

Psychiatric Patient Access to Continuing Care Services

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MHA

MASSACHUSETTS
Health & Hospital
ASSOCIATION

MASSACHUSETTS ASSOCIATION
OF BEHAVIORAL HEALTH SYSTEMS

Access to Continuing Care Services

The COVID-19 pandemic has exacerbated the existing behavioral health (BH) crisis and has led to increased need for BH services and higher acuity of patients presenting with BH needs. The commonwealth's healthcare providers and public officials are working collaboratively and intensely to address this crisis and to forge solutions.

For patients with serious mental illness who require services beyond inpatient level of care, the Department of Mental Health (DMH) offers continuing care (CC) services for those who “present serious psychiatric symptoms requiring extended hospital stays with levels of care beyond an acute care hospital.”

Due to many factors, patients await continuing care services for long periods of time. In combination with increased need for inpatient psychiatric care, the wait times for CC beds limit the ability of psychiatric units and facilities to admit patients awaiting inpatient level of care.

In November 2022, the Massachusetts Health & Hospital Association (MHA) and the Massachusetts Association of Behavioral Health Systems (MABHS) surveyed psychiatric units and facilities to determine the length of time patients await CC beds on their units. The survey was meant to understand the current capacity challenges due to increased workforce shortages and longer wait times for patients transfer to continuing care services. MHA and MABHS previously conducted this survey in 2021; elements of this report provide trending information from the two survey collection timeframes. This report is to inform a collaborative conversation on the needs of these patients and to address timely discharge to appropriate settings so that inpatient services are more available for patients needing inpatient level of care.

Historic Continuing Care Capacity: Adults

To understand both the current capacity and needs of the continuing care system, Section 114 of [Chapter 24 of the Acts of 2021](#) requires DMH to post historic data on the number of CC beds.


DMH Section 114 Report - Adult 15 Year Bed History

Facility/Year	Westborough	Worcester State	WRCH	Fuller	Shattuck	Taunton	Tewksbury	Vibra	Total
2007	165	129	Opened 2012	60	115	169	161	30	829
2008	165	126	Opened 2012	60	115	169	161	30	826
2009	165	126	Opened 2012	60	115	169	161	30	826
2010	Closed	136	Opened 2012	60	115	169	161	30	671
2011	Closed	130	Opened 2012	60	115	169	161	30	665
2012	Closed	Closed	130	60	115	169	161	30	665
2013	Closed	Closed	260	60	115	45	161	30	671
2014	Closed	Closed	260	60	115	45	153	30	663
2015	Closed	Closed	260	60	115	45	153	30	663
2016	Closed	Closed	260	60	115	45	153	30	663
2017	Closed	Closed	260	60	115	45	153	30	663
2018	Closed	Closed	260	60	115	45	153	30	663
2019	Closed	Closed	260	60	115	45	153	30	663
2020	Closed	Closed	260	60	94	45	144	30	633
2021*	Closed	Closed	260	60	94	45	144	30	633

* DMH will add 30 replacement beds projected by 5/2022

Historic CC Capacity: Adolescents



DMH Section 114 Report - Adolescent 15 Year Bed History

Facility/Year	Westborough	Worcester State	Taunton State	WRCH	Total
2007	30	N/A	18	Opened 2012	48
2008	30	N/A	Closed	Opened 2012	30
2009	30	N/A	Closed	Opened 2012	30
2010	Closed June	30	Closed	Opened 2012	30
2011	Closed	30	Closed	Opened 2012	30
2012	Closed	Closed	Closed	30	30
2013	Closed	Closed	Closed	30	30
2014	Closed	Closed	Closed	30	30
2015	Closed	Closed	Closed	30	30
2016	Closed	Closed	Closed	30	30
2017	Closed	Closed	Closed	30	30
2018	Closed	Closed	Closed	30	30
2019	Closed	Closed	Closed	30	30
2020	Closed	Closed	Closed	30	30
2021	Closed	Closed	Closed	30	30

Monthly Continuing Care Reports: November 2022

Chapter 24 of the Acts of 2021 also requires DMH to report monthly on the availability of beds in continuing care facilities, including how many patients are admitted from inpatient psychiatric units and facilities. Since these reports were first issued in December 2021, 1,042 admissions to DMH CC were forensic admissions and 43 were admissions from psychiatric units in acute care hospitals or freestanding psychiatric facilities.



