Building Effective, Sustainable Partnerships Between State Associations to Strengthen the Safety Net

Lessons and Recommendations From Phase 1 of the Delta Center

MAY 2021

Overview

The Delta Center for a Thriving Safety Net was launched in 2018 as a national initiative supported by the Robert Wood Johnson Foundation (RWJF) to advance value-based payment and care (VBP/C) in the ambulatory safety net as a means to reach the Quintuple Aim: better care, better health, lower costs, happier staff, and reduced health disparities.[i] A core innovation of Phase 1 of the Delta Center was fostering strong working relationships between state primary care associations (PCAs) and behavioral health state associations (BHSAs) to collectively advance improvements in value-based payment and care.

PCA-BHSA teams overwhelmingly reported that the partnership they formed with their counterpart association was extremely beneficial, and ultimately the most valuable aspect of participating in the Delta Center. The joint work of state primary care associations (PCAs) and behavioral health state associations (BHSAs) has helped to cultivate more responsive and equitable health policy and care systems by reaching thousands of health centers and behavioral health organizations.

In this brief, we describe the process by which PCAs and BHSAs built and strengthened their partnerships, starting from their collaboration on their Delta Center project proposal and ultimately to their joint policy and practice accomplishments. These findings and recommendations are based on interviews with the PCA-BHSA teams conducted as part of the Delta Center evaluation. As we examine the stages of their relationship development, we will highlight accomplishments, the benefits the grantees gained from investing time into their partnership and pursuing collaborative work, and lessons learned across the ten state association teams, each with unique priorities and at different stages in the development of their relationship. We then describe how COVID-19 affected the relationships between state associations, and their prospects for resuming or sustaining the partnership beyond the Delta Center. Lastly, we offer six high-level recommendations

for other PCAs and BHSAs that seek to develop partnerships to advance policy and practice, including:

1. Devote upfront time to build a common understanding of each other's organizational history, culture, and priorities.
2. Create a shared vision of the ambulatory safety net.
3. Seize major policy opportunities when they occur, as they occur infrequently.
4. Bring together members around common training and technical assistance (T/TA) and practice improvement to foster more coordinated care.
5. Build support across different organizational levels of state associations, including leadership buy-in, so that relationships can be sustained.
6. Focus on relationship resilience, not just joint projects.

Building and Strengthening Partnerships

The Delta Center Phase I (2018-2020) supported building relationships between state primary care associations (PCAs) and behavioral health state associations (BHSAs). In Phase I, the Delta Center supported ten PCA-BHSA teams through a series of coaching calls and in-person convenings that included both didactic and facilitated peer-to-peer sessions. Each of the PCA-BHSA teams worked through a process of building and/or strengthening their relationship as they sought to align around selected goals and collaborate to pursue them. Nine of the ten state association teams that applied together had little to no history working together prior to their participation in the Delta Center.

For many, a new beginning

The Delta Center project proposal was the starting point of collaboration for many PCA-BHSA teams. Despite health centers and behavioral health organizations both providing critical community-based services, often with overlapping patients, many PCAs and BHSAs did not have a history of working closely together to advance policy, payment, and practice change for their provider members. Though they were aware of one another, the grant provided a novel opportunity for dialogue between PCAs and BHSAs and the impetus for jointly advancing value-based

> *"I think that we worked together more closely than we ever would have without the Delta Center. It wasn't like an antagonistic relationship before; it was a relationship that had become a bit moribund. Because of this grant, we've had the pleasure of getting to work together."*
> **- Association for Behavioral Healthcare, Massachusetts**

payment and care (VBP/C) and other efforts to achieve greater financial flexibility and stability for the safety net.

The joint application process offered a structured approach for state associations to initiate conversation between their state's PCA and BHSA to develop projects that work toward collective action and shared project goals. PCAs and BHSAs that applied for the Delta Center grant together collaborated to identify:

- Opportunities and challenges in advancing payment and delivery reform in their state;
- Steps to strengthen coordination and collaboration between associations and provider members;
- The roles and level of commitment from both associations' staff; and
- Plans for sustaining their work.

This first demonstration of commitment—developing the application to participate in the Delta Center—paved the path towards creating a mutual trust and a stronger relationship with one another.

