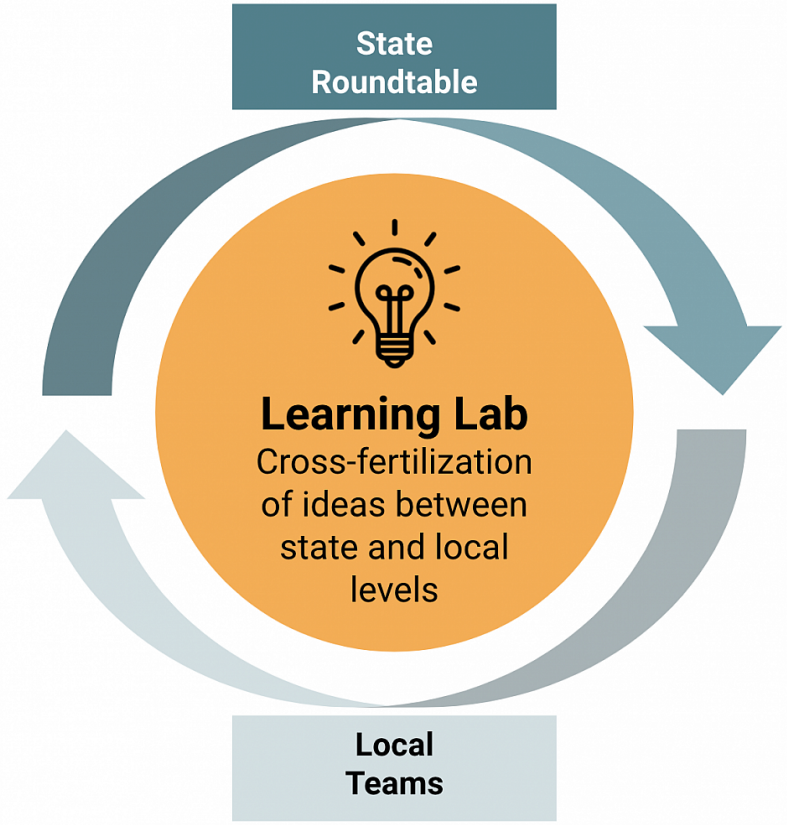
DELTA CENTER
CALIFORNIA

Delta Center California

Final Evaluation Takeaways

September 2023



California Health Care Foundation

CCHE
CENTER FOR COMMUNITY HEALTH AND EVALUATION

About us

About the Authors

This report was prepared by the Center for Community Health and Evaluation (CCHE). CCHE designs and evaluates health-related programs and initiatives across the United States. CCHE's mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation. For more information, see www.cche.org.

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About the Foundation

The California Health Care Foundation (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

Introduction

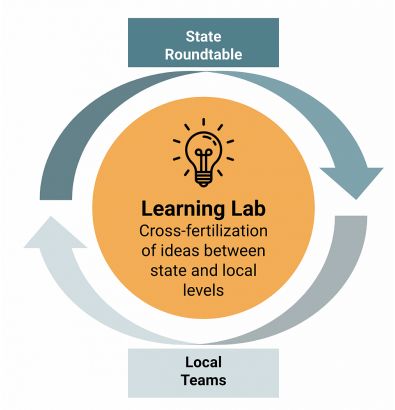
This final report is a synthesis of the Delta Center California (DCC) evaluation data collected during the entirety of the DCC initiative. It is meant for internal use to support learning and adaptation among various DCC partners. Portions can be used and shared as appropriate by the DCC funders and program office (JSI).

1. Overview of the DCC initiative, evaluation, and methods
2. Key takeaways
3. Lessons learned

* Click the links to be taken directly to that section

Overview of the DCC initiative, evaluation, and methods

Overview: Delta Center California



Delta Center California (DCC) brings together state associations, policy organizations, primary care and behavioral health providers, and community-based organizations to accelerate primary care/behavioral health integration, advance racial equity, center the lived experience of patients and families, and advocate for a strong, coordinated, and sustainable safety net system for all Californians. By bringing together local teams and policy experts, DCC seeks to advance practice-informed policies and support local providers on the ground to successfully navigate the California health policy environment.

This 2.5-year initiative was funded by the California Health Care Foundation and Robert Wood Johnson Foundation and led by JSI Research & Training Institute (JSI).

The initiative launched in summer 2020; the State Roundtable (SR) began meeting in January 2021 and Learning Lab Teams (LLTs) were selected in May 2021. The initiative formally concluded in December 2022 for the LLTs, and in March of 2023 for the SR.

Initiative goals

- Foster collaboration and collective action between primary care and behavioral health at the state and county level in California.
- Build knowledge and ability of state associations to ensure that changes in incentives and care systems meet the goals and needs of individuals and families.
- Accelerate payment and care integration through on-the-ground projects in selected sites across California.

Local Learning Lab Teams (LLT)

- Team Sunset - Alameda County & Contra Costa County
- Team Hunab Ku Turtle - Fresno County
- Team Good - Hearted Knights - LA County
- Team Peacock - Marin County
- Team Eagles - Santa Clara County

State Roundtable (SR)

- California Alliance of Children & Family Services
- California Association of Public Hospitals/Safety Net Institute
- County Behavioral Health Directors Association
- California Council of Community Behavioral Health Agencies
- California Institute for Behavioral Health Solutions
- California Primary Care Association
- Local Health Plans of California
- National Alliance on Mental Illness California
- Peers Organizing Community Change (lived experience representative)

Evaluation goals and questions

DCC aims to accelerate behavioral health (BH)/primary care (PC) integration by collaboratively advancing policy and practice changes to better meet the goals and needs of individuals and families. Central to this work will be advancing racial equity and engaging individuals with lived experience.

Evaluation goals

The goals of the evaluation are to:

1. Understand the development and impact of behavioral health (BH)/ primary care (PC) collaboration on advancing policy and practice
2. Understand progress toward DCC goals (summarized above)
3. Share outcomes, best practices, and lessons to inform the field and future investments

Evaluation goals operationalized through five evaluation questions

Evaluation questions

To what extent and how have DCC participants …

1. Built robust relationships and collaboration between primary care and behavioral health organizations?
2. Increased knowledge, skills, and capacity to accelerate BH/PC integration that advances racial equity and centers lived experience?
3. Taken concrete actions to advance racial equity and center people with lived experience?
4. Collaboratively influenced, advanced, and/or implemented policy and/or practice change?
   - Through the work of the SR? Through the work of the LLTs?
   - Strengthened by a bi-directional feedback loop between policy and practice?
5. What lessons learned about DCC can inform continuous learning and future collaborative efforts and investments?

Methods summary

Overview of evaluation methods.

This report draws on analysis and synthesis of the participant evaluation data outlined below. In addition, the report was informed by reflection and interpretation during regular check-ins with the funder (CHCF) and the program office (JSI), as well as sensemaking sessions with the Evaluation Workgroup (which includes the funder, program office, and subject matter experts on PC/BH integration and lived experience representation.

Interviews

CCHE conducted initial interviews with representative(s) from each Learning Lab Team, 7 of 8 State Roundtable member organizations, and the DCC program office, funders, and co-design team in August and November 2021. Interviews in August informed the evaluation design, and themes from both sets of interviews provided context and examples of progress and challenges. CCHE conducted final interviews with Learning Lab Team members in January 2023 and with representatives of 8 of 9 State Roundtable organizations in March and April of 2023. Interviews with three State Roundtable members who left the group before the initiative concluded were conducted in November 2022.

Surveys

An initial survey of State Roundtable and Learning Lab Team members in December 2021-January 2022 assessed development of collaboration among the groups, progress towards initiative goals, and effectiveness of components of DCC structure and support. Final surveys of Learning Lab Team and State Roundtable members assessed growth in collaboration, progress toward initiative goals, and overall participant feedback on their experiences in DCC.

Observation and coach touch points

CCHE attended all convenings and Virtual Learning Events (VLEs) and observed most State Roundtable meetings, beginning in September 2021. Observation of DCC activities and events allowed the evaluation team to build understanding of initiative topics and engagement, see examples of collaboration and relationships, and gain insight into whether and how cross-pollination between local teams and state associations occurred. In lieu of observing LLTs' meetings with their coaches, CCHE established touch points with coaches to get ongoing qualitative data on progress and challenges.

Document review

CCHE also reviewed program materials, meeting notes, and participant deliverables (e.g., State Roundtable narrative reports, LLT action plans, both groups' final deliverables).

Key takeaways

Topline Takeaway
The State Roundtable (SR) and Learning Lab Teams (LLTs) built a strong foundation for future policy and practice change.

Key takeaways for the SR and the LLTs

These top takeaways emerged strongly for both the SR and the LLTs, though they may have manifested differently due to inherent differences between the two groups. Detailed evaluation findings for each group are available in a companion document.

1. Both LLT and SR members thought the initiative was worthwhile and could cite benefits of participation at the individual, organizational, and field levels.
2. The co-design process and resulting "pivot" significantly affected the initiative's focus.
3. Centering people with lived experience and advancing racial equity were strengths of DCC.
4. DCC offered a unique opportunity to build collaboration, which is the foundation for policy and practice change.
5. LLTs and the SR took collaborative action on policy and practice, sometimes in ways that were different than originally intended.
6. DCC structure and support were key to the initiative's success.

1 Both LLT and SR members thought the initiative was worthwhile.

- Overall satisfaction with DCC was rated highly by participants.
- Nearly all participants would participate again given the chance. They valued the relationships they built, projects they completed, and the overall learning experience.
- Participants cited benefits of DCC participation at the individual, organizational, and field levels.

