


Delta Center California

Convening 3 | September 28-29, 2022



DELTA CENTER
CALIFORNIA

What is Delta Center CA?



A 2.5-year initiative (July 2020-December 2022) funded by the California Health Care Foundation and the Robert Wood Johnson Foundation that **brings together behavioral health and primary care leaders to accelerate care improvement and integration through policy and practice change.**



DELTA CENTER
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Goals

Delta Center California goals are to:

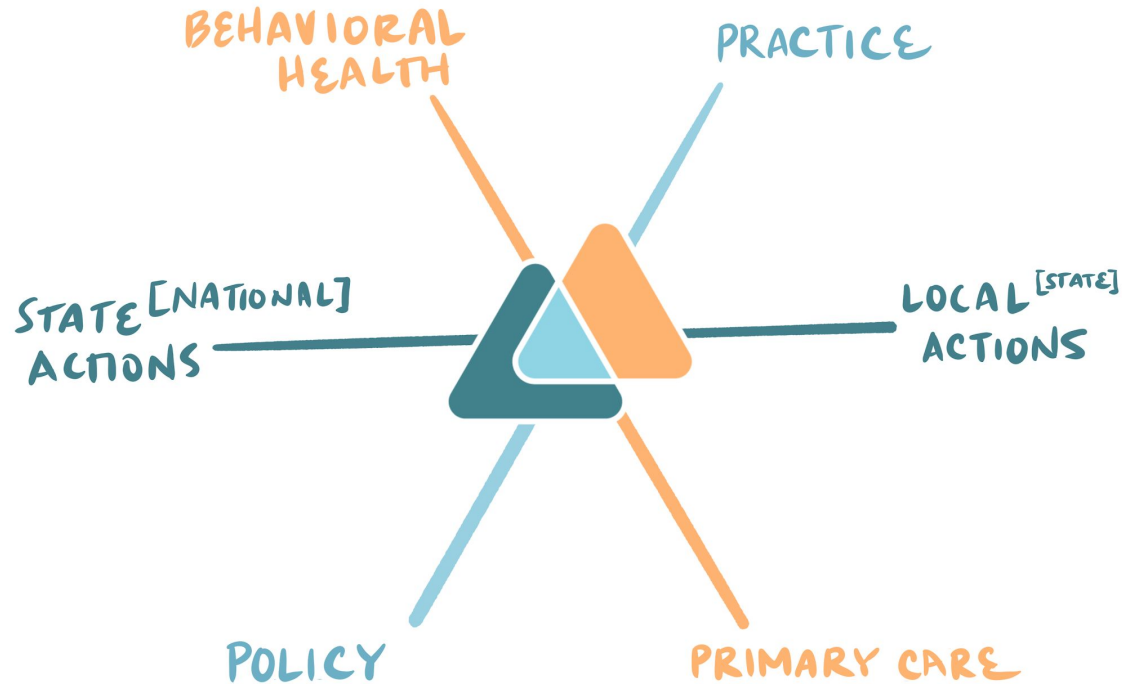
Foster collaboration and collective action between primary care and behavioral health at the state and county level in California.

Build knowledge & ability of state associations to ensure that changes in incentives and care systems meet the goals and needs of individuals and families.

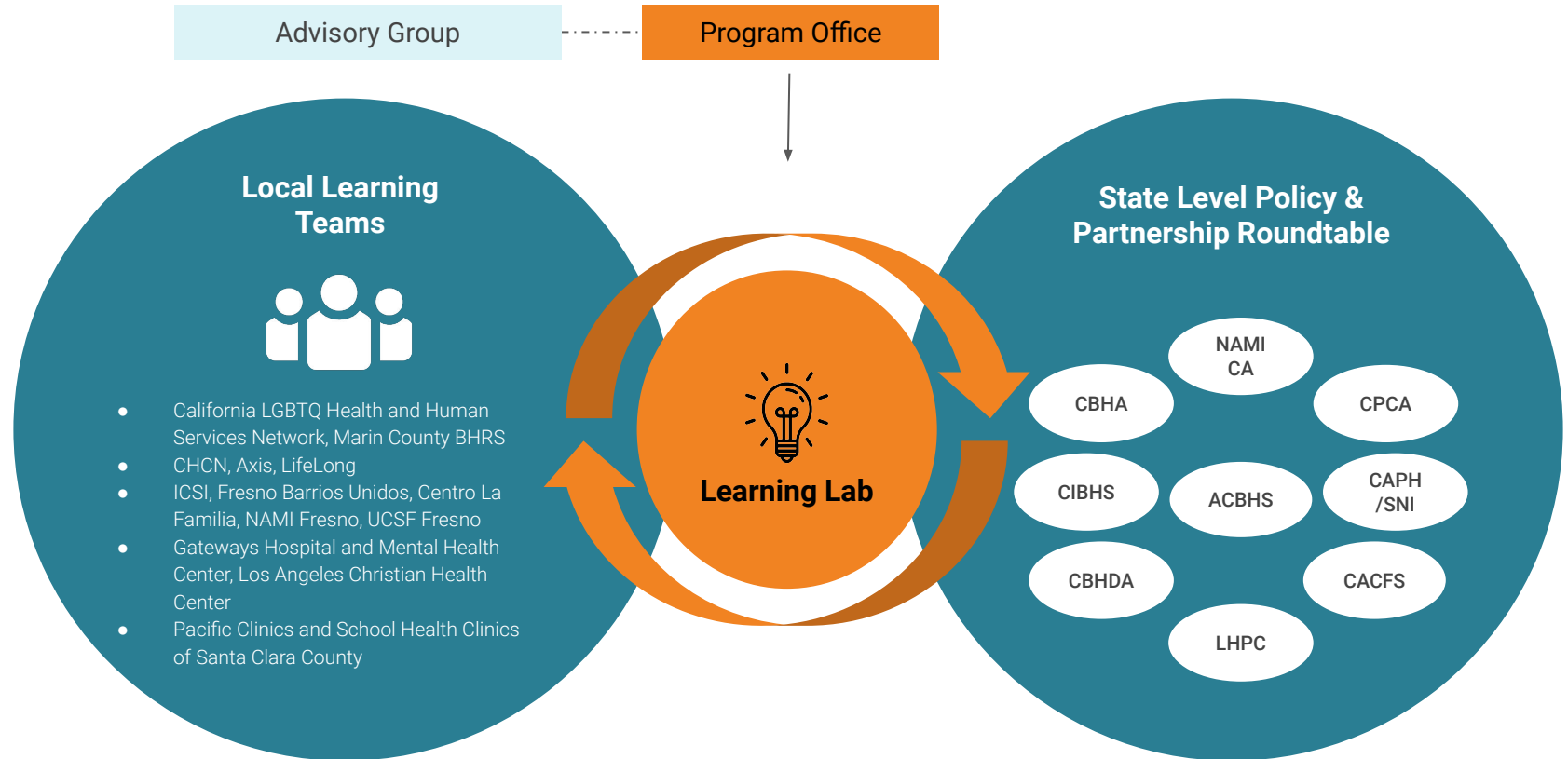
Accelerate payment and care integration through on-the-ground projects in selected sites across California.

