

## NEVADA

## 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.

“For the registry to be successful, we set and met a critical threshold of participation and have enrolled 75% of providers in the state.”

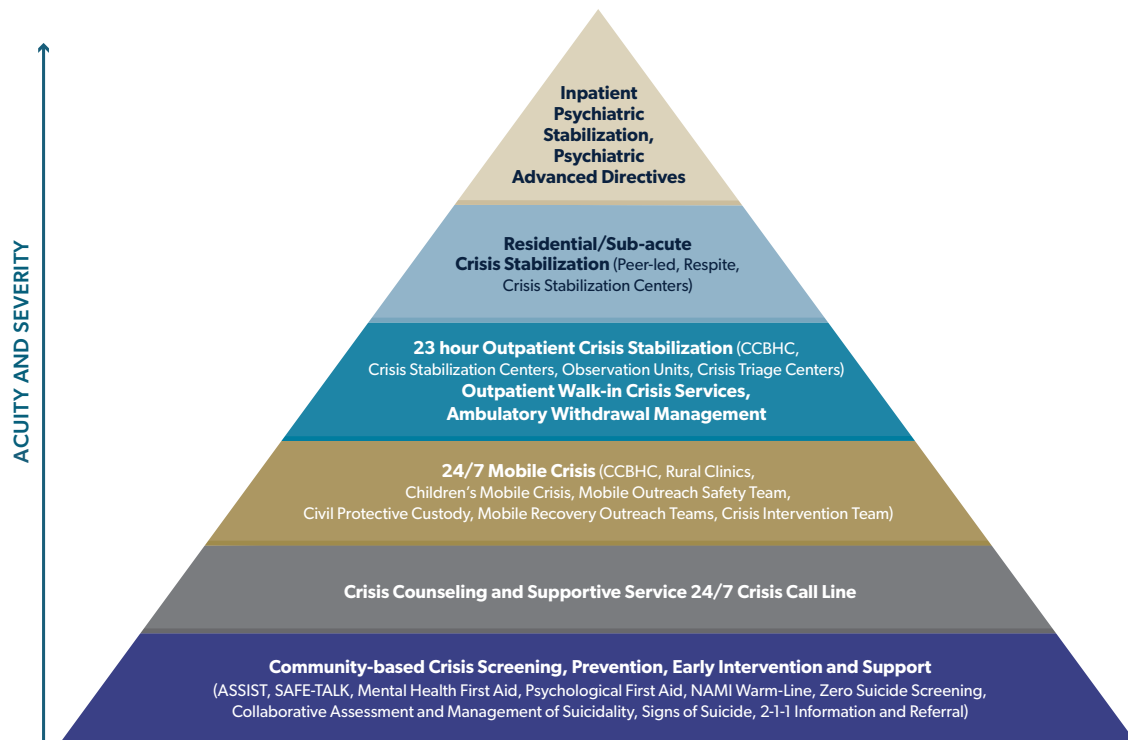
—Elyse Monroy, Project Manager,  
University of Nevada

## NEVADA’S BED REGISTRY

## Current approach and need for change:

In much of the country, people most often take themselves or their loved ones to a hospital emergency department to treat a behavioral health crisis. If stabilization in an inpatient setting is indicated, many of them will wait hours and even days in the emergency department before treatment can begin. In Nevada, one of only a few states that collect data on wait times, an average of 94 emergency room patients with a psychiatric condition are held for two to three days while emergency room staff call inpatient psychiatric units to find a bed. Paradoxically, many crises that lead to boarding can be treated and resolved outside the hospital emergency departments from a continuum of services that include crisis call centers, mobile crisis teams, peer-run respite settings, and crisis stabilization units. Nevada’s Department of Health and Human Services, Division of Public and Behavioral Health, (DPBH) has been steadily building a continuum of crisis care (displayed in the figure below) that improves resilience, reduces treatment costs, relieves emergency room crowding, and makes judicious use of inpatient beds patterned on the Crisis Now

continued ►



*Nevada's continuum of crisis care*

model.<sup>3</sup> DPBH launched Nevada Health Connection in August 2020 as a tool to identify and connect resources and services to people in crisis.

**Type of bed registry:** Nevada has launched a password-protected *referral network*<sup>4</sup>. A second publicly accessible website *Treatment Connection* informs the public of available services.

**Planning partners:** DPBH engaged stakeholders to build support and consensus for the adoption of the Crisis Now model by presenting at Regional Behavioral Health Board Meetings, Substance Abuse Prevention and Treatment Agency (SAPTA) board meetings, the Behavioral Health Planning and Advisory Council meetings, and convening two statewide Crisis Now Summits. Hospital associations and managed care organizations were key planning partners. DPBH has also had significant input from the University of Nevada and RI International to design and build the continuum of services and the bed registry.

**Crisis system beds to be included in the registry:** The first phase includes psychiatric units in general hospitals, public and private psychiatric hospitals,

triage centers, social detoxification, and substance abuse residential treatment facilities that receive state funding for treatment of Medicaid and/or uninsured patients. The system also includes outpatient and community support behavioral health services.

**Registry development vendor:** Nevada selected OpenBeds® to build the platform, operate the registry, and produce reports.

**Access to the registry:** Call centers, emergency room staff, participating inpatient units, triage centers, and mobile crisis teams will be able to identify available beds and submit a referral electronically to a provider through the password-protected referral network. Specialty judicial court administrators and jails will have access to make referrals when the network is expanded. The publicly accessible *Treatment Connection* can be accessed at <https://www.treatmentconnection.com>.

**Refresh rate and entry process:** Nevada plans to have participating facilities update bed availability at shift change, once per day.

**Meaningful metrics:**

- Time from referral to placement.
- American Society of Addiction Medicine (ASAM) Levels of Care.
- Emergency room boarding.
- Declined referrals and the reason for the decline.
- Call center's volume of calls.
- Case resolution and diversion by mobile crisis teams.

**Impact of the COVID-19 pandemic on the**

**bed registry:** Project staff convened virtual meetings with stakeholders. Although the lack of face-to-face meetings hindered relationship building, the project met its goal of recruiting 75% of providers in March, despite the pandemic.

**System oversight:** The project leads within DPBH will continue to provide oversight of the registry as a critical element of continuum of crisis care.

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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> To view the Crisis Now model, please see NASMHPD's web page <https://www.nasmhpd.org/content/crisis-now-dedicated-transforming-mental-health-crisis-systems>.

<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.

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