“I'd absolutely do it again. I'm proud of it. I'm proud of what we did, and the amount of time that we did it in. And I appreciate what I've learned.” – LLT member

1 Overall satisfaction with DCC was rated highly by participants.

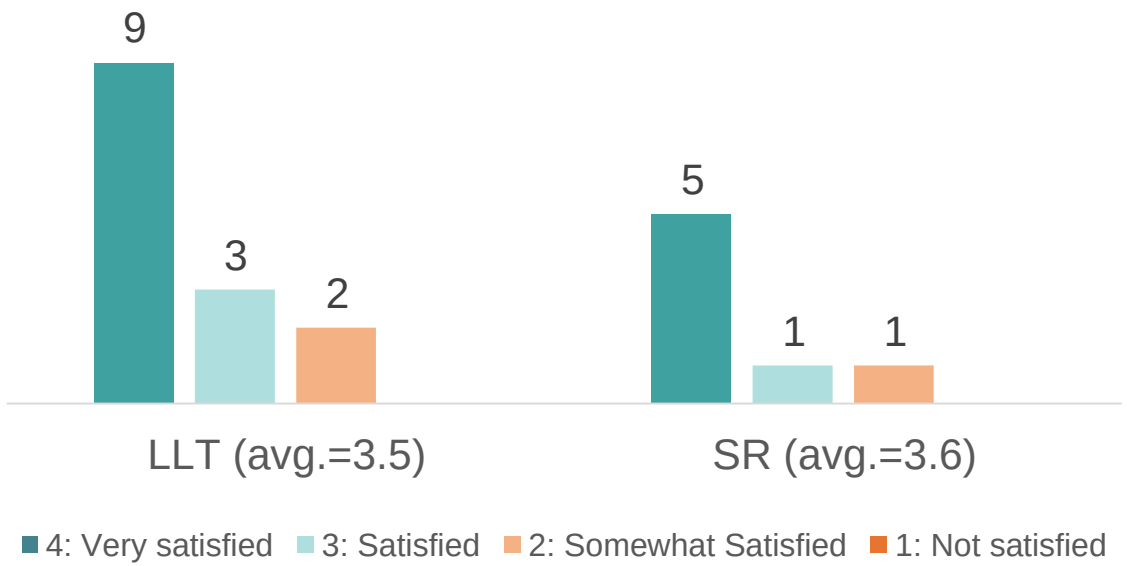
Both LLT and SR members were satisfied with their experiences in DCC overall.

Ratings of overall satisfaction were higher for both groups in the final survey as compared to the midpoint. Specifically, more responded that they were "very satisfied" with their DCC experience (5 SR members vs. 3 at the midpoint, and 9 LLT members vs. 5 at the midpoint).

In interviews, nearly all SR and LLT members said that they would participate in an effort like DCC again if given the opportunity. They valued the relationships they built and the projects they were able to complete, as well as the overall learning experience.

Those who were more hesitant generally felt that the time commitment was too high, and/or that the initiative's shift in focus was less closely aligned to their goals than they had originally hoped. The concern about the time commitment was particularly true for some LLT members, who were navigating challenging circumstances on the ground throughout the DCC experience.

Overall satisfaction with DCC



"I'm sad to see this ending soon. Because there's intention behind it. We need to be brought together or it just won't happen in our busy world, at least with the big tent. So I would support this continuing." – SR member

"I would encourage anybody in my role or position similar to mine, especially early career folks, to really lean in and participate and for the Delta team to work their magic and … CHCF [the funder] to bring all those people in the room." – LLT member

"The speakers were great, but you know, given where we are at this moment in time and what's on our plates, would we have attended those sessions? Probably not, maybe some other time." – LLT member

1 Participants cited benefits of DCC participation at the individual, organizational, and field levels.

Individual-level benefits of DCC participation included learning gains and new perspectives gleaned from other participants and from convening presenters and (LLT) coaches. Several members of both groups also valued the opportunity to interact with policy makers and/or other leaders working in the same policy arenas.

"The impact for me personally is [that] we had a lot of really good connections made here. I was gratified to be able to meet some of my counterparts or people that work on similar things in some of the other organizations that I might not have known." – SR member

Organization-level benefits of DCC participation were different for LLT versus SR organizations. Nearly all LLT survey respondents and all SR survey respondents agreed that their organizations benefited generally from being a part of DCC.

- LLT members tended to cite benefits related to the resources (time, space, and support) that DCC provided to accomplish project work.
- SR members were more likely to focus on the connections forged between organizations, and on the structured time and space DCC offered to discuss policy alignment.

"We almost felt like the money helped us to really just stop and reflect and think for a while as opposed to always acting. I think that's really what happened, what benefited our organization and our partners." – LLT member

Benefits to the field are still to be determined. SR members thought that the existence of the SR as a collaborative advocacy group could be important to future policy efforts, and that the project work they completed has the potential for field-level impact. For LLT members, the opportunity to learn from peers was a field-building opportunity.

"I would say in terms of impact overall on integration of the [primary care and behavioral health] systems, that remains to be seen… But at baseline, I think it had an impact in terms of making connections between organizations that are that are advocating on this front and I think that's a win either way. Even if it didn't go further than that." – SR member

"The validation of being with others who are in the same positions, who have the same passions and bringing us all together was amazing. And I think that does impact the field because we then traded ideas and we're able to, you know, kind of learn from each other and that at as a field makes us grow." – LLT member

2 The co-design process and resulting “pivot” significantly affected the initiative’s focus.

- From the beginning, co-design was a central tenet of DCC with a strong impact.
- The pivot away from the original focus on PC/BH integration was embraced by participants and rippled throughout the initiative.
- Overall, this pivot was seen as positive and responsive to shifting conditions.
- The co-design approach is complex. It required a level of flexibility from the funder, program office, and grantees, bringing both benefits and challenges.

“It was a great pivot.”
– SR member

2 From the beginning, co-design was a central tenet of DCC with a strong impact.

Co-design was built into the DCC initiative structure via an Advisory Group (that included representatives from key PC and BH organizations across the state) and regular feedback from the State Roundtable. Both groups' input shaped DCC focus and structure.

> *"We hear you saying you want to lead with racial equity - and that doesn't align with the approach you've created (e.g., all the structure)." – Early feedback from the advisory group*

***Example*: Impact of co-design feedback on LLT structure, goals, selection process**

(As described in interviews with JSI and CHCF, and a Feb. 1, 2021 presentation about DCC by JSI).

- **Issue**: To remain relevant, DCC needed to respond to major real world shifts happening in 2020 – namely the pandemic and a renewed national focus on racial justice.
- **Co-design response**: Together program office (PO) staff, the funder, and other stakeholders articulated a goal of advancing racial equity and including consumer voice (later known as centering people with lived experience). This catalyzed both immediate changes to the LLT structure/goals (see below) and a ripple across the initiative with longer term implications (see next slide).

Co-design feedback from the Advisory Group and the SR	Changes to LLTs via co-design process
The co-design process surfaced questions about LLT structure design. Did it align with the goals of advancing racial equity and bringing consumers to the table? • How do we balance flexibility for innovation and ensuring enough commonality for a cohesive curriculum and peer learning? • How do we need to shift our original goals (advancing care/payment integration) to align with these new goals?	• Reconceptualized the LLT purpose including a new goal for projects: "Learning lab teams will demonstrate establishing and accelerating consumer- centered payment and care integration that advances racial equity." • Recognized the need to adjust curriculum accordingly
Stakeholders asked PO/funder to re-examine the LLT structure. In particular, to reconsider the required inclusion of a payor and "traditional" PC and BH providers. • Requiring payors and traditional providers blocks participation by those local organizations that do not already hold these relationships. • For example, if you define a primary care provider as an MD, then you may be unintentionally excluding less traditional organizations that may have more direct ties to the community.	LLT requirements were simplified to only require the parameters deemed essential in hopes of attracting a wider array of applicants • Dropped the requirement for teams to include a payor or "traditional" PC / BH providers. • Applicants were asked to center racial equity as a required focus of grantee projects. They were required to elevate consumer voice in project design and work.
Stakeholders shared concerns about using a traditional RFP process to select LLTs. • Traditional RFPs can be very exclusionary, favoring those that "know the secrets about how to do RFPs" and have the capacity to complete extensive applications. • This issue was exacerbated by COVID which was already consuming provider bandwidth in the fall and winter of 2020.	• The application process was changed to focus on information provided via a short form and a more extensive interview that was seen as less burdensome. • Applicants were asked to "describe how they propose to bring a racial equity lens and how they will center consumers in the work."

2 The pivot away from the original focus on PC-BH integration was embraced by participants and rippled throughout the initiative.

This early shift in focus toward elevating lived experience and advancing racial equity continued to have ramifications on DCC structure and focus throughout the initiative (see takeaway 3 for a thorough discussion).

One of the strongest impacts was an unintended consequence. The emphasis on these new goals resulted in a pivot away from the original focus on PC/BH integration as a key topic.

- While PC/BH integration was seen as the most salient issue in the *planning* phase, the changing California context meant that two new issues resonated strongly with most participants *during* the initiative.
- As a result, while these newer goals were intended to be additive, in practice their prominence meant that the focus on PC/BH integration faded. In fact by the end of the initiative, most participants did not view BH/PC integration as a clear initiative goal or area that had made progress.

Example: Structural changes to the SR

The pivot towards a goal of centering lived experience resulted in a 2022 change to SR structure. After a Virtual Learning Event (VLE) focused on engaging people with lived experience, the SR discussed how people with lived experience could be better incorporated into their work.

This led to an SR member decision to invite someone in the behavioral health peer support workforce to join the SR. The ninth member joined into SR full group and small group meetings in early 2022.

"As statewide associations, we often don't directly hear the voice of people with lived experience. Their perspective is invaluable to understanding what issues to prioritize. We could course correct by inviting a person with lived experience to participate on the SR." – SR member

Overall, this pivot was seen as positive and responsive to shifting conditions. Many participants described how adding a focus on racial equity and lived experience was essential to the work and were grateful for the inclusion.

