Subsidiary Focus
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# Behavioral Health: A Safety Net Provider Steps Up to Meet Its Mission

*The following is an excerpt from our newest case study published in May 2023. Read the complete publication.*

**Behavioral health[1] needs in the U.S. have increased dramatically since the COVID-19 pandemic.** Prior to the pandemic, access to behavioral health services was already well below demand; the pandemic resulted in an acceleration of the need for such services and providers are far behind in efforts to remedy this critical situation. Consider the following statistics:

- Nearly one-third of adults reporting severe symptoms of anxiety or depression were not receiving treatment in 2019.[2]
- More than 90 percent of individuals with substance use disorder were not receiving any form of treatment; 15 percent of adults had a substance use disorder in the past year.[3]
- Last year, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association joined together to declare a National State of Emergency in Children's Mental Health.[4]
- Roughly half of U.S. children with a mental health disorder did not receive mental health treatment in 2019.[5]

1 The terms "behavioral health" and "mental health" are often used interchangeably, although their technical definitions are different. Behavioral health includes disorders such as substance abuse, other forms of addiction, self-injury, and eating disorders. Mental health refers to common mental illnesses such as depression, anxiety, bipolar, and schizophrenia. However, mental illnesses that go untreated often result in behavioral disorders, and thus for the purposes of this case study, we will use the term behavioral health to incorporate both, per the guidance of AHRQ.

2 Kaiser Family Foundation, "How Does Use of Mental Health Care Vary by Demographics and Health Insurance Coverage?," March 24, 2022.

3 Mental Health America, *The State of Mental Health in America* (Statistics 2022 report).

4 American Academy of Pediatrics, "AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health," October 19, 2021.

5 V. Wachino, R.G. Frank, K. Humphreys, and J. O'Brien, "The Kids Are Not All Right: The Urgent Need to Expand Effective Behavioral Health Services for Children and Youth," USC-Brookings Schaeffer on Health Policy, December 22, 2021.

- The National Alliance on Mental Illness estimates that untreated mental illness costs up to $300 billion annually due to lost productivity and associated costs such as employee turnover and increases in medical expenses.[6]

Healthcare researchers have found that behavioral health conditions often affect medical illnesses. Studies have shown that integrating behavioral health with medical care ("care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population"[7]), results in better care and health for the whole person. According to the Network for Excellence in Health Innovation, "There is robust evidence that integration of behavioral health in primary care improves access to needed care and health outcomes for several mental health conditions when compared to usual care.... There is a wealth of advice on how to bring behavioral health integration to scale...according to our best estimates, less than 50 percent of primary care practices have any form of behavioral health integration."[8]

Valleywise Health, based in Phoeniz, AZ has found a unique way to meet the mission and community need for integrated behavioral health services.

## Organization Profile

Valleywise Health serves as the public, safety net provider for Maricopa County, the most populous county in Arizona. It is the state's largest and longest serving public teaching hospital and healthcare system and includes the Roosevelt Campus-Hospital, the Arizona Burn Center, the Arizona Children's Center, a Level I Trauma Center, three behavioral health centers, four specialty psychiatric clinics, and a network of 13 Federally Qualified Health Centers (FQHCs) that serve Phoenix and Maricopa County.

## Historical Background

Valleywise Health was established in 1877 as a place to care for the sick in the rapidly growing area of Maricopa County as a form of compliance with a territorial law set up in 1865 to "provide for indigent sick of the country."

6 Substance Abuse and Mental Health Services Administration, Projections of national expenditures for treatment of mental and substance use disorders, 2010–2020, HHS Publication No. SMA-14-4883, March 4, 2014.
7 AIMS Center Advancing Integrated Mental Health Solutions, "Evidence Base for COCM," updated February 1, 2021 (accessed May 2, 2023).
8 Network for Excellence in Health Innovation, *Scaling Behavioral Health Integration in Primary Care: Wading through the Complexity to Tackle a Decades-Old Challenge*, March 2023.

Arizona began implementing involuntary commitment laws in the 1970s that would change the trajectory of the health system. These laws required county governments to provide for and fund the court-ordered evaluations, treatments, and services for mentally ill patients. In 1978, the organization opened a 92-bed behavioral health annex, and over the subsequent years became heavily involved providing both inpatient and outpatient mental healthcare, and in particular for involuntary and indigent mentally ill patients. The health system worked with the county to install a courtroom inside its psychiatric hospital to handle those cases. Over time, the need for inpatient psychiatric beds continued to increase.

