# From Bottleneck to Breakthrough

## How Team-Based Virtual Care Transforms Behavioral Health in the ED

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# Executive Summary

Hospitals across the country are rethinking how they manage behavioral health in the emergency department (ED)—seeking solutions that are both clinically sound and operationally sustainable. Traditional models of care—often reliant primarily on psychiatrists—can be difficult to staff and maintain 24/7, amid persistent behavioral health workforce shortages and rising patient demand.

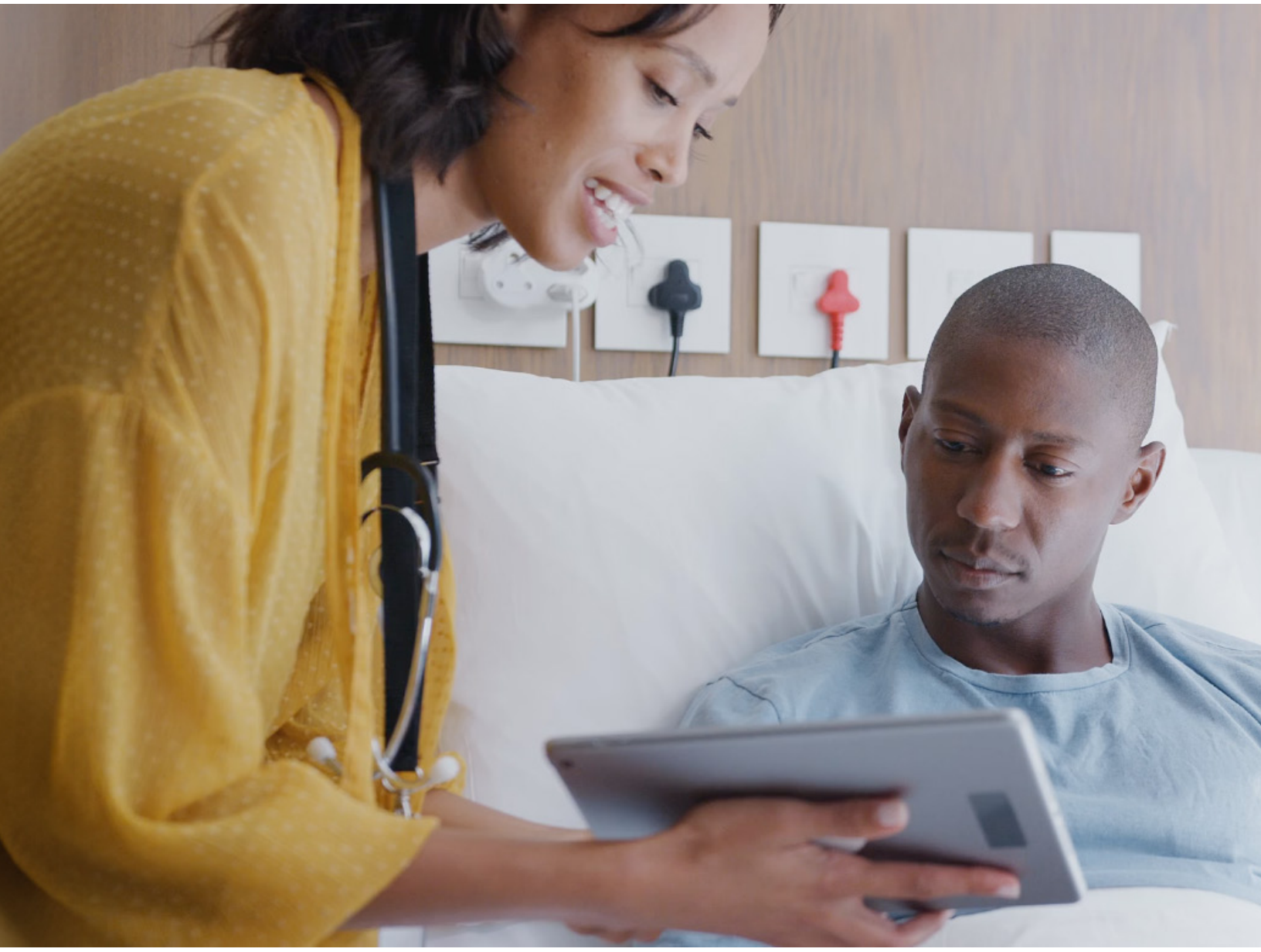
A new approach is emerging. By pairing independently licensed master's-level clinicians with psychiatrists in a structured, team-based model, hospitals and health systems can expand access, reduce ED boarding, and accelerate disposition by matching patients to the right level of care more efficiently. This model preserves psychiatrist capacity for higher-acuity cases, ensures all patients receive a timely evaluation, and provides hospitals with a more scalable, cost-effective framework for delivering safe, high-quality behavioral health care in acute settings.

