

CAPTURING A CRISIS

MASSACHUSETTS BEHAVIORAL HEALTH BOARDING METRICS



A Monthly Report from the Massachusetts Health & Hospital Association

The Current Behavioral Health Crisis

Behavioral Health (BH) boarding occurs when a patient must wait in an emergency department (ED) or medical-surgical floor until a BH bed is available. While boarding was a major issue for Massachusetts patients and hospitals before the pandemic, the effects of COVID-19 and increasing workforce shortages have worsened the situation and intensified the behavioral health crisis.

For years, the behavioral health system in Massachusetts and nationally has struggled with serious challenges relating to patient access, inadequate reimbursement, and workforce vacancies. The long-term effects of the COVID-19 pandemic and increased need for BH services continue to exacerbate these issues. Healthcare providers are also seeing a rising acuity of patients' behavioral health presentations, making the challenges facing the behavioral health system – including the paucity of clinical and support staff – more complex. EDs and medical-surgical units were not designed to handle the long-term needs of acute behavioral health patients, yet these settings now serve as the last available refuge for patients as they await appropriate placement.

This report examines both monthly and trending data from Massachusetts acute care hospitals on the number of behavioral health patients who are waiting for a psychiatric evaluation or who have had an evaluation and are awaiting a bed. The information is further broken down by patient age, and geographic region, and effect on staffed ED bed capacity.

Addressing the behavioral health boarding challenge will require a coordinated effort to:

1. increase physical capacity;
2. bolster and expand the entire behavioral healthcare workforce, including entry level mental health worker positions, as well as nurses, social workers, psychiatrists, and more; and
3. ensure the financial stability of behavioral health units and facilities.

Through partnership with the Executive Office of Health and Human Services and the state legislature, the inpatient psychiatric system added hundreds of new inpatient psychiatric beds from 2021-2024, including both in psychiatric units at acute care hospitals and in freestanding psychiatric facilities, with additional beds to come in 2025. But fully staffing existing and newly licensed beds is a considerable barrier to opening new or expanded services. Much more needs to be done to ensure behavioral health patients have access to needed care, in particular by increasing the pipeline of staff, improving retention, and ensuring the sustainability of services.

Identified solutions to address the remaining behavioral health challenges include:

Ensuring hospitals are reimbursed for the care they provide to behavioral health patients accessing care in the ED, including commercial coverage for BH crisis evaluations and services provided to patients while they board. This provides facilities with the staffing and programmatic resources needed to care for those patients.

Continued development of the behavioral health workforce pipeline across all positions. Substantial investment in behavioral health workforce loan repayment has occurred through the use of American Rescue Plan Act funds in the Behavioral Health Trust Fund. Additional work to expand scholarship and apprenticeship programs would help to further the diversification of the workforce.

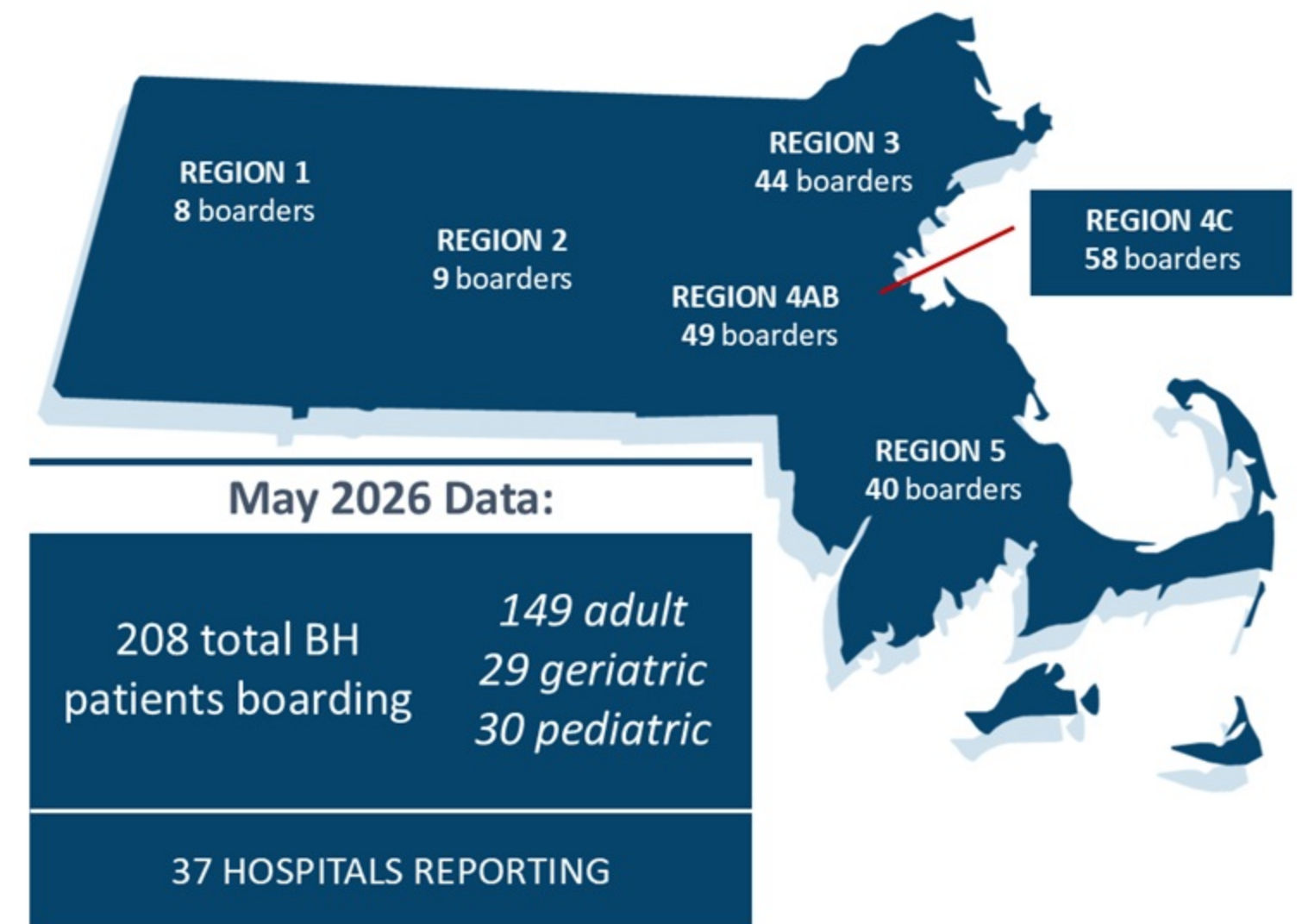
Learning from the Health Policy Commission's Behavioral Health Rate Adequacy study to ensure the financial stability of behavioral health units and facilities, and to allow behavioral health providers to pay their workforce adequate salaries.

Prohibiting clinical denials due to an administrative or technical defect in a claim, and requiring coverage of all medically necessary mental health services.

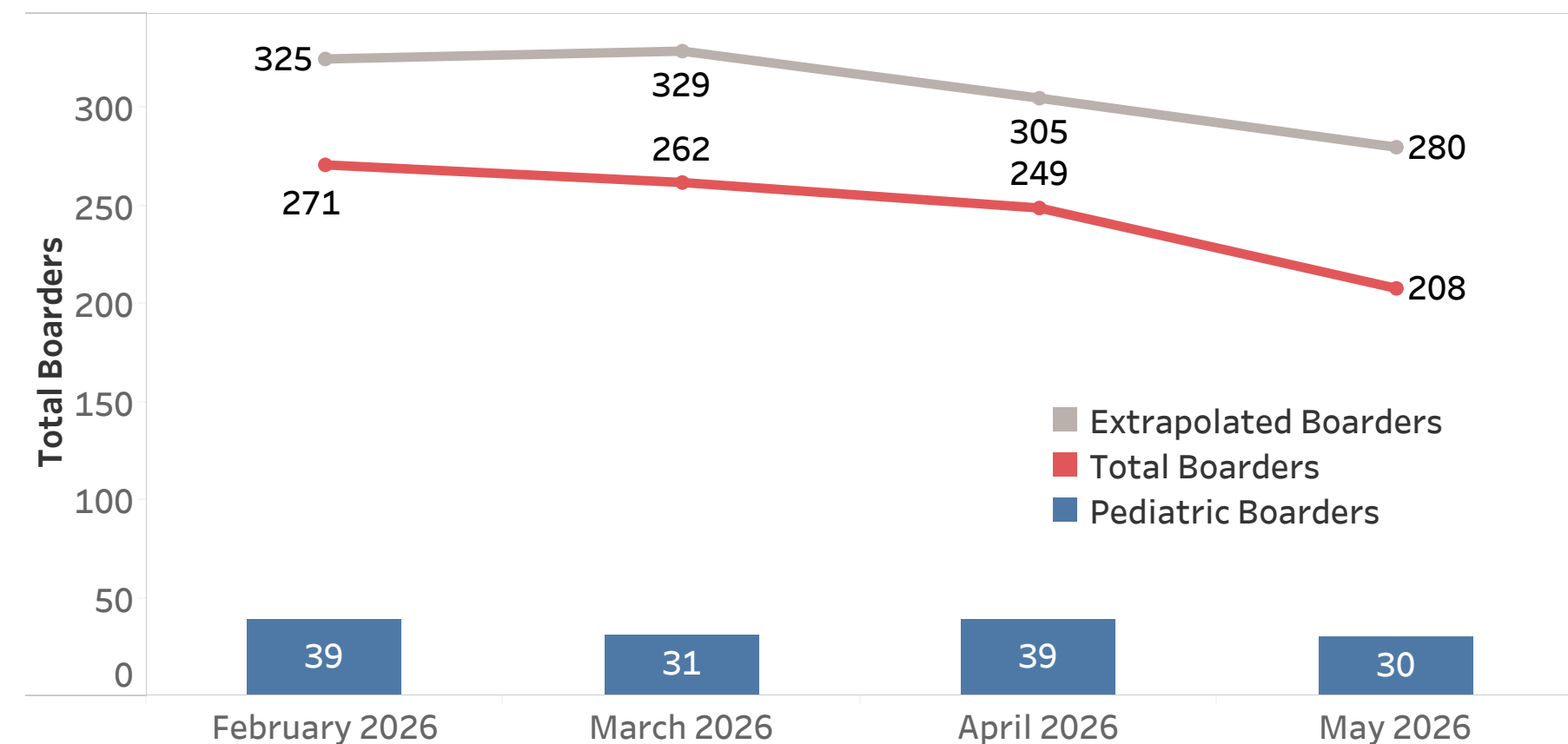
Reducing continuum of care challenges that create bottlenecks in the behavioral health system and limit patient access to needed services. Solutions include expanding availability of continuing care services, post-acute care transitions, community wraparound services, and congregate care programs.

