

## Case Study

# Identifying and Supporting Patients at Risk for Suicide and Domestic Violence

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



During COVID, suicidal ideation and attempts, as well as domestic violence, really spiked. Using EDCC 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% increase in depression and anxiety globally, and the Kaiser Family Foundation suggests 1 in 4 adults in the United States 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.

Richmond Behavioral Health Authority serves over 13,000 individuals in the Richmond, Va., 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 PointClickCare 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 Emergency Department Care Coordination (EDCC) platform—a PointClickCare solution specifically tailored to meet the unique needs and demographics of Virginia—to quickly identify patients at risk for suicide due to domestic violence and reach out.

“We used 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 is able to triage and contact these patients within 48 hours for timely follow-up.

Jillian Olson, MSW, LMHP-S, CTP, a care coordinator at RBHA adds, “Motivation to address challenges like domestic violence can ebb and flow for patients. EDCC’s 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.”



## The Outcome

The **Be Well program** has been met with measurable success. Over the life of the grant, **492 referrals** were made to the program. Of those, 53% of referrals came specifically from the EDCC platform provided via PointClickCare, representing 262 survivors of domestic violence who were identified.

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 encounters related to assault, unspecified adult maltreatment, suicidal ideation, and alcohol use.



The platform notified a 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 EDCC to ensure continued success of their outreach.

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 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're able to break down silos of care by getting community and clinical resources involved and working together to effectively support these individuals."

## About PointClickCare

PointClickCare is a leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at any stage of a patient's healthcare journey. PointClickCare's single platform spans the care continuum, fostering proactive, holistic decision-making and improved outcomes for all. Over 27,000 long-term post-acute care providers, and 2,700 hospitals use PointClickCare today, enabling care collaboration and value-based care delivery for millions of lives across North America.

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