

OKLAHOMA

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.



“Establishing a bed registry requires a top-down and bottom-up approach. You need buy-in from stakeholder leaders as well as the system users.”

—Jackie Shipp, Project Director

OKLAHOMA’S BED REGISTRY

Current approach and need for change:

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has been developing a more comprehensive crisis system in recent years. It now has a 24/7 statewide call center linked to providers as well as crisis centers, mobile crisis response (MCR) teams in much of the state, and urgent recovery centers (crisis stabilization units with varying lengths of stay), which provide an alternative to emergency rooms. Though MCR teams and providers have been able to search for psychiatric beds in an online “Bed Board” system, data has not been updated consistently, leaving doubts about the accuracy of bed availability. To ensure consistent and reliable bed availability data, ODMHSAS is adding new functionality to the electronic health records (EHR) system used by many providers in the state to automatically link admissions and discharges with the Bed Board. The Bed Board has the added benefit of documenting bed occupancy as unit staff conduct required bed checks every 15 minutes. As displayed in the figure below, providers can also post comments about the reason for changes in bed availability. A pilot launched in Fall 2020.

continued ►

100 GRIFFIN MEMORIAL HOSPITAL
900 E. Main Norman, OK 73071 Phone: 405-573-6623
(Last updated time: 6/14/2020 10:28:30 AM)

Female	Available Beds	0	
	Pending/Possible DC	0	
Male	Available Beds	0	
	Pending/Possible DC	0	
Crisis Care	Available Beds	12	ONE MALE BED DOWN FOR MAINTENANCE, TOTAL CENSUS CURRENTLY 119 (45 FEMALES/74 MALES). REPAIRS EXPECTED TO BE COMPLETED BY 8/19/2019.
	Pending/Possible DC	0	
103 OKLAHOMA COUNTY CRISIS INTERVENTION CENTER 2625 General Pershing Blvd. Oklahoma City, OK 73107 Phone: 405-942-2300 (Last updated time: 7/2/2010 3:30:50 PM)			
Res Tx/Crisis Care	Available Beds	0	Due to COVID-19 OCCIC has updated processes in place to protect the health of consumers and staff. Please call if you have questions. URC: 5 ON THE FLOOR, 7 REFERRAL REVIEWS, 1 ADMITS, 1 DC
	Pending/Possible DC	0	

A screenshot of bed availability at two facilities in Oklahoma

Type of bed registry: The Bed Board will be a search engine.

Planning partners: A number of consumer and family organizations have been consulted, as well as the State Advisory Team (SAT for children's services) and the Planning and Advisory Council (PAC for adult services). Regional focus groups were held to gather needed specifications of agencies and hospitals participating in the pilot. For the past three years, ODMHSAS has partnered with the Oklahoma Health Care Authority (OHCA) to create a monthly Inpatient/Residential Roundtable meeting comprised of state agency staff and acute psychiatric inpatient and residential providers.

Crisis system beds to be included in the registry: A group of state-run crisis centers (with crisis stabilization units) and state-run psychiatric hospitals voluntarily implement and pilot the system. Once the pilot phase is completed, the registry will be expanded to include all state-run psychiatric hospitals and crisis stabilization units and voluntary private psychiatric hospitals and units in general hospitals treating adults and children. Inspired by this effort, ODMHSAS implemented

a bed board to search for substance use treatment residential and recovery settings in 2019.

Registry development vendor: The state is developing its own platform to link EHR data with a real-time bed registry search engine. The EHR system is AVATAR by Netsmart.

Access to the registry: Participating agencies and crisis bed providers, call-center staff, and mobile crisis teams have access to the registry.

Refresh rate and entry process: During the first year of the project, participating inpatient units will update changes to the bed board manually when bed checks are completed every 15 minutes — essentially real time. Several modifications to systems are being completed during a one-year pilot period that will allow EHRs to update the bed board automatically.

Meaningful metrics: The accuracy of electronically generated data is being checked every 15 minutes during the pilot phase of the project. Following the pilot, the state intends to define and measure meaningful use by providers

as well volume of use by providers. ODMHSAS's Decision Report Services are assisting in developing measures.

Impact of the COVID-19 pandemic on the bed registry: The project has been significantly delayed as the efforts of all state staff were redirected towards confronting challenges to the delivery of care during the pandemic. Information technology (IT) staff, upon whom this project is dependent, were called on to rapidly extend telecommuting and telehealth capabilities and services. Lastly, hospitals are only just beginning to be able to focus on non-COVID-19 projects such as a bed registry.

System oversight: The project is directed by the Senior Director of Treatment who reports to the interim commissioner of ODMHSAS.

Project contact: Jackie Shipp, Senior Director of Treatment, at JShipp@odmhsas.org or 405-248-9391.

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>

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