The ultimate impact is to create **health policy and a care system that better meets the goals and needs of individuals and families, and addresses racial and economic disparities.**

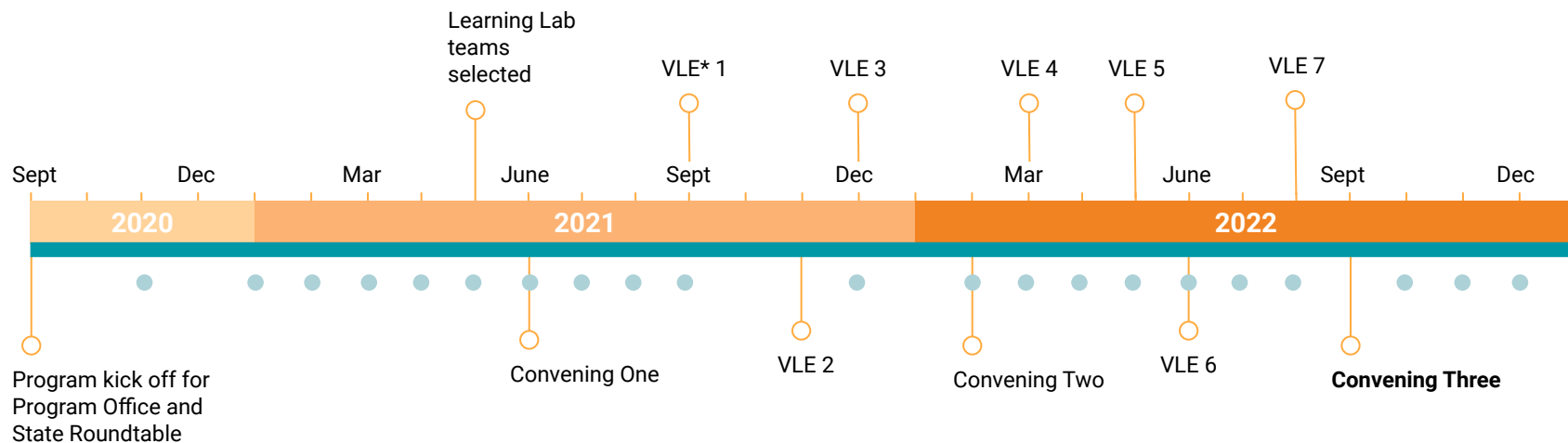
Introduction: The Concept



Delta Center Learning Lab Approach



Delta Center California Timeline



● State Roundtable Meeting

*VLE: Virtual Learning Event (see appendix C for topics covered in VLEs)

Learning Lab Teams

1. California LGBTQ Health and Human Services Network, Marin County Behavioral Health and Recovery Services
2. Community Health Center Network (CHCN), Axis Community Health, LifeLong Medical Care
3. Integral Community Solutions Institute (ICSI), Fresno Barrios Unidos, Centro La Familia, NAMI Fresno, UCSF Fresno
4. Gateways Hospital and Mental Health Center, Los Angeles Christian Health Center
5. Pacific Clinics and School Health Clinics of Santa Clara County

Each Learning Lab Team identified a project to advance through their participation in Delta Center California. The work of the Learning Lab Teams has been supported through virtual learning events, coaching, and facilitated conversations with their peers.

State Roundtable Members

1. Alameda County Behavioral Healthcare Services Office of Peer Support Services
2. California Alliance of Child and Family Services
3. California Association of Public Hospitals and Health Systems
4. California Council of Community Behavioral Health Agencies
5. California Institute For Behavioral Health Solutions
6. California Primary Care Association
7. County Behavioral Health Directors Association of California
8. Local Health Plans of California
9. National Alliance on Mental Illness California

The State Roundtable has met monthly, facilitated by the Program Office, to identify shared areas of interest and opportunities for collective action. Small working groups have then advanced specific actions to advocate and influence the field in areas such as telehealth and workforce with the goal of advancing a more equitable and coordinated system for individuals with both physical and behavioral health needs.

What makes Delta Center CA unique?

Delta Center CA represents a wide range of stakeholders in California:

Community-based
behavioral health
organizations

Federally-qualified
health centers

County behavioral
health departments

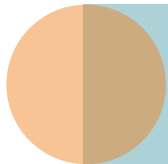
People with lived
experience seeking
and receiving
behavioral
healthcare in the
Medi-Cal System

Statewide associations representing behavioral health, primary care, public hospitals, LGBTQ+ communities, Medi-Cal health plans, individuals, and families

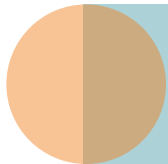
These partners have collaborated over the last two years to advance the integration of primary care and behavioral health at the policy and practice level, with a focus on advancing racial equity and engaging and elevating individuals with lived experience. The Delta Center California Program Office has brought the Learning Lab Teams and State Roundtable together through the course of the initiative in convenings and facilitated conversations, where participants share policy and practice expertise to mutually inform each others' work.

The shared themes that have emerged from this work represent clear opportunities for policy change, rooted in communities and on-the-ground expertise.

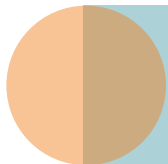
What's Next?



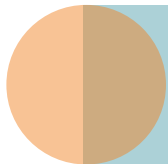
These slides summarize some of the progress and learnings that have taken place thus far during the initiative, organized around five key topics. They include graphic recordings of several events, which are visual representations of content that was presented and discussed.



During our final convening, members of Delta Center California will share more about the opportunities they see for improving primary care and behavioral health integration in California. These slides are intended to serve as context for this conversation.



We will facilitate dialogue between members of Delta Center California and invited guests around these topics, in hopes of moving toward shared problem solving.



Following the convening, we will ask that you share back (in writing) something you took away from the conversation, and/or commitments to action based on what you heard, to ensure that this conversation serves to inspire learning and action.

Topic 1: Elevating People with Lived Experience in Care Systems

Principle: People with lived experience and expertise navigating the Medi-Cal system for behavioral and physical health services bring crucial perspectives that can ultimately improve policy and care.