Addressing administrative barriers such as Determination of Need requirements for providers expanding BH services, and insurance prior authorization/notification processes for providers.

MHA will continue to work collaboratively with its members, our partners in the behavioral health space, and the state to improve behavioral healthcare in these areas.

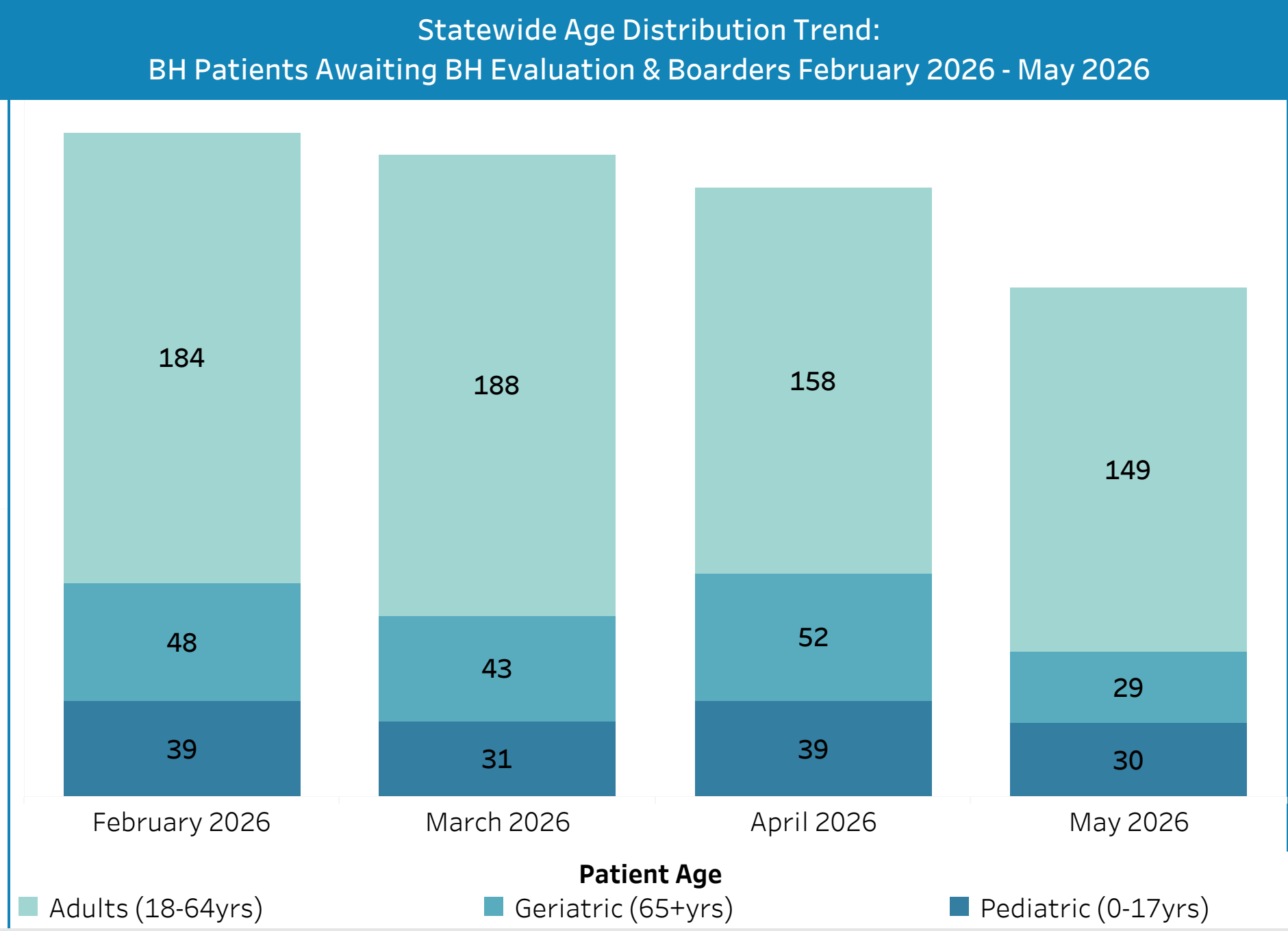
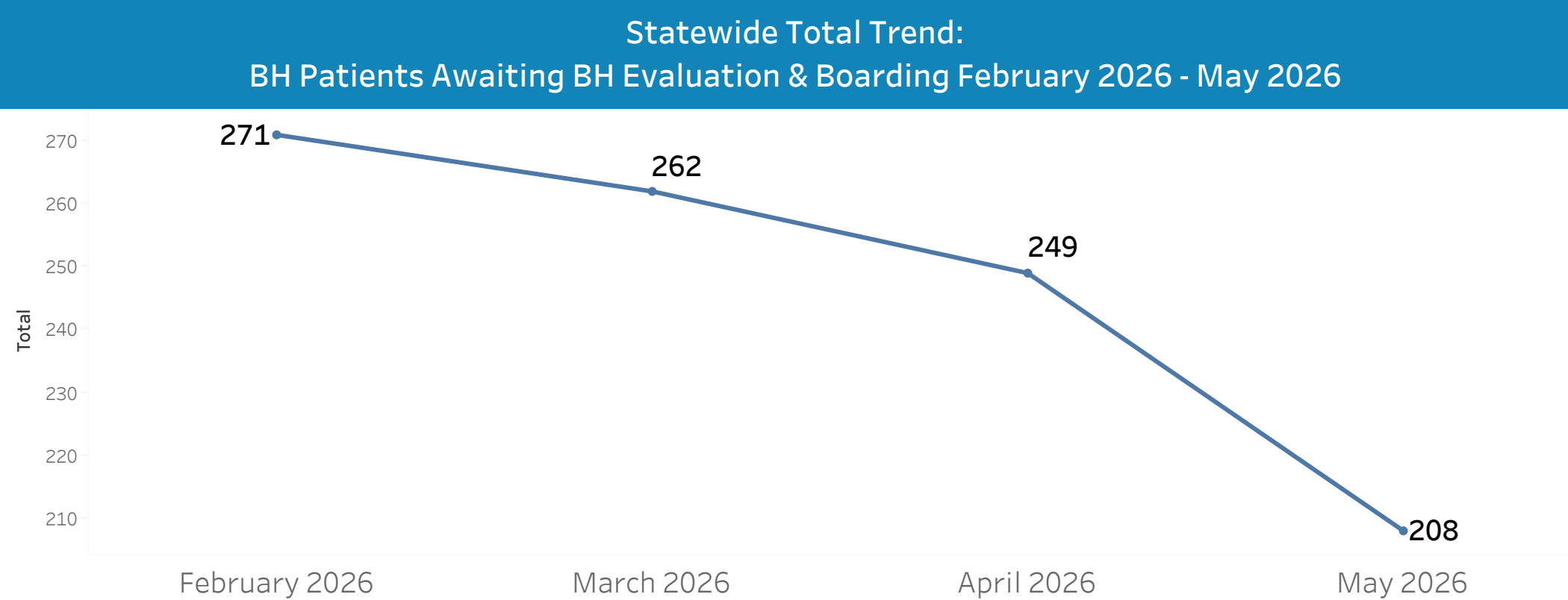


Statewide Total Trend:
All Boarders, Pediatric Boarders, and Extrapolated Total Boarders
(Including Non-Respondents) February 2026 - May 2026



The extrapolated total boarders line calculates the projected total number of boarders in a given month by including non-respondent hospitals' average number of boarders from its previous three months of submitted data. Pediatric numbers do not include extrapolated data for non-respondents.

