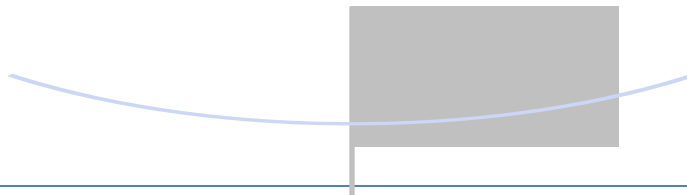


Hospital-Community Linkages Project



YERE Project Annual Report
July 2021 to June 2022

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Overview of Youth Emergency Room Enhancement Project

History and Summary

In spring 2017, Behavioral Health Network of Greater St. Louis (BHN) began a planning process to establish a Youth Emergency Room Enhancement (YERE) initiative on behalf of the Eastern Region's Community Mental Health Centers (CMHCs) and collaborating behavioral health service providing partners, including hospitals, substance use providers, advocates, and law enforcement. The project is funded by the Missouri Department of Mental Health (DMH), whose leadership seek to learn from this initiative and consider implementation of other similar iterations across Missouri in the future.

Through YERE, we have built an integrated 24/7 region-wide approach by expanding the scope of BHN's other successful Hospital Community Linkages (HCL) initiatives that transition adults from hospital to community care. The project's primary goals are to improve access to and engagement with community behavioral health care, reduce preventable hospital contacts/readmissions, and improve youth's quality of life. YERE-eligible youth have significant behavioral health needs (serious emotional disorder [SED] or substance use), are age 6-17 (over 18 if still in high school) and are residing or presenting as homeless in the seven county Eastern Region¹. These youth are unlikely to easily engage in traditional services and are referred from participating hospitals/clinics. Unlike the Adult ERE project, Insurance status is not an eligibility criterion. The youth engaged in YERE will typically be experiencing escalating behavior(s) that, without immediate intervention, may require a higher intensity and duration of services.

Five Eastern Region CMHCs and one Substance Use service agency receive external funding to designate at least one person to participate on the YERE Outreach Team. The Team includes the following:

- **Regional YERE Clinical Coordinator (1.0 FTE):**

Provides project oversight, coordinates YERE referral calls received through BHR, and assigns the eligible youth to YERE Team members. She serves as the YERE Team members' task supervisor, coordinates ongoing professional development and mentoring for Team members; builds and maintains positive relationships with referring organizations and community treatment providers to ensure coordination of care.

- **YERE Outreach Clinicians (10.0 FTE):**

Reaches out to youth as soon as possible after referral, provides brief case management, usually for 30-90 days; builds rapport with and prepare case plan with the youth and caregiver(s); assist with CMHC intake and accompany clients to initial appointments; makes referrals to community-based services for youth and caregiver(s); includes 1.0 FTE from Preferred Family Healthcare, as part of the Youth & Family TREE grant, who focuses on youth with substance use issues.

- **YERE Family Peer Support Specialist (0.5 FTE):**

Helps families learn and practice strategies to support their youth's recovery and positive behaviors; provides emotional support to reduce isolation, feelings of stigma, blame and hopelessness; helps families rediscover and reconnect to natural supports.

Participating YERE Providers
ALM Hopewell Center
BJC Behavioral Health
Behavioral Health Response
CenterPointe Hospital
COMTREA Comprehensive Health Center
Compass Health Network
Mercy Hospital Jefferson
Mercy Hospital St. Louis
Mercy South
Mercy Washington
Places for People
Preferred Family Healthcare
The SPOT COACH Clinic, Wash U School of Medicine
SSM Cardinal Glennon Children's Hospital
SSM DePaul Health Center
SSM St. Clare
SSM St. Joseph's Health Center Wentzville
St. Louis Children's Hospital)

¹ Eastern Region Counties:

• St. Louis City / County, Franklin, Jefferson, Lincoln, St. Charles, Warren.

- **Youth Peer Support (1.0 FTE):**

Inspires hope for recovery and supports youth as a near-age peer with personal lived experience with a behavioral health condition.

- **Assistant Clinical Coordinator (1FTE):**

Supports the Regional YERE Clinical Coordinator; serves as resource for Outreach Team; and provides additional coverage for response to ED referrals.

While the YERE Outreach Team members are employees of their “home organizations,” they focus their work on YERE Outreach, receive referrals and guidance from the Regional YERE Clinical Coordinator, and participate in weekly YERE Team meetings to strategize about youth served. The YERE Team performs focused outreach services for youth engaged with the YERE project, including:

- Rapid identification, assessment, and referral at point of contact
- Intensive outreach efforts, beginning at initial referral
- Time-limited community outreach, engagement, and crisis intervention services
- Flexible funds used to minimize barriers to BH service engagement
- Linkages made with existing behavioral health providers and specialty services to address ongoing behavioral and primary health care needs of youth and caregivers

As quickly as possible, the YERE Team works to connect the youth and their primary caregiver to ongoing, community based needed behavioral services, and when critical for engagement, to other needed services. The Team aim for this connection to be achieved in the first 30 days; however, there are cases with extenuating circumstances that may take longer to secure admission to services. The Team commits to collecting outcome data at 30 days, 3 months, and 6 months after baseline YERE data collection.

Behind the scenes, the YERE Outreach Team benefits from the support of BHN’s resources. BHN has dedicated management efforts to the project to ensure its success, including a Director of Youth and Young Adult Initiatives (Dana Silverblatt, M.A.) who provides oversight of BHN’s regional planning and coordination of youth-focused BH safety net initiatives, including two SAMHSA-funded grants, and a Data Analyst (Jinhua Xu) who monitors metrics and performance of the program through the Efforts to Outcomes Database. Other BHN leadership staff and managers of collaborating efforts seek to advance the YERE initiative as well.

Project Modifications

The following project modifications took place in FY22:

Expanded Hours to Respond to ED Referrals

Starting 10/18/21, BHR’s Mobile Outreach Team (MOT) staff began responding to YERE ED referrals on Saturdays and Sundays, 8am-8pm. For the first time since the project began, a response to ED referrals was made available 7 days/week. Then beginning 1/9/22, YERE outreach liaisons expanded weekday ED response hours until 8pm. Now, a hospital can expect someone to respond on-site when they refer a youth from the ED to YERE 7 days/week, 8am-8pm. The number of weekend referral numbers increased since we started messaging to hospitals that ED was available mid-October, but the rise was in line with the increase in overall referrals. Of note, the majority of weekend referrals were made from inpatient psychiatric units and not EDs so MOT staff were not dispatched. Additionally, for most weekend ED referrals, hospital referrers indicated that the client/family would not still be at the hospital by the time the MOT staff would arrive (within 1 hour). Based on those trends for weekend referrals, we plan to implement some changes to better meet needs in FY23. Since January, when ED response weekday hours expanded to 8pm, there was a slight increase in referrals made after 5pm. However, similar to weekend referrals, the proportion of evening referrals did not increase significantly. We continued to remind hospitals of expanded hours; however, hospital staffing turnover made it important to message frequently and the evening referrals trickled in slowly.

Modified Case Assignment Process

Since the project’s inception, all referrals had been funneled via phone call through the Regional Clinical Coordinator to be assigned and distributed to the outreach liaison. During the program’s business hours, the protocol had been for BHR to call the Regional Clinical Coordinator while the referrer is on the phone as a 3-way call together. BHN, BHR, and the Regional Clinical Coordinator worked together to change the process so referrals would flow directly from BHR to the assigned agency, and outreach liaisons would access them via a secure BHR portal. The new process went into place 10/18/21, after agencies felt their new hires had been onboarded enough to take on the change. The process has made outreach

liaisons rely more heavily on email rather than text to stay current on referrals, but overall the new process continued to go smoothly in the 3rd quarter. However, during the third quarter the Clinical Coordinator began manually reassigning a subset of cases from BJC BH to Hopewell Center and Places for People to better align with available resources. After having monitored referral volume by catchment area over time, we ultimately codified the process by updating the list of zip codes that BHR uses to assign cases. This has resulted in more equitable distribution of referrals across the CMHCs.

Modified ED Response Process

YERE had been responding to ED referrals through an on-call rotation of the project's five participating CMHCs such that the designated on-call person for the given day was expected to respond on-site to the ED for any referrals regardless of whether the individual lived in their home agency's catchment area. One of the agencies voiced concerns about the breadth of their geographic catchment area and having to travel a significant distance to ED referrals to try to support families that live in areas where they do not know the available resources. With agreement from CHMC executive leadership in the 1st quarter, a new process went into place 10/18/21 that maintains an on-call rotation for BJC BH, COMTREA, Hopewell, and Places for People while Compass Health now responds to all ED calls for youth that reside in their catchment area. The implementation in 2nd quarter went as planned, with 9 liaisons involved in the rotation. Even with extended hours, the robust outreach staff was easily able to respond to ED referrals. This change was most challenging for Compass who, through this change, is expected to respond to ED referrals for clients in their catchment area five days/week. The Compass outreach liaison, Liz Koehler, was promoted to a supervisor role for Youth ERE served dually as the outreach liaison until a new outreach liaison was hired in January. Their additional "new" position remained vacant until the end of the fourth quarter. Compass still made all efforts to respond to ED referrals but it was more of a strain on their limited staff resources.

