Fostering Collaborative Partnerships: Lessons from Primary and Behavioral Health Care Associations

The Delta Center for a Thriving Safety Net

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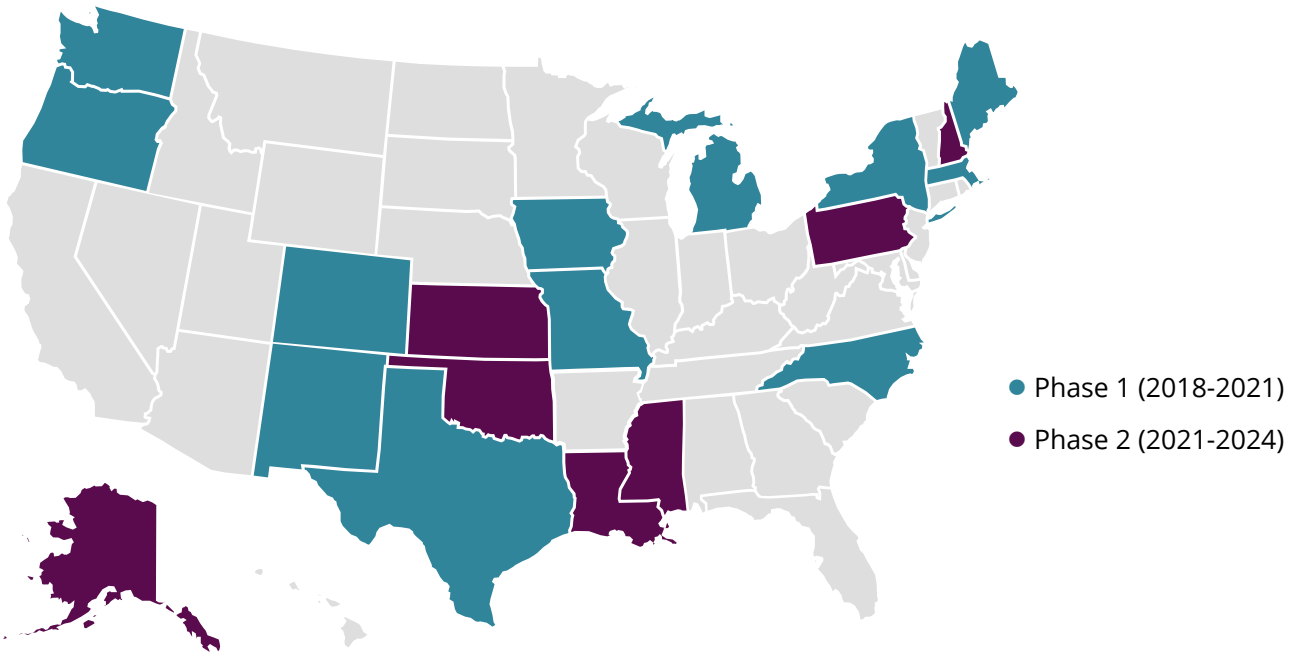
The Delta Center for a Thriving Safety Net ran from 2018-2024 with funding from the Robert Wood Johnson Foundation. JSI Research & Training Institute, Inc. (JSI) led the initiative in collaboration with strategic partners at the National Association for Community Health Centers (NACHC), the National Council for Mental Wellbeing and the Center for Accelerating Care Transformation at Kaiser Permanente Washington Health Research Institute.

The Delta Center created a space where state and national associations could collaborate, even if they didn't have a history of working closely together. The collaborative model provided one-on-one coaching and technical assistance, connected state teams with national experts for learning opportunities, and fostered peer-to-peer engagement through a series of in-person convenings.

The initiative fostered collaboration between teams of state primary care associations (PCAs) and behavioral health state associations (BHSAs) to advance the integration of primary care and behavioral health through public healthcare policy and practice changes. Over two cohorts of the initiative's State Learning and Action Collaborative (see Figure 1), which offered grant funding, coaching and technical assistance, PCAs and BHSAs from 19 states came together to advance improved policies surrounding integration, build and strengthen partnerships, and elevate consumer experience in receiving care. The Delta Center helped seed relationships that bloomed over time into powerful collaborations that, through funding by state associations and other sources, led to significant legislative victories and practice changes as described in this playbook.

