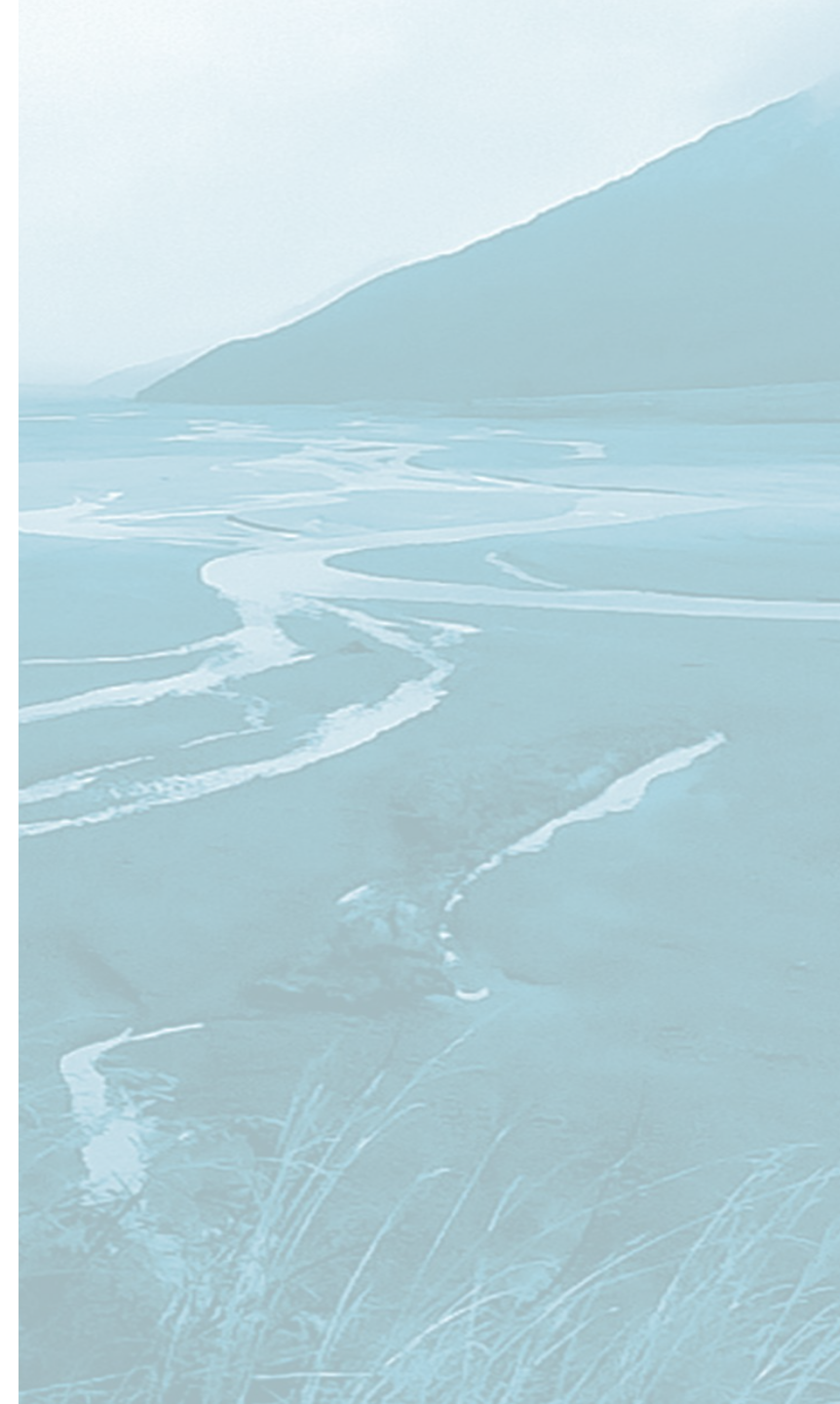


Delta Center Phase 2 Midpoint Assessment

Key Findings

April 2024



Purpose & Method

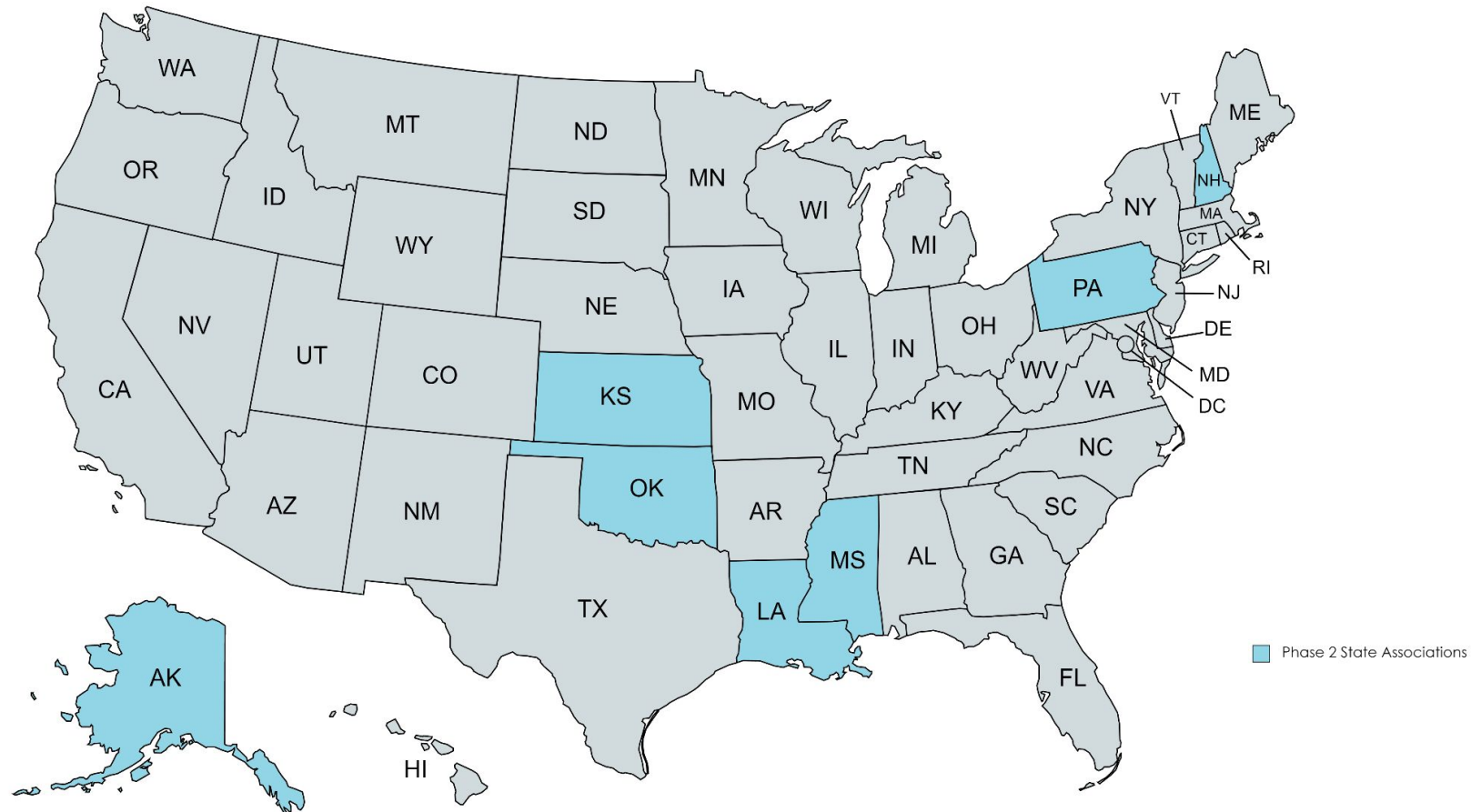
To understand Delta Center Phase 2 cohort's work towards building a strengthened ambulatory care safety net, JSI administered a Baseline Assessment to the 7 PCAs and 7 BHSAs* in July 2021 and Endpoint Assessment in July 2023.

JSI conducted the assessment through an online survey and follow-up phone interviews.

**The Louisiana Public Health Institute is serving as a partner to the Louisiana PCA.*

Phase 2 State Associations

1. **Alaska**
2. **Kansas**
3. **Louisiana***
4. **Mississippi**
5. **New Hampshire**
6. **Oklahoma**
7. **Pennsylvania**



* The Louisiana Public Health Institute is serving as a partner to the Louisiana PCA

Findings

The following slides summarize findings from Delta Center Phase 2 on:

- Workforce
- Telehealth
- Certified community behavioral health clinics (CCBHCs)
- Expansion work in different policy areas
- Policy work with state entities
- Health equity
- Racial equity
- Consumer voice engagement
- How consumer voice has informed association work
- PCA and BHSA partnership

Workforce is a Top Priority

Addressing the workforce crisis is the **number one priority** for all Delta Center grantees.

States have been very active across a range of workforce policy and regulatory activities.

