

# NEW MEXICO

## 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.



*“People in crises may die without immediate help, and we must be ready to act in that moment.”*

—Tiffany Wynn, Deputy Director,  
Treatment & Programs Bureau, BHSD

## NEW MEXICO’S BED REGISTRY

### Current approach and need for change:

Individuals, their families, and first responders currently call hospitals or arrive in emergency rooms to access mental health and substance abuse crisis care. It is a haphazard process that often results in significant delays while placements are sought. In tandem with the Department of Health, Behavioral Health Services Division (BHSD) of the Department of Human Services has implemented a behavioral health referral process that will empower people in crisis and their families to access treatment and enable providers to quickly assess needs and deliver appropriate services. The services are not limited to crises alone and address the full continuum of behavioral health care including outpatient and support services. The new registry, launched June 2020, is accessible to the public for information and to make self-referrals to care. Those interested in making self-referrals are directed to call the New Mexico Crisis and Access Line to advise them on the most appropriate level of care and guide them through a self-referral process or connect them directly. To expand crisis care resources, New Mexico is establishing two new crisis triage centers (crisis stabilization units) that offer 23-hour outpatient, detox management, and short term residential.

continued ►

**Referral Request**

**Contact Information**

Treatment Organization:	Albuquerque Health Services
Service:	Medication-Assisted Treatment: OTP
Address:	172 Montano Road NW, Albuquerque, NM 87107
Phone #:	(505) 344-4427
Email:	nwclinic@abqhealthservices.com

Your preferred method to contact as per your profile is:

☐ E-Mail ☒ [Dropdown Arrow]

Changing this will update your profile upon submit

**Submit Request**

Urgency of need\*

☒ Symptoms do not represent an immediate risk and/or highly anticipated risk

Gender and Age\*

☒ Adult (18 and older) - Female

Substance(s) and Non-Substance(s) Treated\*

☒ Alcohol

Difficult to Place Medical and Psychiatric Conditions

Special Populations

Payment\*

☒ Sliding fee scale

Request (Maximum 200 characters)\*

Screenshot of a referral request in New Mexico

**Type of bed registry:** The bed registry is a password-protected *referral network*<sup>3</sup> that supports electronic referrals such as the one displayed in the figure. A second website, *Treatment Connection*, provides information on services to the public.

**Planning partners:** Stakeholder meetings have been convened as needed to obtain input and build support. Partners include state licensing agencies, providers, managed care organizations, and the state's Behavioral Health Planning Council. The state hospital association was a crucial partner, serving as a bridge to engage hospitals across the state.

**Crisis system beds to be included in the registry:** The network includes public and private psychiatric hospitals, psychiatric units in general hospitals, and crisis triage centers. Outpatient, substance abuse residential care, children's residential care, and other behavioral health services are also included in the registry.

**Registry development vendor:** OpenBeds® provides the platform, analytics, training, and follows up with network members that do not regularly update availability.

**Access to the registry:** The *New Mexico Behavioral Health Referral Network* (NM BHRN) was launched June 9, 2020, for providers, state agencies, crisis line staff, and the courts to 101 services from 58 receiving facilities (that may also refer out). *Treatment Connection* <https://www.treatmentconnection.com> launched June 17, 2020, and is accessible to the general public for information and assisted self-referrals.

**Refresh rate and entry process:** Bed availability is manually entered once per day for crisis beds.

**Meaningful metrics:** BHSD is interested in demonstrating improved access to care, particularly in reducing wait times and increasing the volume of people engaged in treatment. BHSD will compare, among other indicators, emergency department lengths of stay before and after the network launch as well as metrics related to referral activity as well as impact on individuals accessing treatment.

**Impact of the COVID-19 pandemic on the bed registry:** The system is too new to assess any impact of the pandemic on the operation of the registry; however, access to the bed registry and other resources may be impeded by shelter at home orders because some homes in this rural/frontier state have limited or no access to the internet.

**System oversight:** The BHSD Staff Manager provides oversight and reports to the Deputy Director.

**Project contact:** Hazel Mella, PhD, BHSD, at [Hazel.Mella@state.nm.us](mailto:Hazel.Mella@state.nm.us) or 505-709-5670.

<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> 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.