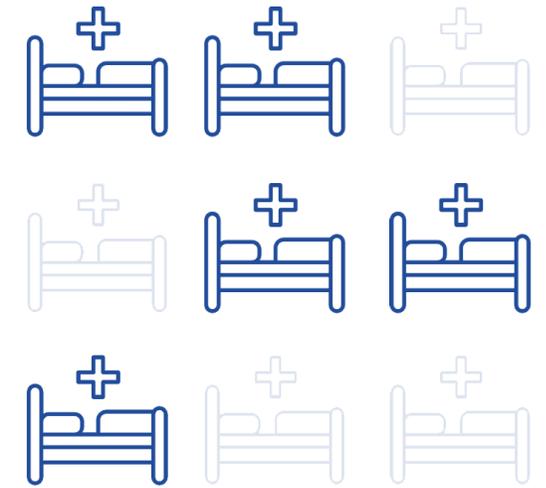
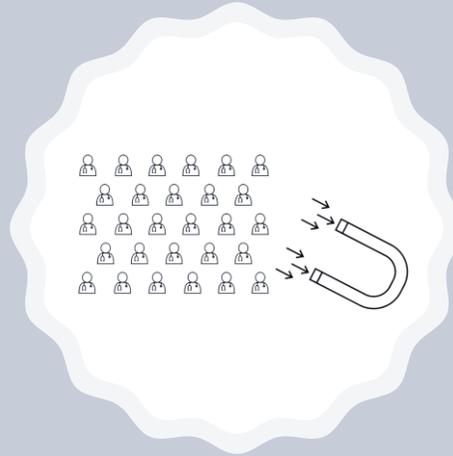


