MISSISSIPPI

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 people to have access to crisis services as close to their home community as possible.*"
>
> —**Steven Allen,**
> **Deputy Executive Director,**
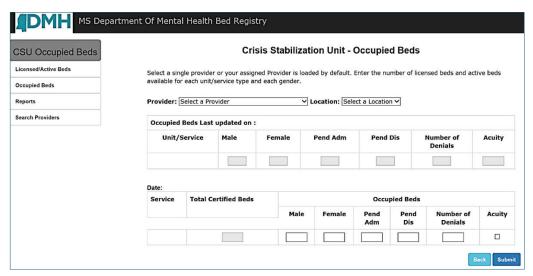> **Mississippi Department of Mental Health**

MISSISSIPPI'S BED REGISTRY

Current approach and need for change:

The Mississippi Department of Mental Health's (DMH) crisis system has been undergoing major changes with the establishment of mobile crisis teams operated by community mental health centers (CMHCs) within their catchment areas. DMH has also funded an additional 48 crisis stabilization unit (CSU) beds, for a total of 176 statewide that are operated by CMHCs to meet the identified need. The CSUs give crisis teams the option of referring individuals in crisis to treatment in a setting that is as close to their homes as possible. The bed registry was launched April 1, 2020, and lists the daily updated availability of these the crisis bed options in the state. It also provides DMH with a daily portal to view patient flow and intervene to reduce wait times for treatment. For example, the bed registry identifies the number of people waiting for an opening in a state hospital and the agency that referred them. DMH may have the agency refer individuals to a CSU instead depending on vacancies. If accepted, the individual is diverted from the waitlist for immediate admission to treatment. The overall goal is to maximize availability and accessibility of crisis stabilization and acute psychiatric inpatient beds for Mississippians.

NASMHPD

Electronic form to update bed availability in Mississippi

Type of bed registry: The MS Department of Mental Health Bed Registry is a *search engine*. The graphic above displays the form used for updating the system.

Planning partners: Planning partners include the users of the database: state hospitals, intellectual and developmental disabilities (IDD) facilities, CSUs, and CMHCs.

Crisis system beds to be included in the registry: CMHC-operated and state-funded CSUs, state hospital beds, community living facilities (long-term residential), IDD crisis units, and child/adolescent facilities.

Registry development vendor: The state developed the platform using its statewide data management system.[3]

Access to the registry: A password-protected website is available to state hospitals, IDD facilities, and CMHCs that include their mobile crisis teams and crisis stabilization units.

Refresh rate and entry process: Updates are entered manually once per day.

Meaningful metrics:

- Reduce the average wait time for acute psychiatric admissions to state hospitals.

- Divert from more restrictive environments such as jail and hospitalizations to crisis stabilization units.

Impact of the COVID-19 pandemic on the bed registry: Admission procedures have been revised and bed capacity has been adjusted at the state hospitals and at CSUs to accommodate new admissions more safely. A corresponding reduction in demand for beds was also observed during the period.

System oversight: Oversight is provided by the Mississippi Department of Mental Health Deputy Executive Director.

Project contact: Denise Jones, Chief Information Officer, Mississippi Department of Mental Health, at *Denise.Jones@dmh.ms.gov* or 601–359–5182.

---

[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] The Bed Registry is a web-based application using an SQL database and developed using Apache Tomcat. The security for the application is managed by an external active directory. The application will reside at the State Datacenter and will be external facing so all authorized users can log into the system from their locations.