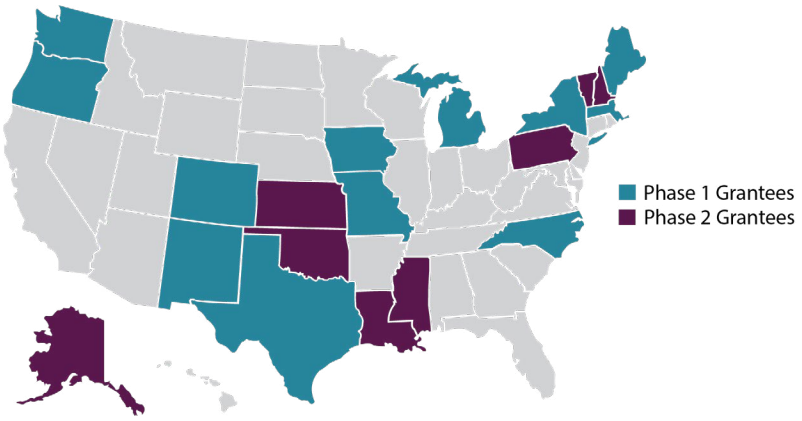
# Delta Center Phase 2 Midpoint Evaluation Report

the DELTA CENTER for a thriving safety net

## Introduction

Launched in May 2018, the Delta Center for a Thriving Safety Net is a national initiative funded by the Robert Wood Johnson Foundation (RWJF) and led by JSI Research & Training Institute, Inc. (JSI) in collaboration with strategic partners. The ultimate aim of the Delta Center is to cultivate health policy and a care system that are both more equitable and better meet the needs of individuals and families. Recognizing the vital role played by state and national associations in supporting community health centers and community behavioral health organizations, the Delta Center funds state primary care associations (PCAs) and behavioral health state associations (BHSAs) to foster cooperation and collective action among these entities with the goal of advancing policy and practice in their states through a state-specific project. In Phase 1 (2018-2021), twelve grantee teams were selected through a competitive application process to engage in a learning and action collaborative. In Phase 2 (2021-2024), the Delta Center awarded grants to teams in seven states: Alaska, Kansas, Louisiana, Mississippi, New Hampshire, Oklahoma, Pennsylvania.




In July 2023, the Delta Center conducted an midpoint assessment with the 14 PCAs and BHSAs participating in Delta Center Phase 2. These findings are based on an online survey completed by each state association and individual

**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. (JSI) with the National Association of Community Health Centers (NACHC) and the National Council for Mental Wellbeing (National Council) as strategic partners, and support from the Robert Wood Johnson Foundation.

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state follow-up Zoom interviews conducted by the JSI evaluation team. In this midpoint evaluation report, we provide an overview of the key insights gathered through the survey and follow-up interviews. These insights include the impact of the healthcare workforce crisis and strategies employed by states to address it; policy developments related to telehealth and Certified Community Behavioral Health Clinics (CCBHCs); the ways in which states grapple with health equity issues; and the value of Delta Center partnerships for individual associations.

## 1. Addressing the workforce crisis is a top priority for all Delta Center grantees.

States have demonstrated considerable engagement across a range of workforce policy initiatives. Notably, the New Hampshire associations played a pivotal role in passing comprehensive health workforce legislation, while Oklahoma enacted innovative loan repayment programs for behavioral health providers. Many states have also successfully advocated for licensing and regulatory changes to enhance practice flexibility. For instance, Alaska now mandates new Medicaid reimbursement for specific mental health providers within federally quality health centers (FQHCs). Similarly, Kansas introduced a "community-based license," which allows recently graduated mental health workers to practice and bill services for up to two years prior to passing the standard examination when employed by specific entities like FQHCs. Additionally, states reported that CCBHCs are making significant strides in mitigating workforce challenges in the behavioral health sector.

By raising both scope of services provided and level of reimbursement for behavioral health services, CCBHCs have been an important model to improve payment for and retention of behavioral health care providers. Grantees are also actively involved in bolstering the community health worker workforce.