Status Updates

In-Person Outreach and Services

YERE outreach liaisons continued to conduct in-person hospital outreach, community-based and office-based care throughout the year. However, during the initial omicron surge, outreach liaisons reported an increase in families not wanting to meet in-person or needing to cancel due to isolating with COVID. In the 3rd quarter, BHN started reporting data on face-to-face hospital outreach visits. Up to that point, there was a way to capture this in BHN's database, Efforts to Outcomes (ETO), but only for clients who had contact with an outreach liaison after discharge from the hospital. That meant that we could not track in-person hospital visits for families who did not subsequently connect with the outreach liaison post-discharge. BHN modified the way ETO tracks this data point and the report is expected to be more accurate as outreach liaisons acclimate to entering their data differently. From the current data, outreach liaisons met face-to-face with approximately 45% of the youth referred to the program. Though this figure is likely undercounting hospital visits due to the way this had been captured as well as initial inconsistency of staff reporting, it will continue to be monitored in FY23.

Youth ERE outreach staff expressed that a barrier to visiting youth in the hospital was that a substantial number of referrals were made on the day of discharge, leaving little opportunity to connect there. BHN added two data reports this past year to monitor the timing of referrals in the context of their inpatient experience. For Youth ERE referrals from inpatient psychiatric units, one report tracked the time of referral relative to the date of hospital admission and the other tracked the time of referral relative to the date of hospital discharge.

Overall, 23% of referrals were made within 2 days of a youth's admission to inpatient psychiatric care. Another 44% were made 3-5 days after admission. However, 25% of referrals (213) were made at least 6 days after admission, which has prompted us to ask why hospital staff are waiting so long to refer to Youth ERE. In the second report, nearly half of the data was marked "unknown" so it was a less accurate depiction of how close to discharge the referrals were made. The data point in question was discharge date, which is typically only known a day or two in advance. Therefore, if a hospital staff made a referral at the beginning of the youth's inpatient stay, they would not have known the discharge date then and it would appear as "unknown" in the data report. Given that 69% of referrals from inpatient psychiatric units were made at least 3 days after being admitted, it is likely to have occurred on or near the client's discharge date. These data were shared with hospital partners in their quarterly meeting in January, and hospitals were encouraged to refer to Youth ERE earlier in the course of the youth's stay. In the following quarter, there was a decrease in the percentage of referrals made 6-8 days; 9-11 days; and 11+ days post-admission.

System Trends

Throughout the year, the program saw very high acuity in the referrals made and longer wait times for connecting youth to services. The flood of COVID cases due to omicron exacerbated staffing shortages that agencies were already experiencing, as more staff were out sick or caring for someone who was sick or exposed. As a result, waitlists and wait times for service providers (particularly Community Support Services at CCBHOs/CMHCs, as well as partner agencies that provide adolescent therapy) increased steadily. Through their Youth and Young Adult Services Advisory Board, BHN

continued to probe for providers with capacity to serve more young people. Most service providers reported the same strain of increased demand while battling staff vacancies. YERE outreach liaisons continued to serve as an important contact for youth and families until they could start services with an assigned provider. Of note more broadly, the American Academy of Pediatrics, Children's Hospital Association, and American Academy of Child and Adolescent Psychiatry declared youth mental health a national emergency in October 2021. Discussions with hospital partners, CMHC staff, and community partners all validate the urgency and scope of the problem. Through BHN's Youth and Young Adult Services Advisory Board meetings, we have begun exploring ways to strengthen systems and supports particularly around youth suicide prevention.

Planned Enhancements for FY23

Updated targets for persons served

With the advent of COVID, followed by a major program expansion and new processes, we have not revisited CMHC "slots" for several years. Given the doubled staff, we used historical program data to recalibrate goals to be realistic so that Youth ERE can have more meaningful benchmarks for accountability. Project and individual agency goals were calculated based on project referral volume, an 80% engagement rate, and broken down by FTE. CMHC managers gave input during the process and reviewed the final numbers at the monthly meeting in June.

Implement strategies to maximize utilization of Family Support Provider

Youth ERE has staffed a 0.5 FTE Family Support Provider (FSP) through BJC BH to address family needs for Youth ERE clients regardless of where they reside. While there has been stated support for the role of the FSP from hospitals, youth outreach liaisons, CMHC managers and leadership, the service has historically been consistently underutilized. In FY23, Youth ERE will be implementing several refinements aimed to bolster FSP utilization across the region. First, FSP cases and referrals will become a standing agenda item in weekly Youth ERE meetings with the outreach liaisons (including the FSP, once rehired). This will ensure it remains top of mind for all outreach staff and the Clinical Coordinators. Secondly, the process for how and when to refer to Youth ERE's FSP have been updated and will go into effect at the start of FY23. The new protocol offers clearer guidance and multiple pathways to involve the FSP in work with families. In addition, structures will be put into place for the Clinical Coordinator to more consistently and easily monitor FSP's involvement in cases, including periodic case staffings and discussions during monthly meetings with the BJC BH supervisor. Lastly, Youth ERE will coordinate a training for outreach liaisons and supervisors that helps delineate the roles between outreach liaison, FSP, and Youth Peer Support. Reports back from the Youth ERE staff and supervisors suggest that despite wanting to elevate the position of a caregiver with lived experience, they are sometimes unclear on how their work is uniquely different from that of the outreach staff.

Updated on-call process

Midway through FY22, BHR undertook an extensive process to evaluate their cost structure. As a result, BHR indicated that they would be offering a certain number of portal licenses above and beyond which programs would be charged extra. In an effort to reduce the number of portal licenses and contain costs in FY23, Youth ERE will slightly change the way outreach liaisons receive referral notifications which will eliminate ten portal licenses. With this change, outreach liaisons for BJC BH, COMTREA, Hopewell, and Places for People will receive notification of referrals made to all of those four agencies all the time (whereas previously they only received referrals assigned to their own agencies except when they were on-call). The process will not affect Compass, who is not part of the on-call rotation for responding to ED referrals.

Key Staffing Changes

In mid-March, Theresa Schafer accepted the Regional Clinical Coordinator role after almost six months of serving in an interim role. As a result of the shift, Places for People is now seeking an Assistant Clinical Coordinator to fill Theresa's vacancy. Compass hired Suzanne Waggoner as an outreach liaison in January, which allowed for Liz Koehler to move fully into her supervisor role. Compass seeks to fill the additional outreach position created with FY22 expansion dollars.

Places for People hired Meredith Rose 6/2/22 as the Assistant Clinical Coordinator to fill the vacancy left when Theresa Schafer shifted to the Clinical Coordinator role. Andy Hung, an outreach liaison at Places for People, left 6/10/22 for graduate school. Megan Vitale, Youth ERE supervisor at COMTREA, was promoted to Vice President of Youth Behavioral Health and Catherine Howard assumed the supervisor role beginning 5/31/22. BJC BH's Family Support Provider resigned in December 2021 and the position has since remained vacant. Compass hired Danny Sapenaro as an internal transfer during the 4th quarter.

Youth Emergency Room Enhancement Project Impact

Referrals

Volume of Referrals

YERE began accepting referrals on October 1, 2017. The volume of referrals since FY18 has continued to rise. During FY2022, participating referral sources made 1,012 YERE referrals, representing a 31% increase from the previous fiscal year.

St. Louis Children's Hospital, SSM Health - St. Joseph (Wentzville), and SSM Health - DePaul were the three highest referring hospitals in FY2022, together accounting for 62% of total referrals. The table below shows the hospitals and clinics from which the YERE referrals originated and number of referrals in FY2022 and previous two fiscal years.

Table 1: Referrals by Organization Name, FY2020-FY2022

Referring Agencies	FY2020		FY2021		FY2022	
	Number of Referrals	Percentage of Total Referrals	Number of Referrals	Percentage of Total Referrals	Number of Referrals	Percentage of Total Referrals
BHR	1	<1%	0	0%	0	0%
CBHL - Community Behavioral Health Liaison	0	0%	1	<1%	5	<1%
Centerpointe	0	0%	0	0%	1	<1%
Mercy - Jefferson	7	2%	0	0%	1	<1%
Mercy - South	33	7%	78	10%	160	16%
Mercy - St. Louis	67	14%	164	21%	168	17%
Mercy - Washington	1	<1%	5	<1%	1	<1%
Other Youth ERE Referral Source	1	<1%	0	0%	14	1%
SSM Health - Cardinal Glennon Children's Hospital	19	4%	12	2%	16	2%
SSM Health - DePaul	98	21%	165	21%	195	19%
SSM Health - St. Clare	0	0%	1	<1%	0	0%
SSM Health - St. Joseph (Wentzville)	30	6%	104	13%	199	20%
St. Louis Children's Hospital	204	43%	242	31%	247	24%
The SPOT (COACH program)	11	2%	3	<1%	5	<1%
Total	472	100%	775	100%	1,012	100%

Of the 1,012 YERE referrals placed in FY2022, 991 (98%) were eligible for YERE services. , 14 (1%) were ineligible for YERE services Among the youth considered ineligible for YERE, 5 did not meet criteria for a Serious Emotional Disturbance or Substance Use concern, 7 resided outside of the Eastern Region, 1 were ineligible due to Age. Missing data [1] .

Total YERE FY2021 and FY2022 referrals by month can be seen below. The number of referrals per month stayed within a range of 46 to 144 throughout FY2022. Comparing to the same period last fiscal year, April 2022 saw the largest increase of 78 clients. The volume of referrals of this month is also the largest volume of referrals since program inception.