# The Growing Strain

## Behavioral Health in the ED

Behavioral health visits account for a rising share of ED volume. Yet the infrastructure and staffing models of most hospitals haven't kept pace. Psychiatrist shortages are widespread, inpatient beds are limited, and community-based outpatient options often have long waitlists or are simply unavailable.

Without access to timely evaluation, patients in crisis often board for hours—or even days—awaiting psychiatric care. These delays don't just tie up beds. They raise safety risks, increase length of stay, contribute to staff burnout, and frequently lead to avoidable inpatient admissions. The result is a reactive, inefficient system that's misaligned with both clinical needs and available resources.



# A New Approach

## Acuity-Aligned, Team-Based Care

As hospitals seek more scalable and sustainable behavioral health solutions, many are moving beyond psychiatrist-only models toward team-based care. This approach aligns clinical roles with patient needs—ensuring every clinician works at the top of their license and enabling faster, more efficient decision-making. This model not only improves access—it also ensures psychiatrist time is reserved for the highest-acuity cases, increasing overall efficiency and clinical quality.

## **OnDemand Care+**: A Scalable Team-Based Model

Hospitals and health systems face mounting pressure to reduce ED boarding while ensuring safe, timely behavioral health care.

Array OnDemand Care+ meets this challenge with a scalable, virtual team-based model tailored to acute care settings. It pairs independently licensed, master's-level clinicians—such as LCSWs—with board-certified psychiatrists in a flexible, role-based model.

Licensed clinicians lead the majority of mental health assessments, risk stratification, crisis intervention, and discharge planning. Psychiatrists are available for consultation or direct care when clinical complexity, safety risk, or medication needs require their expertise.

This tiered approach ensures each patient is matched to the right provider from the outset, reducing delays, preserving psychiatric resources, and supporting faster, safer disposition decisions.

In the OnDemand Care+ model, nearly all patients begin with an independently licensed clinician. Risk stratification tools and real-time triage help ensure patients are routed appropriately:

Depending on patient presentation and acuity, care is routed through one of three structured paths designed to ensure the right provider delivers the right level of care.

1 

### LCSW-Only Path

Patients with low to moderate acuity are evaluated and dispositioned by a licensed therapist, typically within 1-2 hours, ensuring timely routing to the appropriate level of care.

2 

### LCSW + Psychiatrist Path

Patients first assessed by an LCSW are escalated to a psychiatrist when additional evaluation, diagnostic clarification, or stabilizing medication is needed.

3 

### Psychiatrist-First Path

Patients presenting with high-risk concerns, complex histories, or severe symptoms are routed directly to a psychiatrist for immediate evaluation and intervention.

The result is a scalable, clinician-appropriate model that shortens time-to-first-touch, accelerates disposition, preserves psychiatric bandwidth, allows each clinician to operate at the top of their license, and improves care quality.

# How It Works

## A Structured, Acuity-Aligned Pathway

A growing number of hospitals are moving toward tiered, team-based behavioral health models in the ED—combining licensed therapists and psychiatrists to deliver care matched to patient acuity. This approach improves access, reduces wait times, and ensures efficient use of limited psychiatric resources. Each patient is matched to the appropriate provider based on risk and complexity, following a structured protocol designed for ED flow and safety.

Here's how a structured, acuity-aligned model like OnDemand Care+ typically works:

### 01 Triage and Risk Stratification

Each behavioral health presentation is assessed for urgency, risk, and complexity. Patients with obvious safety concerns or signs of severe psychiatric instability may be triaged directly to a psychiatrist, while others can begin with a master's-level therapist for initial evaluation and support.

### 02 Comprehensive Mental Health Assessment

Independently licensed therapists conduct a full biopsychosocial assessment, assess suicide and violence risk, gather collateral, initiate safety planning and begin discharge planning. This includes evaluating mental status, risk of harm, psychosocial supports, and discharge readiness. These clinicians provide not only clinical evaluation, but also therapeutic engagement and crisis de-escalation when needed.

