

## VERMONT

## 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.



*“Don’t start building the system you think you need until you’ve asked the stakeholders what they want it to do.”*

—Amy Guidice,  
Project Manager, Vermont DMH

## VERMONT’S BED REGISTRY

## Current approach and need for change:

Launched August 13, 2011, Vermont’s “E-Bed Board” is among the longest operating electronic bed registries in the U.S. The E-Bed Board is a part of a greater care management system at Vermont’s Department of Mental Health (DMH) and provides bed availability for crisis stabilization, inpatient, residential (step-down), and intensive residential beds, as well children’s inpatient and crisis beds throughout the state. The graphic below displays the list of local facilities. More detailed information is provided on each facility when “view” is selected and includes referral forms to be completed. E-Bed Board also provides information on programs that are designed to serve individuals with higher levels of acuity. A recent evaluation of the program concluded that the system is working well to meet the needs of the Department, providers, and users. Additional pages are being added to provide tutorials and training so that users can take full advantage of its functionality.

**Type of bed registry:** The E-Bed Board is a *search engine* accessible to anyone.

continued ►

board - Internet Explorer

https://bedboard.vermont.gov/Search/search.aspx

Electronic Bed Board System | D...

Bed board

<a href="#">View</a>	36.40	Maple House	Montpelier	All	1	1	0	0	0	0	0	3 hours ago -No Change
	40.54	WCMH Home Intervention (Adult)	Barre	All	4	4	0	0	0	0	0	4 hours ago -No Change

**Facility Detail Information**  
WCMH Home Intervention (Adult)  
13 Kynoch Ave  
Barre, VT 05401  
Phone: 802-479-1339  
Fax: 802-479-4090  
Email: [tammym@wcmhs.org](mailto:tammym@wcmhs.org)  
Website: <http://www.wcmhs.org>  
Facility Description: HI is a crisis bed program which serves adults with acute psychiatric symptoms & is used as a diversion from inpatient psychiatric hospitalization. It also facilitates a rapid return to ongoing supports in teh community through hospital step downs.  
**Contact Information**  
Tammy Miller  
802-479-1339  
[tammym@wcmhs.org](mailto:tammym@wcmhs.org)

Service For	Gender Restriction	Available Capacity	Total Capacity	Comments
Adults 18+	All	0	4	
Primary Service Area:		Washington County		
Secondary Service Area:		Out-of-county referrals accepted		
Referral Options:		WCMHS screeners are gatekeepers for all admissions		
Who can get this service?		Adults 18+		
Patient Acuity:		Clients who are not safe at their current level of care but can be treated safely at less than hospital level of care.		
Level of Care Offered:		Safe, staff supported enviroment offering voluntary short term stabilization. Unlocked facility, 24-hr staffing with counselors, with 2 clients to 1 counselor ratio, generally 11 hr/day RN coverage during the week and 8 hr/day on weekends, and MD coverage on site daily Mon-Fri with on call thereafter. Ability to do 1:1 with 15 minute checks for clients with safety issues.		
Admission Requirements:		If client has possibility of substance withdrawal cannot be admitted. If withdrawal not an issue, must be at 0.08 or below and falling, if under influence of alcohol. Must be medically cleared at discretion of screener or HI RN or MD. Must be not safe at current level of care and able to be safe at this level of care.		
Payment Options:		Medicaid, Medicare, private insurance, self pay, sliding scale		

[View](#)

46.16	Alyssum Inc	Rochester	All	2	0	2	0	0	0	0	BEDS CLOSED FOR COVID PROTOCOL	3 hours ago -No Change
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A user view of Vermont's E-Bed Board

**Planning partners:** Emergency service screeners, inpatient facilities, crisis bed managers, intensive residential directors, residential programs, designated hospitals and agencies, DMH Care Management, and hospital and provider associations had significant input at the program's inception and meet occasionally as the need arises.

**Crisis system beds to be included in the registry:** Public and private psychiatric hospitals, psychiatric inpatient units in general hospitals, crisis stabilization units, community residential and intensive residential beds, and children's acute and crisis beds.

**Registry development vendor:** The Minnesota Hospital Association built and maintains the website and database.

**Access to the registry:** Although <https://bedboard.vermont.gov> is a password-protected website, the password and username are publicly available at <https://mentalhealth.vermont.gov/providers/electronic-bed-board-system>.

**Refresh rate and entry process:** The system runs an automatic query on bed availability daily at 8 a.m., 4 p.m., and 12 a.m. If updates have not been entered into the system within pre-determined standards as agreed upon by DMH and provider partners, E-Bed Board notifies the provider

to prompt an update. Inpatient and crisis settings are updated once per 8-hour shift or as changes occur; intensive residential settings are updated once per day or as changes occur; and residential settings are updated once per month or as changes occur.

### Meaningful metrics:

- Occupancy rates, particularly Level 1 (high) acuity.
- Anticipated bed availability in comparison to emergency room boarding.
- First arrival to the hospital emergency department until admission to a treatment bed for every voluntary commitment of consumers with medical care paid or subsidized by state and federal funding and all involuntary commitments in the state.

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

- At the start of pandemic prevention efforts, facilities delayed updating the E-Bed Board as they were shifting beds to prevent contagion in units such as reducing double rooms to single rooms. Timeliness improved once spaces prevention efforts were in place.

- At its lowest, there was a significant 37% reduction in bed capacity in hospital settings as accommodations were made, infected units were closed, and staffing levels fell due to illness.
- As capacity fell so did demand. Based on emergency department wait times, demand is increasing as restrictions lift.
- Providers entered comments on their status related to the pandemic such as reduced capacity and special admission procedures.

**System oversight:** Department staff manages day-to-day operations of the E-Bed Board. The state Care

Management Director incorporates metrics listed above into a monthly report to the Department Director.

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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>

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