- Comprehensive health workforce legislation (New Hampshire)
- Innovative loan repayment programs for behavioral health providers (Oklahoma)
- New workforce licenses - “community based license” (Kansas)
- Expanding Medicaid payment for mental health providers in FQHCs (Alaska)

“Workforce is our highest area of legislative and regulatory priority.”

— Alaska Behavioral Health Association

Grantees expressed a lot of interest and involvement in strengthening the **community health worker** workforce.

By raising both scope of services provided and level of reimbursement for behavioral health services, **Certified Community Behavioral Health Clinics (CCBHCs)** have been an important model to improve payment for and retention of the behavioral healthcare providers.

“CCBHCs have been a critical workforce strategy for us.”

– Association of Community Mental Health Centers of Kansas

CCBHCs Have Proliferated in Multiple States

Expanding Certified Community Behavioral Health Clinics (CCBHCs) is a top priority for BHSAs. Through the Delta Center, PCAs have not only increased their understanding of CCBHCs but have also supported the efforts of their counterpart associations' endeavors.

Many states are engaging in CCBHCs expansion:

- OK and PA are part of the federal CCBHC demonstration program, and are working to increase their number of CCBHCs
- KS developed a state-funded CCBHC program and is transitioning to the federal demonstration program
- NH and MS are using their planning grants to apply to be a part of the federal demonstration program
- NH is encouraging their CHCs to apply for individual demonstrations from SAMHSA
- AK is in a brainstorming phase

During Delta Center Phase 2, the number of associations that reported having successfully advanced/maintained policy reform on payment models for CCBHCs increased from **0 to 5**.

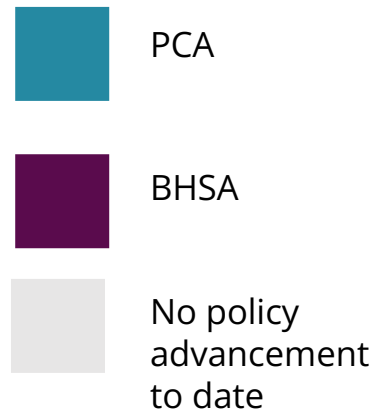
"Anecdotally, I can tell you that I would be dead already if we weren't a CCBHC when it comes to workforce, because we were able to make major advances in improving salary and benefits."

— Oklahoma Behavioral Health Association

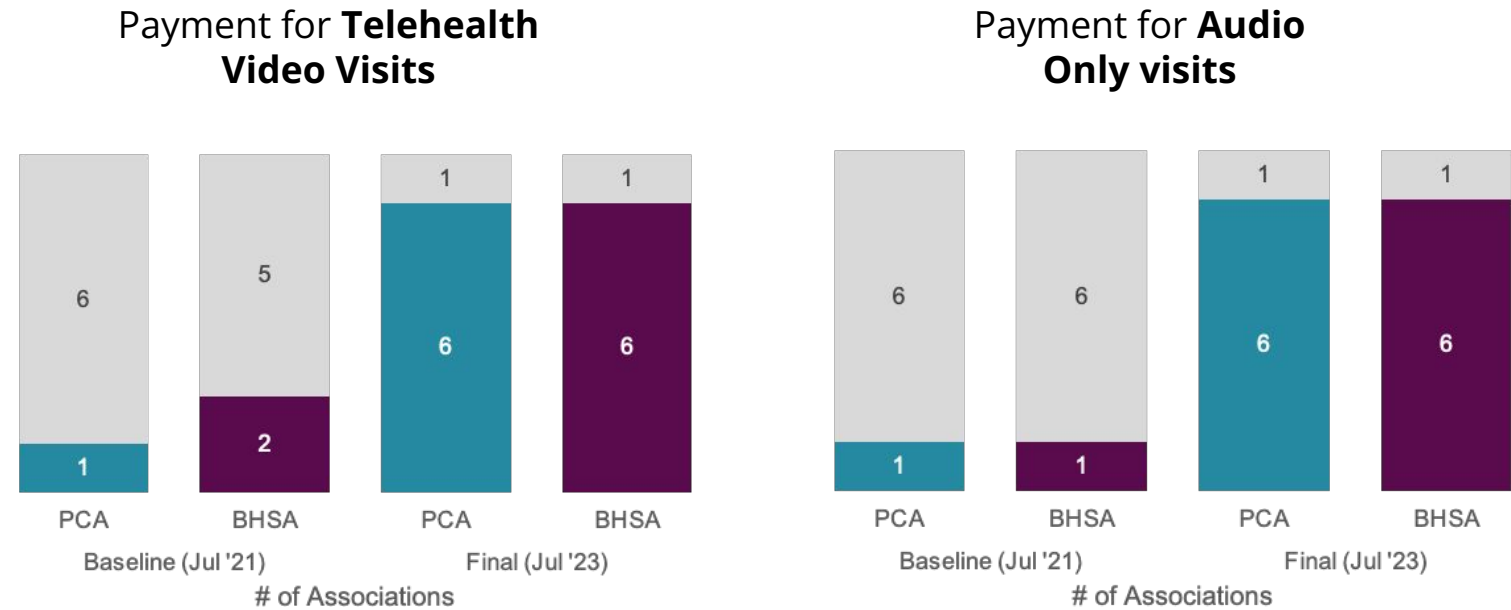
Telehealth has been a Key Policy Priority

