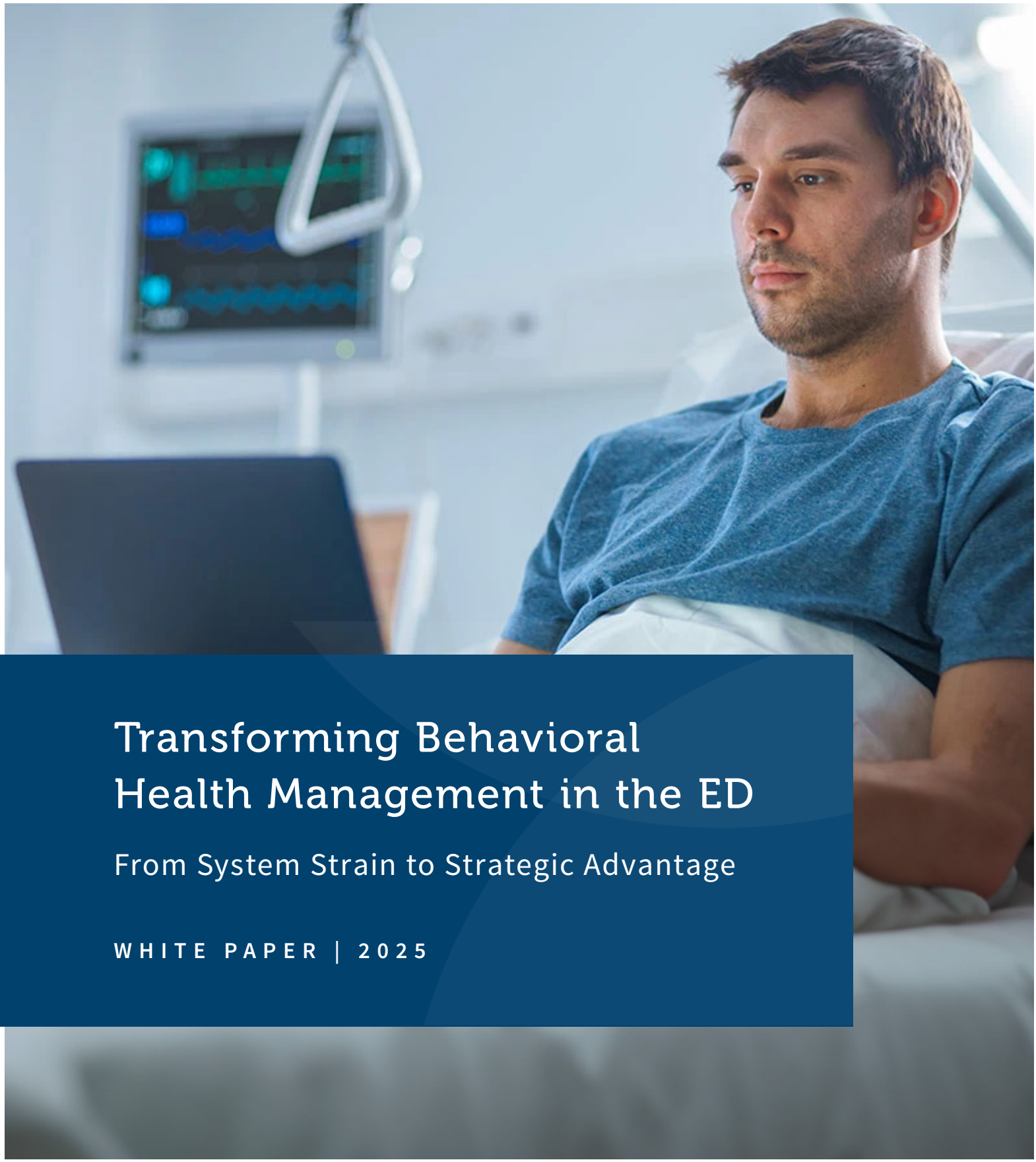

Transforming Behavioral Health Management in the ED

From System Strain to Strategic Advantage

WHITE PAPER | 2025

array

Executive Summary

Hospitals across the country are facing unprecedented pressure to meet the growing demand for behavioral health care. Nowhere is this strain more visible than in the emergency department (ED), where patients in crisis often face long waits, minimal intervention, and inappropriate admissions—largely due to gaps in psychiatric staffing and systemic fragmentation.