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

The State Roundtable and Program Office convened a panel of California exemplars to share best practices for employing a representative workforce, including key learnings on particular staff roles of interest (e.g., CHWs and peer support specialists).

A county behavioral health department hired an experienced focus group facilitator and evaluator to engage with individuals representing individuals with behavioral health needs within the LGBTQ+ community in a series of interviews and focus groups. The end product will be a report with stories that can be used to continue to inform needs and perspectives of the LGBTQ+ community as services and approaches are designed.

FQHCs applied an Antiracism Data Equity Framework to patient engagement work, which led to increased emphasis on feedback around cultural humility and sensitivity, and the importance of designing programs and services with patient voice at all levels.

Topic 1: Elevating People with Lived Experience in Care Systems

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

A community-based behavioral health organization worked with their head of human resources to elevate the need to hire and engage people with lived experience. Human resources vetted interview questions to highlight lived experience in a way that would be appropriate and acceptable within CA's employment laws. Team members also met with an advisory board member with lived experience to better understand how they can increase lived-experience representation in the organization.

The State Roundtable conducted a group discussion and will issue a brief highlighting examples of leadership roles and responsibilities for individuals with lived experience within funding organizations (Medical Managed Care Plans, Department of Health Care Services, Health Care Access and Information, and Health Care Foundations). The State Roundtable also discussed how to encourage these organizations to create leadership roles so that individuals with lived experience are influencing Medi-Cal policy more directly during this period of transformation.

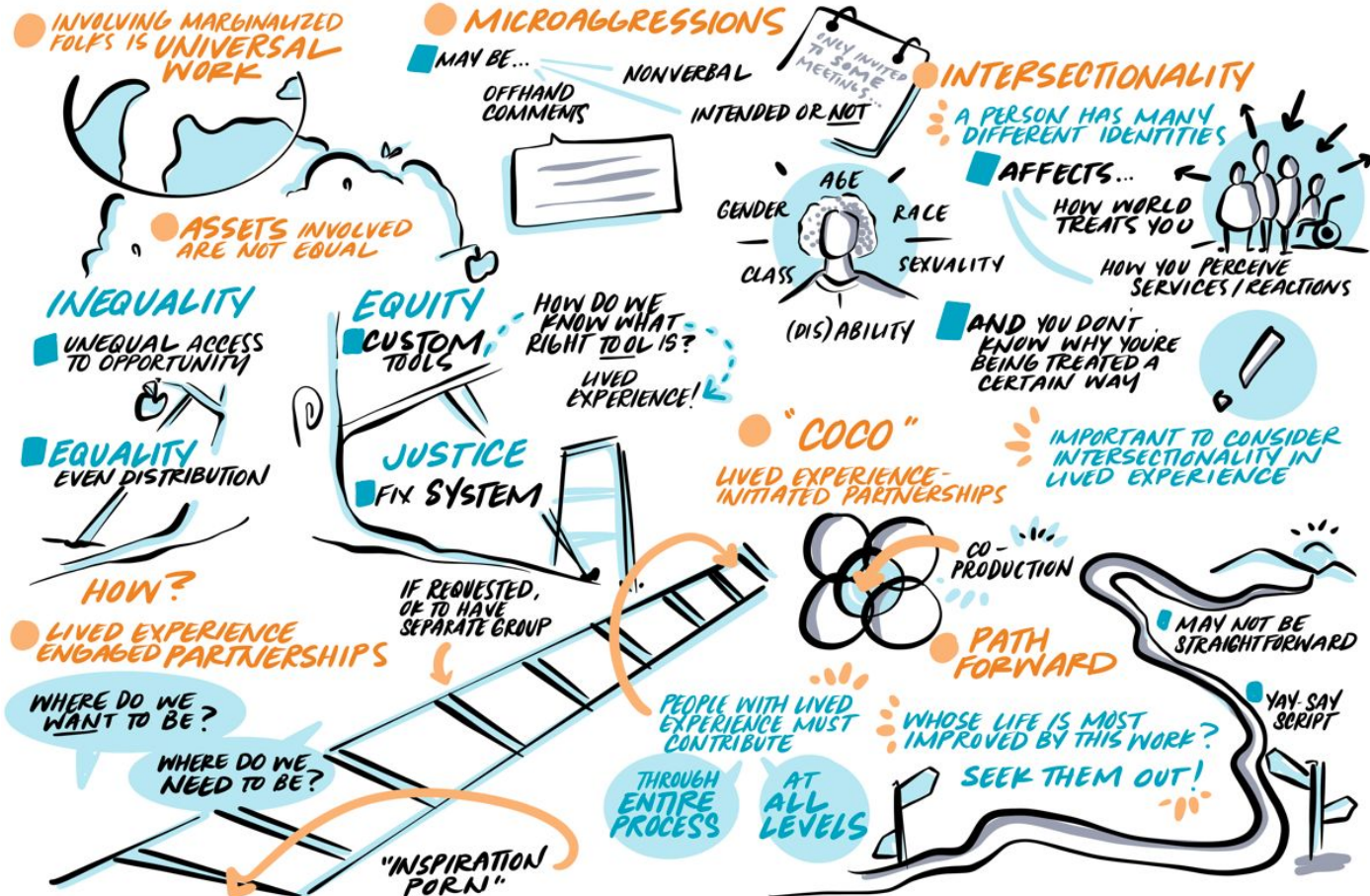
LINKAGE TO CURRICULUM | The Delta Center California Curriculum was co-designed with Keris Myrick, an expert in the mental health field who also has lived experience in the mental health care system. The curriculum included sessions called:

- *Lived Experience and Racial Equity: In This Together*, Keris Myrick
- *Navigating Power Dynamics and Hierarchies in Integrated Care Teams*, Alfonso Apu and James Mackey
- *Integrating Peers into the Workforce*, April Loveland and Jennifer Tuipulotu (Appendix D)

CONVENING1

Graphic recording of
Lived Experience and Race Equity: In
This Together,
presented by
Keris Myrick