### 03 Psychiatric Evaluation *(as needed)*

Psychiatrists support complex cases by consulting on diagnostic and treatment decisions and providing direct care when higher-acuity intervention, medication management, or admission is needed.

### 04 Acute Medication Management

When clinically appropriate, psychiatrists initiate or adjust medications to stabilize patients in crisis, reducing agitation and improving readiness for the next level of care — whether that's safe discharge or admission when needed.

### 05 Discharge Planning and Transition Support

Licensed clinicians coordinate follow-up care or placement, document care plans in the EHR, and help ensure continuity after ED discharge.

This structured approach helps hospitals deliver the right care, at the right time, by the right provider - improving both patient outcomes and ED operations.

# Why It Works

## Efficiency Without Compromise

The OnDemand Care+ model reflects a growing recognition that not every behavioral health patient needs a psychiatrist from the start. By aligning clinical resources to patient need, hospitals can accelerate care without compromising quality.

## Clinical, Operational, and Strategic Benefits

A tiered, team-based approach to behavioral health in the ED is more than a staffing solution—it's a shift toward better-aligned, more effective care. By deploying clinicians based on acuity and scope of practice, hospitals can deliver high-quality behavioral care that's faster, safer, and more sustainable.

**Faster Access and Throughput -** Using licensed therapists for frontline evaluations accelerates time to first clinical contact and reduces delays tied to psychiatrist availability. This speeds up the overall process from arrival to disposition, improving patient flow and reducing ED boarding times.

**Better Match of Resources to Need -** By pairing therapists with psychiatrists in a structured team, hospitals and health systems ensure patients receive the right level of care - reserving psychiatrist expertise for the most complex and high-risk cases.

**Fewer Unnecessary Admissions -** When psychiatrists are overextended, there's a tendency to admit patients "just in case." Team-based models allow more thorough assessments upfront, supporting safe discharge decisions when appropriate and reducing avoidable inpatient admissions.

**Reduced Recidivism -** Team-based models emphasize clear discharge planning and warm handoffs to follow-up care, helping patients transition smoothly to the next level of support. This reduces avoidable returns to the ED, improves continuity, and supports better patient outcomes.

**Improved Safety and Experience -** Therapists provide early therapeutic support and de-escalation, helping manage agitation and lower safety risks. A quicker clinical response reduces the likelihood of restraint use and improves both patient and staff experience.

**Consistent Documentation and Coordination -** Standardized workflows and embedded documentation templates reinforce clinical best practices, reduce variability, and improve communication between ED staff and behavioral health clinicians. Integration with the EHR ensures documentation is timely, consistent, and actionable.

**Lower Costs -** By enabling clinicians to operate at the top of their license, team-based care delivers measurable savings - reducing length of stay, unnecessary inpatient admissions, and repeat visits.

# Financial Benefits

## The Return on Investment

Think of this team-based, acuity-aligned model as clinical load-balancing. In most cases, a licensed clinician—such as an LCSW—serves as the first point of contact, conducting a structured mental health assessment that includes risk stratification, crisis intervention, and discharge planning. Psychiatrists remain available at all times, but are deployed only when medical complexity, psychosis, severe agitation, or medication needs make their involvement clinically necessary. This preserves their time for the patients who truly require medical intervention—without delaying care for those who don't. The OnDemand Care+ model makes better use of existing clinician time. Rather than assigning every behavioral health consult to a psychiatrist, this model routes approximately 65–85% of cases to independently-licensed, master's level clinicians. These cases are resolved quickly and safely, with psychiatrists focused on high-acuity needs.

## The Result

- **Faster patient decisions and shorter ED stays**
- **Quicker assessments and discharge planning because licensed clinicians can begin evaluations immediately**
- **Optimizes psychiatrist time and availability — Psychiatrists focus on escalated cases and complex needs, ensuring they're available for the patients who require their expertise most.**
- **Fewer unnecessary admissions through better-matched levels of care**
- **More patients stabilized and discharged with a clear plan and smoothly transitioned to appropriate follow-up care**

## Optimizing Clinical Resources

**This structured approach allows hospitals to allocate psychiatrist time where it's needed most:**

~65-85%

of patients are managed fully by an LCSW

~15-35%

of patients are escalated to a psychiatrist based on specific clinical criteria

By reserving psychiatrists for higher-acuity cases, hospitals and health systems can serve more patients with fewer psychiatrist hours - reducing cost per encounter, improving access, and accelerating time-to-decision.