This white paper examines how hospital leaders can move beyond reactive, disjointed approaches to adopt a more proactive, integrated model—one that improves outcomes for patients, reduces avoidable costs, and empowers clinical teams to deliver higher-quality care.

With 25 years of experience and proven results from hundreds of hospital partnerships, Array Behavioral Care delivers a scalable solution that includes real-time access to psychiatric specialists, an interoperable platform that enables seamless data sharing, referrals, and care coordination, and a flexible care model tailored to each hospital's specific needs, capacity, staffing, and community resources.

Introduction

A Growing Crisis in EDs

Emergency departments have become the front line for patients in behavioral health crisis. Yet these environments are rarely equipped with the staff, tools, or processes to provide timely, high-quality psychiatric care. Every year, more than 12 million ED visits are related to behavioral health—and nearly 60% of U.S. counties lack access to a psychiatrist.

The mismatch between rising behavioral health demand and limited clinical resources is becoming more severe. Hospitals must now manage not only patient volume but also staffing shortages, burnout, capacity constraints, and reimbursement pressures. A recent Becker's Hospital Review article found that throughput and capacity are among the top priorities for health system executives in 2025.

These challenges are magnified by prolonged ED boarding, delays in psychiatric evaluation, and reactive care patterns that result in unnecessary admissions. The downstream effects stretch across the hospital—from the ED to inpatient units to outpatient care settings—impacting patient flow, clinical outcomes, operational efficiency, and costs.

The Challenge

Behavioral Health Management in Today's EDs

What's Broken: Delays, Gaps, and Disjointed Care

Emergency departments are under mounting pressure to serve as front-line responders to behavioral health crises—but today's hospital systems aren't designed to meet that demand. The result is a fragmented, reactive approach to care that delays treatment, elevates risk, undermines both patient and staff experience, and drives inefficiency across the hospital.

Patients may wait hours—or even days—for a psychiatric evaluation. During that time, they often receive no stabilizing treatment, no therapeutic engagement, and no clear plan for what comes next. Psychiatrists are often brought in late—sometimes just to confirm a decision to admit—rather than engaged early to help shape a more informed, proactive care plan.

In some cases, sedation or restraints are used to manage behavior while the underlying condition goes untreated. Providers work without access to critical clinical information, increasing the likelihood of misdiagnosis, medication conflicts, and inappropriate admissions. One in four patients admitted to an inpatient psychiatry unit are not reassessed before admission—a missed opportunity that can impact both care quality and hospital resources.

Every delay adds cost—averaging more than $2,000 per behavioral health patient—and intensifies strain across the hospital. Prolonged boarding ties up valuable beds and slows patient flow, increasing LWOBS rates and delaying care for others. Staff are left unsupported and at higher risk of burnout and safety events, while patients deteriorate in an environment that is ill-equipped to meet their needs.

This gap is not one of intent but of infrastructure. Without the tools, data, or capacity to provide timely, coordinated psychiatric care, even experienced clinicians are forced into crisis management mode. The result is a costly cycle of inefficiency and risk—both clinical and operational.

