The Delta Center for a Thriving Safety Net Call for Proposals

Introduction and Purpose

The Delta Center for a Thriving Safety Net (Delta Center) is a national initiative supported by the Robert Wood Johnson Foundation (RWJF) that brings together primary care associations (PCAs) and behavioral health state associations (BHSAs) to advance policy, payment, and practice changes that will benefit the millions of people served by health centers and community behavioral health organizations (CBHOs). The ultimate goal of the Delta Center is to cultivate health policy and a care system that is more equitable and better meets the needs of individuals and families.

This Call for Proposals (CFP) invites PCAs and BHSAs that have not yet participated in the Delta Center to apply for a 27-month, $240,000 grant to complete a project that advances policy, payment and/or practice change in their state, and to participate in a learning community of eight PCA/BHSA grantees from a diverse set of states. State teams selected will also have the opportunity to interact and learn from the state PCA/BHSA grantees from Phase 1 of the Delta Center.

The Delta Center's key objectives are to:

1. Foster collaboration and collective action between primary care and behavioral health at the national, state, and local levels.
2. Build the knowledge and ability of state associations to ensure that changes in incentives and care systems meet the goals and needs of individuals and families, in addition to driving equitable outcomes.
3. Elevate insights for the field to inform state and national decision makers and influence systems change.

The Delta Center is led by JSI Research & Training Institute, Inc. (JSI), in partnership with the MacColl Center for Health Care Innovation at Kaiser Permanente Washington Health Research Institute (MacColl Center), Families USA, the National Association for Community Health Centers (NACHC), and the National Council for Behavioral Health (National Council). Additional information about the Delta Center is available at https://deltacenter.jsi.com.

Background

As key influencers of policy and care system change, PCAs and BHSAs have an imperative to push for greater financial flexibility and stability to meet the changing needs of providers and patients and to shape more equitable policies and care systems for all.

In its first three years, the Delta Center awarded grants to 12 state teams to build relationships and conduct projects to advance policy and care change in their states. Through the State Learning and Action Collaborative, association leaders learned together about common goals and shared promising practices and strategies for influencing policy, advancing value-based payment and care models, and supporting practice change to better serve patients and consumers at health centers and CBHOs.

The first cohort of grantees spearheaded significant initiatives related to payment and delivery system transformation, including advancing the Certified Community Behavioral Health Clinic (CCBHC) model and payment change under a state program in Texas; advancing payment parity between behavioral health and primary care services in New Mexico; exploring more formal relationships between primary care and behavioral health independent provider associations (IPAs) in Missouri; and building provider-level knowledge and relationships among primary care and behavioral health providers via joint training on value-based care and payment and other mechanisms in Oregon, Michigan, and Washington.

Building on the success of Delta Center Phase 1, RWJF is supporting this next phase of the program to enable the initiative to reach more state associations, this time with a deeper focus on consumer engagement to ensure policy and practice changes better meet the needs of individual and families, especially in light of the many structural inequities that have been exposed so clearly by COVID-19.

Building capacity in associations supporting primary care and behavioral health safety-net providers is a way to accelerate policy change and scale care and payment models that ensure improved outcomes for individuals served by a sustainable, thriving safety net. Collaboration can start with building relationships and gaining a mutual understanding of one another's histories, culture, policy priorities, and current parameters in funding and care provision. By collaborating with one another around patient-centered care objectives, PCAs and BHSAs can increase their influence with State Medicaid agencies, State Mental Health Agencies and other State Agencies, as well as Medicaid managed care organizations.

The Program

This grant program is an opportunity for primary care associations (PCAs) and behavioral health state associations (BHSAs) to advance policy, payment, and/or practice change in their state in alignment with the Delta Center's aim of enhancing state associations' capacity to create a health policy and care system that is both more equitable and better meets the goals and needs of individuals and families. One lead applicant (either a PCA or BHSA) will apply jointly with their PCA or BHSA counterpart to 1) identify a project to work on together, and 2) participate in a series of Delta Center learning opportunities with other grantees. Successful grantee teams will demonstrate their commitment to participating in these major activities of the Delta Center program:

1) Build Relationships: Joint PCA-BHSA teams will seek to strengthen their relationship with one another. In addition, as a way of centering consumer needs, each PCA-BHSA team will also incorporate consumer voice in the design and execution of their project. The Delta Center recognizes that relationship building takes time and is critical as a foundation for collective action.

