



when
we lead →

A multi-state initiative to unlock Medicaid to reimagine healing for kids and families

BACKGROUND FOR IOWA-SPECIFIC WORK

the crisis and opportunity:

Iowa's children and youth are navigating a mental health crisis — and Iowa HHS is committed to building something better. Mental health and substance use disorders are the leading cause of disease burden in the U.S., and Iowa families are feeling this acutely. Between 2016 and 2021, the share of Iowa sixth graders reporting persistent sadness or hopelessness more than doubled — from 14% to 27%, with high school juniors reaching 36%. These are not just children and youth in crisis; they are ordinary Iowa kids navigating an increasingly difficult world without adequate support. Half of Iowa youth with major depression receive no treatment at all. The REACH settlement has underscored the depth of unmet need, but the challenge runs far broader than the children and youth it covers.

The fiscal picture presents a clear opportunity. State Medicaid spending on children's behavioral health fell from \$49 million in 2018 to \$34 million in 2023, even as enrollment held steady and need grew. Critically, the barrier isn't eligibility — Iowa Care for Kids already entitles every Medicaid-enrolled child to early, preventive mental health services under federal EPSDT law, and evidence consistently shows that expanding early access does not explode costs; it reduces them by preventing far more expensive crisis interventions, system involvement, and community violence downstream. Closing this gap represents a direct opportunity to draw down additional federal dollars for Iowa communities. The real gap is that Iowa's Medicaid system has not been built to reimburse the trusted community providers — school staff, peer supporters, family navigators — who children, youth, and caregivers actually turn to first.

IOWA HAS AN OPPORTUNITY TO LEAD — BUILDING A SUSTAINABLE, COMMUNITY-BASED SYSTEM OF SUPPORT THAT MEETS EVERY CHILD WHERE THEY ARE, BEFORE CRISIS TAKES HOLD.

With nearly half of Iowa's children enrolled in Medicaid, and Iowa's recent behavioral health system transformation opening new pathways for community-based organizations to participate as contracted providers, the architecture is already within reach. Public Works Alliance seeks to partner with Iowa HHS, community-based organizations, alongside children, youth, and caregivers with lived experience as essential partners in shaping this work — to turn that opening into durable, community-rooted change as part of **When We Lead**, a multi-state initiative to unlock Medicaid to reimagine healing for kids and families.

When We Lead is a 24-month, multi-state initiative designed to accelerate this transformation and build a model for national scale. An initiative of Public Works Alliance and local community partners, it brings together young people, caregivers, community leaders, and system owners to leverage Medicaid to reimagine care and healing.



FOUNDATIONAL STRATEGIES: A BLUEPRINT FOR CHANGE

We aspire to blend delivery system reform with economic transformation – shifting the economic benefit of safety net systems to the people they serve.

When We Lead is grounded in **five foundational strategies** that serve as an emerging blueprint for statewide youth mental health systems transformation.

1

Remove diagnosis as a gatekeeper.

Expand medical-necessity criteria and needs-based early access so a diagnosis is not a precondition for care.

2

Reimagine the workforce.

Add new provider types—peers, CHWs, youth navigators, culturally rooted healers—to Medicaid, shifting economic benefit to communities and enabling CBOs to deliver non-traditional services.

3

Make schools in-network by default.

Treat schools as essential community providers so Medicaid and commercial plans must reimburse for services delivered in schools.

4

Treat parents with their kids.

Use schools and primary care clinics as hubs to support children and caregivers together, integrating care through routine early-childhood touchpoints.

5

Maximize federal match dollars.

Align child-serving systems with Medicaid to capture every allowable federal dollar and convert pilots into sustainable funding.





MULTI-STATE APPROACH: THE READINESS MODEL

When We Lead partners across five states (California and Georgia are early-adopter states) to initiate, accelerate, or embed systems change strategies, creating a codified national model and lessons learned. **Iowa** is part of a new cohort of states initiating change.

	<i>initiate</i>	<i>accelerate</i>	<i>embed</i>
DEFINITION	The state has a youth mental health plan but lacks an agreed-upon, high-leverage payer/policy entry point , requiring analysis and system mapping to define policy objectives and build consensus for change.	The state has a clear policy lever identified and a functionally operational coalition but requires technical assistance and new evidence from active pilots to overcome barriers and draft concrete policy artifacts for submission.	The state has successfully activated policy initiatives and is in the final stages of / has driven policy change but faces “last mile” implementation challenges.
GOAL	Design and consensus	Planning to execution	Durable change adoption
WWL ROLE	Lead + Develop	Collaborate + Coordinate	Technical + Adaptive Assistance
ACTIVITIES	Foundational Inquiry & Building Alignment: System mapping, authentic stakeholder engagement, consensus blueprinting, and co-design of policy options.	Technical Execution: Activate policy options, draft and submit all policy levers (State Plan Amendments (SPA), Managed Care Organization (MCO) clauses), rigorously learn and improve.	Sustainment & Codification: Secure payer agreements / policy adoption, produce playbooks, initiative capacity building and technical assistance to support sustainability of change.
SELECTED STATES	Iowa, Hawaii, Pennsylvania	Georgia	California

A CULTURE OF ENGAGEMENT

A core differentiator is how we deliver the work: through a culture of engagement focused on listening to, honoring, and lifting up the perspective of essential partners needed to move systems change in the mental health of children and youth.. When We Lead uses an adaptable operating model to ensure state-level efforts are anchored to authentic youth and family engagement and leadership, led by local organizations who know their communities best. This model includes a collaborative of partners: young people, caregivers, community leaders, public systems, provider organizations (e.g., Medicaid, education, Iowa Workforce Development), and philanthropy.