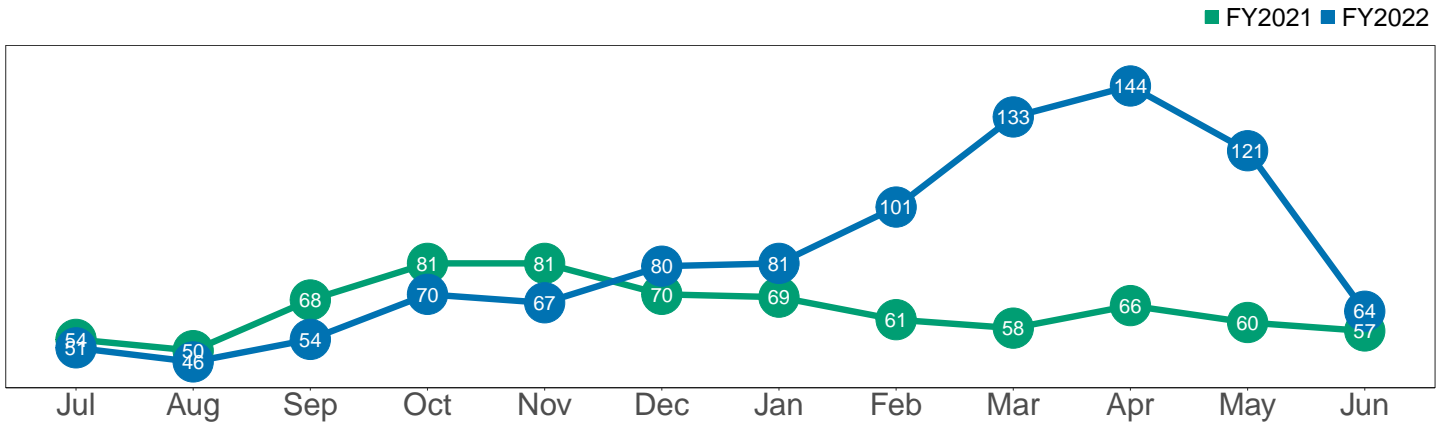


Figure 1: YERE Comparison of Monthly Referrals between FY2021 and FY2022

Type of Organizations

In FY2022, 772 of all YERE referrals youth came from Psychiatric Inpatient units, most of whom were admitted after an ED visit. This is a 34% increase in referrals from Psychiatric Inpatient units from the previous fiscal year. The other most common referral sources were Emergency Dept. (176), Physical Health Inpatient (27), Inpatient - (Psychiatric or Physical) (19), Community (16), and Foster Care Clinic (2).

The breakdown by type of organization remained consistent with the same quarter last fiscal year. Though overall referral volume increased in FY2022, the percentage distributions are nearly identical in these two periods.

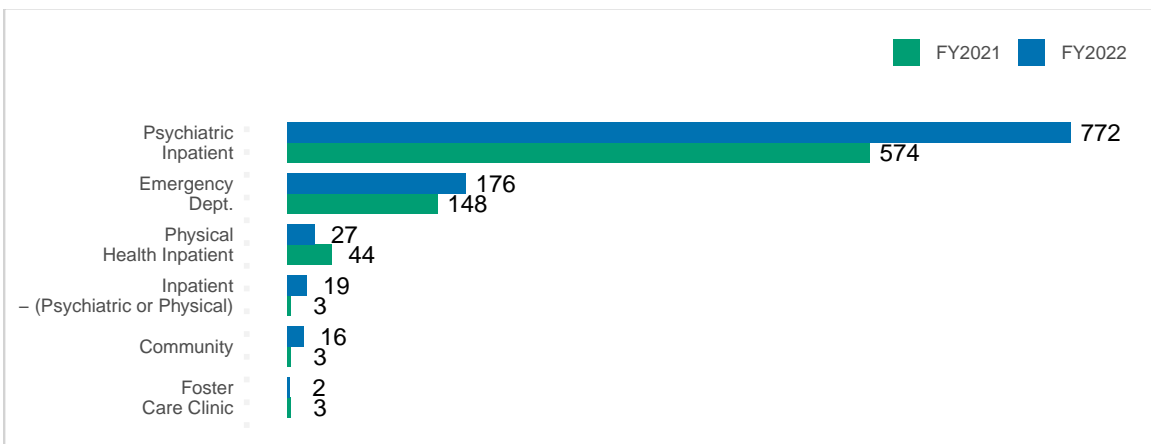


Figure 2: Referrals -Type of Organization

The distribution of referral sources varied slightly across the course of FY2022, as can be seen below.

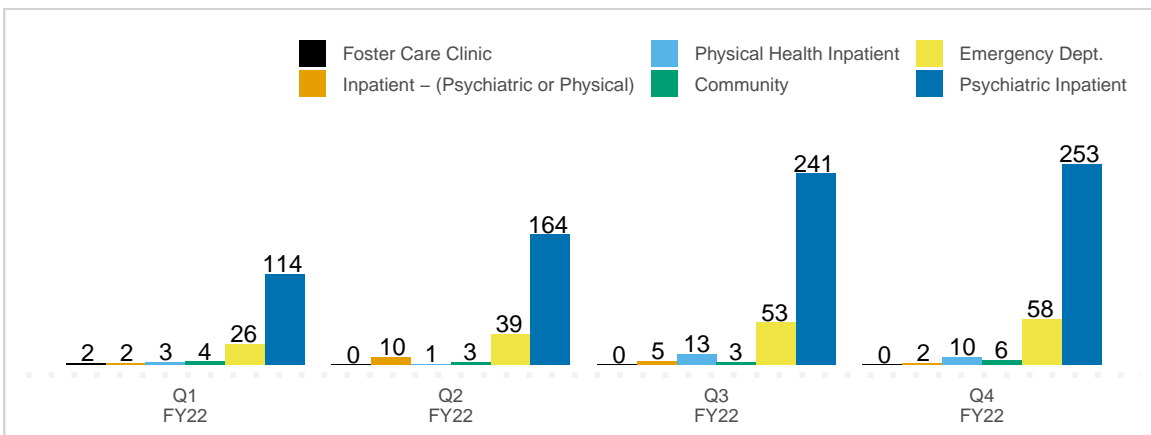


Figure 3: Referrals - Type of Organization

Time of Day of Call

In FY2022, the greatest number of referrals occurred during Weekday business hours (8am - 4:59pm)(87%), followed by Weekend (Friday 5pm - Monday 7:59am) (8%), Weekday evening (5pm - 9:59pm) (5%), and Weekday overnight (10pm - 7:59am) (1%).

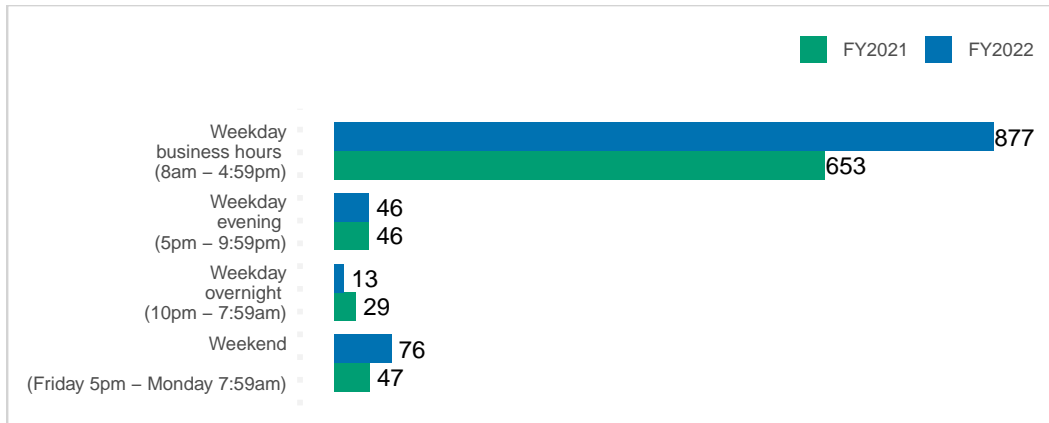


Figure 4: Referrals by Time of Day of Call

A more specified frequency table of Referrals by Time of Day of Call across the course of FY2022 can be seen below.

Table 2: Referrals by Time of Day of Call

Fiscal Month Year	Weekday			Weekend	Total
	Business hours 8am - 4:59pm	Evening 5pm - 9:59pm	Overnight 10pm - 7:59am	Friday 5pm - Monday 7:59am	
Jul 2021	46	4	0	1	51
Aug 2021	36	2	4	4	46
Sep 2021	47	4	1	2	54
Oct 2021	64	2	1	3	70
Nov 2021	59	3	1	4	67
Dec 2021	69	4	0	7	80
Jan 2022	67	6	0	8	81
Feb 2022	93	3	0	5	101
Mar 2022	117	4	4	8	133
Apr 2022	126	5	2	11	144
May 2022	99	7	0	15	121
Jun 2022	54	2	0	8	64
Total	877	46	13	76	1,012

Time of Call

The timing of referrals from the start of FY2022, Jul 2021, through Jun 2022 can be seen below. Referral volumes were higher on weekdays compared to weekends, with the greatest number of referrals placed on Friday and Wednesday. Referral volumes were highest during the morning and midday, peaking between 10AM and 3PM.

