

EXECUTIVE SUMMARY

Regional Networks

Improving access to
behavioral health services

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In December 2019 and January 2020, the AHA^[1] conducted in-depth interviews with senior health care and community leaders from a select group of hospitals and health systems across the country. Each organization has a unique community profile, yet all faced a common challenge: meeting the behavioral health^[2] care needs of their community. Each had an explicit goal to increase access to and raise awareness of behavioral health care services in their region. In addition, 3 out of 5 organizations included a specific goal to address and improve the social determinants of health for the behavioral health care population in the community.

The initial interviews and follow-up interviews in 2021 identified key characteristics these organizations relied upon to develop and implement an effective regional network of behavioral health care and how the networks pivoted during the COVID-19 pandemic to meet new behavioral health challenges.

This Executive Brief provides an overview of common characteristics of current and emerging regional behavioral health networks across the nation and offers insights for other communities interested in improving access to behavioral health services through community partnerships.

Key elements required for building and maintaining a successful regional behavioral health network:

- 1 | Engaged leadership** — Hospital/health system CEO, governing body and behavioral health service line leadership are fully committed.
- 2 | Community endorsement and support** — A broad range of community leaders embrace the reality that meeting the behavioral health care needs in a community are multifaceted and must involve a coordinated initiative by hospitals/health systems, community partners, social service agencies and payers.
- 3 | Build on existing strengths and solidify funding** — Assess community behavioral health needs, existing services in the community and collaboration on improved navigation to appropriate services. Formalize funding and philanthropic efforts.
- 4 | Optimize care delivery through standard processes and handoffs** — Evaluation of the types of care provided in the community and region is essential. A structured access and navigation strategy with standard processes will lead to improved access to care.
- 5 | Leverage technology** — Technology such as telebehavioral health services and apps can enhance timely and appropriate access to care. An integrated electronic health record can improve provider access to improve the health of individuals.
- 6 | Actionable data and metrics** — Metrics inform critical steps in improving access and evaluating outcomes. Additionally, they demonstrate value to community partners and funding sources.

Challenges:

- 7 | Stigma remains a barrier** — Of the organizations interviewed, 100% noted that stigma and discrimination for individuals with behavioral health care disorders impedes care. Few communities seem to embrace behavioral health conditions as chronic, biological diseases.
- 8 | Lack of awareness/understanding of existing resources** — Each network identified a general lack of community awareness of the existing behavioral health care services and resources available in the community.

- 9 | Lack of coordination and connection among a variety of behavioral health services, general health care and other human service providers** — Improving the health of the community depends upon the effective collaboration of all mental health, substance-use disorder, general health care and other human service providers in coordinating the care of their patients. Current reimbursement for coordinated services is lacking.

Most network members had not previously worked together in a collaborative capacity, yet ironically, they each depended on each other’s services and support on a routine basis to maintain their individual efforts. That fragmented, uncoordinated care was their biggest challenge as they moved from discussion to implementation. Once they joined together with common goals, the need for continual, effective collaboration became clear.

Network Overview

AHA selection five regional behavioral health networks to represent a broad cross-section of organizational structures, target population areas and a varying degree of existing behavioral health care service delivery portfolios.

Network	Organizational structure	Geographic diversity	Primary population served	Hospital portfolio	Existing behavior health care service portfolio	Financial investment
Avera Behavioral Health (Avera Health)	Multistate health care system	Mountain/West	Rural; 20 states	Research/teaching	Mental health and substance use disorder; telepsychiatry network	\$30 million+ investment of capital and operating
Tampa Bay Thrives (BayCare)	Regional health care system	Southeast	Urban; 3.8 million in four counties	Community	Mental health and substance use disorder	\$10 million investment of capital and operating
Nationwide Children’s Hospital Behavioral Health Services	Regional and national health care provider	Midwest	Urban/rural mix; 1.5 million in 37 counties	Research/teaching	Children’s mental health and substance use disorder	\$50 million+ investment of capital and operating
Helen DeVos Children’s Hospital (Spectrum Health)	Regional referral health care system	Midwest	Rural/Urban mix; western Michigan	Community	Children’s mental health and substance use disorder	\$1 million+ in capital and operating
WakeMed Behavioral Health Network (WakeMed Health)	Regional health care system	Southeast	Urban/rural mix; 1.2 million in three counties	Community	Mental health and substance use disorder	Less than \$1 million in capital and operating

KEY ELEMENT Engaged leadership

- 1. Health system/hospital plays key role as convener and leader.** At least initially, it was common for the health system/hospital to be the leader or convener of the regional network.
- 2. Engaged CEO and governing board.** The health system/hospital CEO and governing body was directly involved in the network formation and oversight of its development and implementation.
- 3. The behavioral health care service line executive is an essential component of the network.** This key behavioral health leader can enhance the ease of stakeholder identification, goal setting and network design, as well as serve as a voice for ongoing community education, fundraising and service provision.

