

Behavioral Health Crisis Response Solutions

PROBLEM

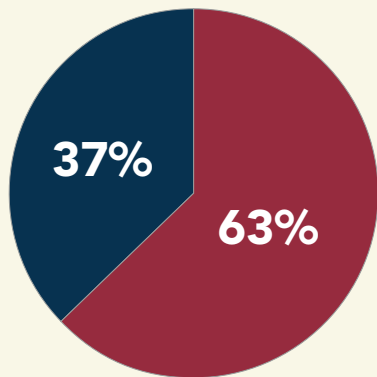
Michigan hospitals are caring for more than 100 behavioral health patients every day waiting in emergency departments (EDs) due to a lack of available inpatient psychiatric beds across the state. These instances when patients are waiting in an emergency department for an assessment or until a bed becomes available is referred to as boarding.

This is a problem for patients and hospitals alike. Behavioral health patients are not receiving the care they need in an ED, which do not have the providers, services or infrastructure needed to deliver the appropriate care. Meanwhile, hospitals are spending significant resources to care for patients until they find placement, reducing a hospital's capacity to care for other patients needing emergency services.

Caring for behavioral health patients in the ED longer than what is necessary costs Michigan hospitals millions of dollars every year, as staff and facility resources are provided to patients, at times with no opportunity for reimbursement.

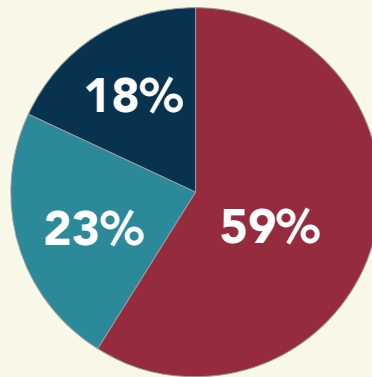
155 patients every day, including 17 children, are sitting in a Michigan ED waiting for appropriate healthcare services.

Reasons for ED Boarding



- ▶ Waiting for an available behavioral health bed.
- ▶ Waiting for an evaluation to determine treatment needs

ED Boarders by Payor



- ▶ Medicaid
- ▶ Medicare
- ▶ Commercial



One of every three Medicaid patients will spend more than 48 hours waiting in the ED.



**Data based on a weekly MHA member survey on the number of patients boarding in hospital EDs conducted between July 2 and Dec. 3, 2023.*

Services Provided to ED Boarders



Staff Time & Expertise



Additional Security



Anti-Ligature and Additional Facility and Safety Upgrades



Prescription Drugs



Psychiatric Services



Food Services

Behavioral Health Crisis Response Solutions

SOLUTION

The MHA proposes several solutions to improve the delivery of care for behavioral health patients in Michigan hospital EDs. These policies will enable hospitals to more effectively assess and triage patients requiring high acuity behavioral health services, restore ED capacity for all medical needs and improve parity between mental health and physical health coverage.

- ▶ **Expand Three-hour Assessment Responsibility** – Allow clinically qualified staff to conduct pre-admission screenings, expanding the number of available healthcare personnel available to conduct assessments in the first three hours of a patient presenting in an ED.
- ▶ **Swing Beds for Behavioral Health Patients** – Expand hospital swing bed eligibility to include inpatient behavioral health patients, beyond existing acute care or skilled nursing care patients.
- ▶ **Remove Arbitrary Commercial Insurance Limitations on Duration of Inpatient Admissions** – Prohibit limitations placed by commercial insurers on the duration of inpatient psychiatric admission that are not consistent with care for physical health admissions.
- ▶ **Require Sharing of Availability of Behavioral Health Services** – Require the disclosure of the availability of community based mental health and substance use disorder services and integrate that information with the Michigan Crisis and Access Line to support patient discharges and access.
- ▶ **Reimbursement for ED Boarding** – Provide reimbursement for services provided to behavioral health patients while boarded in EDs awaiting further psychiatric treatment.

The ED Boarding Experience



“ It is very difficult for us to find appropriate placement in an inpatient child/adolescent psychiatric unit for a pediatric patient with complex needs. **Children and their parents can wait in our busy emergency department for days**, sitting in a small room together, hoping the system will come through. Some become so tired of waiting, they take their children home without receiving the level of care they need. This situation leaves me and my emergency department staff frustrated and worried for patients who aren't receiving medically necessary care. ”

– A HOSPITAL-BASED PSYCHIATRIC EMERGENCY CARE PROVIDER