

Collaboration in Action: Primary care and behavioral health integration in Oklahoma

On March 11, 2022, The Delta Center for a Thriving Safety Net, in partnership with Oklahoma Primary Care Association (OKPCA) and Oklahoma Behavioral Health Association (OBHA), hosted a virtual site visit for Delta Center grantees. The site visit aimed to showcase collaboration across primary care and behavioral health at state and clinical levels, featuring the OKPCA, OBHA, and patients and providers from federally qualified health centers (FQHCs) and community behavioral health organizations (CBHOs), including Certified Community Behavioral Health Clinics (CCBHCs).

The site visit included an overview of Oklahoma's state policy landscape, a spotlight on the state associations' work together, and examples of primary care and behavioral health integration in action. Providers from the featured organizations shared compelling examples of how peers and individuals with lived experience have helped to improve care for clients. In doing so, they are helping shape an overall system rooted in what is best for the individuals served.

Background on Oklahoma

- Combined, OKPCA and OBHA served over 300,000 patients in 2021 across 130 sites
- 17 of the 22 FQHCs are designated as rural and only one of the 22 has no rural sites
- 80% of individuals seeking primary care in Oklahoma note that mental health is a concern
- Oklahoma passed Medicaid expansion in 2020. At the time of the site visit, 260,062 individuals had enrolled.
- In 2021, over 95% of Oklahomans lived within a 30 minute drive of a FQHC or CBHO.

The Delta Center for a Thriving Safety Net is a national initiative launched in May of 2018 that brings together primary care associations (PCAs) and behavioral health state associations (BHSAs) to advance policy and practice change. The ultimate goal of the Delta Center is to cultivate health policy and a care system that is more equitable and better meets the needs of individuals and families.

The Delta Center is led by JSI Research & Training Institute, Inc., bringing together strategic partners including The Center for Accelerating Care Transformation at Kaiser Permanente Washington Health Research Institute, Families USA, the National Association for Community Health Centers, and the National Council for Mental Wellbeing.

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"We are working hard to create a potluck meal out of what we can each bring to the table. We all have bits and pieces that when we bring together, we're able to provide better care to the citizens of our state."

*—Sara Barry, CEO,
Oklahoma Primary Care
Association*

A Close Partnership in Oklahoma

The day began with Sara Barry (Chief Executive Officer, OKPCA) and Julia Jernigan-Smith (Executive Director, OBHA) describing the policy context in Oklahoma. They highlighted how OKPCA and OBHA have partnered to drive policy and practice changes in the state and with their member organizations. As Sara Barry emphasized, "Working together is what is in the best interest of the patients and communities we serve."

Oklahoma is transitioning to Medicaid managed care after passing Medicaid expansion in 2020. While lawsuits have delayed the transition, the associations have worked together closely to prepare for the change. Barry explained, "A lot of our work has been trying to prepare our providers and to align our networks so that as Medicaid managed care does move forward, we're more integrated." One important aspect has been shared commitment to building capacity among their members by extending invitations for trainings offered through both associations to the combined member organizations. For example, "We had some joint sessions at our clinical annual conference last year and we received good feedback. Having had the opportunity to do that through the Delta Center initiative has been very good timing for all of the things that we have going on in our state, with respect to not only COVID and JEDI issues, but also to manage the conversion to managed care," Barry noted.

The associations meet regularly to strategize around ensuring the highest quality care for patients. For example, they held joint discussions with legislative leaders and with the state Medicaid agency around plans for Medicaid managed care. Through the managed care initiatives, they have tried to highlight how social determinants of health affect the communities they serve and have supported policy efforts that may directly benefit the members of one association, but not necessarily the other. For example, the OBHA supports reimbursement for community health centers for care provided by licensed professional counselors under supervision. On the flip side, the OKPCA supports the continuation of CCBHCs, which can facilitate increased capacity in the behavioral health system. This helps CHCs to have a more robust system to which they can refer clients.

The associations' geographic proximity has facilitated this close collaboration—the associations co-located in 2021 as part of an intentional strategy to strengthen their partnership and behavioral health integration in Oklahoma. The decision to co-locate was spurred by a recommendation from a Delta Center alumni grantee in Missouri. Co-location has made joint policy initiatives easier, including those around Medicaid managed care, telehealth and vaccines.