"A big part of work around racial equity [in] our project [is] evaluating our process. It's essential in equity work to have that flexibility and pivot." – LLT member

"It was a great pivot. We focused around the role of peers and the importance of lived experience. That really humanized the behavioral health system… There were so many presentations on the role of those with lived experience. Not just mental health and substance use conditions, but other types of lived experience that are critical for really helping folks to flourish and thrive." – SR member

Being part of the co-design process helped further the goal of collaboration. Instead of being pre-defined by the funder, projects were selected and refined by participants themselves. Many described the positive impact of this approach, citing increased cohesion and trust, as well as the opportunity to work on projects that were meaningful and timely.

"This is one of the best funding processes that I've ever been a part of because it truly was a partnership; it wasn't just that you give us money and expected us to give you some answers back about what we did and what we achieved. But that you worked with us every step of the way and gave us the leeway with the money to use it as we need it. And that's truly unique and something that I hope more and more funders are moving towards." – LLT member

2 The co-design approach is complex. It required a level of flexibility from the funder, program staff, and grantees, bringing both benefits and challenges.

Navigating initiatives that employ co-design requires a level of flexibility that brings benefits and challenges. In DCC, most of the major shifts occurred in the first half of the initiative as a series of co-design decisions impacted the structure, priorities, and project focus areas.

- **Evolution in what initiative success looked like:** At midpoint, many SR and LLT members said that success may now look different than originally anticipated. As one LLT member pointed out, success may now be building the foundation for collaboration and providing an effective learning opportunity, without as much policy or practice change as originally desired. Most talked about the positive benefits of this goal. However, since the focus changed after organizations were already engaged, some participants noted dissonance between why they joined (to focus on BH/PC integration) and what DCC ended up focusing on.

  "The Roundtable has been helpful to make connections with groups we would not otherwise work closely with. I think there is great opportunity ahead to collaborate on a shared work product such as a work paper that can be the first step for collective action as a group." – SR member

  "I don't think we got what we expected. There was no point in time to say, 'OK, here's what you guys said you would do. Where are we with meeting those goals?'" – LLT member

- **Impact on the SR's "common understanding of goals":** This element was rated lower by SR members in the final survey than at the midpoint. In interviews, some SR members noted goal confusion.
- **Benefits of the co-design process varied:** SR members who joined in the second half of the initiative did not experience the co-design process/benefits first-hand. A few noted that while long-time members had shared ownership over the co-design, newer members did not experience the benefits of trust and relationship building.
- **Selection and refinement of project topics:** Most projects selected by the LLTs and SR did not directly address the type of PC/BH integration issues originally envisioned by initiative planners. While many projects touched on aspects of integration, only one focused directly on payment reform.

  "It depends on how you're defining 'integration'. Some of the products probably helped meet that goal, even if they're indirectly related to [BH/PC] integration. I don't know how directly the idea of integration infiltrated into all of the work that the Delta Center did - versus [integrating] a lot of different stakeholders that have a role in providing, administering, or supporting the delivery system into a discussion." – SR member

Building the plane while flying it adds challenges for program office/coaches and the funder.

- **Responding to diverse teams:** The pivot in LLT structure led to variation in project topics and team composition (expertise, level of participant experience with coaching or learning collaboratives). Program office staff described challenges with designing a curriculum that provided value to all teams. To address this, coaches worked closely with each team, providing individually tailored content and opportunities to learn from fellow participants.
- **Planning amidst change:** The evolving initiative focus made it difficult for the program office to plan events very far in advance. To address this, they provided content that addressed real-time participant needs and feedback over a pre-set schedule of topics or speakers. For example, the program office added a conversation with California state officials in response to participant needs. Overall, participants appreciated that the focus of these events tied closely to what they were working on at that time.

3 Centering people with lived experience and advancing racial equity were strengths of DCC.

- Lived experience and racial equity were key areas of learning for both LLT and SR members.
- LLT and SR projects reflected and amplified the focus on lived experience and racial equity.
- Both groups acknowledged that the work of centering lived experience and advancing racial equity is an ongoing challenge for DCC and for the field.

“I feel like I've walked away with just a much greater appreciation of patient voice and the importance of including people with lived experience.”
– LLT member

3 Lived experience and racial equity were key areas of learning for LLT and SR members.

Centering people with lived experience and advancing racial equity emerged as core goals of DCC. Both LLT and SR members appreciated the extent to which these were emphasized and referenced them as key areas of learning. Focus on these core goals was consistently been built into DCC through the content and activities at convenings, learning events, coaching and meetings. As stated by one SR member: *"We appreciate the relentless focus on equity as the north star guiding all this work."*

" [In] all the brainstorming sessions whenever we talked about things there was always a sticky note about racial equity or lived experience and reducing disparities. It was never missing." – SR member

SR and LLT members reported that their understanding of lived experience and racial equity has grown. Many referenced equity-related presenters at convenings, in particular Keris Myrick and Tanissha Harrell and Artrese Morrison, as highlights. The use of data to advance equity goals was a strong area of growth for both LLT and SR members.

Materials presented at convenings provided LLT and SR members with practical tools to elevate lived experience and racial equity in their work. Many specifically cited:

- The "Lived Experience - Engaged Organization Ladder" framework was presented at the first convening. Many SR and LLT members talked about how they incorporated into their organization's work. It also provided a launching point for the SR to discuss how different silos did or did not center lived experience.
- The "Antiracism Data Framework" (the third virtual learning event).

LLT and SR members reported that they brought knowledge gained through DCC back to their organizations, though the extent to which that knowledge was new varied. Some members from both groups noted that they were actively engaged in equity work prior to DCC.

The **Lived Experience-Engaged Organization Ladder** is built on the concepts first outlined in Hart's Ladder of Participation (1992) where UNICEF sought to better define how they were involving the people they were seeking to serve in the design, implementation, and evaluation of all of its programs.

adapted from Hart, R. (1992). *Children's Participation from Tokenism to Citizenship*. Florence: UNICEF Innocenti Research Centre

"Early on we had some excellent speakers talking about the racial equity piece. And what it means to truly engage. And get beyond just engaging with community, but it means ongoing engagement and true equity when it comes to engagement and behavioral health." – LLT member

3

SR: Projects reflected and amplified the focus on lived experience and racial equity.

All SR projects were focused on lived experience and/or advancing racial equity. The successful completion of these projects contributed to the sense that these issues were areas of collective progress during DCC, though ratings of progress were lower than ratings of learning.

While some SR discussions specifically call out the goals separately, members generally use "equity" and "lived experience" to refer to a similar idea. A few SR members were dissatisfied with the "blurring" of the lines between them, while most were not.

"I think with the racial equity work, it's more about intentionality and putting the systems in place to address that, and the patient experience is more of a like a symptom. So you can address the patient experience and sometimes that addresses the racial equity, but that's not always the case. I can see how it got blurred because sometimes those are aligned, but I would not say …that is necessarily appropriate to say that you're addressing racial equity by addressing patient experience." – SR member

Advancing racial equity was most explicitly built into projects related to patient and/or workforce data, though the intentional focus on diverse voices with lived experience meant that there was also a racial equity dimension to many projects.

Several SR discussions about these topics illuminated areas of unexpected similarity and/or gaps in understanding across historical silos. For example, a discussion on how peers are utilized in the BH and PC system uncovered significant differences. Several SR members talked how surprising this was and that it has informed their work going forward.

"I learned in our peer conversations, that there was not shared understanding of what peer workers / benefit are. It changed our approach to how we talk about it." – SR member

SR small group work enabled members to consider how these goals interact with other DCC goals around integration. The SR selected five priorities for their small group work, each of which incorporates one or both goals.

- Three groups had a more explicit focus: one group focused on equity-related data and two others focused on building a representative workforce.
- Two other groups included a more general goal of promoting equity.

"Racial justice and the lived experience are central to the discussions and one of the lenses during our work. Our small group sees this type of work and engagement as an opportunity to make us stronger and a tool to meaningfully improve our product." – SR member

SR members also appreciated the focus on equitable practice in term of *how* projects were done (e.g., compensating people for their time, presenting information in multiple formats).

"I'm impressed with the [telehealth vignettes] and how much they really emphasized equity, making sure there's diversity of peer representation… They did outreach and [made] sure folks were reimbursed for their time and their wisdom, which is very important. The work is really done well." – SR member

"Even if it wasn't explicitly called out, we centered racial equity and lived experience. Like in our most recent deliverable for the SOGI and REaL data webinar. We made sure we diversified the panel and made sure that it was spread out across the state. [That} helps advance racial equity in a sense, right, because these are speakers coming from different communities and offering their perspectives." – SR member

3

LLT: Projects reflected and amplified the focus on lived experience and racial equity.

All LLT projects were focused on lived experience and/or advancing racial equity (see project spotlight). The successful completion of these projects contributed to the sense that these issues were areas of collective progress during DCC.

Centering people with lived experience and advancing racial equity was built into LLT projects in a way that underscored how vital these issues are to improving and integrating care.

LLTs learned about and applied frameworks, tools and technical assistance related to equitably and authentically engaging patients, families, and community. These concepts were emphasized in convenings/learning events as well as their work with coaches.