Figure 1: Delta Center grantee states



With this Delta Center Partner Playbook, NACHC and the National Council have documented grantees' successes, lessons learned and opportunities for collaborative problem solving so PCAs and BHSAs can benefit from them. The Playbook is structured around five themes that were instrumental in building successful partnerships, and grantee stories highlight real-life examples in action. It provides a framework other health care associations can follow when forging sustainable, effective partnerships.

Theme 1. Invest in Intentional Relationship Building

To build trust and alignment, and purposeful, structured and transparent relationships, organizations must foster mutual understanding and collaboration.

Key Strategies

1. Establish a consistent communication schedule.

It's critical that association leadership commit to regular face-to-face meetings. All Delta Center participants' meeting cadences ranged from biweekly to monthly. Effective meetings had a standard agenda to discuss member needs, with topics including collaboration on training and conferences, and discussions of policy initiatives. They built upon the strengths of members and identified areas of support. Regular meetings allowed for the formation of concrete agreements that lasted beyond staffing changes within the partnerships.

> ***"Time together allowed us to get to know each other on a more personal basis and develop a deeper sense of trust and respect. Commiserating on common challenges, both professional and personal, strengthened our relationships and fostered a more collaborative atmosphere."***
>
> — Phase 2 grantee

2. Understand each other's histories, differences and priorities.

BHSAs and PCAs have a history of limited relationships for reasons including perceived competition. But when these associations took the time to engage and learn each other's history, culture, use of language, operations, services provided to members, etc., it helped build a welcoming space to create a partnership. Many found creating space for mutual understanding helpful in bridging knowledge gaps and creating a shared vision for collaboration.

In Alaska, the PCAs and BHSAs invested time at the beginning of the project to address past misperceptions of the roles and resources of the two systems of care.

> ***"This paved the way for open and trusting dialogues on a range of important issues, including understanding one another's systems of reimbursement, practice challenges and impediments to continuity of care between the two systems."***
>
> — Alaska

3. Understand each other's nonnegotiables.

Designate meetings to clarify which policy positions are not negotiable. Respecting those differences allows time to focus on what can be worked on together.

> ***"Taking time to engage in cross-system education was vital. It was also important to clarify shared goals and interests, including what's off the table."***
>
> — Kansas

Effective approaches include:

- Set clear protocols for addressing and managing areas of disagreement to safeguard the partnership.
- Set parameters up front about what is nonnegotiable to avoid unproductive conflicts.
- Agree on principles of practice that are respectful of the partnership, such as discussing policy positions as soon as either association realizes a position runs counter to their partner's position, or could be seen as competitive.
- Navigate areas of misalignment or disagreement with mutual respect.

Theme 2. Focus on Health Care Integration

Partnerships between stakeholders with different specialties can promote the integration of services across multiple health care sectors.

Key Strategies

1. Promote integration across mental health, primary care, dental and substance use disorder services through building interdisciplinary teams and their capacities to assess and develop state policy to better deliver holistic, person-centered care.

Through their association partnerships, Delta Center grantees found a renewed approach to integrating services. Centering on the importance of caring for the whole person, integrated care expands access to behavioral health care by delivering it alongside primary care.

Michigan developed a joint care coordination agreement template for use by primary care and behavioral health providers seeking to integrate their care models. Associations in New Hampshire designed a virtual learning session on partnership opportunities for Community Mental Health and Health Centers to produce better health outcomes for shared patients. Several state association teams developed integrated health training and workshops where behavioral health, primary care, dental and public health providers could work together with a focus on best practices for integration. Teams also educated the primary care providers, health centers and health associations about the Certified Community Behavioral Health Clinic (CCBHC) model and how to implement the Designated Collaborating Organization arrangement through it. In Washington state, the associations convened thought leaders from their provider networks to identify areas where integration could be improved and develop a plan for addressing the needs. The meeting provided an opportunity for behavioral health and health center leaders to learn how each of the systems are structured, including funding. A list of opportunity areas was prioritized with a focus on better care coordination through assessing the current state of their provider care coordination agreements.

2. Jointly educate policy makers about the need to better integrate health care services delivery and funding.

Grantees educated policy makers on the importance of supporting effective provision and sustainability of health care services. Another key topic state associations advanced together was the value of telehealth and the need to refine how telehealth is funded and regulated. Several states funded comprehensive telehealth policy reviews comparing Medicaid funding and regulations with commercial payers and Medicare to create efficiency and parity.

