Behavioral Health Network of Greater St. Louis

FY25 Annual Report – Youth Emergency Room Enhancement Program

Program Overview

History and Program Scope

In the spring of 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. YERE's primary goals include:

- Improving access to, and engagement with, community behavioral health care;
- Reducing preventable hospital contacts/readmissions; and
- Improving youths' quality of life.

YERE-eligible youth have significant behavioral health concerns, are age 6-17 (over 18 if still in high school), and are residing, or presenting as homeless, in the seven county Eastern Region.[1] These youth are unlikely to easily engage in traditional services and are referred from participating hospitals/clinics. Insurance status has been an agency-specific eligibility criterion for the past few years, with some participating agencies accepting referrals for youth with private insurance. Youth engaged in YERE are typically experiencing escalating behavior(s) that, without immediate intervention, may require a higher intensity and duration of services.

Staffing and Support

Eastern Region CMHCs receive external funding to designate at least two people to participate in the YERE outreach team. The team includes a Regional Clinical Coordinator (1.0 FTE), Outreach Workers (11.0 FTE), and an Assistant Clinical Coordinator (1.0 FTE) who dedicates half of their time to carrying a caseload. The team is also budgeted to include a Family Support Provider (0.5 FTE), but this position remained vacant for all FY25. In FY25, BHN supported YERE through dedicated management efforts, including a Director of Community Programs (Dana Silverblatt, M.A.) who provided oversight of BHN's regional planning and coordination of youth-focused behavioral safety net initiatives, and a Data Analyst who monitored metrics and performance of the program.
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;
- Intensive outreach efforts, beginning at initial referral;
- Time-limited community outreach, engagement, and crisis intervention services;
- Flexible funds used to minimize barriers to behavioral health service engagement; and
- Linkages to behavioral health providers and specialty services to address ongoing behavioral and primary health care needs of youth and caregivers.

[1] Eastern Region Counties: St. Louis City / County, Franklin, Jefferson, Lincoln, St. Charles, and Warren.

As quickly as possible, the YERE team works to connect the youth and their primary caregiver to needed ongoing, community-based behavioral health services, and, when critical for engagement, to other needed services. The team collects outcome data at 30 days, 3 months, and 6 months after baseline YERE data collection.

Changes and Challenges in FY25

Staffing Changes. In FY25 YERE experienced a moderate amount of staff turnover, with 3 members of the outreach team leaving the program and 2 new team members starting. The Family Support Provider position, despite hard work within BJC Behavioral Health, remained unfilled in FY25. Independent of these staffing changes, YERE still benefited from experienced leadership and team members, which enhanced internal supports and institutional knowledge.

Hopewell-People's Health Center Merger: In November 2024, Amanda Luckett Murphy Hopewell Center (CCBHO) formally merged with Betty Jean Kerr People's Health Center, a Federally Qualified Health Center (FQHC). This merger expanded integrated care options for clients referred for behavioral health, and the surviving entity is Betty Jean Kerr Peoples Health Center, often referred to as "People's" or "People's Health Centers."

Eastern Region Model Change. Compass Health Network (Compass) has been a valued partner in all the regional hospital projects since inception. Given Compass' multiple locations across the state, it became increasingly difficult for their organization to streamline ERE services across their system, with just the Eastern Region as the exception. As a result, over the course of the last year, BHN and Compass met to determine how to balance being good partners while also fulfilling commitments to patients and regional projects. Beginning in May 2025, BHN and Compass mutually agreed that Compass would stop contributing staff to Eastern Region YERE, ERE, and Hospital to Community Linkages Inpatient (HCL IP) projects, choosing instead to manage their hospital outreach programs and staff internally. Despite this shift, there was no reduction in client services or commitment to overall program efforts. BHN and Compass refined communication and referral systems to ensure that clients were connected to an appropriate outreach team member, regardless of where in the Eastern Region the referral originated. YERE continued to operate with the same eligibility criteria and protocols in place, just without Compass staff as part of the regional outreach team.

Complete Transition to FAMCare: In Q3 FY25, BHN transitioned to FAMCare, a new outcomes-tracking software. Soon after, YERE outreach staff began to use FAMCare for data entry and tracking. FAMCare allows for more robust and sophisticated region-specific data monitoring and analysis than the former software that had been in place.

