

Crisis Bed Registries

Update of Progress and Lessons Learned based on a June 2021 Survey
of the 23 TTI States

NASMHPD Commissioner Call: July 15, 2021

Community-Based

Facility-Based

Peer Warm
Line & Crisis
Navigators

Crisis
Clinical
Answering
Service

Crisis Call /
Text / Chat
Hub

24/7
Outpatient

Hospital
Rapid
Response

Community
Mobile Crisis

Peer
Respite/
Short Term
Residential

23 Hour
Urgent Care

Crisis
Stabilization
(Short Term
Crisis
Hospital
Beds)

Acute Care
Inpatient

1

2

3

Contact | Support | Rescue



Anyone, Anytime, Anywhere

What are bed registries?

Tools to organize and monitor resources and coordinate the movement of people across services and systems

Healthcare Resource Tracking System

System Status: **Normal**

Training(UAT)

Training Event||Testing New Map Features

Home Event Facility Admin Reporting Dashboards Patient Bed Matching Help

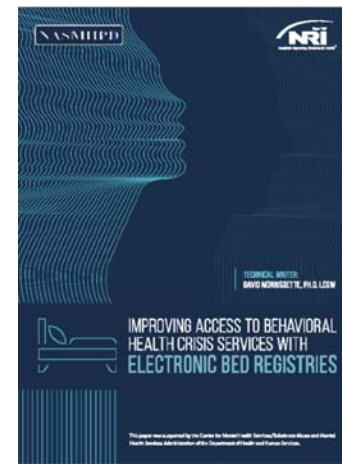
C.Jackson

Hospital Acute Care

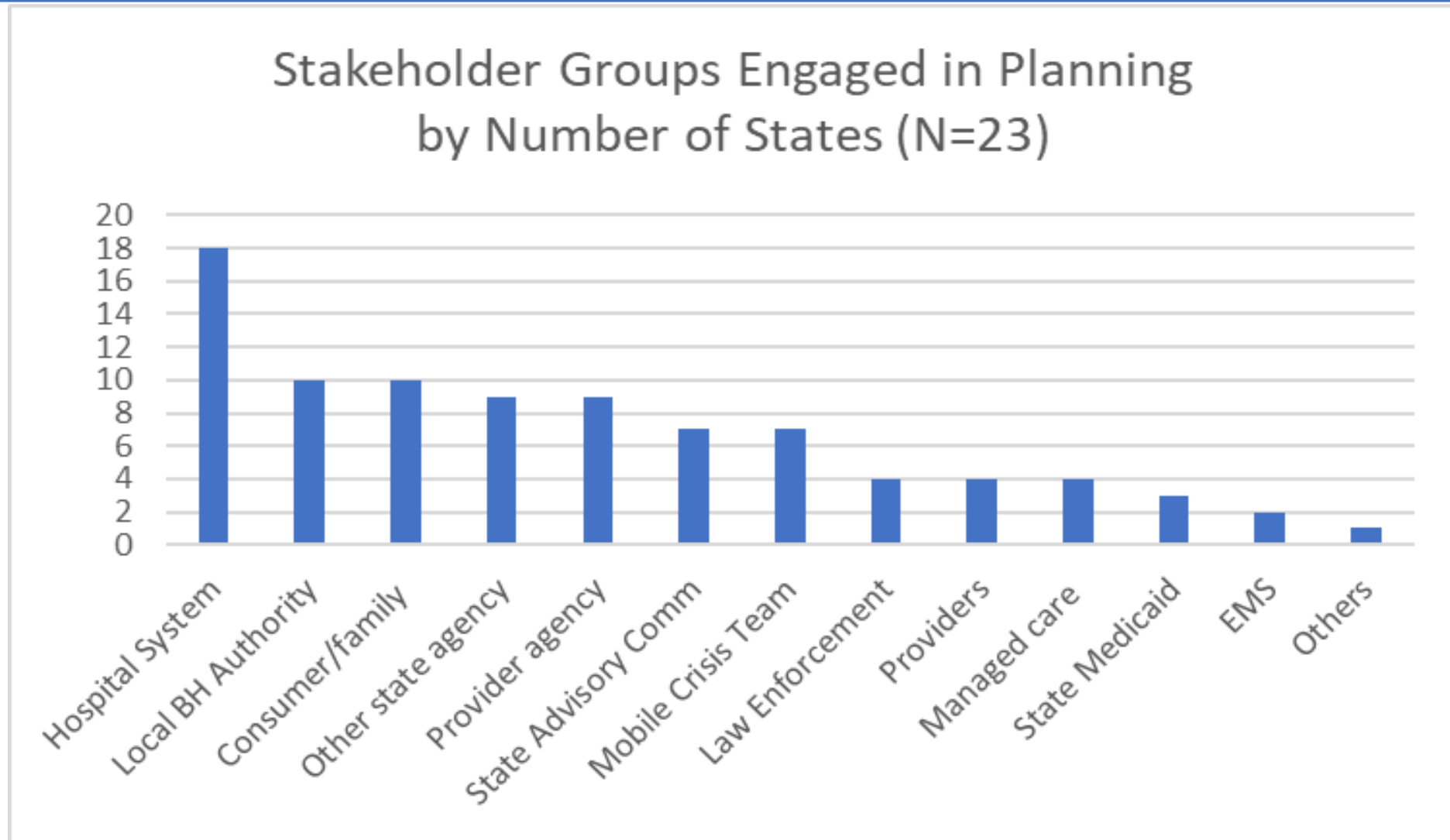
Facility	County	Status	Reason	Last Update
Tennova Healthcare - Lebanon	WILSON	Normal	Advisory	08/22/2019 08:32 CST
Tristar Centennial Medical Center	DAVISON	Normal	Advisory	04/12/2019 08:14 CST
Northcrest Medical Center	ROBERTSON	Closed	Equipment Failure	03/12/2019 09:07 CST
Test Hospital	DAVISON	Closed	Labor Shortage: Nursing	12/05/2019 13:13 CST
Tristar Horizon Medical Center	DICKSON	Closed	Labor Shortage: Other	02/07/2018 09:23 CST
Saint Thomas Midtown Hospital	DAVIDSON	Advisory	Patient Overcrowding	10/07/2019 08:36 CST
Test Acute Care Hospital	DAVIDSON	Normal	Normal	11/20/2019 14:54 CST
Metro Nashville General Hospital	DAVIDSON	Closed	Patient Overcrowding	11/05/2019 09:52 CST
Saint Thomas West Hospital	DAVIDSON	Closed	Patient Overcrowding	01/23/2018 16:45 CST
TN Valley Healthcare System Nashville	DAVIDSON	Closed	Other	04/24/2019 12:15 CST
Tristar Southern Hills Medical Center	DAVIDSON	Closed	Other	01/23/2018 04:16 CST
Vanderbilt University Hospitals	DAVIDSON	Closed	Lack of Beds	12/10/2018 10:46 CST

