Crisis Bed Registries, State Behavioral Health Call Centers and 988

NRI Report

TTI Call, August 4, 2021
Bed registries have been around since 2006.

### Community-Based
- Peer Warm Line & Crisis Navigators
- Crisis Clinical Answering Service
- Crisis Call / Text / Chat Hub
- 24/7 Outpatient
- Hospital Rapid Response
- Community Mobile Crisis

### Facility-Based
- Peer Respite/Short Term Residential
- 23 Hour Urgent Care
- Crisis Stabilization (Short Term Crisis Hospital Beds)
- Acute Care Inpatient

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### Contact | Support | Rescue

Anyone, Anytime, Anywhere
What are crisis bed registries?

Tools to organize and monitor resources and coordinate the movement of people across services and systems.
“This is not a technology project, this is a stakeholder engagement project.”

Stakeholder Groups Engaged in Planning by Number of States (N=23)
How do users interact with bed registries?

Search Engines
- Connecticut
- Idaho
- Massachusetts
- Mississippi
- New Jersey
- New York
- Rhode Island
- Utah
- Vermont
- Oklahoma
- Alabama*  *Projected
- Florida*
- Maryland*
- West Virginia*

Referral Systems
- Georgia
- North Carolina
- Tennessee

Referral Networks
- Delaware
- Indiana
- Nebraska
- Nevada
- New Mexico
- Ohio
What types of beds are listed?

Types of Beds Listed by Number of TTI States (N=23)
• Restricted bed registries are viewed as system tools for professionals to access resources for clients.
• Public access bed registries make capacity and utilization transparent.
Do bed registries make a difference?

Impact Metrics by Number of TTI States N=19

- Time to Treatment
- Bed Capacity and Utilization
- Provider Responsiveness
- Satisfaction
- Diversion
- Other
Summer 2021 Update on State Experiences Implementing Crisis Bed Registries

- The world has changed since 23 states began TTI work on Crisis Bed Registries in 2019.
- COVID Impacted BH services and workforce
- The MHBG included a 5% set-aside for Crisis Services and the 2021 COVID supplement added an additional 5% set-aside (another 42.5 million)
- 988 BH Suicide/Crisis line was passed to be implemented by July 2022
Primary Goals of Bed Registries, Summer 2021

- Reduce ED Wait Times
- Divert to less restrictive settings
- Increase Placement Options
- Reduce Distance to Placements
- Diversion from Incarceration
- Evaluate Effectiveness of Policies

Number of States

- States with Operating Registries
- State Developing Registries
Impact of COVID-19 on Bed Registries

- 42% of states added information about quarantine/isolation bed availability
- 33% added information about temporary program/bed closures due to COVID
- 8% Increased tracking of blocked beds of all service types (previously limited to inpatient beds
- 8% added information about client COVID exposure
- 8% added features about changes to admission requirements/procedures related to COVID
- 41% no changes made
Most States are Planning to Use Their Bed Registries as Part of Behavioral Health Crisis Continuum Tracking

The registry will provide data confirming gaps and potentially identifying unidentified barriers for inpatient placement.

When we further expand our platform we will have the ability to identify choke points it already does. we see an over use of our contract beds and know we need additional stabilization beds to accommodate for 988.

It will be used to identify place holder challenges and allow us to identify challenges to place individuals to the appropriate level of care.

Wait list numbers are monitored for bed-based services
988 Crisis Lines and Bed Registries

Most states reported they are still working on plans for how to integrate 988 and Crisis Bed Registries

- 11 States are planning allow 988 systems to access the Registry to identify potential open placements
- Ideally, crisis line staff, MCOT teams, and facility-based crisis services would be linked into the bed registry to monitor resources. The bed registry could aid the crisis delivery system in identifying available resources, avoiding referring clients to facilities where resources are not available.”
- It will be more critical than ever to get current reporting -- we will push harder on getting our hospitals to set up electronic hourly reporting to us.
- We are early in the 988 planning but our vendor for the platform is participating with us and have experience in other states with this.
What Should States Starting To Work On Registries Look Out For/Be Prepared For?

This is not a technology project, this is a stakeholder engagement project.

Talk to your stakeholders early and often, and develop your IT business requirements around their feedback, not vice-versa.