Data Overview

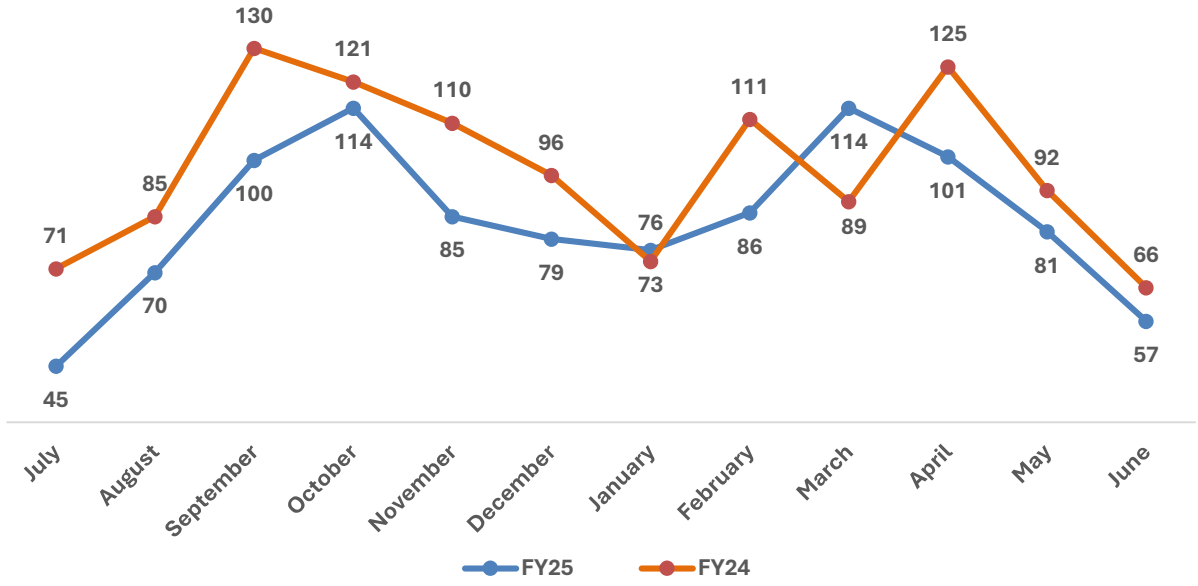
Although the transition to FAMCare in Q3 was successful from a data collection standpoint, with outreach and programmatic staff transitioning to the platform for client management, extracting outcomes data from FAMCare has been more problematic. A duplication error in FAMCare was identified at the time of writing this report, which raised concerns about the accuracy of some of the outcome reporting out of FAMCare. Though BHN took immediate steps with the vendor to address the error, it was not resolved prior to the report's completion. Using information available from AnswerFirst, the call center through which referrals are made, the following represents the data we have for FY25 Eastern Region YERE.

Referral Data[2]

Volume

In FY25, there were 1008 successfully recorded ERE referrals made through AnswerFirst. The highest referral months were October 2024 and March 2025, with 114 referral calls to AnswerFirst each. There was a 13.8% decrease in referrals from FY24 (N=1169) to FY25, though some referral patterns stayed the same, with periods of higher volume reflecting when school is in session for most youth (Figure 1).

Figure 1: Comparison of Number of Referrals by Month, FY25 (N=1008) and FY24 (N=1169)



[2] Data from FY25 and FY24 are from different sources. FY25 data was populated from referral calls through AnswerFirst, while FY24 data was calculated using information from YERE's client management system.

Demographics

Over half (53.4%) of referred patients identified as Black or African American (n=538) and 38.1% (n=384) as white (Figure 2). Referred clients were largely female (58.4%, n=589), compared to the 39.7% (n=400) who identified as male (Figure 3).

Compared to FY24 (48%), a higher percentage of YERE referrals were Black or African American in FY25 (53.4%). Proportions by gender remained consistent from FY24 (57% female, 42% male).

