

MARYLAND

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 want to enable professionals to get people in crisis to the care they need quickly — without having to call every hospital nursing station in the area looking for an opening.”

—Susan Bradley, Project Director

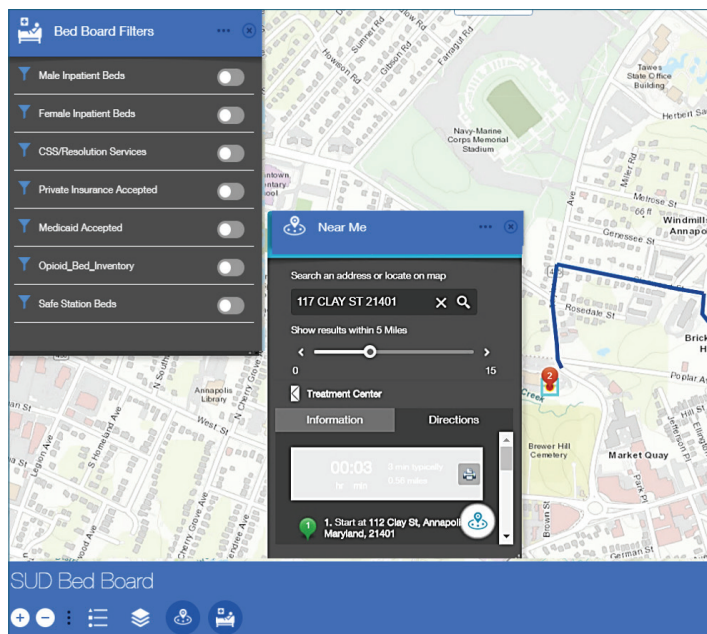
MARYLAND’S BED REGISTRY

Current approach and need for change:

When an individual is assessed and determined to need a bed in a crisis stabilization unit or hospital, crisis workers must call individual facilities to identify openings. The process of identifying an open bed that is appropriate to the needs of the individual may take hours, especially when the list of facilities is outdated and/or erroneous. The Maryland Department of Health, Behavioral Health Administration (BHA) is planning to build on the Substance Use Disorder Bed-Finder System used in one county and expand it across the state. The Maryland Bed Availability Registry (MD-BAR) will display bed availability and driving directions to the facility using web-based ArcGIS (Global Information System) software. A performance dashboard designed for administrators and policy makers provides a high-level summary of available beds and tracks the location of available beds in relation to the reported crisis to inform resource allocations.

Type of bed registry: The password-protected *search engine* will display availability and location of available beds.

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User view of closest available bed in Maryland

Planning partners: A statute to establish a bed registry has been in development for several years and has gained the attention of providers, advocacy organizations, government officials, and legislators to the project. Frequent turnover of department leadership has resulted in several starts and stops as new administrations align the project with the evolving legislation and policy shifts. When a contract to build out the platform is executed, a broad representation of stakeholders will be invited to participate in focus groups. Participants will include local behavioral health authorities, treatment providers, hospitals, consumer advocates, the state Mental Health Association, state Medicaid, and mobile crisis team members.

Crisis system beds to be included in the registry:

BHA will roll out the project in three phases, beginning in January 2021. Information from state licensing on listed facilities will be used as the foundation to populate the database on bed capacity.

- Phase I: Substance abuse and mental health crisis stabilization units, psychiatric hospitals and psychiatric units in general hospitals, and substance abuse social detoxification centers.
- Phase II: Substance use residential treatment facilities will be added.

- Phase III: Residential rehabilitation programs, mental health group homes, and substance use recovery houses will be added.

Registry development vendor: A contract to develop the software and host a bed registry platform is in process and expected to be awarded in Spring 2021.

Access to the registry: Access will expand in phases:

- Phase I: Crisis counselors, mobile crisis teams, safe stations/walk-in centers, community-based behavioral health crisis beds, emergency department staff, inpatient treatment staff in private psychiatric hospitals and psychiatric units in general hospitals.
- Phase II: Substance use residential treatment facilities staff will be added.
- Phase III: Staff of residential rehabilitation programs, mental health group homes, and substance use recovery houses will be added.

Refresh rate and entry process: Bed availability will be entered manually at least twice daily, and ideally in real-time.

Meaningful metrics: To be determined.

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

The project has been significantly delayed so that staff time could be redeployed to other efforts related to pandemic prevention efforts.

System oversight: The program is overseen by the Maryland Department of Health Behavioral Health Administration.

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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>