Behavioral Health (BH) Patients Awaiting BH Evaluation & Boarding: Statewide Trend February 2026 - May 2026

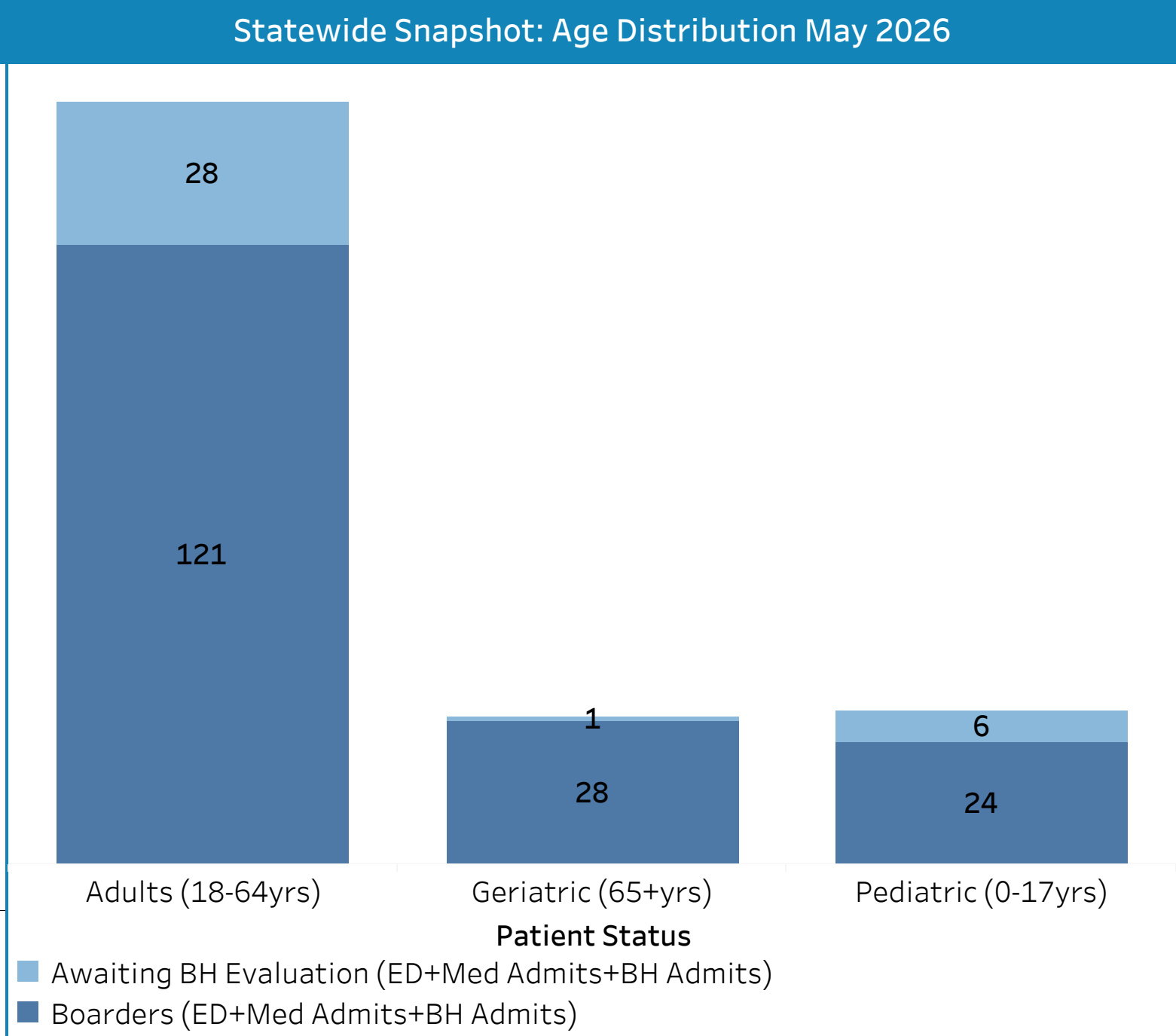
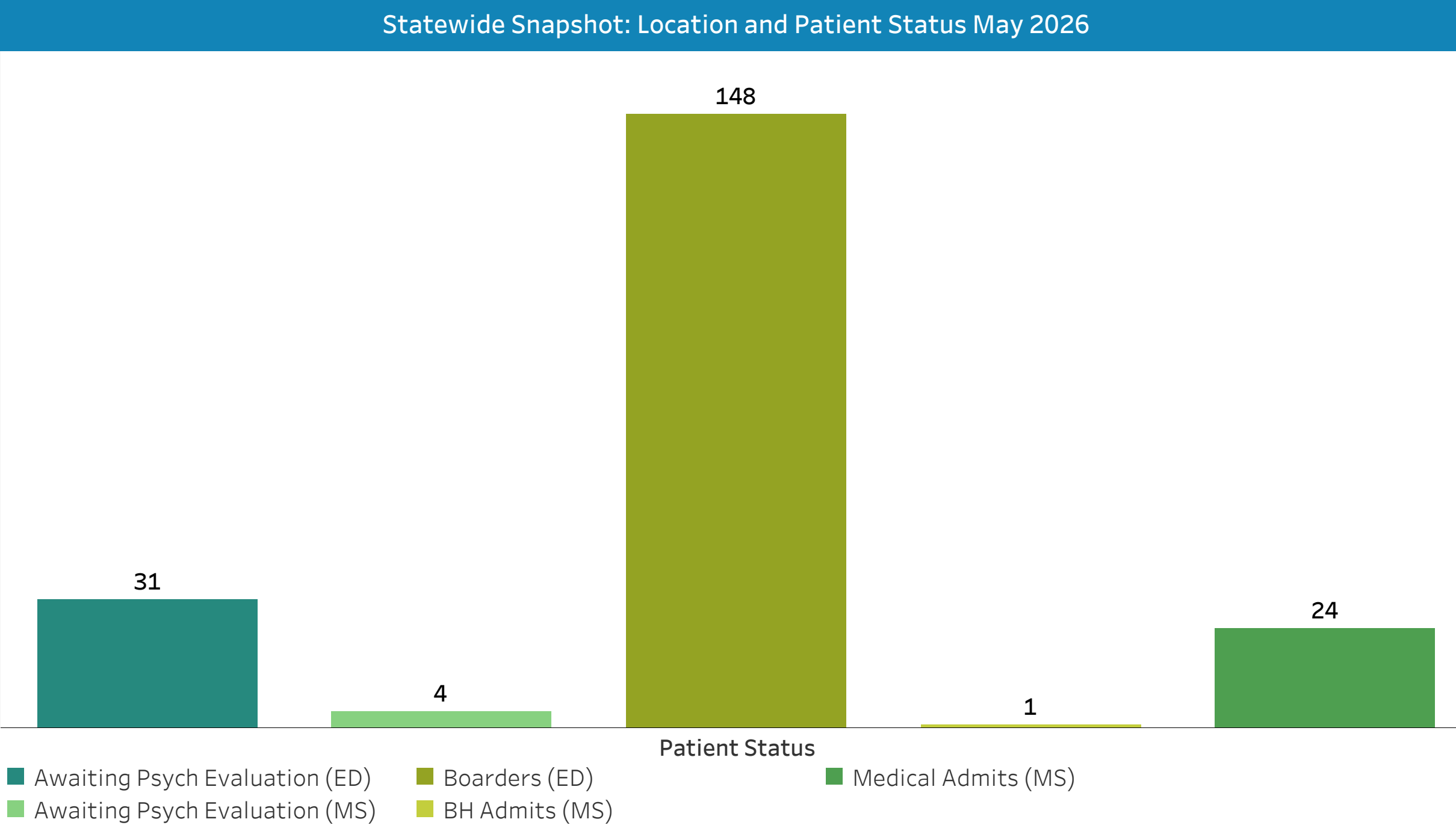


Statewide Total Trend: COVID+ & Flu+ Patients Awaiting BH Evaluation & Boarding February 2026 - May 2026

	February 2026	March 2026	April 2026	May 2026
Total COVID-Positive Patients	0	3	0	0
Total Flu-Positive Patients	0	0	0	0
Total COVID-and Flu-Positive Patients	0	0	0	0

Please note that the number of hospitals reporting each month varies and can impact the statewide total. The number of respondents is as follows: February 2026 n=42; March 2026 n=41; April 2026 n=42; May 2026 n=37

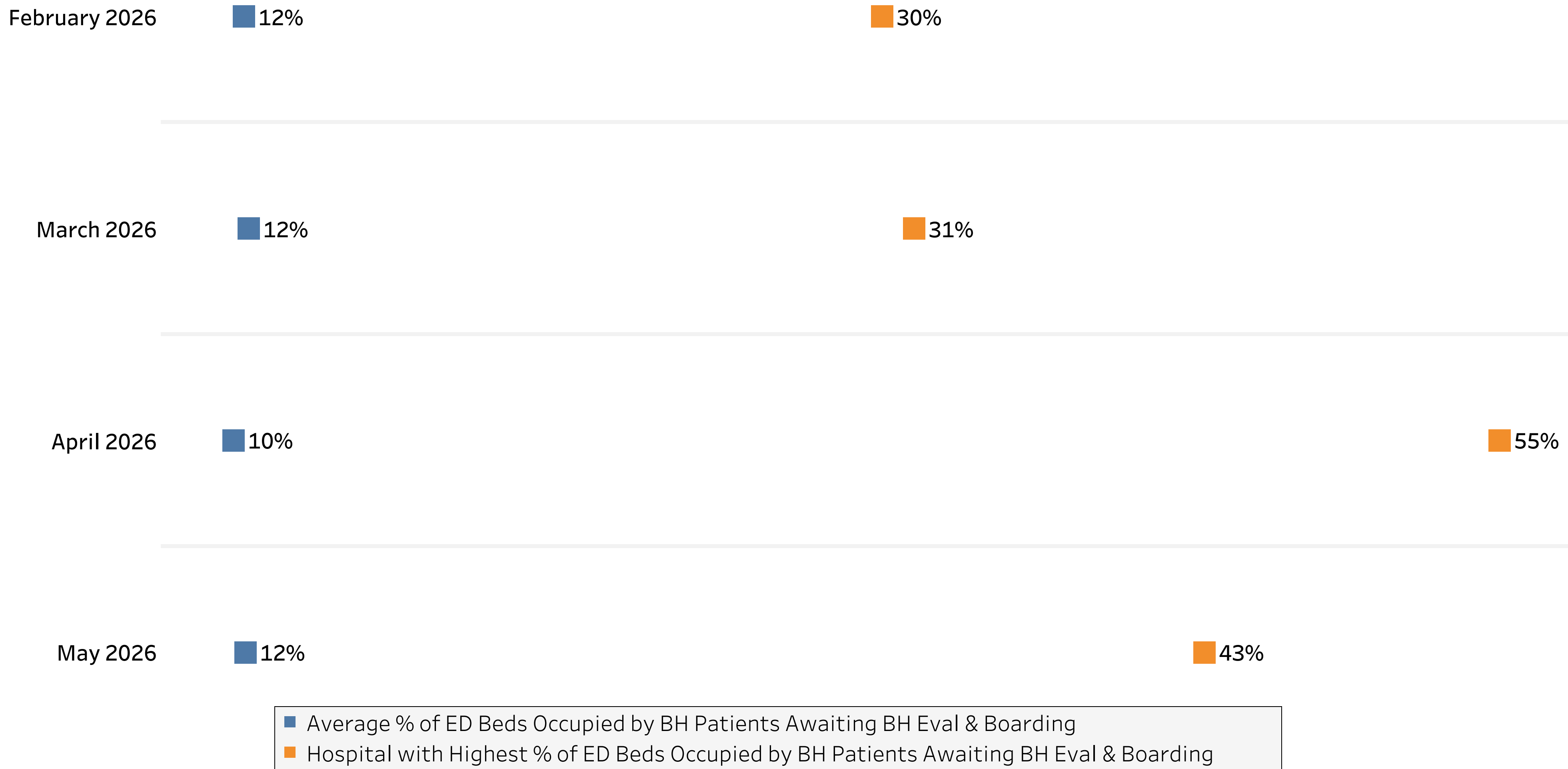
BH Patients Awaiting BH Evaluation & Boarding: Statewide Snapshot for May 2026