The perhaps unintended result was that Valleywise Health developed specialized capability to service the most seriously mental ill, most of whom have complex medical conditions in addition, and who are involuntary (i.e., court-ordered to be in their care). Other hospitals were not equipped to conduct court-ordered evaluations;

## → Key Board Takeaways

- Integrating behavioral health into the primary care model is an essential strategy.
- Expand opportunities to identify patients early on in their disease, such as screening for behavioral health in the ED and community clinics.
- Set aside time for a transparent discussion with your senior leadership team about the behavioral health needs in your community, using the following questions as a starting place:
  - How do we bring people to the table to have one focused conversation—to recognize that behavioral health is not a separate issue?
  - Are we doing enough in the preventive realm: outreach, ambulatory, working with partners in the community to further the care and the public narrative on the need to have parity of mental health services?
  - What are our outcomes in terms of being able to meet the needs of patient throughput—when someone has an episode or are in crisis, is there enough support at the community level for crisis management?
  - Are we doing enough to support the behavioral health workforce throughout this spectrum?
  - What resources can we devote to this important area of healthcare that impacts everything else?

thus they focused on the "easier" cases and sent the more difficult/more seriously ill patients to Valleywise.

## Pre-COVID Root Causes and COVID Impacts

Prior to the pandemic, behavioral health cases went largely underreported. "We did a better job as a society marginalizing and minimizing the importance of it," said Dr. Michael White, Executive Vice President & Chief Clinical Officer. "The pandemic focus was how to bounce back from such a disruption of your life, which unmasked the fact that we don't have a robust set of tools to deal with these kinds of things. Today we are in a better spot because people are recognizing that we are under-resourced in this area. But we are 15 years behind the curve."

Dr. White points out that medical care is too focused on the single acute problem; we are not looking at the whole patient. "We have now recognized that if you don't focus on the underlying mental health issues, addressing physical health is impossible because of the lack of understanding and lack of ability to follow through with medical recommendations due to the mental illness."

## The Need for Behavioral Health Integration

Co-morbid patients who also have mental health problems pose a challenge for both inpatient and outpatient providers. Providers across the U.S. are practicing in systems with rigid differentiation between medical problems and mental health problems. "We are recognizing that patients in primary care often have behavioral health issues, which impact physical health and their ability to maintain a certain quality of life. Primary care can give referrals but the patient usually will not take that extra step to follow through with it," said Dr. Carol Olson, District Medical Group Chair of Psychiatry.

Seven years ago, Valleywise implemented an integrated behavioral health model in all of its primary care clinics as well as all of its FQHCs, where psychiatrists and other behavioral health professionals work side by side with the primary care physicians. Physicians have a list of specific questions to ask patients during the screening process to properly identify patients who have behavioral health needs. The aim is to provide services where the patient is, and the program is intended for patients who have depression, anxiety, ADHD, and other types of illnesses that can be managed through counseling and medication. The ultimate goal is that, over time, as more patients receive this kind of earlier and easier intervention, the demand for inpatient behavioral health will go down.

## Expanding Outpatient Care and Access

Over time, the system has opened clinics for serious mental illness, patients who are the most hard to reach, those who need house calls or visits to a shelter.

In 2016, the first Assertive Community Treatment (ACT) clinic was opened. "It is essentially a hospital without walls for those who have serious mental illnesses such as schizophrenia or bipolar disorder," said Gene Cavallo, Senior Vice President, Behavioral Health Services. "They need an intensive program but not inpatient. The impact it's had on their functioning, their ability to be productive in society, has been incredible."

Additionally, the system opened two specialized "first episode centers," an evidence-based model for patients in the first year or two of schizophrenia, focusing on teenagers and young adults who are new to having a mental health diagnosis and who can benefit from intensive multi-modal treatment to achieve, maintain, or regain as much function as possible and keep them from having to be institutionalized. Families are included in their care support journey.

Cavallo emphasized the need for mandatory, court-ordered care for patients who don't understand that they are mentally ill in the first place, referencing anosognosia, a common symptom of certain mental illnesses in which someone is unaware of their own condition. "Or, when you start feeling better, you think you're all of a sudden cured," said Cavallo. He cited this for the primary reason patients don't remain on their medication and relapse; often it can take up to a year before a patient recognizes the chronic nature of their illness and the need to stay on treatment.

## The Role of the Board

"The board understands our role as the safety net, not just in the traditional sense—mandatory emergency department, we must service everyone—but that we are making the community safer as an organization by offering these behavioral health services on the whole continuum," said Cavallo. "We are really focusing on the whole person and integrating their needs to be as healthy and as productive as they can be."

Valleywise Health leadership emphasizes that there is now a nationally understood expectation that treating substance abuse is a primary care problem. "These are no longer niche problems," said Dr. Olson. "They cannot be brushed off with a referral."

The Valleywise Health board receives quarterly updates strictly related to the system's behavioral health operations and what is being done to meet the needs of patients and

communities. “From a strategic and governance perspective, there is deep recognition that this is an essential part of our mission, and that we need support and help from outside agencies,” said Steve Purves, Valleywise Health President & CEO.