Crisis Bed Registries

Update of Progress and Lessons Learned based on a June 2021 Survey of the 23 TTI States

NASMHPD Commissioner Call: July 15, 2021
Bed registries have been around since 2006.
What are bed registries?

Tools to organize and monitor resources and coordinate the movement of people across services and systems.
The 23 TTI Bed Registry Projects

• Getting people into care quickly
• Executive or legislative mandates
• Department of Justice actions
• Reducing hospital ED boarding
• Supporting mobile crisis teams
• Empowering consumers and providers
• Making better use of resources
• Diverting hospital admissions to less restrictive settings
• Making service system capacity transparent
“This is not a technology project, this is a stakeholder engagement project.”
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
• **Search Engines** Users visit the web site to view information on crisis bed facilities, their locations, services, availability, and contact information. Users call the facility or an intermediary, such as a call center, to request a bed.
Referral Systems

• **Referral Systems**  In addition to providing regularly updated information on bed availability, authorized users can submit HIPAA-compliant electronic referrals to secure a bed using preset forms and protocols. Once received, facilities respond electronically. The referral process and its disposition can be measured, documented, and monitored.
Referral Networks provide regularly updated information on bed availability, integrate HIPAA compliant electronic referrals to secure a bed, and support referrals for behavioral health services to and from provider members of the referral network. As with referral systems, the process and disposition of referrals can be tracked.
What types of beds are listed?

Types of Beds Listed by Number of TTI States (N=23)

- CSU
- Public psych hosp
- Private psych hosp
- Psych unit in geni hosp
- Detox center
- SA residential
- MH residential
- Child respite & resid
- State contracted beds
- Crisis respite
- IDD facilities
- CSU - Child with Autism
How often is bed availability updated?

Refresh Rate by Number of TTI States (N=20)
• Restricted bed registries are viewed as system tools for professionals to access resources for clients.
• Public access bed registries make capacity and utilization transparent.
Who are the authorized users?

Authorized Users of Restricted Bed Registries by Number of TT States (N=18)

Number of States

- Participant Hosp
- Mobile Crisis Teams
- Emergency Depts
- Local BH Authority
- Call Centers
- Jails
- EMS
- Police
- Courts
Do bed registries make a difference?

Impact Metrics by Number of TTI States N=19

- Time to Treatment
- Bed Capacity and Utilization
- Diversion
- Provider Responsiveness
- Satisfaction
- Other
- Other
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
NRI Conducted an on-line survey to gather information from the original 23 TTI States (funded in 2019) to work on Bed Registries (20 states responded)

- Current operational status of their registry
- Impact of COVID on reporting and utility of registry
- Planned changes or enhancements to registry
- How the registry will work with the larger Crisis Continuum being supported by the SAMHSA Block Grants and state funds
- Working with 988
- Lessons learned and advice for other states
Registries Should be Flexible and States are Regularly Changing Content and Software. Registries Don’t Have To Start State-wide

Over half the states with registries are planning major changes including:

• Changing their software system.
• Adding new services/provider types.
• Changing reporting methods
  • Several states are exploring methods to automate reporting, such as linking to EHRs/HIEs.

4 states began their registry in one or more regions/cities within their state

• After demonstrating the effectiveness of their registry, 3 of the 4 states are in the process of expanding the registry to cover additional areas.
• 2 of the 3 states are expanding coverage statewide.
• The 4th state is working on plans to expand their registry to cover broader areas of their state.
Operation of Crisis Bed Registries Don’t Cost Much and Federal Funds May be Available:

States with existing registries identified ongoing costs ranging from $25K to $500K per year.
- State Staff time for meetings/outreach with providers are likely NOT included in those costs
  - 6 states are using State General Funds to support their registry
  - 5 states are using SAMHSA Block Grant funds
  - 1 state is using Medicaid

Federal Funding Opportunities:
- SAMHSA guidance to states for the MHBG Covid Supplement and American Rescue Plan Supplements highlighted Crisis Bed Registries as an area of IT/Infrastructure the supplements could be used to support.
- The Medicaid/Chip Payment and Access Commission (MACPAC) in June 2021 identified Bed Registries as an area states could use Medicaid administrative match to help pay for.
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
- Other

Number of States

<table>
<thead>
<tr>
<th>Goal</th>
<th>States with Operating Registries</th>
<th>State Developing Registries</th>
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<td>Reduce ED Wait Times</td>
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<td>3</td>
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<td>Divert to less restrictive settings</td>
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<td>Increase Placement Options</td>
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70% Of States Report Challenges With Receiving Regular Timely Updates Of Bed Availability
Major Reasons Identified For Not Receiving Regular Timely Updates Of Bed Availability
Most Effective Ways To Incentivize Participation Of Private Hospitals
Registry Enhancements Made to Address COVID-19

67% of states report Increased Use Since COVID

- 8 states found registry increased in value because it was able to show available beds during a time of major system fluctuation with beds closing due to COVID.

33% of states report Decreased Use Since COVID

- Staff availability and reduction of beds led some providers to not update in the registry daily.
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.

Stakeholder engagement and buy in is key to a successful implementation.
Advice to States Interested in Bed Registries

Obtain end user buy in to the importance of this information

- Planning for whole community awareness should be at the very beginning. Communication should be consistent and come from all sides/entities/stakeholders with support and positive reinforcement.
- Get the state hospital association on board. Team up with the public health system.
- Don’t assume a provider or hospital isn’t willing to do something -- go in with an open attitude looking for collaboration and welcome them into the project. Start with the clinical psych staff who often struggle to place or discharge patients and know the need for a bed registry more than anyone else. Get support from within the organization at whatever level you can get it.
- Your most valuable assets are the people that will use the system and know the day-to-day challenges and needs - this will shape the system design and the relationships are incredibly important for implementing and establishing the system.

Obtain end user buy in to the importance of this information

- Be prepared to have a lot of contact with the facilities to ensure that they are updating the availability and provide training to new users frequently.
- Find ways to incentivize facilities to update their bed availability more often than once per day. Availability needs to be as real time as possible for true success.
- End users should practice in a training site at the same time, and should go live at the same time.
- Be sure you have complete buy-in from the top level of your agency, including program level and operations level.
- Place a system mandate with guidelines and requirements.

Implementation:

- Plan out your work in phases. know what problems you are trying to solve
- Be flexible, will experience changing and moving targets.
- You can’t plan for everything and if you could, something will change so make sure your design can be improved if needed.
- Be patient.

Be Flexible:
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For individual fact sheets and the full report:
https://www.nasmhpd.org/content/tti-2019-bed-registry-project-fact-sheets-and-full-report