Key Takeaways

- Partnership between the OKPCA and OBHA has resulted in a collective voice and concrete advocacy efforts in Oklahoma.
- Having primary care and behavioral health organizations as part of a single clinically integrated network honors the strengths of both, and sets the stage for collaborative care and value-based payment.
- Strength in numbers is important and especially beneficial in a managed care environment where negotiating on behalf of many lives offers more clout.
- Joint advocacy is not a zero sum game. Policies can benefit either primary care or behavioral health without the other experiencing harm.
- Collaboration requires trust and a shared confidence that each organization will consider how a policy will affect the others and commit to moving in the same direction.

Promising Partnership Practices: Aligning and Integrating Primary Care and Behavioral Health

Next, brief presentations by four organizations showcased primary care and behavioral health collaboration on the ground in Oklahoma communities. The organizations included [NorthCare](#), one of Oklahoma's largest CCBHCs; [Variety Care](#), OK's largest FQHC; [Center for Therapeutic Interventions \(CTI\)](#), a comprehensive community addiction recovery center; and [Health and Wellness Center](#), a community health center with eight locations serving the southeastern part of the state.

Each site provided a brief overview of the center's facilities and patient stories to demonstrate best practices. NorthCare described how their collaboration with Variety Care has enhanced care for patients. Variety

"Knowing that you can trust one another also allows you to be vulnerable in talking about your systemic problems... That's a huge strength for our collaboration. It's steeped in trust. That's one of the most important pieces to look at: Find trusted partners and be a trusted partner."

—Randy Tate, NorthCare, OK

“What’s made our organization so successful is our willingness to meet the community needs, regardless of where those needs are.”

—Clark Grothe, Health and Wellness Center, OK

Care’s facility tour showed how having adjacent primary care and behavioral health rooms streamlined the process of patients accessing both services. Meanwhile, The Health and Wellness Center highlighted the story of a peer recovery support specialist who now works with the drug courts. CTI described an innovative prenatal care coordination program called S.A.F.E.R (Safely Advocating for Families Engaged in Recovery).

Key Takeaways

Address the root causes of health issues in your region. Oklahoma has had historically poor health outcomes, with the incarceration of individuals with mental illness and people who use drugs playing a substantial role. As Sara Barry noted, “Our justice system has dealt with issues of mental health and addiction by criminalizing those conditions. We have had way higher incidence of individuals being incarcerated instead of receiving treatment.” CTI and NorthCare are addressing these issues with a public health lens, viewing justice reform as a way to operationalize equity. CTI operates court diversion programs that allow people who use drugs to seek treatment and rehabilitation instead of jail time. Meanwhile, NorthCare collaborates with law enforcement to respond to mental health crises in the community and connect people to treatment rather than funneling them into the justice system.

Speak in a collective voice. The partnership between CTI and the Health and Wellness Center has flourished in recent months, spurred in part by the OKPCA and OBHA’s involvement with the Delta Center. Teresa Huggins of the Health and Wellness Center stressed the power of advocating together for policy change. The organizations have worked to align their strategies and present a united front in their advocacy. As Janet Cizek of CTI remarked, “We’re seeing the same people served. The louder you can make your voice—and gather an entire group together—the more you’re likely to move the system.”

Lived experience matters. Mitch, a former peer recovery support specialist with Health and Wellness Center, now helps individuals who are dealing with drug court in Oklahoma. His unique ability to counsel individuals stems from his own recovery journey with opioids. He graduated from the Health and Wellness Center’s drug court program, and was then hired as a peer support specialist. The judge of the drug court later recruited him

for a job. He added, "They got to see all my dark, so the achievements I have today shine. Now I walk into the courtroom, the judge asks for my input about what would make a difference for an individual, and takes that input for shaping what the court order would look like." Mitch is an example of someone who experienced the care system, then helped to improve it, and is now working in policy implementation on behalf of the community. Engaging individuals like Mitch, who bring both lived experience and policy experience, is one way that associations can elevate consumer voice.