KEY ELEMENT Community endorsement and support

- 1. No network is alike.** Some hospitals and health systems started with an initial focus on building out their internal capabilities and resources (e.g., Avera, Nationwide), and others first drew on collaborative approaches to leverage the services and strengths of community partners, social service agencies and payers.
- 2. Each network participant is also an owner.** Multiple stakeholders in the collaboratives broke down silos to ensure the network's success. A CEO of a community mental health care services agency noted, "The biggest learning for me was how much we needed each other to meet these needs and we, the mental health care community, needed to do more to reach out to others for solutions and support rather than simply relying on ourselves alone as the solution."
- 3. Networks do not require a formal legal body or structure.** Most were able to achieve collaboration and coordination of services without a formal legal structure.

KEY ELEMENT Build on existing strengths and solidify funding

- 1. Communities optimize the use of existing resources.** All the networks leveraged existing community resources to expand access and meet behavioral health needs in a timely manner.
- 2. Health systems build on existing strengths.** Health systems used their position in their market to draw attention to the needs in their community and rally other organizations. Some organizations use their strengths in research or telehealth to develop solutions to address the challenges unique to their particular community.
- 3. There is more than one way to fund a collaborative network.** While one organization spent less than \$1 million by allocating internal resources, another received a philanthropic gift of \$50 million.

KEY ELEMENT Optimize care delivery through standard processes & handoffs

- 1. Adopt common screening and assessment tools.** By making behavioral health and social determinant screening standardized and routine in primary care, social service, crisis intervention and law enforcement interactions, patients receive improved access to the care they need. These partnership networks worked on developing integrated solutions and responses for access to crisis services or outpatient services.
- 2. Mitigate social and medical obstacles to treatment compliance.** An easily understandable behavioral health and social screening tool can help professionals identify and navigate a system of care and services based on the individualized need and conveniently availability in the home, community and specialty care settings, at times that work for the patient.
- 3. Coordinate at all levels of follow-up care.** Bringing medical and behavioral health care together expands access, reduces stigma and addresses the limited supply of professionals. A team-based approach to

follow-up care includes natural supports (such as family, friends and religious leaders) and professionals (such as counselors, schools and probation officers). At a network level, tracking the responsiveness and access to care timelines, as well as whether a patient showed up for the initial appointment, allows the network to hold members accountable and provide outreach to patients who fail to engage in aftercare before their conditions decompensate.

KEY ELEMENT Leverage technology

- 1. Mental health crises and support lines can connect people with immediate help.** Networks identified navigation to the right counselor/service as one of the biggest challenges to people seeking help. During the pandemic, free mental health support lines addressed rising rates of depression, anxiety and substance abuse by connecting residents to health and wellness resources. A support line can connect callers to trained counselors, who can help by providing information about services, making referrals to local providers, giving brief supportive counseling and offering connections to peer support.
- 2. Telehealth offers an avenue to expand behavioral health services.** With many regulatory barriers eased during the pandemic, the use of virtual visits for behavioral health needs and substance use disorders has hit record highs. This experience identified the value of telebehavioral health for both existing and new patients.
- 3. A common electronic platform for behavioral health referrals and coordination helps providers more accurately and efficiently triage patients.** These platforms can speed up the identification of available and appropriate programs, offer decision support to clinicians and track whether patients are engaged in treatment. Within the electronic health referral system, providers can securely transfer clinical data and send messages. The communication system minimizes the number of phone calls, faxes and voicemails that delay scheduling, discharge and, ultimately, patient care.

KEY ELEMENT Actionable data and metrics

- 1. Metric selection and measurement will vary based on integrated care capacity and network identified outcomes.** Networks measured the effectiveness of their processes: the effectiveness of screening patients so they receive services in the appropriate setting the first time around; behavioral health coordination/referral success; and equitable access to behavioral health care. Networks were also able to identify specific improvements in outcomes of care at the network and individual patient level. These included reductions in readmissions, increased use of wraparound services, reduced volume of staff injuries and increased patient engagement.
- 2. Data integrity can be improved by using standardized screening tools, assessments, and quality and outcome measures.** The networks are able to produce measurable results when they collect data in a consistent manner, use standardized outcome measurement tools, and follow specific processes and procedures.
- 3. Data reporting, transparency and sharing support collaborative efforts.** A platform for uniform sharing is essential. One network set specific goals for measuring the outcomes of services in their community, using its electronic health record system to track outcomes among network participants.

Impact of Initiatives

These networks made a difference in the lives of patients and families. There were significant positive outcomes associated with the work of each collaborative.