## 2. Telehealth policy has been a key area of policy success for state associations.

States reported that the main priority around telehealth legislation was to maintain flexibilities enacted during the COVID-19 pandemic. The number of associations that reported successfully advancing or maintaining telehealth policy with regard to audio-only visit payment increased from two to twelve, and from three to twelve for telehealth video-visit payment. BHSAs have underscored the ongoing value of telehealth in expanding access to behavioral health services, both during and after the pandemic.

## 3. Many state associations are engaged in promoting CCBHCs in their states.

During Phase 2, the number of associations that reported having successfully advanced and/or maintained policy reform on payment models for CCBHCs increased from zero to five. At the end of Phase 2, an additional four associations reported working on policy reform on payment models for CCBHCs.

The stage in which associations are promoting CCBHC expansion varies by state. Oklahoma and Pennsylvania are currently part of the federal CCBHC demonstration program, and their work is focused on increasing the number of CCBHCs in their state. Other state associations are pursuing CCBHC planning grants or CCBHC demonstrations. For example, Kansas initially took independent steps to establish CCBHCs outside of the federal program, securing bipartisan political support and state funding for these initiatives. Leveraging this robust foundation

of state support, Kansas is now becoming part of the federal demonstration program. Mississippi and New Hampshire are using their planning grants to apply to be a part of the federal demonstration program. New Hampshire is also encouraging community health centers to apply for individual demonstrations from SAMHSA.

Through their Delta Center participation, PCAs have not only increased their understanding of CCBHCs but have also supported the efforts of their counterpart associations' endeavors. They have played an important role in facilitating local partnerships between community health centers and CCBHCs, a requirement of the federal program.

## 4. Grantees are addressing health equity in different ways.

State associations are at varying stages along their health equity journeys, largely influenced by their historical programs and political landscapes. A common goal among all states was to enhance their understanding of health equity and racial justice and apply these principles to their policy and practice change work. For example, this work can entail training their provider members to integrate health equity and social determinants of health (SDH) into local care services.

During Phase 2, state associations have also increasingly worked on policy issues with a health equity focus. For instance, the number of associations that are working on or have successfully advanced policy on reimbursement for services supporting culturally and linguistically appropriate services increased from seven to ten, and from seven to thirteen for reimbursement for services related to health-related social needs (HRSN).

Several state associations reported adapting their policy initiatives and communication on health equity, especially in politically conservative states. This adaptation often involved framing policies aimed at promoting health equity using terms and concepts that resonate across the entire political spectrum, such as "fair distribution" and "equitable access," with a strong focus on addressing SDH and HRSN.

## 5. During both Phase 1 and 2 of the Delta Center, partnership between PCAs and BHSAs has been both an outcome of the initiative and essential to their collaborative success.

Associations reported an ongoing process of learning about their counterpart organizations, enabling them to gain a comprehensive understanding of what a holistic approach to care entails. Grantees have forged new relationships that extend beyond the scope of their Delta Center projects. For instance, PCAs and BHSAs are increasingly collaborating with other organizations in coalitions to advance policies related to issues like Medicaid expansion and telehealth. State associations have also been delivering joint technical assistance to their memberships on a variety of topics.

Thanks to these partnerships, state associations are now better equipped to take collective action, demonstrating improvements in various aspects of partnership, including trust, shared vision, commitment to strategy development, and collaborative and effective working relationships. The collaborative efforts of state PCAs and BHSAs have contributed to the cultivation of more responsive and equitable health policies and care systems, impacting thousands of health centers and behavioral health organizations and the individuals and families they serve.

# Conclusion

Since 2018, the Delta Center has helped state PCAs and BHSAs build robust partnerships to ultimately better the care system through their collective action. State associations reported that their participation in the Delta Center was extremely valuable to their ability to achieve progress on workforce issues, telehealth policy, and CCBHCs. Based on these successes, all seven state teams received an extension year Delta Center grant through Summer 2024 to continue to push forward this important work.