

## NEW YORK

## 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.



*“Having the resources to actively reach out and help hospitals resolve problems when they aren’t updating bed availability on time has dramatically improved compliance and made the registry more accurate and dependable for crisis teams.”*

—Susan Strangia, Project Director

## NEW YORK’S BED REGISTRY

## Current approach and need for change:

Mobile crisis teams and behavioral health staff have access to the crisis stabilization units that their community service boards (local mental health authorities) manage. When hospitalization is needed however, behavioral health staff must call hospitals to find an open bed. The Office of Mental Health launched the Bed Availability System (BAS) website March 1, 2019, so that mobile crisis teams could quickly identify available beds across the state. The BAS is patterned on the state’s *Provider and Program Search* website, a registry of substance abuse services. Searches can be filtered by age, gender, and proximity, as displayed in the figure below, and result in a listing of “next available” dates for each facility. While hospitals in the state are willing to participate, many of them have had difficulty entering updates every day. TTI funding has been used to hire a coordinator who works with hospital staff to address and overcome technical and administrative challenges. Since having begun outreach and engaging hospital staff in March, the effort has improved on-time updates by 24% statewide.

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Screenshot of a user's search filters in New York

**Type of bed registry:** BAS is a password-protected search engine.

**Planning partners:** The Hospital Association of New York State and the Greater New York Hospital Association.

**Crisis system beds included in the registry:** BAS accounts for 5,832 beds across 107 facilities that include state hospitals, psychiatric units in general hospitals, and private psychiatric hospitals.

**Registry development vendor:** The registry was developed and is hosted by the state as part of the state's Health Electronic Response Data System (HERDS).

**Access to the registry:** Access is limited to those with Health Commerce System<sup>3</sup> accounts and includes the staff of hospitals, emergency departments, community service boards including their mobile crisis teams.

**Refresh rate and entry process:** Providers are asked to update the system twice per day and a minimum of once per day.

**Meaningful metrics:** Percentage of daily updates completed and the comparison of reported beds to licensed beds. The benchmark is 80% of hospitals reporting every day.

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

- The operation of the bed registry was disrupted as the state implemented emergency monitoring to ensure adequate bed capacity. Hospitals were required to report bed availability into a separate system. To lessen their reporting burden, OMH suspended its daily reporting requirement into the BAS from March 30, 2020, to June 15, 2020.
- Both demand as well as availability of beds appeared to have been reduced during the pandemic period.

**System oversight:** The system is overseen by the Assistant Director, Bureau of Inspection and Certification.

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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> The Health Commerce System is a secure online communications system operated by the NYS Department of Health. It supports the exchange of routine and emergency statewide health information by local health departments and health facilities, providers, and practitioners.