> *"There was this tipping point when we all realized…that during the application process we had an opportunity here. [Our partner] said, 'Whether we get this money or not, we're going to work together from here on out, because this is so much better together than not together.' It was an acknowledgment of something we should have had all along. The opportunity to apply for Delta was the impetus to move together."*
> **- i2i Center for Integrative Health, North Carolina**

Understanding each other's culture and history

At the early phase of their participation in the Delta Center, most PCA-BHSA teams initiated the important process of "level-setting" to learn about one another's organizational history, culture, and current context. By doing so, associations began to understand why their counterparts operate the way they do and have certain policy priorities that may or may not align with each other. The mutual understanding was helpful for informing the feasibility of the approaches association teams could take together towards advancing VBP/C efforts in their state.

As shared by the Washington Association of Community & Migrant Health Centers (the PCA), "We had an initial meeting. It was a conversation on our history and a few bottom lines. I thought about what it would take to be respectful partners with a desire and intent to go down that road. I think we did that and proceeded to do it with milestones." During a 2018 Delta Center grantee convening the Washington grantee team shared key topics they discussed in order to develop a shared understanding of their counterpart (See Table 1).

Table 1. Key topics for developing shared understanding of partner PCAs and BHSAs

Common and Divergent Policy History
Organizational Overview and History, for PCA and BHSA
Funding Mix for Provider Members
Current State Context for Provider Members
Current System Issues for Provider Members
Key Priorities for PCA and BHSA
Potential Shared Policy/Practice Priorities

In particular, the increased awareness and understanding of their counterpart's financing systems (as well as the historical influence these systems have had on primary care and behavioral health policy priorities) allowed for a shift in perceptions from what were once thought to be competing policy agendas to areas of potential collaboration. PCAs had guaranteed payment under a prospective payment system (PPS), and therefore their policy priorities focus on payment that would allow for more flexible, expansive, and integrated care delivery under existing payment arrangements. On the other hand, BHSAs focus on reducing disparities in payment between behavioral health and other health care providers given the chronic underfunding of the community behavioral health system, which can be traced back to the federal block grants under the Reagan administration.

Under the auspices of the Delta Center, which promotes the notion of a shared safety net identity, PCAs and BHSAs were able to look past history of competition, learn about and appreciate differences, and go on to identify opportunities for alignment and collaboration. By taking the time to be aware of their respective circumstances and bridge any gaps in knowledge, teams were able to foster both a mutual understanding of one another's capacity and willingness to collaborate, as well as build trust on a personal level.

> *"You don't know what you don't know, so it's nice to lean on the other person to get those perspectives and get actual true knowledge from someone working with it, rather than thinking you already know everything and not being open and receptive to learning new things."*
> **- Michigan Primary Care Association**

Devoting time together

The Delta Center hosted events and activities intentionally designed to encourage or facilitate PCA-BHSA collaboration which created a novel environment for teams to think collaboratively, build trust, and advance their joint VBP/C efforts. State associations cited having this dedicated time to focus on their shared work together as a crucial component in their relationship development. In the words of the Missouri Coalition for Community Behavioral Healthcare, "It makes a huge difference when you can get out of the 'everyday' to focus on this work."

Informal activities, such as traveling to convenings together, further broke down relationship barriers by offering a chance to connect on a more personal level, ultimately strengthening professional working relationships between staff. The Massachusetts PCA shared that "having travel opportunities, being on the road as a team for eight hours, and getting to know each other outside of our day to day helped," and "it was being in a place that was more focused than anything that helped with [their] relationship development." Spending time together in person, both formally and informally, provided an opportunity to build strong partnerships and social ties within PCA-BHSA teams.

Advancing Policy and Practice Together

Seizing opportunities to advance policy change

Although clear windows of opportunity to jointly advance major policy change are infrequent, some state associations were able to take advantage of such opportunities and tackle bold policy initiatives, which contributed to achieving their shared goals and strengthening the ambulatory care safety net as a cohesive entity. Delta Center association teams across the continuum of partnership development were able to seize opportunities to advance significant state policy changes, including teams at the beginning of their relationship-building process.

Making change early in the relationship. Tackling policy issues together at the onset of a relationship can serve as the context for building a lasting partnership. For example, the New Mexico PCA-BHSA team recognized the state's political momentum to integrate as an opportunity and successfully advocated for the implementation of reimbursement parity for behavioral health and primary care services in health centers. Despite no prior experience working together in the policy realm, their collaboration amidst a dramatic change in New Mexico's mental health care landscape[ii] led to greater financial flexibility and stability for the safety net. The momentum created within their partnership has led to additional policy successes such as tying Medicaid payment amounts to Medicare fees for behavioral health providers and funding the workforce expansion of children's dental services.