2) Learn and Grow: Grantees will participate in a Learning and Action Collaborative focused on supporting state associations in advancing patient-centered policy, payment, and practice change. Grantees will participate in virtual learning events, convenings, coaching, and peer learning opportunities to share insights from their own projects and to discuss common challenges with other state teams.

3) Plan and Take Collective Action: Based on their state environments, grantees will plan and conduct a project to collectively advance patient-centered care, payment, and/or policy change. All grantee teams must demonstrate meaningful engagement of consumer voice in their project and take intentional action to advance racial equity.

State Learning & Action Collaborative

Over the course of the grant period, grantees will participate in a State Learning & Action Collaborative designed to provide opportunities to learn together from both faculty and from other state teams. The Delta Center uses a co-design process with grantees to deliver timely, relevant, and actionable content.

CO-DESIGN APPROACH

Co-design is a participatory approach to building solutions (in this case, learning events) that actively engages end users (in this case, state associations) in a design process to help ensure that results meet the end users' needs. Co-design will be particularly important at the beginning of the initiative as we anticipate that the global COVID-19 pandemic may challenge us to achieve relationship building and peer-sharing goals within virtual rather than in-person spaces. The Delta Center team is committed to incorporating state associations' input and feedback throughout the program to ensure that offerings meet the initiative goals and reflect what grantees view as most useful and relevant.

WHAT YOUR ORGANIZATION WILL GAIN

While the content for the collaborative will be refined using co-design, Delta Center program staff and faculty consultants will provide technical expertise and content that will support state associations to:

- Foster shared understanding of primary care and behavioral health: This can include a knowledge of the history of care and financing systems that shape current efforts, cultural norms that shape goals, operations and business objectives, key policy priorities at the state and national levels, and differences in terminology used in each field.
- Build thriving partnerships: This can include building partnerships at the state level, including cultivating partnerships between state associations themselves, with payers, consumer groups, and with funders that can help sustain ongoing policy change and care transformation work. It can also include working with members to identify and forge relationships with local partners to ensure care systems are meeting individual and family needs and have sustainable business models for participating in value-based care and payment.
- Leverage consumer voice to shape grantee projects and ongoing association policy and practice work. This can include approaching, goal setting, agenda setting, and project execution with the intent of advancing true whole-person care that centers equity. It includes grappling with instances when provider and consumer needs may diverge. This topic also includes incorporating the needs and goals of people with lived experience to shape interventions that work, are culturally-informed, and are desirable among patients and consumers. In addition, this can include understanding the role of stigma in behavioral health writ large and intersecting stigmas and inequities experienced by communities of color and other diverse communities with behavioral health needs.
- Advance policy and payment changes: This can include understanding and articulating options for value-based payment, working with payers including Medicaid agencies and health plans, using data to communicate provider value, documenting policy options, and identifying partnerships to advance value-based payment for safety-net ambulatory care providers. It can also include advancing policy or regulatory changes catalyzed by the COVID-19 crisis (e.g., permanently establishing telehealth payment and practice changes).
- Support members' ability to provide high-quality care: This can include providing members with knowledge and frameworks for strengthening the competencies and infrastructure and identifying key actions necessary to succeed in value-based payment and care that includes a whole person, equity-centered approach.

The program content will be incorporated into a series of learning opportunities and coaching conversations, alongside peer-to-peer sharing among state associations. The Delta Center program team will also work with partners and grantees to identify topics for and write issue briefs that synthesize learnings and best practices in policy and practice change based on state grantee work.

Program Expectations for Grantees

Through participation in the Learning and Action Collaborative and their projects, Delta Center grantees will be expected to engage in peer-to-peer learning, develop new capabilities or enhance existing ones, Grantees must be committed to networking with peers and will be expected to proactively share strategies, challenges, and best practices with one another and the field. The Delta Center will allow latitude in the exact type of project state associates choose as long as grantees present a clear and compelling plan for a project that advances policy, payment, and/or practice change and is aligned with the Delta Center goal to cultivate health policy and a care system that is more equitable and better meets the needs of individuals and families.

