

GEORGIA

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.

“Transparency is a big plus of the program. We can see the crisis system statewide, and this helps us know where we need to make changes.”

—Debbie Atkins, Project Director

GEORGIA’S BED REGISTRY

Current approach and need for change:

Georgia first established a central crisis call line in 2006 and a bed registry in 2012 to better respond to behavioral health crises and manage its resources. The Georgia Crisis and Access Line (GCAL) is a central statewide number for consumers, families, and first responders to call for help in a behavioral health crisis. GCAL-certified staff logged 250,000 calls in 2019 and resolved the callers’ crises over the phone, scheduling 24/7 urgent outpatient care in a clinic close to the caller, dispatching mobile crisis teams to conduct a face-to-face assessment and determine treatment needs (15,000 dispatches), or facilitating placement in 1 of 580 treatment beds (nearly 3,500 placements were facilitated). A real-time, web-based registry “referral board” is currently in place to assign state-controlled resources. TTI funds have been used to improve the current interface for more streamlined use and data collection, make enhancements that will electronically screen medical clearance guidelines, and develop systems for better partnerships with local emergency departments. With many years of developing an integrated

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

Referrals posted in Georgia with names removed

system, Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) has combined the core components of SAMHSA's National Guidelines for Behavioral Health Crisis Care regional crisis call center, crisis mobile team response, and crisis receiving and stabilization facilities into its behavioral health system.

Type of bed registry: The *referral system* is integrated with the GCAL referral system.³ Authorized referral sources complete a pre-admission referral form (PARF) that includes all the information required for admission and posted to the board (as illustrated in the figure). Receiving facilities are automatically notified of the referral. GCAL staff track the referral process to ensure the swiftest possible admission.

Planning partners: Partners include mobile crisis teams, the registry development vendor, the state hospital association, community service boards, the Georgia Sheriff's Association, and the Administrative Services Organization (ASO) that manages authorizations and utilization management for the crisis continuum of services.

Crisis system beds to be included in the registry: This referral system is fully integrated into the GCAL network of services. The system lists DBHDD-operated or -funded crisis beds for adults and children who are medically indigent or Medicaid eligible. The Bed Board reports on availability in 26 crisis stabilization units, 17 contracted inpatient beds in private psychiatric hospitals and psychiatric units in general hospitals, and

in 4 large state hospitals. One 10-bed crisis unit addresses the special needs of children with autism. State-operated detoxification facilities and substance use residential settings have recently been added. Private facilities in which bed stays are reimbursed through private insurance or direct pay are overseen by a different department in the state.

Registry development vendor: Behavioral Health Link developed and hosts the platform and provides system data used by the Georgia Collaborative ASO (Beacon Health Options) to establish performance metrics.

Access to the registry: Access to bed registry is limited to GCAL call-center clinicians, walk-in crisis centers, emergency department staff, jail staff, and mobile crisis team staff refer individuals whose crises require a bed in a receiving facility.

Refresh rate and entry process: Facilities with state-controlled or -operated beds manually enter bed availability data in real time as admissions and discharges occur. The ASO and DBHDD monitor bed occupancy, length of stay, and other performance metrics to ensure compliance with this requirement.

Meaningful metrics: With many years of data, DBHDD has established benchmarks (in parentheses below) to monitor performance using the following metrics:

- Occupancy rate of crisis stabilization units (90% required).
- Denial rate (no more than 10%).

- Length of stay (average of seven calendars days or less).
- Diversion rate (percent of individuals who present to walk-in centers or temporary observation units and are treated in fewer than 24 hours and no longer require inpatient admission to a crisis unit or hospital).

Impact of the COVID-19 pandemic on the bed registry:

- During March and April, demand was reduced by more than half as consumers and their families avoided hospital emergency departments and leaving home. As hospitals began resuming non-emergency activities in May, demand began to climb. In June, demand has exceeded pre-pandemic levels.
- Although mobile crisis dispatches did not grow during the pandemic, telehealth contacts with providers did.
- Crisis capacity in DBHDD-operated or -funded crisis beds was decreased by as much as one third (580 to 400) as settings took measures such as reducing occupancy to reduce the risk of infection. In some cases, entire facilities either closed temporarily to disinfect or refused new admissions when a patient tested positive for COVID-19.
- The bed board made it convenient for crisis system stakeholders to receive critical and time-sensitive

announcements about admission policies and changes to the availability of beds so that delays in finding beds could be avoided.

System oversight: Oversight is conducted by the DBHDD Director of Crisis Coordination in tandem with the Director of ASO Coordination.

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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>

³ Referral system websites track bed availability and support authorized users to submit HIPAA-compliant electronic referrals to secure a bed using preset forms and protocols. Once received, facilities respond electronically to referrals.