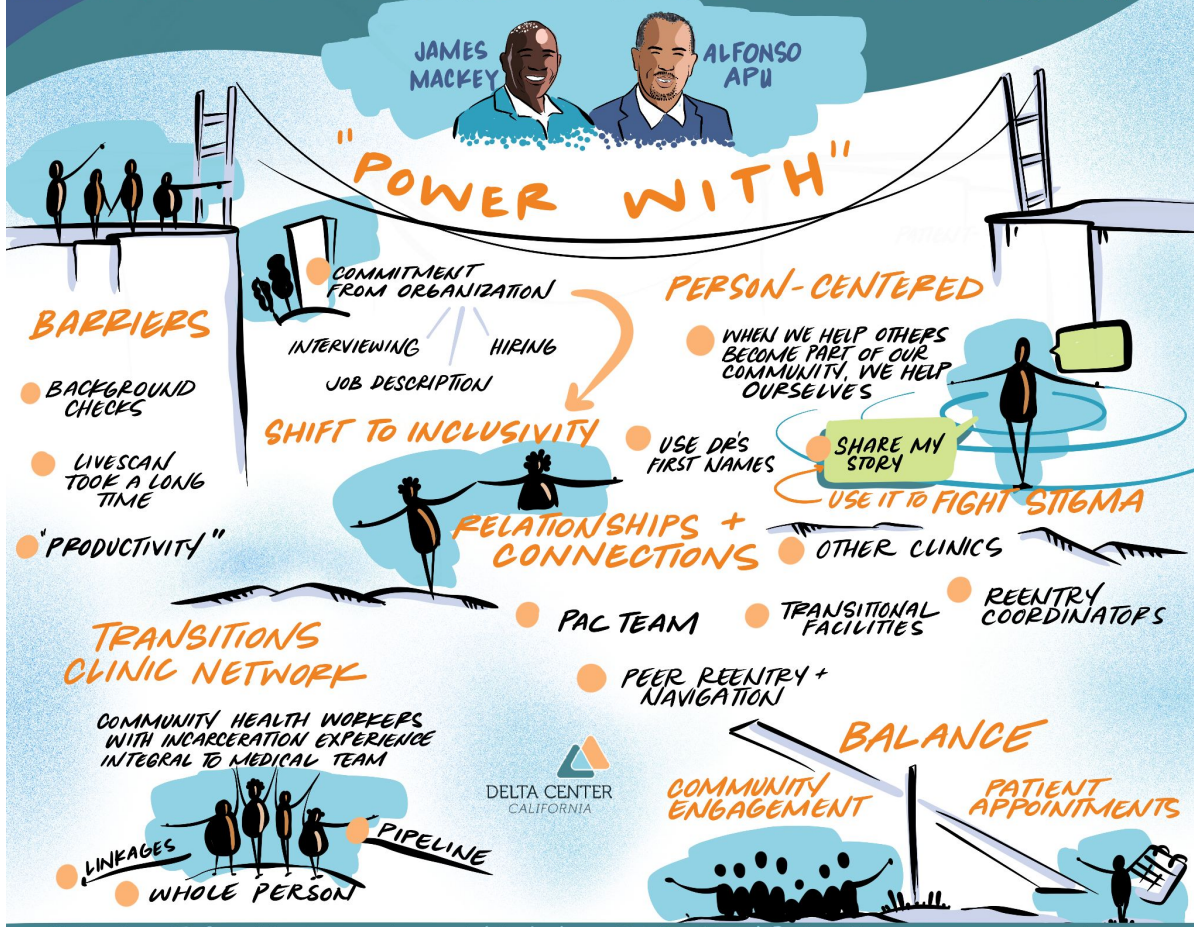
LIVED EXPERIENCE ENGAGEMENT AND RACIAL EQUITY: IN THIS TOGETHER



CONVENING 2

Graphic recording of
Navigating Power
Dynamics and
Hierarchies in
Integrated Care
Teams,
presented by Alfonso
Apu and James
Mackey

NAVIGATING POWER DYNAMICS AND HIERARCHIES IN INTEGRATED CARE TEAMS



Topic 2: Data as an Equity Strategy

Principle: Collecting and using REAL (race, ethnicity and language) and SOGI (sexual orientation, gender identity) data in a person-centered way is critical to understanding the population we serve and delivering effective, accessible and equitable behavioral health and primary care services.

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

A County Behavioral Health Department identified best practices for collection of sexual orientation and gender identity (SOGI) data across California, and compiled data collection tools and resources from county and advocacy groups. They also developed a roadmap for the collection of SOGI data in behavioral health settings, developed a data dashboard to track progress based on three measures of success, and provided training on SOGI data collection for behavioral health workers. This work included a team member with lived experience as an LGBTQ+ person in the public behavioral health system.

The State Roundtable is assembling a panel to elevate the importance of SOGI and REAL data in behavioral health and primary care settings. The panel will share lessons learned about implementation, considerations for patient experience, information on staff communication & training, and approaches for data collection and analysis.