# The Crisis Continues:

## The Effect of Behavioral Workforce Shortages on the Availability of Inpatient Psychiatric Services

*September 2022 Update*



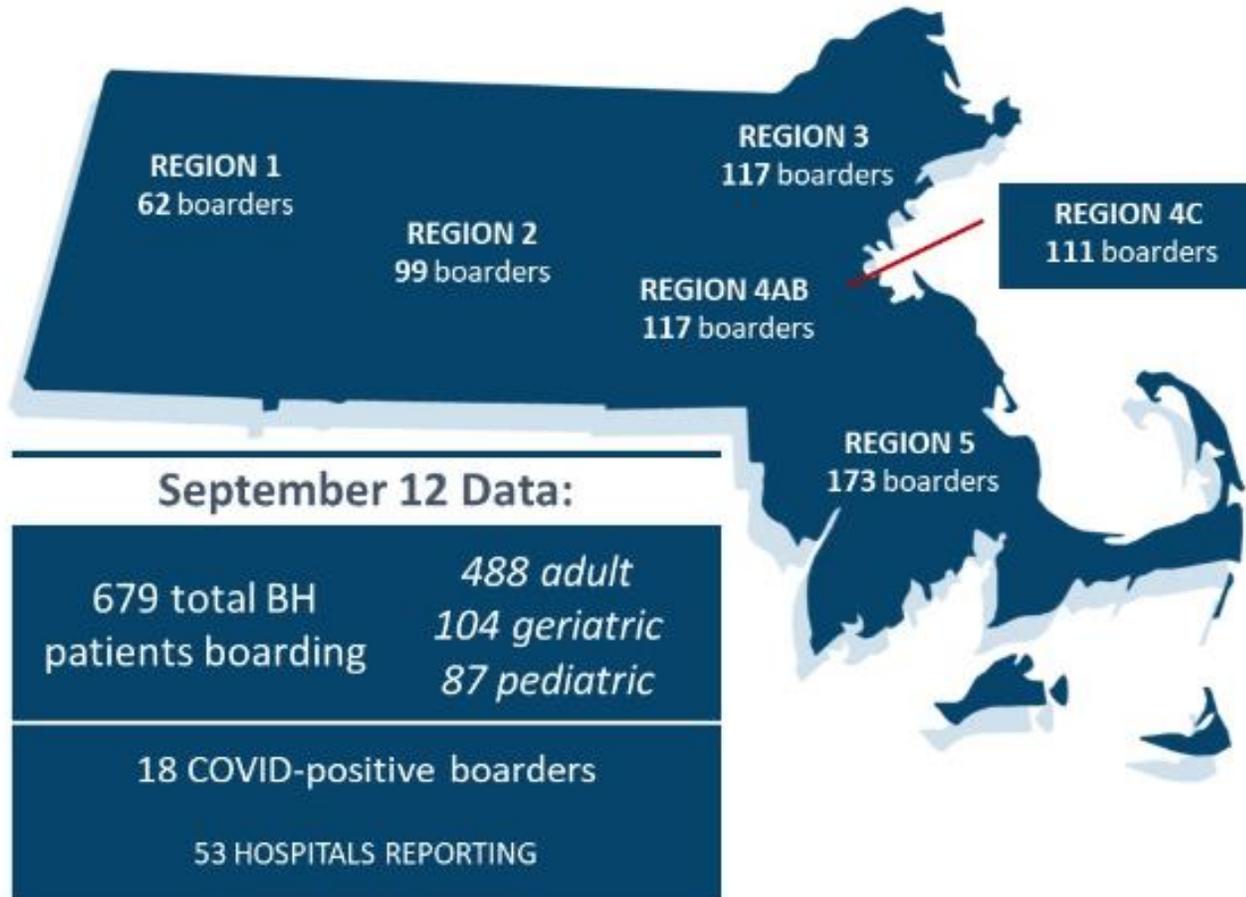
# Behavioral Health Workforce Shortages

The behavioral health crisis in Massachusetts – and across the nation -- has continued to worsen in the wake of the COVID-19 public health emergency, with critical workforce shortages being among the most significant barriers for individuals seeking access to acute inpatient care services.

This dynamic has led to:

- High behavioral health acuity among patients and a greater need for inpatient psychiatric placement
- Psychiatric units and facilities struggling to maintain the workforce to deliver in-demand services
- Increased behavioral health boarding in emergency departments and on acute hospital medical-surgical units (MHA began collecting weekly data in 2021 showing more than 500 patients are continually boarding in acute care hospitals as they await inpatient behavioral health placement)

Massachusetts hospitals and health systems are committed to using every available resource to keep behavioral health beds operational and as accessible as possible to the commonwealth's patients. MHA, MABHS, and our members are grateful for the ongoing partnership with state leaders to address these challenges head-on.



# Behavioral Health Beds Offline Solely Due to Staffing Needs

To continue monitoring the effect of staffing shortages on inpatient behavioral health, the Massachusetts Health & Hospital Association and Massachusetts Association of Behavioral Health Systems repeated a 2021 survey of inpatient psychiatric units in freestanding psychiatric facilities and acute care hospitals 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.



