

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.



“The purpose of the bed registry is to get people to the right provider the first time.”

—Caitlin Beha Worth, Project Director

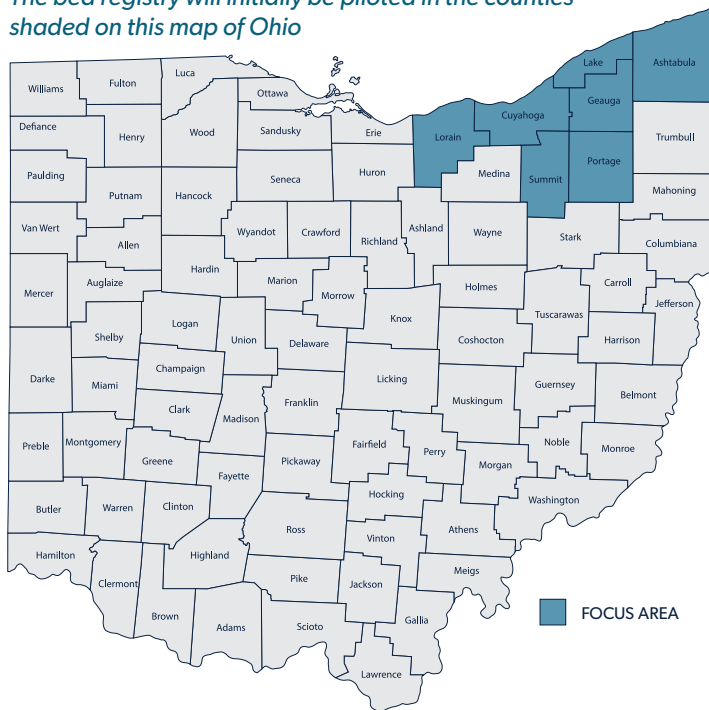
OHIO’S BED REGISTRY

Current approach and need for change:

In 2008, collaboration among inpatient psychiatric units in Franklin County and the Central Ohio Hospital Council led to the creation of an electronic “bed board” that has been in operation since that time. Having observed the success of that partnership, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) explored the possibility of partnering with local behavioral health service boards to pilot a regional bed registry. Community mental health and addiction treatment services in Ohio are coordinated through local county (single and multiple) authorities or Boards. The Boards vary greatly in the array of crisis services available in their counties in terms of mobile crisis teams, crisis stabilization units, and inpatient hospital beds. In 2019, Boards in the greater Cleveland-area/ Northeast (NE) Ohio region started investigating the possibility of establishing a bed registry of their own. Identifying an opportunity for collaboration, OhioMHAS reached out to these Boards to offer support for the project. OhioMHAS launched a regional bed registry pilot network (Network) in September 2020 in the NE Ohio region, with the goal of expanding its use to other regions of the state.

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The bed registry will initially be piloted in the counties shaded on this map of Ohio



Type of bed registry: The pilot is a *referral network*³ initially limited to psychiatric inpatient settings and their referral sources.

Planning partners: Planning partners include the Alcohol Drug Addiction and Mental Health Services Boards of Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Portage, and Summit counties, major Cleveland-area hospital systems providing inpatient psychiatric services, and NE Ohio private psychiatric hospitals. Ohio Hospital Association (OHA), the Ohio Association of County Behavioral Health Authorities (OACBHA), the Ohio Council of Community Behavioral Health and Family Service Providers (Ohio Council), and the National Alliance on Mental Illness-Ohio chapter (NAMI-Ohio) were enlisted to provide support and feedback as the Network was started and throughout its continued development as it expands to other areas of the state. OhioMHAS credits its successful partnership with the Boards and hospitals in the northeast Ohio region to shifting from policy orientation to relationship-building and a hands-on approach in close coordination with the project vendor.

Crisis system beds to be included in the registry:

Hospital sites within the seven-county region are voluntarily participating in the pilot. They include psychiatric hospitals, inpatient units in general hospitals and the regional (public)

psychiatric hospital. As the Network grows, it will include behavioral health treatment providers and crisis call centers, 2-1-1, and organizations that provide transportation, food, shelter, rehabilitation, and entitlement assistance.

Registry development vendor: OpenBeds® is the registry vendor.

Access to the registry: Member organizations including OhioMHAS, service boards, psychiatric hospitals and hospital organizations recognized as network treatment sites, and community referral sites have access.

Refresh rate: Facilities will update the bed registry once per day.

Meaningful metrics:

- Number of digital referrals attempted and completed.
- Frequency of bed count updates by network providers.
- Number of minutes of unplanned system downtime during the month.
- Number of complaints received from providers, by type and disposition.
- Access to any training or user guides furnished to the Network sites.

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

Efforts to establish the bed registry were put on hold during the pandemic period (mid-March 2020 to mid-May 2020). Work was resumed in May 2020 and the registry launched September 2020.

System oversight: The project is overseen by the OhioMHAS Medical Director and Chief Information Officer.

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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.