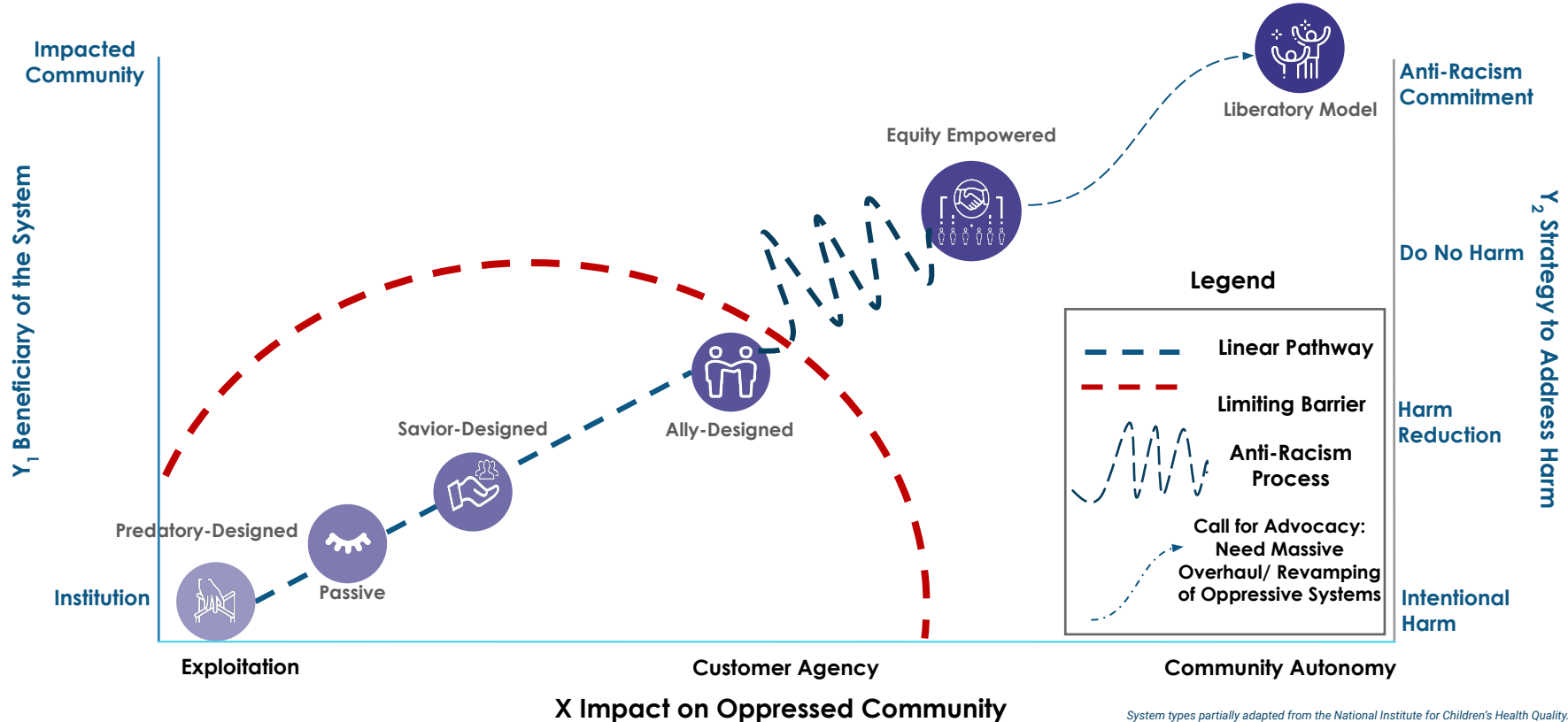
Topic 2: Data as an Equity Strategy

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

A network of FQHCs collected and analyzed race, ethnicity, and language (REAL) data within their integrated behavioral health program, including via focus groups, to identify where care is falling short. They created a behavioral health registry and dashboard to better understand and visualize REAL disparities in behavioral health and primary care. They also changed how they approached data collection by applying the Antiracism Data Equity Framework presented during a virtual learning event.

LINKAGE TO CURRICULUM | Participants were introduced to the CIE [Data Equity Framework](#) through a two-part virtual learning event (VLE 3 & 4). Artrese Morrison from Health Leads and Tanissha Harrell from 2-1-1 San Diego shared their framework, which supports interrogation of the intention and consequences behind data collection and program design. Artrese and Tanissha presented a case study with a Learning Lab Team using the Framework's System Design Reflection Worksheet, and guided each team to reflect deeply on their work and how the framework applies to their antiracism intentions and goals.

Landscape of Data System Design: Institutional Reflection



System types partially adapted from the National Institute for Children's Health Quality.
<https://www.nichq.org/insight/savior-designed-equity-empowered-systems>

Figure excerpted from The CIE Data Equity Framework:
<https://ciesandiego.org/wp-content/uploads/2021/12/CIE-Data-Equity-Framework-FINAL.pdf>

Topic 3: Building and Navigating Partnerships Across Systems

Principle: Under California's current fragmented primary care and behavioral health systems, building partnerships and effectively collaborating across systems and organizations are essential to advancing care integration. This requires clear communication across systems; resources and flexibilities to support partnership-building; mutual respect; and the inclusion of communities in decision-making.

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

A Certified Community Behavioral Health Clinic (a partnership between a community-based behavioral health organization and an FQHC) developed vignettes that highlight the challenges around navigating multiple systems and a changing policy environment in supporting patients to receive the care they need.

A county behavioral health department worked to build a partnership and engage a primary care provider in their SOGI data collection work. They were ultimately unable to successfully partner across systems, because the silos between systems and the current financing and payment structures do not support this type of system strengthening work.

Topic 3: Building and Navigating Partnerships Across Systems

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

A community-based behavioral health organization spent two years in the process of becoming a certified Medi-Cal provider in order to access sustainable funding to support their community-driven work and build a long-sought partnership with the County behavioral health department. They have built a coalition of organizations in their community, and pursued a partnership with primary care providers to better integrate care.

LINKAGE TO CURRICULUM | In a series of sessions led by Delta Center California members, participants engaged with peers around the challenge of building cross-system partnerships, and the need to decipher and coordinate the numerous new funding streams and programs that impact integration work in California.

- *Ask the Experts: New Initiatives, Funding Sources, and Payment Streams*, Michelle Cabrera, Linnea Koopmans, Andie Patterson
- *Relationships 101: Nurturing Collaborations to Promote Integrated Care*, Brenda Goldstein
- *DHCS's Vision for California: CalAIM, Integrated Care, and the Future of the Workforce*, Shaina Zurlin, Bambi Cisneros, and Anh Thu Bui

COVENING 2

Graphic recording of
Ask the Experts:
New Initiatives,
Funding Sources,
and Payment
Streams,
presented by
Michelle
Cabrera, Linnea
Koopmans,
Andie Patterson

ASK THE EXPERTS

NEW INITIATIVES, FUNDING SOURCES, PAYMENT STREAMS

POLICY & SYSTEMS

WHAT UPCOMING OPPORTUNITIES
HOLD THE MOST POTENTIAL
FOR ADVANCING BH-PC
INTEGRATION?

HOW DO PROVIDERS ENGAGE
WITH POLICY CHANGE PROCESS?

- CHANGES TO MEDICAL
NECESSITY FOR SMI
- PAY DIFFERENTIALS

• PATH FUNDING

• LOCAL PLANNING ON ECM

ENGAGING WITH POLICY
CHANGE

- CHW TRAINING/EDUCATION

HOW DO WE ENSURE SERVICES
ARE STILL COORDINATED?

HOW MUCH OF THIS ARE DOING TO
OURSELVES?

SYSTEM TRANSFORMATION
SPECIALTY BH-CAL AIM

- PAYMENT REFORM
- DOCUMENTATION

NO WRONG DOOR

- COMMUNICATION
- COORDINATION

WHAT DOES NON-DUPPLICATION
MEAN?

— HAVE TO COMMUNICATE CHWS AND PEERS?

COMPREHENSIVE
QUALITY STRATEGY

- COLLABORATION
- RACIAL EQUITY

MICHELLE

LINNEA

HOW WE CAN MOVE THE
NEEDLE ON SAME DAY?

— RATE SETTING ON
TRENDS
— APM?

BRINGING SYSTEMS TOGETHER
MEANINGFULLY

ENHANCED CARE
MGMT

← COMMUNITY HEALTH
WORKERS
— HIGHEST NEED
EXPANDING
— BRINGING IN
CBOs

ANDIE

BEING IN HARMONY
SEEING THE WORLD IN
THE SAME WAY

STUDENT BH

- MULTIPLE MODELS
- NO NEW SILOS

ALIGNING PAYMENT
& QUALITY

CQS-ARTICULATE
A VISION

- PUTTING THE PATIENT
AT THE CENTER

TELEHEALTH
ACCESS

- PHONE

COVID GAVE US
A NEW BITE AT THE
APPLE



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Topic 4: Expanding Access to Care through Telehealth

Principle: Telehealth is an important tool for improving access to behavioral health and primary care, and needs to be offered alongside supporting resources and other modalities that consider equity and patient preferences.

