

"We are growing our resources so that everyone in the state will have access to crisis services."

—Dr. Dale Adair, OMHSAS Medical Director

NASMHPD

TTI 2021 STATE BED REGISTRY PROFILE:

PENNSYLVANIA

Current Approach and Need for Change

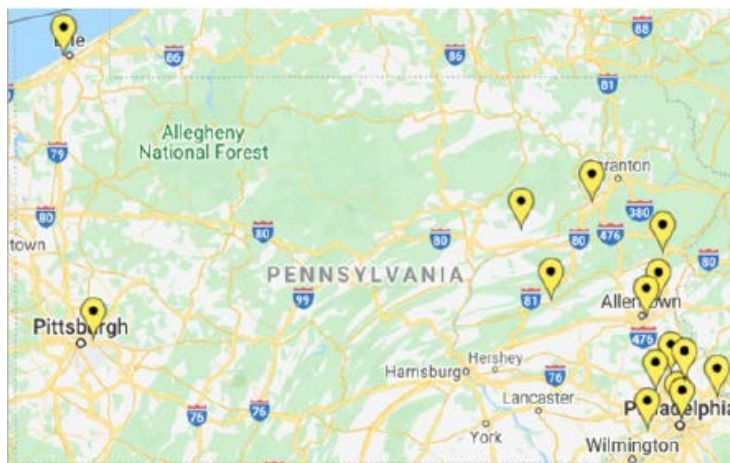
Pennsylvania's Office of Mental Health and Substance Abuse Services (OMHSAS) originally planned to use TTI funds to establish a psychiatric bed registry for forensic patients in the southeast region of the state. Interest in establishing a bed registry had developed from a statewide policy scan of resources, gaps, and opportunities to divert individuals with serious mental illness from justice involvement. One of the opportunities identified was the development of a statewide database that could allow for continuity of care as a person moves between systems and across counties in that region of the state. Although there was initial support to pilot a bed registry, providers became concerned that the capacity of inpatient psychiatric units could be overwhelmed by referrals from outside the region and lead to shortages of psychiatric beds for in-region residents. Support for the project waned and OMHSAS began consulting other entities that expressed interest in bed registries. Among them, the American College of Emergency Room Physicians, and the Peer Support Coalition expressed strong interest in seeing a bed registry develop in the state. The 988 Coalition overseeing implementation of the National Lifeline in Pennsylvania encouraged development of a registry of crisis bed resources in the state. Based on their input, the project shifted to developing a web-based registry of residential crisis settings (these crisis stabilization units are identified in Figure 1) across the state. Currently, OMHSAS is seeking to procure a contract with a non-profit agency to lead the implementation of a crisis services registry. The contractor will convene stakeholders and elicit input; layout the development of a bed registry, recommend the platform to host the registry, and identify incentives for residential crisis settings to participate and submit availability data regularly.

Planning Partners

Because of its close affiliation to crisis services, the 988 Coalition and its diverse membership have guided the development of a bed registry towards crisis residential settings. Two enduring allies in this process

(continued) ►

FIGURE 1: RESIDENTIAL CRISIS SETTING LOCATIONS



have been the American College of Emergency Room Physicians, and the Peer Support Coalition, both representing groups of people who have observed and been impacted by lengthy delays in acquiring crisis care. Additional stakeholders such as managed care organizations, community mental health agencies, and crisis residential providers will be engaged as planning recommences.

Type of Bed Registry

The bed registry is anticipated to be a search engine that will identify bed vacancies, and qualifiers (age, gender, and other characteristics).

Crisis System Beds To Be Included in the Registry

OMHSAS and its partners intend to focus on crisis residential settings in the state. As the program becomes established, other crisis services including inpatient beds may be added.

Registry Development Vendor

OMHSAS is exploring the Department of Health’s database systems for possible modification to this purpose.

Access to the Registry

Initial plans are to limit access to the bed registry to 988 and other crisis call centers, mobile crisis teams, hospital emergency departments, and community mental health agencies. Law enforcement and other first responders may be authorized access to the registry as the program becomes established.

Refresh Rate and Entry Process

A data refresh rate has not been determined.

Meaningful Metrics

Pennsylvania will measure the following outcomes:

1. Identify number of crisis residential beds located in SE Region eligible for individuals with mental illness.
2. Identify number of crisis residential beds located in SE Region that have a waiting list.
3. Identify community providers who will provide information to registry.
4. Identify community providers and stakeholders who will access the registry.
5. Identify essential factors provided in the registry for efficient use.
6. Develop strategic plan in creating and implementing the registry.

Impact of the Covid-19 Pandemic on the Bed Registry

None reported.

System Oversight

The OMHSAS Medical Director will oversee the system.

For more information about this project contact Dr. Dale Adair at c-daadair@pa.gov.