



Threshold Residential Services Case Study

THE CHALLENGE

People with intellectual and developmental disabilities (IDD) experience significantly higher rates of complex medical conditions and acute healthcare utilization¹.

When health risks go undetected, they can lead to behavioral crises, emergency department visits, and costly hospitalizations.

Providers often struggle to identify early signs of medical decline before these events occur, resulting in reactive care, increased costs, and disrupted lives.

Threshold Residential Services sought a proactive approach for identifying health risks earlier and supporting more effective, person-centered care planning.

THE SOLUTION

Through a pilot initiative led by the Ohio Department of Developmental Disabilities (DODD), the Health Risk Screening Tool (HRST) was implemented across 51 adults receiving residential services.

The HRST evaluates 22 areas of potential health risk, enabling support teams to detect early warning signs of medical instability and intervene proactively.

Each screening generates a **Health Care Level (HCL)** ranging from 1–6, which guides support planning and risk monitoring. The higher the HCL, the higher the risk—and higher levels are associated with increased mortality risk among people with IDD².

Screenings were conducted between August 2024 and January 2025, with outcomes compared between calendar years 2024 (pre-implementation) and 2025 (post-implementation).

THE RESULTS

Measurable reductions in crisis events and acute care utilization

56% ↓

Reduction in Behavior-Related Incidents

Behavior-related incidents declined from 55 in 2024 to 24 in 2025.

These incidents included peer-to-peer aggression, self-injury, and property destruction. Earlier identification of underlying health risks helped prevent medically driven behavioral crises.

50% ↓

Reduction in Unanticipated Hospitalizations

Hospitalizations decreased from 8 in 2024 to 4 in 2025.

Using a conservative estimate of **\$30,000 per hospital admission**³, this represents:

\$120,000 in avoided hospital costs

43% ↓

Reduction in Emergency Department Visits

Emergency department visits decreased from 7 in 2024 to 4 in 2025.

Based on national cost averages⁴, this represents:

\$16,290 in avoided costs

Screening shifted care from reactive crisis response to proactive intervention.

TOTAL IMPACT

These figures reflect only direct healthcare costs and do not include additional operational savings, such as staff time, crisis response, transportation, documentation, or program disruption.

\$136,290

in Estimated Direct
Medical Cost Avoidance

Total estimate direct medical cost avoidance: **≥\$136,290**. This equates to approximately **\$2,672 per person** screened in this study.

At 2026 HRST pricing, the ROI for this study was **638%** or, for every **\$1 invested**, **\$7.38 was saved**.

This is a conservative estimate, as it excludes additional cost savings related to travel, documentation, staffing coverage, discharge coordination, and post-discharge or behavior-related support.

IMPACT ON QUALITY OF LIFE

Reducing medical crises improves more than clinical outcomes. Fewer hospitalizations and emergency visits help people with IDD to:

- Maintain familiar routines
- Avoid stressful hospital environments
- Preserve functional skills
- Maintain relationships and community engagement
- Experience greater stability and autonomy

WHY THE HRST MATTERS

The HRST enables providers to detect health risks earlier, intervene sooner, and reduce preventable crises.

For organizations supporting people with IDD, this means:

- Better outcomes for the people they support
- Reduced strain on staff and systems
- Greater operational and financial stability

Bring proactive health risk screening to your organization.

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REFERENCES

¹Lauer, E., Lindgren, S., Momany, E., Cope, T., Royer, J., Cogan, L., McDermott, S., & Armour, B. (2021). Health service utilization patterns among Medicaid-insured adults with intellectual and developmental disabilities. *Journal of Ambulatory Care Management*, 44(2), 138-147.

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²Georgia Department of Behavioral Health and Developmental Disabilities. (2024). Annual IDD Mortality Report: CY2023.

³Lindgren, S., Lauer, E., Momany, E., Cope, T., Royer, J., Cogan, L., McDermott, S., & Armour, B. (2021). Disability, Hospital Care, and Cost: Utilization of Emergency and Inpatient Care by a Cohort of Children with Intellectual and Developmental Disabilities. *The Journal of Pediatrics*, 229, 259-266.

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⁴Smith, B. (2025, Feb. 25). Emergency Room Visit Cost With And Without Insurance (2025) Updated).

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