The 23 TTI Bed Registry Projects

- Getting people into care quickly
- Executive or legislative mandates
- Department of Justice actions
- Reducing hospital ED boarding
- Supporting mobile crisis teams
- Empowering consumers and providers
- Making better use of resources
- Diverting hospital admissions to less restrictive settings
- Making service system capacity transparent



“This is not a technology project, this is a stakeholder engagement project.”



How do users interact with bed registries?



Search Engines

- Connecticut
- Idaho
- Massachusetts
- Mississippi
- New Jersey
- New York
- Rhode Island
- Utah
- Vermont
- Oklahoma
- Alabama* * Projected
- Florida*
- Maryland*
- 6 • West Virginia*



Referral Systems

- Georgia
- North Carolina
- Tennessee



Referral Networks

- Delaware
- Indiana
- Nebraska
- Nevada
- New Mexico
- Ohio

Search Engines

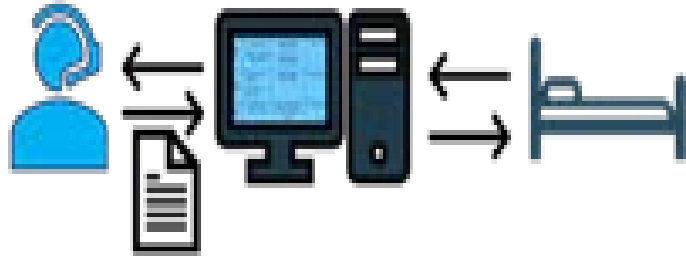


- **Search Engines** Users visit the web site to view information on crisis bed facilities, their locations, services, availability, and contact information. Users call the facility or an intermediary, such as a call center, to request a bed.


The image displays two views of a system. On the left is a desktop browser view of a web application. The browser address bar shows 'www.springfieldjcare.com'. The page title is 'Springfield Intensive Ps...'. The user is logged in as 'Curtis McDonald'. The main content area shows a table of facilities with columns for Facility, Facility Type, Facility Operational Status, Accepting Adults, Insurance Accepted, Crisis Psych Adult, Crisis Psych Youth, Crisis Substance Abuse Adult, and Crisis Substance Abuse Youth. The table lists facilities A through I, with Facility B highlighted. A 'Weather Alert' banner is visible at the top. On the right is a mobile app interface showing a search bar and a list of facilities (Facility A through I) with expandable options.

Facility	Facility Type	Facility Operational Status	Accepting Adults	Insurance Accepted	Crisis Psych Adult	Crisis Psych Youth	Crisis Substance Abuse Adult	Crisis Substance Abuse Youth
Facility A	General Hospital	Fully Operational	Yes	--	2	0	4	0
Facility B	Community Crisis Care	Fully Operational	Yes	Medicare & Medicaid Only	1	4	2	1
Facility C	Private Psych Hospital	Fully Operational	Yes	--	0	1	0	2
Facility D	Community Crisis Care	Partially Operational	No	--	0	0	0	0
Facility E	Private Psych Hospital	Fully Operational	No	--	0	0	0	0
Facility G	State Hospital	Fully Operational	Yes	--	2	1	1	2
Facility H	Community Crisis Care	Fully Operational	Yes	--	1	0	4	0
Facility I	Community Crisis Care	Fully Operational	Yes	--	0	0	0	0

Referral Systems



- **Referral Systems** In addition to providing regularly updated information on bed availability, authorized users can submit HIPAA-compliant electronic referrals to secure a bed using preset forms and protocols. Once received, facilities respond electronically. The referral process and its disposition can be measured, documented, and monitored.

HOSPITAL PORTALReturn To Menu

PENDING STATUS

Menu

- Pending (91)
- Completed (1843)
- Rejected (9)
- New PARF

Refine Search

Start Date:

End Date:

Region:

Include Rejected Inactive PARF(s)?