Building on flexibilities enacted during the COVID-19 pandemic, telehealth policy has been a key area of policy success for state associations.

Telehealth has been especially valuable in expanding access to behavioral health services.



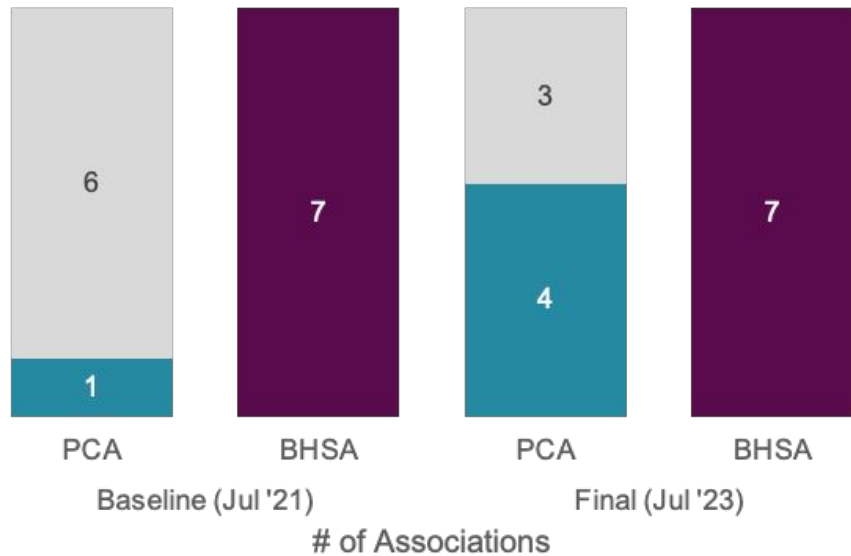
Number of associations that have successfully advanced telehealth policy



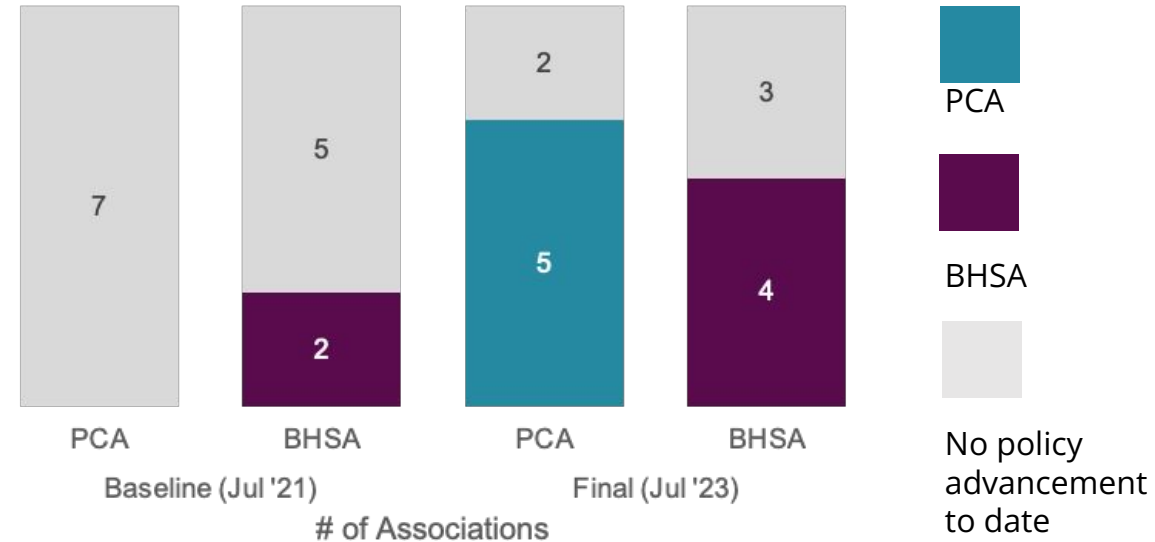
Many associations worked with their PCA/BHSA counterparts to advance telehealth policy. All associations reported working on advancing telehealth video visits and audio only visits, and **12 out of 14 (86%) worked with their PCA/BHSA counterpart** to do so.