OVERVIEW OF COLLECTIVE ACTION PROJECTS

The collective action project is a primary component of the State Learning and Action Collaborative. Each PCA-BHSA team's project must:

1) Strengthen the PCA/BHSA partnership through working toward collective action around shared project goals. We expect that the balance and strength of the partnership will be demonstrated in both the project plan and budget.

2) Advance policy, practice, and/or payment change. While projects will likely include multiple elements, they must include advancing at least one of the following:

- policy or regulatory change
- payment change
- practice change.

Even if only one of the above is chosen as a focus, projects must demonstrate that care system change and policy change are being advanced in mutually reinforcing ways (e.g., that a novel care model can be sustained through payment and policy or that a novel policy has been designed to support better care for individuals). State teams may choose to engage providers, payers, and policymakers in their projects.

Potential project activities could include but are not limited to:

- Shaping and advancing a policy agenda with advancing racial equity as a key goal;
- Changing regulations, Medicaid policies, and payment approaches that function at the state and/or MCO levels. For example, Delta Center acknowledges that the COVID-19 pandemic has presented new opportunities to make permanent care and policy changes that were put in place under emergency conditions (e.g., cementing telehealth payment and policy change or advancing an alternative payment model that supports integrated care);
- Advancing new partnerships between primary care and behavioral health providers (e.g., a joint IPA);
- Facilitating collective action among provider members that target care changes aimed at improving health outcomes, health equity, patient experiences, staff experiences and care quality while reducing the total cost of care; and/or elevating a promising payment and practice change in collaboration with providers and payers in one or more communities.

Projects should ultimately impact providers and consumers they serve statewide. However, some projects may involve facilitating local-level action with clear plans to scale up a novel payment and

practice model in a given community. If a state team elects to pursue a promising set of changes in one local community, there should be a clear connection to how the changes will be promulgated and supported at scale.

3) Incorporate consumer voice. This might mean partnering with a state consumer organization or consumer advocacy organization or coalition to identify and pursue a policy change or engaging consumer advisors throughout the project to identify and sustain changes in the care system to better meet individual and family needs. Consumer feedback should include 1) input on how to incorporate the needs and recovery goals of people with lived experience in any value-based approaches considered and 2) input on racial equity-centered opportunities and gaps that must be addressed. Regardless of the project focus, all grantee teams must demonstrate meaningful engagement of consumer voice in their project.

4) Advance racial equity. Projects should have an intentional focus on advancing racial equity.[1] Examples include advancing anti-racist policy, addressing health disparities, risk adjustment by clinical and social risk factors, stratifying measures by race/ethnicity and other demographic variables, or racial equity learning for providers.

REQUIRED ACTIVITIES

Each grantee team will be expected to engage in the following required activities over the 27-month grant period:

Collective Action:

- Plan and engage in collective action that is mutually beneficial for the PCA and BHSA, as described above. The project should include a formal plan of action, strategy for incorporating consumer voice, and an intentional focus on racial equity in the planning and execution of the project.

Learning and Peer Sharing:

- Attend four Delta Center convenings. The first is expected to occur in May 2021 as a virtual event, with the remainder being in person, pending public health and safety guidelines associated with the global pandemic. The in-person convenings are tentatively planned for May 2022, September 2022, and May 2023. When in-person events occur, the Delta Center will make every effort to offer a virtual participation option.
- Attend the annual NACHC and National Council conferences with a goal of cross-fertilizing ideas from primary care to behavioral health and vice versa and attending a Delta Center relationship building event.
- Attend six virtual learning events focused on topics that emerge as priorities for the cohort.
- Attend one virtual site visit that exemplifies care and payment change for integrated care. (Phase 1 grantees did a site visit to CompassPoint, an FQHC/CCBHC.)

[1] Racial equity is defined as "just and fair inclusion into a society in which all people, immaterial of their race or ethnicity, can participate, prosper, and reach their full potential." Policy Link, A CEO Blueprint for Racial Equity, July 2020 available at policylink.org

- Participate in monthly coaching calls. Coaches can help talk through successes and challenges and ensure that convenings and learning events are useful in content and mode of delivery.
- Share successes and challenges with the Delta Center to facilitate peer learning. This will involve regular participation in an online communications platform (i.e., Slack) for rapid sharing of thoughts, resources, and questions, in addition to completing "pre-work" and bringing ideas to Delta Center learning events (e.g., convenings, virtual events).

