavioral health services available to school districts throughout District 2 on a voluntary basis. Currently, five school districts within District 2 are utilizing these services to provide increased pediatric access to care. Drawing upon our existing data infrastructure and internal expertise, we will ensure system integration between these statewide telehealth partners and local providers in the community, as well as on a District-wide and statewide basis.

Prioritizing technical support to allow existing local BHSS providers to stand up new or expand existing services and backfilling the system with these statewide gap-filling partners, the District 2 ASO will begin to expand access to BHSS services and ensure we are maximizing the effectiveness of the overall system.

Cultural Competency

District 2 includes Wright County, home to a large and growing Hispanic community who often faces additional cultural and language barriers to accessing care. While less pronounced throughout the remainder of the District, several counties in the District are also home to minority communities needing additional support to access and navigate an already complex

BHSS system. Community Health Center of Fort Dodge currently provides a wide array of services to minority populations.

The Iowa PCA and our local CHCs are well versed in working with and supporting diverse patient communities. We know that language translation lines alone are insufficient to providing quality care. We also know supports are needed to overcome various cultural stigmas around seeking BHSS services and addressing the social drivers of health that impact an individual's success on their behavioral health journey.

As part of our efforts to ensure equitable access to services in District 2, the Iowa PCA will draw upon our experiences partnering with cultural and faith-based organizations to conduct outreach and provide patient navigation services. We will work with local leaders to identify cultural barriers within individual communities in the District and collaboratively develop strategies to overcome them. Every Iowa PCA staff member receives cultural competency training, and every Iowa PCA ASO staff member will receive additional training in the Science of Hope. These efforts will equip them with the skills to better partner with the individuals we serve to jointly develop attainable goals for their behavioral health journey and a pathway to achieve success.

Local Stakeholder Engagement

Successfully improving the consistency and accessibility of BHSS services in District 2 will require a combination of statewide and local strategies, guided by local thought leaders who know the needs of their communities. We applaud the legislature for ensuring that each BHSS District is guided by a District Behavioral Health Advisory Council, comprised of individuals from a breadth of perspectives, including children's mental health providers, patients, and families.

Within 90 days of contract award, the Iowa PCA will assemble the District 2 Behavioral Health Advisory Council, ensuring geographically dispersed representatives who are solutions-oriented community leaders, versed in the delivery of BHSS services. We will further ensure that the advisory council includes at least one representative from the board or an advisory committee from each of the three MHDS Regions that previously comprised most of this District, to help provide historical context to further inform our work. These advisory groups will be supported by the embedded Iowa PCA District 2 team who will be responsible for establishing and maintaining strong working relationships with the key stakeholders throughout the District. Working with the leadership from our local health leaders and other key stakeholders, the Iowa PCA has already identified several candidates for serving on the advisory council.

Within 120 days of contract award, the Iowa PCA will convene this advisory council to conduct a SWOT analysis of the current BHSS system in District 2. This analysis, led by our Iowa PCA professional facilitation staff, will help inform our collaboration with the Agency to develop the Statewide BHSS Plan and form the basis for our subsequent District 2 BHSS Plan.

Within six months of contract award, the Iowa PCA will convene the first statewide learning collaborative with representatives from all seven BHSS Districts. The Iowa PCA has long utilized this model, based on didactic, facilitative, and action-orientated content, with our 14 CHCs to support and inform our organization and the CHCs in being nimble, responsive organizations. This forum will further allow the Agency to relay the latest updates on BHSS system implementation and for both the Agency and the individual Districts to discuss the outcomes of their District-level Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis efforts.

b. Demonstration of the Bidder's understanding of the strengths and gaps of the Behavioral Health Service System within the District, including the Bidder's understanding of the priority population needs within the District and how the bidder will prioritize the needs of those populations.

District 2: Data Highlights

County Name	% below poverty	% 2019 uninsured	% of Households Without a Vehicle	# Poor MH days per month	MH Provider Access	Population to one mental health provider	Suicide rate per 100,000	% Binge Drinking
Calhoun	10.7	3.5	3.1	4.2	Shortage	4834:1	N/A	23.6
Clay	12.2	3.8	4.0	4.2	Shortage	258:1	16.5	25.0
Dickinson	7.2	4.1	3.9	4.2	Shortage	1438:1	16.4	25.7
Emmet	12.6	6.4	3.8	4.0	Shortage	400:1	N/A	23.8
Hancock	10.7	3.5	4.1	4.4	Shortage	5315:1	N/A	24.4
Humboldt	14.3	3.8	5.3	4.4	Shortage	3186:1	N/A	24.3
Kossuth	11.5	4.9	7.5	4.2	Shortage	2963:1	17.3	23.2
Palo Alto	9.1	4.6	3.8	4.0	Shortage	1111:1	N/A	25.6
Pocahontas	10.2	4.2	4.0	4.2	Shortage	N/A	N/A	24.1
Sac	8.3	4.3	4.2	4.2	Shortage	1389:1	N/A	24.5
Webster	14.3	5.5	6.8	4.6	Shortage	378:1	17.7	23.3
Winnebago	7.2	2.3	4.6	4.3	Shortage	10354:1	N/A	24.1
Worth	7.0	4.2	4.8	4.2	Shortage	N/A	N/A	24.7
Wright	13.1	4.7	8.0	4.3	Shortage	1570:1	N/A	22.2
District Average	10.6	4.3	4.85	4.2	Full District Shortage			24.2
State Average	11.0	4.7	5.6	4.4	N/A	610:1	15.0	24.7

Source: Iowa HHS County Data Profiles, HRSA Mental Health Shortage Area Designations

District 2 faces significant access gaps for many core BHSS services including Subacute, Intensive Residential Services (IRS), and Crisis Stabilization, particularly in the southern and eastern portions of the District. This District is beginning to see the promise of greater service offerings and integration through the four CCBHCs that cover the area; however, greater coordination and long-term sustainability planning is necessary to ensure services are consistently deployed throughout the District. Integration of the substance use and problem gambling safety net service areas, and the tobacco community partnerships will require a greater focus on collaboration between the fragmented systems.

In our review of relevant data for the District, and conversations with District stakeholders, priority populations that have been identified thus far for District 2 include patients in need of subacute care, patients with high behavioral health needs who are frequently discharged from services due to disruptive behaviors, and people in need of intensive residential treatment. The Iowa PCA has a long-established history of assessing and prioritizing the unique needs of patients in each of our CHC's service areas. A recent example of this is the AHEAD Disparity Landscape Assessment, a data analysis to understand disparities in key health outcomes and access indicators in key populations who receive care at Iowa's CHCs. This resource serves as a guidepost for developing and implementing services to meet the priority population(s)'s needs at each CHC. We will employ strategies utilized in the development of the Disparities Landscape Assessment and other population health data analysis to identify the priority populations with the needs assessment we will complete in each District.

Strengths

1. **Regional Collaborations**
   - To maximize scarce resources and maintain services for this largely rural District, the former MHDS regions and service providers in District 2 established regional sharing and collaboration efforts, including a regional approach to transportation services. These past collaboration efforts will be beneficial as we look to integrate formerly separate regions and develop more consistent procedures throughout the District.
2. **CCBHC District Coverage**
   - District 2 is the only BHSS District in the state to have full CCBHC coverage. The District-wide presence of behavioral health providers who share a common model of comprehensive, integrated care better positions the District as it looks to expand system capacity and implement innovations in service delivery.
3. **IRS**
   - While limited in overall District capacity, the lone in-District IRS provider in Dickinson County has adopted a growth mentality and the sustainability plan to expand bed capacity for these critical services. They are looking to expand their current location and considering establishing a second location.
4. **Children's Behavioral Health Services**
   - This District has made more progress in developing children's behavioral health services than some BHSS Districts. Dedicated children's services, including Crisis Stabilization Residential Services and integrated mental health services are available in at least a portion of the District. School-based services are in place in several communities throughout the District.
5. **Substance Use Disorder (SUD) Services and Medication-Assisted Treatment (MAT) Programs**

- Webster and Clay Counties have well-developed SUD and MAT programs. These services are integrated with their local hospitals and serve as a launching point for greater District-wide capacity building and system integration.

Gaps

1. **Subacute Services**
   - **Current Offering:** Currently, there are no Subacute BHSS service providers physically located in the District who meet the full service criteria and are licensed by the state. The previous MHDS Regions relied on providers in Sioux City, Ames, and Mason City to meet this core service, however, there are existing in-District providers who offer limited subacute services.
   - **Gap:**
     - *Service Availability:* Local stakeholders identified a significant gap in step-down services for individuals transitioning from higher levels of crisis or inpatient care. Absent the availability of these services in the District, patients are being forced to travel longer distances for care outside the District. Individuals are spending longer in Emergency Departments and inpatient settings while providers work to locate an appropriate level of care.
     - *Underdeveloped System:* The Subacute service delivery system is underdeveloped, with existing providers needing to expand the array of service offerings. The newly designated CCBHCs present an opportunity to further expand service availability in a more holistic manner.
2. **Intensive Residential Services**
   - **Current Offering:** Intensive Residential Services (IRS) offerings are severely limited, with the sole in-District provider in Dickinson County looking to expand bed capacity and considering a second location.
   - **Gap:**
     - *System Capacity:* The southern and eastern portions of the District lack IRS providers, with the previous MHDS regions who served these areas relying on providers now located in neighboring Districts to fill this need. Development of additional IRS services within the District and continued cross-District collaboration are critical to maintaining access.
     - *Service Availability:* IRS offerings available to District 2 residents are limited, relative to the offerings provided in other Districts with more developed capacity and service delivery models. Opportunities exist for the long-term development, in partnership with the CCBHCs and others, of tailored IRS offerings such as specialized services for individuals with co-occurring disorders.
3. **Transportation Services**
   - **Current Offering:** Collaboration between former MHDS regions and service providers has resulted in a shared regional transportation policy to help reduce wait times and barriers to transportation during crises.
   - **Gap:**
     - *Community Awareness:* Current transportation utilization is low, indicating limited community awareness of these services. Additional outreach and awareness efforts are necessary to ensure patients and families know this option is available.
     - *Restricted Availability:* Transportation services are currently available on a limited basis, including transport to crisis services. Expansion of transportation assistance for preventative, outpatient, and SUD treatment services will help

reduce barriers to accessing these services, especially in the rural areas of the District.

4. **Crisis Stabilization Services**
   - **Current Offering:** Community Based Crisis Stabilization and Residential Crisis Stabilization Services in the District are limited and primarily concentrated in the western portion of the District.
     - *Service Concentration:* As with many other core services, the previous MHDS regions who covered the southern and eastern portions of the District relied heavily upon Ames and Mason City to provide access to these services. Capacity development and cross-District coordination will be critical to maintaining access and expanding access to these services.
     - *System Capacity:* While Residential Crisis Stabilization services are available for the western portion of the District through Plains Area Mental Health in Sac County, they are insufficient to meet the needs for even those western counties. Throughout the remainder of the District where providers are virtually nonexistent, capacity issues are even more pronounced.
5. **Mobile Crisis Response Models**
   - **Current Offering:** Existing Mobile Crisis Response services vary significantly across the District. Response times vary and are substantially longer in the rural portions of the District.
   - **Gap:**
     - *Inconsistent Approach:* The two primary providers of mobile crisis services – the Seasons Center and Eyerly Ball – deploy differing models and service offerings. Efforts to develop a unified approach to responding to crisis calls in collaboration with Foundation2 within one of the former MHDS Regions that served a portion of District 2 show promise and present an opportunity for a greater deployment District wide.
     - *System Integration:* Given the previous MHDS Regions' heavy reliance on Sioux City, Ames, and Mason City as access points for many BHSS services to the counties now in District 2, system integration and cross-District collaboration will be critical as Mobile Crisis teams work to ensure individuals are able to access the right level of care in a timely manner.
6. **Telehealth Services**
   - **Current Offering:** Integrated Telehealth Partners (ITP) provides psychiatric assessments in Emergency Departments and jail settings across much of the District, with local BHSS providers offering additional telehealth services in a limited capacity. These services have been particularly valuable for securing placements and providing medication management.
   - **Gap:**
     - *Expanded Utilization:* Progress has been made at expanding telehealth utilization throughout the District, however, these services could be further leveraged to help fill service gaps and provide timely access to care.
     - *Care Coordination:* Current telehealth BHSS service offerings throughout the District are occurring in a siloed manner. Enhanced coordination between telehealth and local providers, particularly in southern portions of the District, is needed to more effectively utilize existing system resources and prevent duplication of services.
7. **Forensic Care and Justice-Involved Services**
   - **Current Offering:** Efforts to collaborate between law enforcement and service providers have been inconsistent throughout the District. Services in Webster and Clay Counties are generally regarded as the most comprehensive with Webster County also offering in-

person jail-based psychiatric services through the Community Health Center of Ft. Dodge and the Berryhill Center.

- **Gap:**
  - *Jail Diversion and Transition Services:* Programs in Webster and Clay Counties offer more comprehensive diversion programs and better prepare those in jail to transition back to community-based services upon release. Rural counties in the District, especially those in the northern and eastern portion of District 2, provide less expansive services and programs vary considerably among these counties.
  - *Crisis Intervention Training (CIT):* The former MHDS Regions who served this District made notable strides in providing CIT training to law enforcement throughout the District. Key training partners, including 43 North Iowa in Mason City, are now located outside District 2. Efforts to ensure cross-District and statewide coordination will be critical to ensure continued progress in this area.

8. **Children's Behavioral Health Services**
   - **Current Offering:** While limited, District 2 has more developed children's behavioral health services than some BHSS Districts. Service providers in the western and southern portions of the District provide dedicated children's services, including Crisis Stabilization Residential Services and integrated mental health services. School-based services exist in several communities throughout the District.
   - **Gap:**
     - *Underdeveloped System:* While meaningful progress has been made in recent years, the system remains underdeveloped, with limited capacity in the areas of the District that do offer dedicated children's services and large swaths of the District with severely limited or no children's services.
     - *Screening and Early Intervention:* Basic developmental and behavioral health screening services are available in much of the District, however, a lack of developmental specialists and dedicated children's behavioral health providers limit families' options for early intervention. Opportunities exist to better leverage telehealth as a means for both screening and early intervention, especially in school-based settings.
9. **ACT Teams**
   - **Current Offering:** ACT team services are available through the Seasons Center in Spencer and the Berryhill Center in Fort Dodge. Services are not available in the remainder of the District, with residents of these counties predominately traveling to one of these two access hubs or Mason City for ACT services.
   - **Gap:**
     - *Overreliance on Traditional Outpatient Services:* The areas of the District without ACT have seen a heavier reliance on traditional outpatient mental health services, which lack the intensity and comprehensiveness of ACT. This is particularly detrimental for residents of these areas with frequent psychiatric crises or co-occurring substance use disorders.
     - *Workforce Shortages:* Like other areas of the state, District 2 is struggling with a pronounced provider workforce shortage. The lack of behavioral health professions, especially those with prescriptive authority, in rural areas of the District limit the District's capacity for expanding ACT services beyond the urban counties in the District.
10. **SUD Treatment Services**
    4. **Current Offering:** SUD treatment services are available through well-established providers including multiple Seasons Center locations in the western portion of the District and the Community Health Center of Ft. Dodge in the southern portion of District.

- **Gaps:**
  - *Access Variability*: SUD treatment services vary significantly across the District, with the counties in the northern and eastern portions of the District most lacking. Providers in Ames and Mason City, now in neighboring District 5 and District 3, provided many SUD services for residents in these counties. Opportunities exist to expand in-District service, including mobile SUD services, and efforts must be undertaken to ensure coordination with these neighboring Districts to preserve existing access.
  - *Residential and Inpatient Treatment*: Limited residential and inpatient SUD treatment services are available in Clay and Webster Counties; however, most residents have traditionally traveled to Sioux City, Ames, and Mason City to access these services. Webster County has the second highest per capita rate of methamphetamine-related treatment admissions in the state. Transportation and cross-District coordination barriers must be addressed to maintain access to what residential and inpatient treatment capacity exists, while efforts are undertaken to expand capacity within the District.

c. Explanation of why the Bidder is particularly well suited to serve as the BH-ASO in the District, including its strengths.

The Iowa PCA is uniquely well-positioned to serve as the ASO for District 2 due to our statewide reach, experience with integrated care models, focus on underserved populations, strong infrastructure for care coordination, and expertise in managing health services. Our commitment to quality improvement, workforce development, and data-driven decision making ensures we can effectively manage and administer a comprehensive behavioral health system that is both equitable and efficient.

Strong Network of Support
Today, the Iowa PCA supports a network of 14 CHCs across the state who are providing comprehensive primary care services including medical, oral, behavioral, pharmacy, vision, and enabling services. We offer training, technical assistance, network management, and data infrastructure to support local providers in both urban and rural settings, providing a solid foundation as we expand to provide similar support services in District 2.

Built on an Integrated Care Model
Foundational to the work of Iowa's CHCs is integration between physical health, behavioral health, and social services. The Iowa PCA is built to support an integrated care model and our experience with our local CHCs has prepared us to provide a similar supporting role as District 2 looks to integrate and expand its fragmented service delivery system. Drawing upon our wealth of experience and internal expertise, we will deploy a holistic approach to addressing both physical and mental health that aligns well with the goals of a comprehensive behavioral health system.

Focus on Under-Resourced and Vulnerable Populations
Born out of the Civil Rights Movement and the War on Poverty in the 1960s, CHCs and the Iowa PCA have a long-standing commitment to health equity and serving medically under-resourced populations, including low-income individuals, individuals without insurance, and rural communities. This focus led to our CHCs becoming early adopters of efforts to address social drivers of health (SDOH). In support of this, the Iowa PCA has worked with our state and national partners to help develop and deploy additional SDOH screening and referral tools,

including Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB. This experience has positioned us to be an informed partner as the Agency looks to establish and deploy the statewide Thrive Iowa system.

Established Data Management Infrastructure
The Iowa PCA has built all of the core data infrastructure that supports and sustains the care coordination and data informatics efforts for Iowa's CHCs. Our replicated Clarity Database and Microsoft Power BI implementation allow for advanced reporting and analytics of all integrated health record data in a secure environment. Through our deployment of Microsoft Fabric, an end-to-end, unified data management and security platform, the Iowa PCA Analytics and Reporting Team can produce standardized and targeted dashboards to allow center staff to monitor overall system utilization and allow for Iowa PCA to identify targeted T/TA needs. The Iowa PCA will leverage these existing capabilities to build district-level and statewide integrated data systems, which will provide a wholistic view of system capacity and provide all necessary reporting and integration with the Agency's statewide centralized BHSS data repository.

Quality Improvement and Accountability
With a strong track record of successful targeted and statewide quality improvement projects, the Iowa PCA has experience in performance measurement, quality assurance, and continuous improvement processes. Utilizing our suite of advanced data analytic tools, we are able to monitor targeted interventions and make data-driven decisions to improve system performance and patient outcomes. We provide training, technical assistance, data infrastructure, and system collaboration to connect local service providers with both their peers statewide and national subject matter experts. The Iowa PCA will deploy a similar data-driven approach to help ensure the BHSS system is both effective and efficient, with continuous monitoring and reporting on key performance indicators.

Experienced Fiduciary Agent
The Iowa PCA has extensive experience managing state and federal funding, including numerous grant-funded and contracted projects for the Agency and federal partners. Among these is a recent partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from the Substance Abuse and Mental Health Services Administration Center (SAMHSA). This five-year effort, also known as Iowa's Integration Project, sought to improve primary and behavioral health outcomes for individuals with substance use disorders through greater care coordination and system integration. Similar work to the efforts we will undertake as the District 2 ASO. Through our sister organization IowaHealth+, we have furthered our fiduciary experience, managing a clinically integrated network of 11 CHCs, facilitating risk-based contracting and revenue cycle support with the state's Medicaid Managed Care Organizations (MCOs) and Medicare. We take our fiscal responsibilities seriously and will ensure transparent and efficient management of BHSS resources.

d. Demonstration of the Bidder's knowledge of the current resources in the District that span across the continuum of Behavioral Health Services.

District 2: Key Providers

Provider Type	Key Providers
Certified Mental Health Centers	• Berryhill Mental Health Center • Plains Area Mental Health • Prairie Ridge • Seasons Center
Psychiatric Medical Institutions for Children	• N/A
Crisis Stabilization Community	• Eyerly Ball • Plains Area Mental Health • Seasons Center
Crisis Stabilization Residential Adult	• PAMHC Turning Point
Crisis Stabilization Residential Child	• Youth Shelter of North Central Iowa
Integrated Provider Network	• Community and Family Resource • New Opportunities • Prairie Ridge • Rosecrance Jackson Center
Community Health Centers	• Community Health Center of Fort Dodge • Proteus, Inc.
Schools	• Fort Dodge Community School District • Lake Mills School District • North Central Consortium School • Spencer School District
Community-Based & Faith-Based Organizations	• YWCA of Fort Dodge
Mobile Crisis Response	• Eyerly Ball • Plains Area Mental Health • Seasons Center
23-hour Observations	• N/A
Access Center	• N/A
Tobacco Community Partnerships	• Community & Family Resources • Community Health Partners of Sioux County • Helping Services for Youth and Families
Subacute	• N/A
Certified Community Behavioral Health Centers	• North Central IA MHC- Unity Point • Plains Area Mental Health • Prairie Ridge Behavioral Health

The Iowa PCA has initiated discussions with several of the key BHSS service providers in District 2. Over the coming months, we will continue to meet with providers and other local stakeholders to deepen our understanding of the issues impacting this District and continue to identify key individuals to serve on the District 2 Behavioral Health Advisory Council.

e. Summary of the Bidder's current partnerships at the District, state, and federal levels that benefit and are relevant to the scope of work defined in this RFP.

One Iowa PCA CHC has four locations in District 2:

- Community Health Center of Fort Dodge with locations in Fort Dodge, Dayton, Eagle Grove, and Clarion

Additionally, Community Health Center of Fort Dodge provides mobile school-based healthcare services for the Fort Dodge Community School District.

CHC staff have established relationships with providers and other leaders in their communities. These existing local partnerships have proven crucial for building trust locally and helping to facilitate the initial District assessment the Iowa PCA completed in preparation for bid submission.

As a statewide organization and leader in integrated care delivery, the Iowa PCA has strong working relationships with other key provider organizations, including the Iowa Behavioral Health Association, the Iowa Association of Community Providers, the Iowa Hospital Association, the major health systems, and others. We work closely with representatives from the state's Medicaid MCOs, meeting monthly with their plan presidents to discuss systemic issues and collaborative quality improvement efforts. We also hold a board seat on the state HIE and support multi-provider efforts in health data sharing and interoperability.

We also have extensive working relationships with state entities, including the Agency. Iowa PCA leadership currently meets monthly with Agency leadership, including the Agency Director and Medicaid Director, and our Integrated Health team meets regularly with Agency and MCO staff to collectively address barriers to care integration. We have also formed new working relationships with statewide providers including Classroom Clinic and Integrated Telehealth Partners to begin developing strategies to expand the deployment of telehealth services as a means of increasing system capacity.

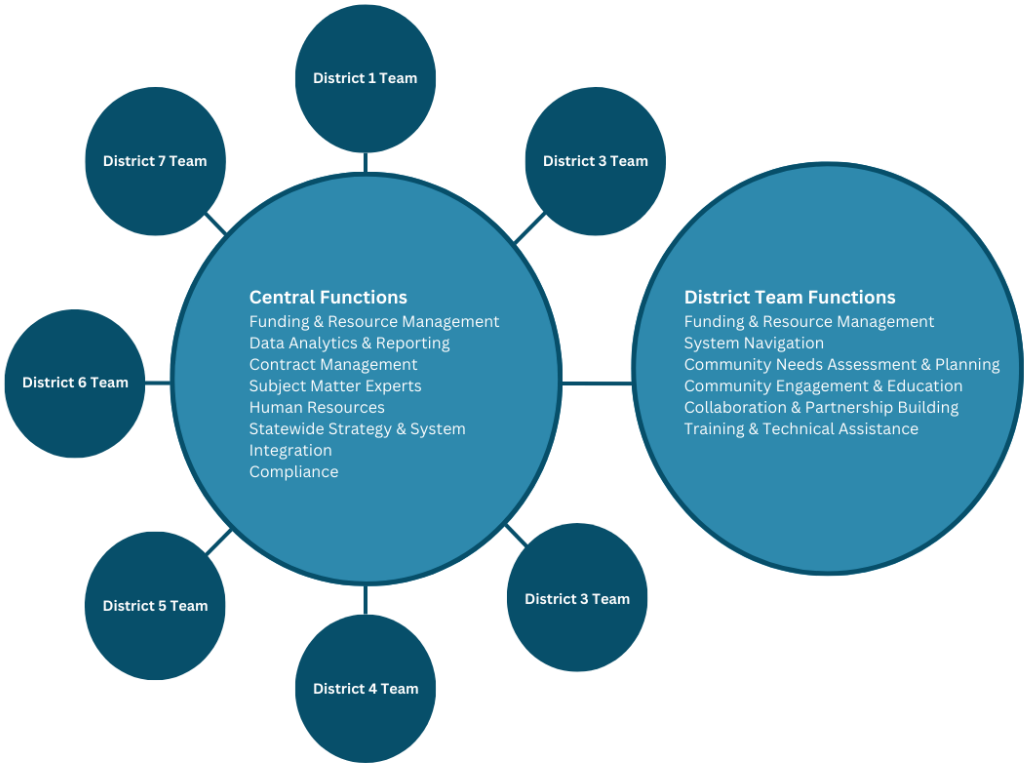
On the federal level, the Iowa PCA has long working relationships with a number of federal agencies, including the Health Resources and Service Administration (HRSA), SAMHSA, and the Centers for Medicare & Medicaid Services (CMS). As a condition of their federal designation, all CHCs are required to annually report standardized data to HRSA through the Uniform Data System (UDS), which includes data on patient populations, clinical quality measures, and financial performance. Our Data and Technology team works closely with our federal partners to help facilitate this data exchange and our Project Management and Integrated Care teams work regularly with our federal partners to facilitate our grant-based and quality improvement initiatives.

As we work to develop and implement the District 2 BHSS administrative infrastructure, we will build upon these strong established local, state, and federal partnerships. The Iowa PCA will convene local stakeholders and service providers to assess the local BHSS system, develop strategies to expand system capacity and equitable access across the District, and improve system integration. On a state level, the Iowa PCA will partner with the Agency to help develop

the Statewide BHSS Plan, as well as strategies to improve the consistency of service delivery statewide and roll out the Thrive Iowa infrastructure to support closed loop social service referrals.

f. Explanation of the Bidder's current and anticipated presence within the District's communities.

Utilizing a hub and spoke operational structure, the Iowa PCA will look to embed six ASO staff in District 2. These individuals will be responsible for helping to facilitate system navigation, community needs assessment and planning, local service provision, community engagement and education, and collaboration and partnership building. Supported by a centralized ASO administrative unit located in Des Moines, this team will serve as local representatives for the Iowa PCA statewide ASO. They will work with our legacy Iowa PCA team to leverage our existing subject matter experts, trained facilitators, funding and resource management, data infrastructure and data scientists, network management, and system compliance capabilities.



g. An explanation of opportunities for potential new partnerships within the District and at state and federal levels to achieve outcomes and ensure continuity of care.

As the Iowa PCA builds upon our existing partnerships and brings a fresh perspective to our work as the statewide ASO, we are excited about the opportunities to explore new collaborations and service arrangements to improve the BHSS service array in District 2. A key element to doing so will be our tiered telehealth deployment model. Building upon the current work underway in the District, we will expand the presence of ITP and Classroom Clinic in the District. These gap-filling service providers of adult and pediatric telehealth services will help to

quickly build system capacity as we work to develop long-term strategies to further expand the service array to meet statewide goals and locally identified needs.

The Iowa PCA is continuing to examine additional state and national partnerships like these strategic telehealth deployments to bring additional services and resources to support the work of District 2. As we complete our formal assessment of the District upon contract award, we anticipate identifying additional system needs. Working in partnership with District stakeholders and the Agency, we will collaboratively tackle each system need to develop a realistic, data-informed approach to address the issue.

h. The Bidder's experience in gathering data, and leading or participating in assessments at the local level, including work related to local Community Health Assessments and Community Health Improvement Planning (CHA/CHIP).

As a data-driven organization, the Iowa PCA has a long history of data collection and system assessment efforts. The 14 local CHCs that comprise the Iowa PCA also have an extensive history of helping to lead both internal and community level needs assessments. As safety net providers in their communities, each CHC participates in the Community Health Assessments and Community Health Improvement Planning (CHA/CHIP) efforts in the areas they serve.

Through the use of our replicated Clarity Database and advanced data analytic platform, the Iowa PCA Analytics and Reporting Team is able to produce data modeling and forecasting tools to help individual centers understand longitudinal service utilization, system capacity, and emerging service needs. Our data scientists and subject matter experts work to align these identified needs with strategic goals identified on both the state and local levels, and look for additional resources to provide funding, training, and technical assistance to local communities. Drawing upon the work of the Iowa PCA team, each CHC is equipped to help inform community assessment efforts by providing insights into system utilization and the unmet service needs among the local safety net population. These insights, in turn help to inform centers' assessment of their current and future service offerings.

The Iowa PCA is excited to submit this bid to serve as the BHSS ASO for District 2. We are confident we have demonstrated how our unique background with integrated care, T/TA, system innovation, network management, and data infrastructure and management would make us the ideal partner to support the people of North Central and Northwest Iowa.

1. District Proposal Title: District #3 Proposal

2. BH-ASO Locations:

The Iowa Primary Care Association (Iowa PCA) will leverage one of its member community health centers (CHCs) to serve as the Administrative Services Organization (ASO) physical location, housing those staff who will be embedded in the Behavioral Health Services System (BHSS) District. We anticipate utilizing additional CHC locations within each District to support ASO activities. Centralized ASO staff, as indicated in our Personnel Plan listed in 1.3.2.5, will be housed in the Iowa PCA Offices, 500 SW 7th St, Des Moines, IA. Centralized ASO staff will travel to the regions as necessary to support the work of the BHSS District.

Community	Marshalltown
Physical Location	Primary Health Care 101 Iowa Avenue W, #102 Marshalltown, IA 50158

3. District Narrative

In preparation for bid submission, the Iowa PCA met with local stakeholders in each District to gain a better understanding of the local service delivery system. Their input, along with data from the Agency, the previous Mental Health and Disability Services (MHDS) regions, and other sources helped to inform our initial District analysis and development of proposed strategies to improve the equitable delivery of BHSS services in each District.

a. Explicit detail on how the Bidder will ensure equitable delivery of Behavioral Health Services in the District given the demographics of the population and geography of the District.

District 3 is home to approximately 300,000 Iowans and includes 16 counties spread across North Central and Northeast Iowa. Urban centers for this District include Mason City, Decorah, and Marshalltown.

Previously, this District was a part of the following MHDS Regions:

- County Social Service (11 Counties)
- Central Iowa Community Services (4 Counties)
- MHDS of the East Central Region (1 County)

Ensuring equitable delivery of BHSS services across District 3 will require a comprehensive strategy focusing on accessibility, cultural competence, and local stakeholder engagement. Equity will be enhanced through the expansion of telehealth, true system integration, targeted outreach, and robust community-based support systems.

Accessibility
District 3 has a severe shortage of BHSS providers, with one local stakeholder going so far as to label much of the District a “provider desert.” Efforts to improve equitable access to

behavioral health services will be built upon a framework of strong partnerships with existing service providers. The Iowa PCA has a long history of working with our local CHCs to jointly establish service expansion and quality improvement initiatives, in alignment with state and federal strategic goals. Working with these local providers, the Iowa PCA and our network of national subject matter experts provide training and technical assistance to stand up new services and improve system capacity.

In District 3, we propose a similar approach to improve the accessibility of BHSS service through:

- Working with the established Certified Community Behavioral Health Clinics (CCBHCs) to develop sustainability models for long-term operations,
- Supporting current BHSS providers to improve the consistency and quality of the services they provide across the District,
- Working with Assertive Community Treatment (ACT) teams to improve their fidelity scores and the array of services they provide, and
- Better integrating existing providers to improve care coordination and prevent the escalation of behavioral health conditions.

Leveraging our status as the statewide ASO, the Iowa PCA will establish District-wide and statewide learning collaboratives, targeted to specific high-need services such as subacute and pediatric BHSS services, to more efficiently spread best practices and allow peer-to-peer learning.

Maximizing the services of existing providers alone, however, will not be sufficient to overcome the pronounced provider shortages in District 3. A key element of our accessibility strategy for District 3 will be strategic deployment of greater telehealth offerings. Currently, Integrated Telehealth Partners (ITP) and Flowstate Health are providing limited crisis evaluation and jail-based behavioral health services in areas of the District via telehealth. The Iowa PCA will work with these established partners and others to expand telehealth services to fill unmet needs as appropriate.

The Iowa PCA has also formed a strategic partnership with Classroom Clinic, an Iowa-based organization that provides behavioral health services via telehealth in a school-based setting. Building upon a successful model they piloted with two of the previous MHDS Regions, we will make their pediatric care coordination and tele-behavioral health services available to school districts within District 3 on a voluntary basis. Drawing upon our existing data infrastructure and internal expertise, we will ensure system integration between these statewide telehealth partners and local providers in the community, as well as on a District-wide and statewide basis.

Prioritizing technical support to allow existing local BHSS providers to stand up new or expand existing services and backfilling the system with these statewide gap-filling partners, the District 3 ASO will begin to expand access to BHSS services and ensure we are maximizing the effectiveness of the overall system.

Cultural Competency
District 3 includes Marshall County, where more than 40 languages are spoken at the local high school and large immigrant communities face cultural and language barriers to accessing care. While less pronounced throughout the remainder of the District, several other counties in the District are also home to minority communities that need additional support to access and navigate an already complex BHSS system.

The Iowa PCA and our local CHCs are well versed in working with and supporting diverse patient communities. We know that language translation lines alone are insufficient providing quality care. We also know that supports are needed to overcome various cultural stigmas around seeking BHSS services and addressing the social determinants of health that impact an individual's success on their behavioral health journey.

As part of our efforts to ensure equitable access to services in District 3, the Iowa PCA will draw upon our experiences partnering with cultural and faith-based organizations to conduct outreach and provide patient navigation services. We will work with local leaders to identify cultural barriers within individual communities in the District and collaboratively develop strategies to overcome them. Every Iowa PCA staff member receives cultural competency training, and every Iowa PCA ASO staff member will receive additional training in the Science of Hope. These efforts will equip them with the skills to better partner with the individuals we serve to jointly develop attainable goals for their behavioral health journey and a pathway to achieve success.

Local Stakeholder Engagement
Successfully improving the consistency and accessibility of BHSS services in District 3 will require a combination of statewide and local strategies, guided by local thought leaders who know the needs of their communities. We applaud the legislature for ensuring that each BHSS District is guided by a District Behavioral Health Advisory Council, comprised of individuals from a breadth of perspectives, including children's mental health providers, and patients and families.

