CONNECTICUT

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.

> **"We built the registry in response to people and their families asking us in desperation, 'Where are the treatment beds?'"**
>
> **—Julienne Giard, Project Director**

CONNECTICUT'S BED REGISTRY
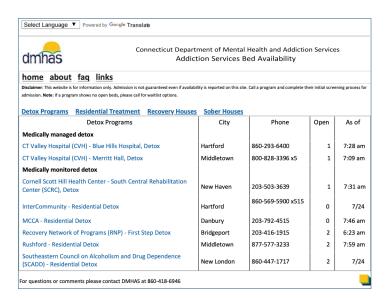
Current approach and need for change:

In response to frequent pleas from people with addictions and their families for help to find available treatment beds, the Department of Mental Health and Addiction Services (DMHAS), launched a search engine in November of 2017. The *Bed Availability* website, shown in the figure below, was made accessible to the public to make transparent the openings in detox, residential treatment, recovery houses, and sober homes across the state. The website is well used and receives positive feedback from clients, families, providers, treatment advocates, and legislative leaders. Seeking to replicate this success, DMHAS, will launch a similar search engine for mental health settings. DMHAS sees this site as a way to increase communication across stakeholders, introduce more transparency in the utilization process, and educate stakeholders about the continuum of care available. It is expected that the site and its use will evolve over time.

Type of bed registry: The *search engine* launched in August 2020.

Screenshot of the Connecticut's Bed Availability website

Planning partners: A steering committee of approximately 20 representatives from Local Mental Health Authorities, a consumer organization, and state service coordinators advise the development of the site. The committee has expanded to include the DMHAS Forensics Division and an additional Local Mental Health Authority, the CT Mental Health Center. The discussion and relationship building that occur in the steering committee have been pivotal to translating the informal protocols for use in a transparent bed registry tool. A soft launch for planning partners was held in early August with a final launch later in the month.

Crisis system beds to be included in the registry:
The new mental health *Bed Availability* website lists 1,766 DMHAS-operated and funded mental health beds for adults across six types: inpatient, intensive residential, group homes, supervised apartment, transitional residential, and respite.

Registry development vendor: A private firm, ICAL Systems, designed and hosts the *Bed Availability* website platform for addiction treatment beds and will do the same for mental health beds.

Access to the registry: The registry is accessible to the public at **www.ctmentalhealthservices.com**.

Refresh rate and entry process: Refresh rates will vary from daily to every seven days, depending upon the frequency of bed turnover as listed programs cover a wide array of temporary and long-term settings.

Meaningful metrics:
The University of Connecticut is developing an evaluation of the registry. DMHAS anticipates the evaluation to cover:

- Increased satisfaction of individuals seeking these services.

- Mental health system stakeholder satisfaction with the site.

- Increased utilization rates of all mental health beds.

Impact of the COVID-19 pandemic on the bed registry: Although the bed registry has not launched, DMHAS has observed that flow from one setting to another has substantially slowed to reduce the risk of introducing opportunities for contagion.

System oversight: The project director will continue to oversee the project and report results to the Deputy Commissioner of DMHAS.

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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

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