Monitoring, Evaluation, and Lessons for the Field:

- Participate in an evaluation survey and follow-up phone call at three timepoints during the grant: baseline, interim, and follow-up (total of three surveys and three calls).
- Participate in one to two additional phone calls over the 27 months to inform the development of stories, case studies, and/or insights from the field.
- Submit annual work plans, annual narrative reports, and an annual financial report. (*Grantees will provide progress updates during coaching calls; as such, regular participation in coaching calls is critical.)*

TEAM COMPOSITION

Grantees will need to identify select staff who will participate in core program activities (e.g., in-person convenings and evaluation interviews), and each activity should have *representation from both primary care and behavioral health*. The grantee team should include three to five individuals, one of whom is named as the point of contact for the team:

- At least one senior leader (i.e., CEO, Policy Director) with decision-making authority to serve as the Executive Sponsor;
- At least one leader or senior staff member with decision making authority from counterpart association (i.e., if lead is BHSA, at least one team member should be from the PCA)
- A Program Manager to be accountable for ensuring execution of the activities and reporting requirements;
- Other individuals who may help execute the proposed project, such as a member from a consumer organization/partner in the state.

Staffing requirements may be met through a combination of PCA/BHSA staff and support from members, affiliates, or other partners.

Note: We expect each grantee to budget to send three to five representatives to each in-person or virtual convening and at least two team members to the NACHC 2021 and 2022 conference and/or policy & issues forum and the NatCon 2022 and 2023 conferences (a minimum of one representative from each association). Most important is that these individuals can provide leadership to the overall effort and speak to both care and policy efforts.

Total Awards

The program will select eight state association grantees. Applicants must apply jointly as a PCA-BHSA team, with one entity designated as the lead applicant who will serve as the fiscal sponsor and hold responsibility for grant management and reporting.

In addition to the training and technical assistance provided through the State Learning & Action Collaborative, each grantee will receive $240,000 over 27 months to participate in all program activities (including all travel costs associated with attending in-person events). The grant funds are intended to supplement state associations' policy and practice change efforts. In instances where local funders have expressed interest in this initiative to RWJF or the Delta Center, the Delta Center will introduce local funders to state associations. Grantees are also encouraged to contact RWJF for assistance in engaging with local funders.

The grant period is March 1, 2021 - June 30, 2023.

Eligibility Criteria

Eligible organizations are:

1. State or regional primary care associations affiliated with the National Association of Community Health Centers (if organization is a PCA) or behavioral health state associations that are active members of the National Council for Behavioral Health (if organization is a BHSA) and have not previously participated as a PCA/BHSA Delta Center grantee. *Note: Both organizations in the PCA-BHSA team must be members of their respective national organization (NACHC or National Council).*

2. Submitting an application that includes both a PCA and a BHSA as partners, with one entity as the lead applicant and the other working in close collaboration.

3. Located in a state where there is some level of activity and commitment from the state to advance policy, payment, and care changes. These can take a variety of forms, including maintenance of emergency telehealth payments, states instituting emergency upfront payment that may lead to longer-term payment reforms, policy change aimed at increasing health equity, Medicaid ACOs, CCBHCs, Medicaid waivers, FQHC APM demonstrations, policy reform to reduce payment disparities between physical and behavioral health, or equivalent models or initiatives.

Selection Criteria

The Delta Center is interested in funding organizations that have a readiness for change, a willingness to share their experiences, and the capacity to meaningfully advance policy, payment, and/or care change. Successful applicants will demonstrate a commitment to collaboration between the state PCA and BHSA, inclusion of consumer voice in their project, and application of a racial equity lens to their work.

To be competitive, applicants should consider the following selection criteria:

- Strength or likelihood of the applicant's approach to advance collaboration between primary care and behavioral health at the state level in terms of policy, care, and/or payment;
- Strength or likelihood of the applicant's plan to meaningfully incorporate consumer voice and respond to consumer needs in the design and implementation of their project;
- Strength or likelihood of the applicant's approach to advance a more equitable care system through intentional action to advance racial equity;
- Strength or likelihood of the applicant's approach to meaningfully engage with and transform state and/or payer policy and create synergy with existing state efforts;
- Strength or likelihood of the applicant's plan to meaningfully advance and transform practice among providers aimed at better meeting the concerns and needs of patients/families; and
- Appropriateness of budget and assigned team for conducting program activities including project work and active participation in the learning and action collaborative. Budget demonstrates a meaningful partnership between BHSA and PCA.

