ADVANCING SYSTEMS CHANGE ACROSS 20 STATES:

The Delta Center for a Thriving Safety Net

December 2025

the DELTA CENTER
for a thriving safety net

CONTENTS

Executive Summary 3

The Model: Introducing the Delta Center 4

The Challenge: A Fractured Safety Net in Urgent Need of Change 4

The Collaborative Solution: Catalyzing Change through the Delta Center 5

Building Blocks for Collaboration: Reason, Resources, and Relationships 6

Multi-Level Strategy to Drive Change 6

The Impact: Strengthening the Safety Net 9

Capacity Building and Policy Impact 9

Examples of State-Level Change 11

Equipping Providers for Delivery System Transformation 13

Strengthening National Partnerships 15

What Made it Work: Key Ingredients of the Delta Center Model 16

The Future: Building Upon the Delta Center's Legacy 19

Endnotes 20

ACKNOWLEDGMENTS

This report was prepared by JSI Research & Training Institute, Inc. (JSI) and is based on information shared by Delta Center grantees through coaching sessions, interviews, and longitudinal surveys, and by national partners. JSI would like to thank the participating state associations, Delta Center coaches, as well as contributing staff from the National Association of Community Health Centers, National Council for Mental Wellbeing, and the Center for Accelerating Care Transformation at Kaiser Permanente Washington Health Research Institute.

FUNDING STATEMENT

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

Funding stipulations from the Robert Wood Johnson Foundation prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying. Grantees used their Delta Center funding to support a broad array of policy activities, including background research, education and training, stakeholder engagement and convening, and building shared policy agendas. As state associations, Delta Center grantees used other non-Delta Center funding sources when they engaged in lobbying and legislative advocacy to advance policy.

EXECUTIVE SUMMARY

The challenges facing the United States healthcare safety net are long-standing, and growing more urgent. Decades of underinvestment, workforce shortages, and fragmented financing structures have strained primary care and behavioral health systems that millions depend on for care. Now, with looming Medicaid cuts—expected to total $1 trillion over the next decade—these vital systems and the communities they support face even greater risk. Despite pockets of progress, the nation still falls short of the Quintuple Aim: better care, better health, lower costs, improved provider well-being, and reduced health disparities.[1]

The Delta Center for a Thriving Safety Net was created in 2018 to address these enduring challenges by strengthening collaboration between primary care and behavioral health at the state and national levels. Funded by the Robert Wood Johnson Foundation and led by JSI Research & Training Institute, Inc., in partnership with the National Association of Community Health Centers, the National Council for Mental Wellbeing, and the Center for Accelerating Care Transformation, the Delta Center built bridges—across sectors, states, and levels of influence—**to drive real, sustainable transformation in policy and practice.**

Over seven years and across 20 states, the Delta Center provided grant funding, expert coaching, and structured peer learning to teams of state primary care and behavioral health associations, which led to:

- **Policy and Financing Reforms:** State associations advanced meaningful policy reforms, such as value-based payment arrangements, expanded telehealth reimbursement, and the growth of Certified Community Behavioral Health Clinics, helping align care and payment systems with communities' needs.
- **Delivery System Transformation:** Associations strengthened their capacity to support their provider members through training and technical assistance. These efforts—informed by consumer voices—supported the adoption of integrated care models, practice transformation initiatives, and value-based payment approaches that improved access and quality of care for their communities.
- **Cross-Sector Collaboration and National Alignment:** Primary care associations (PCAs) and behavioral health state associations (BHSAs) formed lasting relationships that strengthened their strategic alignment and joint advocacy. Peer-to-peer learning opportunities across states helped inform strategies and accelerate progress. The Delta Center also deepened alignment between national primary care and behavioral health associations, and broadly disseminated lessons learned through publications, expert-led learning sessions, and equity-centered resources.

The Delta Center succeeded because it offered a clear, shared purpose, relevant resources, and a deep investment in relationship-building—key ingredients for lasting, cross-sector transformation. As the safety net confronts today's threats, now is the time to invest in models that can activate trusted leaders across national, state, and local levels to collaborate in the face of these challenges. A future effort modeled on the Delta Center, grounded in organizations with deep community expertise and strong relationships, can help the safety net not only withstand today's pressures, but also drive more equitable, coordinated, and sustainable systems of care for the future.

THE MODEL:
INTRODUCING THE DELTA CENTER

The Challenge: A Fractured Safety Net in Urgent Need of Change

The challenges facing the United States healthcare safety net are long-standing, and growing more urgent. Decades of underinvestment, workforce shortages, and fragmented financing structures have strained primary care and behavioral health systems that millions depend on for care. Now, with looming Medicaid cuts—expected to total $1 trillion over the next decade—these vital systems and the communities they support face even greater risk. Despite pockets of progress, the nation still falls short of the Quintuple Aim: better care, better health, lower costs, improved provider well-being, and reduced health disparities.[1]

To achieve lasting transformation, policy and practice must move in tandem, and be backed by stable, sufficient funding. But in today's environment of shrinking Medicaid funds, fragmentation and competition between groups within the safety net jeopardize its shared mission to deliver quality care and improve outcomes for those most in need. Instead of dividing limited resources, we must find new ways to align, collaborate, and make the most of every dollar.