Stakeholder engagement and buy in is key to a successful implementation.

Also, it's best to define your requirements first and then find a system that meets your requirements rather than commit to a system that has too much or too little functionality and doesn't meet your needs.

The board does not fix your system it only highlights the weaknesses of the system.

You must have a full continuum in the community to meet the needs of individuals. the registry is a great tool but not a solution

Early engagement or education to any and all stakeholders that might have a vested interest or be affected by the bed registry.

Be strategic about your conversations and the sharing of information around the registry so as to avoid "hurt feelings."

Look for ways to update bed availability electronically rather than depending on manual entries.

Contracts with any external software vendors should likely be cemented for more than 1 year from the Project Planning Phase to prevent possible timeout of software development in case of delays in administration.
State Crisis Systems and 988 Implementation: Preliminary Results from a July-August 2021 NRI/NASMHPD Survey

Results are preliminary based on responses from 30 states as of August 3, 2021.

A final report will be prepared in August 2021.
Existing State Crisis Hotlines/Warmlines and Planning for 988

• States want to know about the experiences and plans of states to have existing crisis call centers/warm lines with the pending implementation of 988

• NRI and NASMHPD coordinated with a group of TTI states and received input from Vibrant to develop an on-line survey that was sent in July 2021 to all states.
  • An On-line survey was sent to SMHA Commissioners and state Crisis System contacts in each state
  • Slides below are based on preliminary results from 30 states
What State Agency has the Lead in Working with Lifeline Call Centers

- SMHA is Lead agency: 16
- SMHA Shares Responsibility: 9
- Health Dept Has Lead: 2
- Other State Agency: 4
Preliminary Results:

based on 30 states responding by 8/3/21

2. Which state agencies are involved in Crisis Call Centers (including funding/policy)? Please check all that apply.
How Lifeline Call Centers Work with State Crisis Continuum

- Access to Crisis Bed Registries: 9 states
- Alert or Dispatch Mobile Crisis: 20 states
- Refer Callers to Crisis Stabilization or Local MH Agency: 23 states
- Make Appointments for Services with Local MH Agencies: 10 states
- Access to State Database of Active BH Clients: 4 states
- Lifeline Centers are NOT integrated with State's BH Crisis System: 5 states
Who Staffs Lifeline and State Call Centers

**LifeLine Call Centers**
- 50% Paid Staff Only
- 50% Volunteers Only
- 0% Combination Paid and Volunteer

**Non-Lifeline Call Centers**
- 73% Paid Staff Only
- 27% Volunteers Only
- 0% Combination Paid and Volunteer
Are All Call Center Staff BH Professionals?

**LifeLine Call Centers**
- Yes, BH Professionals: 3%
- No: 97%

**Non-Lifeline Call Centers**
- Yes, BH Professionals: 4%
- No: 61%
- Unsure: 35%
Number of Lifeline and Non-Lifeline BH Crisis Call Centers, by Organizational Location: 2021

- **Stand Alone Call Centers**: 35 Lifeline, 59 Other Call Centers
- **CMHCs**: 44 Lifeline, 84 Other Call Centers
- **CCBHC**: 3 Lifeline, 35 Other Call Centers
- **Hospital**: 3 Lifeline, 11 Other Call Centers
- **Other BH Provider**: 11 Lifeline, 11 Other Call Centers
- **SMHA Operates**: 1 Lifeline, 2 Other Call Centers
- **MCO**: 0 Lifeline, 7 Other Call Centers
- **Other**: 7 Lifeline, 100 Other Call Centers
Do non-Lifeline call center operators have other behavioral health responsibilities

- Participate in Mobile Crisis Teams that respond to calls
- Process behavioral health authorizations, service enrollment and disenrollment’s
- Part of CMHC with other responsibilities

Yes, have other responsibilities: 72.00%
Only work on Crisis Calls: 28.00%
Do non-Lifeline call centers serve clients that will not be a focus of 988?