# What It Looks Like in Practice

## Matching Care to Acuity | Scenario 1

### An LCSW-led assessment and safe discharge

### A low-acuity case resolved without psychiatrist involvement

**Patient:** A 28-year-old patient arrives at the ED with symptoms of severe anxiety, insomnia, and escalating panic attacks. They report passive thoughts of "not wanting to be here anymore," but deny any suicidal intent or plan. The patient is calm, cooperative, and oriented, with a strong social support system and no previous psychiatric history.

### Care Path

- LCSW conducts comprehensive assessment and confirms patient is low risk.
- LCSW determines risk stratification, collaborates with the patient to create a safety plan, and provides clear discharge instructions.
- LCSW arranges outpatient therapy and medication management through a referral to a local or virtual provider.
- Patient evaluated and safely discharged within two hours.
- Psychiatrist not involved; resources remain available for higher-acuity cases.

**Outcome:** Rapid, appropriate care. Avoided unnecessary admission. Timely discharge with follow-up in place.

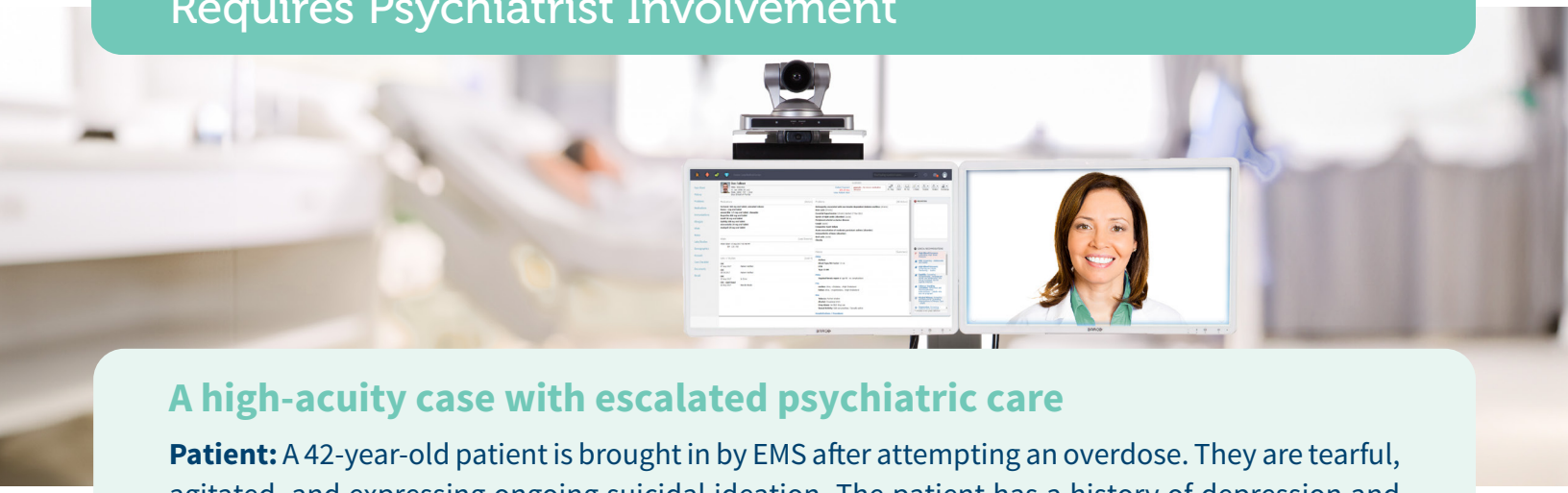
### Operational Impact

- ✓ Avoids prolonged ED boarding
- ✓ Frees ED bed for another patient
- ✓ Reduces cost by resolving without psychiatrist involvement
- ✓ Reduces staff burden and improves patient satisfaction

# What It Looks Like in Practice

## Matching Care to Acuity | Scenario 2

### Requires Psychiatrist Involvement



### A high-acuity case with escalated psychiatric care

**Patient:** A 42-year-old patient is brought in by EMS after attempting an overdose. They are tearful, agitated, and expressing ongoing suicidal ideation. The patient has a history of depression and recent medication nonadherence. They have no access to psychiatric follow-up and are currently unemployed and living alone.