BH Patients Awaiting BH Evaluation & Boarding In Emergency Departments: Shown as Percentage of ED Staffed Beds

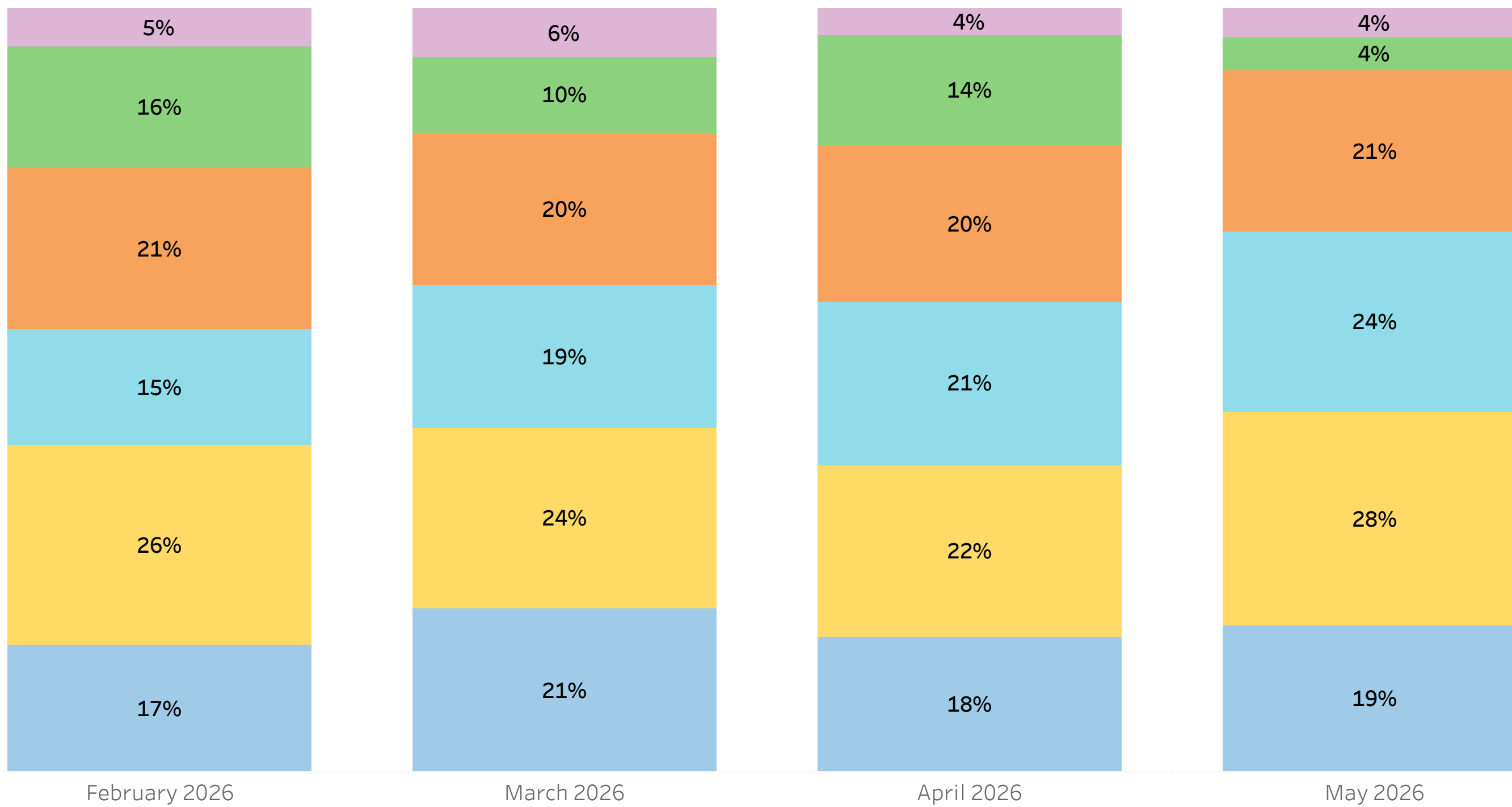
For the chart below, the blue square represents the **average** percentage of BH patients awaiting BH evaluation and boarding in the Emergency Department across reporting hospitals statewide as a percentage of reporting hospitals' staffed ED Beds. The orange square represents the hospital with the **highest** percentage of its staffed ED bed capacity occupied by BH patients awaiting BH evaluation and boarding in the ED. The number of staffed ED beds was obtained using data entered by each hospital into the Massachusetts Department of Public Health's (MDPH) WebEOC (Emergency Operations Center) system as part of daily COVID reporting. This data reflects the number of ED staffed beds for a point in time during the reported month and is used to estimate ED occupancy. **This chart does not include patients boarding or awaiting a BH evaluation on a medical-surgical floor.**

BH Patients Awaiting BH Evaluation & Boarding in the ED as % of Staffed ED Bed Capacity: Statewide Average and Highest Individual Hospital February 2026 - May 2026



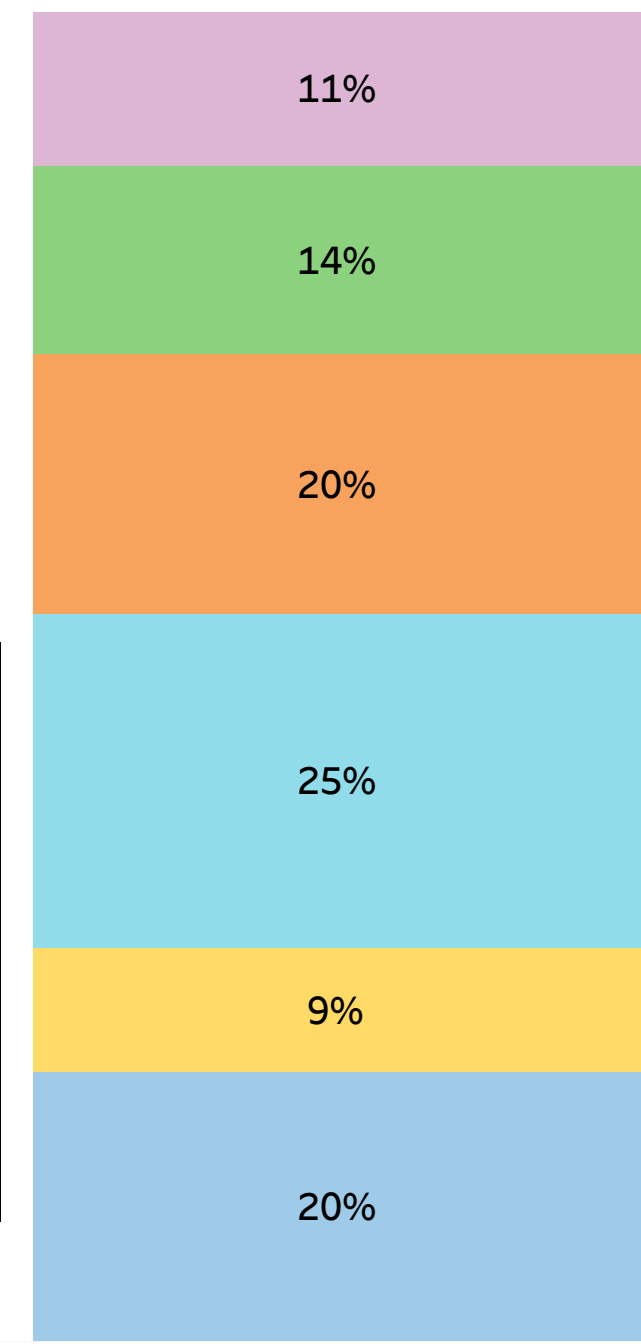
BH Patients Awaiting BH Evaluation & Boarding: Regional Distribution by MA Health and Medical Coordinating Coalition (HMCC) Regions February 2026 - May 2026

BH Patients Awaiting BH Evaluation & Boarding: Regional Distribution Trend by MA HMCC Region February 2026 - May 2026



- Region**
- Region 1
 - Region 2
 - Region 3
 - Region 4AB
 - Region 4C
 - Region 5

