

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.

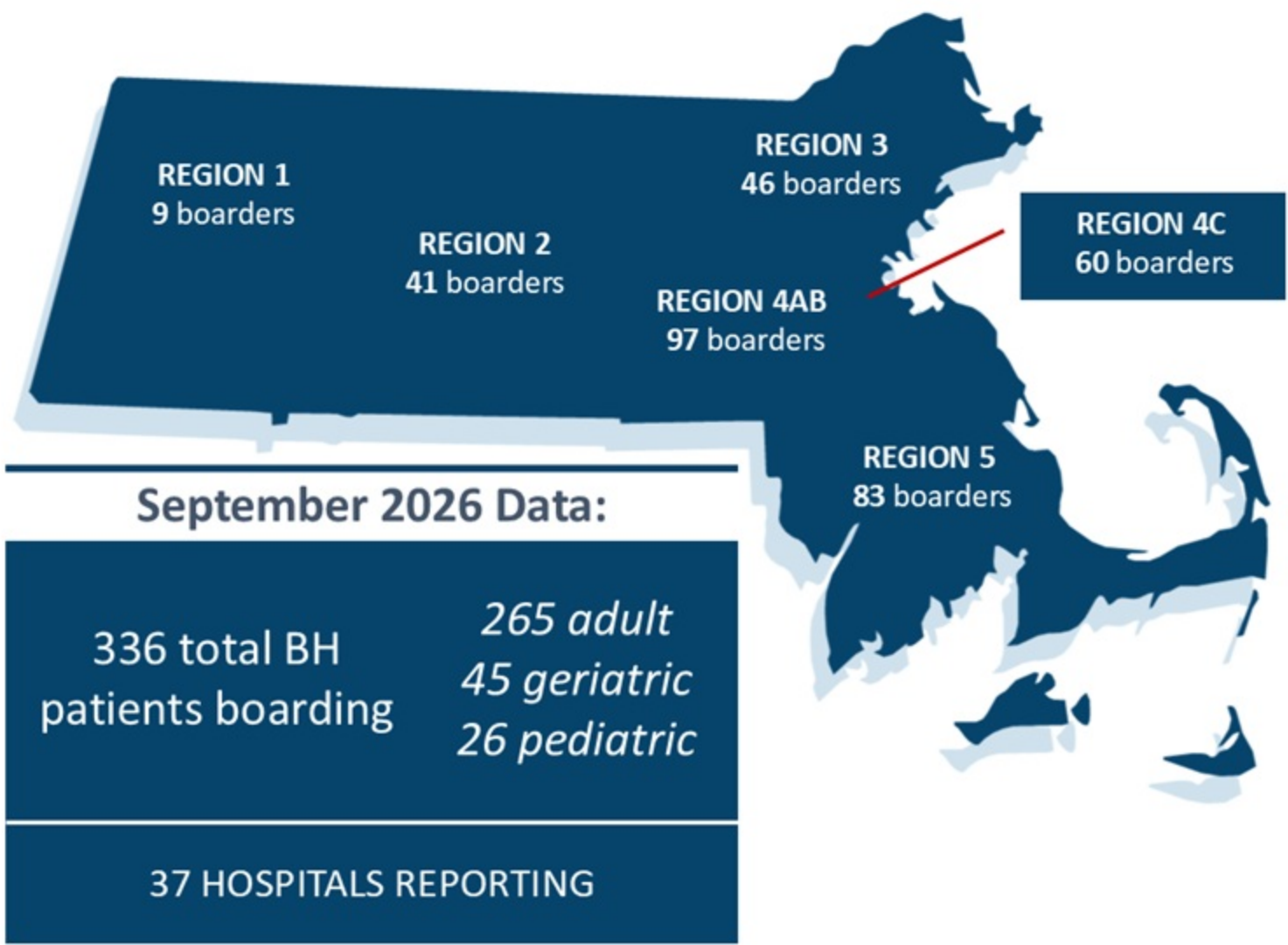
Learning from the Health Policy Commission’s Behavioral Health Rate Adequacy study to ensure the financial stability of behavioral health units and facilities, and to allow behavioral health providers to pay their workforce adequate salaries.

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

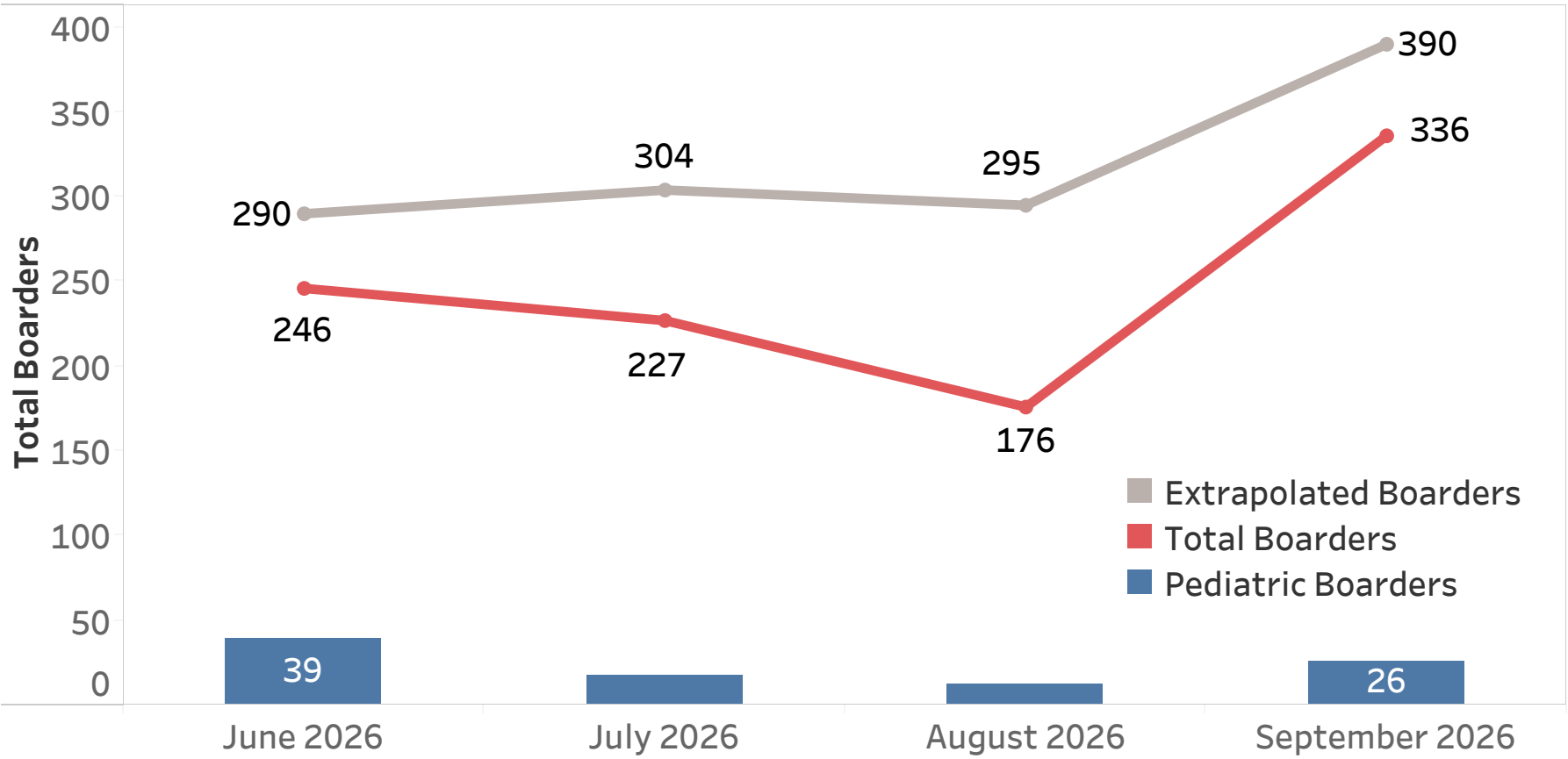
Reducing continuum of care challenges that create bottlenecks in the behavioral health system and limit patient access to needed services. Solutions include expanding availability of continuing care services, post-acute care transitions, community wraparound services, and congregate care programs.