Figure 2: Referred Client Self-Reported Race

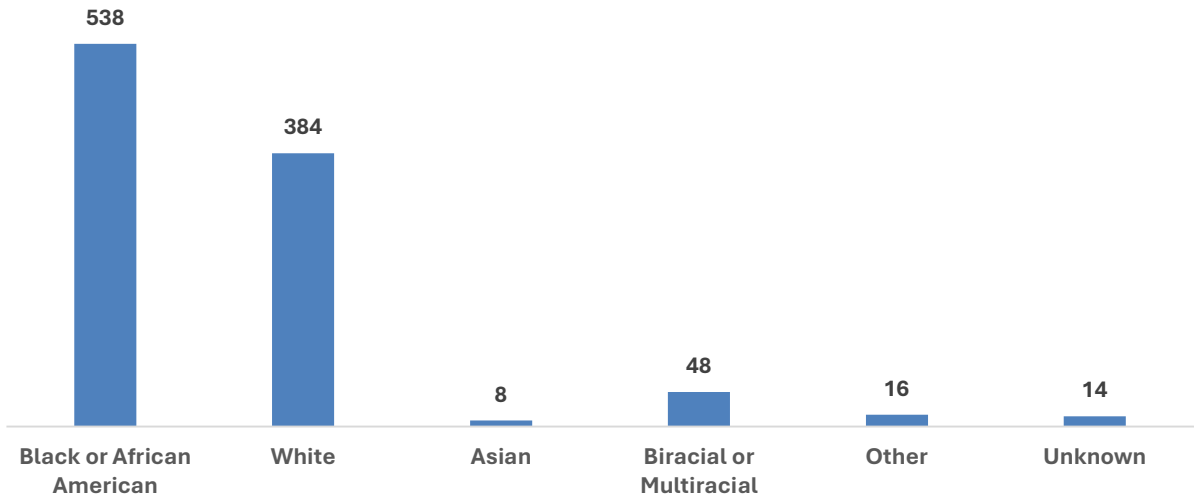
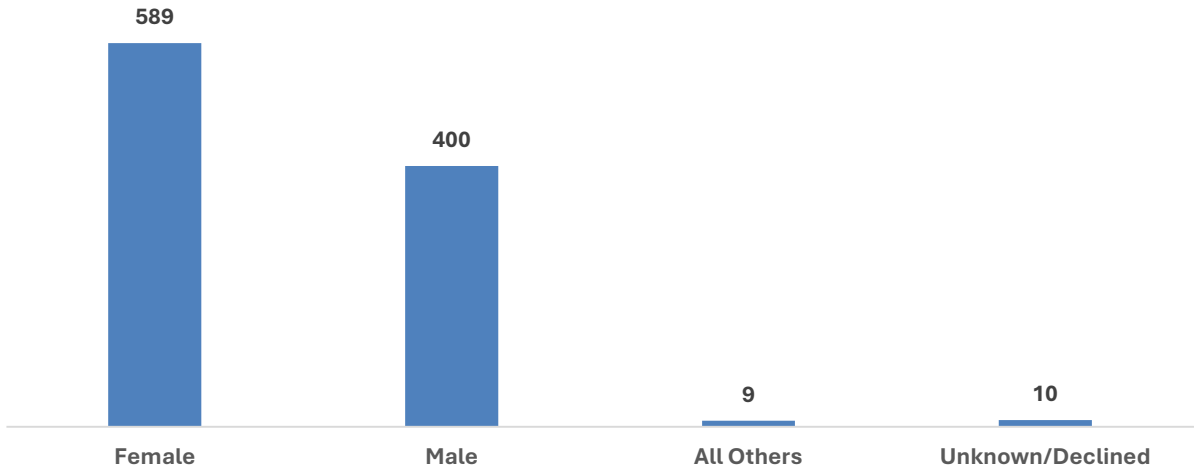


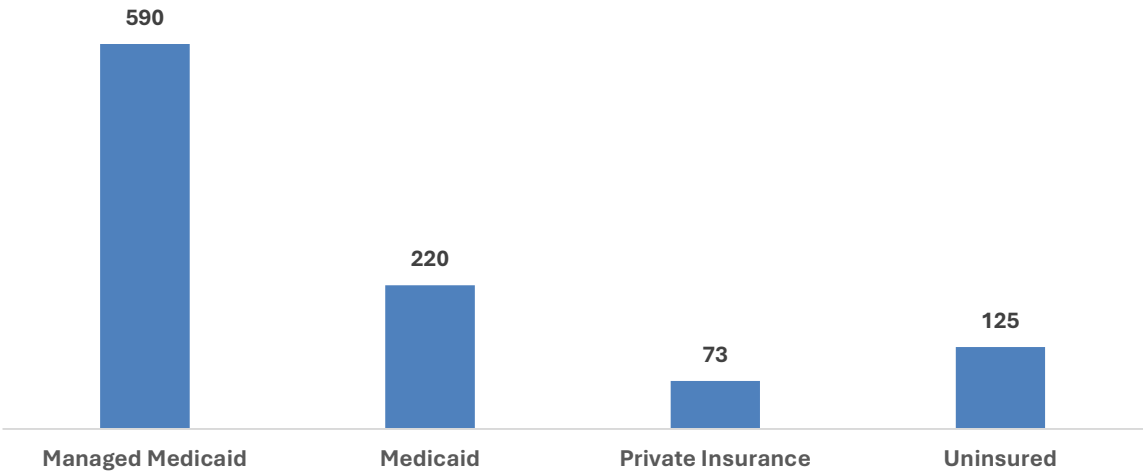
Figure 3: Referred Client Self-Reported Gender