Show entries Search:

	Individual Name	Created Date/Time	Referring Facility Name	Action
+		6/4/2020 6:16:19 AM	Hulcheson Medical Center	
+		6/22/2020 1:36:54 PM	Memorial Health University Medical	
+		6/22/2020 12:59:23 PM	Cartersville Medical Center	
+		6/22/2020 12:43:25 AM	Spalding Regional Medical Center	
+		6/22/2020 9:21:47 AM	Henry Medical Center	
+		6/22/2020 7:28:29 AM	Northside Hospital Fulton	
+		6/22/2020 1:10:03 AM	North Fulton Regional Hospital	
+		6/21/2020 7:15:31 AM	Coffee Regional Medical Center	
+		6/21/2020 2:19:10 AM	Memorial Health University Medical	
+		6/20/2020 10:20:39 PM	East Georgia Regional Medical	

Showing 1 to 10 of 91 entries Previous 2 3 4 5 ... 10 Next

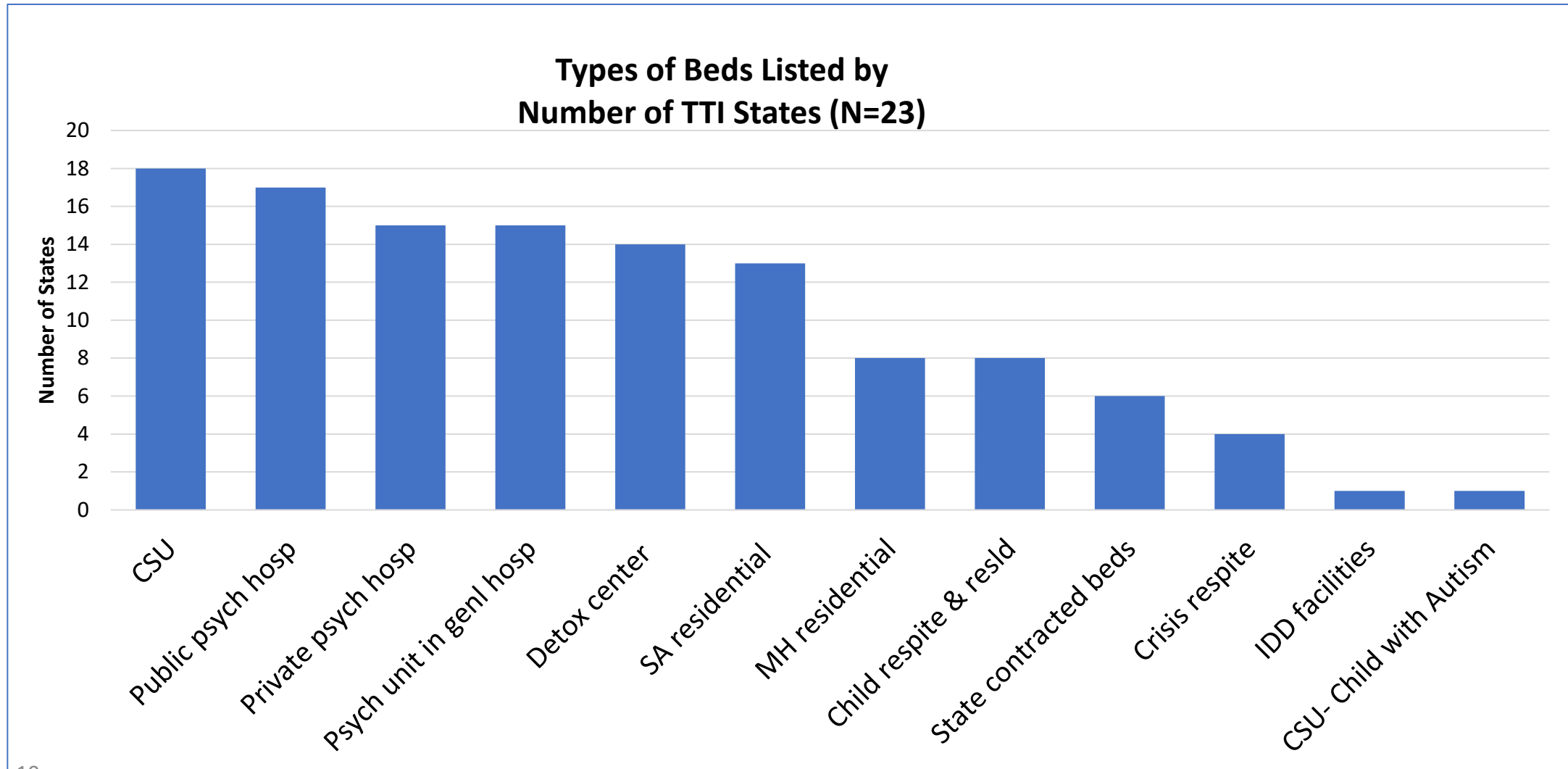
Referral Networks



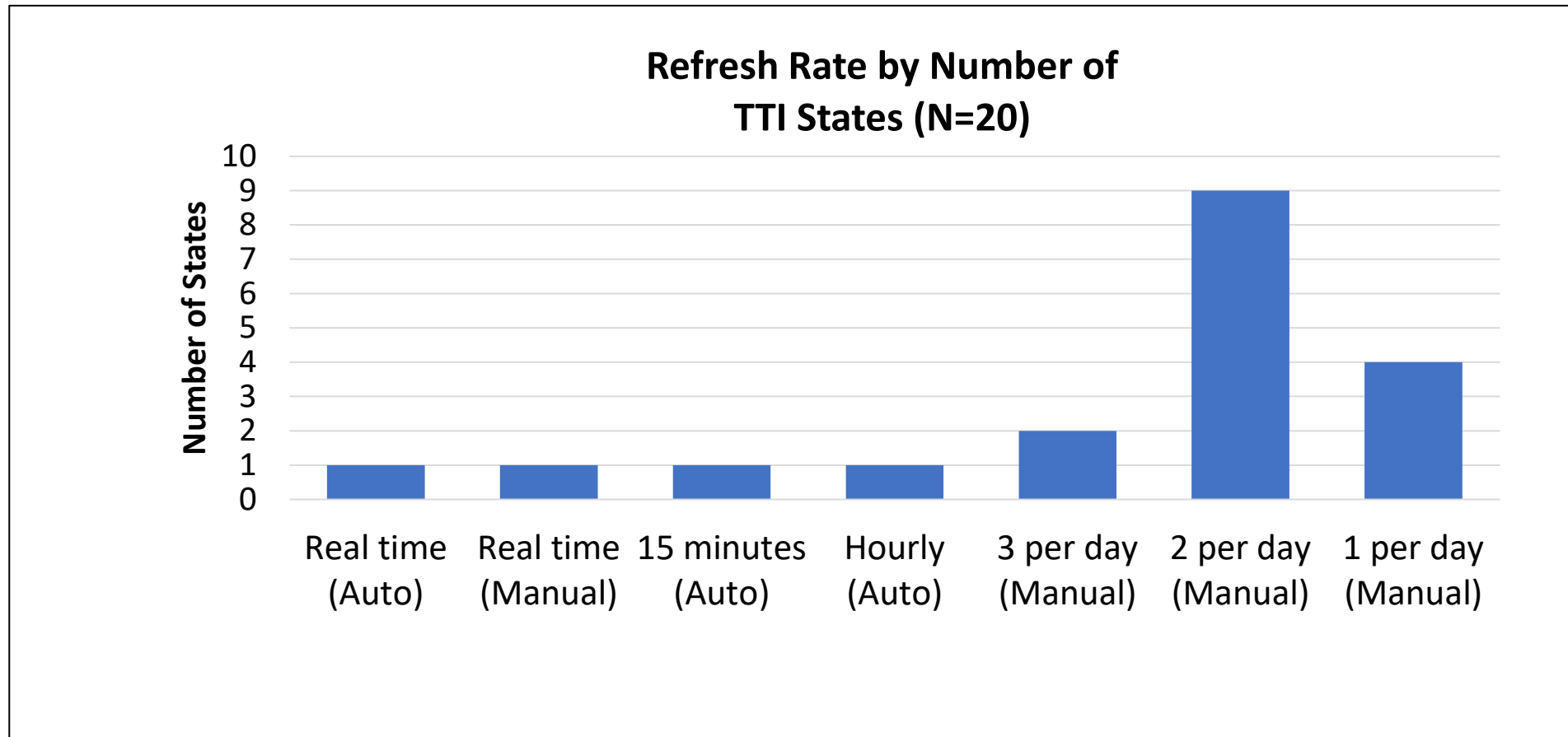
Referral Networks provide regularly updated information on bed availability, integrate HIPAA compliant electronic referrals to secure a bed, *and* support referrals for behavioral health services **to and from** provider members of the referral network. As with referral systems, the process and disposition of referrals can be tracked.

Referral Request	
Contact Information	Submit Request
Treatment Organization:	Albuquerque Health Services
Service:	Medication-Assisted Treatment: OTP
Address:	172 Montano Road NW, Albuquerque, NM 87107
Phone #:	(505) 344-4427
Email:	nwclinic@abqhealthservices.com
Your preferred method to contact as per your profile is	
E-Mail <input type="button" value="v"/>	
Changing this will update your profile upon submit	
Urgency of need*	
<input type="text" value="*Symptoms do not represent an immediate risk and/or highly anticipated risk"/>	
Gender and Age*	Substance(s) and Non-Substance(s) Treated*
<input type="text" value="*Adult (18 and older) - Female"/>	<input type="text" value="*Alcohol"/>
Difficult to Place Medical and Psychiatric Conditions	Special Populations
<input type="text"/>	<input type="text"/>
Payment*	
<input type="text" value="*Sliding fee scale"/>	
Request (Maximum 200 characters)*	
<input type="text" value="Need referral "/>	

What types of beds are listed?