"I feel like I've walked away with just a much greater appreciation of patient voice and the importance of including people with lived experience." – LLT member

"The approach to looking at things from [clients'] point of view, I think was excellent. The client focus… was really, really meaningful also. I mean it's something that I can use myself, but also if I were an early start practitioner in community mental health, hearing all of those things would be so important." – LLT member

"There is really mistrust within [our patient] population. People aren't utilizing services the same as white clients. We're not just thinking about it as increasing access, [but also] how race and stigma play into that…and all the things that exist outside our doors that we're working to undo." – LLT member

"When we started out, we wanted to create a survey for clients. And based on some of these learning events and hearing from other teams, that has morphed into clients doing a video interview lived experience in some way, and several team members referenced *to share their experience. A peer support model – let's talk about concerns and videotape that for other people and share how this has helped you. That definitely came from hearing other teams share their thoughts and ideas." – LLT member*

Many projects resulted in sustained changes to participants' practice of collecting and acting on consumer voice. Examples of practice change include:

- Several projects are collecting, analyzing and utilizing data (including qualitative/patient experience data) in new ways to identify disparities and improve patient access/outcomes.
- Some LLTs are making changes to hiring practices and interviews to promote a more representative workforce and considering new ways to empower patients to act as peer support workers or mentors.

Spotlight: Elevating lived experience and advancing racial equity through projects

LLT and SR projects highlighted lived experience in a number of ways. Some projects used data to understand and address disparities; others amplified the voices of patients and providers. Examples include:

- **Team Peacock (Marin County)** developed best practices around collecting Sexual Orientation and Gender Identity (SOGI) data and developed a training for county health departments. To deepen their equity focus, they explicitly centered QTBIPOC (Queer and Trans BIPOC) in their efforts; the **SR group working on the use of data to advance equity** featured Dr. Blum from Team Peacock in a well-attended webinar on the topic.
- **Team Sunset (Alameda and Contra Costa Counties) collected patient feedback** to highlight racial, ethnic and/or language disparities in behavioral health screening, referral and engagement at Axis and LifeLong clinics. They created a dashboard that highlighted key disparities, and implemented a patient survey that they will sustain beyond DCC. Group members credited their work in DCC with shifting their culture toward one of consistently seeking feedback from patients and staff.
- **The SR group focused on telehealth conducted interviews with patients** to better understand their experiences receiving behavioral health services via telehealth. The group recruited a diverse group of interviewees – including a resident of Gateways Hospital in Los Angeles who was connected to them by **Team Goodhearted Knights** – and produced public-facing vignettes based on their stories.
- **One SR group used a survey of peers** to collect and highlight best practices for career pathways for peers working in BH and PC settings. When the initial sample was skewed toward white respondents, the group redoubled their efforts to recruit a more diverse and representative sample. Survey results will be synthesized into a brief intended for a policy audience.

3

Both: Centering lived experience and advancing racial equity is an ongoing challenge for DCC and for the field.

Although the focus on lived experience and racial equity was very strong throughout DCC, SR and LLT members emphasized that the work is far from complete. Several people cited lived experience in the workforce, and on the SR itself, as growth opportunities.

Participants recognized racism and stigma are deep, structural issues that will not be solved in the short term. While DCC projects have potential to improve policy and practice for Black, Indigenous, and People of Color (BIPOC) with lived experience in the behavioral health system, change will require long-term, sustained effort.

"I think what we ended up doing wasn't just a deliverable, it was a gateway. It was just something that we embedded in all of our work. That was why I think it was so successful, because having it tied to a deliverable means that we figured it out. But I really don't know if anyone has figured it out."– SR member

Participants talked about the continuing work needed to understand stigma across historical silos.

"There is a stigma around the having a diagnosis of mental health... We have expertise, but we still need to work on it in behavioral health. What things [need] to improve in primary care too? Because people do get dismissed in primary care if they have … a mental psychiatric diagnosis. I've experienced that. And I know many people that have experienced it in dialysis treatment or cancer treatment." – SR member

How to integrate people with lived experience into the initiative and everyday work was a topic throughout DCC. The overall sense of just starting on a longer journey was present in both the SR and LLT.

"I feel like we kind of scratched the surface with lived experience and scratched the surface around antiracist practices. Moving beyond just recruiting people of color to come and work for your organization, but how are you going to retain them? What are you doing with the community? You know, how are you really engaging the community? I think those are all things that should be continued to be talked about with organizations." – LLT member

During the first half of the initiative, this goal led to a structural change in the SR: to formally include a lived experience representative. SR members appreciated how their new member meant that the group was better integrating lived experience into their work. Many talked about the need for broader peer representation on the SR. When asked who was missing on the roundtable, most members cited a peer-run or peer-led organization.

A focus on how all DCC members bring their own lived experience was built into learning events, but some SR members wanted this to be a stronger focus in discussion. They pointed out that owning and sharing their own lived experience can be a powerful way to connect to the content and to each other.

"I think there should have been more intentional focus on either one of two things: bringing their lived experience, or …to have really created a culture where all individuals ... could have been able to have spoken more about our own mental health conditions and how those impact our work… You know, all of us are generally attracted to this field because of our own lived experience. So that could have been another strategy that [they] could have used that they didn't." – SR member

4 DCC offered a unique opportunity to build collaboration, which is the foundation for policy and practice change.

- LLT relationships were strengthened by the time and space DCC offered for collaborative work. Collaboration *between LLTs* was more limited, in part due to the diversity of projects.
- DCC provided SR members with a unique opportunity to collaborate across historic divisions. Power dynamics on the SR posed a challenge. Members suggested that having people with similar organizational roles could mitigate these dynamics.
- Both groups felt that many essential organizations were invited, but also that there were some key organizations were missing or disengaged.
- Both groups intend to continue collaborating after DCC. The SR would benefit from ongoing structure and support for collaboration.

"Working with others, interacting with other agencies at different levels, and interlocking to get things done… it was just a real nice experience in that regard."
– LLT member

4

Relationships and collaboration are the foundation for effective policy and practice change; the growth of relationships and collaboration was central to DCC.

Community and equity at the center:
Informing how all the elements develop

The Essential Elements of Collaboration Framework outlines what should be in place for effective joint action to occur.

- **Shared purpose:** A sense of ownership, driven by commitment to the joint and/or aligned priorities of the group.
- **Essential people at the table:** The engagement of key stakeholders, with representation from relevant sectors and those with lived experience.
- **Adequate structure and support:** Dedicated resources and staff providing administrative support; in DCC, this role was played by the program office (see key takeaway 6).
- **Active collaboration:** Active, engaged participation in shared work, open communication, and mutual respect.
- **Shared leadership:** Shared, facilitative leadership that fosters trust and collaboration.
- **Taking action:** Collective activities, and progress toward outcomes.

Within DCC, the SR and the LLTs worked collaboratively to effect policy and/or practice change. The nature and extent of their collaboration was assessed using this framework in order to highlight the extent to which foundational elements were in place.

For more on the Framework, click here or see www.cche.org

4

LLT: LLT relationships were strengthened by the time and space DCC offered for collaborative work.

LLTs built and strengthened both existing and new relationships and collaboration among the participating organizations. Most cited the time, space, and resources they received as part of the project as instrumental to the growth of trust, communication, and a common understanding of goals. Collaboration *between* LLTs was more limited, in part due to the diversity of LLT projects.

LLTs built collaborative relationships throughout DCC. In both the midpoint and final surveys, the majority of LLT respondents said that DCC positively impacted their collaboration with the other organizations within their team. Responses to the final survey were somewhat more positive than at midpoint. In both cases, trust, common understanding of goals, and communication were rated higher than the pace of the work and engagement of essential organizations.

Virtual Learning Events and convenings included time for teams to reflect on content presented in events and to strategize and plan to move project work forward. Given the competing demands on time, having dedicated space for connection and collaboration during initiative events has been an important mechanism for supporting LLT progress.

Members had somewhat more mixed feedback about their engagement with other LLTs. While they appreciated the opportunity to speak with other teams and saw them as key sources of information and/or inspiration, some found it challenging to build relationships due to differences between the projects.

LLT ratings of elements of collaboration

"It was kind of hard to connect because our projects were so different. I know we had gotten one-pagers around what everyone's projects were, but it was just hard to orient or sometimes find those connection points between our projects and what each of our goals were." -- LLT member

LLT Spotlight: Building relationships in challenging times

Team Hunab Ku Turtle (Fresno County), anchored by Integral Community Solutions, Inc. (ICSI), used DCC as an opportunity to convene community partners around a shared mission, vision, and strategic plan of improving care for the Latinx population of Fresno County. This LLT started DCC with two main goals: (1) to establish a network of CBOs at the local and state level; and (2) to implement community-engagement practices to create an advocacy group consisting of mental health consumers and families to guide an integrated recovery-focused framework for service delivery.

Throughout DCC, Team Hunab Ku Turtle prioritized relationships, trust, and community connectedness. Like other teams, they experienced challenges related to the pandemic and its aftermath: burnout, overwork, and turnover affecting partners, alongside deep and complex need in the community. As the lynchpin of the team, ICSI brought deep roots in the community as well as institutional and cultural knowledge and managed to both forge and sustain the relationships necessary to keep the project moving. Key accomplishments for Team Hunab Ku Turtle included:

- ICSI became a Medi-Cal reimbursable provider in Spring 2022.
- Worked with partners to develop a shared vision and a joint strategic plan.
- Fielded an evaluation survey and pursued a storytelling project with community members.

While progress ultimately looked different from what was initially envisioned for this LLT, team members shared that the dedicated time and structure of DCC provided a unique opportunity to reflect on their practices and connect and plan with community partners. They also valued the opportunity to learn from other teams who were working toward greater integration of services in different contexts but were experiencing some similar challenges.

4

SR: DCC provided SR members with a unique opportunity to collaborate across historic divisions.

SR members described the existence of the SR as a win, noting that many of the organizations involved would not come together collaboratively without a structure like this one. Some reported this was the first time they had dedicated time and space and figure out alignment between organizations.