# Inpatient Mental Health Staffing Shortages: Key Professionals

## February 2021

Highest staffing needs among responding providers:

- 100% reported shortages in Mental Health Workers
- 86% reported shortages in Registered Nurses
- 81% reported shortages in Psychiatrists and Social Workers
- 72% reported shortages in Sitters/Patient Care Assistants (PCAs)

## August 2022

Highest staffing needs among responding providers:

- 97% reported shortages in Registered Nurses
- 89% reported shortages in Mental Health Workers
- 82% reported shortages in Social Workers
- 70% reported shortages in Sitters/Patient Care Assistants (PCAs)
- 61% reported shortages in Psychiatrists

69% of respondents experienced increased shortages in the last 6 months

## October 2021

Highest staffing needs among responding providers:

- 96% reported shortages in Registered Nurses
- 78% reported shortages in Mental Health Workers
- 67% reported shortages in Social Workers and Nursing Assistants
- 63% reported shortages in Psychiatrists

# Current Reported Staffing Needs: By Type of Professional

Clinical Role	Full Time Equivalents (FTEs)* within responding facilities
Mental Health Workers (Bachelor's Level)	504
Registered Nurses	472
Social Workers	88
Sitters/PCAs	57
Certified Nursing Assistants (CNAs)	52
Psychiatrists	47
Advanced Practitioners (RNs, PAs)	32
Licensed Practice Nurses (LPNs)	27
Mental Health Counselors	24
Psychologists	8

