

DELAWARE

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.¹ 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*² 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.



“DTRN [the registry] has allowed us to do an inventory of the behavioral health services available across the state and the flow of care through the system.”

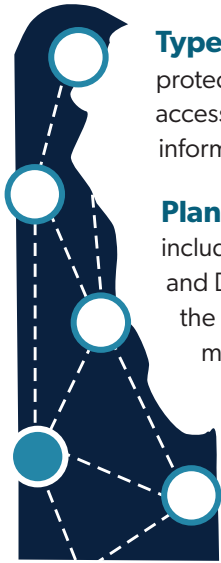
—Kris Fraser, Project Director

DELAWARE’S BED REGISTRY

Current approach and need for change:

With the START (Substance Use Treatment and Recovery Transformation) Initiative, Delaware’s Department of Health and Social Services (DHSS), Division of Substance Abuse and Mental Health (DSAMH) sought to increase access to care and treatment for individuals living with behavioral health disorders by fostering system-wide improvement based on a framework that measures client outcomes. One of the tools they use is the digital referral system called the Delaware Treatment and Referral Network (DTRN) to expedite treatment for patients in both outpatient and inpatient settings. Initially established in September 2018 to assist in referrals to addiction treatment, the program expanded in 2019 to include mental health care. With strong support from the leadership of the Division, the DTRN network of behavioral health services has grown to include 52 participating organizations that can make and receive electronic referrals for care. Referrals include non-behavioral health support services including health, housing, and transportation. Delaware used federal resources to support the training of staff across provider agencies to fully utilize the system and employ best practices in making and accepting referrals.

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The Delaware Treatment and Recovery Network

Type of bed registry: DTRN is a password-protected *referral network*. A second publicly accessible website *Treatment Connection* informs the public of available services.

Planning partners: Planning partners include the executives of 52 provider agencies and DSAMH who meet regularly to oversee the START Initiative. Providers' staff, who make and accept referrals, have met regularly with DSAMH to discuss best practices and identify improvements with the DTRN system.

Crisis system beds to be included in the registry: The system supports referral to state and private psychiatric hospitals, psychiatric units in general hospitals detoxification facilities, crisis

stabilization units (both 23-hour and multi-day programs), crisis respite beds, and residential beds. In addition to crisis beds, the system supports referrals to outpatient and support services.

Registry development vendor: OpenBeds® has a HIPAA-compliant, cloud-based platform that allows secure messaging and referrals.

Access to the registry: DTRN is accessible to behavioral health providers and participating support agencies throughout the state, including select providers in surrounding states. The publicly accessible *Treatment Connection* can be accessed at <https://www.treatmentconnection.com>.

Refresh rate and entry process: Provider agencies are encouraged to refresh at shift change (two times per day, if operating 24-hour facilities).

Meaningful metrics:

- "Close the Loop" — the percentage of organizations that report whether the client showed/no showed to an appointment.
- The number of clients who make it to their appointments.

- Whether the referring agency received a response within 30 minutes of receipt.
- For referrals that are declined, a reason must be provided over 90%.

Impact of the COVID-19 pandemic on the bed registry:

- Because DTRN has been in place for well over a year, COVID-19 and prevention efforts had little effect of refreshing data or on referral and acceptance processes.
- Hospital Emergency Departments met with Behavioral Health Inpatient facilities to find ways to reduce the number of patients awaiting placement in the emergency area to ensure that health system emergent beds stayed free for COVID patients. They agreed on workflow protocols that would accelerate the referral process even further.

System oversight: The Secretary of Health and Social Services, the Division Director, and internal DSAMH leadership receive weekly reports on metrics. Provider specific reports are sent to participating Behavioral Health providers monthly.

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¹ 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.

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

³ Referral network websites provide regularly updated information on bed availability, support users to submit HIPAA compliant electronic referrals to secure a bed, and support referrals for behavioral health crisis and outpatient services to and from service providers who are members of the referral network.