

Avera Behavioral Health

Rural areas have the highest rates of suicide and drug overdoses in the nation, according to the Centers for Disease Control and Prevention. Avera Behavioral Health offers a full suite of behavioral health care services including a comprehensive eCARE telehealth solution delivering services in 32 states. Partnering with primary care providers, family members and providers throughout the country via its telepsychiatry network, it serves the behavioral health care needs of rural communities throughout the nation.

A recent study showed that **65%** of non-metropolitan counties do not have a psychiatrist.

Executive Summary

People in rural areas face behavioral health conditions just as their urban counterparts do. [Rural areas have the highest suicide rates in the nation, according to the Centers for Disease Control and Prevention \(CDC\)](#), as well as a high concentration of veterans, who experience higher rates of suicide than nonveterans. In addition, the [CDC reports that rates of drug overdoses in rural areas have surpassed those in metropolitan areas](#).

Yet, as the need for behavioral health care is increasing, there is a growing shortage of psychiatric professionals in the workforce. A 2018 study published in the [American Journal of Preventive Medicine](#) showed that 65% of nonmetropolitan counties do not have a psychiatrist, and 47% do not have a psychologist.

“This is a problem that’s hitting right in the heart of America,” says Matthew Stanley, D.O., vice president of the behavioral health service line for Avera, based in Sioux Falls, S.D. When people in rural areas experience mental health conditions, they often try to go at it alone. “There’s a ‘pull-yourself-up-by-the-bootstraps’ mentality that is so unfair to individuals who struggle,” Stanley adds. “Or their care is left to a general practitioner who doesn’t have the specialty expertise to treat complex conditions such as bipolar disorder or severe depression.”

For a strong, successful community network:

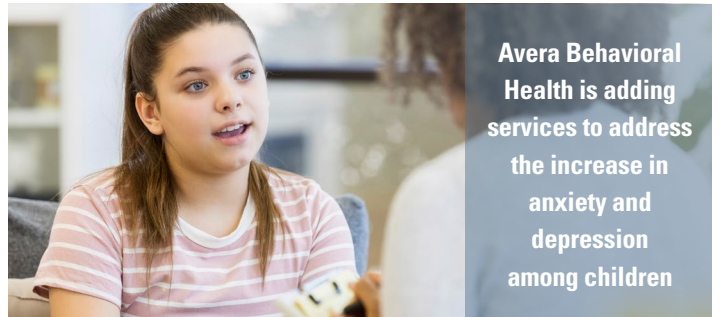


Avera has long had a commitment to behavioral health care, with more than six decades of experience and leadership in the region. With nearly two decades of intensified investment in these services, Avera Behavioral Health has a full suite of behavioral health care services, a comprehensive eCARE telehealth solution delivering services in 32 states, and a full array of acute care services, including a 122-bed behavioral health care hospital, residency program, comprehensive community network and integration with Avera’s Health Plans. Avera Behavioral Health partners with primary care providers, family members and providers throughout the country via its telepsychiatry network to serve the behavioral health care needs of rural communities throughout the nation.

In 2019, Avera Behavioral Health opened the Avera Addiction Care Center, which offers acute, ambulatory and residential addiction-treatment services and, with the help of a \$13 million grant from The Leona M. and Harry B. Helmsley Charitable Trust, is currently building a new four-story wing at the Avera Behavioral Health Center in Sioux Falls to add much-needed services — including more capacity for children and adolescents, residential addiction care for youth, 24/7 psychiatric urgent care and partial hospitalization space. Through its Zero Suicide initiative, Avera has instituted programs to identify and treat depression and suicidality earlier, through depression-screening tools used in primary care clinics and emergency departments (EDs).

Community Profile

Avera is a mission-based, regional multihospital integrated health system with more than 315 locations in 100 communities throughout South Dakota, Minnesota, Iowa, Nebraska and North Dakota. Its geographical footprint is more than 72,000 square miles and includes 86 counties and a population of 1 million. Avera serves a largely rural community with a generally older, less-affluent population and high levels of behavioral health care needs.