> *"I think that was important—the 'policy first' idea in building the relationship because it let us find some common ground. It was easy to see some differences…Working on policy, we thought, 'This is an issue that impacts all of us, wherever we're coming from…this is an issue that really impacts all of us.' This was a way to really draw us all together and find some common ground where we could really go forward from there."*
> **- New Mexico Primary Care Association**

Pivoting together after developing a relationship. Other teams leveraged the strong foundation that they developed through the Delta Center to pivot their joint policy agenda when COVID-19 dramatically shifted the health policy landscape. The New York team was able to garner the attention of policymakers by authoring a telehealth proposal to make permanent the flexibilities temporarily granted to behavioral health and Federally Qualified Health Center (FQHC) providers under the public health emergency. Because the New York team had invested the time and energy into building their relationship through the Delta

Center, they were able to pivot rapidly in a changing environment to take advantage of this new opportunity.

> *"The telehealth paper came at a really great time for us, at a time when we were struggling with where we were going. It was a big win. This grant opportunity has come at a really good time for us and our relationship."*
> **- Community Health Care Association of New York State**

Advancing policy in mature relationships. While most association teams prior to the Delta Center had limited or nonexistent relationships with their counterparts, the Missouri team had a long and productive history of advancing policy work together, including close ties among association leadership. Although the Missouri team described their relationship as an "automatic partnership," the Delta Center provided a new opportunity to be more strategic and intentional. Their collaboration, which involved exploring an individual practice association for both health centers and behavioral health state organizations, and extended beyond their Delta Center grant to also work on a ballot measure for state Medicaid expansion, has fed into a virtuous cycle of strengthening their partnership and ability to effect change together. Established relationships have the potential to evolve into more formal strategic alliances where joint operation is the norm. The Missouri PCA-BHSA team is currently exploring the possibility of moving into a shared office space with one another to further strengthen their alliance.

Creating joint opportunities for T/TA and bringing together members

By collaborating with their counterpart, state association teams provided their members with shared training and technical assistance (T/TA) on how to advance VBP/C initiatives, further fostering a collaborative environment for partnerships and primary care/behavioral health integration across state associations and their members. State associations needed to understand and grapple with differences in staffing and membership, both in quantity and type, in order to move forward and bring together members. Through joint efforts and dedication, teams were able to engage members in a way they had not before. Some reported bringing members of both associations together for the first time to provide T/TA, with support from the Delta Center. Joint T/TA academies held by some teams was a systematic approach to unifying the safety net by expanding VBP/C educational and relationship-building opportunities for their provider members.

Local member-to-member partnerships to improve community-level care also strengthened the collaborative work between state associations and their counterparts.

The Oregon PCA-BHSA team supported shared learning opportunities by bringing together members of both associations for technical assistance related to VBP/C.[iii] Following these learning sessions, they worked closely with local partners and early adopting members to launch regional pilots of value-based integrated care and payment with their Certified Community Behavioral Health Clinics (CCBHCs) and FQHCs in one urban, one rural, and one frontier area of the state. Pilots ranged from securing funding for a new community center to developing a homeless case management program to reach vulnerable residents. Their work continued to build upon Oregon's foundation of a shared policy agenda that advocates for appropriate resources to support the safety net. Oregon's associations collaborating together to foster local partnerships in an intentional way proved to be helpful in learning what local models work effectively in order to scale them sustainably and promote broader adoption across the state.

Resilience Through the COVID-19 Pandemic

State associations faced many challenges throughout their relationship-building process, however, the COVID-19 pandemic presented the most profound challenge to the associations and their members over the course of Phase I of the Delta Center project. In some cases, state associations were able to pivot together, such as the New York PCA-BHSA collaboration around telehealth. However, most PCA-BHSA teams felt compelled to shift priorities away from their original Delta Center objectives as they grappled with the immediate and catastrophic situation facing member organizations. About six months after the pandemic began, PCA-BHSA teams were able to start to shift their attention back to developing a long-term strategy for their associations while taking into account the new health care context. Organizational partnerships that had established working relationships at multiple levels of the organizations, seemed more able to maintain communication throughout this period, and may be more sustainable in the long-term. Many Delta Center partnerships demonstrated resilience through the crisis of the pandemic, as eight PCA-BHSA teams applied and were awarded alumni grants for a second phase to continue their work together. Many of the alumni PCA-BHSA teams have shifted their policy

> *"We're trying to figure out how to insert [lessons from COVID-19] into our upcoming strategic planning process…I would really like to get through this, and then really think about the strategic partnerships. We're all so fatigued, we're going to need to rely on each other way more than we thought 3-4 years ago, before we knew what the pandemic would do to us as individuals and as organizations."*
> **- Maine Primary Care Association**

and practice priorities to move towards telehealth payment policy and addressing health equity.

