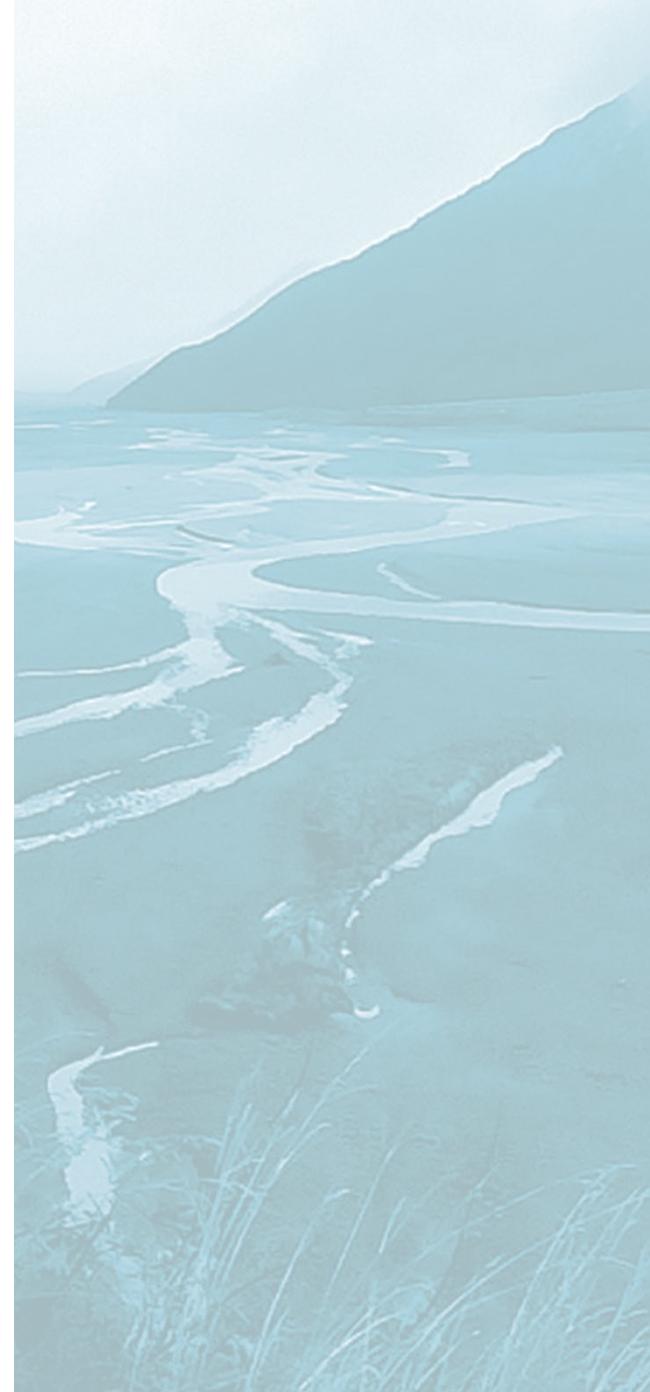


Welcome & Overview

Delta Center State Learning & Action
Collaborative Kickoff Convening

June 19, 2018



RWJF Welcome



Andrea Ducas
Senior Program Officer



Robert Wood Johnson Foundation

A Few Logistics



- Phones – please silence
- Wi-fi
- Food
- Facilities

The Delta Center: What's In A Name



Delta Means Change

Delta Connotes Confluence

Deltas Transform Landscapes

Deltas Make History

- *Delta means change* -- in payment, in care, ultimately in outcomes
- Learning organizations manage change, are able to respond to and eventually shape changing environments

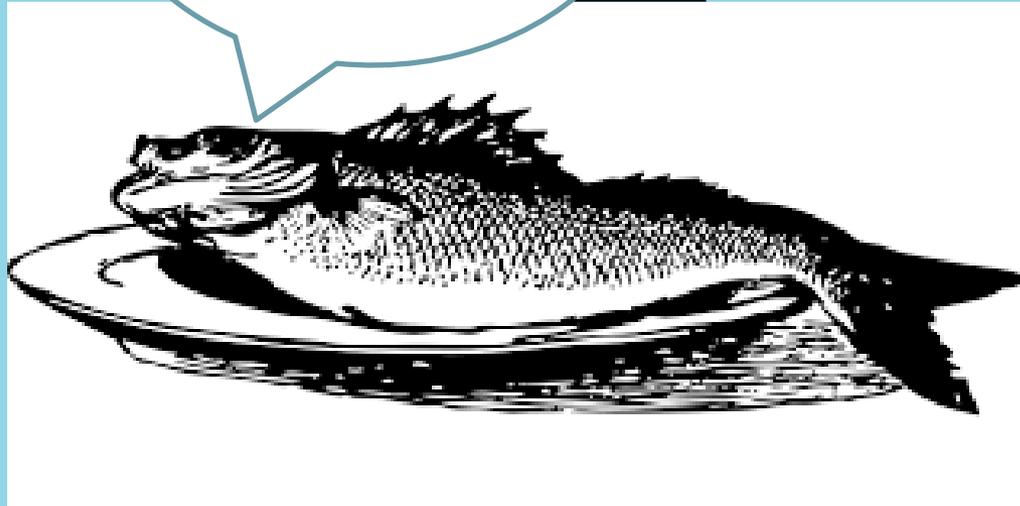


“People are very open-minded about new things, as long as they're exactly like the old ones.”

—Charles F. Kettering

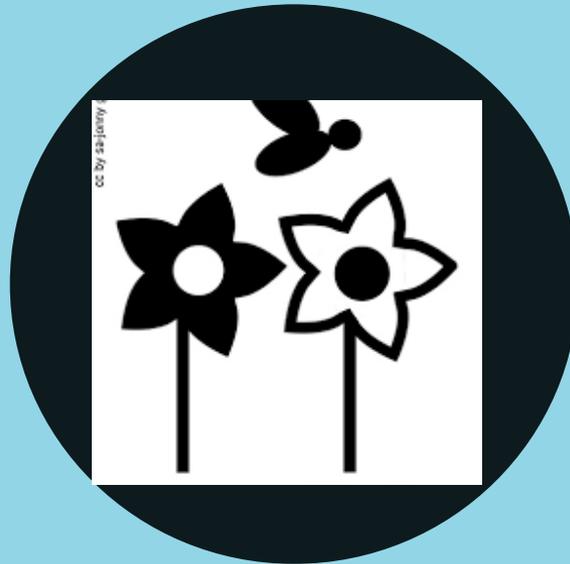
- *Delta means change* – leading change allows shaping your own destiny

I wish I had been
on the Menu
Planning
Committee.



“Change before you have to.” —Jack Welch

Delta connotes confluence -- of policy and practice, of primary care and behavioral health, of ideas and best practices across states.



“Over the course of years of studying innovation, we’ve found that there’s great power in bringing together people who work in fields that are different from one another yet that are analogous on a deep structural level.”

-[Marion Poetz](#), [Nikolaus Franke](#) and [Martin Schreier](#)

Deltas transform landscapes – leaving fertile ground for growth behind.



**”A delta can only form when river channels carry
sediments into another body of water.”**

--Sciencing.com

Transformation can be uncomfortable yet a necessary step to sustainability.



**"How does one become a butterfly?" Pooh asked pensively.
"You must want to fly so much that you are willing to give up
being a caterpillar," Piglet replied.
"You mean to die? ask Pooh.
"Yes and no," he answered.
"What looks like you will die, but what's Really you will live on..."**
--A.A. Milne

Deltas make history



Deltas make history—Our name salutes the health center movement—Delta Health Center established in Mississippi in 1965 was one of the first two FQHCs in the country.



Our concept of health is to make social change, to build the institutions that make social change, and keep it going. We call it community health action.” -- H. Jack Geiger, MD

Why We Are Here

- JSI Research & Training Institute, Inc. (JSI)
- MacColl Center for Health Care Innovation at Kaiser Permanente Washington Health Research Institute
- Center for Care Innovations (CCI)

Goals for This Convening

Participants will:

1. Understand the four key goals of the program
2. Identify opportunities for primary care and behavioral health to work together at the state level
3. Get to know peers and identify the opportunities for shared learning across the state associations
4. Provide input through co-design to shape Delta Center activities
5. Identify how grantee goals align with Delta Center goals and identify next steps to take prior to the next convening

Our Next Two Days

Who we are

Why we're here

Why this work matters

Where we are headed

What it's going to take to
get there

Please direct all questions to:



Rachel



Veenu



Katie



Kate



Kersten

Thank you

For more information,
please visit our website:

deltacenter.jsi.com

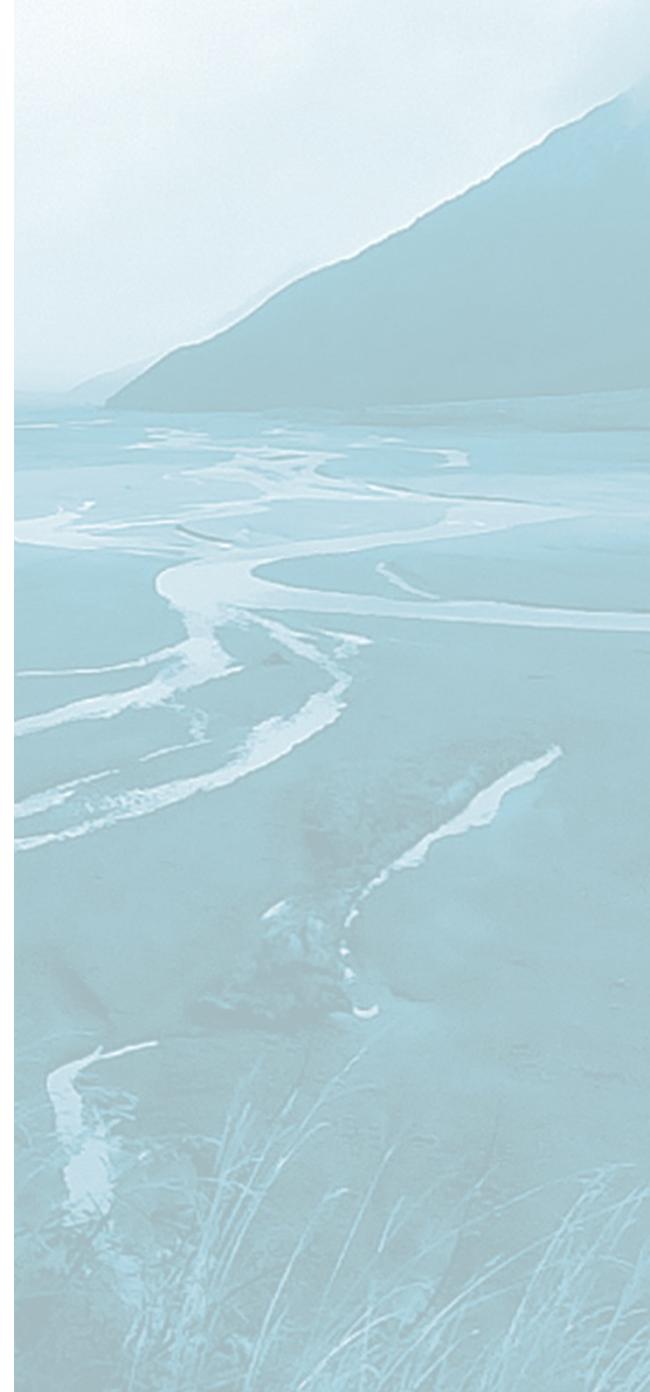
For questions, please email:

deltacenter@jsi.com

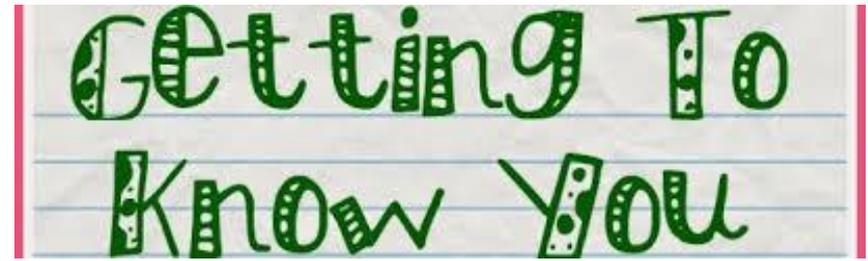
The Delta Center: *Getting to Know You...*