In this high-stakes environment, the role of state-level primary care associations (PCAs) and behavioral health state associations (BHSAs) is more vital than ever. These mission-driven, member-based organizations are not only technical assistance providers and conveners—they are long-term stewards of systems change. PCAs and BHSAs bring deep policy expertise, strong relationships with state and federal decision-makers, and an unparalleled understanding of local providers and community needs. Their provider members are rooted in the communities they serve. For these reasons, the associations that represent them are uniquely equipped to help states build a more effective healthcare system that works for everyone. Investing in PCAs and BHSAs unlocks significant value, as it can result in a sustainable, adaptive, community-informed policy agenda that can weather political shifts while aiming to meet whole-person needs.

> The safety net includes community health centers and community-based behavioral health organizations. These entities provide primary care and behavioral healthcare to over 40 million Americans annually. State associations represent the interests of these safety-net providers through advocacy and technical assistance.

While these member-based organizations are uniquely positioned to champion policy and practice improvements, they frequently operate in silos despite serving overlapping communities. For decades, many PCAs and BHSAs have been working on issues like improving access, integrating care, and strengthening the workforce—but in parallel, rather than together. Strong, coordinated partnerships between associations are essential to align resources and advocate effectively within their states on shared needs.

This is the kind of collaboration we need now. The Delta Center's experience over the past seven years across 20 states offers valuable lessons for how these partnerships can be nurtured and leveraged to catalyze lasting systems change. As the safety net faces immense challenges in the coming years, these insights are more critical than ever to guide effective investments and strategies that strengthen care for vulnerable communities.

The Collaborative Solution: Catalyzing Change through the Delta Center

Built on the principle that partnerships drive progress, the Delta Center for a Thriving Safety Net (deltacenterinitiative.org) has cultivated health policy and care systems that improve outcomes and more equitably serve the needs of individuals and communities. The initiative nurtured collaboration across organizations to advance integrated care and realign system incentives through payment and policy reform at scale. The overarching mission: to transform the primary care and behavioral health ambulatory care safety-net systems in pursuit of the Quintuple Aim.

Launched in 2018 with support from the Robert Wood Johnson Foundation (RWJF), the Delta Center was led by JSI Research & Training Institute, Inc. (JSI) in collaboration with strategic partners at the National Association for Community Health Centers (NACHC), the National Council for Mental Wellbeing (National Council), and the Center for Accelerating Care Transformation (ACT Center). Together, these organizations provided leadership, coaching, technical assistance, and convening to support collaboration and systems change across the healthcare safety net. JSI served as the program office that designed and guided all Delta Center grants and activities.

At the heart of this work were PCAs and BHSAs, which face many similar challenges in supporting the needs of providers and the communities they serve. Though they often serve overlapping populations, these associations typically operate separately, with limited opportunities to align their work. The Delta Center bridged these divides by providing grant funding to PCAs and BHSAs to work together in state-based teams. Through RWJF's investment in the Delta Center program office, JSI and its partners were able to provide financial and technical support while facilitating learning and collaboration to drive impact across sectors and levels of the system.

Building Blocks for Collaboration: Reason, Resources, and Relationships

To support meaningful partnership, the Delta Center supported associations with:

A reason to align their activities and work together toward common goals.

Resources to support their work together, including grant funding, expert coaching, and structured opportunities for peer sharing and learning.

Relationships within and across states, and with national partners, built through dedicated time for learning, problem-solving, and planning together.

Together, these elements laid the foundation for stronger alignment between associations' policy and programmatic efforts, elevating their collective voice and impact. Associations used Delta Center resources to support a broad array of policy activities, including background research, education and training, stakeholder engagement and convening, and building shared policy agendas. As their collaboration deepened, so did their capacity to advance and implement systems change. With the Delta Center as a catalyst, association teams not only advanced critical reforms but sustained momentum, and even secured additional funding, beyond the life of the grant.

Multi-Level Strategy to Drive Change

The Delta Center facilitated critical linkages across sectors and between national, state, and local levels to support greater alignment and action towards a stronger safety net. The Delta Center employed three mutually reinforcing strategies to drive systems change at different levels.

1. State and Local-Level Change

The Delta Center awarded grants to PCA and BHSA teams to strengthen their partnerships, identify common goals and promising strategies, and conduct projects to advance policy and care change in their respective states. Each state team in the State Learning and Action Collaborative received grant funding, coaching, training, technical assistance, and participated in structured learning opportunities with peers across the country. PCAs and BHSAs also engaged with their provider members on a local level to better understand their needs in relation to practice transformation, improve mutual understanding of each other's respective sectors, and support policy and service delivery changes.