Within 90 days of contract award, the Iowa PCA will assemble the District 3 Behavioral Health Advisory Council, ensuring geographically dispersed representatives who are solutions-oriented community leaders, versed in the delivery of BHSS services. We will further ensure that the advisory council includes at least one representative from the board or an advisory committee from each of the two MHDS Regions that previously comprised the majority of this District, to help provide historical context to further inform our work. These advisory groups will be supported by the embedded Iowa PCA District 3 team who will be responsible for establishing and maintaining strong working relationships with the key stakeholders throughout the District. Working with the leadership from our local health leaders and other key stakeholders, the Iowa PCA has already identified several candidates for serving on the advisory council.

Within 120 days of contract award, the Iowa PCA will convene this advisory council to conduct a SWOT analysis of the current BHSS system in District 3. This analysis, led by our Iowa PCA professional facilitation staff, will help inform our collaboration with the Agency to develop the Statewide BHSS Plan and form the basis for our subsequent District 3 BHSS Plan.

Within six months of contract award, the Iowa PCA will convene the first statewide learning collaborative with representatives from all seven BHSS Districts. The Iowa PCA has long utilized this model, based on didactic, facilitative, and action-orientated content, with our 14 CHCs to support and inform our organization and the CHCs in being nimble, responsive organizations. This forum will further allow the Agency to relay the latest updates on BHSS system implementation and for both the Agency and the individual Districts to discuss the outcomes of their district-level Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis efforts.

b. Demonstration of the Bidder's understanding of the strengths and gaps of the Behavioral Health Service System within the District, including the Bidder's understanding of the priority population needs within the District and how the bidder will prioritize the needs of those populations.

District 3: Data Highlights

County Name	% below poverty	% 2019 uninsured	% of Households Without a Vehicle	# Poor MH days per month	MH Provider Access	Population to one mental health provider	Suicide rate per 100,000	% Binge Drinking
Allamakee	10.5	7.6	4.0	N/A	N/A	4562:1	18.3	25.4
Bremer	7.4	2.6	2.0	4.0	Shortage	677:1	11.2	25.3
Butler	11.1	3.3	3.4	4.3	Shortage	1805:1	N/A	25.2
Cerro Gordo	9.6	4.9	5.8	4.5	Shortage	342:1	20.6	24.3
Chickasaw	6.2	6.0	3.3	4.1	Shortage	1989:1	N/A	26.0
Clayton	12.2	5.9	7.5	4.4	Shortage	5850:1	12.8	23.8
Fayette	12.2	5.0	4.7	4.2	Shortage	2183:1	18.0	23.0
Floyd	11.8	8.5	7.2	4.1	Shortage	5214:1	16.2	22.6
Franklin	12.6	5.9	3.9	4.2	Shortage	10070:1	22.4	22.8
Grundy	5.1	2.0	2.7	4.1	Shortage	2446:1	16.1	25.1
Hardin	9.0	3.8	5.2	4.2	Shortage	1872:1	N/A	23.1
Howard	8.2	6.0	6.7	4.1	Shortage	3053:1	N/A	24.2
Marshall	11.9	5.9	7.1	4.5	Shortage	554:1	9.8	20.8
Mitchell	4.9	6.0	5.1	4.3	Shortage	N/A	N/A	23.6
Tama	12.8	6.6	3.1	4.5	Shortage	2809:1	22.7	23.5
Winneshiek	8.2	1.9	4.4	4.1	Shortage	408:1	10.3	25.6
District Average	9.61	5.1.	4.76		District-Wide			24.0
State Average	11.0	4.7	5.6	4.4	N/A	610:1	15.0	24.7

Source: Iowa HHS County Data Profiles, HRSA Mental Health Shortage Area Designation

In recent years, the previous MHDS Regions that comprise District 3 made progress toward developing and strengthening behavioral health services, however, significant gaps remain in workforce capacity, access to specialized services, housing, and service coordination. Opportunities exist to address provider shortages, improve access to underserved areas, enhance specialized care, and improve coordination between housing, justice, and mental health systems. Integration of the substance use and problem gambling safety net service areas, and the tobacco community partnerships will require a greater focus on collaboration between the fragmented systems.

In our review of relevant data for the District, and conversations with District stakeholders, priority populations that have been identified thus far for District 3 include individuals in need of MAT/MOUD, children who need inpatient services, and individuals with disabilities. The Iowa PCA has a long-established history of assessing and prioritizing the unique needs of patients in each of our CHC's service areas. A recent example of this is the AHEAD Disparity Landscape Assessment, a data analysis to understand disparities in key health outcomes and access indicators in key populations who receive care at Iowa's CHCs. This resource serves as a guidepost for developing and implementing services to meet the priority population(s)'s needs at each CHC. We will employ strategies utilized in the development of the Disparities Landscape Assessment and other population health data analysis to identify the priority populations with the needs assessment we will complete in each District.

Strengths

1. **Regional Collaborations**
   - To maximize scarce resources and maintain services for this largely rural District, the former MHDS Regions and service providers in District 3 established regional sharing and collaboration efforts, including a regional approach to transportation services. These past collaboration efforts will be beneficial as we look to integrate formerly separate regions and develop more consistent procedures throughout the District.
2. **Family Psychoeducation and Peer Support**
   - District 3 has wide availability of family psychoeducational offerings and community-based peer support services. While local stakeholders have expressed a desire for more consistent and evidence-based offerings, they point to dedicated local partners willing to meet the need for these services.
3. **Cerro Gordo County Service Array**
   - Mason City is a regional access hub, with the strongest array of BHSS services in the District, including inpatient services and services tailored to specialized populations such as veterans, adolescents, and individuals with co-occurring disorders.
4. **Forensic Care and Justice-Involved Services**
   - Forensic care programs, including service and transition coordination, are currently in place throughout much of the District. Efforts to expand jail diversion programs and Crisis Intervention Training (CIT) have been well received and present an opportunity for even greater integration between law enforcement, service providers, and the court system.
5. **Crisis Services and Mobile Crisis Response**
   - Crisis services for adults and children, including Mobile Crisis Response and Crisis Stabilization services are well-established in much of the District. Crisis Response services are centrally coordinated and maximize resource utilization across the District.

Gaps

1. Mental Health Outpatient Therapy

- **Current Offering**: The previous regions offered incentive programs to attract additional Licensed Independent Social Workers and psychologists as a means of expanding outpatient mental health services.
- **Gaps**:
  - *Provider Shortages*: While Cerro Gordo County is generally regarded as having a sufficient number of mental health providers, there remains a lack of providers throughout the remainder of the District, despite existing incentives.
  - *Geographical Disparity*: Local stakeholders report much of the District lacks access to consistent, timely outpatient therapy, resulting in long waitlists and individuals without regular support.
  - *Specialized Therapy*: There is a significant shortage of specialized services, including trauma-focused therapy and youth/family-centered therapy.

2. Medication Prescribing & Management

- **Current Offering**: The previous regions offered dedicated incentives for psychiatric prescribers to help improve access to medication management.
- **Gaps**:
  - *Prescriber Shortages*: Despite these efforts, there remain insufficient psychiatric prescribers, particularly in the eastern portion of the District, leading to delays in care.
  - *Continuity of Care*: Gaps in medication management continue to cause issues with continuity of care, affecting individuals' long-term stability.
  - *Telepsychiatry*: While helpful, telepsychiatry is limited by technology access in rural areas of the District. Broadband reliability remains an issue; however, progress has been made through targeted collaborations with ITP and Flowstate Health to provide services in select settings, including jails within the District.

3. Community Integrated Day Habilitation Services

- **Current Offering**: Efforts are underway to expand day habilitation services throughout the District.
- **Gaps**:
  - *Limited Availability*: Few day habilitation options are currently available, leaving individuals with disabilities without essential community integration opportunities.
  - *Need for Tailored Programs*: More individualized, person-centered programs are needed to support skill-building and independence.

4. Individual Placement and Support (IPS) Services

- **Current Offering**: Recently, Goodwill of Northeast Iowa obtained a technical support grant through the Center of Excellence for Behavioral Health at the University of Iowa to establish IPS services, intended to expand employment support.
- **Gaps**:
  - *Employment Support Shortage*: Existing IPS programs lack capacity to meet the demand, leaving many individuals without job placement assistance.
  - *Awareness and Location Outside the District*: Goodwill's IPS service offerings are primarily located in Black Hawk County – a part of the previous MHDS Region, but now located in neighboring District 7. While currently available to residents of District 3, efforts will need to be made to ensure cross-District collaboration for a continuation of these regional resources. Additional awareness efforts are also necessary to promote greater utilization of these services.

5. Permanent Supportive Housing (PSH)

- **Current Offering**: Limited PSH services are available in a handful of counties in the western portion of this District, through their previous MHDS Region.
- **Gaps**:
    - *Housing Shortage*: There is a lack of supportive housing options, especially for individuals transitioning from institutional care, throughout the majority of the District.
    - *Coordination*: Gaps in housing support coordination leave many without stable housing and case management. Admission data from the nearest Access Center in Waterloo identifies unstable housing as the top reason for individuals presenting for services. The lack of PSH services is driving demand for regional Access Center services.

6. Family Psychoeducation and Peer Support

- **Current Offering**: Family psychoeducation and peer support services are available throughout the District; however, service offerings vary significantly across the area.
- **Gaps**:
    - *Family Services*: Families lack adequate education and resources to support loved ones with mental health challenges. Local stakeholders have expressed an interest in a greater emphasis on evidence-based service offerings and greater consistency throughout the District.
    - *Peer Support Shortages*: The peer support workforce is underdeveloped, limiting the availability of these essential services. Elevate currently provides peer support services in a limited capacity in a portion of the District. Services are also available through Integrated Health Home providers; however, these service offerings can vary dramatically.

7. Forensic Care and Justice-Involved Services

- **Current Offering**: Forensic care programs, including BHSS service and transition coordination, are currently in place throughout the majority of the District. Jail diversion efforts and CIT to help local law enforcement better respond to individuals with mental health issues are also available.
- **Gaps**:
    - *CIT*: CIT uptake varies considerable across the District. Recent statewide efforts to integrate this training at the Iowa Law Enforcement Academy are helping to address this issue, however, greater outreach and collaboration opportunities exist with existing law enforcement.
    - *Service Coordination*: Improved coordination is needed between justice systems and mental health providers, particularly in offering diversion programs and transitional care. Local stakeholders report inconsistent progress in successfully preparing individuals who are transitioning out of incarceration, resulting higher rates of Substance Use Disorder (SUD) relapse and a greater need for crisis stabilization services.

8. ACT and Residential Support for Children

- **Current Offering**: ACT services are available in portions of the District and stakeholders have identified opportunities for the potential expansion of ACT services for children.
- **Gaps**:
    - *ACT Availability*: ACT services are not consistently available across the District, leaving individuals with severe mental illness underserved. One of the ACT teams currently serving a portion of the District has recent fidelity scores that are significantly lower than the statewide average. Opportunities exist for greater technical assistance to ensure all required ACT team services are consistently available throughout the District.

- *Children's Services*: Residential support for children with behavioral health needs is lacking, especially for those who cannot remain in their homes. Local stakeholders report access to children's services is one of the highest needs for behavioral health services across the District.

9. SUD Treatment Services

- **Current Offering**: SUD treatment services are inconsistently available throughout the District, with Mason City and Decorah providing the majority of services within District 3.
- **Gaps**:
  - *Transportation Access*: Lack of transportation is a major barrier, particularly in rural areas, preventing access to essential BHSS services. Local stakeholders report difficulty with patient adherence to treatment plans, especially those on Medication Assisted Treatment (MAT) therapy, requiring regular provider consultation and MAT administration.
  - *Provider Availability*: Cerro Gordo and Fayette Counties have among the highest per capita rates of methamphetamine-related treatment admissions in the state. Timely access to the limited number of SUD providers in the District remains a significant barrier.

10. System Integration & Regional Care

- **Current Offering**: District 3 suffers from significant provider shortages throughout the majority of its geographic footprint. While providers in Mason City and Decorah offer the majority of BHSS services in the District, regional referrals to Waterloo, Iowa City, and Rochester, MN, are relatively common.
- **Gaps**:
  - *Fragmented Service Delivery*: The current physical and behavioral health service delivery system in this District is among the most fragmented in the state. Five major health systems, including two out-of-state systems, have a strong presence in the District, in addition to the numerous small, independent providers. A lack of care coordination and system integration plagues nearly every stream of service delivery in the District.
  - *Physical Infrastructure*: The previous MHDS Region that comprised the majority of District 3 included Black Hawk County, with Waterloo serving as a hub for most BHSS services. Local stakeholders stressed the lack of service providers physically located in the District and the need for strong inter-District collaboration to maintain established referral patterns and collaboration with BHSS services in neighboring District 7.

c. Explanation of why the Bidder is particularly well suited to serve as the BH-ASO in the District, including its strengths.

The Iowa PCA is uniquely well-positioned to serve as the ASO for District 3 due to our statewide reach, experience with integrated care models, focus on underserved populations, strong infrastructure for care coordination, and expertise in managing health services. Our commitment to quality improvement, workforce development, and data-driven decision making ensures we can effectively manage and administer a comprehensive behavioral health system that is both equitable and efficient.

Strong Network of Support

Today, the Iowa PCA supports a network of 14 CHCs across the state who are providing comprehensive primary care services including medical, oral, behavioral, pharmacy, vision, and enabling services. We offer training, technical assistance, network management, and data

infrastructure to support local providers in both urban and rural settings, providing a solid foundation as we expand to provide similar support services in District 3.

Built on an Integrated Care Model
Foundational to the work of Iowa's CHCs is integration between physical health, behavioral health, and social services. The Iowa PCA is built to support an integrated care model and our experience with our local CHCs has prepared us to provide a similar supporting role as District 3 looks to integrate and expand its fragmented service delivery system. Drawing upon our wealth of experience and internal expertise, we will deploy a holistic approach to addressing both physical and mental health that aligns well with the goals of a comprehensive behavioral health system.

Focus on Under-Resourced and Vulnerable Populations
Born out of the Civil Rights Movement and the War on Poverty in the 1960s, CHCs and the Iowa PCA have a long-standing commitment to health equity and serving medically under-resourced populations, including low-income individuals, individuals without insurance, and rural communities. This focus led to our CHCs becoming early adopters of efforts to address social drivers of health (SDOH). In support of this, the Iowa PCA has worked with our state and national partners to help develop and deploy additional SDOH screening and referral tools, including Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB. This experience has positioned us to be an informed partner as the Agency looks to establish and deploy the statewide Thrive Iowa system.

Established Data Management Infrastructure
The Iowa PCA has built all the core data infrastructure that supports and sustains the care coordination and data informatics efforts for Iowa's CHCs. Our replicated Clarity Database and Microsoft Power BI implementation allow for advanced reporting and analytics of all integrated health record data in a secure environment. Through our deployment of Microsoft Fabric, an end-to-end, unified data management and security platform, the Iowa PCA Analytics and Reporting Team can produce standardized and targeted dashboards to allow center staff to monitor overall system utilization and allow for Iowa PCA to identify targeted T/TA needs. The Iowa PCA will leverage these existing capabilities to build district-level and statewide integrated data systems, which will provide a wholistic view of system capacity and provide all necessary reporting and integration with the Agency's statewide centralized BHSS data repository.

Quality Improvement and Accountability
With a strong track record of successful targeted and statewide quality improvement projects, the Iowa PCA has experience in performance measurement, quality assurance, and continuous improvement processes. Utilizing our suite of advanced data analytic tools, we are able to monitor targeted interventions and make data-driven decisions to improve system performance and patient outcomes. We provide training, technical assistance, data infrastructure, and system collaboration to connect local service providers with both their peers statewide and national subject matter experts. The Iowa PCA will deploy a similar data-driven approach to help ensure the BHSS system is both effective and efficient, with continuous monitoring and reporting on key performance indicators.

Experienced Fiduciary Agent
The Iowa PCA has extensive experience managing state and federal funding, including numerous grant-funded and contracted projects for the Agency and federal partners. Among these is a recent partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from the Substance Abuse and Mental

Health Services Administration Center (SAMHSA). This five-year effort, also known as Iowa's Integration Project, sought to improve primary and behavioral health outcomes for individuals with substance use disorders through greater care coordination and system integration. Similar work to the efforts we will undertake as the District 3 ASO. Through our sister organization IowaHealth+, we have furthered our fiduciary experience, managing a clinically integrated network of 11 CHCs, facilitating risk-based contracting and revenue cycle support with the state's Medicaid Managed Care Organizations (MCOs) and Medicare. We take our fiscal responsibilities seriously and will ensure transparent and efficient management of BHSS resources.

d. Demonstration of the Bidder's knowledge of the current resources in the District that span across the continuum of Behavioral Health Services.

District 3: Key Providers

Provider Type	Key District Providers
Community Mental Health Centers	• Berryhill Mental Health Center • Black Hawk/Grundy CMHC • Center Associates • Northeast Iowa Behavioral Health • Pathways Behavioral Services • Prairie Ridge
Psychiatric Medical Institutions for Children	• Four Oaks • Lutheran Services in Iowa
Crisis Stabilization Community	• Elevate CCBHC • Eyerly Ball • Foundation 2
Crisis Stabilization Residential Adult	• 43 North Iowa
Crisis Stabilization Residential Child	• YSS Francis Lauer
Integrated Provider Network	• Northeast Iowa Behavioral Health • Pathways Behavioral Services • Prairie Ridge • Substance Abuse Treatment Unity
Community Health Centers	• Community Health Center of Fort Dodge • Peoples Community Health Clinic • Primary Health Care, Inc.
Schools	• Clarksville School District • Marshalltown Community School District • Mason City Community Schools
Community-Based & Faith-Based Organizations	• Turning Leaf
Mobile Crisis Response	• Elevate CCBHC • Eyerly Ball • Foundation 2
23-hour Observations	• Mercy One North Iowa
Access Center	• N/A
Tobacco Community Partnerships	• Community & Family Resources • Helping Services for Youth and Families

Subacute	• N/A
Certified Community Behavioral Health Centers	• Northeast Iowa Mental Health Center • Pathways Behavioral Services • Prairie Ridge Behavioral Health

The Iowa PCA has initiated discussions with several of the key BHSS service providers in District 3. Over the coming months, we will continue to meet with providers and other local stakeholders to deepen our understanding of the issues impacting this District and continue to identify key individuals to serve on the District 3 Behavioral Health Advisory Council.

e. Summary of the Bidder's current partnerships at the District, state, and federal levels that benefit and are relevant to the scope of work defined in this RFP.

Three Iowa PCA CHCs have locations in District 3:

- Community Health Center of Fort Dodge with a location in Mason City
- Peoples Community Health Clinic with a location in Clarksville
- Primary Health Care, Inc. with a location in Marshalltown

Additionally, Peoples Community Health Clinic provides school-based health care services in the Clarksville Community School District. Each of these CHCs has established relationships with providers and other leaders in their communities. These existing local partnerships have proven crucial for building trust locally and helping to facilitate the initial District assessment the Iowa PCA completed in preparation for bid submission.

As a statewide organization and leader in integrated care delivery, the Iowa PCA has strong working relationships with other key provider organizations, including the Iowa Behavioral Health Association, the Iowa Association of Community Providers, the Iowa Hospital Association, the major health systems, and others. We work closely with representatives from the state's Medicaid MCOs, meeting monthly with their plan presidents to discuss systemic issues and collaborative quality improvement efforts. We also hold a board seat on the state HIE and support multi-provider efforts in health data sharing and interoperability.

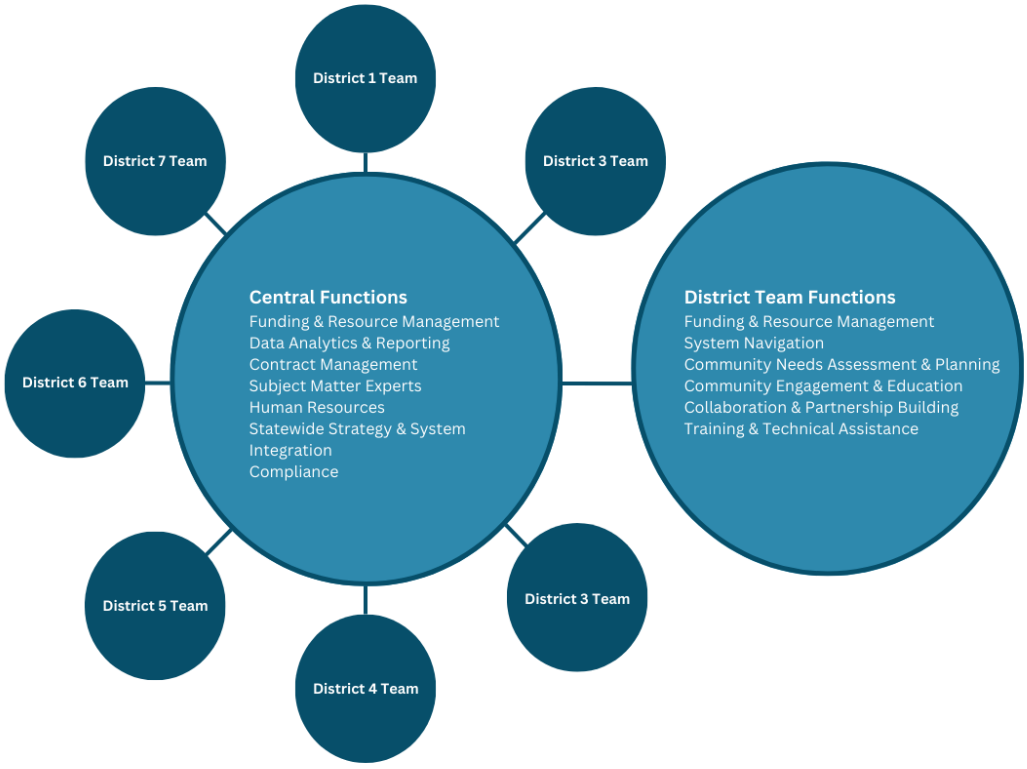
We also have extensive working relationships with state entities, including the Agency. Iowa PCA leadership currently meets monthly with Agency leadership, including the Agency Director and Medicaid Director, and our Integrated Health team meets regularly with Agency and MCO staff to collectively address barriers to care integration. We have also formed new working relationships with statewide providers including Classroom Clinic and Integrated Telehealth Partners to begin developing strategies to expand the deployment of telehealth services as a means of increasing system capacity.

On the federal level, the Iowa PCA has long working relationships with a number of federal agencies, including the Health Resources and Services Administration (HRSA), SAMHSA, and the Centers for Medicare & Medicaid Services (CMS). As a condition of their federal designation, all CHCs are required to annually report standardized data to HRSA through the Uniform Data System (UDS), which includes data on patient populations, clinical quality measures, and financial performance. Our Data and Technology team works closely with our federal partners to help facilitate this data exchange and our Project Management and Integrated Care teams work regularly with our federal partners to facilitate our grant-based and quality improvement initiatives.

As we work to develop and implement the District 3 BHSS administrative infrastructure, we will build upon these strong established local, state, and federal partnerships. The Iowa PCA will convene local stakeholders and service providers to assess the local BHSS system, develop strategies to expand system capacity and equitable access across the District, and improve system integration. On a state level, the Iowa PCA will partner with the Agency to help develop the Statewide BHSS Plan, as well as strategies to improve the consistency of service delivery statewide and roll out the Thrive Iowa infrastructure to support closed loop social service referrals.

f. Explanation of the Bidder's current and anticipated presence within the District's communities.

Utilizing a hub and spoke operational structure, the Iowa PCA will look to embed six ASO staff in District 3. These individuals will be responsible for helping to facilitate system navigation, community needs assessment and planning, local service provision, community engagement and education, and collaboration and partnership building. Supported by a centralized ASO administrative unit located in Des Moines, this team will serve as local representatives for the Iowa PCA statewide ASO. They will work with our legacy Iowa PCA team to leverage our existing subject matter experts, trained facilitators, funding and resource management, data infrastructure and data scientists, network management, and system compliance capabilities.



g. An explanation of opportunities for potential new partnerships within the District and at state and federal levels to achieve outcomes and ensure continuity of care.

As the Iowa PCA builds upon our existing partnerships and brings a fresh perspective to our work as the statewide ASO, we are excited about the opportunities to explore new collaborations and service arrangements to improve the BHSS service array in District 3. A key element to doing so will be our tiered telehealth deployment model. Building upon the current work underway in the District, we will expand the presence of ITP in the District and establish a presence for Classroom Clinic. These gap-filling service providers of adult and pediatric telehealth services will help to quickly build system capacity as we work to develop long-term strategies to further expand the service array to meet statewide goals and locally identified needs.

The Iowa PCA is continuing to examine additional state and national partnerships like these strategic telehealth deployments to bring additional services and resources to support the work of District 3. As we complete our formal assessment of the District upon contract award, we anticipate identifying additional system needs. Working in partnership with District stakeholders and the Agency, we will collaboratively tackle each system need to develop a realistic, data-informed approach to address the issue.

h. The Bidder's experience in gathering data, and leading or participating in assessments at the local level, including work related to local Community Health Assessments and Community Health Improvement Planning (CHA/CHIP).

As a data-driven organization, the Iowa PCA has a long history of data collection and system assessment efforts. The 14 local CHCs that comprise the Iowa PCA also have an extensive history of helping to lead both internal and community level needs assessments. As safety net providers in their communities, each CHC participates in the Community Health Assessments and Community Health Improvement Planning (CHA/CHIP) efforts in the areas they serve.

Through the use of our replicated Clarity Database and advanced data analytic platform, the Iowa PCA Reporting and Analytics Team is able to produce data modeling and forecasting tools to help individual centers understand longitudinal service utilization, system capacity, and emerging service needs. Our data scientists and subject matter experts work to align these identified needs with strategic goals identified on both the state and local levels, and look for additional resources to provide funding, training, and technical assistance to local communities. Drawing upon the work of the Iowa PCA team, each CHC is equipped to help inform community assessment efforts by providing insights into system utilization and the unmet service needs among the local safety net population. These insights, in turn help to inform CHCs' assessment of their current and future service offerings.

The Iowa PCA is excited to submit this bid to serve as the BHSS ASO for District 3. We are confident we have demonstrated how our unique background with integrated care, T/TA, system innovation, network management, and data infrastructure and management would make us the ideal partner to support the people of North Central and Northeast Iowa.

1. District Proposal Title: District #4 Proposal

2. BH-ASO Locations:

The Iowa Primary Care Association (Iowa PCA) will leverage one of its member community health centers (CHCs) to serve as the Administrative Services Organization (ASO) physical location, housing those staff who will be embedded in the Behavioral Health Services System (BHSS) District. We anticipate utilizing additional CHC locations within each District to support ASO activities. Centralized ASO staff, as indicated in our Personnel Plan listed in 1.3.2.5, will be housed in the Iowa PCA Offices, 500 SW 7th St, Des Moines, IA. Centralized ASO staff will travel to the regions as necessary to support the work of the BHSS District.

Community	Council Bluffs
Physical Location	All Care Health Center 902 South 6th Street Council Bluffs, Iowa, 51501

3. District Narrative

In preparation for bid submission, the Iowa PCA met with local stakeholders in each District to gain a better understanding of the local service delivery system. Their input, along with data from the Agency, the previous Mental Health and Disability Services (MHDS) regions, and other sources helped to inform our initial District analysis and development of proposed strategies to improve the equitable delivery of BHSS services in each District.

a. Explicit detail on how the Bidder will ensure equitable delivery of Behavioral Health Services in the District given the demographics of the population and geography of the District.

District 4 is home to approximately 220,000 Iowans and includes 14 counties spread across Southwest and West Central Iowa. Urban centers for this District include Council Bluffs and Atlantic.

Previously, this District was a part of the following MHDS Regions:

- Southwest Iowa MHDS (7 Counties)
- Heart of Iowa Community Services (7 Counties)

Ensuring equitable delivery of BHSS services across District 4 will require a comprehensive strategy focusing on accessibility, cultural competence, and local stakeholder engagement. Equity will be enhanced through the expansion of telehealth, true system integration, targeted outreach, and robust community-based support systems.

Accessibility
Efforts to improve equitable access to behavioral health services will be built upon a framework of strong partnerships with existing service providers. The Iowa PCA has a long history of working with our local CHCs to jointly establish service expansion and quality improvement

initiatives, in alignment with state and federal strategic goals. Working with these local providers, the Iowa PCA and our network of national subject matter experts provide training and technical assistance to stand up new services and improve system capacity.

In District 4, we propose a similar approach to improve the accessibility of BHSS service through:

- Working with the established CCBHCs to develop sustainability models for long-term operations,
- Supporting current BHSS providers to improve the consistency and quality of the services they provide across the District,
- Working with the Center of Excellence for Children's Mental Health in Council Bluffs to leverage best practices and further develop pediatric services throughout the District, and
- Better integrating existing providers to improve care coordination and prevent the escalation of behavioral health conditions.

Leveraging our status as the statewide ASO, Iowa PCA will establish District-wide and statewide learning collaboratives, targeted to specific high-need services such as subacute and pediatric BHSS services, to more efficiently spread best practices and allow peer-to-peer learning.

Maximizing the services of existing providers alone, however, will not be sufficient to overcome the pronounced provider shortages in District 4. A key element of our accessibility strategy for District 4 will be strategic deployment of greater telehealth offerings. Currently, Flowstate Health is providing Crisis Evaluation and school-based services in portions of the District. The Iowa PCA will work with established partners like Flowstate, Integrated Telehealth Partners (ITP), and others to expand telehealth services and better coordinate crisis response efforts to fill unmet needs as appropriate.

The Iowa PCA has also formed a strategic partnership with Classroom Clinic, an Iowa-based organization originally founded in District 4 that provides behavioral health services via telehealth in a school-based setting. Building upon the successful model they piloted with the former Heart of Iowa Community Services MHDS Region and another MHDS region, we will make their pediatric care coordination and tele-behavioral health services available to school districts throughout District 4 on a voluntary basis. Currently, three school districts within District 4 are utilizing these services to provide increased pediatric access to care. Drawing upon our existing data infrastructure and internal expertise, we will ensure system integration between these statewide telehealth partners and local providers in the community, as well as on a District-wide and statewide basis.

Prioritizing technical support to allow existing local BHSS providers to stand up new or expand existing services and backfilling the system with these statewide gap-filling partners, the District 4 ASO will begin to expand access to BHSS services and ensure we are maximizing the effectiveness of the overall system.

Cultural Competency

District 4 includes Pottawattamie County, home to a large and growing Hispanic community who often faces additional cultural and language barriers to accessing care. While less pronounced throughout the remainder of the District, several other counties in the District are also home to populations from under-resourced communities who need additional support to access and

navigate an already complex BHSS system. All Care Health Center in Council Bluffs currently provides a wide array of services to populations from under-resourced communities.

The Iowa PCA and our local CHCs are well versed in working with and supporting diverse patient communities. We know that language translation lines alone are insufficient to providing quality care. We also know that supports are needed to overcome various cultural stigmas around seeking BHSS services and address the social drivers of health that impact an individual's success on their behavioral health journey.

As part of our efforts to ensure equitable access to services in District 4, the Iowa PCA will draw upon our experiences partnering with cultural and faith-based organizations to conduct outreach and provide patient navigation services. We will work with local leaders to identify cultural barriers within individual communities in the District and collaboratively develop strategies to overcome them. Every Iowa PCA staff member receives cultural competency training, and every Iowa PCA ASO staff member will receive additional training in the Science of Hope. These efforts will equip them with the skills to better partner with the individuals we serve to jointly develop attainable goals for their behavioral health journey and a pathway to achieve success.

Local Stakeholder Engagement
Successfully improving the consistency and accessibility of BHSS services in District 4 will require a combination of statewide and local strategies, guided by local thought leaders who know the needs of their communities. We applaud the legislature for ensuring that each BHSS District is guided by a District Behavioral Health Advisory Council, comprised of individuals from a breadth of perspectives, including children's mental health providers, and patients and families.

Within 90 days of contract award, the Iowa PCA will assemble the District 4 Behavioral Health Advisory Council, ensuring geographically dispersed representatives who are solutions-oriented community leaders, versed in the delivery of BHSS services. We will further ensure that the advisory council includes at least one representative from the board or an advisory committee from each of the two MHDS Regions that previously comprised portions of this District, to help provide historical context to further inform our work. These advisory groups will be supported by the embedded Iowa PCA District 4 team who will be responsible for establishing and maintaining strong working relationships with the key stakeholders throughout the District. Working with the leadership from our local health leaders and other key stakeholders, the Iowa PCA has already identified several candidates for serving on the advisory council.

Within 120 days of contract award, the Iowa PCA will convene this advisory council to conduct a SWOT analysis of the current BHSS system in District 4. This analysis, led by our Iowa PCA professional facilitation staff, will help inform our collaboration with the Agency to develop the Statewide BHSS Plan and form the basis for our subsequent District 4 BHSS Plan.

Within six months of contract award, the Iowa PCA will convene the first statewide learning collaborative with representatives from all seven BHSS Districts. The Iowa PCA has long utilized this model, based on didactic, facilitative, and action-oriented content, with our fourteen CHCs to support and inform our organization and the CHCs in being nimble, responsive organizations. This forum will further allow the Agency to relay the latest updates on BHSS system implementation and for both the Agency and the individual Districts to discuss the outcomes of their district-level Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis efforts.

b. Demonstration of the Bidder's understanding of the strengths and gaps of the Behavioral Health Service System within the District, including the Bidder's understanding of the priority population needs within the District and how the bidder will prioritize the needs of those populations.

District 4: Data Highlights

County Name	% below poverty	% 2019 uninsured	% of Households Without a Vehicle	# Poor MH days per month	MH Provider Access	Population to one mental health provider	Suicide rate per 100,000	% Binge Drinking
Adair	11.5	4.4	4.5	4.4	Shortage	N/A	N/A	24.4
Adams	11.7	5.8	4.4	4.4	Shortage	3602:1	N/A	23.8
Audubon	11.3	5.2	7.1	4.3	Shortage	N/A	N/A	24.2
Cass	13.9	4.4	6.3	4.4	Shortage	257:1	25.5	24.3
Fremont	8.0	4.6	2.6	4.2	Shortage	3480:1	N/A	25.2
Guthrie	9.8	3.6	3.3	4.2	Shortage	5345:1	N/A	24.1
Mills	7.1	4.1	5.5	4.3	Shortage	2158:1	N/A	24.7
Montgomery	13.5	3.5	4.5	4.5	Shortage	1417:1	27.6	24.6
Page	13.9	4.4	6.3	4.3	Shortage	657:1	N/A	23.4
Pottawattamie	10.9	5.8	6.4	4.8	Shortage	501:1	18.5	24.7
Ringgold	9.4	4.1	5.6	4.3	Shortage	N/A	N/A	32.1
Shelby	8.1	5.0	2.7	4.4	Shortage	1041:1	N/A	24.7
Taylor	7.7	7.6	4.2	4.3	Shortage	6121:1	N/A	24.7
Union	12.4	6.2	6.3	4.7	Shortage	453:1	22.7	23.8
District Average	10.66	4.9	5.0	4.4	Full District Shortage			24.9
State Average	11.0	4.7	5.6	4.4	N/A	610:1	15.0	24.7

Source: Iowa HHS County Data Profiles, HRSA Mental Health Shortage Area Designations

District 4 faces significant access gaps for many core BHSS services including Subacute, Intensive Residential Services, children's behavioral health services, and Crisis Stabilization, particularly in the southern and eastern portions of the District. Integration of the substance use and problem gambling safety net service areas, and the tobacco community partnerships will require a greater focus on collaboration between the fragmented systems.