Associations Have Expanded Their Work in Other Policy Areas

of Associations Currently Working on or Having Successfully Advanced Reimbursement for Mobile Health Crisis/Delivery Model



of Associations Currently Working on or Having Successfully Advanced Policy change on % Medicaid Expenditures going to Primary Care including Integrated Behavioral Health Services



Associations also worked with their PCA/BHSA counterparts to advance policies besides telehealth. For example, in the final assessment, **5 of 11 associations (45%)** working to advance reimbursement for mobile health crisis/delivery models reported partnering to do so, and **2 associations (22%)** reported partnering to advance Medicaid expenditures going to primary care.

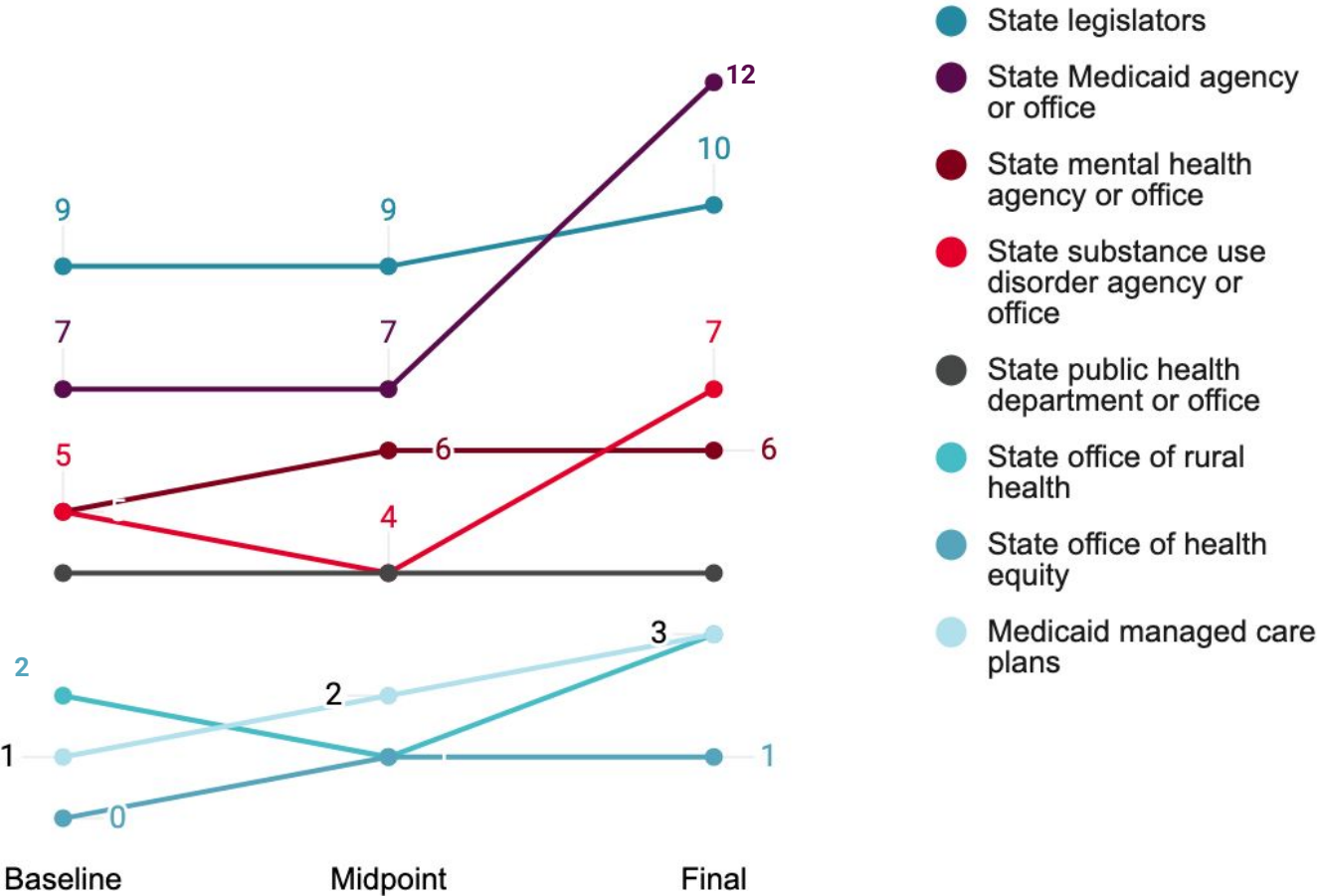
Associations' Policy Work with State Entities

PCA/BHSA teams reported that **State Legislators** and **State Medicaid Agencies/Offices** were the state entities associations worked with most frequently in advancing policy change.

