

## ALABAMA

## ABOUT THE BED REGISTRY PROJECT

To assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). Twenty-three states received funding of up to \$150,000 to establish or expand comprehensive psychiatric crisis bed registry systems through a program administered by National Association of State Mental Health Program Directors (NASMHPD). This report highlights the work of one state. For the complete report on all 23 state bed registry projects, visit <https://www.nasmhpd.org/content/tti-2019-bed-registry-project-report>.

“Bed registries” refer to regularly updated web-based electronic databases of available beds in behavioral health settings. Beds for adults and/or children can include public and private psychiatric hospitals, psychiatric units in general hospitals, crisis stabilization units (short and long term), crisis respite centers, residential settings, social detox centers, and recovery homes.

Many states are seeking to improve their coordination of crisis services by making web-based bed registries accessible to front line crisis counselors in local behavioral health agencies, mobile crisis teams, crisis call centers, and hospital emergency departments.

The types of settings included in bed registries extend beyond public and private psychiatric hospitals. This broad use of bed registries aligns with

a 2015 SAMHSA study in which state mental health authorities (SMHAs) reported bed shortages in psychiatric hospitals in their states.<sup>1</sup> These shortages have resulted in waiting lists for inpatient treatment, overcrowding, consumers hospitalized further distances from their homes, and greater reliance on hospital emergency departments. To address shortages, states have expanded the use of crisis services to divert individuals away from inpatient beds, increased the availability to private hospital beds, reduced demand by increasing community-based care (such as Assertive Community Treatment) and improving the speed and effectiveness of transitions from hospitals back to community care to reduce the overall census and prevent re-hospitalizations.

Ideally, access to an up-to-date database of available crisis beds help providers quickly find and secure treatment for clients in appropriate settings, reducing delays or extended stays in emergency departments.

SAMHSA’s *National Guidelines for Mental Health Crisis Care: A Best Practices Toolkit*<sup>2</sup> identifies the three core elements needed to transform crisis services (<https://crisisnow.com/>) and recommends the use of bed registry technology to support efficient connections to needed resources. Several states are working towards instituting a comprehensive crisis system and consider bed registries as essential tools to coordinate care across services.



*“We are shifting our crisis system from reactive to coordinated.”*

—Kim Hammack, Project Director

## ALABAMA’S BED REGISTRY

## Current approach and need for change:

Like many states, Alabama closed state hospitals and downsized the census from 4,000 in 2009 to 1,600 in 2017. Supporting the transition of state hospital patients to the community, the Alabama Department of Mental Health (ADMH) increased community residential and supportive housing services and established limited-stay crisis residential programs<sup>3</sup> throughout the state. With a precipitous drop in the availability of state hospital beds, ADMH has also expanded services and systems to divert individuals in crisis from the state hospital to local services such as mobile crisis teams and local hospitals. A subcommittee of the Statewide Health Coordinating Council is currently developing a methodology to determine, by region and bed type, the number of inpatient beds needed. Key to that methodology is the identification and tracking of inpatient bed use. ADMH has woven these efforts, along with current plans to establish three new crisis centers and five rural mobile crisis teams, into developing an overall strategy to establish a statewide, coordinated crisis system. The system redesign, including recommendations for a bed registry, is expected to be completed in 2021.

continued ►

Alabama Department of Mental Health - CMHC Stabilization Beds						
* Total of Reserved and Unreserved Vacancies						
Service	CMHC	Program Type	Program Name	Cap	Vac	Invol
Region 1	Highland Health Systems	Crisis Residential	Crisis Stabilization Unit	16	2	2
Region 1	Northwest Alabama CMHC	Crisis Residential	Crisis Residential Program	16	5	0
Region 1	Wellstone	Crisis Residential	Crisis Stabilization Unit (Wellstar)	16	2	0
Region 1	Wellstone	Crisis Residential	Reid House (Cullman)	16	1	0
Region 1	Wellstone	Crisis Residential	Respite Crisis Center (CRC)	10	3	1
Region 2	Indian Rivers CMHC	Crisis Residential	Crisis Unit	10	5	5
Region 2	J.B.S. MH/MR Authority	Crisis Residential	Hillcrest Competency Restoration	16	2	0
Region 3	East Alabama CMHC	Crisis Residential	Brief Intensive Treatment	11	1	10
Region 3	East Central MH/MR Board	Crisis Residential	Spring Manor Crisis Residential	15	6	0
Region 3	Montgomery Area Mental Health	Crisis Residential	Assessment Center	8	3	2
Region 3	Montgomery Area Mental Health	Crisis Residential	Beth Manor Crisis Residential	16	2	4
Region 3	Montgomery Area Mental Health	Crisis Residential	Crisis Residential Unit	16	8	3
Region 4	AltaPointe	Crisis Residential	Adult Intermediate Care Program -	16	1	0
Region 4	AltaPointe	Crisis Residential	Zeigler Adult Intermediate Care	16	6	4
Region 4	South Central Alabama CMHC	Crisis Residential	Seravasa CRU	16	2	5
Region 4	Spectracare	Crisis Residential	Middleton CRU	16	3	4

*A daily summary of Alabama's crisis residential units by region*

**Type of bed registry:** ADMH is likely to create a search engine for hospital beds that resembles the Mental Illness Community Residential System (MICRS) already in use. MICRS, displayed in the figure above, is an electronic database that was launched in 2002 to track ADMH residential program beds that include community residential, supportive housing, and crisis residential programs statewide in real time (manually entered by residential staff at the time of admission and discharge).

**Planning partners:** In addition to the Statewide Health Coordinating Council, planning partners include the State Medicaid Agency, Department of Public Health, Alabama Hospital Association, Wings Across Alabama (statewide consumer organization), NAMI Alabama, the Administrative Office of the Courts, and two provider associations. ADMHA has also convened eight regional stakeholder focus groups for input and recommendations on a redesigned crisis system.

**Crisis system beds to be included in the registry:** Psychiatric hospitals and psychiatric units in general hospitals and crisis residential programs.

**Registry development vendor:** To be determined if the registry will be developed in-house or by a vendor.

**Access to the registry:** The website is likely to be restricted to mobile crisis teams, crisis centers, community mental health centers, crisis residential programs, crisis

stabilization units, and participating psychiatric hospitals and psychiatric units in general hospitals.

**Refresh rate and entry process:** A data refresh rate has not been determined.

**Meaningful metrics:** Metrics have not been determined.

**Impact of the COVID-19 pandemic on the bed registry:** Although no in-person meetings were held, development of the crisis system strategy continued.

**System oversight:** Director of Mental Illness Community Programs for Mental Illness and Substance Abuse Services

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<sup>1</sup> Substance Abuse and Mental Health Services Administration, Funding and Characteristics of Single State Agencies for Substance Abuse Services and State Mental Health Agencies, 2015. HHS Pub. No. (SMA) SMA-17-5029. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

<sup>2</sup> <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

<sup>3</sup> Crisis Residential Units provide time-limited (maximum stay of 180 days) crisis services within a residential setting that has no more than 16 beds. Services include crisis assessment, intervention services, and crisis stabilization, including referrals, updating the crisis stabilization treatment plan, supportive counseling, skills training, and collaboration with other service providers in the community. These are Designated Mental Health Facilities (DMHF) that primarily serve individuals who are involved with the probate court and are typically connected to a civil commitment petition or ADMH probate commitment. This program often serves an ADMH civilly committed individual.