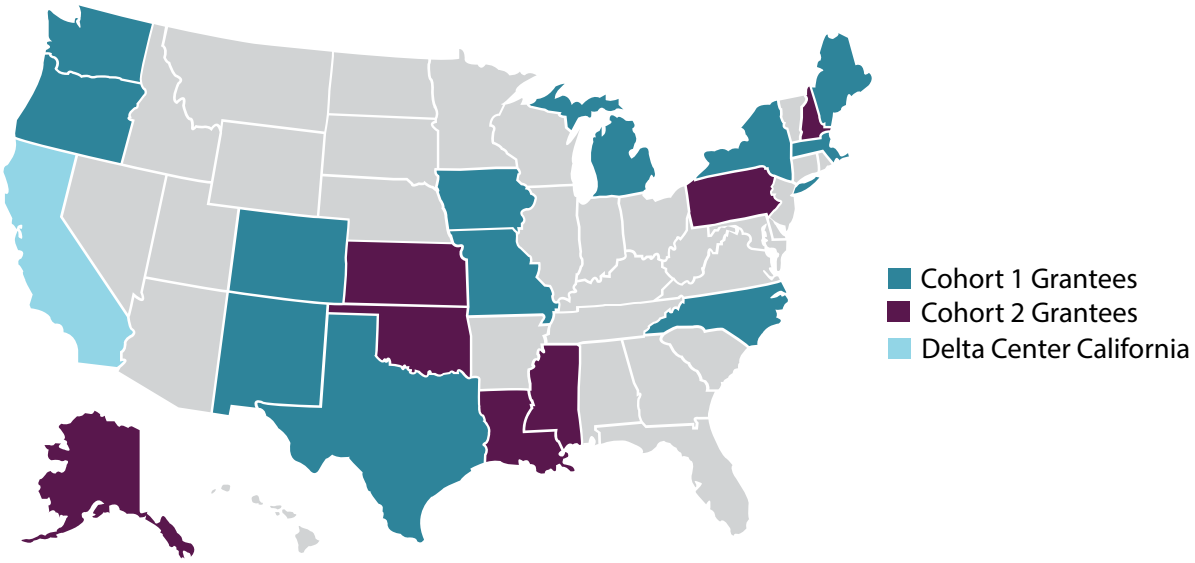
Two cohorts of teams participated in the State Learning and Action Collaborative, representing a total of 19 states:

- **Cohort 1 (2018–2021):** Colorado, Iowa, Maine, Missouri, Michigan, New Mexico, New York, North Carolina, Oregon, Texas, Washington. A total of 21 PCAs and BHSAs comprised the first cohort.
- **Cohort 2 (2021–2024):** Alaska, Kansas, Louisiana, Mississippi, New Hampshire, Oklahoma, and Pennsylvania. A total of 14 PCAs and BHSAs comprised the second cohort.

While Cohort 1 focused primarily on building foundational capacity around value-based payment and care, Cohort 2 placed a greater emphasis on state policy change.

California was the twentieth state to engage in the Delta Center through a separate but parallel effort funded jointly by RWJF and the California Health Care Foundation.

Figure 1. Twenty states participated in the Delta Center



Delta Center California

Delta Center California was a two-pronged initiative that catalyzed change via practice (*Learning Lab*) and policy (*State Policy and Partnership Roundtable*).

The *Learning Lab* convened five local teams of behavioral health and primary care providers in a learning collaborative. Each team pursued a unique project to advance primary care and behavioral health integration. The *State Policy and Partnership Roundtable* convened policy experts working to accelerate primary care and behavioral health integration. Participants included nine entities representing payers, providers, and consumers to collaborate on policy and systems change in a large state. In addition to their project work, *Learning Lab* teams and *State Policy and Partnership Roundtable* members came together during 3 convenings to foster relationship building and shared learning. In the convenings, they shared on-the-ground insights with policy influencers, prepared practitioners to implement upcoming policy changes, and learned together about co-designing systems and policies with consumers/clients.

2. National-Level Alignment Through NACHC and National Council Collaboration

The Delta Center supported closer alignment between national associations representing community health and behavioral health organizations. With Delta Center offering a reason, resources, and relationship support, NACHC and National Council met regularly to share their organizational priorities and identify areas of alignment in their policy agendas. They co-developed training and technical assistance for their members—including a collaboration toolkit—a joint webinar series, and co-hosted sessions at each other's national conferences. A key focus area was alignment between Federally Qualified Health Centers (FQHCs) and Certified Community Behavioral Health Clinics (CCBHCs).