Insurance Status

Among clients referred through AnswerFirst, most clients were enrolled in either Medicaid (21.8%, n=220) or Managed Medicaid (58.5%, n=590), with 12.4% (n=125) of clients referred being uninsured (Figure 4). Compared to FY24 (73%), a smaller proportion of YERE referrals reported being on managed Medicaid (58.5%), while a greater proportion were reportedly on Medicaid (21.8% in FY25 compared to 2% in FY24). A similar proportion of YERE youth were uninsured in FY25 (12.4%) compared to FY24 (13%).

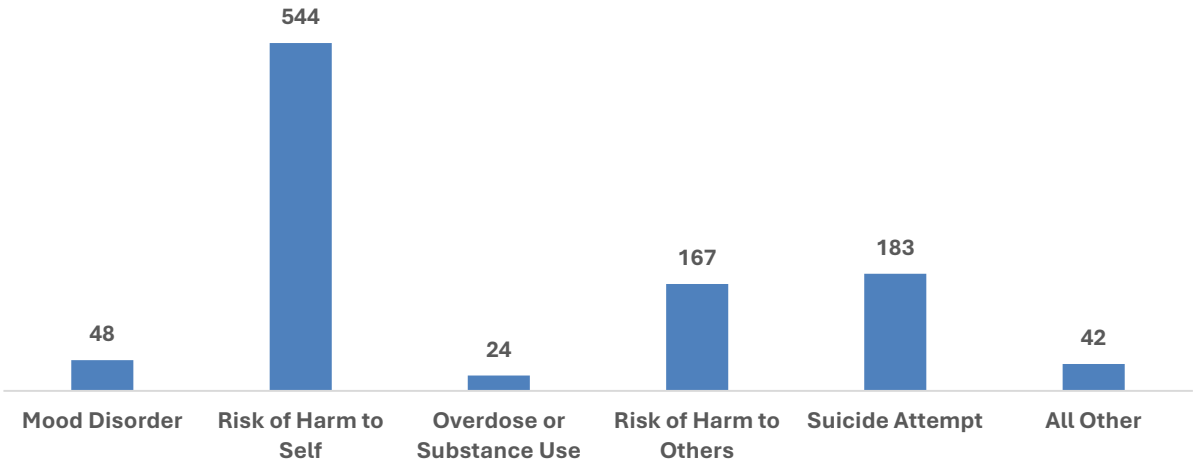
Figure 4: Referred Client Insurance Status



Primary Reason for Referral

Clients referred in FY25 were largely referred to YERE due to a "risk of harm to self" (53.9%, n=544), followed by a "suicide attempt" (18.2%, n=138), and "risk of harm to others" (16.6%, n=167) (Figure 5). This patten was consistent with FY24, where 51% were referred for "risk of harm to self." Both "suicide attempt" (18.2% in FY25, 15% in FY24) and "risk of harm to others" (16.6% in FY25, 14% in FY24) were slightly higher in FY25 compared to FY24.