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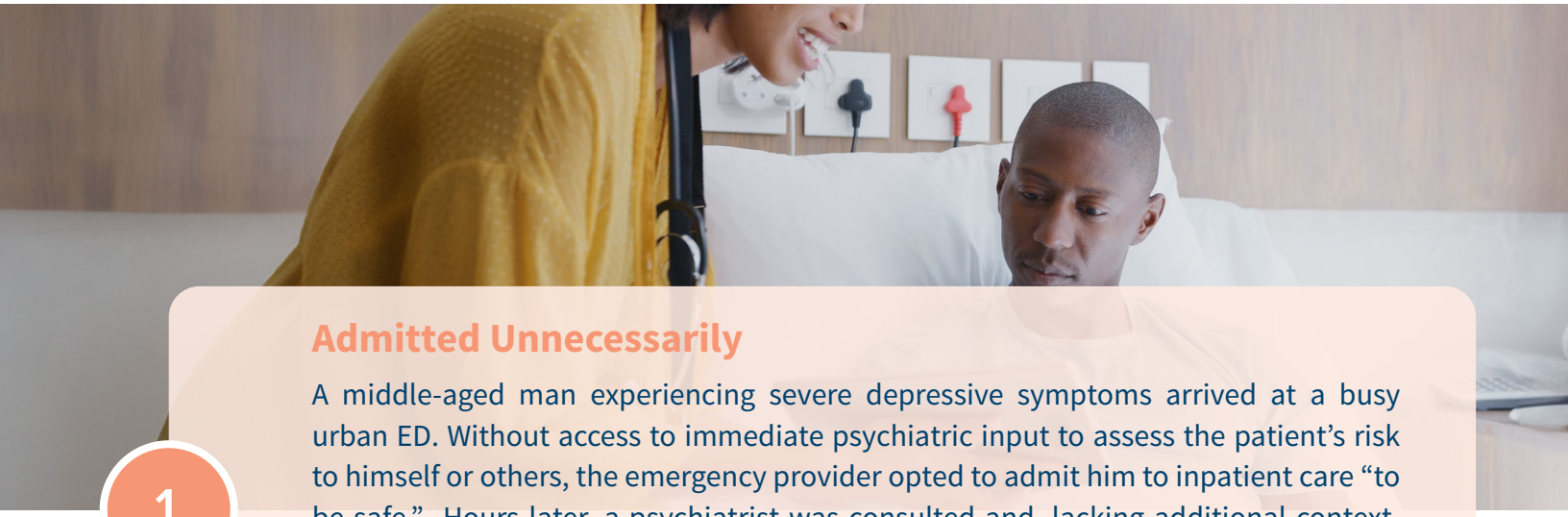
When Care Falls Short: Real-World Examples



1 Admitted Unnecessarily

A middle-aged man experiencing severe depressive symptoms arrived at a busy urban ED. Without access to immediate psychiatric input to assess the patient's risk to himself or others, the emergency provider opted to admit him to inpatient care "to be safe." Hours later, a psychiatrist was consulted and, lacking additional context, approved the admission. The patient spent more than 15 hours in the ED without any active treatment and ultimately spent four days on the inpatient unit, disrupting his work and family life, despite being appropriate for a less restrictive, lower level of outpatient care.

2 Sedated, No Follow-Up

A young woman with a history of trauma and panic attacks was brought to the ED in acute distress by a family member. Concerned about her safety, staff administered medication to calm her agitation shortly after arrival. Because of the medication's effects, she was unable to engage in a psychiatric assessment until the following day. She was not deemed an imminent safety risk and was discharged with a suggestion to seek outpatient support; however, she left without a diagnosis, treatment plan or a clear path to follow-up care.

These are not isolated incidents. They represent systemic breakdowns in how behavioral health is managed in emergency departments: delayed evaluations, reactive decision-making, minimal engagement, and poor alignment between hospital workflows and psychiatric best practices. These examples are common—and costly. The result is fragmented care that delays recovery, frustrates staff, and drives up avoidable costs.

The Opportunity

A More Integrated, Responsive Model

What's Possible: Proactive, Collaborative, Patient-Centered Care

Emergency departments can move beyond reactive crisis management to become a launch point for effective, coordinated behavioral health care. Behavioral health is not a single moment—it's an episodic condition that requires timely recognition, informed decision-making, and continuity of care. The most effective solutions engage psychiatric specialists early—at the first sign of concern—not as a final checkpoint before disposition. They equip clinicians with the tools, information, and workflows they need to intervene sooner, collaborate more effectively, and guide patients toward the most appropriate next step in care.

At Array's partner hospitals, this shift is already underway. Instead of days-long waits and default admissions, patients receive stabilizing treatment, safety planning, and personalized discharge pathways—whether to outpatient follow-up, partial hospitalization, or inpatient care when truly necessary. Staff feel more supported, patients feel seen and cared for, and outcomes improve across the board.

> *"Emergency departments don't have to be the end of the line—they can be the starting point for effective, coordinated behavioral health care.*

In this model, behavioral health care is embedded into the ED workflow. Psychiatrists are engaged early and have full access to each patient's medical and psychiatric history. They conduct comprehensive evaluations and help shape risk-aligned disposition decisions. Stabilizing treatment begins while the patient is still in the ED, and Array psychiatrists conduct follow-up evaluations when appropriate to assess whether the patient's condition has improved and if they can be safely discharged—avoiding unnecessary admissions and ensuring that care decisions reflect the most up-to-date clinical picture.

Social workers support triage, discharge planning, and connections to community-based services. Every encounter is documented using standardized templates, helping downstream providers deliver informed and seamless follow-up care.