3. Dissemination of Field-Facing Insights

The Delta Center shared lessons and insights beyond participating grantees through a robust thought leadership and dissemination strategy. Publications and resources highlighted timely national issues and elevated innovations from the field, including:

- Issue briefs and policy recommendations
- Success stories from state associations participating in the Delta Center (see p. 17)
- Cross-cohort lessons
- A curated resource library

Together, these strategies catalyzed meaningful progress across state, national, and field-facing levels, strengthening the infrastructure and collective voice of the safety net.

THE IMPACT:
STRENGTHENING THE SAFETY NET

The Delta Center catalyzed meaningful change across multiple levels of the healthcare ecosystem—from state policy wins and practice transformation, to strengthened partnerships between primary care and behavioral health associations at both the state and national levels.

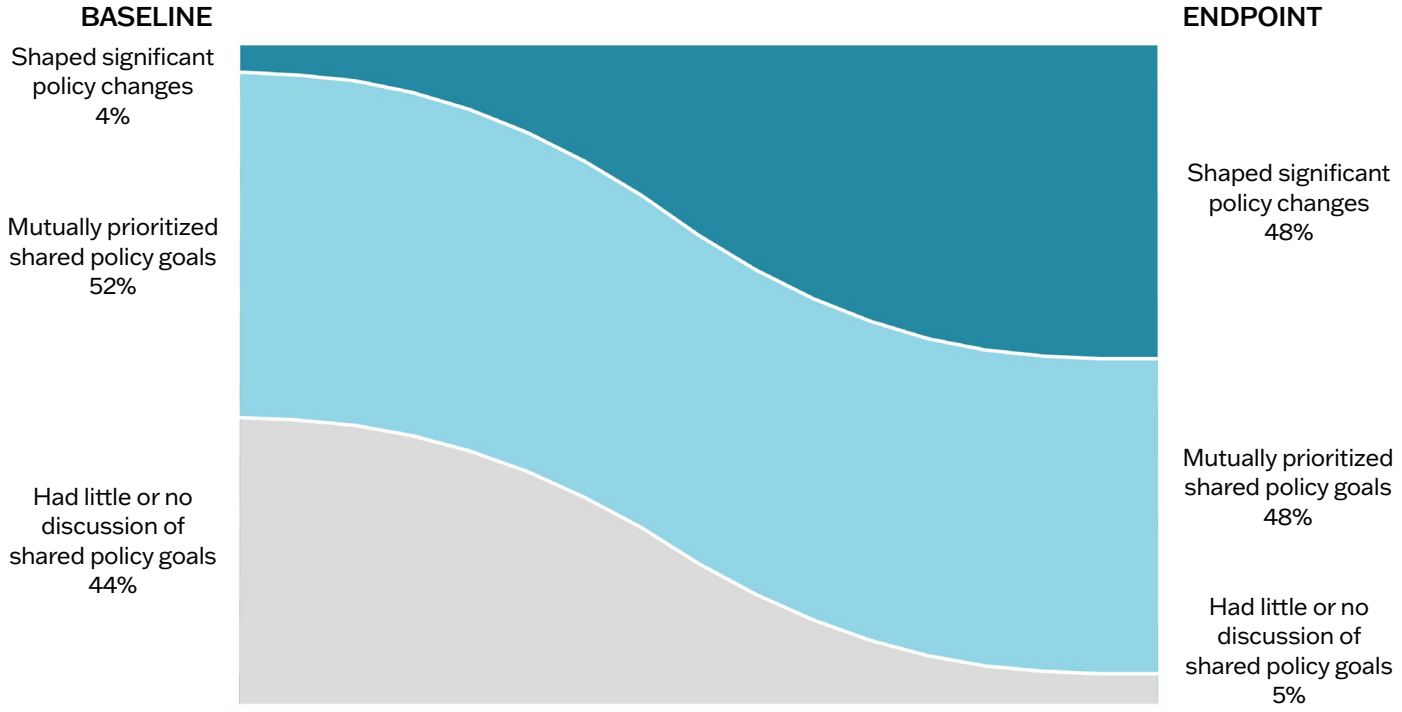
This section highlights some of the key results from the Delta Center initiative, how its collaborative model enabled this progress, and how these efforts are now being shared and scaled to inform broader systems change. These results are drawn from formal evaluations of the initiative, including surveys, interviews, and document review.

Capacity Building and Policy Impact

Across both cohorts, **Delta Center participation was instrumental in advancing state associations' policy efforts aligned with the initiative's goals.** While the policy focus and outcome measures differed between cohorts—reflecting differences in program design and goals—state associations in both cohorts reported meaningful progress.

