

FLORIDA

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 know that we will need all of the stakeholders to commit to the creation of the bed registry and how it will be utilized.”

—Greg Nix, Project Director

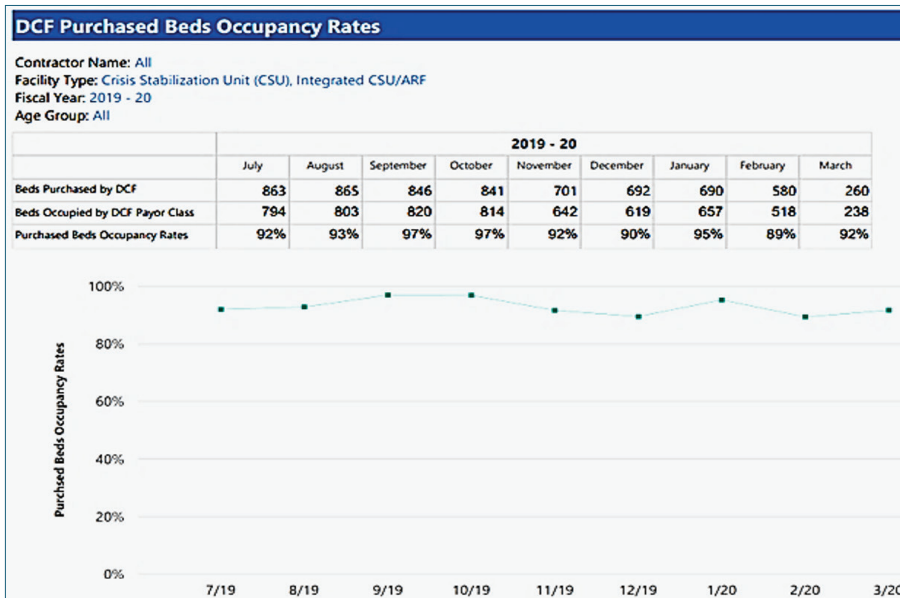
FLORIDA’S BED REGISTRY

Current approach and need for change:

The delivery of behavioral health care in Florida is coordinated through seven regional managing entities (RMEs) under contracts with the state. Services are tailored to the specific needs in the various regions and those seeking help are directed to the RMEs for assistance. The state legislature enacted F.S.394.082 directing the Florida Department of Children and Families (DCF) to establish a database of daily use of state behavioral health services and resources and particularly crisis and hospital beds. Although local behavioral health providers send daily utilization reports to the RMEs, the state receives the daily numbers at the end of the month. The figure below shows the aggregated use of beds contracted by the state. As DCF works to improve the accuracy and reliability of the bed reports that it receives, it is simultaneously moving towards reducing the reporting time from one month to one day with the eventual aim of creating a bed registry search engine that providers will update directly.

Type of bed registry: The type of bed registry envisioned is a *search engine* to be launched in 2022.

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Utilization of CSUs across Florida

Planning partners: The critical partners in the development of a daily reporting system are the providers and RMEs who collect and report data.

Crisis system beds to be included in the registry: The bed registry would include the wide array of beds that RMEs currently report addressing both mental health and substance abuse needs: crisis stabilization units (CSUs); detoxification centers, and addiction-receiving facilities (ARFs), inpatient state-contract beds, state psychiatric hospital beds, residential treatment beds, and short-term residential settings.

Registry development vendor: FEI is the DCF's electronic health records vendor and has participated in meetings with providers, RMEs and FSC to coordinate efforts. The bed registry is expected to be added by the state to its current report dashboard (<https://myflfamilies.com/service-programs/samh/dashboard/>).

Access to the registry: The publicly accessible website, <https://myflfamilies.com/service-programs/samh/dashboard/> (pending), will allow users to search for a service in a geographic area.

Refresh rate and entry process: As envisioned, facilities would update bed registry data at shift change, 2–3 times per day.

Meaningful metrics: Use of state-funded services.

Impact of the COVID-19 pandemic on the bed registry: Provider's awareness of their interdependence was heightened in response to the pandemic and underscored the need for mechanisms to locate treatment resources more efficiently.

System oversight: Florida Department of Children and Families' Office of Substance Abuse and Mental Health, Quality Assurance is providing oversight.

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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>