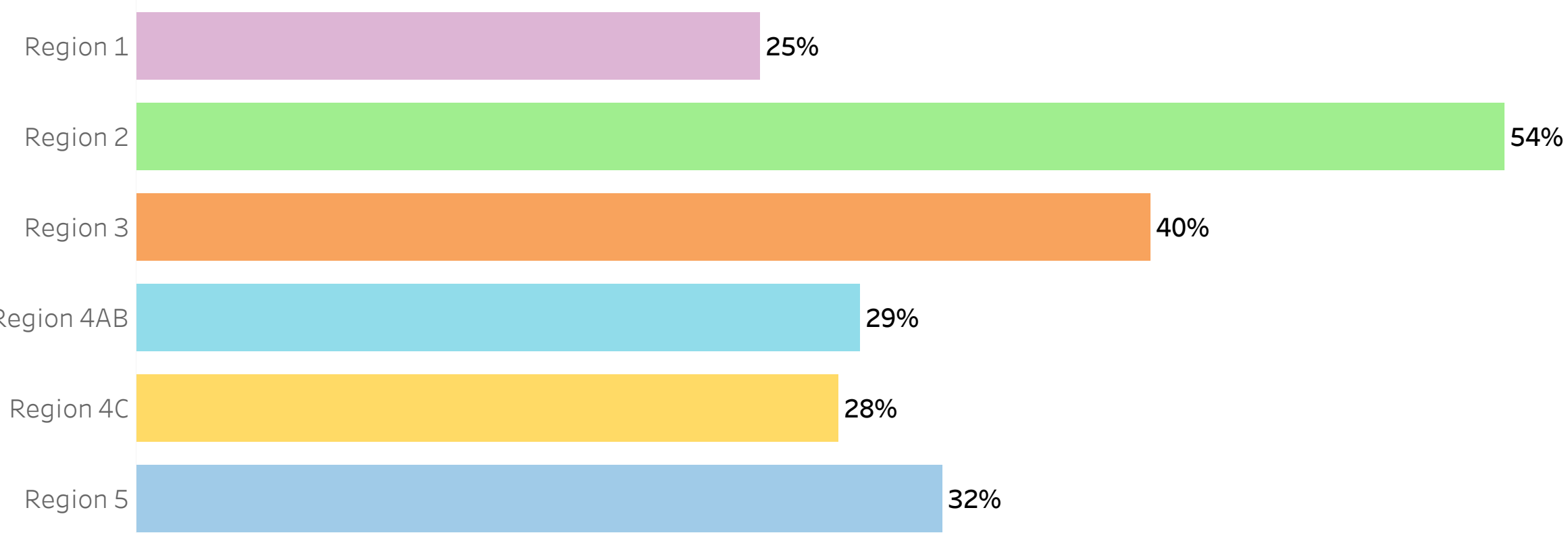
Statewide Population Distribution by HMCC Region



Please note that the number of hospitals reporting each month varies and can impact the regional distribution. Please see footnote for monthly number of respondents.

For each of the regions below, the **peak** percentage of BH patients awaiting psych evaluation and boarding in the Emergency Department (for the months covered in this report) is shown as a percentage of that region's staffed ED bed capacity. This calculation is meant to illustrate the highest burden of ED Boarding for that region for the months covered in this report. The number of staffed ED beds was obtained using data entered by each hospital into the Massachusetts Department of Public Health's (MDPH) WebEOC (Emergency Operations Center) system as part of daily COVID reporting. **This chart does not include patients boarding or awaiting a psychiatric evaluation on a medical-surgical floor.**

BH Patients Awaiting BH Evaluation & Boarding in the ED: Peak During the Months Covered in This Report as % of Staffed ED Bed Capacity, by MA HMCC Region



- Region**
- Region 1
 - Region 2
 - Region 3
 - Region 4AB
 - Region 4C
 - Region 5

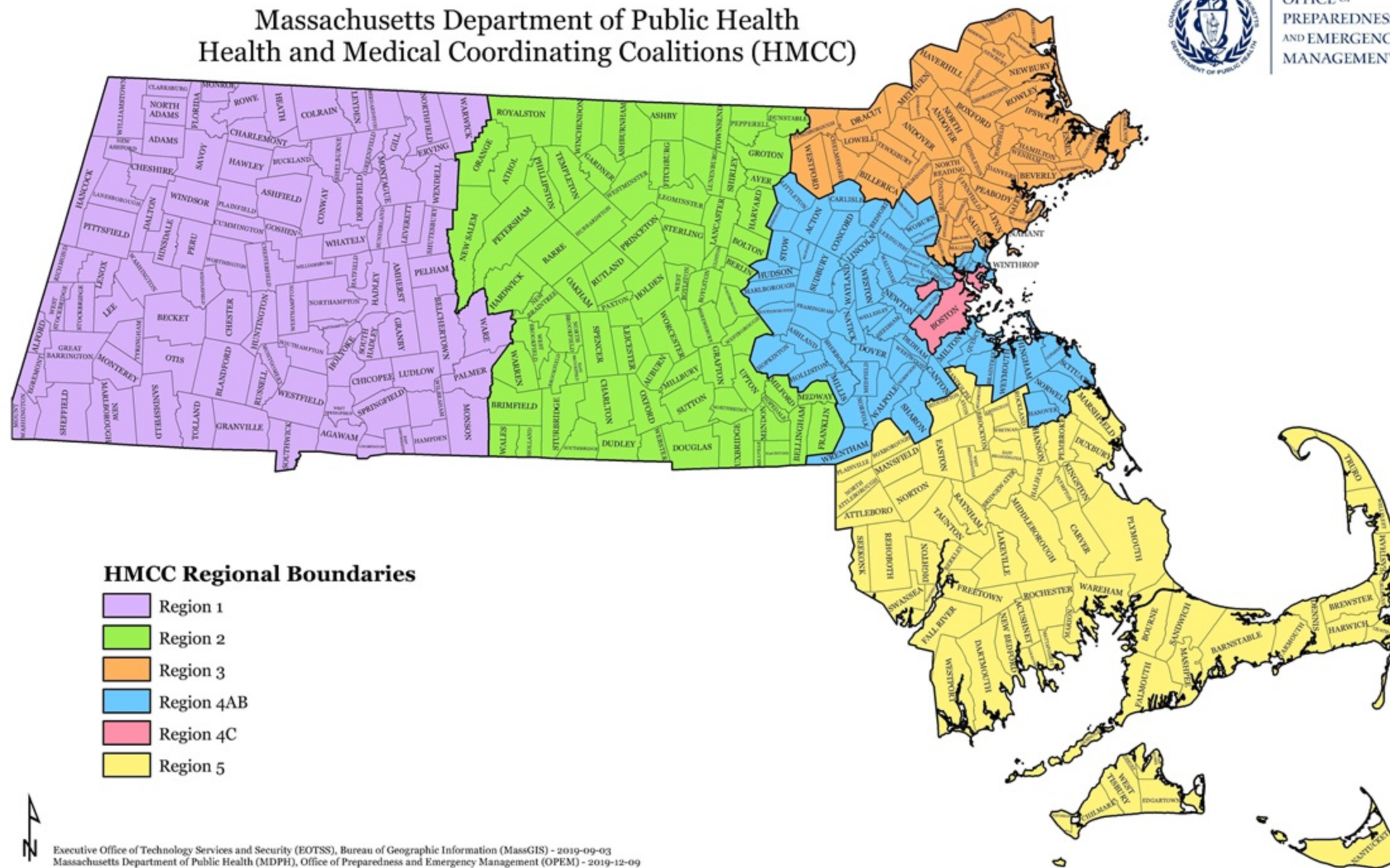
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MA Health and Medical Coordinating Coalition (HMCC) Regions

Massachusetts Department of Public Health Health and Medical Coordinating Coalitions (HMCC)