In Pennsylvania, the Delta Center provided the opportunity to strategically shift engagement and advocacy strategies with consumers, practitioners, state health and human services agencies, and the Pennsylvania General Assembly.

Theme 3. Identify Opportunities for Collective Action

Collective action on shared priorities can advance policies, improve existing programs and create new practices that benefit all stakeholders.

Key Strategies

1. Identify areas of shared priority and alignment in policy and practice.

Agree on high-priority needs and establish a vision for achieving those goals. If the vision for addressing a need is audacious and clearly articulated, resources can be aligned behind the shared plan to meet that need. Focusing the collaboration on a broad goal of helping state health care associations and the people they serve can create new opportunities to advocate together.

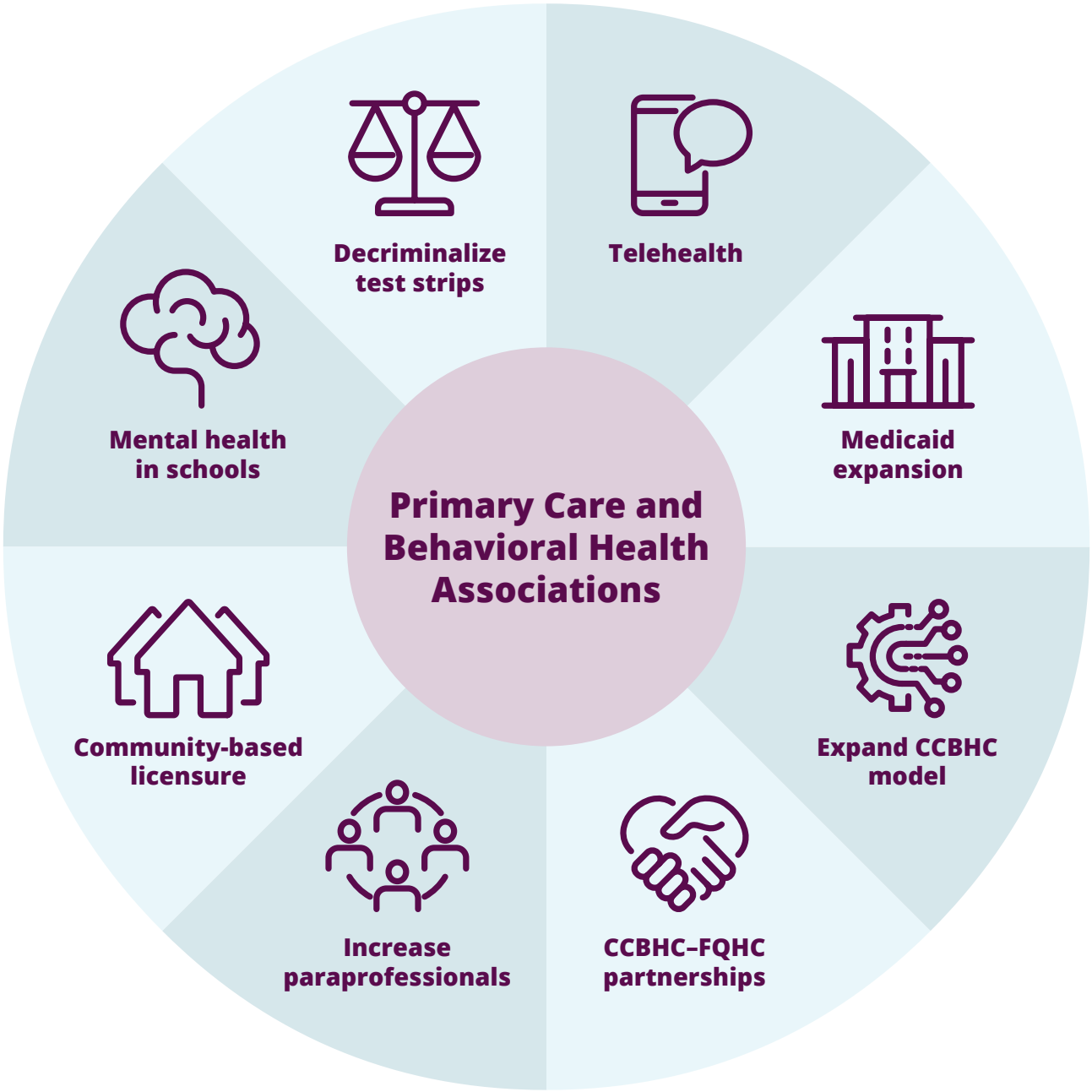
Write a shared vision statement association members can reference during discussions to stay grounded in the work that is achieved through the partnership. For example, the shared vision may be: "In our partnership, we commit to a vision that all citizens of our state will receive the highest quality health care available." This approach requires ongoing attention to relationship development, maintenance and execution on an agreed-on plan to realize a solution.