In our review of relevant data for the District, and conversations with District stakeholders, priority populations that have been identified thus far for District 4 include individuals in need of intensive residential services, individuals in need of crisis response, observation and response, and individuals who use Methamphetamines. The Iowa PCA has a long-established history of assessing and prioritizing the unique needs of patients in each of our CHC's service areas. A recent example of this is the AHEAD Disparity Landscape Assessment, a data analysis to understand disparities in key health outcomes and access indicators in key populations who receive care at Iowa's CHCs. This resource serves as a guidepost for developing and implementing services to meet the priority population(s)'s needs at each CHC. We will employ strategies utilized in the development of the Disparities Landscape Assessment and other population health data analysis to identify the priority populations with the needs assessment we will complete in each District.

Strengths

1. **Children's Behavioral Health Services**
   - Recently, Children's Square and CHI Health in Council Bluffs launched a center of excellence for children's mental health to serve Southwest Iowa. This new resource helps to address a critical statewide need for children's BHSS services and should be leveraged to support the development of additional children's services throughout District 4.
2. **Leveraging Technology to Expand Access**
   - While District 4 lacks the physical presence of an Access Center, they have been innovative in utilizing technology to provide many of the same services in a virtual format through a system they refer to as the Crisis Access Network (CAN). This virtual offering should be evaluated as a model for replication statewide to fill gaps in system capacity.
3. **Pottawattamie County Service Array**
   - Council Bluffs is a regional access hub, with the strongest array of BHSS services in the District, including inpatient services, integrated Substance Use Disorder (SUD) treatment offerings, and Intensive Psychiatric Rehabilitation.
4. **Forensic Care and Justice-Involved Services**
   - Among the justice-involved services developed by the MHDS region that previously served the western half of this District, was the development of a regional Southwest Iowa Mental Health Court. This model seeks to overcome the resource and case volume challenges that have limited greater Mental Health Court adoption in other rural areas of the state and should be evaluated for replication other BHSS Districts.
5. **Evidence-Based, Trauma-Informed Care**
   - The MHDS regions previously serving District 4 placed an important focus on encouraging providers to adopt evidence-based, trauma-informed care practices and better integrate care for co-occurring disorders. This approach aligns with the goals of the new BHSS system and helped spurred the evolution of service delivery within the District to better position it for more rapid redesign adaptation.

Gaps

1. Workforce Shortages

- **Current Offering**: Like much of the state, District 4 struggles with significant provider workforce shortages. In recent years, these shortages have delayed the development of additional BHSS services, including children's crisis stabilization residential services across the western half of the District.
- **Gaps**:
  - *System Capacity*: While the entire District has a provider workforce shortage, the lack of providers is especially pronounced in the southern and eastern portions of the District, with the bulk of existing providers concentrated in Council Bluffs or communities just across the eastern District boarder in new District 5.
  - *Children's BHSS Providers*: The shortage of children's behavioral health providers is especially pronounced throughout the District. Currently, pediatric patients typically travel outside the District to Omaha or Des Moines access services.

2. Access to Crisis Stabilization Services

- **Current Offering**: While Heartland Family Services provides ACT team services and Crisis Stabilization Community-Based Services in the western half of the District, District 4 still lacks sufficient ACT teams in the remainder of the District and other crisis stabilization services are severely lacking.
- **Gaps**:
  - *Rural Access:* Rural areas in the middle of the District are underserved, with no ACT teams services available. The MHDS Regions that previously served this District have creatively tackled this shortage through the use of additional virtual offerings that can be replicated and scaled District-wide as part of the larger capacity-building strategy.
  - *Subacute Services:* Local stakeholders identified a significant gap in step-down services for individuals transitioning from higher levels of crisis or inpatient care. Absent the availability of these services in the District, patients are being forced to travel longer distances for care outside the District. Individuals are spending longer in Emergency Departments and inpatient settings while providers work to locate a more appropriate level of care.

3. Access Centers

- **Current Offering**: There are no Access Centers physically located within the District; however, two centers exist in neighboring District 5. The CAN has been operational in a virtual format to provide many of the services available through a physical Access Center
- **Gaps**:
  - *Virtual Services:* Though the virtual CAN has filled some of the service gap arising from the lack of a physical Access Center, these services lack a coordinated crisis hotline and dispatch service. In discussions with Foundation2, operator of the 988 line and Your Life Iowa, we have begun to explore options to spread their services more consistently statewide, which would help meet this need for District 4.
  - *Cross-District Coordination:* With two Access Centers physically located in the neighboring BHSS District, it will be vital to maintain strong cross-District coordination to ensure patients in need of services that cannot be provided via the virtual CAN can continue to access them outside the District as we assess system capacity and contemplate development of a physical location within the District.

4. Intensive Residential Services

- **Current Offering**: There are no providers of Intensive Residential Services (IRS) in the western half of the District, and only one IRS provider in the eastern half of the District through Trivium Life Services in Cass County.
- **Gaps**:
  - *System Capacity:* IRS capacity is insufficient to meet the need throughout the District. Additional resources and a strategic focus on provider recruitment are necessary to address this shortage.
  - *Timely Local Access:* The previous MHDS Regions who served District 4 established referral partners and regional agreements to direct the majority of individuals in need of IRS services outside of the current footprint of the District. The lone in-District provider of these services in Cass County regularly reports a waiting list; individuals throughout the District lack timely local access to services.

5. Children's Behavioral Health Services

- **Current Offering**: Children's Crisis Stabilization Residential Services are offered in the western half of the District through Children's Square in Council Bluffs. Mobile crisis services have expanded for children, including in school-based settings, however, these services are underdeveloped and inconsistently available throughout the District.
- **Gaps**:
  - *Mobile Crisis Services:* While strides have been made to expand children's BHSS services, there remains a need for expanded mobile crisis services across all schools, especially throughout the eastern half of the District.
  - *Center of Excellence:* Recently, Children's Square and CHI Health launched a center of excellence for children's mental health to serve Southwest Iowa. This new resource can be better leveraged to support the development of additional children's BHSS resources throughout the District.

6. Transportation Barriers

- **Current Offering**: Several region-contracted providers report transportation challenges, which are affecting access to BHSS services for residents in the eastern half of Pottawattamie County and throughout the remainder of the District.
- **Gaps**:
  - *Limited Access:* Transportation services, particularly in rural areas of the District, are limited. Grants to allow providers to purchase transportation service vehicles and greater utilization of virtual services have helped with the problem, but additional strategies are necessary.
  - *Delays in Care:* Residents throughout much of the District experience delays in care as they struggle to access the limited transportation assistance services. With so many BHSS services physically located outside the District, especially those for individuals with complex needs, these barriers are even more pronounced.

7. Forensic Care and Justice-Involved Services

- **Current Offering**: The MHDS Regions that previously served District 4 have developed some of the most comprehensive justice-involved services in the state. These include the development of the regional Southwest Iowa Mental Health Court and Guthrie County's designation as one of only 44 innovator counties in the country with advanced data capabilities to monitor the prevalence of serious mental illness at their county jail.
- **Gaps**:
  - *Service and Transition Coordination:* Services to coordinate behavioral health services while in jail and prepare individuals to successfully transition out of jail are inconsistent throughout the District.

- *Crisis Intervention Training (CIT):* The previous MHDS Regions have made meaningful progress in expanding CIT training to the law enforcement departments throughout District 4, however, utilization is varied, and additional training is necessary throughout much of the District.

8. 23-hour Observation Services

- **Current Offering**: Access to 23-Hour Crisis Observation Services is lacking throughout much of the District, with services most limited in the eastern half of the District.
- **Gap**:
  - *System Capacity:* As with many of the crisis stabilization services throughout the District, short-term observation services are significantly underdeveloped and fail to meet the need throughout the District.
  - *Inappropriate Level of Care:* In the absence of sufficient crisis observation services, a greater number of individuals in District 4 are receiving care in Emergency Departments and higher levels of care than are truly necessary. Development of this service line more consistently throughout the District will ensure more efficient utilization of limited system capacity across Southwest Iowa.

9. Evidence-Based, Trauma-Informed Care

- **Current Offering**: The MHDS Regions previously serving this District placed an important focus on encouraging providers to adopt evidence-based, trauma-informed care practices and integrate care for co-occurring disorders.
- **Gaps**:
  - *Service Variability:* Transitioning to an evidence-based, trauma-informed service model was intended as a long-term strategy that has only been partially implemented. Additional focus is necessary to speed this transition District-wide.
  - *System Integration*: BHSS service delivery across District 4 remains fragmented and crosses both the new District borders and the state border to access some of the more complex care services available in Omaha. Significant opportunities exist for more deliberate and meaningful district level and statewide system integration.

10. Substance Use Disorder (SUD) Treatment Services

4. **Current Offering:** Several counties within the District have high SUD rates and demand for services is significant. Outpatient SUD treatment services are offered in multiple communities throughout the District; however, in-patient services are limited to Council Bluffs. Residents, particularly those in the eastern half of the District, frequently travel to the Des Moines area to receive higher-level SUD services.

- **Gaps:**
  - *Access Variability*: SUD treatment services vary significantly across the District, with the counties in the southern and eastern portions of the District most lacking. Opportunities exist to expand in-District services, including mobile SUD services and telehealth consultation services.
  - *Residential and Inpatient Treatment*: Transportation and cross-District coordination barriers must be addressed to maintain access to what residential and inpatient treatment capacity exists within the District and to SUD treatment providers in neighboring Districts, while efforts are undertaken to expand capacity within the District.

c. Explanation of why the Bidder is particularly well suited to serve as the BH-ASO in the District, including its strengths.

The Iowa PCA is uniquely well-positioned to serve as the ASO for District 4 due to our statewide reach, experience with integrated care models, focus on under-resourced populations, strong infrastructure for care coordination, and expertise in managing health services. Our commitment to quality improvement, workforce development, and data-driven decision making ensures we can effectively manage and administer a comprehensive behavioral health system that is both equitable and efficient.

Strong Network of Support
Today, the Iowa PCA supports a network of 14 CHCs across the state who are providing comprehensive primary care services including medical, oral, behavioral, pharmacy, vision, and enabling services. We offer training, technical assistance, network management, and data infrastructure to support local providers in both urban and rural settings, providing a solid foundation as we expand to provide similar support services in District 4.

Built on an Integrated Care Model
Foundational to the work of Iowa's CHCs is integration between physical health, behavioral health, and social services. The Iowa PCA is built to support an integrated care model and our experience with our local CHCs has prepared us to provide a similar supporting role as District 4 looks to integrate and expand its fragmented service delivery system. Drawing upon our wealth of experience and internal expertise, we will deploy a holistic approach to addressing both physical and mental health that aligns well with the goals of a comprehensive behavioral health system.

Focus on Under-Resourced and Vulnerable Populations
Born out of the Civil Rights Movement and the War on Poverty in the 1960s, CHCs the Iowa PCA have a long-standing commitment to health equity and serving medically under-resourced populations, including low-income individuals, individuals without insurance, and rural communities. This focus led to our CHCs becoming early adopters of efforts to address social drivers of health (SDOH). In support of this, the Iowa PCA has worked with our state and national partners to help develop and deploy additional SDOH screening and referral tools, including Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB. This experience has positioned us to be an informed partner as the Agency looks to establish and deploy the statewide Thrive Iowa system.

Established Data Management Infrastructure
The Iowa PCA has built all of the core data infrastructure that supports and sustains the care coordination and data informatics efforts for Iowa's CHCs. Our replicated Clarity Database and Microsoft Power BI implementation allow for advanced reporting and analytics of all integrated health record data in a secure environment. Through our deployment of Microsoft Fabric, an end-to-end, unified data management and security platform, the Iowa PCA Analytics and Reporting Team can produce standardized and targeted dashboards to allow center staff to monitor overall system utilization and allow for Iowa PCA to identify targeted training and technical assistance needs. The Iowa PCA will leverage these existing capabilities to build district-level and statewide integrated data systems, which will provide a wholistic view of system capacity and provide all necessary reporting and integration with the Agency's statewide centralized BHSS data repository.

Quality Improvement and Accountability
With a strong track record of successful targeted and statewide quality improvement projects, the Iowa PCA has experience in performance measurement, quality assurance, and continuous improvement processes. Utilizing our suite of advanced data analytic tools, we are able to monitor targeted interventions and make data-driven decisions to improve system performance and patient outcomes. We provide training, technical assistance, data infrastructure, and system collaboration to connect local service providers with both their peers statewide and national subject matter experts. The Iowa PCA will deploy a similar data-driven approach to help ensure the BHSS system is both effective and efficient, with continuous monitoring and reporting on key performance indicators.

Experienced Fiduciary Agent
The Iowa PCA has extensive experience managing state and federal funding, including numerous grant-funded and contracted projects for the Agency and federal partners. Among these is a recent partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from the Substance Abuse and Mental Health Services Administration Center (SAMHSA). This five-year effort, also known as Iowa's Integration Project, sought to improve primary and behavioral health outcomes for individuals with substance use disorders through greater care coordination and system integration. Similar work to the efforts we will undertake as the District 4 ASO. Through our sister organization IowaHealth+, we have furthered our fiduciary experience, managing a clinically integrated network of 11 CHCs, facilitating risk-based contracting and revenue cycle support with the state's Medicaid MCOs and Medicare. We take our fiscal responsibilities seriously and will ensure transparent and efficient management of BHSS resources.

d. Demonstration of the Bidder's knowledge of the current resources in the District that span across the continuum of Behavioral Health Services.

District 4: Key Providers

Provider Type	Key District Providers
Community Mental Health Centers	• CHI Health • Crossroads MHC • Infinity Health • Mytrue Medical Center • Waubonsie MHC • Zion Integrated Behavioral Health
Psychiatric Medical Institutions for Children	• Child's Square U.S.A.
Hospital	• Clarinda Regional Health Center • Methodist Jennie Edmundson • Shenandoah Medical Center
Crisis Stabilization Community	• Child's Square U.S.A. • Heartland Family Services
Crisis Stabilization Residential Adult	• Heartland Family Services • Zion Integrated Behavioral Health
Crisis Stabilization Residential Child	• Childs's Square U.S.A.
Integrated Provider Network	• Crossroads MHC • Heartland Family Services • New Opportunities

	• Rosecrance Jackson Center • Zion Recovery Services
Community Health Centers	• All Care Health Center • Infinity Health
Schools	• Council Bluffs Community School District • Mt. Ayr Community School District • Red Oak Community School District
Community-Based & Faith-Based Organizations	• Law enforcement • MICAH House • NAMI • New Visions Homeless Services • Pottawattamie County Health Department
Mobile Crisis Response	• Heartland Family Services • Inside Out Wellness and Advocacy
23-hour Observations	• N/A
Access Center	• N/A
Tobacco Community Partnerships	• Community Health Partners of Sioux County • American Lung Association in Iowa
Subacute	• N/A
Certified Community Behavioral Health Centers	• Heartland Family Services

The Iowa PCA has initiated discussions with several of the key BHSS service providers in District 4. Over the coming months, we will continue to meet with providers and other local stakeholders to deepen our understanding of the issues impacting this District and continue to identify key individuals to serve on the District 4 Behavioral Health Advisory Council.

e. Summary of the Bidder's current partnerships at the District, state, and federal levels that benefit and are relevant to the scope of work defined in this RFP.

Two Iowa PCA CHCs have locations in District 4:

- All Care Health Center with three locations in Council Bluffs
- Infinity Health with a location in Mt. Ayr

Additionally, All Care Health Center provides school-based healthcare services for the Council Bluffs Community School District and Infinity Health provides school-based healthcare services for the Mt. Ayr Community School District.

CHC staff have established relationships with providers and other leaders in their communities. These existing local partnerships have proven crucial for building trust locally and helping to facilitate the initial District assessment we completed in preparation for bid submission.

As a statewide organization and leader in integrated care delivery, the Iowa PCA has strong working relationships with other key provider organizations, including the Iowa Behavioral Health Association, the Iowa Association of Community Providers, the Iowa Hospital Association, the major health systems, and others. We work closely with representatives from the state's Medicaid MCOs, meeting monthly with their plan presidents to discuss systemic issues and collaborative quality improvement efforts. We also hold a board seat on the state HIE and support multi-provider efforts in health data sharing and interoperability.

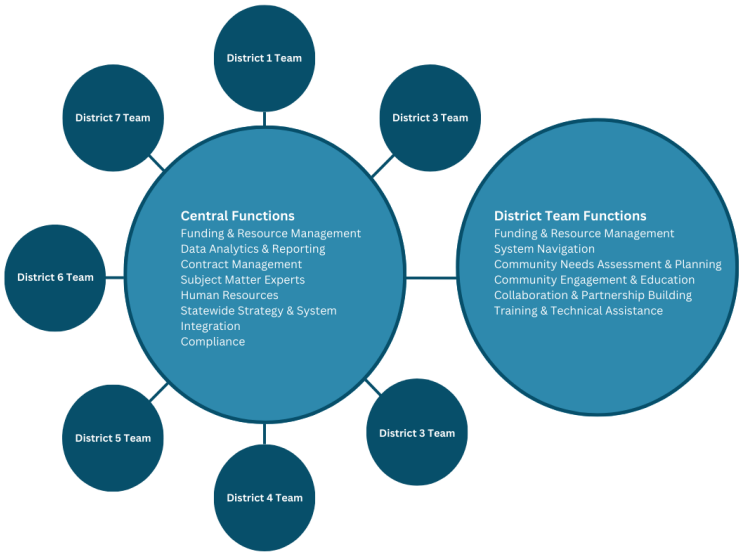
We also have extensive working relationships with state entities, including the Agency. Iowa PCA leadership currently meets monthly with Agency leadership, including the Agency Director and Medicaid Director, and our Integrated Health team meets regularly with Agency and MCO staff to collectively address barriers to care integration. We have also formed new working relationships with statewide providers including Classroom Clinic and Integrated Telehealth Partners to begin developing strategies to expand the deployment of telehealth services as a means of increasing system capacity.

On the federal level, the Iowa PCA has long working relationships with a number of federal agencies, including HRSA, SAMHSA, and the Centers for Medicare & Medicaid Services (CMS). As a condition of their federal designation, all CHCs are required to annually report standardized data to HRSA through the Uniform Data System (UDS), which includes data on patient populations, clinical quality measures, and financial performance. Our Data and Technology team works closely with our federal partners to help facilitate this data exchange and our Project Management and Integrated Care teams work regularly with our federal partners to facilitate our grant-based and quality improvement initiatives.

As we work to develop and implement the District 4 BHSS administrative infrastructure, we will build upon these strong established local, state, and federal partnerships. We will convene local stakeholders and service providers to assess the local BHSS system, develop strategies to expand system capacity and equitable access across the District, and improve system integration. On a state level, the Iowa PCA will partner with the Agency to help develop the Statewide BHSS Plan and strategies to improve the consistency of service delivery statewide and roll out the Thrive Iowa infrastructure to support closed loop social service referrals.

f. Explanation of the Bidder's current and anticipated presence within the District's communities.

Utilizing a hub and spoke operational structure, the Iowa PCA will look to embed six ASO staff in District 4. These individuals will be responsible for helping to facilitate system navigation, community needs assessment and planning, local service provision, community engagement and education, and collaboration and partnership building. Supported by a centralized ASO administrative unit located in Des Moines, this team will serve as local representatives for the Iowa PCA statewide ASO. They will work with our legacy Iowa PCA team to leverage our existing subject matter experts, trained facilitators, funding and resource management, data infrastructure and data scientists, network management, and system compliance capabilities.



g. An explanation of opportunities for potential new partnerships within the District and at state and federal levels to achieve outcomes and ensure continuity of care.

As the Iowa PCA builds upon our existing partnerships and brings a fresh perspective to our work as the statewide ASO, we are excited about the opportunities to explore new collaborations and service arrangements to improve the BHSS service array in District 4. A key element to doing so will be our tiered telehealth deployment model. Building upon the current work underway in the District, we will expand the presence of ITP and Classroom Clinic in the District. These gap-filling service providers of adult and pediatric telehealth services will help to quickly build system capacity as we work to develop long-term strategies to further expand the service array to meet statewide goals and locally identified needs.

The Iowa PCA is continuing to examine additional state and national partnerships like these strategic telehealth deployments to bring additional services and resources to support the work of District 4. As we complete our formal assessment of the District upon contract award, we anticipate identifying additional system needs. Working in partnership with District stakeholders and the Agency, we will collaboratively tackle each system need to develop a realistic, data-informed approach to address the issue.

h. The Bidder's experience in gathering data, and leading or participating in assessments at the local level, including work related to local Community Health Assessments and Community Health Improvement Planning (CHA/CHIP).

As a data-driven organization, the Iowa PCA has a long history of data collection and system assessment efforts. The 14 local CHCs that comprise the Iowa PCA also have an extensive history of helping to lead both internal and community level needs assessments. As safety net providers in their communities, each CHC participates in the Community Health Assessments and Community Health Improvement Planning (CHA/CHIP) efforts in the areas they serve.

Through the use of our replicated Clarity Database and advanced data analytic platform, the Iowa PCA Reporting and Analytics Team is able to produce data modeling and forecasting tools to help individual CHCs understand longitudinal service utilization, system capacity, and emerging service needs. Our data scientists and subject matter experts work to align these identified needs with strategic goals identified on both the state and local levels, and look for additional resources to provide funding, training, and technical assistance to local communities. Drawing upon the work of the Iowa PCA team, each CHC is equipped to help inform community assessment efforts by providing insights into system utilization and the unmet service needs among the local safety net population. These insights, in turn help to inform CHCs' assessment of their current and future service offerings.

The Iowa PCA is excited to submit this bid to serve as the BHSS ASO for District 4. We are confident we have demonstrated how our unique background with integrated care, T/TA, system innovation, network management, and data infrastructure and management would make us the ideal partner to support the people of Southwest and West Central Iowa.

1. District Proposal Title: District #5 Proposal

2. BH-ASO Locations:

The Iowa Primary Care Association (Iowa PCA) will leverage one of its member community health centers (CHCs) to serve as the Administrative Services Organization (ASO) physical location, housing those staff who will be embedded in the Behavioral Health Services System (BHSS) District. We anticipate utilizing additional CHC locations within each District to support ASO activities. Centralized ASO staff, as indicated in our Personnel Plan listed in 1.3.2.5, will be housed in the Iowa PCA Offices, 500 SW 7th St, Des Moines, IA. Centralized ASO staff will travel to the regions as necessary to support the work of the BHSS District.

Community	Des Moines
Physical Location	Primary Health Care 1200 University Avenue Des Moines, Iowa 50309

3. District Narrative

In preparation for bid submission, the Iowa PCA met with local stakeholders in each District to gain a better understanding of the local service delivery system. Their input, along with data from the Agency, the previous Mental Health and Disability Services (MHDS) Regions, and other sources helped to inform our initial District analysis and development of proposed strategies to improve the equitable delivery of BHSS services in each District.

a. Explicit detail on how the Bidder will ensure equitable delivery of Behavioral Health Services in the District given the demographics of the population and geography of the District.

District 5 is home to nearly 925,000 Iowans and includes 14 counties spread across Central and South Central Iowa. Urban centers for this District include Ames and the Des Moines metropolitan area.

Previously, this District was a part of the following MHDS Regions:

- Central Iowa Community Services (7 Counties)
- Heart of Iowa Community Services (6 Counties)
- Polk County Region (1 County)

Ensuring equitable delivery of BHSS services across District 5 will require a comprehensive strategy focusing on accessibility, cultural competence, and local stakeholder engagement. Equity will be enhanced through the expansion of telehealth, true system integration, targeted outreach, and robust community-based support systems.

Accessibility

Efforts to improve equitable access to behavioral health services will be built upon a framework of strong partnerships with existing service providers. The Iowa PCA has a long history of working with our local CHCs to jointly establish service expansion and quality improvement

initiatives, in alignment with state and federal strategic goals. Working with these local providers, the Iowa PCA and our network of national subject matter experts provide training and technical assistance to stand up new services and improve system capacity.

In District 5, we propose a similar approach to improve the accessibility of BHSS service through:

- Working with the established Certified Community Behavioral Health Clinics (CCBHCs) to develop sustainability models for long-term operations,
- Supporting current BHSS providers to improve the consistency and quality of the services they provide across the District,
- Working with Assertive Community Treatment (ACT) teams to improve their fidelity scores and the array of services they provide, and
- Better integrating existing providers to improve care coordination and prevent the escalation of behavioral health conditions.

Leveraging our status as the statewide ASO, the Iowa PCA will establish District-wide and statewide learning collaboratives, targeted to specific high-need services such as subacute and pediatric BHSS services, to spread best practices and allow peer-to-peer learning more efficiently.

Maximizing the services of existing providers alone, however, will not be sufficient to overcome the pronounced provider shortages in District 5. A key element of our accessibility strategy for District 5 will be strategic deployment of greater telehealth offerings. Currently, Integrated Telehealth Partners (ITP) and Flowstate Health are providing crisis evaluation and jail-based behavioral health services in portions of the District via telehealth. Foundation2 is also providing crisis dispatch services for a portion of the District. The Iowa PCA will work with these established partners and others to expand telehealth services to fill unmet needs as appropriate. In discussions with Foundation2 and ITP, we have begun to explore options to spread their services more consistently throughout the District and statewide.

The Iowa PCA has also formed a strategic partnership with Classroom Clinic, an Iowa-based organization that provides behavioral health services via telehealth in a school-based setting. Building upon a successful model they piloted with Heart of Iowa Community Services MHDS Region and another former MHDS Region, we will make their pediatric care coordination and tele-behavioral health services available to school districts within District 5 on a voluntary basis. Currently, five school districts within District 5 are utilizing these services to provide increased pediatric access to care. Drawing upon our existing data infrastructure and internal expertise, we will ensure system integration between these statewide telehealth partners and local providers in the community, as well as on a District-wide and statewide basis.

Prioritizing technical support to allow existing local BHSS providers to stand up new services and backfilling the system with these statewide gap-filling partners, the District 5 ASO will begin to expand access to BHSS services and ensure we are maximizing the effectiveness of the overall system.

Cultural Competency

District 5 includes Polk, Dallas, and Hamilton Counties, home to large and growing immigrant communities that face cultural and language barriers to accessing care. While less pronounced throughout the remainder of the District, several other counties in the District are also home to

minority communities that need additional support to access and navigate an already complex BHSS system.

The Iowa PCA and our local CHCs are well versed in working with and supporting diverse patient communities. We know that language translation lines alone are insufficient to providing quality care. We also know that supports are needed to overcome various cultural stigmas around seeking BHSS services and addressing the social drivers of health that impact an individual's success on their behavioral health journey.

As part of our efforts to ensure equitable access to services in District 5, the Iowa PCA will draw upon our experiences partnering with cultural and faith-based organizations to conduct outreach and provide patient navigation services. We will work with local leaders to identify cultural barriers within individual communities in the District and collaboratively develop strategies to overcome them. Every Iowa PCA staff member receives cultural competency training, and every Iowa PCA ASO staff member will receive additional training in the Science of Hope. These efforts will equip them with the skills to better partner with the individuals we serve to jointly develop attainable goals for their behavioral health journey and a pathway to achieve success.

Local Stakeholder Engagement
Successfully improving the consistency and accessibility of BHSS services in District 5 will require a combination of statewide and local strategies, guided by local thought leaders who know the needs of their communities. We applaud the legislature for ensuring that each BHSS District is guided by a District Behavioral Health Advisory Council, comprised of individuals from a breadth of perspectives, including children's mental health providers, and patients and families.

Within 90 days of contract award, the Iowa PCA will assemble the District 5 Behavioral Health Advisory Council, ensuring geographically dispersed representatives who are solutions-oriented community leaders, versed in the delivery of BHSS services. We will further ensure that the advisory council includes at least one representative from the board or an advisory committee from each of the three MHDS Regions that previously comprised portions of this District, to help provide historical context to further inform our work. These advisory groups will be supported by the embedded Iowa PCA District 5 team who will be responsible for establishing and maintaining strong working relationships with the key stakeholders throughout the District. Working with the leadership from our local health leaders and other key stakeholders, the Iowa PCA has already identified several candidates for serving on the advisory council.

Within 120 days of contract award, the Iowa PCA will convene this advisory council to conduct a SWOT analysis of the current BHSS system in District 5. This analysis, led by our Iowa PCA professional facilitation staff, will help inform our collaboration with the Agency to develop the Statewide BHSS Plan and form the basis for our subsequent District 5 BHSS Plan.

Within six months of contract award, the Iowa PCA will convene the first statewide learning collaborative with representatives from all seven BHSS Districts. The Iowa PCA has long utilized this model, based on didactic, facilitative, and action-orientated content, with our 14 CHCs to support and inform our organization and the CHCs in being nimble, responsive organizations. This forum will further allow the Agency to relay the latest updates on BHSS system implementation and for both the Agency and the individual Districts to discuss the outcomes of their district-level Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis efforts.

b. Demonstration of the Bidder's understanding of the strengths and gaps of the Behavioral Health Service System within the District, including the Bidder's understanding of the priority population needs within the District and how the bidder will prioritize the needs of those populations.

District 5: Data Highlights

County Name	% below poverty	% 2019 uninsured	% of Households Without a Vehicle	# Poor MH days per month	MH Provider Access	Population to one mental health provider	Suicide rate per 100,000	% Binge Drinking
Boone	6.6	2.8	5.3	4.2	Shortage	1381:1	13.7	25.6
Clarke	15.8	6.4	9.7	4.4	Shortage	3132:1	24.3	21.6
Dallas	5.7	3.1	3.0	3.8	Shortage	2832:1	13.3	23.4
Decatur	15.3	9.3	8.3	4.4	Shortage	375:1	N/A	22.7
Hamilton	7.8	3.0	5.5	4.1	Shortage	2955:1	16.0	24.6
Jasper	8.8	3.0	4.1	4.4	Shortage	953:1	18.7	24.6
Lucas	13.9	5.2	7.7	4.4	Shortage	860:1	N/A	23.6
Madison	6.7	3.3	4.2	4.2	Shortage	1362:1	11.9	25.7
Marion	7.5	3.3	3.7	4	Shortage	950:1	16.5	23.5
Polk	10.1	4.9	5.7	4.5	Adequate	372:1	15.2	24.0
Story	19.4	4.5	6.6	4.1	Shortage	456:1	9.9	22.1
Wayne	13.6	11.2	7.5	4.5	Shortage	N/A	N/A	23.0
District Average	10.9	5.0	5.9	4.3	Majority of District			23.7
State Average	11.0	4.7	5.6	4.4	N/A	610:1	15.0	24.7

Source: Iowa HHS County Data Profiles, HRSA Mental Health Shortage Area Designations

In recent years, the previous MHDS Regions that comprise District 5 made progress toward developing and strengthening behavioral health services, however, gaps remain in workforce capacity, access to specialized services, subacute services, and system coordination. Opportunities exist to address provider shortages, improve access to underserved areas, enhance specialized care, and improve coordination between housing, justice, and mental health systems. Integration of the substance use and problem gambling safety net service areas, and the tobacco community partnerships will require a greater focus on collaboration between the fragmented systems.

In our review of relevant data for the District, and conversations with District stakeholders, priority populations that have been identified thus far for District 5 include children in need of developmental assessment and/or services, individuals in rural areas who need subacute and intensive residential services, and individuals who are justice-involved. The Iowa PCA has a long-established history of assessing and prioritizing the unique needs of patients in each of our CHC's service areas. A recent example of this is the AHEAD Disparity Landscape Assessment, a data analysis to understand disparities in key health outcomes and access indicators in key populations who receive care at Iowa's CHCs. This resource serves as a guidepost for developing and implementing services to meet the priority population(s)'s needs at each CHC. We will employ strategies utilized in the development of the Disparities Landscape Assessment and other population health data analysis to identify the priority populations with the needs assessment we will complete in each District.

Strengths

1. **Well Dispersed District Services**
   - Critical BHSS services including regional Access Centers and ACT team services are well dispersed throughout District 5, thanks to access hubs in Story and Clarke Counties, as well as the extensive services available in Polk County.
2. **Polk County Service Array**
   - Des Moines is a regional access hub, with the strongest array of BHSS services in the District, including Psychiatric Urgent Care, school-based behavioral health services, Intensive Outpatient Programs, and extensive substance use disorder (SUD) prevention and education programs.
3. **Youth Recovery and Crisis Services**
   - The opening of YSS' Ember Youth Recovery Campus, which offers Crisis Stabilization, Emergency Shelter, and Residential Addiction Treatment for adolescents helps to address the pressing statewide need for children's BHSS services.
4. **Housing and Supportive Services**
   - Supported Housing Services are available through well-established partners like Broadlawns Medical Center and Primary Health Care in several of the more urban counties in the District. Recent Substance Abuse and Mental Health Services Administration Center (SAMHSA) grant funding has allowed existing programs to begin developing plans for permanent support programs.
5. **SUD Treatment Services**
   - District 5 has well-developed and comprehensive SUD treatment services available throughout much of the District, including programs in Polk County that are tailored to specific populations such as adolescents.

Gaps

1. **Access Center Capacity**
   - **Current Offering:** District 5 is fortunate to have well dispersed Access Center services throughout the District, with additional specialized services for SUD treatment in Polk County.
   - **Gaps:**
     - *Regional Service Delivery:* The Access Centers in Woodward and Osceola also provide services for several neighboring BHSS Districts. Absent additional Access Center capacity development within those Districts, it will be critical to ensure strong cross-District collaboration to maintain broader regional service capacity.
     - *Leveraging Specialized Services:* Specialized, Access Center services are available in Polk County, but not throughout the District. Deploying technology and Mobile Response services in a more deliberate and holistic manner will allow the District to leverage these specialized services more broadly.
2. **ACT Services**
   - **Current Offering:** ACT team services are broadly available throughout much of the District, providing intensive, multidisciplinary support for individuals in need of BHSS services. These services help to reduce the need for additional, high-level inpatient services and allow residents in the District to receive a greater level of care closer to home.
   - **Gaps:**
     - *Service Variability*: The array of available ACT team services is not consistent across the District, with services in the southern portion of the District less developed than those in the more urban northern portion of the District. One of the ACT teams currently serving a portion of the District has recent fidelity scores that are significantly lower than the statewide average. Opportunities exist for greater technical assistance to ensure all required ACT team services are consistently available throughout the District.
     - *Children's Services:* ACT team services for children and adolescents are currently unavailable within the District, resulting in higher-than-necessary levels in inpatient treatment admissions and the families of children with BHSS needs having to travel longer distances to access care.
3. **Subacute Services**
   - **Current Offering:** Limited subacute BHSS services are available on the northern and southern ends of the District, providing more localized access for individuals in the more rural portions of District 5.
   - **Gaps:**
     - *Polk County:* Notably absent from the District 5 BHSS service array are any Subacute BHSS service providers in Polk County who meet all service criteria to be licensed by the state. While the county has an abundance of other behavioral health services, the lack of these comprehensive step-down services is significant, especially given the pronounced lack of these services in many neighboring Districts who frequently refer patients to Polk County in the absence of local provider capacity.
     - *Underdeveloped System:* The existing Subacute service delivery system is underdeveloped, with providers filling only a portion of the need throughout the District. The newly designated CCBHCs who serve a portion of the

District present an opportunity to further expand service availability in a more holistic manner.