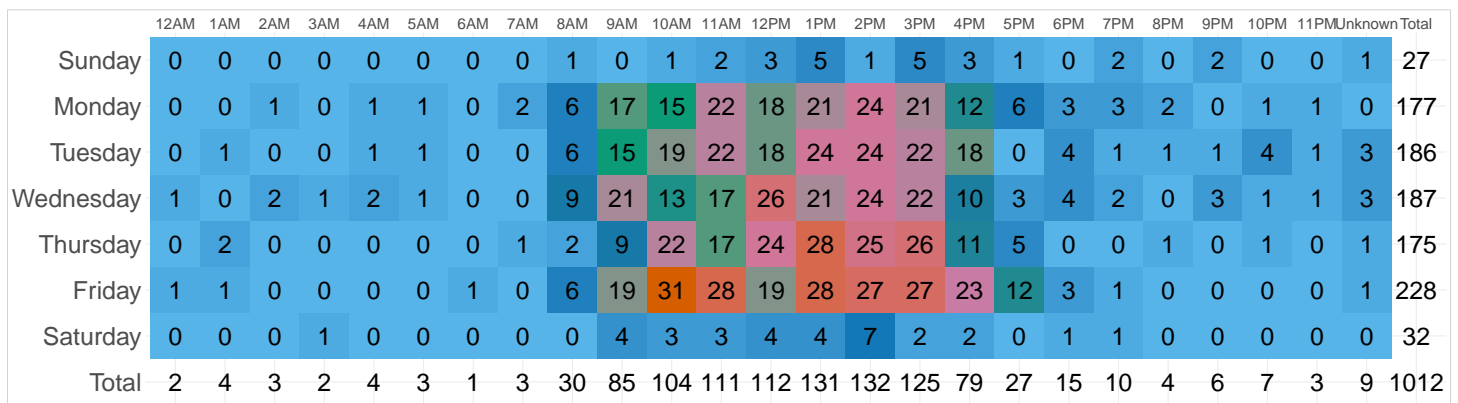


Figure 5: Calendar Heat Map of Time of Call

Scheduling Referrals

In FY2022, out of 1,012 referrals, 927 referred patients were scheduled with a YERE Outreach Team member to provide **follow up within 24-48 hours**. This means that 92% of all referrals met eligibility criteria, agreed to the referral, and were scheduled for an appointment with a YERE Team member. One eligible referral was already working with a YERE Outreach Team member at the time of referral and was thus reconnected to that team member for continued follow-up. In FY2022, 83% (773) of youth and their caregivers met with a YERE Outreach Team member after hospital either next day or after additional outreach (“Appointment”). These rates varied by CMHC, with a minimum of 72% and a maximum of 90%. The remaining youth and their caregivers could not be reached after screening (17% or 154/927). Only 2% (17/773) of the youth and their caregivers who attended the first scheduled appointment with the YERE Team member decided not to continue with the YERE project. YERE Team members outreached youth/caregivers who did not keep their appointments for up to 90 days. If the outreach was unsuccessful, despite these efforts, the case was dismissed from YERE.

Table 3: Scheduled YERE Appointments by Outreach Team CMHC

Outreach Team CMHC	FY2021			FY2022		
	Scheduled Appt	Kept Appt	Kept Rate	Scheduled Appt	Kept Appt	Kept Rate
Preferred (TREE)	33	21	64%	25	18	72%
Comtrea	108	75	69%	146	119	82%
Hopewell	90	82	91%	144	120	83%
Places for People	145	113	78%	179	131	73%
Compass Health	145	114	79%	182	163	90%
BJC Behavioral Health	215	195	91%	251	222	88%
Total	736	600	82%	927	773	83%

The demographic characteristics of the clients who did not keep an appointment were noted and compared to the characteristics of those referred to YERE in total (Please refer to the next section of **Consumer Demographics**) to identify areas for improved outreach. Among these 154 clients:

- 8% were ages 4-10, 56% were ages 11-15, and 36% were ages 16-18.
- 58% were Female, 39% were Male, 1% were Transgender, and 2% Other.
- 48% were Black or African American, 44% were White, 1% were Asian, NA Other Races and 2% Refused.
- 64% were covered by Managed Medicaid, 7% had an Unknown/Refused payor status, 10% were uninsured, 10% were privately insured, and 8% were covered by Medicaid (Note: youth could have more than one type of insurance).

The graphic below shows the progression of youth through the YERE program in FY22². Of 1012 referrals, 991 were determined to be eligible and had an appointment scheduled with a YERE Outreach Team member. Of these 991, 773 participated with the YERE Team, and 503 engaged with the YERE Team. As of August 17, 2022, 309 attended a behavioral health intake with at least one behavioral health services provider (31% of **all youth referred** during FY22) and 307 (30% of **all youth referred** during FY22) were admitted to behavioral health services (either DMH-funded or non DMH-funded services). See Section **Connection and Admission to Behavioral Health Services (CMHC or ADA)** below for detailed information on youth connection and admission.

²All percentages were calculated based on the number of all youth referred in FY22

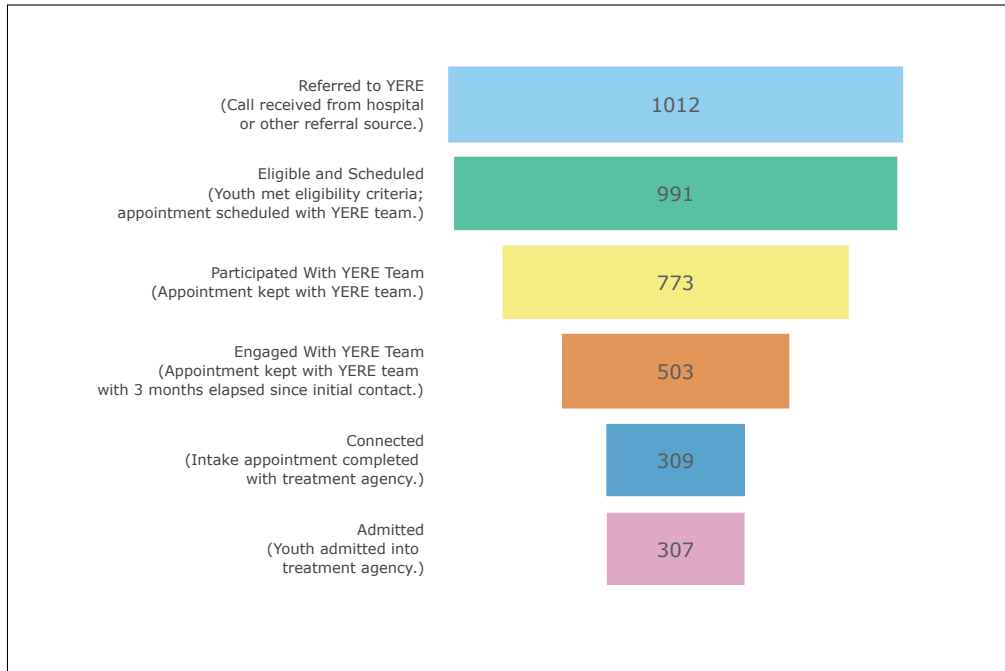


Figure 6: Progression of Youth through the YERE Program in FY22

Method of Contact

Disaggregation of Initial Contacts by Contact Method and Assigned CMHC Agencies

Table 4: Initial Contacts by Contact Method and Agencies

CMHC Agencies	Q1 FY22		Q2 FY22		Q3 FY22		Q4 FY22		Total
	By Phone	Face-to-face	By Phone	Face-to-face	By Phone	Face-to-face	By Phone	Face-to-face	
Preferred (TREE)	1	3	2	2	6	0	3	3	20
Comtrea	16	1	20	6	28	8	29	5	113
Hopewell	9	0	14	5	23	12	37	20	120
Places for People	2	28	1	24	2	36	0	35	128
Compass Health	26	2	33	1	54	12	44	14	186
BJC Behavioral Health	9	16	34	21	38	42	38	29	227
Total	63	50	104	59	151	110	151	106	794

Consumer Demographics (Collected at Referral)

Key demographic measures for the YERE project include age, gender, and race, as reflected below:

Age

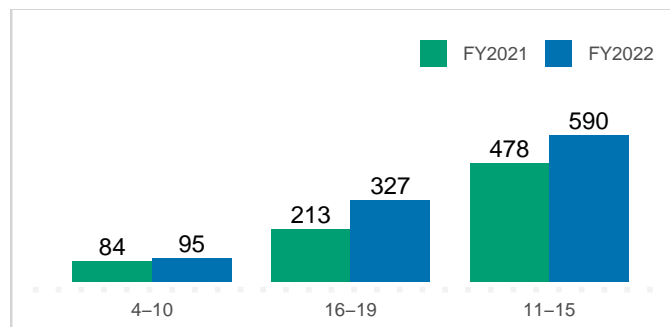


Figure 7: YERE Age Demographics

In FY2022, (58%) of the referred youth were ages 11-15 (62% in FY2021); 32% ages 16-19 (27% in FY2021); and 9% were ages 4-10 (11% in FY2021).