Costs for patients who have depression are **60%** higher than their counterparts who have no depression.

The Upper Midwest is home to several Native American reservations where people are at risk with limited access to behavioral health services. There are more elderly people in rural areas, who are often socially isolated and at risk for depression. The Helpline Center's 2019 annual report states that suicide is the 10th leading cause of death in South Dakota, but the second leading cause among 15-34-year-olds. The top issues for teens who contact the Helpline Center are suicidal thoughts, relationship conflicts, loneliness, academic struggles and pressure, and emotional support.

Network Development

Since the 1950s, Avera continuously provided mental health care services to its communities and has focused on social determinants of health as part of its core mission. In the past 20 years, Avera has ramped up its commitment to behavioral health care by investing in a number of projects, facilities and services that eventually became Avera Behavioral Health.

In 2006, Avera opened a new 110-bed freestanding psychiatric facility. At the time, some may have questioned the wisdom of opening a psychiatric facility given the significant financial and operational challenges. However, as President and CEO Bob Sutton describes, "We were making these investments long before others, knowing it was the right thing to do and knowing that behavioral health care is so important to overall care."

With the success of the new facility, Avera formally initiated the Avera Behavioral Health service line in 2013, formalizing the organization and structure for these services and allowing a full brand identity under Avera. Matthew Stanley, D.O., a psychiatrist with a specialty in addictions became the service-line vice president and has driven much of Avera's psychiatry service development during his 23-year tenure.

Integrating physical and behavioral health care is an essential facet of Avera Behavioral Health's vision. Stanley notes, "We will never have enough counselors and doctors to support the needs of our communities, so we need to bring medical and behavioral health care together." Therefore, Avera Behavioral Health has partnered with larger primary care and specialty practices to embed psychiatric staff as well as social workers to provide behavioral health services directly in the medical office setting. For medical offices of six or more physicians, direct assessment and therapy services are provided conveniently in the medical office. For smaller offices, Avera eCARE consult and triage telehealth services also can be used to reduce isolation for providers and offer convenient, rapid access.

Avera eCARE has expanded its services to provide virtual behavioral health assessments as well as treatment for patients in EDs and inpatient psychiatric hospitals. It also provides chemical dependency evaluations or mental health assessments for students in schools across the region.

This network has been guided by the voices of the consumers and their families. Local representatives from the National Alliance for the Mentally Ill participate in Avera Behavioral Health's planning efforts. In fact, three to four patients and families routinely serve on the patient and family advisory committee.

Avera Behavioral Health Goals

- Provide better behavioral health care outcomes across the spectrum of disease while reducing the total cost of care.
- Consider behavioral health in everything we do in health care.

Avera is working to remove stigmas associated with depression and other behavioral health conditions and improve access to care. Beyond identifying behavioral health and substance-use disorders, Avera supports clinicians across the continuum of care, ensuring that they're resourced to address depression and any other conditions they present, regardless of the setting.

The analysis of data from Avera Health Plans and ACO shows the opportunity to reduce the cost of care — as costs for patients who have depression are 60% higher than their counterparts who have no depression. By linking behavioral health services with Avera's Health Plans, an 88,000-enrollee health insurance plan, Stanley says "allows a clear line of sight for behavior health care and access, quality and outcomes."

NETWORK: Avera Behavioral Health	
Primary focus	To provide better behavioral health care services and outcomes across the spectrum of disease.
Network partners	Avera Health owned and operated services, the Avera Health Plan/accountable care organization (ACO), primary care providers, local EDs, Indian Health Service, South Dakota Unified Judicial System, regional schools, providers in more than 20 states via the eCARE telepsychiatry platform.
Aligns with CHNA*	Yes
Legal entity	Not a separate entity; a collaborative under the Avera Health legal structure.
Started	1958
Staffing	Provided by Avera Health and Avera Behavioral Health leadership team.
Initial capitalization	Not required for the network, but millions have been invested by Avera for network projects, including facilities, accountable care and telehealth infrastructure.
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.
Role of Avera	Leader/convener.
Behavioral health service-line leader role	Directly involved.
Unique element of network	Innovative e-care strategy; focus on rural communities; six-decade commitment.