4. **Intensive Residential Services**
   - **Current Offerings:** The previous MHDS Region serving the center of District 5 made notable progress in expanding access to Intensive Residential Services (IRS) with the recent opening of a four-bed site in Polk County, however, access remains limited throughout the District.
   - **Gaps:**
     - *Insufficient Capacity:* Current IRS capacity within the District is insufficient to meet demand. The former MHDS Regions serving the portions of the District outside of Polk County relied on IRS providers in other Districts to provide coverage for their residents, leaving local services underdeveloped. Additional resource allocation is necessary to develop this important service throughout the District.
     - *Specialized IRS Services:* IRS offerings at the only current provider in the District remain limited. Opportunities exist for the long-term development, in partnership with the CCBHCs and others, of tailored IRS offerings such as specialized services for individuals with co-occurring disorders.
5. **Youth Recovery and Crisis Services**
   - **Current Offerings:** In recent years, the former MHDS Region serving the northern portion of the District invested significant resources to help YSS develop the Ember Youth Recovery Campus near Cambridge, which offers Crisis Stabilization, Emergency Shelter, and Residential Addiction Treatment for youth. This 70-bed development helped fill a critical children's service need for District 5, and surrounding BHSS Districts.
   - **Gaps:**
     - *Transportation Barriers:* While helping to fill a critical need, transportation challenges, especially in the southern portion of this District and in the rural areas of surrounding Districts, continues to present a barrier to greater utilization of the Ember Youth Recovery Campus.
     - *Services for Younger Children:* Services at the Ember Youth Recovery Campus are limited to children over 12. Limited crisis and recovery services are available throughout the District for younger children, with inpatient services often the only option.
6. **Crisis Services**
   - **Current Offerings:** Mobile Response and Crisis Stabilization Services are available throughout much of the District through both in-person providers like Eyerly Ball and Zion Behavioral Health, as well as virtual providers like ITP and Flowstate Health.
   - **Identified Gaps:**
     - *Service Variability:* Services vary significantly across the District, with limited integration between the northern and southern portions of District 5. Rural counties in the far southern portion of the District have the most under-developed service array.
     - *Short-Term Observation and Stabilization Services:* Polk and Story County offer the most comprehensive short-term observation and stabilization services in the District. Throughout the remainder of the District, services like 23-hour Crisis Observation and Walk-In Crisis Services are limited, leading to greater Emergency Department and inpatient service utilization.
7. **Justice-Involved Services**
   - **Current Offerings:** District 5 has a number of well-developed Justice-Involved Programs, including service coordination and jail diversion programs. Story and Polk

Counties have recently launched Mental Health Courts to better coordinate behavioral health response between the provider, social support, law enforcement, and judicial systems.

- **Gaps:**
  - *Co-Responder Programs:* The urban counties forming the core of District 5 have multiple, well-developed Co-Responder Programs to pair law enforcement with service providers and implement a more deliberate response to crisis situations. Existing programs operate on vastly different models and similar programs are lacking throughout the remainder of the District. Opportunities exist to bridge these divides and help to scale evidence-based best practices across the District and statewide.
  - *Mental Health Courts:* The southern portion of the District lacks well-developed Mental Health Court services to better integrate a multidisciplinary team to reduce recidivism and improve access to treatment. Opportunities exist to deploy a regional Mental Health Court model as has been done in other Districts with similar rural demographics.

8. **Housing and Supportive Services**
   - **Current Offerings:** Supported Housing Services are available in the more urban counties in the District, including through The Bridge Home in Story County. Recent SAMHSA grant funding has allowed existing programs to begin developing plans for permanent support programs.

   - **Gaps:**
     - *Insufficient Capacity:* While programs exist through well-established providers like Broadlawns Medical Center and Iowa PCA member Primary Health Care, the capacity of existing providers in insufficient to meet the pronounced need throughout much of the District.
     - *Workforce Shortages:* Shortages, particularly for Peer Support and Family Support Specialists, continue to limit the District's capacity to provide consistent, timely supportive services.
9. **SUD Treatment Services**
   - **Current Offering**: District 5 has well-developed and comprehensive SUD treatment services available throughout much of the District.
   - **Gaps**:
     - *Service Variability*: The counties in the southern portion of the District have access to outpatient SUD services, however, inpatient and Medication Assisted Treatment (MAT) offerings are limited. SUD treatment needs vary across the District with Decatur and Clarke Counties having higher per capita rates of methamphetamine-related treatment admissions, while the more urban counties in the northern portion of the District have higher rates of opioid use disorder.
     - *Transportation Barriers*: Lack of transportation is a major barrier to accessing SUD treatment services, especially for residents in the southern half of the District. Local stakeholders report difficulty with patient adherence to treatment plans, especially those on MAT therapy, requiring regular provider consultation and MAT administration.
10. **System Integration & Regional Care**
    - **Current Offering**: District 5 is fortunate to have a larger number of BHSS providers than most other Districts in the state, however, the majority of services are concentrated in the northern half of the District. This is especially true for complex

behavioral health providers, resulting in a significant number of residents who travel from more rural portions of the District to access services.

- **Gaps**:
  - *Fragmented Service Delivery*: The current physical and behavioral health service delivery system in this District is significantly fragmented. Two major health systems have a strong presence in the District, in addition to the numerous small, independent providers. A lack of care coordination and system integration plagues nearly every stream of service delivery in the District.
  - *System Integration*: Considerable resources have been invested in developing BHSS service capacity in Clarke County, which has proven vital to maintaining regional access for the southern portion of the District. Overall system capacity remains insufficient to meet the District's needs. Even in the highly urban Polk County, critical services like Subacute services are lacking. Greater system integration will be critical to maximize the efficiency of current system resources as we work to develop long-term strategies to increase service capacity.

c. Explanation of why the Bidder is particularly well suited to serve as the BH-ASO in the District, including its strengths.

The Iowa PCA is uniquely well-positioned to serve as the ASO for District 5 due to our statewide reach, experience with integrated care models, focus on underserved populations, strong infrastructure for care coordination, and expertise in managing health services. Our commitment to quality improvement, workforce development, and data-driven decision making ensures we can effectively manage and administer a comprehensive behavioral health system that is both equitable and efficient.

Strong Network of Support
Today, the Iowa PCA supports a network of 14 CHCs across the state who are providing comprehensive primary care services including medical, oral, behavioral, pharmacy, vision, and enabling services. We offer training, technical assistance, network management, and data infrastructure to support local providers in both urban and rural settings, providing a solid foundation as we expand to provide similar support services in District 5.

Built on an Integrated Care Model
Foundational to the work of Iowa's CHCs is integration between physical health, behavioral health, and social services. The Iowa PCA is built to support an integrated care model and our experience with our local CHCs has prepared us to provide a similar supporting role as District 5 looks to integrate and expand its fragmented service delivery system. Drawing upon our wealth of experience and internal expertise, we will deploy a holistic approach to addressing both physical and mental health that aligns well with the goals of a comprehensive behavioral health system.

Focus on Under-Resourced and Vulnerable Populations
Born out of the Civil Rights Movement and the War on Poverty in the 1960's, CHCs and the Iowa PCA have a long-standing commitment to health equity and serving medically underserved populations, including low-income individuals, individuals without insurance, and rural communities. This focus led to our CHCs becoming early adopters of efforts to address social drivers of health (SDOH). In support of this, the Iowa PCA has worked with our state and

national partners to help develop and deploy additional SDOH screening and referral tools, including Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB. This experience has positioned us to be an informed partner as the Agency looks to establish and deploy the statewide Thrive Iowa system.

Established Data Management Infrastructure
The Iowa PCA has built all of the core data infrastructure that supports and sustains the care coordination and data informatics efforts for Iowa's CHCs. Our replicated Clarity Database and Microsoft Power BI implementation allow for advanced reporting and analytics of all integrated health record data in a secure environment. Through our deployment of Microsoft Fabric, an end-to-end, unified data management and security platform, the Iowa PCA Analytics and Reporting Team can produce standardized and targeted dashboards to allow center staff to monitor overall system utilization and allow for Iowa PCA to identify targeted T/TA needs. The Iowa PCA will leverage these existing capabilities to build district-level and statewide integrated data systems, which will provide a wholistic view of system capacity and provide all necessary reporting and integration with the Agency's statewide centralized BHSS data repository.

Quality Improvement and Accountability
With a strong track record of successful targeted and statewide quality improvement projects, the Iowa PCA has experience in performance measurement, quality assurance, and continuous improvement processes. Utilizing our suite of advanced data analytic tools, we are able to monitor targeted interventions and make data-driven decisions to improve system performance and patient outcomes. We provide training, technical assistance, data infrastructure, and system collaboration to connect local service providers with both their peers statewide and national subject matter experts. The Iowa PCA will deploy a similar data-driven approach to help ensure the BHSS system is both effective and efficient, with continuous monitoring and reporting on key performance indicators.

Experienced Fiduciary Agent
The Iowa PCA has extensive experience managing state and federal funding, including numerous grant-funded and contracted projects for the Agency and federal partners. Among these is a recent partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from SAMHSA. This five-year effort, also known as Iowa's Integration Project, sought to improve primary and behavioral health outcomes for individuals with substance use disorders through greater care coordination and system integration. Similar work to the efforts we will undertake as the District 5 ASO. Through our sister organization IowaHealth+, we have furthered our fiduciary experience, managing a clinically integrated network of 11 CHCs, facilitating risk-based contracting and claims processing with the state's Medicaid Managed Care Organizations (MCOs) and Medicare. We take our fiscal responsibilities seriously and will ensure transparent and efficient management of BHSS resources.

d. Demonstration of the Bidder's knowledge of the current resources in the District that span across the continuum of Behavioral Health Services.

District 5: Key Providers

Provider Type	Key District Providers
Community Mental Health Centers	• Berryhill Mental Health Center • Broadlawns Medical Center • Capstone Behavioral Health • Crossroads • Infinity Health • Zion Integrated Behavioral Health
Psychiatric Medical Institutions for Children	• Lutheran Services in Iowa • Orchard Place
Crisis Stabilization Community	• Easterseals Iowa • Eyerly Ball
Crisis Stabilization Residential Adult	• Broadlawns Medical Center • Inside Out Wellness and Advocacy
Crisis Stabilization Residential Child	• Easterseals Iowa • Inside Out Wellness and Advocacy • YSS Rosedale
Integrated Provider Network	• Community and Family Resources • Crossroads • Hamilton County IPR • House of Mercy • New Opportunities • Southeastern Iowa Economic Development Association • Zion Recovery Services
Community Health Centers	• Infinity Health • Primary Health Care • Proteus, Inc.
Schools	• Albia Community School District • Central Decatur Community School District • Chariton Community School District • Clark Community School District • Dallas Center-Grimes • Des Moines Public Schools • Graceland University • Knoxville Community School District • Classroom Clinic Prairie City • Lamoni Community Schools • Urbandale Community School District • Wayne Community School District
Community-Based & Faith-Based Organizations	• Knock and Drop • Mid Iowa Health Foundation • RIVA • United Way of Central Iowa • Waukee Police Department

Mobile Crisis Response	• Broadlawns Medical Center • Eyerly Ball • Inside Out Wellness and Advocacy
23-hour Observations	• Broadlawns Medical Center
Access Center	• Inside Out Wellness and Advocacy • Polk MHDS
Tobacco Community Partnerships	• American Lung Association in Iowa • Community and Family Resources • Southern Iowa Economic Development Association
Subacute	• Mary Greeley Medical Center
Certified Community Behavioral Health Centers	• Eyerly Ball • Infinity Health

The Iowa PCA has initiated discussions with several of the key BHSS service providers in District 5. Over the coming months, we will continue to meet with providers and other local stakeholders to deepen our understanding of the issues impacting this district and continue to identify key individuals to serve on the District 5 Behavioral Health Advisory Council.

e. Summary of the Bidder's current partnerships at the District, state, and federal levels that benefit and are relevant to the scope of work defined in this RFP.

Three Iowa PCA CHCs have locations in District 5:

- Infinity Health with locations in Leon, Lamoni, Osceola, Corydon, Chariton, and Knoxville
- Primary Health Care, with locations in Des Moines, Urbandale, and Ames
- Proteus, Inc. with locations in Des Moines

Additionally, Primary Health Care provides school-based health care services for the Des Moines Public School District. Infinity Health also provides school-based health services for Lamoni Community Schools, Chariton Community Schools, Central Decatur Schools, Wayne Community Schools, and Graceland University.

Each CHC has established relationships with providers and other leaders in their communities. These existing local partnerships have proven crucial for building trust locally and helping to facilitate the initial District assessment the Iowa PCA completed in preparation for bid submission.

As a statewide organization and leader in integrated care delivery, the Iowa PCA has strong working relationships with other key provider organizations, including the Iowa Behavioral Health Association, the Iowa Association of Community Providers, the Iowa Hospital Association, the major health systems, and others. We work closely with representatives from the state's Medicaid MCOs, meeting monthly with their plan presidents to discuss systemic issues and collaborative quality improvement efforts. We also hold a board seat on the state HIE and support multi-provider efforts in health data sharing and interoperability.

We also have extensive working relationships with state entities, including the Agency. Iowa PCA leadership currently meets monthly with Agency leadership, including the Agency Director and Medicaid Director, and our Integrated Health team meets regularly with Agency and MCO staff to collectively address barriers to care integration. We have also formed new working relationships with statewide providers including Classroom Clinic and Integrated Telehealth

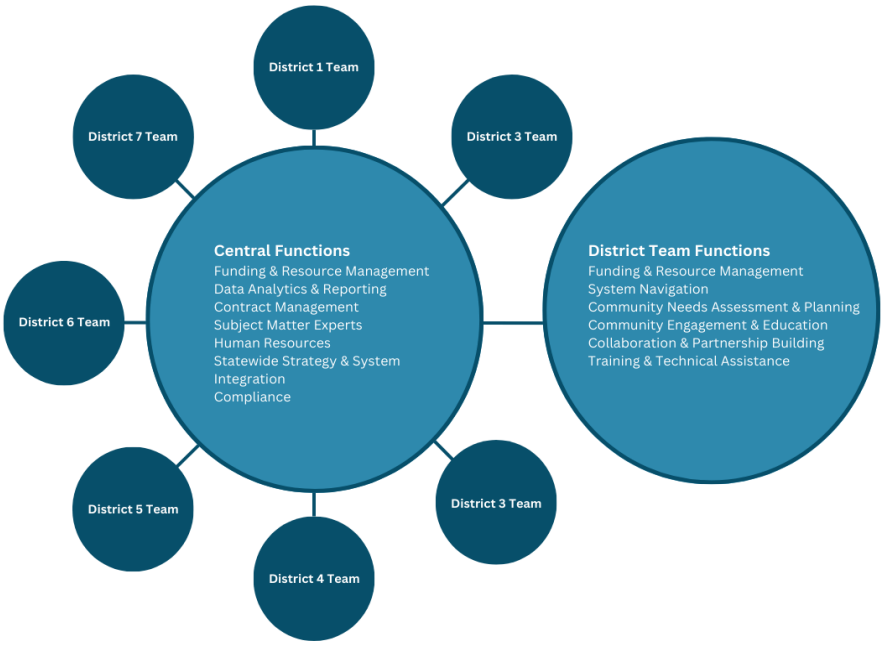
Partners to begin developing strategies to expand the deployment of telehealth services as a means of increasing system capacity.

On the federal level, the Iowa PCA has long working relationships with a number of federal agencies, including the Health Resources and Services Administration HRSA, SAMHSA, and the Centers for Medicare & Medicaid Services (CMS). As a condition of their federal designation, all CHCs are required to annually report standardized data to HRSA through the Uniform Data System (UDS), which includes data on patient populations, clinical quality measures, and financial performance. Our Data and Technology team works closely with our federal partners to help facilitate this data exchange and our Project Management and Integrated Care teams work regularly with our federal partners to facilitate our grant-based and quality improvement initiatives.

As we work to develop and implement the District 5 BHSS administrative infrastructure, we will build upon these strong established local, state, and federal partnerships. We will convene local stakeholders and service providers to assess the local BHSS system, develop strategies to expand system capacity and equitable access across the District, and improve system integration. On a state level, the Iowa PCA will partner with the Agency to help develop the Statewide BHSS Plan and strategies to improve the consistency of service delivery statewide and roll out the Thrive Iowa infrastructure to support closed loop social service referrals.

f. Explanation of the Bidder's current and anticipated presence within the District's communities.

Utilizing a hub and spoke operational structure, the Iowa PCA will look to embed three ASO staff in District 5. These individuals will be responsible for helping to facilitate system navigation, community needs assessment and planning, local service provision, community engagement and education, and collaboration and partnership building. Supported by a centralized ASO administrative unit located in Des Moines, this team will serve as local representatives for the Iowa PCA statewide ASO. Given the geographic overlap of the District 5 Embedded Team and the Centrally Located ASO Team, staffing levels have been adjusted for this District to reflect the enhanced ability to more regularly deploy Centrally Located staff to support District 5 work. They will work with our legacy Iowa PCA team to leverage our existing subject matter experts, trained facilitators, funding and resource management, data infrastructure and data scientists, network management, and system compliance capabilities.



g. An explanation of opportunities for potential new partnerships within the District and at state and federal levels to achieve outcomes and ensure continuity of care.

As the Iowa PCA builds upon our existing partnerships and brings a fresh perspective to our work as the statewide ASO, we are excited about the opportunities to explore new collaborations and service arrangements to improve the BHSS service array in District 5. A key element to doing so will be our tiered telehealth deployment model. Building upon the current work underway in the district, we will expand the presence of ITP and Classroom Clinic in the district. These gap-filling service providers of adult and pediatric telehealth services will help to quickly build system capacity as we work to develop long-term strategies to further expand the service array to meet statewide goals and locally identified needs.

The Iowa PCA is continuing to examine additional state and national partnerships like these strategic telehealth deployments to bring additional services and resources to support the work of District 5. As we complete our formal assessment of the District upon contract award, we anticipate identifying additional system needs. Working in partnership with District stakeholders and the Agency, we will collaboratively tackle each system need to develop a realistic, data-informed approach to address the issue.

h. The Bidder's experience in gathering data, and leading or participating in assessments at the local level, including work related to local Community Health Assessments and Community Health Improvement Planning (CHA/CHIP).

As a data-driven organization, the Iowa PCA has a long history of data collection and system assessment efforts. The 14 local CHCs that comprise the Iowa PCA also have an extensive history of helping to lead both internal and community level needs assessments. As safety net providers in their communities, each CHC participates in the Community Health Assessments and Community Health Improvement Planning (CHA/CHIP) efforts in the areas they serve.

Through the use of our replicated Clarity Database and advanced data analytic platform, the Iowa PCA Analytics and Reporting Team is able to produce data modeling and forecasting tools to help individual centers understand longitudinal service utilization, system capacity, and emerging service needs. Our data scientists and subject matter experts work to align these identified needs with strategic goals identified on both the state and local levels, and look for additional resources to provide funding, training, and technical assistance to local communities. Drawing upon the work of the Iowa PCA team, each CHC is equipped to help inform community assessment efforts by providing insights into system utilization and the unmet service needs among the local safety net population. These insights, in turn help to inform centers' assessment of their current and future service offerings.

The Iowa PCA is excited to submit this bid to serve as the BHSS ASO for District 5. We are confident we have demonstrated how our unique background with integrated care, T/TA, system innovation, network management, and data infrastructure and management would make us the ideal partner to support the people of Central and South Central Iowa.

1. District Proposal Title: District #6 Proposal

2. BH-ASO Location(s):

The Iowa Primary Care Association (Iowa PCA) will leverage one of its member community health centers (CHCs) to serve as the Administrative Services Organization (ASO) physical location, housing those staff who will be embedded in the Behavioral Health Services System (BHSS) District. We anticipate utilizing additional CHC locations within each District to support ASO activities. Centralized ASO staff, as indicated in our Personnel Plan listed in 1.3.2.5, will be housed in the Iowa PCA Offices, 500 SW 7th St, Des Moines, IA. Centralized ASO staff will travel to the regions as necessary to support the work of the BHSS District.

Community	Ottumwa
Physical Location	River Hills Community Health Center 201 South Market Street Ottumwa, Iowa 52501

3. District Narrative:

In preparation for bid submission, the Iowa PCA met with local stakeholders in each District to gain a better understanding of the local service delivery system. Their input, along with data from the Agency, the previous Mental Health and Disability Services (MHDS) regions, and other sources helped to inform our initial District analysis and development of proposed strategies to improve the equitable delivery of BHSS services in each District.

a. *Explicit detail on how the Bidder will ensure equitable delivery of Behavioral Health Services in the District given the demographics of the population and geography of the District.*

District 6 includes 14 counties that spread across southeastern and east central Iowa. The 14 counties have a population of approximately 253,000.

District 6 was previously served by the following MHDS Regions:

- MHDS of East Central Region
- Central Iowa Community Services
- Mental Health Agency of Southeast Iowa

District 6 faces higher poverty rates and a greater percentage of uninsured residents compared to the statewide average. Additionally, with fewer households owning vehicles, the need to explore mobile services or improved transportation options will be essential in developing a behavioral health District plan. Residents in this District are also more likely to rely on the safety net provider network, which could be supported by co-locating services to enhance access and coordination of care.

Ensuring equitable delivery of BHSS services across District 6 will require a comprehensive strategy focusing on accessibility, cultural competence, and local stakeholder engagement. Equity will be enhanced through the expansion of telehealth, true system integration, targeted outreach, and robust community-based support systems.

Accessibility

In District 6 accessibility to comprehensive children's behavioral health services remains a significant challenge across the full spectrum of care. Child therapists are in short supply, making it difficult for families to access timely and specialized mental health care for their children. Additionally, there are very few crisis providers specifically for children, which limits immediate care options during emergencies. The lack of Residential Care Facilities (RCFs) and residential programs for adolescents further compounds the issue, particularly for hard-to-place children with severe behavioral health needs. These gaps in care create barriers for children who require intensive support, leaving many without appropriate placement or timely intervention. Addressing these challenges is critical to ensuring that children across the region have access to the services they need for their mental health and well-being.

District 6 has a shortage of BHSS providers, with one local stakeholder going so far as to label much of the district a “provider desert.” Efforts to improve equitable access to behavioral health services will be built upon a framework of strong partnerships with existing service providers. The Iowa PCA has a long history of working with our local CHCs to jointly establish service expansion and quality improvement initiatives, in alignment with state and federal strategic goals. Working with these local providers, the Iowa PCA and our network of national subject matter experts provides T/TA to stand up new services and improve system capacity.

In District 6, we propose a similar approach to improve the accessibility of BHSS service through:

- Increase access to Certified Community Behavioral Health Clinics (CCBHCs) services geographically across the region
- Working with the established Community Mental Health Centers (CMHCs) to develop sustainability models for long-term operations, including developing CCBHC programs.
- Supporting current BHSS providers to improve the consistency and quality of the services they provide across the District, and
- Better integrating existing providers to improve care coordination and prevent the escalation of behavioral health conditions.

Leveraging our status as the statewide ASO, the Iowa PCA will establish District-wide and statewide learning collaboratives, targeted to specific high-need services such as subacute and pediatric BHSS services, to more efficiently spread best practices and allow peer-to-peer learning.

Maximizing the services of existing providers alone, however, will not be sufficient to overcome the pronounced provider shortages in District 6. A key element of our accessibility strategy for District 6 will be strategic deployment of greater telehealth offerings. Currently, Integrated Telehealth Partners (ITP) and Flowstate Health are providing limited Crisis Evaluation and jail-based behavioral health services in areas of the District via telehealth. The Iowa PCA will work with these established partners and others to expand telehealth services to fill unmet needs as appropriate.

The Iowa PCA has also formed a strategic partnership with Classroom Clinic, an Iowa-based organization that provides behavioral health services via telehealth in a school-based setting. Building upon a successful model they piloted with two of the previous MHDS Regions, we will make their pediatric care coordination and tele-behavioral health services available to school districts within District 3 on a voluntary basis. Currently, no school districts within District 6 are utilizing these services to provide increased pediatric access to care. Drawing upon our existing data infrastructure and internal expertise, we will ensure system integration between these statewide telehealth partners and local providers in the community, as well as on a District-wide and statewide basis.

Prioritizing technical support to allow existing local BHSS providers to stand up new services and backfilling the system with these statewide gap-filling partners, the District 6 ASO will begin to

expand access to BHSS services and ensure we are maximizing the effectiveness of the overall system.

Cultural Competency
District 6 includes Wapello, Jefferson, and Henry counties; these counties have experienced significant growth in their Hispanic/Latino communities. While less pronounced throughout the remainder of the District, several counties in the District are also home to minority communities that need additional support to access and navigate an already complex BHSS system.

The Iowa PCA and our local CHCs are well versed in working with and supporting diverse patient communities. We know that language translation lines alone are insufficient to providing quality care. We also know that supports are needed to overcome various some cultural stigmas around seeking BHSS services and addressing the social drivers of health that impact an individual's success on their behavioral health journey. As part of our efforts to ensure equitable access to services in District 6, the Iowa PCA will draw upon our experiences partnering with cultural and faith-based organizations to conduct outreach and provide patient navigation services. We will work with local leaders to identify cultural barriers within individual communities in the District and collaboratively develop strategies to overcome them. Every Iowa PCA staff member receives cultural competency training, and every Iowa PCA ASO staff member will receive additional training in the Science of Hope. These efforts will equip them with the skills to better partner with the individuals we serve to jointly develop attainable goals for their behavioral health journey and a pathway to achieve success.

Local Stakeholder Engagement
Successfully improving the consistency and accessibility of BHSS services in District 3 will require a combination of statewide and local strategies, guided by local thought leaders who know the needs of their communities. We applaud the legislature for ensuring that each BHSS District is guided by a District Behavioral Health Advisory Council, comprised of individuals from a breadth of perspectives, including children's mental health providers, patients, and families.

Within 90 days of contract award, the Iowa PCA will assemble the District 6 Behavioral Health Advisory Council, ensuring geographically dispersed representatives who are solutions-oriented community leaders, versed in the delivery of BHSS services. We will further ensure that the advisory council includes at least one representative from the board or an advisory committee from each of the two MHDS Regions that previously comprised the majority of this District, to help provide historical context to further inform our work. These advisory groups will be supported by the embedded Iowa PCA District 6 team who will be responsible for establishing and maintaining strong working relationships with the key stakeholders throughout the District. Working with the leadership from our local health leaders and other key stakeholders, the Iowa PCA has already identified several candidates for serving on the advisory council.

Within 120 days of contract award, the Iowa PCA will convene this advisory council to conduct a SWOT analysis of the current BHSS system in District 6. This analysis, led by our Iowa PCA professional facilitation staff, will help inform our collaboration with the Agency to develop the Statewide BHSS Plan and form the basis for our subsequent District 6 BHSS Plan.

Within six months of contract award, the Iowa PCA will convene the first statewide learning collaborative with representatives from all seven BHSS Districts. The Iowa PCA has long utilized this model, based on didactic, facilitative, and action-orientated content, with our 14 CHCs to support and inform our organization and the CHCs in being nimble, responsive organizations. This forum will further allow the Agency to relay the latest updates on BHSS system implementation and for both the Agency and the individual Districts to discuss the outcomes of their district-level Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis efforts.

b. *Demonstration of the Bidder's understanding of the strengths and gaps of the Behavioral Health Service System within the District, including the Bidder's understanding of the priority population needs within the District and how the bidder will prioritize the needs of those populations.*

District 6: Data Highlights

County Name	% below poverty	% 2019 uninsured	% of Households Without a Vehicle	# Poor MH days per month	MH Provider Access	Population to one mental health provider	Suicide rate per 100,000	% Binge Drinking
Appanoose	19.4	7.8	6.5	4.8	Shortage	828:1	16.1	21.8
Benton	8.5	2.2	3.2	4.4	Shortage	4274:1	17.8	23.7
Davis	9.6	26.4	16.6	4.5	Shortage	9000:1	N/A	24.3
Henry	10.3	3.2	4.4	4.6	Shortage	950:1	17.5	23.5
Iowa	9.3	3.7	2.9	4.4	Shortage	1471:1	22.5	24.8
Jefferson	14.2	4.6	8.3	3.8	Shortage	732:1	21.1	21.7
Keokuk	12.5	2.8	2.2	4.3	Shortage	N/A	20.8	25.1
Lee	13.0	3.8	5.1	4.4	Shortage	1122:1	28.0	26.1
Mahaska	13.0	4.4	4.7	4.3	Shortage	789:1	14.5	22.2
Monroe	10.5	4.0	6.1	4.4	Shortage	3854:1	36.4	23.3
Poweshiek	12.0	5.7	8.6	4.5	Shortage	841:1	N/A	23.2
Van Buren	12.7	11.8	7.6	4.3	Shortage	3522:1	N/A	22.7
Wapello	15.2	5.8	7.4	4.3	Shortage	573:1	21.9	21.9
Washington	7.1	7.8	4.6	4.2	Shortage	1464:1	17.7	23.2
District Average	12.0	6.7	6.3	4.4	Universal district Shortage			23.4
State Average	11.0	4.7	5.6	4.4	N/A	610:1	15.0	24.7

Source: Iowa HHS County Data Profiles, HRSA Mental Health Shortage Area Designations

In recent years, the previous MHDS Regions that comprise District 6 made progress toward developing and strengthening behavioral health services, however, significant gaps remain in workforce capacity, access to specialized services, housing, and service coordination. Opportunities exist to address provider shortages, improve access to under-resourced areas, enhance specialized care, and improve coordination between housing, justice, and mental health systems. Integration of the substance use and problem gambling safety net service areas, and the tobacco community partnerships will require a greater focus on collaboration between the fragmented systems.

In our review of relevant data for the District, and conversations with District stakeholders, priority populations that have been identified thus far for District 6 include individuals in need of inpatient SUD services, children and youth, and adults with high acuity and serious mental illness (SMI). The Iowa PCA has a long-established history of assessing and prioritizing the unique needs of patients in each of our CHC's service areas. A recent example of this is the AHEAD Disparity Landscape Assessment, a data analysis to understand disparities in key health outcomes and access indicators in key populations who receive care at Iowa's CHCs. This resource serves as a guidepost for developing and implementing services to meet the priority population(s)'s needs at each CHC. We will employ strategies utilized in the development of the Disparities Landscape Assessment and other population health data analysis to identify the priority populations with the needs assessment we will complete in each District.

Strengths

1. Individual Placement and Support (IPS) Implementation:

- The IPS program has proven to be an invaluable service to residents in the Behavioral Health District. The success of IPS is largely due to the exceptional engagement of Hope Haven, which has effectively adopted and implemented the Evidence-Based Practice (EBP) model for supported employment.

2. Development of Intensive Residential Services Homes (IRSH):

- The development of **IRSH** represents a significant advancement in providing comprehensive, community-based care for individuals with complex mental health needs. This development showcases this District's proactive approach in expanding its range of services to meet diverse needs, ensuring that residents have access to high-level, integrated support within the community. The introduction of IRSH services demonstrates the District's forward-thinking strategy in addressing gaps in behavioral health care, particularly for individuals requiring more intensive residential care and support.

3. Establishment of Intensive Psychiatric Rehabilitation Services (IPRS):

- The establishment of IPRS has been a key strength in the District's service expansion. IPRS focuses on helping individuals with severe mental illness regain and maintain skills necessary for independent living and community integration.

4. Early Childhood Positive Behavioral Interventions and Supports (PBIS) Collaboration:

- **Strength**: The collaboration between the District and Early Childhood Iowa (ECI) in the development and ongoing implementation of Early Childhood Positive Behavioral Interventions and Supports (PBIS) has fostered a robust early intervention framework for children in the region.

5. Presence of CMHCs:

- **Strength**: The presence of two CMHCs in this District significantly enhances access to behavioral health services for residents. These CMHCs serve as vital hubs for providing comprehensive mental health care, from outpatient services to crisis intervention.

Gaps

1. Mental Health Outpatient Therapy

- **Current Offering**: Incentives are available to onboard Licensed Independent Social Workers (LISW) and psychologists to expand access to outpatient mental health services.
- **Gaps**:
  - *Provider Shortages*: Despite the incentive programs, there remain significant gaps in mental health providers across certain regions, particularly in rural and underserved communities. The recruitment of LISWs and psychologists has not sufficiently met demand, leading to waitlists and access issues.
  - *Geographical Disparity:* Some areas have limited access to outpatient therapy services, resulting in a lack of consistent care options for individuals needing regular mental health support.
  - *Specialized Therapy:* There is a shortage of specialized outpatient services, such as trauma-focused therapy and therapy for youth and families, which can hinder the effectiveness of care for individuals with complex needs.

2. Medication Prescribing & Management

- **Current Offering**: Incentives are available for the onboarding and expansion of psychiatric prescribers, aimed at increasing access to medication management services.
- **Gaps**:
  - *Psychiatric Prescriber Shortage:* Despite the incentives, there remains a significant shortage of psychiatric prescribers, particularly in rural and underserved regions. This leads to long wait times for psychiatric evaluations and medication management.
  - *Continuity of Care:* The lack of prescribers often results in discontinuity of care, where individuals may experience gaps in medication management, leading to relapse or worsening of mental health conditions.
  - *Telepsychiatry Accessibility:* While telepsychiatry has been adopted to bridge some gaps, not all areas have sufficient technological infrastructure or patient engagement with telehealth services.

3. Community Integrated Day Habilitation Services

- **Current Offering**: There is a plan to expand community integrated day habilitation services.
- **Gaps**:
  - *Limited-Service Availability*: Current day habilitation services are not widely available, leaving individuals with mental health conditions or developmental disabilities with limited opportunities for skill-building and community integration.
  - *Lack of Tailored Programs*: There is a need for more individualized, person-centered day habilitation services that focus on increasing independence and community involvement for individuals with complex behavioral health needs.

4. Individual Placement and Support (IPS) Services

- **Current Offering**: There is an intent to expand IPS services within the region.
- **Gaps**:
  - *Employment Support Shortage*: IPS services, which assist individuals with mental health and substance use challenges in obtaining and maintaining competitive employment, are limited in both availability and capacity. The gap between available IPS services and the demand for them leaves many individuals without necessary employment support.
  - *Underutilization of Employment Services*: Employment services are not being fully utilized, potentially due to a lack of awareness among providers and service users about the availability and benefits of IPS.

5. Permanent Supportive Housing (PSH)

- **Current Offering**: Planning for the development of PSH continues, with budget allocations for sustainability and client-related expenses.

- **Gaps**:
    - *Insufficient Housing Availability*: Permanent supportive housing options remain limited, especially for individuals with severe mental health conditions or those transitioning from institutional care. This shortage leaves vulnerable populations at risk of homelessness or inadequate housing.
    - *Coordination and Support*: There are gaps in the coordination of housing support services, including case management and wraparound services to help individuals maintain stable housing and integrate into the community.

