

# Emergency Department Care Coordination Program CSB Case Study

## Be Well: Identifying and Supporting Patients at Risk for Suicide and Domestic Violence

At the Richmond Behavioral Health Authority (RBHA) in Richmond, Virginia, use of electronic health record (EHR) data feeds and custom-tailored reports from multiple providers facilitates proactive identification and follow up of patients at risk for suicide and domestic violence.

“During COVID, suicidal ideation and attempts as well as domestic violence really spiked. Using the EDCC platform really helped us hone in on individuals facing these challenges by looking at hospital visits, identifying visits that might be tied to suicide or domestic violence and ensuring those patients don't fall off our radar.”

—Sara Hilleary, LPC, CSAC, Integrated  
Clinic Care Manager, RBHA

### The Challenge

The COVID-19 pandemic—and the social isolation and unemployment it caused—significantly impacted individuals' mental health. Statistics from the World Health Organization show a [25%](#) global increase in depression and anxiety, and the Kaiser Family Foundation suggests that [1 in 4](#) adults in the US struggled with poor mental health during the pandemic. While the behavioral health epidemic has been the focus of much attention from both providers and the media, another epidemic has been taking place behind closed doors—domestic violence.

While mental illness does not cause domestic violence, studies have shown strong correlations between the presence of mental illness and instances of domestic violence. In a review of police reports for cases of domestic violence, [two-thirds](#) of the perpetrators of violence and 21% of the survivors had some sort of behavioral health condition. Additionally, survivors of domestic violence are [four times](#) more likely to have suicidal thoughts, and statistics from Virginia Commonwealth University's [Project Empower](#) show that 23% percent of domestic violence survivors have attempted suicide compared with 3% of those who have no history of domestic violence.

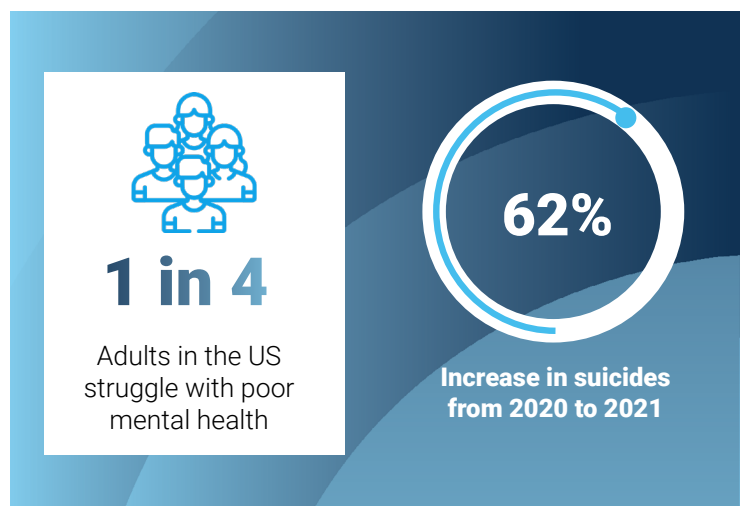
RBHA serves over 13,000 individuals in the Richmond, Virginia community—many of whom come from traditionally vulnerable populations. Between 80%-90% of their patients are enrolled in Medicaid, including dual-eligible patients, and 60% of their patients identify as black or African American.

While race and income level do not increase risk factors for domestic violence, many of RBHA's patients did not have ready access to the resources needed to escape domestic violence situations. As a result, the organization launched the Be Well project through a grant provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) to better support patients at risk for domestic violence or suicide.

### The Solution

RBHA partnered with Virginia's Emergency Department Care Coordination (EDCC) Program to identify patients who had reported to the hospital with injuries indicative of potential domestic violence and initiate appropriate follow-up.

When the program was implemented, suicide rates were steadily climbing, with reports from the Virginia Department of Health showing a 62% increase in suicides from 2020 to 2021. RBHA leveraged the EDCC program to quickly identify and reach out to patients at risk for suicide due to domestic violence.



"We used the EDCC to change our internal referrals in our EHR," says Sara Hilleary, LPC, CSAC, an Integrated Clinic Care Manager at RBHA. "In addition to asking questions about whether a patient has been hospitalized or visited an ER in the last 30 days, we ask behavioral health-specific questions: Are they interested in therapy, peer services or additional care coordination, or have they had any sort of domestic violence or suicidal ideation symptoms? This helps us understand both their medical history and relevant social factors that could put them at risk."

When patients identify domestic violence risk—or when injury and hospitalization patterns suggest possible domestic violence—the EDCC platform notifies a social worker at RBHA in real time. From there, the social worker reviews the case, reaches out to the patient and offers additional mental health or community resources. Because the platform provides real-time notifications, RBHA can triage and contact these patients within 48 hours for timely follow-up.

"Motivation to address challenges like domestic violence can ebb and flow for patients. The EDCC notifications allow us to engage patients when they're most receptive. This quick follow-up, in addition to the comprehensive list of contact information available through the platform, improves our outreach success for a population that traditionally can be transient and difficult to reach."

—Jillian Olson, MSW, LMHP-S, CTP,  
a care coordinator at RBHA

### Success of the Be Well Program



**53%** of **492** referrals were survivors of domestic violence.

"Our goal with the Be Well program is to strengthen the services we are able to provide to our patients who are survivors of domestic violence and at risk for suicidal ideation or attempts," Hilleary shares. "Using the EDCC really helps us hone in on these individuals by looking at hospital visits and identifying areas for further investigation before these patients drop off of our radar. By raising our awareness about the challenges our patients are facing, we are able to break down silos of care by getting community and clinical resources involved and working together to effectively support these individuals."

### Outcomes

The power of the program also is shown in the anecdotal evidence from individuals impacted by the program:

"Dana," was identified by EDCC after several emergency department (ED) encounters related to assault, unspecified adult maltreatment, suicidal ideation and alcohol use. The platform notified an RBHA social worker, who reached out to Dana, offering additional services. Dana accepted and was connected with clinical care, case management and peer support. Now, Dana is receiving appropriate care to address the trauma and other impacts of domestic violence in her life. When Dana seeks care in the ED or other facilities, the EDCC platform notifies providers of her connection with RBHA, provides contact information for appropriate mental health professionals who can help her and shares her safety plan. This facilitates better continuity of care for Dana and contributes to her ongoing healing.

Since the grant has ended, RBHA has adapted the program within existing workflows, utilizing the EDCC to ensure continued success of their outreach.

In 2017, the Virginia General Assembly established the EDCC Program within the Virginia Department of Health (VDH) which facilitates real-time communication and collaboration among healthcare providers, clinical and care management personnel for patients receiving services in hospital EDs for the purpose of improving the quality of patient care services. VDH's contract with Virginia Health Information (VHI), a not-for-profit organization with over 30 years of experience collaborating with Virginia government agencies to administer health data collection programs and serves as the state designated Health Information Exchange (HIE) to fulfill the requirement of this legislation. PointClickCare (formerly Collective Medical) was chosen as the EDCC Program technology partner.

