**Abstract**

Emergency department visits and inpatient stays (for both medical and behavioral health reasons) made by high-need patients are a known driver of healthcare costs (Blumenthal and Abrams, 2016; Freeman et al, 2014). Reducing these types of encounters has been an objective of health policy and program interventions for over two decades. Complex care management (CCM) interventions are a common approach used to reduce the utilization of these complex, high-cost patients, who often have multiple chronic health conditions. The Behavioral Health Intensive Clinical Advisor (BHICA) program was designed to address the complex needs of this sub-population. The BHICA intervention targeted patients with primary behavioral health conditions and inpatient psychiatric readmissions or high levels of ED utilization, aiming to improve patient outcomes through proactive treatment planning and well-coordinated access to community-based services and supports, thus reducing costs associated with avoidable emergency department visits and inpatient readmissions.

The study team used a matched-comparison difference in difference evaluation design to estimate the effect of the BHICA program on emergency department and inpatient utilization on enrolled patients compared to similar patients enrolled in a managed care organization. Using claims data for inpatient and emergency department utilization, the authors estimated the impact of the BHICA program on post-program utilization compared to utilization for comparable patients in the same time period. Consistent with the program’s stated goals, BHICA decreased the number of hospital stays for behavioral health care by .193 per member month when compared to the THP group. This difference is statistically significant (p=<.05). Consistent with this finding, BHICA members had 1.6 fewer behavioral health days per member month when compared with the THP group. Similarly, BHICA members had .3 (p=.02) fewer med-surg stays compared with the THP group, and .17 (p=.02) fewer emergency department visits with a secondary BH diagnosis compared with the THP group, both significant findings. Study limitations included lack of a straightforward comparison group, small sample sizes, and gaps in program documentation. Nevertheless, this evaluation suggests that the BHICA intervention impacted the cost of care by decreasing avoidable readmissions and strengthening community-based supports to reduce the patient’s need for ED visits.