6. Family Psychoeducation Services and Peer Support

- **Current Offering**: Budgeting for the expansion of family psychoeducation services and development of additional peer support services.
- **Gaps**:
    - *Underdeveloped Family Services*: Psychoeducation for families, which is crucial for supporting individuals with mental health conditions, remains underdeveloped. Families in this District often lack the necessary resources and knowledge to effectively support their loved ones.
    - *Peer Support Workforce*: While peer support services are recognized as valuable, the workforce is underdeveloped, and there is a shortage of trained peer support workers in many areas of this District. This limits the reach of peer-based recovery support services.

7. Forensic Care and Justice-Involved Services

- **Current Offering**: Plans for a forensic care program and expanded justice-involved service coordination.
- **Gaps**:
    - *Lack of Forensic Services*: There is a notable gap in forensic mental health care for individuals involved in the criminal justice system in District 6. The lack of coordinated forensic services, such as mental health courts or diversion programs, contributes to the overrepresentation of individuals with mental health conditions in jails and prisons.
    - *Service Coordination*: There is a need for improved coordination between mental health services and justice systems, including more robust service offerings for justice-involved individuals, such as mental health courts, transitional services, and treatment options.

8. ACT and Residential Support for Children

- **Current Offering**: Potential development of ACT and residential-based supported community living services for children.
- **Gaps**:
    - *ACT Services Availability*: ACT, which provides intensive, team-based treatment for individuals with severe mental illness, is underdeveloped and insufficiently available across the region. Individuals who would benefit from such services are often underserved, leading to hospitalizations or ineffective treatment.
    - *Children's Services*: There is a significant gap in residential-based supported community living services for children with severe behavioral health needs in this District. These services are essential for providing stable, supportive environments for children who may not be able to remain in their homes due to the severity of their conditions.

9. Transportation and Community Integration

- **Current Offering**: Exploration of transportation options to enhance community integration.
- **Gaps**:
    - *Lack of Transportation Access*: Reliable transportation remains a major barrier for individuals accessing behavioral health services, especially in rural areas. Without adequate transportation options, many individuals are unable to attend therapy appointments, peer support meetings, or employment opportunities.

- *Community Integration Barriers*: Transportation barriers also limit opportunities for individuals to engage in community integration activities, social services, and day habilitation programs.

10. Rental Assistance Program

- **Current Offering**: Consideration of expanding the rental assistance program.
- **Gaps**:
  - *Limited Rental Assistance*: Rental assistance programs are currently limited, particularly for individuals with mental health or substance use disorders who are transitioning out of institutional care or homelessness. Expansion is needed to meet the housing stability needs of this population.

c. *Explanation of why the Bidder is particularly well suited to serve as the BH-ASO in the District, including its strengths.*

The Iowa PCA is uniquely well-positioned to serve as the ASO for District 6 due to our statewide reach, experience with integrated care models, focus on underserved populations, strong infrastructure for care coordination, and expertise in managing health services. Our commitment to quality improvement, workforce development, and data-driven decision making ensures we can effectively manage and administer a comprehensive behavioral health system that is both equitable and efficient.

Strong Network of Support
Today, the Iowa PCA supports a network of 14 community health centers across the state who are providing comprehensive primary care services including medical, oral, behavioral, pharmacy, vision, and enabling services. We offer training, technical assistance, network management, and data infrastructure to support local providers in both urban and rural settings, providing a solid foundation as we expand to provide similar support services in District 6.

Built on an Integrated Care Model
Foundational to the work of Iowa's CHCs is integration between physical health, behavioral health, and social services. The Iowa PCA is built to support an integrated care model and our experience with our local CHCs has prepared us to provide a similar supporting role as District 6 looks to integrate and expand its fragmented service delivery system. Drawing upon our wealth of experience and internal expertise, we will deploy a holistic approach to addressing both physical and mental health that aligns well with the goals of a comprehensive behavioral health system.

Focus on Under-Resourced and Vulnerable Populations
Born out of the Civil Rights Movement and the War on Poverty in the 1960s, CHCs and the Iowa PCA have a long-standing commitment to health equity and serving medically under-resourced populations, including low-income individuals, individuals without insurance, and rural communities. This focus led to our CHCs becoming early adopters of efforts to address social drivers of health (SDOH). In support of this, the Iowa PCA has worked with our state and national partners to help develop and deploy additional SDOH screening and referral tools, including Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB. This experience has positioned us to be an informed partner as the Agency looks to establish and deploy the statewide Thrive Iowa system.

Established Data Management Infrastructure
The Iowa PCA has built all of the core data infrastructure that supports and sustains the care coordination and data informatics efforts for Iowa's community health centers. Our replicated Clarity Database and Microsoft Power BI implementation allow for advanced reporting and analytics of all integrated health record data in a secure environment. Through our deployment of Microsoft Fabric, an end-to-end, unified data management and security platform, the Iowa

PCA Analytics and Reporting Team can produce standardized and targeted dashboards to allow center staff to monitor overall system utilization and allow for Iowa PCA to identify targeted T/TA needs. The Iowa PCA will leverage these existing capabilities to build district-level and statewide integrated data systems, which will provide a wholistic view of system capacity and provide all necessary reporting and integration with the Agency's statewide centralized BHSS data repository.

Quality Improvement and Accountability
With a strong track record of successful targeted and statewide quality improvement projects, the Iowa PCA has experience in performance measurement, quality assurance, and continuous improvement processes. Utilizing our suite of advanced data analytic tools, we are able to monitor targeted interventions and make data-driven decisions to improve system performance and patient outcomes. We provide training, technical assistance, data infrastructure, and system collaboration to connect local service providers with both their peers statewide and national subject matter experts. The Iowa PCA will deploy a similar data-driven approach to help ensure the BHSS system is both effective and efficient, with continuous monitoring and reporting on key performance indicators.

Experienced Fiduciary Agent
The Iowa PCA has extensive experience managing state and federal funding, including numerous grant-funded and contracted projects for the Agency and federal partners. Among these is a recent partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from the Substance Abuse and Mental Health Services Administration Center (SAMHSA). This five-year effort, also known as Iowa's Integration Project, sought to improve primary and behavioral health outcomes for individuals with substance use disorders through greater care coordination and system integration. Similar work to the efforts we will undertake as the District 6 ASO. Through our sister organization IowaHealth+, we have furthered our fiduciary experience, managing a clinically integrated network of 11 community health centers, facilitating risk-based contracting and revenue cycle support with the state's Medicaid Managed Care Organizations (MCOs) and Medicare. We take our fiscal responsibilities seriously and will ensure transparent and efficient management of BHSS resources.

d. *Demonstration of the Bidder's knowledge of the current resources in the District that span across the continuum of Behavioral Health Services.*

District 6: Key Providers

Provider Type	Key District Providers
Community Mental Health Centers	• Abbe Center • Capstone Behavioral Health Center • Heartland Family Services • Infinity Health • Optimae Life Services • Southern Iowa Mental Health Center
Psychiatric Medical Institutions for Children	• N/A
Crisis Stabilization Community	• American Home Finding Association • Elevate CCBHC • Eyerly Ball • Foundation 2 • Southern Iowa Mental Health Center
Crisis Stabilization Residential Adult	• Southern Iowa Mental Health Center
Crisis Stabilization Residential Child	• N/A
Integrated Provider Network	• Alcohol & Drug Dependency Services • Crossroads • First Oaks • Robert Young Center • Southeastern Iowa Economic Develop Association • Substance Abuse Treatment Unity
Community Health Centers	• Community Health Centers of Southeastern Iowa • Infinity Health • River Hills Community Health Center
Schools	• Albia Schools • Cardinal Community Schools • Fairfield Schools • Ottumwa Schools • Pekin Community Schools • Sigourney Schools
Community-Based & Faith-Based Organizations	• Wapello County Public Health • Sieda Community Action
Mobile Crisis Response	• CommUnity • Elevate CCBHC • Eyerly Ball • Foundation 2 • Southern Iowa Mental Health Center
23-hour Observations	• Southern Iowa Mental Health Center
Access Center	• Southern Iowa Mental Health Center
Tobacco Community Partnerships	• Helping Services for Youth and Families • Southern Iowa Economic Development Association

Subacute	• Southern Iowa Mental Health Center
Certified Community Behavioral Health Centers	• Infinity Health

The Iowa PCA has initiated discussions with several of the key BHSS service providers in District 6. Over the coming months, we will continue to meet with providers and other local stakeholders to deepen our understanding of the issues impacting this District and continue to identify key individuals to serve on the District 6 Behavioral Health Advisory Council.

e. *Summary of the Bidder's current partnerships at the District, state, and federal levels that benefit and are relevant to the scope of work defined in this RFP.*

In District 6, there are three CHCs that have 11 locations in District 6:

- River Hills Community Health Center with locations in Centerville, Fairfield, Oskaloosa, Ottumwa, Richland, Sigourney, and Albia
- Community Health Centers of Southeastern Iowa with two locations in Keokuk
- Infinity Health with locations in Centerville and Albia.

Additionally, River Hills Community Health Center provides school-based health care services for the Sigourney, Albia, Cardinal Community, Fairfield, Ottumwa, and Pekin Community Schools. Infinity Health also provides school-based health services for Albia Community Schools.

These CHCs ensure accessible and essential health services are available throughout the region. These existing local partnerships have proven crucial for building trust locally and helping to facilitate the initial District assessment the Iowa PCA completed in preparation for bid submission.

As a statewide organization and leader in integrated care delivery, the Iowa PCA has strong working relationships with other key provider organizations, including the Iowa Behavioral Health Association, the Iowa Association of Community Providers, the Iowa Hospital Association, the major health systems, and others. We work closely with representatives from the state's Medicaid MCOs, meeting monthly with their plan presidents to discuss systemic issues and collaborative quality improvement efforts. We also hold a board seat on the state HIE and support multi-provider efforts in health data sharing and interoperability.

We also have extensive working relationships with state entities, including the Agency. Iowa PCA leadership currently meets monthly with Agency leadership, including the Agency Director and Medicaid Director, and our Integrated Health team meets regularly with Agency and MCO staff to collectively address barriers to care integration. We have also formed new working relationships with statewide providers including Classroom Clinic and Integrated Telehealth Partners to begin developing strategies to expand the deployment of telehealth services as a means of increasing system capacity.

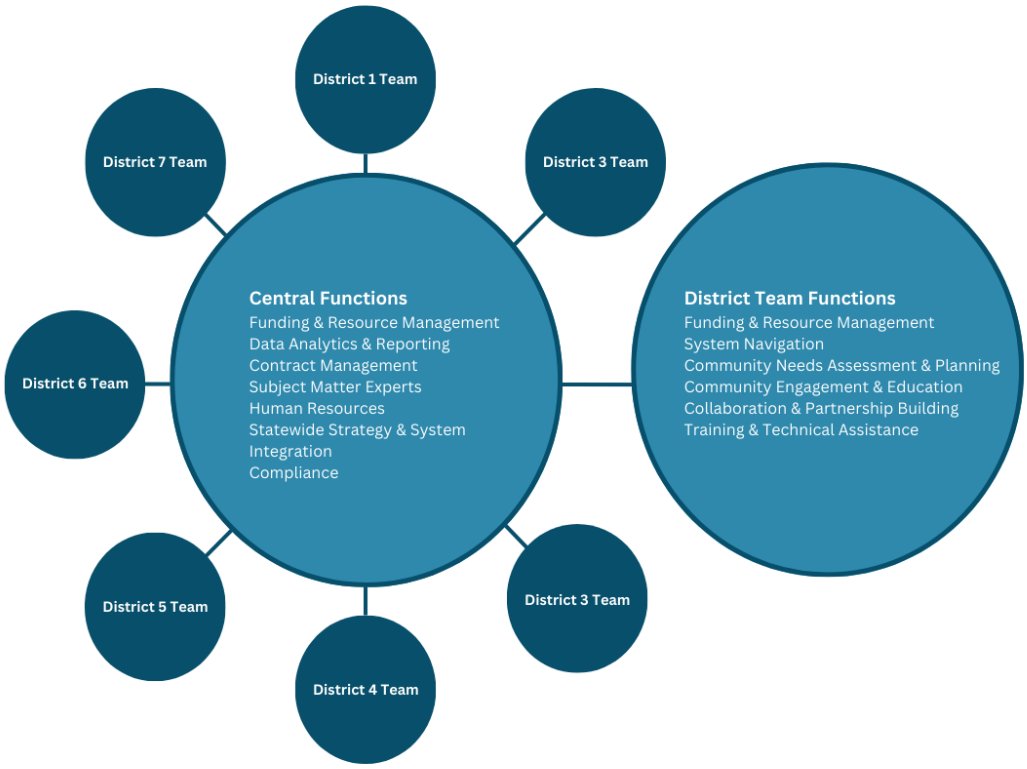
On the federal level, the Iowa PCA has long working relationships with a number of federal agencies, including the Health Resources and Services Administration (HRSA), SAMHSA, and the Centers for Medicare & Medicaid Services (CMS). As a condition of their federal designation, all community health centers are required to annually report standardized data to HRSA through the Uniform Data System (UDS), which includes data on patient populations, clinical quality measures, and financial performance. Our Data and Technology team works closely with our federal partners to help facilitate this data exchange and our Project

Management and Integrated Care teams work regularly with our federal partners to facilitate our grant-based and quality improvement initiatives.

As we work to develop and implement the District 6 BHSS administrative infrastructure, we will build upon these strong established local, state, and federal partnerships. The Iowa PCA will convene local stakeholders and service providers to assess the local BHSS system, develop strategies to expand system capacity and equitable access across the District, and improve system integration. On a state level, the Iowa PCA will partner with the Agency to help develop the Statewide BHSS Plan, as well as strategies to improve the consistency of service delivery statewide and roll out the Thrive Iowa infrastructure to support closed loop social service referrals.

f. *Explanation of the Bidder's current and anticipated presence within the District's communities.*

Utilizing a hub and spoke operational structure, the Iowa PCA will look to embed six ASO staff in District 6. These individuals will be responsible for helping to facilitate system navigation, community needs assessment and planning, local service provision, community engagement and education, and collaboration and partnership building. Supported by a centralized ASO administrative unit located in Des Moines, this team will serve as local representatives for the Iowa PCA statewide ASO. They will work with our legacy Iowa PCA team to leverage our existing subject matter experts, trained facilitators, funding and resource management, data infrastructure and data scientists, network management, and system compliance capabilities.



g. *An explanation of opportunities for potential new partnerships within the District and at state and federal levels to achieve outcomes and ensure continuity of care*

As the Iowa PCA builds upon our existing partnerships and brings a fresh perspective to our work as the statewide ASO, we are excited about the opportunities to explore new collaborations and service arrangements to improve the BHSS service array in District 6. A key element to doing so will be our tiered telehealth deployment model. Building upon the current work underway in the District, we will expand the presence of ITP in the District and establish a presence for Classroom Clinic. These gap-filling service providers of adult and pediatric telehealth services will help to quickly build system capacity as we work to develop long-term strategies to further expand the service array to meet statewide goals and locally identified needs.

The Iowa PCA is continuing to examine additional state and national partnerships like these strategic telehealth deployments to bring additional services and resources to support the work of District 6. As we complete our formal assessment of the District upon contract award, we anticipate identifying additional system needs. Working in partnership with District stakeholders and the Agency, we will collaboratively tackle each system need to develop a realistic, data-informed approach to address the issue.

h. *The Bidder's experience in gathering data, and leading or participating in assessments at the local level, including work related to local Community Health Assessments and Community Health Improvement Planning (CHA/CHIP).*

As a data-driven organization, the Iowa PCA has a long history of data collection and system assessment efforts. The 14 local CHCs that comprise the Iowa PCA also have an extensive history of helping to lead both internal and community level needs assessments. As safety net providers in their communities, each CHC participates in the Community Health Assessments and Community Health Improvement Planning (CHA/CHIP) efforts in the areas they serve.

Using our replicated Clarity Database and advanced data analytic platform, the Iowa PCA Analytics and Reporting Team is able to produce data modeling and forecasting tools to help individual centers understand longitudinal service utilization, system capacity, and emerging service needs. Our data scientists and subject matter experts work to align these identified needs with strategic goals identified on both the state and local levels, and look for additional resources to provide funding, training, and technical assistance to local communities. Drawing upon the work of the Iowa PCA team, each health center is equipped to help inform community assessment efforts by providing insights into system utilization and the unmet service needs among the local safety net population. These insights, in turn help to inform centers' assessment of their current and future service offerings.

The Iowa PCA is excited to submit this bid to serve as the BHSS ASO for District 6. We are confident we have demonstrated how our unique background with integrated care, T/TA, system innovation, network management, and data infrastructure and management would make us the ideal partner to support the people of Southeast and East Central Iowa.

1. District Proposal Title: District #7 Proposal

2. BH-ASO Locations:

The Iowa Primary Care Association (Iowa PCA) will leverage one of its member community health centers (CHCs) to serve as the Administrative Services Organization (ASO) physical location, housing those staff who will be embedded in the Behavioral Health Services System (BHSS) District. We anticipate utilizing additional CHC locations within each District to support ASO activities. Centralized ASO staff, as indicated in our Personnel Plan listed in 1.3.2.5, will be housed in the Iowa PCA Offices, 500 SW 7th St, Des Moines, IA. Centralized ASO staff will travel to the regions as necessary to support the work of the BHSS District.

Community	Cedar Rapids
Physical Location	Eastern Iowa Health Center 1201 3rd Avenue SE Cedar Rapids, Iowa, 52403

3. District Narrative

In preparation for bid submission, the Iowa PCA met with local stakeholders in each District to gain a better understanding of the local service delivery system. Their input, along with data from the Agency, the previous Mental Health and Disability Services (MHDS) regions, and other sources helped to inform our initial District analysis and development of proposed strategies to improve the equitable delivery of BHSS services in each District.

a. Explicit detail on how the Bidder will ensure equitable delivery of Behavioral Health Services in the District given the demographics of the population and geography of the District.

District 7 is home to more than 1,000,000 Iowans and includes 12 counties spread across East Central and Southeast Iowa. Urban centers for this District include Waterloo, Dubuque, Cedar Rapids, Iowa City, Clinton, Davenport, Muscatine, and Burlington.

Previously, this District was a part of the following MHDS Regions:

- MHDS of the East Central Region (6 Counties)
- Eastern Iowa MHDS (5 Counties)
- Mental Health Agency of Southeast Iowa (2 Counties)
- County Social Service (1 County)

Ensuring equitable delivery of BHSS services across District 7 will require a comprehensive strategy focusing on accessibility, cultural competence, and local stakeholder engagement. Equity will be enhanced through the expansion of telehealth, true system integration, targeted outreach, and robust community-based support systems.

Accessibility
Efforts to improve equitable access to behavioral health services will be built upon a framework of strong partnerships with existing service providers. The Iowa PCA has a long history of working with our local health centers to jointly establish service expansion and quality

improvement initiatives, in alignment with state and federal strategic goals. Working with these local providers, the Iowa PCA and our network of national subject matter experts provide training and technical assistance to stand up new services and improve system capacity.

In District 7, we propose a similar approach to improve the accessibility of BHSS service through:

- Working with the established Certified Community Behavioral Health Clinics (CCBHCs) to develop sustainability models for long-term operations,
- Supporting current BHSS providers to improve the consistency and quality of the services they provide across the District,
- Building upon our established relationships with the University of Iowa Hospitals and Clinics (UIHC) to pilot innovation and collaboratively develop models to greater leverage their pool of behavioral health providers, and
- Better integrating existing providers to improve care coordination and prevent the escalation of behavioral health conditions.

Leveraging our status as the statewide ASO, Iowa PCA will establish District-wide and statewide learning collaboratives, targeted to specific high-need services such as subacute and pediatric BHSS services, to more efficiently spread best practices and allow peer-to-peer learning.

Maximizing the services of existing providers alone, however, will not be sufficient to overcome the pronounced provider shortages in District 7. A key element of our accessibility strategy for District 7 will be strategic deployment of greater telehealth offerings. Currently, Foundation2 and the Robert Young Center are providing Crisis Evaluation and other emergency stabilization services throughout much of the District via telehealth. Telepsychiatry services to jails within the District are currently provided through a combination of statewide providers like Integrated Telehealth Partners (ITP) and local providers like Hillcrest Family Services. The Iowa PCA will work with these established partners and others to expand telehealth services to fill unmet needs as appropriate. In discussions with Foundation2 and ITP, we have begun to explore options to spread their services more consistently throughout the District and statewide.

The Iowa PCA has also formed a strategic partnership with Classroom Clinic, an Iowa-based organization that provides behavioral health services via telehealth in a school-based setting. Building upon the successful model they piloted with the Eastern Iowa MHDS Region and another former MHDS Region outside District, we will make their pediatric care coordination and tele-behavioral health services available to school districts throughout District 7 on a voluntary basis. Currently, 10 school districts within District 7 are utilizing these services to provide increased pediatric access to care. Drawing upon our existing data infrastructure and internal expertise, we will ensure system integration between these statewide telehealth partners and local providers in the community, as well as on a District-wide and statewide basis.

Prioritizing technical support to allow existing local BHSS providers to stand up new or expand existing services and backfilling the system with these statewide gap-filling partners, the District 7 ASO will begin to expand access to BHSS services and ensure we are maximizing the effectiveness of the overall system.

Cultural Competency

District 7 includes Muscatine and Louisa Counties, both home to large Hispanic communities who often face additional cultural and language barriers to accessing care. While less pronounced throughout the remainder of the District, several other counties in the District are also home to minority communities that need additional support to access and navigate an

already complex BHSS system. Community Health Care currently provides services at two locations in Muscatine and Community Health Centers of Southeast Iowa provides services at a location in Louisa County.

The Iowa PCA and our local community health centers are well versed in working with and supporting diverse patient communities. We know that language translation lines alone are insufficient to providing quality care. We also know that supports are needed to overcome various cultural stigmas around seeking BHSS services and addressing the social drivers of health that impact an individual's success on their behavioral health journey.

As part of our efforts to ensure equitable access to services in District 7, the Iowa PCA will draw upon our experiences partnering with cultural and faith-based organizations to conduct outreach and provide patient navigation services. We will work with local leaders to identify cultural barriers within individual communities in the District and collaboratively develop strategies to overcome them. Every Iowa PCA staff member receives cultural competency training, and every Iowa PCA ASO staff member will receive additional training in the Science of Hope. These efforts will equip them with the skills to better partner with the individuals we serve to jointly develop attainable goals for their behavioral health journey and a pathway to achieve success.

Local Stakeholder Engagement
Successfully improving the consistency and accessibility of BHSS services in District 7 will require a combination of statewide and local strategies, guided by local thought leaders who know the needs of their communities. We applaud the legislature for ensuring that each BHSS District is guided by a District Behavioral Health Advisory Council, comprised of individuals from a breadth of perspectives, including children's mental health providers, and patients and families.

Within 90 days of contract award, the Iowa PCA will assemble the District 7 Behavioral Health Advisory Council, ensuring geographically dispersed representatives who are solutions-oriented community leaders, versed in the delivery of BHSS services. We will further ensure that the advisory council includes at least one representative from the board or an advisory committee from each of the two MHDS Regions that previously comprised the majority of this District, to help provide historical context to further inform our work. These advisory groups will be supported by the embedded Iowa PCA District 7 team who will be responsible for establishing and maintaining strong working relationships with the key stakeholders throughout the District. Working with the leadership from our local health leaders and other key stakeholders, the Iowa PCA has already identified several candidates for serving on the advisory council.

Within 120 days of contract award, the Iowa PCA will convene this advisory council to conduct a SWOT analysis of the current BHSS system in District 7. This analysis, led by our Iowa PCA professional facilitation staff, will help inform our collaboration with the Agency to develop the Statewide BHSS Plan and form the basis for our subsequent District 7 BHSS Plan.

Within six months of contract award, the Iowa PCA will convene the first statewide learning collaborative with representatives from all seven BHSS Districts. The Iowa PCA has long utilized this model, based on didactic, facilitative, and action-orientated content, with our 14 community health centers to support and inform our organization and the health centers in being nimble, responsive organizations. This forum will further allow the Agency to relay the latest updates on BHSS system implementation and for both the Agency and the individual Districts to discuss the outcomes of their district-level Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis efforts.

b. Demonstration of the Bidder's understanding of the strengths and gaps of the Behavioral Health Service System within the District, including the Bidder's understanding of the priority population needs within the District and how the bidder will prioritize the needs of those populations.

District 7: Data Highlights

County Name	% below poverty	% 2019 uninsured	% of Households Without a Vehicle	# Poor MH days per month	MH Provider Access	Population to one mental health provider	Suicide rate per 100,000	% Binge Drinking
Black Hawk	15.0	5.0	7.3	4.5	Shortage	542:1	15.4	24.7
Buchanan	8.0	5.1	6.2	4.3	Shortage	882:1	14.6	26.8
Cedar	7.6	2.2	3.3	4.4	Shortage	2070:1	11.2	25.1
Clinton	12.7	3.7	6.6	4.4	Shortage	693:1	20.0	22.9
Delaware	8.6	3.0	5.2	4.1	Shortage	1063:1	13.5	25.3
Des Moines	14.0	4.9	8.6	4.5	Shortage	487:1	22.2	24.8
Dubuque	9.3	3.8	5.8	4.3	Shortage	620:1	13.4	27.4
Jackson	11.1	4.4	5.9	4.1	Shortage	1080:1	18.6	24.7
Johnson	16.7	5.6	7.6	4.6	Shortage	266:1	10.6	22.5
Jones	9.9	3.1	4.2	3.9	Shortage	1880:1	N/A	23.3
Linn	9.6	3.7	5.1	4.4	Adequate	451:1	17.2	22.9
Louisa	10.0	5.1	4.5	4.7	Shortage	2207:1	N/A	23.8
Muscatine	10.5	3.8	5.2	4.3	Shortage	1471:1	15.1	23.3
Scott	11.8	4.5	6.5	4.3	Shortage	712:1	15.8	24.7
District Average	11.1	4.1	5.9	4.3	Near universal Shortage	1030:1		24.4
State Average	11.0	4.7	5.6	4.4	N/A	610:1	15.0	24.7

Source: Iowa HHS County Data Profiles, HRSA Mental Health Shortage Area Designations

In recent years, the previous MHDS Regions that comprise District 7 made progress toward developing and strengthening behavioral health services, especially in the provision of additional children's behavioral health services. Significant gaps remain, however, in workforce capacity, access to specialized services, service variability, and children's service offerings. Integration of the substance use and problem gambling safety net service areas, and the tobacco community partnerships will require a greater focus on collaboration between the fragmented systems.

In our review of relevant data for the District, and conversations with District stakeholders, priority populations that have been identified thus far for District 7 include individual reentering the community after jail and prison, individuals in need of intensive residential services, and those in need of crisis response and observation. The Iowa PCA has a long-established history of assessing and prioritizing the unique needs of patients in each of our CHC's service areas. A recent example of this is the AHEAD Disparity Landscape Assessment, a data analysis to understand disparities in key health outcomes and access indicators in key populations who receive care at Iowa's CHCs. This resource serves as a guidepost for developing and implementing services to meet the priority population(s)'s needs at each CHC. We will employ strategies utilized in the development of the Disparities Landscape Assessment and other population health data analysis to identify the priority populations with the needs assessment we will complete in each District.

Strengths

1. **Advanced BHSS Service Array**
   - District 7 has the most advanced BHSS service array of any District in the state, with multiple regional access hubs and several providers of tailored services for targeted populations like children, veterans, and individuals with co-occurring disorders. The UIHC continue to pilot new service delivery models and place a key role in the advancement of the service array in this District and statewide.
2. **Youth Crisis Stabilization Residential Services**
   - Recently, North Iowa Regional Services developed a Youth Crisis Stabilization Residential Services program in Black Hawk County. This development helps to address the pressing statewide need for children's BHSS services.
3. **Coordinated Crisis Response**
   - Integration of Crisis Response dispatch through Foundation2 has allows for greater system coordination and data collection to help inform system development throughout much of District 7. This integrated model holds great promise and should be evaluated for replication across the state.
4. **School-Based Behavioral Health Services**
   - The MHDS Region that previously served the eastern portion of this District piloted an innovative approach to school-based care coordination and tele-behavioral health services through a partnership with Classroom Clinic. This model of front-line pediatric service availability for any interested school has helped to improve behavioral health outcomes in participating school districts and should be replicated statewide.
5. **Intensive Residential Services (IRS)**
   - District 7 has the highest number of IRS providers in the state. Providers such as the Abbe Center, Hillcrest Family Services, and Four Oaks provide comprehensive supportive services, with some even offering tailored programs for specific populations like individuals with dual diagnoses or those involved with the criminal justice system. The lessons learned from these tailored programs can help inform development of similar tailored IRS offerings as system capacity is expanded in other areas of the state.

Gaps

1. **System Capacity**
   - **Current Offering**: District 7 contains several major hubs for BHSS services, including Iowa City with the UIHC. Despite having a disproportionately larger number of service providers compared to many of the other BHSS Districts, the stability of the provider network remains fragile and access to services varies across the District.
   - **Gaps**:
     - *Siloed Service Delivery:* BHSS service delivery within the former MHDS Regions and across the array of services to be provided through the new District remains fragmented. Underutilization of UIHC's large pool of behavioral health service providers and greater integration with local service providers offers an opportunity to more effectively deploy existing system capacity across the District.
     - *Telehealth Deployment:* Telehealth crisis evaluations are embedded in several Emergency Departments, telepsychiatry services are available in most jails throughout the District, and the eastern portion of the District has successful deployed a number of school-based telehealth programs. Despite this progress, telehealth services are inconsistent throughout the District and the potential remains for broader telehealth service utilization to reach underserved populations more effectively, especially in the rural areas in the core of the District.
2. **Continuity of Care and Medication Access:**
3. **Current Offerings:** The former MHDS Regions that comprise this District have made considerable strides in improving the continuity of care for individuals transitioning out of incarceration or in-patient BHSS services.
   - **Gaps:**
     - *Limited Transition Services:* Bridge prescriber appointments are available in portions of the District to provide a temporary solution for medication access post-discharge; however, services are inconsistently available, and the region still faces a gap in timely, long-term outpatient psychiatric services, particularly for those with complex needs.
     - *Forensic Services***:** Several of the larger communities within the District currently offer Forensic Assertive Community Treatment (FACT) services to coordinate the efforts of law enforcement, court officials, and service providers to support reentry and reduce recidivism. Opportunities exist to spread these evidence-based best practices to the smaller communities and continue to expand the sophistication of person-center service coordination efforts throughout the system.
4. **Crisis Services:**
   - **Current Offering**: The presence of two regional Access Centers and two access hubs in the District 7 ensures a strong infrastructure for crisis intervention. The centralization of core functions like Crisis Stabilization Services and the expansion of 23-hour observation services have further strengthened the region's crisis response.
   - **Gaps**:
     - *Mobile Crisis Services:* While Mobile Crisis Outreach is available in several counties, through providers like Foundation2, challenges remain in response times, especially in rural areas, and consistent coverage across all counties.

- *Continuum Services*: Like much of the state, stakeholders in District 7 report encountering patients with increasingly complex behavioral health needs. The MHDS Region comprising the western portion of the District made meaningful progress toward accessing the array of crisis services available throughout the region and targeting development efforts to expand services to meet growing needs. Opportunities exist to complete a similar assessment throughout the new District and work to increase crisis offerings.

5. **Community Integrated Day Habilitation Services**
6. **Current Offering:** The previous MHDS Regions have made considerable progress expanding day habilitation services throughout the District, however service availability and quality vary significantly.
   - **Gaps:**
     - *Service Variability*: The more urban communities in the region such as Dubuque, Linn, Johnson, and Scott County offer a wide array of holistic day habilitation services through well-established partners like Imagine the Possibilities, however, service offerings are considerably more limited in rural areas due to staffing and resource challenges.
     - *Transportation Barriers:* One of the most common barriers across several counties, especially Jackson, Delaware, and Louisa Counties, is the lack of reliable transportation options to and from day habilitation centers. Limited transportation assistance hinders individuals' ability to participate regularly in available service offerings.
7. **Children's Behavioral Health Services:**
   - **Current Offering**: Considerable progress has been made in expanding children's BHSS services, including the addition of Children's Crisis Stabilization Residential Services and Children's Crisis Stabilization Community Based Services, in several areas throughout the District.
   - **Gaps**:
     - *Variability Across the District:* The establishment of new children's crisis services has predominately occurred in urban areas, with a larger number of services recently being added in Linn County. Service variability is significant across the District.
     - *Limited Residential Service Capacity*: The number of children's Crisis Stabilization Residential Services beds available in the District are insufficient for the size of the region and not well distributed throughout the District. Additional investments are needed in this critical service offering.
8. **Family Psychoeducation and Peer Support**
9. **Current Offering: Family psychoeducation and peer support services are available throughout the District; however, service offerings vary significantly across the area.**
   - **Gaps:**
     a. *Family Services*: While there are a number of family education and support services available throughout the District, local stakeholders have expressed an interest in a greater emphasis on evidence-based service offerings and greater consistency throughout the District.
     b. *Peer Support Shortages*: The peer support workforce is underdeveloped, limiting the availability of these essential services. Peer support services are available in a limited capacity in some areas of the District with area providers reporting the development of informal supplemental peer support models to help fill the significant unmet need.

10. **Collaboration with Law Enforcement:**
    - **Current Offering**: The Co-Responder Model and Law Enforcement Liaisons have fostered better integration between mental health services and law enforcement, reducing the impact of crises on police resources and improving community care. Foundation2 has played a pivotal role in helping to better coordinate crisis services with law enforcement response in many areas of the District.
    - **Gaps**:
        - *Crisis Intervention Training(CIT)*: CIT uptake has been quite good in many areas of the District. Recent statewide efforts to integrate this training at the Iowa Law Enforcement Academy are further helping to increase law enforcement awareness of critical de-escalation skills. Further outreach and collaboration opportunities exist with existing law enforcement.
        - *Service Coordination*: Opportunities remain to expand coordination efforts between law enforcement and service providers. Pilot programs to co-deploy service providers with law enforcement have shown promise, however, further study is necessary to develop a sustainable model to continue these services on a long-term basis.
11. **IRS**
    - **Current Offering**: As with many BHSS services in the District, availability of IRS varies considerably between rural and urban communities. Providers such as the Abbe Center, Hillcrest Family Services, and Four Oaks provide comprehensive supportive services for individuals with severe and persistent mental illnesses or co-occurring disorders, with some IRS providers even offering tailored programs for specific populations like individuals with dual diagnoses or those involved with the criminal justice system.
    - **Gaps**:
        - *Limited Capacity:* The array of IRS offerings throughout the District is insufficient to meet demand. Even in urban areas like Dubuque and Johnson Counties, IRS programs frequently have waitlists and struggle with staffing shortages, resulting in delays in care.
        - *Inconsistent Services*: While some counties offer robust IRS programs, the models of care and service quality vary significantly. Additionally, some counties lack specialized IRS options for individuals with complex co-occurring conditions.
12. **Substance Use Disorder (SUD) Treatment Services**
13. **Current Offering:** SUD treatment services are inconsistently available throughout the District, with services concentrated in the major urban areas.
    - **Gaps:**
        - *Transportation Access*: Lack of transportation is a major barrier, particularly in rural areas, preventing access to essential BHSS services. Local stakeholders report difficulty with patient adherence to treatment plans, especially those on Medication Assisted Treatment (MAT) therapy, requiring regular provider consultation and MAT administration.
        - *Provider Availability*: Des Moines County has among the highest per capita rates of methamphetamine-related treatment admissions in the state. Timely access to the limited number of SUD providers in the District remains a significant barrier. Innovations in SUD services at UIHC are underutilized and present an opportunity for greater expansion both within District 7 and

statewide.