"I think the initiative itself being created and invested in is a bright spot, right? Because this was really the first of its kind in California, where… representatives from state associations on the specialty and non-specialty integrated behavioral health and primary care got together to identify priorities and work through some policy alignment and practice recommendations. I think that is a big win in and of itself." – SR member

The DCC structure created a dynamic and unique space for collaboration among state-level organizations – both for those who may not have worked together before, and for those with working relationships prior to DCC. For the latter group, DCC provided a new context for collaboration. Many commented that it was unusual for them to come together in a positive, collaborative, generative way.

DCC enabled members to transcend the normal political environment to some extent. Several members cited the typically contentious atmosphere in policy work, noting that DCC offered an opportunity to reset and counteract past negative experiences. This was particularly important during the COVID-19 pandemic, when connection was limited.

SR ratings of elements of collaboration

"Some of the success is better relationships with the other State Roundtable members. After two plus years of virtual and Zooms, there wasn't a lot of those organic chances to connect with other associations [outside of DCC]. Providing that chance to realize, 'oh, they're also working on priorities that we're working on, there's potential opportunities to collaborate here'. That was one of the things that worked well." – SR member

4

SR: Power dynamics on the SR posed a challenge. Members suggested that having people with similar organizational roles on the SR could mitigate these dynamics.

Many SR members noted that power dynamics could be an issue when there were people at different levels serving on the same group. This had an impact on group dynamics, and on the SR's ability to move work forward quickly.

Power dynamics between organizations and between people sometimes made the work of the SR more difficult. Some members were reticent to take a position on an issue without hearing from a larger or better positioned organization.

Also, since the SR included people from different levels of their organizations – specifically, CEOs and people at the policy or deputy director level – positional power dynamics created some tension.

Many SR members suggested that policy/deputy directors (or equivalent) were a better fit for the SR than CEOs because they had:

1. Adequate standing to act on behalf of their organization.
2. Close acquaintance with the policy world.
3. The ability to dedicate the time required to participate.
4. More ability to fully engage as they did not have the same number of competing priorities as CEOs.

"When you have a chief officer or a CEO on the State Roundtable… I think they just come with a different vision and see it as a different opportunity as opposed to those of us at the staff level." – SR member

"The big elephant in the room is just some of the power dynamics with some of the State Roundtable members." – SR member

"[Other, larger organizations] are essential to our operations and our success. So sometimes I'd wonder what they were thinking because their thinking could affect our own policies and government affairs issues as well. And sometimes they are a lead on something and I don't want to speak ahead of them." – SR member

"It was a little cumbersome when executive directors were on the work group with the policy staff because it creates an imbalance of power, regardless of how nice they are or how hard they try. …EDs will typically always prioritize something else.... A lot of the policy staff showed up ready to work." -- SR member

4

Both LLT and SR members thought that many essential organizations were invited, but also felt there were some key organizations who were missing or disengaged.

SR members generally felt that the SR included the organizations that would need to be engaged in order to advance BH-PC integration in California.

Many SR members commented positively on the membership and five of seven (71%) of SR survey respondents thought the SR included the essential organizations needed to advance DCC goals. They appreciated that the group was "unique" and "the first of its kind". They also identified gaps and offered suggestions for others who should have been included.

The most often-cited missing piece among SR members was a peer-run organization that could represent lived experience more fully. Members strongly supported the late addition of a person with lived experience. However, they also noted some potential drawbacks of that representative being added later in the process and that its not possible for one person to represent all peers. Other recommended groups focused on equity, substance use, and homelessness.

"It seemed like it was more about building relationships than it was about an outcome. And which is hard when there's a lot of turnover in the group." – SR member

LLTs were somewhat less positive about the engagement of essential organizations, in part because partners on the primary care side were difficult to engage.

Teams that included a primary care partner cited particular challenges with engaging those partners. The impact of the COVID-19 pandemic on communities and the health care system contributed to these challenges, and to a sense among some participants that the DCC time commitment was burdensome.

"[Our primary care partners] weren't actually willing to dedicate staff time or put any real effort or resources toward it, and I get it. We were in the middle of a pandemic." – LLT member

Consistent participation was seen by both groups as important to building relationships and accomplishing collaborative work. Both groups cited turnover and/or lack of engagement as a challenge.

- **For the SR**, newer members sometimes had difficulty integrating themselves into the group when their predecessors left. Furthermore, when members did not participate regularly, it damaged group cohesion and slowed the work down.
- **For the LLTs**, some members experienced increased workloads due to turnover within their own organizations and were not able to engage in DCC as fully as they had initially hoped.

4

Both LLT and SR members intend to continue collaborating after DCC. The SR in particular would benefit from ongoing structure and support for collaboration.

DCC helped LLT and SR members to form relationships that are instrumental to their day-to-day work. SR members in particular talked about the ways they are collaborating outside of the formal structures of DCC. For both groups, collaboration is likely to be ongoing.

The collaborations forged through DCC have proved particularly important to SR members' advocacy work. Members reported reaching out to other members to share ideas and perspectives in a more spontaneous and informal way than was possible before DCC (e.g., text messages, phone calls, lunches).

Several members elevated specific examples of actions that have come out of the relationships forged through DCC, such as joining each other's listservs or extending or receiving requests to join coalition groups, sponsor bills, or send letters of support for specific legislation.

With support, DCC collaboration has the potential to continue.

- All SR survey respondents intend to continue collaborating with other SR members formally or informally after DCC.
- 93% of LLT survey respondents (13/14) intend to continue collaborating with other members of their LLT on new or current projects.

SR members said that they did not feel that the kind of collaboration that occurred within the SR would happen without some sort of structure. Many wanted more time together as a group to build on their momentum and realize DCC's potential.

"The newer connections that were built or strengthened through participation in the Delta Center mean it's more likely for me to just think, 'I should reach out to [another SR member] on this issue and see what they think about it or what are they doing.'" – SR member

"The other LLTs were fantastic… We did connect with [a peer LLT] on a number of different topics offline to better understand their behavioral health and primary care integration. We had some e-mail exchange back and forth and some other things. I do see them as a resource moving forward. Likewise we hope that they see us as a resource moving forward. That was great to have those connections." -- LLT member

"Just having a forum where we are at the same table as people that we may not work as closely with on a day-to-day basis or be in the same room with … is the type of collaboration that maybe otherwise wouldn't have happened [without] Delta Center to bring everyone together." – SR member

5 LLTs and the SR took collaborative action on policy and practice, sometimes in ways that were different that originally intended.

- The completion of high-quality, practice-oriented final products was a success for both groups.
- The SR took limited action on some policy priorities; the relationship to state-level policy related to BH/PC integration was different than originally intended.
- DCC enabled LLTs to advance practice – and in some cases policy – change that would not have been possible without dedicated resources.
- Bi-directional feedback was somewhat limited, except in cases where LLT and SR priorities were closely aligned.

"I would say impact on overall integration of the [behavioral health and primary care] systems, that remains to be seen." – SR member

5

SR: The completion of high-quality, practice-oriented final products helped SR members to coalesce around shared purpose in the latter part of the DCC experience.

SR members felt it was important to have concrete products coming out of the SR, noting that these projects helped to give structure and purpose to the roundtable experience. Projects focused on areas related to BH/PC integration and incorporated a strong focus on lived experience and racial equity.

SR members reported that small group projects could support aspects of PC/BH integration by advancing related policy areas identified as shared priorities early in DCC. These priorities – telehealth, data, and workforce – have the potential to improve the responsiveness of the system to the consumer experience. There was mixed feedback on the small group priorities. Some SR members appreciated the focus on narrower policy areas; others wondered if the policy agenda could have been more comprehensive.

"The golden rule way to do it is to be thinking as a team about what are these bigger goals, breaking it into pieces and then giving those to subgroups to kind of tackle. I thought it was really great. We got to self select into things that we thought we could be the most impactful in… We were all just really impressed." – SR member

Ultimately, SR members were proud of the products that came out of the small groups. While projects were a lot of work, most SR members felt that it was important to have tangible, persistent products emerge from the SR given the time investment of DCC.

Many also felt that the projects could have longer-term impact on the field, but that this would be highly dependent on the dissemination strategy. They noted that in the future it will be important for individual SR members, as well as the program office and funder, to get products in front of policy makers.

SR small group final products

- Web-based, illustrated **vignettes** highlighting lived experiences with telehealth
- A **written brief** highlighting texting as a telehealth modality; the brief provides an overview of existing research and suggests future directions for California..
- A **webinar** detailing best practices in collecting and using SOGI and REaL data to advance health equity; 250 people attended the webinar live.
- A **workbook** of organizational strategies for elevating and supporting people with lived experience, particularly those affected by mental health or substance use and/or those who have received care within the Medi-Cal system.
- A **brief and accompanying visual presentation** highlighting survey results career pathways and experiences of peers.

"You have to have takeaways, you have to have leave behinds. If you don't, then it's really easy for this kind of initiative to sort of just fall flat after the fact. So I think the creation of those assets and toolkits to be used later on by the folks who participated has been really great." – SR member

5

SR: The SR took limited action on policy priorities related to BH/PC integration.

Most SR members valued the opportunity to identify and take action on shared policy priorities. The policy actions that the group ultimately took were small, but meaningful. Some members wanted stronger action but wondered if it would have been possible, given the time required to build trust and find common ground.

Many SR Members thought that the joint policy actions of the SR were notable achievements, given that the organizations involved have not collaborated in the past. Generally these members felt that building collaboration across historical boundaries was the most important goal. Many thought more ambitious action might not have been possible given the diverse and sometimes conflicting interests represented by SR members.

Other members thought that the scope of SR policy action was too narrow, and/or not strongly oriented toward high-leverage approaches to BH/PC integration. Some wondered if the co-design process had contributed to a focus on lower-conflict areas (e.g., telehealth, workforce).