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.



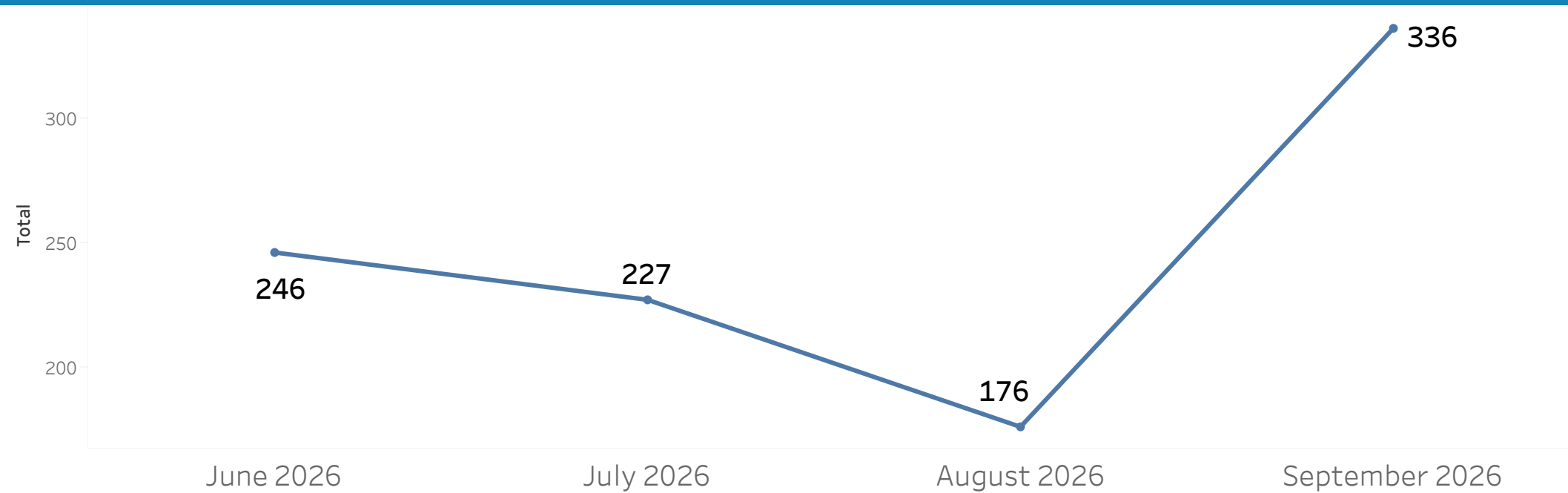
Statewide Total Trend:
All Boarders, Pediatric Boarders, and Extrapolated Total Boarders
(Including Non-Respondents) June 2026 - September 2026



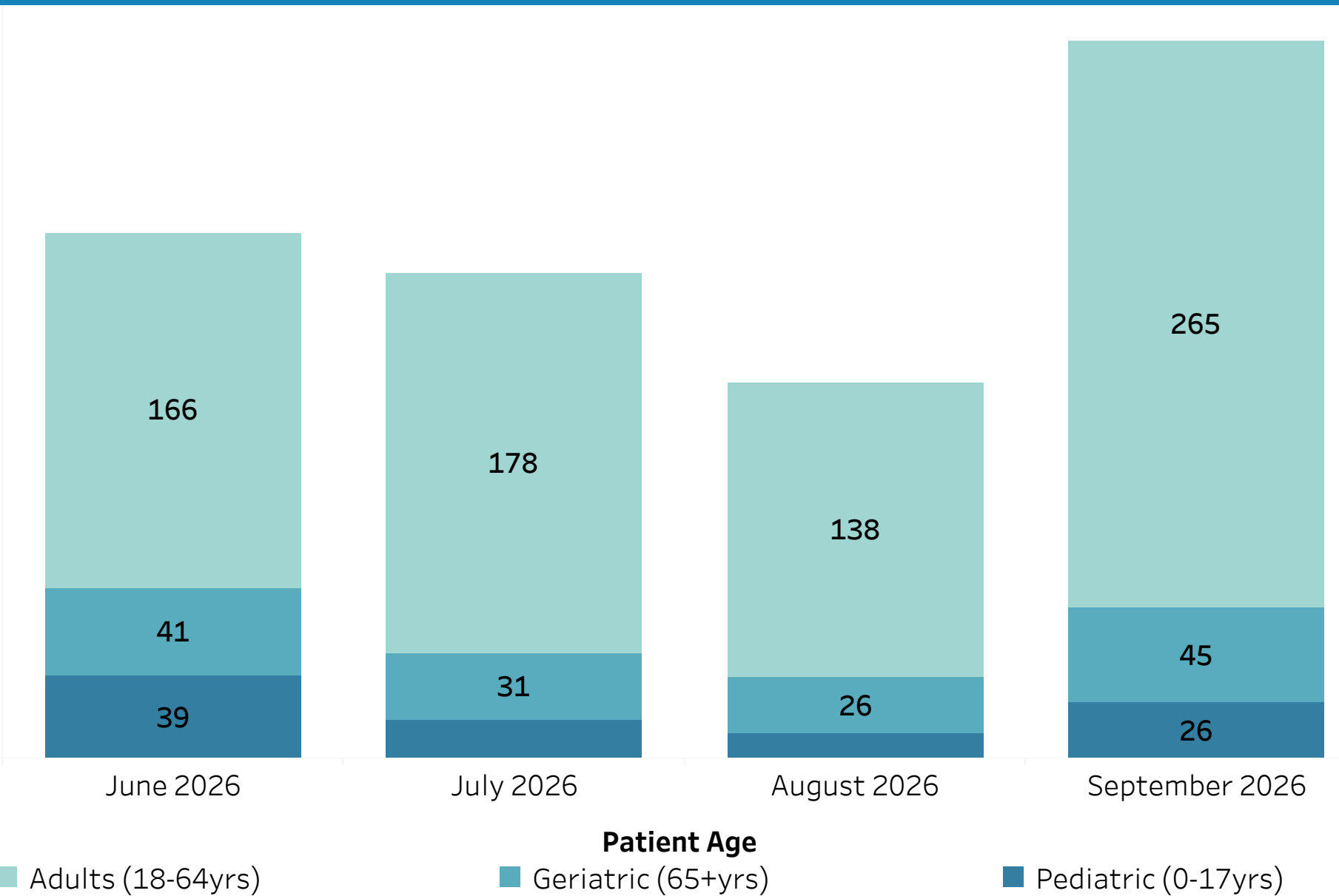
The extrapolated total boarders line calculates the projected total number of boarders in a given month by including non-respondent hospitals’ average number of boarders from its previous three months of submitted data. Pediatric numbers do not include extrapolated data for non-respondents.

Behavioral Health (BH) Patients Awaiting BH Evaluation & Boarding: Statewide Trend June 2026 - September 2026

Statewide Total Trend:
BH Patients Awaiting BH Evaluation & Boarding June 2026 - September 2026



Statewide Age Distribution Trend:
BH Patients Awaiting BH Evaluation & Boarders June 2026 - September 2026