Sex

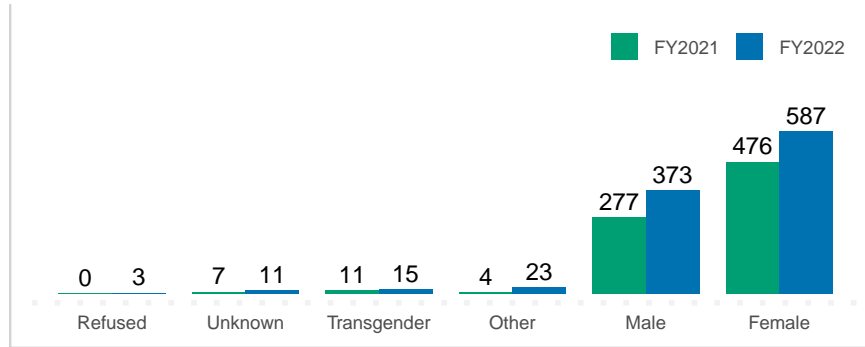


Figure 8: YERE Sex Demographics

In FY2022, Females comprised more than half of the referred youth (58%) (61% in FY2021), followed by Male (37%) (36% in FY2021), transgender youth (1%) (1% in FY2021), and youth with other genders (2%) (1% in FY2021)

Race

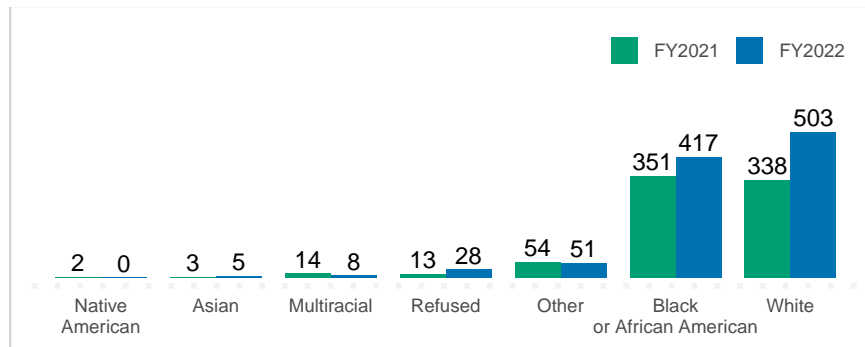


Figure 9: YERE Age Demographics

In FY2022, the most frequent racial category for referred youth was White (50%), followed by Black or African American (41%), Other (5%), Refused (3%) and Multiracial (1%). In FY2021, 45% of the referrals were for Black or African American.

Insurance Status

During FY2022, insurance status was collected at time of referral to YERE. Youth could have more than one type of insurance (thus the percentages in the table below sum to > 100%). 70% of youth were covered by Managed Medicaid, and 12% were covered by Private Insurance. 7% of youth were Uninsured, and 6% were Medicaid. An additional 5% insurance status was Unknown/Refused at referral. Of note, only 5% of referrals were for youth with insurance status of Unknown/Refused in FY2022 compared to 27% for the previous reporting period of FY2021.

Table 5: Insurance Types at Referral

Type of Insurance	FY2021		FY2022	
	Number of Clients	Percentage	Number of Clients	Percentage
Other	2	<1%	1	<1%
DMH Client	0	0%	3	<1%
Unknown/Refused	209	27%	49	5%
Medicaid	31	4%	63	6%
Uninsured	47	6%	66	7%
Private Insurance	33	4%	123	12%
Managed Medicaid	453	58%	707	70%

Primary Reason for Referral

Referring hospitals/clinics were asked for the single primary reason for referral to the YERE program in FY2022.

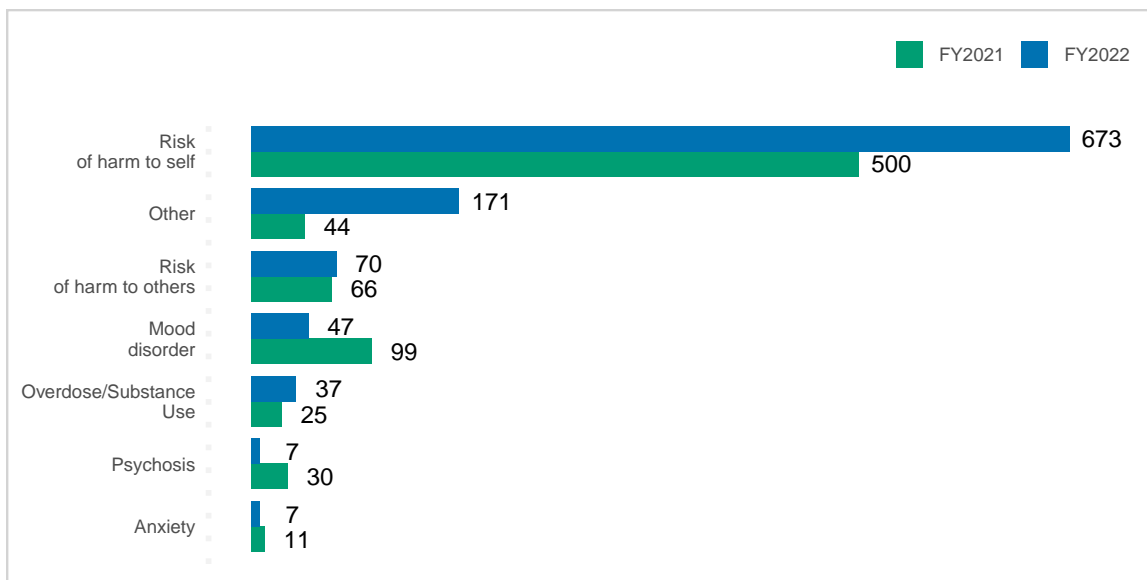


Figure 10: YERE Primary Reason for Referral

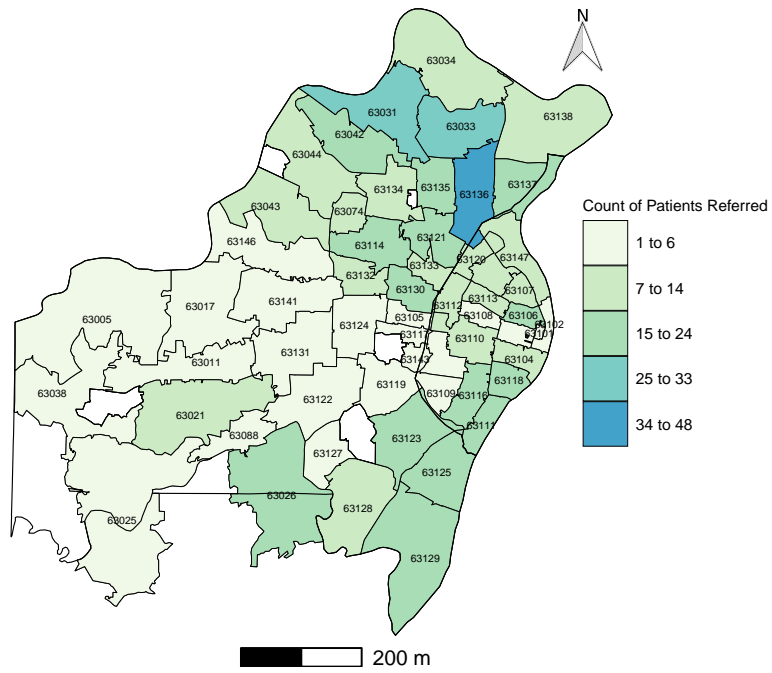
Top common reasons for referral in FY2022 were risk of Risk of harm to self (67%), Other (17%), and Risk of harm to others (7%). While the number of referrals with Risk of harm to self showed a substantial increase by 34.6% between FY21 and FY22, the Percentage of referrals with Risk of harm to self only increased by 3%.

Area of Residency

The YERE project serves seven counties in Missouri’s Eastern Region: St. Louis City and the Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis, and Warren. These maps reflect the dispersion of residency at time of referral. Unhoused clients are represented by the zip code where they spend their time OR (as a last resort) the zip code of the hospital from which they were referred to the YERE program. The map shading is divided in quintiles by natural breaks in the data with darker colored zip codes indicating higher numbers of referrals. The top five zip codes³ of YERE client residence include: 63136 (North St. Louis County), 63031 (North St. Louis County), 63033 (North St. Louis County), 63376 (St. Charles), 63116 (St. Louis City), and 63118 (St. Louis City).

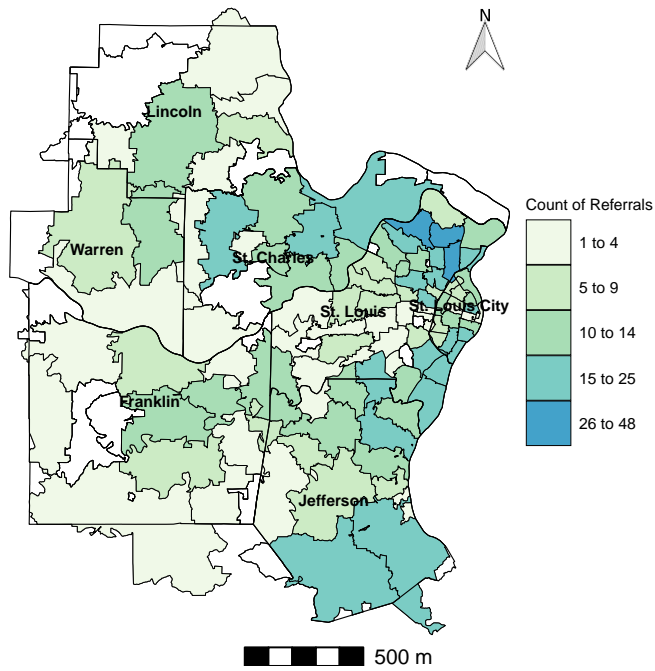
³The top five ZIP codes by frequency includes more than five ZIP codes, because ties are allowed.