Effective approaches to collaborating through a shared vision include:

- Prior to meeting with external stakeholders, map out a plan for how you will not just work collaboratively on joint initiatives but also how you will support each other on initiatives that may not be immediately relevant to one of the associations.
- Reference your partner's needs when discussing your own and hosting joint meetings with policymakers or other stakeholders.
- Collaborate in advance of approaching policymakers or state Medicaid. A Medicaid director's first question to associations is often, "What is the PCA or BHSA stance on this issue?" Grantees shared that it was powerful to be able to answer that question with, "We have already discussed it, and we agree on the approach being proposed."

Shared policy priority areas across primary care and behavioral health associations participating in the Delta Center included telehealth, Medicaid expansion, expansion of the CCBHC model and strengthening of CCBHC/Federally Qualified Health Center partnerships, workforce development strategies to increase the number of paraprofessionals, community-based licensure, mental health services in schools and decriminalization of fentanyl test strips.

Figure 2: Identified areas of potential shared policy priority between primary care and behavioral health associations



A policy initiative in Kansas proposed expanding funding to allow behavioral health staff working on their licensure to bill for their services. The PCA initially saw this as creating competition for a limited state workforce, because staff working on their licensure may not choose to work in a health center. When the PCA and the BHSA discussed it, they agreed that various staff from both primary care and behavioral health clinics seeking licensure could be included in the policy proposal. Both entities advocated for this joint policy position, which the Kansas state legislature passed in 2023.

In Louisiana and Mississippi, the associations met regularly with providers and advocacy groups and developed a plan to explore barriers to health care and develop a collective impact approach to achieving shared goals. Once a shared goal was identified related to impediments to access and telehealth, the PCA, BHSA and other stakeholders partnered to analyze policies the legislature had filed to debate during the legislative session. The greatest impediments identified to accessing telehealth were reliable internet access and geographic requirements and restrictions. The policy strategy used to eliminate and reduce these impediments was to educate legislators and to remove the policy restrictions to improve access to services.

Phase 2 grantee associations leveraged their Delta Center work to educate policymakers and identify over 50 partners interested in supporting community health workers (CHWs) to have a lasting impact on the lives of shared patients and the people of New Hampshire. The PCA and BHSA were able to build on this work in their capacity as associations and support the passage of legislation that codified reimbursement for CHWs. This successful legislation, passed in 2024, is a critical step to encouraging the addition and reimbursement of lay people with lived experience into the health care system to assist patients by navigating their care with a trusted individual.

2. Co-create and host shared spaces for all members to interact, align and engage.

Collaborating across different provider member types provides an opportunity for aligning resources benefiting both partners, as well as enhancing community-based impact. These approaches include:

- Create forums where health care provider members can come together and co-create solutions to challenges. For example, conferences can be an opportunity for board members from each association to meet, develop relationships, learn from each other and allow time for strategic planning.
- Encourage participation and presentation at each other's annual membership meetings, policy strategy meetings and advocacy events.
- Leverage each other's online media (e.g., websites, newsletters, list serves, social media), media staff or contracts with media consultants to boost messaging.

In Alaska, each organization attended the other's monthly member policy strategy meetings, annual meetings, and state capital fly-ins. The PCA participated as a central partner in the BHSA's strategic planning and peripherally in its search for a new CEO. The Oklahoma grantee team built such a solid working relationship that they co-located their staff to facilitate ongoing collaboration.

3. Coordinate resources for high-priority events and shared initiatives.

To maximize collective impact, pool resources, expertise and knowledge to address challenges and achieve shared goals. Each association has access to unique and valuable resources, which could include staffing, influential contacts within government, the university and hospital systems, and philanthropy. By sharing these resources, associations can better serve the community of people who receive and provide health care.