Juliane Tomlin, Senior Manager, CCI

Tuesday, June 19, 2018



Activity Overview



- Team time to discuss and capture answers to 2 questions (**10 min**)
- Inter-State Team Sharing (**20 min total**; *10 min for each question*)
 - Round 1: Start at station “A” posted on your table
 - Round 2: Go to assigned station “B”
- Bringing it all together (**10 min**)

Team Time!



- 1) With your teams, discuss the following questions:
 - What is the **one biggest asset** that will help you be successful in advancing value-based care and payment in your state?
 - What do you anticipate your **one biggest challenge** will be in advancing value-based care and payment in your state?

- 2) Capture your answers on a sticky with the name of your state.

Get to know each other!

- **Setup:** 5 stations for each question (1A-1E; 2A-2E)
- Teams have 1st assignment on tables.
- Round 1 (at your assigned stations)
 - Introduce yourself and your role.
 - Share **whom/what** you've left to be here today.
 - Discuss your team's answers to the 1st question. Post your answers on the chart pad.
- Round 2 (at new assigned station w/new team)
 - Introduce yourself and your role
 - Share **whom/what** you've left to be here today.
 - Discuss your team's answers to the 2nd question. Post your answers on the chart pad.

Visual Mapping

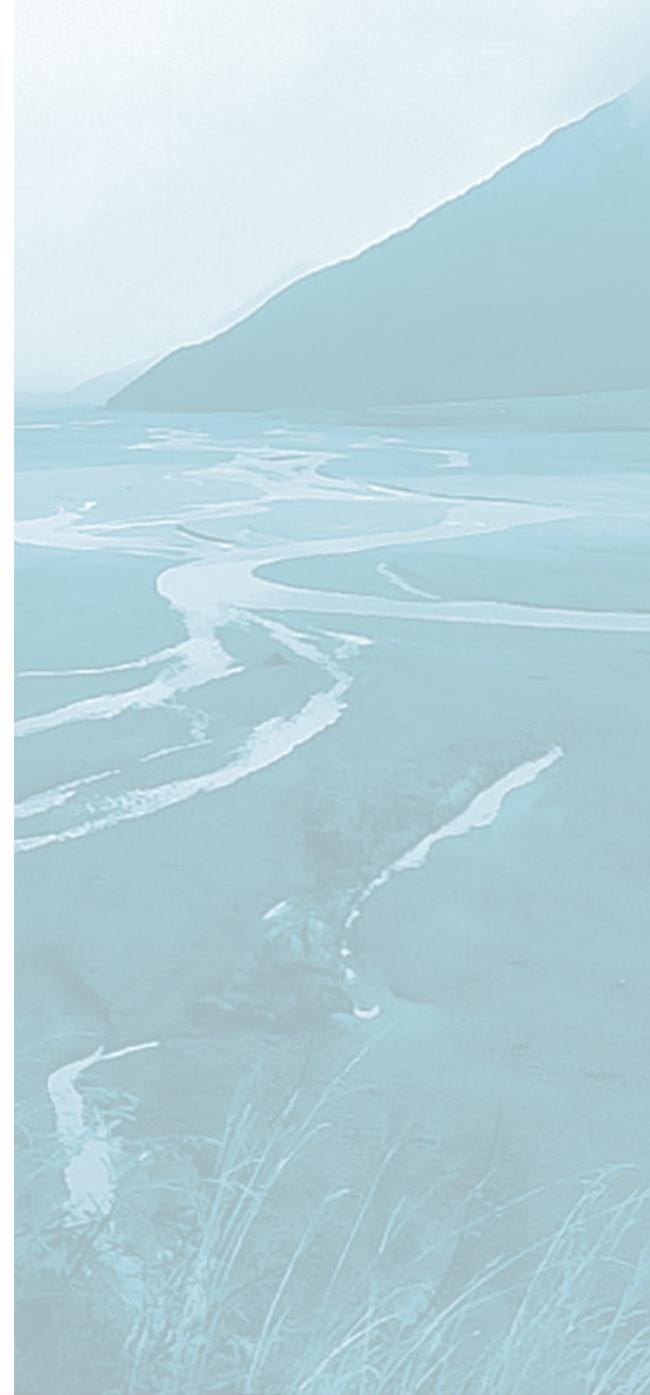


1. Bring your stickies from each question to post at front of room
2. Review and group the strengths & challenges, identify themes
3. Any insights? Anyone you'd like to talk to later?

Note: Strengths and challenges will be left up for teams to review throughout the day, and will be scribed after event (to inform future content and team strengths to leverage)

The Delta Center for a Thriving Safety Net

Opening Doors and Creating Momentum through Partnerships in Primary Care and Behavioral Health



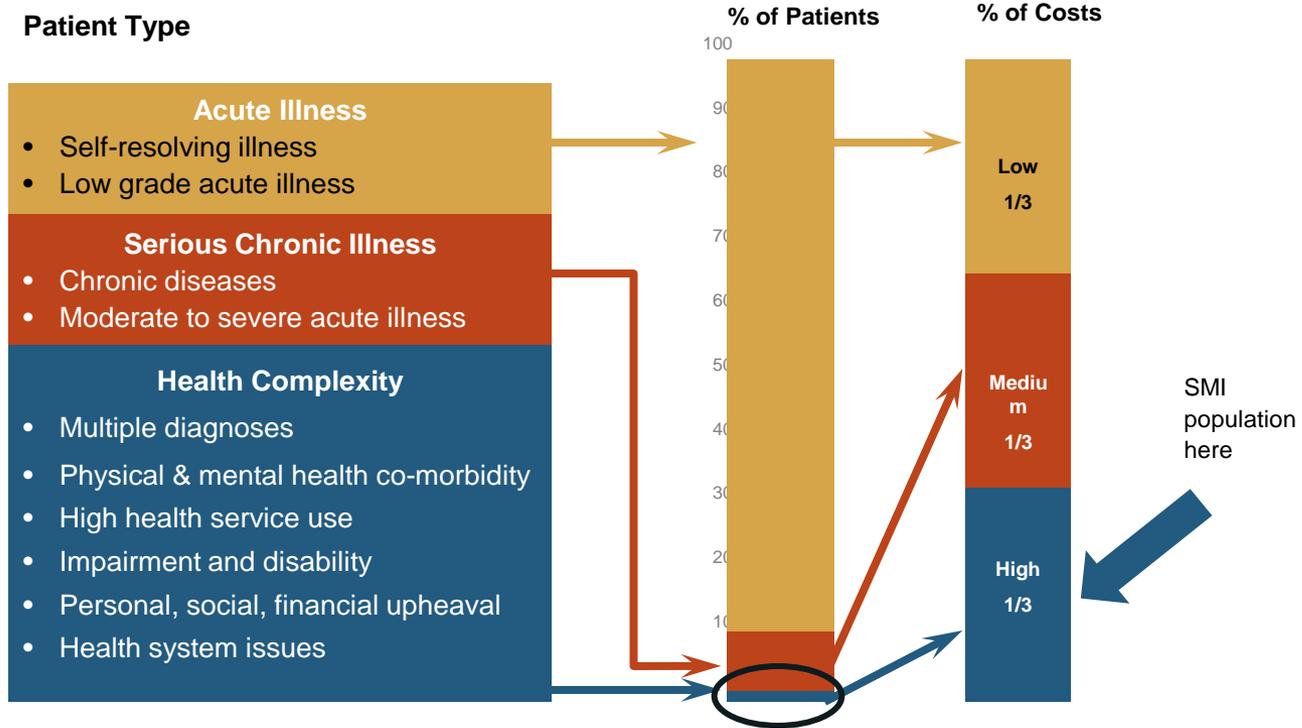
My Background

- Medical Director for National Council for Behavioral Health
- Practicing Psychiatrist in a Community Health Center
- Distinguished Professor, Missouri Institute of Mental Health, University of Missouri St. Louis
- Previously
 - Medicaid Director for Missouri
 - Medical Director Missouri Department of Mental Health