Additional Client Groups Served by Existing BH Crisis Call Centers

- ID/DD clients
- Sexual Assault
- Domestic Violence
- Dementia
- Child Abuse and Neglect
- Substance Abuse
State will encourage Behavioral Health Crisis Call Centers to become 988/Lifeline Centers

BH Crisis Call Centers will retain local phone numbers and operate separately from 988

BH Crisis Call Centers will coordinate with 988 but remain separate

A combination of the above approaches will be used for existing call centers

Other, please describe

Number of States

- State will encourage Behavioral Health Crisis Call Centers to become 988/Lifeline Centers: 2
- BH Crisis Call Centers will retain local phone numbers and operate separately from 988: 5
- BH Crisis Call Centers will coordinate with 988 but remain separate: 7
- A combination of the above approaches will be used for existing call centers: 4
- Other, please describe: 9
Behavioral Health Warmlines

SMHA Supports BH Warmlines

- Number of States: 20
- No: 6

SMHA Supports BH Warmlines (Number of States)

- Operated by Crisis Call Centers: 11
- Operated by Peers: 12
- Operated by Different Entity: 8
Warmlines and 988

- States are still working to determine how Warmlines (especially peer run warm lines) will integrate with the crisis response continuum with 988 implementation
  - “They will act as a support to 988 and refer to and from as needed.”
  - “This is still under development through planning efforts.”
  - “To be determined by the 988 Planning Coalition. There are still questions to be answered about transferring calls, protocols, messaging, technology, etc.”
  - “Warmlines are operated by the same BH Crisis Call Center staff. They are staff operated.”
Development of standardized workflows or decision trees for how 911 behavioral health crisis calls are referred to existing Behavioral Health Crisis Call Centers?

- Yes: 19%
- No: 67%
- Unknown: 15%
State is developing operational workflows or decision trees for how 988 call centers and 911 call centers will interact to refer behavioral health and/or public safety calls.

8 SMHAs are providing training to 911 call centers to recognize and divert calls to 988 for individuals experiencing a behavioral health crisis.
State has developed Vision/Plan for Integrating BH Crisis System with 988

Number of States

Yes: 21
No: 4
State crisis system use technology to integrate calls, text, and chat to dispatch mobile crisis and/or link with crisis stabilization?

- Yes: 22%
- No: 78%

State Technology is Compatible with Lifeline

- Yes: 50%
- Unsure/No: 50%
State has had success Getting Reimbursement for Crisis Hotlines/Warmlines From Medicaid or Private Insurance

For Lifeline Call Centers: 9
For Non-Lifeline Call Centers: 11
For Warmlines: 7
No Success getting Reimbursement: 13
What groups have been most supportive of 988
Areas of Pushback or Resistance to 988
Groups Most Resistant to 988
Greatest Successes in working on 988

- Creating a coalition of crisis providers to coordinate and collaborate across sectors to consider and plan a more efficient and effective crisis system.
- Largest legislative investment in crisis services in state history which includes expansion of Urgent Recovery Centers/Crisis Centers, mobile crisis teams, private mental health transportation, and iPads for all law enforcement to connect to community providers. These will be integrated with 988 call center to create a full crisis continuum.
- Willingness of stakeholder communities to come together to work with us around planning and implementation.
- Our leadership has been quite supportive, and we are having productive discussions with legislators who are eager to support the development of the infrastructure.
- I do think the biggest success has been bringing so many people together and having funding to support the collaboration.
State Comments

• Braiding multiple, large funding opportunities to create a full crisis continuum of care requires a significant amount of coordination and strategy beyond 988 call center. But 988 will be the front door in most instances for connection to the system that's being built with these large one-time investments. Clarification of the states' future roles in 988, Lifeline, and call flow procedures to ensure the best coordination to services would help with planning and implementation of the continuum.

• The task is more complex and has more barriers than was initially thought. Additionally, unknowns at the federal level (geolocation, funding, etc.) have made it difficult to create implementation plans in a very large, very rural and very regionalized state.

• One challenge has been that it doesn't sound like there's very clear guidance from the national level about 988. What should we be focused on with 988? Should we focus on 988 Lifeline Centers or the larger BH System continuum? How much of our 988 implementation work should be focused on the system?

• I'd love other states' examples of successful collaboration, decision-trees, and referrals between 911 and the Lifeline. We continue to work on this.

• Most of the questions on this survey are premature for our state.
For additional information please contact
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For individual fact sheets and the April 2019 full report on the first 23 TTI States working on Crisis Registries:
https://www.nasmhpd.org/content/tti-2019-bed-registry-project-fact-sheets-and-full-report