RHODE ISLAND

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.

> **"To overcome providers' reluctance to participate, we committed to ensuring information listed on the website was accurate and reliable."**
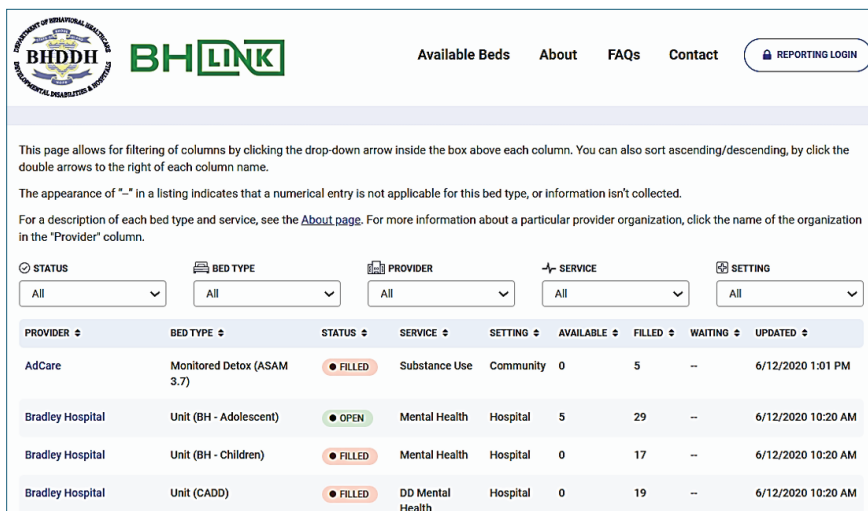>
> **—Olivia King, Project Director**

RHODE ISLAND'S BED REGISTRY

Current approach and need for change:

Rhode Island's Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, and the Division of Behavioral Health (BHDDH) creating a public-facing, real-time website to help people find help when they or a loved one is in crisis. An act of the state legislature requiring the state to "develop a strategy to assess, create, implement, and maintain a database of real-time availability of clinically appropriate inpatient and outpatient services" (23-17.26-3) for substance use disorder served as the catalyst for change. A common health information exchange among hospitals will allow bed availability to be automatically updated every hour, slated to begin in August. Agencies that do not participate in the health information exchange update information manually at specified intervals described below. The website was launched May 26, 2020, and is continuing to roll out additional service through August. With a semi-automated bed registry, mobile crisis teams, central statewide call center, and crisis stabilization unit for triage, Rhode Island has developed a crisis care continuum of services.

Screenshot of treatment bed listings in Rhode Island

Type of bed registry: The RI BH Open Beds[3] website is a *search engine* directing inquiries to a statewide call center, BH Link.

Planning partners: Under state statute, hospitals are also required to make available real-time information about the availability of clinically appropriate inpatient and outpatient services and have been partners in the planning process.

Crisis system beds to be included in the registry: Inpatient behavioral health beds in general hospitals and private psychiatric hospitals, crisis stabilization units, community-based detoxification units, substance use disorder recovery houses, and substance use disorder residential treatment. State-managed mental health psychiatric rehabilitative residences will be included in 2021.

Registry development vendor: RIQI developed, installed, and now maintains the health information exchange for participating agencies. RIQI will extend the system to include community-based beds wherever integration is possible and populate the website with availability and wait times specific to behavioral health facilities.

Access to the registry: The website is publicly accessible at **https://www.ribhOpenBeds.org/**. Although facilities and availabilities are listed, phone numbers are not unless supplied by the behavioral health facility. Inquiries are directed to BH Link **https://www.bhlink.org/** to access care. BH Link offers a 24/7 statewide hotline and triage center (<23-hour crisis stabilization unit). Kids' Link is also available as a 24/7 statewide hotline for behavioral health crises for those under 18.

Refresh rate and entry process: Refresh rates vary by capability and turnover. Data from settings that participate in the RIQI information health exchange are refreshed automatically every hour. Programs that experience frequent turnover but are not part of the health information exchange are manually updated once per day. Programs with infrequent turnover, such as residential programs are updated weekly. Updates are timestamped and posted on the website.

Meaningful metrics:
- Number and days waiting for a bed by type of facility.
- Hospital emergency department length of stay awaiting placement.

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

System oversight: The project is overseen by the BHDDH Administrator of Contracts.

Project contact: Olivia King, Behavioral Health IT Coordinator, BHDDH, at *olivia.king@bhddh.ri.gov* or 401–327–4128.

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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

[3] RI BH Open Beds is not affiliated with OpenBeds©, an Apriss owned company.

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