Figure 5: Primary Reason for Referral



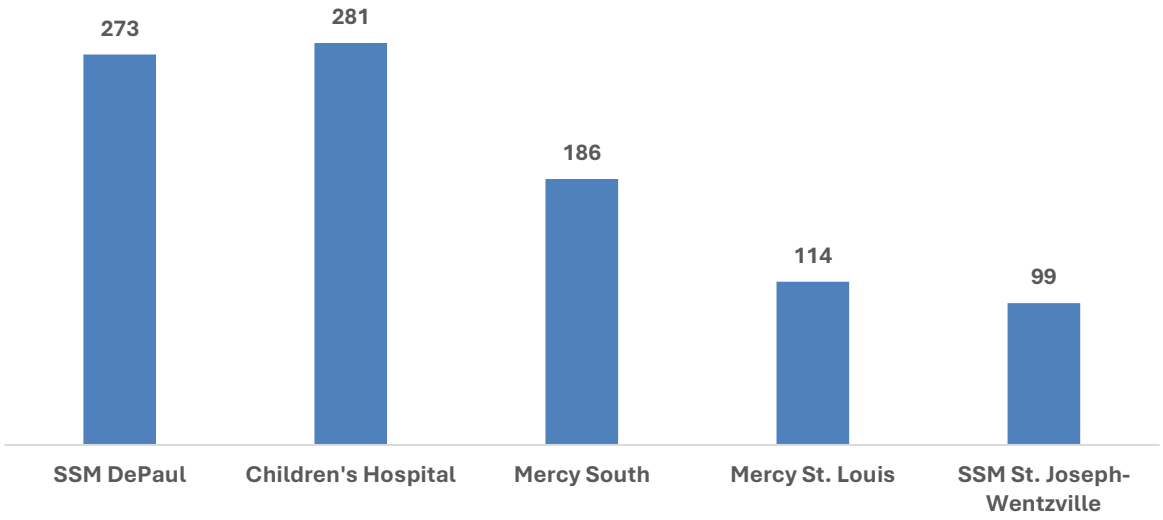
Referral Source

Among referral sources, SSM Health was a primary source of referrals (40.5%, n=408), followed by Mercy (30.4%, n=306), and BJC Healthcare (28.4%, n=286) (Figure 6). Digging deeper, 94.5% of referrals in FY25 came from 5 facilities: BJC St. Louis Children's Hospital (27.9%, n=281), SSM DePaul (27.1%, n=273), Mercy South (18.5%, n=186), Mercy St. Louis (11.3%, n=114), and SSM St. Joseph-Wentzville (9.8%, n=99) (Figure 7).

Compared to FY24, BJC St. Louis Children's Hospital (25%) and SSM DePaul (28%) remained the highest volume referral sources; accounting for over half of YERE referrals in the last two program years.

Figure 6: Referrals by Health System

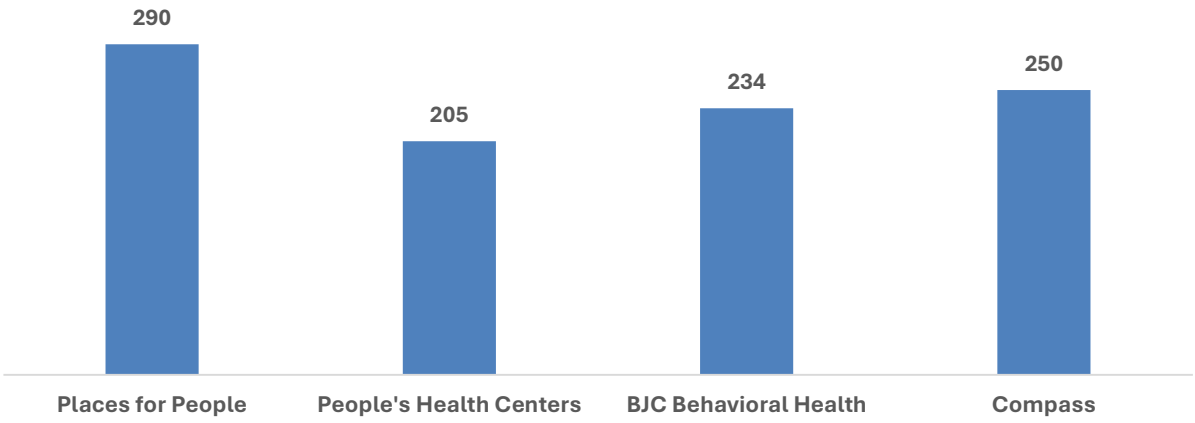
Figure 7: Top Referral Sources in FY25



Agencies Assigned

In FY25, Places for People received 28.8% (n=290) of referrals, followed by Compass (24.8%, n=250), BJC Behavioral Health (23.2%, n=234), and People's Health Centers (20.3%, n=205 (Figure 8).

Figure 8: YERE Agency Referral Distribution



Program Plans for FY26

Logic Model. BHN programmatic and data staff will update the logic model to reflect additional reporting capacity because of the FAMCare transition, FSP-specific metrics, and qualitative assessments. BHN will continue to implement steps to incorporate consumer voice into the program's evaluation plan.

