

An Act relative to transparency in behavioral health boarding H.203 (Representative Decker)



What problem does this bill address?

There is a boarding crisis affecting the delivery of behavioral health care to children in Massachusetts, and research shows that **children and teens are likely to board for longer periods of time than adults**.

Boarding occurs when a person in the Emergency Department (ED) requires inpatient psychiatric care, but there are no appropriate psychiatric placements available. Children are stuck waiting for days, even weeks, in hospital EDs or non-psychiatric medical units.

There are many reasons children may experience boarding, but one of the most important is that the pediatric behavioral health system is overwhelmed by demand, resulting in delayed and inconsistent treatment. **Currently, real-time data about children boarding in the state is unavailable. Not only does this lack of transparency limit stakeholder understanding about the scope of the boarding problem, it means that the experiences of boarding children are not fully being captured. The availability of accurate data will help illuminate the severity of the problem.**

What difference will this bill make?

To improve the pediatric behavioral health boarding crisis, stakeholders, children, and their families deserve access to comprehensive and publicly available data. The Secretary of Health and Human Services will facilitate the creation of a publicly accessible **online portal** with real-time data on children who are boarding, awaiting residential disposition, or are in the care of a state agency awaiting discharge to an appropriate foster home or congregate or group care program.

Average length of wait, level of care required, diagnosis, primary reason for boarding or awaiting services, DCF or DYS involvement, age, race, ethnicity, preferred language, and gender will be tracked. The portal will also include data about the availability of different beds. **Data from this web portal will be used to analyze state needs and allocate appropriate resources across the continuum of care.**

To directly address system issues that lead to ED boarding, this bill also mandates the **expedited psychiatric inpatient admissions protocol (EPIA)** requiring that for any patient under the age of 22, notification to the Department of Mental Health and subsequent placement in an appropriate treatment program or facility must be conducted within 48 hours of boarding or within 48 hours of being assessed to need acute psychiatric treatment.

With a focus on equity:

There are long-standing disparities in access to behavioral healthcare faced by Black and Brown communities. Historically disenfranchised communities are underrepresented in community and state level data sets, often resulting in inequitable allocation of services. The creation of this web portal with its focus on capturing demographic data and DCF-involvement will help ensure all children in the state are receiving the quality care they deserve.

Why is this bill needed now?

The boarding crisis has dramatically worsened in recent years, leaving children boarding longer than ever before. Reducing the wait time for psychiatric placements is critical to removing some of the burden faced by children in the Commonwealth. State and hospital leaders repeatedly cite limited bed availability data as a central issue preventing timely psychiatric placements. Existing efforts have not adequately addressed the boarding problem, therefore more action is needed. Over 25 states in the U.S. have the ability to track bed availability in real-time, and the creation of a web portal dedicated to giving real-time data on the boarding crisis will allow Massachusetts to join these states in better serving the needs of children in need of care.