Overview: THE PROBLEM

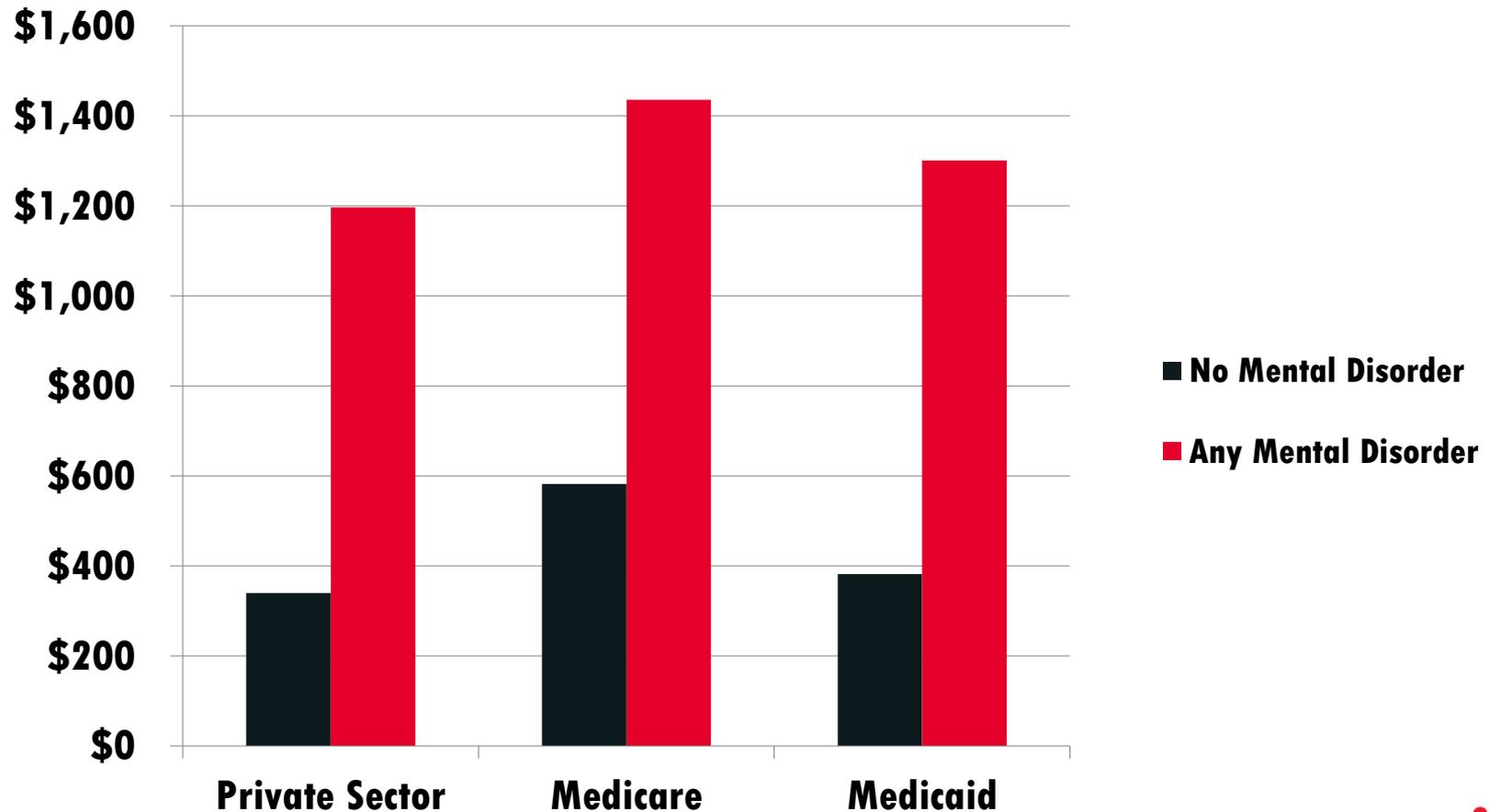
- Increased morbidity and mortality associated with serious mental illness (SMI)
- Increased morbidity and mortality largely due to preventable medical conditions
- Metabolic disorders, cardiovascular disease, diabetes mellitus
- High prevalence of modifiable risk factors (obesity, smoking)
- Epidemics within epidemics (e.g., diabetes, obesity)
- Some psychiatric medications contribute to risk
- Established monitoring and treatment guidelines to lower risk are underutilized in SMI populations

Cost of Health Complexity



Adapted from Meier DE, J Pall Med, 7:119-134, 2004

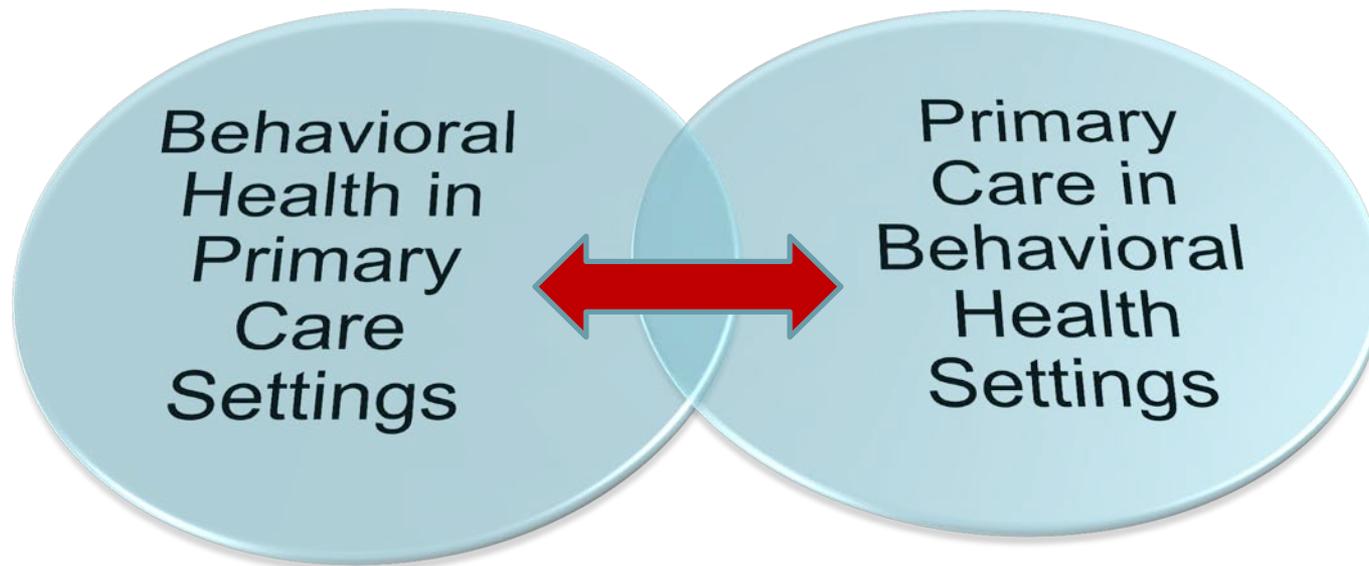
Per Member Per Month Costs



Integrated Care Definition:

- The care that results from a practice team of primary care and behavioral health clinicians working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.
- Focus is on the integration of services
- This may or may not involve the merging of organizations

Bidirectional Integration



FQHC/CMHC Integration Initiative

- Design
 - Seven partnerships funded at \$200,000 a year
 - Each partner gets \$100,000/ year
 - Can only use funding to buy services from their other partner
 - Services bought must be delivered at buyers location
 - Services bought must be recorded on buyers chart
 - Technical Assistance Team (supported by a grant from the Missouri Foundation for Health)

Health Home Outcomes

- Lower Blood pressure, Cholesterol, and better Blood Glucose control
- Better Medication adherence
- Lower ER and Hospital utilization
- Healthier Lifestyles – less smoking, more active,
- Saved \$59.1 Million
- Better working relationships between Healthcare Providers

Integration Initiative Recurrent Themes on the Path to Integration

Building Relationships

Communication

Understanding the Model

Physical Structure Modifications

Hiring and Retaining the Right Staff

Revise state regulations to support the BHC Model

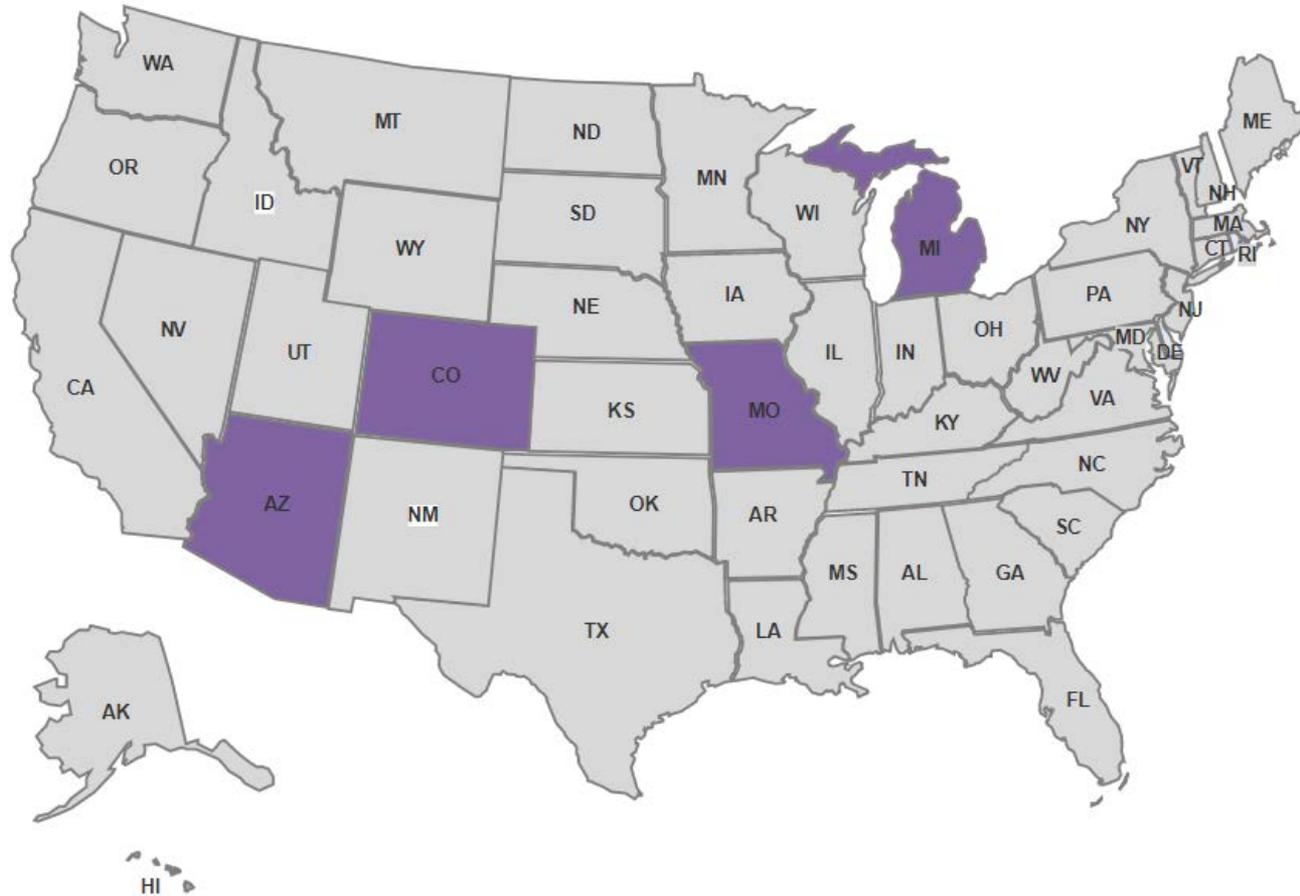
Billing Codes need revision to support Integration

What Makes it Possible?