Referrals to YERE Program: St. Louis City and St. Louis County Only July 2021 to June 2022



Based on US Census Bureau ZIP Code Tabulation Area (ZCTA) Boundary Data

Referrals to YERE Program: Seven Counties Served July 2021 to June 2022



Based on US Census Bureau ZIP Code Tabulation Area (ZCTA) Boundary Data

Consumer Demographics

Mental Health Concern at Initial Contact⁴

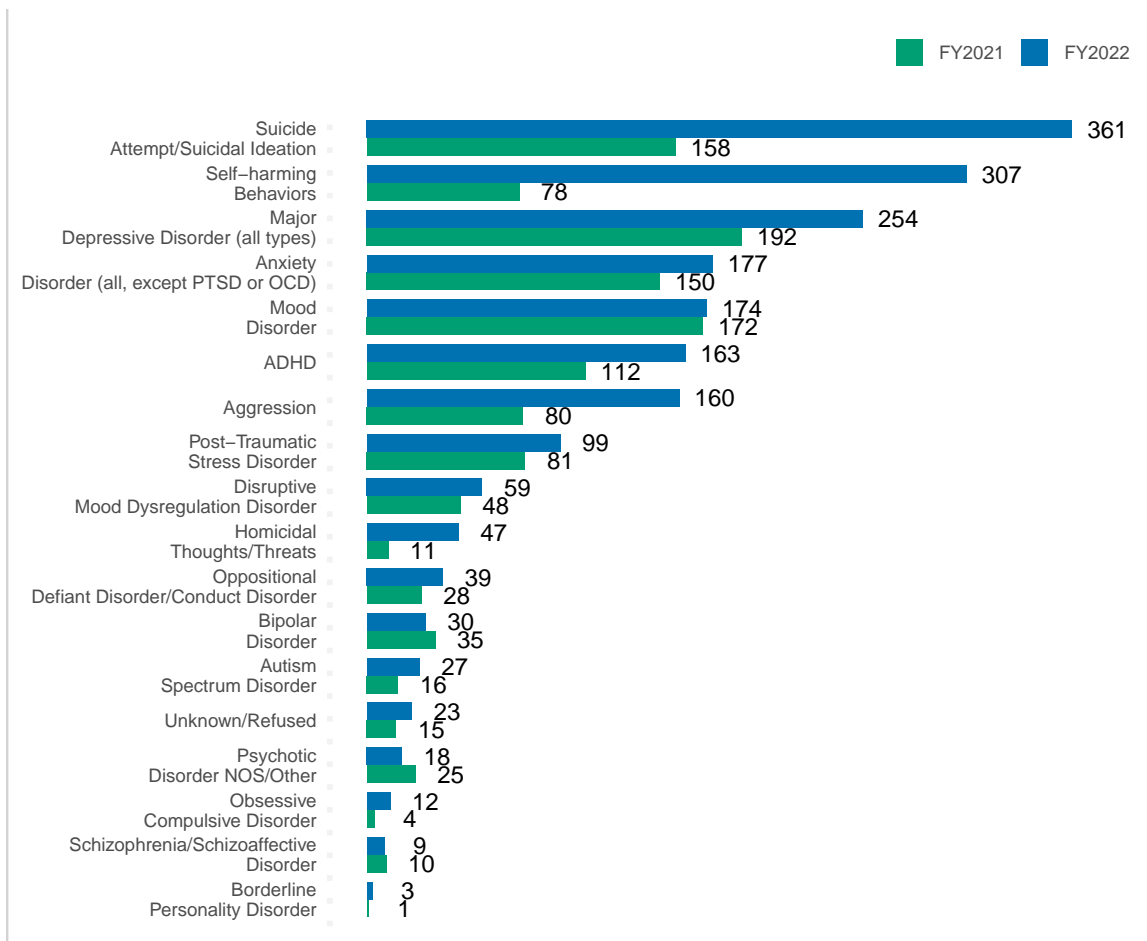


Figure 11: Mental Health Concern at Initial Contact

While the number of referrals with Suicide Attempt/Suicide Ideation showed a 128% increase between FY21 and FY22, the percent share of referrals only increased by 5%. Additionally, the number of referrals with Self-harming Behaviors rose by 294% during that same time, with a 10% increase on its percent share of referrals.

Housing Status

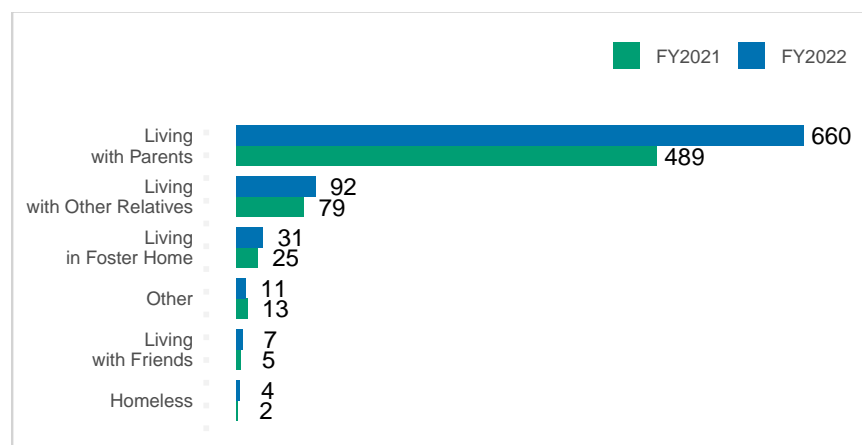


Figure 12: Residence at Initial Contact

⁴Note: youth may have more than one concern.

Of those who were eligible with at least one meeting with a YERE Outreach Team member (828), 80% (659) were living with their parent(s) at the time of their first appointment. Another 11% (92) lived with friends or relatives, and 4% (31) were in foster care. Regarding housing stability, 91% (757) reported that their housing situation was “stable” or not at risk of disruption, 5% (42) had experienced a residency change in the six months prior to YERE referral, and 4%(29) reported their housing situation as “Unknown”.

Additional Youth Characteristics

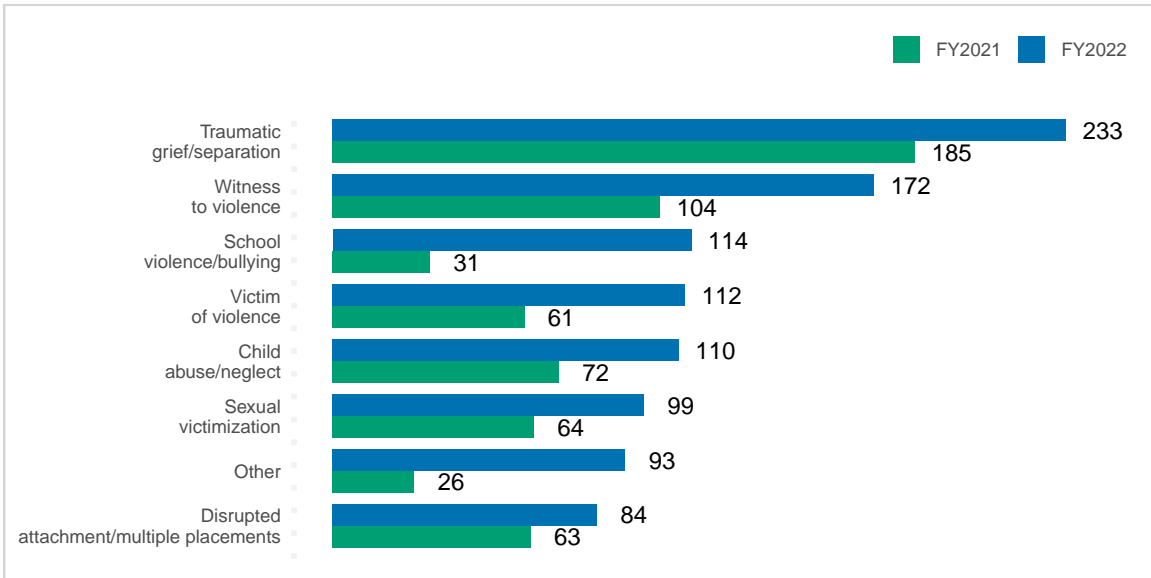


Figure 13: Types of Trauma Experienced

The majority of youth who had at least one meeting with a YERE Outreach Team member (62%) had been exposed to trauma. Among those who reported experiencing past trauma (514), the most common traumas the youth had experienced were traumatic grief/separation (23%), witness to violence (17%), and School violence/bullying (11%).

Youth Service Needs

Service needs were assessed at initial YERE Outreach Team visit, and connection status was then tracked at 30 days and 3 months. Most youth had more than one service need. Sometimes additional needs were determined by the 30-day assessment. There were 1012 referrals in FY2022, and 775 referrals in FY2021.