Notably, the number of associations that reported discussing or producing policy with the State Medicaid Agency/Office nearly doubled during Delta Phase 2.

*4 of the grantee states have a State Office of Health Equity

of associations who report discussing or producing policy with state entities



Grantees are Addressing Health Equity in Different Ways

States are at different stages in their health equity journeys, depending on their past programs and their political contexts.

Some states reported adapting their policy initiatives and communication on health equity, especially in politically conservative states, to use terms and concepts that resonate across the political spectrum (e.g., equitable access).

All states are working to **develop a better understanding of health equity and racial justice** and how these concepts apply to the safety net (e.g., training members on incorporating health equity in local care services).

During Delta Phase 2, the number of associations that reported working on or having successfully advanced/maintained policy reform on health equity-related policies increased:

- from **7 to 10** for requiring the provision of culturally and linguistically appropriate services (CLAS)
- from **11 to 13** for reimbursement for services related to health-related social needs
- from **7 to 9** for working with state Medicaid agencies to address health disparities in specific racial/ethnic populations

Associations are Exploring Ways to Pursue Racial Equity

Associations reported the degree to which they were active in different areas of work in support of racial equity. On average, there was the most movement on **board engagement** on addressing racial equity as part of the association’s mission and strategy, and the least movement on **data**.

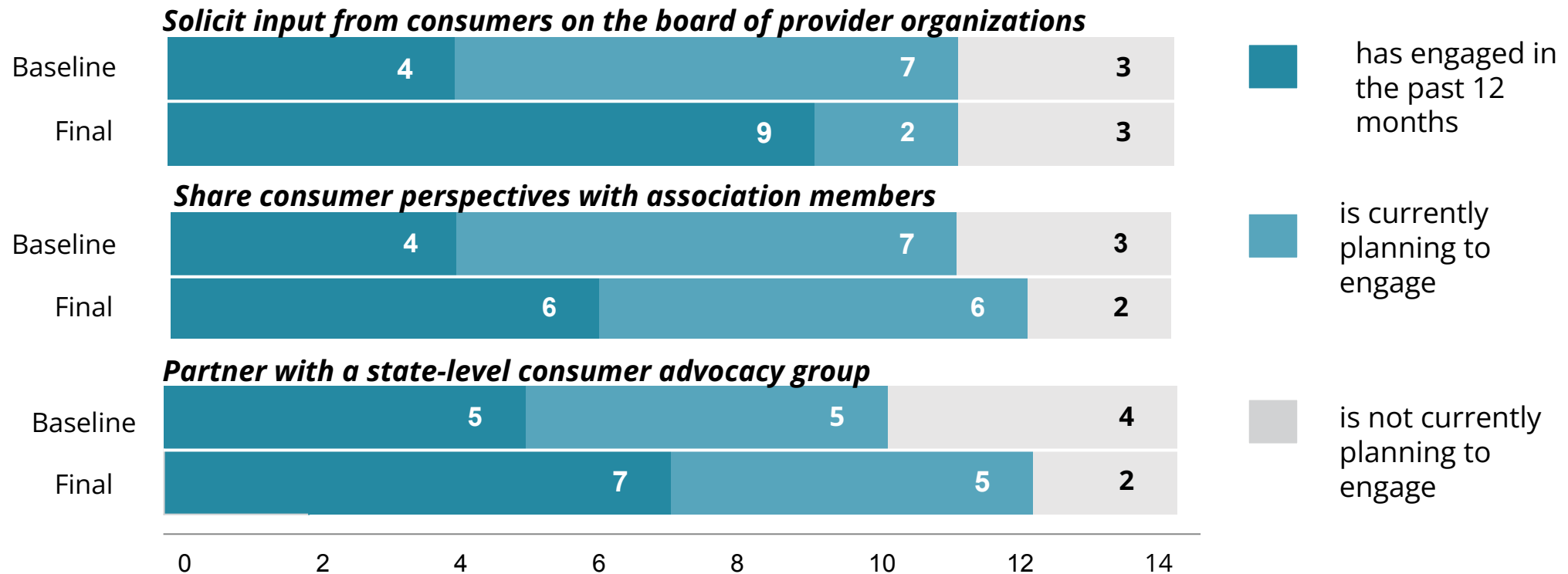
On a scale 1 to 5, at this point in time, how would you describe your association’s use of (following) to advance racial equity?		
Categories	Baseline (avg)	Final (avg)
Board Engagement	2.86	3.29
Learning Opportunities	3.21	3.36
Training and Technical Assistance	3.21	3.21
State Policies	2.57	2.64
Data	2.71	2.14