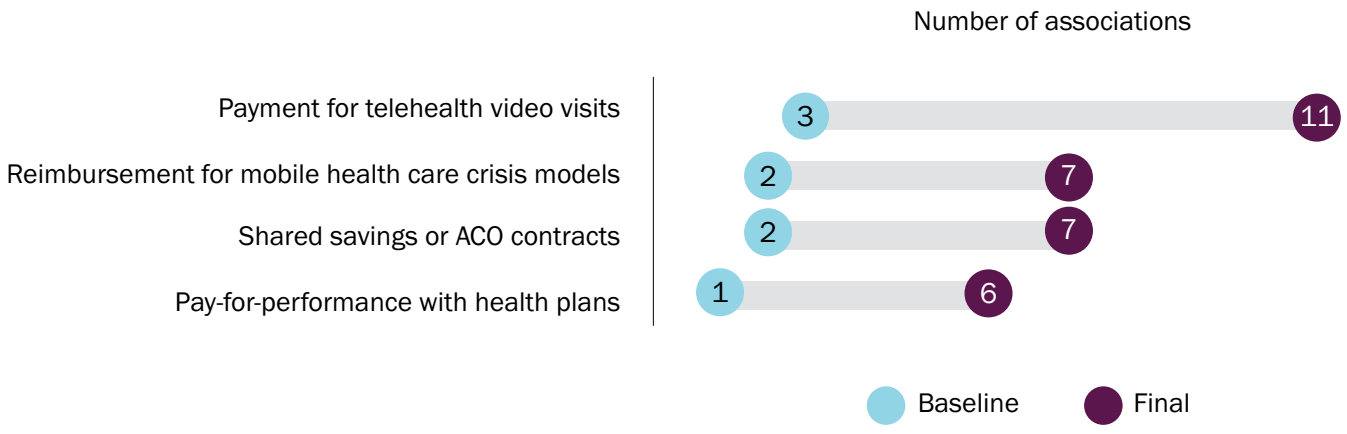
In Cohort 1 (2018–2021), the focus was on building capacity to engage in value-based payment and care reform. Many associations credited the Delta Center with helping to advance their efforts across a range of policy areas. For example, 12 associations reported Delta Center support as helpful for their work to negotiate pay-for-performance with health plans, and 16 reported the support was helpful with regard to pursuing payment models that promote primary care and behavioral health integration. Over the course of the grant, associations increased the extent of their collaboration with their state Medicaid office (Figure 2).

Figure 2. The proportion of associations that shaped significant policy changes with their state Medicaid agency increased during the grant period. Most associations shifted towards greater engagement with the agency.
Percentage of associations that worked with their state Medicaid agencies on policy activities (Cohort 1).



In Cohort 2 (2021–2024), the emphasis shifted to concrete state policy change. Associations reported tangible policy wins, particularly in securing and sustaining telehealth flexibilities enacted during the COVID-19 pandemic. The number of associations reporting success in advancing or maintaining telehealth payment policies grew markedly from baseline to the final assessment: from 2 to 10 for audio-only visits, and from 3 to 11 for video visits (Figure 3). During their participation in Delta Center, associations also made gains in other policy areas such as shared savings contracts (2 to 7), reimbursement for mobile health care crisis models (2 to 7), and pay-for-performance with health plans (1 to 6). Taken together, these findings reflect the Delta Center's effectiveness in helping associations navigate evolving policy environments and secure tangible policy outcomes.

Figure 3. State Associations Succeeded in Advancing Key Policy Issues Related to Delta Center Goals
Number of associations advancing or maintaining policy reforms at baseline and final (Cohort 2).



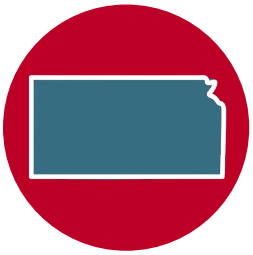
Examples of State-Level Change

Teams leveraged their strengthened relationships, along with other sources of funding, to advance significant policy victories and practice changes. Many grantees focused their efforts on telehealth, advancing workforce policy and regulatory activities, and pursuing a range of payment and care models.

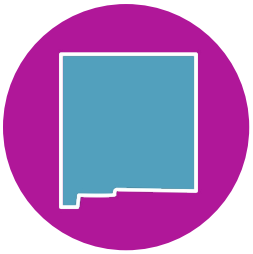
The **New York team** established a close relationship, which they leveraged to create a unified voice to influence the state's telehealth policy during a critical moment. Their advocacy helped to make permanent new telehealth payment and delivery flexibilities amid the COVID-19 public health emergency for their shared safety-net populations. Not only did this new flexibility keep most provider organizations financially afloat, it demonstrated a tremendous opportunity to advance health equity for safety-net clients who have historically faced barriers to accessing care.

> "In New York, us coming together and being the same voice from different corners of the healthcare system is important for us to get the attention of our state policymakers. The most prized work we have done together is on our telehealth priority. It was the number one priority for the PCA and their members, and the number one for the BHSA and our members…I think that we did meaningfully influence the field…It was thanks to the Delta Center and the resources that we had there that we were able to do that. Because of that win, and that success, it has allowed us to build on that and to say, what can we do again?"
>
> — State Association Grantee

The **Alaska team** helped create a statewide advisory group composed of members from Southcentral Foundation (a Native-owned, non-profit health care organization), American Association of Retired Persons (AARP), and the National Alliance on Mental Illness (NAMI). The coalition advocated for extending telehealth reimbursement after the COVID-19 Public Health Emergency ended in May 2023. These efforts helped maintain telehealth as an important access point to primary care and behavioral health services.