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MANAGEMENT



HMCC Regional Boundaries

- Region 1
- Region 2
- Region 3
- Region 4AB
- Region 4C
- Region 5

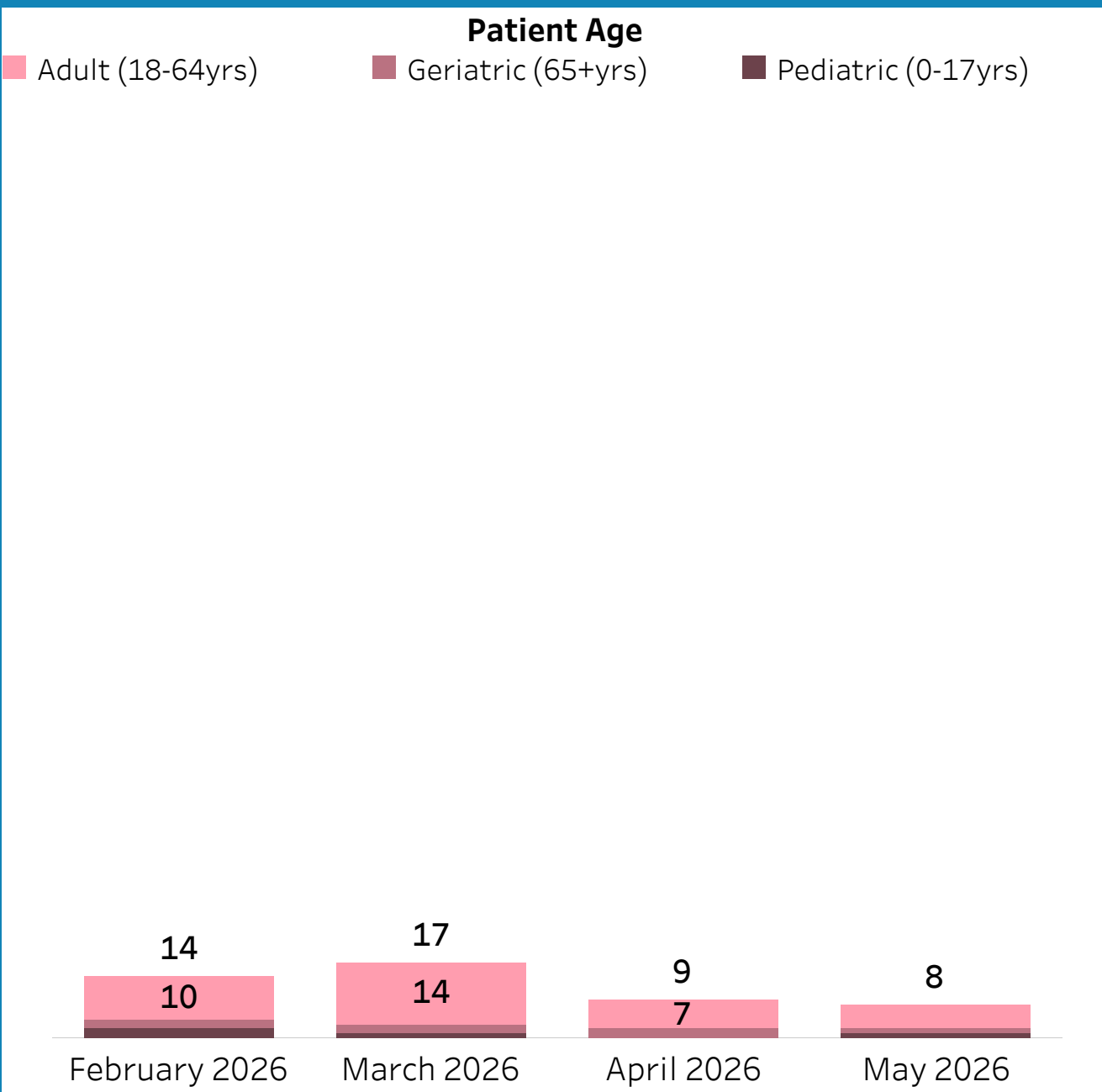


Executive Office of Technology Services and Security (EOTSS), Bureau of Geographic Information (MassGIS) - 2019-09-03
Massachusetts Department of Public Health (MDPH), Office of Preparedness and Emergency Management (OPEM) - 2019-12-09

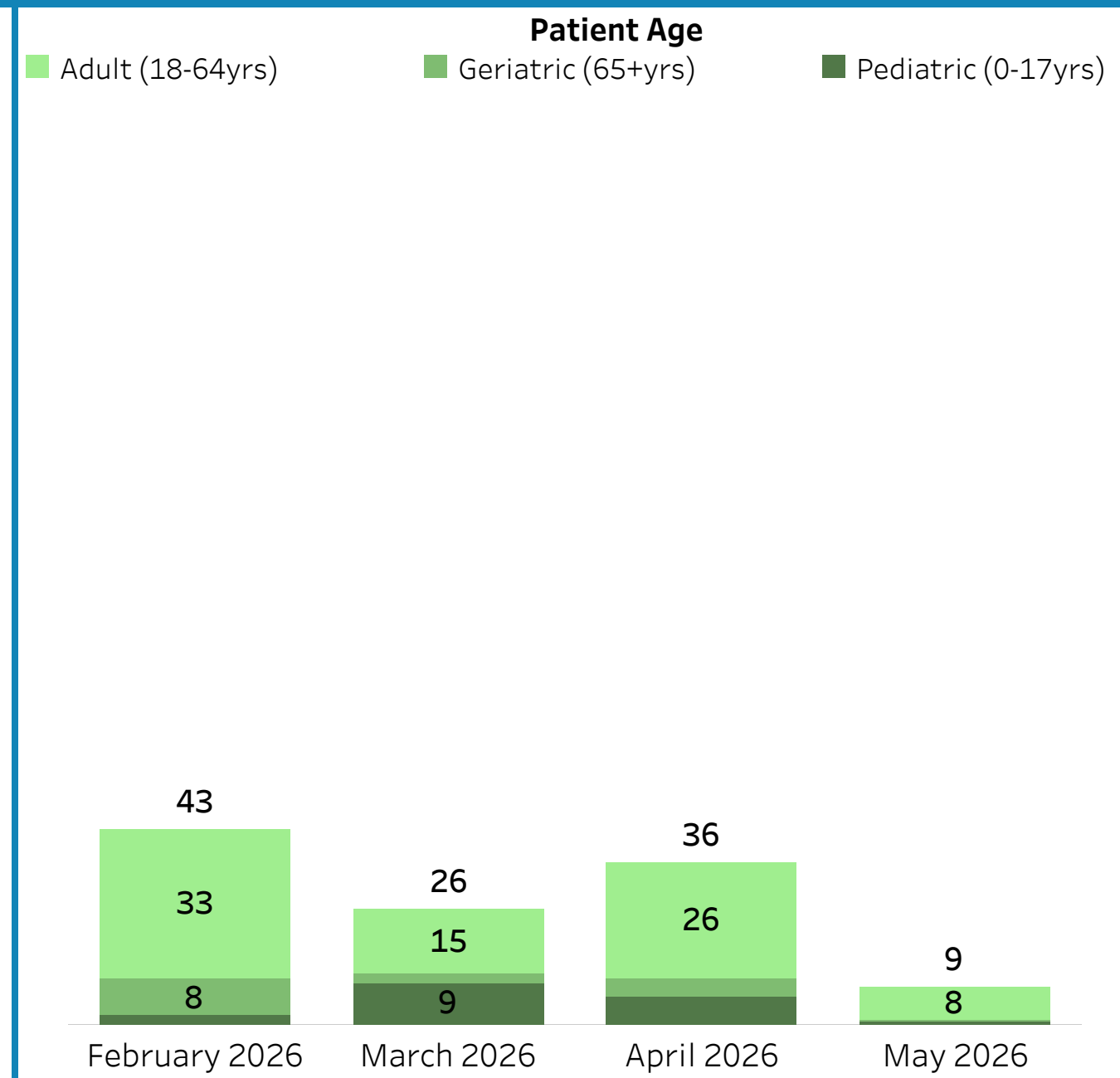
Region 1	Region 2	Region 3
Baystate Franklin Medical Center	Athol Hospital	Addison Gilbert
Baystate Medical Center	Harrington Hospital	Anna Jaques Hospital
Baystate Noble Hospital	Heywood Hospital	Beverly Hospital
Baystate Wing Hospital	Milford Regional Medical Center	Holy Family Hospital
Berkshire Medical Center	Saint Vincent Hospital	Lawrence General Hospital
Cooley Dickinson Hospital	UMass Memorial HealthAlliance-Clinton Hospital	Lowell General Hospital
Fairview Hospital	UMass Memorial Medical Center	MelroseWakefield Hospital
Holyoke Medical Center		Salem Hospital
Mercy Medical Center		
Region 4AB	Region 4C	Region 5
Beth Israel Deaconess Hospital-Needham	Beth Israel Deaconess Medical Center	Beth Israel Deaconess Hospital-Plymouth
Beth Israel Deaconess Hospital-Milton	Boston Children's Hospital	Boston Medical Center - South
Cambridge Health Alliance	Boston Medical Center	Brown University Health Morton Hospital and Medical Center
Emerson Hospital	Boston Medical Center - Brighton	Brown University Health Saint Anne's Hospital
Lahey Hospital & Medical Center	Brigham and Women's Faulkner Hospital	Cape Cod Hospital
MetroWest Medical Center	Brigham and Women's Hospital	Falmouth Hospital
Mount Auburn Hospital	Massachusetts General Hospital	Martha's Vineyard Hospital
Newton-Wellesley Hospital	Tufts Medical Center	Nantucket Cottage Hospital
South Shore Hospital		Signature Healthcare Brockton Hospital
UMass Memorial Marlborough Hospital		Southcoast Hospitals Group - Charlton Memorial Hospital
Winchester Hospital		Southcoast Hospitals Group - St. Luke's Hospital
		Southcoast Hospitals Group - Tobey Hospital
		Sturdy Health

BH Patients Awaiting BH Evaluation & Boarding: Regional Age Distribution Trend, by MA HMCC Region February 2026 - May 2026