- 1. Improved access to behavioral health care services.** Results include more timely access to services, decreased wait times for urgent or emergency services, decrease in wait times for inpatient services, and an increase in show rates for ambulatory visits.
- 2. Increased awareness of behavioral health care services.** Leaders noted how important it was to edu-

cate each other and share insights from each organization. Awareness efforts included surveying of available services, reaching an agreement on the greatest areas of need, and understanding of the lack of resources available.

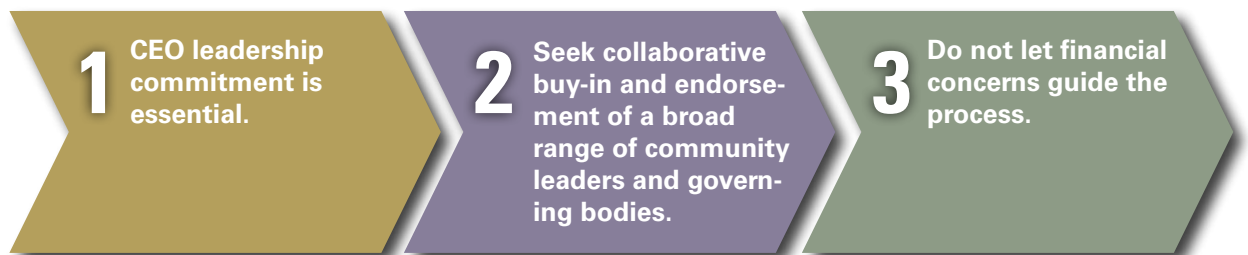
3. Improved outcomes of care. The outcome improvements were significant and included expanded access to behavioral health care across the continuum, and the creation of new community awareness and prevention campaigns.

Impact of Regional Behavioral Health Networks

- 50% reduction in wait times for outpatient services
- 80% reduction in admissions to state hospitals
- Reduced emergency department wait times for inpatient behavioral health beds
- Expanded capacity for behavioral health care services across a continuum
- Implemented a community mental health awareness campaign
- Initiated a bold and collaborative youth suicide prevention program

Conclusions and Recommendations

For other organizations considering embarking on developing a network, in addition to the key elements identified, leaders from the organizations interviewed recommend the following advice:



As these organizations experienced, stigma and access to and awareness of existing behavioral health care services can be major barriers to improving care access and outcomes. The COVID-19 pandemic also impacted implementation of these networks, but each organization was able to pivot and continue building its network. While one of these networks is in the beginning stages of implementation, others are starting to see progress in achieving their goals. Although not the sole solution, regional networks of care could be one of the solutions to help address the behavioral health crisis. A comparative summary of each initiative can be found in the appendix. To read the case study on each initiative, go to: <https://www.aha.org/regional-networks-behavioral-health-improving-access-care>.

*To assess your organization's preparedness to implement a successful community partnership initiative, please use the **Improving Behavioral Health Through Community Partnerships Checklist**.*

APPENDIX A: Overview Description of Behavioral Health Networks

Network	Avera Behavioral Health (Avera Health)	Tampa Bay Thrives (BayCare)	Nationwide Children's Hospital Behavioral Health Services	Helen DeVos Children's Hospital (HDVCH)	WakeMed Behavioral Health Network (WakeMed Health)
Primary focus	To provide better behavioral health care services and outcomes across the spectrum of disease.	Bringing together community leaders to address mental health and substance use disorder treatment needs in the community.	Improving access; addressing youth suicide prevention and early intervention; and improving treatment for behavioral health disorders.	To raise community awareness of the placement crisis for pediatric behavioral health inpatient services and reduce waiting time for children and adolescents seeking behavioral health care services.	Improve access and quality of mental health and substance use disorder services in the community.
Network partners	Avera Health owned and operated services, the Avera Health Plan/accountable care organization, primary care providers, local emergency departments, Indian Health Service, South Dakota Unified Judicial System, regional schools, providers in more than 20 states via the eCARE telepsychiatry platform.	Health care provider organizations, insurers, schools, law enforcement, elected officials, community action agencies, county government leaders.	Community mental health centers, federally qualified health care centers, children's services agencies, community foundations, community agencies, schools, law enforcement, consumers of services.	Initially, two major behavioral health care systems (Pine Rest Christian Mental Health Services and Forest View Hospital), a large behavioral health care community services organization (Wedgwood Christian Services) and community agencies (Hope Network and Network 180); then added payers (Priority Health and Blue Cross Blue Shield of Michigan) and government relations officials.	Network for Advancing Behavioral Health (NABH) — WakeMed and other providers coordinate outpatient care; Connected Community — community-based organizations assist patients with critical social determinant of health needs; and the Triangle Behavioral Health Council — 10 hospitals and health systems in the area surrounding Raleigh, N.C.
Aligns with CHNA*	Yes	Yes	Yes	Yes	Yes
Unique element of network	Innovative e-care strategy; focus on rural communities; six-decade commitment.	Not a service provider of behavioral health, but a connector of services and resources to address the behavioral and physical health needs of the community. The organization is now driving the integration of physical and behavioral health in the Tampa Bay area.	Partnering with schools to deploy the PAX Good Behavior Game® and On Our Sleeves® movement for children's mental health.	Focus exclusively and directly on a child and adolescent population; established business associate and other agreements to discuss jointly cases shared between organizations without any significant financial investments other than labor.	Leveraging referral volume among community providers to form a network; sharing screening and referral information across an electronic technology platform; standard clinical triage system.
Legal Entity	Not a separate entity; a collaborative under the Avera Health legal structure.	501c(3)	No formal network.	Not a separate entity; community partnership.	Under WakeMed legal structure, with the partners having equal governance representation.
Started	1958	2019	2015	2012	2017