The Alaska PCA and BHSA saw a shared need to better coordinate primary and behavioral health, but due to financial constraints, the BHSA was not able to financially support the integration. Guided by a commitment to partnership, the PCA agreed to help fund the behavioral association using grant dollars focused on improving care coordination. In another instance, several Kansas health care provider associations saw the need to fund the screening for and coordination of social health needs. Working together with their providers, they were able to present to the Kansas Department of Health and Environment (state Medicaid agency) a formal request for proposal to update the managed care contracts to provide funding for social health need screening and coordination.

Phase 2 grantee associations partnered with a consortium of providers and educational entities to develop and submit a proposal to the Health Resources and Services Administration (HRSA) Office of Rural Health to fund a project designed to better integrate care via a shared CHW and use of interagency health care huddles.

4. Develop and share educational materials and training across state lines.

Developing educational programming for policy makers, funders, the general public, advocacy groups and association provider members can help stakeholders in other states and settings replicate these efforts for their own goals. With this objective in mind, Alaska's BHSA participated in provider interviews and created a document on their specific policy initiative of reducing service authorizations. They intend to share with other states engaging in similar work. In Kansas, three associations/members provided input for the development of a toolkit to guide local providers in how to more collaboratively complete required community needs assessments. Multiple states developed on-demand educational materials or hosted joint webinars on topics such as integration, primary care and behavioral health partnership approaches, managed care contracting and value-based care preparedness.

Joint training courses relevant to both provider groups, advertising and giving discounts to each other's members for training and conferences can be effective ways to support members. They also encourage providers to interact with a focus on health care topics both associations have identified as needing improvement (e.g., care coordination).

Theme 4. Center Success Around People with Lived Experience and Community Voices

Prioritize the needs and experiences of people receiving and providing care to inform practical solutions to getting those needs met.

Key Strategies

Solicit and incorporate feedback from people receiving care, care providers (clinical and non-clinical), and from their communities. Centering policy propositions on the lived experience of people receiving care leads to more effective, patient-informed policies and products. Policy areas such as Medicaid eligibility restrictions, funding for services and services coordination, and an underfunded and shrinking workforce were common themes fraught with competing opinions. However, associations were able to learn from stories of lived experience and quantitative data showing the value of addressing needs preemptively and more effectively. This led to partnerships (e.g., with managed care, court systems, schools and law enforcement) that had a shared commitment and stake in addressing the need to create a more efficient and effective health care system.

1. Engage advocacy groups and other key stakeholders as long-term partners.

Advocacy groups and other key stakeholders in a state can bring unique voices and experiences to the table. Engaging through means such as surveys, focus groups and seeking out places where stakeholders are regularly engaged was both challenging and rewarding.

Be prepared to work to nurture these relationships, especially if there is not a history of strong collaboration or elevation of voices of people with lived experience. Some associations reported it could take years to build effective approaches to engagement and sustainability. Significant time was dedicated to building trust and ensuring the authenticity of the intent and timing of the engagement.

Effective efforts to acknowledge and nurture the important perspective these representatives bring to the table included:

- Seek funding to compensate participants for their time engaging and participating in advocacy efforts.
- Ensure group facilitators have strong relationship-building skills, humility and willingness to listen in order to foster successful engagement.
- Use active listening to uncover how to partner and solve problems together, allowing time for people to speak their truth and understand that it may make some people uncomfortable.
- Respond to feedback, follow through on commitments, and provide updates on progress and actions taken.

2. Use quantitative and qualitative data, including personal stories, to highlight needs and inform solutions.

Center qualitative and quantitative data in policy formation to ensure that health care is delivered efficiently and effectively to the vast array of those who need it. In one state, the public health and hospital associations saw the need to collaborate with the primary care and behavioral health associations to better leverage and integrate various data sources (e.g., state and university data sets, managed care, data captured for the purposes of grant submissions) and survey findings (e.g., community needs surveys conducted by public health departments and hospitals). This effort told the story of which populations were at risk for having poor health outcomes or poor access to health care. A university subsequently led an effort to develop a toolkit for mapping and integrating data sources to address their needs.

> ***"The highlight was the sharing of consumer feedback to develop training and technical assistance, health literacy campaigns, and language supports to advance our work."***
>
> — Pennsylvania

The experiences of people who face challenges accessing health care are critical to creating an effective, sustainable approach to improving the health care system. Understanding their challenges — individually as well as regionally across the organizational partnerships — was a constant consideration so efforts would lift up the most vulnerable and dismantle impediments to care.

