

CONVENING SUMMARY

Key Insights from the Delta Center's Final Grantee Convening



MARCH 2024

Introduction

In March 2024, the Delta Center for a Thriving Safety Net hosted its final grantee convening in New Orleans, Louisiana. The event brought together grantees from state primary care associations (PCAs) and behavioral health state associations (BHSA) as well as the National Association for Community Health Centers (NACHC) and the National Council for Mental Wellbeing, the Delta Center's two national partners. The goals of the convening were to facilitate peer learning, celebrate achievements, and strategize for sustaining the Delta Center work.

Attendees included Phase 2 grantees from the Alaska, Kansas, Gulf Region (Louisiana and Mississippi), Oklahoma, New Hampshire, and Pennsylvania teams. On the first day, grantees shared their successes and accomplishments, workshoped challenges in breakout groups, and learned about the recent policy developments in the areas of the workforce crisis and primary care/behavioral health integration. During the second day, grantees heard about lived experience and equity from keynote speaker Keris Jän Myrick, the Vice President of Partnerships at Inseparable and former Director of the Office of Consumer Affairs at SAMHSA, followed by an equity panel and discussion, and a group brainstorming session on sustainability. Further, each team had the opportunity to practice pitching the work of their PCA-BHSA partnership to potential funders.

Key insights from the convening are described below.

Key Takeaways

- Sharing power with people with lived experience ensures that policy and practice will meet the needs of the individuals and communities that primary care and behavioral health systems are seeking to serve.
- Codifying primary care and behavioral health state

The Delta Center for a Thriving Safety Net is a national initiative launched in May of 2018 that brings together primary care associations (PCAs) and behavioral health state associations (BHSA) to advance policy and practice change. 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.

The Delta Center is led by JSI Research & Training Institute, Inc., bringing together strategic partners including Alternate Frame, The ACT Center at Kaiser Permanente Washington Health Research Institute, the National Association for Community Health Centers (NACHC), and the National Council for Mental Wellbeing.

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“For me, power sharing is just that. The seats where the decisions are being made are not simply housed by those who are in a position to dominate over those who will be impacted by decisions.”

*—Deborah Riddick,
Principal Consultant of
Alternate Frame and
Delta Center Coach*

association partnership through concrete actions—such as shared policy priority documents, memorandums of understanding, and standard operating procedures—is a key to sustainability and especially important when there’s leadership turnover.

- Associations can be best positioned to respond promptly and effectively to new opportunities by maintaining ongoing relationships and communication with one another.
- The Delta Center has helped to bring people back together when they face setbacks in their relationship.
- Cross-state learning is extremely valuable.

Who is at the table? Threads of Equity During the Convening Sessions

Threads of equity were woven throughout the convening, particularly during Keris Jän Myrick’s presentation and a panel on power-sharing led by Delta Center coach, Kelsey Stefanik-Guizlo of the Center for Accelerating Care Transformation (ACT Center). Both sessions wrestled with the question: Who sits at the decision-making table and why? Who should be sitting there instead and how can power be redistributed?

Through powerful examples, Keris highlighted the discrimination that people with behavioral health conditions have suffered—both historically and in the present day—within the US health system. She spoke about the notion of “sanism,” defined as systemic discrimination against individuals diagnosed with psychiatric disorders or perceived to have mental differences or emotional distress. By tracing the historical roots of discrimination within the health system, Keris illuminated how for many people, the physical and behavioral health care system remains fractured, inequitable, and fosters distrust among some of the very people it seeks to help.

Speaking from a place of personal experience living with schizophrenia and working in state and national policy, Keris quoted Damon Watson (Program Director of the Fellowship Initiative, [Vibrant Emotional Health](#)) to emphasize that “lived experience is expertise.” Keris urged

grantees to center those with lived experience, advocating for “nothing about us without us” and grounding efforts in disability justice. Further, she emphasized the importance of building trust as the foundation of relationships that invite more people to the table and allow folks to choose which tables they would like to be at.

These insights were echoed in the subsequent [equity panel](#) featuring Keris and two grantees, Jon Zasada from the Alaska PCA and Michelle Ponce from the Kansas BHSA, as well as one of Delta Center’s coaches, Deborah Riddick of Alternate Frame. Together, they explored practical approaches to power-sharing. The panelists emphasized that partnerships are relationships—it is essential to yield your own power and authentically get to know people before asking them to do something for you.