SR members called out how they drove the collective work and bore responsibility for its content and direction. As one SR member stated, "If we don't like it, we only have ourselves to blame."

Looking ahead, members wondered if the group could move more nimbly in the policy space now that relationships are established and there is momentum. Some suggested that aligning more closely to current policy opportunities (e.g., guiding the implementation of CalAIM) and/or to the legislative calendar might help the group to make more progress more quickly.

Many SR members commented on the pace of the work, calling out how more specifically designed priorities could have helped the SR move to action more quickly. For a couple of members, the solution was for the funder to set more specific priorities and mentioned that it took them a while to understand where DCC was headed – or that they came in during the middle and found it confusing.

Examples of SR policy action have included joint statements in support of:

- The commitment to the behavioral health workforce in Governor Newsom's **2022-2023 California Budget**
- **AB 1394,** which requires general acute care hospitals to establish suicide screening for patients ages 12 and up.
- **AB 32**, which allowed new patient relationships to be established via a synchronous audio-only modality.

"I think when you look at the [SR] project, you really couldn't have bit off a bigger chunk in this round and been successful. Of course we see the far goal, but it's important to remember that this process was dictated by the people who were participating in it. Even if, for example, JSI pushed us harder…You would have lost cohesion in the group... I don't know that it would have been good for it to go that way because that trust component and being driven by the group itself is really critical to the way that it worked."– SR member

"I think probably one of my expectations that didn't end up coming to fruition through this group was that there would be meaty, substantive policy issues we were helping advance or move forward. That just wasn't the case for all of the reasons that I just outlined, like a lot of different stakeholders representing different constituencies with different priorities" – SR member

"This opportunity to work collaboratively and bring that message that both primary care and behavioral health together is so crucial. We're not there yet. Each one of these are such huge subjects … I feel like it may not change that quickly." – SR member

5

LLT: DCC enabled LLTs to advance practice and in some cases policy work that would not have been possible without dedicated resources.

Project work was central to the LLT experience and to LLT members' overall assessment of DCC. All project teams registered successes, even if many projects happened differently from how they were originally intended. Many LLTs experienced challenges related to turnover and/or overwork in the context of the pandemic but were ultimately proud of what they accomplished.

LLTs were tasked with developing projects to advance practice within their local organizations. Many projects successfully elevated consumer voice and improved the consumer experience in the local setting. In some cases, LLT members saw these organization-level changes in practice as ones that would likely sustain beyond DCC.

Not surprisingly, many projects could also serve as bright spots to showcase potential state-level policy change. For example, Team Peacock developed training for county behavioral health agencies on the collection of SOGI data, and Team Eagles engaged in state-level advocacy for Certified Community Behavioral Health Centers (CCBHCs).

LLT members overall agreed that the resources they received through DCC were critical to project work. Most referenced support from coaches and flexible funding as the most critical supports. Some members also found the statewide perspectives they gained through DCC convenings helpful, while others saw these as less relevant to their DCC goals.

"We made a ton of progress and Marin County has completely changed the way that they do SOGI data collection. And you know it has, I think, become probably the perfect example statewide of what we would want this process to look like." – Team Peacock team member

"I think honestly the biggest, the number one thing for us was just having a dedicated space to hold this work and to do this work." – LLT member

LLT project accomplishments

- **Team Eagles** published a white paper on the role of CCBHCs in CalAIM (see Spotlight); they are continuing to work toward state-level support for CCBHCs.
- **Team Peacock** updated their client profile to include new SOGI fields based on client feedback; they also created a training for counties and service providers on collecting and using SOGI data.
- **Team Sunset** developed a data dashboard to identify and respond to disparities in service based on race ethnicity and/or language; the team has also integrated consumer voice into their work in an ongoing way through surveys and focus groups.
- **Team Goodhearted Knights** created a wellness space to improve client health and access to care; they went beyond their initial plan of providing space and technology for telehealth appointments by bringing in gym equipment.
- **Team Hunab Ku Turtle** created a joint strategic plan for agencies in the Central Valley; their big picture goal is to work together to improve mental health care for the local Latinx population.

Spotlight: Working together to advance policy change

Team Eagles (Santa Clara County) entered DCC with a goal of creating a care system to better meets the goals and needs of individuals and families and to address racial and economic disparities. As a Certified Community Behavioral Health Center (CCBHC), the team – comprised of Uplift Family Services, Pacific Clinics, and School Health Center of Santa Clara – was well positioned to advance DCC priorities related to behavioral health-primary care integration.

Payment reform was a central focus for members of Team Eagles throughout DCC. In the words of one team member in reference to fragmented care delivery, “The reason why organizations operate this way is because they're incentivized to operate that way, because that’s how they’re paid. And that's the issue.” Uplift Family Services merged with Pacific Clinics in March 2022, which presented some capacity challenges. Still, the team registered policy-related accomplishments during DCC:

- Published a white paper on the role of CCBHCs in California Advancing and Innovating Medi-Cal (CalAIM)
- Presented to several State senators about CCBHCs and secured legislator support for bridge funding

“CCBHCs could serve as the foundation of a more robust healthcare system and immediately fill critical gaps in care as the state implements CalAIM services over time.” – Team Eagles white paper

In March 2023, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced one-year planning grants to states to become CCBHC demonstration states. Team Eagles, alongside members of the State Roundtable, met with leaders from California’s Department of Health Care Services to encourage them to apply. Although the State of California did not pursue the opportunity, Team Eagles is continuing to meet regularly with members of the State Roundtable to elevate CCHBCs as a sustainably funded model for delivering integrated care in California.

5

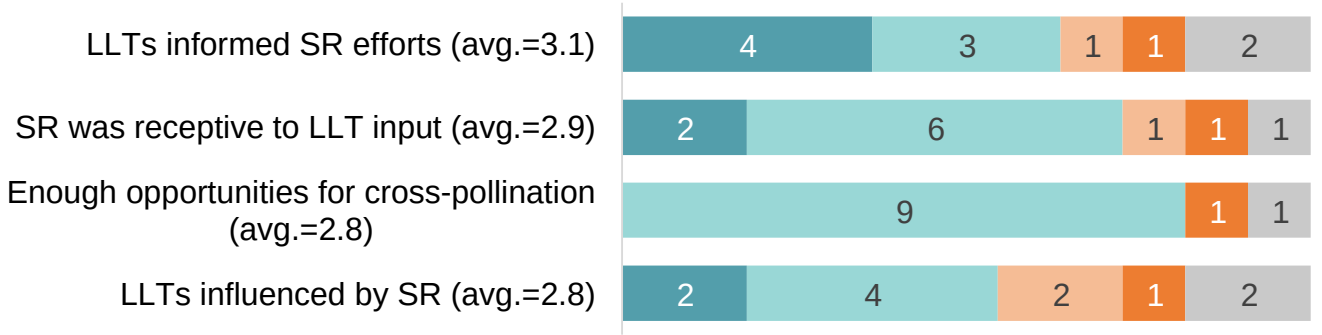
Both: Bi-directional feedback was somewhat limited, except in cases where LLT and SR priorities were closely aligned.

Although there were some notable examples of collaboration between the SR and LLTs (e.g. around SOGI/REaL data and CCBHCs), many LLTs and SR members were unclear about the expected relationship between state and local work. While the groups were designed to bring different perspectives, both ultimately developed products directed toward organization-level practice/policy change (short-term), while making the case for state-level policy change (longer-term).

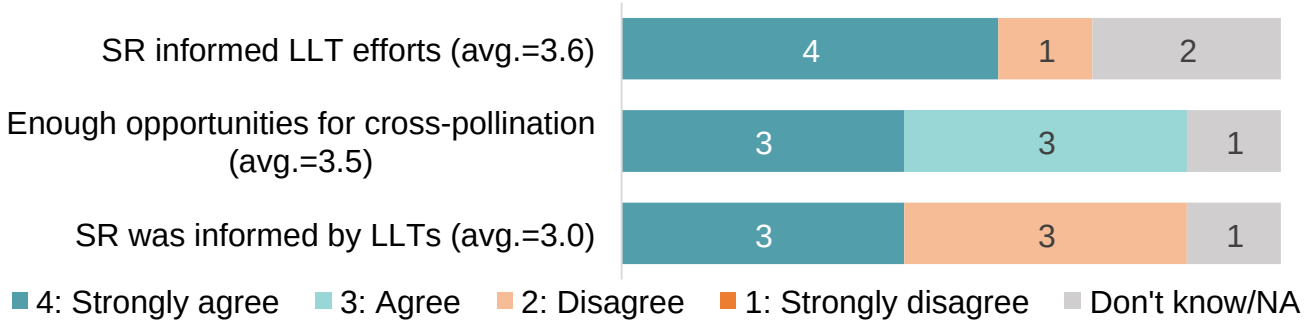
SR members appreciated the opportunity to interface with the LLT members (e.g., at convenings) and liked the overall idea of influencing each other's work but didn't think that happened strongly or often. In interviews, several SR members mentioned wanting to know what ultimately happened with LLT projects.

Similarly, LLT members valued opportunities to engage with policy makers but felt there were limited opportunities for local work to influence state-level policy. A couple of LLTs were able to offer examples of opportunities they had to elevate concerns to the state level; others felt that communication had been one-sided and that when the SR was engaged, they felt disconnected from the LLT's projects.

Rate the extent to which…(LLT responses)



Rate the extent to which…(SR responses)



"There were enough forums where it's a unidirectional communication….. I think a lot of those sessions were preloaded where there wasn't time for dialogue. So yes, there was an opportunity to share information, but it really went one way." – LLT member

"On the bidirectional feedback loop, I feel like I really wasn't connected to the local teams… I went to two different convenings with the local teams and I don't really know at the end of the day what they're doing, like what their final products look like." – SR member

6 DCC structure and support was key to the initiative's success.

- LLT and SR members credited DCC support with enabling them to accomplish work they otherwise could not have.
- For the LLTs, coaching was the DCC component most highly valued by members.
- SR members appreciated program office's facilitation and project management.
- For both groups, the flexibility and adaptability of the program office and funder were appreciated.