Consider co-location. Collaboration between NorthCare and Variety Care began in 2007. Randy Tate explained that it started organically, when an employee from NorthCare started working at Variety Care, and "approached Lou [Carmichael, CEO of Variety Care] and me about embedding a primary health clinic in our adult site..." Now, NorthCare has "a full-blown primary health clinic in our main office" that enables patients to see both their mental health and primary care providers on the same day. The co-location also provides "the opportunity to do a lot of care coordination where our [respective] staffs can visit and do joint problem solving." Other co-located organizations include an elementary school and social services agency for unhoused children and families and a pre-trial diversion programs for mothers facing non-violent felony charges.

Meet patients where they are. With a focus on providing holistic care, the Health and Wellness Center prioritizes care coordination for its patients. Clark Grothe noted, "We connect you with a care coordinator to make sure we look at you and your needs for your entire family...Whether it's social determinants of health, specialty treatment, behavioral health, or psychiatry... Without that piece, even though it's not compensable, our patients would not get the holistic care that makes a difference in their lives." Similarly, CTI launched its S.A.F.E.R program to respond to a need among pregnant clients who are impacted by substance exposure or misuse. As Janet Cizek of CTI explained, "Just because you're pregnant, your addiction doesn't go away." The program provides specialized wraparound services, such as MAT, counseling, case management, and parenting classes. She emphasized that the program is person-centered, adding, "The whole premise of the S.A.F.E.R program is that the family gets to decide what they want to do and it gives them a voice and helps them use that voice."

"Being co-located has been a real benefit to us, to not only be able to do training initiatives, but also for brainstorming ideas and for camaraderie."

*—Julia Jernigan-Smith,
Executive Director,
Oklahoma Behavioral
Health Association*

Thank you to all the people who contributed:

- Sara Barry, Chief Executive Officer, Oklahoma Primary Care Association
- Julia Jernigan-Smith, Executive Director, Oklahoma Behavioral Health Association
- Randy Tate, CEO, NorthCare
- Lou Carmichael, CEO, Variety Care
- Janet Cizek, President and CEO, Center for Therapeutic Interventions
- Teresa Huggins, CEO, Health and Wellness Center
- Clark Grothe, Director of Behavioral Health, Health and Wellness Center
- Mitch Sutter, former Peer Recovery Support Specialist, Health and Wellness Center
- Heath Hayes, Chief Communications Officer, Oklahoma Department of Mental Health and Substance Abuse Services
- Ben Marcus McEntire, Oklahoma House of Representatives
- Senator Greg McCortney, Oklahoma Senate
- Rep Stephanie Bice, U.S. House of Representatives

Remain committed to the cause. Presenters acknowledged the reality that clinics must stay financially afloat. Existing payment structures can sometimes hinder integration or the provision of services that are needed but not compensated. In navigating this reality, Lou Carmichael cited her north star: "It has to start with the mission. The margin will work itself out, but the mission has to be in front of us. What will it really take to provide better care for our community? What pieces can we put together collaboratively? If we don't look at it holistically, nothing changes."

Policy and Sustainability

The final session highlighted how direct experience with integrated care models can be used to inform state and federal legislative priorities. The session opened with videos from state officials discussing the importance of integration. Speaking from a national perspective, Sam Holcombe noted, "There are many areas within our priorities that we share with NACHC—focusing on workforce, investing in programs that bring more providers into the behavioral health field, increased investments in community health workers and other health support workers, the wellbeing of our workforce; improving and expanding integration of mental health and substance use treatment in primary care settings; and expanding access to telehealth and virtual mental health care options."

Jeremy Crandall of NACHC noted, "At the federal level, there seemingly has not been as much interest in behavioral health since the Affordable Care Act twelve years ago [until now]. This momentum comes at a time when the health center behavioral health workforce has never had more pressure on it to do more with less... the time is now for folks to make your voices heard with Congress."

In the face of such pressing needs in Oklahoma and other states, Delta Center grantees are strengthening their partnerships and collective voice to continue their work towards a health policy and a care system that is more equitable and better meets the needs of individuals and families.

*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.