14. **System Integration & Collaboration**
    - **Current Offering**: District 7 brings together six main access hubs for both physical and behavioral health services, each with their own established referral patterns and a history of mixed success at collaboration.
    - **Gaps**:
        - *Fragmented Service Delivery*: The current physical and behavioral health service delivery system in this District is fragmented, with a history of distrust and local stakeholders reporting that UIHC is not well integrated with community services. A lack of care coordination and system integration plagues nearly every stream of service delivery in the District.
        - *System Collaboration*: The two previous MHDS Regions that comprised the majority of District 7 each made significant strides toward system collaboration and between the regions. In Black Hawk County, local stakeholders report that the previous community convenor was affiliated with one of the major health systems, resulting in several key players declining to engage in system coordination discussion. Opportunities exist for a new, independent entity with a fresh perspective to convene all necessary stakeholders to build the new BHSS system.

c. Explanation of why the Bidder is particularly well suited to serve as the BH-ASO in the District, including its strengths.

The Iowa PCA is uniquely well-positioned to serve as the ASO for District 7 due to our statewide reach, experience with integrated care models, focus on underserved populations, strong infrastructure for care coordination, and expertise in managing health services. Our commitment to quality improvement, workforce development, and data-driven decision making ensures we can effectively manage and administer a comprehensive behavioral health system that is both equitable and efficient.

Strong Network of Support
Today, the Iowa PCA supports a network of 14 CHCs across the state who are providing comprehensive primary care services including medical, oral, behavioral, pharmacy, vision, and enabling services. We offer training, technical assistance, network management, and data infrastructure to support local providers in both urban and rural settings, providing a solid foundation as we expand to provide similar support services in District 7.

Built on an Integrated Care Model
Foundational to the work of Iowa's CHCs is integration between physical health, behavioral health, and social services. The Iowa PCA is built to support an integrated care model and our experience with our local health centers has prepared us to provide a similar supporting role as District 7 looks to integrate and expand its fragmented service delivery system. Drawing upon our wealth of experience and internal expertise, we will deploy a holistic approach to addressing both physical and mental health that aligns well with the goals of a comprehensive behavioral health system.

Focus on Under-Resourced and Vulnerable Populations
Born out of the Civil Rights Movement and the War on Poverty in the 1960s, CHCs and the Iowa PCA have a long-standing commitment to health equity and serving medically under-resourced populations, including low-income individuals, individuals without insurance, and rural

communities. This focus led to our health centers becoming early adopters of efforts to address social drivers of health (SDOH). In support of this, the Iowa PCA has worked with our state and national partners to help develop and deploy additional SDOH screening and referral tools, including Unite Us, FindHelp, United Way's 211 assistance service, and the Iowa Community HUB. This experience has positioned us to be an informed partner as the Agency looks to establish and deploy the statewide Thrive Iowa system.

Established Data Management Infrastructure
The Iowa PCA has built all of the core data infrastructure that supports and sustains the care coordination and data informatics efforts for Iowa's community health centers. Our replicated Clarity Database and Microsoft Power BI implementation allow for advanced reporting and analytics of all integrated health record data in a secure environment. Through our deployment of Microsoft Fabric, an end-to-end, unified data management and security platform, the Iowa PCA Analytics and Reporting Team can produce standardized and targeted dashboards to allow center staff to monitor overall system utilization and allow for Iowa PCA to identify targeted T/TA needs. The Iowa PCA will leverage these existing capabilities to build district-level and statewide integrated data systems, which will provide a wholistic view of system capacity and provide all necessary reporting and integration with the Agency's statewide centralized BHSS data repository.

Quality Improvement and Accountability
With a strong track record of successful targeted and statewide quality improvement projects, the Iowa PCA has experience in performance measurement, quality assurance, and continuous improvement processes. Utilizing our suite of advanced data analytic tools, we are able to monitor targeted interventions and make data-driven decisions to improve system performance and patient outcomes. We provide training, technical assistance, data infrastructure, and system collaboration to connect local service providers with both their peers statewide and national subject matter experts. The Iowa PCA will deploy a similar data-driven approach to help ensure the BHSS system is both effective and efficient, with continuous monitoring and reporting on key performance indicators.

Experienced Fiduciary Agent
The Iowa PCA has extensive experience managing state and federal funding, including numerous grant-funded and contracted projects for the Agency and federal partners. Among these is a recent partnership with the Agency to administer a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from the Substance Abuse and Mental Health Services Administration Center (SAMHSA). This five-year effort, also known as Iowa's Integration Project, sought to improve primary and behavioral health outcomes for individuals with substance use disorders through greater care coordination and system integration. Similar work to the efforts we will undertake as the District 7 ASO. Through our sister organization IowaHealth+, we have furthered our fiduciary experience, managing a clinically integrated network of 11 community health centers, facilitating risk-based contracting and claims processing with the state's Medicaid Managed Care Organizations (MCOs) and Medicare. We take our fiscal responsibilities seriously and will ensure transparent and efficient management of BHSS resources.

d. Demonstration of the Bidder's knowledge of the current resources in the District that span across the continuum of Behavioral Health Services.

District 7: Key Providers

Provider Type	Key District Providers
Community Mental Health Centers	• Abbe Center • Black Hawk/Grundy • Bridgeview CMHC • Hillcrest Family Services • Vera French
Psychiatric Medical Institutions for Children	• Four Oaks • Hillcrest Family Services • Tanager Place
Crisis Stabilization Community	• Elevate CCBHC • Foundation2
Crisis Stabilization Residential Adult	• Abbe Center • GuideLink • Imagine the Possibilities • MHAC Linn • North Iowa Regional Services • Vera French
Crisis Stabilization Residential Child	• CommUnity • North Iowa Regional Services • Tanger Place
Integrated Provider Network	• Alcohol & Drug Dependency Services • Area Substance Abuse Council • Community Family Resources • Counseling Associates • Pathways Behavioral Services • Robert Young Center • Young House Family Services
Community Health Centers	• Community Health Care, Inc. • Community Health Centers of Southeastern Iowa • Crescent Community Health Center • Eastern Iowa Health Center • Peoples Community Health Clinic • Proteus, Inc.
Schools	• Burlington Schools • Davenport Community Schools • Maquoketa Schools • Tipton Schools • Waterloo Schools
Community-Based & Faith-Based Organizations	• Black Hawk Public Health • Cedar Rapids Police Department • Willis Dady
Mobile Crisis Response	• CommUnity • Elevate CCHBC • Foundation2

23-hour Observations	• MHAC Linn • Robert Young • University of Iowa
Access Center	• GuideLink • MHAC Linn • North Iowa Regional Services
Tobacco Community Partnerships	• Helping Services for Youth and Families • Southern Iowa Economic Development Association
Subacute	• Abbe Center • North Iowa Elite Mental Health Services • Penn Center Subacute Mental Health Facility • Pillar of Cedar Valley Subacute
Certified Community Behavioral Health Centers	• Abbe Center • Elevate Housing Foundation • Hillcrest • Pathways Behavioral Services • Robert Young Center

The Iowa PCA has initiated discussions with several of the key BHSS service providers in District 7. Over the coming months, we will continue to meet with providers and other local stakeholders to deepen our understanding of the issues impacting this District and continue to identify key individuals to serve on the District 7 Behavioral Health Advisory Council.

e. Summary of the Bidder's current partnerships at the District, state, and federal levels that benefit and are relevant to the scope of work defined in this RFP.

Six Iowa PCA community health centers have 18 locations in District 7:

- Peoples Community Health Clinic with one location in Waterloo
- Crescent Community Health Center with one location in Dubuque
- Eastern Iowa Health Center with three locations in Cedar Rapids and one location in Vinton
- Proteus with one location in Iowa City
- Community Health Care with five locations in the Quad Cities, two locations in Muscatine, and one location in Clinton
- Community Health Centers of Southeastern Iowa with two locations in the Burlington area and one location in Columbus City

Additionally, Community Health Care provides school-based health care services in the Davenport Community School District, Community Health Centers of Southeastern Iowa provides mobile health services to Burlington area high schools, and Peoples Community Health Clinics provides these services to the Clarksville School District.

Each of these CHCs has established relationships with providers and other leaders in their communities. These existing local partnerships have proven crucial for building trust locally and helping to facilitate the initial District assessment the Iowa PCA completed in preparation for bid submission.

As a statewide organization and leader in integrated care delivery, the Iowa PCA has strong working relationships with other key provider organizations, including the Iowa Behavioral Health Association, the Iowa Association of Community Providers, the Iowa Hospital

Association, the major health systems, and others. We work closely with representatives from the state's Medicaid MCOs, meeting monthly with their plan presidents to discuss systemic issues and collaborative quality improvement efforts. We also hold a board seat on the state HIE and support multi-provider efforts in health data sharing and interoperability.

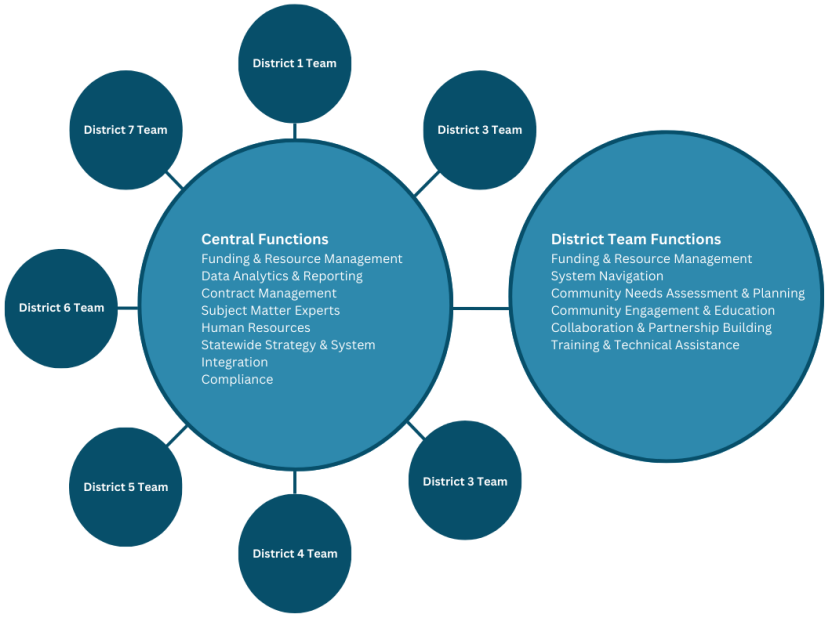
We also have extensive working relationships with state entities, including the Agency. Iowa PCA leadership currently meets monthly with Agency leadership, including the Agency Director and Medicaid Director, and our Integrated Health team meets regularly with Agency and MCO staff to collectively address barriers to care integration. We have also formed new working relationships with statewide providers including Classroom Clinic and Integrated Telehealth Partners to begin developing strategies to expand the deployment of telehealth services as a means of increasing system capacity.

On the federal level, the Iowa PCA has long working relationships with a number of federal agencies, including the Health Resources and Services Administration (HRSA), SAMHSA, and the Centers for Medicare & Medicaid Services (CMS). As a condition of their federal designation, all community health centers are required to annually report standardized data to HRSA through the Uniform Data System (UDS), which includes data on patient populations, clinical quality measures, and financial performance. Our Data and Technology team works closely with our federal partners to help facilitate this data exchange and our Project Management and Integrated Care teams work regularly with our federal partners to facilitate our grant-based and quality improvement initiatives.

As we work to develop and implement the District 7 BHSS administrative infrastructure, we will build upon these strong established local, state, and federal partnerships. The Iowa PCA will convene local stakeholders and service providers to assess the local BHSS system, develop strategies to expand system capacity and equitable access across the District, and improve system integration. On a state level, the Iowa PCA will partner with the Agency to help develop the Statewide BHSS, as well as strategies to improve the consistency of service delivery statewide and roll out the Thrive Iowa infrastructure to support closed loop social service referrals.

f. Explanation of the Bidder's current and anticipated presence within the District's communities.

Utilizing a hub and spoke operational structure, the Iowa PCA will look to embed six ASO staff in District 7. These individuals will be responsible for helping to facilitate system navigation, community needs assessment and planning, local service provision, community engagement and education, and collaboration and partnership building. Supported by a centralized ASO administrative unit located in Des Moines, this team will serve as local representatives for the Iowa PCA statewide ASO. They will work with our legacy Iowa PCA team to leverage our existing subject matter experts, trained facilitators, funding and resource management, data infrastructure and data scientists, network management, and system compliance capabilities.



g. An explanation of opportunities for potential new partnerships within the District and at state and federal levels to achieve outcomes and ensure continuity of care.

As the Iowa PCA builds upon our existing partnerships and brings a fresh perspective to our work as the statewide ASO, we are excited about the opportunities to explore new collaborations and service arrangements to improve the BHSS service array in District 7. A key element to doing so will be our tiered telehealth deployment model. Building upon the current work underway in the District, we will expand the presence of ITP and Classroom Clinic in the District. These gap-filling service providers of adult and pediatric telehealth services will help to quickly build system capacity as we work to develop long-term strategies to further expand the service array to meet statewide goals and locally identified needs.

The Iowa PCA is continuing to examine additional state and national partnerships like these strategic telehealth deployments to bring additional services and resources to support the work of District 7. As we complete our formal assessment of the District upon contract award, we anticipate identifying additional system needs. Working in partnership with District stakeholders and the Agency, we will collaboratively tackle each system need to develop a realistic, data-informed approach to address the issue.

h. The Bidder's experience in gathering data, and leading or participating in assessments at the local level, including work related to local Community Health Assessments and Community Health Improvement Planning (CHA/CHIP).

As a data-driven organization, the Iowa PCA has a long history of data collection and system assessment efforts. The 14 local health centers that comprise the Iowa PCA also have an extensive history of helping to lead both internal and community level needs assessments. As safety net providers in their communities, each CHC participates in the Community Health Assessments and Community Health Improvement Planning (CHA/CHIP) efforts in the areas they serve.

Through the use of our replicated Clarity Database and advanced data analytic platform, the Iowa PCA Analytics and Reporting Team is able to produce data modeling and forecasting tools to help individual centers understand longitudinal service utilization, system capacity, and emerging service needs. Our data scientists and subject matter experts work to align these identified needs with strategic goals identified on both the state and local levels, and look for additional resources to provide funding, training, and technical assistance to local communities. Drawing upon the work of the Iowa PCA team, each CHC is equipped to help inform community assessment efforts by providing insights into system utilization and the unmet service needs among the local safety net population. These insights, in turn help to inform CHCs' assessment of their current and future service offerings.

The Iowa PCA is excited to submit this bid to serve as the BHSS ASO for District 7. We are confident we have demonstrated how unique background with integrated care, T/TA, system innovation, network management, and data infrastructure and management would make us the ideal partner to support the people of East Central and Southeast Iowa.

Section 4: Bidder's Experience.

3.2.4.1 Description of Experience Managing Contractors or Subcontractors.

The Iowa Primary Care Association (Iowa PCA) has over three decades of experience managing contractors and subcontractors within our organization and two sister companies, INConcertCare (INCC) and IowaHealth+, which the Iowa PCA staffs through management services agreements.

Over that time, our team has built the necessary internal infrastructure, staffing models, and operational capabilities to hold contractors and subcontractors accountable, collaboratively work together, and be responsive and nimble as changes inevitably occur within initiatives and projects. The Iowa PCA works to co-create goals, objectives, and key performance indicators with contractors and subcontractors and uses standardized processes to ensure roles, responsibilities, outcomes, and deadlines are clear. We use tools to bring visibility to project implementation plans, progress being made throughout project period, and to key data points or outcome measures.

The Iowa PCA has also strategically invested in continuous improvement training for our team members, and we have completed several continuous improvement projects focused on management of contractors and subcontractors. The Iowa PCA recognizes the importance of collaborating with and supporting the contractors and subcontractors we elect to work with and has vast experience facilitating peer learning with community health center (CHC) subcontractors, developing action plans and systematizing training and technical assistance (T/TA), and developing actionable data to drive change. We have also developed a suite of tools that make management of contractors and subcontractors easier for our team members including project charters, template agenda, RACI (responsible, accountable, consulted, and informed) charts, and work planning templates. The following are descriptions of two of the key tools we have in place to ensure management of contractors and subcontractors as well as project management overall.

Project Management Playbook and Asana
The vision of the Iowa PCA's Project Management Playbook is to build a system to scope, resource, plan, and execute our work. The Iowa PCA uses Asana, a project management software system, to manage our work and projects to alleviate gaps and missed work so that we can have simplicity, clarity, and visibility of work, projects, strategic objectives, and improvement actions. Success for project management and work visibility in support of contract and subcontract management is defined by the Iowa PCA as:

- We are better, faster, and more efficient through the effective use of consultants
- All work should support and align with strategic initiatives
- Continuous improvement is a central component of all projects
- Operational projects, grants, and programs overlap is considered
- There is clear communication and oversight of project progress and status

Asana is our primary work, task, and project tracking system. We use the system to:

- Create tasks
- Track contracts, subcontracts, projects, and work plans
- Communicate about specific tasks, projects, work plans

- Create transparent access to our strategy status dashboard
- Conduct operational planning

Our organization is committed to maintaining the highest standards of fund management compliance. We adhere to all relevant federal, state, and local regulations, ensuring that all funding is used efficiently and effectively. Our robust internal controls include regular audits, comprehensive training for staff on compliance and fund management requirements, and a systematic approach to monitoring expenditure and reporting. We prioritize transparency and accountability, providing timely and accurate reporting to all stakeholders. By implementing these practices, we aim to foster trust and ensure that funds are managed with integrity and in alignment with the objectives of the funding agency.

During our last fiscal year, the Iowa PCA managed over $10 million in contracts and an additional $1 million in subcontracts through a multitude of federal, state, and philanthropic funding. The vast majority of these subcontracts were focused on clinical quality improvement and integrated care projects. The Iowa PCA's Program Management team has developed best practice workflows, communications, and uses our standardized Project Management Playbook to ensure the CHCs clearly understand the goals, activities, required outcomes, and performance measures associated with the subcontract as well as the overarching contract to bring visibility to the overall purpose of the project or initiative. Through these various grants, the CHCs and Iowa PCA were able to increase cancer screening rates, develop a plan for implementing evidence-based strategies for social drivers of health (SDOH) screening, team-based care, and improve outcomes for patients at the highest risk of cardiovascular disease, and integrate oral health screenings into well child visits at 10 CHCs.

Through the Iowa PCA's management services agreement with INCC, our team oversees a centralized contract with OCHIN, a non-profit organization that provides solutions expertise, clinical insights, and tailored technologies needed to connect and transform health care delivery across the country. OCHIN is a large and sophisticated contractor, and our centralized contract involves 11 CHCs in Iowa that all agreed to procure a single instance of Epic, a best-in-class electronic health record (EHR) system that has been customized for community health providers. There are a multitude of vendors that also make enhanced functionality available beyond OCHIN Epic, many of which are additional centralized subcontracts also managed by our team on behalf of the CHCs.

The joint purchasing, contracting, and implementation of OCHIN Epic resulted in substantial savings to the CHCs in Iowa. Following contract negotiations, the Iowa PCA team led the massive implementation of this system, which began in December 2022, and resulted in all 11 CHCs going live between August and November 2023, less than 12 months from the contract being signed. While our network has moved into the stabilization and optimization phase of the implementation, we continue to hold OCHIN accountable for meeting all terms of our centralized contract. We also centrally reconcile all CHC invoices, make payments, and manage scopes of work for all services from OCHIN, resulting in streamlined processes for OCHIN and significant decreases in administrative burden and quality control for the CHCs. The Iowa PCA manages several million in passthrough dollars from the CHCs to OCHIN from managing invoices and scopes of work, which is in excess of the annual revenues otherwise reported. The strong management of the contract and subcontracts within the OCHIN Epic suite of tools has resulted in the CHC care teams reporting a 70% increase in our annual KLAS survey responses. The

Best in KLAS report (issued annually by KLAS Research) recognizes software and services companies that excel in helping healthcare professionals improve patient care.

Finally, through our management services agreement to staff IowaHealth+, a clinically integrated network wholly owned by eleven CHCs and the Iowa PCA, the Iowa PCA team manages value-based care (VBC) contracts within the Medicaid and Medicare programs on behalf of our member owner CHCs. IowaHealth+ currently serves over 200,000 patients, including 60,000 patients attributed through VBC contracts from three Medicaid Managed Care Organizations (MCOs), through the Medicare Shared Savings Program, and through a partnership with Main Street Health, a Medicare Advantage VBC aggregator.

IowaHealth+ has a demonstrated history of its ability to perform clinically and financially in value-based contracts. Most of our experience is performance in MCO value-based contracts, including one partnership with downside risk. IowaHealth+ began contracting with the Iowa Medicaid program in 2015 for value-based pay incentives and transitioned to partnering with MCOs upon Iowa transitioning its Medicaid program in 2016. Since that time, we have progressed through pay for performance to shared savings to downside risk arrangements depending on the tenure and maturity of our relationships. Some highlights of our accomplishments in the managed care space and Medicare include: a reduction of IowaHealth+ Medical Loss Ratio average over 32% from 2018 to date; increasing the number of patients diagnosed with high blood pressure whose blood pressure is now controlled by 6% from 2020 through 2023, and performing above the National Committee for Quality Assurance (NCQA) 50th percentile standard in Medicare Risk Adjustment Factor (RAF) score average >1 as well as performing above the Medicare quality benchmark in Colorectal Cancer Screening rates in 2023.The accomplishments achieved through the IowaHealth+ contracts and other quality improvement efforts also show up in other metrics.

In recent calendar years, IowaHealth+ earned several million dollars in quality and shared savings earnings with significant portions of these earnings flowing to the CHCs through a fund flow model that was developed in partnership with the CHCs. Additionally, IowaHealth+ is accountable for lowering the overall total cost of care within these contracts, which across all our VBC contracts, is about $500 million in total healthcare spending.

To achieve these outcomes, the Iowa PCA offers virtual and in-person network and CHC level performance review meetings through our Clinical Quality Committee, VBC Task Force, and one-on-one meetings with CHCs. The Clinical Quality Committee currently meets monthly and provides facilitative T/TA on clinical and quality matters, associated quality improvement programs, corrective action, recommended clinical pathways and protocols, and participant quality incentive targets and satisfaction thereof. The VBC Task Force, currently meeting bi-weekly, focuses on continuous quality improvements and decides how IowaHealth+ will meet VBC goals. Discussions include tasks that need to be completed, workflows, interventions, sharing of best practices and evidence-based outcomes. The VBC Task Force serves as the liaison between care teams and leadership at the CHC level.

In addition to the existing committee and work group structure, the Iowa PCA supplies individual consultant support to the IowaHealth+ member owner CHCs. Consultant support is typically related to efforts and interventions that support cost and quality initiatives related to performance in VBC contracts. Most of the support and T/TA is led by the Iowa PCA VBC Team in collaboration with staff across all our business units, including staff with clinical, continuous improvement, data analysis, and other expertise. We meet with CHCs on a quarterly basis to

review progress and answer questions on all initiatives supported by the Iowa PCA and its two sister companies.

Another way the Iowa PCA supports its member owner CHCs to achieve clinical, quality and patient outcomes is through Transformation Collaboratives. Transformation Collaboratives began in 2015 and are in-person events held a minimum of three times per year that are designed to empower CHCs in transforming their practices through didactic, facilitative and action-oriented content. Overarching goals include improving clinical outcomes, the patient experience, reducing organizational and overall health care costs, bolstering staff capacity, capability, and competencies, and embedding equity in services and operations. These events are highly regarded and well attended. Topics are chosen in response to acute and chronic CHC needs, as well as strategic priorities. The Iowa PCA Transformation Team leads these events and is supported by all teams across our companies. The CHC audience for each event is tailored to the issue or topic and is also considered when maximizing engagement. These events continue to evolve each year, incorporating adult learning best practices, peer to peer learning, and hands-on solutioning so that participants leave the event with tangible work products that can be applied immediately.

Through our powerful analytics tools, including a replicated database, SQL servers and a VBC analytics platform, we have the ability to manage, integrate, analyze, and visualize data from multiple data sources for many use cases. Our VBC platform Arcadia can combine electronic health record data with VBC contract payor data that our CHCs. We and CHCs can use the data to format visualizations and streamlined automatic reports to support enhanced data discoveries resulting in meaningful conversations about healthcare utilization, quality, cost, coding, and care gap closure. Through our deployment of Microsoft Fabric, we can create Power BI dashboards or accurate and timely reporting of process and outcome metrics that can be securely accessed by approved users.

The Iowa PCA Data and Reporting Team supports this work in collaboration with our clinical informatics analyst nurse who serves as the subject matter expert for usage of the data within the tool. In addition to providing on-site and virtual support to providers, our staff has created a VBC analytics toolkit to empower increased, independent usage of the platform on-demand. We believe that our data is an asset and have a data governance committee and corresponding policy to ensure confidential and personal health information is stored, protected, used, and shared appropriately and in accordance with applicable laws and regulations.

The Iowa PCA is excited to leverage our experience and we are ready to increase our capacity even further as an ASO partner across the state of Iowa. We are confident our demonstrated abilities in managing contractors and subcontractors will enable us to ensure accountability and successful contract performance.

3.2.4.2 Letters of Support.

The Iowa PCA secured the following three required letters of support for Districts 1 through 7:

- **District 1:**
  - SALUD! Multicultural Health Coalition
  - Sioux Center Community Schools
  - The Warming Center

- **District 2:**
  - Community Health Center of Fort Dodge
  - New Opportunities
  - Spencer School District
- **District 3:**
  - Center Associates
  - Hillcrest Family Services
  - Primary Health Care, Inc.
- **District 4:**
  - All Care Health Center
  - Council Bluffs Community School District
  - Quad Counties 4 Kids Early Childhood Area and Kids First Communities Early Childhood Area
- **District 5:**
  - Decatur County Public Health
  - Des Moines Public Schools
  - South Central Iowa Community Action Program
- **District 6:**
  - American Home Finding Association
  - Celebrate Recovery
  - Southern Iowa Mental Health Center
- **District 7:**
  - Eastern Iowa Health Center
  - Foundation 2 Crisis Services
  - Vera French

salud.of.stormlake@gmail.com
www.salud-stormlake.com
www.facebook.com/SALUDofStormLake

October 13, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 1

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

SALUD! Multicultural Health Coalition (SALUD) is a trusted organization located in Storm Lake and we collaborate closely with United Community Health Center (UCHC) and many other local providers and partners to provide Community Health Worker and other services to under-resourced communities. Many of the individuals we serve experience structural barriers to care due to lack of transportation, inflexible work schedules, and out of pocket costs for care due to lack of access to insurance. And individuals with behavioral health diagnoses need even greater support in navigating the system.

SALUD was heartened to hear that the Iowa PCA, the association of Iowa health centers, like UCHC, was applying to serve as a BH-ASO. Supporting providers and communities in making improvements to this complex system requires data-informed strategies, an ability to understand community needs, and desire to listen to and work with local providers and partners, all skills the Iowa PCA possesses.
Like the Iowa PCA, SALUD and UCHC have seen the impact of true collaboration and communication on patientoutcomes and experience and our hope is that the redesigned behavioral health system with a strong BH-ASO like the Iowa PCA will result in better system alignment, coordination, and communication as well.

I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa and appreciate that they will also include community-based organizations like SALUD in their approach.

If you have any questions, you may contact me, Di Daniels, at didaniels2009@gmail.com or 712 299 9863

Sincerely,

Di Daniels

Di Daniels
Co-Director
SALUD-Multicultural Health Coalition of Storm Lake

SIOUX CENTER COMMUNITY SCHOOLS
550 9th Street NE, Sioux Center, IA 51250
DISTRICT OFFICE (712) 722-2985
FAX (712) 722-2986

October 16, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 1

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

The Sioux Center Community School District is committed to educating a whole student for a whole lifetime and one of our organizational values is health & wellness. We know the overall health and well-being of our students is greatly impacted by the time they spend in school and by their and their family's access to healthcare services. Recognizing this, our school district has been partnering with Promise Community Health Center (Promise CHC) to make healthcare more available to our students. Our system needs more collaborative efforts like this, particularly to improve access to behavioral healthcare care services and supports. The school districts in Iowa need more collaboration with behavioral healthcare providers to better support our students.

Promise CHC is one of the Iowa Primary Care Association's member health centers and I am encouraged they are applying to be a BH-ASO. The behavioral health system will benefit from the Iowa PCA's approach to working with providers, experience with large change initiatives, and support of collaborative models like the one we have in place with Promise CHC. We welcome further collaboration with Promise CHC, the Iowa PCA, and others working to improve Iowa's behavioral health system.

I welcome and support the efforts by the Iowa PCA to serve as the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions or if there are other ways that I can support this very important cause, I encourage you to contact me at your convenience. Thank you for your passion for others.

Superintendent Gary McEldowney
Sioux Center Community School District

Gary.mceldowney@scwarriors.org

October 16, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Support for District 1

Dear Aaron,

I am writing to express my support for the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1 through 7.

For the past ten years, The Warming Shelter has been a vital resource in Sioux City, serving under-resourced populations experiencing homelessness, including individuals with disabilities, older Iowans, and families with children. Our shelter is conveniently located just a block away from Siouxland Community Health Center (SCHC), a trusted partner. Over time, we have developed meaningful and impactful collaborations to better support our community. Through this partnership, we have come to deeply appreciate the role health centers play in providing access to care and comprehensive behavioral health services. Learning about SCHC's statewide association, the Iowa Primary Care Association, has highlighted the potential impact a statewide BH-ASO could have in Iowa. We believe this model will enhance system alignment, coordination, and communication for the benefit of those we serve.

Organizations like The Warming Shelter offer a unique and crucial perspective on the current state of our behavioral health system in Iowa. We are eager to collaborate with the Iowa PCA, health centers, behavioral health providers, and other partners through the BH-ASO model to help improve the system.

Based on our experience with SCHC, we know that the Iowa PCA is a trusted and well-regarded statewide organization dedicated to improving the health of under-resourced communities. I fully support the Iowa PCA's efforts to secure the BH-ASO designation to further enhance the behavioral health system in Iowa.

If you have any questions, please feel free to reach me at (712)-301-4638 or sbecker@thewarmingshelter.com

Sincerely,

Shayla Moore
Executive Director
The Warming Shelter, Inc.

916 Nebraska Street, Sioux City, IA 51105 | 712-255-0084 | www.thewarmingshelter.com | facebook.com/siouxcitywarmingshelter

Community Health Center of Fort Dodge

126 N 10th St Fort Dodge, IA 50501
(515)576-6500 phone (515)576-1951 fax

October 10, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 2

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

Community Health Center of Fort Dodge (CHCFD) is committed to providing a physical location within District 2 in Fort Dodge, Dayton, Clarion, and Eagle Grove and agrees to serve as an integrated primary care provider that partners to provide services to this district. CHCFD has grown its capacity to provide behavioral health services and works closely with law enforcement, homeless shelters, and other behavioral health providers to coordinate care.

CHCFD has been working with the Iowa PCA as they have provided support to us with collaboration and partnership-building as we have expanded into new communities. The Iowa PCA has also supported CHCFD in being a leader within our network of health centers in optimizing the use of our new electronic health record, OCHIN Epic. The Iowa PCA has vast experience supporting providers in using health information technology and leverages best practices like those in place at CHCFD and helps spread them to other health centers. The Iowa PCA has invested in training for their team members to support facilitation of collaborative meetings and quality improvement events and in approaching the health centers with respect and with an intent to listen. The Iowa PCA holds the expertise, systems, and infrastructure to support our sister behavioral health providers in effective and impactful ways.

Additionally, the Iowa PCA has proven itself to be a valuable partner in improving the health of under-resourced communities. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, you may contact Renae Kruckenberg at rkruckenberg@chcfortdodge.com or 515-576-6500.

Sincerely,

Renae Kruckenberg

Renae Kruckenberg
CEO
Community Health Center of Fort Dodge, Inc.

NEW OPPORTUNITIES
HELPING PEOPLE. CHANGING LIVES.

WWW.NEWOPP.ORG
P.O. BOX 427, CARROLL, IA 51401

October 14, 2024

To Whom It May Concern:

RE: Behavioral Health Administrative Servies Organization for District 2
Letter of Support - for Iowa Primary Care Association

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

New Opportunities provides a continuum of services starting with prevention and including substance use, mental health, tobacco use, and mentoring programming. Our organization is committed to the use of evidence-based interventions, and we have vast experience implementing strategic prevention frameworks within local communities. We believe there are positive collaborations and partnerships in our communities today that can be built upon and enhanced under the BH-ASO model, and we have also experienced not always having enough resources to meet the demands and hope to tackle this issue under this new system.

New Opportunities would welcome the Iowa PCA as a statewide BH-ASO given all the ways they already support safety net providers today. The infrastructure, services, and supports the Iowa PCA provides to Iowa's health centers are the same areas of focus of the BH-ASO model. We are particularly excited about the data, analytics, and continuous improvement expertise the Iowa PCA possesses. A statewide BH-ASO like the Iowa PCA would also ease the administrative and reporting New Opportunities will do in this new system since we provide services in four of the seven districts.

I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, you may contact Chad Jensen at cjensen@newopp.org or 712-792-9266.

Thank you for your time and consideration.

Sincerely,

Chad A Jensen, MA, LMSW
CEO

community Action PARTNERSHIP
PHONE: 712-792-9266 FAX: 712-792-1457
AUDUBON CALHOUN CARROLL DALLAS GREENE GUTHRIE SAC
United Way

SPENCER
Office of the Superintendent

Terry Hemann
Superintendent
23 East 7th St.
Spencer, Iowa 51301
Phone: 712-262-8950 ext.1014
www.spencerschools.org

October 14, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7 th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 2

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

In the Spencer School District, we have seen an increase in the mental health needs of our students. School staff, including our counselors, are not trained to address mental health issues. Additionally, schools have received no funding to help address this growing need. Providing the necessary mental health supports for children in many parts of our state is challenging. Mental health providers are scarce in our state, especially in rural parts of the state.

We have found a solution that is helping us provide mental health services for our students and families. We have partnered with Classroom Clinic for the past four years. Classroom Clinic provides virtual mental health and medication management services right in our schools. This convenient service has removed barriers for families, has kept kids in school with minimal class time missed, and has provided a partnership with school staff to synchronize support for students. The average time from referral to the initial intake appointment for our students is nine days and before Classroom Clinic, students waited months to be seen.