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

A residential treatment center partnered with an FQHC to implement telehealth to facilitate access to primary care visits without the need for residents to leave their familiar environment. They engaged their residents in the design of the telehealth program to ensure it met residents' needs.

The State Roundtable will be releasing a public letter addressed to Governor Newsom and DHCS to support the use of tele-audio as one important option for behavioral health care in both primary care and behavioral health settings. The letter will highlight equity considerations for support of tele-audio and other telehealth modalities that are less widely supported (such as texting).

Topic 4: Expanding Access to Care through Telehealth

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

The State Roundtable is conducting interviews and developing vignettes to highlight patient and provider experiences with telehealth, including people experiencing housing insecurity (including non-English speaker perspectives), people without readily available access to care (e.g., multiple jobs, no child care, no transportation, etc.).

LINKAGE TO CURRICULUM | Throughout the Delta Center CA initiative, participants have engaged in learnings on expanding access to care via telehealth, which has been particularly relevant in the context of Covid-19's impact on policy and practice.

- *Covid Pivot and Telehealth: Integration through Technology*, Sara Gavin
- *Trauma-Informed Care in a Tele-Behavioral Health Environment: Best Practices and Narratives*, Ritchie Rubio (Appendix F)

Topic 5: Cultivating a Vibrant and Well Workforce

Principle: California's primary care and behavioral health workforce can be strengthened through policies and practices that create stronger career pathways for peers, support for Black, Indigenous, and People of Color in leadership roles, and foster a culture of belonging for all.

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

A network of FQHCs created workforce development policies that support BIPOC mental health clinicians (in training and licensed) to work in community health centers. This is particularly important for encouraging mental health providers to work in community health settings, because loan repayment is much less available for mental health clinicians than it is for primary care providers.

The State Roundtable has fielded a survey to better understand how organizations are supporting career pathways and career development for peer support specialists and parent, caregiver, family member peer specialists. The State Roundtable will disseminate analyzed survey results and insights to inform the field at a crucial time for peer support specialists in California, as a new statewide peer certification policy is implemented.

Topic 5: Cultivating a Vibrant and Well Workforce

HOW HAS DELTA CENTER CALIFORNIA UNIQUELY ADVANCED THIS WORK?

A community-based organization is supporting the professional development of their staff through trainings in community-defined, trauma-informed approaches and by empowering them to transmit the cultural knowledge of activism to their clients.

LINKAGE TO CURRICULUM | The Delta Center California curriculum addresses the need for ongoing training and recruitment to support the healthcare workforce. The curriculum focused on creating systemic culture change within primary care and behavioral health care systems and the initiative facilitated conversations about creating cultures of belonging within workplaces. The curriculum included sessions called:

- *Dare We Say Love? Reconnecting and Re-humanizing in Healthcare*, Nkem Ndefo
- *Stigma, Self Stigma, and Stigma in the Workplace*, Elizabeth Morrison
- *Strategies to Support Black, Indigenous and People of Color in Leadership Roles*, Keris Myrick, Jorge Partida, Jei Africa (Appendix G)
- *The Role of Counselor Education in Supplying an Equitable & Just Integrated Behavioral Health Workforce*, Julie Chronister, Sandra Fitzgerald, Ulash Thakore-Dunlap, Molly Strear, Michael Wright (Appendix H)

CONVENING 2

Graphic recording of
Dare We Say Love?
Reconnecting and
Re-humanizing in
Healthcare,
presented by
Nkem Ndefo



Appendices

- a. Delta Center California Learning Lab Theory of Change
- b. Lived Experience-Engagement Ladder and 'Co-Co's'
- c. Virtual Learning Event Topics, Recordings & Convening Summaries
- d. Graphic Recording: The Power of Peers, Topic #1, Convening 2
- e. Graphic Recording: State-Level Data Collection, Topic #2, Convening 2
- f. Graphic Recording: Trauma-Informed Care in a Tele-Behavioral Health Environment, Topic #4, Convening 2
- g. Graphic Recording: Strategies to Support Black, Indigenous and People of Color in Leadership Roles, Topic #5, Convening 2
- h. Graphic Recording: The Role of Counselor Education in Supplying an Equitable and Just Integrated Behavioral Health Workforce, Topic #5 , Convening 2

Appendix A: Delta Center CA Learning Lab Theory of Change

Global Aim:

Advance behavioral health- primary care integration and health equity to improve care experience and health outcomes

Learning Lab Goals:

- Expand/strengthen partnerships
- Enhance continuum of care and strengthen medical home
- Improve access to services
- Improve patient MH experience
- Create seamless referral/payment systems
- Integrate telehealth and technology best practices
- Develop sustainable funding streams
- Understand needs/gaps and tailor programs using racial/equity data
- Build workforce capacity
- Foster organizational change [culture]
- Bolster race/equity training
- Tailor systems/programs to underserved
- Inform policy and impact legislation

Primary Drivers

KD1: Engaged partners with shared commitments, goals and outcomes

KD2: Implement an integrated BH/PC care model

KD3: Build workforce capacity and alignment

KD4: Build a sustainable business model

KD5: Partner with consumers who have relevant lived experience

KD6: Understand and address health disparities

Secondary Drivers

1.1 Establish goals & metrics and share data

1.2 Establish MOU's and service agreements

2.1 Identify an approach to BHPC integration

2.2 Create seamless referral and payment systems

2.3 Enhance telehealth & technology platforms

2.4 Enhance continuum of care and strengthen medical home

3.1 Organizational culture and change management

3.2 Recruit and train workforce

3.3 Reimbursement for community health workers and peer support services

4.1 Identify potential payment streams

4.2 Impact **policy** and legislation

5.1 Make commitments to engage in lived experience-initiated partnerships

5.2 Implement commitments

6.1 Assess need for racial equity training across organizations

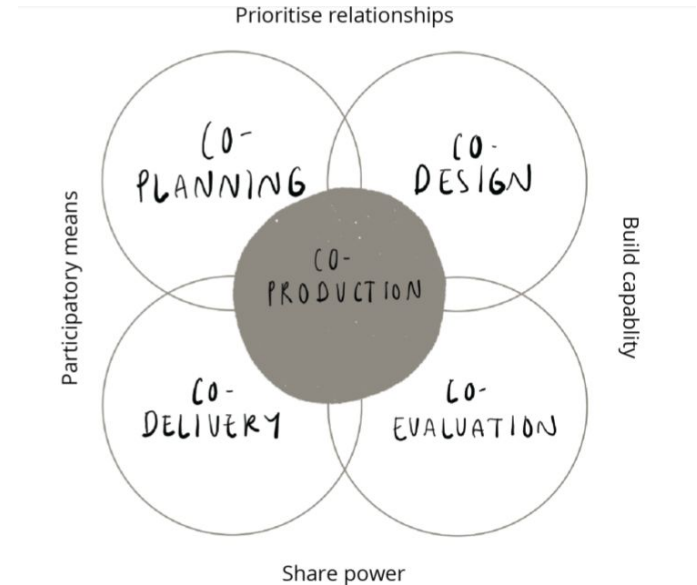
6.2 Establish, collect, display and create reports and dashboards to elevate attention and focus