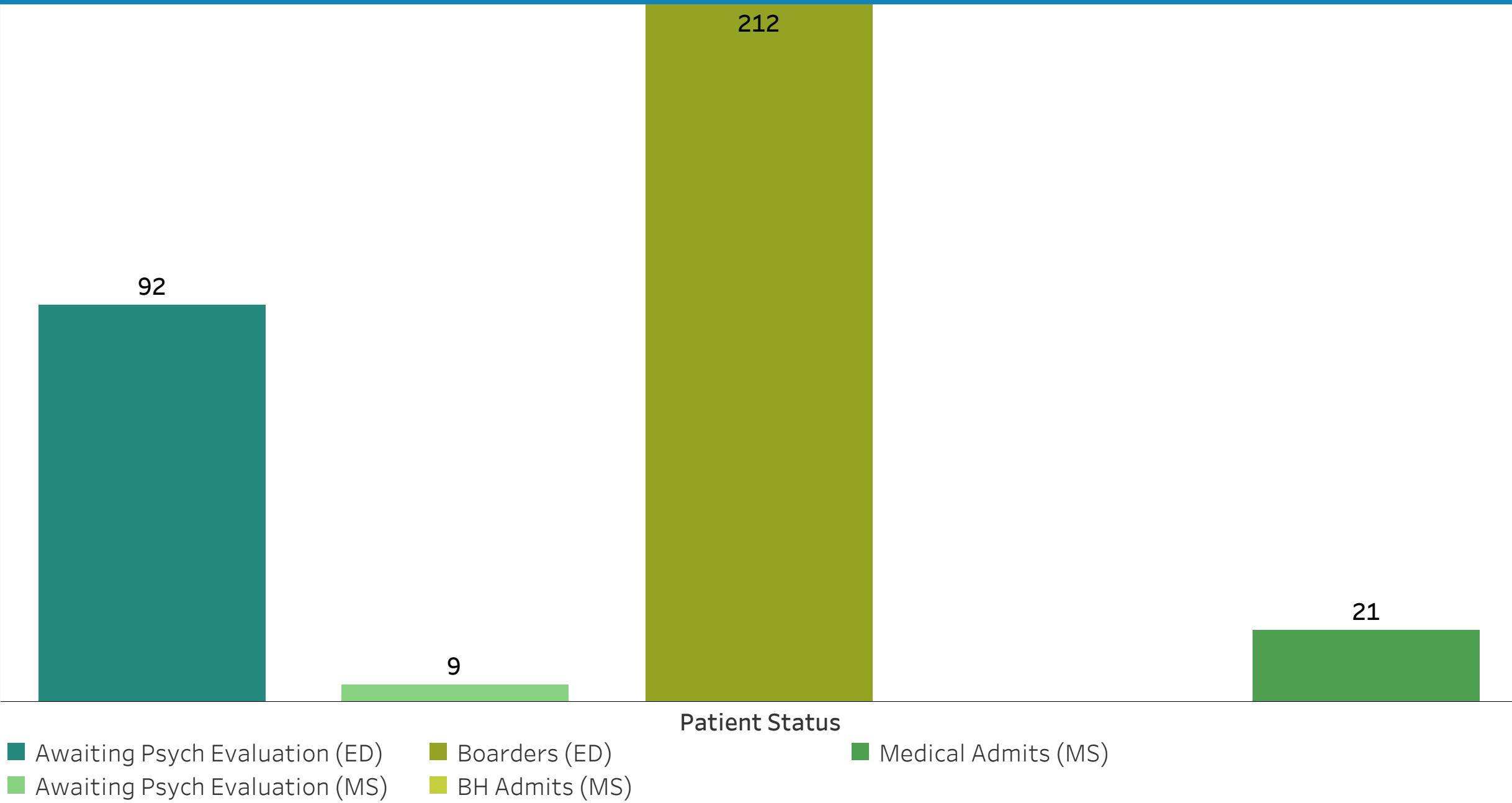
Statewide Total Trend:
COVID+ & Flu+ Patients Awaiting BH Evaluation & Boarding June 2026 - September 2026

	June 2026	July 2026	August 2026	September 2026
Total COVID-Positive Patients	0	0	1	0
Total Flu-Positive Patients	0	0	0	0
Total COVID-and Flu-Positive Patients	1	0	0	0

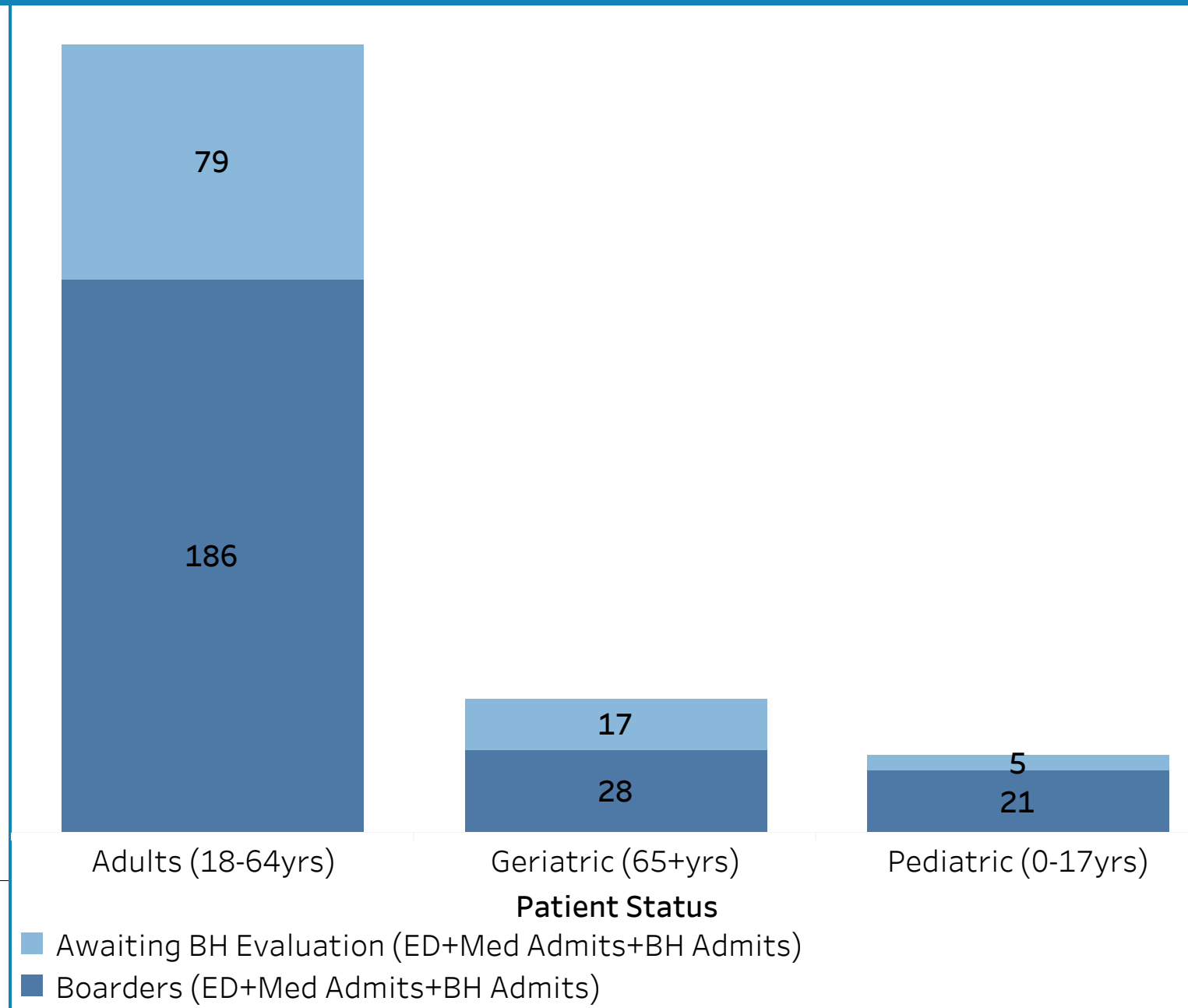
Please note that the number of hospitals reporting each month varies and can impact the statewide total. The number of respondents is as follows: June 2026 n=40; July 2026 n=35; August 2026 n=21; September 2026 n=37.