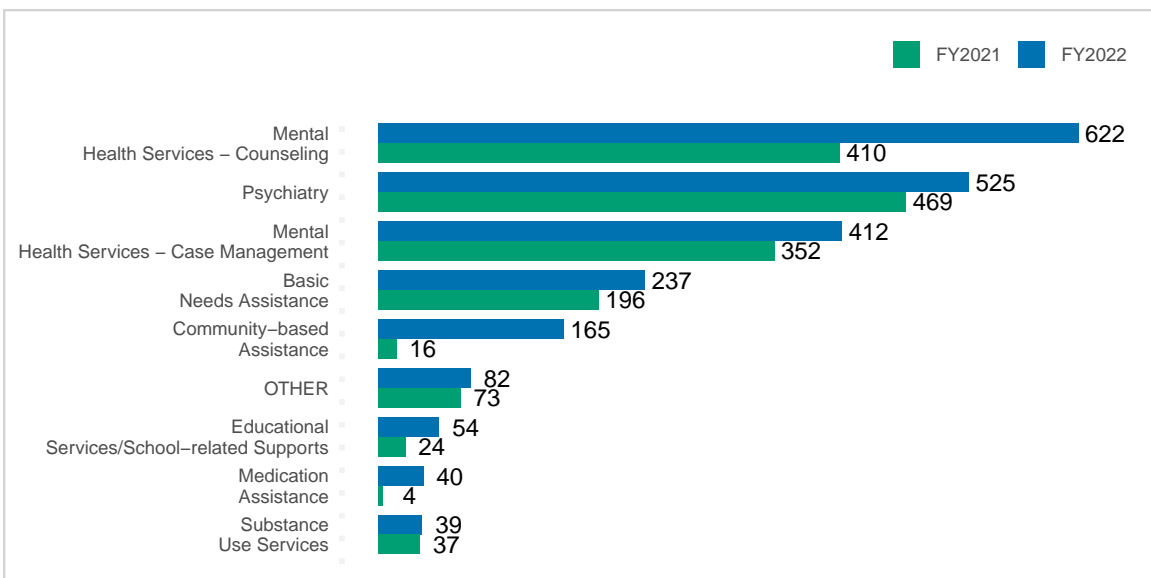


Figure 14: Youth Service Needs at Initial Contact

At the initial meeting with the YERE Outreach Team member, 773 (76%) of YERE youth self-reported having at least one need⁵, which represents a substantial increase in number from 578 (75%) in FY2021. In FY2022, The most common need was Mental Health Services - Counseling (622), followed by Psychiatry (526), Mental Health Services - Case Management (413), Basic Needs Assistance (237), OTHER (82), Educational Services/School-related Supports (54), Medication Assistance (41), and Substance Use Services (39).⁶

Comparing to the same period last fiscal year⁷, in FY2022, The type of Youth needs with the largest increase is Mental Health Services - Counseling (212). Other types of Youth needs with a increase by a significant margin are Community-based Assistance (149), Mental Health Services - Case Management (61), Psychiatry (57), Basic Needs Assistance (41), Medication Assistance (37), Educational Services/School-related Supports (30), and Substance Use Services (2).

Caregiver Service Needs

Primary caregivers of YERE clients were also assessed for their service needs. Service needs can apply to both the youth's legal guardian and other relatives who were living with or caring for the youth. A critical part of the YERE intervention is for the Outreach Team to work with caregivers to link and engage them with needed services, particularly in response to caregivers' behavioral health needs.

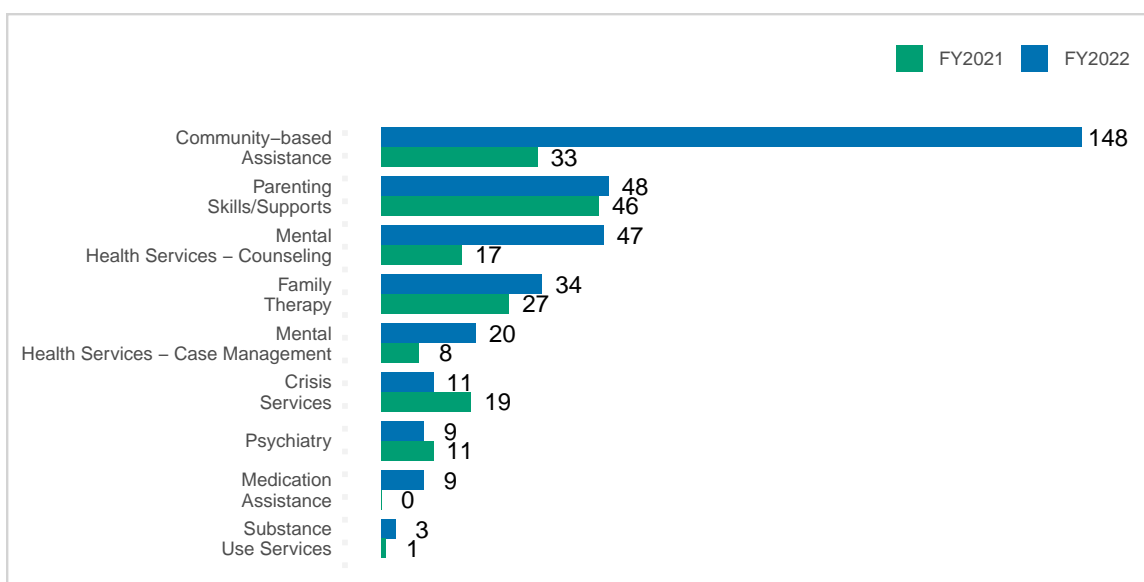


Figure 15: Caregiver Service Needs at Initial Contact

At the initial meeting with the YERE Outreach Team member, 23% (231) of caregivers self-reported having at least one need⁸, which represents a substantial increase from 13% (101) in FY2021. In FY2022, the most common need was Community-based Assistance (e.g. parenting skills training, support groups, religious groups/counseling, etc.) (148), followed by Parenting Skills/Supports (48), Mental Health Services - Counseling (47), and Family Therapy (34).

Comparing to the same period last fiscal year⁹, in FY2022, The type of Youth needs with the largest increase is Community-based Assistance (115). Other types of Caregiver needs with a increase by a significant margin are Mental Health Services - Counseling (30), Mental Health Services - Case Management (12), and Medication Assistance (9).

⁵In this paragraph, the number in the brackets after a type of needs represent the total number of that type of needs in that reporting period.

⁶Among those types categorized as 'OTHER', there are Crisis Services (28), Dental Care (14), Physical Health Services (9), Developmental Disabilities Services (8), Housing (7), Employment Services (6), Legal Services (3), Payer Assistance (3), Food Assistance (2), and Transportation Assistance (2).

⁷In this paragraph, the number in the brackets after a type of needs represent the number change between current period and prior period of that type of needs.

⁸In this paragraph, the number in the brackets after a type of needs represent the total number of that type of needs in that reporting period.

⁹In this paragraph, the number in the brackets after a type of needs represent the number change between current period and prior period of that type of needs.

Youth Emergency Room Enhancement Project Outcome

Connection and Admission to Behavioral Health Services (CMHC or ADA)¹⁰

YERE seeks increased engagement with community-based providers and enrollment in needed behavioral health services programs (both DMH-funded and non-DMH-funded services). These services include case management, counseling, psychiatry, and substance use treatment.

Of all those eligible referrals of YERE during FY2022 (991), 503 youth were engaged with a member of the YERE outreach team. 307 of these youth were subsequently admitted to services. This means that, among all engaged youth clients, 61% were engaged to utilize behavioral health services. Among those attending an intake (309)¹¹, 99% were admitted to services.

We calculate engagement and admission based on the pool of youth who successfully engaged with an outreach liaison post-hospital and where 3 months have passed since that Initial Contact. Three months allows sufficient time for youth to attend an appointment and be admitted to services.

Among youth who have been in the YERE program for three months (i.e., have had three months elapse since Initial Contact with Outreach Team), 61% had attended an intake and 61% have been admitted to services. These rates, stratified by the Outreach Team CMHC ¹², can be seen below:

Table 6: Connection and Admission to Services by 3 Months

Outreach Team CMHC	Total Youth Engaged with YERE Team with 3 Months Elapsed Since Initial Contact	Number of Youth Attending Intake	% of Youth Connected to Services	Number of Youth Admitted to Services	% of Youth Admitted to Services
BJC Behavioral Health	154	81	53%	79	51%
Compass Health	100	82	82%	82	82%
Comtreia	83	61	73%	61	73%
Hopewell	63	29	46%	29	46%
Places for People	91	49	54%	49	54%
Preferred (TREE)	12	7	58%	7	58%
Total	503	309	61%	307	61%

The YERE Team aims to connect youth to behavioral health services as quickly as possible.

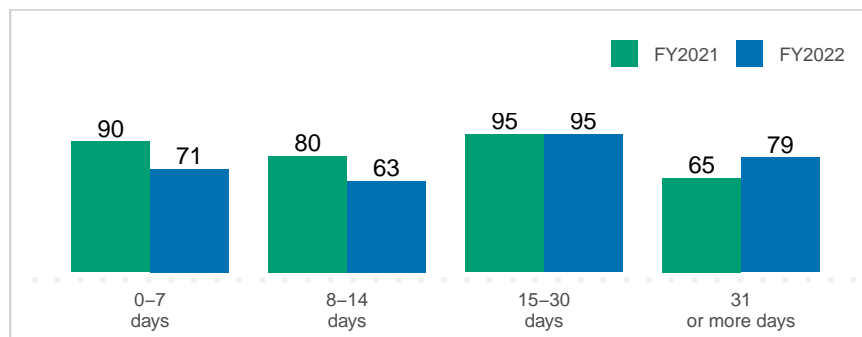


Figure 16: When did First Behavioral Health Intake Occur?