- A Relationship of basic trust between:
 - Department of Mental Health
 - MO HealthNet (Medicaid)
 - State Budget Office
 - MO Coalition of CMHCs
 - MO Primary Care Association
- Transparent use of data instead of anecdotes to explore and discuss issues
- Willingness of all partners to tolerate and share risk
- Principled negotiation and Motivational Interviewing



Partnerships Across the US



Integrated Delivery System



Partnership Principles

DO

- Ask about their needs first
- Give something
- Assist wherever you can
- Make it about the next 10
- Pursue common interest
- Reveal anything helpful
- Take one for the team

DON'T

- Talk about your needs first
- Expect to get something
- Limit assistance to a project
- Make it about this deal
- Push a specific position
- Withhold information
- Let them take their lumps

Partnership Strategies

- Systematically discuss the long term relationships as more important than the current project
- Seek to build mutual dependency and vulnerability. Automotous invulnerable organizations usually behave badly
- Hire each others middle managers whenever the opportunity arises

Partnership Mentor - Dancing



- You have to know your partners location, center of gravity, and velocity before doing anything
- It's about opening doors and getting out of the way, not by pushing or pulling in a particular direction
- Successful motion is about where your center goes not what happens with your extremities (demonstration projects are a waste of time)

Partnership Mentor - Dancing

- Communicating clear and consistent intentionality is essential
- You have to lead at the level that your partner is able to follow
- Really skilled partners switch off who leads and who follows
- If your partner doesn't look good it's your fault
- Always thank your partner no matter how well or poorly things went

Leadership Mentor - Pharma

- Repeat your message relentlessly
- Segment your audience and tailor your leadership message for each audience - everyone doesn't respond to the same images and motivations
- Communicate a lot more about the successes than the shortcomings
- Small gifts help a lot
- Sometimes reality is a group consensual delusion - if you can get everybody to agree that something is so, then it becomes so

What We Learned

- Effective Leaders Are Unrealistically Optimistic
- Move opportunistically - it is easier to influence the direction of momentum than to create momentum
- Reserve time to get to know ostensibly unrelated organizations and industry sectors - you will discover resources and opportunities that you never knew existed
- Organizational culture and professional culture are really important
- Rituals are important and powerful

Most Important Principle

- Perfect is the enemy of good
- Use an incremental strategy - big sweeping change scares people
- If you try to figure out a comprehensive plan first you will never get started
- Error on the side of action - Apologizing for a failed prompt attempt is better than is better than apologizing for missed opportunity

Vision for the Future



Population Health: A Vision for the Future

- The health of the population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services (Dunn and Hayes, 1999).
- A conceptual framework for thinking about why some populations are healthier than others as well as the policy development, research agenda, and resource allocation that flow from it (Young, 2005).

Population-Based Care

- Don't rely solely on patients to know when they need care and what care to ask for and from whom - use data analytics for outreach to high need/utilizer patients
- Don't focus on fixing all care gaps one patient at a time - choose selected high prevalence and highly actionable individual care gaps for intervention across the whole population
- The population-based health care provider is the public health agency for their clinic population

Population Management Principles

- Population-based Care
- Data-driven Care
- Evidence-based Care
- Patient-centered Care
- Addressing Social Determinates of Health
- Team Care
- Integration of Behavioral and Primary Care

Partnership Activity



Review of Partnership Principles

DO

- Ask about their needs first
- Give something
- Assist wherever you can
- Make it about the next 10
- Pursue common interest
- Reveal anything helpful
- Take one for the team

DON'T

- Talk about your needs first
- Expect to get something
- Limit assistance to a project
- Make it about this deal
- Push a specific position
- Withhold information
- Let them take their lumps

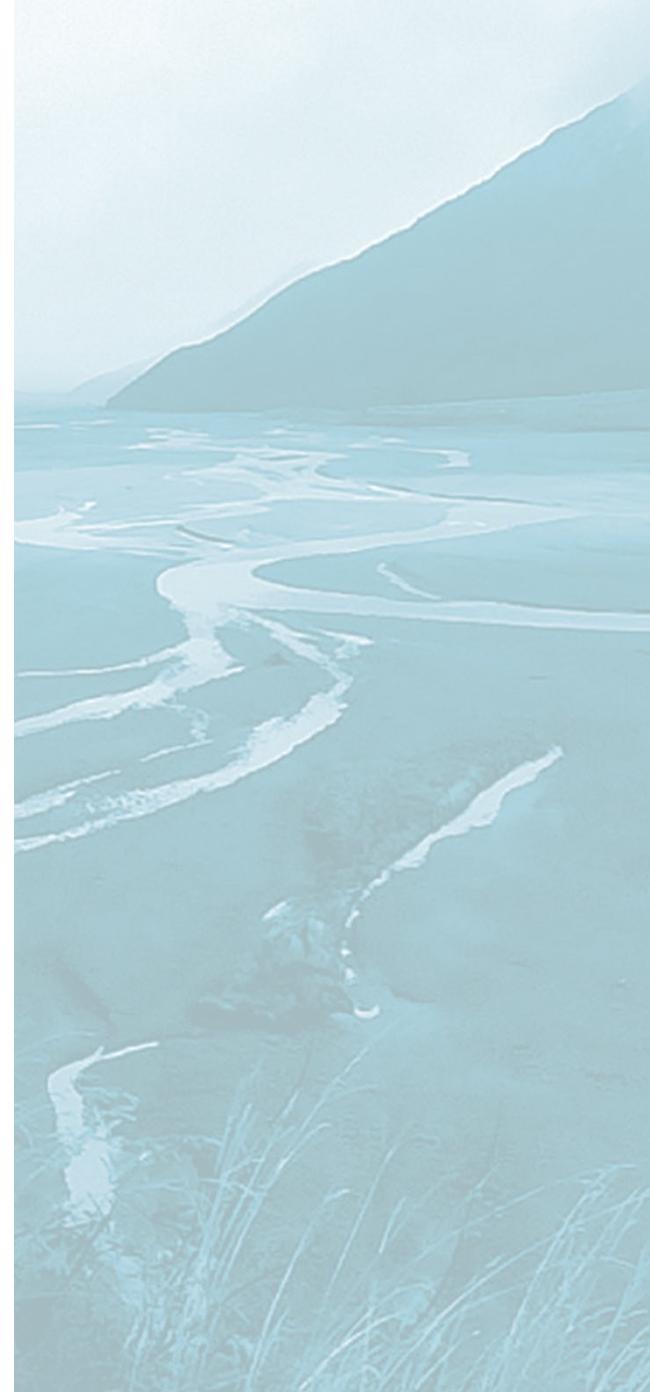
In Your Groups

- Tell your partner about your organization
- Provide historical context and current areas of strength and pain points
- Identify areas of common overlap and areas where you compliment one another
- Write down the themes of this conversation

Delta Center: Where We Are Headed

Delta Center State Learning & Action
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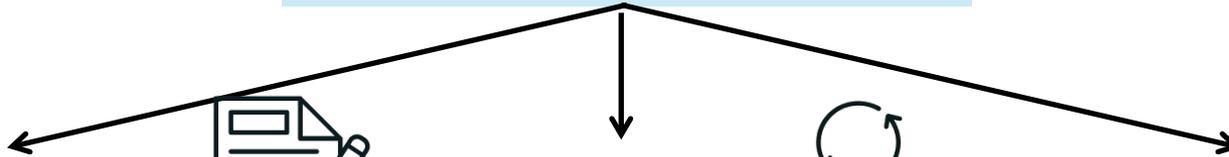


Delta Center Overarching Goals

Build internal capacity of state associations



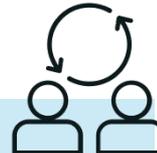
- *VBP/C Vision & Strategy Development*
- *Board & Staff Engagement*
- *Learning Organization Practices*
- *Sustainability Planning*



Build policy and advocacy capacity to advance value-based payment & care at state level



Foster collaboration between primary care and behavioral health at state level



Build capacity to provide TA and training to advance value-based payment & care at provider level





Goal #1: 1-2 Year Outcomes

Build
Internal
Capacity of
State
Associations

- Agreement on payment reform goals among members and other related stakeholders
- Board and staff engaged with and supportive of VBP/C vision and strategy
- Increased capability to self-evaluate and analyze association activities
- Local funders engaged



What you said on organizational capacity building

- “We will organize our work using a framework for effective collaboration* which describes five essential components for collaboration:
 - 1) Clarifying purpose
 - 2) Convening the right people
 - 3) Cultivating trust
 - 4) Coordinating existing activities
 - 5) Collaborating for impact”

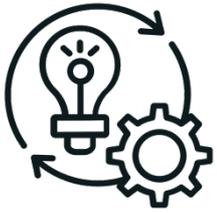
* *Cutting through Complexity: A Roadmap for Effective Collaboration*, Stanford Social Innovation Review, March, 2018.



Example BHSA Goal

Build
Internal
Capacity of
State
Associations

- To make the case with payer partners not only to support changes to payment models, but also to make investments in limited duration, but essential, transformation costs, such as trainings, expert consultation on payment model design, and health information technology and data systems.



Example: Principles of Payment Reform

Payment reform should:

1. Provide incentive to achieve better health, better care and improved cost effectiveness
2. Be based on transparent, high-quality data
3. Reward and take into consideration CHCs serving the most complex patients with comprehensive clinical and social services
4. Allow transformation to a more patient-centered and integrated delivery system through increased flexibility
5. Honor the requirements of an Alternative Payment Methodology (Social Security Act definition)
6. Reward, not penalize, primary care for achieving system-wide savings (acknowledging that further reinvestment in primary care has the best chance of achieving lower total system costs)

Goal #2: 1-2 Year Outcomes



Build policy & advocacy capacity to advance VBP/C at state level

- Development of major policy proposals
- Inclusion of rural policy considerations in VBP/C efforts
- Implementation of strategic goals set by partners to advance VBP/C policy
- Increased collaboration and convening of safety net MCOs and safety net organizations



What you said on policy

- “While providers in many states are working to adapt to the changes brought about by the roll out of DSRIP, a State Improvement Model, Health Homes, and Medicare ACOs, the advent of Certified Community Behavioral Health Centers (CCBHCs), FQHC Alternative Payment Methodology planning, Medicaid ACOs, and MCO-sponsored programs that involve HCP LAN categories 3 and 4 payment reforms, [our state] is unique in that our provider community is working to adapt to all of them at once.”



What you said on policy

- “The BHH [Behavioral Health Home] model (BHH providers were given a capitated monthly payment to provide care management services along with health information technology support, practice transformation assistance, and Medicaid claims data to monitor performance)...opens new possibilities for expansion of BHH and further integration with primary care within this value-based framework, as well as possible care delivery mechanisms that could address the growing opioid crisis in our state.”