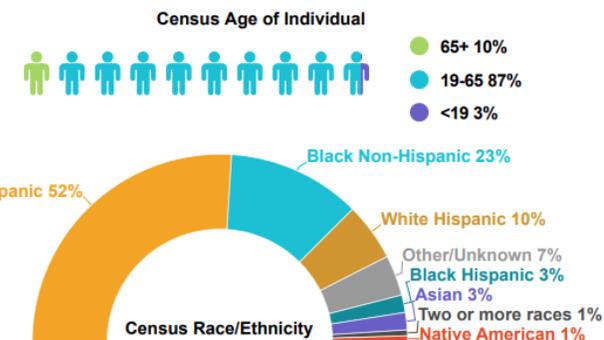
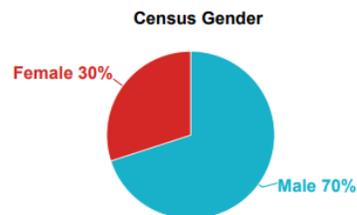
DMH Section 114 Report - November 2022

Facility	WRCH	SC Fuller	Lemuel Shattuck	Tewksbury Hospital	Taunton State Hospital	Vibra	Total Adult	Adolescent
Operational Beds	290	60	95	144	45	30	664	30
Beds Out of Operation	0	0	0	0	0	0	0	0
Census as of 11/30/22	286	56	95	146	47	30	660	23
Forensic Admissions	37	27	*	13	*	0	80	*
Discharges	40	28	*	12	*	*	86	*
Discharge Ready but requires hospital level care for safety pending specialized placement.	31	*	*	23	*	*	65	
In Active Treatment	286	56	95	146	47	30	660	23

* Indicates a number 1-10 suppressed for privacy protection

Admissions from Acute Inpatient Transfer Waitlist

1	Baystate Medical Center (Springfield)	Vibra
1	Massachusetts General Hospital (Boston)	Lemuel Shattuck



Patients Ready for Discharge

In November 2022, MHA and MABHS reconducted a survey of freestanding psychiatric facility and psychiatric units in acute care hospitals to gain insight into the ongoing challenges to accessing DMH continuing care services. In this version of the survey, 56 facilities responded representing 2,683 licensed DMH beds.

Psychiatric units and hospitals were asked for their:

- 1) Total number of DMH licensed beds
- 2) Total number of patients ready for discharge and awaiting appropriate placement
- 3) Total number of patients ready for discharge and awaiting DMH services
- 4) Total number of patients ready for discharge awaiting transfer to DMH continuing care
- 5) Each patient's length of stay while awaiting transfer to DMH CC *after* acceptance.

The results of the survey showed:

322 total patients were ready for discharge and awaiting placement

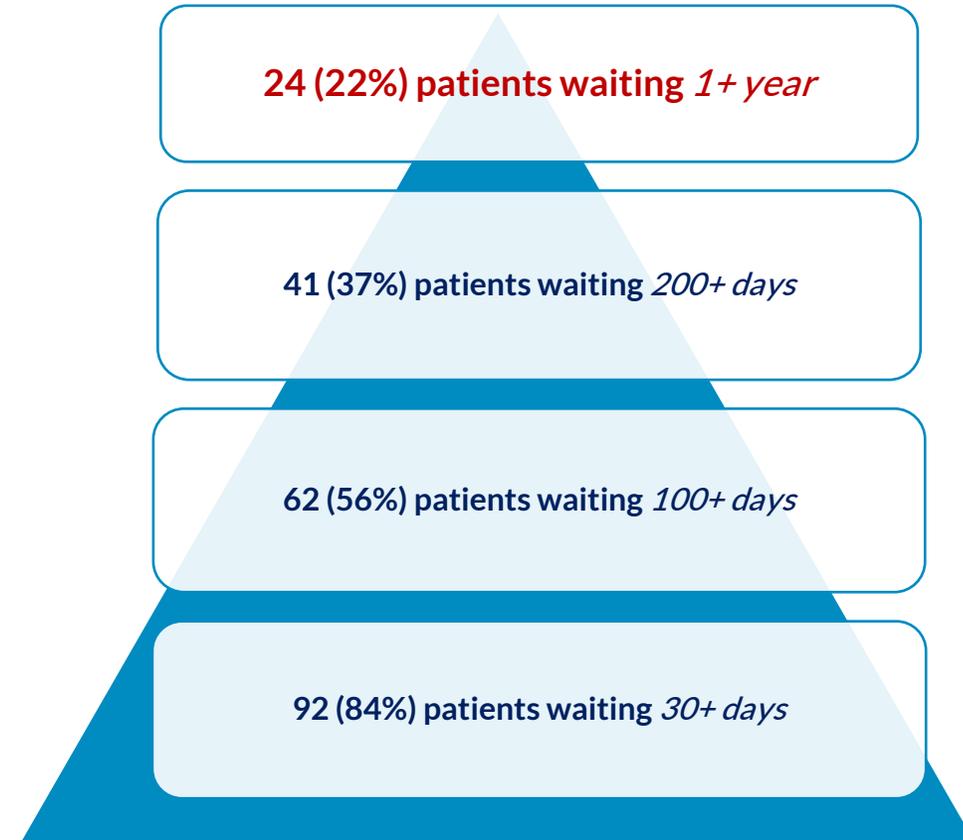
266 out of 322 (83%) were awaiting DMH services

