

## INDIANA

## 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.

“Building a bed registry network requires knowing the connections between facilities and government agencies as well as seeding the ground with a lot of stakeholder engagement.”

—Kelsi Linville, Project Director

## INDIANA’S BED REGISTRY

**Current approach and need for change:**

In response to the opioid crisis and increasing demand for treatment, the Indiana Family and Social Service Administration (FSSA) launched a bed registry for inpatient and residential substance use disorder (SUD) treatment services and accelerate the referral and admission process. The *Treatment Connection* website developed as a partnership between the state, Indiana 211, and providers in the state. With the initial success of the network, FSSA added mental health services provided by community mental health centers and non-profit hospital organizations that accept Medicaid in the fall of 2019. To grow their continuum of behavioral health crisis services, Indiana is creating two crisis stabilization units (< 23-hour settings) and has obtained an 1115 waiver from the Medicaid IMD exclusion<sup>3</sup>.

**Type of bed registry:** A password-protected *referral network*<sup>4</sup> supports referrals to inpatient and outpatient services.

**Planning partners:** In addition to the *Treatment Connection* partnership, this project fosters collaboration with the Indiana Hospital Association and the Indiana chapter of the National Alliance on Mental Illness (NAMI). About half of 20 hospitals anticipated in the initial roll out have enrolled.

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Public view of the Indiana bed registry

**Crisis system beds to be included in the registry:**

Network member private psychiatric hospitals and psychiatric units in general hospitals are included. The two crisis stabilization units under development will be added to the registry when they open. State Psychiatric Hospitals (SPH) are not included in the registry<sup>5</sup>.

**Registry development vendor:** OpenBeds<sup>®</sup> is the web-based software platform that provides listings of available beds as well as the capacity to make and track referrals across all network members. Services are fully compliant with HIPAA requirements.

**Access to the registry:** The referral network is limited to network members to view available beds, submit electronic referrals, and track placements. A second website, <https://treatmentconnection.com>, provides information on services to the public.

**Refresh rate and entry process:** Bed availability is manually entered twice per day.

**Meaningful metrics:** Compliance with refreshing data as well as the interval from referral through acceptance and transfer to inpatient units will be monitored. FSSA is contemplating other metrics available through Open Beds<sup>®</sup>.

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

- Inpatient units have been half capacity following Indiana's Department of Health guidelines to isolate

new patients to single room occupancy. All available beds have been occupied during the pandemic.

- One wing of the state hospital was taken over by the Department of Health for COVID-19 positive psychiatric patients.

**System oversight:** The project is managed by the FSSA's Adults with Mental Illness and Co-occurring Disorders Bureau and overseen by the Director of the Division of Mental Health and Addiction.

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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> Under the waiver, the Centers for Medicare & Medicaid Services (CMS) gives Indiana the authority to pay for short-term residential treatment services in an institution for mental disease (IMD) using Medicaid funds.

<sup>4</sup> 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.

<sup>5</sup> Admission to an SPH requires screening by a community mental health center (CMHC) and review by a designated Medical Review Board. Forensic admissions are made through civil commitment obtained by a CMHC, the Department of Corrections at the end of a prisoner's sentence, or directly from a criminal court order in the instance that an individual is found Not Guilty by Reason of Insanity or Incompetent to Stand Trial.