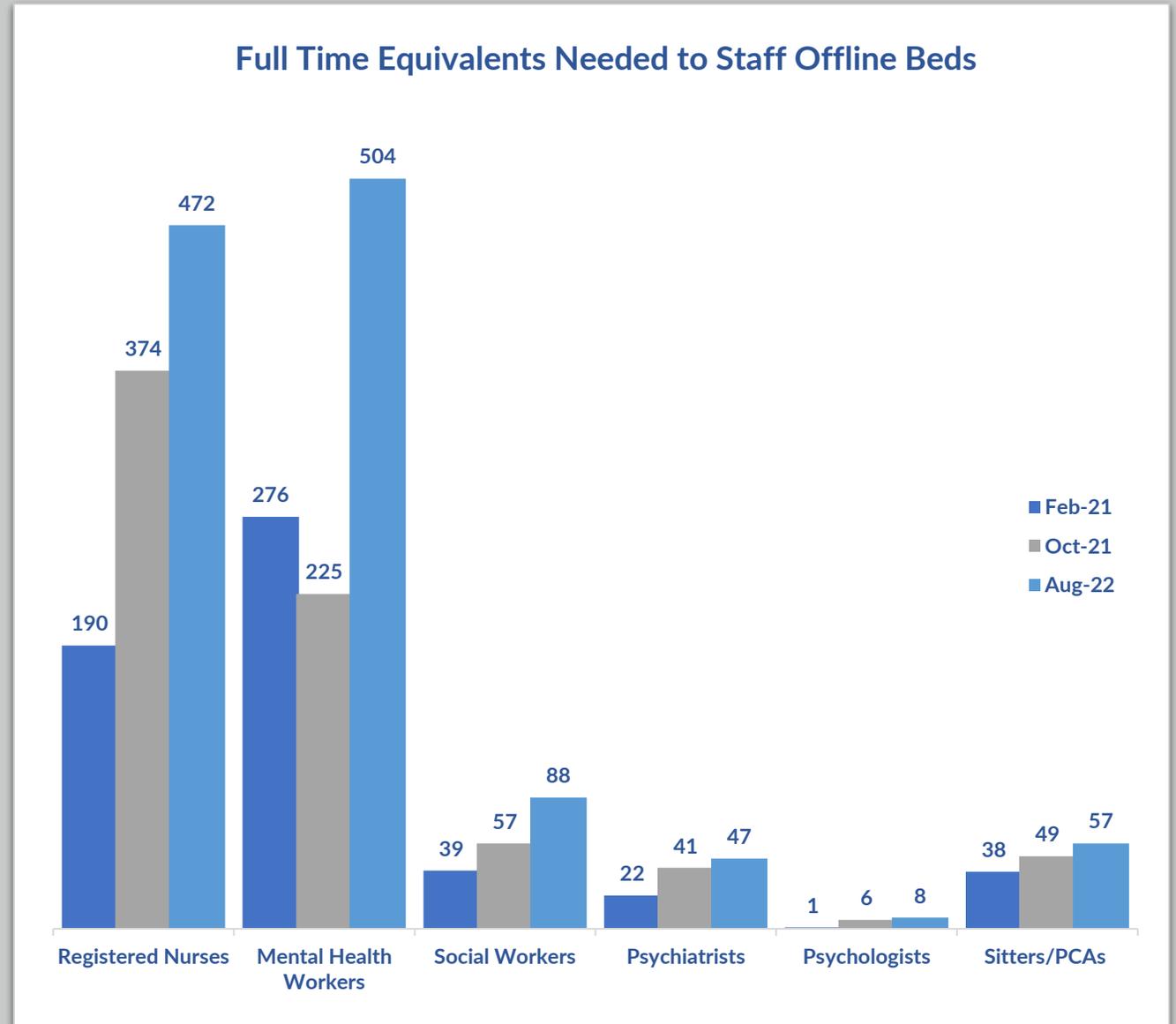
\*FTEs are rounded to the nearest whole number

## Other positions needed to staff the 568 beds currently offline are:

- Behavioral Therapists
- Occupational Therapists
- Speech Pathologists
- Activity Coordinators
- Administrative staff
- Public Safety staff