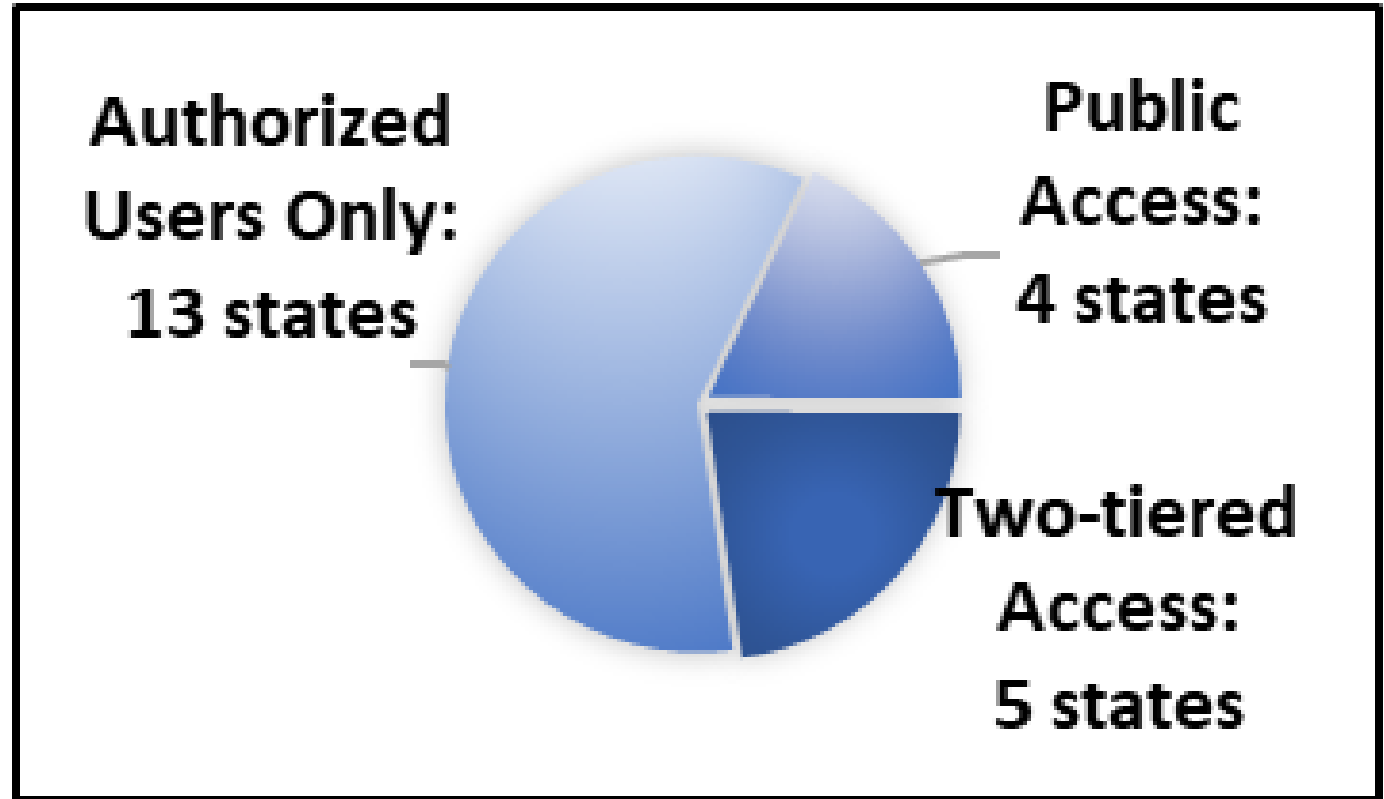


How often is bed availability updated?



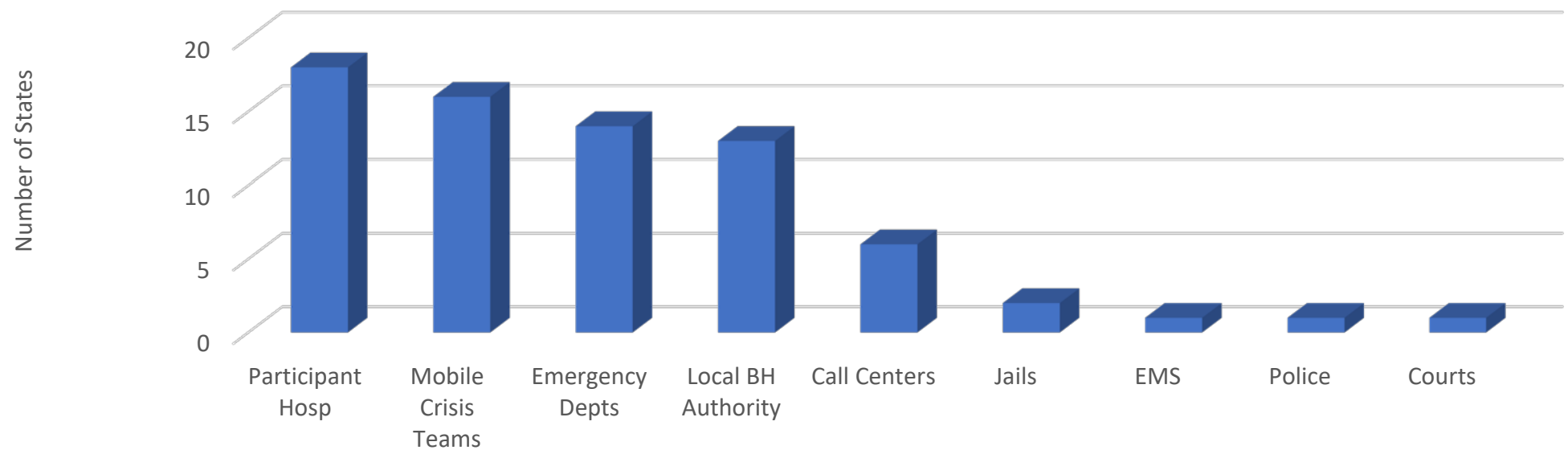
Public access or authorized users?

- Restricted bed registries are viewed as system tools for professionals to access resources for clients.
- Public access bed registries make capacity and utilization transparent.