Several state association teams worked with consultant trainers who also work with people with lived experience. They developed training for health care providers that illustrated the disproportionate access to health care across the state and engaged with people who had experienced challenges to accessing services. Grantees were able to find success working with policymakers on both sides of the aisle when they focused efforts on health access and adopted strong use of data. The use of data can help demonstrate the need to develop efficiencies and effectiveness in the health care system to deliver high-quality, value-based care.

Theme 5. Engage a Range of Stakeholder Groups

To build broad coalitions, collaborate with a variety of stakeholders so all voices and perspectives are represented in shared efforts. Learning from the experiences, successes and innovations of those inside and outside your state will help you accelerate progress and overcome challenges.

Key Strategies

1. Expand partnerships to include nontraditional stakeholders for a broader impact.

State associations were successful in identifying a renewed interest in collaborating with nontraditional stakeholders such as public health entities, dental associations, law enforcement associations and chambers of commerce. Branching out allowed associations to identify opportunities to enhance the health care system and their respective roles.

In Oklahoma, the onset of Medicaid managed care prompted the need for mutual advocacy and partnership to advance appropriate payment for integrated behavioral health services. The PCA and BHSA not only embraced this as an impetus for their own collaboration but also expanded efforts to work more closely with other Oklahoma organizations including the Oklahoma State Department of Health, Oklahoma Charitable Clinics Association, Southern Plains Tribal Health Board, and Health Alliance for the Uninsured. These collaborative efforts included regular engagement on state Medicaid policy updates and training on Medicaid value-based and alternative payment approaches and resiliency-oriented care. Each training was an opportunity for members to learn, but also to see opportunities to partner with members from the other association.

2. Engage in cross-state collaboration with other state associations and advocacy groups operating in similar geographic and political contexts.

Intentionally seeking out the experience and expertise of associations from different states allows for cross-state collaboration and learning. The Delta Center initiative enabled state association teams to identify and adapt successful strategies from each other, especially for states with similar state government politics or geographical and population demographics.

The Kansas team shared lessons learned with Louisiana and Mississippi grantees on navigating the CCBHC landscape and the role BHSAs can play in establishing this novel form of behavioral health care delivery. Similarly, Louisiana and Mississippi grantees travelled to Kansas to present on operationalizing strategies that address health disparities. North Carolina had a strong advocacy group representing people with lived experience of mental illness and/or substance use. The group developed and shared recommendations for other states interested in developing or engaging advocacy groups.

The Delta Center hosted several virtual site visits, in which participating associations were able to visit their colleagues in other states via video meetings. Several grantees traveled to other states to learn how they had created joint training centers, co-located clinics, and even co-presented at each other's conferences. Associations found it useful to learn how other state association teams had advocated for various federal waivers or state plan amendments, navigated CCBHC implementation, and weathered disagreements between associations on funding or policy issues.

3. Engage national level advocacy and associations to learn how federal policy will impact your state.

The Delta Center allowed participating associations to make new connections with national level advocacy organizations whose resources could be leveraged to further the goals of PCAs and BHSAs. Some of the larger groups that grantees networked with included the National Council, NACHC, Families USA, the Center for Accelerating Care Transformation and JSI. These organizations shared their expertise with Delta Center grantees on federal policies, national trends, and emerging practices. The National Council and NACHC also encouraged state association teams to attend each other's conferences and developed targeted training opportunities for both audiences. State associations reported benefiting from this engagement, making plans to routinely access resources from these national organizations, attending national conferences, and encouraging national partners to work together to collectively support states.

In Summary

The work of state health care associations is vital to ensuring efficient and effective care access and provision, but for too long, they've worked in silos or even against one another. The Delta Center initiative showed that associations are more effective when they work together, despite challenges on the road to partnership. It takes deliberate planning and protocol development to engage in ongoing healthy relationships between associations. We hope this playbook of themes and examples of lessons learned will help health care associations across the United States to work more effectively to improve the health care system for all.

Additional Resources

- Delta Center Phase 1 Evaluation Report
- Delta Center Phase 2 Final Evaluation Report
- Michigan CCBHC-CHC Care Coordination Agreement
- Kansas Community Health Assessments and Community Health Needs Assessments Toolkit
- New York - Ensuring Sustained Access to Telehealth in the Post-Pandemic Period
- New Hampshire and Vermont Joint Statement on Integration
- Kansas RFP for Screening Payment