We were encouraged to learn that the Iowa PCA is exploring collaboration with and further partnership with Classroom Clinic through their bid to serve as a statewide BH-ASO and are highly supportive of the Iowa PCA's approach to engage schools and organizations like Classroom Clinic as students across Iowa desperately need access to behavioral healthcare services. I welcome and support the efforts by the Iowa PCA to serve as the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, you may contact me at themann@spencerschools.org or 712-262-8950.

Sincerely,

Terry Hemann
Terry Hemann
Superintendent of Schools

CENTER ASSOCIATES A Community Mental Health Center

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 3

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

Center Associates is a long-standing behavioral health provider located in Marshalltown that has extensive experience providing behavioral health, crisis, and recovery services in partnership with many other organizations. We have collaborated with Primary Health Care, Inc., the health center serving central Iowa for years and have experience with an embedded therapist model that we would like to see resourced and replicated through the BH-ASO initiative in Iowa. These types of collaborative models use our scarce resource more effectively and result in much better experiences and outcomes for patients. I am proud of the work we have accomplished with partners in the communities we serve and can see myriad opportunities to improve the system.

In talking with Primary Health Care and the Iowa PCA, I appreciated their willingness to invest time, energy, and resources into breaking down the silos that are often unintentionally built and hold us back from providing the best care to patients who need service the most. In addition, they understand that we need to leverage the BH-ASO model to help get better information flowing to all partners involved in the system without further burdening the providers serving Iowans. I also value their focus on working to address health inequities and appreciate that they share my interest in making investments in the future behavioral health workforce, particularly focused on bringing diverse populations into the field and supporting their education and training. My team and I would welcome an opportunity to partner with the Iowa PCA to build upon what is working well in the system and address the significant issues that result in poor health and outcomes for Iowans.

I support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa. If you have any questions, you can contact Paul Daniel at pdaniel@centerassoc.com or (641) 484-5234.

Sincerely,

Paul Daniel, Ph.D, LMHC
Executive Director
Center Associates

3809 South Center Street • Marshalltown, Iowa 50158 • 641.752.1585 • Fax: 641.752.9665
1309 S. Broadway • Toledo, Iowa 52342 • 641.484.5234 • Fax: 641.484.5632
E-Mail: info@centerassoc.com • Web Site: www.centerassoc.com

Hillcrest family services

A culture of results for over 100 years.

October 11, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 3

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

Hillcrest Family Services (Hillcrest) has extensive experience providing behavioral health, crisis, and recovery services, and public health programs in eastern Iowa. We are proud of the work we have accomplished with partners in the communities we serve and can also see myriad opportunities to improve the system through the BH-ASO model. A statewide BH-ASO that is provider-led like the Iowa Primary Association will provide more coherence across the system, result in efficiencies for providers like Hillcrest, and move our system toward better experiences and outcomes for Iowans.

In communicating with the Iowa PCA, I appreciated that they are experienced working with providers working to operationalize services in complex and unique local ecosystems. They see the opportunities to work with the state, behavioral health providers, and other partners toward a better coordinated, aligned, and data-informed system of care. Hillcrest has meaningful partnerships with law enforcement, other providers, and the patients and families we serve. We would welcome an opportunity to partner with the Iowa PCA to build upon what is working well in the system and address the challenges, which can be overcome if we work together.

I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, you may contact Mike Fidgeon at Mike.Fidgeon@Hillcrest-FS.org or 563-542-9708.

Sincerely,

Michael C. Fidgeon
CEO
Hillcrest Family Services

2005 Asbury Road | Dubuque, IA 52001 | 563.583.7357 | Toll Free: 877.437.6333 | Fax: 563.583.7026 | www.hillcrest-fs.org

October 10, 2024

PHC
primary health care

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 3

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

Primary Health Care, Inc. is committed to providing a physical location within District 3 in Marshalltown and agrees to serve as an integrated primary care provider that partners to provide services to this district. PHC has grown its relationships with partners in District 3 as well as the integrated behavioral health services it provides. PHC has implemented an evidenced-based behavioral health consultant model to meet the needs of patients and to further the scare behavioral health resources available to under-resourced communities.

PHC trusts the Iowa PCA to provide consultative support, strategic advice, and to help our network of health centers in navigating the ever-evolving healthcare landscape. The Iowa PCA has supported health centers in developing strategies to improve system navigation services to better support our patients and has advised on how to build and enhance local delivery systems. The operational and health information technology best practices have helped PHC to improve in clinical and financial outcomes and have supported our organization in having tools and workflows for better patient engagement, coordination of care, and communications with collaborating partners. PHC seeks to do its work through partnerships and collaboration and the Iowa PCA shares these values as it works with national, state, and local partners to improve the health and well-being of Iowans.

The Iowa PCA has proven itself to be a valuable partner in improving the health of under-resourced communities. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, you may contact Kelly Huntsman at 515-248-1441 or via email at khuntsman@phcinc.net.

Sincerely,

Kelly Huntsman

Kelly Huntsman, CEO

1200 University Avenue | Suite 200 | Des Moines | Iowa | 50314
P: (515) 248-1447 | F: (515) 248-1440

AllCare
HEALTH CENTER

902 South 6th Street
Council Bluffs, IA 51501

Telephone (712) 325-1990 Fax (712) 325-0288

October 15, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 4

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

All Care Health Center (All Care) is committed to providing a physical location within District 4 in Council Bluffs and agrees to serve as an integrated primary care provider that partners to provide services to this district. All Care has recently added school-based healthcare services in Council Bluffs and currently provides healthcare services to persons experiencing homelessness onsite at two homeless shelters in the district.

All Care has developed strong partnerships with law enforcement, other behavioral health and crisis services providers, schools, hospitals, and community-based organizations and believes the Iowa PCA will support the BH-ASO system through collaboration, respect of existing providers, and by sharing evidence-based best practices to improve care. The Iowa PCA provides effective and high-quality training and technical assistance, has experience supporting providers to improve clinical and operational measures, and helps All Care and the other health centers proactively consider the future and how to prepare for it today. The Iowa PCA has most recently supported All Care in outreach, education, and patient engagement to improve colorectal cancer screenings, resulting in All Care achieving a higher overall screening rate for this preventable cancer. I also value that the Iowa PCA has worked to embed disparities reduction and health equity into their work.

The Iowa PCA has proven itself to be a valuable partner in improving the health of under-resourced communities. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

AllCare
HEALTH CENTER

902 South 6th Street
Council Bluffs, IA 51501

Telephone (712) 325-1990 Fax (712) 325-0288

If you have any questions, you may contact Joel Dougherty at 712-325-1990 or jdougherty@allcarehealthcenter.org.

Sincerely,

Joel Dougherty
CEO
All Care Health Center

Council Bluffs Community SCHOOL DISTRICT

October 16, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 4

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

The Council Bluffs Community School District is committed to every student experiencing more choices, more opportunities, and more ways to succeed. To meet this mission, schools must also support students and their families experiencing lack of access to healthcare services. Lack of access to these services results in increased chronic absenteeism, students facing additional barriers as they work to meet academic benchmarks, and teacher retention challenges. The Council Bluffs Community School District is like many school districts in Iowa where increasing access to behavioral healthcare care services and supports is a top priority. Given this and other healthcare access challenges, our school district has partnered with All Care Health Center (All Care) to make healthcare more available to our students.

All Care is a long-standing member of the Iowa PCA, and we are supportive of the Iowa PCA's application to serve as a statewide BH-ASO given their experience supporting the health centers with school-based healthcare. The Iowa PCA is actively engaged with Iowa HHS and the Iowa Department of Education and exploring how to optimize this model and better partner with schools. There are so many opportunities to improve behavioral healthcare access to our students and families and we welcome further collaboration with All Care, the Iowa PCA, and others working to improve Iowa's behavioral health system.

I am fully supportive of the Iowa PCA's bid to serve as the BH-ASO in Iowa.

If you have any questions, you may contact me at 712-328-6423 or thamilton2@cbcsd.org.

Sincerely,

Tim Hamiton
Chief of Student and Family Services
Council Bluffs Community School District

Early Childhood IOWA

October 16, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 4

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP). I am the ECI Director for Quad Counties 4 Kids Early Childhood Area, which is located in District 4.

Quad Counties 4 Kids are committed to serving the children and families located within our service area. Our vision is "every child, beginning at birth, will be healthy and successful", and our mission is that "we will collaborate as a four-county area to enhance the lives of children 0-5 and their families." We routinely collaborate with our local community health center, for the provision of health education and screenings for our children and families.

I believe the Iowa PCA is extremely capable of executing the BH-ASO successfully. Their organization has strong systems and a history of collaboration and coordination. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, you may contact me at quad.kfc@gmail.com or (641) 247-1261.

Sincerely,

Jenny Robison

Early Childhood Iowa Director
Quad Counties 4 Kids

Decatur County PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

10/17/2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 5

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1,2,3,4,5,6 and 7 request for proposal (RFP). I am the Administrator for Decatur County Public Health, which is located in District 5.

Decatur County Public Health provides comprehensive public health, home visitation services, tobacco cessation & prevention and environmental health services for residents of Decatur County. Our agency's mission is to promote individual and community wellness through programs based on community assessment and collaboration with other health and community organizations. Our organization routinely collaborates with Infinity Health, our local community health center. One of our most recent collaborative successes (in conjunction with our local hospital) was the development and implementation of a free healthcare transportation service for patients receiving care at any of our local healthcare organizations. In addition, our organizations partnered extensively throughout the COVID pandemic. Our organizations, along with the Iowa PCA, have always had a shared spirit of collaboration and commitment to the healthcare needs of our communities and state.

I believe the Iowa PCA is highly capable of executing the BH-ASO with great success. The Iowa PCA has strong existing systems and a proven collaborative approach that will be a firm foundation for supporting innovative and emerging care models. The Iowa PCA and our local community health center have consistently demonstrated a commitment to coordination, collaboration, and innovation. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, you may contact me at hrash@decaturph.com or (641) 414-1548.

Sincerely,

HR

Holly Rash, RN-BSN
Administrator
Decatur County Public Health

October 15, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 5

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

The Des Moines Public Schools (DMPS) is the largest provider of public education in Iowa with more than 30,000 students and nearly 5,000 teachers and staff supporting students and families in over 60 schools. DMPS takes seriously our role in supporting the overall health and well-being of our students and families and recognizes the diversity within our district which positively impacts our school district's culture. Primary Health Care, Inc. (PHC), the health center serving central Iowa, has been a long-standing partner of DMPS and has embedded school-based clinics within several schools with students from the most under-resourced areas of our city. We have greatly valued PHC's integrated model, approach to partnerships, and diligence in meeting shared goals and outcomes making them a standout partner of DMPS. Through PHC, our team has become connected to the Iowa PCA, and we experienced their shared commitment to ensuring access to high quality care for all in our state.

We are encouraged that the Iowa PCA is applying to serve as a statewide BH-ASO and believe the behavioral health system in Iowa will benefit from the Iowa PCA's approach to working with providers, experience with transformation initiatives, and support of evidence-based models. We welcome further collaboration with PHC, the Iowa PCA, and others working to improve Iowa's behavioral health system with a particular focus on our children and families.

I strongly support the efforts by the Iowa PCA to serve as the BH-ASO and work with the state of Iowa to make continued improvements to our behavioral health system.

If you have any questions, you may contact Lyn Wilson at lynette.wilson@dmschools.org or 515-242-7627.

Sincerely,

Lyn Wilson
District Liaison
Homeless, Migratory Education and Foundational Services
Des Moines Public Schools

South Central Iowa
Community Action Program

Serving Clarke, Decatur,
Lucas, Monroe, and
Wayne Counties, Iowa

1711 Osceola Ave. Suite 212
P O Box 715
Chariton, Iowa 50049
Telephone: (641) 774-8133
FAX: (641) 774-8139
Brenda Fry, Executive Director

"SCICAP"
"A Community Action Agency "
Equal Opportunity Employer

October 11, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 5

Dear Aaron,
I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

South Central Iowa Community Action Program (SCICAP) provides a wide variety of services to include education assistance, shelter assistance, health assistance, and outreach programs. We serve children and families throughout five rural counties in south central Iowa (Clarke, Decatur, Lucas, Monroe, and Wayne), four of which are located within District 5. Our organization has a close partnership with our local health center, Infinity Health, and have observed the collaborative and proactive ways in which they are supported by the Iowa PCA. SCICAP and Infinity Health have collaborated for a number of years to increase access to behavioral health services for the families we both serve. Our partnership to provide classroom assessments for our Head Start children and families has been extremely impactful.

I believe the Iowa PCA is uniquely positioned to execute the BH-ASO with a great level of success, building on their existing systems and collaborative approach to supporting community health and integrated care models. Their organization has consistently provided quality training and technical assistance to their member health centers, while demonstrating a commitment to collaboration and innovation. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, you may contact me bfry@scicap.org or 641-774-8133.

Sincerely,
Brenda Fry
Brenda Fry
Executive Director
South Central Iowa Community Action Program

AHFA
AMERICAN HOME FINDING ASSOCIATION

217 E. FIFTH
P.O. BOX 656
OTTUMWA, IOWA 52501
PHONE (641) 682-3449
FAX (641) 682-5049
1-800-290-0876
www.ahfa.org

October 18, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 6

Dear Aaron,

I am writing on behalf of American Home Finding Association (AHFA) to support the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

AHFA has operated as a social services Agency in Southeast Iowa since 1899 and has always been focused on the wellbeing of children and families. Over many years AHFA has grown and now provides a wide array of public health, child welfare, and behavioral health services. This integration of services benefits children and families. AHFA understands how the BH-ASO model also supports better integration and alignment of resources. There are too many gaps in Iowa's behavioral health system for children and their families and AHFA is hopeful the BH-ASO model results in real and lasting change.

AHFA is proud of the work it has done with partners locally and understands the value a statewide BH-ASO could bring to the system and to providers. Through AHFA's long-time partnership with River Hills CHC, AHFA is aware of how the Iowa PCA has supported Iowa's health centers with integration of services, evidence-based models' implementation, and strategically making investments in health information technology. If awarded, the Iowa PCA will further engage behavioral health providers and other partners to identify ways to improve access to and the quality of services available to Iowans.

AHFA supports the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa. If you have any questions, you can contact Tracey Boxx at 641-682-3449 or tracey@ahfa.org.

Sincerely,

Tracey Boxx, MPA
Executive Director, AHFA

October 14, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 6

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP). Celebrate Recovery is a Christian-based recovery program that helps people overcome a variety of issues, including addiction, pain, and hurt. My chapter is located within District 6.

I became familiar with the Iowa PCA through my experience with Infinity Health and River Hills Community Health Center, two of the community health centers in District 6. These community health centers have provided behavioral health and substance use disorder services for many years. I have observed the proactive ways in which they are supported by the Iowa PCA, with a focus on collaboration, coordination, quality, and equitable access.

The Iowa PCA is well positioned to successfully execute the BH-ASO if awarded. Their organization and health centers have a history of rich collaboration, coordination, and innovation. They have existing resources, tools, and systems necessary for supporting community health and integrated care models, and their organizations have consistently reinforced their commitment to the patients and communities we share. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to support the behavioral health system in Iowa.

If you have any questions, you may contact me at daniell_peterson@yahoo.com or 641-216-3982.

Sincerely,

Daniell Peterson
Ministry Leader
Celebrate Recovery

Southern Iowa Mental Health Center
Where recovery happens!

Friday, October 11th, 2024

Kyle Welander
Division of Compliance
Iowa Department of Health and Human Services
321 East 12th Street
Des Moines, Iowa 50319

RE: Letter of Support for: BEHEOPC-25-201 BH-ASO

Dear Mr. Welander:

Southern Iowa Mental Health Center (SIMHC) is a Community Mental Health Center (CMHC) located in Wapello County. SIMHC has been the outpatient mental health service provider of choice for this southeast Iowa area since 1966. SIMHC is a strong and respected provider and is positioned to become the Certified Community Behavioral Health Clinic (CCBHC) starting July 1st, 2025, serving the counties of: Wapello, Mahaska, Keokuk, Monroe, Jefferson, Appanoose, Davis and Van Buren. SIMHC's business and experience in the non – Medicaid behavioral health space is extensive.

Please accept this letter as a statement of sincere support for the **Primary Care Association (PCA)** to make an application in response to Bid #: BEHEOPC-25-201 BH-ASO. The PCA is a provider support entity that will be putting in an application to manage the outcomes for Behavioral Health District 6 which will serve Appanoose, Benton, Davis, Henry, Iowa, Jefferson, Keokuk, Lee, Mahaska, Monroe, Poweshiek, Van Buren, Wapello, and Washington counties. This service area closely matches that of SIMHC. SIMHC has a productive working relationship with River Hills Community Health Center, the local FQHC in District 6 that is represented by the PCA. SIMHC's working relationship with River Hills has been one of mutual respect and together, SIMHC and River Hills have made improvements in the behavioral health system, which in turn has directly improved the lives of the shared population served. SIMHC supports the PCA in this endeavor, due to River Hill's long-standing presence in this area. This is a group that is local and understands the providers and patients found in this area. River Hills has a proven track record of positive outcomes and beneficial relationships. The PCA and their represented providers provide not only behavioral health services, but also primary care and dental services. The PCA looks at the full health of each patient and works for positive outcomes through the whole person. They are presently positioned to take on the management of not only behavioral health funding, but any other funding sources that would come at a later date. For all these reasons SIMHC supports the PCA in their effort to be the ASO for District 6.

Most Sincerely,

Christina Schark – Executive Director
Southern Iowa Mental Health Center
1527 Albia Road
Ottumwa, Iowa 52501
641-814-8730
Cschark@SimhcOttumwa.org

October 9, 2024

Mr. Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

RE: Letter of Support for District 7

Dear Aaron,

Please accept this correspondence in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

Eastern Iowa Health Center (EIHC) is committed to providing a physical location within District 7 in Cedar Rapids and agrees to serve as an integrated primary care provider partnering to provide services to this district. EIHC provides health care to 15,000 under-resourced patients in eastern Iowa, including tele-behavioral health services, telepsychiatry and services focused on more than 2,400 unduplicated individuals experiencing homelessness in our five-county service area.

The Iowa PCA has supported EIHC tremendously in navigating the complex healthcare regulatory and compliance environment, often providing invaluable training and technical assistance as EIHC has expanded dental, pediatric, Title X, and pharmacy services. Further, understanding the health centers in Iowa have had tremendous growth in behavioral health services, that the demand for these services greatly outpaces the supply of providers and services available, and that partnerships and collaboration are key to improving access and outcomes, we believe the Iowa PCA has the breadth and depth of expertise to support the ASO system. The Iowa PCA senior staff has also provided guidance as our network of health centers has collectively invested in infrastructure to improve patient outcomes and integration of care.

The Iowa PCA has proven itself to be a collaborative leader in improving the health of under-resourced communities. I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, please contact me via email at JLock@EIHC.co or via phone at (319) 730-7326.

Sincerely,

Joe Lock
President & Chief Executive Officer

October 12, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 7

Dear Aaron,

I am writing in support of the Iowa Primary Care Association's proposal for the Behavioral Health Administrative Services Organizations (BH-ASOs) Designation(s) for Districts 1, 2, 3, 4, 5, 6, and 7 request for proposal (RFP).

Foundation 2 Crisis Services is a statewide crisis response organization that has been in existence for over 50 years and continues to expand services and innovate to meet the needs of Iowans and community partners. We are deeply committed to implementing evidence-based, evidence-informed, and national best-practice models and programs that fill gaps and provide crisis response services. As the state works to create uniformity in the system, our long-standing, effective models continue to be replicated and with approriate resources, we can continue to spread these models to other organizations across the state. Our agency has, and continues to be, on the frontline of crisis response in Iowa and has a unique line of sight into the behavioral health system, including what is working for Iowans and providers and what is not. We welcome the opportunity to collaborate with a statewide BH-ASO that is provider-led like the Iowa Primary Care Association particularly given their shared commitment to and experience supporting providers in implementing high quality programming.

After dialoguing with the Iowa PCA, we recognize the strong partnerships they and the health centers have across the state and value that they approach their work collaboratively and transparently. Our team also appreciated their experience working with complex data sets, implementing health information technology systems, and using data to drive improvements.

I fully support the efforts by the Iowa PCA as they seek the BH-ASO to further support the behavioral health system in Iowa.

If you have any questions, please reach out to me directly at (319) 362-1170 or eblomme@foundation2.org

Sincerely,

Emily J. Blomme
Chief Executive Officer

VERA FRENCH
Mental Health for Healthy Living

October 15, 2024

Aaron Todd
Iowa Primary Care Association
500 SW 7th Street, Suite 300
Des Moines, IA 50309

Re: Letter of Support for District 7

Dear Aaron,
I am writing in full support of the Iowa Primary Care Association's (Iowa PCA) proposal to serve as the Behavioral Health Administrative Services Organization (BH-ASO) Designation(s) for Behavioral Health Districts 1, 2, 3, 4, 5, 6, and 7 in response to the Iowa HHS request for proposal (RFP). As the Association supporting our Federally Qualified Health Centers across Iowa, Iowa PCA is uniquely qualified and positioned to serve as the ASO because of 1) their demonstrated capacity for supporting a solid network of safety net providers (FQHC's) who collaborate with other safety net providers; 2) their depth of experience integrating behavioral health and primary care; and 3) their statewide coverage informed by their fully engaged presence in communities across Iowa.

Vera French Community Mental Health Center has worked to address the needs of the communities we serve for decades, adding evidence-based based behavioral health services and programs for children and adults with a wide array of partners. We have also helped to spread best practice models like Multisystemic Therapy (MST) and Individual Placement & Support (IPS) to other providers across the state.

I had the chance to dialogue with the Iowa PCA about our experience with the current regional system and I am excited to build upon the close partnership Vera French has developed with Community Health Care, Inc., our local health center. The Iowa PCA brings critical experience listening to and working with integrated primary care providers to improve care within under-resourced communities across the state and shares Vera French's commitment to implementing evidence-based, integrated models of care. I also see the value the Iowa PCA will bring with data, reporting, outcomes, and the use of health information technology systems broadly, which is currently lacking in our current system. I also know from our work with Community Health Care, Inc. that the health centers and their network are respected and are interested in building better communications, collaboration, and partnerships with the broader behavioral health safety net system.

For these reasons and those I stated earlier, I fully support the efforts by the Iowa PCA as they seek to serve as the BH-ASO to further support the behavioral health system in Iowa. It is clear that Iowa PCA will provide the most integrated and best aligned approach to behavioral health service coordination across the state and help each behavioral health district to deliver the best outcomes for Iowans.

Please contact me with any questions at whitakerr@verafrenchmhc.org or 563-888-6222. Thank you!

Sincerely,

Richard K. Whitaker, Jr., Ph.D.
CEO, Vera French CMHC

Vera French Community Mental Health Center ■ 1441 W. Central Park Ave. ■ Davenport, Iowa 52804
Tel 563.383.1900 ■ Fax 563.328.5690 ■ mail@verafrenchmhc.org ■ www.verafrenchmhc.org

Section 5: Personnel.

3.2.5.1 Tables of Organization.

1. Iowa PCA Overall Current Operations

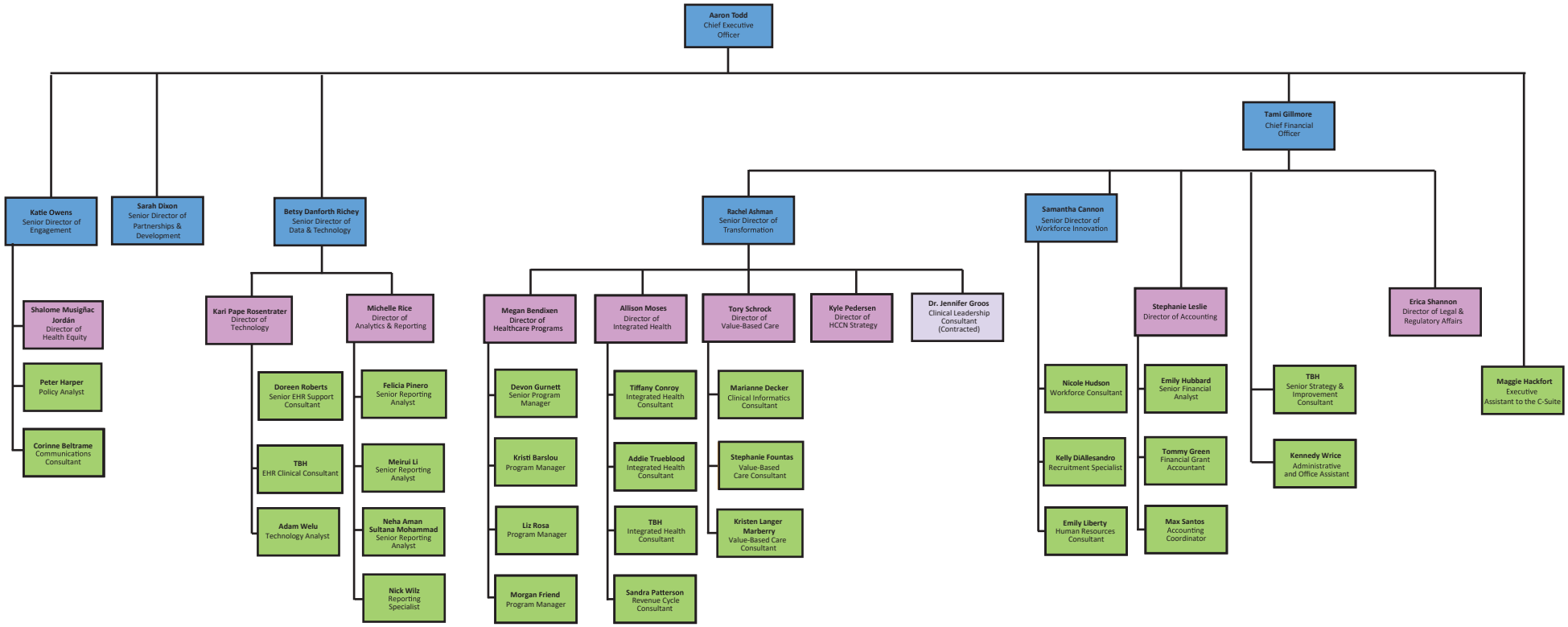
The Iowa PCA is led by the CEO, who reports to the Iowa PCA Board of Directors composed of the CEOs of each of the fourteen CHCs in Iowa. An executive leadership team comprised of the CEO and CFO guides the work of the Iowa PCA. Five Senior Directors join the executive leaders to form what the Iowa PCA calls its Senior Leadership Team. Every member of the Senior Leadership Team has over 10 years of experience in health care or community health organizations and has experience in data and research, health care finances, child health and wellbeing, community development, revenue diversification, workforce development, public policy and advocacy. The business units led by the Iowa PCA's Senior Directors include Transformation, Data & Technology, Engagement, Partnerships & Development, and Workforce & Human Resources. The Iowa PCA has a director-level team under the supervision of the Senior Directors, and these leaders and their teams support the integrated health, value-based care, health IT, data and reporting, health equity, communications, workforce, finance, regulatory, compliance, and preparedness needs of our CHCs.

Over the last year, the Iowa PCA has strategically added staff whose expertise and experience will meet the ongoing and emerging needs of the CHCs. One of the newly created positions in the past year at the Iowa PCA is the Senior Director of Workforce Innovation. The individual selected for this position was previously a CEO at an Iowa CHC for the past 11 years and has a depth of experience with innovative solutions to increase access in the rural communities they previously severed. Another key position on the Iowa PCA team is the Director of Health Equity, who is also the PCA designated special populations lead as defined by the Health Resources and Servies Administration (HRSA). This position is responsible for developing strategies and programming to raise awareness about the importance of health equity, while supporting CHCs in Iowa to improve health equity among their patients and in the communities that they serve. This position also has oversight of implementing our Advancing Health Equity and Addressing Disparities (AHEAD) Implementation Plan, social drivers of health initiatives, and partnerships that support the work with CHCs to implement strategic initiatives in this area.

The Iowa PCA has also expanded their technology and analytics staff based on technology optimization and analytics expansion, which have been identified as key needs across CHCs in Iowa, and across the healthcare industry as a whole. The Iowa PCA's data and technology staff bring a wealth of experience and knowledge to their work and have been recruited from across the country. Iowa PCA Data and Technology staff have advanced training in Epic and other EHR systems, epidemiology, data science, data visualization, cyber security, data strategy, and system architecture. This team supports activities across the organization and across Iowa's 14 CHCs, in not only does technical development and management, but also provide consulting to CHCs in Iowa. The Iowa PCA leadership team will continually monitor the staffing structure and capacity of staff and adjust newly identified T/TA needs of the CHCs as needed.

The Iowa PCA's current Table of Organization is included below.

Iowa PCA Current Organization Table



2. Iowa PCA Proposed Structure to Ensure Delivery of BH-ASO Responsibilities

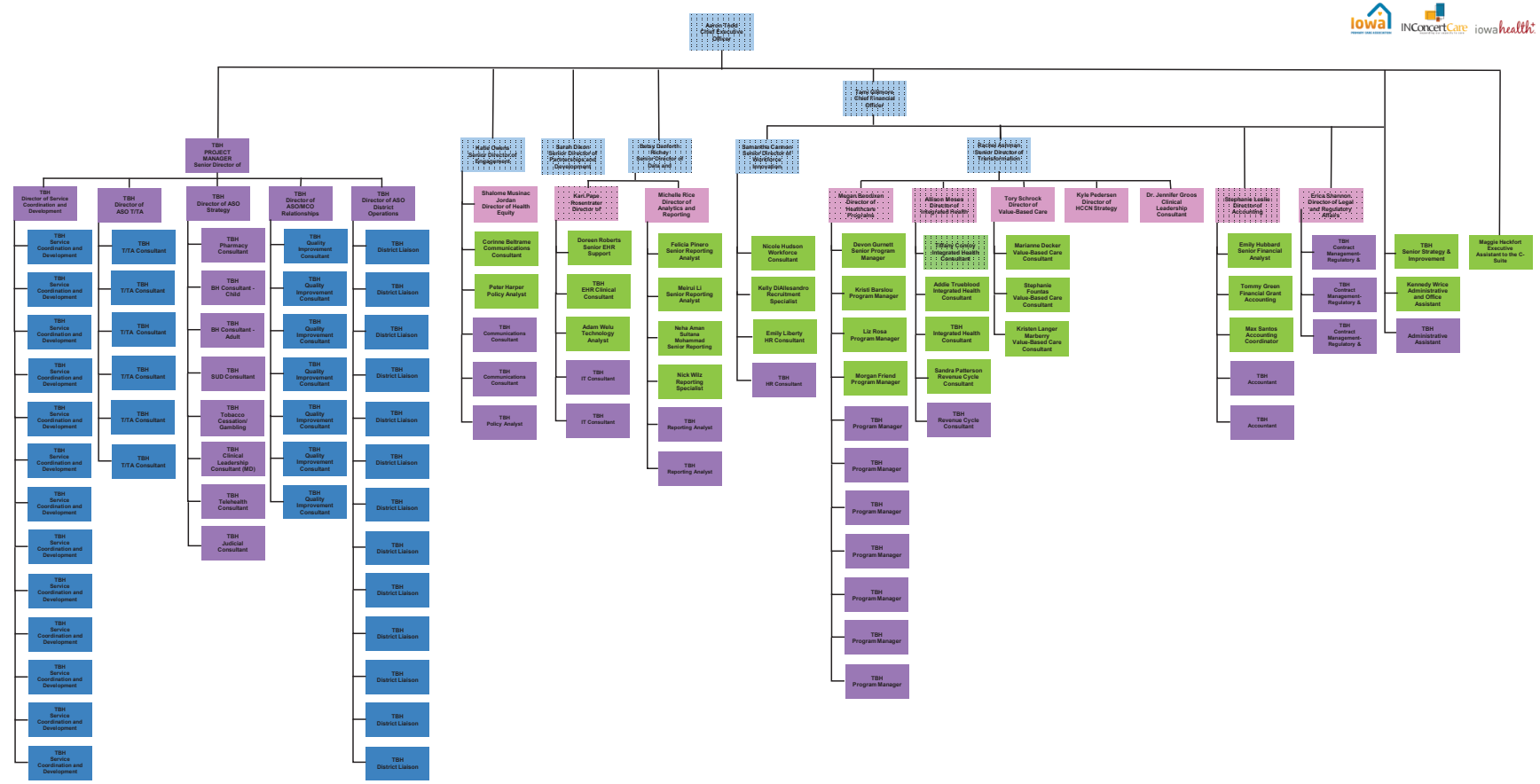
The breadth and depth of the Iowa PCA's experience coordinating complex health care delivery systems and convening key stakeholders to foster transformation and innovation provides a basis for understanding the resources needed to successfully implement all ASO activities. All project team members are well qualified and have extensive experience in system development and building strong partnerships. Should there be staff turnover during the project period, the Iowa PCA has in place a comprehensive recruitment plan to identify and select qualified candidates for open positions. The Iowa PCA will further establish with the Agency a process for notification and approval of any key ASO staff position changes. Additionally, to ensure the operational needs of our project work plan will be met, activities will be co-created by multidisciplinary groups of team members, including representatives of the Senior Leadership Team, utilizing a continuous improvement framework that considers the resource and work time needs.

The Iowa PCA Recruitment Center provides staff recruiting services to CHCs and has successfully placed administrative and clinical positions across the state. We also leverage evidence-based tools such as Predictive Index in hiring and retention efforts for our centralized and embedded ASO staffing. Drawing upon existing staff within the regions, our highly successful recruiting efforts, the Iowa PCA Recruitment Center, and Predictive Index, we are confident we will be able to quickly fill key positions to ensure seamless transition planning and minimal system disruption as we transition to the new BHSS model.

The Iowa PCA has completed an initial assessment of the administrative structures supporting the current Mental Health and Disability Services Regions, substance use and problem gambling safety net service areas, and tobacco community partnerships behavioral health. Based upon our analysis of existing structures and resource allocations, as well as the proposed ASO responsibilities, the Iowa PCA has developed a proposed Table of Organization structure. This structure represents our commitment to a minimum personnel plan to ensure the delivery of BH-ASO responsibilities. Upon finalization of the Behavioral Health Service System District-specific budget allocations and formal District assessments, we will prepare and submit updated District-specific personnel plans, inclusive of proposed additional personnel, for Agency review and approval.

The Iowa PCA's proposed ASO Table of Organization is included below.

Iowa PCA Proposed BH-ASO Organization Structure



a. Describe how the proposed structure will help the Bidder fulfill BH-ASO responsibilities

The Iowa Primary Care Association's (PCA's) Administrative Services Organization (ASO) staffing model is comprised of a diverse composition of experience, education, and expertise that will ensure successful fulfillment of all required behavioral health ASO responsibilities. The organization's existing workforce will serve as the foundation for the ASO team and consists of highly skilled staff well versed in assessment and planning, data collection, use, reporting, and sharing, practice and system transformation, and administrative functions that will allow for economies of scale. The planned structure also includes comprehensive teams located within individual districts necessary for effective district-level coordination, collaboration, and partnership building.

The ASO team will be led by the Senior Director of ASO who will serve as the full-time Project Manager for the ASO. This position will serve as an integral member of the Senior Leadership Team and will report directly to the Chief Executive Officer (CEO).