Policy Takes Many Shapes

Multi-layered payment reform is a common model proposed for ambulatory care

Triple Aim P4P

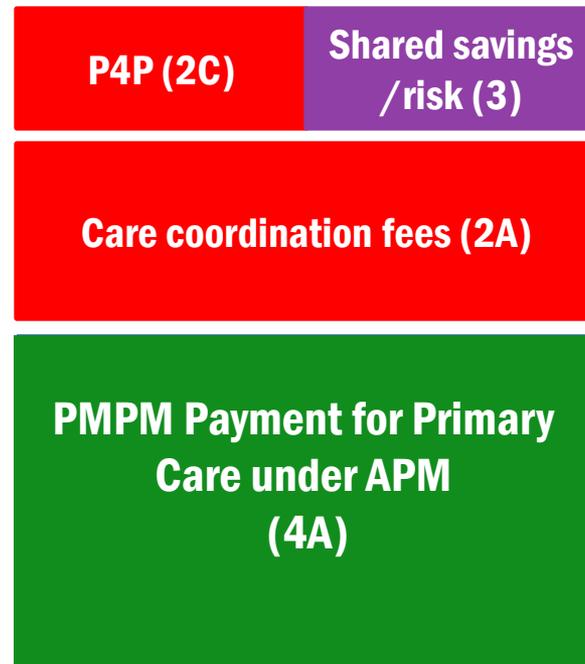
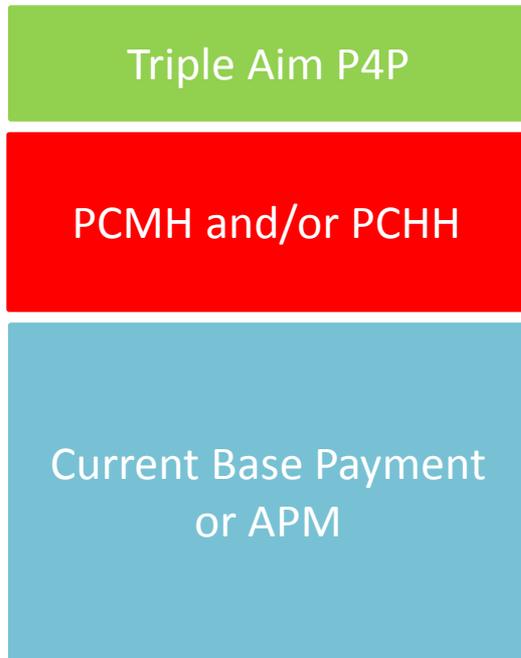
PCMH and/or PCHH

Current Base Payment
or APM

- Incentivize quality and cost outcomes
- Invest in new services/capability
- Provide funding for most services
- Provide flexibility under an APM

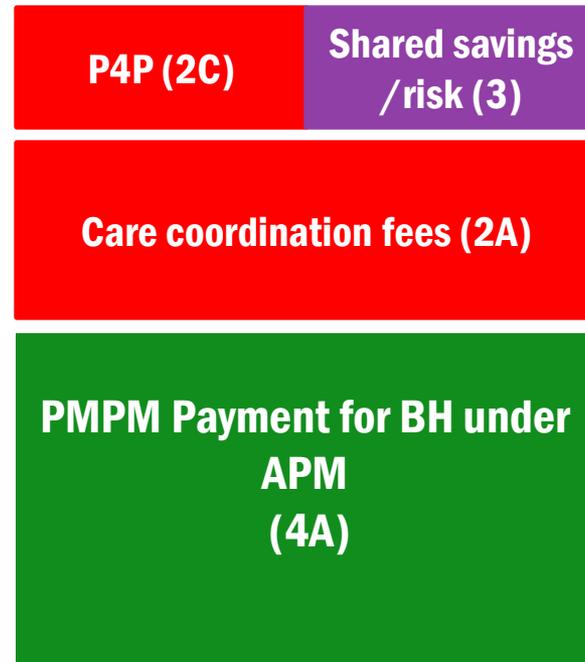
Payment Reform: Multi-layered

NACHC Model (2014)..... Viewed through HCP LAN Lens



Payment Reform: Multi-layered

A potential BH model..... Viewed through HCP LAN Lens



Example PCA Goal



Build policy & advocacy capacity to advance VBP/C at state level

- “Pilot a tiered cohort contracting and performance management approach that allows payers to pilot more advanced payment models with high-performing providers while conducting readiness support with remaining FQHCs.”

Goal #3: 1-2 Year Outcomes



Foster
collaboration
between PC &
BH at state and
national level

- Association boards and key provider members engaged with and supportive of collaboration strategy
- NACHC and NCBH work together in innovative ways to increase PC-BH collaboration
- State associations work together in innovative ways to increase PC-BH collaboration



What you said on collaboration

“One of the priority topics identified is gaining a deeper understanding of each other’s cultures and care structure. To address this, we propose two face-to-face meetings per year conducted at either a CHC or a CMHC to include a tour, introduction to the specific location’s care model, and a deep dive into the local partnerships and relationships between the CHC and the CMHC.”

Example Grantee Goal



Foster collaboration between PC & BH at state and national level

- “[The two associations will] identify two to three shared policy goals related to value-based care (quality) and value-based payment approaches for the safety net population and present these jointly to state health policy leaders.”

Goal #4: 1-2 Year Outcomes



Build capacity of state associations to provide T&TA to advance MAHP/National Council model change concepts

- Increased knowledge of TA/Training options related to VBP/C (consultants, speakers, resources)
- New T/TA made available to members on MAHP/National Council model change concepts
- Additional T/TA offered to provider members based on topics identified in capacity assessments
- New T/TA made available on rural issues and other specialized populations

Model For Advancing High Performance (Revised with NCBH)

IMPROVE CARE TO DEMONSTRATE VALUE



- » Adopt a population-based mindset
- » Manage and coordinate care to reduce unnecessary utilization
- » Ensure access to team-based care
- » Integrate behavioral health and primary care services bidirectionally



A thriving & financially sustainable safety net that results in:

- » better care
- » better health
- » lower costs
- » happier staff
- » reduced health disparities

INVEST IN INFRASTRUCTURE



Articulate your business model

- » Managed care expertise
- » Negotiating clout
- » Scale, if bearing risk
- » Billing support

Invest in people

- » Leadership engagement
- » Workforce
- » Partner with patients

Assure functioning care systems/strategies

- » Understand and risk stratify your patient population
- » Care teams
- » QI infrastructure
- » Respond to social/non-medical needs

Build data capacity

- » Data from inside and outside ambulatory care
- » IT infrastructure
- » Capacity to create internal/external reports
- » Use data to articulate value of care



PARTNERSHIPS & POLICY



What you said on TA & Training

- Serve as a Practice Transformation Organization for State Innovation Model (SIM) project, focused on PC/BH integration
- Developed a statewide data warehouse platform to manage clinical quality
- Developed a managed care contracting guide
- Implemented a Value-Based Payment Practice Transformation Academy

Example Grantee Goal (Joint)



Build capacity of state associations to provide T&TA to advance MAHP/National Council model change concepts

- “[The two associations] will sponsor and deliver two convenings in frontier areas each year of the 2-year grant period...to meet the needs of rural and frontier providers both in delivery and content. The agenda will include practical training with the equipment and software required to provide clinical care across remote locations, documentation requirements to meet quality measures and how to integrate behavioral health and medical services to reduce overall costs while improving the patient experience.”

QUESTIONS?

Thank you

For more information,
please visit our website:

deltacenter.jsi.com

For questions, please email:

deltacenter@jsi.com



“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things.” —Niccolo Machiavelli



“Sometimes you get
a lot of ideas
flowing and it is hard
to stay on track.”

Spreading Innovations Patient Portal grantee, Center for Care Innovations

Starting Point

What do you hope to accomplish?

What changes do you think will get you there?

How will you know your changes are working?

What support do you need and who do you want to connect with?

Current State

- Internal state association capacity
- Policy and advocacy to advance VBC/VBP
- Collaboration between BH and PC
- Capacity to support adoption of MAHP/NC change concepts

For each area, discuss the following questions as a team and place stickies on flip chart paper

- What are you doing well?
- What do you want to make better?

Peer Sharing

Teams of three – 40 minutes

- Introduce yourselves
- Focus on two domains you'd like to go deeper
 - what are your peers trying in this area?
 - what new ideas can you try?
- Divide your team to cover both areas
- Bring your flip chart paper with you
- Find your group, organized by domain
- Round robin: 10-15 minutes per team to share

Goals & Changes

In your teams, discuss questions, capture answers on stickies, or half sheets :

- What are your **team's goals** around advancing value based care and payment in your state?
- What are the **key changes** you believe will help you reach your goals?



Team Time

1. Transcribe your top three goals and changes on your Team Worksheet
2. Post your worksheet on Flip Chart paper

Team Time Worksheet

ORGANIZATION NAME: _____

TOP THREE GOALS FOR TWO YEAR PROGRAM

Reflect on the last two days, what have you observed, learned, your AHA moments! Be as specific as possible. This is an exercise to help you clarify your goals and vision; you are not committing to anything. Think about the specific topics you want to work on, the skills, tools, infrastructure and/or capacity you may want to develop.

1.

2.

3.

CHANGES TO REACH YOUR GOALS

Define 3 to 5 changes you need to take to achieve these goals. Ruthlessly prioritize!

1.

2.

3.

4.

5.

Peer Consultations

- Circulate to learn from and help other organizations
- Use green, pink, and yellow sticky notes for consultation
- Jot down ideas to steal to share back with your team



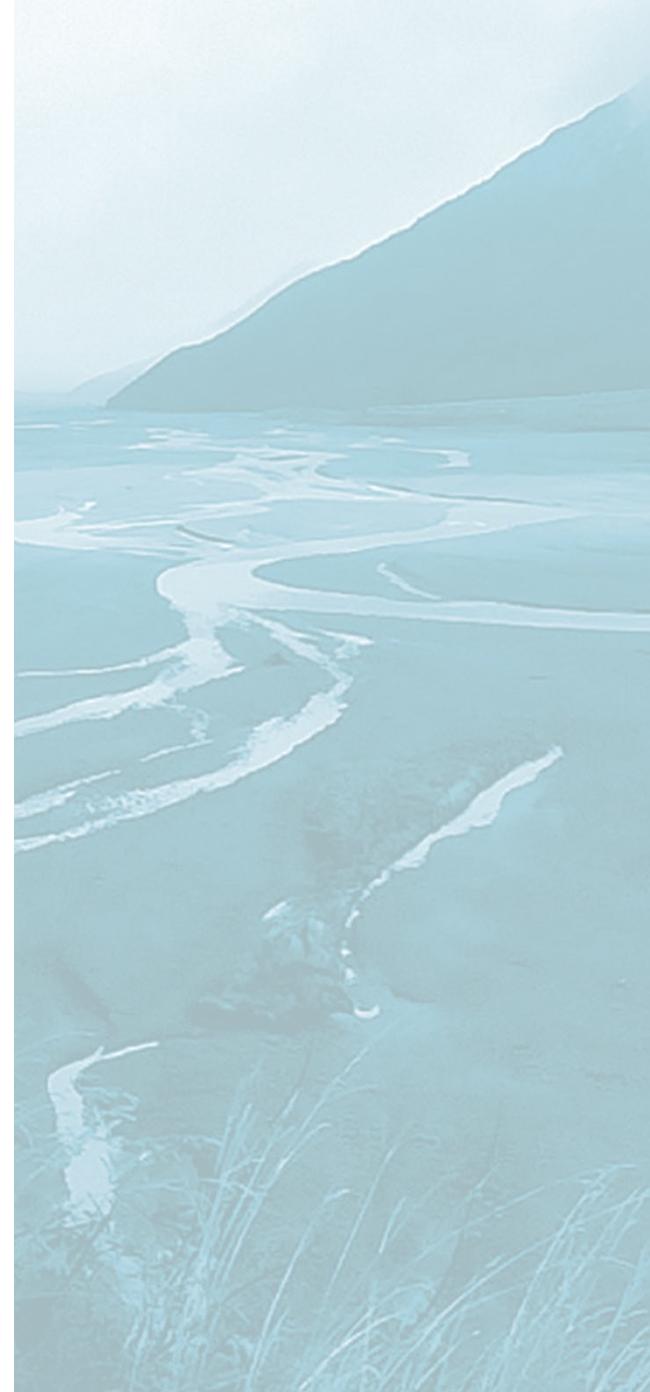
Team debriefs from Gallery Walk

- Review the input in your teams
 - Where is clarification needed?
 - Where would you like to learn more?
- Record your thoughts, we'll come back to them!

