NORTH CAROLINA

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.

> ***"Relationships are key to a successful system. Through relationships with the professionals who know the placement processes, a system can be developed that is useful to stakeholders."***
>
> **—Krista Ragan, Project Director**

NORTH CAROLINA'S BED REGISTRY

Current approach and need for change:

Professionals in North Carolina serving individuals experiencing behavioral health crises must call numerous treatment facilities and hospitals to find an available and appropriate bed for someone in crisis, use various means of records transmission, often followed by follow-up communications, consuming critical resources and delaying treatment. As mandated by state statute, North Carolina established the Behavioral Health Crisis Referral System, (BH-CRSys) as a secure web-based behavioral health referral system in 2018 to aid professionals in the identification of potential placements. Authorized users at eligible facilities have access to the system. Users can review facility profiles for important admissions information. Searches can be narrowed using filters that include accepting status (whether and when the facility is/will be accepting referrals), admission criteria, specialized services, and proximity to the person in crisis. Once accepting facilities are identified, users can submit referrals to multiple facilities simultaneously. Designated hospital and facility staff are notified of the referral and are expected to respond within a four-hour window. Funding from the TTI grant supported modifications to the

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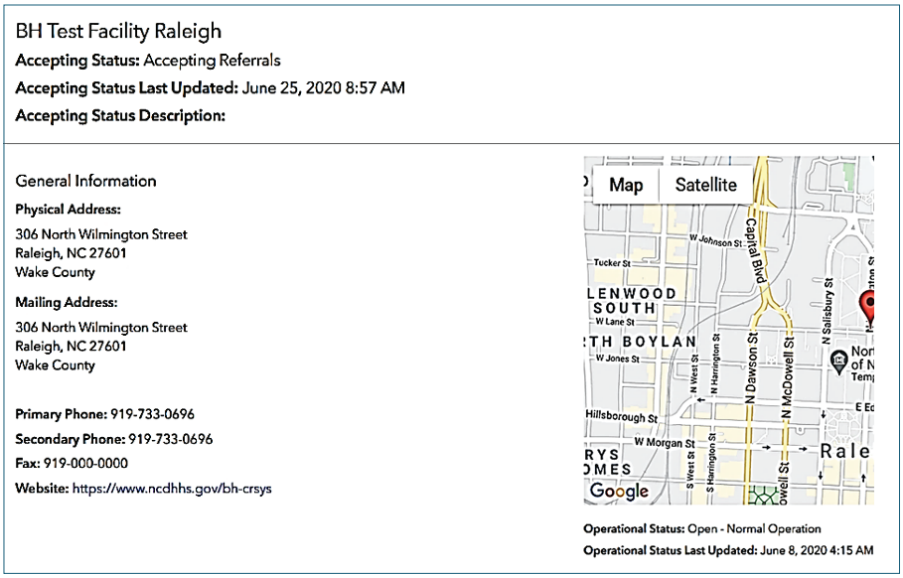

Screenshot displaying results of a bed search in North Carolina

system to make it easier to use, fields to capture additional information including involuntary hospitalizations, and the development of a pilot module to facilitate patient transportation to care.

Type of bed registry: The BH-CRSys is a *referral system*[3], which is a secure HIPAA-compliant web application that supports electronic referrals.

Planning partners: With almost 200 facilities in 100 counties committed to or using the system, BH-CRSys has engaged approximately 80% of all eligible public and privately funded referral and receiving facilities in the state. The project understood that there were many challenges in building a bed registry and that strong relationships with the potential user facilities and those that carry out the placement work every day would be key to developing a useful and successful program. Staff began by attending professional meetings and visiting facilities to speak with, and learn from, referral and admissions staff. The Division also established an advisory committee to engage hospitals, mobile crisis teams, professional organizations, state facilities, and other entities to identify processes, needs, and gaps in the placement process and design the system. As the system took shape and integrated their recommendations, stakeholders grew more confident and willing to participate. Their partnership continues to help structure protocols and identify critical information necessary to speed the referral and admission process. In addition to designated staff to enter data, each facility has a designated oversight manager, a supervisory level staff member who serves as the primary contact and BH-CRSys coordinator at the facility.

Crisis system beds included in the registry: General hospitals with psychiatric inpatient units, private psychiatric hospitals, state psychiatric hospitals, state alcohol and drug abuse treatment centers, facility-based crisis centers, and non-hospital medical detoxification facilities are included in this registry. The system includes all age groups, including child, youth, adult, and geriatric.

Registry development vendor: ESO (who acquired the original vendor, EMSpic) is the registry development vendor.

Access to the registry: The facilities participating in BH-CRSys as well as hospital emergency departments, mobile crisis providers, and 24/7 behavioral health urgent care centers are eligible for access to the registry.

Refresh rate and entry process: The accepting status goal for each facility, as determined by the Advisory Committee, is twice daily. However, most facilities update once daily. Facilities can update as frequently as needed and can include additional admissions information with the status. Updating status is monitored daily. If not refreshed in 24 hours, the system generates an automated message. If not updated in 72 hours, state staff are notified and follow up with the

facility directly. An automated report of accepting information (including accepting status and the time of the last update) is provided to BH-CRSys participating facilities twice daily.

Meaningful metrics:

- Number of facilities using BH-CRSys.
- Frequency of updating accepting status.
- Points in time: The time of arrival at a crisis facility, the time that a referral is made, the time that the facility accepts the patient for placement and the time that the patient is admitted to participating facilities.
- Average distance travelled from point of referral to admission among participating facilities.
- Number of involuntary commitments among participating facilities.

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

- As in many states, NC DHHS has deployed staff time from ongoing projects to other activities that support pandemic prevention efforts. However, BH-CRSys has maintained its support, and attempted to ensure additional relevant information and assistance related to COVID-19 needs are provided to BH-CRSys partners.
- There have been increased compliance by facilities with daily updates to bed availability during the pandemic.
- Facilities have been encouraged to use BH-CRSys to report any COVID-19 restrictions.

System oversight: The Division of Mental Health, Developmental Disabilities and Substance Abuse Services as charged by state statute to establish and maintain the bed registry (BH-CRSys).

Project contact: Krista Ragan, MA, BH-CRSys Program Manager, Quality Management, North Carolina Department of Health and Human Services, at *Krista.Ragan@dhhs.nc.gov* or 984–236–5206.

[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.

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