1	Not part of current initiatives: No active focus on this issue
2	Curious: Interest in engaging board members in addressing racial equity as part of the association’s mission and strategy
3	Committed: Written plan to engage board members in addressing racial equity as part of the association’s mission and strategy
4	In practice: Implementation of trainings and/or other learning opportunities to increase member knowledge about racial equity
5	Embedded: Routine and ongoing efforts to conduct training and/or other learning opportunities to increase member knowledge about racial equity and foster ongoing conversations about race, racism, and delivering primary care/behavioral health services

Associations are Engaging Consumer Voice in a Variety of Activities

State associations are engaging with consumers in a variety of ways. During their participation in the Delta Center, there was some **shift from planning** on consumer engagement to actual **engagement** across different approaches.

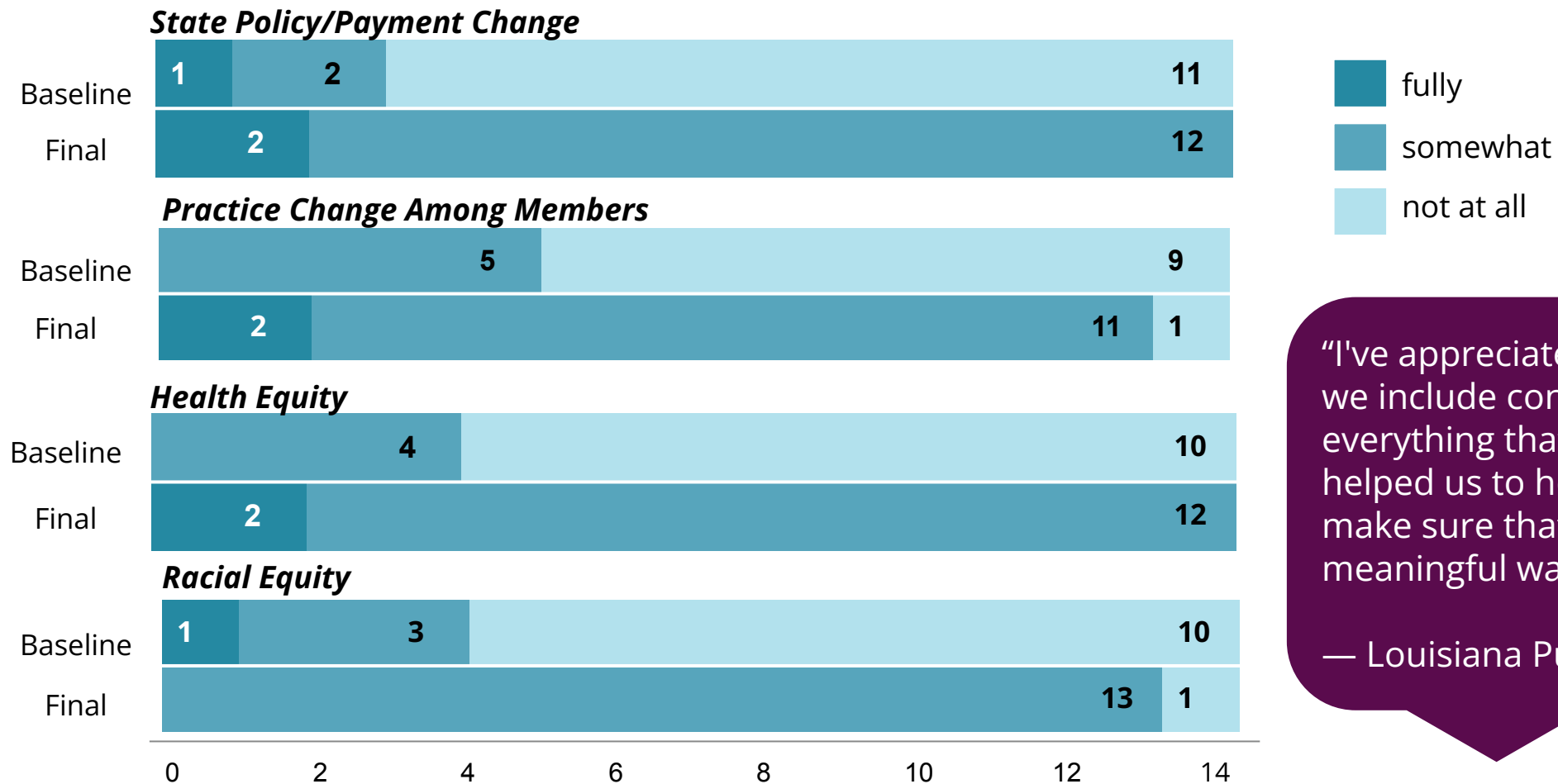
With respect to different ways your association is working with consumers, to what extent does your association engage in the following activities?



