

WEST VIRGINIA

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.

“The bed registry will complement the state’s efforts to build a comprehensive crisis system for children and their families and improve access through a statewide call center.”

—Nikki Tennis, Director of Children’s Behavioral Health Services, BBH

WEST VIRGINIA’S BED REGISTRY

Current approach and need for change:

Since a 2014 US Department of Justice civil action critical of West Virginia’s behavioral health services to children, the West Virginia Bureau for Behavioral Health (BBH) has worked steadily to improve in-home and community-based services, make critical mental health services more readily available, and reduce extensive wait times at West Virginia’s Comprehensive Centers. Consulting with Connecticut, New Jersey, and Oklahoma on their systems of care, WVBBH is designing and putting into place a continuum of care that integrates call centers, mobile crisis teams, and wraparound services for children and their families. The development of a bed registry is expected to follow the establishment of these critical system components:

- **Statewide call center:** The *Help4WV* call center with 24/7 call, chat, and text lines provides immediate help to individuals with an addiction and mental health crisis. *Help4WV* (<https://www.help4wv.com>) can directly connect callers with providers during calls.
- **Mobile crisis teams:** Children’s Mobile Crisis Response and Stabilization (MCRSS) service teams are available in five of the state’s six regions, with the final region coming online by March 2021, when the services will be available in all 55 West Virginia counties. Crisis response services by phone are already available statewide through the

continued ►

West Virginia's Help4WV search engine

Children's Crisis and Referral Line launched in October 2020 as part of *Help4WV* with First Choice Services, which is also the state's National Suicide Prevention Lifeline call center.

- **Community alternatives to hospitalization:** Establishing respite care as alternative settings to inpatient psychiatric placements for children.
- **Preventing crises from occurring:** Children's Wraparound services³, available to families in all 55 counties statewide.

Type of bed registry: The current website (<https://www.help4wv.com/resources>) displays key information about crisis and treatment services for behavioral health disorders. Regularly updated information on bed availability will be added to the website as it continues to evolve. The bed registry is a *search engine*.

Planning partners: BBH has collaborated with the Office of Medical Facilities, Hospital Association, Primary Care Association, Bureau of Children's and Families, and the Behavioral Health Planning Council. The University of Maryland and West Virginia University are completing surveys of stakeholders, with an emphasis on gathering feedback from families to inform the design of the crisis system and the bed registry.

Crisis system beds to be included in the registry: The bed registry will initially focus on substance use treatment facilities and residences. A later expansion will include public and private psychiatric hospitals, psychiatric units in general hospitals, and crisis triage centers. In addition, it will include outpatient, substance abuse residential care, children's respite, and residential care.

Registry development vendor: BBH is in the process of selecting a bed registry vendor.

Access to the registry: The state has not determined the type of registry (search engine or referral) or whether access to the registry website will be public or limited.

Refresh rate and entry process: The refresh rate and entry process have not been established.

Meaningful metrics: Metrics have not been determined.

Impact of the COVID-19 pandemic on the bed registry: None reported.

System oversight: The Director of Children's Behavioral Health Services, WVBBH, oversees the project and reports to the Deputy Commissioner.

Project contact: Cassandra Toliver, WVBBH, at cassandra.l.toliver@wv.gov or 304-356-4789.

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 Wraparound is a team-based care planning approach that builds upon strengths to identify appropriate formal and informal supports. Wraparound partners with the youth and their family to convene a team of cross-sector service providers, community members, friends, and other supports to develop a comprehensive, individualized, and creative plan of care. (SAMHSA, Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders: State and Community Profiles. SAMHSA Publication No. PEP19-04-01-001. Rockville, MD, 2019)