One top priority for BHSAs is expanding CCBHCs, which are "specially-designated clinics that provide a comprehensive range of mental health and substance use services."[2] The **Kansas team** collaborated to advance integrated care through CCBHCs, working towards the transition of all of the state's Licensed Community Mental Health Centers (CMHCs) into CCBHCs. State funding followed from a broad advocacy highlighting challenges with access to care and a workforce crisis exacerbated by competition from neighboring states. A new law provided a mandate and funding for a cross-agency, multistakeholder process for establishing CCBHCs in Kansas. The BHSA and its members focused on the CCBHC model, while the PCA and its members focused on integrating behavioral health services within primary care. While the project considered policy, payment, and practices that support each model separately, it also sought out opportunities to create synergy and collaboration, with the ultimate goal of creating a unified, integrated behavioral health and primary care system in Kansas.



The **New Mexico** team leveraged their collective safety-net voice to promote reimbursement parity for behavioral health services, by creating an identical minimum rate for primary care and behavioral health visits in health centers. This shift in financial incentives was a critical step to advancing parity in access and care, as health centers are no longer losing money on behavioral health due to insufficient rates. The two associations moved on to furthering a payment parity agenda by challenging the three-fold disparity in payment rates between health centers and other providers delivering behavioral health services in ambulatory care settings.

Equipping Providers for Delivery System Transformation

Providing training and technical assistance (T/TA) to their members is a core function of PCAs and BHSAs. **The Delta Center strengthened associations' ability to deliver T/TA that supports provider organizations in implementing care model changes and succeeding in new payment environments.**

Provider organization leaders emphasized the key role their state associations played in helping them prepare for and engage in new payment models, particularly through T/TA and peer-to-peer learning opportunities. Associations, in turn, expressed appreciation for how the Delta Center improved their capacity to deliver high-impact, relevant support to their members.

During the early days of the COVID-19 pandemic, nearly all of the 21 Cohort 1 associations delivered T/TA to support telehealth service delivery (n=20) and monitored their members' financial health (n=19). The vast majority also supported members with T/TA on billing, procurement of personal protective equipment, and facility modifications. Most directly credited the Delta Center with enhancing their ability to deliver telehealth-related T/TA. This support was crucial to keeping clinic doors open and ensuring patients could continue accessing needed care at a time of crisis.

In Cohort 2, associations significantly expanded their T/TA around integrated care models. The number of associations delivering T/TA on integrated primary and behavioral health services grew from 7 to 11, and T/TA to support demonstrations and scaling of integrated models like CCBHCs increased from 2 to 10. PCA-BHSA collaboration on T/TA deepened as well, particularly around equitable service delivery and assistance to address health-related social needs (increase from 0 to 6 associations and 2 to 8 associations, respectively).

> "The Delta Center project has allowed our two associations to reach more meaningful levels of integration. Our members now see each other as partners and specifically request our Associations to collaborate on joint policy and practice initiatives."
>
> —State Association Grantee

These strengthened capabilities translated into meaningful changes for provider organizations and the communities they served. With Delta Center support:

- The **Michigan** team implemented a Value-Based Payment Learning Collaborative and Practice Transformation Academy, which brought together 28 organizations in a learning collaborative, including both providers and payers.
- The **Oregon** team piloted new regional partnerships between local providers in Portland, Deschutes, and Wallowa to improve integrated care for the medically and socially complex consumers while also coordinating with their Medicaid accountable care organizations (known as Coordinated Care Organizations in Oregon).
- The **Texas** team designed a capitated CCBHC payment model and successfully advanced the renewal of its 1115 Medicaid waiver to expand access to care for hundreds of thousands of people with serious mental illnesses.

These concrete examples demonstrate how the Delta Center enhanced associations' capacity to support members with the technical knowledge needed to navigate practice transformation and payment reform. Just as importantly, the Delta Center catalyzed cross-sector collaboration: the proportion of associations that reported regularly or semi-regularly delivering joint T/TA to both primary care and behavioral health members roughly doubled, from 9 to 17 associations in Cohort 1, and 5 to 12 associations in Cohort 2. Together, these gains reflect how the Delta Center elevated both the independent and collective contributions of associations in advancing integrated, value-driven care.

Strengthening National Partnerships

Similar to the state PCAs and BHSAs, the Delta Center also brought together the national associations, NACHC and the National Council, for collaboration and collective action. Their involvement at the national level was important for fostering learning across states, strengthening ties between primary care and behavioral health, and shaping the national landscape to support transformations in payment, policy, and care throughout the country.

