

MASSACHUSETTS

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.

“Seek input from all the stakeholders before you design or modify the bed registry, otherwise, what you’ve created may not be useful to users and will be incompatible with how providers operate.”




—Kathy Sanders, Project Director

MASSACHUSETTS’ BED REGISTRY

Current approach and need for change:

The Massachusetts Behavioral Health Access (MABHA) website was first launched in 2009 as a tool for emergency services (mobile crisis teams) to place an individual in crisis. In 2015, the availability of most behavioral health services, except inpatient and crisis beds, were made publicly accessible. The system allows users to search providers in nine categories of mental health, 12 of substance abuse and 14 of child and family treatment and support services across the Commonwealth. Mobile crisis teams have access to a second tier of the website that identifies the availability of inpatient and crisis stabilization beds by locality across the state. During the pandemic, MABHA made all services, including inpatient care, publicly accessible for an indefinite period. The figure on the next page displays an example of the list of inpatient beds accessed from the publicly available <https://mabhaccess.com> website. MABHA also collects performance data behind the scenes not only to monitor services, but to notify leadership of problems that are developing in real time. For example, MABHA collects data on emergency

continued ►

 Massachusetts Behavioral Health Access (MABHA) <small>administered by the Massachusetts Behavioral Health Partnership (MBHP) a Beacon Health Options Company</small>							
Home Youth and Family Substance Use Disorder Mental Health Contact Us							Login
 Print Select Language  <small>Powered by Google Translate</small> 							
Results for Inpatient, age 40, city Springfield in a 20 miles radius <small>* Service availability is not guaranteed. Please call before going to facility.</small>							
Facility	City	Available Capacity (Openings)	Referral Phone	Comments	Gender	Distance (Miles)	Last Updated
BAYSTATE MEDICAL CENTER INC (Adult 18+)	SPRINGFIELD	0	413-794-3870	Effective 6/20/2020 Total Capacity is 25	All	1.41	54 minutes ago
HOLYOKE MEDICAL CENTER INC (Adult 16+ LIM Class 6)	HOLYOKE	0	413-534-2593		All	7.38	16 hours ago
HOLYOKE MEDICAL CENTER INC (Adult 18+)	HOLYOKE	1	413-534-2593	Please call 413-534-2627 Option 1 to make a referral between 7:00 AM- 11:00 PM. After hours please call 413-534-2593.	All	7.38	16 hours ago
Providence Behavioral Health Hospital - licensed under Mercy Medical (Adult 16+ LIM Class 6)	Holyoke	0	413-539-2971		All	7.38	2 hours ago
Providence Behavioral Health Hospital - licensed under Mercy Medical (Adult 18+)	Holyoke	0	413-539-2971		All	7.38	2 hours ago
NOBLE HOSPITAL FOWLER WING (Adult 16+ LIM Class 6)	WESTFIELD	0	413-568-2811 ext 5545		Male, Female	10.41	2 hours ago
NOBLE HOSPITAL FOWLER WING (Adult 18+)	WESTFIELD	0	413-568-2811 ext 5545		Male, Female	10.41	2 hours ago
Baystate Wing Hospital (Adult 18+)	Palmer	1	413-370-5269	2 blocked	Male	14.80	2 hours ago
COOLEY DICKINSON HOSPITAL INC (Adult 18+)	NORTHAMPTON	2	413-582-2974		All	16.44	43 minutes ago

User view of available beds near Springfield, Massachusetts

department boarding that exceed 24 hours and notifies the Department of Mental Health, allowing it to directly intervene. MAHBA's most recent expansion now identifies programs with walk-in services and providers of medically assisted substance use treatment. Like all other expansions, these changes were preceded by consultation with the providers and system users to identify and overcome potential complications such as differences in terminology.

Type of bed registry: MABHA is a *search engine*.

Planning partners: MABHA was launched in 2009 as a joint effort between the Massachusetts Medicaid Office of Behavioral Health MassHealth (MassHealth), Department of Mental Health (DMH), and the Massachusetts Behavioral Health Partnership (MBHP). Additional partners include trade associations, providers, consumer organizations, the DMH Consumer Advisory Committee, and the other state agencies.

Crisis system beds to be included in the registry: The system reports availability for 10 categories of crisis care, ranging from mobile crisis teams and crisis stabilization units, to inpatient beds for both mental health and substance use-related crises for adults and children. The system also lists preventive and aftercare services, including in-home behavioral health services and partial hospitalization programs.

Registry development vendor: MBHP developed and manages the website.

Access to the registry: Prior to the pandemic, the website operated as a two-tiered search engine. The public access website, <https://mabhaccess.com>, allowed anyone to search for all behavioral health services available in the commonwealth except inpatient hospital, crisis stabilization, and specific programs for substance use treatment that were accessible to mobile crisis teams and emergency departments. During the pandemic, that exception was removed. MBHP is weighing whether it will re-impose two-tiered access.

Refresh rate and entry process: Due to the variety of services and settings, the frequency of updates varies from three times per day to four times per year (for non-crisis related services), depending on the turnover rate and level of care. Auto reminders are electronically generated for two-hour lapses in updates for inpatient beds. Participation and 80% compliance with updating availability are quality indicators that insurance companies in Massachusetts consider when adjusting reimbursement rates.

Meaningful metrics:

- Compliance with updating.
- Number and regional location of available beds.

- Emergency department boarding.
- Administratively necessary days (days in hospital awaiting essential community-based aftercare) that inform capacity and efficiency of the crisis response system.

Impact of the COVID-19 pandemic on the bed registry: Demand initially fell, then fluctuated, and gradually plateaued to its previous level. More emergency department boarding occurred as some crisis stabilization units and hospital units closed or reduced capacity.

System oversight: MBHP oversees project function and distributes reports to the state mobile crisis team

director and the DMH director. The project is directed by the DMH Deputy Commissioner and MassHealth.

Project contact: Kathy Sanders, MD, DMH Deputy Commissioner, at Kathy.sanders@massmental.state.ma.us or 617-626-8059.

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>

This work is licensed under Creative Commons Attribution-ShareAlike 4.0 International License (CC BY-SA 4.0) unless otherwise stated or superseded by another license. You are free to share, copy, and remix this content so long as it is attributed, and done so under a license similar to this one.

This work was funded by Substance Abuse & Mental Health Services Administration under Contract HHSS283201200021I, Task HHSS28342003T, Reference 283-12-2103; and the National Association of State Mental Health Program Directors (NASMHPD), Inc. under Subagreement Number CA-3011.5-KELLER-01.