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

Statewide Snapshot: Location and Patient Status September 2026



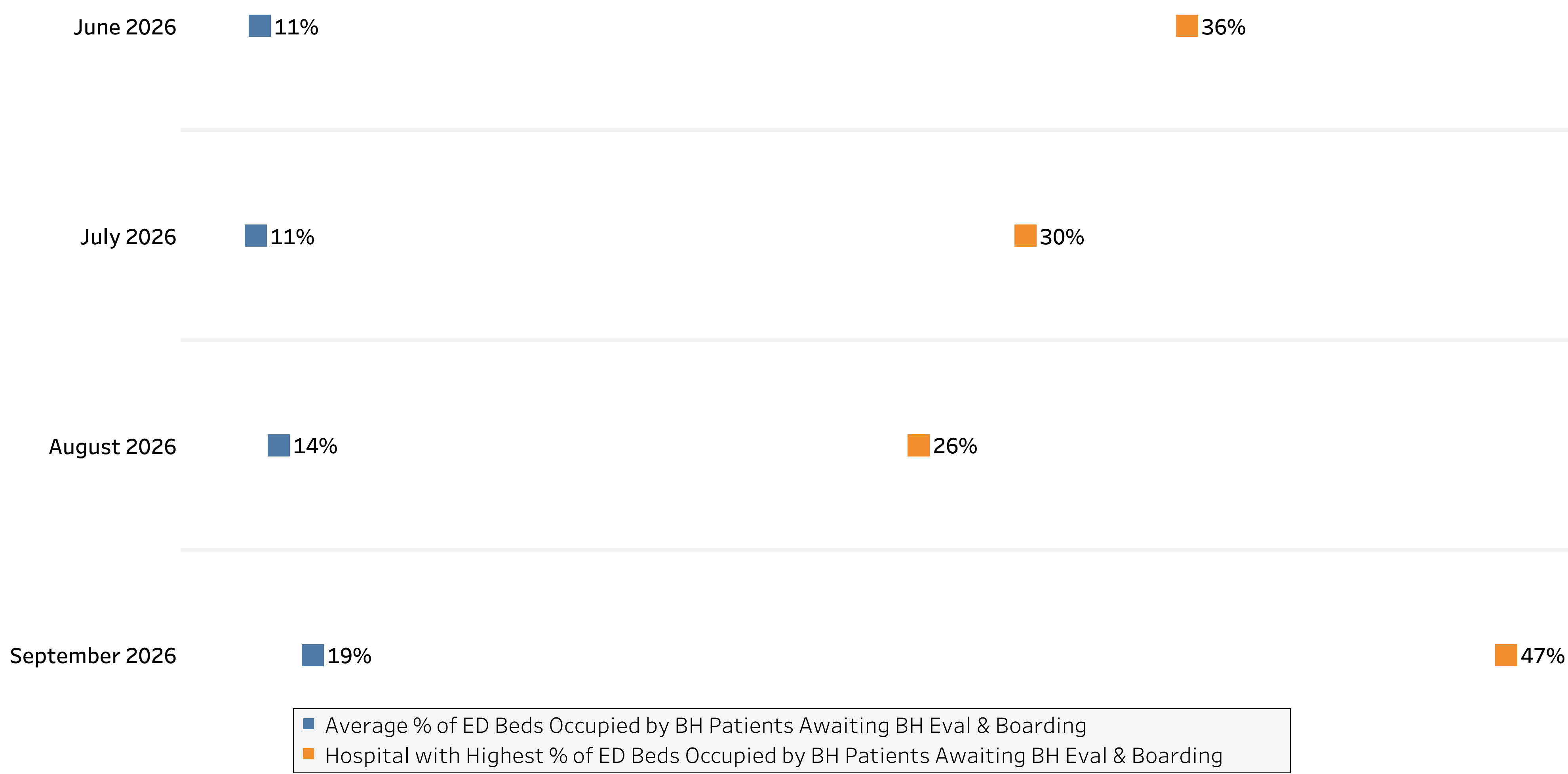
Statewide Snapshot: Age Distribution September 2026

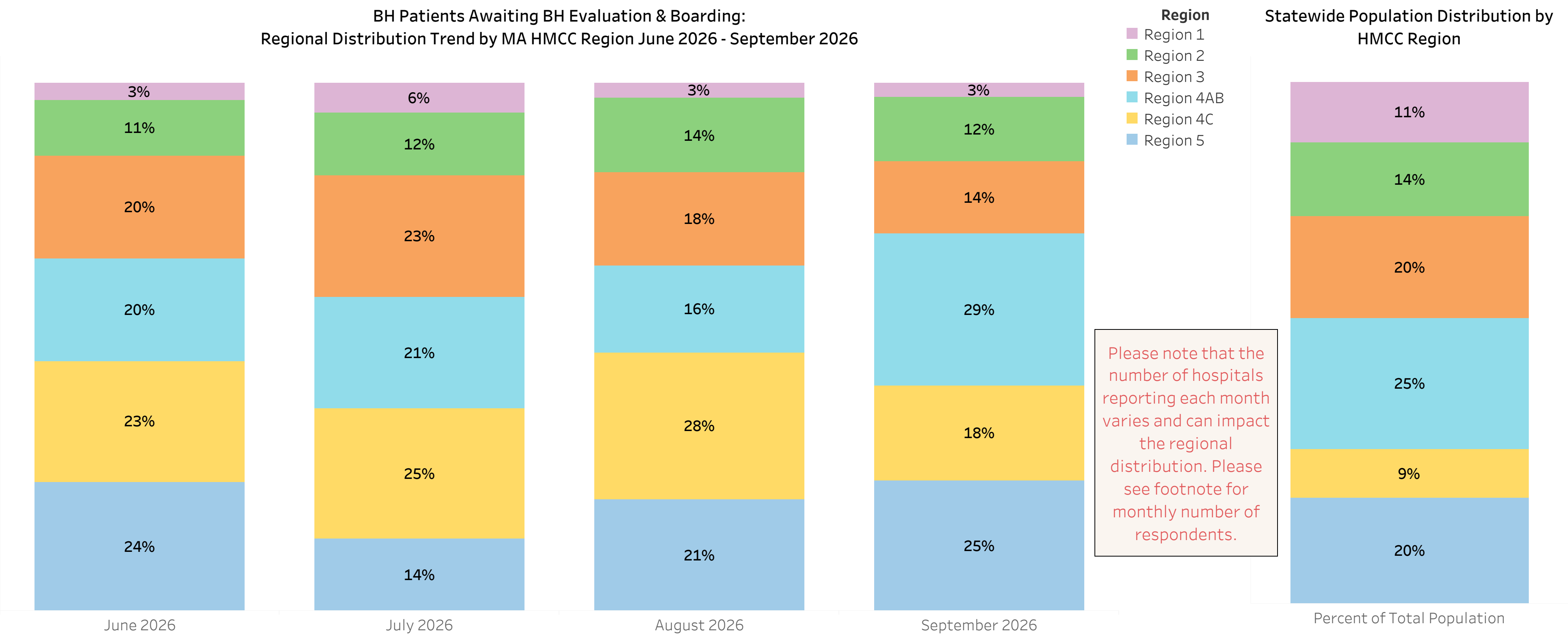


BH Patients Awaiting BH Evaluation & Boarding In Emergency Departments:
Shown as Percentage of ED Staffed Beds

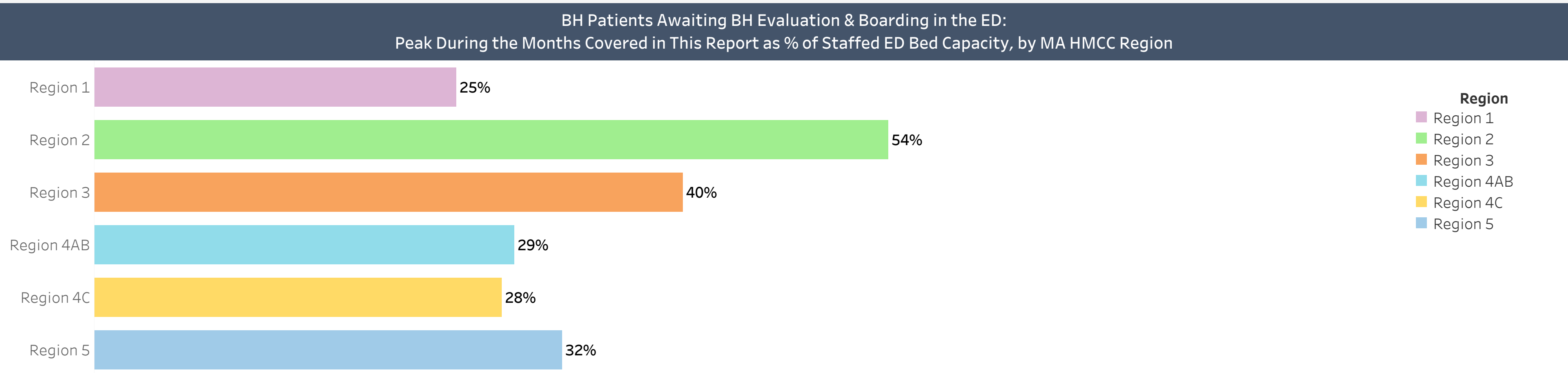
For the chart below, the blue square represents the **average** percentage of BH patients awaiting BH evaluation and boarding in the Emergency Department across reporting hospitals statewide as a percentage of reporting hospitals’ staffed ED Beds. The orange square represents the hospital with the **highest** 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 June 2026 - September 2026





