Several years ago, Providence Health & Services saw a pattern of extremely high emergency department (ED) visits from behavioral health and substance-use patients. The majority were homeless. Medical services from a variety of disconnected sources did little to resolve their underlying issues.

“Some of them were showing up in the ER three to four times a week,” said Robin Henderson, Psy.D., Providence chief executive for behavioral health.

Providence was committed to caring for those patients, but the ED formed a loose link in a fragmented, underresourced health care system. In pursuit of a better way to serve those patients, Providence established the Better Outcomes thru Bridges program, known as BOB. The program utilizes peer support, outreach and community partnerships to help the most vulnerable people in the community.

“We meet that person in the initial encounter in the emergency room,” said Becky Wilkinson, BOB program manager.

“We want to reduce emergency department recidivism and help folks get connected to the services they need. We’re the ones who are going to walk alongside them throughout their journey, and let them guide their care with our support.”

BOB helps patients (referred to within BOB as “clients”) with behavioral health issues, and substance-use and chronic pain disorders connect with and maintain follow-up care frequently after hospitalization or an ED visit. BOB staff members include licensed clinical social work, bachelor’s degree-level outreach workers and peer support specialists.

The program operates out of multiple locations to help as many patients as possible. Besides EDs, the contact points include primary care and specialty clinics, a regional behavioral health call center, community behavioral health agencies, other treatment providers, schools and housing agencies.

“At one point at our Portland campus, there was a homeless person who had encamped under the stairwell of one of our medical office buildings,” Henderson said. “He had mental health issues. BOB case workers got to know him, earned his trust, and eventually helped him find a new home.”

When the COVID-19 pandemic hit, Providence caregivers became aware of rampant outbreaks of the virus in homeless shelters. “A number of COVID-19-positive individuals were showing up in the ER, but we couldn’t discharge them back to a homeless shelter until we had vaccines,” Henderson said. “We rented a block of rooms at a local motel and staffed that with BOB caregivers. Because BOB was able to quickly pivot, we were able to get people who were homeless and COVID-19-positive into a safe place where they would not infect others.”

In another response to COVID-19, the BOB program helped provide supplies and services to students and families through its school outreach program, Wilkinson said.

BOB also played a crucial role amid the wildfires that plagued Oregon in the late summer and fall of 2020. “We suddenly had homeless people who were even more homeless,” Henderson said. “BOB worked with a local church to provide them with shelter, food and stabilization. We were able to pivot in a day because of the relationships BOB has built in the community. That is one of the unique traits of BOB.”

In addition to helping patients receive the care they needed, ED utilization rates decreased 45% after engagement with the BOB program.

Henderson said the BOB program can serve as a template for other programs that target the social determinants of health. “It requires the establishment of a trusting relationship to get someone to believe we’re here to help them and we’re going to stick with them.”