Grantee Accomplishments and Legacies

New Orleans provided a festive environment for grantees to celebrate each other’s achievements, including:

- The **Alaska** team celebrated how they had engaged in joint advocacy around the [importance of telehealth](#) and highlighted recent legislation that will broaden Medicaid coverage and payment to include a wider range of telehealth services. Additionally, the Alaska team underscored how vital partnership is: the BHSA had three different CEOs in the past three years and the PCA played a crucial role in maintaining continuity despite the turnover in their partner’s leadership.
- In **New Hampshire**, the PCA and BHSA advocated for the state certification of community health workers, which enables more reimbursement opportunities for a workforce that can expand access to care that addresses social determinants of health.
- **Oklahoma** highlighted how the PCA and BHSA hosted a [joint symposium](#) that focused on trauma-informed care, health equity, and workforce resilience. Lou Carmichael, the CEO of Variety Care, a federally qualified health center in Oklahoma, stated, “Wellness of the workforce is a driver of equity.” To hone in on this notion, Oklahoma brought in a nationally renowned speaker to discuss burnout prevention for providers.
- The **Pennsylvania** team worked with the state Telehealth Steering Committee to inform policies and

“We’re all doing the same work with each other. If we can learn more from each other, listen to each other, we’ll get a lot farther.”

—Louisiana and Mississippi Team, Gulf Region Grantees

“The fact that they’re able to have such strong relationships at that local level is what has allowed us to have such a strong relationship at the state level and make progress with public policy.”

*—Michelle Ponce,
Associate Director
at Association of
Community Mental
Health Centers of
Kansas, Inc.*

practices with equity-driven access at the core of its work. The state is now poised to pass its third law regarding telehealth since the COVID-19 pandemic.

- The **Kansas** team identified joint policy priorities where the PCA and BHSA could leverage their collective voice with policymakers. Their joint priorities included: Medicaid expansion, continued telehealth flexibilities, community-based licensures, and the decriminalization of fentanyl test strips.
- The **Gulf Region** team, from Mississippi and Louisiana, established dyads between community mental health centers and primary care practices. Dyads foster local partnerships and participate in a community of practice. The Gulf Region team also celebrated starting a steering committee including consumer representatives and a focus on racial and health equity.

Policy Updates: National and State

Representatives from NACHC and the National Council described policy priorities and pressing challenges within primary care and behavioral health. They highlighted two joint areas of focus: addressing the workforce crisis and integrating primary care and behavioral health. NACHC and the National Council are tackling these priorities through robust action planning. This includes initiatives aimed at reimagining the workforce and increasing educational opportunities for members, exemplified by their jointly-held 2023 webinar series on successful partnerships between federally qualified health centers and Certified Community Behavioral Health Clinics.

Moreover, the national partners provided recommendations for working with a divided Congress, including how important it is to build relationships with existing and potential leadership. Additionally, NACHC and National Council policy staff suggested working to ensure that policy priorities are part of larger legislative vehicles whenever possible. They encouraged grantees to consider these suggestions as state and national associations navigate the complex political landscape with the upcoming 2024 elections.

Sustainability

Grantees engaged in a cross-state planning activity to brainstorm ideas on sustaining their collaboration. Highlights from the discussion are shown in the table below.

Board Activities	Staff Expectations	Standard Operating Procedures (SOPs)
<ul style="list-style-type: none"> • Host regular meetings, training, and retreats • Recruit board members with both behavioral health and primary care backgrounds • Build strong relationships with board members • Create intentional meeting topics and joint legislative agendas 	<ul style="list-style-type: none"> • Host meetings with a range of clinicians and members • Write job descriptions that make explicit intentional partnership building with the other state association • Build relationships with people with lived experience • Present at counterpart association conference • Develop memorandums of understanding for sound partnering, joint advocacy, and communication related to policy between counterpart associations 	<ul style="list-style-type: none"> • Adopt standard operating procedures that maintain a strong foundation for collaboration between PCAs and BHSAs • Use transparent budgets when seeking funding together or when subcontracting with one another • Document past collaboration efforts • Set regular schedules for open forums and discussions between associations