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 calcuation 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.**



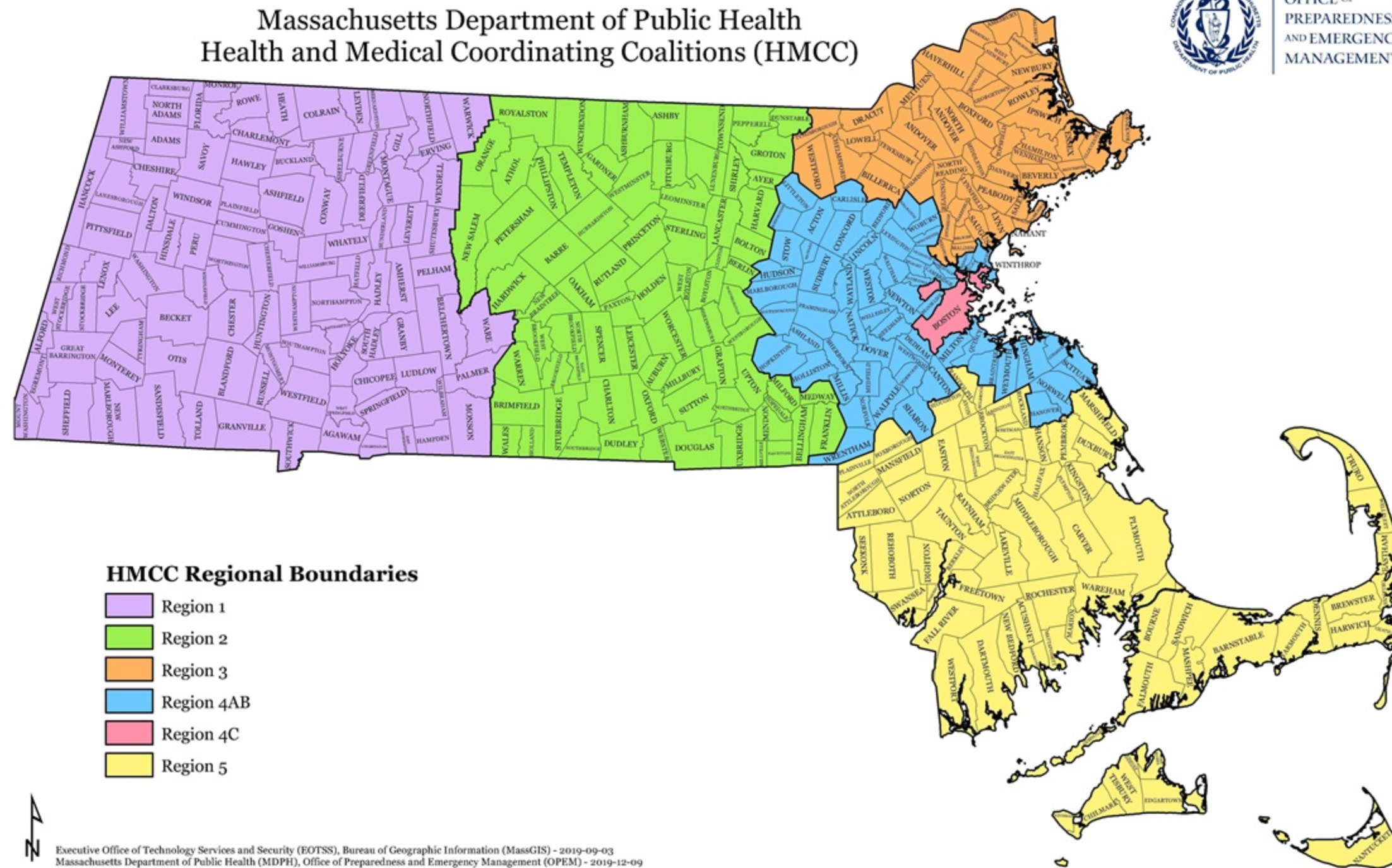
Please note that the number of hospitals reporting each month varies and can impact the statewide total. The number of respondents is as follows: June 2026 n=40; July 2026 n=35; August 2026 n=21; September 2026 n=37.

MA Health and Medical Coordinating Coalition (HMCC) Regions

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



OFFICE OF
PREPAREDNESS
AND EMERGENCY
MANAGEMENT



Region 1

Baystate Franklin Medical Center
Baystate Medical Center
Baystate Noble Hospital
Baystate Wing Hospital
Berkshire Medical Center
Cooley Dickinson Hospital
Fairview Hospital
Holyoke Medical Center
Mercy Medical Center

Region 2

Athol Hospital
Harrington Hospital
Heywood Hospital
Milford Regional Medical Center
Saint Vincent Hospital
UMass Memorial HealthAlliance-Clinton Hospital
UMass Memorial Medical Center

Region 3

Addison Gilbert
Anna Jaques Hospital
Beverly Hospital
Holy Family Hospital
Lawrence General Hospital
Lowell General Hospital
MelroseWakefield Hospital
Salem Hospital

Region 4AB

Beth Israel Deaconess Hospital-Needham
Beth Israel Deaconess Hospital-Milton
Cambridge Health Alliance
Emerson Hospital
Lahey Hospital & Medical Center
MetroWest Medical Center
Mount Auburn Hospital
Newton-Wellesley Hospital
South Shore Hospital
UMass Memorial Marlborough Hospital
Winchester Hospital

Region 4C

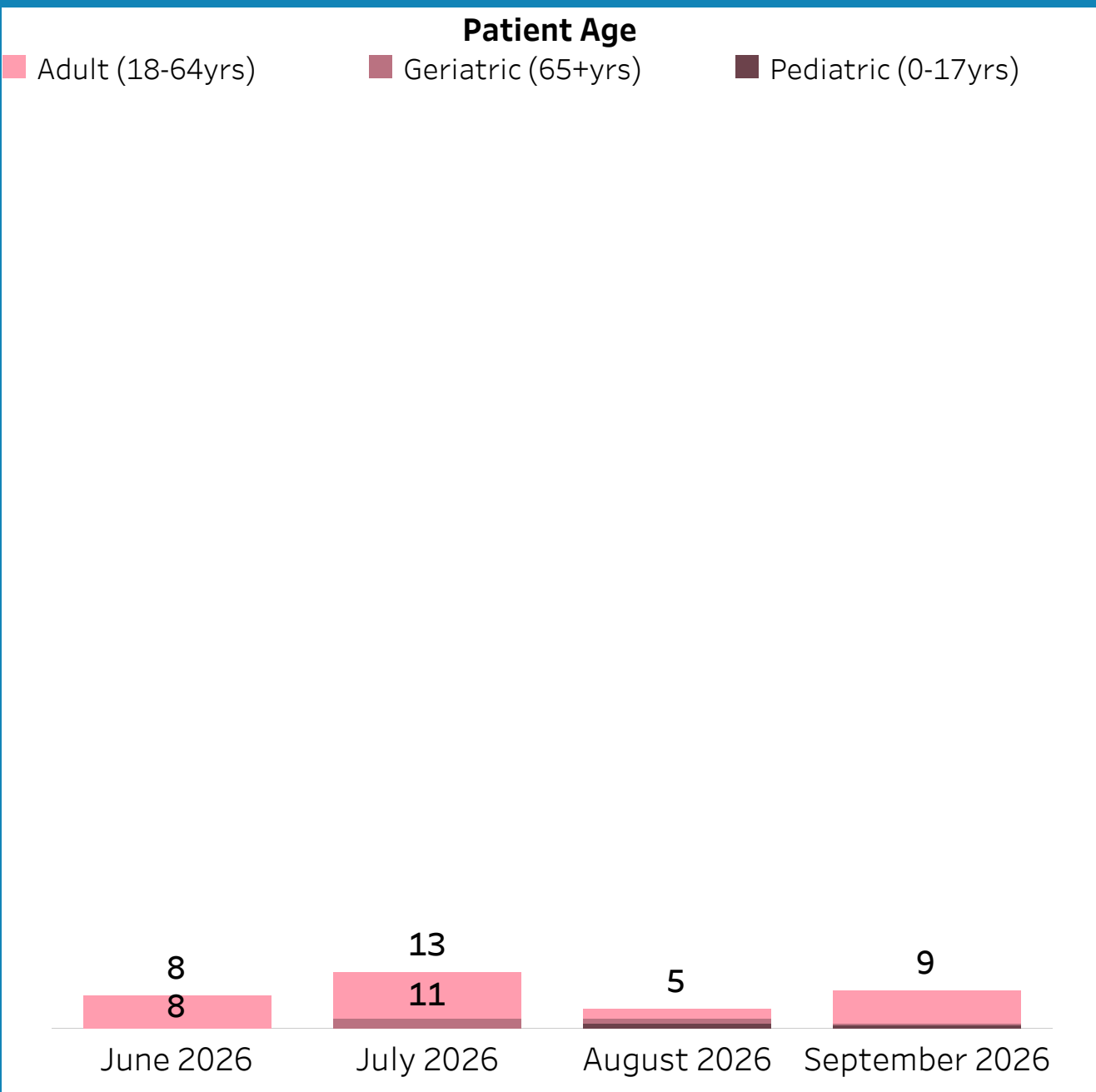
Beth Israel Deaconess Medical Center
Boston Children's Hospital
Boston Medical Center
Boston Medical Center - Brighton
Brigham and Women's Faulkner Hospital
Brigham and Women's Hospital
Massachusetts General Hospital
Tufts Medical Center