"I'm sad to see this ending soon… [We] need to be brought together or it just won't happen in our busy world."
– SR member

6

Both LLT and SR members credited DCC support with enabling them to accomplish work they otherwise could not have.

LLT members felt they were able to move forward on work that they would not have been able to engage in without dedicated resources from their involvement in DCC.

DCC gave LLTs time and space to pursue project work, participate in learning opportunities, and interact with state-level leaders. Some LLT members, especially those working in care settings, had difficulty making time for DCC activities and wished they could have participated more fully in convenings and learning events. They felt that they "missed out" on important learning and connection opportunities.

"This was definitely a privilege to be part of, and we almost felt like the money helped us to really just stop and reflect and think for a while as opposed to always acting. And that's really I think what happened, what benefited our organization and our partners." – LLT member

"There were a lot of times that I couldn't attend things because I have other responsibilities that I couldn't not do. So that was difficult, you know? … It would be nice to have more dedicated space and time to be able to do this." – LLT member

Both groups commented on the skillfulness with which the program office moved to a virtual format and provided overwhelmingly positive feedback about their ability to sustain engagement via expert use of online collaboration tools (e.g., engaging activities, real time visual notetaking, intentional relationship building). While members of both groups would have welcomed opportunities for in-person engagement, they also saw real value in the way that the online experience removed barriers to participation. Some SR members noted that they would have found a central online communications hub useful as they had difficulty tracking DCC e-mail communications [note, an online Slack platform was available].

SR members felt it was necessary to have a neutral convener to help establish priorities and keep things moving, especially when members came in with competing agendas. They credited the program office (JSI) with holding the space for members to lead while also moving work forward, often a difficult balance to strike.

SR members also credited DCC with providing a supportive structure for pursuing shared priorities.

"Monthly meetings were a great opportunity to connect with other Roundtable members. That was extremely valuable, and I really enjoyed that. To be able to make those connections virtually is rare. [JSI] really set the space for those connections and then the dialogues and collaboration. [I was] impressed with the staff and the team that that captured everybody's views, their comments, and everything that was coming. They really did a great job." – SR member

6

LLT: Coaching was the DCC program component that was most highly valued by LLT members.

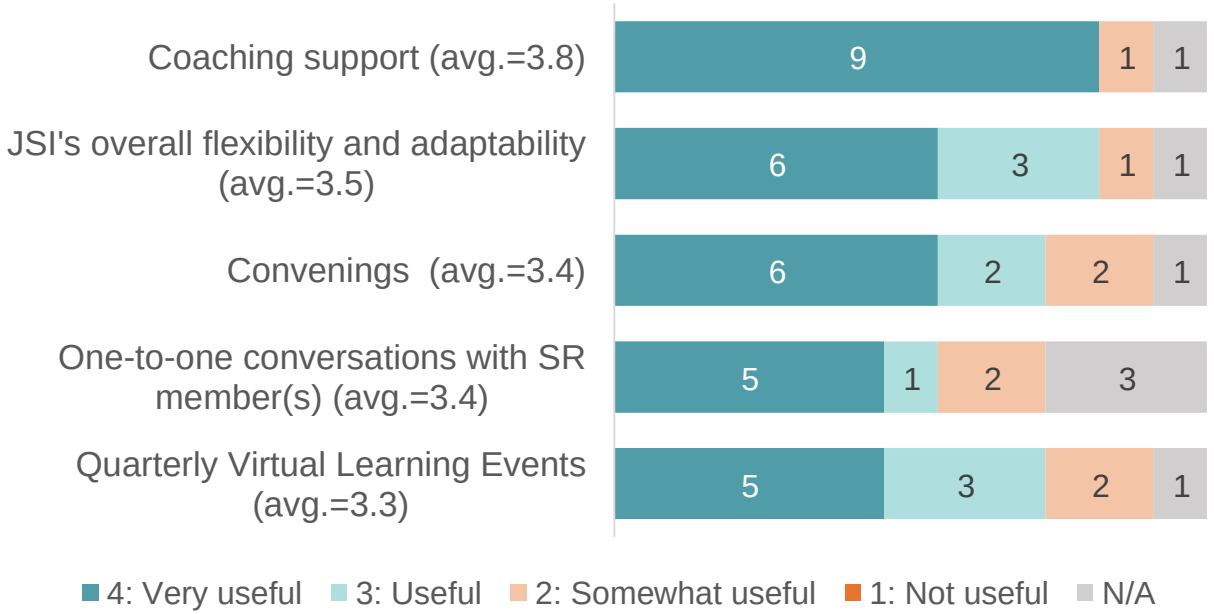
When asked to name one element of DCC that they would keep in a future iteration, LLT members named coaching. All teams credited coaches with helping them to complete project work and move through challenges.

In the final survey, LLT members rated coaching as the most useful component of their DCC experience. Furthermore, 100% of LLT survey respondents rated the level of support they received from coaches in DCC as "outstanding" or "very good."

Coaches played multiple roles for LLTs, including troubleshooting issues that arose, suggesting resources to move work forward, providing an external perspective, and serving as a supportive presence and accountability partner for teams. LLT members variously described their coaches as "sounding boards," amazing," helpful," "lovely," and "absolutely vital."

LLT members appreciated that coaches offered tailored support, citing instances where a coach connected them to external expertise or provided guidance on aspects of the work that may not have been part of the original plan.

Usefulness of DCC program components



"That was just such a unique experience to be able to meet monthly for an hour with someone who is really enmeshed in this behavioral health work and is really well connected. And has a different perspective from us and helped us see things maybe in a bigger picture way or work through some things." – LLT member

"It pushed [our project] to get done. I don't know if it would have gotten done if it was [just] us internally talking about - without this kind of 'hey, we've got a coach!'" – LLT member

6

SR: SR members appreciated the program office's facilitation and project management of large and small group components of DCC.

SR members appreciated the balance between the large and small group components of DCC and saw benefits in each. All members acknowledged that the program office's facilitation of meetings, and overall management of (especially) small group projects, were critical to DCC's success.

The overall structure of the SR worked well. Members felt that the mix of full and small group components served the aims of the project while providing a valuable experience for members.

- **Full group** benefits included building group cohesion, providing common understanding of the policy landscape, visioning, setting big picture goals for the group to work towards.
- **Small groups** were where the work happened. They provided a venue for members to engage in different ways. Members talked about how they got to know each other well in small groups and felt that was the venue where they were best able to contribute.

The program office (JSI) combined subject matter expertise with exceptional facilitation and project management skills in a unique way. All SR members appreciated how much the program office did to make sure the work and products moved forward. They felt that they were meaningfully involved in projects while also acknowledging the very heavy lift of program office staff that was necessary to get projects across the finish line.

"I think it kind of puts the onus on the small group members to speak more rather than being able to hide in a big group. It allows you to troubleshoot and think through questions. The small groups are honestly needed if you want to have robust input and participation." – SR member

"I really liked how we framed it in the later stages of Delta Center, where the meetings became working meetings, so it blocked off time for us to do the work. Instead of having homework outside of the meetings." – SR member

"[JSI staff] were just wonderful. I mean, they were not just project managers extraordinaire, but they really, I felt, had a good handle on the content and did a nice balancing of pushing folks along and creating structure, but still allowing the expertise of the group to shape final products." – SR member

"I would say [JSI has] just been really effective at convening conversations at the right junctures and with a lens for continuous improvement. And I think they've also been really receptive to feedback throughout the process." – SR member

6 **Both** LLT and SR members appreciated the flexibility and adaptability of the program office and funder.

Throughout DCC, the program office (JSI) and funder (CHCF) adapted to changing circumstances related to the pandemic and to shifting priorities in both policy and practice. LLTs appreciated having space for projects to evolve, while SR members appreciated that the group was able to drive the direction of the work. Both found the shift to a virtual format successful.

LLT members appreciated the flexibility and grace they received with respect to their projects. They felt that it was a true collaborative process that allowed them to adjust scope and pivot throughout the initiative. Several teams experienced turnover and/or lack of engagement from partners and were able to adjust accordingly (see spotlight describing one team's experience).

SR interviewees felt that SR members drove the work of the SR. SR members reported that the program office's support was critical to their ability to establish direction, and to move to action once direction was established. A few members, however, felt that a more directive approach would have resulted in more decisive action, even though they appreciated the flexibility.

Both groups felt that the program office's transition to a virtual format was successful. SR and LLT members commented on the program office's skill in executing virtual meetings and convenings and managing virtual collaboration tools and processes.

"[The program office and funder] were really understanding [that] it's not working. And I appreciated that. Rather than being like, no, you need to have these healthcare people involved with this project." – LLT member

"Really letting it be led by the folks who are participating. I kind of come back to if there was anything that I didn't really like in the process, I would point more to the group and our decisions." – SR member

"The convenings, I think especially early on were really engaging, especially for virtual… I thought [they] were very, very expertly run and definitely in the top rankings of any virtual convenings I've ever participated in in terms of organization." – LLT member

"Overall, I think the JSI team did an incredible job with a challenging, changing, group whose work had to be at least somewhat shaped or informed by the impacts of COVID… Their team are excellent facilitators." – SR member

Spotlight: Flexible support helped participants navigate challenges and adapt

Team Good-Hearted Knights (Los Angeles County) started DCC with the goal of improving access to and uptake of preventive care for residents of Normandie Village, a facility serving clients with mental illness who are transitioning from locked placements. Gateways Hospital, which runs Normandie Village, sought to partner with LA Christian Health Centers to integrate telemedicine as a modality for primary care for residents, and (longer term) to reduce the stigma experienced by residents and increase their comfort in seeking health care.

