Delta Center Phase 2 evaluation results: Fostering primary care and behavioral health collaboration in the safety net

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Background and objective

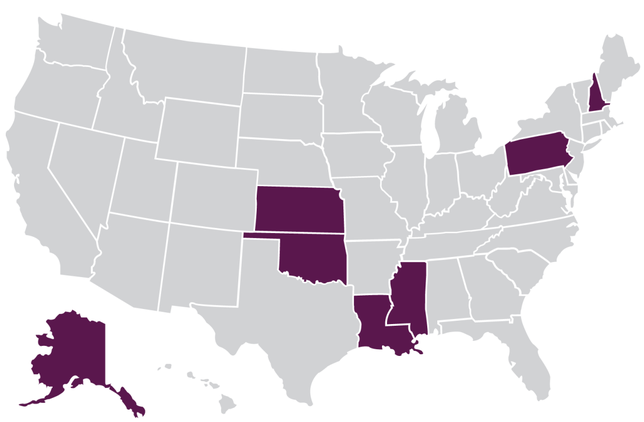
Ambulatory care safety net providers face ongoing challenges to delivering equitable care that meets the goals and needs of individuals and families. State primary care associations (PCAs) and behavioral health state associations (BHSAs) play a key role in influencing systems level change and have the potential to achieve greater impact through deeper partnerships with one another. This work evaluates Phase 2 of the Delta Center for a Thriving Safety Net[1], which brought together PCA and BHSA teams from 7 states to partner on policy and practice change, with a focus on racial equity and consumer voice.

Study population and design

Participating states received funding and technical assistance to support collaboration and collective action. The Delta Center evaluation team conducted 3 assessments (July 2021, July 2022, and June/July 2024) with the 14 participating PCAs and BHSAs using an online survey and video interviews. Quantitative data were analyzed using SPSS version 28. Key themes were identified using standard qualitative analyses. The IRB determined this project was not human subjects research.

14 organizations from 7 states (AK, KS, LA, MS, NH, OK and PA) completed all 3 assessments. 7 respondents represented PCAs and 7 represented BHSAs.

Delta Center Phase 2 grantees



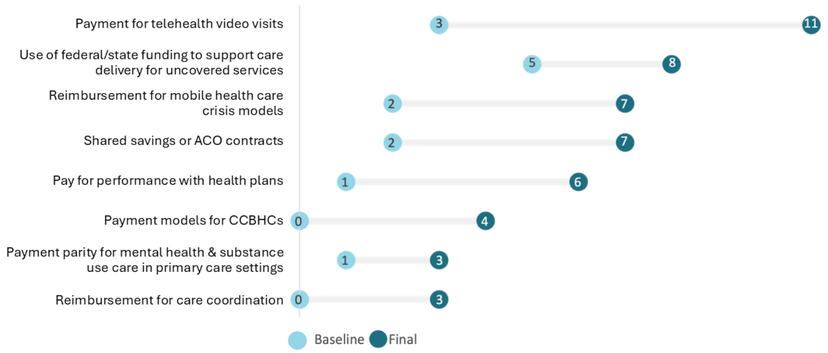
Main findings

Systems change in policy and practice

PCAs and BHSAs reported shared policy success in areas such as addressing the workforce crisis, payment for telehealth services, and expanding Certified Community Behavioral Health Clinics. Grantees also reported more activity and PCA-BHSA collaboration on provider-member training and technical assistance on integrated primary care and behavioral health, as well as equitable service delivery.

State associations advanced key policy issues

Number of associations successfully advancing or maintaining policy reforms

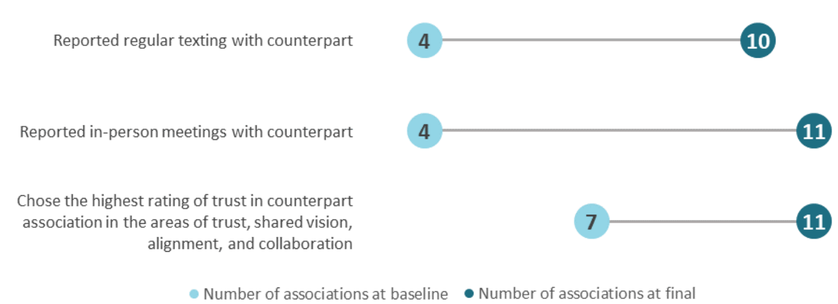


Collaboration and collective action

PCA and BHSAs reported strengthening their relationships with each other and with other key partners including legislators, state agencies, and Medicaid plans. Enhanced communication and trust, increased board and member partnership, and joint approaches to public affairs were critical factors that strengthened collaboration.

State associations strengthened their relationship with each other

Number of associations reporting collaborative practices and trust with their counterpart association



Consumer voice and health equity activities

PCAs and BHSAs increased their efforts to elevate consumer voice in their work, despite challenges in reaching and engaging consumers. They reported developing more partnerships with state-level consumer advocacy groups and member-organization boards, as well as making new efforts to share consumer perspectives with their members.

Being part of the Delta Center allowed the associations to learn about and focus on racial equity specifically, as well as broader health equity topics, such as rural health and Medicaid access. While participating in the Delta Center, their efforts to advance racial and health equity ranged from internal organizational practices to member-facing initiatives and policy change efforts.

> "I've appreciated the expectation that we include consumer voice in everything that we do… that has really helped us to hold us accountable and make sure that we're doing that in a meaningful way."
>
> - Behavioral health state association

> "This notion of lived experience being at the table—not voice of the customer, but really lived experience of the people that are being served, that voice gets more into our day-to-day. I'm really committed to that. I don't think I'd be there without the Delta Center."
>
> - Primary care association

Conclusions

The Delta Center for a Thriving Safety Net was the first-ever major investment in aligning primary care and behavioral health at the state and national association levels. The Delta Center succeeded in building and strengthening these foundational relationships, which are essential to driving systemic change in policy and practice. Partnerships at the association level create opportunities to address more than just individual policy issues or practice changes; they foster long-term, sustainable impact.

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Learn more at deltacenter.jsi.com.

Support for this poster was provided by the Robert Wood Johnson Foundation (RWJF). The views expressed here do not necessarily reflect the views of RWJF.

[1] Launched in 2018 and concluded in 2024, the Delta Center was a national initiative that brought together PCAs and BHSAs to advance policy and practice change through collective action. The Delta Center provided grants to PCA/BHSA teams in 19 states across 2 cohorts. The Delta Center was funded by RWJF and led by JSI Research & Training Institute, Inc., in collaboration with national partners including the Center for Accelerating Care Transformation at Kaiser Permanente Washington Health Research Institute, National Association of Community Health Centers, and National Council for Mental Wellbeing.

Funding stipulations from the Robert Wood Johnson Foundation prohibited the use of foundation funds for engaging in direct or grassroots lobbying—PCA and BHSA costs for engaging in these activities came from other funding sources.