Region 5

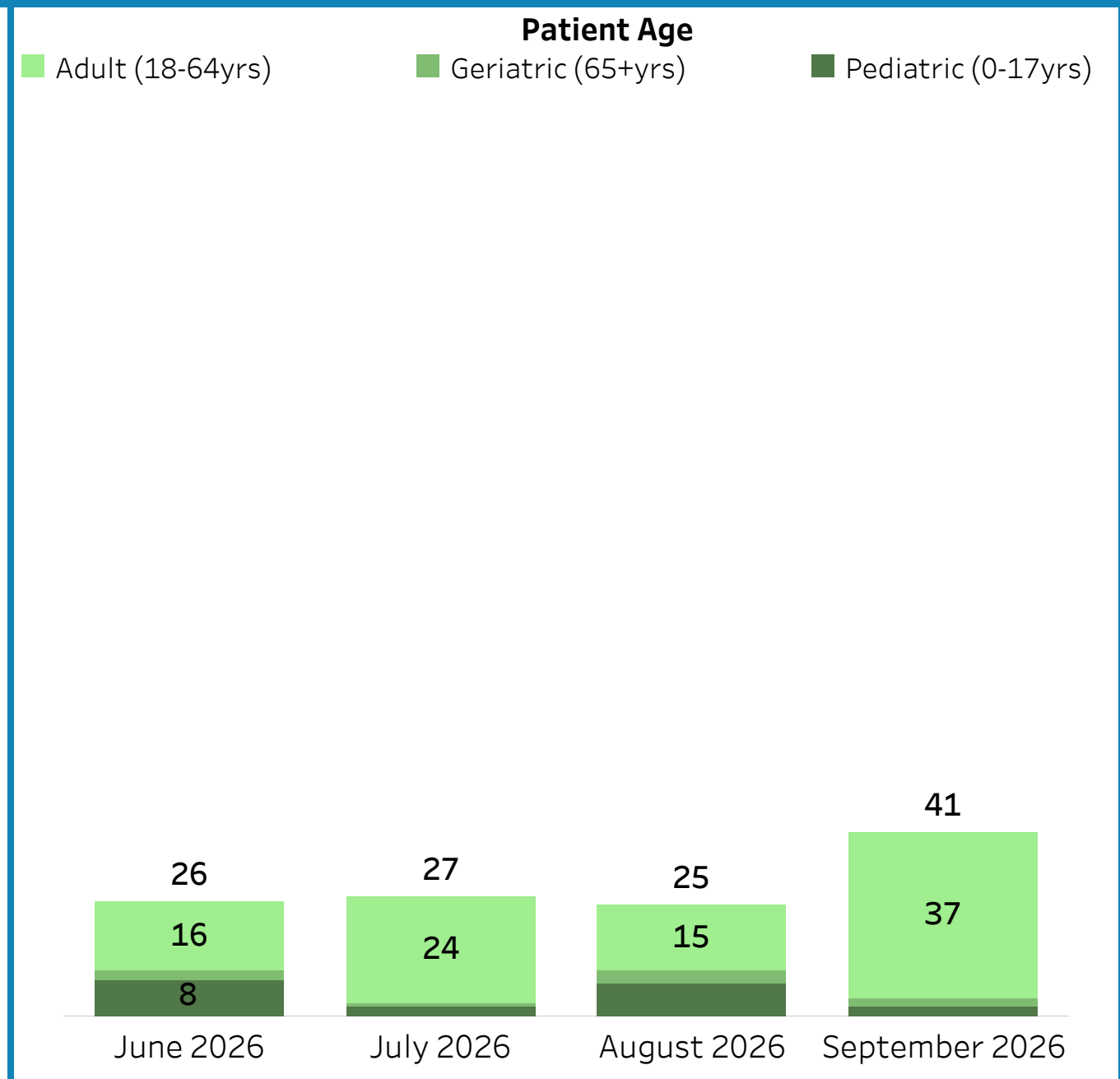
Beth Israel Deaconess Hospital-Plymouth
Boston Medical Center - South
Brown University Health Morton Hospital and Medical Center
Brown University Health Saint Anne's Hospital
Cape Cod Hospital
Falmouth Hospital
Martha's Vineyard Hospital
Nantucket Cottage Hospital
Signature Healthcare Brockton Hospital
Southcoast Hospitals Group - Charlton Memorial 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 June 2026 - September 2026