> *"The work…during Phase 1 of the Delta Center initiative, provides a firm foundation for Phase 2, especially given its emphasis on responding to the challenges faced as a result of COVID-19 and as our members, our associations, Michiganders, and persons throughout the country deal with racial justice and health and economic equity issues."*
> **- Community Mental Health Association of Michigan**

High-Level Recommendations

Based on experiences and lessons learned from the first three years of the Delta Center, the following six strategies are recommended for other PCAs and BHSAs intent on creating and sustaining effective partnerships that will advance policy and practice to strengthen the safety net:

1. **Devote upfront time to build a common understanding of each other's organizational history, culture, and priorities.** This investment of time and effort, particularly for associations without a history of direct collaboration, is critical in developing organizational and personal ties for more effective communication and strategic partnership.
2. **Create a shared vision of the ambulatory safety net.** A joint commitment to a shared vision for strengthening the primary care and behavioral health systems in the state can guide policy and practice development across organizations. Though it is unlikely for PCAs and BHSAs to collaborate or align on all areas of work, this shared vision can serve to identify opportunities for collaboration, or at minimum prevent competition.
3. **Seize major policy opportunities when they occur, as they occur infrequently.** Regardless of the stage in the relationship, state associations tackling bold policy initiatives together can potentially yield joint policy and practice accomplishments for both entities in addition to strengthening a partnership.
4. **Bring together members around common T/TA and practice improvement to foster more coordinated care.** Promoting local collaboration and joint T/TA among members can meaningfully contribute to partnerships among the state associations themselves.

5. **Build support across different organizational levels of state associations, including leadership buy-in, so that relationships can be sustained.** Organizational capacity building can be done incrementally by starting with team members, and then extending the trust that has been developed to leaders and staff within the broader respective associations.
6. **Focus on relationship resilience, not just joint projects.** Relationships will be dynamic due to changing circumstances and challenges, and this requires a level of flexibility in shifting goals and priorities with a state counterpart to respond to major shifts in the health care landscape. Investing in the relationship through shared understanding and action is foundational to continuing collaborative work beyond single projects or challenges faced.

Conclusion

The Delta Center illustrates not only the feasibility of building effective partnerships across organizations, but also the value they offer to the organizations, their members, and the patients they serve, for better health outcomes. Our findings and suggested relationship-building strategies are consistent with other studies of healthcare inter-organizational partnership development and strategy more broadly.[iv] As cross-organizational partnerships become increasingly recognized as important to systems-level change, these insights and recommendations will be valuable to primary care and behavioral health state associations and their members more broadly.

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[i] Coleman K, Wagner E, Schaefer J, Reid R, LeRoy L. Redefining Primary Care for the 21st Century. White Paper. (Prepared by Abt Associates, in partnership with the MacColl Center for Health Care Innovation and Bailit Health Purchasing, Cambridge, MA under Contract No.290-2010-00004-I/ 290-32009-T.) AHRQ Publication No. 16(17)-0022-EF. Rockville, MD: Agency for Healthcare Research and Quality; October 2016. https://www.ahrq.gov/ncepcr/tools/workforce-financing/white-paper.html

[ii] Delta Center for a Thriving Safety Net. *Grantee Spotlight: New Mexico Primary Care Association & Behavioral Health Providers Association of New Mexico.* August 2020. https://deltacenter.jsi.com/resources/grantee-spotlight-new-mexico-primary-care-association-behavioral-health-providers

[iii] Delta Center for a Thriving Safety Net. *Grantee Spotlight: Association of Oregon Community Mental Health Programs & Oregon Primary Care Association.* https://deltacenter.jsi.com/resources/grantee-spotlight-association-oregon-community-mental-health-programs-and-oregon-primary

[iv] **Resources related to inter-organizational partnership:**

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