Notably, this was the first time these entities had engaged in a long-term working relationship. Program staff and organizational leadership from both associations met regularly, deepening their understanding of each other's priorities. They reported increased trust, stronger lines of communication, and organizational commitment to mutually-supportive activities. This collaboration revealed areas of alignment—such as expanding access to behavioral health services, and transforming care delivery and payment, and addressing the workforce crisis—along with opportunities for collective action.

> "We were looking at ways to engage in the behavioral health space from a community health center lens and vice versa: the behavioral health association was looking at how to engage primary care. With both of us bringing those strengths to the table, through community health centers and behavioral health providers, it made an opportune moment to collaborate… A collective voice is better than an individual voice."
>
> —NACHC representative

The national partners played an important role in facilitating learning and relationship development for state PCAs and BHSAs. National association staff served as coaches and subject matter experts for learning events and resource development. Drawing from their familiarity with each association, they helped connect teams doing similar work with each other. Coaches elevated lessons learned from individual states back to the national program design, thus informing the work of the national associations.

NACHC and the National Council now collaborate regularly on opportunities to advance bi-directional primary care and behavioral health integration in community health centers (CHCs) and CCBHCs. For example, the associations collaborated to host a roundtable discussion for CHCs on behavioral health integration models and pathways to be come a dual-certified CCBHC CHC. They also offered a four-part T/TA series about CCBHCs and CHCs to increase knowledge about these two provider types, and areas of potential collaboration and alignment. Most recently, NACHC and National Council developed "Fostering Collaborative Partnerships: Lessons from Primary and Behavioral Health Care Associations," a collaboration playbook showcasing best practices and lessons learned in forging sustainable, effective partnerships throughout the initiative. NACHC and the National Council also developed a joint policy scan, identifying federal and state policies that impact CCBHCs and CHCs, as well as opportunities for joint action for stakeholders to advance policy in this arena. These efforts have played an important role in disseminating the lessons, successes, and opportunities that arose from the Delta Center.

WHAT MADE IT WORK:
THE DELTA CENTER'S KEY INGREDIENTS

The Delta Center model's success can be attributed to its strategic combination of three critical elements: 1) offering a compelling shared **reason** for collaboration, 2) providing essential **resources**, and 3) cultivating strong **relationships**.

Reason: The Delta Center provided a clear and compelling reason for PCAs and BHSAs to work together towards a more equitable, responsive health system for individuals and families. By participating in the Delta Center, PCAs and BHSA saw themselves as part of the same safety net, helping them to move past historical competition and identify opportunities for alignment and collaboration. This change ultimately led to associations having a stronger, more united voice and more powerful collective action for advancing shared priorities. Having a shared purpose was invaluable during the early COVID-19 crisis, when everyone realized the importance of collaboration to support the same patients, save lives, and keep services running.

> "There was this tipping point when we all realized that during the application process we had an opportunity here. 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."
>
> —State Association Grantee

Resources: The Delta Center provided essential resources that supported PCA and BHSA capacity to collaborate and drive change. The grant was the first of its kind to specifically fund PCA-BHSA collaboration. It also helped to address historical funding differences between PCAs and BHSAs; the latter typically work with fewer resources and less capacity than their PCA counterparts. The Delta Center was particularly impactful for BHSAs, many of whom received philanthropic support for the first time or at a much higher level through this grant.

> "Being part of the Delta Center experience required us to meet very regularly, and to prioritize that in a way that busy people don't always get the opportunity to do. Time is precious, but it is incumbent upon us both, and our associations, to do more of that...I know that If I call [my counterpart] just to get advice or to run something by them, I can do that, and in fact, I do do that. It is a valued partnership for us."
>
> —State Association Grantee

Relationships: A key outcome of the Delta Center was the deepening of partnerships between PCAs and BHSAs, even those with prior working relationships. The Delta Center also intentionally designed events and activities to create a productive environment for PCA and BHSA teams to think collaboratively, build trust, and advance their joint efforts. A vital 'level-setting' process early in their participation allowed PCA-BHSA teams to learn about each other's organizational history, culture, and current context. This mutual understanding was crucial for informing the feasibility of their joint approaches to advancing policy and practice change. In particular, understanding each other's financing systems and their historical influences helped shift perceptions from what were sometimes seen as competing policy agendas to areas of potential collaboration. PCAs and BHSAs reported increased formal and informal communication between them, including texting and in-person visits, strengthened trust, shared vision, and collaboration.