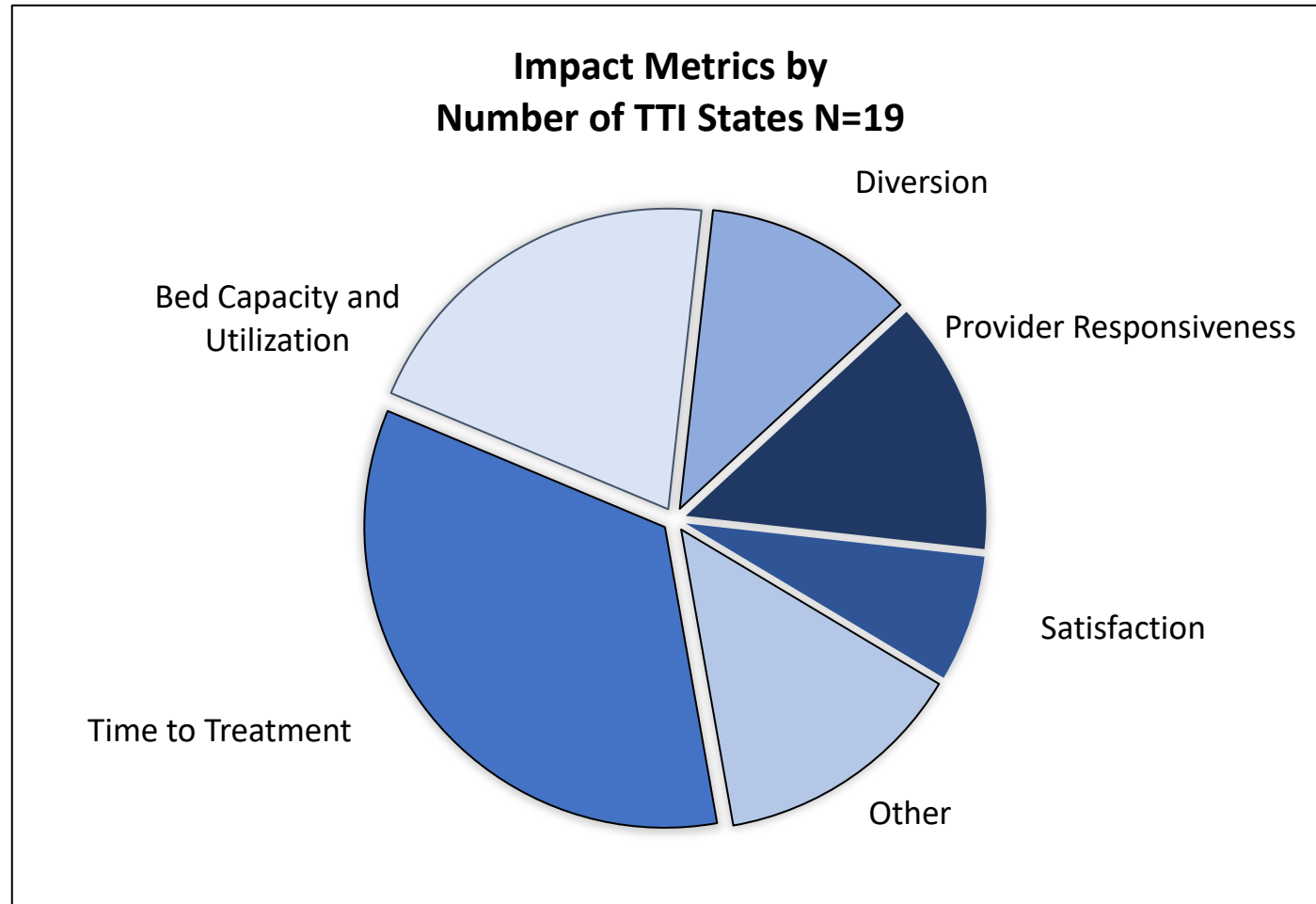


Who are the authorized users?

Authorized Users of Restricted Bed Registries by Number of TT States (N=18)



Do bed registries make a difference?



Summer 2021 Update on State Experiences Implementing Crisis Bed Registries



The world has changed since 23 states began TTI work on Crisis Bed Registries in 2019.

COVID Impacted BH services and workforce

The MHBG included a 5% set-aside for Crisis Services and the 2021 COVID supplement added an additional 5% set-aside (another 42.5 million)

988 BH Suicide/Crisis line was passed to be implemented by July 2022

Summer 2021 NRI Update on Experiences of 23 States with TTI Funding to work on Bed Registries

NRI Conducted on on-line survey to gather information from the original 23 TTI States (funded in 2019) to work on Bed Registries (20 states responded)

- Current operational Status of their registry
 - Impact of COVID on reporting and Utility of registry
 - Planned changes or enhancements to Registry
- How the Registry will work with the larger Crisis Continuum being supported by the SAMHSA Block Grants and state funds
- Working with 988
- Lessons Learned and Advice for other states

Registries Should be Flexible and States are Regularly Changing Content and Software. Registries Don't Have To Start State-wide

Over half the states with registries are planning major changes including

- Changing their software system.
- Adding new services/provider types.
- Changing reporting methods
 - Several states are exploring methods to automate reporting, such as linking to EHRs/HIEs.

4 states began their registry in one or more regions/cities within their state

- After demonstrating the effectiveness of their registry, 3 of the 4 states are in the process of expanding the registry to cover additional areas.
 - 2 of the 3 states are expanding coverage statewide.
 - The 4th state is working on plans to expand their registry to cover broader areas of their state.

Operation of Crisis Bed Registries Don't Cost Much and Federal Funds May be Available:

