# Centering Racial Equity and Consumer Voice

## Phase II Kick-Off Convening Summary

May 18–19, 2021 | Virtual

the DELTA CENTER
*for a thriving safety net*

On May 18–19, 2021, the Delta Center for a Thriving Safety Net held its first convening with the Phase II cohort of state association grantee teams. During the two-day virtual convening, grantees came together to learn about each other's project goals, hear insights from Phase I teams, and build a shared understanding of racial equity, consumer partnerships, and behavioral health and primary care integration. The Phase II (April 2021 - June 2023) cohort includes teams from Alaska, Kansas, Gulf Coast (Louisiana & Mississippi), New Hampshire, Oklahoma, and Pennsylvania.

Below, we summarize speaker presentations and key themes from the small-group discussions. Grantees and coaches will continue to explore these themes collaboratively over the next two years.

## Keynote: Centering Racial Equity and the Voice of People with Lived Experience in Our Work

Dr. Arthur C. Evans, Jr., Chief Executive Officer and Executive Vice President of the American Psychological Association delivered the keynote address. Dr. Evans began by emphasizing that "inherent in every community is the wisdom to solve its own problems." He stressed that centering racial equity and people with lived experience will require a fundamental shift in how we approach behavioral health. In particular, he urged teams to move away from treating symptoms (i.e., focusing on people with "diagnosable" mental health conditions) and moving towards a long-term recovery oriented approach (i.e., strength-based, resilience). Dr. Evans then spoke about the importance of building the same kind of public health infrastructure for behavioral health as currently exists for physical health, of moving upstream to address social determinants of health, and of the importance of improving literacy around mental health and educating people about how to stay psychologically

**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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healthy (including social support, exercise, and diet). Dr. Evans concluded by sharing his experiences in working with community coalitions to build strength and resilience.

## Racial Equity: The Importance of Lived Experience & Consumer Partnerships

> *"Racial equity is defined as just and fair inclusion into a society in which all people, immaterial of their race or ethnicity, can participate, prosper, and reach their full potential."*
>
> *Policy Link, A CEO Blueprint for Racial Equity*

Deborah Riddick, Director of Government Relations at the Oregon Nurses Association, presented a practical framework for centering racial equity and people with lived experience. She began by naming racial equity as a critical goal for all given:

1. Race is a social construct, which "otherizes" people in order to exclude people from decision-making processes and centralize power into a privileged class;
2. Equality as is written in the Constitution had *already* otherized entire groups of people based on this social construct; and
3. Equity by definition draws attention to the people who, for no other reason than the identity/identities placed upon them, have been marginalized (i.e., denied resources and opportunities) — and now, have unique needs in order to prosper and reach their full potential.

Ms. Riddick then shared a practical framework for associations to meaningfully center people with lived experience and develop long-term partnerships in program development and policy advocacy. In particular, she urged associations to lend their power, influence, and credibility to their consumer partners (i.e., people with lived experience) by inviting them to meetings with other decision makers and centering/elevating their perspectives throughout the process. Deborah also emphasized the importance of meeting consumers in their own communities in settings and times that are tailored around their work, childcare, and transportation needs; asking individuals directly about what they would need to feel safe and empowered throughout the process; and developing a shared definition of racial equity including short- and long-term goals.

Grantee teams who have already begun to integrate these lessons in their projects noted the deeply personal nature of this work, and reiterated the importance of sitting with discomfort. Teams also discussed the challenges and opportunities in advancing racial equity in the context of their political environments, which vary across the spectrum of awareness, understanding, and acceptance.

## Elevating Consumer Voice in Novel Partnerships

As part of their Delta Center participation, all grantee teams have committed to elevating consumer voice in their work to advance policy and practice change. During breakout sessions, teams reflected on how to apply themes from Dr. Evans' and Ms. Riddick's presentations to their specific projects. Overwhelmingly, grantees identified consumer engagement as a challenge.

Many convening participants are beginning their Delta Center projects with previous experiences elevating consumer voice, both in behavioral health and through consumer boards in other areas of health care (e.g., with the HIV community). Grantee teams with experience in consumer engagement emphasized the importance of preparing consumers to advocate effectively and ensuring consumers have a positive, empowering experience, noting that these goals require significant resources and time.

The importance of recognizing lived experience as a type of expertise, alongside clinical and subject matter expertise, was a focus in many of the breakout group discussions. Overall, grantee teams appreciated that Ms. Riddick highlighted the importance of hearing from non-traditional consumers. Convening participants noted that traditionally, members of FQHC boards tend to be contacted frequently to speak on behalf of system end-users because they tend to be more well-versed in health systems transformation.

Funding and compensation for consumer engagement was another recurring topic of discussion. There was general consensus that consumers need to be compensated as experts, with grantee teams sharing that some states have implemented consumer reimbursement schedules to uniformly compensate consumers who participate on state committees (e.g., Vermont). Other teams noted that managed care organizations have funded consumer engagement work in the past. Given that some consumers' eligibility for public benefits could be compromised by direct monetary compensation, a best practice is to ask consumer partners what type of compensation (e.g., gift card, bus pass) they prefer.

> *"Orientation away from hierarchical relationships and towards partnerships with patients goes a long way in improving outcomes and helping people stay engaged in the process."*
>
> *- Dr. Arthur C. Evans, Jr. CEO and Executive VP, American Psychological Association*

## Better Together: Building and Strengthening Association Partnerships

An important objective of the Delta Center is to help grantee teams foster novel relationships between primary care and behavioral health state associations. Over the next two years, grantee teams will build a shared understanding of their counterparts' care delivery, payment, and financing systems, including how consumers are accessing primary care and behavioral health services within the current siloed systems. During the convening, two Phase I alumni teams (from Oregon and North Carolina) presented to the new cohort about their experiences with developing collaborative, long-term relationships across organizations and elevating the consumer voice.

Phase II grantee teams are at different stages of relationship development, with many having only worked in parallel and/or with a limited history of working together. Many teams shared their plans to strengthen their relationship including educating members about how systems complement rather than compete; moving beyond single-issue collaboration; and allocating policy staff resources to focus on primary care & behavioral health integration specifically. Team members with previous experiences building collaborative relationships noted the risk of high rates of staff turnover within state associations and recommended documenting shared values and shared vision across organizations to institutionalize relationships beyond individual colleagues.

## Looking Ahead

As grantee teams' projects progress, the Delta Center will identify areas of alignment and convene participants to learn from each others' experiences. For example, grantee teams from Alaska, Gulf Coast, Pennsylvania, Michigan and New York are all pursuing projects related to state-level telehealth policies, building off the political momentum to expand use of telehealth following increased flexibility in reimbursement due to COVID-19. One common challenge for grantee teams is working in states where the primary care and behavioral health systems are governed by separate state agencies, which presents a unique challenge to identifying common solutions and advocating jointly and effectively. There is also significant interest in cross-cohort and cross-team sharing of effective strategies for working with fiscally conservative legislators (e.g., communicating need, benefit, and short- and long-term cost savings).

The Delta Center convenings and learning sessions will continue to offer grantee teams an “in-person” setting where they can discuss creative approaches to common challenges and build community within and across cohorts, with the ultimate goal of improving and integrating primary care and behavioral health to better meet the needs of patients 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.