In addition to the selection criteria, the review committee will consider the potential for the Delta Center to make a meaningful contribution to enhancing state associations' existing capacity, unique contribution to peer-learning among grantee cohort, and geographic diversity of grantees. The Delta Center is looking for a balance of PCA and BHSA leadership across the grantee cohort as demonstrated through project roles and level of effort dedicated to the project.

Selection Process

The Delta Center for a Thriving Safety Net, in collaboration with NACHC, National Council, Families USA and RWJF, will review all proposals using the selection criteria outlined above. Between January 25 and January 29, 2021, follow-up emails or calls may be used to clarify application questions or gather additional information. Acceptance into the State Learning & Action Collaborative will be announced via email on February 2, 2021.

Important Dates

Please see below for dates related to the application process and program launch.

Information about this CFP will be available at https://deltacenter.jsi.com/cfp. Questions can be directed via email to deltacenter@jsi.com during the Q&A period. A running list of questions and responses will be posted to https://deltacenter.jsi.com/cfp during the Q&A period. A final list of questions and responses will be posted and emailed upon the close of the Q&A period. The deadline for submitting questions is December 11, 2020.

CFP release: October 29, 2020
Informational webinar (optional): November 17, 2020
Q&A period: October 29, 2020 – December 11, 2020
Non-binding statement of intent to apply due: December 18, 2020
Full proposal deadline: January 8, 2021 at 5pm Pacific Time/8pm Eastern Time
Interviews (if necessary): January 25, 2021 – January 29, 2021
Decision emails: February 2, 2021
Grant start date: March 1, 2021
Completion of baseline assessments as first step of evaluation: March/April 2021
Kick-off convening: May 2021 (virtual, exact dates to be confirmed)
Grant end date: June 30, 2023

Note: The informational webinar (attendance optional) will offer additional detail on this CFP and the Delta Center program, and the recording, along with written responses to questions submitted during the webinar, will be posted at https://deltacenter.jsi.com/cfp.

Application Instructions

Intent to Apply: We ask that each PCA-BHSA team indicate their intent to apply by Friday, December 18, 2020 (one response per PCA-BHSA team). This action is non-binding; the purpose is to facilitate our planning for the review of applications. Visit https://deltacenter.jsi.com/cfp and click on the "Intent to Apply" button to indicate your intent to apply. You will need to supply the lead organization's name; the full name, email, title, and phone number for the primary contact at the lead organization; and the name of the partner organization.

Submission: Each team must submit their application no later than 5:00pm Pacific Time / 8:00pm Eastern Time on January 8, 2021. Visit https://deltacenter.jsi.com/cfp and click on the "Submit Application" button to submit your application. You will need to supply the name of each organization and the full name, email, title, and phone number for the primary contacts at each organization. You will be asked to upload three files: the proposal narrative as a single PDF, the budget narrative as a single PDF, and the budget form as an Excel file.

Application Content

The full application should include the components listed below. Please limit proposal narratives to a maximum of 10 single-spaced pages, using at least 11-point font and 1-inch margins. The cover letter, appendix, budget narrative, and budget spreadsheet are excluded from the page limit.

1. Proposal Narrative
    - 1.1 Cover page (not included in page limit)
    - 1.2 Response to the application prompts (up to 10 pages)
    - 1.3 Appendix (not included in page limit)
2. Budget narrative (not included in page limit)
3. Budget form (not included in page limit)

1. Proposal Narrative

1.1 Cover Page

The cover page should include the following:

- Primary applicant association name and mailing address
- Lead contact name, email, phone number (Primary Applicant)
- Partner applicant association name

1.2 Application Prompts

Please address the following prompts in your response. You may determine the length of your response to the individual prompts so long as the maximum page limit of 10 pages is not exceeded.

1.) Opportunities and Challenges (10 points): Describe two to three of the most promising, specific opportunities in advancing policy, payment, and practice change that your state associations are currently participating in or intend to act upon in the next two years. Please include a description of

the relationship you have with your state Medicaid agency, other state payers (e.g., Departments of Mental Health), and Medicaid managed care.