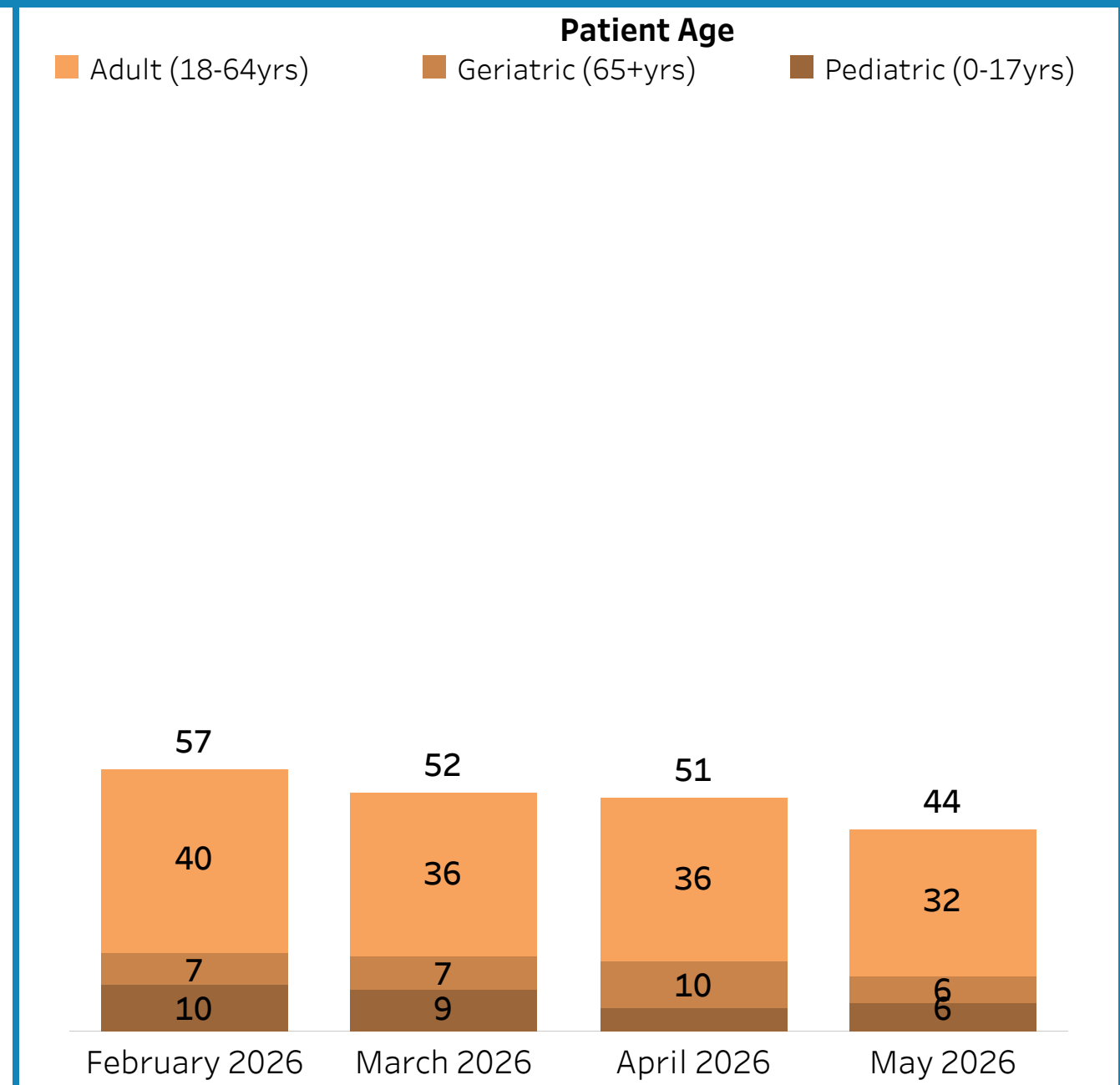
Region 1: February 2026 - May 2026



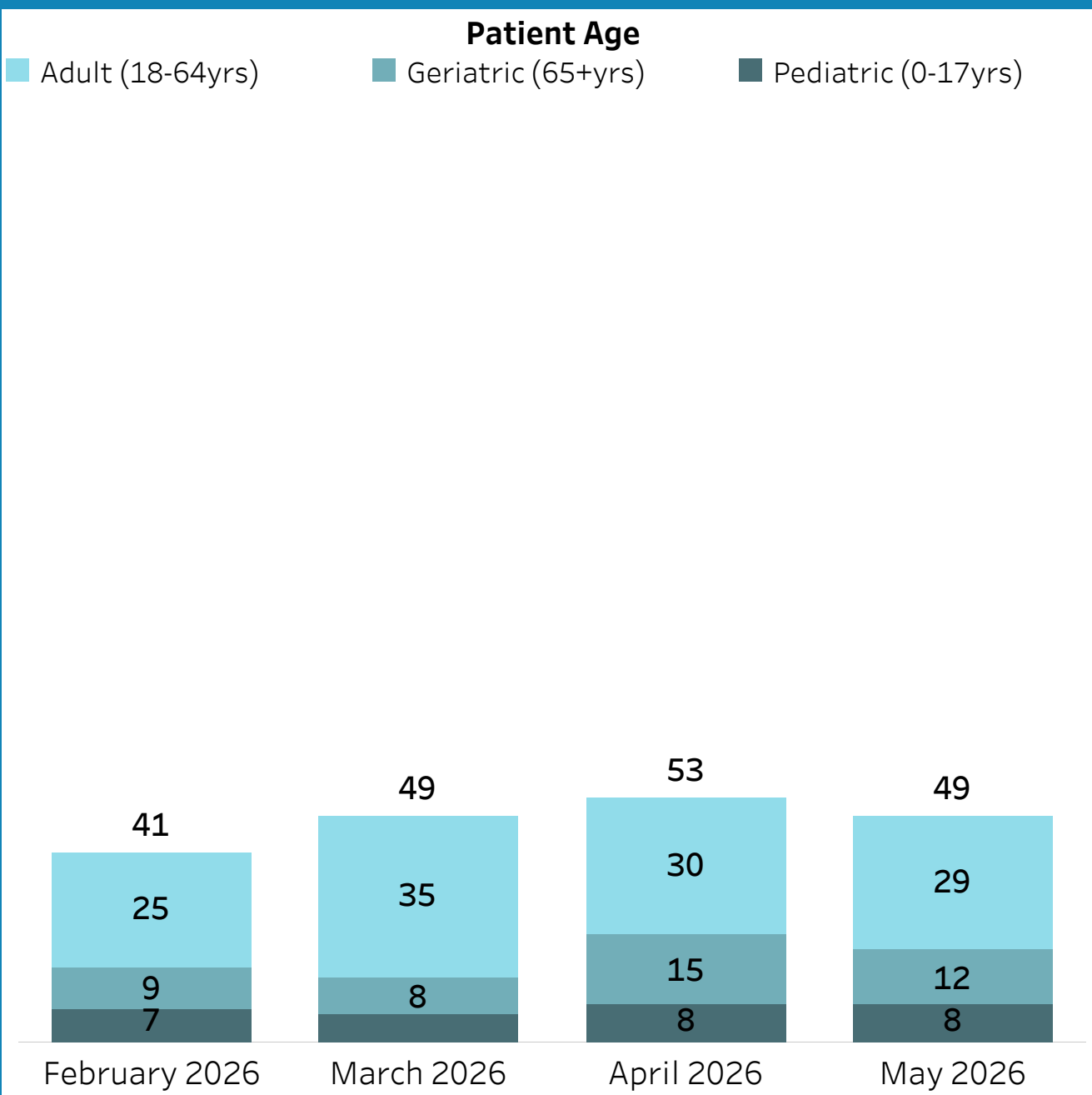
Region 2: February 2026 - May 2026



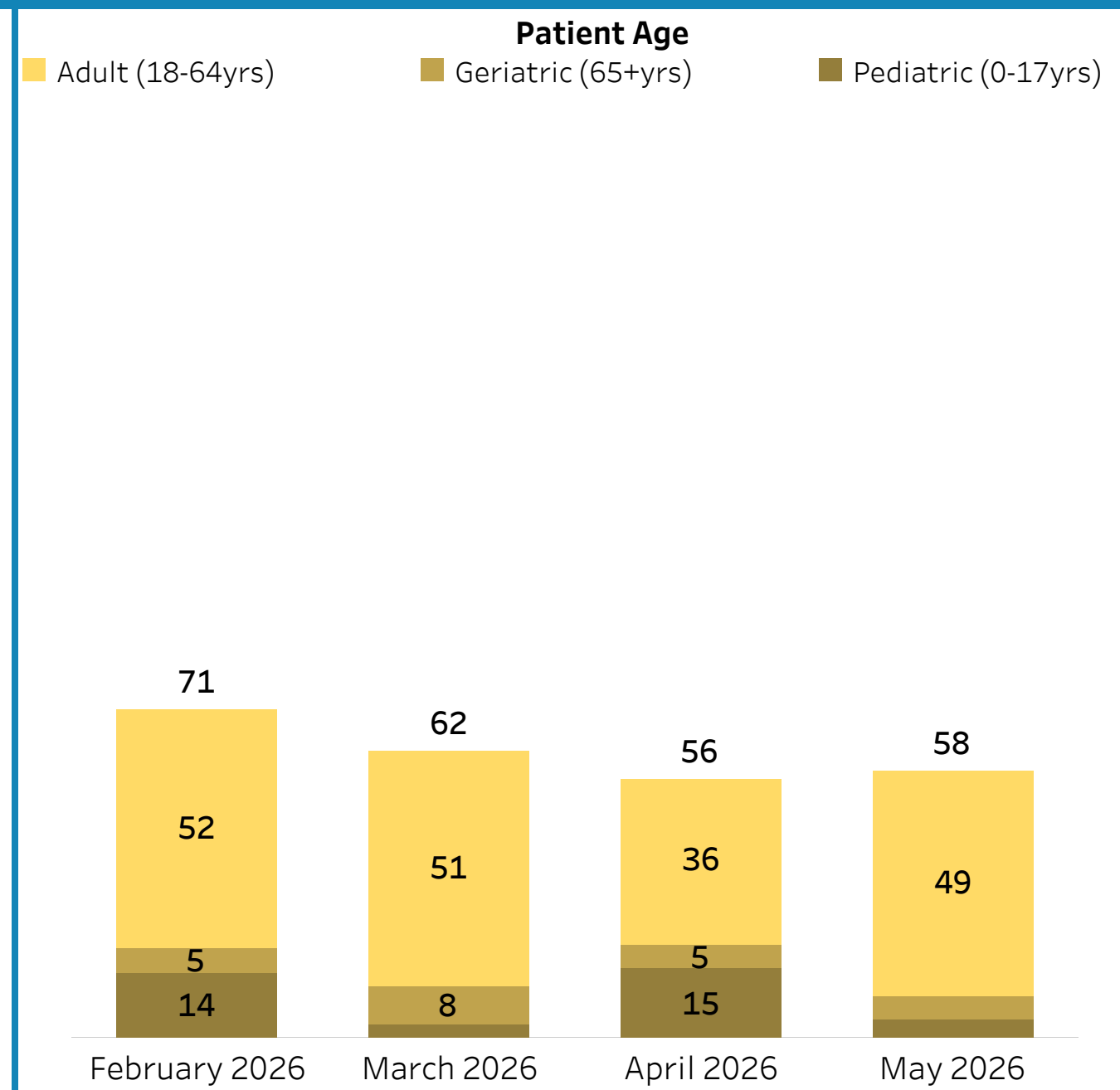
Region 3: February 2026 - May 2026



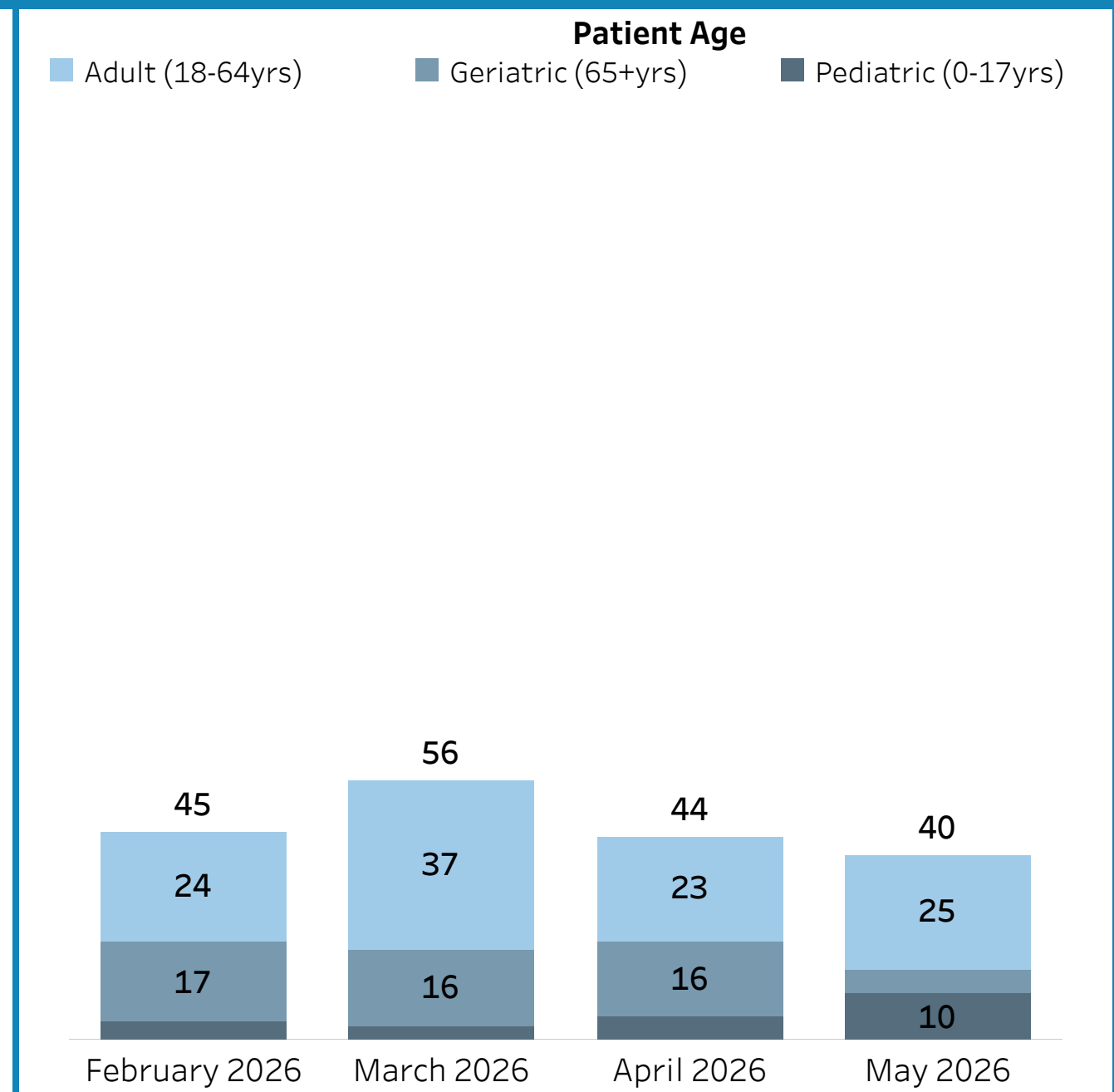
Region 4AB: February 2026 - May 2026



Region 4C: February 2026 - May 2026



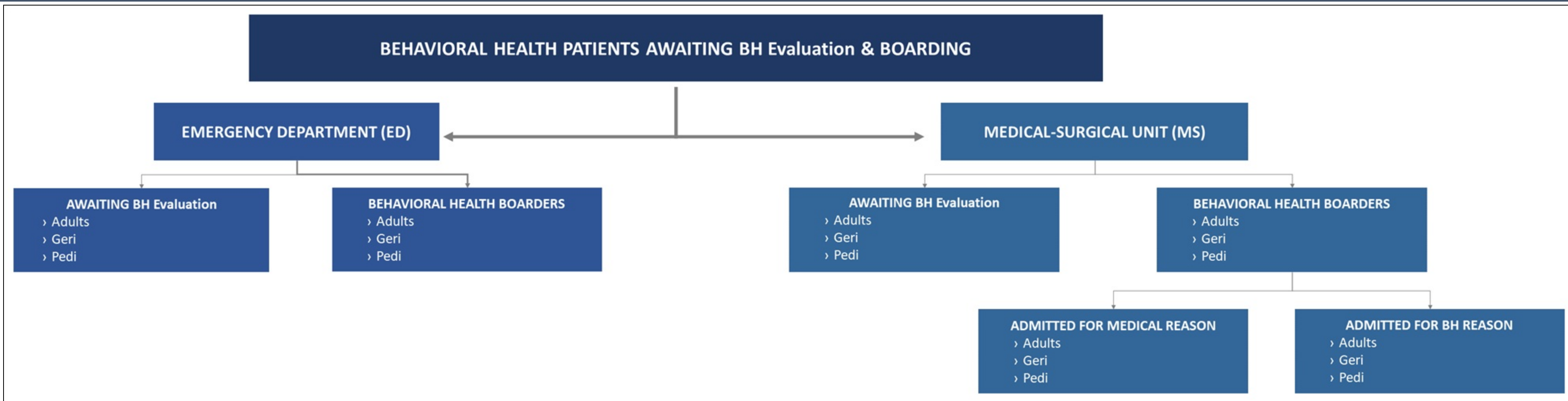
Region 5: February 2026 - May 2026



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Notes and Definitions

Overview Chart



Survey Template

Data Submission				
Date:				
A. Waiting to be seen				
Patients in either the ED or Medical Surgical (MS) unit that are awaiting BH evaluation.				
<i>Note: A and B are mutually exclusive.</i>				
	Adult (18 to 64yrs)	Geri (65+yrs)	Pedi (under 18 yrs)	
In ED, awaiting BH evaluation	ED			
Admitted to MS bed for medical reasons, awaiting BH evaluation	*MS			
B. TOTAL Boarders/Bed Search Patients				
Patients that have been evaluated but are awaiting a BH IP bed either in the same hospital or a different hospital.				
<i>Note: A and B are mutually exclusive.</i>				
	Adult (18 to 64yrs)	Geri (65+yrs)	Pedi (under 18 yrs)	
Awaiting BH bed in ED	ED			
Medically cleared BH boarders outside of the ED, boarding on MS floor for non clinical reasons ONLY, awaiting BH bed	*MS			
Admitted for primary medical reason, now resolved, awaiting BH bed	*MS			
***C. Total number of patients with only **confirmed COVID-19				
<i>Note: C, D, and E are mutually exclusive.</i>				
	Adult (18 to 64yrs)	Geri (65+yrs)	Pedi (under 18 yrs)	
In ED, awaiting BH evaluation or awaiting BH Bed	ED			