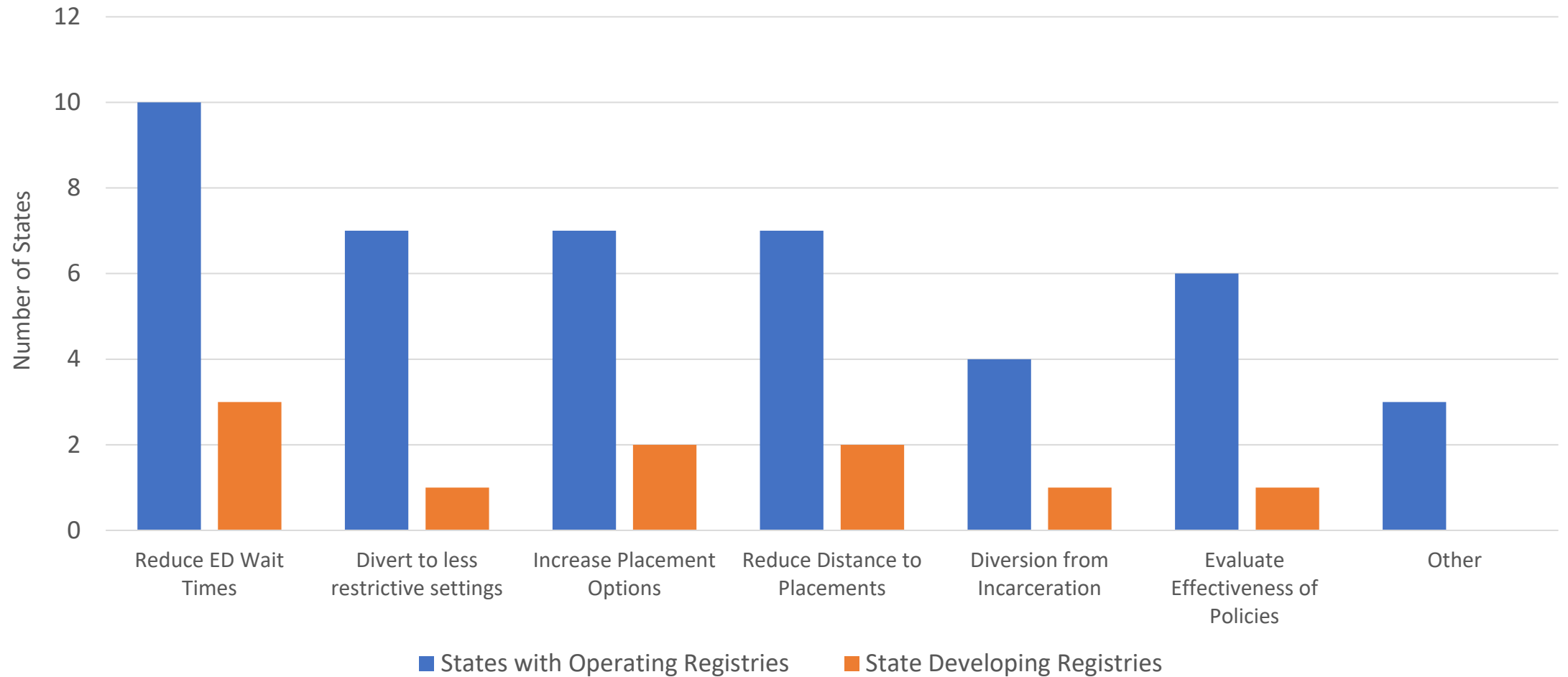
States with existing registries identified ongoing costs ranging from \$25K to \$500K per year.

- State Staff time for meetings/outreach with providers are likely NOT included in those costs
 - 6 states are using State General Funds to support their registry
 - 5 states are using SAMHSA Block Grant funds
 - 1 state is using Medicaid

Federal Funding Opportunities:

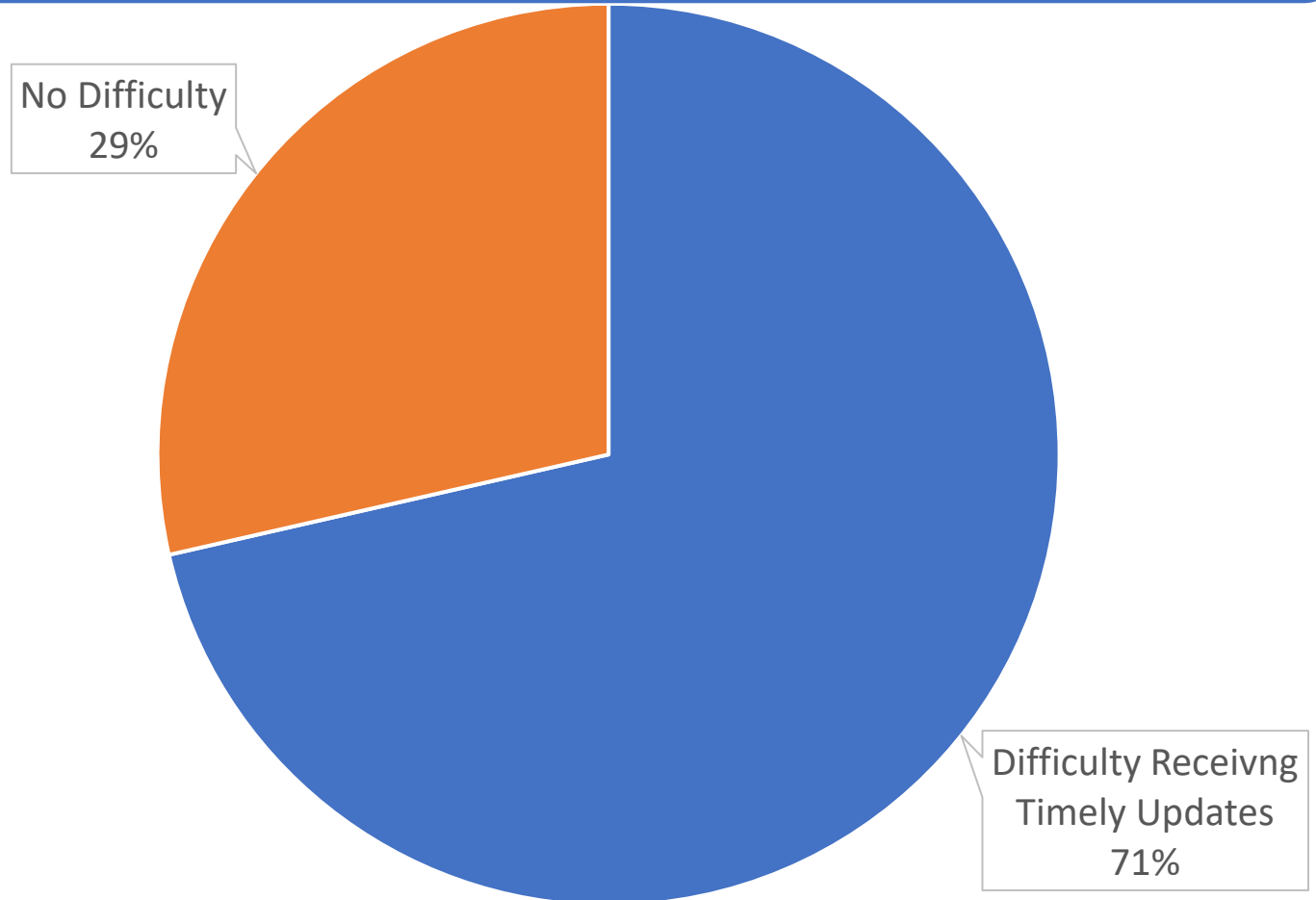
- SAMHSA guidance to states for the MHBG Covid Supplement and American Rescue Plan Supplements highlighted Crisis Bed Registries as an area of IT/Infrastructure the supplements could be used to support.
- The Medicaid/Chip Payment and Access Commission (MACPAC) in June 2021 identified Bed Registries as an area states could use Medicaid administrative match to help pay for.