Welcome to Day 2!

Delta Center State Learning & Action
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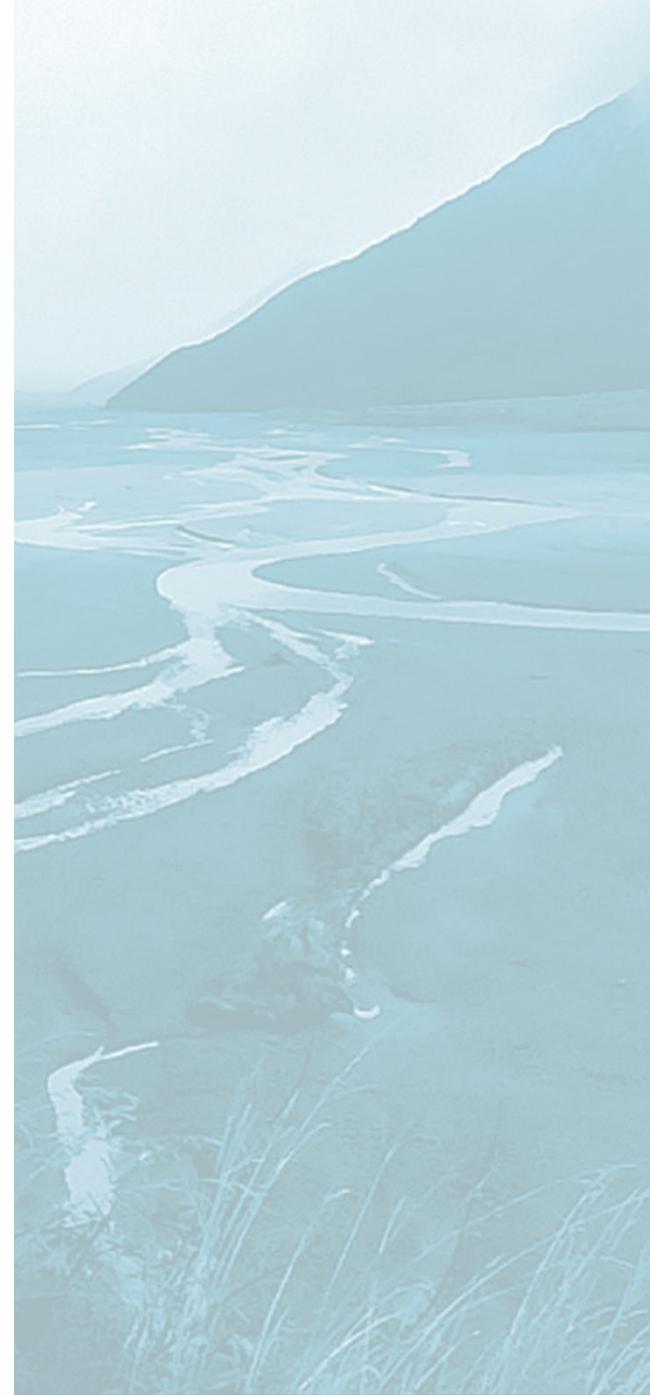
June 20, 2018



Thank you!

- RWJF
- Delta Center Team
- You!

Where the Delta Center Fits...





NATIONAL ASSOCIATION OF
Community Health Centers

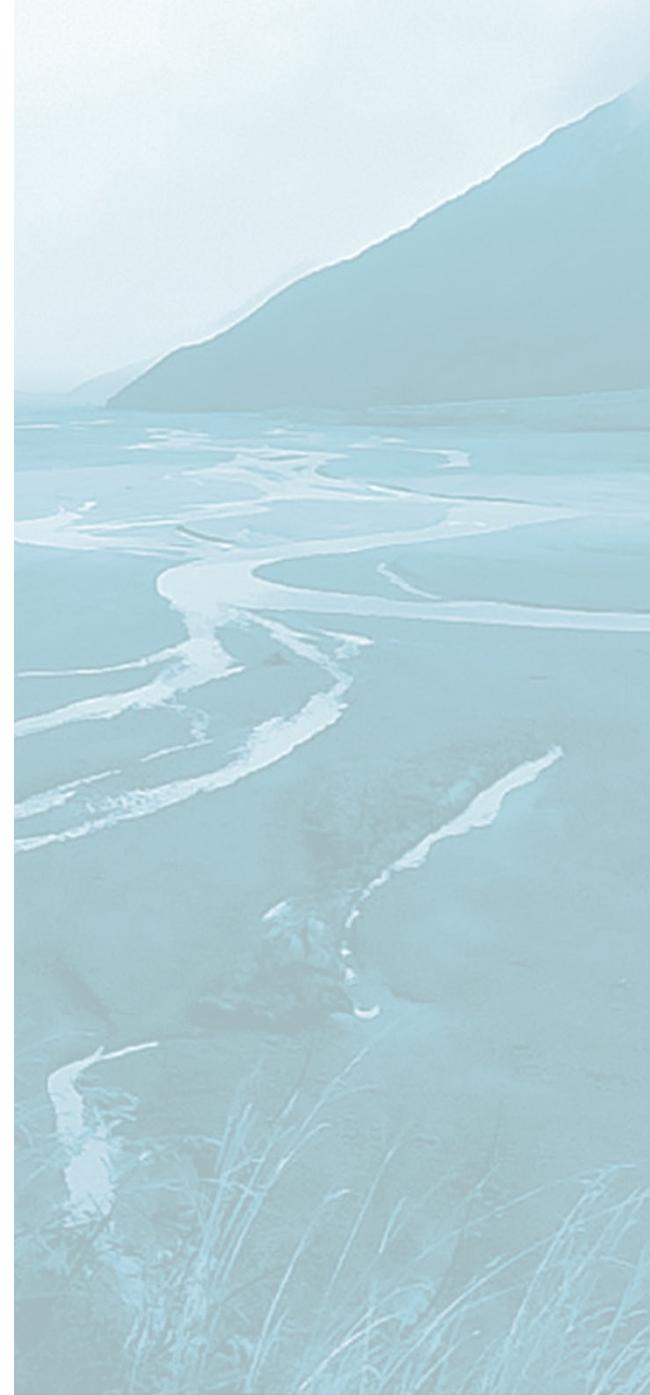
Partnering to Support PCAs



National Council & VBP/C

- Care Transitions Network
- Center for Behavioral Health Finance Reform & Innovation
- Practice Transformation Academy
- Certified Community Behavioral Health Clinic
- Center for Integrated Health Care
 - Innovation Community
- Surveys

What success looks and feels like...



National

- NACHC & National Council identify shared policy opportunities to advance VBP/C that support members and patients
- Strategies for collaboration between primary care and behavioral health will be further informed and refined
- Deepened understanding that enhances T/TA delivery through partnership and coordination

State Level

- Acceleration of innovative payments models and make the path clearer for those coming next
- Shared vision for value-based payment that recognizes each others unique role
- Buoyancy

Community Level

- Confidence and resilience
- Able to articulate both your value and your partners value
- Adoption of standardized protocol to support integration and partnership

Learning Organizations & Co- Design

Delta Center State Learning & Action
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June 20, 2018

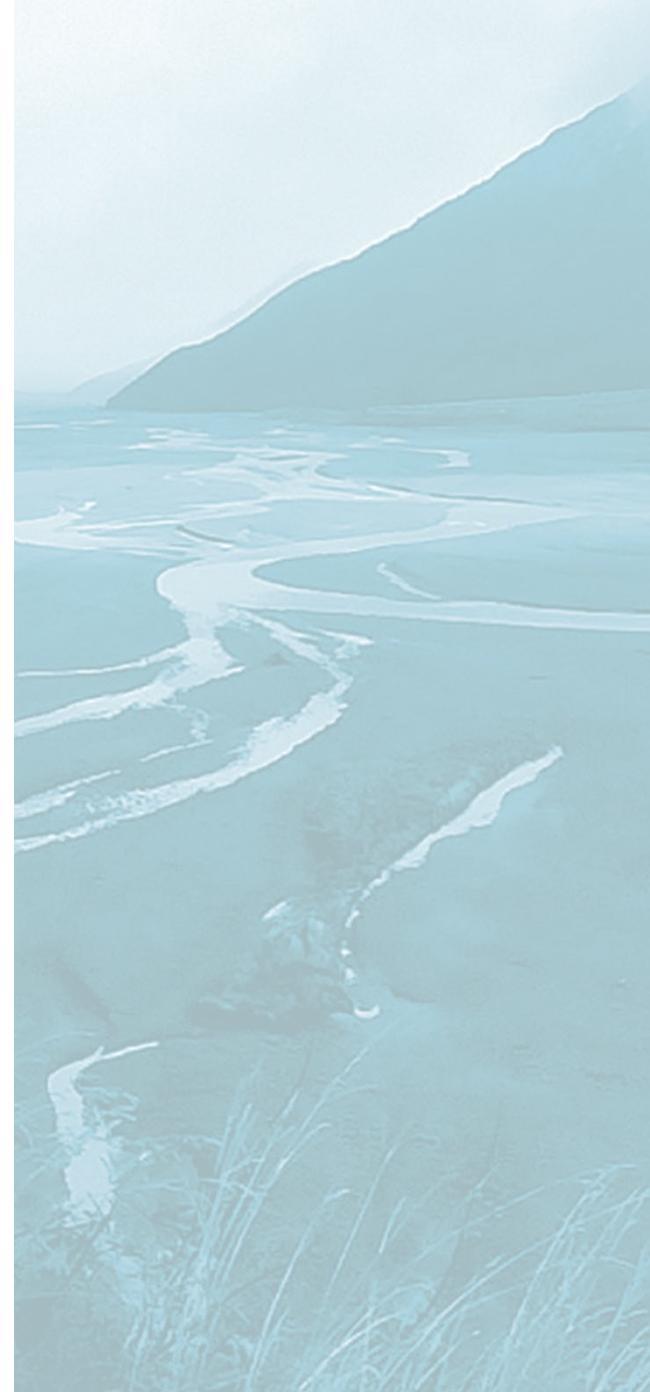


Table Reflection

- What does a learning organization mean to you?
 - Share elements of a learning organization
- Group debrief
 - Insights?