Admitted to or boarding in MS bed and awaiting BH evaluation or BH bed	*MS			
***D. Total number of patients with only confirmed Flu.				
<i>Note: C, D, and E are mutually exclusive.</i>				
	Adult (18 to 64yrs)	Geri (65+yrs)	Pedi (under 18 yrs)	
In ED, awaiting BH evaluation or awaiting BH Bed	ED			
Admitted to or boarding in MS bed and awaiting BH evaluation or BH bed	*MS			
***E. Total number of patients with both confirmed **COVID-19 and Flu				
<i>Note: C, D, and E are mutually exclusive.</i>				
	Adult (18 to 64yrs)	Geri (65+yrs)	Pedi (under 18 yrs)	
In ED, awaiting BH evaluation or awaiting BH Bed	ED			
Admitted to or boarding in MS bed and awaiting BH evaluation or BH bed	*MS			

Metric Definitions

Data Metric	Definition
ED	Emergency Department
MS	Medical Surgical Unit
Awaiting BH Evaluation - ED	Patients in the ED unit that are awaiting a BH evaluation.
Awaiting BH Evaluation - MS	Patients in the MS unit that have been admitted to an MS bed for medical reasons and are awaiting BH evaluation.
Boarders	All patients that have had a BH evaluation and are awaiting a bed are considered BH boarders regardless of duration.
Boarders - ED	Patients in the ED that have been evaluated but are awaiting a BH inpatient bed either in the same hospital or a different hospital.
Boarders - BH Admits MS	Patients that are medically cleared BH boarders outside of the ED, boarding on an MS floor for nonclinical reasons only, and awaiting a BH inpatient bed either in the same or different hospital.
Boarders - Medical Admits MS	Patients that have been admitted for primary medical reason that is now resolved and are awaiting a BH inpatient bed either in the same hospital or a different hospital.