APPENDIX A (continued): Overview Description of Behavioral Health Networks

Funding	Avera Behavioral Health (Avera Health)	Tampa Bay Thrives (BayCare)	Nationwide Children's Hospital Behavioral Health Services	Helen DeVos Children's Hospital (HDVCH)	WakeMed Behavioral Health Network (WakeMed Health)
Initial capitalization	Not required for the network, but millions have been invested by Avera for network projects, including facilities, accountable care and telehealth infrastructure.	Projected initial capital requirement of \$10 million based on \$1.5-2 million per year for a three-year ramp-up for staff, physical space and consulting infrastructure. \$5.3 million raised with 50% match by BayCare.	Not required for the network. Nationwide Children's has invested millions for programs, research, facilities and accountable care. Initial donor support helped with funding.	None required; participants in the partnership voluntarily grant time and resources to the effort.	Agencies and participants in the network become members via a voluntary membership process and agree to the organizational goals and mission.
Funders and ongoing funding	Avera Health has provided ongoing support of the effort as aligned with its mission in addition to a \$13 million grant from The Leona M. and Harry B. Helmsley Charitable Trust.	AdventHealth, BayCare, Florida Blue, HCA Healthcare, Tampa General Hospital, The Mosaic Company Foundation, Bon Secours Mercy Health Foundation, Rays Baseball Foundation, Clearwater Police Department, Dimmitt Family Foundation and Pasco County Sheriff's Office. After startup, the organization will be self-sustaining with ongoing funding through community foundation and philanthropy support.	Nationwide Children's has provided ongoing support of the effort, in addition to a transformational \$50 million gift from Big Lots and Big Lots Foundation, and other community support.	HDVCH has required significant ongoing support of the effort with capital and funding for acute children and adolescents.	WakeMed provides supportive services, including consulting/management support and access to a shared electronic health referral system to align patient needs with available resources.
Governance and Staffing					
Governing body involvement	Supportive relationship through mission focus, capital and operating investments	Sponsor; financial support	Sponsor; financial support	Supportive relationship through a defined committee of the Board	Supportive relationship in design and implementation
Role of health system	Leader/convener	Leader/convener/advocate/funder	Leader/convener	Leader/facilitator	Leader/convener/collaborator
CEO role	Direct involvement	Direct involvement	Direct involvement	Direct involvement	Direct involvement
Staffing	Provided by Avera Health and Avera Behavioral Health leadership team.	Initially, five to six senior leaders at BayCare with facilitation support from a consultant; the coalition hired a president/CEO to build out the organization.	Led by Nationwide Children's CEO and the behavioral health leadership team; hired 261 to open the BHP and have since hired 102.9 for ramp-up.	Led by HDVCH vice president and chief nursing officer and the C-suite team. The vice president and chief nursing officer continues to serve as the liaison to the community partnership with input from the system behavioral health leader.	Led by WakeMed CEO and vice president/chief strategy officer with support by a third-party consulting/management firm.

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Behavioral health service-line leader role	Directly involved	Direct participant/leader. This was a community vs. service line initiative.	Direct involvement; key participant/leader	Initially, HDVCH and Spectrum Health did not have a behavioral health service line or leader. Now, Spectrum Health has recognized the need for an independent psychiatric service line, and that leader is responsible for both pediatric and adult populations.	WMBHN executive director with assistance from an outside consulting/management firm

[1] The AHA has long recognized the [importance of behavioral health care services](#) as part of the overall health care system and has advocated nationally for full inclusion of behavioral health care services as part of an integrated health care system serving everyone in our communities.

[2] Behavioral health disorders include both mental illness and substance use disorders. Mental illnesses are specific, diagnosable disorders characterized by intense alterations in thinking, mood and/or behavior over time. Substance use disorders are conditions resulting from the inappropriate use of alcohol or drugs, including medications. Persons with behavioral health care needs may suffer from either or both types of conditions as well as physical co-morbidities.