Learning Organization

- “ A Learning Company is an organization that facilitates the learning of all its members and continually transforms itself. ”
(Pedler, 1991)
- ...organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together (*Peter Senge*)

Five Disciplines

1. Building a Shared Vision--the practice of unearthing shared “pictures of the future” that foster genuine commitment.
2. Personal Mastery--the skill of continually clarifying and deepening our personal vision.
3. Mental Models--the ability to unearth our internal pictures of the world, to scrutinize them, and to make them open to the influence of others.
4. Team Learning--the capacity to think together which is gained by mastering the practice of dialogue and discussion.
5. Systems Thinking--the discipline that integrates the others, fusing them into a coherent body of theory and practice.

(Senge, P. (1990). *The fifth discipline: The art and practice of the learning organization*. New York: Double-day.)

Delta Center Building Blocks

- Adaptive leadership
- Human centered design principles
- Continuous learning and measurement
- Dialogue and storytelling

Learning and Reflection

- What are you currently doing to support your organization to be a learning organization?
 - What are you doing well and can share?
 - What elements excite you and why?
- Share with a team at a different table

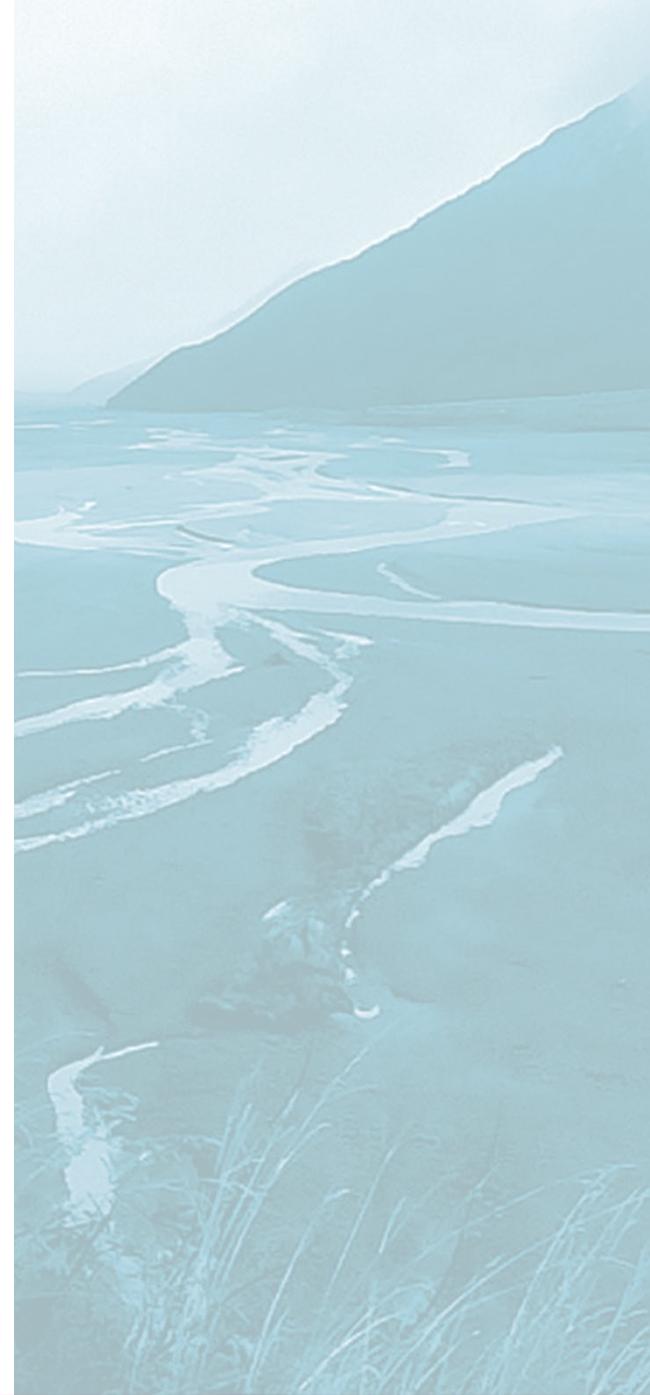
Report out

- Insights from the discussions

Training and TA Support

Delta Center State Learning & Action
Collaborative Kickoff Convening

June 20, 2018



T&TA Support: In Person Convenings



Grantee convenings (4)*

- San Francisco Bay Area;
- Princeton, NJ;
- Washington D.C;
- one site TBD

Sector-specific NACHC/NCBH conference adjacent (2 each)

- NACHC Payment Reform Summit for PCAs: **Aug 23, 2018** (Orlando, Florida) and August 2019 (Chicago, IL)
- NCBH for BHSAs: April 2019 (Nashville, TN) and April 2020 (Austin, TX)

*dates TBD

T&TA Support: Webinars/Group Calls

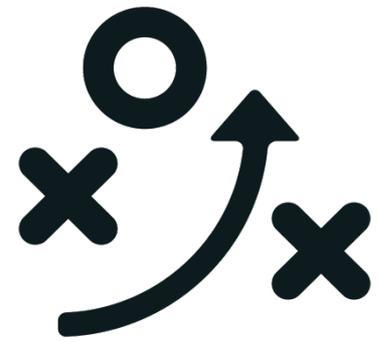
- ~6 virtual events are anticipated over the next 2 years
- Events will be a mix of webinars and lightly facilitated calls to share best practices between grantees



Coaching

- Each grantee will be paired with a Delta Center Coach
- The Delta Center Coaches will:
 1. Serve as your point of contact
 2. Triage specific TA requests
 3. Take recommendations for faculty speakers/activities
 4. Work with you on doing the change assessment tool
 5. Touch base with your project manager regarding workplan
 6. Field Safari visit requests
 7. Provide some content TA (if applicable)
 8. Contact you within the next month to check in and will schedule ~4 check-ins with you per year

T&TA Support: Coaching



Nicole Van Borkulo
*Senior Implementation
& Evaluation Associate,*
MacColl



Ann Loeffler,
Project Director,
JSI Denver

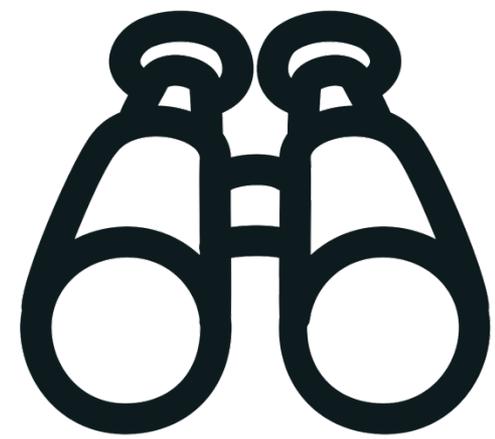


Rachel Tobey
Director,
JSI California



Juliane Tomlin
Senior Manager,
CCI

T&TA Support: Safari Visits



- To facilitate peer-to-peer learning on site when appropriate, association grantees can apply for a small travel stipend (~\$5000/team) to visit another site or grantee at some point over the next 2 years.
- We will be working with NACHC and NCBH to triage requests and facilitate most cost effective learning opportunities.

T&TA Support: Faculty/ Expert Consultation



- Each grantee has access to ~8-12 hours of phone-based consultation for specific problem solving or technical assistance
- Faculty include Delta Center staff, RWJF staff, and faculty available through SNAC (Andy Principe, Jaeson Fournier, Bill Riley)
- Hub-contracted faculty will also include nationally recognized experts in payment and delivery system reform from both primary care and behavioral health and individuals that have experience leading and/or are actively participating in vanguard safety-net payment reform and care delivery change efforts

Designing with you

- Learn from peers – what do you want to learn?
- Share with peers – what can you teach to others?
- Tap experts – what do you want to learn from the Delta Center?

Activity Overview

- Spend 10 minutes thinking about the 3 questions:
 - What do you want to learn from peers?
 - What can you teach peers?
 - What do you want to learn from Delta Center (including names of faculty & experts)
- Post your sticky notes on the back wall (5 minutes)

Voting and prioritization

- Site visits with peer orgs
 - 1 dot to vote on which org you would like to visit
- Prioritize what you want to learn (faculty & Delta)
 - 3 dots to vote on where you need help
- Prioritize the types of TA most helpful to you
 - 3 dots to vote on the type of TA that is most helpfulx

Team Time

- 25 minutes to refine goals, changes, identify TA support, and who you want to connect with
- 15 minutes for group reflection – pick one action item to report out to the group

Team Time Worksheet

ORGANIZATION NAME: _____

Use this worksheet to help you plan your next steps after this convening. Please write legibly; the Delta Center will be collecting this worksheet and emailing your team a scanned copy after the convening.

ACTIONS AND TIMELINES

Identify your next steps/actions for the next 30- 60 days. Be specific, who, what, where, and by when.

GOING DEEPER

In which content areas do you want to go deeper to help you reach your goals? Please provide specifics on what you hope to learn in these areas and share any faculty recommendations. .

- Building Internal Capacity

- Collaboration between behavioral health and primary
Care

- Policy and Advocacy Support

- Training and TA Capacity for Members (providers)

NETWORK CONNECTIONS

Please share which organizations and faculty you'd like to connect with after the convening and for what reasons.

Thank you

For more information,
please visit our website:

deltacenter.jsi.com

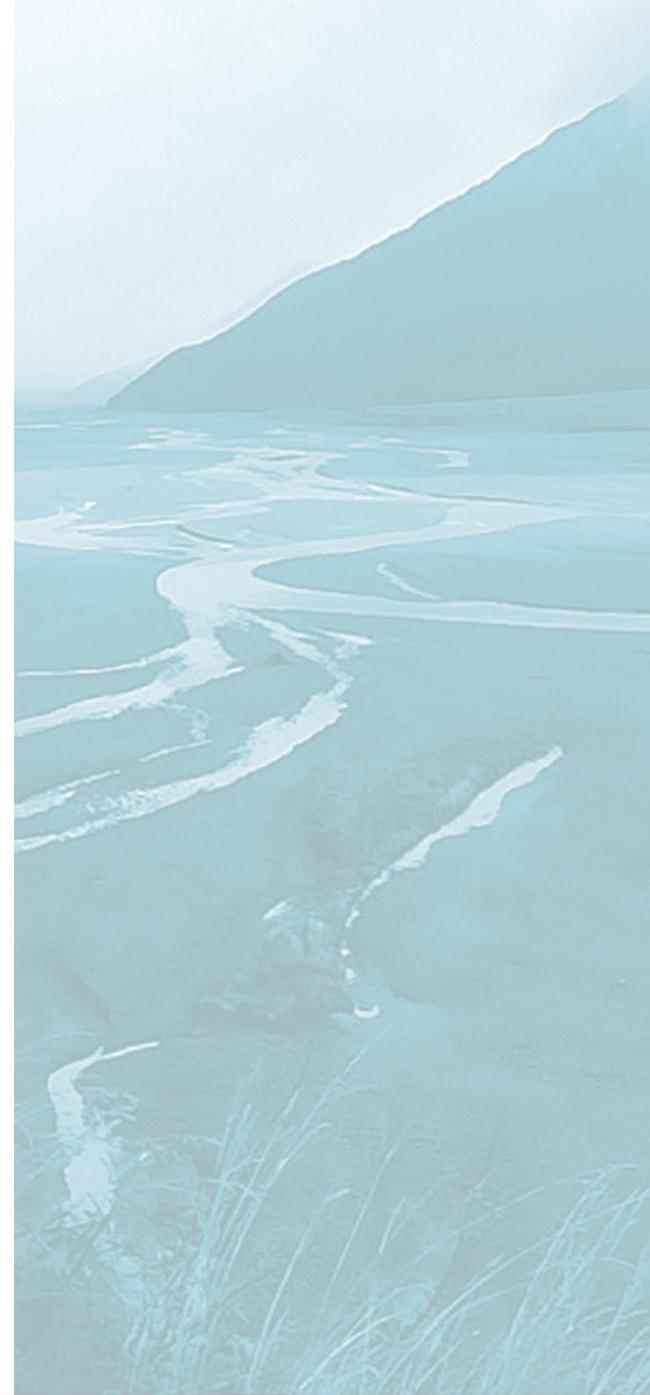
For questions, please email:

deltacenter@jsi.com

Overview of What's to Come

Delta Center State Learning & Action
Collaborative Kickoff Convening

June 20, 2018



Today's Agenda

1. Overview of other Delta Center Activities
2. Ongoing Co-design and Internal Evaluation
3. Mathematica Evaluation
4. Next Steps for Grantees