Primary Goals of Bed Registries, Summer 2021



Does your State's Crisis Bed Registry Receives Timely Updates of Bed Availability?

70% Of States Report Challenges With Receiving Regular Timely Updates Of Bed Availability



Most Effective Ways To Incentivize Participation Of Private Hospitals



Registry Enhancements Made to Address COVID-19

67% of states report Increased Use Since COVID

- 8 states found registry increased in value because it was able to show available beds during a time of major system fluctuation with beds closing due to COVID.

33% of states report Decreased Use Since COVID

- Staff availability and reduction of beds led some providers to not update in the registry daily

Impact of COVID-19 on Bed Registries

42% of states added information about quarantine/isolation bed availability

33% added information about temporary program/bed closures due to COVID

8% Increased tracking of blocked beds of all service types (previously limited to inpatient beds)

8% added information about client COVID exposure

8% added features about changes to admission requirements/procedures related to COVID

41% no changes made

Most States are Planning to Use Their Bed Registries as Part of Behavioral Health Crisis Continuum Tracking

The registry will provide data confirming gaps and potentially identifying unidentified barriers for inpatient placement.

When we further expand our platform we will have the ability to identify choke points

it already does. we see an over use of our contract beds and know we need additional stabilization beds to accommodate for 988.

It will be used to identify place holder challenges and allow us to identify challenges to place individuals to the appropriate level of care.

Wait list numbers are monitored for bed-based services

988 Crisis Lines and Bed Registries

Most states reported they are still working on plans for how to integrate 988 and Crisis Bed Registries

- 11 States are planning allow 988 systems to access the Registry to identify potential open placements
- Ideally, crisis line staff, MCOT teams, and facility-based crisis services would be linked into the bed registry to monitor resources. The bed registry could aid the crisis delivery system in identifying available resources, avoiding referring clients to facilities where resources are not available.”
- It will be more critical than ever to get current reporting -- we will push harder on getting our hospitals to set up electronic hourly reporting to us.
- We are early in the 988 planning but our vender for the platform is participating with us and have experience in other states with this.

What Should States Starting To Work On Registries Look Out For/Be Prepared For?

This is not a technology project, this is a stakeholder engagement project.

Talk to your stakeholders early and often, and develop your IT business requirements around their feedback, not vice-versa.

Stakeholder engagement and buy in is key to a successful implementation.

Also, it's best to define your requirements first and then find a system that meets your requirements rather than commit to a system that has too much or too little functionality and doesn't meet your needs.

The board does not fix your system it only highlights the weaknesses of the system.

You must have a full continuum in the community to meet the needs of individuals. the registry is a great tool but not a solution

Early engagement or education to any and all stakeholders that might have a vested interest or be affected by the bed registry.

Be strategic about your conversations and the sharing of information around the registry so as to avoid "hurt feelings."

Look for ways to update bed availability electronically rather than depending on manual entries.

Contracts with any external software vendors should likely be cemented for more than 1 year from the Project Planning Phase to prevent possible timeout of software development in case of delays in administration.

Advice to States Interested in Bed Registries

Obtain end user buy in to the importance of this information

- Planning for whole community awareness should be at the very beginning. Communication should be consistent and come from all sides/entities/stakeholders with support and positive reinforcement.
- Get the state hospital association on board. Team up with the public health system
- Don't assume a provider or hospital isn't willing to do something -- go in with an open attitude looking for collaboration and welcome them into the project. Start with the clinical psych staff who often struggle to place or discharge patients and know the need for a bed registry more than anyone else. Get support from within the organization at whatever level you can get it.
- Your most valuable assets are the people that will use the system and know the day-to-day challenges and needs - this will shape the system design and the relationships are incredibly important for implementing and establishing the system

Implementation:

- Be prepared to have a lot of contact with the facilities to ensure that they are updating the availability and provide training to new users frequently.
- Find ways to incentivize facilities to update their bed availability more often than once per day. Availability needs to be as real time as possible for true success.
- End users should practice in a training site at the same time, and should go live at the same time.
- Be sure you have complete buy-in from the top level of your agency, including program level and operations level.
- Place a system mandate with guidelines and requirements.

Be Flexible:

- Plan out your work in phases. know what problems you are trying to solve
- Be flexible, will experience changing and moving targets.
- You can't plan for everything and if you could, something will change so make sure your design can be improved if needed.
- Be patient.

For individual fact sheets and the full report:
<https://www.nasmhpd.org/content/tti-2019-bed-registry-project-fact-sheets-and-full-report>

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