# Trends in Behavioral Health Staffing Needs: 2021 to 2022



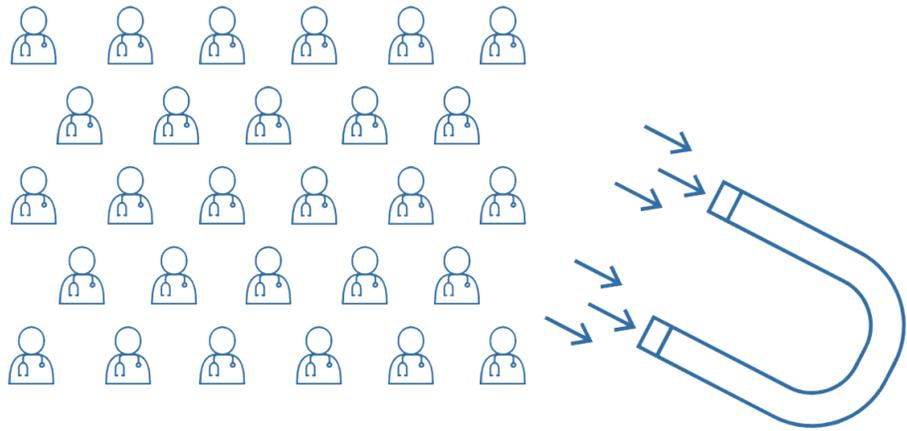


# ARPA Supports in 2021

Due to the state's appropriation of \$31 million in immediate American Rescue Plan Act funds in 2021, hospitals were able to temporarily address inpatient psychiatric workforce needs.

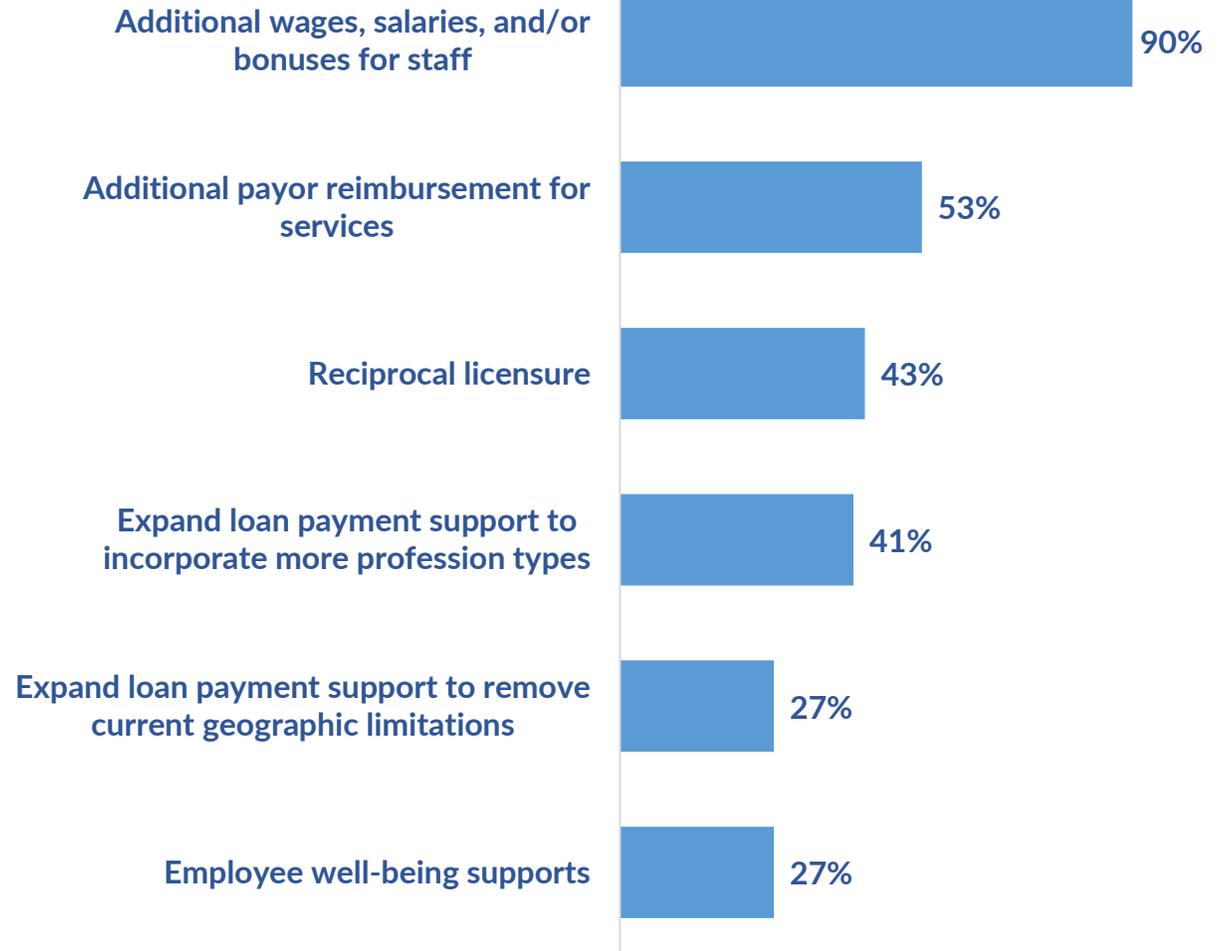
Respondents reported using the funds for the following initiatives:

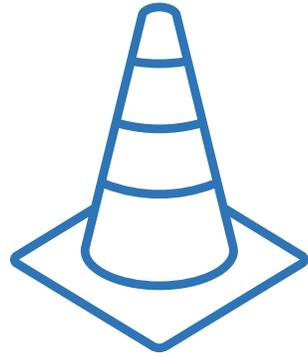
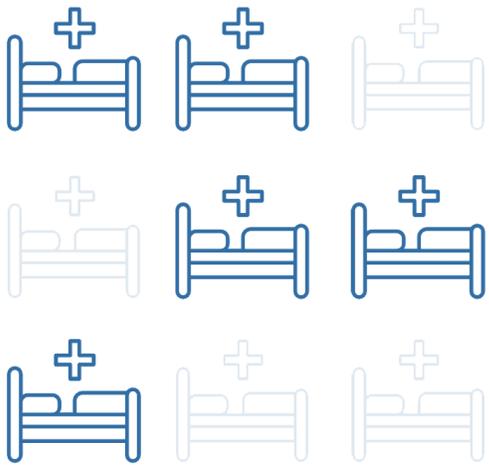




# Supports Needed to Attract & Retain Staff

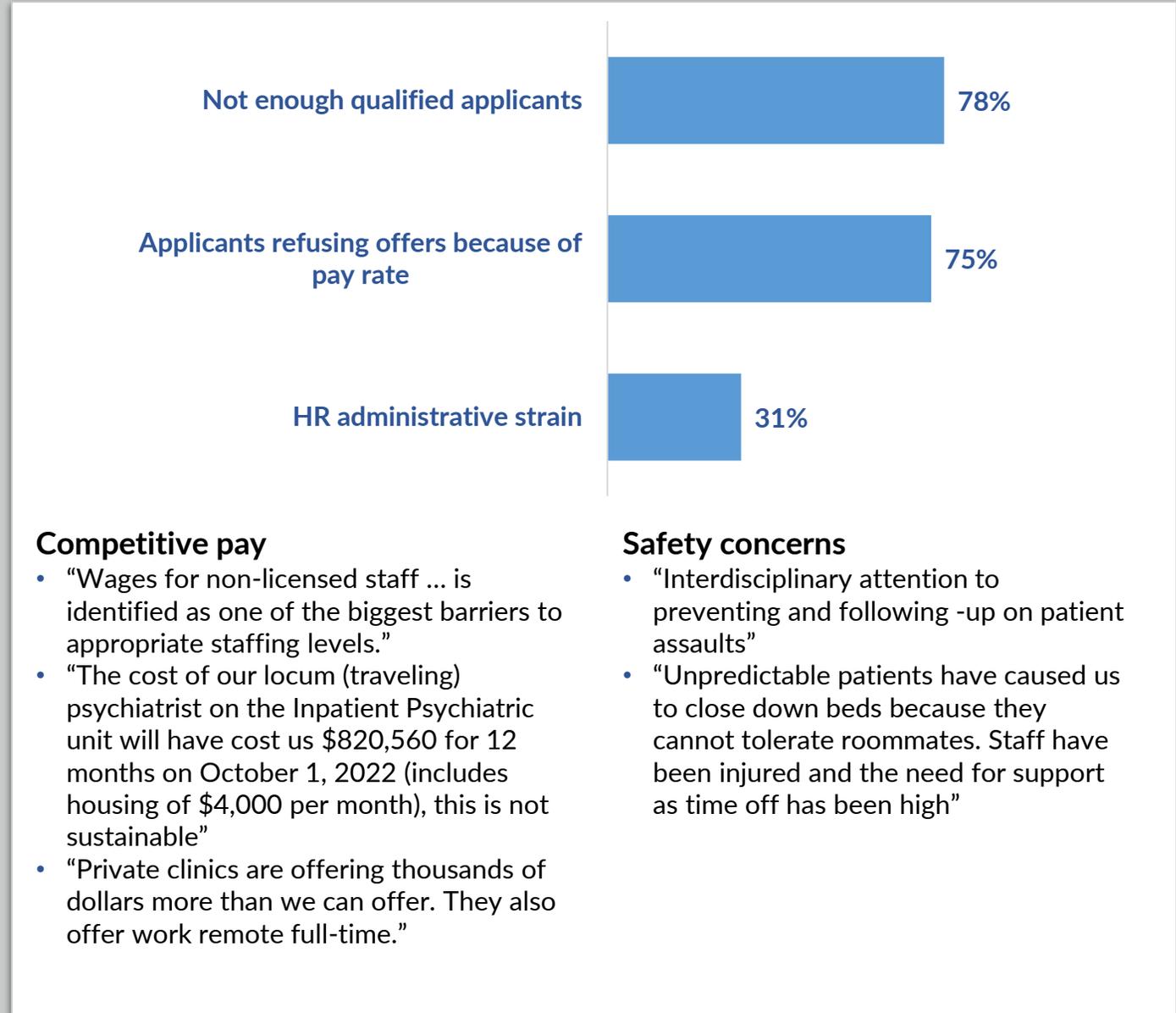
While the 2021 appropriations were of tremendous help, additional resources are needed to help providers attract and retain staff in the midst of a worsening behavioral health crisis.





# Barriers to Filling Vacancies

When asked about the barriers to filling open positions, psychiatric units and facilities made the following comments:



## Competitive pay

- “Wages for non-licensed staff ... is identified as one of the biggest barriers to appropriate staffing levels.”
- “The cost of our locum (traveling) psychiatrist on the Inpatient Psychiatric unit will have cost us \$820,560 for 12 months on October 1, 2022 (includes housing of \$4,000 per month), this is not sustainable”
- “Private clinics are offering thousands of dollars more than we can offer. They also offer work remote full-time.”

## Safety concerns

- “Interdisciplinary attention to preventing and following -up on patient assaults”
- “Unpredictable patients have caused us to close down beds because they cannot tolerate roommates. Staff have been injured and the need for support as time off has been high”

# Additional Challenges to Inpatient Care Access

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Other challenges affecting the acute psychiatric inpatient care capacity include difficulty placing current discharge-ready patients into:

