

NEW JERSEY

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.

“Make sure you have an accurate inventory of beds and reconcile differences before you start your system.”

—Donna Migliorino, Deputy Assistant Division Director, DMHAS Office of Olmstead, Planning, Research, Evaluation, and Prevention

NEW JERSEY’S BED REGISTRY



Current approach and need for change:

The New Jersey Division of Mental Health and Addiction Services (DMHAS) established the Bed Enrollment Data System (BEDS) in 2015 to provide an electronic search engine for mental health and substance use treatment providers to find available community, supportive, and recovery housing for people transitioning from inpatient settings. DMHAS recently added housing support vouchers for individuals in recovery from opioid use disorders. With support from the TTI grant, DMHAS is expanding BEDS to include psychiatric beds in community hospitals (STCF for short-term care facility), and peer-run respite facilities. Although system modifications were completed, the COVID-19 pandemic risk-reduction efforts delayed the pilot testing for the system and the subsequent statewide launch to the Spring of 2021. Ongoing plans include further modifications to make data publicly accessible in compliance with recent state legislation.

Type of bed registry: BEDS is a search engine.

The figure on the next page displays a search for open residential beds in Essex County.

continued ►

Bed Search	Referrals Made	Admitted Clients	Admin	Reports	Help								
County: <input type="text" value="All"/>	Agency: <input type="text" value="OAKS INTEGRATED COMMUNITY SERVICES"/>	Target Population: <input type="text" value="All"/>											
Bed Type: <input type="text" value="All"/>	Level of Care: <input type="text" value="All"/>	Gender: <input type="text" value="All"/>											
<input type="button" value="Search"/>  													
Please make selection(s) from drop-down list(s) above to narrow down the search results.													
TOTAL VACANT BEDS ARE 46													
Provider	SiteId	Address	City	Zip	County	Bed Id	Bed Type	Level Of Care	Gender Target	Target Population	ADA Accessible	Program Element	CEPP Risk
OAKS INTEGRATED COMMUNITY SERVICES	5483	3 East Holly, APT. C	Haddon Heights	08107	Camden	3418	Supportive Housing (Traditional)	Supportive Housing	Male	Supportive Housing (Traditional)	No	Supportive Housing	Other
OAKS INTEGRATED COMMUNITY SERVICES	1976	2155 Harbour Drive	Palmyra	8065	Burlington	3431	Supportive Housing (Traditional)	Supportive Housing	Female	Supportive Housing (Traditional)	No	Supportive Housing	Other

BEDS listing of available residential programs in one county of New Jersey

Planning partners: Planning partners include Collaborative Support Programs — New Jersey, the National Alliance for the Mentally Ill, the Mental Health Association of New Jersey, the NJ Association of Mental Health and Addiction Agencies (NJMHAA), the Coalition of Mental Health Consumer Organizations (COMCO), hospital associations, and local mental health authorities.

Crisis system beds to be included in the registry: In addition to the current residential beds, DMHAS is adding 420 state-funded beds in 24 hospitals (short-term care facilities, STCFs), two recovery centers, psychiatric emergency centers' extended observation units (<24 hour CSUs), and four peer-run respite facilities to the BEDS system.

Registry development vendor: DMHAS's Information Technology staff built and maintain BEDS. They will expand the system, troubleshoot problems with users, and update the system as needed.

Access to the registry: State hospital discharge staff, provider agencies, wellness centers, psychiatric screening services, affiliated emergency services, have role-specific access to sub-categories of beds. Discharge staff for example can access residential programs and STCF staff have access to their own, as well as other STCF beds. DMHAS Central Office monitors overall flow and encourages full utilization of available beds and services.

Refresh rate and entry process: Bed availability at STFCs, CSUs, and respite centers are entered manually,

twice per day. Bed availability in residential settings is manually updated on the day that change occurs.

Meaningful metrics:

- Matching residential vacancies with patient need.
- Reduced emergency room boarding.
- Diversion from hospitalization to crisis respite beds.
- Diversion from state/county psychiatric beds to STFCs.

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

Obtaining an accurate count of vacancies has been challenging because programs have had to make changes each day to social distance residents and reduce risk of infection. The bed registry launch was delayed six months.

System oversight: The DMHAS Assistant Division Director, DMHAS Office of Treatment and Recovery Supports oversees the program.

Project contact: Steve Fishbein, Deputy Assistant Division Director, Office of Treatment and Recovery Supports, DMHAS, at Steve.Fishbein@dhs.nj.gov.

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>