*Community Health Needs Assessment

Innovative Approaches

Avera Behavioral Health launched a number of key initiatives, including rolling out a Zero Suicide (<http://zerosuicideinstitute.com/zero-suicide>) approach in 2015 to community members and health care providers with dedicated training and commitment. As noted by one of Avera Health’s board members, “If not zero, then when it comes to suicide, what goal would you use?”

Likely the most significant and well-known advancement of Avera Behavioral Health has been the telepsychiatry component of Avera’s eCARE telehealth platform. Avera eCARE is the umbrella structure around Avera’s electronic health care delivery. It serves a geographically wide footprint, offering services to more than 550 sites across 32 states. The eCARE platform allows Avera Behavioral Health to provide behavioral health care services inside Avera Health as well as providing virtual behavioral health assessments, treatment, team consultations and disposition planning services for patients in 200 EDs and inpatient psychiatric hospitals. In 2020, Avera launched a pilot telehealth program called Virtual Crisis Care, in a partnership with the South Dakota Unified Judicial System, in 23 counties to initiate assessment when the call for help comes to first responders and law enforcement officers. The Virtual Crisis Care program uses mHealth tablets to link officers with counselors to aid in assessing, de-escalating and stabilizing crisis situations.

Key Learnings and Takeaways

For a strong, successful community network, Avera Health leadership recommends:

1 Having leaders commit to embracing behavioral health care as a core part of the organizational mission, vision and values. Behavioral health care and medical care need to be merged as an overall health care approach.

2 Establishing a compelling value proposition with primary care providers — they will be strong supporters and collaborators.

3 Capitalizing on increased social awareness and acceptance regarding addictions, suicide and behavioral health care. And be willing to work with community partners to tackle behavioral health care in much the same way as they approach other chronic conditions like cancer or heart disease.

Sutton reminds others that social stigma still exists and while it is shifting slowly from rejection to acceptance, this will take time. One simply can't "get up and rub some dirt on it" or "pull yourself up and get over it." Leaders should be aware that such perceptions represent the biggest barrier when rolling out these services.

Avera Behavioral Health measures the success of its services and network using a series of quality and outcome measures. These include:

- **Depression screening scores;** (Patient Health Questionnaire Item 9 and Columbia Suicide Severity Rating Scale). Avera improved screening for depression through new clinical processes. Previously, depression screening rates measured <30%; current depression screening rates exceed 80% in select populations.
- **HEDIS measures** on access, disposition planning success rates.
- **Harbor Performance Initiative** benchmarking data to compare performance with others.
- **Maintaining a goal of an average length of stay** for patients in EDs to two hours or less.

Impact of the Pandemic on the Network and Beyond

The pandemic created a behavioral health care crisis because of all the change children and adults had to cope with, as well as delayed treatment in some cases. Already before the pandemic, demand was high for youth services and patients had to be diverted numerous times. As demand for inpatient psychiatric services escalated, psych units were at bed capacity and since the start of the pandemic, Avera Behavioral Health has seen an unprecedented spike in substance-use disorders. In constructing its new four-story wing, Avera is adding addiction care for adolescents and partial hospitalization for youth, and is expanding its partial hospitalization capacity for adults.. Given demand and thanks to the added space of the new wing under construction, Avera Behavioral Health also plans to bring its senior/geriatric psych program back from its senior living campus while expanding capacity and add a psychiatric urgent care site and a third child and adolescent psych unit.

Avera's eCARE was already 20 years old when the pandemic hit, which helped providers transition to all virtual care where possible. Acceptance of this technology wasn't new and helped speed up the transition. Historically, most of the telehealth/telebehavioral health had been facility to facility. The current challenge was adding in facility/provider direct to consumer. New privacy and safety concerns in direct-to-consumer care needed to be addressed.

Avera continues to roll out additional programs and services, including addiction treatment services and advancements in its telehealth programs. Its most recent enhancement is the addition of the Helmsley Telehealth Education Center designed for training and credentialing in telehealth services.

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