110 out of 266 (41%) were awaiting DMH CC services

Patients Awaiting Continuing Care Services

The survey reported that out of 266 patients ready for discharge and awaiting DMH services, **110 (41%) were waiting for DMH continuing care services**. Respondents also reported the length of stay (LOS) for the 110 patients awaiting transfer to DMH CC services *after they've been accepted**:

- The cumulative LOS for all patients: 21,650 days
- The average LOS (ALOS) per patient: 197 days
- The shortest reported LOS: 2 days
- The longest reported LOS: 656 days



*These patients remain waiting in the psychiatric units/facilities until they can be transferred into an available CC bed. The length of stay reported does not include the period for which the patient is at inpatient psychiatric level of care or application processing times. The number of patients in each waiting category is not mutually exclusive.

Ready for Discharge: One Year Trends in Length of Stay for Continuing Care

December 2021

241 total patients ready for discharge and awaiting placement
115 (47%) patients awaiting transfer to DMH continuing care services
9 (7.8%) patients waiting 1+ year
The average LOS (ALOS) per patient: 161 days

November 2022

322 total patients ready for discharge and awaiting placement
266 (83%) are awaiting DMH services
110 out of 266 (41%) patients awaiting transfer to DMH continuing care services
24 (22%) patients waiting 1+ year
The average LOS (ALOS) per patient: 197 days

May/June 2022

DMH opens 30 CC beds at Worcester Recovery Center

Additional Challenges to Inpatient Care Access

Other challenges affecting the acute psychiatric inpatient care capacity include:

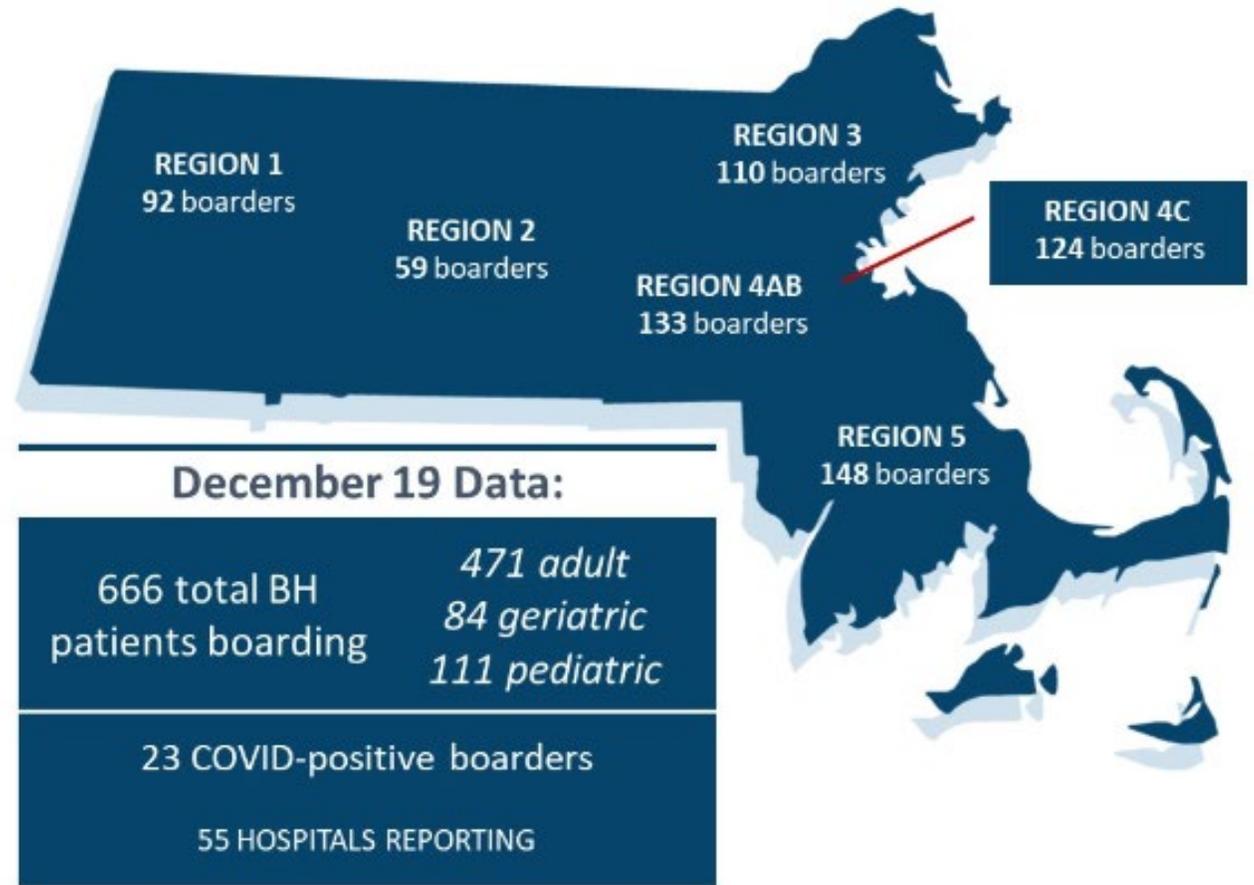
- Ongoing boarding crisis for patients awaiting inpatient behavioral health beds
- Behavioral health beds offline due to staffing shortages
- Difficulty placing discharge ready patients into post-acute care settings

More information on these challenges is outlined in the following pages.

Behavioral Health Boarding in Acute Care Hospitals

Challenges in discharging patients from inpatient psychiatric units and psychiatric facilities affects throughput and limits the ability of patients requiring inpatient psychiatric services from accessing that level of care in a timely matter.

This dynamic has led to increased behavioral health boarding in emergency departments and on acute hospital medical-surgical units, with more than 600 patients continually boarding in acute care hospitals as they await inpatient behavioral health placement.



Behavioral Health Beds Offline Due to Staffing Needs

To continue monitoring the effect of staffing shortages on inpatient behavioral health, MHA and MABHS have conducted three surveys of inpatient psychiatric units in acute care hospitals and freestanding psychiatric facilities to gauge changes in their staffing needs since the pandemic began.

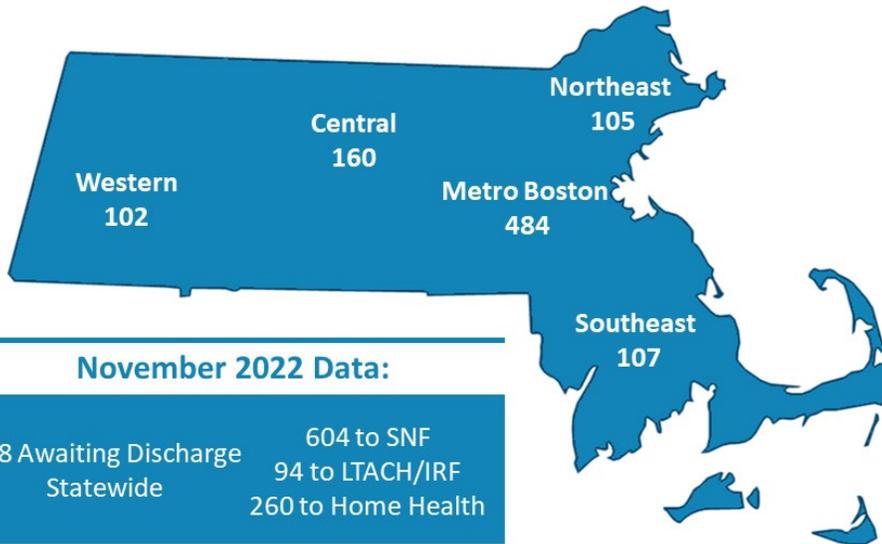
Psychiatric units and hospitals were asked for the number of beds they have offline *solely due to staffing needs*. Beds may also be offline due to an increased acuity among patients, which requires additional staffing and COVID-related infection control measures -- both of which have additional effects on staffing but are not included in this survey.