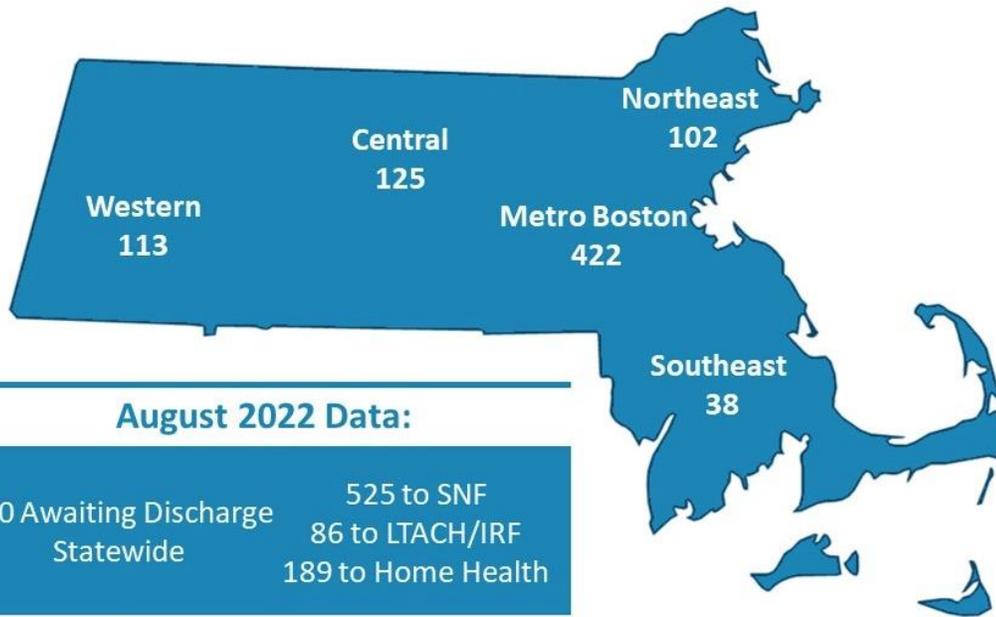
- › Post acute settings
- › Community-based settings
- › Department of Mental Health (DMH) continuing care services

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

# 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.\*

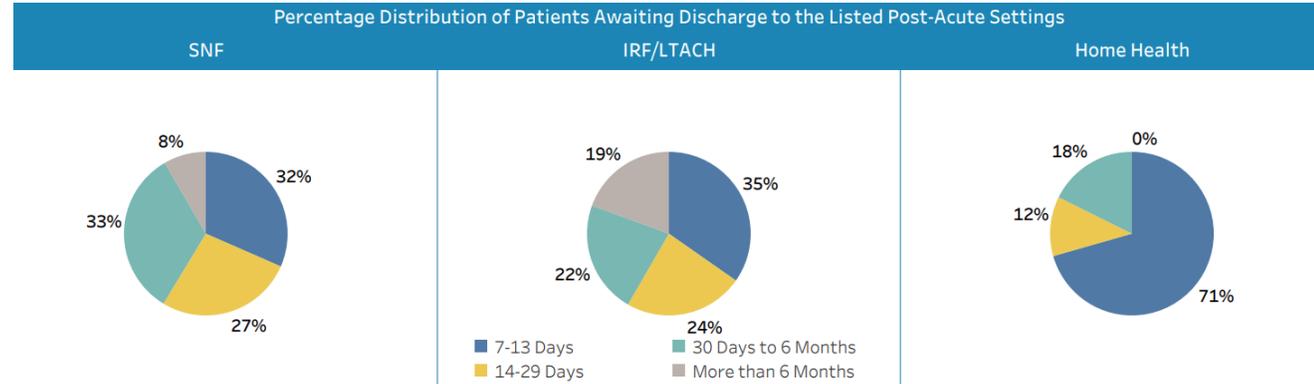
## Number of Patients Awaiting Discharge to Post-Acute Settings



### August 2022 Data:



## Percentage Distribution of Patients Awaiting Discharge to the Listed Post-Acute Settings



## Bed Type Needs for Patients Awaiting Discharge to SNFs

Bed Requirement/Care Need	Central	Metro Boston	Northeast	Southeast	Western	Statewide
Short Term Rehabilitation Beds	25	129	38	13	39	244
Long-Term Care Beds	50	102	16	20	54	242
Dementia	10	72	16	8	28	134
<b>Geri-Psych Bed</b>	<b>8</b>	<b>53</b>	<b>12</b>	<b>4</b>	<b>14</b>	<b>91</b>
<b>Alcohol Use Disorder/Substance Use Disorder Bed</b>	<b>8</b>	<b>21</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>40</b>
Tracheostomy and Percutaneous Endoscopy Gastronomy	6	22	1	0	1	30
<b>Methadone Coordination</b>	<b>7</b>	<b>12</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>25</b>
Bariatric Concerns	5	8	2	2	1	18