Most importantly, care teams collaborate. After each evaluation, Array psychiatrists tie off with the attending physician to ensure alignment on diagnosis, treatment, and next steps—enhancing communication and shared accountability.

Even when patients are awaiting transfer, care doesn't stall. They continue to receive proactive support and coordinated care planning throughout their ED stay. In the best-case scenarios, this leads to shorter lengths of stay, fewer unnecessary admissions, and safer, more appropriate discharges to outpatient or community-based care.

A Better Way: What It Looks Like in Practice

1 Suicidal Ideation, Discharged with Safety Plan

In a hospital partnered with a virtual behavioral health provider, a patient presenting with suicidal ideation was evaluated by a psychiatrist via telehealth shortly after arrival. With access to the patient's full medical history and recent outpatient records, the psychiatrist initiated a stabilizing medication regimen and collaborated with ED staff to monitor her response. Within hours, her symptoms improved, and she was discharged with a safety plan and a scheduled outpatient appointment—avoiding inpatient admission altogether.

2 Swift Triage, Referred to PHP

A young man experiencing severe agitation and making threats of self-harm was brought to the ED by a concerned family member. In the past, he might have waited for hours in a secure room until an inpatient bed became available. Instead, a social worker conducted an initial screening and triage shortly after his arrival, followed by a timely psychiatric evaluation. With access to the patient's full medical record, including recent outpatient behavioral health notes, the psychiatrist determined that inpatient care wasn't needed. The team created a crisis stabilization plan and safely discharged him to a partial hospitalization program with next-day follow-up. No admission, no boarding, no delay in care.

This optimal approach doesn't just improve outcomes—it reduces costs, alleviates operational strain, and strengthens trust between patients, providers, and care teams.

Why It Works

Inside Array's Differentiated Approach

More Than a Consult: Delivering Real Clinical Value

Hospitals don't just need a psychiatry consult service—they need a true partner that improves care quality, reduces system strain, and fits within existing operations. That's what sets Array apart. Our model is built on early engagement, clinical collaboration, and a commitment to proactive, patient-centered care.

1 

Proactive, Stabilizing Care

Array clinicians do more than assess—they initiate treatment, align disposition with patient acuity, and prioritize the most clinically appropriate, least restrictive, safest care options.

2 

Actionable, High-Quality Documentation

Our standardized charting templates provide clear clinical insights and next steps, enabling informed decisions and supporting seamless transitions to the next level of care.

3 

Collaborative Care Delivery

After each evaluation, our psychiatrists consult directly with the attending physician to ensure alignment on diagnosis, treatment, and disposition—strengthening care coordination and trust.

Built Around Your Hospital's Needs

One size doesn't fit all. Effective behavioral health support must reflect the unique needs, staffing model, and available resources of each hospital. That's why we offer flexible care models that are fully customizable.

Some hospitals benefit from psychiatrist-only coverage, while others need a layered approach with licensed clinical social workers (LCSWs) supporting screening, triage, safety planning, and discharge coordination. We work closely with hospital leaders to design the right solution for their environment, patient population, and community resources.

Importantly, our support doesn't end when the patient leaves the ED. Through Array's virtual outpatient services, hospitals can ensure that discharged patients continue receiving care—reducing readmissions and supporting long-term recovery.

Trusted at Scale

Hospitals across the country turn to Array for our unmatched experience, clinical rigor, comprehensive solutions, and operational reliability.

Deep Experience and National Reach

With over 25 years of experience and more than 3 million patient encounters, Array has led the evolution of virtual psychiatry since its inception. We speak with hospital leaders every day and have deep insight into what works—and what doesn't—when it comes to designing sustainable, effective behavioral health programs. Our national scale and long-standing expertise translate into tailored, proven solutions for hospitals of all sizes.

Care Across the Continuum

Array is the only virtual behavioral health provider that delivers coordinated care across all settings—emergency departments, inpatient units, outpatient clinics, and home-based care—and across the full spectrum of acuity. From acute crisis stabilization to ongoing therapy and medication management, our solutions ensure patients receive the right care, in the right setting, at the right time.

Robust Quality Program

Our Joint Commission–accredited care model is backed by a best-in-class quality program that tracks over 40 clinical and operational data points per encounter to drive clinical excellence, consistency, and continuous improvement.