Patients Awaiting Post Acute Care Services

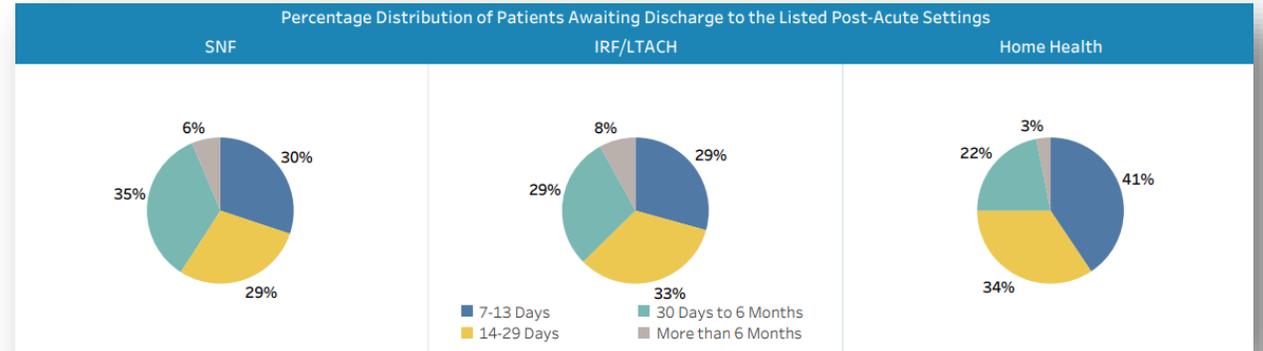
Earlier this year, MHA launched a monthly patient throughput survey to assist in our collective efforts to address the backlog of patients awaiting placement to post-acute care services. This survey includes all patients awaiting discharge to post-acute care services, including placements with behavioral health capabilities.*

Number of Patients Awaiting Discharge to Post-Acute Settings



November 2022 Data:

958 Awaiting Discharge Statewide	604 to SNF
	94 to LTACH/IRF
	260 to Home Health
37 HOSPITALS REPORTING	



Bed Type Needs for Patients Awaiting Discharge to SNFs

Bed Requirement/Care Need	Central	Metro Boston	Northeast	Southeast	Western	Statewide
Short-Term Rehabilitation Beds	47	181	11	37	30	306
Long-Term Care Beds	64	104	17	38	42	265
Dementia	13	82	16	15	28	154
Geri-Psych Bed	12	35	15	9	8	79
Alcohol Use Disorder/Substance Use Disorder Bed	3	19	2	6	2	32
Tracheostomy and Percutaneous Endoscopy Gastronomy	5	20	0	1	2	28
Methadone Coordination	3	15	2	0	1	21
Bariatric Concerns	1	7	1	1	0	10

*This data is inclusive of all patients awaiting discharge from an acute care hospital; it is not disaggregated based on type of unit on which the patient is waiting.

Recommendations for Collaborative Action

To alleviate the pressures of the behavioral health crisis on the behavioral healthcare system, including the inpatient psychiatric system and settings in acute care hospitals where psychiatric patients board, MHA and MABHS propose a process to continue collaboratively addressing solutions to improve placement into continuing care settings.

SHORT-TERM:

- Expand DMH continuing care capacity for patients discharged from inpatient level of care.
- Expand capacity for alternative placements to DMH continuing care facilities such as community-based services and wrap-around services.
- Continue to develop reporting systems to track and evaluate current access to services, including but not limited to current DMH CC capacity, historic CC capacity, and other factors that present as barriers to access, including the amount of CC beds that are dedicated to the forensic system.
- Develop infrastructure for communications between inpatient providers and DMH continuing care services to alleviate administrative burdens and long application processing times.

LONG-TERM:

- Build capacity for preventive community-based services to alleviate acuity.
- Expand capacity for DMH clients and potential DMH clients in need of CC-type services to increase wrap-around services, outpatient services, respite and other BH delivery systems.