“We want an online system that makes all of the services in the continuum of care accessible to people seeking treatment and their families.”
—Diane Marshall, Project Director

TTI 2021 STATE BED REGISTRY PROFILE: MINNESOTA

Current Approach and Need for Change
Recent events including stress of racial unrest and the losses, isolation, and distress due to COVID-19 have exacerbated demand for behavioral health services. Families, County leaders, ombudsman, hospitals, and advocacy groups have expressed their frustration to the Minnesota Department of Human Services, Behavioral Health Division (BHD) with their difficulty locating residential placements for youth in crisis as availability has declined. Facing similar resource shortages, inpatient psychiatric bed usage rates have exceeded 130% of capacity. While continuing to expand crisis response resources including Collaborative Intensive Bridging Services, BHD wants to move to a recovery model and reduce the need for crisis by making it easier for people to seek and find services such as Wraparound. BHD used TTI funds to support FastTracker in expanding and publicizing its existing online database of services. FastTracker was launched in 2012 to provide mental health professionals as well as the general public with information about available mental health and substance use treatment services in the state. Now in its 4th iteration, FastTracker will capture a broader array of services and expand wait-time categories, replacing “available within 1 week” as displayed in Figure 1. with “immediate” for crisis services. Users can narrow their search for services by zip code, service type, and insurance coverage to generate a list of providers (with the date of their last update). All licensed behavioral health providers are invited to participate.

Planning Partners
To better understand the needs of system users, the project conducted a number of focus groups with stakeholders around the state including hospitals and their association, people with mental illness and substance
use disorders and their families; providers; county sheriffs and municipal police departments; warm line call takers; providers including community mental health agencies and clinics; mobile crisis teams; psychiatric residential treatment facilities; and foundations.

**Type of Bed Registry**
Fast Tracker is a search engine that allows anyone to conduct a personalized search for behavioral health treatment services in the state by zip code.

**Crisis System Beds To Be Included in the Registry**
FastTracker reports the availability of substance use residential services, psychiatric residential treatment facilities (for children), and mobile crisis teams. Crisis stabilization unit beds will be added later in 2022. FastTracker also reports the availability of all known behavioral health outpatient and support services. A separate Bed Board search engine that is operated by the Minnesota Hospital Association lists inpatient hospital beds and is accessible only to authorized hospital staff.

**Registry Development Vendor**
Minnesota Mental Health Community Foundation developed and manages FastTracker and will provide monthly reports on system usage and other metrics.

**Access to the Registry**
Access to FastTracker is available to the general public: [https://fasttrackermn.org/](https://fasttrackermn.org/)

**Refresh Rate and Entry Process**
Refresh rates vary by service category. Crisis services are updated daily while other services such as outpatient services are updated less frequently.

**Meaningful Metrics**
- Updates are date and time stamped and monitored by the vendor. About 50% of the services are updated daily and 75% are updated within 5 business days. Most providers update outpatient services within 5 business days.
- The number of site visitors and amount of site traffic.
- The percentage of known licensed programs that are participating.

**Impact of the Covid-19 Pandemic on the Bed Registry**
The COVID-19 pandemic has led to increased demand for mental health services due to the anxiety, grief, and prolonged isolation of individuals and families. At the same time, reductions in facilities and staffing resulting from COVID-19 have contributed to resource shortages. BHD and behavioral health practitioners have expanded the use of web-enabled tools to respond including the use of telehealth by mobile crisis teams to respond to calls.

**System Oversight**
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