Consumer Voice has Informed Association Work

State associations have worked to solicit consumer voice in a variety of ways. Many of them have incorporated insights from those efforts into their work to some degree.

*Since the beginning of your participation in the Delta Center (April 2021), to what extent have **consumers informed your association's work** on... (not at all somewhat and, fully)*



"I've appreciated the expectation that we include consumer voice in everything that we do... that has really helped us to hold us accountable and make sure that we're doing that in a meaningful way."

— Louisiana Public Health Institute

PCAs and BHSAs Have Strengthened Their Partnerships

Partnership between PCAs and BHSAs has been valuable to grantees' experience in the Delta Center and their broader work. Many of them reported greater trust, shared vision, strategic alignment, and effective working relationships.

“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.”

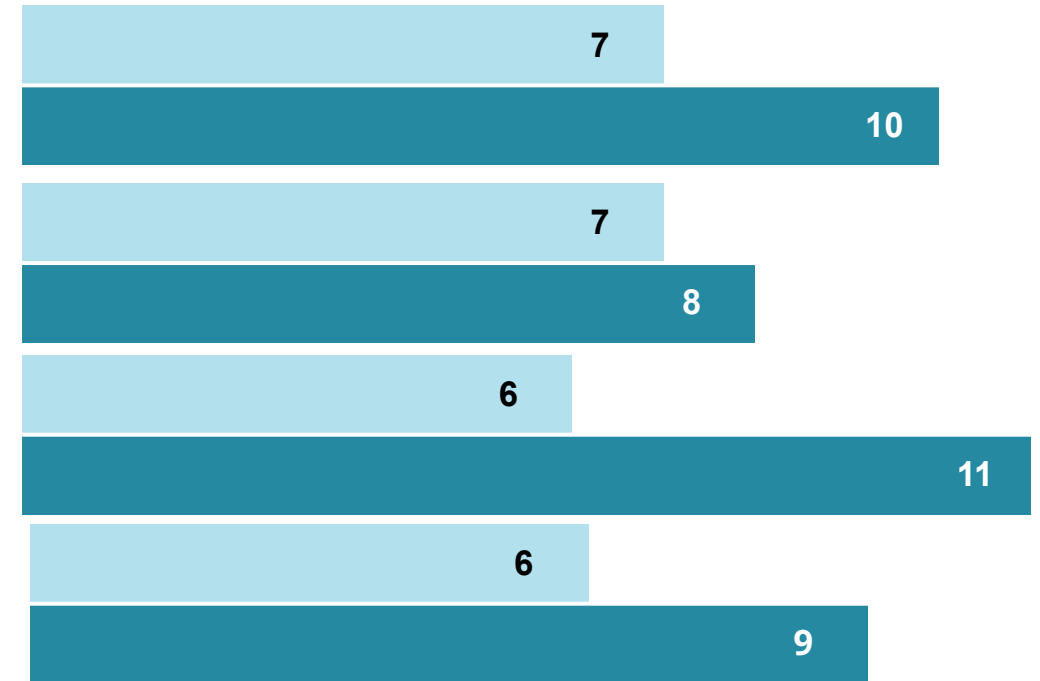
— Association of Community Mental Health Centers of Kansas

Our association has a **high degree of trust** in our counterpart PCA/BHSA to advance our Delta Center objectives together

Our association **shares a clear vision** of the mission of the safety net with our counterpart PCA/BHSA

Our association has a **strong commitment to developing strategies** that align with those of our counterpart

Our association has a highly collaborative and **effective working relationship** with our counterpart PCA/BHSA



Baseline

Final