TMF Health Quality Institute

Strategies to Reduce Preventable Hospital Utilization by Addressing Behavioral Health Needs

Issue 9 | Expand Access to Behavioral Health Services

This nine-part series developed by TMF Health Quality Institute explores the integration of evidence-based strategies that identify and address underlying behavioral health needs as an approach to reducing preventable hospital utilization.

What Is the Evidence:

Almost $4M in Savings

The Living Room, in Schenectady, NY, is an outpatient crisis stabilization center designed as an alternative to emergency department (ED) visits for individuals experiencing mental health crises. Serving both insured and uninsured patients, especially those from underserved communities, the center offers walk-in and call-in access to counselors, social workers and care managers in a calming, home-like environment. They also provide support for social determinants of health and connection to primary care. Visits cost $200, instead of $1300 in the ED; nearly $4 million has been saved since 2018. Patients report an average of a 30% reduction in distress and anxiety (Ellis Medicine, 2022)

Nearly $1M Reduction in Readmission Costs

In a post-discharge intervention study of 408 adults hospitalized for cardiovascular diagnoses, integrating behavioral and psychosocial coaching via the Laguna Health platform led to significantly lower total readmission costs (i.e., $1.1 M vs. $2.0 M) and reduced per-patient readmission cost from $91,278 to $44,052 (Minga et al., 2023).

What Is It:

To address access issues for behavioral health care, it is necessary to remove barriers (e.g., lack of transportation, inadequate insurance coverage, geographic isolation) that prevent patients from receiving timely and appropriate behavioral health care. These obstacles put patients at a higher risk of being readmitted, contribute to poor management and can hinder patients from obtaining necessary follow-up care (Sowden et al., 2025). Improved access to behavioral health services—including therapy, crisis intervention, addiction treatment and psychiatric support—helps patients manage conditions before they escalate into emergencies.

The Brookings institute shared a number of strategies used by organizations across the country, all with a central theme of community coordination (Frank et al., 2024). These strategies include an emergency hotline (e.g., 988 Suicide and Crisis Lifeline), crisis response teams within the community, care coordination when discharged from the hospital, use of peer specialists to help navigate services, walk-in behavior health clinics, behavioral health care integrated into medical clinics and emergency response services, and telehealth capabilities. Each element has both staffing and funding challenges, requiring the involvement of multiple organizations including law enforcement, mental health, substance use services and emergency services.

What I Can Do:

- Establish a 24/7 hotline for psychiatric post-discharge concerns
- Convene a community forum to address behavioral health access issues
- Implement a transportation assistance program
- Add a behavioral health clinician to an emergency response team
- Offer telehealth and virtual mental health care visits
- Provide home delivery for essential medications, along with relevant education about the medications

Resources:

- IHI Recommendations for Improving Access to Behavioral Health Care
- Southwest Texas Regional Advisory Council

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Where It's Happening:

The Southwest Texas Crisis Collaborative and Southwest Texas Regional Advisory Council developed the MEDCOM Law Enforcement Navigation of Emergency Detention Patients program, which includes members from hospital systems, mental health facilities, charitable organizations, community stakeholders, city and county representatives, local mental health authority, Bexar County response services, San Antonio Police Department and the San Antonio Sheriff's Department. The program streamlines access to psychiatric services for medically stable patients in mental health crises by directing officers to the most appropriate facility based on patient characteristics and bed availability. MEDCOM's real-time access to psychiatric bed status—including information on geriatric, adult, adolescent and child beds—and facility diversion status, enhances placement efficiency.

The Southwest Texas Crisis Collaborative MEDCOM Law Enforcement Navigation of Emergency Detention Patients tracks emergency department visits, patient placements and cost savings as part of its data-driven approach. Since its launch in 2017, mental health-related emergency department visits have decreased by 50%, leading to significant hospital cost savings. In 2018, over 9,300 patients were redirected, and the program now redirects more than 900 patients every month to more appropriate care. This has freed up emergency department resources, allowing beds to be used for physical exacerbations and staff to focus on patients in mental health crises.