PWA serves as the National Office, providing strategic guidance, fundraising, technical support, connections, evaluation, and codification of state- and national-level blueprints. Its engagement is centralized and advisory to ensure consistency across the multi-state cohort. Local Anchor Organizations (State Leads) are trusted local partners and systems leaders who drive local stakeholder engagement, manage day-to-day operations, funding, and local strategy execution in each state.



WHAT'S NEXT

PLANNING GRANT



Currently underway,
funded by Arthur M. Blank Foundation

FEB 2026 ● State selection

MAR- MAY ● Select Anchor Partners and sign MOUs
● Stakeholder Mapping

JUN ● Develop State Profiles

● Fiscal setup and prep for launch

"INITIATE" PHASE



Months 1-18

JUN-OCT ● Stage 1: Kickoff and Data Analysis & Inquiry

NOV '26- MAY '27 ● Stage 2: Engagement & Consensus-Building

MAY-SEPT '27 ● Stage 3: Co-Design Labs & Policy Blueprinting

OCT-JAN '28 ● Stage 4: Strategic Communications & Activation Prep

"ACTIVATE" PHASE



Months 18-24+

JAN '28+ ● Begin activating action plan while advancing concrete Medicare and payer actions

● Learn through disaggregated data and audits

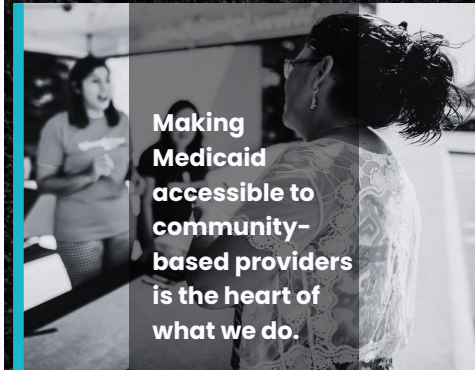
● Embed and expand changes through reimbursement, contracts, and playbooks

WE ARE ...

We are seeking a more relevant, accessible, and joyous system to support the social and emotional health of children.



Making Medicaid accessible to community-based providers is the heart of what we do.

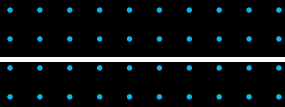


Elevating community-based workforce is essential to any solution at scale.



Reimagining healing, who does it, where it happens, and who gets paid to do it.





ABOUT PUBLIC WORKS ALLIANCE

Demand is overwhelming our public health and healing systems while at the same time young people are increasingly disconnected from meaningful, good paying careers. **Public Works Alliance** brings these two realities together in a range of solutions — from finance redesign to program implementation— reimagining who does healing work, where it happens, and who gets paid to do it.

Public Works Alliance serves as the **national office** of When We Lead, and is a collective of policy experts, system leaders, researchers, providers, and advocates dedicated to making healing systems work better for children, youth, and families who are overlooked and underrepresented.

NATIONAL OFFICE TEAM



ALEX BRISCOE, Principal, Co-Lead
Alex serves as Principal of Strategy and Systems Change at Public Works Alliance, advising public agencies and philanthropies on youth mental health systems reform. He previously founded and led California Children’s Trust, advancing statewide behavioral health initiatives. Earlier, as Director of the Alameda County Health Care Services Agency, he oversaw one of California’s largest public health systems. A mental health practitioner, Alex brings expertise in Medicaid policy and cross-sector systems change.



BRIAN BLALOCK, Senior Advisor
Brian is a human rights lawyer, educator, and strategic reform consultant. As Cabinet Secretary of the New Mexico Children, Youth, and Families Department, he led reforms that launched extended foster care, halved out-of-state placements, and created the Office of Youth Homelessness. He previously co-founded a \$125 million initiative at Tipping Point Community focused on youth housing and legal advocacy, and founded the Youth Justice Project at Bay Area Legal Aid. Brian currently serves as a Directing Attorney at the Youth Law Center, focusing on youth homelessness, community-based Medicaid models, and juvenile justice reform.



DR. BEN MILLER, Co-Lead
Ben is a clinical psychologist and health policy expert, advises foundations, nonprofits, and public agencies on youth mental health strategy. He is Co-Owner of Revolution Desk, LLC and co-founder of ventures expanding access to community-based care. Previously, he led Well Being Trust as President and was founding Director of the Eugene S. Farley, Jr. Health Policy Center. He holds an academic appointment at Stanford University School of Medicine and has shaped national youth mental health policy.



GILLIAN KATZ LAMON, Youth Law Fellow
Gillian joined YLC as the Public Works Alliance Child Welfare & Health Law Fellow in September 2025. Her fellowship project is focused on the intersection of child welfare and health care, specifically on using Medicaid as a primary prevention and intervention strategy for child welfare system-involvement and to finance strategies to divert or limit system-involvement for families. Gillian graduated from UC Law SF (formerly UC Hastings) in May 2025 and, during law school, worked with YLC as a 2023 summer legal intern. Prior to law school, she held multiple positions in mental health fundraising, communications, and administration at the Seneca Family of Agencies.



RAJNI DRONAMRAJU, Chief of Staff
Rajni Dronamraju directs strategy, partnerships, and operations for When We Lead, bringing 15+ years of executive leadership across philanthropy, policy, and the private sector. Most recently she served as Executive Director and Head of Health Equity at Genentech, leading enterprise-wide transformation. Over her career she has mobilized more than \$225M in equity-centered investments and advised Fortune 100 companies, foundations, and coalitions on philanthropic strategy, social impact business model design, and policy change.



KIANNA MILLER, Program Manager
Kianna manages program operations for When We Lead, coordinating subgrants, contracts, and logistics to support the national office and state partners. She brings 7+ years in People Operations, leading cross-functional coordination, compliance, and operational systems while keeping teams aligned.