Family Support Provider. This position has been part of the YERE budget because we know that people with lived experience can offer valuable support different from what licensed professionals may offer. As a strategy to recruit for and maintain the regional Family Support Provider (FSP) role, we will pilot contracting with an external partner who has specific expertise in family support and peer-run work. We believe this new approach will allow the FSP to benefit from being a member of a team with their peers at their "home agency," where they can receive support, coaching, and professional development consistent with their peer support role—while also integrating into the regional YERE team. The role will be managed and supported by the Regional Clinical Coordinator, with new protocols already outlined to trigger FSP involvement for youth who have been referred more than once to YERE and those who have been referred due to a suicide attempt. At the time of this report, conversations were underway to finalize the sub-contract.

BHN Staffing*:* To date, the regional hospital-to-community programs (YERE, ERE, and HCL IP) have been directly supported by different BHN staff. In FY26, oversight of the newly merged ERE program and YERE will be centralized under a single Program Manager. This change streamlines communication and decision-making, promotes more consistency across programs, and maximizes the daily support to all program partners. The new Program Manager, Amy Ladley, was hired in June 2025. Amy comes to BHN with a background in public health change management and implementation, managing collaborative efforts between health systems, hospitals, providers, and public health stakeholders.

Develop and Refine Feedback Mechanisms to Outreach Staff: With access to more robust data through FAMCare, BHN hopes to continue to provide outreach workers and managers with up-to-date caseload reports and client throughput data to assist in supporting YERE clients through timely communication and needs assessment. While caseload reports were available through FAMCare in late-FY25, reports will be refined to be more user-friendly and sent to outreach staff weekly. In addition, individual dashboards will be distributed regularly with caseload reports to show individual progress toward benchmarks.

Refine Orientation Process and Materials: As staffing and programmatic needs change, BHN seeks to increase the utility and reach of orientation materials to support staffing changes as they occur. Materials that are mission-centered, clarify expectations, and accommodate different adult learning styles will be created, tested, and disseminated. This effort will be coordinated with the ERE program to better streamline the process for orienting new outreach staff and supervisors across both YERE and ERE.

Success Stories (note: all names have been changed to protect the identity of participants)

Martin is a young boy who has struggled with behavioral issues, including aggression. He was also a victim of bullying and had visited the hospital multiple times. Through a YERE referral, Martin was connected to Lutheran Family and Children's Services and other resources. Since then, he has improved significantly through therapy and psychiatric support. Additionally, Martin is now involved in a mentorship program with the local police department. A couple of months after his participation in YERE, Martin's mother reached out to his YERE outreach worker to express her gratitude, saying that he is doing much better and appreciates the services he received.

Jerome was hospitalized for suicidal thoughts due to bullying and recent outbursts at school. A YERE outreach worker partnered with him and his caregivers to connect Jerome with an Intensive Outpatient Program (IOP), which he completed. Jerome is now active in outpatient therapy and is doing much better, experiencing a decrease in negative behaviors since switching schools and getting involved in extracurricular activities.

Brinley is an 11-year-old who was hospitalized for suicidal ideation. Upon outreach, the YERE outreach staff learned that Brinley's suicidal ideation was due to intense and ongoing bullying at school. The YERE outreach worker supported Brinley's mom in coping with her own complex emotions around the situation and worked with her to connect with the school, inform the administration of the bullying, and provide the needed evidence from Brinley's phone. The YERE outreach worker also worked with Brinley's mom to get extra support from the school, including starting the process of getting an IEP in place. Through this process, Brinley's mom realized there were a lot of things going on in Brinley's life that he hadn't been comfortable sharing, and she expressed interest in connecting him to a therapist as well. Brinley was connected to a therapist at Places for People, has engaged weekly with his therapist, and his mom reports she is seeing notable improvements in Brinley's response to stressors at home.

Sophia was referred to YERE for risk of harm to self. When the YERE outreach staff was able to connect with Sophia's mother, they learned that she spoke only Spanish. Once engaged with an interpreter, YERE found that Sophia's mom was totally at a loss on how to support her daughter in this difficult time, and that she was feeling really lost. YERE provided reassurance that mom wasn't alone in it anymore and then provided several bilingual therapy and case management options. Within two weeks, Sophia's mom was able to set her up with therapy and every time YERE has checked in with her since then, Sophia's mom reports how much Sophia is enjoying her therapy sessions and how much 'happier' she has been lately.