2.) Project Description for Collective Action (40 points): Please describe a project you plan to undertake to advance state-level policy, payment, and/or practice change aimed at better meeting the concerns and needs of patients/families. The project must aim to effect change at the state level (some projects may also choose to conduct local level activities), include a formal plan of action, and respond to consumer needs. Include a description of potential risks that could slow or prevent progress on your project. Please include a small table that distills the project's three to four key objectives, milestones, and the end result/deliverables to be accomplished (sample table below).

Objective	Milestone	Result/Deliverable
<Add objective>	*<Add milestones>*	*<Add result/deliverable>*
<Add objective>	*<Add milestones>*	*<Add result/deliverable>*
<Add objective>	*<Add milestones>*	*<Add result/deliverable>*

3.) Primary Care and Behavioral Health Collaboration (20 points): Greater collaboration between primary care and behavioral health is a key goal for the Delta Center. First, please describe the relationship between the PCA and BHSA that will be collaborating for your Delta Center participation. Include examples (if applicable) of past collaboration that you will build on. Please also describe the specific steps your state associations will take to strengthen the level of coordination between your organizations in pursuing the project being proposed.

4) Incorporating Consumer Voice and Advancing Racial Equity (20 points): The world is increasingly recognizing that the design and execution of programs and policy need to incorporate consumer voice and intentionally address racial equity. Please describe what steps you will take to ensure that your project work (i.e., the practice or policy change) addresses the concerns and priorities of individuals and families and leverages input from consumers to improve your policies and programs. In addition, please describe what steps you will take to apply a perspective of advancing racial equity into your efforts. For example, how will you engage with your consumer partner in an ongoing way to address these topics? Include a description of what support, if any, you might want from the Delta Center to assist with your efforts.

5) Staffing (10 points): Please include a table listing each team member, their title, project role and relevant experience/expertise, email address, and FTE dedicated to implementing Delta Center-related activities. Include both leadership and team members proposed for project implementation. Please clearly specify which team members will participate in coaching calls and convenings for the State Learning & Action Collaborative.

1.3 Appendix

Included with your responses to the application prompts, please submit the following information in the Appendix:

- Letter of commitment from each state association (PCA and BHSA) affirming your commitment to active participation in the activities outlined under Program Expectations (including evaluation activities).
- Letter of support from a key stakeholder whom you would engage in work on policy, payment and/or practice change related to your project. This could include a senior-level state Medicaid official (e.g., Medicaid Director, Medicaid Medical Director, etc.), Department of Mental Health or Substance Use official, managed care Medicaid leader, other state government official, consumer organization, partner in racial equity work and/or other important colleague for the proposed project.
- Resumes of proposed team: Please provide a resume (up to two pages) for each individual on your proposed team.

2. Budget Narrative

Please provide a narrative, including any assumptions, for major budget categories, including: staff (including labor cost and FTE per team member), direct costs (e.g., consultants, travel, meeting costs, etc.) and indirect costs (RWJF requires that indirect costs cannot exceed 20% of all other project costs). Please also describe any resources (in-kind or provided by other funders) that will supplement your activities during the grant period (March 1, 2021 - June 30, 2023).

While the Delta Center will not delineate a specific funding allocation between the PCA and BHSA partners, and any other partners (e.g., consumer organization), the budget should reflect strong partnership between the PCA and BHSA and meaningful incorporation of consumer voice in the proposed project.

We recognize there is considerable uncertainty about travel in the future, and we will abide by RWJF guidelines regarding safety for travel and convening groups throughout the course of the initiative. Past participants found considerable value in meeting together in person, and as such, applicants should set aside funds for travel. Should travel not occur, unspent funds may be transferred to other budget categories. For the purposes of budgeting, please assume the following regarding travel:

- Three Delta Center in-person convenings (located in Princeton, NJ, and two sites to be determined). Please allocate travel dollars for as many as three trips for three to five team participants to attend Delta Center convenings. (If travel does not occur, these funds may be repurposed for other grant activities).
- NACHC and National Council conferences (registration fees and travel):
    - NACHC conference in 2021 and 2022 for at least two team members
    - National Council conferences in 2022 and 2023 for at least two team members

Grantees will need to adhere to the Travel Policy for RWJF Grantees and Service Providers.

3. Budget Form

Please provide your budget using the *Delta Center Budget Template*.