6.3 Formulate metrics to address social determinants of health

6.4 Design a just and equitable system

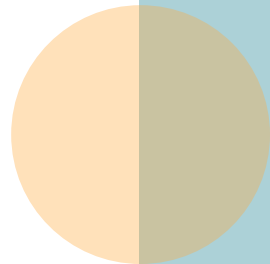
Appendix B: Lived Experience-Engagement Ladder and ‘Co-Co’s’

Source: Keris Myrick, *Lived Experience Engagement and Race Equity: In This Together* | Delta Center CA Convening 1, June, 2021



Appendix C: Virtual Learning Event Topics, Recordings & Convening Summaries

- June 7, 2021 | [Convening 1](#)
- September 2, 2021 | VLE 1: [Best Practices and Innovations to Integrate Behavioral Health and Primary Care](#)
- November 3, 2021 | VLE 2: [Building and Sustaining a Diverse and Representative Integrated Workforce](#)
- December 14, 2021 | VLE 3: [Antiracism Data Equity Framework, Part I](#)
- February 2, 2022 | [Convening 2](#)
- March 9, 2022 | VLE 4: Antiracism Data Equity Framework, Part II
- May 13, 2022 | VLE 5: Sustainable Models for Integrated BH/PC through CalAIM
- June - July 2022 | VLE 6: Circle of Influence
- August 24, 2022 | VLE 7: Whole Person Workplaces: Addressing Stigma at Work



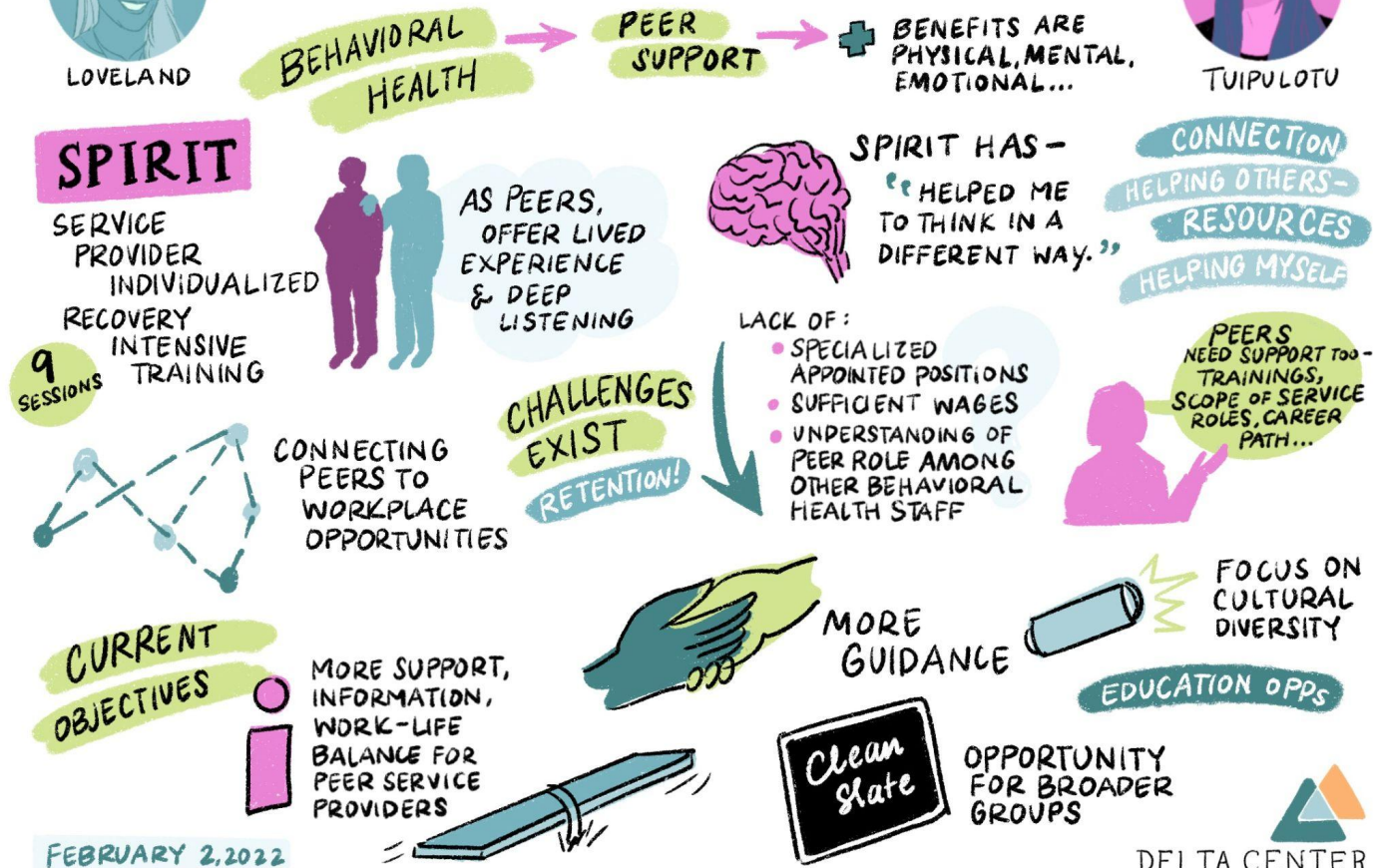
APPENDIX D: TOPIC # 1 CONVENING 2

Graphic recording
of Integrating
Peers into the
Workforce,
presented by April
Loveland and
Jennifer Tuipulotu