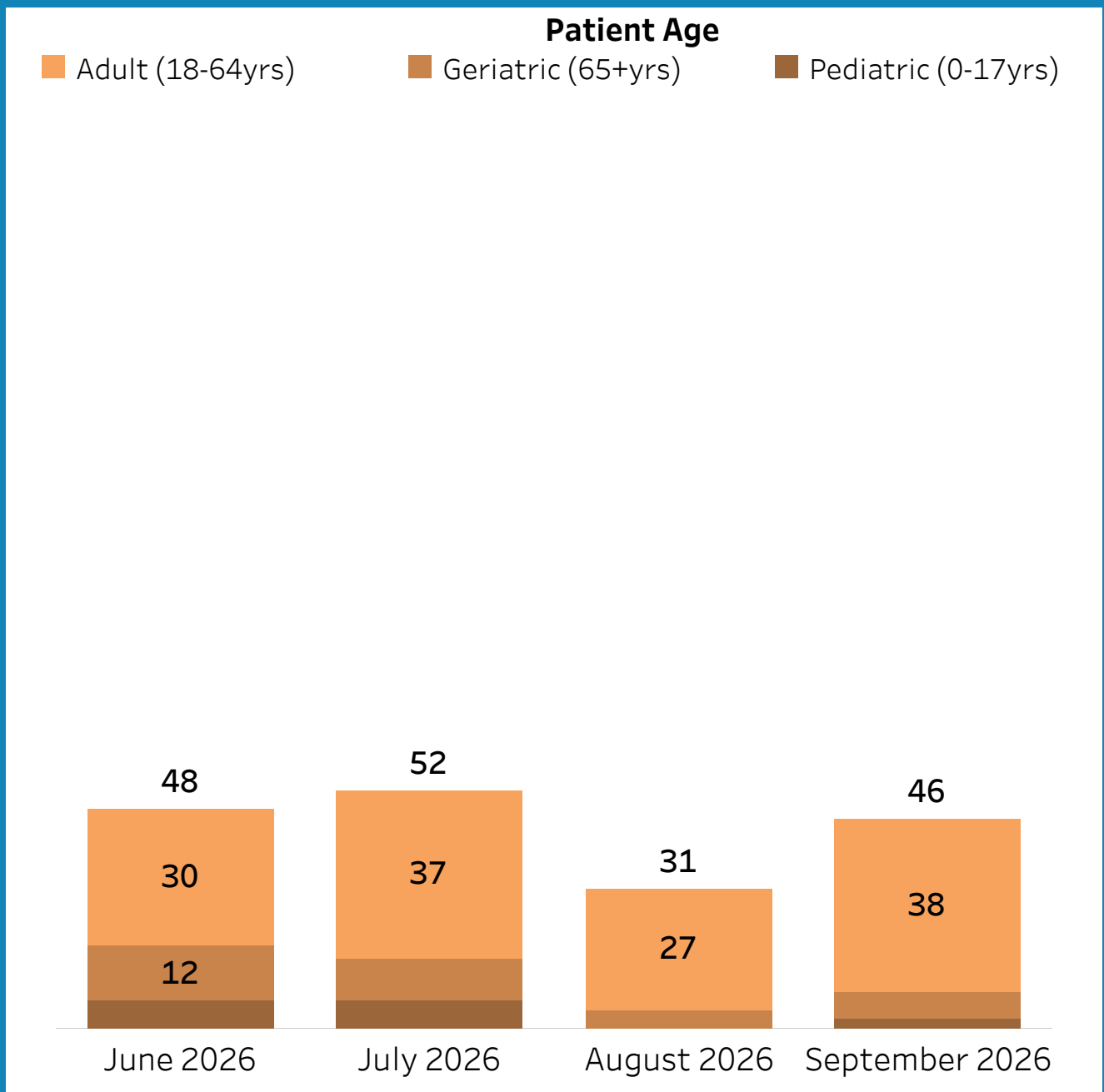
Region 1: June 2026 - September 2026



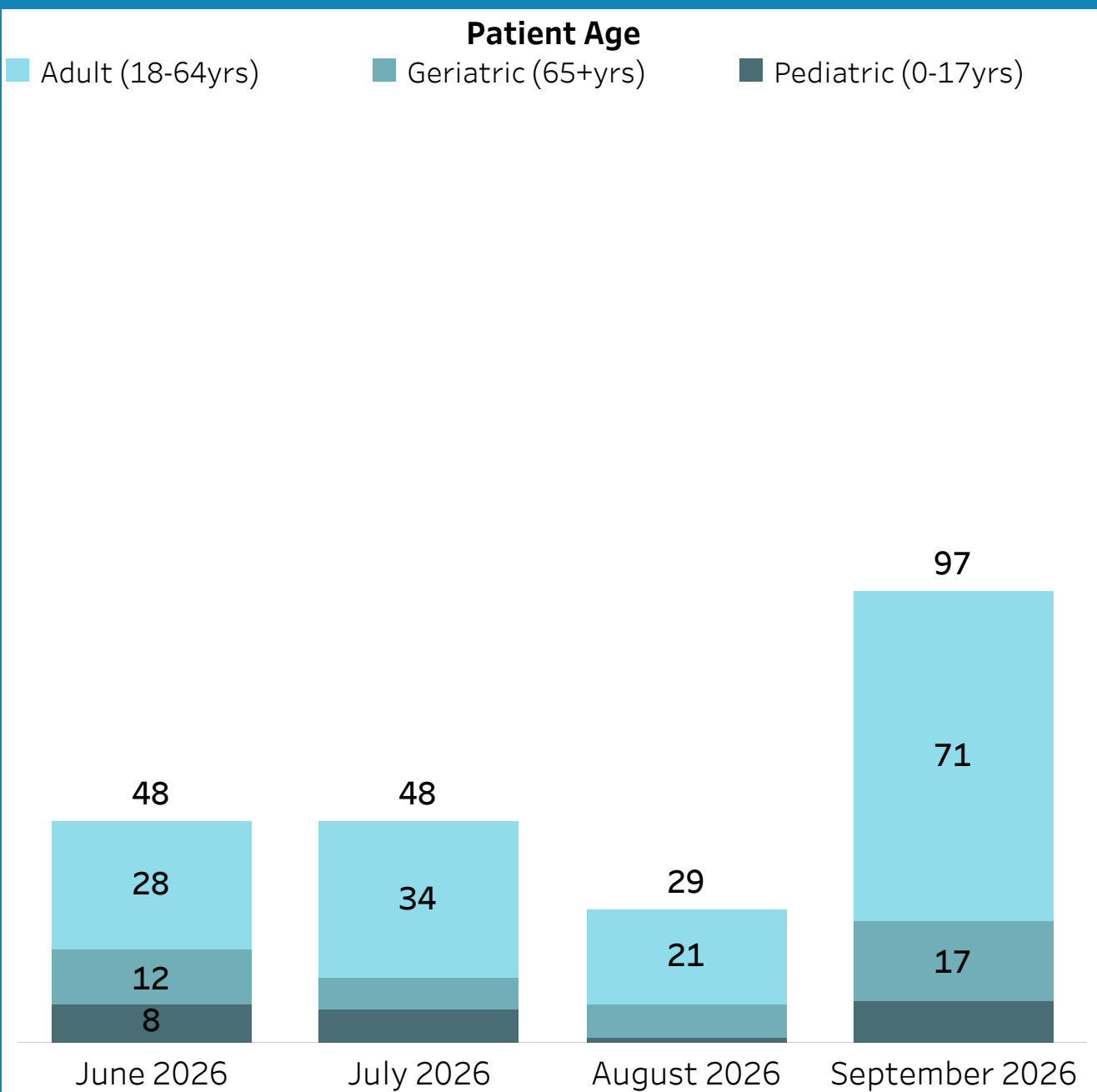
Region 2: June 2026 - September 2026



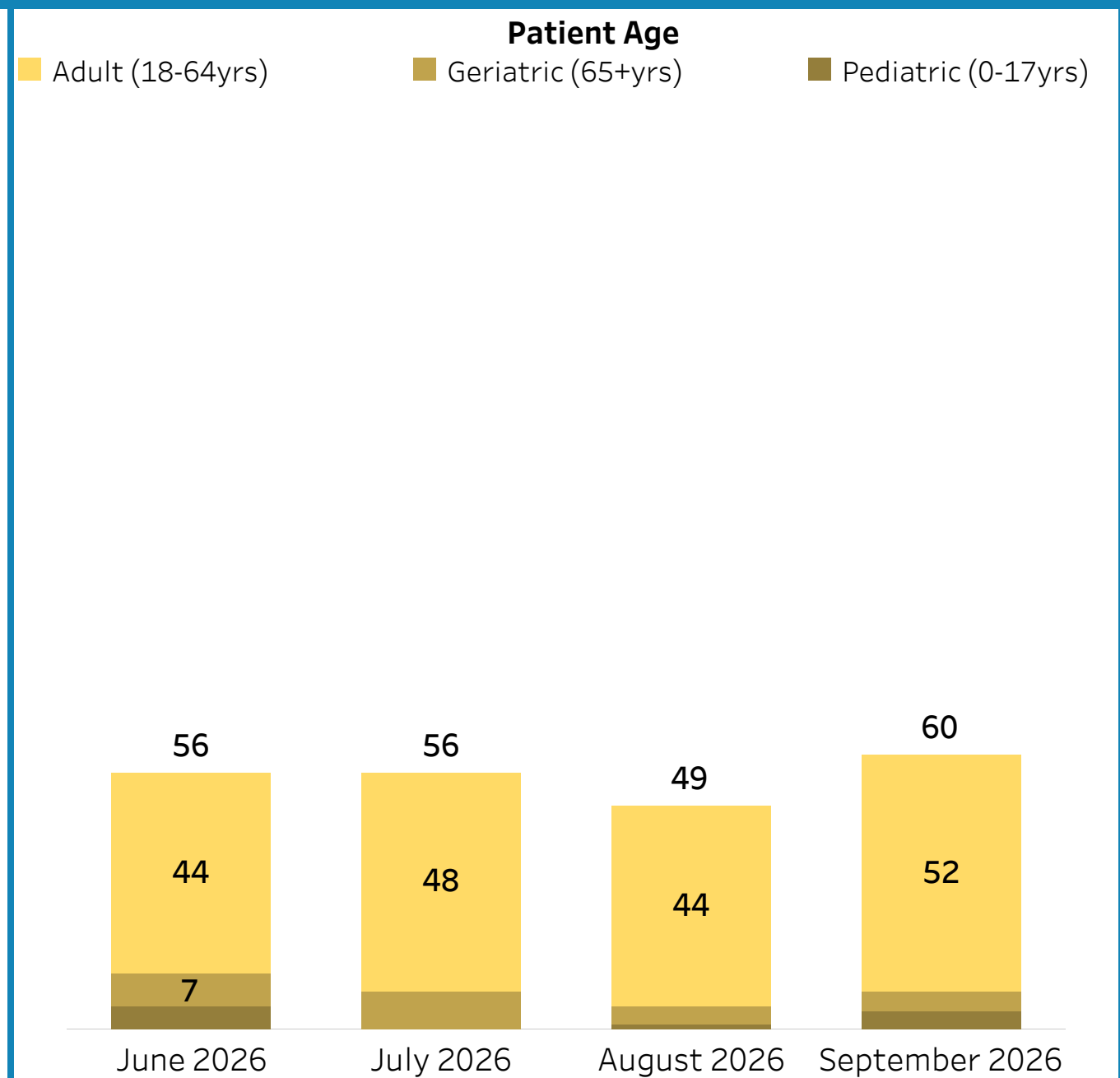
Region 3: June 2026 - September 2026



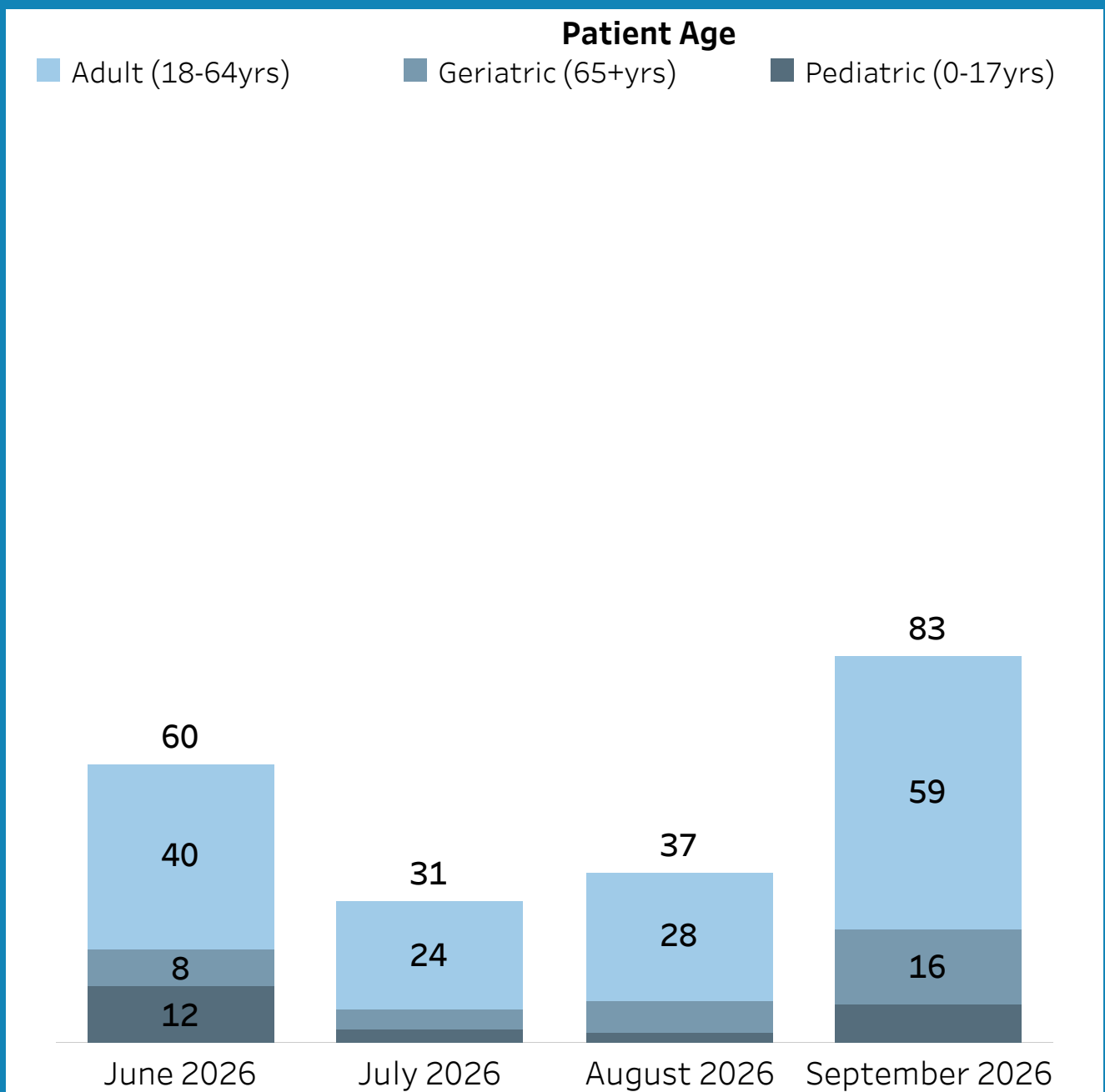
Region 4AB: June 2026 - September 2026



Region 4C: June 2026 - September 2026



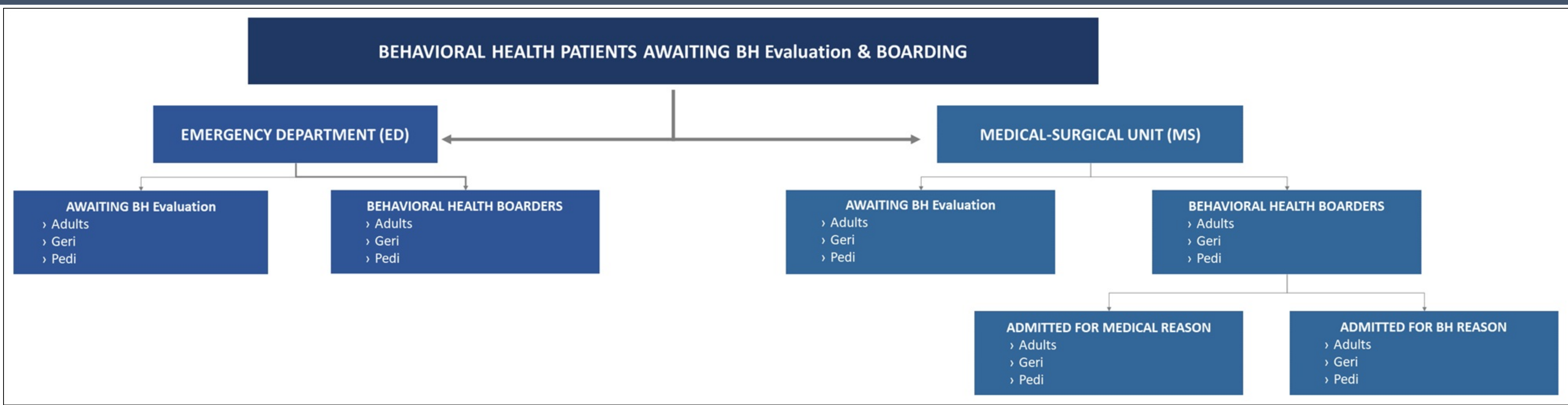
Region 5: June 2026 - September 2026



Please note that the number of hospitals reporting each month varies and can impact the statewide total. The number of respondents is as follows: June 2026 n=40; July 2026 n=35; August 2026 n=21; September 2026 n=37.

Notes and Definitions

Overview Chart



Survey Template

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