> "Although it might look incremental on paper, I would say the level of collaboration between our two associations is much greater than it ever was before the Delta Center grant…[We have] genuine connections, active communication, and a deepened understanding."
>
> —State Association Grantee

State associations valued the opportunities to engage with their peers, and the ability to connect with and learn from PCAs and BHSAs in other states who faced similar challenges. This cross-state sharing led to tangible successes and amplified collective knowledge:

- **Modeling policies and legislation:** Through Delta Center participation, states were able to learn from one another and adapt effective policy strategies on issues like 340B drug pricing, community health workers, and behavioral health reimbursement to their local contexts. As one BHSA noted, "Working and learning alongside the other states, seeing similarities, was hugely helpful. You think, how can I do this? And you see others do it."
- **Sharing expertise:** State teams leveraged expertise from other states by inviting individuals to present at their events and conferences. For example, one BHSA became a subject matter expert for several states looking to implement CCBHCs.

This direct exchange of experiences and best practices in a collaborative environment accelerated progress and informed strategies across participating states.

Thought Leadership from the Delta Center

The Delta Center elevated insights for the broader field and for state and national decision-makers to influence systems change. These publications were designed to inform state and national associations, policymakers, and the broader field. Key resource types included:

Grantee Spotlights

These case studies highlight the successes of state associations advancing systemic change through innovative models of care and payment.

- New York's Equitable Telehealth Model: The story of the PCA and BHSA creating a unified voice to influence telehealth policy.
- Kansas's Certified Community Behavioral Health Clinic (CCBHC) Model: The story of a state's successful establishment of a CCBHC model through state legislation.
- New Mexico's Integrated Care Model and Payment Reform: The story of a strong collaboration between a state's PCA and BHSA to advance payment parity and value-based payment and care.
- Reshaping Behavioral Health in Alaska: The story of Alaska's journey to increase access to behavioral health care by reducing administrative burdens.

Perspectives on the Future of Payment Reform

These publications offer recommendations to strengthen the ambulatory safety net in the evolving healthcare payment and policy landscape.

- COVID-19 and Financial Stability in Primary Care: Recommendations to help health centers survive in the short term and thrive beyond the COVID-19 crisis.
- Value-based Payment and Care in Rural Safety Net Settings: Opportunities and challenges for advancing payment and delivery reform in the rural context.
- Improving Mental Health Access Through Medicaid Policy: A Health Affairs piece on using state Medicaid reforms to improve access to mental health services in underserved communities.
- Health Centers and Value-Based Payment: This article in The Milbank Quarterly offers a conceptual multi-layered model for primary care payment reform and explores factors influencing value-based payment adoption.

Centering Equity and Consumer Voice

Delta Center publications emphasized the importance of inclusive partnership and equity-centered policy.

- Building Consumer Partnerships: Guidance for state associations on how to build equitable partnerships with consumers and communities.
- The Health Equity Compact Model: How a cross-sector coalition in Massachusetts is driving equity-focused policy change.

Policy-Focused Webinars

The Delta Center hosted learning sessions for participants that featured expert speakers and offered practical strategies for influencing policy change.

- Sustainable Funding for Community Health Workers and Peer Support Specialists: Research and experiences on advancing workforce policy to build sustainable financing approaches for these roles.
- Insights from a Former Medicaid Director: Lessons on influencing Medicaid managed care from an insider's perspective.

THE FUTURE:
BUILDING UPON THE DELTA CENTER'S LEGACY

Over seven years and across 20 states, the Delta Center helped catalyze policy change, delivery system transformation, and cross-sector collaboration by providing state and national primary care and behavioral health associations with a clear, shared purpose; funding, coaching, and other supportive resources; and deep investment in relationship-building.

> "I feel like [the grant] changed the trajectory of our work. I think a lot might happen as a result of the foundation that was built and the work that was begun that may not have happened otherwise, or may have taken much longer to happen. I don't think we can truly understand what the impact of this grant is going to have on this state for quite some time, but I believe it to be significant."
>
> —State Association Grantee

As health systems face mounting pressures, from shrinking Medicaid dollars to threats to essential programs, the Delta Center offers a compelling model for how to build collaborative infrastructure that is effective, efficient, and sustainable. Its approach to fostering alignment and collective action remains critical within primary care and behavioral health. Safety-net organizations must deepen their collaboration and joint advocacy to transform financing and delivery systems to ensure their sustainability and the provision of comprehensive health services.

This model could also be extended to adjacent areas grappling with fragmented systems and improving access and quality of care for vulnerable populations. For example, similar partnerships could support the integration of sexual and reproductive health services into primary care; strengthen coordination between healthcare providers and supportive housing systems; or bridge community-based organizations with clinical settings to improve access to whole-person care.

Now is the time to invest in cross-sector, relationship-centered models that equip trusted leaders to work across silos, advocate for systems change, and generate solutions that reflect the realities and priorities of the communities they serve.

ENDNOTES

1. Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: A new imperative to advance health equity. JAMA. 2022;327(6):521-522.
2. The National Council for Mental Wellbeing. What Is a CCBHC? CCBHC Overview. National Council. Published [date unknown]. Accessed September 12, 2025. https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/