



# Are You Prepared for the Roll-Out of 988 in July 2022?

In July, all U.S. citizens in mental health crisis will be able to dial 988, the new 3-digit number, to access a call center staffed by trained personnel who can support patients by phone as well as triage them to the appropriate level of care. This will create an unprecedented increase in demand for behavioral health crisis services.

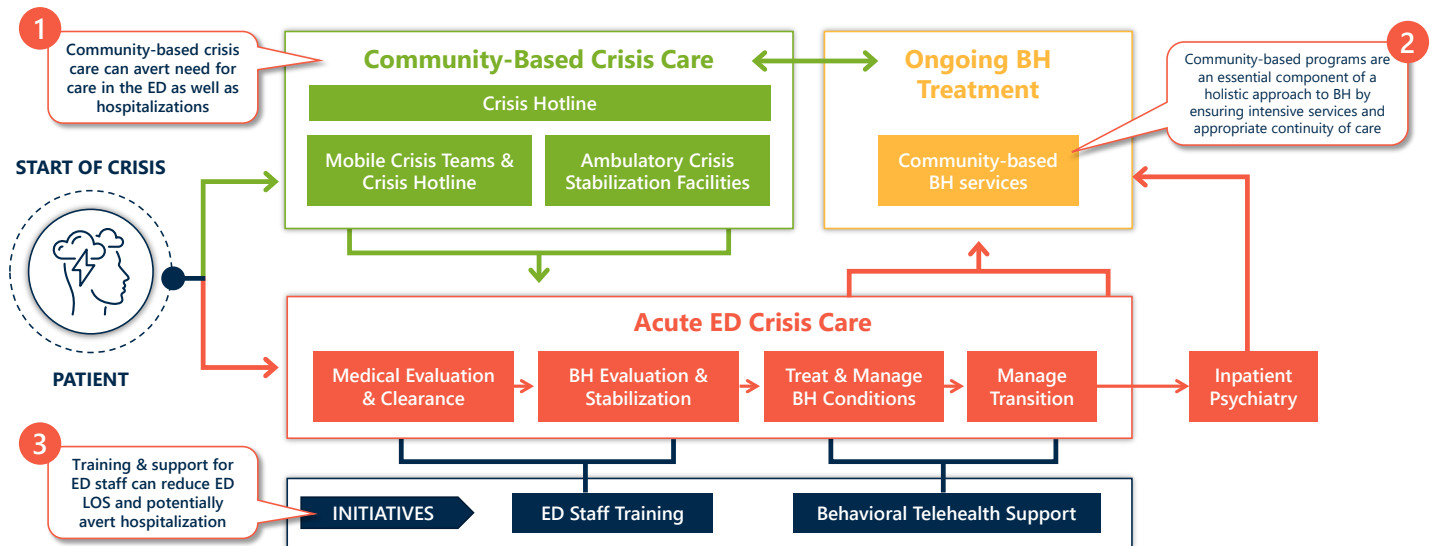
## Why 988 and the anticipated impact

- The National Suicide Hotline Designation Act of 2020, a bipartisan Congressional initiative, was enacted to increase access for patients in behavioral health crisis by replacing a 10-digit number with an easy-to-remember 3-digit number, 988.
- Significant increases in call volume are anticipated as a result.
- Hospital emergency departments (EDs) should expect to see a significant increase in demand as the “care of only resort” when community-based crisis programs are not available or patients have significant co-morbid medical conditions.

## Implications for Healthcare Organizations

- Many hospital EDs are currently challenged managing patients with behavioral health conditions.
- Most hospital ED staff don't have the requisite skills and training for behavioral health evaluation and treatment.
- Availability of behavioral health specialists is often limited, particularly in smaller community hospitals.
- This results in worse clinical outcomes for patients with behavioral health conditions and fewer resources—particularly available staff—for other patients.
- The impact on all ED patients is significant, with longer wait times, decreased patient and provider satisfaction, and increased costs.

## What Health Systems Can Do to Address this Challenge



### STRATEGY 1

#### Develop and coordinate with community-based crisis care services

Communities need expanded access to community-based crisis care services to provide the necessary follow-up for 988 calls—including mobile crisis teams, crisis stabilization facilities, and designated psychiatric urgent care/EDs. Health systems should partner with other community-based healthcare organizations and public agencies to support the development and coordination of these services. There are a number of public-private partnerships that can provide insights regarding these models.

### STRATEGY 2

#### Develop and build partnership with other community-based programs and services

After resolution of the acute crisis, patients need access to a wide variety of behavioral health programs and services that address differences in conditions, acuity and patient preferences, and reduce the need for inpatient/crisis care services. While health systems will not be able to meet all of these needs through their own programs, they can build partnerships with community-based programs to facilitate coordinated care across the continuum.

### STRATEGY 3

#### Build capability in the ED to manage patients with behavioral health conditions

Innovative and effective approaches exist to support ED personnel in managing behavioral health conditions. Important elements of these approaches include training ED staff to evaluate and treat these patients and, when necessary, providing specialty behavioral health consult support through telepsychiatry. Learn more about these approaches highlighted in 2 case studies in a recent Chartis whitepaper, [“Overcrowded, Underserved: Innovative Approaches to Addressing the Behavioral Health Crisis in Emergency Departments.”](#)

## Are You Ready?

We can help. Chartis has had the privilege of working with leading healthcare organizations across the country to develop and implement a range of behavioral health-specific strategies, including programs for patients in acute behavioral health crisis.

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