THE POWER OF PEERS : TRAINING, HIRING, AND SUPPORTING PEERS IN THE WORKFORCE

@ CONTRA COSTA



APPENDIX E: TOPIC # 2 CONVENING 2

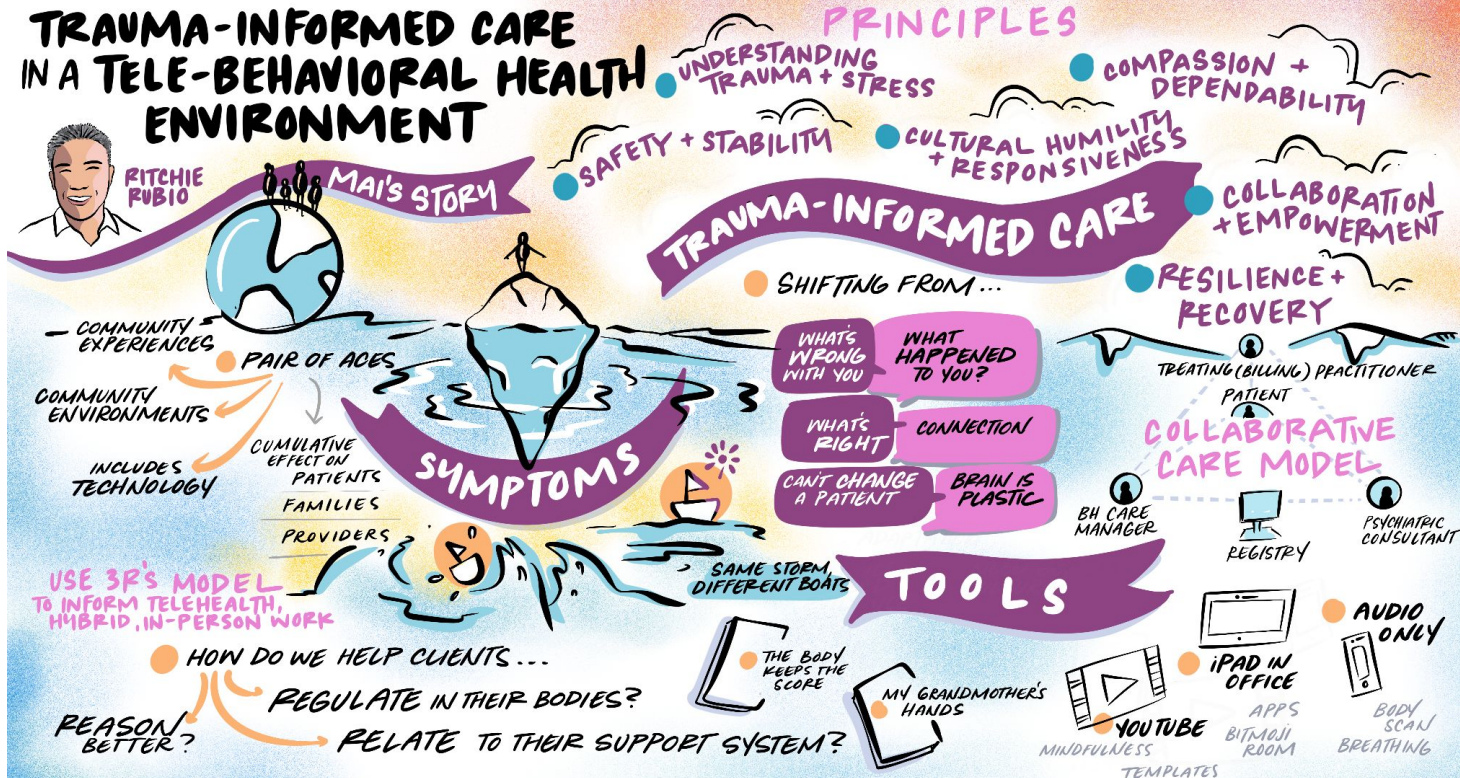
Graphic recording of
State Level Data
Collection: DHCS'
Comprehensive
Quality Strategy,
presented by
Palav Babaria



APPENDIX F: TOPIC # 4 CONVENING 2

Graphic recording of
Trauma-Informed Care
in a Tele-Behavioral
Health Environment,
presented by
Ritchie Rubio

TRAUMA-INFORMED CARE IN A TELE-BEHAVIORAL HEALTH ENVIRONMENT



APPENDIX G: TOPIC # 5 CONVENING 2

Graphic recording
of *Strategies to
Support Black,
Indigenous and
People of Color in
Leadership Roles*,
presented by Keris
Myrick, Jorge
Partida, Jei Africa



KERIS MYRICK



HELPING
PEOPLE BE
THEIR
BEST SELVES

MENTORSHIP
& RELATIONSHIPS
FUTURE LEADERS



IF I DON'T SEE
MYSELF IN
LEADERSHIP—
WILL I GET THE
HELP I NEED?

REPRESENTATION
REALLY MATTERS.



LISTEN
TO
LIVED
EXPERIENCE

CREATIVITY &

CURIOSITY



BE GENEROUS
WITH SELF

WE HAVEN'T BEEN
HERE BEFORE



DR.
JORGE PARTIDA

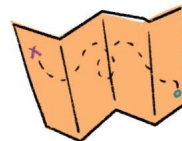


TRIED TO
PROVE MY
INCLUSION
WITH A DEGREE

SICK SYSTEMS=
SICK PEOPLE



THE SYSTEM IS
MADE OF
INEQUITIES
AND WE NEVER
TAKE THE TIME
TO ANALYZE
THEM

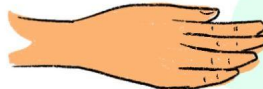


JEI AFRICA



MOVING THE
NEEDLE IN
EQUITY

IT WASN'T
SERVING ME &
WHO I AM



WHO HELPS
YOU UPLIFT
YOUR VALUES
& BELIEFS?

MY AUTHENTIC
SELF: LEARN
TO ASK THE
QUESTION—
ADVOCATE FOR
SELF



CALL
IN,
CALL
OUT



BALANCING THE
OPPORTUNITY, WHILE
BEING TOKENIZED



I CAN'T BE
THE ONLY ONE
DOING THIS
WORK!
WHO IS WITH
ME?

GROWTH FROM
DISAGREEMENT
& MISTAKES

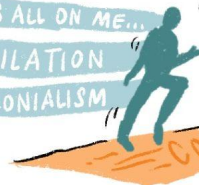


IT'S ALL ON ME...

ASSIMILATION

COLONIALISM

OUR STEPS
MAKE WAY FOR
THAT LONG
MARATHON



COLLECTIVISM

STRATEGIES TO SUPPORT BLACK, INDIGENOUS,
AND PEOPLE OF COLOR IN LEADERSHIP ROLES



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APPENDIX H: TOPIC # 5 CONVENING 2

Graphic recording of
The Role of Counselor
Education in Supplying
an Equitable & Just
Integrated Behavioral
Health Workforce,
presented by Julie
Chronister, Sandra
Fitzgerald, Ulash
Thakore-Dunlap, Molly
Strear, Michael Wright