Seamless Integration through Interoperability

Behavioral health has historically been siloed from the rest of healthcare—operating on separate systems, with limited communication and fragmented clinical records. These gaps make it harder for hospitals to deliver coordinated care, especially in fast-paced acute settings like the emergency department.

When behavioral health providers lack access to a patient's full medical history, it can lead to medication conflicts, duplicative services, and conflicting treatment plans. These challenges delay clinical decision-making, contribute to longer lengths of stay, and compromise safety and quality of care.

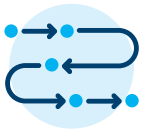
Array Behavioral Care is changing this dynamic by delivering behavioral health care through an interoperable platform built on *Epic*—the same electronic health record system many hospitals already use. This shared infrastructure enables behavioral and medical teams to collaborate in real time, access complete patient histories, and coordinate care across settings without manual workarounds or fragmented handoffs.

By embedding behavioral health into the systems hospitals already rely on, Array eliminates unnecessary friction—streamlining workflows, supporting faster evaluations, and improving continuity of care. The result is a better experience for patients, reduced burden on staff, and improved clinical and operational outcomes.

How Hospitals Benefit

Clinical, Operational, and Financial Impact

Meeting the rising demand for behavioral health care in emergency settings requires more than stopgap measures—it calls for a strategic, scalable solution. Hospitals that shift from reactive crisis management to proactive, integrated care report meaningful gains in throughput, cost savings, staff support, and clinical outcomes.



Improved Patient Flow and Resource Optimization

Timely access to psychiatric evaluations accelerates decision-making, reduces ED length of stay, and ensures beds are used efficiently. At one Array partner site, this approach led to a 75% reduction in ED LOS for behavioral health patients and a 36% increase in safe discharges—freeing up critical ED and inpatient resources without adding staff.

Fewer Unnecessary Admissions, Lower Costs

Without real-time psychiatric input, patients are often admitted by default. Array's psychiatrists provide timely evaluations and daily reassessments to ensure care decisions match clinical need. One partner hospital saw a 37% drop in unnecessary psychiatric admissions—easing pressure on bed capacity and reducing avoidable costs.

Stronger Performance on Quality and Financial Metrics

Array's model helps hospitals improve quality measures, reduce downstream utilization, and eliminate non-reimbursable expenses. By avoiding unnecessary admissions and shortening ED stays, hospitals unlock capacity, improve flow, and capture new revenue opportunities—while delivering safer, more effective care.

Better Support for Staff and Safer Environments

Emergency and inpatient teams are not designed—or staffed—to manage complex behavioral health crises alone. With consistent psychiatric coverage and proactive safety planning, frontline staff feel more supported, experience less burnout, and report improved safety across high-stress care settings.

Array's approach isn't just clinically sound—it's operationally smart. It gives hospital leaders a scalable, evidence-based solution that improves patient outcomes, eases system strain, and strengthens bottom-line performance.

75%	36%	37%
reduction in ED length of stay	**increase in safe discharges**	**drop in unnecessary psychiatric admissions**

Conclusion

From Crisis Response to Systemwide Strength

Behavioral health demand is rising—and hospitals can't afford to rely on fragmented, reactive approaches. The challenges are clear: prolonged ED boarding, high-cost admissions, overwhelmed staff, and patients who wait too long for care that often misses the mark.

But there's a better way forward.

By adopting a model that delivers expert-led, real-time psychiatric care—enabled by an interoperable platform and evidence-based processes—hospitals can ease pressure on the ED and strengthen their behavioral health strategy for the long term.

The results speak for themselves: faster evaluations, more appropriate care decisions, shorter lengths of stay, and better outcomes for patients, providers, and hospital systems.

Array Behavioral Care is uniquely positioned to help hospitals make this shift. With 25 years of clinical expertise, a robust quality program, and the only *Epic*-based platform built specifically for behavioral health, Array empowers hospitals to deliver timely, high-quality care where and when it's needed most—and sustain that care across the continuum.

Through our comprehensive Array CareConnect solution, we help hospitals move from crisis management to coordinated, systemwide behavioral health care—supporting everything from ED stabilization to safe discharge and outpatient follow-up.

This transformation doesn't require building a new unit or expanding your team. It starts with the right partner.

Array offers a flexible, scalable model that integrates with your workflows, supports your clinicians, and delivers measurable results.

Let's build a smarter approach to behavioral health—together.

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 smarter, more effective psychiatric 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.