¹⁰Before we count clients as engaged or admitted, those clients needs to be qualified by having had their initial contact more than three months ago.

¹¹Clients attend 3-months intake.

¹²This is not necessarily the CMHC at which connection/admission took place.

Among the 309¹³ youth referred during FY2022 who were connected to at least one behavioral health service, 23% attended an intake within 7 days following Initial Contact with a YERE Outreach Team member. 20% attended an intake between 8 and 14 days following Initial Contact, 31% attended an intake between 14 and 30 days following Initial Contact, and 26% attended an intake 31 days or more following Initial Contact.

Among the 307 youth who were admitted to behavioral health services, admissions took place at the agencies depicted below.

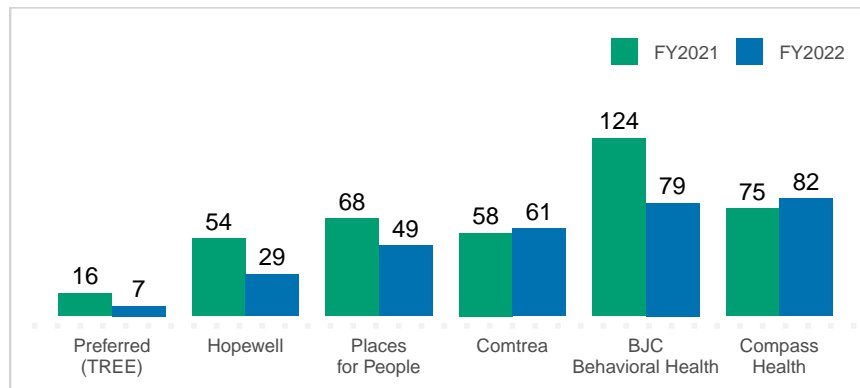


Figure 17: Number of Clients Admitted by CMHC

The largest percentage of admissions took place with Compass Health (27%), followed by BJC Behavioral Health (26%) and Comtrea (20%).

YERE Key Indicators

The impact goals of the YERE project include reduction in non-emergent ER visits and overall hospital encounters, reduction in involvement with law enforcement, and increase in daily functioning (DLA-20 scores). During FY2022, YERE documented positive movement for each of these indicators.

Table 7: Key Utilization Indicators

Key Utilization Indicators	Average at Baseline	Average at 3 Months	% Change at 3 Months	Average at 6 Months	% Change at 6 Months
Average number of ER Visits in Past 90 Days	1.3	0.66	-49%	0.18	-87%
Average number of Hospitalizations in Past 90 Days	1.15	0.62	-46%	0.19	-83%
Average number of Law Enforcement Contacts in Past 90 Days	0.38	0.22	-43%	0.13	-66%
Average DLA-20 Score	61.09	55	-10%		

YERE FY22 Goals vs. Actual

BHN staff and the YERE Steering Committee established key short-term and intermediate goals for the project, including targeted outcome numbers and lower-level thresholds for each. The table below indicates actual outcomes compared to the goals. The program goals are being revisited in FY23, and minimum thresholds will be established. Process improvement plans will be implemented if agencies fall below the threshold.

¹³1 youth attended intake at FY22 but there are no information about when did their first BH intake occur.

Table 8: Key Goal and Accomplishments (July-June 2022)

Process	Key Activities/Milestones	Goal	Actual
Referrals from ER	% of referrals from an ER (vs. other area of the hospital).	30%	17%
Number of YERE clients completing baseline assessment	% of eligible referrals who engage with YERE Team services to complete baseline assessment.	75%	51%
Total Youth Attending an Intake (any provider)	% of clients with a baseline who were connected to any type of service to meet their behavioral health needs.	80%	77% at 30 days; 61% at 3 months
Client Admitted to a CMHC or ADA	For youth assessed as needing CMHC or ADA services, what percentage of them were admitted to a CMHC within 3 months after baseline.	80%	77% at 30 days; 61% at 3 months
Caregiver services connected	The percentage of caregivers with behavioral health service needs identified who were connected to services among attempted needs-addressing.	75%	71% at 30 days; 78% at 3 months

YERE Program Completion

As of August 5, 2022, most of the eligible referrals had either completed the YERE program (19%, YERE intervention plus 6-month follow-up) or were currently participating in YERE and had not yet reached 6-month follow up (35%). 21% started but did not complete 6 months of follow-up with YERE, 11% of caregivers refused services, 3 % were found ineligible at CMHC, and another 10% could not be located and never engaged with the YERE Outreach Team.

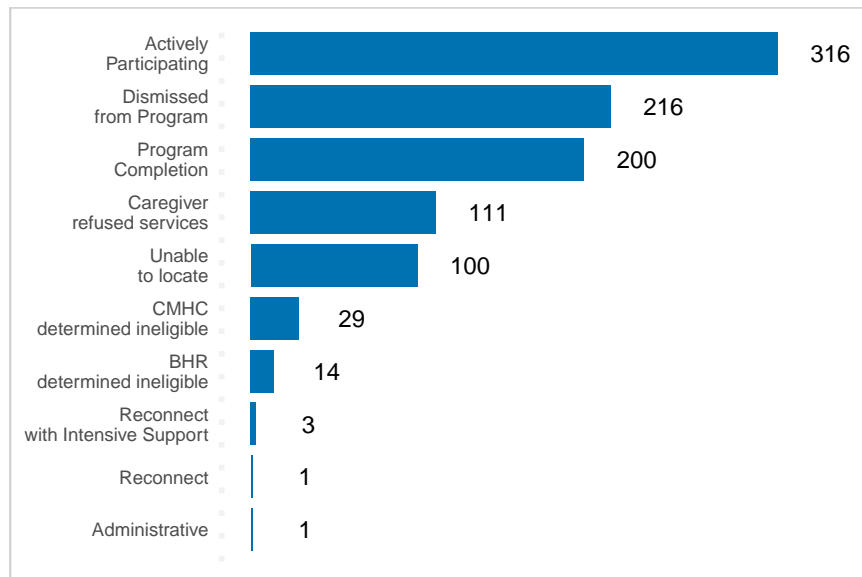


Figure 18: Disposition of Eligible Referrals Scheduled for an Appointment

Consumer Success Stories

Janeese

Janeese is a youth who had moved through three residential facilities in the span of 3 years for aggressive behaviors and consistent elopement. She had worked with therapists to help change her behavior through learning other positive coping skills but was hospitalized when her aggression escalated. While in the hospital, Janeese's caregiver had expressed not feeling comfortable with her child back at home without seeing a significant change in her behavior. Because of this, Janeese remained at Mercy's psychiatric inpatient unit for multiple weeks she could not return home and there were no available residential options. Mercy staff referred Janeese to Youth ERE to help the family connect with the best supports to address their needs. The YERE outreach worker listened closely to Janeese and her caregiver and offered support by reaching out to the Children's Division case worker to come up with a plan. Together, they connected Janeese to Hopewell Center's new Peak Response Trauma Program and intensive home services offered by Children's Division. Although Janeese still struggles with these behaviors, her caregiver has felt supported enough to allow Janeese to come back home.

Lacy

Lacy is a 16 year-old female who struggles with suicidal ideation and self-harm. When the YERE outreach worker first met with Lacy, there was a great deal of conflict at home, especially between Lacy and her mom. Lacy said she felt like she was a burden to people, and her mom indicated she was frustrated that Lacy wouldn't communicate with her. Through home visits, psychoeducation, and skill-building sessions, the YERE outreach worker helped repair their relationship so they could at least understand each other and have productive conversations about mental health and stressors in their lives. In addition to conducting consistent home visits and phone calls with Lacy's mom, the Youth ERE outreach worker also referred Lacy for therapy and put her on his agency's waitlist for case management services. At the same time, Lacy's mom was experiencing significant financial stress from being evicted and struggled to follow-up with Lacy's scheduled intake appointments. Though the Youth ERE outreach worker also tried to support her with her housing difficulties, Lacy's family ultimately moved out of state before she could begin behavioral health services. Before their move out of state, Lacy and her mom expressed gratitude for outreach worker and the YERE program as a whole for helping their family during such a turbulent period.

Carmen

Carmen is a 14 year-old girl who had multiple presenting concerns upon referral: struggles with suicidal ideation, self-harm, risk of harm to others, and substance use. Within the span of a few weeks, Carmen had experienced two inpatient psychiatric hospitalizations, three emergency room visits, and five interactions with law enforcement. Each time, Carmen would get released from the hospital and in less than 24 hours would run away and end up back in the hospital. Upon the last visit, a hospital referred Carmen to YERE and the outreach worker began meeting with Carmen and her family almost daily to safety plan, work on skill-building, and convening a broad variety of individuals including COMTREA Staff, the Pevely Police department, hospital personnel, and many others community partners to create an environment in which Carmen felt supported to remain at home. Since receiving this level of wraparound support, Carmen has remained out of the hospital and has made no attempts to run away. Carmen's family is working with an intensive in-home service provider, and the Youth ERE outreach staff reported "just in the last week I have seen huge improvements in her attitude and willingness to accept help. I am very excited about what the future holds for her!" Carmen's father shared with the Youth ERE outreach staff, "If it wasn't for you guys, I would be lost." The Pevely police department has also expressed much appreciation.