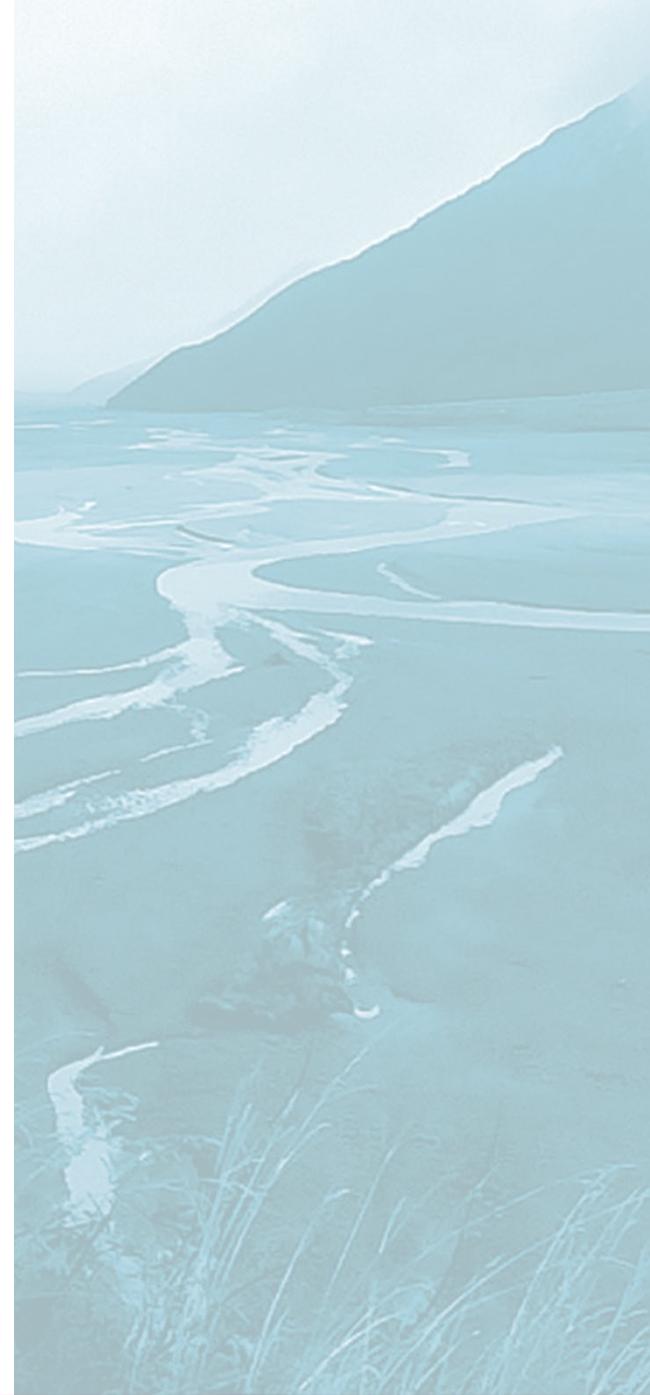
Overview of Other Delta Center Activities

- Issue Briefs The Delta Center staff will be writing a series of issue briefs/stories for the field
 - We welcome ideas that you think would be most helpful
 - First issue brief topic: Lessons from the CCBHC experience
- Ongoing questions - email Deltacenter@jsi.com. An FAQ will be compiled
- Communications
 - Email listserv
 - Website will have materials from convenings/webinars
 - LinkedIn group to allow easy networking of peers

Ongoing Co-Design and Internal Evaluation

- Convening Evaluations – Thank you!
- Please share any suggestions for speakers, helpful tools you are using through coaches
- Association-level Change Assessment Tool - baseline, midpoint, endpoint (administration facilitated by coach)
- Quarterly reports to NACHC/NCBH
 - Will be brief set of qualitative questions about your activities, progress toward your goals and challenges
 - First due date = End of September

External Evaluation: Mathematica



Delta Center for a Thriving Safety Net:

Overview of Evaluation Plan

Presentation at the Kick-Off Convening
Denver, CO

June 20, 2018

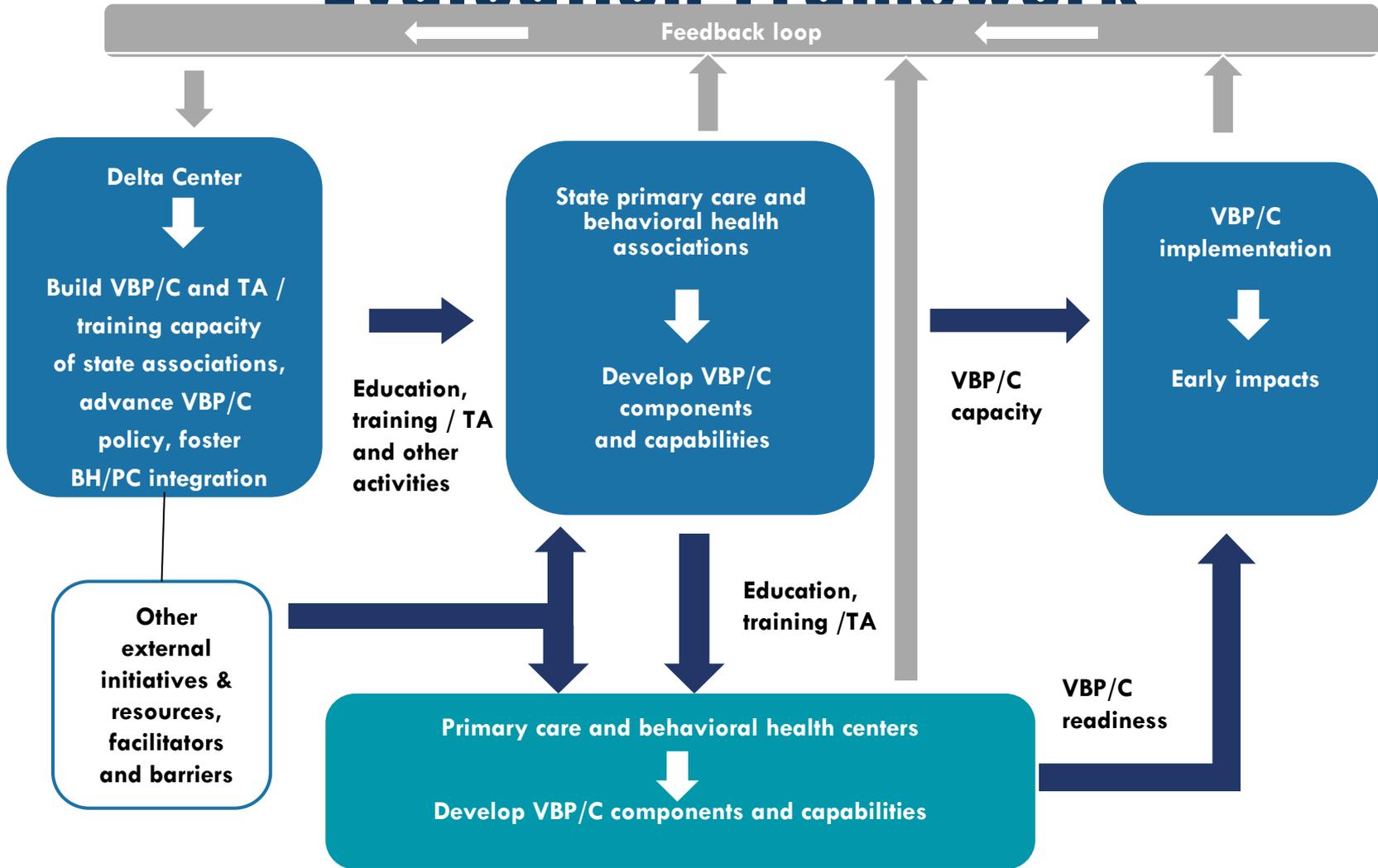
Laurie Felland • Mary Harrington • Jessica Heeringa
Luke Horner

Main Research Questions

- **To what extent are participating PCAs and BHSAs increasing their capacity to help their provider members with VBP/C?**
 - **What role does the Delta Center play in building this capacity?**

- **Does the readiness for engaging in VBP/C change over time among the participating PCA's and BHSA's provider members?**
 - **What role do the PCAs and BHSAs play in helping these providers prepare for VBP/C?**

Evaluation Framework



Areas to Cover

- **Level of interest and participation in VBP/C**
- **Drivers and goals**
- **Necessary components and capabilities**
- **Strategies and resources needed**
- **Facilitators and barriers**
- **Capacity and readiness, indicators of success**
- **Outcomes of VBP/C implementation to date**

Evaluation Activities & Timeline

Activity	Timing
1. Design (conceptual framework, respondent types, interview protocols)	Spring - Summer 2018
3. Phone interviews with participating state associations	Fall 2018
4. Participate in select Delta Center convenings (full, sector-specific and virtual)	2019 - 2020
5. Site visits to providers (3 in each state with a participating association)	Early - mid 2019
6. Follow-up interviews with associations and providers	Early – mid 2020
7. Synthesize and report findings	Late 2020

Next Steps

- Homework: Finalize goals and aims with action steps with your team
- Meet virtually with Delta Center coach to finalize your work plans and do change assessment (July & Sept)
 - Delta Center coach will reach out to schedule phone meetings within the next month
- Complete change assessments - Change assessment estimated release = late summer (plan to do this with your coach)
- Mathematica will schedule baseline interviews with you
- PCAs will convene August 23 at NACHC Payment Reform Summit
- All Grantee Convening: Week of October 15-18 in the Bay Area (Exact date and time to be confirmed within the coming 2 weeks)

Thank you

For more information,
please visit our website:

deltacenter.jsi.com

For questions, please email:

deltacenter@jsi.com