During the pandemic, Gateways established the technology infrastructure and a quiet space for residents to engage in telehealth visits. Staff sought feedback from residents about their needs via a survey and solicited clients to record video testimonials about their lived experiences. Gateways' DCC coach encouraged the team to listen and respond to client feedback, even if it shifted the direction of the project somewhat.

Among the changed priorities that the Gateways team pursued were two of the project's most significant accomplishments:

- Reestablishment of a resident council at Normandie Village post-COVID
- Co-design and installation of a resident exercise area with gym equipment, to support residents' holistic wellbeing

The team credited the flexibility of funder and program office with allowing them to use funds to respond to needs identified by clients.

"I feel like we were able to do so much more good for the clients with our shift than what our original vision was. And that was just such a bonus to be able to have that freedom to be able to adjust and to be able to pivot and to be able to best serve our clients needs." – Goodhearted Knights team member

Lessons learned

“What went really well is [that] at some point, who did what sort of blurred away, right? Who worked for Delta, who didn't work for Delta? It became more like a commissioned work thing instead of like, oh, there's the representative from [specific organization]. … It's almost impossible to do that virtually. So congratulations to Delta.” – SR member

Considerations and lessons learned – part 1

These lessons learned were shared and discussed during the initiative to support continuous improvement. They will also be useful for the field to consider when engaging in initiatives that include one of the following: taking a co-design approach; emphasizing lived experience and racial equity; building collaborative relationships across historical divides; and/or adapting during times of crisis.

1. Flexibility, support and responsiveness are key facilitators in a co-design approach.	• Overall, the funder, staff, and participants thought that the co-design approach was a key to building trust, collaboration, and investment in the initiative's success. Participants appreciated guiding the direction of the work and thought it resulted in greater buy-in from participants. • The flexibility inherent in a co-design approach is well-suited to initiative's that are testing new partnerships or navigating challenging situations (e.g. COVID and its impact). The ability for participants to generate their own areas of focus is more likely to result in ownership around the process and outcome. • Initiatives that take a co-design approach can also be complex and bring challenges. By definition, aspects of the initiative will change and this requires a high-degree of trust and communication between the program office and funder. Organizations in both roles need to be bought-in to the process.
2. Be prepared to address the challenges of a co-design approach via guardrails and goal clarity.	• The co-design process involved some trade-offs. The lack of a single focus made it more difficult for participants to work with their peers and/or between the two groups (SR and LLTs). It also made it more difficult to bring in subject matter experts or state-level stakeholders that would be pertinent for all participants. • When employing a co-design model, determine guardrails in advance, such as: 1) which goals, processes or phases of the initiative are open to co-design (and which are not); or, 2) who are empowered as co-designers (staff, participants, community members). • If there need to be significant changes midstream, be clear in real time about the level of pivot this entails. This includes clarity about what is being added (pivoted towards), and whether this will require a pivot away from something else. Will the original goal be addressed in another way? This will help set realistic expectations for participants, program staff, and the funder.
3. Intentionally address the implications of a focus on lived experience and racial equity on initiative structure.	• Ensure that team composition reflects how this goal will play out in the initiative. For example, in DCC this could mean having more organizations on the SR who are peer led and/or rooted in communities of color or including patients/peer advocates in LLTs. • Pay attention to the interplay between advancing racial equity and centering people with lived experience. Ensure that the focus on one does not eclipse the other. • Create space for participants to bring their own lived experience to the work in a more explicit way. While this is not a replacement for adding participants that are explicitly named as lived experience representatives, it can be a powerful way to connect people to the work.

Considerations and lessons learned – part 2

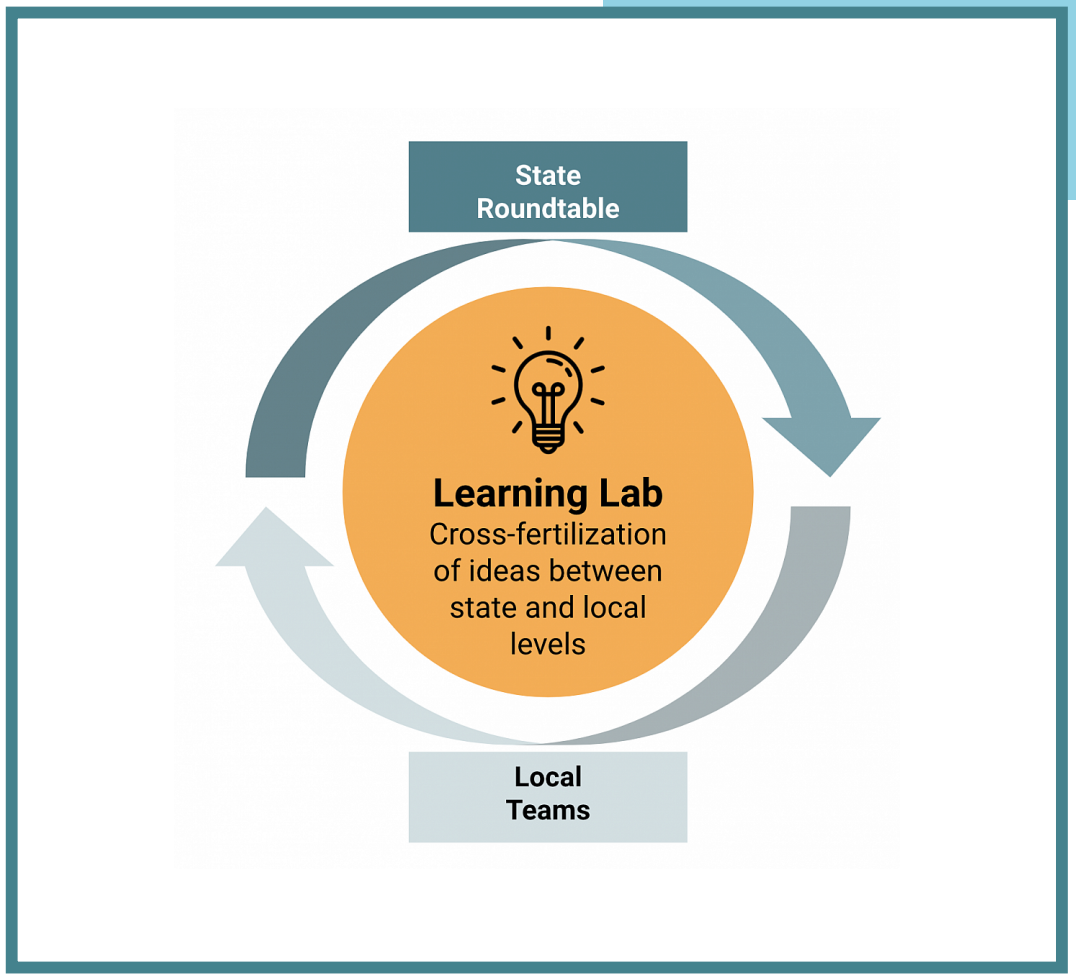
4. Efforts to build brand new collaboration take time, intentional focus and a neutral convener.	• This is particularly true when the initiative is attempting to pioneer collaboration between organizations that can sometimes act as adversaries. It is important to take the time needed for intentional relationship building via activities that help grow trust. These activities should continue throughout the initiative as members turn over and/or the intensity of work increases • A neutral convener is essential. Introducing an outside party provides a structure for conversations to occur and a mechanism to address problems as they arise. • Set appropriate expectations about outcomes from the start: is the main outcome new relationships or are there other collective goals? Is there enough time to accomplish both? For example, in DCC: Most SR members wanted more time together to tackle issues and make policy change. Consider what level of policy-change is appropriate for the initial cycle.

5. Consider quantity vs. quality of collaboration goals in one initiative.	• It is difficult to create the circumstances (structure, time, focus) needed to create multiple new avenues of collaboration in one initiative. Consider which levels of collaboration are your primary goal and prioritize. For example, in DCC:
	  • The intentional cultivation of relationships within each LLT and the SR was critical to achieve each group's collective goals.
	  • However, collaboration was minimal between 1) the SR and LLTs (bidirectional) or 2) peer LLTs. Could the broad cross-group goals be accomplished in a more targeted or intentional way (e.g. "practice informing policy"/"policy informing practice" and "sharing best practices")?

6. The impact of unanticipated public health emergencies/crises cannot be overstated. They require ongoing adaptation of program design and expectations placed on participants.	• It is not possible to overstate the impact of public health emergencies or crises on the participants' ability to participate as planned (e.g., COVID, forest fires, etc.) . Even if participants themselves are not directly engaged in the response, they may be operating in organizations inundated with a myriad of newly urgent priorities. To be successful, the funder and program office must take this reality into account in determining what is still possible. A co-design approach can engage participants in program refinement while also increasing their investment in the program. • Consider the pros and cons of virtual and in-person settings. Many participants talked about how this initiative was a model as they learned how to navigate in a virtual world. The program office's creative approach to facilitation kept participants engaged in the work even though they may have never met each other in person. Some virtual activities at convenings were difficult for some participants, due to technology limitations. On the other hand, virtual collaboration can ease the burden of travel and make it easier for a more diverse group to participate. • Consider the value of a hybrid approach (virtual and in-person). In DCC, participants reported that a hybrid would have allowed them to use in person time for relationship building, while also reducing burden on travel and time during virtual meeting.

Delta Center California
Final Evaluation Takeaways

September 2023



This report was prepared by the Center for Community Health and Evaluation (CCHE). CCHE designs and evaluates health-related programs and initiatives across the United States. CCHE's mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation.

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