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

# Patients Awaiting Continuing Care Services

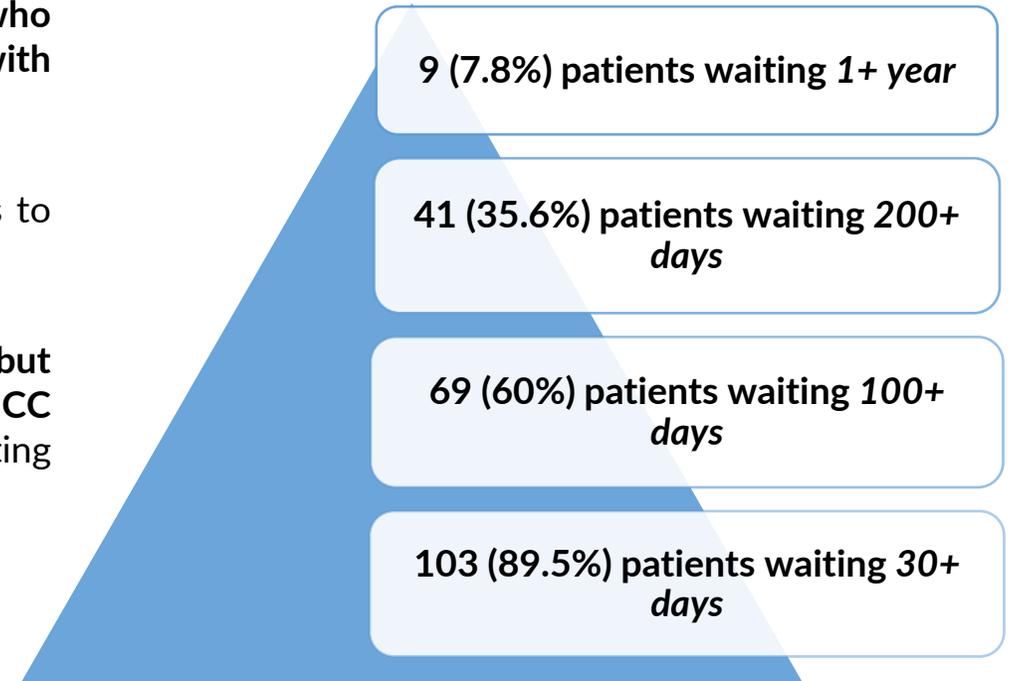
For patients with serious mental illness who require services beyond inpatient level of care, the DMH offers continuing care (CC) services for individuals who “present serious psychiatric symptoms requiring extended hospital stays with levels of care beyond an acute care hospital.”

In December 2021, MHA and MABHS surveyed psychiatric units and facilities to determine the length of time patients await continuing care beds on their units.

The results of the survey showed that **241 patients were ready for discharge but awaiting placement**. From the total, **115 (47%) patients had been accepted to CC services**. The data also reported length of stay (LOS) for the 115 patients awaiting transfer to CC services after they’ve been accepted\*:

- The average LOS per patient: 161 days
- The shortest reported LOS: 5 days
- The longest reported LOS: 490 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.



# Moving Forward: Recommendations

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**MHA, MABHS, and our members are grateful for the ongoing collaboration with state leaders to address these behavioral health challenges head-on.** Both the Baker Administration and state legislators have shown a staunch commitment to meeting the needs of both providers and patients as the mental health crisis persists. The Massachusetts Senate and House of Representatives recently established a \$198 million Behavioral Health Trust Fund to address behavioral health access and services across the continuum of care.

MHA and MABHS have recommended prioritizing the investment of funding within the following areas of highest need:

- Behavioral health workforce recruitment, retention, and pipeline development programs, including expanding scholarship opportunities and loan forgiveness
- Training for behavioral health, substance use disorders, and trauma-responsive competencies across the care continuum to expand capacity to care for -- and discharge -- patients to non-hospital settings, including skilled nursing facilities (SNFs), other post-acute care settings, group homes, and other residential settings
- Capital investments in hospital infrastructure to expand behavioral telehealth services, including patient privacy compliant devices and software, internet networks, and other related technological needs
- Treatment for incarcerated and/or formerly incarcerated people with mental illness and/or substance use disorder(s) and diversion from the criminal legal system to improve patient throughput and access to state continuing care services