### Care Path

- A licensed therapist quickly completes a triage screen and full mental health assessment, confirming the patient is high risk and not safe for discharge.
- The case is escalated to a psychiatrist for prompt evaluation, including review of medications and hospitalization needs.
- The psychiatrist manages medications, recommends inpatient admission, and completes all required commitment paperwork.
- The therapist coordinates transition planning and ensures a smooth handoff to the inpatient unit for continued care.

**Outcome:** Efficient use of psychiatrist time, accurate triage, safer care.

### Operational Impact

- ✓ Reduces boarding time through faster triage and coordinated intervention
- ✓ Prevents repeat ED visits through timely admission and stabilization
- ✓ Optimizes psychiatrist time by focusing MDs on high-acuity cases
- ✓ Ensures safe transitions of care with proper documentation and coordination

# What It Looks Like in Practice

## Matching Care to Acuity | Why This Matters

These contrasting scenarios demonstrate how a team-based approach aligns provider expertise with patient acuity. Lower-acuity patients receive timely, appropriate care without unnecessary delays or escalations. Higher-acuity patients benefit from coordinated, multidisciplinary support and targeted psychiatric intervention. Together, this improves ED throughput, safety, and cost efficiency—while preserving psychiatrist bandwidth for the cases that need it most.

# Supporting Recovery Beyond the ED

Stabilizing a patient in the ED is only the first step. For behavioral health outcomes to truly improve, patients must be supported after they leave the hospital—whether they're discharged home or referred for ongoing care.

That's why team-based acute care models work best when integrated into a broader system of support. Without a structured follow-up plan, patients discharged from the ED face a high risk of recurrence or readmission, especially if they don't receive timely therapy or medication management. Unfortunately, long wait times for outpatient appointments and lack of referral infrastructure remain persistent challenges.

OnDemand Care+ connects to a broader care continuum through Array's virtual outpatient solutions, helping patients continue their progress after discharge:

### Array AtHome

AtHome Care offers direct-to-patient virtual therapy and medication management, serving as a reliable discharge option for patients without an existing provider or facing access barriers. Through structured care pathways, AtHome Care tailors treatment intensity to patient needs, reducing the likelihood of relapse or ED return.

### Array Community Care

Community Care embeds virtual psychiatry and therapy within health systems' outpatient medical groups, primary and specialty care practices, and community clinics. This model enables continuity of care, allowing patients to be treated within the same system where they were initially seen.

Delivered through Array's interoperable Epic-based platform, both models enable real-time data sharing, documentation, care coordination, and visibility across transitions. Together, they close the loop from crisis stabilization to ongoing recovery—supporting not just the patient, but also the systems that care for them.

# Conclusion

## A Practical Path Forward

Emergency departments will continue to serve as a critical safety net for patients in behavioral health crisis. But they can't do it alone—and they can't do it the way they always have.

The pressures facing EDs are only intensifying—with rising behavioral health visits, staff burnout, and limited psychiatric availability putting strain on already overburdened systems. But there is a better way.

By adopting structured, team-based models that align resources with clinical need, hospitals can reduce boarding, preserve capacity, and deliver safer, high quality, and more efficient care. Array's OnDemand Care+ reflects this evolution—bringing clinical flexibility, operational efficiency, and a commitment to right-sized care when it's needed most.

This is not just about adding capacity—it's about using existing resources differently and more effectively. When paired with virtual outpatient and at-home care, this model becomes even more powerful, extending impact beyond the ED and supporting recovery in the community.

Team-based care isn't just a theoretical ideal—it's a practical path forward. One that hospitals can implement today to improve throughput, quality, and outcomes.

Because every patient deserves timely, appropriate care—and every system deserves a model that works.

# Take the Next Step

**Ready to move beyond triage mode?**

**Let's talk about how Array Behavioral Care can help your hospital reduce strain, improve outcomes, and deliver more efficient, effective behavioral health care.**

**Visit arraybc.com or contact us to schedule a conversation.**

Contact Us ›

Array Behavioral Care is the nation's leading virtual psychiatry and therapy practice, delivering high-quality behavioral health services through a fully integrated continuum of care from hospital to home. Array partners with hospitals, health systems, community organizations, and payors to provide timely, expert treatment that meets the needs of patients where they are with the Right Care, Right Time, Right Dose℠. As an established leader with more than 25 years of experience in telepsychiatry, Array sets the standard for excellence by offering innovative solutions that improve access, enhance outcomes, and support seamless care delivery. Its *Epic*-based EHR platform is eliminating system-wide gaps in mental health treatment. Learn more about how Array is transforming behavioral health at arraybc.com.