- **Senior Director of ASO (Project Manager)** *(Centrally Located)*
  - Conduct initial district level assessments, identification of district-level strategies, and development of a District Behavioral Health Service System (BHSS)
  - Planning in accordance with the Statewide (BHSS) Plan and following District Plan development standards.
  - Preparation, utilization, and oversight of the hybrid budget that includes a deliverables-based budget, line-item budget, and administrative budget for ASO activities in conjunction with the Chief Financial Officer (CFO)
  - Serve as a representative on state health assessments, state health planning groups, statewide working groups, or other standing or ad-hoc committees when requested by the Agency and participate in state health and human services system planning processes.
  - **Oversee Community Needs Assessment and Planning:** Coordinate Centrally Located and Embedded District ASO Staff to conduct and participate in community assessments to identify Behavioral Health needs, including system gaps and emerging issues, develop and implement plans to address needs and close gaps, and allocate resources and funding to ensure services are available throughout the district.

The Senior Director of ASO will directly oversee the Director of Service Coordination and Development, Director of ASO Training and Technical Assistance (T/TA), Director of ASO District Operations, Director of ASO/Managed Care Organization (MCO) Relationships, and Director of ASO Strategy. These directors will serve on the Iowa PCA Director Leader Team and provide leadership that impacts the organization's operations internally and externally. Under the Senior Director of ASO's leadership, each of the five will be responsible for overseeing primary functions of ASO planning, development, and operations to include the following:

- **Director of Service Coordination and Development** *(Centrally Located)*
  - Provide leadership and oversight for all Service Coordination and Development Consultants.

- **Oversee System Navigation:** Coordinate Centrally Located and Embedded District ASO Staff to ensure individuals receive appropriate, timely access to care by coordinating and connecting to resources and services including supporting applications for services and benefits and making referrals.
- Coordinate evidence-based and evidence-informed early intervention and treatment services.
- Participate in coordinated System Navigation activities.
- Build and maintain relationships with service providers.
- Ensure provider network adequacy.
- Ensure Crisis Services are equitably available and accessible to individuals of all ages, regardless of location or ability to pay.
- Develop a comprehensive service provider network.
- Assess service provider needs to achieve District Plan strategies.
- Enter into contracts necessary to provide services under the District Plan.
- Oversee and monitor service provision compliance by those entities that provide Behavioral Health Services and activities in accordance with the District Plan.
- Follow state and federal procedures for the management and oversight of Behavioral Health service providers to ensure compliance with the terms of the Behavioral Health providers' contracts relating to the BHSS, and with state and federal law, rules, and regulations.
- Provide input to assist the Agency in the implementation and maintenance of the statewide central data repository.
- Follow all Agency procedures for the collection, utilization, and maintenance of data to be shared with the Agency and subsequently stored in the central data repository. This includes following Agency directives regarding informed consent and data sharing procedures.

- **Director of ASO Training and Technical Assistance (T/TA)** *(Centrally Located)*
  - Provide leadership and oversight for all T/TA Consultants.
  - **Oversee Community Engagement and Education:** Coordinate Centrally Located and Embedded District ASO Staff to engage in outreach, education, and training activities for the community including schools, law enforcement, courts, and healthcare providers on topics such as wellness promotion, mental health first aid, alcohol, tobacco and substance use prevention, and stigma reduction.
  - Partner with and promote awareness of Your Life Iowa and the 988 Suicide & Crisis Lifeline.
  - Develop, gather, and disseminate resources and example policies such as: Tobacco Free and Nicotine Free resources and policies, Substance-Use, Problem Gambling, and Alcohol Misuse resources and policies, Drug-Free Workplace policies and stigma reduction, and mental health promotion and suicide prevention policies.
  - Ensure the existence of educational programs in communities throughout the districts, including for schools, law enforcement, and healthcare providers on topics such as crisis intervention, mental health awareness, suicide prevention, substance use prevention, tobacco and nicotine prevention, alcohol misuse prevention, problem gambling prevention, and stigma reduction.

- Provide T/TA to providers and community partners throughout the district including targeted training for behavioral health safety net providers.
- Coordinate or provide T/TA to BHSS providers and partners including those listed in 1.3.1.1.c.a.ii.
- Identify or create training content aligned with the evidence-based and emerging practices identified in the Statewide BHSS Plan, in addition to required compliance activities.
- Share or conduct training opportunities with service providers.
- Provide input to assist the Agency in the implementation and maintenance of the statewide central data repository.
- Follow all Agency procedures for the collection, utilization, and maintenance of data to be shared with the Agency and subsequently stored in the central data repository. This includes following Agency directives regarding informed consent and data sharing procedures.

- **Director of ASO District Operations** *(Centrally Located)*
  - Provide leadership and oversight for all District Liaisons.
  - **Oversee Local Service Provision:** Coordinate Centrally Located and Embedded District ASO Staff to facilitate direct provision of services and contracting with providers, as well as conducting quality assurance for a full array of Behavioral Health Services.
  - **Oversee Collaboration and Partnership Building:** Coordinate Centrally Located and Embedded District ASO Staff to work with local entities such as schools, law enforcement, courts, and healthcare providers to coordinate services across sectors and address broad social drivers of Behavioral Health needs; build partnerships with community organizations, faith-based groups and other stakeholders to enhance service delivery and support community-based solutions; engage with private sector partners to develop innovative solutions and expand access.
  - Identify district-level strategies.
  - Coordinate crisis transition which includes System Navigation and work with law enforcement, jails, courts, crisis service providers, healthcare providers, hospitals, emergency rooms, 911, and 988 to ensure timely access to and secure placement in crisis stabilization, intensive outpatient, sub-acute and residential treatment programs and facilities, Psychiatric Medical Institutions for Children (PMIC), and/or inpatient hospitalization for behavioral health services.
  - Monitor service quality and performance outcomes.
  - Assess consumer satisfaction and provider performance.
  - Remediate service provision issues.
  - Monitor District Plan activities and outcomes.
  - Regularly report achievements and challenges using processes defined by the Agency.
  - Identify and support the collection of community level information, metrics, and data to inform the Agency on the performance of the BHSS, availability of providers, provider network, and client outcomes. Ensure this information can be shared with the Agency and provide to the Agency upon request.
  - Facilitate information reporting to the Agency, in a manner specified by the Agency, regarding services, supports, and other activities concerning the

Behavioral Health Service System, provided in the district, including, but not limited to:
    - Demographic information
    - Expenditure information
    - Utilization, clinical, and client data
    - Provider satisfaction data
  - Support the collection, monitoring, and utilization of data and information as directed by the Agency. This includes identifying analyses to help the District and Agency understand emerging needs and using analysis to deploy information resources, and technical assistance.
  - Assist ASO Centralized IT Consultants with the following as needed:
    - Maintenance of Behavioral Health Service System patient records data for the purpose of paying claims and ensure this information can be shared with the Agency and provided to the Agency upon request.
    - When appropriate, utilizing data to help the District and the Agency understand emerging needs, and to deploy information, resources, and technical assistance in response.
    - Meet privacy and security requirements for data covered by the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, for substance use data, mental health data, and other sensitive information.
  - Provide input to assist the Agency in the implementation and maintenance of the statewide central data repository.
  - Follow all Agency procedures for the collection, utilization, and maintenance of data to be shared with the Agency and subsequently stored in the central data repository. This includes following Agency directives regarding informed consent and data sharing procedures.

- **Director of ASO/MCO Relationships** *(Centrally Located)*
  - Provide leadership and oversight for all Quality Improvement Consultants.
  - Oversee and monitor compliance, quality and performance outcomes.
  - Conduct program integrity activities including claim auditing functions.
  - Ensure Minimum Access Standards are met.
  - Conduct performance management and continuous quality improvement activities.
  - Work with the Agency to identify performance improvement (PI) activities.
  - Follow Agency directives to support data-related tasks necessary to maintain continuity of care for clients and the availability of historical record data. This may include working with the Community Services Network (CSN) and the Iowa Behavioral Health Reporting System (IBHRS) to securely gather or transfer current and historical data.
  - Administer and manage funds to ensure the sustainability of a comprehensive District BHSS and the efficient use of available federal, state, and local resources.
  - Administer a payment system for the reimbursement of services by local service providers.
  - Gather and validate information from providers and individuals to verify payment validity.
  - Maintain, and produce on demand, a complete record of all payments.

- Monitor and report on utilization of all funds received by the organization, regardless of source.
- Provide input to assist the Agency in the implementation and maintenance of the statewide central data repository.
- Follow all Agency procedures for the collection, utilization, and maintenance of data to be shared with the Agency and subsequently stored in the central data repository. This includes following Agency directives regarding informed consent and data sharing procedures.
- Assist ASO Centralized IT Consultants with reporting all data required to be maintained in the central data repository to the Agency, as required by the Agency as needed.
- Support the utilization of data labeling, definitions, coding, and nomenclature required by the Agency.
- Submit data in the form and format required by the Agency.

- **Director of ASO Strategy** *(Centrally Located)*
  - Provide leadership and oversight for all subject matter experts to include the Pharmacy Consultant, Behavioral Health Consultant – Child, Substance Use Disorder (SUD) Consultant, Tobacco Cessation/Gambling Recovery Consultant, Clinical Leadership Consultant, Telehealth Consultant, and Judicial Consultant
  - **Oversee Funding and Resource Management:** Coordinate Centrally Located and Embedded District ASO Staff to seek out, apply for, and manage grants to fund local initiatives; develop and manage budgets to ensure efficient use of resources and sustainability of services; support local service providers in identifying and securing additional funding resources to enhance service delivery and address unmet needs.
  - Conduct community engagement, outreach and activities to raise awareness about behavioral health and available behavioral health services within the districts.
  - In coordination with the Agency, develop public messaging and presence including website, online resources, and printed or published materials to provide members of the public with information about available behavioral health services throughout the districts, including access to and eligibility criteria for behavioral health safety net services, locations of behavioral health safety net services within all counties in the districts, and locations of all ASO access points.
  - Ensure the public is aware that they are able to access behavioral health safety net services regardless of which district they reside in.
  - Utilize additional sources of aggregate data and information as provided by the Agency for the purposes of assisting the Agency with understanding Behavioral Health needs of Iowans and outcomes of service provision. These sources may include, but are not limited to:
    - Syndromic surveillance data
    - Survey data
    - Behavioral health treatment data
    - Call center data
    - Behavioral health prevention data
  - Coordinate diversion from incarceration and/or long-term institutionalization by assuring urgent and emergency access to behavioral health services exist within the region and referring, monitoring, following-up and coordinating warm hand-

offs to ongoing service provision and/or Long-Term Services and Supports (LTSS).
- Provide input to assist the Agency in the implementation and maintenance of the statewide central data repository.
- Follow all Agency procedures for the collection, utilization, and maintenance of data to be shared with the Agency and subsequently stored in the central data repository. This includes following Agency directives regarding informed consent and data sharing procedures.

Each embedded District ASO Team will be comprised of District Liaisons, Service Coordination and Development Consultants, a T/TA Consultant, and a QI Consultant. Additional staff will be centrally located in Des Moines. These will include Communications Consultants, Policy Analyst, IT Consultants, Reporting Analysts, HR Consultants, Program Managers, a Revenue Cycle Consultant, Accountants, Contract Managers, a Regulatory and Compliance Consultant, and Administrative Assistants. Co-location with existing Iowa PCA staff in like positions will provide for increased collaboration and opportunities for efficiency.

3.2.5.3 Information About Project Manager and Key Project Personnel.

Information about the Project Manager and key project personal is detailed below:

- **Senior Director of ASO (Project Manager)** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Provider leadership and oversight for Director of Service Coordination and Development, Director of ASO T/TA, Director of ASO District Operations, Director of ASO/MCO Relationships, and Director of ASO Strategy. Serve as Project Manager for the ASO. Ensure development, implementation, and maintenance of a District Behavioral Health Service System Plan in accordance with the Statewide Behavioral Health Service System Plan and following District Plan development standards.
  - Qualifications: Bachelor's degree in health care administration, business management, public health, or another health-related field required, Master's degree preferred
- **Director of Service Coordination and Development** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Provide leadership and oversight for all Service Coordination and Development Consultants. Develop, implement, and maintain service coordination and development systems necessary to support the Statewide and District BHSS Plans.
  - Qualifications: Bachelor's degree in health care administration, business management, public health, or another health-related field required, Master's degree preferred
- **Director of ASO Training and Technical Assistance (T/TA)** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Provide leadership and oversight for all T/TA Consultants. Develop, implement, and maintain T/TA systems and resources necessary to support the Statewide and District BHSS Plans.

  - Qualifications: Bachelor's degree in health care administration, business management, public health, or another health-related field required, Master's degree preferred
- **Director of ASO District Operations** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Provide leadership and oversight for District Liaisons. Develop, implement, and maintain operational systems and networks of collaboration within each district necessary to support the District Behavioral Health Service System Plan and statewide behavioral health safety net.
  - Qualifications: Bachelor's degree in health care administration, business management, public health, or another health-related field required, Master's degree preferred
- **Director of ASO/MCO Relationships** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Provide leadership and oversight for Quality Improvement Consultants. Develop, sustain and nurture collaborative relationships with MCO partners in support of support the Statewide and District BHSS Plans. Oversee and monitor compliance, quality and performance outcomes.
  - Qualifications: Bachelor's degree in health care administration, business management, public health, or another health-related field required, Master's degree preferred
- **Director of ASO Strategy** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Provide leadership and oversight for all subject matter experts to include the Pharmacy Consultant, BH Consultant – Child, SUD Consultant, Tobacco Cessation/ Gambling Recovery Consultant, Clinical Leadership Consultant, Telehealth Consultant, and Judicial Consultant. Develop and advance strategic initiatives in collaboration with the Agency, the Iowa PCA team, providers, partners, community members and patients to support the Statewide and District BHSS Plans and statewide behavioral health safety net.
  - Qualifications: Bachelor's degree in health care administration, business management, public health, or another health-related field required, Master's degree preferred
- **Service Coordination and Development Consultant** *(Embedded District)*
  - Credentials: N/A
  - Role Description: Coordinate access to necessary supportive services in the community. Provide case management services as needed and requested and develop programs and resources that support behavioral health. **Conduct System Navigation:** ensure individuals receive appropriate, timely access to care by coordinating and connecting to resources and services including supporting applications for services and benefits and making referrals. **Ensure Local Service Provision:** this may include direct provision of services or contracting with providers and conducting quality assurance for a full array of Behavioral Health Services.
  - Qualifications: Bachelor's degree in health or human services related field preferred

- **Training and Technical Assistance (T/TA) Consultant** *(Embedded District)*
  - Credentials: N/A
  - Role Description: Develop, coordinate, and provide T/TA resources to providers, partners, community members, and patients regarding behavioral health services and service availability. **Conduct Community Engagement and Education:** engage in outreach, education, and training activities for the community including schools, law enforcement, courts, and healthcare providers on topics such as wellness promotion, mental health first aid, alcohol, tobacco and substance use prevention, and stigma reduction.
  - Qualifications: Bachelor's degree in health or human services related field preferred
- **Pharmacy Consultant** *(Centrally Located)*
  - Credentials: CPhT or PharmD
  - Role Description: Serve as the subject matter expert for pharmaceutical services, and develop, evaluate, and support pharmacy programs and initiatives.
  - Qualifications: Bachelor's degree in health or human services related field required
- **Behavioral Health Consultant – Child** *(Centrally Located)*
  - Credentials: LMHC, LMSW, LISW, or PsyD
  - Role Description: Serve as the subject matter expert for child behavioral health services, and develop, evaluate, and support child behavioral health programs and initiatives.
  - Qualifications: Master's degree in mental health counseling or a related field
- **Behavioral Health Consultant – Adult** *(Centrally Located)*
  - Credentials: LMHC, LMSW, LISW, or PsyD
  - Role Description: Serve as the subject matter expert for adult behavioral health services, and develop, evaluate, and support adult behavioral health programs and initiatives.
  - Qualifications: Master's degree in mental health counseling or a related field
- **Substance Use Disorder (SUD) Consultant** *(Centrally Located)*
  - Credentials: CADC
  - Role Description: Serve as the subject matter expert for substance use disorder services, and develop, evaluate, and support substance use disorder programs and initiatives.
  - Qualifications: Bachelor's degree in health or human services related field required
- **Tobacco Cessation/Gambling Recovery Consultant** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Serve as the subject matter expert for tobacco cessation and gambling recovery services, and develop, evaluate, and support tobacco cessation and gambling recovery programs and initiatives.
  - Qualifications: Bachelor's degree in health or human services related field preferred
- **Clinical Leadership Consultant** *(Centrally Located)*
  - Credentials: MD or DO
  - Role Description: Serve as the subject matter expert for psychiatric services, and develop, evaluate, and support psychiatric programs and initiatives to include medication assisted treatment.

    - Qualifications: Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree from an accredited medical school, successful completion of national licensing exams, and obtaining a state medical license
- **Telehealth Consultant** *(Centrally Located)*
    - Credentials: N/A
    - Role Description: Serve as the subject matter expert for telehealth services, and develop, evaluate, and support telehealth programs and initiatives.
    - Qualifications: Bachelor's degree in health or human services related field preferred
- **Judicial Consultant** *(Centrally Located)*
    - Credentials: BSW, LMSW, or LISW
    - Role Description: Serve as the subject matter expert for judicial services and transitions to/from incarceration, assess, develop, evaluate, and support related programs and initiatives, coordinate and support discharge planning with district team members and partners.
    - Qualifications: Bachelor's degree in health or human services related field preferred
- **Quality Improvement Consultant** *(Embedded District)*
    - Credentials: N/A
    - Role Description: Collect, analyze, and interpret data filtered into actionable opportunities for improvement in support of behavioral health service delivery and coordination. Provide education to providers, team members, and stakeholders as needed regarding improvement methodologies, processes, and culture built on continuous evaluation and improvement.
    - Qualifications: Bachelor's degree in health or human services related field preferred
- **District Liaison** *(Embedded District)*
    - Credentials: N/A
    - Role Description: Collaborate and communicate with district providers, partners, community members, and patients in developing, coordinating, and implementing service provision and coordination to enhance access and strengthen the behavioral health safety net within the district served. **Conduct Community Needs Assessment and Planning**: conduct and participate in community assessments to identify Behavioral Health needs, including system gaps and emerging issues, develop and implement plans to address needs and close gaps, and allocate resources and funding to ensure services are available throughout the district. **Conduct Collaboration and Partnership Building:** work with local entities such as schools, law enforcement, courts, and healthcare providers to coordinate services across sectors and address broad social drivers of Behavioral Health needs; build partnerships with community organizations, faith-based groups and other stakeholders to enhance service delivery and support community-based solutions; engage with private sector partners to develop innovative solutions and expand access. Work with district team to **Assist with Funding and Resource Management:** seek out, apply for, and manage grants to fund local initiatives; develop and manage budgets to ensure efficient use of resources and sustainability of services; support local service providers in identifying and securing additional funding resources to enhance service delivery and address unmet needs.

    - Qualifications: Bachelor's degree in health or human services related field preferred
- **Communications Consultant** *(Centrally Located)*
    - Credentials: N/A
    - Role Description: Drive communications work relative to the strategic direction and positioning of the Iowa PCA and members. Plan, develop, and implement communications, marketing, and public relations activities.
    - Qualifications: Bachelor's degree Communications, Public Relations, Journalism or Marketing or a related healthcare certification and experience in an equivalent role required
- **Policy Analyst** *(Centrally Located)*
    - Credentials: N/A
    - Role Description: Assist with development and implementation of policy priorities and solutions for the organization and its members. Identify and analyze policy solutions to support providers and service delivery services.
    - Qualifications: Bachelor's degree in public policy, public administration, or related healthcare certification and experience in an equivalent role required
- **IT Consultant** *(Centrally Located)*
    - Credentials: Networking certification, security certification, and Microsoft M365 Admin certification preferred
    - Role Description: Serve as primary point of contact for internal IT & technology issues and needs. Lead internal IT and technology projects as identified and approved, working with partners and vendors as appropriate.
    - Qualifications: Associate's degree in computer related subject like computer science, information technology or related field required
- **Reporting Analyst** *(Centrally Located)*
    - Credentials: N/A
    - Role Description: Develop and provide analytic support that leads to performance improvement, business intelligence dashboard development, and implementation of data products that facilitate clinical, strategic, and operational decision-making.
    - Qualifications: Bachelor's degree in health care administration, business analytics, health information management, data sciences, social sciences, public health (epidemiology or biostatistics), or information technology preferred.
- **HR Consultant** *(Centrally Located)*
    - Credentials: SHRM-CP, SHRM-SCP, PHR, or SPHR certification preferred.
    - Role Description: Provide general Human Resources support for Iowa PCA employees. Serve as the first and primary point of contact for new applicants through talent acquisition processes. Ensure hiring and onboarding processes are applied consistently and professionally.
    - Qualifications: Bachelor's degree in business administration, human resources or related field, with minimum three years related experience required
- **Program Manager** *(Centrally Located)*
    - Credentials: N/A
    - Role Description: Manage assigned grants and programs, including day-to-day contract management and oversight. Oversee budget expenditures and financials. Develop and track workplans. Collect and report data and ensure strong communication about the status of grants and programs.

  - Qualifications: Bachelor's degree in business, health, or human services related field preferred
- **Revenue Cycle Consultant** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Plan, implement, and train on critical revenue cycle optimization and transformation activities.
  - Qualifications: Bachelor's degree or 5+ years of professional experience in revenue cycle management or a related healthcare field required
- **Accountant** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Assist the Director of Accounting and Financial Analyst with financial accounting duties such as collecting, analyzing, investigating and reporting financial data to ensure all commitments are met, and contribute toward our goal of delivering quality service to the organization and members.
  - Qualifications: Bachelor's degree in accounting with at least two years of experience in an accounting or audit role or four plus years of experience in a full cycle accounting role that involved preparation of journal entries required
- **Contract Management-Regulatory & Compliance Consultant** *(Centrally Located)*
  - Credentials: JD preferred
  - Role Description: Review contracts, ensure adherence to state, federal, and licensure regulations, identify potential compliance issues, and develop recommendations to improve process and procedures.
  - Qualifications: Bachelor's degree in a relevant field, such as business, law, or finance required
- **Administrative Assistant** *(Centrally Located)*
  - Credentials: N/A
  - Role Description: Provide administrative support to Iowa PCA ASO staff, committees, and work groups supporting the organization and our members.
  - Qualifications: Associate's degree required, Bachelor's degree preferred with major course work in business administration, public administration, human resource or a related field

3.2.5.4 Disclosures.

1. Whether the Bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.

None of the following have ever had a founded child or dependent adult abuse report, or been convicted of a felony: the Iowa PCA, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this Request for Proposal (RFP). The Iowa PCA does not have any owners.

2. List and summarize any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the Bidder's ability to perform required services.

The Iowa PCA does not have any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect our ability to perform required services.

3. Whether the Bidder or a subcontractor has defaulted on a Contract.

The Iowa PCA has never defaulted on a Contract. No designated subcontractors have ever defaulted on a Contract.

4. Whether the Bidder or a subcontractor had a Contract terminated.

The Iowa PCA has never had a Contract terminated. No designated subcontractors have ever had a Contract terminated.

5. Whether any irregularities of financial records have been discovered to the Bidder's accounts.

There have never been any irregularities of financial records discovered in the Iowa PCA's accounts.

Section 6: RFP Forms

Attachment A: Release of Information

(Return this completed form behind Section 6 of the Proposal.)

The Iowa Primary Care Association hereby authorizes any person or entity, public or private, having any information concerning the Bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The Bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The Bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive Contract awards from the Agency or may otherwise hurt its reputation or operations. The Bidder is willing to take that risk. The Bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Iowa Primary Care Association___
Printed Name of Bidder Organization

_____ _10/18/2024_____
Signature of Authorized Representative Date

Aaron L. Todd, CEO___
Printed Name

Attachment B: Primary Bidder Detail & Certification Form

(Return this completed form behind Section 6 of the Proposal. If a section does not apply, label it "not applicable".)

Primary Contact Information (individual who can address issues re: this Proposal)	
Name:	**Aaron Todd, CEO**
Address:	**500 SW 7th Street, Suite 300, Des Moines, IA 50309**
Tel:	**515-720-1765**
Fax:	**n/a**
E-mail:	**atodd@iowapca.org**
Check each District(s) you are proposing to serve: **X District 1** **X District 2** **X District 3** **X District 4** **X District 5** **X District 6** **X District 7**	

Primary Bidder Detail	
Business Legal Name ("Bidder"):	Iowa Primary Care Association
"Doing Business As" names, assumed names, or other operating names:	n/a
Parent Corporation Name and Address of Headquarters, if any:	n/a
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	501(c)3 non-profit
State of Incorporation/organization:	Iowa
Primary Address:	500 SW 7th Street, Suite 300, Des Moines, IA 50309
Tel:	515-244-9610
Local Address (if any):	n/a
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	n/a
Number of Employees:	44
Number of Years in Business:	36
Primary Focus of Business:	Healthcare training, technical assistance, strategy, and quality improvement services
Federal Tax ID:	42-1311646
UEI #:	PQ4BPVMFDKG3

Bidder's Accounting Firm:	Forvis Mazars
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	March 22, 1988
Do you plan on using subcontractors if awarded this Contract? {If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.}	YES

Request for Confidential Treatment (See Section 3.1)		
Check Appropriate Box: X **Bidder Does Not Request Confidential Treatment of Proposal** ☐ **Bidder R**		
Location in Proposal (Section/Page)	**Specific Grounds in Iowa Code Chapter 22 or Other Applicable Law Which Supports Treatment of the Information as Confidential**	**Justification of Why Information Should Be Kept in Confidence and Explanation of Why Disclosure Would Not Be in The Best Interest of the Public**

Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	**Language to Which Bidder Takes Exception**	**Explanation and Proposed Replacement Language:**	**Cost Savings to the Agency if the Proposed Replacement Language is Accepted**

PRIMARY Bidder CERTIFICATIONS

PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:

Bidder specifically stipulates that the Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed Contract language, including deletions, additions, and substitutions of language, must be addressed in the Proposal. The Bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;

Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein;

Bidder has received any amendments to this RFP issued by the Agency;

No cost or pricing information has been included in the Bidder's Technical Proposal;

If Bidder requests confidential treatment of any information submitted in its Proposal, the Bidder expressly acknowledges and agrees that the Agency's evaluation document(s) may reference information of which the Bidder requested confidential treatment in the Proposal. These Agency evaluation documents may then be in the public domain and be open to inspection by interested parties upon the Agency's issuance of a Notice of Intent to Award. The Agency will not redact information or references to information in evaluation documents even in instances which a Bidder requested confidential treatment in the Proposal; and,

The person signing this Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder

guarantees the availability of the services offered and that all Proposal terms, including price, will remain firm until a Contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.

SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:

Bidder certifies that the Bidder's organization has sufficient personnel and resources available to provide all services proposed by the Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;

Bidder certifies that if the Bidder is awarded the Contract and plans to utilize subcontractors at any point to perform any obligations under the Contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting Contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this Contract;

Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP;

Bidder certifies it is either: 1) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or 2) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the Proposal void if the above certification is false. Bidders may register with the Department of Revenue online at: http://www.state.ia.us/tax/business/business.html; and,

2.5 Bidder certifies it will comply with Davis-Bacon requirements if applicable to the resulting Contract.

EXECUTION.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Proposal and at the prices quoted by the Bidder. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Proposal.

Signature:	

Printed Name/Title:	Aaron L. Todd, CEO
Date:	10/18/2024

Attachment C: Subcontractor Disclosure Form

*(Return this completed form behind Section 6 of the Proposal. Fully complete a form for **each** proposed subcontractor. If a section does not apply, label it "not applicable." If the* Bidder *does not intend to use subcontractor(s), this form does not need to be returned.*)

Primary Bidder ("Primary Bidder"):	Iowa Primary Care Association
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Aaron Todd, CEO
Address:	500 SW 7th, Suite 300, Des Moines, IA 50309
Tel:	515-244-9610
Fax:	n/a
E-mail:	atodd@iowapca.org

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	INConcertCare, Inc.
"Doing Business As" names, assumed names, or other operating names:	n/a
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	501(c)4
State of Incorporation/organization:	Iowa
Primary Address:	500 SW 7th Street, Suite 300, Des Moines, IA 50309
Tel:	515-244-9610
Fax:	n/a
Local Address (if any):	n/a
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	n/a
Number of Employees:	n/a, staffed through management services agreement with the Iowa PCA
Number of Years in Business:	27
Primary Focus of Business:	Health information technology
Federal Tax ID:	39-1899361
Subcontractor's Accounting Firm:	Forvis Mazars
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	7/22/1997
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	10-30%
General Scope of Work to be performed by this Subcontractor	
INCC will perform data and technology activities outlined in the proposal section 3.2.3.1.1.3. This work will include: a) Providing input and consulting to the Agency and the Iowa PCA in the implementation and maintenance of the statewide central data repository	

b) Facilitating data governance and data sharing procedures in support of data collection, utilization and maintenance activities
c) Supporting the reporting of all required data to be maintained in the central data repository
d) Utilizing data labeling, definitions, coding and nomenclature required by the Agency and the Iowa PCA
e) Supporting the submission of data in the form and format required by the Agency and the Iowa PCA
f) Collecting, monitoring and utilizing data and information as directed by the Agency and the Iowa PCA
g) Ensuring privacy and security requirements for data are met
h) Collecting and utilizing additional data to provide analysis of behavioral health needs of Iowans, system gaps and outcomes of service provision
i) Supporting the technology and integration necessary to improve availability of patient record data across the behavioral health system

Multiple INCC teams will be leveraged to implement the statewide data repository, and support monitoring, performance management, and evaluation activities for the BHHS system. We will implement a comprehensive governance structure that ensures data are protected and used appropriately. INCC data scientists will work with the Agency and the Iowa PCA to develop and manage data infrastructure, data feeds, workflows, and resources necessary to implement the implement the central data repository. As directed by the Agency and the Iowa PCA, INCC is able to build data marts to transform raw data into the required fields, calculations, coding and structure needed for various reporting requirements. INCC will also help to facilitate the reporting of district-level data to the Agency, including demographic, expenditure, utilization, clinical, client and provider satisfaction data. INCC will build dashboards and other analysis as directed by the Agency and Iowa PCA. INCC's data infrastructure based on a Microsoft Fabric platform can provide advanced analytics and reporting in a secure and highly governed environment that aligns with HIPPA, 42 CFR part 2 and other data security and privacy regulations. INCC can also integrate additional sources of raw and aggregate data into this infrastructure for a variety of analytic use cases. INCC will also work with the Agency and the Iowa PCA to define a conceptual model for enhanced data integration to securely gather or transfer current and historical data.

The work described above will be based on the direction of the Agency and the Iowa PCA to optimize behavioral health services in all districts and statewide. INCC will leverage its existing technology and analytics infrastructure and expertise to provide substantive assistance to the Agency and the Iowa PCA to support data capture across the state, provide insightful analysis, and submit data and findings to the Agency. By leveraging and adapting as necessary INCC's existing infrastructure, we can expand health IT resources to safety net providers, increasingly automate work to relieve provider burden, and improve patient outcomes through evidence-based decision-making.

Detail the Subcontractor's qualifications for performing this scope of work

INCC is a health information technology (health IT) and data analytics-focused nonprofit entity with extensive experience with data infrastructure. For over 25 years, INCC has supported the technology and data needs of community health centers (CHCs) in Iowa, and is well-suited to extending this work to Iowa's Behavioral Health Service System (BHSS). Services include data analysis, EHR services, health IT support and consulting, IT optimization, and training and technical assistance.

Currently, INCC provides EHR optimization and vendor management support to 11 of Iowa's CHCs using OCHIN Epic. This includes implementation and upgrade support, workflow optimization, interoperability, technical consulting, and training and technical assistance. We also support advanced analytics and centralized and ad hoc reporting services for these CHCs, and host a replicated database and data visualization infrastructure. We provide additional analytic, assessment and evaluation activities for the Clinically Integrated Network, IowaHealth+. This includes value-based care quality and cost

performance analysis, advanced file development, and data sharing with Medicaid and Medicare payors. We also provide technology consulting, training and technical assistance as needed to Iowa's CHCs to support their operational, clinical and financial goals. INCC follows the National Institute of Standards and Technology (NIST) cyber security framework to operationalize cybersecurity risk management through core functions to govern, identify, detect, prevent, respond and recover.

INCC also has extensive experience in the implementation and management of health IT. It hosts a cloud-based infrastructure for analytics, and provides support for EHR use and optimization. Our team of technology and system analysts have both technical and clinical experience in the use of health IT, and have worked in ambulatory and acute health care settings supporting technology systems and their use in patient care, financial management and operations. This support includes training and technical assistance, informatics, quality improvement and workflow support. INCC also has extensive experience in IT vendor management, and routinely conducts analysis of vendor options, contract negotiations, and contract management.

INCC also has a thorough understanding of Iowa's health technology environment and the opportunities for interoperability and systems connections. We have extensive experience in data governance and data sharing, and are continually working to develop new connections to securely and appropriately share data to improve patient outcomes.

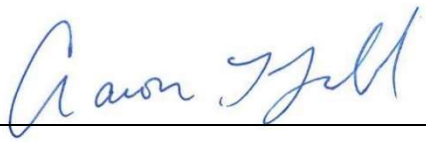
INCC work is led by the Senior Director of Data and Technology, who has broad experience in program assessment, monitoring and evaluation, and has led data and technology work within government, nonprofit, and corporate settings across public health, clinical health care, and social science disciplines. INCC team members have expertise in data management, SQL programming, epidemiology, data visualization, and dashboard development. They currently support reporting and analytics across all CHCs in Iowa, and have specific expertise in integrated health record systems, and provide advanced report development across many topic areas.

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a Contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the Contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this Contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting Contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Aaron L. Todd, CEO
Date:	10/18/2024

Attachment E: Certification and Disclosure Regarding Lobbying Attachment

(Return this executed form behind Section 6 of the Proposal.)

Instructions:

Title 45 of the Code of Federal Regulations, Part 93 requires the Bidder to include a certification form, and a disclosure form, if required, as part of the Bidder's proposal. Award of the federally funded Contract from this RFP is a Covered Federal action.

1) The Bidder shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the Bidder, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and Contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
2) The Bidder shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the Bidder or subcontractor(s) at any tier (including subcontracts, sub-grants, and Contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the Bidder and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ''Disclosure Form to Report Lobbying,'' in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and Contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an

employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ‘‘Disclosure Form to Report Lobbying,’’ in accordance with its instructions.

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 for each such failure.

I certify that the contents of this certification are true and accurate and that the Bidder has not made any knowingly false statements in the Proposal. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

- × The Bidder is NOT including a disclosure form as referenced in this form’s instructions because the Bidder is NOT required by law to do so.

- • The Bidder IS filing a disclosure form with the Agency as referenced in this form’s instructions because the Bidder IS required by law to do so. If the Bidder is filing a disclosure form, place the form immediately behind this in the Proposal.

Signature:	
Printed Name/Title:	Aaron L. Todd, CEO
Date:	10/18/2024